

Contraceptive awareness and practices in reproductive age couples: A study from urban slums of Punjab

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ABSTRACT

Introduction: Developing countries are characterised by high birth rates and explosive population growth. With a lower contraceptive usage rate among eligible couples and resistance towards family planning methods, the goal of population stabilisation looks distant. The present study was conceived to assess knowledge, attitude and practices regarding contraceptive usage and to identify the barriers in reproductive-age couples in an urban slum area. **Methods:** The present study was cross-sectional in nature and was conducted in an urban slum. Three hundred married subjects were enrolled through a convenient sampling technique. One member of the married couple was interviewed for the present study. Data were collected through a semi-structured proforma. **Results:** 67% of the participants were using one or another contraceptive. Higher contraceptive usage was seen in more educated participants. Awareness was higher in males regarding contraception. Condom was the most known method for contraception. Three fourth of the participants agreed with two-child norm. Preference for a male child was less than 50% in both genders. Current users of condoms and oral contraceptive pills were 71.8% and 7.1%, respectively. Wanting children, fear of side effects and lack of knowledge were cited as reasons for not choosing family planning methods. **Conclusion:** With a suboptimal level of awareness and attitude among respondents regarding contraceptive methods, there exists a gap between awareness and practice. Misconceptions regarding contraceptive methods can be allayed through health education, involvement of the community and religious leaders and peer counselling.

Keywords: Attitude, awareness, contraception, practices, slums, spacing

Introduction

India is the second-most populous country in the world, having a rapidly growing population that is currently increasing at the rate of 16 million each year. In spite of the fact that India was

the first country in the world to implement a national population control programme in 1952, we are still struggling to contain the baby boom.^[1] Uncontrolled population explosion is a burden on the resources of many developing countries. Of the world population, 75% live in developing countries characterized by high fertility rates, high maternal and infant mortality rates and low life expectancy.^[2] Uncontrolled population growth is recognized as the single most important impediment to national development.

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One of the ways to regulate the population is by family planning. According to WHO, family planning is defined as a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitude and responsible decisions by individuals and couples, in order to promote the health and welfare of family groups and thus contribute effectively to the social development of a country. A good family planning programme thus not only helps in improving the economic condition of the nation as a whole but also in enhancing the health of the women and children at the family level. Since 1952, when the family planning programme was started in India, the programme has transformed in terms of policy and actual programme implementation. Currently, it is being repositioned to not only achieve population stabilization goals but also promote reproductive health and reduce maternal, infant and child mortality and morbidity.^[3] For improved access to contraceptives and family planning services in high fertility districts spreading over seven high focus states, the Ministry of Health and Family Welfare launched “Mission Pariwar Vikas” in 2016.^[4]

India’s current demographic phase is characterized by a high fertility rate and a moderate mortality rate. A variety of different methods of contraception are available, which are generally extremely safe compared with the risks associated with pregnancy and childbirth. Not all methods are suitable for everyone. Expanding the number of family planning options available to women is a critical part of increasing contraceptive coverage, decreasing unintended pregnancies and reducing maternal morbidity and mortality around the globe. A lack of knowledge of contraceptive methods or a source of supply, cost and poor accessibility are the barriers that exist in developing countries. Side effects, perceived or real, are major factors for the abandoning of modern methods.^[5]

Despite the wide availability of a number of contraceptive methods, unplanned and unwanted pregnancies persist. The conclusions drawn from the present study would identify the lacunae in contraceptive usage practices in rural areas and urban slums in the region, where people have a more unmet need for contraceptives. Also, the primary caregivers/family physicians are mostly stationed in rural and urban slum areas, and the results of this study would empower them to improve contraceptive uptake by addressing the reasons for non-usage. The current study was aimed to find the prevalence of knowledge, attitude and practices of contraceptive methods among couples in urban slums and to determine the reason for not using contraceptives.

Material and Methods

The study was conducted in Nayagaon, Mohali, Punjab, for a period of six months. According to the records available, the population of Nayagaon is 50,869.^[6]

A cross-sectional community-based study was conducted. Three hundred individuals were selected by the convenient sampling technique. To reduce the bias in the study, the selection of

subjects was entirely on the basis of availability and without any judgment. Knowledge, Attitude and Practices (KAP) survey was conducted on the selected individuals to assess their knowledge, belief and practices related to contraceptive usage. A semi-structured questionnaire was used for the collection of information through the interview technique.

Married couples were included in the study. Only one member (husband or wife) from the couple was interviewed. Before the interview, each respondent was explained the purpose of the study and consent was taken. Information regarding socio-demographic profile, knowledge, attitude and practice of contraception was collected. Data was collected in the evening hours on weekdays and morning hours on weekends to ensure availability. Permission for ethical clearance was sought and was granted vide letter no. 182A/CPH dated 25/09/2019. The inclusion criteria included couples where the females were in the reproductive age group (15 to 49 years). Refusal of consent and unmarried individuals were excluded from the study.

Statistical analysis

Data were entered in a Microsoft Excel spreadsheet and analysed using SYSTAT software version 13.2 for Windows (San Jose, CA: Inpixon Inc). Continuous data were presented as mean and standard deviation, whereas qualitative data were presented as frequencies and percentages. The Chi-square test was used for bivariate analysis for the association between variables. The point of statistical significance was considered when *P* value was less than 0.05.

Results

Total 300 married individuals were included in the study. Females respondents, 187 (62.3%) outnumbered males, 113 (37.6%).

Half of the participants, i.e. 52%, were in the age group of 30-39 years and the minimum in the age group of 15-29 years. The majority were Hindus (90.3%). 67% of the study participants were using contraceptives. 66.3% male and 67.3% female respondents were using one or the other type of contraceptive method. Higher contraceptive usage was seen in more educated participants. Most of the respondents were unemployed or homemakers (52%). 55.7% of the study population was from a nuclear family [Table 1].

The knowledge regarding contraception was high among males (97.3%) as compared to females (89.3%). Condom was found to be the most known method for contraception both in males (98.2%) and females (75.9%) respondents. Most of the respondents opined that a couple should have two children [Figure 1].

Among both female (55.6%) and male (80.5%) respondents, the main source of information was Television (mass media). Nearly two-third of the respondents had a positive attitude and were willing to adopt family planning methods in the future. The

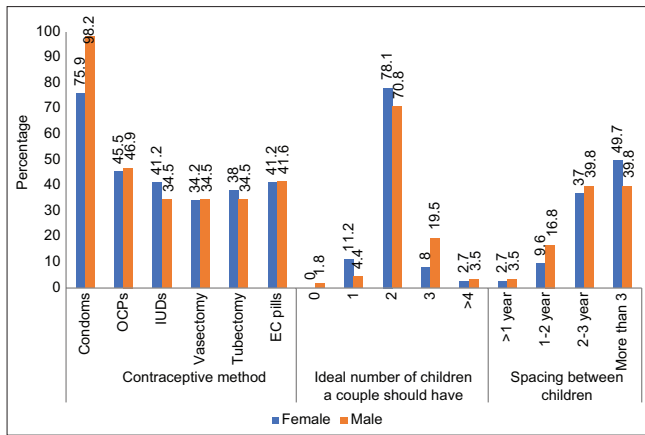


Figure 1: Bar diagram showing knowledge regarding contraceptive methods, the ideal number of children and spacing between children

majority of the respondents believed that family planning was beneficial [Table 2].

Out of those who had knowledge about contraceptives, 72.5% were using one of the family planning methods. Among respondents who were not using any contraceptive, the most common reason was that their family was not yet complete. 64% of females and 68% of males thought that vasectomy had more side effects than tubectomy. 34.8% of female and 42.5% of male respondents refused to accept any method of sterilization because a majority of them were unable to make a preference. Out of the total 300 respondents, condoms were the most commonly used method of contraceptive (50.7%). Only 1.3% of respondents had adopted vasectomy as a contraception method. 22.6% of the respondents who were using IUDs complained of side effects [Table 3].

As depicted in Table 4, 58.8% of female respondents and 56.6% of male respondents have selected contraceptive methods to avoid unwanted pregnancies. 2.1% of females and 24.8% of males were advised by health professionals or doctors to use contraceptives to prevent STDs. 10.2% of female respondents were not choosing any contraceptive method as they wanted to have children in the future. Positive attitude towards contraception was significantly higher among males (76.1%) than females (59.4%) (P -value = 0.003).

Discussion

The family planning programme has been going under changes from time to time to meet its objective of reducing the birth rate in India. One of the main strategies of the programme is to spread knowledge of family planning methods and develop a favourable attitude among the people so as to encourage them to adopt contraceptive methods.

Out of a total of 300 respondents, 67% of respondents were using one of the contraceptive methods. Most non-users were in the age group of 18–22 years. The majority of the contraceptive

Table 1: Socio-demographic profile of respondents (n=300)

Categories	Contraceptive user n (%)	Contraceptive non-user n (%)	P
Age (in years)			
15-29	53 (57.6)	39 (42.4)	<0.01
30-39	121 (77.6)	35 (22.4)	
40-50	27 (51.9)	25 (48.1)	
Religion			
Hindu	182 (67.2)	89 (32.8)	0.745
Muslim	5 (83.3)	1 (16.7)	
Sikh	13 (61.9)	8 (38.1)	
Others	1 (50.0)	1 (50.0)	
Gender			
Male	75 (66.3)	38 (33.7)	0.857
Female	126 (67.3)	61 (32.7)	
Education level			
Illiterate	4 (57.1%)	3 (42.9%)	0.036
Primary	28 (52.9%)	25 (47.1%)	
Middle	36 (64.3%)	20 (35.7%)	
Senior secondary	50 (67.6%)	24 (32.4%)	
Graduate	51 (69.9%)	22 (30.1%)	
Post graduate	32 (86.5%)	5 (13.5%)	
Occupation			
Unemployed/Home makers	100 (64.1%)	56 (35.9%)	0.825
Unskilled	38 (74.4%)	16 (29.6%)	
Skilled	15 (75%)	5 (25%)	
Shopkeeper	33 (66%)	17 (34%)	
Clerk	4 (80%)	1 (20%)	
Professional	9 (69.2%)	4 (3.1%)	
Others	2 (100.0)	0	
Type of family			
Nuclear	106 (63.5%)	61 (36.5%)	0.345
Joint	83 (71.5%)	33 (28.5%)	
Extended	12 (70.5%)	5 (29.5%)	

users were Hindus. According to NFHS-4 data, Muslim women (68%) were less likely to use contraception as compared to Sikhs (76%) and Hindus (75%).^[7] There was a positive relation of contraceptive use with education in the current study, which was depicted by other studies too.^[8-10]

The knowledge about different contraceptive methods was found to be quite satisfactory in the present study. Every respondent was aware of at least one contraceptive method. Similar findings were seen in other studies also.^[11-13] Condom (75.9% females and 98.2% males) was the most well-known contraceptive method among the respondents in the present study and also the most commonly used contraceptive (50.7%). This may be explained by the fact that condoms are easily accessible (through social marketing) and easier to use without assistance.

In the current study, 59.4% of female and 76.1% of male respondents had a positive attitude and were willing to adopt/use a family planning method in the future also. Similarly, Pegu *et al.*^[2] reported a much higher negative attitude towards family planning among males as well as females. Similar to our study,

Table 2: Attitude towards preference of gender of children and preference of permanent sterilization

Attitude variables	Responses	Females (n=187) (%)	Males (n=113) (%)	P
Willing to adopt family planning method	Positive	111 (59.4%)	86 (76.1%)	0.003
	Negative	76 (40.6%)	27 (23.9%)	
Willing to do spacing between children	Positive	152 (81.3)	97 (85.8)	0.308
	Negative	35 (18.7)	16 (14.1)	
Family planning beneficial	Favour	155 (82.9)	100 (88.5)	0.368
	Don't favour	22 (11.8)	10 (8.8)	
	Don't know	10 (5.3)	3 (2.7)	
Is a male child a must?	Yes	74 (39.6)	47 (41.6)	0.729
	No	113 (60.4)	66 (58.4)	
Do you prefer a male child?	Yes	78 (41.7)	56 (49.6)	0.185
	No	109 (58.3)	57 (50.4)	
Sterilization	Tubectomy	79 (42.2)	53 (46.9)	0.025
	Vasectomy	08 (4.3)	05 (4.4)	
	None	65 (34.8)	48 (42.5)	
	Anyone	35 (18.7)	07 (6.2)	

Table 3: Practices of respondents about different contraceptive methods

	Condom (n=152) (%)	OCPs (n=28) (%)	IUDs (n=31) (%)	Tubectomy (n=45) (%)	Vasectomy (n=4) (%)
Duration					
> 1 year	42 (27.6)	23 (82.1)	21 (67.7)	06 (13.3)	02 (50)
1-5 years	61 (40.1)	05 (17.9)	07 (22.6)	14 (31.1)	-
6-10 years	34 (22.4)	-	02 (6.5)	12 (26.7)	-
11-15 years	07 (4.6)	-	-	03 (6.7)	01 (25)
16-20 years	07 (4.6)	-	-	05 (11.1)	01 (25)
21-25 years	-	-	01 (3.2)	05 (11.1)	-
26-30 years	01 (0.7)	-	-	-	-
Current users	109 (71.8)	02 (7.1)	14 (45.2)	-	-
Discontinued after use	43 (28.3)	26 (92.9)	17 (54.8)	-	-
Side-effects experienced	06 (3.9)	04 (14.3)	07 (22.6)	01 (2.2)	-

Table 4: Reasons for choosing and not choosing contraceptive methods

Variables	Categories	Female	Male	P
Reasons for choosing	To improve their own health and their child's health	27 (14.4%)	37 (32.7%)	<0.01
	Socio economic condition	26 (14%)	18 (16%)	0.636
	Preventing unwanted pregnancies	110 (58.8%)	64 (56.6%)	0.708
	Prevention from STDs	04 (2.1%)	28 (24.8%)	<0.01
	Recommended by health professional	07 (3.7%)	04 (3.5%)	0.928
	Want to give spacing between children	12 (6.4%)	19 (16.8%)	0.004
Reasons for not choosing	Still want to have children	19 (10.2%)	06 (5.3%)	0.137
	Lack of knowledge	13 (07%)	15 (13.3%)	0.070
	Fear of side effects	17 (9.1%)	09 (8%)	0.743
	Customs or beliefs	10 (5.3%)	05 (4.4%)	0.728
	Prohibition by family members	03 (1.6%)	0	NA
	Prohibition by spouse	01 (0.5%)	01 (0.9%)	0.676
	Using natural methods	12 (6.4%)	13 (11.5%)	0.122

the gap between two children as 3–5 years was the most common opinion given by females in a study from Kerala, India.^[14]

Despite the good knowledge about contraceptives, the usage was found to be little less. Among males, 75(66.3%) were using any contraceptive method and among females, 126 (67.3%) were using any contraceptive methods. A study done by Mansur *et al* showed similar kind of results where two third of the couples

were using any contraceptive method.^[15] This shows that the gap between the attitude and usage is existing in the studied population.

The knowledge about tubectomy was found to be low (38% in females; 34.5% in males) in the present study. Similar findings have been reported in the study conducted in Ahmedabad where the knowledge about permanent sterilization methods

was low.^[16] But these findings were in contrast to the findings of Upadhye *et al.*^[12] which reported 90.5% had information about tubectomy. This could be due to the fact that it was a hospital-based study in the urban area of Maharashtra; however, the present study is conducted in the rural area of Punjab.

The low knowledge of vasectomy (4.3%) in this study was in contrast to the findings of Khan *et al.*,^[17] where 81.4% of respondents were aware of vasectomy. The knowledge of modern contraceptives was also found to be higher in other studies as compared to this study, where only 41.2% of females and 41.6% of males were aware of emergency contraceptive pills.^[18] Another study in rural Punjab^[19] showed that 8.3% of women had preferred traditional methods of contraception over newer. Findings of knowledge and practices of emergency contraceptives from slum areas of Mumbai, Maharashtra^[11] were similar to the findings of the present study. This shows the need to spread awareness among eligible couples about methods of sterilization and emergency contraceptives. Because of fear of side effects, 34.8% of females and 42.5% of male respondents refused to accept any method of sterilization. This clearly shows that misconceptions about vasectomy persist in society. The population needs to be made aware of the fact that vasectomy is a very safe method and should be preferred over tubectomy, being cheap and less time-consuming for patients. In this study, about 24% had undergone tubectomy, which is lesser than the findings of a study conducted in urban Haryana, India.^[20]

The main source of information for contraceptives among respondents was TV (58%). Several studies found mass media as a well-known source of disseminating information about contraceptive methods as compared to receiving primary information from doctors/multipurpose health workers/Anganwadi workers.^[17,20,21] Condom remains the first choice of contraceptive as found in the current study (71.8%) and also in other studies conducted in Gujarat (68.9%) and Kerala (52.2%).^[14,22] This is substantiated by the fact that condoms are easily available and easy to use.

There was a preference for a male child in nearly two-fifth, which is similar to the findings of Hasan *et al.*^[23] In Indian society, the preference for the male child has been deep-rooted for thousands of years but on the contrary, Bajwa *et al.*^[19] reported only 6% of women having a desire for a male child. Among male respondents, the most common cause of discontinuing family planning methods was due to lack of knowledge (13.3%). Similar findings were seen in a study by Patel *et al.*^[24] According to NFHS-4 data, the most common reason for discontinuation of contraceptives is the desire of another child.^[7] Lack of information on vasectomy and motivation to use reversible methods were the factors cited by respondents in Kerala.^[14]

Apart from avoiding unwanted pregnancies, reasons given by males and females for using contraceptives were different as males cited the use of contraceptives to prevent STDs (24.8%),

whereas 14.4% of females wanted to improve their health as well as the child's health. Study by Saluja *et al.*^[18] reported completion of the family to be the most common reason for using contraception. Higher quality family planning counselling sessions by trained health and informed reproductive choices to the couples are also required to enhance contraceptive usage and improve the health of reproductive married women.^[25,26]

Awareness generation through mass media campaigns can be employed to improve awareness and attitude of the reproductive population. Misconceptions regarding contraceptive methods can be allayed through health education, involvement of the community and religious leaders and peer counselling. The study is limited by the fact that there was a time constraint for the conduction of the study. Also, the responses regarding knowledge and attitude were taken from one spouse due to unavailability of the other spousal partner.

Conclusion

In the present study, suboptimal knowledge about the utilization of various contraceptive methods was seen. A wide gap existed between knowledge and practice of contraception. Hence extensive efforts are required in the form of increasing awareness by active counselling of couples in primary care settings such as primary health centres (both rural and urban) and taking help from mass media. Improving female literacy and provision of reproductive rights would also act as long-term measures. Future research perspectives include preferences and behavior of couples towards male sterilization and its societal acceptance.

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Conflicts of interest

There are no conflicts of interest.

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