

Contraception: Perceptions and practices of women in an urban slum community of Delhi

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Abstract- Aim: This paper aims to highlight the contraception related perceptions and practices of the women from an urban slum of Delhi. **Methods:** Data were gathered from a total of 201 pregnant women (belonging to lower income group) enrolled from a government run maternity clinic by the interview technique. **Results:** Data revealed that, at the time of conception, as high as 34% of the pregnancies were unwanted. Although the subjects had knowledge of contraception, the usage was very low (33%); and they considered contraception only as a means of limiting the family size which should be adopted once the family is 'complete'. Son preference, ignorance regarding importance of child spacing, limited control over personal lives and inhibitions/ fallacies regarding contraception were the main reasons behind far lower usage of the contraceptives. Also, lack of knowledge regarding the appropriate methods of contraception, their side-effects (if any), and the authentic source of obtaining also emerged as the hindering factors. **Conclusions:** It seems that education, even the basic family life education, is the key to solve many of the problems relating to reproductive behaviour of women as it will empower them to make decisions governing their lives. Efforts to change the behaviour, knowledge and attitude of men are also integral to the reproductive health status of women.

Index Terms- contraception, unwanted pregnancy, family planning, education, women's empowerment, Delhi

I. INTRODUCTION

The estimated population of India is 1.21 billion individuals and is projected to be 1.48 billion by 2030, surpassing China as the world's most populous nation (1). India was one of the first countries in the world to have initiated the family planning programme soon after its independence (in 1952). Thereafter, the promotion of maternal and child health through safe motherhood programmes within the wider context of reproductive health and reducing the fertility levels have been the agenda of India's Family Planning Division (2).

Currently, the total fertility rate in India is 2.1 (replacement level) in urban areas, and 3.0 in rural areas; down from 3.4 (1998 - 99), implying that women are bearing lesser number of children (3,4). They are also adopting more contraceptive measures. In 2005 - 06, 56% of the married women were using contraception (3) as compared to 41% in 1990 - 92 (4) and 48% in 1998—99 (5). Though these are encouraging figures, the unmet need for contraception, among young married women, both for child spacing and termination, is still higher; it being

27% and 21% for women aged 15—19 years and 20—24 years, respectively (3).

Despite emphasis of the reproductive and child health programmes being on client choice and use of non-terminal methods, female sterilization accounts for about half of the contraception rates in India, a proportion that has not changed ever since 1990 (2). Perhaps, this could be one of the reasons for the high proportion of unwanted births in our country because women do not like to opt for this terminal method till the time they feel that their families are complete (3, 6).

In the present paper an attempt has been made to gain an insight about the family planning practices of the women residing in an urban slum of Delhi, with an emphasis on their opinion, perceptions and the methods of contraception adopted by them. The data presented here are part of a larger study conducted on pregnant women and the factors affecting their pregnancy outcome.

II. MATERIALS AND METHODS

This cross-sectional study was carried out in an urban slum of South Delhi.

Locale: The study was carried out in the **Sriniwasपुरi Maternity Center** (a government run maternity center), which was randomly chosen out of the eight Government centers in South Delhi. This center acted as the nodal point for enrolment of the subjects residing in the four slum clusters in its vicinity.

Sampling: Purposive sampling was used to identify and enrol the subjects. Thus, pregnant women (between 16-20 weeks of gestation without having any obstetric complications) belonging to poor economic status and residing within 5 kms of the Center who were expected to attend the ANC clinics and deliver the baby at the Center were enrolled for the present study. In case of the primipara, though the Centre was providing all the maternity services, for delivery, these women were referred to the Safdarjang Hospital (a major Government Hospital in South Delhi); and, therefore, they were not included in the study as data collection could have some posed problems.

All pregnant women who complied and were willing to participate in the study constituted the sample. A total of 201 pregnant women residing in the selected slum clusters and were registered at the maternity centre for antenatal services were enrolled for the study.

Only those subjects who gave their informed consent for participation were included in the study. In case of the women staying in joint families, consent was also obtained from their husbands and mother-in-laws. Anonymity of the subjects has been preserved throughout the study. Permission was also sought

from the concerned authorities of the Maternal and Child Welfare section at the Municipal Corporation of Delhi Office.

Data collection involved interaction with the women whose literacy level was considerably low. Hence, interview method was used for eliciting information and a structured proforma was developed for this purpose. To elicit quality data, most of the questions were left open-ended. Interactions with senior gynecologists and pediatricians as well as social scientists helped to provide the technical inputs in the development of the schedule. It was pre-tested on a set of pregnant women (not included in the sample) and necessary modifications made, where required. Data were gathered on opinion of the subjects about the then ongoing pregnancy, their perception regarding the number of children they would like to have, knowledge, usage/ non-usage and reasons for non-usage of contraception, .

Statistical analysis: The data were analysed using Statistical Package of Social Sciences (SPSS, version 12). Statistical measures such as frequency, percentage, mean, range, standard deviation and Chi-square were employed to analyse and interpret the data.

III. RESULTS

Socio-demographic profile of the subjects: A majority of the subjects were rural migrants from the neighbouring states of Delhi (mainly Uttar Pradesh/Bihar/Rajasthan) and belonged to nuclear families. About 82 % were young mothers (aged 20 to 29 years), usually second or third gravidas (since, the primi-gravidas were not enrolled for the study). More than half of the respondents (59.3%) were illiterate and had never gone to school; about 9 % were just literate, who again had non-formal education but could read and write (a little). Most of these women were Muslims and had picked up their basic reading and writing skills at home and were thus better versed in Urdu than in Hindi. 14.8 % of the subjects had gone to school but dropped out before or after reaching class V . Even among this group of women, it was observed that though they had attended school, their level of literacy was equally low as that of the non-school goers. They could not read complete sentences (such as road-side banners or messages) and could barely sign their name in broken handwriting. Many had even forgotten to write and were using their thumb impressions. Thus, more than three-fourth of the subjects were effectively illiterate or just barely literate. Data revealed that the subjects' mean age at marriage was 17.8 ± 1.83 years. 53 % of them were reportedly married before attaining the age of 18 years; and as many as 22 % were married at or even before the age of 15 years. The data further indicate that the mean age at first pregnancy was 18.9 ± 1.48 years; and as many as 37 % of the subjects had conceived their first child in their teenage.

Opinion regarding the ongoing pregnancy:

Data revealed that a little more than one third of the subjects (34%) reported that the then ongoing pregnancy was 'unwanted'; another, 2% were unsure and opined that they are no one to 'want' or 'not want' a baby, it is not in their 'hands'. 26.5% subjects (18 out of 68), who did not want the ongoing pregnancy, had actually taken steps for termination, though they were unsuccessful!

However, the ideal number of children as perceived by the majority (65%) was two children – one boy and one girl.

Though not statistically significant, the birth order of the baby did affect the mother's desire for current pregnancy. While among the second gravida, 28 percent did not want the child; in the case of sixth gravida, it progressively increased to 50 percent – (Table 1).

Table 1: Respondents opinion regarding current pregnancy viz parity and number of male / female children

	Opinion regarding current pregnancy			Total
	Not wanted	Wanted	No idea	
Parity				
2	20 (28.2) (29.4)	50 (70.4) (39.1)	1 (1.4) (20.0)	71(100) (35.3)
3	16 (29.09) (27.9)	37(67.2) (26.6)	2 (3.6) (40.0)	55 (100) (27.4)
4	18 (40.9) (26.5)	25 (56.8) (19.5)	1 (2.3) (20.0)	44 (100) (21.9)
5	10 (43.5) (14.7)	12 (52.1) (9.4)	1 (4.3) (20.0)	23 (100) (11)
6+	4 (50) (1.5)	4 (50) (5.5)	-	8 (100) (4)
Live Male child(ren)				
1	42 (46.6) (61.7)	48 (53.4) (37.5)	-	90 (100) (44.7)
2	11 (68.7) (16.2)	2 (12.5) (1.5)	3 (18.7) (60)	16 (100) (7.9)
3	3 (100) (4.4)	-	-	3 (100) (1.5)
No male child	12 (13.1) (17.6)	78 (84.8) (60.9)	2 (2.2) (40)	92 (100) (45.7)
Total	68 (33.8) (100)	128 (63.7) (100)	5 (2.5) (100)	201 (100) (100)
Chi-square = 4.74*, P<0.05				
Live Female child(ren)				
1	28 (37.8) (41.2)	46 (62) (35.9)	-	74 (100) (36.8)
2	23 (53.4) (33.8)	19 (44.1) (14.8)	1 (3.3) (20)	43 (100) (21.4)
3	9 (60) (13.2)	4(26.6) (3.1)	2 (13.3) (40)	15 (100) (7.5)
No female child	8 (11.6) (11.7)	59 (85.5) (46.1)	2 (2.9) (40)	69 (100) (34.3)
Total	68 (33.8) (100)	128 (63.7) (100)	5 (2.5) (100)	201 (100) (100)
Chi-square = 3.52*, P<0.01				
Survival of last child				
Not surviving	1(3.2) (1.5)	30 (96.8) (23.4)	-	31(100) (15.4)

Surviving	67 (39.4) (98.5)	98 (57.6) (76.6)	5 (3.0) (100)	170 (100) (84.6)
Total	68 (33.8) (100)	128 (63.7) (100)	5 (2.5) (100)	201 (100) (100)

Chi-square = 9.03*, P<0.05

(numbers in parenthesis indicate percentage)

Opinion of the woman regarding her ongoing pregnancy also seemed to be influenced by the number of live male or female children. Data revealed that 85 percent of women who did not have a single male child wanted the ongoing pregnancy as against only 12 percent of those who had two live male children (Chi-square = 4.74*, P<0.05).

In contrast, where the family had two/more live daughters, almost 44 percent wanted the ongoing pregnancy; highlighting that in such cases a greater number of women wanted the ongoing pregnancy irrespective of the number of children, hoping that they may be 'lucky' to bear a son (Chi-square = 3.52*, P<0.01). The data, thus, re-endorses the prevailing tilt towards son preference in the Indian society. Even the women themselves felt that they should bear at least one son in order to maintain their social status in the family/relatives and the society.

Family planning practices

Data revealed that 84 percent of the subjects heard of some method of family planning, the most common being 'operation' or female sterilization. In-depth probing, however, revealed that many of the subjects just knew/ reported of 'operation' as one of the methods, but its exact implications were known to very few. There were still 16 percent who had never ever 'heard' of any method of contraception; these were mainly the women who had just migrated to Delhi and had limited knowledge/exposure.

However, regarding the usage of any method of contraception, it was noted that only 30.8 percent had used some method of Family Planning, six percent though had adopted, but, discontinued the usage after some time; 63 percent had never used any method of contraception. Thus, nearly one third of the subjects (30.8 % users and 5.9% who had discontinued the usage) had ever used some method of contraception.

Reasons for not using contraceptive measures:

Of the non-users, 20.6 percent stated that they had not 'heard' of any method and thus expressed lack of awareness of any methods (Fig.1). About 33 percent of the subjects stated that they had not adopted any family planning method so far, as a majority of them were second or third gravidas and had not yet felt the need to limit their families. 20.6 percent of the subjects wanted another child (son) to complete their families and therefore, had not adopted contraception. These women reported that immediately after the birth of a son, they would get 'operated'. The remaining 12.2 percent were themselves not motivated – they were scared to use any method because of certain misconceptions.

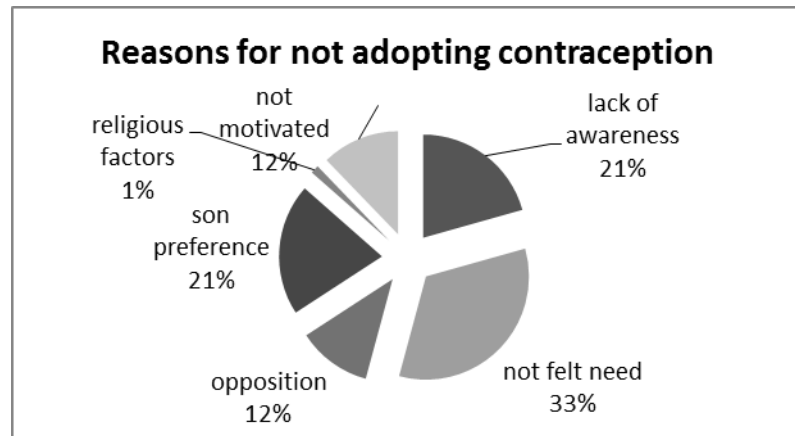


Fig 1 Distribution of subjects according to their reasons for not adopting methods of contraception

However, 12 percent of them expressed that although they themselves were aware and wanted to adopt contraceptive methods, they faced strong opposition from their husbands and therefore they could not do so.

The most common method of contraception used by the subjects who had adopted family planning (or discontinued) was the intra-uterine device (IUD), commonly referred to as 'copper T'. Among the male contraceptive measures, the use of condoms (usually referred to as 'nirodh', the brand name itself) was the most prevalent method.

Many women confided that IUD was a method of choice because their husbands could not get to know about its adoption, unless they disclosed; moreover, they did not have to follow any daily regimen in its case (like the daily ingestion of pills, which one could forget) and lastly, it was not a permanent method. The usage of contraceptive pills was minimum with only nine percent consuming these. Further probing revealed that most women 'believed' that if one consumes 'pills', it reduces (or rather stops) the chances of a woman to conceive and only those women should use pills who do not plan to have a baby again!

The subjects were also asked as to who advised or motivated them to adopt family planning. In a majority of the cases (28.3%) it was the doctor at the maternity center, husbands (24 %), mother / sister-in-law (19.5%); health worker and neighbour (8.7% each) and self (11 %).

Further probing revealed that the sources (persons) from whom the subjects had heard about family planning had not advised about any other method except the one that they were aware of. The women had adopted the single method advised to them – maybe based on the personal experiences of the 'advisor'.

Problems associated with the use of contraceptive methods

Discussions revealed that among the regular users of IUD, 15 percent were dissatisfied or experienced discomfort, while the remaining 85 percent did not suffer from any problem. However, of those who discontinued, a majority either experienced pain in abdomen (16%) or excessive bleeding during periods (50%). The remaining 37 percent although did not have any problems discontinued usage anyway. Besides the problems or side-effects experienced, data indicate that many women had certain misconceptions regarding the various contraceptive methods. For example many complained about "loss of appetite" due to IUD

and that pills are ‘harmful’ and may cause “permanent sterilization”. Many of the subjects (58.7%) reported that when they started using the method, they had not been told of the side effects that could occur because of the method used. Only 17 percent reported that they were aware of any discomfort caused by the method and hence maybe could handle it better (For 24%, it was not applicable, as their husbands had adopted the family planning technique). It was further learnt that a majority of the subjects who discontinued, did so within the **first three months** of adoption.

Adoption of family planning methods viz age, education and religion: It was observed that women in the age group of 23-25 years were the highest users of contraception (41.4% users and 12.8% who discontinued) followed by women aged 26-28 years (Table 2) Older women aged 28 years and above and younger ones less than 22 years of age had significantly lower adoption of contraceptive methods (chi square = 22.43*; p<0.01).

Further, the level of education seemed to be influencing the contraceptive use significantly (Chi-square = 23.11*, P<0.01). Because of the lack of knowledge and awareness among women who were illiterate or low levels of education, only a quarter had used (or discontinued using) any method of family planning. Women who had gone to school and studied up to class VIII had a higher usage (34.6% used and 7.7 % discontinued). In case of those who had studies beyond class VIII, the level of contraceptive was significantly higher (60.7 % used and 10.7% discontinued).

[1]

Table 2: Distribution of subjects by the adoption of family planning methods viz age, education and religion.

Factor	Adopted family planning methods			Total
	No	Yes	Discontinued	
Age (Years)				
< 22	26 (60.4) (20.5)	16 (37.2) (25.8)	1 (2.4) (8.3)	43 (100) (21.4)
23-25	32 (45.7) (25.2)	29 (41.4) (46.7)	9 (12.8) (75)	70 (100) (34.8)
26-28	43 (76.8) (33.8)	12 (21.4) (19.3)	1(1.8) (8.3)	56 (100) (27.8)
>28	26 (81.2) (20.5)	5 (15.6) (8.1)	1 (3.2) (8.3)	32 (100) (15.9)
Total	127 (63.2) 100	62 (30.8) 100	12 (5.9) 100	201 (100) 100
Chi-square value 22.438; p<0.01				
Education				
Illiterate	78 (74.3) (61.4)	24 (22.8) (38.7)	3 (2.8) (25)	105 (100) (52.2)

Func. Literate	11 (68.75) (8.6)	3 (18.7) (4.8)	2 (1.25) (16.6)	16 (100) (8.0)
Upto class VIII	30 (57.7) (23.6)	18 (34.6) (29.03)	4 (7.7) (33.4)	27 (100) (13.4)
VIII and above	8 (28.5) (6.3)	17 (60.7) (27.4)	3 (10.7) (25)	25 (100) (12.4)
Total	127 (63.2) 100	62 (30.8) 100	12 (5.9) 100	201 (100) 100
Chi-square value 23.11; p<0.01				
Religion				
Hindu	108 (61.7) (85.1)	57 (32.6) (91.9)	10 (5.7) (83.3)	175 (100) (87.0)
Muslim	19 (67.1) (14.9)	5 (19.2) (8.1)	2 (7.7) (16.7)	26 (100) (12.9)
Total	127 (63.2) 100	62 (30.8) 100	12 (5.9) 100	201 (100) 100

(Figures in parenthesis indicate percentage)

Future intentions of using contraception

While a quarter of the subjects (24%) said that they would definitely use some method of contraception after the birth of the current child; 29 percent were not sure and they said that they ‘might’ adopt any family planning technique, while almost a third of the subjects (32.8%) stated that, the decision of future contraceptive use was not in their hands.

Of those who wanted to adopt a family planning technique or expressed a desire to do so in the future, a majority (40.5%) said that they would adopt female sterilization. Other methods were IUD (14 %) and contraceptive pills(8.5 %). Many (37%) were not sure regarding which method to be used.

Even though many of the subjects said that they intend to use contraception in the future but 64 percent later reported that they had not discussed it with anyone. Since the decision regarding family planning is governed more by ‘others’ than the woman herself, it can be assumed that the actual adoption would be much less.

IV. DISCUSSION

The data thus revealed that in case of the subjects of the study, a third of the pregnancies were unwanted at the time of conception. In many developing countries, unwanted births constitute a substantial proportion of all births. NFHS-3 data indicate that about 21 percent of the pregnancies in India are unwanted at the time a woman conceives (3). However, here it may also be highlighted that data on unwanted pregnancies is mostly based on the recall of their intentions about past pregnancies. In a follow-up survey in four Indian states in 2002-2003 of rural woman originally interviewed in the 1998-99 National Family Health Survey-2 (5), it was demonstrated that

there was a pronounced tendency for births prospectively classified as **unwanted** to be retrospectively described as having been wanted or mistimed. The main reason seems to be either that mothers adapt to the reality of a new birth or are reluctant to describe an existing child as having initially been **unwanted**. In other words, retrospective accounts of the 'wantedness' of a birth, such as those obtained by current Demographic and Health Surveys, may actually be significant underestimates of true levels of **unwanted** childbearing (7).

Reducing the level of unwanted births has important social, health and demographic consequences. At the individual level, preventing unwanted births enhances the well-being of women and their children. Further, the mother would have a more positive attitude towards her pregnancy and consider it an enriching experience rather than a burden. Unwanted children are more likely than wanted children to not receive all recommended vaccination, to be stunted or even die during the neonatal, post-neonatal and early childhood periods (8).

The subjects' mean age at marriage was 17.8 ± 1.83 years and as many as 37 % of the subjects had conceived their first child in their teenage. NFHS-3 data also reveals that 44.5% of the women aged 20-24 years were married before the age of 18 years, 22.6% before the age of 16 years, and 2.6% even before the age of 13 years. Child marriage is significantly associated with non-usage of contraceptives before first childbirth, high fertility rates (three or more child births), repeat childbirth within 24 months, multiple unwanted pregnancies, pregnancy termination and female sterilization (9).

As far as the use of contraceptive measures is concerned, the study revealed that the contraceptive usage was much lower than the NFHS-3 data wherein, 56.3 percent of the married women had used some contraceptive method at any time. It may be argued that a majority of the women from the current study were either second or third gravida and thus had not felt the 'need' to use any contraception and (as per them) their fertility goals had as yet not been met. According to NFHS 3 also, the desire for another child was the main reason for the low adoption of family planning (3). This clearly indicates that many women consider contraceptive measures as a means of limiting families and not as a method of child spacing.

Further, a majority of the subjects had recently migrated from U.P, Bihar and Rajasthan, where due to widespread illiteracy and ignorance the contraceptive usage as such, varies between 34-43 percent only (3). The Annual Health Survey data also reveals that contraceptive usage in Bihar and Uttar Pradesh is as low as 37 to 49% as a result of which the Total Fertility Rate is still as high as 3.6 in Uttar Pradesh and 3.7 in Bihar (10).

In a study from Uttar Pradesh, it was shown that although, 87% of the subjects were aware of contraceptive methods, the usage was barely 36% (11). In another study carried out in the urban slums of Calcutta, it was seen that although the subjects were aware of methods of contraception, but, they also tried to provide for the future (by having at least one son) before adopting family planning methods (12). A recent study from Uttar Pradesh also indicated low usage of contraception and that women in slum areas were even more less likely to use these methods (13).

It was also observed from the data that in case of those who adopted contraception, many had discontinued usage essentially

because of method related reasons. Further, it also seemed that the subjects had nobody with whom they could discuss such matters. All their 'knowledge' (or rather lack of it!) depended on information gathered from casual/chance conversations with friends/neighbours. The authenticity of this knowledge in most cases was very doubtful.

In India, other studies among the low-income urban population also have revealed that people are aware of the importance of limiting the family size and have family planning facilities yet have less contraceptive usage because of low level of education, increased rate of discontinuation, misconceptions, perceptions that family planning services are of poor quality, lack of proper knowledge of the use of contraception, all options available to them and potential side-effects of each (13 -17).

The data thus indicated that the *subjects decision to adopt any method of contraception was overshadowed by a number of factors, including their husband's permission and his desire to limit a family, decision of other family members, preference for a son and also their own inhibitions etc.*

There is thus a great need to reach out to the women in the reproductive age group and expose them to all the available methods of family planning, to *enable them to make the right choices suitable to their needs*. Unless **misconceptions surrounding the various methods** are removed and both partners are educated regarding the appropriate method of family planning, the usage rate will continue to remain low. It is also important to educate women that contraception also means 'child spacing' and not necessarily 'no children'; explaining them the benefits of child spacing and making them aware of the possible ways to achieve it as well as remove the fallacies and ignorance associated with contraceptive methods. For that to happen, temporary methods have to be made available to advance fertility. Data from NFHS 3 also reveals that a majority of women prefer female sterilization to any other method of contraception. Perhaps this is the only method they have knowledge about!

India's family planning programme has evolved since its inception and is currently being repositioned to not only achieve population stabilization but also to promote reproductive health and reduce maternal, infant & child mortality and morbidity (2). The fact is there's a huge unmet need for contraception in India and 18 per cent fertility is due to this unmet need. Also access to contraceptives must be improved. The government's decision of home-delivery of contraceptives may help in countering this problem (2). Considering that the current study was conducted in Delhi, the capital of the country, there should be no problems of access at all.

It is possible that many illiterate women who would want to limit their families, are not able to do so because they do not know how to or whom to turn for help. It is important to note that most women in north India have limited personal control over their lives and are dependent on their husbands and other family members for health related decision-making. Therefore the behavior, knowledge and attitudes of men are integral to the reproductive health status of women.

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