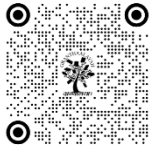


# CONTRACEPTIVE ADAPTATION AMONG LACTATING MOTHERS: A CASE STUDY OF RAJA KA PURWA SLUM IN KANPUR

Dr. Shaizy Ahmed <sup>1</sup>, Abhilasha Sharma <sup>2</sup>✉

<sup>1</sup>Assistant Professor, Department of Social Work, Central University of Rajasthan, India

<sup>2</sup>Research Scholar, Department of Social Work, Central University of Rajasthan, India



## Corresponding Author

Abhilasha Sharma,  
[2020phdsw001@curaj.ac.in](mailto:2020phdsw001@curaj.ac.in)

## DOI

[10.29121/shodhkosh.v5.i5.2024.5311](https://doi.org/10.29121/shodhkosh.v5.i5.2024.5311)

**Funding:** This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

**Copyright:** © 2024 The Author(s). This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).

With the license CC-BY, authors retain the copyright, allowing anyone to download, reuse, re-print, modify, distribute, and/or copy their contribution. The work must be properly attributed to its author.

## ABSTRACT

In today's expanding globe, family planning is becoming increasingly popular among young married couples living in urban or rural areas. The sustainable use of modern contraceptive methods is considered the most efficient means to control family sizes. It helps young married couples plan their family sizes by facilitating the efficient use of birth control. Lactating mothers are at greater risk of getting an unexpected and unwanted pregnancy because of inadequate age differences between the children. It may further increase the dire need to embrace family planning among women. Contemporary birth control methods give opportunities to young married couples to regulate their fertility, which further helps them plan their family sizes. The authors used a qualitative research approach to explore the extent and limitations of contraceptive usage among lactating mothers. Purposive sampling was employed to choose 50 lactating mothers in the Raja Ka Purwa slum in Kanpur, India. Data is gathered through Focused Group Discussion and interpreted through Thematic Analysis. The findings reveal that lactating mothers in the Raja Ka Purwa slum do not have any desire to regulate their family sizes. These women often avoid using contemporary birth control techniques due to ignorance, several health concerns, misbeliefs, and family discouragement. The study concluded that there is an urgent need to implement grassroots initiatives with the help of community healthcare workers, including AWWs, ASHAs, and ANMs, to promote reproductive health literacy to motivate women to have better autonomy in their reproductive health, particularly those living in slum areas, to utilize family planning.

**Keywords:** Contraceptive Methods, Lactating Mothers, And Raja Ka Purwa Slum



## 1. INTRODUCTION

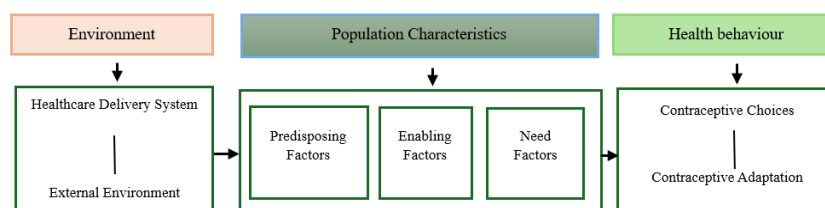
The rising mortality and morbidity rates are global health concerns. Adopting family planning at an early postpartum period positively affects lactating women's overall health and well-being. It further reduces the risk of unintended births, maternal mortality, disability, and STDs (1). The Guttmacher Institute (2018) estimates that between 2010 and 2014, there were around 56 million abortions performed globally (2). Additionally, it's estimated that around 45% of induced abortions were unsafe, with 97% of those cases taking place in underdeveloped nations (3). Many unwanted pregnancies that ends up with an induced abortion can be linked to inadequate use of contraception among young married couples (4). In India, 57.3 percent of women used contemporary methods of contraception between 2019 and 2021. The trends of the contraceptive prevalence rate (CPR) from 2015 to 2021 are also rising (5). Adoption of contraceptive methods is affected by many socio-psycho factors including male child preferences, communication gap,

lack of knowledge, social expectations and fear of side-effects etc. Sometimes, individual beliefs and access to healthcare services also affect their decisions. In contrast, the United Nations Declaration of Human Rights reflected that contraceptives help married couples plan their family and reduce the risk of unwanted pregnancies and henceforth, the mortality ratios (6). The condition of slums is very miserable in terms of education, healthcare facilities, and women's freedom. The present study, therefore, examines the access and barriers to family planning services among women residing in the Raja Purwa Slum located in the Kanpur District of Uttar Pradesh, India.

## 2. THEORETICAL FRAMEWORK:

The study employed the Andersen behavioral model to understand the specific beliefs of lactating women that further lead to lower utilization of reproductive healthcare services (7). Through this model, the researchers attempted to explore how the respondents' environmental factors (external environment and health system) and individual characteristics (individual awareness about healthcare services) affect their health status. This research employed the Andersen behavioral model to determine the factors at the relationship level. Using Andersen's behavioral model and extensive literature review, the researchers examined that access to healthcare services has three dimensions (Predisposing factors, Enabling factors, and Need factors).

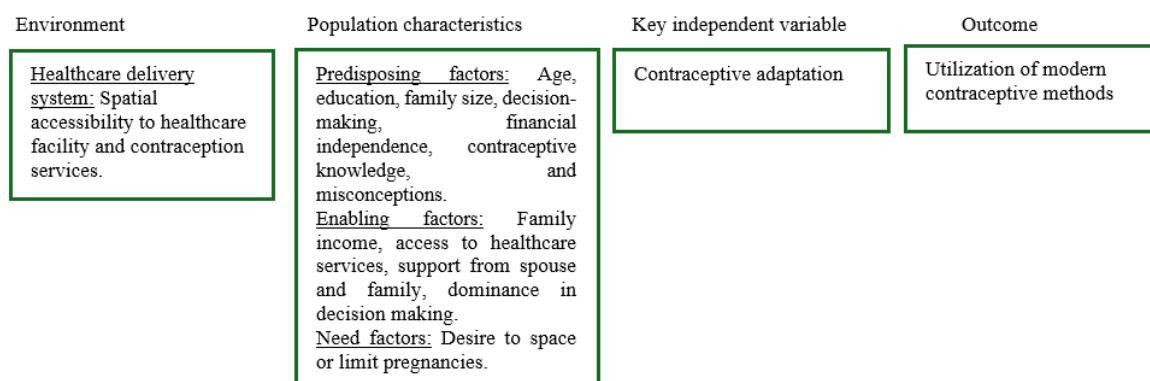
**Figure 1** Andersen Behavioural Model of Healthcare Utilization



Adapted from: [2]. "Revisiting the Behavioral Model and Access to Medical Care : Does it Matter ?" Journal of Health and Social Behavior, 36(1), March, 1995, American Sociological Association.

Several population characteristics such as age, education, place of residence, family size, autonomy in decision-making, financial independence, and knowledge of modern contraceptive methods influence the preferences of lactating women for early adoption of contraceptives, which refers to predisposing factors. Factors such as family income, access to healthcare services, support from spouse and family, dominance in decision-making, counselling and guidance provided by healthcare stakeholders (AWWs, ASHAs, and ANMs), and availability of accurate information about contraceptives enabled women to access and utilize modern methods of contraceptives. Need factors would consider the perceived and actual health needs related to contraceptives, including the desire to space or limit pregnancies.

**Figure 2** Proposed model for utilization of contraceptives



Proposed model based on Andersen Behavioural Model of Healthcare Utilization

### 3. METHODOLOGY

The present study is based on the qualitative approach, which is used to understand current contraceptive practices of lactating mothers for managing their fertility preference and birth spacing. The study was conducted in the Raja Ka Purwa slum of Kanpur district of Uttar Pradesh. A sample of fifty lactating mothers between 18 to 36 years of age was selected through the purposive sampling technique. Informed consent is received from all the participants. Ten Focused Group Discussions were conducted to know their knowledge and preferences of contraceptive use. Thematic Analysis was used to process qualitative data.

### 4. FINDINGS

The findings are illustrated in two sections. Section One represents the sociodemographic profile and Section Two highlights the barriers and family planning practices.

#### Section One: Sociodemographic characteristics of respondents:

The sociodemographic profile of the respondents including age, education, income, family type, and the number of living children, is given in Table No. 01.

**Table 1** Sociodemographic characteristics of respondents:

S. No.	Sociodemographic characteristics	Number of respondents	Corresponding Percentage	S. No.	Sociodemographic characteristics	Number of respondents	Corresponding Percentage
1.	<b>Age (N= 50)</b>			4.	<b>Type of Family (N= 50)</b>		
	18-24	33	66		Joint Family	15	30
	25-29	6	12		Nuclear Family	35	70
	30-36	11	22	5.	<b>No of children (N= 50)</b>		
2.	<b>Education (N= 50)</b>				One	19	38
	Primary	9	18		Two	16	32
	Secondary	13	26		Three	7	14
	Intermediate	15	30		Four	2	4
	Graduate	2	4		Five	1	2
	Illiterate	11	22				
3.	<b>Income Group (N= 50)</b>						
	Lower	34	68				
	Middle	16	32				
	Upper	0	0				

Source Field Work data

The age of respondents varied between eighteen to thirty-six years. All the lactating mothers were non-working and financially dependent on their spouse. Their spouses are primarily engaged in unskilled and semi-skilled work. Only 28 percent of lactating mothers had a primary level of education. 26 percent had primary and secondary levels of education. Most of the study respondents entered marriage at an early age i.e., between 27 to 24 years. 38 percent of the respondents had one child and 32 percent had two children. 30 percent of the respondents are living in joint families and 70 percent of the respondents are living in nuclear families. 68 percent of the respondents come from the lower-income group, and 32 percent belong to the middle-income group.

#### Section Two: Contraceptive adaptation among lactating mothers:

Section Two describes the access, utilization, and significant barriers to contraceptive adaptation among lactating mothers in selected slums. Table No. 02 describes the Themes and Sub-themes extracted from the Focused Group Discussions using Thematic Analysis.

**Table 2** Extracted themes

	Themes	Sub-themes	Verbatim/Narratives
Predisposing factors	Usage of Contraceptives	<ol style="list-style-type: none"> <li>1. Adaptive behavior</li> <li>2. Lack of interest in contraceptives</li> <li>3. Acceptance due to societal recognition</li> </ol>	<p><i>"I don't have any interest in using birth control because I'm afraid of health concerns."</i></p> <p><i>"After my first child, I started taking pills for the last three months. It is safer to use."</i></p> <p><i>"I only know about pills and Copper-T, but I did not think that it is right to use them because they cause excessive vaginal bleeding, irregular periods, weight gain, and even infertility."</i></p> <p><i>"Using birth control is not necessary."</i></p> <p><i>"Giving birth to a male child increases the status in society."</i></p>
	Contraceptive Choices and Support	<ol style="list-style-type: none"> <li>1. Lack of decision-making power</li> <li>2. Non supportive environment from family</li> <li>3. Lack of support from health workers (AWWs, and ASHAs)</li> </ol>	<p><i>"After marriage, my mother-in-law told me to have a child soon because she thinks that it creates a problem with conceiving in the future."</i></p> <p><i>"I want to use contraceptives, but my husband says that he wants more children."</i></p> <p><i>"I know about modern contraceptive methods and I am currently using IUDs for birth spacing."</i></p> <p><i>"Anganwadi and ASHA didi never tell us about contraceptive services, which are freely available in our community."</i></p>
	Misconceptions related to contraceptive usage	<ol style="list-style-type: none"> <li>1. Fear of infertility</li> <li>2. Fear of side-effects</li> </ol>	<p><i>"Excessive use of pills causes complications in pregnancy."</i></p> <p><i>"Using contraceptive methods for a long period reduces the chances of conceiving."</i></p> <p><i>"A friend of mine used IUDs a year ago, and she told me that after getting the IUDs inserted, she had periods for an entire month."</i></p>
Enabling factors	Awareness of the importance of optimal birth spacing	<ol style="list-style-type: none"> <li>1. Inadequate knowledge, misinformation, confusion</li> <li>2. Communication gap with family</li> </ol>	<p><i>"I only know about the oral contraceptive pills."</i></p> <p><i>"I only prefer to use conventional methods of birth control."</i></p> <p><i>"I never tried talking to my husband about using family planning due to shyness."</i></p>
Need factors	Desire to space pregnancies	<ol style="list-style-type: none"> <li>1. Perceived health needs related to contraceptives</li> <li>2. Individual concerns about reproductive health</li> </ol>	<p><i>"I know very little about family planning. In our community, we don't discuss these topics openly."</i></p> <p><i>"Anganwadi didi less likely discussed our reproductive health concerns."</i></p> <p><i>"I feel hesitant to talk to Anganwadi Didi about family planning because when Anganwadi or Asha Didi visits our community, my family members are around then."</i></p> <p><i>"Right now, we are trying for a male child; after that, we will go for female sterilization."</i></p>

---

**Source:** Field Work data

## 5. DISCUSSION

Following Andersen's behavioral model, the extracted subthemes are categorized under three factors, e.g., predisposing, enabling, and need. Further, each subtheme was examined through the variables to explore the attitudes and beliefs of lactating women regarding the choice of contraceptives. Therefore, this thematic categorization of qualitative data through the identification of themes and subthemes highlights an association among different factors influencing the use of family planning methods among lactating women from marginalized communities.

### 5.1. PREDISPOSING FACTORS

The majority of responders had inadequate knowledge of the benefits and appropriate use of birth control methods such Oral and Emergency Contraceptive Pills, Copper-T, Impants, and Condoms. Due to misinformation and confusion about family planning methods, mostly temporary ones, many respondents have misconceptions and health concerns in their minds, which limits their need and usage of contraceptives. However, fewer respondents stated they currently maintain a healthy birth spacing between their children through intrauterine devices and oral contraceptive pills. Many respondents neglected the need to use condoms to avoid unplanned pregnancies and Reproductive Tract Infections. Fewer respondents also reported that they discovered that using the female sterilization method after having the desired number of children is more reliable and effective than utilizing temporary birth spacing methods (8). Many of these respondents often avoid using modern birth control methods to maintain a healthy birth spacing between their children, leading to unplanned and repeated pregnancies. Limited knowledge, financial limitations, misbeliefs, restricted discussions, and unsupportive family members are factors restraining them from adopting family planning methods. Insufficient knowledge of birth control methods, early pregnancies, desires for male children, and other misunderstandings also reported as reasons (9). Many respondents reported that they have a strong influence of their family members on the utilization of contraceptives at an early stage due to family expectations, desire for more children, financial constraints, lack of knowledge etc. Namasivayam, also found that decision-making about contraception was influenced by family members' dominance (10). Regarding the use of contemporary birth control methods, many respondents believed that they were unable to make decisions on their own without initially consulting with their older family members. This illustrates limited liberty given to women in contraceptive adaptation. It is also found that the preference for sustaining the proper use of family planning depends on the number of children, especially male child. Most of the participants expressed a desire to become mothers of at least one male child as they carry forward their family names and status. Consequently, this led them to have multiple pregnancies and complications. Pregnancy at an early age can be physically challenging for young women due to several psychological and emotional changes in their bodies also make them vulnerable to complications (11). Most of the respondents expressed that their family members expect them to give birth to a male child to carry forward their family name and culture. Many respondents implied that their husbands feel less sexually stimulated when they use condoms because they feel uncomfortable. Most of the respondents stated that they sought to talk to their husbands about contraceptives, including pills and IUDs. However, they were prohibited from taking them owing to misbeliefs and health concerns. Most of the respondents reported that community healthcare workers e.g., Anganwadi, ASHA, and ANM workers frequently visited their communities, but they did not provide essential information regarding contraceptive methods. Due to misinformation about the effectiveness and appropriate use of temporary birth control methods, many respondents had undergone several health concerns including sudden weight changes, excessive bleeding, nausea, fatigue, and reduced sexual interest etc. A similar finding was found by Mardi that the misconceptions that women have about contraceptives come from interacting with their friends and family members because the information they have is incomplete (12).

### 5.2. ENABLING FACTORS

Most of the respondents were unaware of the advantages of timely acquiring modern birth spacing methods that help them prevent unexpected pregnancies and regulate their family sizes. Many respondents assert that they feel uncomfortable and embarrassed in discussing reproductive health issues with their older female family members and even with healthcare workers. The factors include family expectations, taboos, fear of judgment, negative attitudes, and



disapproval from family members all this hinder open communication and limit the decision-making autonomy in reproductive health matters of many respondents. A similar finding found by Pazol limited reproductive health communication between women and their family members creates a sense of disinterest and misbeliefs about contraception (13). Many respondents had inaccurate information regarding conventional birth control methods due to the family's cultural norms and taboos surrounding discussions on contraception. Therefore, this will restrict the spread of the correct information about contraceptives among respondents. On the other hand, fewer respondents said that their family members carefully listen to their reproductive health concerns and support their decisions regarding the adoption of family planning. They also reported that they don't experience any side effects from pills, and intrauterine devices. Many respondents personally planned to adopt female sterilization except for pills, IUDs, injectables, and implants after reaching the desired family size. More than half of the respondents reported that their choices and decisions toward determining family sizes were often influenced by their spouse's knowledge and preference about contraception. Without consultation with family members, respondents could not initiate the utilization of reproductive healthcare services (14). Many respondents were expected to prioritize childbearing by their older family members soon after marriage. Consequently, they usually avoid discussing their reproductive health issues and choices with older family members. It creates a conflict between the management of their reproductive and family expectations.

### 5.3. NEED FACTORS

Most of the respondents were unable to recognize their reproductive health needs and choices, which were influenced by their personal beliefs, fear of side effects, family traditions, and norms. Consequently, this leads to incorrect information about conventional birth spacing methods, delays in early initiation of using birth control methods, and increases the risk of unintended pregnancies. The lower awareness regarding modern birth spacing methods causes poor reproductive healthcare outcomes and deteriorates the overall well-being of the respondents. After the specific period, many respondents discontinued using modern birth spacing methods due to health concerns, the ineffectiveness of methods, and family and peer influences (15). Many respondents prefer natural birth control methods to regulate their fertility due to a preference for hormone-free approaches. Most of the respondents agree that their spouses were in favor of utilizing natural family planning methods as a means of preventing unplanned pregnancy. Many women consider traditional birth control methods as more effective and reliable since it was easier to use and continue till, they reach the desired family size. Still, few of them were familiar with the effective use of natural methods to prevent unplanned pregnancy (16). The majority of respondents were unacquainted with family planning services provided by the government of India, including Oral Contraceptives Pills "Chaya", Injections (DMPA), Condoms, and Sterilization under the National Family Welfare Program. A similar finding was reflected by Panda that most of the women reported that the healthcare workers e.g., Anganwadi, ASHA, and ANM workers, were not given necessary information about when and how to use suitable birth control methods. Conversely, many respondents revealed that their families disagreed and restricted them from using modern birth spacing methods whenever they attempted to discuss their reproductive health matters (17). The majority of respondents considered female sterilization as the more effective and permanent method of contraceptives than temporary birth control methods. They often believe that using temporary birth control methods is only suitable for those women who already have children. They were also unaware of the benefits of using modern contraceptive methods, which led them to rely on natural birth control methods. A similar study conducted by Kashyap found that if a woman did not use modern birth control methods continuously. As a result, they have unmet needs for family planning (18).

### 6. CONCLUSION

The study concluded that predisposing, enabling, and need variables were closely related to one another to explain why lactating women perceive family planning as something they should embrace. The use of birth spacing methods by lactating women is influenced by predisposing variables such as age, education, employment, number of family members, awareness of reproductive health, and misbeliefs. The enabling factors containing the nature of work, family income, access to reproductive healthcare services, and social support are critical in utilizing conventional birth spacing methods. The need factors highlighted the women's needs and choices for accessing and using reproductive healthcare services are significantly influenced by several factors, including personal reliance, family traditions, and fear of adverse health impacts. The challenges that women have in utilizing modern contraceptive methods is the interplay of determinants of predisposing, enabling, and need factors. Therefore, to improve women's decision-making autonomy in Raja Ka Purwa

Slum of Kanpur Nagar, Uttar Pradesh, regarding the usage of reproductive healthcare services, programs for education about reproductive healthcare must be implemented at the grassroots level.

## CONFLICT OF INTERESTS

None.

## ACKNOWLEDGMENTS

The authors express their gratitude to all the respondents who participated in the study and acknowledged the cooperation of Anganwadi workers in data collection.

## REFERENCES

- Speizer IS, Nanda P, Achyut P, Pillai G, Guilkey DK. Family planning use among urban poor women from six cities of Uttar Pradesh, India. *J Urban Heal*. 2012;89(4):639–58.
- Guttmacher Institute. Unintended Pregnancy and Abortion. *Issues Br*. 2022;(March):1–2.
- World Health Organization. World Health Organization. 2021. p. 4 Abortion.
- Bhilwar M, Lal P, Sharma N, Bhalla P, Kumar A. Prevalence of induced abortions and contraceptive use among married women in an urban slum of Delhi, India. *Int J Gynecol Obstet*. 2016;136(1):29–32.
- NFHS-5 (2019-2021). Compendium of Fact Sheets, National Family Health Survey 5. *Compend Fact Sheets, Natl Fam Heal Surv Natl Fam Heal Surv 2019-21* [Internet]. 2022;1–116. Available from: <https://main.mohfw.gov.in/basicpage-14> (2022).
- Rai RK. Decline in contraceptive use in India: A call for action. *Sex Reprod Healthc*. 2017 Dec;14:13–6.
- Andersen RM. Revisiting the Behavioral Model and Access to Medical Care : Does it Matter ? Published by : American Sociological Association Stable URL : <https://www.jstor.org/stable/2137284> Revisiting the Behavioral Model and Access to Medical Care : Does It Matter ?\*. *J Health Soc Behav* [Internet]. 1995;36(1):1–10. Available from: <https://www.jstor-org.vu-nl.idm.oclc.org/stable/2137284>
- Parsekar SS, Hoogar P, Dhyani VS, Yadav UN. The voice of Indian women on family planning: A qualitative systematic review. *Clin Epidemiol Glob Heal* [Internet]. 2021;12(June):100906. Available from: <https://doi.org/10.1016/j.cegh.2021.100906>
- Mustafa G, Azmat SK, Hameed W, Ali S, Ishaque M, Hussain W, et al. Family Planning Knowledge, Attitude and Practices Among Married Men and Women in Rural Areas of Pakistan. *Internatoinal J Reprod Med*. 2015;2015(190520):8.
- Namasivayam A, Schluter PJ, Namutamba S, Lovell S. Understanding the contextual and cultural influences on women's modern contraceptive use in East Uganda: A qualitative study. *PLOS Glob Public Heal* [Internet]. 2022;2(8):1–16. Available from: <http://dx.doi.org/10.1371/journal.pgph.0000545>
- Ngum Chi Watts MC, Liamputtong P, McMichael C. Early motherhood: A qualitative study exploring the experiences of African Australian teenage mothers in greater Melbourne, Australia. *BMC Public Health* [Internet]. 2015;15(1):1–11. Available from: <http://dx.doi.org/10.1186/s12889-015-2215-2>
- Mardi A, Ebadi A, Shahbazi S, Esmaelzade Saeieh S, Behboodi Moghadam Z. Factors influencing the use of contraceptives through the lens of teenage women: A qualitative study in Iran. *BMC Public Health*. 2018;18(1):1–8.
- Pazol K, Zapata L, Tregear S, Mautone-Smith N, Gavin L. Impact of Contraceptive Education on Contraceptive Knowledge and Decision Making. *Am J Prev Med*. 2015;49(201):S46–56.
- Challa S, Shakya HB, Carter N, Boyce SC, Brooks MI, Aliou S, et al. Associations of spousal communication with contraceptive method use among adolescent wives and their husbands in Niger. *PLoS One* [Internet]. 2020;15(8 July):1–13. Available from: <http://dx.doi.org/10.1371/journal.pone.0237512>
- Ontiri S, Mutea L, Naanyu V, Kabue M, Biesma R, Stekelenburg J. A qualitative exploration of contraceptive use and discontinuation among women with an unmet need for modern contraception in Kenya. *Reprod Health* [Internet]. 2021;18(1):1–10. Available from: <https://doi.org/10.1186/s12978-021-01094-y>

- Ghule M et. al. Barriers to use contraceptive methods among rural young married couples in Maharashtra, India: Qualitative findings. Asian J Res Soc Sci ence Humanit [Internet]. 2017;176(12):139–48. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5802376/pdf/nihms914509.pdf>
- Panda M, Pathak R, Rasheed N, Shaikh Z, Islam F. Unmet need and nonacceptance of usage of contraceptive devices in a Rural Area of Delhi: An exploration of facts. Niger Med J. 2018;59(4):39.
- Kashyap P, Prasad S. Assessing the Knowledge, Attitude and Practice of Contraception in Semi-Urban Area in India: A Qualitative Assessment of Contraceptive Usage. Int J Med Res Heal Sci [Internet]. 2018;7(10):150–4. Available from: [www.ijmrhs.com](http://www.ijmrhs.com)