

Assessment of Knowledge of Contraceptives and its Practice among Married Women in Urban Slums of Lucknow District

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Introduction: Not many studies have been conducted regarding contraceptive practices in the slums of Lucknow. This study will be helpful in the assessing the current scenario of prevalence of contraceptive use and various bio-social characteristics that can affect the contraceptive use by the women residing in urban slums of Lucknow.

Objectives: To assess the knowledge of contraceptives and its practices among married women in urban slums of Lucknow district.

Methodology: This was a descriptive cross-sectional study. Based on thirty cluster sampling technique, thirty urban slums were selected. Total 600 married women of reproductive age group (15-49 years) were interviewed in the period of one year from August 2010 to August 2011. Data was collected through preformed and pretested schedule and analysis was done using chi squared test and multiple logistic regression through SPSS 17.0 software.

Results: It was found that 99.2 percent married women had the knowledge of contraceptives but its use was only 46.7 percent. Most commonly used contraceptive was condom. Among women who had ever used contraceptives, about 56.3 percent women were current users. Fear of side effects/ health concern was the main reason for discontinuing contraceptive use.

Conclusions: Though knowledge of contraceptives among women residing in urban slums of Lucknow was good but contraceptive use was far lagging behind.

Key Words: Urban slums, Contraceptive methods, Cluster sampling, Chi Squared test, multiple logistic regression.

Introduction:

Emergence of slum is perpetuated by number of forces. Among these are rapid rural to urban migration, increasing rural poverty and inequality, insecure tenure, and globalization-all contribute to creation and contribution of slums. In 2003 the United Nations, reported that one billion people- approximately one third of the World's urban dwellers and a sixth of all humanity, live in slums and it is predicted that within next thirty years this figure would become doubled to two billion- a third of the current World population.

India's slum dwelling population had risen from 27.9 million in 1981 to 46.2 million in 1991 and 61.8 million in 2001. Slum population in Uttar Pradesh has been rising rapidly over the years.

The increase in slum population is mostly because of migrated people who come to cities to earn their livelihood, though their earnings are low so they start living at places which are cheaper for them. Such places usually lack basic amenities and are prone to various illhealths. Urban slums have much higher rates of illness than non-slum areas of the same city. Health and social problems related to the environment,

violence, injury and communicable diseases are more common in the slums. The basic amenities are not available to slum dwellers, which affects the health of every individual living there but the position of women living there is more vulnerable.

Family planning is one of the least expensive and most cost effective intervention that the government can take to have more lasting impact on health of the women living in slums, for e.g. in Kenya & Nigeria, the cost of protecting an urban couple from an unwanted pregnancy for a year through clinic based services is only \$4.27. This small investment is worthwhile for the benefit of individuals and families and for the society. Even though, it is often overlooked as an essential strategy to improve health in our country.

In 1952, the Indian government was the first in the World to formulate a National Family Planning Programme which was later expanded to encompass maternal and child health, family welfare & nutrition. Its main objective was to reduce birth rate to the extent necessary to stabilize the population, consistent with the requirements of the national economy.

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According to NFHS-3¹, the contraceptive prevalence in India is 56.3% and in urban population it is 64.0%. In slums it is 21.4% as seen by Devgun et. al. (2011)² in their study conducted in periurban slums of Amritsar. While in Uttar Pradesh, according to NFHS-3, contraceptive prevalence is 43.6% and in urban population it is 56.3%. In slums of Uttar Pradesh it is about 35.7%, as seen by Kumar et. al. (2005)³ in urban slums of Allahabad.

It was estimated that out of 171 million eligible couples in India, 87 million eligible couples were effectively protected against conception by one or the other method of contraception, however at the same time, there is a substantial unmet need for contraception. Not many studies have been conducted regarding contraceptive practices in the slums of Lucknow district. This study will be helpful in assessing the current scenario of prevalence of contraceptive methods and various socio-economic factors that can affect the fertility pattern and contraceptive use of the people residing in urban slums of Lucknow.

Objectives:

To assess the knowledge and contraceptive practices among married women in urban slums of Lucknow district.

Methodology:

A community based cross-sectional study was undertaken among married women of reproductive age group (15-49 years) of urban slums of Lucknow district. The study was conducted over a period of one year (August 2010 to August 2011). WHO 30 cluster sampling, is a kind of two stage sampling technique was used to select the representative population from urban slums of Lucknow district.

Considering the contraceptive prevalence rate of Lucknow as 42.5 percent¹, a confidence level of 95%, 6% of absolute precision and design effect of 2, the sample size calculated was 507. Thus from each cluster 17 married women were to be interviewed. To be on safer side 20 married women were interviewed from each cluster, thus a total of 600 married women were included in this study.

Each slum was divided in to four quadrants. From each of the three quadrants four women were interviewed and from one quadrant five women were interviewed. In each slum first the center point was selected and then starting each quadrant from left, first house having eligible woman was selected as first household and

then subsequent houses having eligible women were selected. If all the eligible women could not be found in the selected cluster, then the survey was continued, taking women from the contiguous cluster till all the 20 women were found.

All married women of reproductive age group (15-49 years) residing in urban slums of Lucknow, who had agreed for interview were included. Women who were excluded from the study were those who were non-responsive, had undergone Hysterectomy/ Bilateral Oophorectomy, women whose 'gauna' was not done and women who were divorced/ deserted/ separated from their spouse.

After taking the informed consent from the eligible women they were interviewed with a predesigned, pretested, semi-structured schedule to collect information regarding bio-social characteristics of the married women, their knowledge about contraceptives and contraceptive use by them. Data was tabulated on Microsoft Excel Sheet and analyzed by using Chi squared test and Multiple logistic regression through SPSS software version 17.0.

Results:

In this study, among 600 women studied a maximum of 27.5 percent women were in the age group 25-29 years. About 33.0 percent respondents and 21.8 percent respondent's husbands were illiterate. Majority of the women were housewives (unemployed, 94.0%) and among working women maximum (3.2%) were unskilled worker. A maximum of 32.8 percents respondent's husbands were unskilled workers and 1.7 percent were unemployed. Most of the studied women belonged to socio-economic class III (52.7%). (Table 1)

Table 1: Distribution of women by their bio-social characteristics (n=600)

Characteristic	No.	%
Age Group		
15-19	9	1.5
20-24	114	19.0
25-29	165	27.5
30-34	115	19.2
35-39	129	21.5
40-44	56	9.3
45-49	12	2.0
Mean age (yrs)	30.5 (0.274)	
Family Type		
Nuclear	463	77.2
Joint	137	22.8
Religion		
Hindu	520	86.7
Muslim	80	13.3
CASTE		
General	221	36.8
OBC	214	35.7
SC/ST	165	27.5
Respondent's Education		
Illiterate	198	33.0
Primary	144	24.0
Middle school	95	15.8
High school	72	12.0
Intermediate	49	8.2
Graduate/PG	40	6.7
Professional	2	0.3

Characteristic	No.	%
Husband's Education		
Illiterate	131	21.8
Primary	65	10.8
Middle school	109	18.2
High school	135	22.5
Intermediate	81	13.5
Graduate/PG	76	12.7
Professional	3	0.5
Respondent's Occupation		
Semi-professional	10	1.7
Clerk, Farmowner, Shopkeeper	5	0.8
Skilled worker	2	0.3
Unskilled worker	19	3.2
Unemployed	564	94.0
Husband's Occupation		
Professional	3	0.5
Semi-professional	24	4.0
Clerk, Farmowner, Shopkeeper	162	27.0
Skilled worker	150	25.0
Semiskilled worker	22	3.7
Unskilled worker	229	38.2
Unemployed	10	1.7
Socio-economic Status		
II	158	26.3
III	316	52.7
IV	126	21.0

About a maximum (99.2%) of women were aware about one or more of the contraceptive methods. Maximum number of women (98.8%) knew about oral pills, followed closely by condom (97.0%), female sterilization (95.2%) and IUDs (94.3%). Only 46.7 percent of women ever used contraceptive method. Among the ever users maximum women (16.7%) had used female sterilization followed by condom (15.3%). Other methods were comparatively less used viz. IUD (7.3%), natural methods (4.7%), oral pills (4.2%), emergency contraception (1.3%) and injectables (1.0%). Not a single case of male sterilization was found (Table 2).

Table 2: Distribution of women by knowledge and ever use of contraceptive methods

Contraceptive Methods	Knowledge		Ever used*	
	No.	%	No.	%
Any method	595	99.2	280	46.7
Oral pills	593	98.8	25	4.2
IUD or loop	566	94.3	44	7.3
Injectables	223	37.2	6	1.0
Condom	582	97.0	92	15.3
Natural methods	336	56.0	28	4.7
Emergency contraception	368	61.3	8	1.3
Female sterilization	571	95.2	100	16.7
Male sterilization	528	88.0	-	-

*ever users = current/past users of contraceptive methods

Among women who had used contraceptive methods, almost half of the women (44.8%) had started using contraceptive methods in the age group of 25-29 years

Table 3: Distribution of women who had used/ using contraceptives according to various characteristics

Characteristics	No.	%
Ever Users (n=279)		
Age of start of contraceptive methods		
15-19	9	3.2
20-24	86	30.8
25-29	125	44.8
30-34	54	19.4
35-39	3	1.1
40-44	2	0.7
No. of living children at that time		
0	2	0.7
1	51	18.3
2	78	28.0
3	87	31.2
4+	61	21.9
Total	279	100.0
Currents Users (n=157)		
Contraceptive Methods		
Oral pills	14	8.9
IUD or loop	34	21.7
Injectables	4	2.5
Condom	83	52.9
Natural methods	21	13.4
Emergency contraception	1	0.6
Place of obtaining contraceptives		
Public Sector		
Govt. Hospital	32	23.5
CHC/Rural Hospital/PHC	7	5.1
Anganwadi centre	5	3.7
ASHA	1	0.7
Private Sector		
Pvt. Hospital	8	5.9
Pvt. Doctor/Clinic	13	9.6
Pharmacy/Drugstore	67	49.3
Friend/Relative	3	2.2

and about 0.7 percent women had started using contraceptives in the age group of 40-44 years. As the number of living children at the time of first use of contraceptive increases the number of ever user women also increases up to 3 living children. Majority of current users were using condom (52.9%). Not a single case of male sterilization was found. Most of the contraceptives were obtained from pharmacy/ drug store (49.3%) followed by Govt. hospital (23.5%), Pvt. Dr/ clinic (9.6%), Pvt. hospital (5.9%) (Table 3).

Among past users, the main reason for discontinuing was side effects/ health concern (27.1%). (Table 4)

Table 4: Reasons for discontinuing use of contraceptive methods

Reasons for discontinuation	Past users (n=48)	
	No.	%
Method failure	12	25.0
Desire to become pregnant	11	22.9
Side effects/ health concerns	13	27.1
Costly	2	4.2
Infrequent sex/husband away	2	4.2
Switch to other methods	6	12.5
Other reason	2	4.2

Women who had never used contraceptive methods, a maximum of women didn't use it because of breast feeding (16.1%) in fertility related reasons, husband's opposition (10.5%), knows no method (5.2%) in lack of knowledge and fear of side effects (9.7%) in method related reasons (Table 5).

Table 5: Distribution of women according to reasons for never use/ not currently using any contraceptive methods

Reasons	Never used/ not currently using (n=248)	
	No.	%
Fertility related		
Infrequent/no sex	11	4.4
Low/no fertility	20	8.1
Post partum amenorrhea	27	10.9
Breast feeding	40	16.1
Total	98 (39.5%)	
Opposition to use		
Respondent opposed	7	2.8
Husband opposed	26	10.5
Others opposed	7	2.8
Religious prohibition	17	6.9
Total	57 (23.0%)	
Lack of knowledge		
Knows no method	13	5.2
Knows no source	3	1.2
Total	16 (6.4%)	
Method related reasons		
Fear of side effects	24	9.7
Lack of access	8	3.2
Costly	4	1.6
Inconvenient to use	5	2.0
Don't like these methods	6	2.4
Total	47 (18.9%)	
Don't know	6	2.4
Other reasons	24	9.8

Discussion:

In the present study the mean age of the married women of reproductive age group was 30.52 years. This is similar to the mean age (31 years) showed by Puwar, B., et. al., (2009)⁴ in slums of Ahmedabad. Nearly half of the studied women (46.5%) belonged to early reproductive age group of 20-29 years. Similar findings were shown by Bhupinder, A., et., al., (2010)⁵, a maximum of 73.7 percent belonged to age group 21-30 years. In the present study, a maximum of 27.5 percent women were in the age group of 25-29 years. Mishra A., et., al., (2010)⁶, in their study also showed that 32.0 percent women belonged to age group 26-30 years. In a study done on women of urban slums of Lucknow

by Pal, A., et., al., (2001)⁷ maximum women (30.5%) belonged to age group 25-29 years.

In the present study about 99.2 percent respondents were aware about contraceptive methods. Maximum awareness was seen for OCPs (98.8%) followed by condom (97.0%) and female sterilization (95.0%). Similar findings were seen in the study done by Kumar, D., et. al., (2008)⁸, in slums of Allahabad, who showed that about 97.0 percent women were aware about contraceptives, which was quite similar to the findings of present study. According to DLHS-3 (2007-08)⁹ for Lucknow, the knowledge of contraceptives was 100.0 percent and also 100.0 percent awareness for female sterilization followed by OCPs and condom (98.9% each).

In this study about 46.7 percent women were found to have ever used contraceptives. Female sterilization (permanent method) was the most common method (16.7%) used by the respondents followed by condom (15.3%). Not a single case of male sterilization was found.

In a study, by Velankar D. H., et., al., (2009)¹⁰, in urban slums of Mumbai, observed that 21.6 percent women were ever users of contraceptives. On comparing the present study with above studies, more number of women of present study, were found to be ever users this may be because they were more aware about contraceptives. In our study it was shown that a maximum of 56.3 percent women were current users. Study done by Pal, A., et. al., (2001)⁷, in Lucknow slums around 10 years back showed that 30.4 percent women were current users. Thus there is about 30 percent increase in number of current users this is probably due to increased awareness among women about contraceptives.

In this study the contraceptive methods used by current users were most commonly obtained from pharmacy/ drug stores (49.3%) followed by Government hospitals (23.5%). But while comparing it from findings of NFHS-3 (2005-06)¹, the most common source of obtaining contraceptives was Government hospitals (44.6%) followed by Private hospitals (19.1%). This difference is because the availability of contraceptives from government hospitals was not adequate (where it is given free of cost mostly) in the studied area and people had to buy it from pharmacies/ drug stores. In this study most common reason for discontinuation of contraceptive use by past users was side effects/ health concern (27.1%). Bhupinder, A., et. al., (2010)⁵ showed

that, the main reason for discontinuation of contraceptive use was side effects (58.02%), which was concurrent with the present study. In our study the most common reason stated by women who had never used contraceptives was low/ no fertility (24.8%). According to NFHS-3 (2005-06)¹ the most common reason for never using contraceptives was also low/ no fertility (26.2%). The study conclusions led to the following suggestions: An important significant reason for not using contraceptive methods by women is husband's negative attitude towards use of contraceptive methods, so to increase the use of contraceptive methods, it is imperative to change husband's attitude and involvement of both men and women equally in family planning decision making and these should be incorporated in the programme.

The male population has to be educated and motivated about vasectomy especially Non Scalpel Vasectomy (NSV) which is simpler and easier than tubectomy, as in this study not a single case of male sterilization was found.

Since, success of family planning programme depends on ultimate acceptance and adoption of family planning measures by eligible couples, special attention should be placed on reaching.

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