

## ORIGINAL RESEARCH ARTICLE

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### Socio-demographic Determinants and Perception of Family Planning Practices among Eligible Couples in Urban Field Practice area of a Medical College, Mysuru Meghana Narendran<sup>1</sup>, Y.S. Krishnaveni<sup>2</sup>, Renuka M<sup>3</sup>, Narayana Murthy M R<sup>4</sup>

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#### ABSTRACT

**Background:** The Child bearing and the use of contraceptives are some of the most important decisions on reproduction that could be taken by couples to curtail the number of children they want to have. The issue of family planning and its methods has led many couples to either accept or reject family planning services. The need for studies to understand the factors determining the fertility and family planning acceptance and practices by particular communities has been felt, so that more specific knowledge ; can be gained about factors determining family planning acceptance by particular communities. **Objectives:** To assess the socio-demographic determinants influencing the use of family planning methods among eligible couples; To assess the knowledge, attitude and practices of family planning methods among eligible couples; To explore the factors militating against acceptance of family planning methods among eligible couples. **Results:** The mean age of the participants was  $31 \pm 7$  SD and mean age at marriage was  $18.6 \pm 2$ SD. About 57 (53.8%) of the participants had good knowledge about female sterilization. 53 ( 50%) of eligible couples had spacing less than 3years between 1st and the 2nd child. Unmet need for contraception, (30.2%) women reported, (17.9%) need for spacing and need for limiting birth in (12.3%) women. **Conclusion:** The unmet needs of family planning is the need of the hour in the study and gender inequity is also observed with respect to the need of male child in the family.

**Key-words:** Eligible couple, family planning, unmet need

#### INTRODUCTION

The practice of family planning has called for global attention because of its importance in decision making on population growth and issues of development.<sup>1</sup> WHO defined family planning 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 the family group and thus contribute effectively to the social development of the country".<sup>2</sup>

India became the first country to launch a family planning programme in 1952.<sup>3</sup> In spite of this programme population has increased from 350 million during independence to 1,210 million by 2011.<sup>4</sup>

One of the major causes of burgeoning population is uncontrolled fertility. Nearly 10% of all pregnancies are mistimed and 11% of all pregnancies are unwanted in India.<sup>5</sup> Uncontrolled fertility also poses a greater risk to both the mother as well as the child. With almost half the population of India being in reproductive age group, adoption of family planning methods will play an important role in stabilizing the population. Family planning will also help in avoiding unwanted pregnancies, reduce maternal and neonatal deaths and also reduce maternal morbidity, infant mortality and under 5 mortality

rate. The National Population policy 2000 states that the immediate objective is to address the unmet need for contraceptive services.<sup>6</sup> The concept of unmet need points to the gap between these women's reproductive intentions and contraceptive behaviour. In doing so, it poses a challenge to family planning programme of reaching and serving millions of women whose reproductive attitude resemble those of contraceptive users but due to a combination of reasons, they are not using contraception.<sup>7</sup> According to the national family health survey done in Karnataka, in comparison between NFHS 3 and NFHS 4, shows a drastic decline in utilization of family planning methods.<sup>8</sup> The prevalence of contraceptive use is not uniform across the country. Though family planning services are offered free of cost, only 53.5% population currently uses contraceptive methods with an unmet need of 12.9%. In Karnataka, the usage of contraceptive is 48% in urban areas with an unmet need of 12.6%. The Child bearing and the use of contraceptives are some of the most important decisions on reproduction that could be taken by couples to curtail the number of children they want to have and improve the quality of life of women. This study therefore, undertaken to assess the socio-demographic determinants influencing the use of family planning methods among eligible

couples, to assess the knowledge, attitude and practices and to explore the factors militating against acceptance of family planning methods among eligible couples in an Urban field practice area.

**METHODOLOGY**

A cross-sectional community based study done among 106 eligible couples in Urban field practice area, Department of Community Medicine, JSSMC, Mysuru for a period of 3 months. All the eligible couples residing in the urban field practice area were taken into the study based on the eligible couple registry available in the area and a total of **106** eligible couples were interviewed. **Inclusion criteria:** Eligible couples (15-45 years), Pregnant and Post-partum women (within 42 days of delivery) who were willing to participate. **Exclusion criteria:** Houses were locked even after three times of re-visit, houses were both the spouses were not available, widow and widower and non-cooperative women who refused to furnish necessary information. After obtained informed consent, data was collected by a pretested, semi-structured interview schedule questionnaire. The questionnaire was thoroughly revised based on the feedback gathered from the peer reviewers before the finalized questionnaire was used for the study. The couples were cross checked with the medical records for the use of various contraceptive methods like copper T, tubectomy. Eligible couples were interviewed with respect to the socio-economic status, educational status, age at marriage, married life, total number of children, usage of contraceptive methods, reasons for non-usage. Descriptive statistical measures like percentages were used for qualitative data and quantitative data were expressed as mean and standard deviation. Appropriate statistical tests and Inferential Statistics were using SPSS Version 22 software. The differences and association were expressed statistically at p-value less than 0.05.

**RESULTS**

Among 106 participants, the mean age of the participants was 31 ± 7 SD and mean age at marriage was 18.6 ± 2SD. Among the eligible couples, 51 (48.1%) of them had two children and 27 (25.5%) of them had 3 children. Among the eligible couples, about 28 (26.4%) of females had completed their primary schooling whereas 68 (64.2%) of males were illiterate. Sixty one (57.5%) of the participants belonged to Class V socioeconomic status according to B.G.Prasad classification. (Table 1)

**Family planning knowledge and source:** Here 57 (53.8%) of the participants had good knowledge about female sterilization and 27(25.5%) about traditional methods. 68 (64.2%) of them were self-determined about the decision of family planning methods whereas in 27( 25.5%) participants husband was the person to decide. The major source of knowledge of 45.3% was from other sources like family members, neighbours, relatives and friends followed by 40.6% was from doctors.(Table 2,3)

**Table 1: Socio-demographic determinants**

Socio-demographic determinants	No. of Participants (%)	
<b>Age (in Years)</b>		
15 - 25	29 (27.4 %)	
26 - 35	45 (42.5%)	
36 - 45	32 (34.7%)	
<b>Parity</b>		
1	19 (17.9%)	
2	51 (48.1%)	
3	27 (25.5%)	
4 & more	5 (4.7%)	
<b>Religion</b>		
Hindu	96 (90.6%)	
Muslim	6 (5.7%)	
Christian	4 (3.8%)	
<b>Education</b>	<b>Wife</b>	<b>Husband</b>
Non literate	36 (34%)	68 (64.2%)
Primary	28 (26.4%)	9 (8.5%)
Middle (5-7 <sup>th</sup> std)	27 (25.5%)	18 (17%)
Higher school	12 (11.3%)	10 (9.4%)
PU/Diploma and more	3 (2.8%)	1 (0.9%)
<b>Socio economic status</b>		
Class I	41 (38.7%)	
Class IV	4 (3.8%)	
Class V	61 (57.5%)	

Numbers in brackets indicate row percentage.

**Table 2: Knowledge, Attitude and Practice of Family Planning Methods**

Knowledge about Family planning method (s)	No. of Participants (%)
Female sterilization	57 (53.8%)
Male sterilization	-
Pills	7 (6.6%)
IUCD	3 (2.8%)
Condoms	-
Traditional methods	27 (25.5%)
None	4 (3.8%)
More than one choice	8 (7.5%)
<b>Family planning method: Attitude</b>	<b>No. of Participants (%)</b>
Approve	69 (65.1%)
Disapprove	21 (19.8%)
Do not know	16 (15.1%)
<b>Current use/ Practice</b>	<b>No. of Participants</b>
Sterilization	54 (50.9%)
IUCD	5 (4.7%)
OCP	5 (4.7%)
Condom	-
None	42 (39.6%)

Numbers in brackets indicate row percentage.

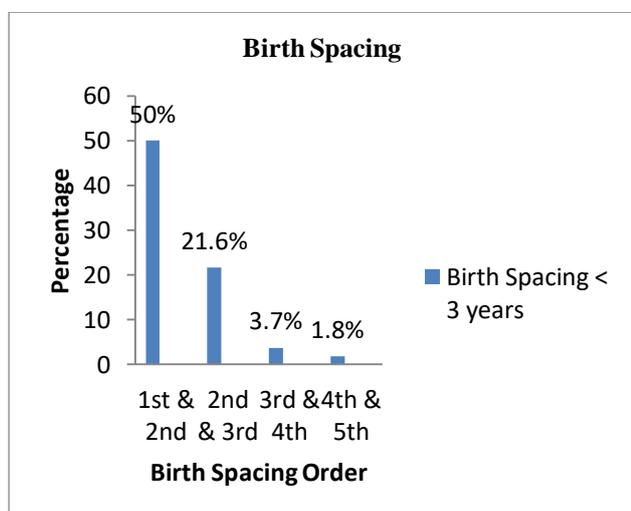
**Table 3: Satisfaction level of current use and Source of knowledge of Family planning methods (FPM)**

Satisfaction level of current use of FPM	No. of Participants (%)
Satisfied	62 (58.5%)
Likely to change	3 (2.8%)
Do not know / want to use	41 (38.7%)
Source of knowledge about FPM	No. of Participants (%)
Television	1 (0.9%)
Doctors	43 (40.6%)
Health workers	5 (4.7%)
Other sources(Friends and family)	48 (45.3%)
More than one source	9 (8.4%)

**Table 4: Distribution of study population based on past and future use of contraceptives**

Family planning methods: Used in past	No. of Participants (%)
Pills	5 (4.7%)
IUCD	5 (4.7%)
Condom	-
Injectables	-
Traditional methods	2 (1.9%)
None	94 (88.7%)
Family planning method preferred for future use	
Female sterilization	13 (12.3%)
Male sterilization	-
Pills	2 (1.9%)
IUCD	5 (4.7%)
Condom	-
Other modern method	-
Traditional method	-
Unsure of method	50 (47.2%)

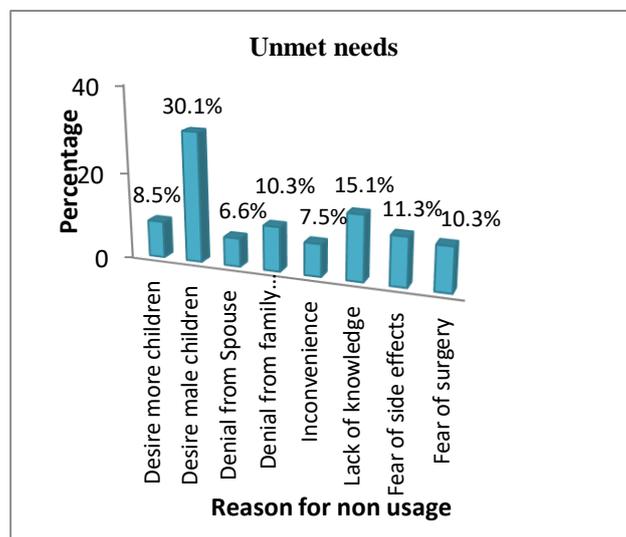
**Fig 1: Distribution of study population based on practice of birth spacing**



**Attitude and satisfaction level:** Here 69 (65.1%) of them had approved for usage of family planning methods and

54 (50.9%) of them had already undergone tubectomy. Sixty two (58.5%) of them were satisfied with their currently practiced family planning method whereas 41 (38.7%) of them did not want to use any methods as they believed they can combat pregnancy by traditional methods like withdrawal methods and there was no need socioeconomic any kind of intervention needed and few said that it is against their cultural norms. (Table 2,3)

**Fig 2: Distribution of study population based on Unmet needs of family planning**



**Table 5: Association of Literacy level in females, Current practice and Knowledge of Contraception**

Variable	Category	Knowledge			P Value*
		Good	Poor	Total	
Education (Wife)	Non literate	14(38.9)	22(61.1)	36	<0.001
	Primary	24(85.7)	4(14.3)	28	
	Middle	19(70.4)	8(29.6)	27	
	Higher	14(93.3)	1(6.7)	15	
Current Practice	Sterilization	30(55.6)	24(44.4)	54	0.028
	IUCD	5(100)	0	5	
	OCP	5(100)	0	5	
	None	31(73.8)	11(26.2)	42	

**Family planning used in past and future use:** About 94 (88.7%) of them did not use any type of family planning methods in past and 50 (47.2%) of them are unsure of any methods due to ignorance, illiteracy, traditional values and norms, husband dominance among others have come against the practice of family planning among married women, whereas 13 (12.3%) said that they will opt for female sterilization and 5 (4.7%) of them preferred IUCD.(Table 4)

**Birth Spacing:** About 53 (50%) of eligible couples had spacing less than three years between First and the second child and 23 (21.6%) of them between second and third child, four (3.7%) of them between third and fourth child and two (1.8%) of them between fourth and fifth child had spacing less than three years. Majority of the couples quoted the want of male child as the reason for having more than two kids and also this was the reason for not

opting for any family planning methods. Among the participants, came across a family of five kids, wherein first, four children were females with the birth spacing of one year each and the fifth child was a male, after which they opted for tubectomy.(Fig 1)

**Unmet needs:** About 32(30.2%) women reported unmet need for contraception among whom, 19(17.9%) need for spacing and need for limiting birth in 13(12.3%) women.(Fig 2). It was found in this study that higher the education of females, more is the knowledge ( p value <0.001) and practice( p value 0.028) of family planning methods which was found to be statistically significant.(Table 5)

## DISCUSSION

In the present study in terms of parity, about 48.1% of them have two children and 25.5% have three children and 4.7% have four or more children was almost similar to the study done by Koringa H et al<sup>2</sup> where 42.4% had two children and 25.5% have three+ children and Sharma V et al.<sup>9</sup>

The literacy rate has been observed to be higher among women than that of the men in this study. When compared with the study done by Koringa H et al<sup>10</sup>, the percentage of non-literates are higher in our study (34%) by about 6.7% whereas the percentage of women with higher education and above are similar in both the studies.

In this study, only 3.8% did not have any knowledge about contraception whereas it was 7.2% in Hemavarneshwari S et al<sup>11</sup> and Renjhen Prachi et al<sup>8</sup> study where it was observed that 6% of women did not have knowledge about family planning. Majority of the women had knowledge about female sterilization 57 (53.8%) which was slightly lower than in Hemavarneshwari S et al<sup>11</sup> i.e,151(64.3%), and the study by Srivastava et al<sup>13</sup> where knowledge about tubectomy was 67%.

Present study revealed a high percentage of awareness of family planning methods, 96.2% with 7.5% of them knew about more than one method when compared with 93.1% of the respondents knew about at least one method in Jahan U et al.<sup>14</sup> In our study main source of information was by friends and relatives 45.3% and doctors 40.6% and only 8.4% by multiple sources and only 4.7% from health workers.

In this study, about 69 (65.1%) of the couple approve for contraceptive usage and 54 (50.9%) were already tubectomized. Study done in Bangladesh, Riley AP et al similarly reported 99% of the women having knowledge of female sterilisation and only 83.0% for male sterilisation.<sup>15</sup> This disparity may be because of general concept of laymen that reproduction is mainly the function of women.

Desire for male child 30.1% was the main reason for non-acceptance of family planning, 10.3% women there was opposition by the partner which was higher than Hemavarneshwari S et al<sup>11</sup>(26.8%), and also 7.2%, in the study by Kumar S et al study.<sup>16</sup> Rama et al noted that in 12% of women, the reason for non-acceptance of family planning was opposition from husband, families and communities.<sup>17</sup>

In this study, 30.2% women reported unmet need for contraception among whom, (17.9%) need for spacing and need for limiting birth in (12.3%) women.

A community based cross sectional study done in Aurangabad, found that 20.54% of study subjects had unmet need for contraception, 3.61% for spacing births and 16.93% for limiting births. The main reasons for unmet need were, little perceived risk of pregnancy due to pre-menopausal age (32.47%), lactation (31.16%) and ignorance (12.32%).<sup>18</sup> Patil SS reported unmet need for contraception in 59 (45.1%) women, need for spacing in 25 (19.1%) and need for limiting birth in 34 (26%) women.<sup>19</sup>

The concept of unmet need points to the gap between these women's reproductive intentions and contraceptive behaviour. In doing so, it poses a challenge to family planning programme of reaching and serving millions of women whose reproductive attitude resemble those of contraceptive users but due to a combination of reasons, they are not using contraception.<sup>20</sup>

It was noted in this study that 50% of the women had less than three years of birth spacing between their first and the second child, and 21.6% between the second and third and 3.7% between third and fourth respectively.

The interval between the previous birth and the current birth shows a strong negative effect on infant and child mortality rates. When a birth occurs less than two years after an earlier birth, the infant mortality rate is 86. If the interval is 24-35 months, the infant mortality rate is 50, and if the interval is 36-47 months, it is only 30. But when the interval is four years or more, the infant mortality rate is somewhat higher about 37. This pattern is observed for both neonatal and post neonatal mortality rates. Child mortality, however, is negatively related to the previous birth interval throughout, with mortality being lowest for intervals of four years or more.<sup>21</sup>

## Strengths and Limitations of study

In the present study, the history regarding current and past usage of contraceptive methods were cross verified and confirmed from the medical records available with eligible couples. Limitations of study is the inherent recall bias could not be eliminated in those who did not have the records. Comparison between various studies shows many findings close to the present observations. This study therefore, adds to the existing literature of utilization of contraceptive methods and unmet needs of contraception.

**Conclusion and Recommendation**

This study highlights the need for a constant interaction of health functionaries with eligible couples for boosting family planning program. Even though we see the women in the family are more educated than the men, even in terms of knowledge than their other family members about family planning, still the decision making of birth control and spacing lies in the hands of their husband and mother in law who have comparatively lesser knowledge. The unmet needs of family planning is the need of the hour and gender inequity is also observed with respect to the need of a male child in the family. Therefore, in this study decision making does not necessarily depend on the education level.

Efforts should be made to educate and promote spousal discussion and also education to the whole family about the utilization of IUCDs, OCPs and condoms which are the reversible methods of contraception and also increasing male participation and promoting Non scalpel vasectomy.

Family planning counselling needs to be universally included into routine antenatal clinic activities in respect to availability, accessibility, affordability and acceptability of services.

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**REFERENCES**

1. Suntai D, Destiny AO. Perception of Married Women Aged 18-45 on the Practice of Family Planning in Ardo Kola Local Government Area of Taraba State of Nigeria. *Public Policy and Administration Research*. 2016;6(9):25–31.
2. Park K. Text book of preventive and social medicine, 24th Edition: Jabalpur: M/s Banarsidas Bhanot; 2018. Demography and family planning.
3. Kishore J. In: National health programs of India. 8th ed. Century Publications; 2010: 111.
4. Govt. of India Ministry of Home Affairs, 2011. Available at <http://www.censusindia.gov.in>. Accessed 10 July 2012.
5. Sulthana B, Shewade HD, Sunderamurthy B, Manoharan K, Subramanian M. Unmet need for contraception among married women in an urban area of Puducherry, India. *Indian J Med Res*. 2015 Jan;141(1):115–8.
6. National Population Policy, 2000. Department of Family Welfare, Ministry of Health and Family Welfare, GOI, New Delhi.
7. Puri A, Garg S, Mehra M. Assessment of Unmet need for contraception in an urban slum of Delhi. *IJCM*. 2004;29(3):139-40.
8. National Family Health Survey [Internet]. [cited 2018 Apr 7]. Available from: <http://rchiips.org/NFHS/nfhs4.shtml>
9. Sharma V, Mohan U, Das V, Awasthi S. Socio Demographic Determinants and Knowledge, Attitude,

Practice: Survey of Family Planning. *J Family Med Prim Care*. 2012;1(1):43–7.

10. Koringa H, Joshi K, Mehta J. A study on various factors affecting family planning practices among eligible couples in urban slums of municipal corporation area in Jamnagar, Gujarat, India. *International Journal of Medical Science and Public Health*. 2015;4(12):1675.
11. Hemavarneshwari S, Mangala S, Subrahmanyam G. Knowledge and Attitude towards Family Planning Practices among Non-acceptors in a rural area in Bangalore, India. *Int J Res Med Sci*. 2015;3:3611-3.
12. Prachi R, Das GS, Ankur B, Shipra J, Binita K. A study of knowledge, attitude and practice of family planning among the women of reproductive age group in Sikkim. *J Obstet Gynecol India*. 2008;58(1):63-7.
13. Srivastava R, Srivastava DK, Jina R, et al. Contraceptive knowledge attitude and practice (JKAP) survey J Obstet Gynecol India. 2005;55:546-50.
14. Jahan U, Verma K, Gupta S, Gupta R, Mahour S, Kirti N, et al. Awareness, attitude and practice of family planning methods in a tertiary care hospital, Uttar Pradesh, India. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*. 2017 Jan 31;6:500.
15. Riley AP, Stewer MK, Chakarborty J. Programme and method related determinants of the first DMPS. Use duration in rural Bangladesh. *FP*. 1994;25:25567.
16. Kumar S, Priyadarshini A, Kant S, Anand K, Yadav BK. Attitude of women towards family planning methods and its use - study from a slum of Delhi. *KUMJ*. 2005;3(3):259-62.
17. Rama R, Ghosh MN, Bhattacharya, Halder A, Chatterjee C, Naskar N. Study of unmet need for family planning among married women of reproductive age attending immunization clinic in a medical institution of Calcutta. *Indian Journal of Community Medicine*. 2000;25(1):22-5.
18. Andurkar S.P, Yadav V.B, Dalvi S.D. Study of Unmet need for family planning among married women of reproductive age in urban health central field practice area of Govt Medical College, Aurangabad. *Indian Journal of Public Health*, Jan-March 2006, Vol -50, No-1, 45-46.
19. Patil SS, Durgawale MP, Patil SR. Epidemiological correlates of unmet need for contraception in urban slum population. *Al Ameen J Med Sci*. 2010;3:3126.
20. Puri A, Garg S, Mehra M. Assessment of Unmet need for contraception in an urban slum of Delhi. *IJCM*. 2004;29(3):139-40.
21. National Family Health Survey [Internet]. [cited 2018 Apr 12]. Available from: <http://rchiips.org/NFHS/nfhs3.shtml>

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