A Study on Family Planning Practices among Married Women in Reproductive Age Group in Urban Field Practice Area of Osmania Medical College, Hyderabad

Gaddala Kiranmayee¹, Gurram Sudharani¹, Bollampalli Baburao², S. Prasanth Kumar¹

ABSTRACT

Background: A family is a primary unit of society in many aspects; sociological, biological, economical, epidemiological, and operational. As defined by the WHO, family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods. In this study, an attempt has been made to assess the family planning practices/methods adopted or practiced in the urban field practice area of Osmania Medical College, Hyderabad. Materials and Methods: A community-based cross-sectional study was carried out among 402 subjects in Harazpenta, field practice area of Osmania Medical College, Hyderabad, during the period of January–June 2019. A pre-designed, pre-tested questionnaire was used to collect the data. Data were entered using Microsoft Excel 2007 and analyzed using Epi Info version 7. Results: Rapid urbanization has led to decline of joint and three generation families, nuclear families are seen to be on the rise. Literacy status of the subjects had a significant influence over the acceptance of family planning. In the present study, 75.4% of literate women have accepted family planning methods. Majority 87.3% of the study subjects were housewives and unemployed. Only 0.2% were professionals. The contraception usage increased as the age increased and was statistically significant (P < 0.0001). Religion had no association with the acceptance of contraception (P < 0.17). Conclusion: The study subjects had very poor knowledge on milk banking and awareness regarding the benefits and safety provided by breast milk was minimal.

Key words: Family planning, married women, occupation, reproductive age

INTRODUCTION

A family is a primary unit of society in many aspects; sociological, biological, economical, epidemiological, and operational.[¹] Today, no problem is more urgently important to the well-being of mankind than the limitation of population growth. Family planning is essential for the welfare of the individual, family, and population control for the socioeconomic development of the nation.[²] Among 1.9 billion women of reproductive age (15–49 years) in the world (2019), 1.1 billion have a need for family planning. 842 million use modern methods of contraception, and 80 million use traditional methods, 190 million women want to avoid pregnancy and do not use any contraceptive method. Worldwide, 922 million women of reproductive age (or their partners) are contraceptive users. The proportion of women who are using modern family planning methods (SDG indicator 3.7.1) is 76% in 2019.[³]

Female sterilization is the most common contraceptive method used worldwide. In 2019, 23.7% (219 million women) of women who are currently using contraception rely on female sterilization.[⁴] India, the second most populous country of the world harbors 17.5% of the world’s population...
in only 2.4% of the global land mass. It houses almost 17.3% of the world’s protected couples and 20% of world’s eligible couples with unmet need.\[5\] India was the first country in the world to formulate the National Family Planning Programme in the year 1952, since then, the family planning program has evolved, and the program is currently being repositioned to achieve population stabilization and to promote reproductive health and reduce maternal, infant, and child mortality and morbidity.\[6\] As per National Family Health Survey-4 (NFHS-4), prevalence of contraceptive use of any method is 53.5% in India (57.2% – urban and 51.7% – rural).\[7\] India is undergoing a fertility transition and an important feature of this transition is that contraceptive use has spread to uneducated women also.\[8\]

With the above facts in consideration, in this study, an attempt has been made to assess the family planning practices/methods adopted or practiced in the urban field practice area of Osmania Medical College, Hyderabad, Telangana, India.

MATERIALS AND METHODS

Study Design
This was a community-based cross-sectional study.

Study Setting
The present study was conducted in Harazpenta UPHC, field practice area of Osmania Medical College, Hyderabad, having population of 45,066 with 29 slums and 8995 households located near Kachiguda railway station.

Study Subjects
All subjects are married women in reproductive age group of 15–49 years.

Sample Size
A total of 402 married women in reproductive age group.

Study Period
This study period was from January to June 2019 (6 months).

Sampling Technique
Systematic random sampling.

Procedure
Out of 29 slums of Harazpenta, the first slum was randomly selected by lottery method. It is line listed and later every second slum was selected. A total of 15 slums with the population of 28,042 and 5492 households are taken. The first subject from first household was selected by the last digit of a currency 100 rupee note and later by systematic random sampling methods, every 5th house was visited, and accordingly, a total of 402 married women in reproductive age group were enrolled for the study.

Exclusion Criteria
The following criteria were excluded from the study:
1. Women whose husbands were vasectomized
2. Women not available at the time of visit
3. Women who did not give consent for the study.

Data Collection
As per the sampling technique, married women 15–49 years age group in every 5th house was selected and written informed consent taken and interviewed personally in their local language (Telugu or Hindi) using a pre-designed, pre-tested questionnaire. In case of non-availability of the subject in the 5th house, next house was visited. Ethical clearance was obtained from the Scientific Institutional Ethical Committee, Osmania Medical College, Hyderabad.

Study Variables
Sociodemographic factors such as age, religion, caste, type of family, occupation, literacy, number of living children, age at marriage, place of delivery, awareness of family planning methods, acceptance of family planning methods, knowledge about side effects, reasons for acceptance, reasons for preferring family planning method, motivational factors, reasons for nonacceptance of family planning methods, and source of information.

Data Analysis
Data were entered using Microsoft Excel 2007 version and analyzed using Epi Info version 7. Chi-square test with significance level at 5% was used to determine the association between study variables.

RESULTS
The sociodemographic characters of study subjects are described in Table 1. Out of 402 married women, majority 123 (30.6%) were in the age group of 21–25 years and 111 (27.6%) in 26–30 years age group which is the most crucial period in the reproductive span.

Out of 402 subjects, 248 (61.7%) adopted contraceptive methods. Among permanent methods, tubectomy is the most common type. The details of the usage of various contraceptive methods by study subjects are described in Table 2.
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The association of demographic variables with usage of contraception is described in Table 3. Majority of the study population from lower middle 80 (32.3%) and upper lower classes 80 (32.3%) accepted family planning methods. SES had significant association on contraceptive usage with \( P < 0.001 \). Women from nuclear families have more freedom for contraceptive usage and decision-making regarding family size unlike those from joint and three generation families where their decision is influenced by other family members. There was an increase in the percentage of contraceptive users with the increase in the number of living children. In the present study, women with one child were at minimum use of contraceptives as they want to have more children. Women having more than 2 children want to stop childbirth and had maximum usage. In the present study, majority of the acceptors 110 (44.4%) were with two children and 121 (48.8%) more than 2 children which is significant statistically, \( P < 0.001 \). Acceptance was more in women married at younger age 195 (78.6%). Majority of the acceptors were below 20 years. Age at marriage had significant association, \( P < 0.001 \). Due to awareness, efforts of health-care providers and by various schemes institutional deliveries have increased. It was observed that in the present study, 96.2% were institutional deliveries and the acceptance of family planning methods was 61.7%.

DISCUSSION

In our study, out of 402 subjects, 248 (61.7%) adopted contraceptive methods. According to NFHS-4 (2015–16), the use of any method of family planning in urban areas of Telangana state was 58.9%, which was higher than that of urban India (57.2%).\(^7\) The present study has 61.7% contraceptive usage which is slightly higher compared to urban India (57.2%) and similar to a study done by Chandhick et al.\(^8\) which was 45.2% and another study done by Balgir et al. which has 53.8% in Punjab.\(^9\) In contrast, the prevalence of contraceptive usage was found to be very low (34.9%) in a study by Sahuja et al.\(^10\) in rural Muslim area of Haryana due to socioreligious constraints.

Among the acceptors, majority 198 (79.8%) had adopted tubectomy, 21 (8.5%) DPL, 13 (5.3%) used OC pills, 11 (4.4%) had IUD, 4 (1.6%) used condoms, and 1 (0.4%) adopted LAM. According to the NFHS-4, Telangana, adoption of family planning methods was female sterilization (54.2%), condom (0.5%), IUD (0.4%), and OC pills (0.3%).\(^11\) In a study done by Garima et al.\(^12\) in Madhya Pradesh, 96% of individuals accepted temporary methods, condom (81.4%), OCPs (10%), and IUCDs (3.8%) and only 4% accepted permanent methods. In another studies done by Chopra and Dhaliwal.\(^13\) in North India and Mustafa et al.\(^14\) in Pakistan, condom was the most common method followed by oral pills and IUCD.

The contraceptive usage increased as the age increased and was statistically significant (\( P < 0.0001 \)). NFHS-4, India, reported more use of family planning methods by...
women of higher age group and parity. Similarly, a study by Sharma et al.\cite{15} in UP also highlighted same findings. The prominent reason was that couples usually start using family planning methods only after they have reached desired family size which usually corresponds to older ages and higher parities. Studies done by Manjeera et al.\cite{16} in Mangalore and Mohanan et al.\cite{17} in Dakshina Kannada and Pandey\cite{18} in Haryana had similar findings.

Religion had no positive association with the acceptance of contraception ($P < 0.17$). A study by Raza et al.\cite{19} in Pakistan revealed that although religion plays an important role in scheming attitudes of people for contraceptive practices, it is not statistically significant. Similarly, a study done by Maulik and Dasgupta\cite{20} in Bengal had similar findings. Another study done by Sharma et al.\cite{15} in Lucknow showed that religion had a significant association with utilization of family planning methods ($P < 0.001$).

Literacy status of the study subjects had positive association with contraception status ($P < 0.02$). Similar results were obtained from Pandey et al.\cite{18}, Kansal et al.\cite{21}, and Girdhar et al.\cite{22} in Ludhiana. Contrary to this study finding, Mohanan et al.\cite{17} and Pushpa et al.\cite{23} found no association between literacy and contraception status.

**CONCLUSION**

Majority of the study population were in the age group of 21–30 years which is key reproductive age group, gaining the attention of population control policy makers in the government. Majority (75.4%) of the literate women have accepted family planning methods. Most common method of family planning adopted by the study subjects was tubectomy (79.5%) on accomplishment of desired family size. Literacy status of the subjects had a significant influence over the acceptance of family planning, especially female literacy. Majority (68.1%) of nuclear families adopted family planning methods. The husband and wife in nuclear families have taken proactive decisions in adopting family planning methods compared with their counterparts in joint and three generation families. Middle and upper class categories were the major acceptors of the family planning methods, especially after completion of the family.

**RECOMMENDATIONS**

Majority of the study subjects were not using any form of spacing methods, showing the lack of awareness and inadequate knowledge of the importance of contraception. Therefore, the action plan to revamp the family welfare program to focus on promotion of spacing methods, especially in younger age couples, is needed. Contraceptive usage, especially spacing methods, needs to be encouraged and improved for better population stabilization. Strengthening of IEC activities is necessary and women in reproductive age group should be educated regarding various spacing methods. Lesser education would mean lesser age at marriage and higher fertility. Increase in the literacy rate particularly of women and empowering the status of women by the government through welfare programs is crucial. Number of hospital deliveries can have an impact on acceptance of a small family norm. This can be achieved by involving leaders at all levels to spread the message of small family norm and by encouraging voluntary organization/NGOs to provide family planning and family welfare services.

**REFERENCES**