

Knowledge, Attitude, and Practices of the Community Regarding Family Welfare Service with Emphasis on Never Users of Contraception

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Abstract:

Research question: Knowledge, Attitude and Practices of the community regarding family welfare service in reproductive age group (15 to 45 yrs) married females with emphasis on never users of contraception.

Objectives: 1.To find out extent of never user of contraceptive among reproductive age group female.

2.To identify the demographic and socio-cultural factors influencing never users of contraceptive.

3.To find out the possible reasons and methods for limiting the size of family.

Methods: We conducted a cross-sectional study at UHTC Dholabhata district Ajmer. The line listing of all the 418 eligible couple done. Participants were married females 15 to 45 years old, sexually active, and who volunteered to participate in the study. Data were collected during an anonymous interview using a structured pre-tested questionnaire.

Results : Age group 26-30 year were maximum user of contraceptive methods which is followed by >40 year age groups. Illiterate, primary and middle level educated persons were less likely to used contraceptive methods. On the other hand, those who are professionally educated and post graduate, were more likely to use contraceptive methods. According to level of job statistically significant relationship between level of job and use of contraceptive methods. was obsered upper income group people used 67.48% contraceptive methods. Out of all 418 females (302) 72.25% respondants believe that family planning is also a family welfare .

Conclusion: Although the level of awareness about family planning and contraceptive methods is quite satisfactory, the level of contraceptive use is not optimal in our setting. Consequently, more adapted educational and counselling interventions should be vigourously undertaken among women and men need to be included too.

Keywords: Knowledge, Attitude, Practice, Contraception, Family planning.

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I. Introduction

The rapid increase of population has lead to an adverse effect on the national economy. In addition to this, increasing number of births has a deleterious effect on the health of the mother, which in turn hinders social and economic upliftment of the family. Considering the magnitude of the problem, many developing countries, India in particular, have given prime importance to family planning issue. The government of India launched a Family Planning Program in 1952, making it the first country in the world to do so. In June 1977, the new government (Janta party) that came into power formulated a new population policy. The ministry of Family Planning was renamed "Family Welfare" to accelerate the economic and social development by reducing the population growth.³ Moreover, a large proportion of Indian population reside in urban slums and rural areas where poverty, misconceived religious notions, social customs, illiteracy, ignorance and superstitions prevail. Hence, the problem of non-acceptance of family planning becomes an acute one among these population sub-groups.

II. Materials And Methods

This cross-sectional study was conducted at UHTC Dholabhata district Ajmer, Rajasthan, which is a field practice area under the aegis of the Department of Community Medicine, J.L.N. Medical College, Ajmer, Rajasthan, during the months from July to Dec. 2016. The study participants involved were married females of

15–45 years of age (eligible couples). The line listing of all the 418 eligible couples was done. 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 chisquare -test wherever necessary and required.

III. Results

Table no. 1. Distribution of study subjects by age

Age group (Yrs)	User %	Not user %	Total
15-20	0	13 (100%)	13
21-25	32 (31.68%)	69 (68.32%)	101
26-30	83 (83%)	17 (17%)	100
31-35	82 (79.61%)	21 (20.39%)	103
36-40	43 (78.18%)	12 (21.82%)	55
>40	38 (82.61%)	8 (17.39%)	46
Total	278	140	418

Chisquare-109.67,p-value-0.0001

Above table shows that's 26-30 age groups majority used contraceptive methods followed by >40 age groups.

Table no. 2. Distribution of study subjects by education

Education	User %	Never user %	Total
Illiterate	20 (48.78%)	21 (51.21%)	41
Primary	55 (59.78%)	37 (40.21%)	92
Middle	98 (61.63%)	61 (38.36%)	159
High school	41 (73.21%)	15 (26.78%)	56
Graduate	34 (91.89%)	03 (08.10%)	37
Post graduate	23 (92%)	02 (08%)	25
Professional	07 (87.5%)	01 (12.5%)	8
Total	278	140	418

Chisquare-30.05,p-value-.000038

chisquare test suggest that there is significant association between literacy level and use of contraception methods. It has been observed that the proportion of employed (73.33%) and unemployed (65.36%) person who used and never used contraceptive methods that shows in both employed and unemployed groups there are higher proportions (66.50%) of users of contraceptive method than never users.

Fig.1. Distribution of study subjects by income

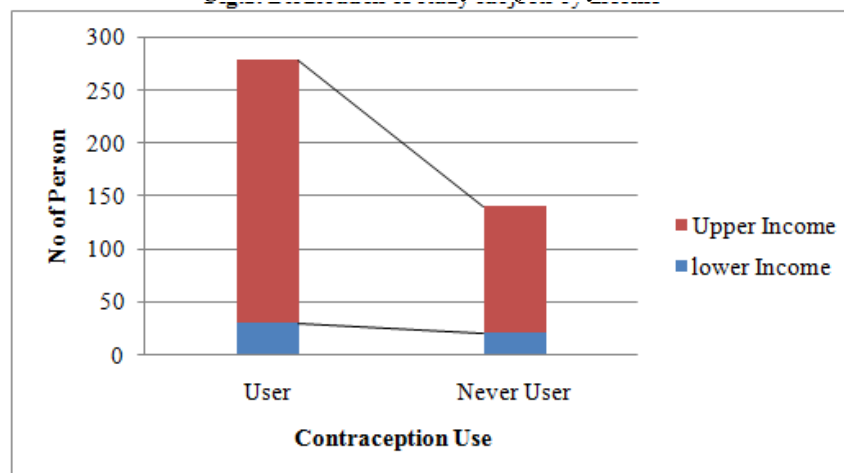


Fig.1.Shows the percentage of lower and upper income group people who used and never used contraceptive methods.That upper income group people (67.48%)use more contraceptive than those of the lower income group people (59.18%).Similarly proportion of never users of contraceptive methods in upper income group(32.52%) is less than the proportion of never user users in lower income group(40.82%).

Fig.2. Reasons for limiting the size of family

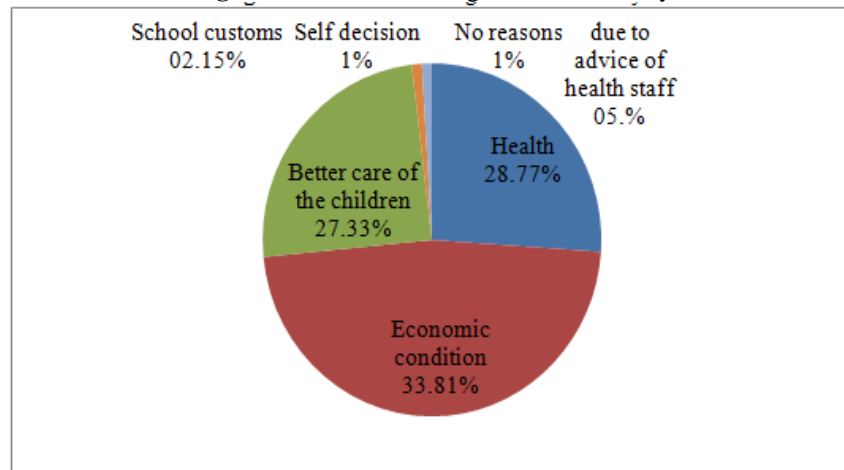


Fig.2,shows above provides the percentages figures of respondents who gave the reasons of limiting the size of family.The most common reason cited was economic condition of family for limiting the size of family which is followed by health status of husband or wife and better care of child.The study also showedthat the most of the respondent (72.25%) agreed that the family planning is also family welfare.

Table no.3. Reasons of non users for not using any contraceptive methods

Reasons for not using any contraceptive methods	No.	%
Adverse effect on sexual life	4	2.84%
Need for male/female child	13	9.22%
Fear of religion	44	31.21%
Not satisfied with present available methods	0	0.00%
No knowledge regarding methods of contraception	4	2.84%
No faith in methods of contraception	0	0.00%
Fear of complications	9	6.38%
Multiple answer : Need for male child,fear of religion,lack of knowledge	66	47.51%
Total	140	100%

The above table no.3. shows the percentage of non users who gave reasons for not using contraceptive methods.From the table it can be said that due to multiple answer like need for male child,fear of religion and lack of knowledge, majority of non users do not use contraceptive methods.Followed by fear of religion is second reason for non using contraceptive.

Fig.3 Method safe for birth control.

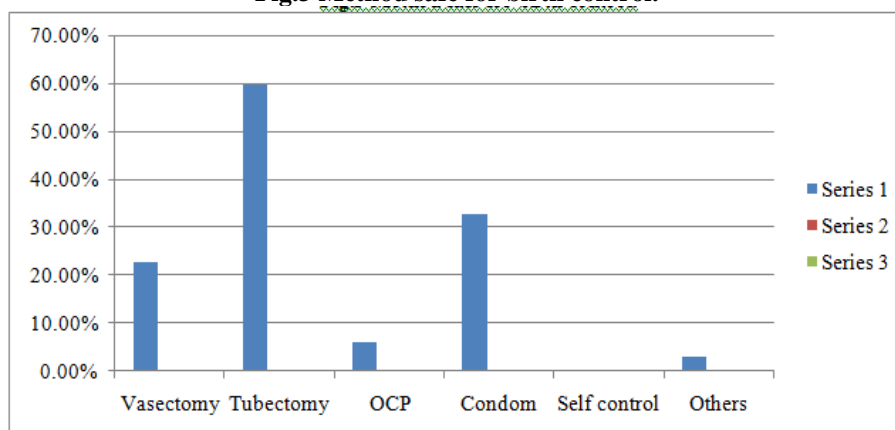
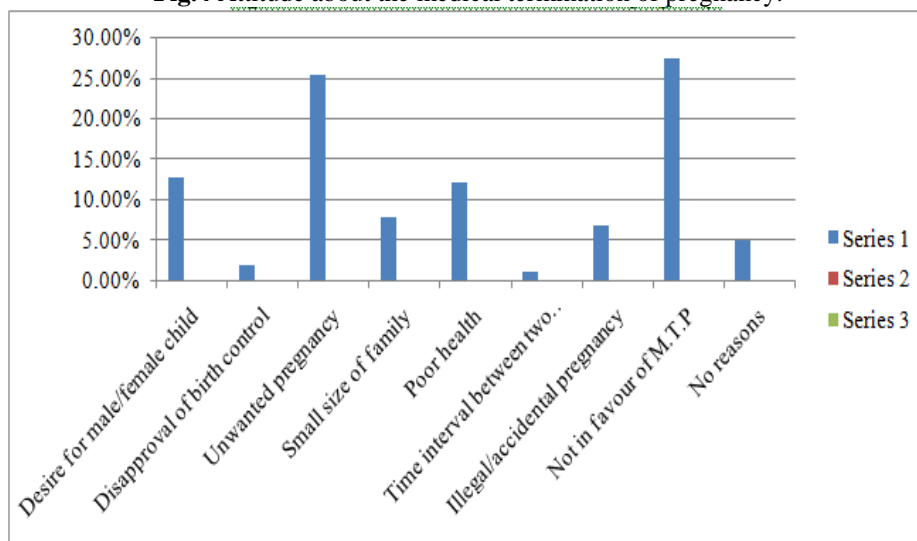


Fig.3, shows the knowledge of females about the type of contraception methods that are safe for birth control methods. Out of all, around 60% females believe that tubectomy is safest method of birth control, which is followed by vasectomy. While barrier method is third most common safest method of birth control.

Fig.4 Attitude about the medical termination of pregnancy.



The Fig.4, reveals that attitude of females about termination of pregnancy that majority of people (27.27%) they are not in favour of M.T.P. while the second most reason was avoiding the unwanted pregnancy. And third most common reason was desire for male/female child.

Table no.4. Source of knowledge and practices about the family welfare.

Source of knowledge and practices about the family welfare	No.of patients	%
Radio	91	21.77%
Television	245	58.61%
News paper	13	3.11%
Cinema	0	0.00%
Posters,Banners,Pamphlets	4	0.96%
Advice from health staff	28	6.70%
Advice from elders from family	33	7.89%
No reasons	4	0.96%
Total	418	100%

The above table no.4. provides the information about the main source of knowledge and practices about the family welfare. The majority of the respondents (58.61%) get information about family welfare from television. The second most common media of source of information about family welfare is radio. Contribution of advice from health staff is very less (6.70%),

IV. Discussion

Contraceptive prevalence rate calculated in other studies in urban as well as rural and tribal areas in India, is around the National Contraceptive Prevalence Rate which is 57.2%³. In this study, the total sample consisted of 418 participants. Most of the participants belonged to 26-30 years of age group. It was observed that, with the advance in age, adoption of family planning increases, and it was statistically significant ($p = 0.000001$) table no.1. Among the study participants, more than three-fourth have gone to Middle 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 results found in Agarwal M et al. Majority of the study population were between 25 to 34 years of age (45.33%). Mean age of the patients was 24.4 years¹³

47.51% of people who gave reasons for not using contraceptive methods is that due to multiple answer reasons, Second majority of people do not use contraceptive methods due to fear of religion. (table no.3) The knowledge of females about the type of contraception methods that are safe for birth control methods. (Fig.3) Out of all, around 60% females believe that tubectomy is safest method of birth control, which is followed by vasectomy. While barrier method is third most common safest method of birth control. In study of Sindhu and Angadi¹² Maximum number of respondents knew about oral contraceptive pills (86.36%) and tubectomy

(86.36%), followed by intrauterine devices (82.73%) and vasectomy (79%) The sources of information about family planning methods showed statistically significant differences between urban and rural areas. Health workers in rural (97.4%) and television in urban (80.2%) played an important role as source of family planning information for majority of women. Relatives and few other similar sources (64.8%) stood next in line in both urban (66.6%) and rural (63.0%) areas. This was followed by radio, 66.4% in urban and 35.0% in rural area by Vasundhara Sharma, et al.¹⁴. In this study the information about the main source of knowledge and practices about the family welfare. The majority of the respondents (58.61%) get information about family welfare from television. The second most common media of source of information about family welfare is radio. Advice from health staff is 6.70% which is very poor and have to be improved. (table no.4)

In our study $X^2=30.057$ and p -value-0.000038 suggest that there is significant association between literacy level and use of contraception methods (Table no.2). There is significant relationship between education and use of contraceptive methods were observed in the study done by Srivastav et al.² $X^2=11.81$, $p<0.05$ and $X^2=41.54$, p -value-0000 in Sindhu and Angadi¹² In our study, 96.89% women (fig.3) had knowledge about Family welfare methods. Higher proportion was reported in national family health survey 3 (97.7%) and by Hussain (West Bengal, 2010) (98.7%).^{3,4} About, 55.5% of women (fig.4) had a positive attitude toward Family welfare method in this study. Almost similar result (47.3%) was found by Pegu (Meghalaya).⁵

In this study, 66.50% had a practice of Family welfare methods. Lower proportion was reported by Khan et al. (Uttar Pradesh) (62.9%) and Hussain (West Bengal, 2010) (55.3%).^{4,6} As per the present study, practice of family planning was 66.50%, whereas use of contraceptives was reported 55.2% by NFHS III India³, 56.3% by Renjhen et al.¹¹ and 44.2% by Shrivastava et al.² reported in their study on fishermen that 70% were ever users of some form of family planning. The adoption of family planning was found hampered probably on account of fear of side effects and misconceptions about family planning and hence appropriate measures are called for removing existing fears and doubts about the use of family planning methods among the people. Significant association ($X^2=30.057$, p -value=0.000038) was found between woman's education, occupation, place, type of family, SES and attitude toward Family welfare method. Sherpa et al. (Udupi, 2012)⁷ also found similar result. Other studies found no association between SES, type of family and practice of Family welfare method.^{8,10}

V. Conclusion

Although the level of awareness about family planning and contraceptive methods is quite satisfactory, the level of contraceptive use is not optimal in our setting. Consequently, more adapted educational and counseling interventions should be undertaken among women, and family planning messages directed to men need to be included too. Family planning is a big challenge for the nation. It is not an exclusive part of medical and health department others deptt. like ICDS, Panchayati raj, Education etc. will have to be actively participating in it. If we work as a team and provide door step counselling and services irrespective of caste and creed and socio economic status, we can definitely achieve our goal of population stabilization in developing countries like India.

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Conflict of interest: None declared.

Ethical approval: The study was approved by the Institutional Ethics Committee.

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