

DOI: <https://dx.doi.org/10.18203/2320-1770.ijrcog20240798>

Original Research Article

Knowledge, awareness, practice patterns and attitude towards family planning methods in a tertiary centre of north India

Gagan Lata*, Liza Gupta, Moneet Walia

Department of Obstetrics and Gynecology, Adesh Medical College and Hospital, Shahbad, Kurukshetra, Haryana, India

Received: 15 February 2024

Accepted: 08 March 2024

*Correspondence:

Dr. Gagan Lata,

E-mail: gagan.2512@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: Family planning is adopted voluntarily according to the knowledge, awareness and attitude of the individuals and couples. This study aims to assess the level of awareness, knowledge, practice patterns and attitude about family planning methods in a particular area.

Methods: A cross sectional descriptive study was done for 1000 married women and data was obtained by means of a questionnaire.

Results: Most common encountered age group was 21-34 years (69%) in our study. Most of the women were residing in rural areas (81%) as compared to 19% in urban areas. In our study, total of 630 women (63%) were aware of family planning methods. Most of them were aware of condoms (56%), OCPs (50%), IUD (43%) and sterilization (43%). They had least information about natural methods (37%) and injectables (12%). Source of knowledge was TV and internet in 30%, friends, family and husband in 40 % and health centre and health professionals in 30% females. Majority were using condom (68%). Others were using OCPs (16%), IUD (5%) and sterilisation (2%). After counselling 55% of women agreed to use contraception and 31% were not sure whether they would use or not.

Conclusions: Awareness and usage of contraceptives was low in the present study. So, there is need to educate and motivate the couples for using family planning methods.

Keywords: Attitude, Awareness, Contraceptives, Family planning, Knowledge

INTRODUCTION

India is the second most populous country in the world, next only to China, as it accounts for approximately 17% of the world's population.¹ Higher percentage of women of 45% in the reproductive age group (15-45 years) and majority of them getting married at an early age contributes towards increased population growth.² If we revisit the history of India, Raghunath Dhondo Karve recognized this problem first place. He published a magazine named *Samaj Swasthya* from 1927 to 1953 in which he debated that the best way to serve the society is by controlling the population through contraceptive measures. By 1951, it was clear to the Indian government that family planning was becoming urgent to face the fast

growing population which resulted in a state sponsored family planning program named the "National Family Planning Program" in 1952, which was the first Family planning program to be launched by India. This family planning program was defaced by a vertical approach rather than working on additional factors. These factors influencing population growth included education, poverty, public health care and other sociocultural factors.

Atleast 25% of all maternal deaths can be prevented by use of contraception which in turn prevents unintended pregnancies and unsafe abortions.^{3,4} Besides unmet need of contraception, lack of proper counselling, knowledge on potential side-effects and benefits of contraception, as well as lack of follow up are the reasons for deficient and

improper use of contraception.⁵ Family planning benefits not only to person in use but also to society and nation. With less population growth this will allow for more resources towards those already existing in Indian population, with more resources comes longer life expectancy and better health. We believe that all females in the reproductive age group have the right to choose a method of their choice, access to the basket of choices and should choose them voluntarily and through informed choice. So, we have planned a study to evaluate the knowledge, attitude and behaviour of women regarding the adoption of family planning methods. Having information regarding the same would help in planning and implementation of family planning programmes.

METHODS

This study was conducted on 1000 married women who attended OPD of Obstetrics and Gynaecology Department of Adesh Medical College and Hospital, Shahbad. Objectives of study were explained to the participants. Consent of the participants was taken. A predesigned well-structured questionnaire was approved after deliberate discussion and participants were interviewed. Approval of study had been taken from the Institutional Ethics Committee, Adesh Medical College and Hospital, Vill. Mohri, Shahabad, Haryana. The study was carried out in accordance with the Helsinki Declaration Principles.

Inclusion criteria

Inclusion criteria was all married women of age group 18-49 years.

Exclusion criteria

Exclusion criteria were women <18 years or ≥ 50 years of age and women not willing to participate.

Data was collected and analysed using simple tabulations.

RESULTS

Among the 1000 women in study, commonest age group was 21-34 years (69%) followed by age group of ≥35 years (25%). This study revealed that age was having an association with practicing family planning methods. Older women were more aware and had better attitude and practice patterns towards family planning methods (Table 1).

It was found that 18% of women were illiterate, 52% had received primary and secondary education and 30% had done graduation. Most of the women were residing in rural areas (81%) and only 19% in urban areas. It was observed that illiterate women were completely unaware of family planning methods and women residing in urban areas had more awareness as compared to rural areas. Majority of the women were housewives. Females in our study had lower class (62%) and middle class (38%) socioeconomic status.

We could find that lower class people were less aware of the contraceptives. Most of the women, being from rural background were married at younger age of 19-25 years (82%). Among the study group, 33% of women were married for less than 1 year. So those were not using contraception as they were either pregnant or trying to conceive (Table 1).

Table 1: Socio-demographic characteristics of participants (n=1000).

Variables	Number (n=1000)	Percentage
Age (years)		
≤20	60	6
21-34	690	69
≥35	250	25
Education		
Illiterate	180	18
Primary education	140	14
Secondary education	380	38
Graduation or more	300	30
Residence		
Rural	810	81
Urban	190	19
Socio-economic status		
Lower	380	38
Upper lower	240	24
Lower middle	380	38
Upper middle	-	-
Upper	-	-
Age at marriage (years)		
≤18	120	12
19-25	820	82
26 or more	60	6
Duration of marriage (years)		
≤1	330	33
2-5	90	9
6-10	330	33
>10	250	25
No. of pregnancy		
0	440	44
1	190	19
2	120	12
3 or more	250	25

In our study, total of 630 women (63%) were aware of family planning methods. Most of them were aware of condoms (56%), OCPs (50%), IUD (43%) and sterilization (43%). They had least information about natural methods (37%) and injectables (12%). Natural methods included abstinence, basal body temperature, calendar and cervical mucus method and breast feeding. Source of knowledge was TV and internet in 30%, friends, family and husband in 40% and health centre and health professionals in 30% females. Women knowing the family planning methods were also aware of their benefits like birth spacing (18%),

limiting family size (31%), preventing unwanted pregnancy (31%) and healthy mother (25%). Again, women were knowing more than one benefit, so overall percentage was more than 100% (Table 2).

Table 2: Knowledge and awareness of family planning methods.

Knowledge and awareness	Number	Percentage
Aware of family planning methods	630	63
Not aware of any method	370	37
Source of information (n=630)		
TV and internet	189	30
Friends and family including husband	252	40
Health centre and health professional	189	30
Contraceptive method known (n=630)		
Natural method	233	37
Condom	352	56
Oral contraceptive pills	315	50
Intrauterine contraceptive device	270	43
Injectable	75	12
Permanent /sterilisation	270	43
Knowledge of benefits of family planning methods (n=630)		
Birth spacing	113	18
Limiting family size	195	31
Preventing unwanted pregnancy	195	31
Healthy mother and child	157	25
Prevention of over population	75	12

Among the women using contraceptive methods, majority were using condom (68%). It was according to husband's wish in many women. Others were using OCPs (16%), IUD (5%) and sterilisation (2%). In other methods (9%) we included coitus interruptus and calendar method. It was seen in our study that women who were not aware of contraceptives were illiterate, from lower socioeconomic class and were residing in rural areas.

Reasons in females who were not using contraceptive methods were lack of knowledge (41%), fear of side effects (18%), religious beliefs (12%), opposition from husband (7%) and cost matters (5%). Others were pregnant (22%) and in puerperium (16%). Some of them were planning for pregnancy and taking infertility treatment (19%) (Table 3).

The women who were not using any family planning methods were told about the various methods and counselled to use them. They were made aware of the benefits. So, after counselling 55% of women agreed to use contraception and 31% were not sure whether they would use or not (Table 4).

Table 3: Practice of family planning methods.

Contraceptive method used ever	Number	Percentage
Yes	600	60
No	400	40
Type of method used (n=600)		
Condom	408	68
OCP	150	16
IUD	30	5
Injectable	-	-
Sterilisation	12	2
Others	54	9
Reason for not practising contraception (n=400)		
Lack of knowledge	164	41
Fear of side effects	72	18
Religious beliefs	48	12
Opposition from husband	28	7
Cost	20	5
Unnecessary procedure	44	11
Pregnancy at present	88	22
Puerperium at present	64	16
Taking infertility treatment	76	19

Table 4: Attitude towards family planning methods.

Attitude	Number	Percentage
Would they adopt family planning method if not used earlier (n=400)		
Yes	220	55
No	28	7
Not sure	140	35
Husband died	12	3
Type of method willing to adopt (n=220)		
Natural	-	-
Condom	105	48
OCP	-	-
IUD	33	15
Injectable	-	-
Sterilisation	82	37

DISCUSSION

Although Government has implemented family planning programmes but these will not be of tremendous help unless all eligible women have required awareness regarding the same and practicing as per their need.

Our study showed contraceptive use in 60% females of study group which is almost similar to study by Renjhen et al (62%), Jahan et al (62.9%).^{6,7} The current prevalence of contraceptive use is almost 60% all over the world.

In a study done by Bee et al around 67% of the patients were in the age group of 20-35 years which is similar to our study findings (69%).⁸ Our study revealed that age is having an association with practicing family planning

methods. Older women had better awareness, attitude and practice patterns towards family planning methods. Similar observations were made by Park et al that older women had more exposure to family planning.⁹ In a study by Patil SS, 81.3% of non-users belonged to the younger age group of 15-29 years.¹⁰

In our study, 63% of women were aware of family planning methods in comparison to 93.1% in Jahan U et al study, 94.2% in Sikkim study and even up to 100% in a study done in Bangladesh.^{6,11} Although only 18% women were illiterate in our study yet awareness level was very low may be because of rural background.

Some of them were pregnant and some were seeking infertility treatment. That could be the reason of low awareness in our study as many females were not in need of contraception. In our study, 56% of the females were aware of condoms, 50% were aware of OCPs and 43% were aware of IUD and permanent methods (43%). They had least knowledge about natural methods (37%) and injectables (12%). Results are similar to Jahan U et al study in which subjects had maximum knowledge regarding condoms and OCPs and least knowledge regarding injectables and natural methods.

Major source of information regarding family planning in our study was from family and friends including husband (40%) followed by TV and internet in 30% and health professionals and health centres in 30%. We found that many women got to know about contraception only from their husbands. In Srivastva et al study, major source of information was family and friends followed by TV and radio similar to present study.¹² In the study, conducted by Jahan et al mass media (53.2%) was the main source of information followed by relatives and friends (24.6%) and health centres or professionals (22.2%).

In present study 60% of the females had used contraception ever. Among these, maximum had used condoms (68%) followed by OCPs (16%). None had used injectable method in our study. This was in concordance with study by Jahan et al in which among 62.9% users, 65.1% had used condoms. In study by Srivastva et al only 16% had used OCPs, similar to our study. In our study, limitations of birth (31%) and prevention of unwanted pregnancy (31%) were the main reasons behind using contraception. Same were the reasons in a study by Chaudhary et al.¹³

In our study, major factor contributing to non-usage of contraception was lack of proper knowledge in 41% cases which was similar to study of Qazi et al (50%) and Nayak et al (44%).^{14,15}

In our study 55% of the females got agreed to use contraception and 35% were not sure. The findings were similar to study by Chaudhary et al in which 56.25% cases showed a positive attitude towards use of contraception.¹³

CONCLUSION

The level of knowledge and awareness was relatively low towards family planning methods. That was the reason for not using contraceptive measures to much extent. Every health worker should take extra efforts to increase awareness so that family planning utilization may be enhanced. We need to reach the roots of our country to strengthen it. Implementation of awareness programmes is needed. Besides that, attitude and practice are influenced by various socio-demographic factors, where education and socioeconomic status plays very important role. Family planning methods are not only for limitation of birth and healthy mother but it is to strengthen each family, society and hence a country. We should put more emphasis on educating both husband and wife, increasing literacy rate so that couple can itself take the right decision regarding contraceptive use.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee of Adesh Medical College & Hospital, Vill. Mohri, Shahabad, Haryana dated 19/08/2019 with Ref. No. AMCH/BIO/2019/08/05

REFERENCES

1. Park, K. Park's Textbook of Preventive and Social Medicine. 20th ed. Jabalpur, India: Banarsidas Bhanot; 2009.
2. Puri CP. India's needs and priorities in fertility regulation research. *ICMR Bull.* 1999;29(2):17-27.
3. Cleland J, Bernstein S, Ezeh A, Faundes A, Glasier A, Innis J. Family planning: the unfinished agenda. *Lancet.* 2006;368(9549):1810-27.
4. United Nations Population Fund. State of the World Population 2004. The Cairo Consensus at Ten: Population, Reproductive Health and the Global Effort to End Poverty. New York, NY: United Nations Population Fund; 2004.
5. Jejeebhoy SJ. Addressing women's reproductive health needs: priorities for the family welfare programme. *Economic and Political Weekly.* 1997;32:475-84.
6. 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. *Religion.* 2008;35(44years):34.
7. 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. *Int J Reprod Contracept Obstet Gynecol* 2017;6(2):500-6.
8. Bee DF, Chandrasekharan PA, Devi GP. A study on knowledge, attitude and practice of family planning and determinants of fertility among different socio religious groups in a southern city: a cross sectional study. *Int J Commu Med Public Health.* 2020;7(6):2203-9.

9. Park HJ, Chung KK, Han DS. Differential effects of communication media on family planning behaviour. *Korean J Prev Med.* 1975;8:37-52.
10. Patil SS, Durgawale MP, Patil SR. Epidemiological correlates of unmet need for contraception in urban slum population. *Al Ameen J Med Sci.* 2010;3(4):312-6.
11. Riley AP, Stewer MK, Chakarborty J. Programme and method related determinants of the first DMPS. Use duration in rural Bangladesh. *FP.* 1994;25:255-67.
12. Srivastava R, Srivastava DK, Jina R. Contraceptive knowledge, attitude and practice survey. *J Obstet Gynecol India.* 2005;55(6):546-50.
13. Choudhary A, Nakade M, Shrivastava D. Family planning knowledge, attitude and practice among women of reproductive age from rural area of Central India. *Int J Cur Res Rev.* 2020;12.
14. Qazi M, Saqib N, Gupta S. Knowledge, attitude and practice of family planning among women of reproductive age group attending outpatient department in a tertiary centre of Northern India. *Int J Reprod Contracept Obstet Gynecol* 2019;8(5):1775-83.
15. Nayak AU, Ramakrishnan KG, Venkateswar KN, Vijayshree M. Assessing the knowledge, attitude and practice of contraception in rural India: a necessary step in achieving population control. *Int J Reprod Contracept Obstet Gynecol.* 2017;6(8):3328-31.

Cite this article as: Lata G, Gupta L, Walia M. Knowledge, awareness, practice patterns and attitude towards family planning methods in a tertiary centre of north India. *Int J Reprod Contracept Obstet Gynecol* 2024;13:978-82.