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RESEARCH ARTICLE

ASSESSMENT OF FAMILY PLANNING PRACTICES IN A RURAL BLOCK OF HARYANA

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ABSTRACT

Introduction: The continuous increase in population is a serious global concern. Control over fertility is very important not only because of its far-reaching implications on prosperity and overall growth of the nation, but also because of its impact on the freedom of young women to lead life of their own choice.
Objective: To assess the family planning practices among married rural women.
Material and Methods: The present study was community based cross-sectional study conducted in rural area of Haryana from September 2015 to August 2016 among 500 currently married women (18-49 years).
Results: 54.6% of the participants were using contraceptives among which female sterilization was the commonest. Health worker/AWW (49.8%) were the commonest motivator. The commonest reason for not using contraception was desire to get pregnant (28.2%) and not considering it necessary (15%).
Conclusion: Though there is sufficient awareness regarding contraception but its usage still continues to be low. Extended efforts are required to make people understand the importance of contraception to achieve greater prosperity.

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INTRODUCTION

The continuous increase in population is a serious global concern and realized as a major obstacle for the socio-economic development. India's population was 1.21 billion in 2011 and rose to 1.3 billion in 2015 making it the second most populous country in the world next only to China (www.censusindia.gov.in/vital_statistics/vital_rates/vital_rates.aspx and www.un.org/en/development/desa/publications/world-population-2015revision.html). The high population growth is a consequence of the substantial decline in mortality as against the moderate and high level of fertility. The benefits of family planning have become increasingly recognized worldwide. At the individual-level, the health benefits for women and infants include the prevention of pregnancy related health risks and deaths in women, reductions in infant mortality and the rate of unsafe abortions, the prevention of the transmission of HIV/AIDS from mother-to-child and between partners (World Health Organization, 2015).

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Economic benefits of a slower population growth are higher earning potential and families are able to devote more resources to each child, resulting in reduction of poverty (http://www.prb.org/Publications/Datasheets/2012/world-population -data-sheet/fact-sheetunmet-need.aspx). MDGs and SDGs in their targets address to ensure universal access to sexual and reproductive health including family planning (https://www.un.org>MDG2015rev (July1) and https://sustainabledevelopment.un.org?post2015/transformingourworld). Still worldwide the proportion of women aged 15-49 years, married or in a union, who were using any method of contraception was only 64% in 2015 i.e. two out of three women are using some form of contraception, while one-third are still deprived of their right to family planning (https://www.un.org>MDG2015rev(July1)). NFHS-3 (National Family and Health Survey) India reported that among the currently married women 56.3% were using any contraceptive method and 48.5% were using any modern method (https://dhsprogram.com>FRIND3-Vol2). According to NFHS-4 Haryana, 66.2% of the currently married women were using any method of contraception while 62.2% were using modern methods (https://www.rchiips.org>pdf>NFHS4>

HR_Factsheet). India, the largest democracy in the world is striving not only to stabilise its population but also offer a healthy and productive life to its citizens. India framed its Vision FP2020 as a part of its efforts to achieving the London Summit Goals (World Health Organization, 2012). Vision FP2020 for India is not just about providing contraceptive services to additional 48 million users but aversion of 23.9 million births, one million infant deaths and over 42000 maternal deaths by the year 2020 (www.familyplanning2020. org>india).

Control over fertility is very important not only because of its far-reaching implications on prosperity and overall growth of the nation, but also because of its impact on the freedom of young women to lead life of their own choice. Thus realizing the importance of family planning and contraceptive usage the study was planned with the objective to assess the family practices among currently married women in a rural block of Haryana.

MATERIALS AND METHODS

Study design: Community based cross-sectional study.

Study area: Rural block of Haryana.

Study subjects: Currently married women in the reproductive age group (18-49 years), residing in the study area for more than one year and consenting to participate in the study. All those women who were affected with any critical/terminal illness or co-morbid conditions were excluded.

Study period: One year (September 2015 to August 2016).

Sample size: Assuming the prevalence of current use of family planning methods (for any method) as 52% as per DLHS-4 Rohtak [(11)] and allowable error of 10% at level of significance of 95%, the sample size was calculated using the formula $N=4pq/E^2$ and the minimum sample size came out to be 369 but for the purpose of the study, 500 eligible subjects were taken.

Sampling technique: Out of the 20 subcentres under a CHC located in the block, 10 subcentres were randomly selected. The sample size of 500 subjects was equally divided and thus, 50 study subjects were selected from each subcentre by systematic random sampling.

Study tool: Pre-designed, pretested and semi-structured interview schedule. Data analysis was done using MS Excel 2007 and SPSSv20.0. Appropriate statistical tests were applied.

RESULTS

In this study the mean age of the study participants was 29.2±6.9 years. Majority of the participants were in the age Table-1 shows that the most commonly known family planning method was female sterilization (90.2%) followed by male sterilization (64.6%), OCPs (63.8%), IUDs (62%) and male condoms (59.4%). Low level of awareness was found for other methods. Half of the study participants (55%) knew about 3-5 methods for family planning, 17% knew about 1-2 methods and 19.8% of them knew about six or more methods but 8.2% did not know about any family planning method.

Table 1. Knowledge of study participants regarding contraceptive methods

Contraceptive methods known	N	Percentage*
Female sterilization	451	90.2
Male sterilization	323	64.6
Intrauterine contraceptive devices (IUDs)	310	62
Oral contraceptive pills (OCPs)	319	63.8
Male condoms	297	59.4
Female condoms	55	11
Injectable contraceptives	48	9.6
Lactational amennorhoea	59	11.8
Rhythm method	76	15.2
Emergency contraception	66	13.2
Withdrawal method	70	14

**Multiple responses*

Table 2. Source of knowledge of study participants regarding contraception

Source of knowledge regarding contraception	N	Percentage*
Television	109	21.8
Radio	7	1.4
Newspaper	25	5
Family	68	13.6
Health workers/AWW	344	68.8
Others	34	6.8

**Multiple responses*

The most common source of knowledge regarding contraception was health workers/Anganwadi worker (68.8%) followed by television (21.8%). (Table-2)

Table 3. Distribution of study participants according to currently used contraceptive method (N=273)

Currently used contraceptive method	N	Percentage
Female sterilization	153	56.04
Male sterilization	1	0.3
IUDs	54	19.8
OCPs	18	6.6
Male condoms	39	14.3
Rhythm method	6	2.2
Withdrawal method	2	0.7
Total users	273	100

Table 3 shows that 273 (54.6%) of the study subjects were currently using contraception while 227 (45.4%) were non-users. It was found that among the contraceptive users, the most commonly used contraceptive was female sterilization (56.04%) followed by IUDs (19.78%), male condoms (14.28%) and OCPs (6.59%). Vasectomy was the least commonly used contraceptive method (0.3%). Traditional methods used were rhythm method (2.19%) and withdrawal method (0.73%). 97.1% were using modern methods while 2.9% used traditional methods. Permanent methods were used by 56.41% while temporary methods were used by 43.58% of the study subjects.

Table 4. Distribution of study participants according to motivator for use of currently used contraceptive method

Motivator	N	Percentage
Husband	34	12.5
Family (excluding husband)	35	12.8
Friends/neighbours	15	5.5
Health worker/AWW	136	49.8
Self	53	19.4
Total	273	100

The commonest motivator for currently used contraceptive method was health worker/AWW (49.8%). Husband (12.5%) and family (12.8%) had lesser role to play in case of motivation for contraception; 19.4% of the contraceptive users were self-motivated (Table 4).

Table 5. Reasons for not using contraception

Reasons	N	Percentage
Wants to get pregnant	64	28.2
Husband's disapproval	8	3.5
Lack of knowledge	12	5.3
Fear of side-effects	16	7
Inconvenient to use	2	0.9
Postpartum amenorrhoea	29	12.7
Don't consider it necessary	34	15
In-laws disapproval	7	3.1
Pregnant	51	22.5
Others	4	1.7
Total	227	100

Among 227 non-users, 22.5% study subjects were pregnant and 12.7% were in postpartum amenorrhoea. The most common reason for not using contraception was desire to get pregnant (28.2%) and not considering it necessary (15%). (Table-5)

DISCUSSION

Our study reported that 91.8% had knowledge regarding contraception while 8.2% did not know about contraception. Taklikar *et al* (2015) reported similar level of awareness in their study (Taklikar *et al*., 2015). Sulthana *et al* (2015) reported that the maximum awareness was found for female sterilization (95.9%) followed by male sterilization (75.7%), IUDs (80.5%), OCPs (75.7%), condoms (62.5%), emergency contraceptive (18.7%) and injectables (16.5%) (Sulthana *et al*., 2015). Our study had also found maximum awareness regarding tubectomy followed by vasectomy. Our study reported that the commonest source of knowledge and motivator of currently used contraceptive was health workers but it was disheartening to note that husbands and family had lesser role to play with regards to knowledge regarding contraception. Thus our study advocates the need of greater family support to increase contraceptive usage. Sharma *et al* (2012) in their study observed that healthworkers were the commonest source of knowledge regarding contraception (97.4%) followed by television (32.3%) (Sharma *et al*., 2012). Lata *et al* (2012) observed that the most common source of information regarding family planning was health workers (64.2%), radio/T.V. (29.4%), peer group (27.6%), husbands (20%) and relatives (13%) (Lata *et al*., 2012). Exposure to mass media had an important bearing on contraceptive use as those better exposed were more aware and informed about the contraceptive availability and use.

NFHS-4 (Haryana) and DLHS-4 Rohtak reported that 66.2% and 52% respectively of the currently married women were using any method of contraception while 62.2% and 51.3% respectively were using modern methods (International Institute for Population Science (IIPS) and Macro International. National Family Health Survey (NFHS-4), 2015-16; International Institute for Population Science (IIPS) and Macro International. District Level Household and Facility Survey 4: Fact Sheet, Rohtak. IIPS, Mumbai. 2012-13). Female sterilization accounted as the commonest used contraceptive while vasectomy was negligible which is similar to our study. Our study thus stresses towards increasing the male participation in family planning. The lower use of contraceptive methods in our study in comparison to these above mentioned surveys could be because of the difference in sample size and regional variations. Gaur *et al* (2013) reported that 65.1% of the study participants were using contraception while 34.9% were non-users (Gaur *et al*., 2013). Among the users, the most commonly used contraceptive was IUDs (43.9%) followed by tubectomy (39%) and OCPs (17%). Saini *et al* (2007) reported that 53.5% of the study participants were using contraception which is comparable to our study (Saini *et al*., 2007). Ferdausi *et al* (2012) from Bangladesh reported that the most commonly used contraceptive method was OCPs (61.7%) followed by condoms (21.4%) and other contraceptives (Ferdousi *et al*., 2010). It may be because of the easy availability and popularity of OCPs. In our study the most common reason for not using contraception was desire to get pregnant (28.2%) and not considering it necessary (15%). Patel *et al* (2015) in their study found that lack of knowledge (55%), ignorance (25%), inaccessibility (10%) and non-affordability (10%) were the reasons for unmet need for family planning (Patel *et al*., 2015). Wasnik *et al* (2013) had also reported similar reasons in their study (Wasnik *et al*., 2013). Saluja *et al* in their study from Agroha, Haryana found current users to be 97.2% and the need of more children/male child (45.1%) followed by husband's opposition (24%) to be the most common reason for not using contraceptive (Saluja *et al*., 2009).

Conclusion

Though there is sufficient awareness regarding contraception but its usage still continues to be low. To be successful, family planning programme must motivate women for using contraception and must encourage women who are already using family planning not to discontinue contraceptive use. Improved access to family planning services, better education, improved standard of living, and higher exposure to mass media can significantly increase contraceptive usage and hence decrease the unmet need of family planning. A stronger family support and extended efforts are required to make people understand the importance of contraception thus emphasizing on the positive effects. Misconceptions regarding side-effects of the family planning methods need to be removed. Ensuring a wider range of available and affordable contraceptives along with well trained health care staff would surely enhance contraceptive acceptability.

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Group of 25-34 years (50.14%), educated till high school (32.4%), housewives (90.4%) and belonging to Upper lower class (49.6%) [as per Udai Pareek's socio-economic classification).

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