



KNOWLEDGE AND PARTICIPATION REGARDING FAMILY PLANNING METHODS AMONG WOMEN IN GARHWAL REGION

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ABSTRACT

Background: Family planning is defined by World Health Organization (WHO) 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”. The extensive acceptance of family planning, in a society, is an integral component of modern development and is essential for the incorporation of women into social and economic life. Therefore the present study as well focused on the women knowledge and participation in family planning. **Objectives:** This study projected to evaluate the knowledge of the women about various family planning methods and its sources of information. **Materials and Methods:** In this cross-sectional study, 200 married women between 15 -60 years of age group selected by multistage random sampling. The women were asked to complete the 20 questions including demographic data. Self structured questionnaire was used to evaluate their knowledge about Family planning methods. Subsequently, the data analyzed by using SPSS version 1.2. Results: In this present study knowledge of family planning methods were higher. Female sterilization and use of condom is the most widely known and practiced method of all contraceptive methods followed by oral Pills and IUDs. Health functionaries were found to be more informative as compared to media and others sources of information regarding family planning methods. **Conclusions:** From the results found in this study it can be accomplished that women's awareness regarding family planning was higher and found satisfactory.

Key Words: Knowledge, Contraceptive, Reproductive health.

Introduction

India was the first country in the world to formulate the national family planning programme in the year 1952 with the objective of “reducing the birth rate of the extent necessary to stabilize the population at a level consistent with requirement of National economy” [1]. The term "family planning" generally refers to methods undertaken that allow women to control when they get pregnant. Frequently, family planning refers to hormonal birth control, such as the pill, injectible birth control, birth control patches and implants. Condoms, contraceptive sponges, diaphragms and spermicidal are also frequently used as family planning methods [2]. Family planning as a strategy for population stabilization received attention only after 1971 population census [3].

After the launch of the National Rural Health Mission in 2005, the official family planning program has been subsumed in the reproductive and child health component of the Mission [4]. Reproductive



health knowledge is important for women as a woman's health and well-being, contraception as well as those of her family may depend on her being able to delay the birth of her first child or space the birth of her children. Women knowledge or education about what affects them, awareness about the role of family planning in family life as well as access to safe and effective methods of family are essential to good health.

Family planning is about more than just birth control. It encompasses all the decisions a woman makes regarding her reproductive health, including birth control, planning a pregnancy, child spacing and even protecting herself from sexually transmitted diseases. There are a wide variety of family planning options available, allowing each woman and her partner to choose the method that best fits their needs and desires. Family planning use can affect numerous aspects of women's lives, including their health, their work inside and outside the home, their roles within the family, and their psychological well-being. Contraceptive use can minimize women's concerns about unplanned pregnancies, allow them to space their children, reduce the time they spend in childbearing and child rearing, and allow them to pursue work outside the home. However, many women find that taking on additional responsibilities outside the home adds to their work burden and creates stress, as they try to generate income and manage the household and children.

The extensive acceptance of family planning, in a society, is an integral component of modern development and is essential for the incorporation of women into social and economic life. Therefore the present study as well focused on the women knowledge and participation in family planning.

The objectives of this study are follows:

1. To study the socio-economic background of the respondents related to family planning.
2. To study women knowledge and participation in family planning.

Materials And Method

The study was carried out by house to house survey in 20 villages of khirshu block Pauri Garhwal, Uttarakhand. During the home visits, they were briefed about the objective of the study. A total of 200 women were enrolled in the study and given a specially designed structured self administered pre-tested questionnaire.

Type Of Study: Cross-sectional community based study

Area Of Study: Khirshu block Pauri Garhwal

Sampling Technique: A multistage (Cochran, 1939) random design was adopted for this study.

Sample Size: The sample size is determined by the magnitude of the maximum allowable error and the degree of confidence that the error in the estimate will not exceed the maximum allowable error. In general the sample size is manipulated until

$$z\sigma_x = e$$

Where z is determined by the degree of confidence.

Since $\sigma_x = \sigma / \sqrt{n_2}$

It follows that $z \frac{\sigma}{\sqrt{n_2}} = e$

$$\sqrt{n} = \frac{z\sigma}{e}$$

$$n = \frac{z^2 \sigma^2}{e^2}$$



Where e is equal to the maximum allowable error, z is determined by the degree of confidence, and σ is the standard deviation of the population from which the sample is selected. Here standard deviation is taken from previous study entitled "Effect of Education and Family Participation on Status of Women in Rural-Garhwali & Kumauni Families" (Belwal & Bhatt-2008).

Now total sample size;

$$\begin{aligned} \text{Samples } n &= (1.96)^2 (4.6)^2 / (0.65)^2 \\ &= 193.45 \end{aligned}$$

Finally, 200 respondents from 10 villages 20 from each were selected at randomly.

Results

Table - 01
Demographic Profile of the Respondent

Age group of the respondent	No	%
15-25	42	21
26-35	38	19
36-45	38	19
Above 45	42	21
TOTAL	200	100
Educational level	No.	%
Illiterate	29	14.5
Primary school	20	10
Middle school	45	22.5
High school	37	18.5
Intermediate	45	22.5
Graduate	21	10.5
P. graduate	3	1.5
TOTAL	200	100
Occupation	No.	%
Agriculture	122	61
House wife	44	22
Service	28	14
Labour	6	3
TOTAL	200	100

Table 1 show that majority of the respondents (39%) were from middle age group (27%) young age group, and 34% of respondents were belonged to the older age group. With regard to level of education it was found that 14.5% of women were illiterate, similar proportion (22.5%) of the respondents were educated up to middle and intermediate, 18% up to high school where as very negligible (1.5%) respondent had education of post-graduation or above. Occupational status of the subjects under study has shown in table 1 that majority of the respondent (61%) are unemployed and works in agriculture in their fields and 22% of women have been found as house wife. 14% of women has been found in any kind of service while a negligible percentage (3%) of women is involved in domestic labour.

Knowledge regarding Family Planning Methods

The government family planning programme promotes three temporary methods: the pill, the IUD, and condoms and tubectomy and vasectomy as permanent methods.



Table - 02
Distribution of knowledge about Family Planning Methods among Women

Knowledge regarding Family Planning			
Parameter	Y (%)	N (%)	Total (%)
Have you heard about family planning	193(96.5)	7 (3.5)	200 (100)
Knowledge of family planning methods			
Sterilization	190 (95)	10 (5)	200 (100)
Condom	190 (95)	10 (5)	200 (100)
Pills	190 (90)	20 (10)	200 (100)
IUD	170 (85)	30 (15)	200 (100)
Injectable	24(12)	176 (88)	200 (100)

Table 2 shows that 96.5 % of women had heard about family planning, those who found having knowledge about family planning methods have also been specifically asked about the name of methods known amongst women. The responses given by respondents were 95% of women believed that tubectomy and condom was the most known method of family planning followed by (90%) oral pills and (85%) IUDs. Only 12% of respondent were about injectable conceptive method.

Table - 03
Distribution of Practice Regarding Family Planning among Women

Practice regarding Family Planning (n=200)		
Parameter	Number	Percent
Sterilization (Tubectomy)	60	30
Condom	41	20.5
Pills	18	9
Other*	16	8
Not using any method	65	32.5
Total	200	100

*Withdrawal method, calendar method IUD, Vasectomy

Result from table 3 shows that regarding the usage of FP method 30% of women had undergone tubectomy followed by condom (20%) oral pills (9%) and 8% using other methods. It was observed during the study that 32.5% of women were not using any method because their husband was out of the village for source of income.

Table 4
Distribution of Source of Health Education among Women

Parameter	Number	Percentage
Mass media	40	20
Health Personnel	131	65.5
Others	29	14.5

*Mass media (Tv, newspaper, Radio), Health Personnel (Doctor, ANM, AW, ASHA etc.), Others (friends, Relatives, Teacher, Books)

Table 4 shows that about the source of information, a high percentage of respondents (65.5%) have reported Health functionaries as a major source of information followed media (20%) and others (14.5%).



Discussions:

The National Health & Family Survey-III (2005-06) revealed that knowledge of contraception is almost universal in Uttarakhand. The government family planning programme promotes four temporary methods: the pill, the IUD, condoms and emergency pills. Awareness plays an important role in motivating females to have a favorable attitude towards family planning and to adopt family planning methods. In our study it was observed that majority of married women (96.5%) residing in the hilly regions of Garhwal was aware about at least one method of contraceptive. This is in correspondence with the study done by Kumar M, Sumedha S. done in Kanpur where awareness was 96%.^[5] During the study it was observe that 95% of respondent were aware about tubectomy and condom as a method for family planning followed by oral pills (90%) and IUD (85%) and only 12% had knowledge about injectable contraceptives. In the study conducted by Reena Srivastav et al^[8] Majority (82.1%) of the respondents were aware of female sterilization as a method of contraception.

In the present study awareness about different family planning methods were found higher as compare to other studies by Dr. Landge jyoti aand dr. Armaity dehmubed (72.4%) had knowledge of different contraceptive methods. (67.6%) had Knowledge about cu T, (55.2%) had Knowledge about condom, (35.6%) had Knowledge about OC Pills, 15.2%) had Knowledge about other family planning methods which include male and female sterilization, injectable contraceptive and natural family planning methods. The result shows that regarding the usage of FP method majority (68.5%) of women were using FP methods, out of which 30% of married women who have their desired family prefer permanent methods and had under gone tubectomy, whereas only (20%) using male condom and 9% used oral pills. In a study conducted by Landge Jyoti it was found that , condom 21.2% was the most widely used followed by cuT 17.6%), OC Pills 15.6%), and female sterilization 12.4% permanent method of contraception.^[13]

In the present study inquiring about the sources of information, health functionaries were found to the more informative as compared to media and others because in rural areas the women are more bounded to their daily routine work and therefore could not get much time to be paid on media and other advertising modalities.

Conclusion:

In the state of Uttarakhand the knowledge of contraceptive is universal, and women literacy is one of the major factors to affect the knowledge of contraceptive. In the present study women's awareness regarding FP was higher and found satisfactory. Family planning plays a pivotal role in population growth, poverty reduction, and human development. It was observe from this study that in this rural area attitude of women has been changed to adopt small family norm by using contraceptive methods. Majority of married women were using contraceptives either for spacing or limiting the family size but still there is scope to know the reasons of not reaching to the replacement level. The family planning programmes are successful to a great extent but India still has a long way to go. Family planning has always been the main emphasis in population policies adopted by the Government of India. However, there is a need of more public awareness and public participation. Gender inequality, preference of sons over daughters, low standard of living, and poverty, traditional thought processes of Indians, age-old cultural norms continue to cause poor family planning practices all across the country.

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