



RESEARCH ARTICLE

AWARENESS AND PRACTICE OF FAMILY PLANNING METHODS AMONG MARRIED  
WOMAN OF URBAN AND RURAL TRICHY, TAMILNADU

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ABSTRACT

**Background:** Family planning services have the potential to improve the quality of lives of people and their economic welfare. Increasing population growth is a worldwide problem today and our country with growth rate 16 million each year is second most populous country. Population growth is major obstacle to overall progress of nation.

**Objective:** To assess the awareness and practice of family planning methods among married women of reproductive age group living in rural and urban Trichy.

**Materials and Methods:** A descriptive cross sectional study was conducted among married women attended opd in urban health centre samayapuram and rural health centre sirugambur Trichy. The study period was Feb to March 2017 and the study sample was 200 married women belonging to reproductive age group (15-45yrs). Data was collected by using predesigned prestructured questionnaire on socio-demographic profile, knowledge and practice among married women in urban and rural Trichy. Data was analyzed by using spss ver 16.

**Results:** Majority of study population belong to age group of 26-35yrs in urban samayapuram and 15-25yrs in rural sirugambur. Most of them in urban (26%) have completed middle school, in rural (41%) have completed primary school. Majority of the study population belongs to upper lower class in urban (62%), rural (35%). 99% of urban study population and 86% of rural population in study group have awareness about family planning methods. 96% of urban study population and 76% of rural study population were aware about spacing between two children. But usage of contraceptives is only 63% in urban study population and 44% in rural study population. Main reason for not using contraceptives in urban is need for more male children (14%) and in rural it is due to lack of knowledge (20%).

**Conclusion:** This study concludes that although the awareness of married female is favorable for family planning methods, but the actual practice lags behind than the requirement.

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INTRODUCTION

Population of world increased from 2.5 -7 billion between 1950 and 2016. Increasing population growth is a worldwide problem today and our country with growth rate 16 million each year is second most populous country. Population growth has been a cause of worry for the government of India since a very long time. India is one of the most populated developing countries with people belonging to religions, culture and community varies. Human fertility is determined by all customs, morals and habits of social groups with regard to marital obligation and life. The fertility pattern is inversely proportional to socio economic development.

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Family planning is defined by WHO as a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitude and responsible decision by individual and couples, in order to promote the health and welfare of family groups and thus contribute effectively to social development of a country (<https://www.thewho.com>). A women's ability to space and limit her pregnancies has a direct impact on her health and well being as well as on the outcome of each pregnancy. Family planning influence health by permitting women to bear children at an age when risk of health problems to her and her offspring in lowest and allowing a couple to choose the number of children as well as decide the spacing of children and providing a safe and effective measure of family planning that are a part of service program that includes information education and comprehensive preventive health services (Mohanap. Kamath, 2003).

Over the decades, there has been a substantial increase in contraceptive use in India. The direction, emphasis and strategies of family welfare program have changed over time. However meeting the contraceptive needs of considerable proportion of women and men and improving the quality of family planning services continue to be a challenge. As per NFHS-III 56.3% of currently married women of age 15-49 years are using any method of contraception (<http://www.nfhs.org.National Family Health Survey>). According to NFHS IV unmet needs of contraception were 12.1% in urban ,13.2% in rural ([http://rchiips.org/NFHS/districtfactsheet\\_NFHS-4.shtml](http://rchiips.org/NFHS/districtfactsheet_NFHS-4.shtml)). Acceptance should be further scaled up to have desired demographic impact by creating awareness. Family planning 2020 is a global partnership that supports the rights of women and girls to decide, freely, and for themselves whether, when, and how many children they want to have.

Family planning services have a great potential not only to improve the quality of lives of people but also to bring up the economic welfare<sup>6</sup>. Family planning methods, if adopted, has an effective impact on stabilizing the financial condition of any family. Promotion of family planning methods has been shown to reduce poverty, hunger, maternal and infant mortality and contribute to women's empowerment. A lack of knowledge of contraceptive methods or a source of supply, cost and poor acceptability are the barriers that exist in developing countries. Hence it is necessary to have health concern information about dimensions and magnitude of awareness of family planning. Nearly half of the women have not used any method of contraception (World Health Organization, 1971). The current study was undertaken to study the awareness and practices about family planning among married women in urban and rural areas in Trichy and study factors responsible for non-use of family planning methods.

## MATERIALS AND METHODS

A Descriptive cross sectional study was conducted in the period of two months from February to March 2017, among married women belonging to reproductive age group (15-45 years) to attended the OPD at samayapuram UHC(100) and sirugambur PHC (100).The total sample size was 200.

### Data Collection

Data was collected by using prestructured predesigned questionnaire and it contains the details of socio-demographic status, knowledge and practice aspects of questions the study was conducted among married women residing in urban samayapuram and rural sirugambur after obtaining informed consent. Knowledge scoring was done by women who have answered more than 4 questions in knowledge aspects considered as good knowledge, and less than or equal to 4 questions have poor knowledge.

### Data Analysis

Data entered in Microsoft Excel spreadsheet and analyzed using SPSS ver16.

## RESULTS

About 200 study population (100 belonging to samayapuram and 100 belonging to sirugambur) were interviewed and the following results were obtained. In the present study ,majority of the study population belonged to the age group of 26 - 35yrs in urban and 15-25 yrs in rural. In that, Hindus were the majority in rural -84%,urban-86% .26% women in urban have studied upto middle school and 41% women have studied upto primary school in rural.

**Table 1.Socio-Demographic Profile**

	URBAN		RURAL	
	FREQUENCY	PERCENTAGE	FREQUENCY	PERCENTAGE
<b>AGE</b>				
15-25	28	28	58	58
26-35	56	56	39	39
36-45	16	16	2	2
<b>RELIGION</b>				
HINDU	86	86	84	84
MUSLIM	5	5	4	4
CHRISTIAN	9	9	12	12
<b>EDUCATION</b>				
ILLITERATE	14	14	18	18
PRIMARY	10	10	41	41
MIDDLE	26	26	32	32
HIGH SCHOOL	22	22	4	4
HIGHER SECONDARY	24	24	3	3
GRADUATE	4	4	2	2
<b>OCCUPATION</b>				
HOUSEWIVES	46	46	47	47
DAILY WAGERS	28	28	36	36
SEMI SKILLED	15	15	7	7
SKILLED	4	4	2	2
CLERKS	7	7	6	6
SEMI PROFESSIONAL			2	2
<b>SES</b>				
LOWER	-	-	29	29
UPPER LOWER	62	62	35	35
MIDDLE	37	37	33	33
UPPER MIDDLE	-	-	3	3
UPPER	1	1	-	-

Table 2. Awareness and knowledge about family planning methods

		URBAN		RURAL	
		FREQUENCY	PERCENTAGE	FREQUENCY	PERCENTAGE
AWARENESS ABOUT FAMILY PLANNING	AWARE	99	99	86	86
	UNAWARE	1	1	14	14
AWARENESS ABOUT	FAMILY PLANNING IN THEIR AREA	55	55	47	47
	GOVERNMENT PLANNING SCHEMES	53	53	36	36
	FAMILY PLANNING METHODS BY HEALTH WORKERS	65	65	84	84
AWARENESS OF CONTRACEPTIVE METHODS	CONDOMS	81	81	46	46
	OC PILLS	8	8	5	5
	EMERGENCY PILLS	1	1	1	1
	IUCD	54	54	26	26
	INJECTABLES	3	3	1	1
	STERILIZATION	67	67	54	54
KNOWLEDGE ABOUT AWARENESS	GOOD	96	96	64	64
	POOR	4	4	36	36

Table 3. Practice of family planning methods

	URBAN		RURAL	
	FREQUENCY	PERCENTAGE	FREQUENCY	PERCENTAGE
<b>PRACTICE OF CONTRACEPTIVE METHODS</b>				
YES	63	63	44	44
NO	36	36	42	42
<b>CONTRACEPTIVE METHODS USED</b>				
CONDOMS	30	30	11	11
OCP'S	-	-	-	-
EMERGENCY PILLS	-	-	-	-
IUCD'S	21	21	18	18
INJECTABLES	-	-	-	-
STERILIZATION	22	22	26	26
<b>REASON FOR NOT USING CONTRACEPTIVES</b>				
LACK OF KNOWLEDGE	5	5	20	20
NEED OF MORE/MALE CHILDREN	14	14	1	1
PARTNER OPPOSITION	10	10	6	6
FEAR OF SIDE EFFECTS OR NOT TO GO AGAINST NATURE	6	6	4	4
RELIGIOUS BELIEFS	1	1	1	1
<b>COMPLICATIONS DUE TO CONTRACEPTIVE USAGE</b>				
YES	9	9	13	13
NO	91	91	87	87

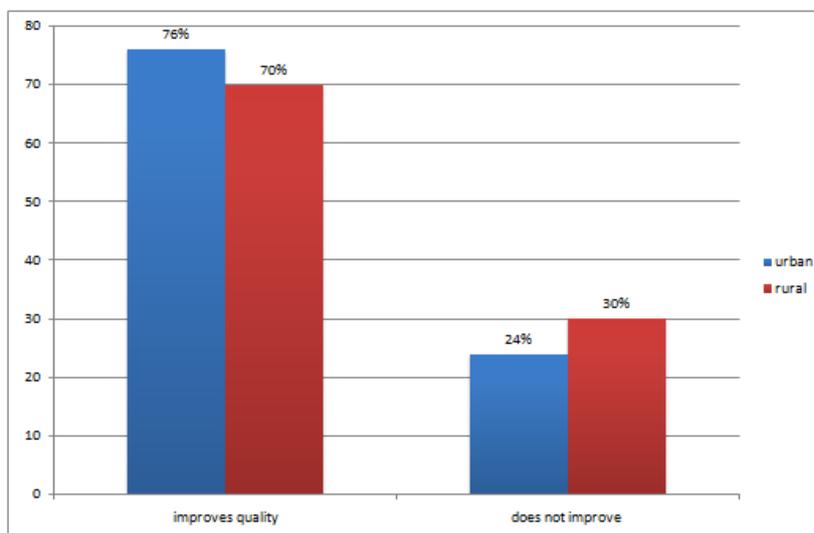


Figure 1. Does family planning methods improve the quality of both family and mothers health

Majority of women were housewives (46% in urban, 47% in rural). 62% in urban belongs to upper lower socioeconomic status. 35% belongs to upper lower socioeconomic status in rural as shown in table 1. 86% of women in urban, 79% of women in rural had children. 2% rural women are having 4 children, in urban most of them are having 3 children. About 99% of women were aware of family planning methods in urban, 96% of women were aware of family planning methods in rural as shown in Table 2. Main source of information was from doctors and health care providers 48% in urban, 41% in rural. Most commonly used contraceptive method was condom 81% in urban, 46% in rural. The actual practice of contraceptive method was 60% in urban, 45% in rural as shown in table 3. Family planning methods includes quality of life upto 76% in urban, 70% in rural as shown in Figure 1

## DISCUSSION

Even though great strides have been made in contraceptive technologies and spreading of awareness, their usage remains poor. In our study women predominantly belong to age group of 15-25 years in rural, 26-35 years in urban. Literacy rate of maximum 26% in urban population have completed upto middle school, most of the study population 41% in rural have completed upto primary school. In our study contraceptive users were higher among urban (63%) than (44%) in rural. In our study it was seen the majority of women knew at least one method of contraception (99% in urban, 86% in rurals), similar results were found in study by Sunitha *et al* in dharward. In the present study, 51% of women came to know about family planning methods by doctors and health care providers. In our study 53% of women were using and have used contraceptives (63% urban and 44% rural).

Among 63 urban women who used contraceptives, 30 have used condoms, 21 have used IUCDs, 22 have done sterilization. Among 44 rural women who have used contraceptives, 11 have used condoms, 18 have used IUCDs, 26 have done sterilization. As of our study the major cause of not using contraceptives in urban women was need for more children and in rural women was lack of knowledge. According to Park *et al* the , older women were more frequently exposed family planning, similarly in study by Patil SS 81.3% non uses belong to age of 15-29 years (Robert B Wallace, 2007). In this study among rural Indians, Gautam *et al* found that increase in education helps in improving acceptance of contraceptive devices (Tuladhar, 2008).

Study done by Shah also reported womens education to be significant variable as the use increases from 43% in primary educated women to 70% in women educated upto middle school (Renjhen Prachi *et al.*). As study done by Donati *et al* concluded muslims had lower rate of contraceptive use than hindus even after controlling for education, this corroborated by our study where majority of uses were hindus (Suchitra). In a study by Saluja *et al* in rural Haryana 96% of women had knowledge of contraception (Saluja *et al.*, 2009). In a study by Renjhen *et al*, about 54.4% of women got information about contraceptives from mass media (Sunita, 2013). In a study by sunitha *et al* 52% of women interviewed were not using any method of contraception. Similarly, in a study by anil *et al* incomplete family was perceived as the most common reason (34.33%) (Anil, 2015)

## Conclusion

The study concludes that most of the women living in urban area have more knowledge on family planning methods compare to women in rural and related to practice women residing in urban have more practice of family planning methods. It is needed to understand patterns of contraceptive use, the reasons for these patterns and the effectiveness of interventions designed to enhance use. Efforts to be made to educate the public regarding safety and convenience of modern, long term, reversible methods of contraception among both health care professionals and the public. Family planning counseling needs to be universally included into routine antenatal clinic activities. Besides, improving formal female education is certain to raise the existing knowledge and also dispel the prevailing misinformation and misperceptions about family planning methods.

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