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Factors Affecting Couples to Adopt Family Planning Methods: A Study in Silchar Medical College & Hospital, Silchar, Assam

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Abstract

Family Planning is one of the important interventions for safe motherhood and birth spacing and a fundamental pillar of reproductive health. The practice of family planning methods are influenced by a variety of interrelated factors such as level of education, socio-economic condition, age at marriage, size of the family, number of children, beliefs etc. There is a need to raise the level of acceptance of family planning methods to address issues related to maternal mortality, infant mortality, uncontrolled population growth, and many more. **Objective:** To find out the causal factors that prevent couples to adopt family planning methods, and to measure the awareness level about various family planning methods. **Methodology:** Descriptive research design was used for the study. 300 married women in the reproductive age group of 15-45 years were chosen from the Dept. of Gynaecology of Silchar Medical College & Hospital (SMCH) by using purposive sampling technique. Pre-tested semi-structured interview schedule was used to collect primary data from the Out Patient Department (OPD) and post-natal section of Gynaecology Dept., SMCH. **Results:** Only 7% of the study population were fully aware about several family planning methods. On the other hand, 61% were partially aware and 32% were completely ignorant about the matter. Only 7% of the study population were using some form of contraception. Oral Contraceptive Pill (OCP) was the most dominant method. Among the users of contraceptives, 68.18% were users of OCP and among the non-users, 45.5% opined to use the same in future. Husbands (87%) were observed to be the chief decision maker for contraceptive use. Contraceptive acceptance was revealed to increase significantly with the increase in age of women, literacy status and number of living children. Reasons for non-acceptance of contraceptives were lack of sufficient information (45.3%), desire for more children (24.8%), negligence (9%), misconception & superstition (6.8%), opposition from family members (6.1%), shyness & introvert nature (5.8%) and religious factors (2.2%). **Conclusion:** Improvement of female autonomy through increasing women's education and by adopting modern & effective socio-economic measures has emerged as requisite for increasing knowledge and acceptance of contraceptive use.

Key Words: *Family planning methods, contraceptives, couples, married women, Gynaecology, Silchar Medical College & Hospital.*

Introduction: In India, the population has now raised to 125 crores. India's population has been steadily increasing since 1921 and this uncontrolled growth of population is the single most problem in India. Considering the tremendous growth of population, India was the first country to develop a

government backed family planning programme. Since the first five year plan, government has adopted many measures in this regard. In spite of availability of a wide range of contraceptives, mass media campaigns and Information, Education & Communication (IEC) programmes, population control remains a distant dream to achieve. Today after six decades, India is trailing behind population control. Besides, increase in fertility and unwanted pregnancies, leads to many problems including maternal mortality, infant mortality and several reproductive health related risks.

World Health Organization (WHO) defined Family planning 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 the family group and thus contribute effectively to the social development of the country” (Park, 2009). Also, the United Nations Conference on Human Rights at Teheran in 1968 recognised family planning as a basic human right. So, knowledge about contraception and its acceptance is of utmost importance for birth control, proper spacing and thereby reducing the maternal mortality. In a relatively diverse country like India, infrastructure, education, diverse culture, public opposition and execution revealed to be barriers in the initial attempts of family planning (Saba & Kishore, 2014). Several studies have been carried out in India identifying the poor acceptance of the family planning programmes (Manna & Basu, 2011). The practice of family planning methods are influenced by a variety of interrelated factors such as level of education, socio-economic condition, age at marriage, size of the family, number of children, beliefs etc. There is a need to raise the level of acceptance of family planning methods to address issues related to maternal mortality, infant mortality, uncontrolled population growth, and many more. Therefore, it is relevant to identify the factors responsible for poor acceptance of family planning in different socio-economic and cultural groups. Since fertility in India is primarily marital, the aim of this study is to look at the factors that prevent couples in the reproductive age group to adopt different family planning methods at different level. Besides, an attempt was made to find out the awareness level of the study population about various family planning methods.

Objective of the Study: To explore the causal factors those prevent couples to use family planning methods.

1. To find out the awareness level about various family planning methods.

Methodology:

Research Design: For the purpose of the present study, “Descriptive Research Design” was used to gather information. The Descriptive Research Design is generally used to describe a situation or the subject under study. Thus, the descriptive research design helps to acquire a lot of information through description.

Study Population: Here the population for the study was the married women of Barak Valley region of Assam in the reproductive age group of 15-45 years attending the Department of Gynaecology of Silchar Medical College & Hospital, Silchar, Assam.

Sample Design: 300 people were chosen as the sample of the study by using purposive sampling technique. Thus, out of the population of the study, samples were drawn from the OPD and the Post-natal section of the Gynaecology Dept. of SMCH.

Data collection: The data used for the study was collected from both primary and secondary sources. For collection of data from primary sources, following tools were adopted-

- (i) **Interview Schedule;** Semi-structured interview schedule was used after testing it in the pilot study.
- (ii) **Observation;** in general, during the interview sessions with the patients also to assess the pattern of response for the interview schedule.

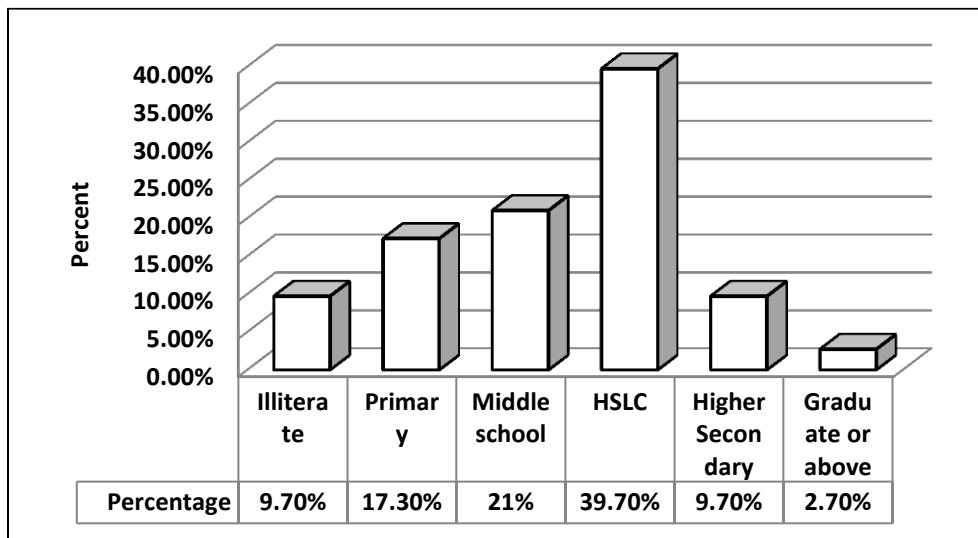
The secondary data were used form the review of existing relevant literature.

Study Period: January, 2014 to May, 2014.

Data Analysis Strategies: In this study, both quantitative and qualitative data were analysed in descriptive manner to support the objectives of the study. To analyze the quantitative data, the researcher used different statistical tools like mean, correlation & others and presented the output in the form of tables, graphs and charts, as per appropriate practice of scientific research. Here, the Microsoft-Excel and Statistical Package for Social Sciences (SPSS) software were used.

Results of the Study: Out of the total study population, majority (73.7%) were in the age group of 18-25 years. 4.3% of the respondents were below 18 yrs. and only 0.3% was above 35 yrs. of age. The average age of the study population was 21.8 years. Among the study subject, 65% were Hindus, 33.7% were Muslims and 1.3% was Christian. Also 97.7% of the respondents were housewives and rests were engaged in some kind of job particularly tailoring, preparing and vending homemade products. Besides, 72% of the respondents were belonging to joint family and the remaining 28% were from nuclear family.

Fig-1: Level of Educational Qualification of the respondents



As far as monthly family income of the respondents is concern, majority of the respondents (58.3%) lies in the income group of Rs. 5000-10000/-, followed by 22%, 14% & 1.3% in the income group of Rs. 1000-5000/-, Rs. 10000-15000/- and above Rs. 20000/- respectively. The average family income of the 300 respondents was Rs. 8787.33/- per month. Besides, the duration of married life and number of children of the respondents are highlighted in the following tables.

Table 1: Duration of married life of the respondents (in Yrs.)

Duration of married life (in Yrs.)	Frequency	Percent
Below 3	188	62.7
3-8	80	26.7
8-13	27	9.0
13-18	4	1.3
Above 18	1	0.3
Total	300	100.0

Table 2: Number of Children of the respondents

No. of Children	Frequency	Percent
0	4	1.3
1	189	63.0
2	72	24.0
3	25	8.3
4	7	2.3
5≤	3	1.0
Total	300	100.0

Out of the total study subjects, only 7% were fully aware about different temporary and permanent family planning methods. On the contrary, 32% of the respondents were totally unaware. Also, a large percentage of the respondents, (61%) were found partially aware about one or a few of the temporary family planning methods only. 43.7% of the respondents indicated ASHA workers as the source of information about contraceptives and 9.7% were informed by their relatives & family members. 11% of the respondents received information from other sources like – TV, Pamphlet, advertisement etc. Furthermore, at time of data collection it was found that only 7% of the respondents were using some form contraceptives and remaining 93% were outside the purview of any family planning methods at that point of time. Remarkably 77% of the respondents expressed their interest to use any of the family planning methods in future. Among them, 45.5% opined to use OCP, followed by terminal method or permanent sterilization i.e., Tubectomy (32%), Intra-Uterine Contraceptive Device (IUCD) by 14.3% and 8.2% preferred to use Condom respectively. Besides, male's involvement in the usage of contraceptives was found to be very less. Only 8% of the male partners were using barrier contraceptive. None of them were revealed to have adopted Vasectomy as a contraceptive method in the study population. In addition, the following bar chart depicts the type of contraception used and the reasons for non-acceptance of contraceptives by the respondents.

Fig-2: Type of contraception used by respondents

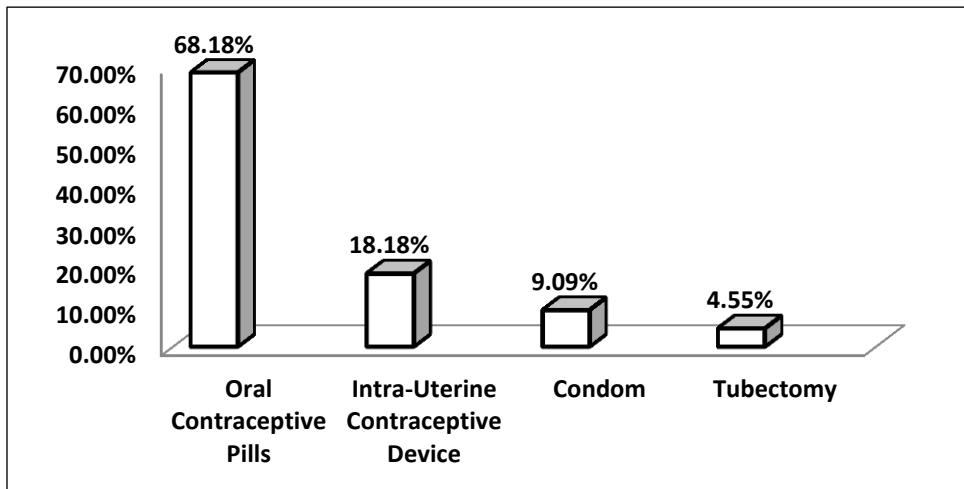


Fig-3: Reasons for not using Family Planning Methods

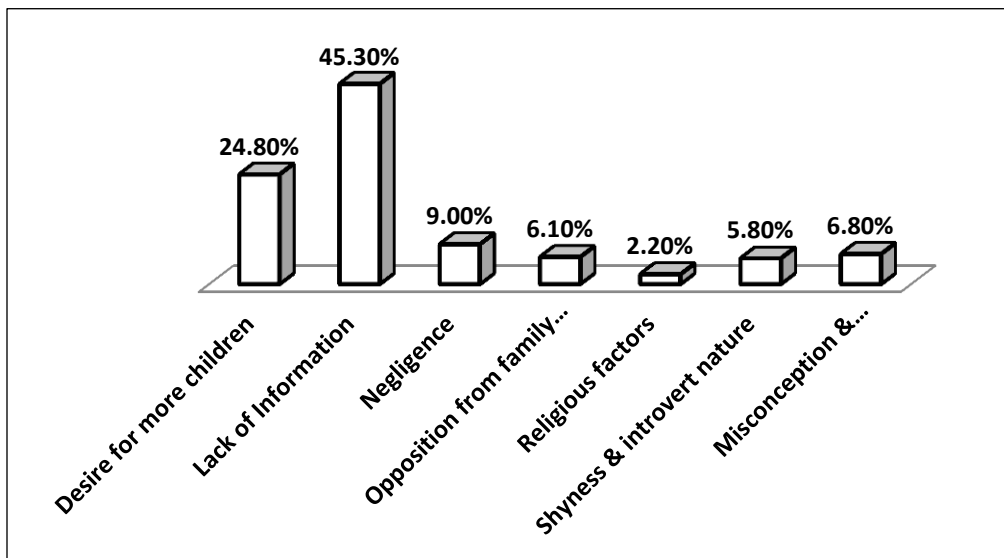


Table 3: Relationship between various factors associated with family planning methods

Variables		Correlation coefficient (r)	P value
Knowledge about Family Planning Methods	Usage of Family Planning Method	0.577	<0.01
Level of Educational Qualification	Knowledge about Family Planning Methods	0.486	<0.01

Usage of Family Planning Method	Duration of married life (in yrs.)	0.265	<0.01
Usage of Family Planning Method	No. of Children	0.228	<0.01
Usage of Family Planning Method	Level of Educational Qualification	0.232	<0.01
Age (in Years)	Type of Family Planning Method used	0.206	<0.01
Level of Educational Qualification	Type of Family Planning Method used	0.214	<0.01

Discussion: Family planning refers to practices that help individuals or couples to attain certain objectives: to avoid unwanted births, to regulate intervals between pregnancies, to control the time at which births occur in relation to the ages of the parent, & to determine the number of children in the family (Park, 2009). Adoption of appropriate family planning methods offers a safe and effective way to regulate fertility and maintain good health. In addition to their effectiveness in preventing unwanted pregnancy, some contraceptives also have substantial non-contraceptive health benefits. In a welfare country like India, family planning is choice based selection. No one can force or impose any decision regarding family planning on others. In India, the unmet need for family planning is a matter of concern. Here, around 40 million women are having unmet needs for family planning (Saba & Kishore, 2014). Many women who are sexually active would prefer to avoid becoming pregnant, but never the less are not using any method of contraception (including use by their partners). These women are considered to have an unmet need for family planning. There are multiple factors associated with these unfulfilled needs for family planning in India.

As far as the study population is concern, majority of the study population were inhabitants of rural areas and they were observed to be hesitated to discuss about family planning. The level of education of majority of the respondents (78%) was either below or equivalent to 10th standard. The study reveals that the level of education of respondents is significantly related with the knowledge about family planning methods which is very much associated with the usage of contraceptives. Positive influence of education on the use of contraceptives established in the present study was in consistence with other studies conducted by Girdhar, Chaudhary, Gill, Soni, & Sachar (2010) in Ludhiana and Manna & Basu (2011) in West Bengal.

Majority of the study population (62.7%) were below three years duration of married life. In parallel with this, 63% of the respondents were having single child. Many of these people also have not adopted any family planning method because of the desire to have more children. About 25% of the respondents expressed their desire to have more children (especially male children) as one of the reasons for non-acceptance of family planning methods. Acceptance of family planning methods increased with the increase in the number of living children and the duration of married life. It was also statistically significant. Similar findings were observed by Manna & Basu (2010) in a study in West Bengal and Khan & Khan (2010) in Punjab. Thus, in depth analysis states that the acceptance of contraception increased significantly with increase in age of women, literacy status and number of living children. This was in conformity with many other similar studies.

The study also focussed on the level of awareness of the population about various family planning methods. It was observed that only 7% of the respondents were fully aware about various family planning methods. On the contrary, 32% were completely ignorant about subject matter.

Also, a large percentage of the respondents, (61%) were partially informed. It was observed that the level of awareness about contraceptives have a great effect on the acceptance of the same. In the study population, only 7% were found to be the users of contraceptives. Among the users of various contraceptives, majority (68.18%) were using OCPs, followed by IUCD, Condom, and Tubectomy – 18.18%, 9.09% and 4.55% respectively. In a study done in East Delhi, of the 59.8% of eligible couples who were using a contraceptive method, condom was the most common method of contraception (Saba & Kishore, 2014). In Tamil Nadu, Tubectomy is the dominant method which women tend to accept only after achieving their desired family size (NFHS, 2005-06). A study conducted in Belgaum & Gulbarga districts of Karnataka (1990) showed that the practice of family planning was limited to sterilization methods, usually accepted by women after three living children. This shows that there is not just interstate but also intrastate variation in the use of family planning methods which need to be investigated locally. Furthermore, among the non-users of family planning methods, 83% showed their eagerness to use contraceptives in future. Out of them (231), 45.5% opted for OCPs, in comparison to other methods namely, Tubectomy, IUCD & Condom – 32%, 14.3% and 8.2% respectively. Thus, the study population was found to be more inclined towards the use of hormonal contraceptives.

Men and women must have equal rights to get information about reproductive health and access to safe and satisfactory methods of fertility control (United Nations Population Fund [UNPF], 1995). It is evident that male's involvement in family planning and reproductive health may improve gender equality, promote better relationship through which couples can take decision regarding family planning jointly and equal responsibility of sexual behaviour can be shared. But the role of men in reproductive health and family planning has always been ignored and most contraceptives are designed for women only (Kamal, Islam, Alam, & Hassan, 2013). Here, the study also has showed the minimum participation of the husbands of the respondents in the family planning. None of the male members of the family were found to adopt Vasectomy as a contraceptive method. It was also observed that in 87% of the cases, husbands were the chief decision maker for contraception. Similar findings were observed by Khan & Khan (2010) and Manna & Basu (2011). Reproductive health of couples largely depends on the attitude of husband towards family planning and their knowledge on reproductive health (Kamal et al., 2013). In the analysis of a study (Reddy, 1984), it was found that both husband's and wife's education is indicative of their contraceptive practices and any education overall contributes contraceptive use. Men's attitude plays a bigger role in determining actual child bearing behaviour than that of their wives. Also, one of the major reasons for unmet need for family planning was opposition from husband and family members (Saba & Kishore, 2014).

The present study depicted several reasons for non-acceptance of family planning method by the study population. The most important reason for non-acceptance of contraceptives was lack of sufficient information (45.3%) and others were desire for more children (24.8%), negligence (9%), misconception and superstition (6.8%), opposition from family members (6.1%), shyness and introvert nature (5.8%) and religious factors (2.2%). The study also recorded that ASHA workers along with the health personnel's played a major role in disseminating information about various family planning methods. Majority of the respondents (43.7%) received information about various contraceptives from ASHA workers in the rural areas. According to 1992-93, National Family health Survey (NFHS), about four-fifths of women using modern methods obtain contraceptives from public sector and about one-fifth from private sector (International Institute for Population Sciences [IIPS], 1995). The government sector has been the main source of family planning services

in India. But, it is evident that India spends just a little over 1% of its gross domestic product (GDP) on public health, one of the lowest figures in the world (Hartmann & Rao, 2015). There is a need to raise the investment in the health sector to look at better and healthy India tomorrow.

Suggestions: It is very much clear from the findings of the study that the acceptance of family planning is very less among the study population. Being the second most populous country in the world, the population of India itself gives the indication that there is a great lacuna starting from policy formulation to the execution. In order to control the alarming growth of population and to reduce IMR as well as MMR, it is essential to raise the level of acceptance of family planning methods. So, based on the major outcomes of the study, a few suggestions are mentioned below to address several barriers in the use of contraceptives. These are –

1. Among the study population, a good number of respondents were found to give birth of first child during the average age of 20 years, which is too early to give birth to a healthy child. So, family planning programme should concentrate on young married couple for the use of spacing/ temporary methods, while permanent methods should focus on the older age group.
2. Most of the respondents had the literacy level below 10th standard. They were less informed about various family planning methods. Hence, the literacy rate among women should be increased through formal or preferably informal means of education, viz. adult education.
3. Lack of information about family planning methods is the major cause for non-acceptance of contraceptives. It was also discovered that the level of awareness about contraceptives have a great influence on the acceptance of the same. The ground level health workers (eg.- ASHA, ANM etc.) need to emphasis more on providing necessary information to the ignorant mass especially those who are in the reproductive age group. Also, the health personnel should be trained in the field of IEC programmes and techniques so that they can skillfully convey the message to the target population. Besides, the IEC components of family planning programmes should include all the target audiences along with the male counterparts who have been found to have more influence on the female contraceptive use.
4. Misconception, superstition and religious fear are among the few common reasons for non-acceptance of contraceptives. Proper awareness should be given to the couples especially those who are in the reproductive age group. Thus, organizing awareness camps on regular basis will resolve these issues.
5. In order to be effective, newly married couples should be given proper counselling and education regarding various aspects of family planning methods by professionals like – doctors, medical social workers, family planning counselors etc.
6. Short term and long term measures should be initiated by the policy makers for social changes (may be outside the domain of family planning programme) which have influence on family planning practice like – social, educational and economic empowerment of women, social security to older parents which will check male child preference syndrome.
7. General people should be sensitized about the significance of small family size which is considered to be the unit of happiness. All forms of media including the print and electronic media can play an important role in this field. The consequence of family planning methods on both social and economic arena should also be explained to the common people.
8. To promote the level of utilization of contraceptives, incentives should be given to the users after proper evaluation. Indices of evaluation can be – family size (number of living children), desired number of additional children, birth interval, age of the mother at birth of first & last child, birth order and number of abortions etc.

Conclusion: Health and family planning are two important areas having reciprocal relationship. There are several principal health outcomes of family planning along with other socio-economic aspects. In a welfare country like India, family planning is a choice based selection. Here, no one can force or impose any particular thought on others. It is obvious that acceptance of family planning despite its increase is still at a low rate and is a serious concern for the country. In the study population, only 7% of the respondents were found to be the users of contraceptives. In addition, the same percentages of respondents were observed to be fully aware and 61% were partially aware about various family planning methods. The study also depicted OCP as the dominant method of family planning. Among the most important reasons for non-acceptance of family planning were: lack of information (45.3%), desire for more children (24.8%), negligence (9%), misconception and superstition (6.8%), opposition from husband or other family members (6.1%), shyness or introvert nature (5.8%), and religious factors (2.2%). Besides, male members were found to be very less active in the use of contraceptives, but their attitudes played a bigger role in determining actual child bearing behaviour than that of their wives. This is a matter of shame in the modern era. Therefore, a necessity has emerged to improve the female autonomy through increasing women's education and other developmental initiatives.

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