SHORT ARTICLE

A study on family planning acceptance among slum dwellers in Shillong, Meghalaya

Sanku Dey

Associate Professor, Department of Statistics, St. Anthony's College, Shillong

Corresponding Author

Address for Correspondence: Sanku Dey, Department of Statistics, St. Anthony's College, Shillong, Meghalaya-793001, India
Email: sanku_dey2k2003@yahoo.co.in

Citation

Dey S. A study on family planning acceptance among slum dwellers in Shillong, Meghalaya. Ind J Comm Health. 2014;26(1):111-114.

Source of Funding : University Grants Commission, New Delhi, **Conflict of Interest:** None declared

Abstract

Background: Despite the fact that contraceptive usage has increased over a period of time, there exists a Knowledge Attitude and Practice-gap regarding contraception. There are multiple reasons for not using any family planning methods, current study attempts to explore these reasons. **Aims:** To study the family planning practices/methods among the married women of reproductive age groups. **Study Design:** Community-based cross-sectional study. Study Subjects: The Women of reproductive age groups adopting family planning methods & those residing in urban slums of Shillong city. Sample size: 1417. **Study Period:** April 2010 to March 2012. Sampling Technique: Two-stage random sampling. **Results:** Overall, the contraceptive prevalence rate (CPR) was 38. The contraceptive use is high among women who have two to three surviving children (37.1 percent). Majority of the women who were adopting any of the family planning method belonged to the age group 18-24 years. Women's education and occupation are important determinants that demonstrate highly significant positive relationships with any contraceptive use in the slum-dwelling women of Shillong city. Sex composition of living children also appeared to be significant determinant factor for contraceptive use. Monthly family income is also an important determinant of contraceptive use in slums of Shillong city. **Conclusions:** The elder women were more reluctant in contraceptive use than their younger counterparts. Sterilization is the most accepted one among all the contraceptive methods.

Key Words

Contraceptive; family planning practices; reproductive age; slum

Introduction

Despite the fact that contraceptive usage has increased over a period of time, there exists a Knowledge, Attitude and Practice-gap regarding contraception (1,2). The reasons for not using any family planning methods are lack of knowledge and education, religious belief and fear of side effects. Family planning has two main objectives; firstly, to have only the desired number of children and secondly, proper spacing of pregnancies (3). In the late 1960s, scales were developed and studies were done correlating knowledge, attitude and practice of family planning, Knowledge and practice of family planning is strongly related to higher level of education, to labour force participation and fertility (2). In most of the studies it was found that education is the prime influencing factor. A number of knowledge, attitude and practice surveys have been carried out covering different population groups (4-7).

Aims & Objectives

The present study is an attempt to assess the knowledge, attitude and practice of family planning among slum women of Shillong city, Meghalaya.

Materials and Methods

A cross-sectional study was conducted in slums of Shillong City during April 2010 to March, 2012. From 17605 slum dwellers distributed in sixteen wards, a representative sample of 1300 slum households was selected from fourteen wards, using an appropriate statistical formula. In order to reach the respondents, i.e. currently married women of reproductive age (MWRA), a two-stage random sampling procedure was followed. In the first step, stratification is done according to municipal wards. In the second step a random sample of proportionate size has been drawn from each of the wards. A total of 1417 married women

were interviewed using pre-structured, pretested oral questionnaire. The study variables were respondent's age at marriage, religion, educational status, monthly family income, occupation, number of children ever born, sex preference of the child, methods of family planning. Data obtained was analyzed using standard statistical method using SPSS version 18.0 for windows.

Results

Findings (Table 1) shows that 38% couples had opted for different kinds of family planning methods and rest 62% had not used any kind of family planning method, may be due to unwillingness of husband, religious belief etc. The number of women who opted for sterilization (permanent method of contraception) amongst the Hindus, Muslim, Christian and other women were 221(71.3%), 21(7.1%), 41(13.8%) and 23(7.8%) respectively. In the case of Oral Pills and other methods of contraception (includes condom, IUD, traditional methods etc.) the percentage of usage is highest in the Hindus. The percentage of non-usage of contraceptive methods was highest in the Christians (71.1%). Out of 296 women who opted for sterilization, 232(78.4%) women are primary and more educated, only 64(21.6%) have no education. Similarly, in case of Oral pill usage, 112(83%) women are primary and more educated, only 23(17%) have no education which suggests that with increasing level of education, adoption of family planning programmes is also increasing in considerable proportion. Age also plays a pivotal role in adoption of family planning programmes. The highest proportion of adoption of any family planning methods has been found among women of age-group 18-24 years which constitute 265(39.43%). Prevalence of sterilization and oral pill was higher among women who had 2 to 3 children than others. The elderly women were more reluctant in contraceptive use than their younger counterparts. Among the acceptors of family planning methods, majority of the couples belong to the monthly income group of Rs. 2000-4000. The overall Contraceptive Prevalence Rate (CPR) was higher among the nonworking (housewife) women than their working counterparts.

The present study reveals that the overall contraceptive usage of any method in the slum dwellers was 38 percent which is higher than the state average (20.2 %) (8, 9). Various factors governs the acceptance of contraception e.g., religion, number of sons in family, and education of husband and wife, etc (10). 39.2 percent for the women who have at least one son, which is marginally higher than the women who have at least one daughter (32.3 percent).The findings suggested that women were the main adaptors of contraceptives, whereas, men played fewer roles. Among all the modern methods, female sterilization is the most commonly used methods (20.9 percent), followed by oral pills (9.5 percent) and other methods (7.9 percent). Whereas, according to National Family Health Survey, only 15.3 percent were adopting modern methods (female sterilization by 6.5 percent, oral pills by 4.5 percent, IUD by 3 percent, and condoms by 1.3 percent) in Meghalaya (8).Our findings are consistent with most of the literatures of south Asia and elsewhere (11-14). Women's work status is also an important determinant of contraceptive use as well as method choice. According to National Family Health Survey, the maximum users of contraceptive belonged to age group of 35-39 years in Meghalaya (8). Whereas our results show that comparatively younger married women are now adopting any of the contraceptive methods. The lower income group (less than Rs. 4000 income) were more likely to use family planning methods and preferred to use modern methods (e.g., sterilization, oral pill) (15).

Conclusion

In summary, women's education, occupation, sex composition of living children and monthly family income appeared as the most significant determinant factor for contraceptive use and method preference. Efforts should be made to educate the slums dwellers, particularly the women. Doorstep delivery services of modern methods of contraception should be provided free of cost as well as NGO's involvement should be strengthened for effective implementation of RCH services to raise the CPR among the slum dwellers.

Acknowledgement

Author wish to thank the Editor who helped to substantially improve the paper. Author also wish to thank University Grants Commission, New Delhi (Letter No. 38-230/2009 (SR) for granting the major research project.

References

1. Ramesh BM, Gulati SC, Retherford RD. Contraceptive use in India 1992 – 93. IIPS: Mumbai and Honolulu, East–West Center. National Family Health Survey subject Report No. 2. 1996.
2. KB, Kantharia2 SL, Godara3 NR, M Shah HM, Patni MAP. A cross-sectional study to understand socio demographic profile of couples who adopted permanent sterilization in urban slums of surat city. National Journal of Community Medicine. 2013 july-sept; 4(3): 443-8.
3. Dabral S, Malik SL. Demographic study of Gujjars of Delhi: UV. Knowledge Attitude and Practice of family planning. J Hum Ecol. 2004; 16: 231-7.

4. Gautam AC, Seth PK. Appraisal of the knowledge, attitude and practices (KAP) of family control devices among rural Rajputs and scheduled caste of Hatwar area of Bilaspur district, Himachal Pradesh. Anthropologist. 2001; 4: 282-92.

5. Takkar N, Goel P, Saha PK, Dua D. Contraceptive practices and awareness of emergency contraception in educated working women. Indian J Med Sci. 2005 Apr;59(4):143-9. PubMed PMID: 15876778. [PubMed]

6. Utoo BT, Mutihir TJ, Utoo PM. Knowledge, attitude and practice of family planning methods among women attending antenatal clinic in Jos, North-central Nigeria. Niger J Med 2010 Apr-Jun;19(2):214-8.

7. Rao AAK. Client Demand Approach (CDA) in the Revised Family Welfare Programame – A Feasibility Study. Regional Health Forum WHO South–East Asia Region. 2005; 5: 42-7.

8. National Family Health Survey-2(1998-99), North eastern States, India. International Institute for Population Sciences. ORC New Mumbai 2000.

9. Reproductive and Child Health, District Level Household Survey-2, India, 2002-04. International Institute of Population Sciences, Mumbai, India.

10. Bhasin MK, Nag S. A Demographic profile of the people of Jammu and Kashmir: Family Planning. Journal of Human Ecology. 2002; 13(1-2): 147-166.

11. Al Riyami A, Afifi M, Mabry RM. Women's autonomy, education and employment in Oman and their influence on contraceptive use. Reprod Health Matters. 2004 May;12(23):144-54. PubMed PMID: 15242223. [PubMed]

12. Fikree FF, Khan A, Kadir MM, Sajan F, Rahbar MH. What influences contraceptive use among young women in urban squatter settlements of Karachi, Pakistan? Int Fam Plann Perspect. 2001; 27:130-136.

13. Castro Martín T. Women's education and fertility: results from 26 Demographic and Health Surveys. Stud Fam Plann. 1995 Jul-Aug;26(4):187-202. Review. PubMed PMID: 7482677. [PubMed]

14. Ghosh S, Samanta A, Mukherjee S. Knowledge and practice of family planning in married women of reproductive age group in a slum of Kolkata. Al Ameen J Med Sci. 2013;6(1):34-39

15. Kamal SM. Socioeconomic Factors Associated With Contraceptive Use and Method Choice in Urban Slums of Bangladesh. Asia Pac J Public Health. 2011 Sep 13. [Epub ahead of print] PubMed PMID: 21914707. [PubMed]

Table

TABLE NO 1: DISTRIBUTION OF WOMEN ACCORDING TO SOCIO-DEMOGRAPHIC, KNOWLEDGE AND PRACTICES OF FAMILY PLANNING METHODS

Variable	Using method of family planning					
	Sterilization	Oral Pill	Other Methods	No Methods	Total	χ^2 value, df
Respondents Religion						
Hindu	211(71.3%)	101(10.9%)	76(8.2%)	534(57.9%)	922(100.0%)	49.749, df-30
Muslim	21(15.8%)	17(12.8%)	05(3.7%)	90(67.7%)	133(100.0%)	
Christian	41(16.7%)	11(4.5%)	19(7.7%)	175(71.1%)	246(100.0%)	
Others	23(19.8%)	6(5.2%)	12(10.3%)	75(64.6%)	116(100.0%)	
Total	296(20.9%)	135(9.5%)	112(7.9%)	874(61.7%)	1417(100.0%)	
Educational Status of women						
Primary	125(42.3%)	53(39.26%)	44(39.29%)	375(42.91%)	597(42.1%)	38.181, df-36
Middle School	60(20.27%)	34(25.18%)	30(26.78%)	203(23.23%)	327(23.1%)	
High School	35(11.82%)	17(12.59%)	12(10.71%)	87(09.95%)	151(10.7%)	
Higher Secondary	05(01.69%)	08(05.93%)	07(6.25%)	44(05.03%)	64(4.5%)	
Degree and above	07(02.36%)	0	05(4.46%)	21(02.40%)	33(2.3%)	
No education	64(21.62%)	23(17.04%)	14(12.5%)	144(16.47%)	245(17.3%)	
Total	296(100%)	135(100%)	112(100%)	874(100%)	1417(100%)	
Respondents age at marriage						
Less than 18 years	153(51.69%)	43(31.85%)	31(27.68%)	369(42.22%)	596(42.1%)	215.195, df-180
18-24 years	125(42.23%)	80(59.26%)	60(53.57%)	407(46.57%)	672(47.4%)	
24-28 years	15(05.07%)	9(06.67%)	15(13.39%)	74(8.47%)	113(8.0%)	
More than 28 years	3(01.01%)	3(02.22%)	6(05.36%)	24(02.75%)	36(2.5%)	
Total	296(100%)	135(100%)	112(100%)	874(100%)	1417(100%)	

Respondent monthly family income						
Below 1000	36(22.9%)	9(10.9%)	11(8.2%)	131(57.9%)	187(100.0%)	47.656, df-30
2000-4000	221(15.8%)	103(12.8%)	78(3.7%)	601(67.7%)	993(100.0%)	
4000-8000	24(16.7%)	16(4.5%)	13(7.7%)	79(71.1%)	132(100.0%)	
8000 & above	25(19.8%)	7(5.2%)	10(10.3%)	63(64.6%)	105(100.0%)	
Total	296(20.9%)	135(9.5%)	112(7.9%)	874(61.7%)	1417(100.0%)	
Respondents Occupation						
Housewife	214(23.1%)	82(8.8%)	84(9.1%)	547(59.0%)	927(100.0%)	38.891, df-30
Service	3(7.5%)	-	3(7.5%)	34(85.0%)	40(100.0%)	
Wage Earner	34(17.1%)	29(14.6%)	9(4.5%)	127(63.8%)	199(100.0%)	
Business	6(11.5%)	3(5.8%)	4(7.7%)	39(75.0%)	52 (100.0%)	
Others	39(19.7%)	21(10.5%)	12(6.0%)	127(63.8%)	199 (100.0%)	
Total	296(20.9%)	135(9.5%)	112(7.9%)	874(61.7%)	1417(100.0%)	
Total number of Children ever born						
0-1	16(5.8%)	35(12.7%)	29(10.5%)	196(71.0%)	276(100.0%)	98.899, df-12
2-3	179(26.5%)	81(11.9%)	70(10.3%)	348(51.3%)	678(100.0%)	
4 & above	101(21.8%)	19(4.1%)	13(2.8%)	330(71.3%)	463(100.0%)	
Total	296(20.9%)	135(9.5%)	112(7.9%)	874(61.7%)	1417(100.0%)	
Sex preference of the Child						
Son	222(22.4%)	91(9.2%)	75(7.6%)	601(60.8%)	989(100.0%)	25.646, df-12
Daughter	41(17.9%)	13(5.7%)	20(8.7%)	155(67.7%)	229(100.0%)	
No sex preference	33(16.6%)	31(15.6%)	17(8.5%)	118(59.3%)	199(100.0%)	
Total	296(20.9%)	135(9.5%)	112(7.9%)	874(61.7%)	1417(100.0%)	