

**ORIGINAL ARTICLE****STUDY OF CONTRACEPTIVE USE AMONG MARRIED WOMEN IN A SLUM IN MUMBAI**Kiran G Makade<sup>1</sup>, Manasi Padhyegurjar<sup>2</sup>, Shekhar B Padhyegurjar<sup>3</sup>, R N Kulkarni<sup>4</sup>

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**ABSTRACT**

**Objectives:** To study 1) awareness, practices, preferred method of contraception, emergency contraceptive and Medical Termination of Pregnancy (MTP). 2) Awareness of family planning services in the vicinity. 3) Decision making regarding contraceptive use.

**Methods:** The study is a community based cross sectional observational study. The study was conducted among married women in reproductive age group. 342 married women were interviewed in the local language using a pre-tested questionnaire. Data was analyzed using SPSS version 17.

**Results:** 87.7% of women were aware of at least one method of contraception. 68.4% women were using a contraceptive at the time of study. 14% women were unaware of any health care facility providing contraceptives in the vicinity. Knowledge and practice of Emergency Contraceptive was very low.

**Conclusions:** Although there is high level of awareness, contraceptive use is not very high. New methods of motivating people to adopt and sustain Family Planning methods should be considered.

**Keywords:** Contraceptive use, MTP, emergency contraception

**INTRODUCTION**

Total fertility of the world has declined to 2.6 children in 2005-2010.<sup>1</sup> Smaller families are slowly becoming the norm in India too. Fertility in India has declined to 2.7 children, mainly due to increased use of contraception in women. In spite of this, India is yet above the replacement level, with contraceptive prevalence rate for married women being only 56 % and total unmet need being 12.8 %.<sup>2</sup> As per NFHS III data, messages about family planning are not reaching all youth. Many youth have not heard of available modern contraceptive spacing methods in spite most of the youth desiring a small family and having a positive attitude towards contraception.<sup>3</sup>

Considering the above factors the following study was carried out in an urban slum area to

assess the knowledge about various family planning techniques and current trends in usage of contraceptive methods so that the unmet needs of the population can be targeted.

**METHODS**

The study is a community based cross sectional observational study, conducted in an urban slum area in Mumbai. The study was conducted among married women in reproductive age group. Appropriate sample size (342) was calculated and data was collected by using simple random sampling technique. A pre tested questionnaire was administered to the women in local language.

**Statistics**

Data was analyzed using SPSS 17 software package and using Excel spreadsheet. Z- Test of standard error of difference between proportions was applied. 95% Confidence Intervals for different proportions were calculated.

## RESULTS

Table 1 shows that out of 342 couples, 234 (68.42%) were currently practicing any one of contraceptive methods available. 95% CI

(63.47% to 73.33%). Out of 342 women, 87.71% were aware about Oral Contraceptive Pills (OCP) and Cu-T, followed by female sterilization and condoms which was known to 80.4% and 77.5% women respectively. Out of 234 couples who were using contraceptives, the practice was maximum for OCP (28.07%), followed by condoms (18.42%), female sterilization (11.98%). Cu T was used by only 9.94 % women in the study group but was the most preferred method of contraception (59.06%).

**Table 1: Awareness and practice of contraceptives among married women**

Contraceptive	OCP	Cu-T	Condom	Male Sterilization	Female sterilization	Other methods
Awareness	300 (87.7)	300 (87.7)	265 (77.5)	168 (49.1)	275 (80.4)	3 (0.9)
Practice	96 (28.1)	34 (9.9)	63 (18.4)	0 (0.00)	41 (11.98)	0 (0.00)
Preferred method	123 (36.0)	202 (59.1)	75 (21.9)	12 (3.50)	92 (26.9)	3 (0.9)

Figure in bracket indicate percentage

Information about various family planning methods was given to the study population and then they were asked about their preferences among the various contraceptives for future use. OCP was preferred by 35.96% and female sterilization by 26.90% of study population.

Male sterilization was not practised at all; however, it was preferred by 3.50%. This shows that there is a significant gap between the knowledge, practice and preferences of contraception in this study population.

Table 2 shows that out of 234 couples using contraception, in 41.45% cases decision about family planning was taken mutually by the husband and wife; in 30.77% cases taken independently by the husband, in 26.07% cases by the wife and in 1.71% cases by in-laws.

**Table 2: Decision making about using contraception**

Decision maker	Frequency (%)
Mutual (Husband & Wife)	97 (41.45)
Husband (independently)	72 (30.77)
Woman (independently)	61 (26.07)
In Laws	4 (1.71)
Total	234 (100)

Table 3 shows that 78.94% of the study population was aware of Medical Termination of Pregnancy, 22.51% were willing to use it if necessary and 10.23% of the study population

had undergone MTP at some stage. Adequate information about MTP and emergency contraception was given and they were asked about their willingness to use, if needed. In comparison with MTP, only 12.67% were aware of emergency pills and only 1.75% was willing to use it if needed and none of the participants had ever used them. Thus low awareness about emergency contraceptive may be one of the reasons for it not being used at all.

**Table 3: Knowledge, Practice and willingness to use MTP and Emergency Contraceptives**

Type of method	MTP (%)	Emergency Contraception (%)
Knowledge	270 (78.94)	43 (12.67)
Willingness to use	77 (22.51)	6 (1.75)
Used	35 (10.23)	0 (0.00)

There is a huge gap between the knowledge and willingness to use of MTP ( $z= 17.86$ ,  $p= 0.00$ ). The gap is also seen between willingness to use and actual usage of MTP ( $z= 24.99$ ,  $p= 0.00$ ). Such type of knowledge application gap is also seen in emergency contraceptives. There is significant difference between knowledge and willingness to use emergency contraception ( $z= 5.6$ ,  $p= 0.00$ ).

Table 4 shows that out of 342 women, 294 (85.96%) were aware and 48 (14.04%) were not

aware of any health facilities which they could approach for family planning services in their vicinity

**Table 4: Awareness about family planning services available**

Response	Frequency	Percent
Yes	294	85.96
No	48	14.04
Total	342	100.0

## DISCUSSION

Contraceptive prevalence rate calculated in other studies in urban as well as rural and tribal areas in India, is around the National Contraceptive Prevalence Rate which is 56%.<sup>2</sup> The phenomena of high knowledge and low practice has also been observed in multiple studies conducted in various parts of India and abroad like, in study conducted by Onwuzurike BK et al in Nigeria<sup>4-9</sup>. Observations similar to the current study, with respect to IUD were found in studies conducted in various urban areas of the country.<sup>5-7</sup> Tubectomy was practised by only 11.98% of females in the current study. However it has been observed that tubectomy is the method of choice in rural and tribal areas.<sup>8,9</sup> The current study indicates that vasectomy is not practised at all in the current study population, though 49.12% were aware and 3.50% even preferred it as a terminal method of contraception. Similarly, in a study by Reddy S et al, nobody practised vasectomy.<sup>7</sup> In many other studies, it is observed that barrier methods are more effectively used in the urban areas as compared to rural areas.<sup>5-7</sup>

In a study conducted by Chopra S et al, it has been observed that, the decision for contraception was taken together by the husband and wife in 71%, by the husband alone in 24.3%, but the woman alone decided in only 4.2% cases.<sup>6</sup> This indicates that the role of women is secondary to the husband in the matters of family planning even in urban India. Very low awareness of emergency contraception has also been observed in other studies.<sup>6,10</sup>

These results clearly indicate that awareness about contraceptives is not sufficient for its actual use in this community and extended efforts will be needed after making people aware about these methods for practical use of these methods.

High level of knowledge and awareness does not match with contraceptive usage rate. This phenomenon is uniformly observed in other studies conducted in urban, rural and tribal parts of India and also in other developing countries.

Converting knowledge into practice is the real challenge for India as far as family planning is concerned. Awareness about the various family planning centres in the nearby residential area and services provided by them should be created. Special emphasis should be given on IUD, vasectomy and emergency contraceptives. Involvement of men in not only decision making but also practising family planning methods should be stressed. New ways of motivating people to adopt and sustain family planning methods should be considered. Understanding how choices regarding family planning are made, will help in accelerating the process of fertility decline. Finally improving the status of women in the society and increasing their role in decision making about family planning issues will help India to achieve its long term family planning goals.

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