

**A STUDY OF KNOWLEDGE, ATTITUDE & PRACTICE OF FAMILY PLANNING METHODS AMONG ANTENATAL WOMEN OF ANDHRA PRADESH**Shailaja Pinjala<sup>1</sup>, Padmavathi Tatavarthi<sup>2</sup>, Syamala G<sup>3</sup>**HOW TO CITE THIS ARTICLE:**

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**ABSTRACT: OBJECTIVE:** To assess the knowledge and attitude regarding family planning and the practice of contraceptives among Antenatal women attending OPD and to determine the prevalence of unintended pregnancy among them. **METHOD:** A cross sectional descriptive study was done in the Obstetrics and Gynecology Department of Andhra Medical College Visakhapatnam which is a tertiary center for three districts Visakhapatnam, Vijayanagaram, and Srikakulam. 499 antenatal women attending the OPD were included in the study. Their knowledge, attitude and practice on contraceptives were evaluated with the help of a predesigned questionnaire. **RESULTS:** Overall awareness of permanent methods of family planning 96.3% and that of temporary methods is only 62.9% (314). 69.9% of women became aware of contraceptive method, by obtaining information from relatives and friends and 23.2% from media (television). 42.1% are of the opinion that these contraceptive methods are available in the medical shops and only 13% know that they are available in the government hospitals. 99.8% are aware of female sterilization, and 92.8% are aware of vasectomy. But awareness of temporary methods is very poor. **CONCLUSION:** The study highlights that knowledge and awareness doesn't always lead to the use of contraceptives. There is still a need to educate and motivate the couples and improve family planning services to achieve more effective and appropriate use of contraceptives and to arrest the trend towards increase in population.

**KEYWORDS:** Family planning, contraception, knowledge, attitude, practice.

**INTRODUCTION:** India was the first country in the world to launch the NATIONAL FAMILY PLANNING PROGRAMME with the aim to reduce the birth rate and to stabilize population. Since its inception in 1951, this programme has experienced a significant growth in financial investment, service delivery points and in the range of contraceptive products delivered. Of late this programme has been integrated with the broader Reproductive and Child health programme. But the uncontrolled population growth which is already exceeding 1 billion (all set to overtake China and become the most populous country in the world by 2045), still remains the single greatest threat to the political, economic and social development of the country.<sup>(1)</sup> Though the Couple Protection Rate has quadrupled and the Total Fertility Rate reached 1.98, there are several issues and goals that still remain under achieved. A significant proportion of pregnancies continue to be unplanned, and contraceptive needs of millions of women remain unmet. Several population groups including adolescents and men continue to be neglected and underserved. The contraceptive scenario is characterized by the predominance of non-reversible methods.<sup>(2)</sup>

**AIM:** To assess the knowledge, attitude and practice of various family planning methods among the antenatal women, to project the difference in knowledge and practice of various methods and also to assess the prevalence of unintended pregnancies.

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**MATERIALS AND METHODS:** The present study is a cross-sectional observational study that is carried out in KING GEORGE HOSPITAL Visakhapatnam Andhra Pradesh. 499 women are selected randomly among the antenatal women attending the out-patient department. These women are interviewed based on a pre-designed questionnaire. The questionnaire elicited information regarding their age, educational status, income, awareness and practice of the various male and female, temporary and permanent methods of contraception. The results are analyzed by SPSS.

### RESULTS:

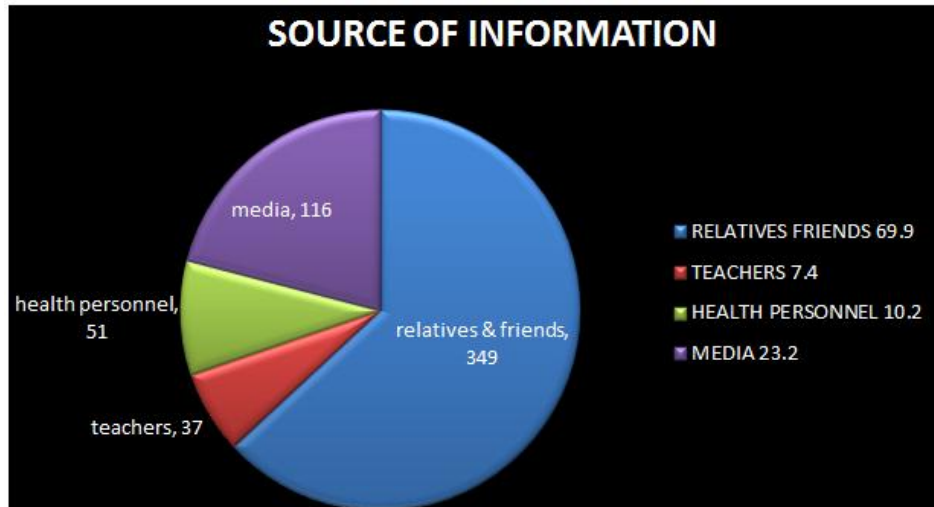


Fig. 1: Source of information

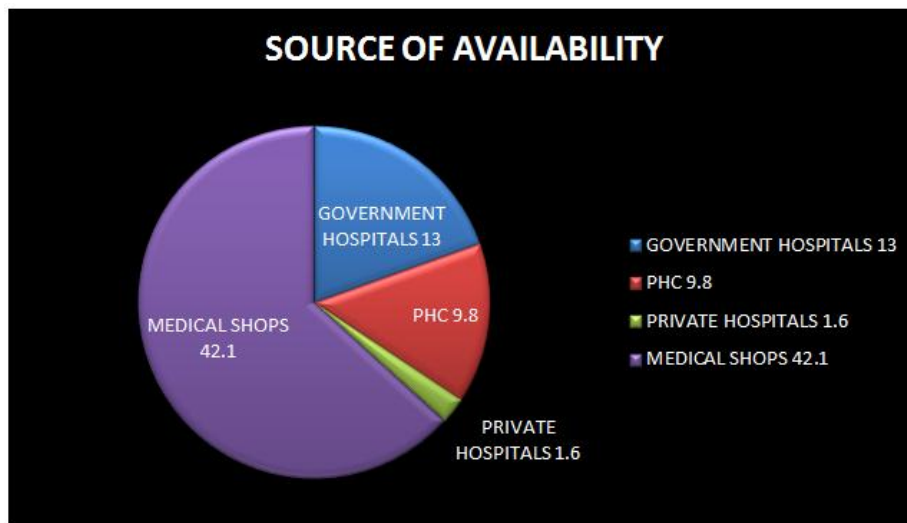


Fig. 2: Source of availability

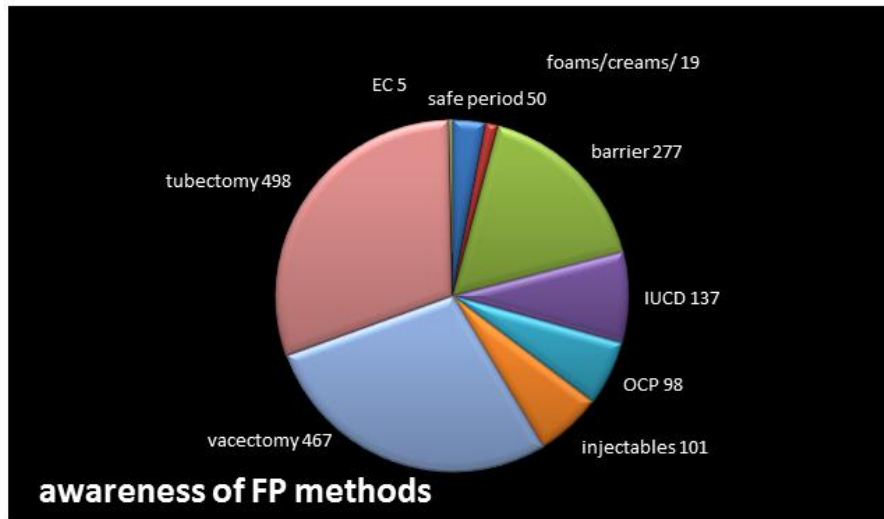


Fig. 3: Awareness of FP methods

variables		number	percentage
Age	15-20 y	111	22.2
	20-25 y	299	59.9
	25-30 y	74	14.8
	>30y	15	3
Area of residence	Rural	145	29.1
	Urban	212	42.5
	Urban slums	142	28.5
Religion	Hindu	442	88.6
	Muslim	14	2.8
	Christian	43	8.6
Education	Illiterate	60	12
	Primary	62	12.4
	Secondary	265	53.1
	>secondary	112	22.4
Occupation	House wife	473	84.8
	Labourer	12	2.4
	Service	13	2.6
	Business	1	0.2
Husband education	Illiterate	71	14.2
	Primary	48	9.6
	Secondary	234	46.9
	>secondary	146	29.3
Husband occupation	Laborer	285	57.1
	Unskilled	14	2.8
	Skilled	128	25.7
	Professional	22	4.4
	business	50	10

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Marital status	<1y	142	28.5
	1-2y	87	17.4
	3-5y	165	33.1
	>5	105	21
Number of children	Nil	278	56.7
	1	212	42.5
	2	9	1.8

Table 1: Percentage of variables in the group

Variables	knowledge			practice		
	Yes	No	p-value	yes	No	p-value
<b>Age</b>						
15-20 years (111)	61 (55.0)	50 (45.0)	0.241	35 (31.5)	76 (68.5)	0.002**
20-25 years (299)	197 (65.9)	102 (34.1)		147 (49.2)	152 (50.8)	
25-30 years(74)	47 (63.5)	27 (36.5)		43 (58.1)	31 (41.9)	
>30 years(15)	9 (60.0)	6 (40.0)		8 (53.3)	7 (46.7)	
<b>Area of Residence</b>						
Rural (145)	87 (60.0)	58 (40.0)	0.626	64 (44.1)	81 (55.9)	0.755
Urban (212)	134 (63.2)	78 (36.8)		102 (48.1)	110 (51.9)	
Urban Slum (142)	93 (65.5)	49 (34.5)		67 (47.2)	75 (52.8)	
<b>Occupation</b>						
House wife (473)	300 (63.4)	173 (38.6)	0.397	221 (46.7)	252 (53.3)	0.739
Laborer (12)	5 (41.7)	7 (58.3)		5 (41.7)	7 (58.3)	
Service (13)	8 (61.5)	5 (38.5)		6 (46.2)	7 (53.8)	
Business (1)	1 (100.0)	-		1 (100.0)		
<b>Religion</b>						
Hindu (442)	278 (62.9)	164 (37.1)	0.504	204 (46.2)	238 (53.8)	0.340
Muslim (14)	7 (50.0)	7 (50.0)		5 (35.7)	9 (64.3)	
Christian (43)	29 (67.4)	14 (32.6)		24 (55.8)	19 (44.2)	

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<b>Education</b>						
Illiterate (60)	28 (46.7)	32 (53.3)	0.000**	22 (36.7)	38 (63.3)	0.015*
Primary (62)	30 (48.4)	32 (51.6)		25 (40.3)	37 (59.7)	
Secondary (265)	161 (60.8)	104 (39.2)		120 (45.3)	145 (54.7)	
> Secondary (112)	95 (84.8)	17 (15.2)		66 (58.9)	46 (41.1)	
<b>Husband Education</b>						
Illiterate (71)	37 (52.1)	34 (47.9)	0.002**	27 (38.0)	44 (62.0)	0.240
Primary (48)	24 (50.0)	24 (50.0)		24 (50.0)	24 (50.0)	
Secondary (234)	145 (62.0)	89 (38.0)		106 (45.3)	128 (54.7)	
> Secondary (146)	108 (74.0)	38 (26.0)		76 (52.1)	70 (47.9)	
<b>Husband Occupation</b>						
Laborer (285)	160 (56.1)	125 (43.9)	0.007**	126 (44.2)	159 (55.8)	0.070
Unskilled (14)	9 (64.3)	5 (35.7)		4 (28.6)	10 (71.4)	
Skilled (128)	95 (74.2)	33 (25.8)		59 (46.1)	69 (53.9)	
Professional (22)	16 (72.7)	6 (27.3)		14 (63.6)	8 (36.4)	
Business (50)	34 (68.0)	16 (32.0)		30 (60.0)	20 (40.0)	
<b>Marital Status</b>						
<1 Years (142)	87 (61.3)	55 (38.7)	0.871	57 (40.1)	85 (59.9)	0.137
1-2 Years (87)	57 (65.5)	30 (34.5)		47 (54.0)	40 (46.0)	
3-5 Years (165)	106 (64.2)	59 (35.8)		83 (50.3)	82 (49.7)	
>5 Years (105)	64 (61.0)	41 (39.0)		46 (43.8)	59 (56.2)	
<b>Number of Children</b>						
No children (278)	171 (61.5)	107 (38.5)	0.647	126 (45.3)	152 (54.7)	0.767
1 Children (212)	138 (65.1)	74 (34.9)		103 (48.6)	109 (51.4)	
2 Children (9)	5 (55.6)	4 (44.4)		4 (44.4)	5 (55.6)	

Table 2: Comparison of knowledge and practice of FP methods

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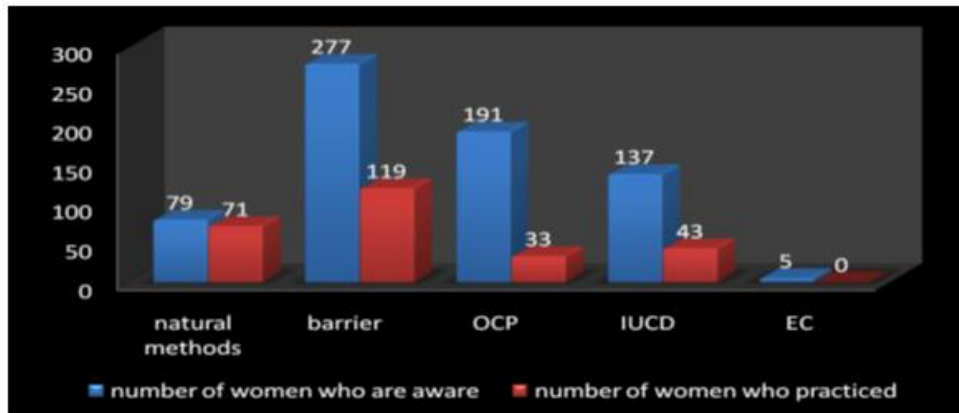


Fig. 4: Comparison of knowledge and practice of FP methods

Variables	Yes	No	Total	p-value
<b>Age</b>				
15-20 years	41 (36.9)	70 (63.1)	111 (100.0)	0.092*
20-25 years	151 (50.5)	148 (49.5)	299 (100.0)	
25-30 years	37 (50.0)	37 (50.0)	74 (100.0)	
>30 years	8 (53.3)	7 (46.7)	15 (100.0)	
<b>Education</b>				
Illiterate	23 (38.3)	37 (61.7)	60 (100.0)	0.000**
Primary	20 (32.3)	42 (67.7)	62 (100.0)	
Secondary	113 (42.6)	152 (57.4)	265 (100.0)	
Above Secondary	81 (72.3)	31 (27.7)	112 (100.0)	
<b>Husband Education</b>				
Illiterate	27 (38.0)	44 (62.0)	71 (100.0)	0.039*
Primary	22 (45.8)	26 (54.2)	48 (100.0)	
Secondary	105 (44.9)	129 (55.1)	234 (100.0)	
Above Secondary	83 (56.8)	63 (43.2)	146 (100.0)	

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Area of residence				
Rural	64 (44.1)	81 (55.9)	145 (100.0)	0.319
Urban	109 (51.4)	103 (48.6)	212 (100.0)	
Urban Slum	64 (45.1)	78 (54.9)	142 (100.0)	
<b>Religion</b>				
Hindu	207 (46.8)	235 (53.2)	442 (100.0)	0.246
Muslim	5 (35.7)	9 (64.3)	14 (100.0)	
Christian	25 (58.1)	18 (41.9)	43 (100.0)	
<b>Occupation</b>				
House wife	226 (47.8)	247 (52.2)	473 (100.0)	0.289
Laborer	3 (25.0)	9 (75.0)	12 (100.0)	
Service	7 (53.8)	6 (46.2)	13 (100.0)	
Business	1 (100.0)	-	1 (100.0)	

**Table 3: Awareness of facts about over population**

Method	2008-09	2009-10	2010-11
Female sterilisation	32255	29642	21896
vasectomy	3814	1946	1106
IUD insertions	20032	23135	16136
OCP users	15392	19917	13024
Condom users	41179	46958	36801

**Table 4: Total number of FP users in Visakhapatnam district**

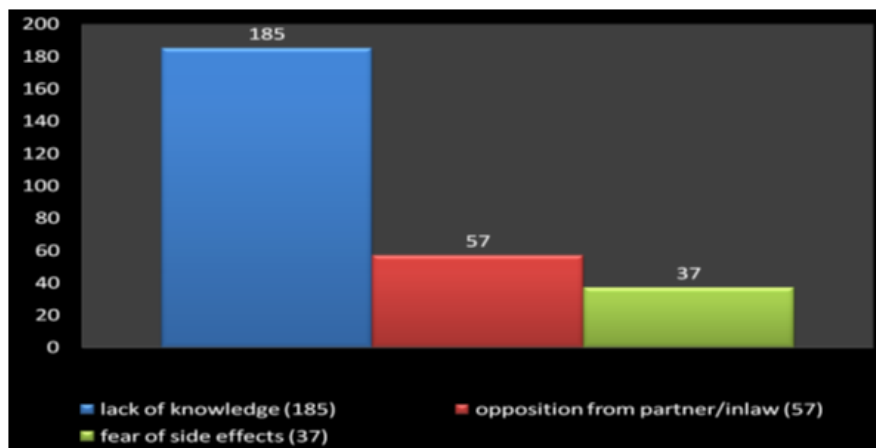
**DISCUSSION:** Out of 499 antenatal women, 59.9% are in the age group of 20-25yrs. 42.5% are residing in urban areas of Visakhapatnam. 88.6% belonged to the Hindu community. 53.1% these women had secondary education and only 12% are illiterates. 55.7% are primi gravidas. Overall awareness of permanent methods of family planning 96.3% and that of temporary methods is only 62.9% (314). 69.9% of women became aware of contraceptive method, by obtaining information from relatives and friends and 23.2% from media (Television). 42.1% are of the opinion that these contraceptive methods are available in the medical shops and only 13% know that they are available in the government hospitals. 99.8% are aware of female sterilization, and 92.8% are aware of

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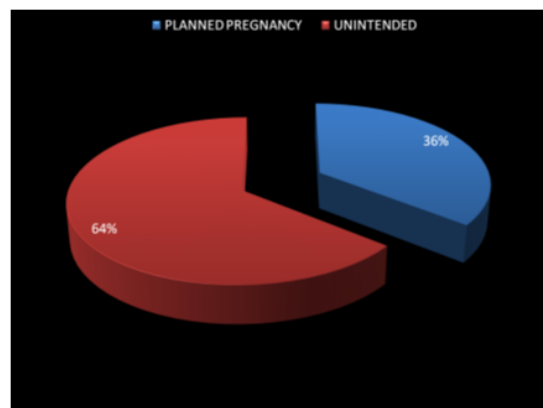
vasectomy. But awareness of temporary methods is very poor, only 55.5% are aware of barriers, 27.5% IUCD, 20% injectables and 18% OCP and 1% aware of emergency contraception.

Knowledge is maximum among women with in the age group of 20-25yr though not statistically significant, awareness increased with increase in the level of education of both women and their partners. Either the area of residence or the religion did not influence the awareness level. Only 46.6% (233 out of 499) practiced some method of FP. 14.2% (71 out of 499) used natural methods, 23.8% used barriers (Condoms), 6.6% used hormonal (OCP/INJECTABLE), and 8.6% used IUCD. Practice of FP method, increased with increasing age of women and their education. Husband's education did not influence the practice level in this study. Other variables did not influence much the level of practice.

Accessibility of electronic media to the very interior villages, may be cause that people are kept well informed irrespective of the area of residence. 23.2% (116 out of 499) practiced for 1year. 35.6% (178 out of 499) discontinued as they wanted pregnancy. 21% discontinued with onset side effects. 266 out 499 (53.3%) did not practice any method. 37.1% (185 out of 499) are unaware of any temporary methods, 11.4% (57 out of 499) could not practice due the opposition from either husband or in-laws and 7.4% did not practice due the fear of side effects. Only 289 (58%) has a positive attitude towards FP, 237 (47.5%) are aware of the side effects of over population.



**Fig. 5: Reasons for not using FP methods**



**Fig. 6: planned v/s unplanned pregnancies**



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**CONCLUSION:** Over the 63 years after launching the programme, contraceptive use has been increased. Non-reversible methods (Permanent) have reached the people at the grass-root level. But the temporary methods still remain as figures on paper. In India, gender inequalities favour men. Sexual and reproductive health decisions are usually made by men.<sup>(3)</sup> 50% of the population are men but, male or couple dependent methods of family planning are limited. Unless men are directly involved, the Family Welfare programme will have limited impact. Direct evidence on the use of male methods is scarce as men have been excluded from most of the national surveys. Studies exposing involvement of men in this programme should come up.<sup>(4)</sup>

Family planning means a well-planned family which includes not only limiting the number of births but also the baby to be born should be welcomed by a well prepared couple. It has been found that most of the women of reproductive age who do not want to have a child soon or ever are not using any contraceptive. Most women prefer to undergo MTP than using any method of family planning. Many Knowledge, attitude and practice surveys revealed that there is no complete correspondence between knowledge and practice (Same is reported in the present study). Low use of temporary methods may be the byproduct of fear of side effects, weak motivation and social and familial disapproval. This could be the reason for the gap between knowledge and practice. Births that women have but do not want constitute a substantial proportion of all births.

Moreover, while the total fertility rate has declined to 1.98, the prevalence of unintended pregnancies (Both unwanted & mistimed) has been stagnant. 1/4 Of women reported that their pregnancy was unintended (NFHS 111). Unintended pregnancies currently poses one of the greatest challenges associated with women's reproductive health. Unintended pregnancies can have serious health, social and economic consequences for both family and nation.<sup>(5)</sup> Negative consequences of unintended pregnancies are risk of low birth weight, prematurity as a result there is an increased risk of infant mortality. At the individual level, preventing unwanted birth enhances wellbeing of women & their children, thus reducing maternal and child mortality (Achieving or reaching Millennium Goal 4&5).

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