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Assessment of Contraceptive Awareness and Practices among Currently Married Women (Between 18-45 Years) in an Urban Slum

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ABSTRACT

Awareness about contraception is nearly universal. But still according to WHO 214 million women of reproductive age in developing countries who want to avoid pregnancy are not using a modern contraceptive method. To analyse contraceptive awareness and current method of contraceptive practices among married women and to find out the source of information and reason for non-use of contraception. A cross sectional observational study conducted in an urban slum among 200 participants using a semi-structured interviewer administered questionnaire. In this study, (77.5%) of women were aware of one or other method of contraception. Maximum awareness was about OC Pills (92.9%) followed by Condom (89.7%), Female sterilisation (76.1%), IUDs (70.9%), Withdrawal (58.1%). Among those who were aware about contraception, (71.6%) women got information from friends/husband/relatives, (65.2%) from Hospital/UHC, (23.2%) from Mass Media/Print Media, (16.2%) through School. Most suitable method was found to be condom (39.5%) followed by OC Pills (13.5%), IUDs (11%), Injectable (1.5%) and other methods (34.5%). At the time of the study only (54%) of the study subjects were using any type of contraception. Among the reasons for non-use of contraception, (63%) had refusal from Family or spouse, followed by lack of knowledge in (53.3%), Religious prohibitions in (22.8%). Lack of access in (19.6%), fear of side effects (16.3%). We concluded that awareness about contraceptive methods is quite high but acceptance is quite low. Condom is the most common method used.

INTRODUCTION

Reproductive health states that, people should have the ability of a satisfying and safe sex life with a capability to reproduce, the freedom to decide if, when and how often to do so. That means men and women should have an information and access to effective, affordable, acceptable and safe methods of Contraception of their choice and should have the right to appropriate health care services which will enable a woman to go through pregnancy and childbirth safely^[1].

SDGs 3.7 and 5.6 support “universal access to sexual and reproductive health-care services, including for family planning” and “universal access to sexual and reproductive health and reproductive rights,” respectively^[2].

Trends in the knowledge of any contraceptive method among currently married women in age group of 15-49 years, in India is 99.3% and in Maharashtra is 99.6% according to NHFS V (2019-2021) Survey^[3]. But still according to WHO, 214 million women of Reproductive age in developing countries who want to avoid pregnancy are not using a modern contraceptive method.

It is now generally recognised that there cannot be an ideal contraceptive, the present approach in family planning program is to provide a “cafeteria choice” i.e., to offer all methods from which an individual can choose according to his needs and wishes and to promote family planning as a way of life^[4].

The objective of the study was to analyse contraceptive awareness and current method of contraceptive practices among the currently married women and to find out the source of information and reasons for non-use of contraception.

MATERIALS AND METHODS

A community based cross sectional observational study was carried out among 200 currently married women (18-45 years). Information about age, education, awareness about various contraceptive methods, source of information, type of contraception used and reason for not using any contraceptive were collected using a semi-structured interviewer administered questionnaire. Approval was obtained from Institutional ethics committee before proceeding the study.

Sample size: Sample size was calculated based on the “knowledge of any contraceptive methods among currently married women age (15-49 years)” in India a/c to NFHS III Data (2005-06) which was 99.3, so sample was calculated as, $p = 99.3$, $q = 100 - p$ i.e. $(100 - 99.3 = 0.7)$:

Sample size:

$$4pq/L^2 = \frac{4 \times 99.3 \times 0.7}{4.96^2}$$

where, L was error taken as 5% of the prevalence) = 11.30 (= 11) This was the calculated minimum sample size. However, for better representation of the population under study, we had decided to take the sample size in this study as 200.

Sampling methods: After identifying the enrolled participants, the study subjects were approached at their own place taking privacy and confidentiality into consideration during their non-working (free from household or other works) hours. Those who were falling into the eligibility criteria were given a brief outline of the study. After having taken informed consent the study subjects were interviewed using a semi-structured questionnaire for around 45 min only for collecting their information. There was not involvement of any clinical examination.

Data analysis: The responses given by the participants were entered in the Microsoft excel and analysed using SPSS software. Qualitative variables were represented in frequency and percentage table while quantitative variables were represented in mean, median and Standard deviation. Association between variables was done using Chi-square test and Fisher’s exact test. Correlation among variable was assessed using Pearson’s correlation coefficient.

RESULTS

Total study group consisted of 200 currently married women of reproductive age group (between 18-45 years) with mean age was 28.59 +/-5.08 years. Majority of participants, (81.5%) were literate, (68%) had education till secondary school and (13.5%) were educated till higher secondary.

Awareness about contraception and various contraceptive methods: In this study, 155 (77.5%) of the study subjects had awareness about contraception or contraceptive methods. Among the total 155 (77.5%) study subjects who were knowing about the contraceptive methods based on the multiple responses, from along the temporary methods of contraception, 144 (92.9%) study subjects were knowing about the oral contraceptive pills, 139 (89.7%) were knowing about condom, 110 (70.9%) were knowing about IUDs, 77 (49.7%) were knowing about depot injections and 32 (20.6%) were knowing about emergency contraceptive pills (Table 1).

Table 1: Awareness about contraception and various contraceptive methods

Response	Frequency (multiple responses)	Percentage
Awareness about contraception (n = 200)		
Yes	155	77.5
No	45	22.5
Type of contraceptive methods (n = 155)		
Temporary methods		
Pill	144	92.9
Injection	77	49.7
Condom	139	89.7
Emergency contraceptive pills	32	20.6
IUDs	110	70.9
Permanent methods		
Male Sterilization	80	51.6
Female sterilization	118	76.1
Other methods		
Withdrawal	90	58.1
Rhythm	47	30.3
Natural	01	0.6
Abstinence	46	29.7
Lactational amenorrhea	48	31.0

Table 2: Source of information regarding contraceptive methods (n = 155)

Source of information	Frequency (multiple response)	Out of 155 subjects (%)
Friends/husband/Relatives	111	71.6
Hospitals/UHCs	101	65.2
Mass media/print media	36	23.2
School	25	16.2

Table 3: Most suitable method of contraception for the study subjects and current user of any contraception (n = 200)

Most suitable method of contraception	Frequency	Percentage
Method of contraception		
Condom	79	39.5
Injection	3	1.5
IUDs	22	11.0
OCPs	27	13.5
Other/NCM	69	34.5
Current user of contraception		
Yes	108	54.0
No	92	46.0

Table 4: Reasons for not using contraception among current non-users (n = 92)

Reason of non-use	Frequency (multiple responses)	Percentage
Lack of knowledge	49	53.3
Lack of access	18	19.6
Fear of side effects	15	16.3
Family or spouse do not agree	58	63
Husband and wife not staying together	7	7.6
Religious prohibitions	21	22.8
Discontinued because of side effects	6	6.5

From among the permanent methods, 118 (76.1%) were knowing about female sterilization, while male sterilization was known to only 80 (51.6%) of the study subjects.

Remaining methods of contraception like, withdrawal was known to 90 (58.1%), lactational amenorrhea was known to 48 (31%), rhythm was known to 47 (30.3%), abstinence to 46 (29.7%) and natural method like Basal body temperature, cervical mucus method, symptothermic method etc. was known to lone study subject.

Source of information regarding contraceptive methods: Out of total 155 (77.5%) respondents who had awareness about contraception or contraceptive methods, based on the multiple responses, the most

common source of information were friends/husband/relatives i.e., 111 (71.6%) followed by Hospitals/UHCs i.e., 101 (65.2%), mass media/print media i.e., 36 (23.2%) and through school i.e., 25 (16.2%) (Table 2).

Most suitable method of contraception for the study subjects and Current user of any contraception: According to the study subjects who, the most suitable method of contraception was Condom i.e., 79 (39.5%) followed by OCPs i.e., 27 (13.5%). IUDs and Injectable contraception were suitable to 22 (11%) and 3 (1.5%) study subjects respectively. Other/Non contraceptive methods were told to be suitable for the remaining study subjects which included either methods other than modern contraceptive methods or no use of contraception at all (Table 3).

At the time of the study, out of total 200 study subjects, number of study subjects using any type of contraceptive currently was 108 (54%).

Reasons for not using contraception among current non-users: The most common reason for not using any contraceptive method currently was, refusal from family or spouse i.e., 58 (63%) followed by lack of knowledge i.e., 49 (53.2%), religious prohibitions 21 (22.8%), lack of access 18 (19.6%), fear of side effects 15 (16.3%), husband and wife not staying together 7 (7.6%) and 6 (6.5%) discontinued because of side effects (Table 4).

Association of contraceptive awareness with age group and education: Association of Contraceptive awareness with Age group: Awareness about the contraception and contraceptive methods among the study subjects were present in 155 (77.5%), out of which the awareness was more in age group of 26-35 years i.e., 103 (96.3%), followed by 19 (82.6%) from the age group of 36-45 years. Awareness in the age group of 18-25 years was very low i.e., 33 (47.1%), showing a statistical significance ($p < 0.001$) between age group and contraception or contraceptive methods, awareness seemed to increase with increasing age (Table 5).

Association of contraceptive awareness with education: There was statistically significant association between awareness about contraception and contraceptive practices and level of education of the study subjects, those who have studied more were having higher awareness than those were with lower education. The awareness among those who have studied more than higher secondary was found to be 100% (27 subjects) while it was only 21.6% (8 subjects) among illiterates.

Table 5: Association of contraceptive awareness with age group and participant's education (n = 200)

Age group (years)	Awareness about contraceptive methods				Total	
	Yes		No		No.	Percentage
	No.	Percentage	No.	Percentage		
Age groups						
18-25	33	47.1	37	52.9	70	100
26-35	103	96.3	4	3.7	107	100
36-45	19	82.6	4	17.4	23	100
Total	155	77.5	45	22.5	200	100
Participant's education						
Illiterate	8	21.6	29	78.4	37	100
Primary [§]	3	60.0	2	40.0	5	100
Secondary [§]	117	89.3	14	10.7	131	100
Higher secondary [#]	18	100.0	0	0.0	18	100
Graduate [#]	9	100.0	0	0.0	9	100
Total	155	77.5	45	22.5	200	100
	Test		Values	df	p-value	Association
Age group	Pearson chi-square test		58.938	2	<0.001	Significant
Participant's education	Pearson chi-square test		85.453	4	<0.0001	Significant
	Pearson chi-square test@		83.080	2	<0.0001	Significant

§ and # row data pooled to calculate Pearson Chi-square@

DISCUSSIONS

In India, government is providing facilities for temporary as well as permanent methods of contraception free of cost. Literacy is improved specially in urban areas. Through various media and after hospital delivery, contraceptive awareness has increased. But still acceptance for contraception is quite less.

In our study it was found that around 155 (77.5%) of the study subjects were aware about the contraception or contraceptive practices. The awareness about one or other method of contraception found in our study was similar to the observation found by Lakkawar *et al.*^[5] in a study conducted in a sub urban area in Pondicherry", where awareness level was found to be 81.6%.

Among the various contraceptive methods available, the awareness was prevalent in 155 (77.5%) of the total study subjects. The most common method to be known to the study subjects was, OC Pills 92.9% followed by condom 89.7%, female sterilization 76.1%, IUDs 70.9%. However only 49.7% of the study subjects were knowing about Injectable and least known method among temporary method was emergency contraception i.e., 20.6%.

Similar findings were observed in NFHS-III (2005-06), where in knowledge about contraceptive methods in currently married women for OC Pills was 87.2%, condom 76.1%, female sterilization 98.4%, IUDs 74.3%, Injectable 52.6% and least knowledgeable method among temporary methods was emergency contraceptive pills i.e., 11.9%

The findings in our study for larger share of knowledge about OC pills and condoms can be attributed to the fact that recently marketed modern methods like injectable and emergency contraceptive pills have much lower recognition than other modern methods which have easy accessibility and availability. Friends/husbands/relatives 111 (71.6%) were found to

be the most common source of information about contraception or contraceptive methods among the study subjects followed by Hospitals/UHCs i.e., 101 (65.2%). The other most common sources of information were mass media 36 (23.2%) and school 25 (16.2%). In a similar study conducted by Joshi and Patil^[6], neighbour/husbands/relatives (22.3%), were the most common source of information followed by mass media (21.9%), Doctor and Nurses (20.7%). In a similar study by Chopra and Dhaliwal^[7] most common source of information were family and friends 58%, followed by health professionals 29%. Media contributed very little i.e., only 7%.

When asked about the most suitable method of contraception to the study subjects, condom 39.5% was the most suitable method for them followed by oral contraceptive pills i.e., 13.5%. Other modern methods and permanent method of contraception were told be less suitable for them. In a similar study conducted by Prateek and Saurabh^[8] the most preferred method of contraception was condom (36.2%) as it is easily available, followed by OCPs (15.4%) then IUDs (10.3%) as per the husband's preferences.

Total number of study subjects who were not using any type of contraceptive method currently were 92 (46%) of the total 200 sample. Commonest reasons among those 92 for not using contraceptive methods, were refusal from family or spouse 63% followed by lack of knowledge 53.3%, religious prohibitions in 22.8%, lack of access in 19.6%, fear of side effects was the common reason behind 16.3%. Husband and wife were not staying together in 7.6% of the cases.

In a similar study done by Velankar^[9] in urban slums of Mumbai, Opposition from home was the major cause behind non-use of contraceptive in 26.5% of the cases, religious prohibition was the cause behind 36.3% cases, side effects in 16.8% cases, husband and wife not staying together in 6.2% cases.

In a similar study by Prateek and Saurabh^[8], lack of knowledge was the major cause behind the non-use of contraception in 70.5% of the cases followed by fear of side effects 21.3%, family pressure 13.9%, husband and wife not staying together in 8.2% cases.

We divided our subjects in three groups depending upon their current age into 18-25 years, 26-35 years and 36-45 years. It was found that the contraceptive awareness among the three groups, was highest in the middle age group i.e., 96.3% in 26-35 years followed by 82.6% in the elder age group of 36-45 years. The awareness about contraception or contraceptive methods among the study subjects between the age group of 18-25 years in this study area was very low i.e., 47.1%. Thus, there found a statistical significance between the contraceptive awareness with the age group of the study subjects. The various reasons which could be attributed to these findings are, hesitancy in speaking about contraceptive methods in younger age group, traditional values retarding the process of social change, inadequate knowledge about contraception, gender bias, male dominant society, illiteracy, low socioeconomic status, religious prohibitions etc.

Awareness about the contraception and contraceptive methods had found a statistically significant association with the educational level of the study subjects in our study. We found that as the educational level of the study subjects went on increasing, the awareness of the study subjects regarding the contraception and contraceptive methods also increased. Least awareness i.e., 21.6% was there in those study subjects who did not do their schooling and highest awareness i.e., 100% was there in those study subjects who had completed at least their higher secondary.

Similar findings were seen in a study conducted by Hussain^[10] in Malda, West Bengal, where the participant women with no formal education had less awareness about contraception and contraceptive methods as compared to the highly educated participants.

CONCLUSION

From our study, it is concluded that: Awareness about contraceptive methods is quite high (77.5%). Acceptance about all contraceptive methods is quite low (54%) though majority of study participants were literate. Maximum awareness was about OC Pills (92.9%) followed by Condom (89.7%). Condom is the

most common method (39.5%) used. Refusal from family or spouse (63%) was the most common reason for non-use of contraception. Awareness about contraception and its use was directly related to the age group of the study subjects. Education and contraceptive practices were directly related, more the education more was the awareness.

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