

KNOWLEDGE AND USE OF FAMILY PLANNING METHODS AMONG YOUNG MARRIED WOMEN IN URBAN SLUM OF DELHI



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New Delhi

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ORGANIZATION PROFILE





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THE MOST CRITICAL PROBLEMS...

Sigma is a research and consulting organization offering fully fledged research services in the social and development sector, and all India data collection / field and tabulation services across all sectors.

Core values

The core values and foundation on which the structure of Sigma rests are

- Ethics
- Integrity
- Tenacity

These values are imperative in delivering the promise of data with integrity and rigor.

INTERNSHIP WORK



Worked on two studies

Depot Medroxy-
progesterone Acetate)

DANONE-Food Belief



DMPA (Depot Medroxyprogesterone Acetate)

- DMPA is a kind of injection which protects the women from pregnancy up to 12 weeks. This contraceptive injection mainly works by stopping ovaries from releasing an egg.
- It was the study of FHI 360 (Family Health International) who provides eight days training on qualitative research given.
- During the training there was a visit to Agra to know the scenario of the DMPA which was done in the UHI clinics as it was covering maximum clinics which was offering DMPA services.
- After the training, pretest of this study was conducted in Meerut where IDIs with the users, Provider's Interview (structured questionnaire), facility checklist (structured questionnaire) was taken in the ABT clinics. After the pretest, transcription and translation was done and tool problems was discussed which was then send to the FHI.

DANONE-Food Belief

- The objective of the study is to investigate food behavior by characterizing food styles and food environments in which DANONE operates and to identify factors of change so that DANONE may equip itself for strategic positioning
- Analyze the content of all the FGDs and IDIs.
- The responses for each indicator were extracted from the IDIs and FGDs and trend analyzed.
- Content Analysis was done on Excel spread sheet.
- Findings and verbatim from the spread sheet were used for presentation



DO YOU KNOW?



India will be number
one in the Race of
Population

After some time it will
beat China

INTRODUCTION

- The population of India grew at an average rate of 2 percent per annum, the urban population grew at 3 percent, mega cities grew at 4 percent, and slum populations increased by 5 percent (Source : NFHS 3, 2005-06, Health and Living Conditions in Eight Indian Cities).

- As per the Census of 2011, Delhi is home to around 1.6. million persons which is 46% more than 2001, 93% of whom live in urban areas.

- One of the reasons for uncontrolled growth of the population is unregulated fertility. Unregulated fertility many a times leads to unintended pregnancies leading to many unwanted or mistimed births



REVIEW OF LITERATURE

The National Family Health Survey of 2005-06 indicated a contraceptive prevalence of 56.3% (NFHS 1998–99), with female sterilization accounting for 37.3% while male Condom use recorded only a marginal increase to 5.2. Use of oral contraceptive pills by women increased marginally to 3.1 % in 2005-06.

Gautam and Seth (2001) in their study among rural Rajputs and SCs found out that raise in education besides providing knowledge and the contraceptive methods helps in improving acceptance of family control devices (Meerambika Mahapatro et al., 1999; Sushmita and Bhasin, 1998 and Varma et al., 2002)

Bongaarts (1983) has demonstrated that 96 percent of variation in the fertility levels among societies is explained by the variation in age at marriage, use of contraception, induced abortion and breastfeeding or lactational amenorrhea. Further, Mauldin and Ross (1991) have demonstrated that CPR alone can explain 85 to 87 percent of the variance in TFR.

RATIONALE

- The nationwide Family Planning Program was started in India in 1952, making it the first country in the world to do so. In spite of this about 56% eligible couples in India are still unprotected against conception (Govt. of India, Ministry of Health and Family Welfare, New Delhi, Annual report, 199-2000).
- After 60 years of Independence unmet need of family planning is not fulfilled.
- Target and goals of MDG are not yet achieved.
- Target to reduced TFR is not achieved.

OBJECTIVES



Broad Objective

To the study the knowledge level and use of family planning methods among young (15-29) married women residing in Delhi slums

Specific Objectives

- To assess the **knowledge** of the married women on contraceptive methods.
- To know **use and preference** of contraceptive methods among the married women.
- To know the **decision making** among women in using contraception

METHODOLOGY



- **STUDY DESIGN:** The methodology adopted includes quantitative research techniques of data collection.

Study area

- The study was conducted in J.J Colony, Dwarka (New Delhi) and Shadhara (Older Delhi)
- **SAMPLE SIZE:** 202
- **Sampling Technology:**
Random Sampling Technique Method

RESULTS AND FINDINGS



Demographic Profile

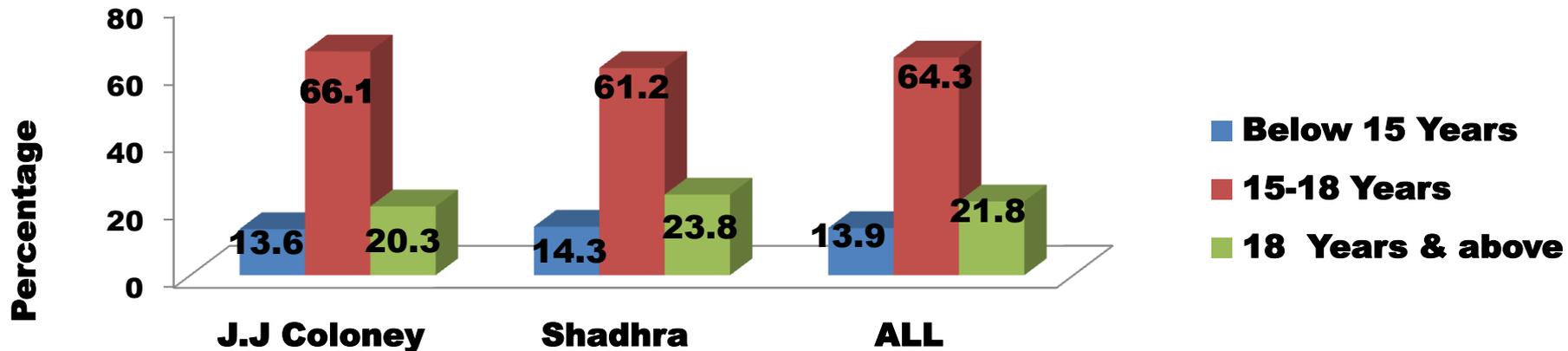
Table:1.1 Age of Respondent

	(J.J COLONY) DWARKA	SHADHRA	ALL
15-19 years	3.4	2.4	3.0
20-24 years	49.2	66.7	56.4
25-29 years	47.5	31.0	40.6
Total N	101	101	202

Table:1.9 Religion of Respondent

	(J.J COLONY) DWARKA	SHADHRA	ALL
Hindu	91.53	85.71	89.11
Muslim	8.47	14.29	10.89
Total N	101	101	202

Graph: Age of Respondent at the time of Marriage

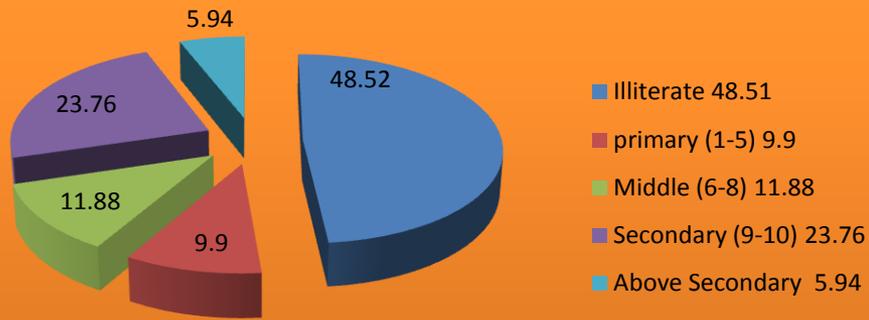


N=202

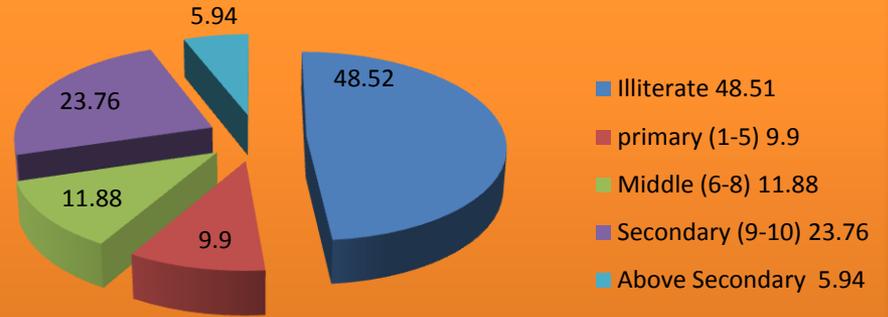
Table:1.2 Total number of Children

	(J.J COLONY)DWARKA	SHADHRA	ALL
No Children	6.8	4.8	5.9
1-2	76.2	45	59.4
3 and more than 3	19	47	34.7
Total N	101	101	202

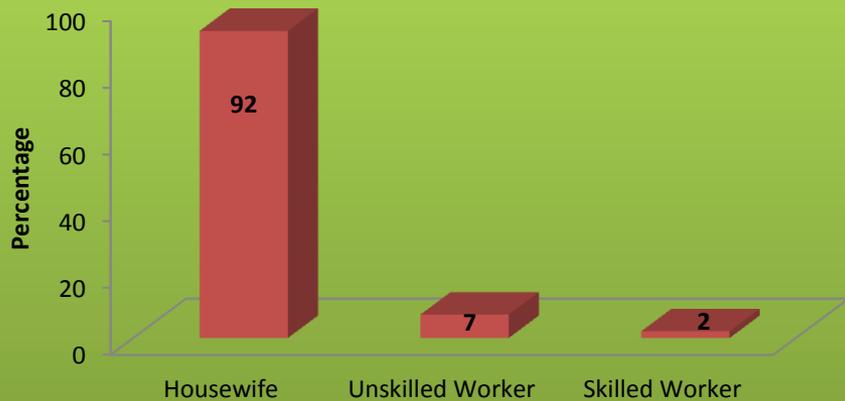
Education of Respondents



Education of Husband of Respondent



Occupation of Respondent



N=202

Occupation of Respondent's Husband



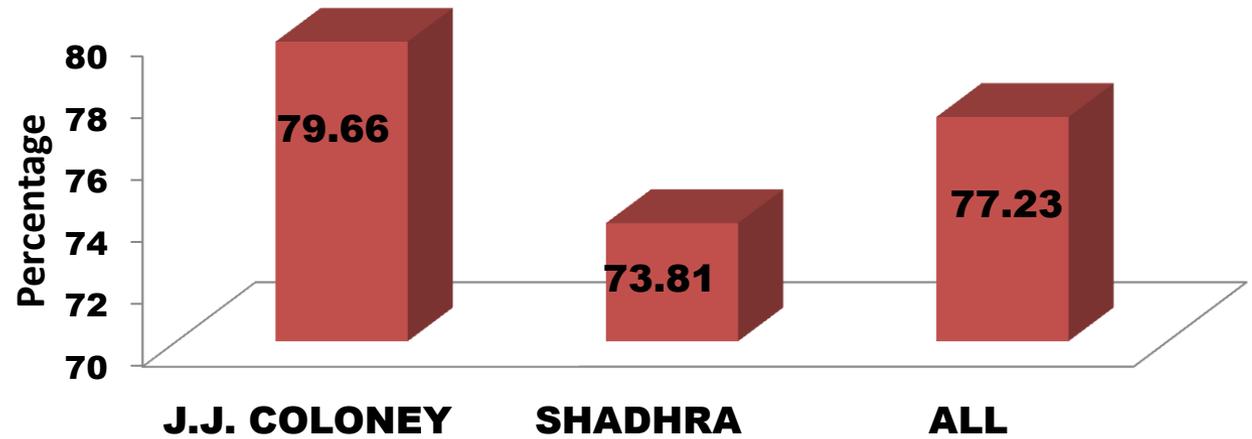
N=202

OBJECTIVE-1

To assess the **knowledge** of the married women on contraceptive methods.



Ever Heard about Family Planning Method

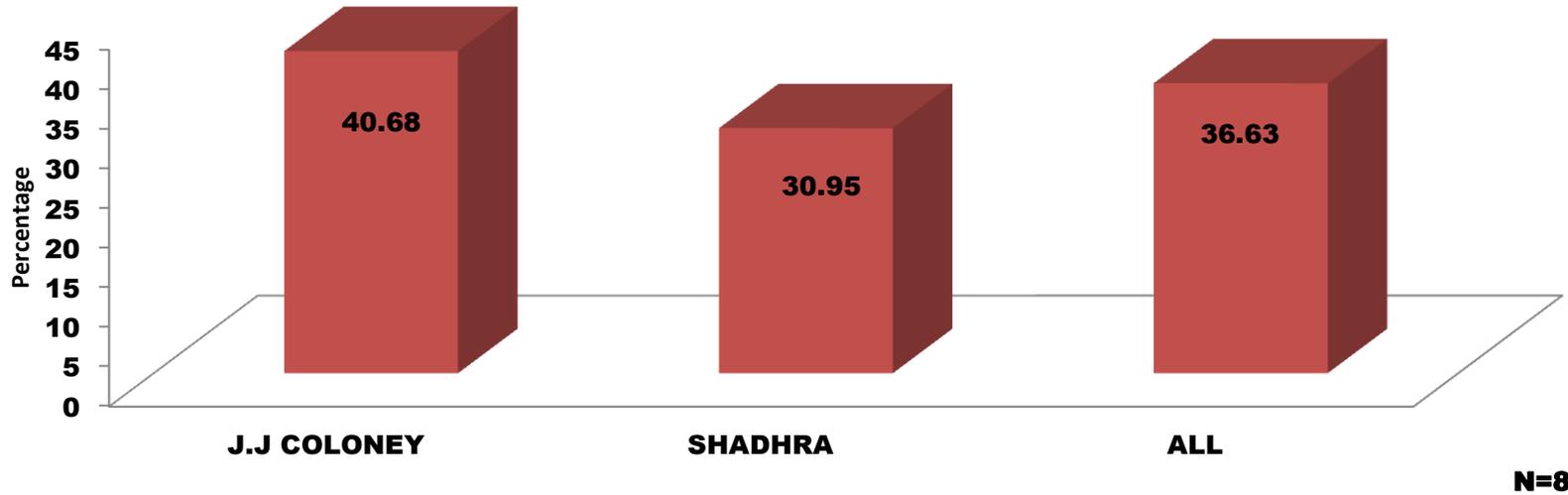


N=202

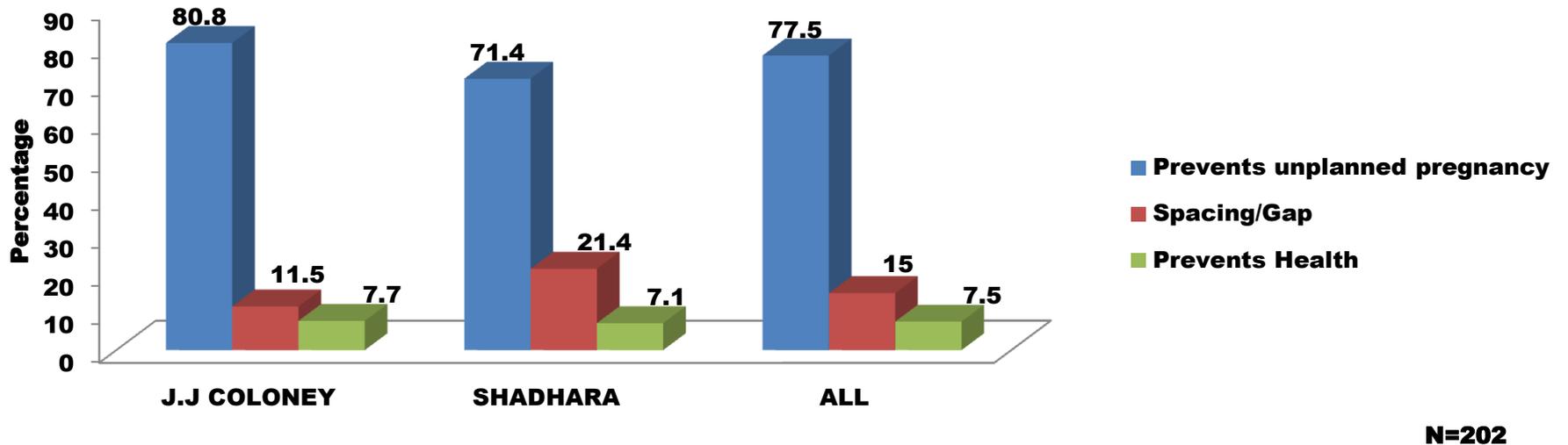
Aware about Family Planning methods

	J.J COLONEY	SHADHRA	ALL
Condom	57.6	66.7	61.4
IUD	62.7	54.9	59.4
Pills	62.7	54.8	59.4
Condom (F)	5.1	2.4	4
Injectable	59.3	59.5	59.4
Sterilization	66.1	54.8	61.4
Rhythm	35.6	23.8	30.7
Abstinence	71.2	59.5	66.3
Withdrawal	54.2	33.3	45.5
TOTAL	78	57	N=135

Graph:1.14 Aware about benefits of using Family Planning



Benefits of using Family Planning



OBJECTIVE-3

To know the **decision making** among women using **contraception**



Table:1.26 who took the decision to use current contraceptive methods

	(J.J COLONY) DWARKA	SHADHRA	ALL
Self	18.18	18.18	18.18
Husband	35.9	40	37
Jointly decided with Husband	24	32	26
Total N	45	56	101

Table 1.22 Counseling Received (in case of sterilization /IUD /Injectable)			
	(J.J COLONY) DWARKA	SHADHRA	ALL
Yes	63.64	40.00	56.25
Total N	22	10	32

Table:1.23 Source of Counseling			
	(J.J COLONY) DWARKA	SHADHRA	ALL
ASHA	13.33	9	10.53
Doctor	32.00	32.00	31.58
Neighbor	39.67	42.00	40
Husband	16.0	10	13
Total N	15	4	19

FAMILY PLANNING INTENDED TO USE IN FUTURE

	JJ COLONY	SHAHDHRA	ALL
IUD	9.0	14.52	11.9
Sterilization	40.68	35.71	38.61
Nothing	29.68	20.38	23.98
Don't know	20.69	32.24	17.57
Total	62	36	N=98

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DISCUSSION AND CONCLUSION

- These results clearly indicate that awareness about contraceptives is not sufficient for its actual use in this community and extended efforts will be needed after making people aware about these methods for practical use of these methods.
- High level of knowledge and awareness does not match with contraceptive usage rate. This phenomenon is uniformly observed in other studies conducted in urban, rural and tribal parts of India and also in other developing countries.

Recommendations

Converting knowledge into practice is the real challenge for India as far as family planning is Concerned

- Involvement of male through couple counselling.
- Strengthening the role if Anganwadi workers , ASHA
- Involvement of various religious and political stake holders.
- In-depth research on accessing the role of husbands in contraceptive usage

FIELD WORK



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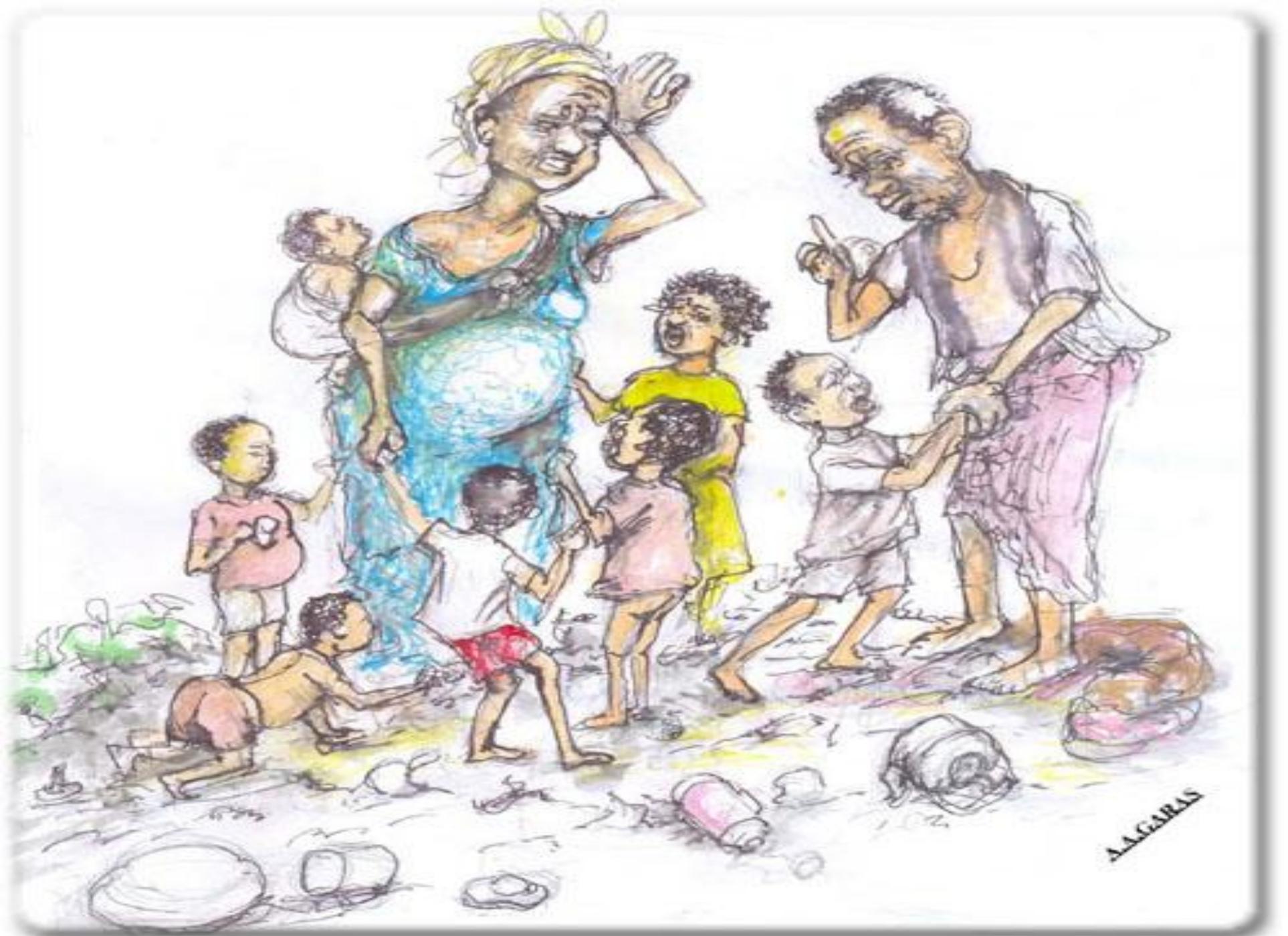
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A. AGARAS