

# Knowledge, Attitude, and Practice about Family Planning Methods among Reproductive Age Group Women in a Tertiary Care Institute

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## Abstract

**Introduction:** India was one of the first countries to launch a national program on family planning (FP). However, today, India is the second most populous country in the world, ranking next only to China, with a population of 1.21 billion according to the year 2011 census. The population of India is estimated to overtake that of China by the year 2050. Because India has a socio-culturally and demographically mosaic pattern, various factors influence the knowledge, attitude, and practice (KAP) of FP methods across the country. Hence, this study was undertaken.

**Objectives of the Study:** To assess the KAP about FP methods among reproductive age group women attending a private tertiary care institute.

**Materials and Methods:** The design of the study was cross-sectional study. Patients attending Obstetrics and Gynecology Department, BLDE Hospital, Vijayapura were taken as the study population. The study duration was 15<sup>th</sup> January to 15<sup>th</sup> February 2016. Data collection methodology was in the form of interview technique, using a pre-designed, pre-tested questionnaire.

**Results:** A total of 110 patients attending out-patient department were interviewed. Women aged more than 25 years, residing in urban areas, belonging to joint families had significantly higher knowledge about FP methods. Positive attitude toward FP methods was more among women who were Hindu by religion.

**Conclusions:** This study shows that there are various socio-demographic factors affecting the KAP of FP methods among women. These aspects need to be duly addressed to bring about improvement in the reproductive health of women.

**Key words:** Family planning, Knowledge attitude and practice, Reproductive age group

## INTRODUCTION

Family planning (FP) is the most effective measure to bring about control on the population spurt. It empowers the people to make informed choices in ensuring their reproductive and sexual health. It helps in spacing and limiting the ill-timed pregnancies and child births, thereby reducing infant morbidity and mortality. It also protects the

health and wellbeing of young women who are at higher risk of pregnancy-related complications and deaths.

India was one of the first countries to launch a national program on FP. However, today, India is the second most populous country in the world, ranking next only to China, with a population of 1.21 billion according to the year 2011 census. The population of India is estimated to overtake that of China by the year 2050. Even though India has nearly 2.4% of the world's surface, it is home for more than 17.5% of the world's population.<sup>1,2</sup>

Because India has a mosaic pattern socio-culturally and demographically, various factors influence the knowledge, attitude, and practice (KAP) of FP methods across the country.<sup>2</sup> Hence, this study was undertaken to assess

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the various socio-demographic factors influencing KAP about FP methods among reproductive age group women attending a private tertiary care institute in Northern Karnataka.

## MATERIALS AND METHODS

A cross-sectional study was undertaken from 15<sup>th</sup> January to 15<sup>th</sup> February 2016, among patients attending obstetrics and gynecology outpatient Department of BLDE Hospital, Vijayapura. Interview technique using a pre-designed, pre-tested questionnaire was used for data collection. Data collected were entered, coded, and analyzed using SPSS V.16.0 software. Percentages were calculated, and Chi-square test was applied to find the significant associations and odds ratios were calculated.

## RESULTS

During 1 month, a total 110 women were interviewed. Results are presented in the tables and figure.

More than half of women were Hindu by religion (58.2%), were residents of urban areas (53.6%), and lived in pucca houses (53.6%). Nearly, 81.2% of mothers belonged to joint families, and 84.5% were homemakers. 40% of women belonged to class 3 socio-economic status (SES) according to modified BG Prasad classification. More than half of participants' husbands (56.4%) were coolie by occupation (Table 1,2).

**Table 1: Socio-demographic characteristics**

Variable	Category	Frequency (%)
Religion	Hindu	64 (58.2)
	Muslim	46 (41.8)
Place	Rural	51 (46.4)
	Urban	59 (53.6)
Housing	Pucca	59 (53.6)
	Semi pucca	32 (29.1)
Type of family	Kaccha	19 (17.3)
	Nuclear	20 (18.2)
SES	Joint	90 (81.8)
	1	9 (8.2)
Respondent's occupation	2	25 (22.7)
	3	44 (40.0)
	4	29 (26.4)
	5	3 (2.7)
	House-wife	93 (84.5)
Husband's occupation	Working	17 (15.5)
	Agriculture	11 (10.0)
	Business	12 (10.9)
	Coolie	62 (56.4)
	Labourer	15 (13.6)
	Shop owner	4 (3.6)
	Small shop keeper	3 (2.7)
	Teacher	3 (2.7)

SES: Socio-economic status

Women aged more than 25 years, residing in urban areas, belonging to joint families had significantly higher knowledge about FP methods. Positive attitude toward FP methods was more among women who were Hindu by religion (Table 2,3). Maximum number of respondents knew about oral contraceptive pills (86.36%) and tubectomy (86.36%), followed by intrauterine devices (82.73%) and vasectomy (79%) (Figure 1).

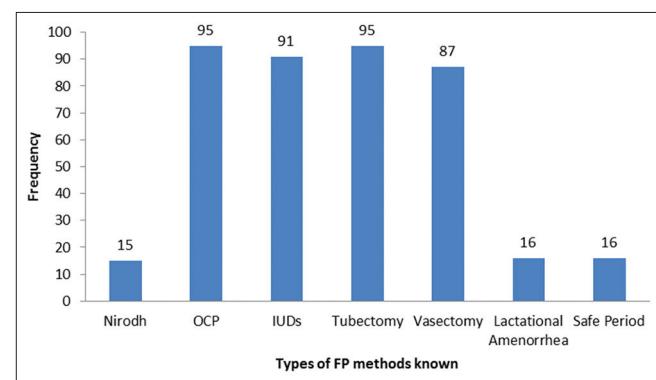
## DISCUSSION

In our study, 77.3% women had knowledge about FP methods. Higher proportion was reported in national family health survey 3 (97.7%) and by Hussain (West Bengal, 2010) (98.7%).<sup>3,4</sup>

About, 47.3% of women had a positive attitude toward FP, in this study. Similar result was found by Pegu (Meghalaya).<sup>5</sup>

In this study, 70% had a practice of FP methods. Lower proportion was reported by Khan *et al.* (Uttar Pradesh) (62.9%) and Hussain (West Bengal, 2010) (55.3%).<sup>4,6</sup>

We found a significant association between woman's age, education, occupation, place, type of family, SES, husband's education, and knowledge about FP. Whereas, no association was found between religion, husband's age and knowledge about FP.



**Figure 1: Types of family planning methods known**

**Table 2: Socio-demographic characteristics of family**

Variable	Mean±SD
Total number of persons in the family	9.1±3.5
Number of males in the family	4.8±2.0
Number of females in the family	4.3±1.6
Number of eligible couples in the family	2.2±0.9
Husband's age	34.5±6.4 year
Husband's education	8.5±3.5 year
Respondent's age	27.1±5.3 year
Respondent's education	5.2±3.9 year
Married life	7.9±4.6 year

SD: Standard deviation

**Table 3: Socio-demographic characteristics and knowledge, attitude and practice about family planning methods**

Variable	Category	Knowledge		Attitude		Total
		Present n (%)	OR ( $\chi^2$ , P value)	Positive n (%)	OR ( $\chi^2$ , P value)	
Women's age	<25 years	31 (63.3)	0.22 (9.87, 0.002)	20 (40.8)	0.63 (1.48, 0.224)	49
	>26 years	54 (88.5)		32 (52.5)		61
Religion	Hindu	49 (76.6)	0.91 (0.04, 0.8)	36 (56.3)	2.41 (4.95, 0.026)	64
	Muslim	36 (78.3)		16 (34.8)		46
Women's education	Illiterate	9 (36.0)	(35.37, 0.0001)	12 (48.0)	(0.78, 0.854)	25
	1-5 year	40 (81.6)		22 (44.9)		49
	6-10 year	26 (100.0)		14 (53.9)		26
	11-15 year	10 (100.0)		4 (40.0)		10
	House-Wife	80 (86.0)	14.77 (23.10, 0.00.0001)	42 (45.2)	0.58 (1.08, 0.300)	93
Women's occupation	Working	5 (29.4)		10 (58.8)		17
	Rural	29 (56.9)	0.07 (20.44, 0.0001)	29 (56.9)	2.06 (3.51, 0.061)	51
Place of residence	Urban	56 (94.9)		23 (38.9)		59
	Nuclear	4 (20.0)	0.03, (41.76, 0.0001)	11 (55.0)	1.46 (0.59, 0.444)	20
Type of family	Joint	81 (90.0)		41 (45.6)		90
	1	8 (88.9)	(9.823, 0.044)	5 (55.6)	(1.65, 0.800)	9
Socio- economic status	2	24 (96.0)		12 (48.0)		25
	3	33 (75.0)		18 (40.9)		44
	4	18 (62.1)		15 (51.7)		29
	5	2 (66.7)		2 (66.7)		3
	≤30 years	18 (66.7)	0.48 (1.56, 0.2)	13 (48.2)	1.05 (0.01, 0.916)	27
Husband's age	≥31 years	67 (80.7)		39 (46.9)		83
	1-5 year	10 (38.5)	(31.79, 0.000)	13 (50.0)	(2.31, 0.510)	26
Husband's education	6-10 year	38 (82.6)		19 (41.3)		46
	11-15 year	36 (97.3)		20 (54.1)		37
	>16 year	1 (100.0)		0 (0.0)		1

OR: Odds ratio

**Table 4: Socio-demographic characteristics and practice about family planning methods**

Variable	Category	Practice		Total
		Present n (%)	OR ( $\chi^2$ , P value)	
Women's age	<25 years	25 (51.0)	0.18	49
	>26 years	52 (85.23)	(15.16, 0.000)	61
Religion	Hindu	48 (75)	1.76	64
	Muslim	29 (63.0)	(1.82, 0.177)	46
Women's education	Illiterate	5 (20)	(41.54, 0.000)	25
	1-5 year	38 (77.6)		49
	6-10 year	24 (92.3)		26
	11-15 year	10 (100)		10
	House-wife	72 (77.4)	8.23	93
Women's occupation	Working	5 (29.4)	(13.57, 0.000)	17
	Rural	24 (47.1)	0.1	51
Place of residence	Urban	53 (89.8)	(23.83, 0.000)	59
	Nuclear	4 (20)	0.06	20
Type of family	Joint	73 (81.1)	(26.26, 0.000)	90
	1	8 (88.9)	(17.24, 0.002)	9
	2	22 (88)		25
	3	33 (75)		44
	4	12 (41.4)		29
Husband's age	5	2 (66.7)		3
	≤30 years	18 (66.7)	0.81	27
Husband's education	≥31 years	59 (71.1)	(0.19, 0.663)	83
	1-5 year	5 (19.2)	(47.29, 0.000)	26
	6-10 year	37 (80.4)		46
	11-15 year	35 (94.6)		37
	>16 year	0 (0)		1

OR: Odds ratio

Sherpa *et al.* (Udupi, 2012) also found significant association between woman's education, occupation, family income, and knowledge about FP methods. However, woman's age, religion, type of family were not significantly associated with knowledge about FP methods.<sup>7</sup>

Significant association was found between religion and attitude toward FP. No significant association was found between woman's age, education, occupation, place, type of family, SES, husband's age, husband's education, and attitude toward FP. Sherpa *et al.* (Udupi, 2012) also found similar result.<sup>7</sup>

The practice of FP was found to be significantly associated with woman's age, education, occupation, place, type of family, SES, husband's education. No association was found between religion, husband's age and practice of FP. Similar result was found by Awadalla (Egypt, 2005).<sup>7</sup> Other studies found no association between SES, type of family and practice of FP.<sup>8-10</sup>

## CONCLUSION

This study shows that there are various socio-demographic factors affecting the KAP of FP methods among women. These aspects need to be duly addressed, which will help

in improving the reproductive health of women and population stabilization of the country.

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