

Attitude of women towards family planning methods and its use – Study from a slum of Delhi

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Abstract

Background: To predict the need of family planning methods, family planning managers often rely on unmet need derived from measure of contraceptive demand. However women's intention and her background knowledge of family planning methods not received as much attention as a measure of family planning methods demand.

Objective: To know the attitude of women regarding use of family planning methods and to find out the factors that restricts its use, and the change in pattern of use over a period of one year. **Methods:** This was a prospective study. One (Block G) out of eight blocks was selected randomly. Using convenient sample method, families were selected starting from a point in the selected block (Block G). 40 women of childbearing age group (15- 49 years) were enrolled. All women were followed for a period of one year. **Results:** Weakness was narrated as the commonest side effect from all family planning methods. More than 70% women told that irregular menstruation from Oral Contraceptive pills and ill health from tubectomy as the other side effects. Demands for more children and for son preferences were the leading reason for not using any methods followed by afraid of side effects and health problems. There was negligible change in the use of family planning methods during the period of the study.

Conclusion: Effective family planning methods use should be advocated through adequate counseling about the correct use, side effects and their proper management and their benefit in the back ground of custom and belief.

Key words: Family planning, Contraceptives, Family planning methods, Attitude.

India was the first country to start family planning programme long back in 1952. In the first 50 years there have been many changes. The name of family planning programme was changed to family welfare programme and lastly to the present Reproductive and Child Health. The changes were done to increase the acceptance of family planning methods.

International conference on population and development (ICPD) endorsed the definition of reproductive health as a state of physical, mental, and social well-being in all matters relating to the reproductive system at all stages of life¹. Good reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so. Men and women should be informed about and have access to safe, effective, affordable, and acceptable methods of family planning of their choice, and the right to appropriate health-care services that enable women to safely go through pregnancy and childbirth.

Human fertility is determined by many factors such as customs, morals and habits of social groups with regard to marital obligation of life². Acceptance of family planning methods varies within and between societies. There are many factors which is responsible for such variation at community, family and individual level. Socioeconomic environment, culture and education are few of them that play a vital role.

However it has been seen that women do not practice family planning methods even though she has good knowledge. A study from Rajasthan showed 60.8% had knowledge regarding family planning methods but only 19% were using and that irregularly³. Another side of the picture is desire of children and use of these methods. Despite having knowledge women and men did not use these methods because they need more children⁴.

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The present study examined the attitude of women towards use of family planning methods and to find out the factors that restricts its use. It also tried to find out the change in pattern of use of family planning methods over a period of one year.

Methods

The study was carried out in one of the slums located near Nehru Place in south Delhi, India. This slum is getting medical and other health services from government and non government agencies. AIIMS (All India institute of Medical Sciences) delivers its services to this slum. Services are delivered through mobile health clinic on Mondays, Wednesdays and Fridays through out the year. The study was undertaken by postgraduate student him self as part of field training exercise. This was a prospective study with randomized cluster sampling. One (Block G) out of eight blocks was selected randomly. A cohort of forty families was selected as a convenient sample starting from a point in the selected block (Block G). Families residing in the area for more than 6 months and planned to stay for more than a year was included in the study. All the relevant information was recorded from married women in the age group of 15-49 years present in that family. Semi structured questionnaire were used to collect information. Information regarding demographics, use of any family planning methods, and reason for not using any methods were collected at the beginning of the study. Families were followed up for a period of one year. Family visits were done once in a week through out the year. Information regarding any change in the use of family planning methods was collected at the end of the study. Analysis was done using STATA statistical tool to calculate Z score and p value.

Result

The study was conducted in a slum of south Delhi. Forty families were followed up. There were 40 women out of 177 in the child bearing (15-49) age group. (Table 1). More than half were in the upper lower socioeconomic status and only few (10%) belonged to joint family.

More than 90% subjects told that weakness is the main side effect from OCP followed by irregular menstruation (55.5%) and headache. For other family planning methods also weakness as a side effect was leading the table. 85 % (34) women narrated weakness after tubectomy, 41.6% (15) after vasectomy and 88.8% (32) after CuT. Backache and cramps were other side effects known to the women (Table 2).

Almost 2/3rd women did not adopt family planning method because they want more children or a son. Many of them did not prefer any of the family planning methods due to its side effects (50%) and other health problems (50%). Husbands also did not allow using family planning methods in a number of cases (15%). Only a small fraction (5%) was unaware regarding family planning methods (Table 3).

We also followed these women for the change in pattern of use of contraceptive methods over a period of one year. There were very small changes in the pattern of use of family planning methods in this period. Few of the women started taking OCP and got CuT inserted at the end of the study. The change in the pattern of use was statistically not significant (Table 4)

Table 1: Age group distribution of currently married women.

Age group (in years)	Number	Percentages
< 29	25*	62.5
30 – 39	12	30.0
40 – 49	3	7.5
Total	40	100

* Include one woman in the age group of 15-19 years.

Table 2: Knowledge of side effects of family planning method *

Methods	Side effects	Number	Percentage
OCP	Weakness	35	87.5
	Irregular Menstruation	28	70.0
	Headache	6	15.0
CuT	Cramps	3	7.5
	Backache	6	15.0
	Goes into abdomen	2	5.0
Tubectomy	Weakness	32	80.0
	Weakness	34	85.0
	Ill health	30	75.0
Vasectomy	Weakness	15	32.5

* Multiple responses

Table 3: Distribution of currently married women according to the reason for not using any contraceptive methods#

Reason	Number	Percentage
Wanted a child	24	60.0
Wanted a son	24	60.0
Afraid of side effects	20	50.0
Religious reason	1	2.5
Husband oppose	6	15.0
Health problems*	20	50.0
Did not know	2	5.0

Multiple responses

*Backache, Weakness, Menstrual problems.

Table 4: Distribution of currently married women according to the use of contraceptive methods

Methods	In the beginning of the study (%)	At the end of study (%)	P value
CuT	3 (7.5)	5(12.5)	0.456
OCP	3(7.5)	5(12.5)	0.456
Condom	4(10)	4(10)	1.0
Tubectomy	3(7.5)	3(7.5)	1.0
Not using any methods	27(67.5)	23(57.5)	0.355
Total	40(100)	40(100)	

Discussion

This study was conducted in a slum area of South Delhi. Due to time constraints during field training exercise we could cover and follow up only forty families. Majority of the women were in the age group 20-30 years. It has been seen that in this type of community people prefer permanent method of contraception even than they know the other methods. Study from Rajasthan showed that more than 70% accepted permanent method after 3 or more children².

There are many factor like religion, type of family, household income, number of living children and mother's level of education which affect pattern of contraceptive use⁵. We could see from this study that

more than half of the women were from upper lower socioeconomic status.

Another important factor that restricts use of contraceptive is the fear of side effects. In many countries such concern about side effect of contraceptives originating from experience of friends and rumors which are told and retold through the communities have contributed to low contraceptive acceptance⁵. In the present study more than three fourth women mentioned weakness as a side effect after tubectomy and OCP use. The misconception of weakness after sterilization was also observed by other researchers⁶.

We observed that one of the reasons for not using contraceptives was desire of more children and even

a son. Previous studies showed that the women with sons only desired fewer children and were more likely to use contraception⁷. Other researcher could conclude that wanting more children was the main reason behind not using family planning methods⁸. Findings from another study argues that couples who have an abiding preference for son and daughters will continue bearing children despite having reached their ideal family size until they are satisfied with the sex composition of their family⁹.

We find in this study that there was no significant change in the use of contraceptives in a year. Another study showed there was significant change over a period of ten years in use of family planning methods¹⁰. This can be possible because we observed these women for a period of only one year.

Low rate of use of family planning methods indicates the potential for improving management of use of family planning methods in slums. A multipronged strategy aimed at sustained IEC efforts focusing on safety and beneficial effects of various family planning methods should be able to bring a change. However equal importance to clearing misconception about side effects of family planning methods by counselors should be given to increase acceptance.

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