CONTRACEPTIVE PRACTICE AMONG MARRIED WOMEN IN A RESETTLEMENT COLONY OF DELHI

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ABSTRACT

A cross-sectional community based study was conducted in a resettlement colony of Delhi to find out the contraceptive usage among currently married women aged 15-49 years, and the factors influencing the use of such contraceptive practices. Out of 520 women interviewed, complete information could not be obtained from 60 and therefore data for 460 women were included in the final analysis. The findings revealed that about two-thirds (63.3%) of the eligible couples were using a contraceptive method, and the effective couple protection rate (CPR) was 56.1 per cent. Majority (37%) of these women had undergone tubectomy. Among the users of temporary methods of contraception, condom (56%) was the most preferred method. Permanent methods of contraception were mainly availed from public sector hospitals. Decision regarding contraceptive use in the family was mostly taken jointly by the husband and wife (65.7%). Number of living children at the time of first contraceptive use was found to be more than two in 74.4 per cent of the cases. Socio-economic status (SES) of the family was seen significantly associated with the use of contraceptive method. The reasons for non-acceptance were either for an expectation of a male child (44%) or fear of side effects (29%). Despite their knowledge on different methods, one-third of the women was found not using any contraception because it was not available free of cost. The above findings indicated married women in the study population seemed to possess a reasonable knowledge about contraceptives as five per cent only expressed having not heard of any contraceptive method at all.

Keywords: Resettlement colony, Married women, Contraception, and Socio-economic status.

India was the first country in the world to launch the Family Planning Programme in 1951. Later, it was renamed as the Reproductive and Child Health (RCH) programme in 1997; A survey across the nation (National Family Health Survey-11, 1998-99) revealed that though 99 per cent of the women in the reproductive age group knew at least one method of
contraception, only less than half (48%) of the currently married women were using some method of contraception. The prevalence of contraceptive use has shown geographic variations. Even within the same geographic area, contraceptive practices may vary among different communities. Keeping the regional differences in mind, the National Population Policy (2000) recommended decentralized planning and implementation of contraceptive services. The access to health services and therefore, the contraceptive practices, are likely to be poor among disadvantaged communities e.g. those living in slums or resettlement colonies. Community specific data are therefore essential plan and implement efficient and effective family planning services.

OBJECTIVES

The present study was therefore initiated to determine:

a. The contraceptive use, among the currently married women aged 15-49 years; and
b. The factors associated with the use of contraceptive methods.

METHODOLOGY

A cross-sectional community based household survey was conducted in Dr. Ambedkar Nagar resettlement colony in South Delhi established in 1976. Out of 520 women interviewed, 460 were included in the final analysis as 60 subjects failed to provide complete information. The colony consisted of 14 blocks out of which six blocks were identified as the field practice area of the All India Institute of Medical Sciences. Domiciliary services are provided free of cost in the field practice area. Three blocks each approximately with a population of 10,000 are covered by a male and a female multipurpose health worker (MPWs). MPWs made fortnightly domiciliary visits to provide counselling, treatment, of minor ailments and referral services. Residents of this colony were mainly migrants from the neighbouring states. Multiple agencies provided health care services in the study area. The study was carried out between February and April 2003. All currently-married women in the age group of 15-49 years in the study area were included. Children below 15 years and women older than 49 years, and those Widowed, divorced and separated were excluded from the study. Women who refused to participate in the study were also excluded. If there were more than one eligible women in the household, then the youngest eligible women was included in the study. If the house was found locked, two additional visits were made on separate days. The house was then labelled as "non-contactable" and excluded if it was found locked on the third visit.
Sample Size and Sampling Technique

According to the NFHS-11 data the prevalence rate of contraceptive use among the currently married women who have ever used any contraceptive method was 55 per cent. The present sample calculated-for the relative precision of 10 per cent was 327. Taking into account the 10-per cent non-response rate, the minimum sample size was calculated as 360. Two out of the six field practice blocks were randomly selected for the study. All the currently married women living in the selected blocks were included in the study. Since the randomization was done at the block level rather than the household level, considering the design effect as 1.5 per cent, a final, sample size of 540 (360 x 1.5) was considered for analysis.

Study Instrument

A close-ended structured interview schedule was prepared. The interview schedule was pre-tested in a nearby area not included in the study and the revised version of the interview schedule was administered to the study samples. Interviewers were trained to minimize the inter-observer variations. Modified Kuppuswamy socio-economic scale was used to ascertain the socio-economic status of the family. Current use of different contraceptive methods among subjects was defined as use of any contraceptive method in the past one year preceding the study period. If more than one method was used, then the latest contraceptive method used was taken into account. Reasons for contraceptive use by the women were assessed, by an open-ended question.

Data Collection

Household visits were made by the undergraduate medical students to identify the eligible women subjects. The women were explained about the objectives of the study and an informal verbal consent was obtained. All women, both participants as well as non-participants in the study were offered health education, counselling, contraceptive and referral services.

Analysis

Data were entered into MS Excel spread sheet and analyzed by SPSS version 10.0.
FINDINGS

A total number of 577 houses was visited. The number of non-contactable houses was 23 and an additional 34 women refused to participate in the study. Therefore, 57 (9.9%) out of 577 houses were excluded. Out of 520 women interviewed, 60 (11.5%) provided only partial answers who were also excluded. Hence data from 460 women only were included in the final analysis.

Majority of the women (85.4%) were in the age group of 20.39 years only. 1.6 per cent of the women were 15 to 19 years old. The remaining 13 per cent was in between 40 and 49 years of age. Most of the women (95.7%) belonged to upper lower and lower middle socio-economic class. Almost all (98%) of the women were Hindus by religion.

About two-third (65%) of the women had heard and used any type of modern contraceptive method at least once. Another 30 per cent of women had heard of but had never used any contraceptive method. The rest 5 per cent of the women was neither aware of nor used any contraceptive method at all.

It was seen that 291 eligible couples (63.3%) were currently using a contraceptive method and the effective couple protection rate (CPR) was 56 per cent. Out of the current users (291) majority 157 (53.9%) had undergone tubectomy. Among the 132 users of temporary methods of contraception condom was the preferred method for more than half (52.3%) of the users. Use of oral pills (26.5%) and intra-uterine contraceptive device (IUCD) (21.2%) was marginal among the study participants. The study found that only two of the women's spouses had undergone vasectomy (Table 1).

### TABLE 1
CURRENT USE OF DIFFERENT CONTRACEPTIVE METHODS

<table>
<thead>
<tr>
<th>Methods</th>
<th>Number</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condoms</td>
<td>69</td>
<td>23.7</td>
</tr>
<tr>
<td>OC pills</td>
<td>35</td>
<td>12.1</td>
</tr>
<tr>
<td>IUCD</td>
<td>28</td>
<td>9.6</td>
</tr>
<tr>
<td>Tubectomy</td>
<td>157</td>
<td>53.9</td>
</tr>
<tr>
<td>Vasectomy</td>
<td>2</td>
<td>0.7</td>
</tr>
<tr>
<td>Total</td>
<td>291</td>
<td>100</td>
</tr>
</tbody>
</table>
It was observed that women availed of different kinds of services in relation to contraception from the service providers. Services for permanent methods of contraception were mostly availed from the public sector hospitals (100% for vasectomy and 89% for tubectomy). However, with the exception of IUCD, temporary contraceptive methods were mostly obtained from the private health care providers. Among those who used condoms, 72 per cent obtained them from, private suppliers like chemist shops, and only 28 per cent from government sources. Similarly, the source of oral pills in about two-third (65%) of users was from private and the rest (35%) from government sources. Significantly, 90 per cent of the IUCD users had their IUCD inserted in government hospitals and the rest (10%) from private providers.

Temporary methods were mostly used for spacing the pregnancies. For postponing the first pregnancy, equal proportions of women used condoms, and oral pills. Table- 2 shows the number of living children at the time of first contraceptive use. It was observed in the current study that almost three-fourth (74.4%) of the women had two children when they first used a contraceptive method. Use of contraception for the first time after having one live birth was found to be 21.7 per cent. Only less than 2 per cent of the women used contraceptive methods prior to childbirth.

**TABLE 2**

**NUMBER OF LIVING CHILDREN AT THE TIME OF FIRST USE OF CONTRACEPTIVE METHODS**

<table>
<thead>
<tr>
<th>Contraceptive</th>
<th>Nil (3.4)</th>
<th>One (48.9)</th>
<th>Two (31.8)</th>
<th>Three or more (15.9)</th>
<th>Total (100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condoms</td>
<td>3</td>
<td>43</td>
<td>28</td>
<td>14</td>
<td>88</td>
</tr>
<tr>
<td>Oral pills</td>
<td>4 (5.8)</td>
<td>22 (31.9)</td>
<td>25 (36.2)</td>
<td>18 (26)</td>
<td>69 (100)</td>
</tr>
<tr>
<td>IUCD</td>
<td>0</td>
<td>16 (30.8)</td>
<td>25 (48.1)</td>
<td>11 (21.1)</td>
<td>52 (100)</td>
</tr>
<tr>
<td>Tubectomy</td>
<td>0</td>
<td>0</td>
<td>43 (27.4)</td>
<td>114 (72.6)</td>
<td>157 (100)</td>
</tr>
<tr>
<td>Vasectomy</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2 (100)</td>
<td>2 (100)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>7 (1.9)</td>
<td>81 (21.7)</td>
<td>121 (32.4)</td>
<td>159 (42)</td>
<td>378* (100)</td>
</tr>
</tbody>
</table>

(*n=378, since some of the users had used more than one method.)

It was observed from the study that decision regarding contraceptive use in the family was mostly (65.7%) taken jointly by the husband and wife. It was also observed that in 14.8 per cent of cases, husbands were the sole decision makers regarding the use of contraception; women were the sole decision makers in 13.3 per cent of cases. Meanwhile, it was found that parents of the spouses took decisions in a small proportion of cases (6.3%) with regard to contraceptive use by the spouses.
Socio-economic status (SES) of the family was found to be significantly associated with the use of a contraceptive method. It was observed that there was an increased use of contraceptive methods among families with the increase in SES ($p < 0.05$). When the reasons for non-acceptance of contraceptive methods were inquired, most of the women reasoned that they were not allowed to use any contraceptive method either due to the desire for a male child (44%) or because of the suspected fear of side effects of contraception (29%).

**DISCUSSION**

The present study has revealed that the contraceptive prevalence among married women-in the study, area was as high as 63.3, per cent similar to that of NFHS II for Delhi (64%). However, another study conducted among the slum dwellers in Delhi reported that only 25 per cent of the eligible couples are currently using any contraceptive method, and amongst the current users, the commonest method was tubectomy (59 %)\(^2\). The discrepancy could be due to the difference in socio-economic status among slum dwellers, and inadequate availability of facilities. In the present study too, the most commonly used method for contraception amongst all the eligible couples was the permanent method, tubectomy 157/460 (34.1%). This is of course lower than that reported for the rest of Delhi (41%). The purpose of contraception is to limit the family size rather than to space the births in majority of the families. This was reflected in the pattern of use of contraceptive methods where it was seen that only 2 per cent of women used contraceptive methods to delay the first child, while 21 per cent used any method to delay the second child. The study found that the most common source of contraceptive method for the subjects was the public sector. Since tubectomy, or insertion of IUCD can only be done in a hospital setting, most of the women belonging to the low socio-economic stratum, were more inclined to opt for government health care facilities rather than private health care facilities. The study showed that with increasing SES there was an increased trend for the use of contraceptive methods within the family. This is similar to the findings of a study conducted in South Delhi where socio-economic status was found to be directly proportional to contraceptive prevalence\(^3\). The reasons for non-acceptance in a majority of women were either due to an expectation of a male child (44%) or fear of side effects (29%). A study in Pakistan also cited the desire for a male child and husband's disapproval as the main reasons for non-acceptance of contraceptive methods\(^4\). A study in Chandigarh also reported that desire to have a male child was the main reason for non-acceptance of family planning methods followed by fear of side effects\(^5\).
CONCLUSION

About two-thirds of the women in this study used some form of contraceptive method but most of them preferred a permanent method. The women in a relatively higher socio-economic status were found more inclined to practice contraception. One-third of the women were not using contraception in spite of knowledge of different methods and expressed their willingness to use if provided free of cost. However, there are a small fraction of women (5%) who have not heard of any contraceptive method at all.

In conclusion, the findings support the contention that there is still a need to intensify IEC activities and motivate the population to practice contraception. Women should be advised to use temporary methods to space births so as to reduce the number of unwanted births and induced abortions. Male participation in the contraceptive use among couples continues to be poor and efforts should be made to encourage male participation in family planning. There is also an unmet need for contraception in about half of the population in the study area. What is more important at this moment is to find out the reasons for non-utilization of available contraceptive choices and remove the myths and beliefs associated with their usage.

15–49 वर्ष की आयु वाली विवाहित महिलाओं में गर्भनिरोधकों के उपयोग और इनके प्रयोग को प्रभावित करने वाले कारकों का पता लगाने के लिए दिल्ली की एक पुनर्वास बसती में समूहदाय पर आधारित एक क्वार्स-सैब्स्किन्ल अध्ययन किया गया था। सामाजिक में सम्मिलित कुल 520 महिलाओं में से 60 महिलाओं के बारे में पूरी-पूरी जानकारी प्राप्त नहीं की जा सकी थी, इसलिए 460 महिलाओं से प्राप्त आंकों को ही फाइनल विश्लेषण में शामिल किया गया था। अध्ययन से प्राप्त निष्कर्षों से पता चलता है कि पत्र दम्पतियों में केवल दो-तिहाई (63.3%) दम्पति ही गर्भ निरोधक उपायों का प्रयोग कर रहे थे और प्रभावी दम्पति संक्षण दर 56.1% थी। इनमें से अधिकांश (37%) ने नसबन्दी करा रखी थी। गर्भनिरोध के अस्थायी उपायों के प्रयोगकर्ताओं (56%) द्वारा निरोध को अस्थायिक वरीयता दी जाती थी। गर्भ-निरोधक स्थायी तरीकों का लाभ मुख्यतः सार्वजनिक क्षेत्र के अस्थायी से सीमित जा रहा था। गर्भनिरोधक उपायों के प्रयोग के बारे में निर्णय अभिक्षेत्र (65.7%) परिवार में पति-पत्नी द्वारा संयुक्त रूप से लिया गया था। 74.4% मामलों में पहली बार गर्भनिरोधक उपाय अपनाते समय परिवार में जीवित बच्चों की संख्या दो से अधिक पाई गई थी। गर्भनिरोधक उपाय के प्रयोग परिवार के सामाजिक-आर्थिक स्तर का संदर्भ उल्लेखीय रूप से गर्भनिरोध उपाय से जुड़ा हुआ पाया गया था। गर्भनिरोधक उपाय न अपनाने जाने का कारण प्रमुख रूप से लड़की होने की इच्छा (44%) से
अथवा गर्भनिरोध उपाय से होने वाले गौण प्रभाव के उर (29%) से जुड़ा पाया गया था।
यद्यपि उन्हें गर्भनिरोध के विभिन्न तरीकों के बारे में जानकारी थी किन्तु एक-तिहाई महिलाएं
कोई भी गर्भनिरोध उपाय इसलिए प्रयोग नहीं कर रही थीं, क्योंकि ये निश्चय उपलब्ध नहीं थे। अध्ययन से प्राप्त उपरोक्त निष्कर्षों से ज्ञात होता है कि अध्ययन में शामिल जनसंख्या में विवाहित महिलाओं को गर्भनिरोधक उपायों के बारे में पर्याप्त जानकारी थी, केवल पांच प्रतिशत महिलाओं ने बताया था कि उन्होंने किसी भी गर्भनिरोधक उपाय के बारे में कभी भी कुछ भी नहीं सुना है।

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