Research Article

Family planning knowledge, attitude, and practices among the currently married women (aged 15–45 years) in an urban area of Rohtak district, Haryana

Vikas Gupta, Debjyoti Mohapatra, Vijay Kumar

Department of Community Medicine, Pt. BD Sharma Post Graduate Institute of Medical Sciences, Rohtak, Haryana, India.
Correspondence to: Vikas Gupta, E-mail: vckg1987@gmail.com

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Abstract

Background: By 2050, the world's population is expected to reach 9 billion. India accounts for 17.5% of the world's population. In the year 2011, the couple protection rate was about 40% for India, which is still far behind to achieve the 60% couple protection rate goal. Since the inception of the program, several knowledge, attitude, and practice studies have been conducted.

Objective: To assess the knowledge, attitude, and practices of the family planning methods and various sociodemographic parameters and enhance the contraceptive practice among the eligible couples in an urban area of Haryana.

Materials and Methods: This cross-sectional study was conducted in an urban health-training center area of Rohtak district, Haryana. The study participants involved were currently married women aged 15–45 years (eligible couples). The line listing of all the eligible couples was done, and by systematic random sampling methodology, 10% of the currently married women were selected, which came out to be 320. Statistical analysis was done using SPSS software, version 16.0 (Statistical Package for the Social Sciences); we calculated percentages and applied the χ^2-test wherever necessary and required.

Results: In this study, the total sample consisted of 318 participants, and the mean age of the participants was 32.76 ± 4.6 years. Moving to other variables, it was observed in this study that most of the participants were presenting socioeconomic status (SES) as middle class (35.7%) and lower-middle class (37.2%), followed by upper-middle class (19.6%), and the least participants belonged to the upper class (3.3%) and lower class (4.2%). Around 62% participants were currently using one or more of the various family planning methods. Female sterilization (45.6%) was the most common chosen method used among the contraceptive users, followed by intrauterine contraceptive device (23%) and condom (22%); the least preference was given to oral contraceptive pill (OCP) (9.2%). When asked specifically regarding the individual type of family planning method, most awareness was toward OCP (97.7%) and the least awareness observed for the traditional methods (30.5%). The awareness source for family planning methods were mainly doctors/multipurpose health workers/anganwadi workers (70.4%).

Conclusion: On the basis of observations of our study, it was concluded that education and contraceptive practices were directly related. Health workers and mass media are playing very important roles in disseminating information about the promotion of contraceptive practices and can overcome the knowledge/practice gap.

KEY WORDS: Family planning, eligible couples, female sterilization

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Introduction

By 2050, the world's population is expected to reach 9 billion. India accounts for 17.5% of the world's population.[1] Moreover, India is the pioneer country in the world to launch a nationwide family planning program in the year 1952.

An expert committee of the WHO, in 1971, 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 family groups and thus contribute effectively to the social development of a country."[2] The widespread adoption of family planning, in a society, is an integral component of modern development and is essential for the integration of women into social and economic life.

In April 1976, the country framed its first "National Population Policy," which is now running under RMNCH+A (Reproductive, Maternal, Newborn, Child, and Adolescent Health, 2013) strategy, so that each and every couple of India get awareness of the need of the family planning methods.[3] The contraceptive prevalence rate provided in NFHS (National Family Health Survey)-3, 2006) among the currently married women is 56%, which increased from 48% in NFHS-2.[4]

In the year 2011, the couple protection rate was about 40% for India, which is still far behind to achieve the 60% couple protection rate goal.[5] The need of family planning in order to control population explosion lies to avoid unwanted births, regulate intervals between pregnancies, control the time at which births occur in relation to the age of the parent, and determine the number of children in the family.[6] But, at present, still there is misunderstanding in the community that family planning is only meant for sterilization. People are unaware of the advantages of family planning, and this acts as a hindrance in the path of attainment of the required goals.

Various knowledge, attitude, and practice (KAP) studies have been carried out since the establishment of the program. Previously, a small sample of specific population was used to carry out the KAP studies that were more descriptive in character. In the late 1960s, the KAP surveys comprised scales that were formulated and applied, sample size was expanded, and the studies were done concerning the correlates of KAP of family planning. The knowledge and practice of family planning is closely associated with a higher level of education, labor force participation, and fertility.[6] The improvement attained in the family planning program is usually estimated from the outcome of the KAP survey. In the long run, the contraceptive usage has risen, but there exists a KAP-gap (i.e., a gap between the KAP) regarding contraception. As per NFHS-3 (2006), the knowledge and use of family planning are increasing among the currently married women.[4]

Despite this, the progress is very slow; as family planning methods are made widely available at free of cost by the Government of India; there is a poor acceptance of the contraceptive methods either owing to ignorance, inadequate knowledge about contraceptive methods, and incomplete or erroneous information about their use or where to procure, or owing to the fear of complications while using them. Nowadays, KAP studies are very important, because more specific knowledge can be attained about the factor that causes the fertility and family acceptance. This in turn can be used to develop a suitable program for them. This study was conducted with an objective to assess the KAP of family planning methods and various sociodemographic parameters and enhance the contraceptive practices among the eligible couples in an urban area of Haryana so that long-term demographic goals of National Health Policy (1983) to achieve NRR of one.[5,7]

Materials and Methods

Study Design and the Participants

This cross-sectional study was conducted in an urban health-training center area of Rohtak district, Haryana, which is a field practice area under the aegis of the Department of Community Medicine, PGIMS, Rohtak, Haryana, India, during the months from August to November 2014. The study participants involved were the currently married women of 15–45 years of age (eligible couples). A total of three subcenters serve the urban health training center and cater to about 3,200 eligible couples. The line listing of all the eligible couples was done, and by systematic random sampling methodology, 10% of currently married women were selected, which came out to be 320. Prior consent was obtained from the participants before the interview.

Data Collection

A pretested, predesigned questionnaire was used by the investigator to interview the selected study participants and a house-to-house visit was done. The questionnaire included the information regarding age, education, family size, caste, per capita income, KAP toward various family planning methods, etc. The participants who were unavailable at two or more consecutive visits were excluded from the study. The responses to the schedule by each participant were entered into excel sheet, the data were tabulated, and statistical analysis was done using SPSS (Statistical Package for the Social Sciences) software, version 16.0. We calculated the percentages and applied the χ^2-test wherever necessary and required.

An eligible couple refers to a currently married couple wherein the wife is in the reproductive age, which is generally assumed to lie between the ages of 15 and 45 years.[6]

Modern Method of Family Planning

This includes sterilization (male and female subjects), IUCD, hormonal methods—oral contraceptive pill (OCP), and barrier methods (condom).

Tradition (Natural) Method of Family Planning

This includes calendar (rhythm) method, standard day method, basal body temperature, cervical mucus method, symptothermal method, ovulation awareness method, lactational amenorrhea method, and withdrawal (coitus interruptus).[5]

The SES was obtained using modified BG Prasad's SES classification (revised for the year 2014, CPI 2001 as base). There are five classes under this: upper class (>Rs. 5,357), upper-middle class (Rs. 2,652–5,356), middle class (Rs. 1,570–2,651), lower-middle class (Rs. 812–1,569), and lower class (<Rs. 811).[8]

Result

A total of 318 women participated in the study. The mean age of the participants was 32.76 ± 4.6 years. The age-wise distribution of the participants is shown in Table 1; more than half the number of the participants belonged to 25–34 years age group. Current use of family planning methods was observed in 61.3% of the study participants. It was noticed that, with the advance in age, adoption of family planning increases, and it was statistically significant (p = 0.029). Among the study participants, more than three-fourth have gone to primary school or above to seek education, and it was statistically significant that the contraception use was higher among the participants exhibiting literacy status as matriculation or above. Nearly half the number of women was possessing a family size of two, and the contraception use increases as the family size progresses and was highly statistically significant. The women with the youngest child aged more than 5 years of age (69.5%) were more frequently using contraceptives, and it was found to be statistically significant.

Moving to the other variables, it was observed in this study that most of the participants were showing SES as middle class (35.7%) and lower-middle class (37.2%), followed by upper-middle class (19.6%), and the least participants belonged to the upper class (3.3%) and lower class (4.2%); as such, no statistically significant difference was observed among the SES classes regarding the family planning use. More than 90% of the participants were Hindu by religion, and most of the study participants were homemakers.

While arriving at awareness of the participants regarding various family planning methods [Table 2], it was realized that all the participants were aware of at least one family planning method. When asked specifically regarding an individual type of family planning method, most awareness was toward OCP (97.7%) and the least awareness observed for traditional methods (30.5%). The awareness source for family planning methods were mainly doctors/multipurpose health worker (MPHW)/anganwadi worker (AWW) (70.4%).

By asking the question: "Some married couples use family planning methods in order to keep them from getting pregnant, do you approve or disapprove of it?" and the attitude of respondents was obtained. It was noticed that 83.1% of the respondents approve toward family planning methods means showing positive attitude [Table 3]. The most prevalent method in the current use of family planning methods was sterilization (28.1%) and the least preferred was OCP (5.8%). About three-fourth of the family planning users were satisfied with their choice of family planning methods, and nearly 5% users were thinking to switch to some other type of family planning methods.

When the participants were interviewed, why they were using family planning methods, the responses obtained were: completed their family (60.7%), spacing of birth (32.1%), and economic problems (7.2%); why they were not using family planning methods yielded replies such as need more child (47.5%), side effects (15.4%), and husband or family opposition (37.1%).

Discussion

In this study, the total sample consisted of 318 participants. The mean age of the participants was 32.76 ± 4.6 years and more than half the number of the participants belonged to 25–34 years of age group. It was noticed that, with the advance in age, adoption of family planning increases, and it was statistically significant (p = 0.02). Among the study participants, more than three-fourth have gone to primary school or above to seek education, and it was statistically significant that the contraception use was higher among the participants those having literacy status as matriculation or above; similar findings were observed in the study done by Srivastav et al.[9] Nearly half the number of women was presenting a family size of two and contraception use increases, as the family size progresses, and it was highly statistically significant, and this similarity was noticed in the study done by Khan et al.[10] The women with the youngest child aged more than 5 years (69.5%) were more frequently using contraceptives, and it was found to be statistically significant. It was observed in this study that most of the participants were showing their SES as middle class (35.7%) and lower-middle class (37.2%), and the least belonged to the upper class (3.3%) and lower class (4.2%). More than 90% of the participants were Hindu by religion and most of the study participants were homemakers.

Around 62% of the participants were currently using one or more of the various family planning methods, which is nearly similar to the findings of Khan et al. (65.6%)[10] and Makade et al. (68%)[11] but higher than the studies done by Patel and Prasad (42%)[12] and Srivastav et al. (51%).[9] According to NFHS-3 (2006), the contraceptive prevalence rate among the currently married women (urban) was 64%, elevated from 58% in NFHS-2, whereas in DLHS-4 (2013–2013), it was reflected as 50.9%.[4,13]

Results showed that the overall knowledge regarding any method of contraception was universal among the participants. The findings are similar to the prevalence of knowledge reported by NFHS-3 (2005–2006)[4] and other studies done by Takkar et al., (100%)[14] but higher than the studies done by Patro et al. (95%),[15] Khan et al. (85%),[10] Srivastav et al.,[9] and Makade et al.[15] The knowledge was higher for female sterilization (95.6%), OCP (97.7%), and condoms (92%) and low for traditional methods (30.5%) and trends were in agreement with observation in NFHS-3 (2006),[4] Khan et al.[10] As the study was conducted in area under urban health-training center, health personnel working in its aegis were proactive; the source of awareness for family planning methods were mainly doctors/MPHW/AWW (94.6%) and the least knowledge was contributed by friends/relatives (70.4%), and similar pattern was observed in the studies done by Reang and Singh[16] and Khan et al.[10]

Regarding the usage of family planning methods, an important dimension is the type of contraception used. Female sterilization (45.6%) was the most common chosen method used among contraceptive users similar to the studies done

Table 1: Distribution of the study participants according to various variables and their significance with contraception use

Characteristics	Frequency % (*N* = 318),	Current use of family planning		Test of significance
		Yes, *N* = 195 (61.3%), *n* (%)	No, *N* = 123 (38.7%), *n* (%)	
Age group (in years)				
15–24	26 (8.1)	11 (42.3)	15 (57.7)	$\chi^2 = 7.11$, $p = 0.02$
25–34	187 (58.8)	106 (56.6)	81 (43.4)	
35–45	115 (36.1)	78 (67.8)	37 (32.2)	
Education				
Illiterate	75 (23.5)	42 (56.0)	23 (44.0)	$\chi^2 = 9.65$, $p = 0.010$
Primary/middle school complete	138 (43.4)	72 (52.1)	66 (47.9)	
Matriculation/high school/above	115 (36.1)	81 (70.4)	34 (29.6)	
Family size				
1 or less	89 (28)	39 (43.8)	50 (56.2)	$\chi^2 = 16.9$, $p < 0.000$
2	146 (45.9)	96 (65.7)	50 (34.3)	
3 or more	83 (26.1)	60 (72.2)	23 (27.8)	
Total	318 (100)	195 (61.3)	123 (38.7)	
Age of the youngest child (in years)				
<5	155 (48.7)	91 (58.7)	64 (52.3)	$\chi^2 = 3.89$, $p < 0.048$
>5	163 (51.3)	113 (69.3)	53 (31.7)	

Table 2: Knowledge regarding the family planning method and source of knowledge among the study participants (multiple responses)

Awareness regarding various family planning methods	Frequency (%) (*N* = 318)
Any method	318 (100)
Any modern method	318 (100)
Female sterilization	304 (95.6)
Male sterilization	285 (89.6)
OCP	311 (97.7)
IUD	284 (89.3)
Condom	292 (92.4)
Any traditional methods	97 (30.5)
Source of knowledge	
°Friends/neighbor/relatives	224 (70.4)
°Mass media	282 (88.3)
°Doctors/MPHW/AWW	301 (94.6)

by Khan et al.[10] and Shaluja et al.,[17] followed by IUCD (23%) and condom (22%); the least preference was given to OCP (9.2%) owing to fear of side effects. This pattern is in accord with observations in DLHS-4 (2012–2013),[13] but there was a higher preference for OCP in the studies carried out by Reang and Singh (42%),[16] Makade et al. (28%),[11] and Kaushal et al. (35.9%).[18] In the study done by Makade et al.,[11] the least preferred method was female sterilization (9.4%).

By asking the question—Some married couples use family planning methods in order to keep them from getting pregnant, do you approve or disapprove of it—and the attitude of respondents was obtained. It was noticed that 83.1% of the respondents approve toward family planning methods means showing positive attitude where negative attitude dominated in the study done by Reang and Singh (80%).[16] About three-fourth of the family planning users were satisfied with their choice of family planning methods and nearly 5% of the users were thinking to switch to some other type family planning methods.

When the participants were interviewed, why they are using family planning methods, the responses obtained were completed their family (60.7%), spacing of birth (32.1%), and economic problems (7.2%); and why they are not using family planning methods, replies were need more child (47.5%), side

Table 3: Attitude and practices toward the family planning methods used among the study participants

	Frequency (%) (*N* = 318)
Attitude toward the family planning methods	
Approve	264 (83.1)
Disapprove	41 (12.8)
Do not know	13 (4.1)
Current use of family planning methods	
° Sterilization (tubectomy)	89 (28.1)
° IUCD	45 (14.2)
° OCP	18 (5.8)
° Condom	43 (13.5)
° None	123 (38.4)
Satisfaction level for the current use family planning method (*N* = 195)	
° Satisfied	153 (78.4)
° Likely to change	10 (5.2)
° Nonpreference to other methods	32 (16.4)

effects (15.4%), husband opposition (37.1%), and this pattern was in accord with findings done by Saluja et al.[17] In the study done by Kuashal et al.,[18] unavailability (30.88%) and adverse effects (26.47%) dominated for currently not using any family planning method.

Despite a knowledge of and a favorable attitude toward family planning, a significant percentage of respondents actually ever practiced family planning or contraception. The main reason for not using family planning was the fear of side effects and husband or family opposition. Greater education and economic advancement will help to change attitudes and norms of birth spacing and family size. As this was a cross-sectional study with random sampling of the participants and was able to show the association between sociodemographic variables and family planning acceptance, which reflects the strength of this study.

Owing to time constraints and mostly unavailability of men at home place during the day time, this study was conducted among only the currently married women of age 15–45 years. Moreover, owing to the paucity of studies done in urban area in Haryana in the field of family planning KAP, this study was mostly compared with the studies of other areas. This may considered as a limitation of this study.

Conclusion

On the basis of observations of our study, it was concluded that education and contraceptive practices were directly related. As family size increased, there was increased use of contraceptive methods. Awareness about family planning method is good, but practice was found to be to lacking behind, which is mostly because of the fear of side effects and husband or family opposition. Women education and counseling of couples can play an important role to adopt family planning methods. The couples should be given information about contraceptives at every visit to the health services to motivate them. All of the respondents were aware of at least one method of family planning, but practice was comparatively low. Health worker and mass media are playing very important role in disseminating information about the promotion of contraceptive practices and can overcome the knowledge/practice gap. Thus, this study reveals that familial influences, educational status, and sociodemographic status directly play an important role in the acceptance of family planning.

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