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# **Research Article**

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# Knowledge and attitude towards family planning practices among nonacceptors in a rural area in Bangalore, India

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## **ABSTRACT**

**Background:** India became the first country in the country to launch a National family planning programme in 1952. Population explosion is still a prime problem in the country. The rate of contraceptive use is 40.4% in 2011 which is far below the National goal of Couple protection rate of 60% by 2000 A.D. The present study was carried out in a rural area, Bangalore, India. The objective of the study was to assess the knowledge and attitude towards family planning practices among non-acceptors and to find out the factors associated with non-acceptance of family planning among married women in the rural field practice area of Vydehi Institute of Medical Sciences and Research Centre, Bangalore, India.

**Methods:** A cross sectional study was carried out in the rural field practice area. Out of 33 villages in the rural health centre area, a total of 6 villages were selected and using cluster sampling method 235 eligible couples who were not using contraceptives were included in the study. A semi- structured questionnaire was used to collect the data during house to house visits from August to October 2012.

**Results:** Among the 235 eligible couples, 218(92.7%) had knowledge about contraception and it was significantly associated with the level of literacy (p<0.01). Reasons for non-acceptance of family planning were male child preference (26.8%), fear of side effects (14%), fear of surgery and female child preference (10.6%), opposition of partner (7.2%).

**Conclusions:** Most common reason for non-acceptance of family planning was male child preference (26.8%). There is a need for behaviour change communication for eligible couples regarding family planning adoption among the non-acceptors highlighting the importance of small family, happy family.

**Keywords:** Family planning, Eligible couples, Non-acceptors

## INTRODUCTION

India became the first country to launch a family planning programme in 1952. In spite of this programme population has increased from 350 million during independence to 1,210 million by 2011. The rate of contraceptive use is 40.4% in India, which is far below the National goal of 60% couple protection rate by 2000

A.D.<sup>3</sup> The National Population policy 2000 states that the immediate objective is to address the unmet need for contraceptive services.<sup>4</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, are not using contraception.<sup>5</sup> The family welfare programme has travelled a long way, but still total fertility rate has not reached the desired target of 2.1%.

In spite of availability of a wide range of contraceptives, mass media campaign and Information Education and Communication programme, the population control seems a distant dream to achieve. <sup>6</sup> The present study was taken up to assess the knowledge and attitude towards family planning practices among non-acceptors and to find out the factors associated with non-acceptance of family planning among married women in the rural field practice area of Vydehi Institute of Medical Sciences and Research Centre.

#### **METHODS**

A cross sectional study was conducted in Sarjapura Primary Health Centre area, Bangalore using cluster sampling method. A semi-structured questionnaire was used to collect the data from August to October 2012. 235 Married women aged 15-49 years formed the target group. General information as well as knowledge and attitude on family planning were obtained by a one to one interview of eligible couples in the rural field practice area of Vydehi Institute of Medical Sciences and Research Institute. The data was entered into an excel sheet and it was analysed using Openepi. The data was analysed using percentage and test of proportions. Chisquare test was used to find out the factors associated with knowledge and attitude of family planning.

# **RESULTS**

Among 235 women in the target group, the mean age was 26.4 years (Table 1).

Table 1: Age distribution of women.

Age( in years)	Number	Percentage
15-19	16	6.8
20-24	101	43.0
25-29	55	23.4
30-34	30	12.8
35-39	16	6.8
40-44	10	4.3
45-49	7	3.0
Total	235	100

40(17%) were illiterate and only 12(5.1%) were graduates (Table 2). At the time of their marriage, 58(24.7%) were less than 18 years and only 18(4.7%) were more than 21 years.

Most of the women 221(94%) were house wives and only 14(6%) were working women. In the present study, majority of families 132 (56.2%) belonged to Class I and 61 (26%) belonged to Class II. There were 38 (16.2%)

families who belonged to class III and 4 (1.7%) who belonged to Class IV.

Table 2: Educational status of women.

Education	Number of Women	Percentage
Illiterate	40	17
Primary	12	5.1
Middle	59	25.1
High	45	19.1
PUC/Diploma	66	28.1
Graduate	12	5.1
Degree	1	0.4
Total	235	100

Majority, 127(54%) of the eligible couples were Hindus, 100(42.6%) were Muslims and 8(3.4%) couples belonged to other religions such as Christianity and Sikhism. Majority of the eligible couples i.e., 207(88.1%) had two or less than 2 children and only 28(11.9%) couples had more than 2 children.

### **DISCUSSION**

Out of 235 women, 92.8% had knowledge about family planning (Table 3). According to NFHS-3 data, 98% of women had knowledge about at least one family planning method in rural India.<sup>7</sup>

Table 3: Knowledge regarding Family planning methods among non-acceptors.

Methods	Number	Percentage
Female sterilization	151	64.3
IUD	138	58.7
OCP	58	24.7
Condom	19	8.1
Emergency contraception	1	0.4

In this study, 7.2% did not have any knowledge about contraception, which is similar to the study by Renjhen Prachi et al study where it was observed that 6% of women did not have knowledge about family planning.<sup>8</sup>

Majority of the women had knowledge about female sterilization i.e., 151(64.3%), which is consistent with the study by Srivastava et al where knowledge about tubectomy was 67%.

In this study, 138(58.7%) women had knowledge regarding intra uterine device. Only 19(8.1%) had knowledge about condom and none of the women had knowledge regarding injectables, subdermal implant, rhythm method, male sterilization or withdrawal method.

Desire for male child (26.8%) was the main reason for non-acceptance of family planning, which was similar to the study by Kumar S et al study. In depth studies need to be done to find out reasons for desiring male child and if these are addressed, there may be better acceptance of small family norm.

In this study, it was noted that in 7.2% women there was opposition by the partner. Rama et al noted that in 12% of women, the reason for non-acceptance of family planning was opposition from husband, families and communities (Table 4).<sup>11</sup>

Table 4: Reasons for non-utilization of contraception.

Reasons	Number	Percentage
Desire male child	63	26.8
Fear of side effects	33	14.0
Fear of surgery	25	10.6
Desire female child	25	10.6
Desire many children	21	8.9
Others	18	7.7
Opposition of partner	17	7.2
Religion	12	5.1
Opposition of relative	10	4.3
Lack of knowledge	6	2.6
Inconvenient	5	2.1
Total	235	100

Table 5: Knowledge regarding family planning according to literacy status of non-acceptors.

Literacy status	Knowledge regarding family planning		
of Women	Yes	No	Total
	Number (%)	Number (%)	Number (%)
Illiterate	34(85)	6(15)	40(17.02)
Primary-High school	105(90.5)	11(9.5)	116(49.4)
Diploma- Degree	79(100)	0(0)	79(33.6)
Total	218(92.8)	17(7.2)	235(100)
$\chi^2 = 10.63$ P=0.004			

The present study revealed that the knowledge on contraception was associated with educational level of the participants and this was statistically significant (p<0.01) (Table 5). Sajid et al in their study also found that knowledge is strongly associated with higher level of education 12. This shows that education plays an important role in family planning acceptance.

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