

Attitude, Willingness and Knowledge of Family Planning Amongst Male Construction Workers

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Abstract:

Background: India is one of the worlds most populated countries in the world second only to China. For ensuring development stabilization of the population is critical. Construction workers are the backbone of the economy as they create the infrastructure necessary for industrial growth. The plight of migrant workers needs to be highlighted. They account for a sizable portion of the total population and education regarding health services pertaining to them, are deficient. Family planning is one such health service.

Objective: To assess knowledge, attitude and practices of family planning methods in migrant male construction workers.

Material and Methods: Present study conducted in construction sites in Pune city. Study period from August to October 2013. 354 male workers interviewed and information collected analyzed by SPSS Package version

Results: 29% of the workers got married at an age lower than 20yrs., lower than Indian legal age of marriage. Inverse relationship between family size and literacy status with 48.5% of illiterates wanting a family size more than 3. 59% of the workers preferred male child. The awareness about vasectomy was 75.8% in the illiterates and only 9.5% were willing to undergo vasectomy.

Conclusion: The study reflects that the group is more vulnerable and that stress is to be given to this group pertaining to education and promotion of Family planning methods with emphasis to vasectomy.

Keywords: Male construction workers, Family planning, Migrant workers, vasectomy.

1. INTRODUCTION

In a developing country like India population stabilization is the need of the hour. Rapid urbanization has generated more employment opportunities. According to census 2001, the total population of India was 1028 million and 309 million were migrants based on place of last residence, 30% of the total population^[1]. By census 2011 the population reached 1210 million^[2] and it is assumed that the migrants are much more.

Construction workers are migrants and form the second largest unorganized sector in India after agriculture workers.^[3] They have to move from one construction site to other as per the contractors and as such they are extremely vulnerable when it pertains to their health. They do not benefit from health services and a big percent of them are illiterate. There is indeed an unmet need in family planning in India which pertains even more to these workers.^[4]

Despite India being the first nation in the world to start a family planning programme at the national level and making contraception widely available, there is poor acceptance due to ignorance especially in males^[5]. Getting men involved in family planning programs will lead to an increase in contraceptive use and will improve the continuous use of methods.^[6] It is established that the literacy corresponds directly with knowledge of family planning.^[7]

A study was thus conducted to assess the knowledge, attitude, and practices of family planning methods amongst the vulnerable, migrant male constructional workers.

2. METHODOLOGY

A Cross-sectional study was carried out at 8 randomly selected construction sites in and around Pune city. Considering approximately 3500 population of workers in that locality with 5% margin of error and 50% response the sample size was calculated as 247. In our study 354 construction workers were interviewed. The study period was from August to October 2013. Institutional ethics committee permission was obtained. 354 Male Construction workers were subjected to a Pre-tested, pre-structured questionnaire regarding knowledge and attitude of family planning, willingness to use contraceptive and preference of male child after taking verbal consent. The interviews were arranged as per the convenience of the on-site contractor.

The interviews were taken by trained medical interns under the supervision of a trained social worker. A language interpreter was helpful in the language barrier when necessary.

Data was analyzed by SPSS Package Version 19.0 and the chi square test was applied for finding out difference about qualitative parameters between literates and illiterates.

2.1. Inclusion Criteria

All married men with wife in the reproductive age group 14-45 willing to participate in the study.

2.2. Exclusion Criteria

All Unmarried construction men.

3. RESULTS AND DISCUSSION

The results showed that majority of the migrants, 27.3% came from Bihar. Literacy profiling revealed that 43.2% of them were illiterate (Table 1). There was also a large number, 29.6%, who got married before the country's legal age for marriage; at <20 yrs. Analysis revealed that there was significant difference observed between family size and literacy status, family size being inversely proportional to the literacy status. It also showed that knowledge of family planning and willingness to use contraceptives was higher in literates. It was observed that only 65.9% of the total males were using some form of contraceptives of which majority, 55.9% used barrier method and 34.1 % did not practice any form of contraception.

Willingness for vasectomy as well as awareness about permanent contraception was higher in the literate workers which was 19.2%. 24.5% of the workers had a wrong perception regarding vasectomy that it caused weakness and "being earning hand can't take rest and has to go for work while wife stays at home" were some of the reasons given by 26.8% for not accepting vasectomy.

The study revealed that compared to the 2011 census mean age for marriage being 26^[8], the mean age in the migrant male construction workers was 22.20 yrs. Thus it was observed that migrant males got married at a much younger age compared to the rest of the population.

Table1: Socio demographic characteristics among male construction workers

Socio Demographic Characteristics	Frequency (N=220)	Percentage (%)
MIGRANTS FROM:		
• ANDHRA PRADESH	28	12.7
• BIHAR	60	27.3
• CHHATTISGARH	18	8.2
• MADHYA PRADESH	42	19.1
• UTTAR PRADESH	43	19.5
• WEST BENGAL	29	13.2
LITERACY STATUS:		
• ILLITERATE	95	43.2
• PRIMARY	63	28.6
• SECONDARY	62	28.2
AGE AT MARRIAGE:		
• <20	65	29.6
• 21-25	125	56.8
• >26	30	13.6

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The literacy rate for Indian males is 75% but in this study only 56% of the total workers were literate ^[9] showing that literacy rates in these groups is much lower than the rest of the Indian population. The study also showed a significant high preference of male child in the illiterate workers, 68.4%. It was also observed that the family size was higher in illiterate workers and the knowledge about family planning was lower in illiterate workers. ^[10]

Table2. Literacy status of male construction workers and its relation to family size, preference for male child, knowledge of family planning and their willingness to use them:

Literacy Characteristics	Status	Illiterate (N=95)	Literate (N=125)	Chi Square Test	P Value	Significance
NUMBER OF CHILDREN						
• 1		9(9.4%)	34(27.2%)	27.13	<0.001	HIGHLY SIGNIFICANT
• 2		40(42.1%)	69(55.2%)			
• 3 OR MORE		46(48.5%)	22(17.6%)			
KNOWLEDGE OF FAMILY PLANNING						
• YES		58(61%)	105(84%)	14.8	<0.001	HIGHLY SIGNIFICANT
• NO		37(39%)	20(16%)			
WILLINGNESS TO USE CONTRACEPTIVE						
• YES		52(54.7%)	81(64.8%)	2.28	0.131	NOT SIGNIFICANT
• NO		43(45.3%)	44(35.2%)			
PREFERENCE OF MALE CHILD						
• YES		65(68.4%)	65(52%)	6.02	0.014	SIGNIFICANT
• NO		30(31.6%)	60(48%)			

Table3. Attitude of male construction workers towards permanent family planning methods:

Method	Illiterate (n=95)	Literate (n=125)
AWARENESS ABOUT VASECTOMY	72(75.8%)	102(81.6%)
WILLINGNESS TO UNDERGO VASECTOMY	9(9.5%)	24(19.2%)

Table4. Attitude of male workers regarding decision in the family about reproductive behavior

Who Decides About	Husband	Wife	Both	None
NUMBER OF CHILDREN COUPLE SHOULD HAVE	98	26	61	35
NUMBER OF SON(S) COUPLE SHOULD HAVE	84	24	73	39
PLANNING OF 1 st SUBSEQUENT PREGNANCY	59	30	87	44
WHEN TO ADOPT FAMILY PLANNING	71	20	77	52
METHOD OF FAMILY PLANNING	87	26	70	37

4. CONCLUSION

Family planning is defined by WHO as, “a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes 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”. ^[5]

Realizing the low contribution of male sterilization among the total users, which is mainly female sterilization driven, efforts are being made to promote Non-Scalpel Vasectomy (NSV) by the Gov. of India. ^[11]

According to the 2011 census 95.6% of total sterilizations were tubectomies. It also showed a decline in vasectomies compared to 2010 ^[12]. In this study only 28% of the total workers interviewed were willing to undergo vasectomy whereas the rest (72%) refused and preferred their wives undergo tubectomy.

The objectives, strategies and activities of the Family Planning division of the National health mission of the Gov. of India, are designed and operated towards achieving the family welfare

goals and objectives. ^[13] But the results need to be more encouraging. These workers are especially vulnerable when it pertains to their health services. ^[14]

A special programme needs to be created to focus on such a vulnerable migrant population. Such a programme may get India one step closer to reaching its Development goals.

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