International Journal of Medicine

journal homepage: www.ijmjournal.org

Research Article

A Cross Sectional Study on Family Planning Practices And its Determinants in a Rural Area of Pathanamthitta District

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HIGHLIGHTS

1.Investigating family planning in rural Pathanamthitta.

2.Determining factors influencing family planning practices.

3.Analyzing family planning practices in Pathanamthitta.

4.Studying determinants of family planning in rural areas.

5.Cross-sectional study on family planning practices.al factors in Eastern infertility.

ARTICLE INFO

Handling Editor: Dr. S. K. Singh

Key words:

Family planning

Millennium Development Goals

child mortality

contraception

ABSTRACT

BACKGROUND: Unregulated fertility leads to population explosion. Family planning helps in regulating fertility which in turn is essential for the proper utilization of the socioeconomic resources for the development of any nation. The success of any family planning programme lies in assessing how many are availing the services available and also the unmet need of family planning. Adequate attention to family planning can not only reduce poverty and hunger in countries with high birth rates but also avert maternal and childhood deaths. Unregulated fertility, characterized by high birth rates and rapid population growth, poses significant challenges to societies worldwide. Without effective measures to regulate fertility, populations can experience an explosion in numbers, leading to strain on available resources and infrastructure. Family planning programs play a pivotal role in addressing this issue by empowering individuals and couples to make informed decisions about their reproductive health. Prioritizing family planning initiatives is essential for addressing the complex challenges posed by unregulated fertility and promoting the well-being of individuals, families, and communities. **OBJECTIVE**: The study aims to analyze the contraceptive usage of Chelikuzhy locality of Pathanamthitta district over the years and the choices of different family planning methods in the locality. **METHODOLOGY**: A sample of 200 eligible couples from Chelikuzhy, Pathanamthitta participated in the study. A semi structured, pre-validated questionnaire was used to analyze the contraceptive prevalence among couples. **RESULT**: There was a significant association between education, age & type of contraception used. There was also a significant association between marital history, source of information and unmet need of family planning. **CONCLUSION**: When compared to similar studies done elsewhere on a study population with common denominator our study population proved to show minimal unmet need of family planning owing to the high literacy rates and far advancement in medical arena.

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Received 12 April 2024; Received in revised form 28 April 2024; Accepted 10 May 2024

INTRODUCTION

Family planning is widely acknowledged as an important intervention towards achieving Millennium Development Goals four and fiveas it has proven to reduce maternal and child mortality Unmet need for Family Planning is defined as the percentage of women who do not want to become pregnant but are not using contraception[1]. Healthy birth spacing is defined as delaying the first birth by two years and maintaining the birth interval of at least three years between the two children through the use of contraceptive methods [2-3].

The acceptance of contraceptive methods varies within societies and also among different castes and religious groups. Unwanted pregnancies end up with abortions, the social stigma surrounding which lead on to unsafe practices. Unsafe abortions can lead to increased maternal morbidity and mortality. World over, if contraception is accessible and used consistently and correctly by women wanting to avoid pregnancy, maternal deaths would decline by an estimated 25-35% [4-5].

Hence, this study was undertaken to assess the prevalence of contraceptive use among eligible couples, to enumerate the choice of contraception among the eligiblecouples and enumerate the factors associated with prevalence and choice of contraception.

METHODOLOGY

Study Design: This was an analytical study done among 200 eligible couples in Chelikuzhy Panchayath of Pathanamthitta employing the Simple Random Sampling Technique. A total of 200 eligible couples were included in the study. The instrument for data collection is a self-developed and validated questionnaire in local language. The responses were collected from married women of reproductive age and the data collection was done over a period of four months. Appropriate permission to conduct the study was taken from the Institutional ethical committee. Written informed consent from the participants was obtained after guaranteeing their anonymity.

After tabulation results were analysed using SPSS version 25.0 and appropriate tests for assessing the significance between variables was used .the result were tabulated as frequency, percentage and interpreted accordingly.

RESULTS

TABLE 1: DISTRIBUTION OF STUDY PARTICIPANTS ACCORDING TO SOCIO DEMOGRAPHIC FACTORS (n=200

		FREQUENCY	PERCENTAGE
AGE GROUP (IN YEARS OF THE WIFE)	18-30	96	48.0%
	>30	104	52.0%
EDUCATIONAL CLASSIFICATION OF THE HEAD OF FAMILY	TILL 5 TH GRADE	06	03.0%
	TILL 12 TH GRADE	77	38.5%
	DEGREE	109	54.5%
	POST GRADUATE	08	04.0%
OCCUPATION OF THE HEAD OF FAMILY	HOUSE WIFE	35	17.5%
	GOVERNMENT JOB	65	32.5%
	PRIVATE JOB	100	50.0%
COLOR OF RATION CARD	PINK	08	04.0%
	YELLOW	36	18.0%
	BLUE	70	35.0%
	WHITE	86	43.0%
RELIGION*	HINDU	109	54.5%
	CHRISTIAN	62	31.0%
	MUSLIM	29	14.5%
AGE AT MARRIAGE OF THE FEMALE	<18 YEARS	06	03.0%
	18-30 YEARS	190	95.0%
	>30 YEARS	04	02.0%
DURATION OF MARRIAGE	LESS THAN 1 YEAR	03	01.5%
	1-5 YEARS	45	22.5%
	6-10 YEARS	77	38.5%
	>10 YEARS	75	37.5%
ACTIVE MARRIED LIFE	<1 YEAR	04	02.0%
	1-2 YEARS	53	26.5%
	3-4 YEARS	77	38.5%
	>4 YEARS	66	33.0%

PARITY	<1	06	03.0%
	1-2	170	85.0%
	3-4	24	12.0%
NUMBER OF LIVING CHILDREN	<1	06	03.0%
	1-2	169	84.5%
	3-4	22	11.0%
	>4	03	1.5%
TOTAL		**200**	**100%**

*In our study there was no observed inter religious married couples.

TABLE 2: DISTRIBUTION OF STUDY PARTICIPANTS ACCORDING TO ASSOCIATION BETWEEN UNMET NEED OF FAMILY PLANNING AND MARITAL HISTORY

VARIABLE		UNMET NEED OF FAMILY PLANNING		χ^2 value	p-value
		NO	YES	VALUE	
AGE AT MARRIAGE	<18 YEARS	0	6	7.223	0.028*
	18-30 YEARS	5	185		
	>30 YEARS	0	4		
DURATION OF MARRIAGE	< 1YEAR	0	3	12.003	0.008*
	1-5 YEARS	0	45		
	6-10 YEARS	1	76		
	MORE THAN 10 YEARS	4	71		
ACTIVE MARRIED LIFE	< 1YEAR	1	3	14.881	0.006*
	1-5 YEARS	1	52		
	6-10 YEARS	0	77		
	>10 YEARS	3	63		
PARITY	<1	0	6	8.886	0.033
	1-2	5	165		
	3-4	0	24		
DECISION MAKER IN FAMILY PLANNING	SELF	0	23	7.554	0.028

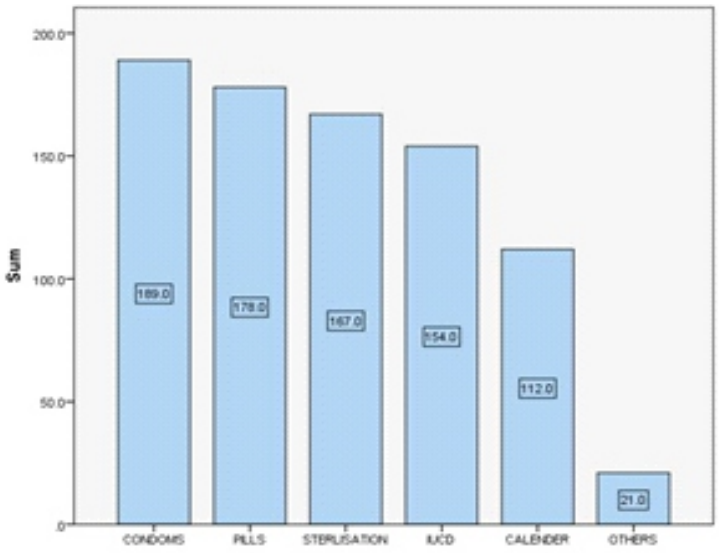

Figure:1 Bar Diagram depicting the major choice of Family Planning among Study subjects

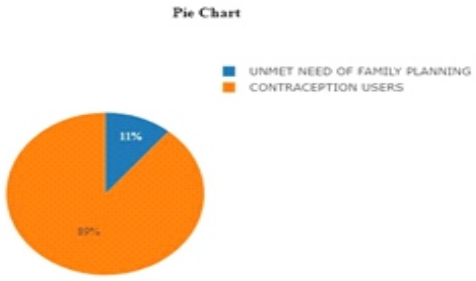

Figure:2 Pie Chart depicting the prevalence of Unmet Need For Family Planning

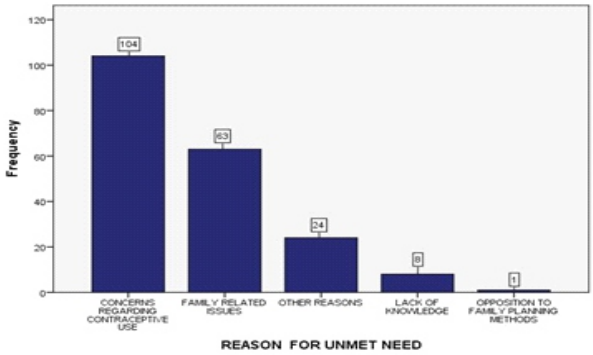

Figure:3 Distribution Of Study Participants According To Reasons For Unmet Needs

77% of the study population reported that the primary source of their knowledge regarding contraception was via Asha workers, 68.5% reported their friends and family and the major source and only 20.5% reported Doctors/ other health care professionals to be the major source of their information.

About 12 % of the study subjects were unaware of the possible emergency contraceptive methods. The only known options to these study subjects were either to continue the pregnancy or opt for MTP. However, 99% of the study population were aware of permanent contraception methods. 75% of the study population recorded a joint decision making in family planning.

According to the study population only 2% experienced a side effect due to contraceptive usage. However none of them had a failure of contraception.

The study drew a conclusion that there was a significant association between levels of education and use of contraception (χ^2**: 10.925, p VALUE: 0.039***). As a community, the population under study was on the higher end of literacy and this was reflected on their knowledge, use and acceptance of family planning methods.

The study also showed that the family planning practices are increasing among the eligible couples with respective to age of the female. Close to 80 % of the population preferred use of condoms irrespective of their age strata and the least preferred were natural methods of family planning. These differences are also statistically significant (χ^2**: 8.225** p**- value: 0.046**).

Those who were married in their younger years and those with just under 1 year of married life/ active married life and parity =1 showed a significant unmet need for family planning. The results were multifactorial .

There is no significant association between religion and unmet need of family planning.

There is no relevant significance between source of information and unmet needs of family planning.

There was no gender preferences for children among the study participants

There was no reported abortions, stillbirths and miscarriages among the study population.

There was no reported cases among the study population where husband has underwent vasectomy.

DISCUSSION

The global population today stands at 7.8 billion and is expected to reach 9 billion by the year 2045. Increasing population is a global problem today and India having one-fifth of the world population and a growth rate of 16 million each year is the most populated country in the world. Uncontrolled population growth has been recognized as the most important impediment to our national development, despite the fact that India was the first country in the world to adapt a national population control program in 1952. So, it is important at global as well as national scale to ensure that all pregnancies are wanted or intended.

In our study all the 200 participants were females. The result was similar to the study conducted among married women of reproductive age group in Mysore.

On basis of responses provided by the participants for some key questions assessing their knowledge it was shown that 11% of subjects had unmet needs of family planning. A significant percent of the population however were well aware of the various family planning methods and have an amicable attitude towards its use.

Out of 200 participants, 92.6% used condoms, 88.2% used pills,

76.5% used sterilisation methods, 65.2% used IUCD, 55.9% used calender, and 10.3% used other methods.The study showed that 12% of study subjects were unaware of the possible emergency contraceptive methods and the only option this group thought were available was to either continue pregnancy or opt for MTP

In our study majority of the participants were aware about the need of various family planning methods and had good knowledge about usage of contraceptive methods.

Of the given group none of the male partners had undergone vasectomy. Historically, the emphasis has largely been on contraceptive methods for women, and there has been little effort to involve men in family planning. Myths and misconceptions about male sterilization are rampant, like the loss of virility and strength of the man, further exacerbated after the forced sterilizations of the 70s.

Majority of the participants were employed women. Unmet needs was found to be less in the study population since the family planning decisions were taken jointly. Religious beliefs was not a significant factor for choosing the contraceptive method.

Several studies done in African countries have shown that good knowledge about contraceptives does not necessarily match with the high contraceptive practice.

A case study from Texas expands on these findings by demonstrating the challenges that can arise when primary care providers, particularly those with limited experience in reproductive health care, are expected to begin offering family planning services. They interviewed program administrators, which also revealed that women's health organizations more easily adapted to the requirement of integrating family planning and primary care services during the first year of the Expanded Primary Health Care program, pointing to the key role these providers have in the network of care for low-income women. Unlike women's health organizations, primary care organizations in this study were first-time recipients of family planning contracts reported numerous operational challenges in launching a family planning program, whereas other established primary care contractors experienced difficulties expanding reproductive health services they offered. These agencies often had to train staff about the sexual and reproductive health issues that need to be addressed when women presented at their clinics. Similarly, administrators had to reorganize the delivery of care and develop strategies that would facilitate the provision of family planning services. While many respondents embraced these challenges and welcomed the opportunity to provide holistic care to women, the leadership at other organizations found that it was difficult to accommodate this shift to integrate family planning and did not believe such a focus was realistic for their setting or patient population. The reasons they cited, such as women's perceived lack of need for contraception, competing service priorities, and reliance on patients to initiate discussions about contraception, correspond to other reports of primary care providers' barriers to contraceptive care.

1952 at the primary care level and major efforts have been taken from time to time to improve its coverage and accessibility by involving the primary care level workers, but increasing program coverage is not enough unless all eligible women have adequate awareness as well as favorable attitude and a correct and consistent practicing of family planning methods as per their need. Increase of awareness, knowledge, and favorable attitude for family planning activities of eligible women are strongly recommended [1-5].

LIMITATIONS

The study was done in one randomly selected Panchayath of Central Kerala and hence Sample size was too small, which does not adequately represent all the eligible couples in the country. The information in the study was obtained by self-reporting; therefore, certain information may be withheld or exaggerated by participants.

CONCLUSION

Prevalence of Family planning in the present study was lower as compared to both state and national statistics. There was a 11% prevalence of unmet need for family planning. From the study we concluded that factors like age of the women, education, religion, age at marriage, duration of marriage, active married life, parity, decision maker regarding contraception were significantly associated with unmet needs.The main reason cited for not using contraception was the fear of side effects, lack of access and embarrassment.

However, the knowledge about contraception in the present study population was good. The main factors for a positive outcome could be attributed to the high literacy rates of the state, general awareness of the public and up-to-date information release from the side of the authorities.

RECOMMENDATIONS

From our study we obtained an NRR value =1 among our study subjects. The National NRR is 2. Around 12.1 percent of the population had no.of children more than the national NRR. In a state like Kerala with the highest literacy rates and medicare advancements, this percentage is a matter of concern.

This points to a need for shift in focus. This population should be made aware of the ill effects of having no. of children greater than the National NRR. More than 90% of the study population were aware of the family planning and its various uses. Yet India stands as the most populous country. Even a small percentage will amount to lakhs in a country like India.

Furthermore it is advised that more independent groups conduct unbiased studies focusing on local groups where the status can be quite varied with respect to NFHS. The results from various similar study groups can be compiled to make suggest active Proper awareness classes and programs should be conducted among the eligible couples and health workers including ASHA workers about needs and various methods of family planning. Further measures should be implemented for abolishing traditional unhealthy practices and superstitions among people.

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