

Original Research Article

**A KAP Study on Family Planning Practices Among Married Women Attending Urban Health Training Centre, Narayana Medical College, Nellore (A.P)**

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**Abstract**

**Background:** In 1951, India became the 1st country in the world to launch family planning programme. Since then approaches for reducing population growth have taken a variety of forms but with a little success. According to National Population policy 2000 the TFR to be achieved by 2010 was 2.1. **Objectives:** To study the knowledge, attitude and practices regarding family planning among the married women attending the urban health training centre of Narayana medical college, Nellore. **Methodology:** The study is conducted over a period of 3 months from Oct. 2016 – Dec. 2016 on 170 married women attending UHTC, NMC, Nellore and who were willing to be interviewed. The study tool is a pre-designed, semi-structured questionnaire. Data collected will be entered in MS-Excel and analysed using SPSS version 22.0. **Results:** Among the 170 married women the results were as follows: 50% were in the age group of 20 -29 years, 22.4% were illiterates. 75.3% women were home makers. 38.8% were married below the age of 18 years. While 67% of the women completed their families, 51.2% had 1 living son. 69% were aware of family planning. Almost 52% said decisions regarding family planning were made by husband & in-laws. There was significant association between awareness regarding family planning with age of the women, caste, education and occupation of the women, and also age at marriage and age at 1st delivery. **Conclusion:** awareness regarding family planning should be improved. Women should be given free hand regarding decisions concerning family planning.

**Key words:** KAP, Family planning, married women

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**Introduction**

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”<sup>1</sup>. India is the second most populous country of the world and is projected to become the most populous country in the world surpassing China by 2040. Family planning is the need of the hour to prevent this major disaster. In 1951, India became the 1st country in the world to launch family

planning programme<sup>2</sup>. Since then approaches for reducing population growth have taken a variety of forms but with a little success. The department of family welfare, undertook activities aimed at addressing the needs of women who were at risk of unwanted births and also fertility decline. According to National Population policy 2000 the TFR to be achieved by 2010 was 2.1<sup>2</sup>. India, being a multicultural and multilingual country beliefs and practices regarding family planning vary from place to place and this certainly plays a major role in the attitudes & practices of people, concerning family planning.

**Objectives:**

1. To study the knowledge, attitude and practices regarding family planning among the married women attending the urban health training centre of Narayana medical college, Nellore. 2.To study the reasons for not practicing contraception in the above said population. 3.To study the association of certain demographic variables with awareness regarding family planning in the above women.

**Methodology:**

Institutional Ethics Committee approval was obtained. A cross-sectional study was done for a period of 3 months from Oct.2016 – Dec.2016.at the Urban Health Training Centre, Narayana Medical College, Saraswathi Nagar, Nellore, on 170 married women who were attending the health centre during the study period and willing to be interviewed. The study tool was a pre-designed, semi-structured questionnaire on knowledge, attitude and practices of family planning. Data collected was entered in MS-Excel and was analysed using SPSS version 22.0. Percentages and chi-square values were calculated. A p-value of 0.05 or less was considered significant.

**Results:**

Among the 170 married women who visited the Urban Health Centre, Narayana Medical College, Nellore, and in whom the study was carried out after taking their informed consent verbally.

**Table 1: Knowledge of the study subjects regarding family planning. (n = 170)**

| Variable   | Frequency | percentage |
|--|-----------|------------|
| <b>Awareness regarding Family Planning</b>         |           |            |
| yes  | 118       | 69.4       |
| No   | 52        | 30.6       |
| <b>Awareness regarding Family Planning methods</b> |           |            |
| Not aware  | 10        | 5.9        |
| pill   | 2         | 1.2        |
| injections   | 1         | 0.6        |
| tubectomy  | 28        | 16.5       |
| multiple   | 129       | 75.9       |
| <b>Source of information</b>                       |           |            |
| No information                                     | 11        | 6.5        |
| health personnel                                   | 60        | 35.3       |
| mass media   | 55        | 32.4       |
| husband  | 13        | 7.6        |
| others   | 31        | 18.2       |

As for the socio-demographic profile, 50% were in the age group of 20 -29 years, 87.1% were Hindus, 47.6% belonged to backward classes, 22.4% were

illiterates 53% studied up to high school. 75.3% of the women were home makers and 61.8% belonged to nuclear families. 38.8% were married below the age of 18 years, while 56.5% got married in the 18 – 24 years age group. For 41.8% of them age at 1st delivery was < 20 years and for 47.6% it was between 20-30 years. 88.2% said that the desired family size was 2 and 53% of them had an actual family size of 2. While 67% of the women completed their families, 51.2% had 1 living son and 30.6% had no sons at all.

**Table 2: Family Planning practices of the study subjects**

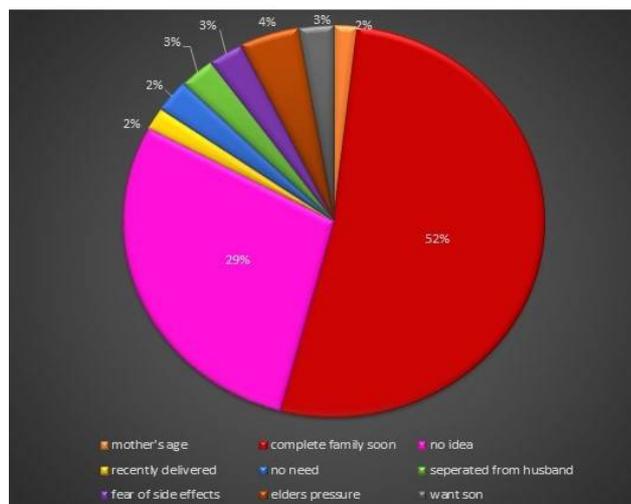
| Variable   | Frequency | percentage |
|--|-----------|------------|
| <b>Practise Family Planning immediately after marriage (n = 170 )</b>    |           |            |
| yes  | 10        | 5.9        |
| No   | 160       | 94.1       |
| <b>Method (n =10 )</b>   |           |            |
| Barrier methods  | 1         | 10         |
| OCPs   | 7         | 70         |
| Safe period  | 2         | 20         |
| <b>Practise Family Planning between successive pregnancies (n =141 )</b> |           |            |
| yes  | 30        | 21.3       |
| no   | 111       | 78.7       |
| <b>Method (n = 30)</b>   |           |            |
| Barrier method   | 1         | 3.33       |
| OCPills  | 7         | 23.34      |
| Intra Uterine Devices  | 19        | 63.33      |
| Safe period  | 2         | 6.67       |
| combined   | 1         | 3.33       |
| <b>Permanent sterilization in those who completed family (n = 114)</b>   |           |            |
| yes  | 91        | 79.8       |
| no   | 23        | 20.2       |
| <b>Method (n = 91 )</b>  |           |            |
| Tubectomy  | 88        | 96.7       |
| Vasectomy  | 3         | 3.3        |

Knowledge regarding family planning was moderate (69%) among the study subjects, (Table1) and none of them knew about implants or injectable contraceptives. Source of information regarding family planning methods for 35% of them were health personnel, followed by mass-media (32.4%).

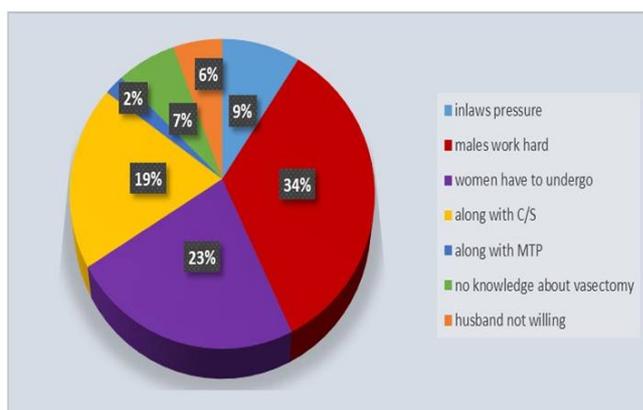
As far as attitude is concerned, 88.2% of the participants felt that family planning is necessary. Among those who were yet to complete their families, 84.6% said that they would opt for permanent sterilization after the completion of their families and in 52.4% of the study subjects decisions regarding family planning were made by husbands

and in-laws. Only about 16% of the women said they took the decisions by themselves.

**Fig.1: reasons cited by study subjects for not adopting spacing methods**



**Fig.2: reasons cited by study subjects for not adopting vasectomy as a terminal procedure**



When it came to practice of family planning, only about 6% of the study subjects opted for contraception immediately after marriage and among them 70% preferred OC pills. Among the 141 participants who had more than one child, only about 21% practiced spacing and the contraception of choice was intra-uterine device (63.33%). In those who completed their family, almost 80% of them underwent permanent sterilization and the method of choice was tubectomy in 96.7% of them. (Table: 2)

There was significant association between awareness regarding family planning with age of the women ( $X^2 = 11.939$ ,  $p=0.008$ ), caste ( $X^2 = 19.116$ ,  $p<0.000$ ), education of women ( $X^2 = 29.212$ ,  $p<0.000$ ), occupation of the women ( $X^2 = 6.626$ ,

$p<0.036$ ), age at marriage and age at 1st delivery ( $X^2 = 7.575$ ,  $p<0.023$ ) and ( $X^2 = 15.432$ ,  $p<0.001$ ) respectively.

## Discussion

In the present study 69% of the 170 participants were aware of family planning. In a study by Hemavarneshwari<sup>3</sup> et. al in rural Karnataka 92.8% had knowledge about family planning which is similar to the study by RenjhenPrachi<sup>4</sup> et al study where it was observed that 6% of women did not have knowledge about family planning which was very high when compared to the present study. 76% of the subjects in the present study knew about multiple methods. None of them had knowledge about implants and a single subject knew about injectables. This was similar to a study by Hemavarneshwari<sup>3</sup> et. al in rural Karnataka.

In the present study 35% of the participants said the source of information regarding family planning methods was from health personnel followed by mass media which was 32%. A study by Vikas Gupta<sup>5</sup> et al in an urban area of Rohtak, Haryana, the awareness source for family planning methods were mainly doctors/multipurpose health workers/anganwadi workers (70.4%). In another study by Prachi R<sup>4</sup> et.al in 54.4% of women the source of information was mass media which is also high when compared to our study.

Majority (88% ) had right attitude towards family planning in the present study which was similar to a study by Gupta V et al.<sup>5</sup> where it was 83%. Among those who did not complete family, 85% said they were willing for permanent method of sterilization whereas in a study by Prachi R et. al<sup>4</sup> it was 45%.

52% of the participants in the present study said that decisions regarding family planning were taken by their husbands/ in-laws and 16% by the women alone. In a study conducted by Chopra S et al<sup>6</sup>, it has been observed that, the decision for contraception was taken together by the husband and wife in 71%, but the woman alone decided in only 4.2% cases. This indicates that the role of women is secondary to the husband in the matters of family planning even in urban India.

In the present study, only 6% of the participants said they did practise family planning immediately after

marriage, i.e. before 1st child birth. Only 21.3% adopted spacing methods between successive pregnancies and among them 63% said they opted for intra-uterine device. In a study by Aleena .N. Mathew<sup>7</sup> et al in Thrissur Dt. of Kerala they noted that 24% had used any family planning method immediately following marriage and this might be due to higher female literacy rates in Kerala. 62.2% in the above study had used family planning methods between consecutive pregnancies, with majority (54.36%) having used intrauterine devices and this was similar to our study.

In the present study, 52% of the study subjects underwent tubectomy, which was almost similar to studies by Alina Ann<sup>5</sup> (48%), Benny<sup>8</sup> et al (58.5%), Pawar Anant<sup>9</sup> et .al (50%). In the present study vasectomy was chosen as a limiting method in only 1.8% of the study subjects. Studies by Makade et.<sup>10</sup> al and Reddy S<sup>11</sup> et .al indicate that vasectomy was not practised at all among their study population.

There was significant association between family planning awareness with age of women, caste, education, occupation, age at marriage and age of the women at first delivery. Hemavarshini<sup>3</sup> et al and Sajid<sup>12</sup> et al in their study also found that knowledge is strongly associated with higher level of education. This shows that education plays an important role in family planning acceptance.

### Conclusions:

Awareness regarding family planning among the study participants is 69% which is moderate and there is a gap between knowledge and practice of spacing methods. Overall practice of limiting methods is good but acceptance of vasectomy is very poor. In most families women do not have a significant role in family planning decisions.

### Recommendations:

Pro-active measures by workers of the urban health training centre in educating the population regarding family planning as a whole, and specifically spacing methods and also encouraging the male population to accept vasectomy as a terminal method. Women should be given the chance to decide freely the

choice of contraception, whether for spacing or limiting her family.

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