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A study on assessment of knowledge towards family planning practices among the couples of reproductive age group in the field practice area of Prathima institute of medical sciences, Karimnagar

Dasari Gayathry¹*, B. V. Ramana², Vishweshwar Rao¹

Department of Community Medicine, ¹Kameneni Institute of Medical Sciences, Narketpally, Nalgonda, Telangana, ²Rajiv Gandhi Institute of Medical Sciences, Kadapa, Andhra Pradesh, India

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*Correspondence:

Dr. Dasari.Gayathry,

E-mail: gayatrispm@gmail.com

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ABSTRACT

Background: Population explosion is a major problem in developing country like India. Contraception is important for the health of the nation. Hence the present study aimed at elucidating knowledge of the couples towards contraception.

Methods: A cross - sectional study was conducted during February 2013-January 2014 among the couples residing in the field practice study areas. A semi-structured questionnaire consisting of socio-demographic characteristics, knowledge towards various methods of family planning was administered to 406 couples of the study area.

Results: It has been observed that female scored higher than males, however there was no statistically significant difference between the overall knowledge scores (18.67±7.798 vs. 18.41±7.177). In general, the highest knowledge was obtained in the domain of permanent contraception followed by temporary methods like condom and IUDs. The least knowledge scores were obtained in the domain of emergency contraceptives and natural methods of contraception. Urban population's over all mean knowledge scores was 22.60±6.673 compared with rural population 14.48±5.898 and was statistically significant (p=0.036). However, the marked difference in knowledge scores was obtained in the context of gender and place of residence.

Conclusions: The present study demonstrates that the average knowledge among males and females and in urban and rural area, but some knowledge gaps on certain specific aspects still remained which needs to be addressed to improve the quality of life of people.

Keywords: Knowledge, Rural area, urban area, Male, Female, Temporary and permanent methods of family planning

INTRODUCTION

Population explosion is a major problem in developing country like India. According to world population data sheet, 2013, the population of India is 1.27 billion; every year India adds more population than any other nation in the world. During last 11 years, India's population has witnessed maximum growth when compared to other highly populated nations of the world like China. In

China, fertility rate is already well below 2 children per women, while in India it is 3 children per women by 2006.² Unregulated fertility, compromise the economic development and political stability of the countries. Therefore, many countries consider limiting population growth as an important component of their overall developmental goal to improve living standards and the quality of life of people. But contraceptive use is still low and the need for contraception is high in some of the world's poorest and most populous places.³

Contraception has been the single most important intervention to reduce burden of unwanted pregnancy as well as to promote healthy living among young adults. Globally, contraceptive prevalence is estimated at 63 per cent in 2011. If contraception were accessible and used consistently and correctly by women who want to avoid pregnancy, maternal death would decline by 25-35%. Further, the levels of unwanted fertility too have been quite high in India among all and particularly among married young women.

Since men are the dominant decision makers in India, it is prudent to discover the knowledge, perception and attitudes of men and improve their involvement in reproductive health needs of family. Hence, there is an urgent need to understand the level of knowledge of couples towards family planning and the extent they feel any responsibility in family formation and reproductive health. The importance of this study, therefore, is that it will provide updated baseline information, which will enable improvement and better functioning of family planning programs and aimed at elucidating knowledge of couples regarding contraception.

METHODS

A community based cross-sectional study was conducted during February 2013 - January 2014 among the couples residing in urban and rural field practice areas of the Department of Community Medicine. The Rural Health Training Center (RHTC) is located at Vutoor and the serving area includes four villages (Vutoor, Pachnoor, Veldhi and Vegurapally) of total population 11,258. As per the village health survey, conducted by RHTC, a list of all eligible couple (1980 eligible couples) in the area was prepared and by using systematic random sampling, every 4th couple was selected for study. Urban Health Training Center (UHTC) of the department (Total population 12,200), located in a Katta Rampur area was selected for the study of urban participants. As per the previous survey a list of about 2168 eligible couples were obtained and based on the sample size by using systematic random sampling, every 5th couple was selected for the study. The sample size for this study was calculated to be 812 (203 couples each were selected from both areas, using the formula n=z α 2 p (100-p)/ ϵ 2 considering the estimated prevalence of use of contraceptive methods (60%) and the margin of error on p (put at 5%) with 10% non-response rate. A semistructured questionnaire was used to gather data. The study protocol was approved by the institutional ethics committee of the institute. The purpose of study was explained and written and signed informed consent was obtained. Data was analyzed by using Epi info version 7 and statistical measures obtained were numbers, percentages, mean values and standard deviation. The unpaired t test was used to evaluate the difference in the mean knowledge and attitude scores in context of gender and place of residence among the respondents.

RESULTS

In present study the mean age of respondents was 24.89 ± 3.62 years and majority 49 (51.3%) were between the age group of 31-40 years. Among the study participant, 406 (50%) were male and 406(50%) were female. About 406 (50%) of the study sample are residing in rural areas, while 406 (50%) were from urban areas. Most of them were 242 (29.8%) illiterate, while 101 (12.4%) had primary education. As per Kuppuswamy's socioeconomic status scale, majority, 412 (50.7%) were belonging to upper lower class (Table 1).

Table 1: Distribution of baseline characteristics of respondents.

Variables	Number	Percentage (%)		
Ago	≤20	20 (2.5)		
	21-30	301 (37.1)		
Age	31-40	391 (48.1)		
	>40	100 (12.3)		
Sex	Female	406 (50)		
	Male	406 (50)		
A ddwaga	Rural	406 (50)		
Address	Urban	406 (50)		
	Hindu	668 (82.3)		
Religion	Muslim	84 (10.3)		
	Christian	60 (7.4)		
	Nuclear	670 (82.5)		
Family type	Joint	130 (16.5)		
	Extended	12 (91.5)		
	Profession	20 (2.5)		
	Graduate	38 (4.7)		
	Intermediate	194 (23.9)		
Literacy	High school	131 (16.1)		
	Middle school	86 (10.6)		
	Primary school	101 (12.4)		
	Illiterate	242 (29.8)		
	Upper	24 (3.0)		
Socio	Upper Middle	124 (15.3)		
economic	Lower Middle	224 (27.6)		
status	Upper Lower	412 (50.7)		
	Lower	28 (3.4)		
Total		406 (100)		

Table 2, Table 3 and Table 4 represents general knowledge regarding family planning and knowledge of the respondents on various temporary and permanent methods of family planning and their responses on various methods were depicted in these tables.

It has been observed that, except the domain of condom and permanent methods, female scored higher knowledge as compared with males. The mean knowledge scores in the domain of general knowledge towards family planning among female and males was $(4.61\pm1.638, 3.78\pm1.459)$, Emergency pills and other methods $(0.90\pm1.432, 0.77\pm1.461)$, IUDS $(2.29\pm3.097 \text{ vs.} 1.80\pm2.163)$. The difference was statistically significant

(p=0.005, 0.003, 0.000 respectively). Whereas the mean knowledge score among male was higher in the domain of condom and permanent method of family planning compared with the females (2.40±1.689 vs. 1.29±1.675 and 7.27±2.328 vs. 6.20 ± 3.717) and these differences were statistically significant (p=0.025, 0.000). There was no statistically significant difference between the overall knowledge scores. Except for the domain of general knowledge towards family planning, in all other domains the mean knowledge score was higher in urban

population compared with the rural area. A statistically significant difference was observed in the difference between two knowledge score in the domain of Knowledge towards OCPs, Knowledge towards Emergency pills and others, Knowledge towards condom and Knowledge towards permanent methods. The overall mean knowledge score among urban population was 22.60±6.673 compared with rural population 14.48±5.898 and this difference was statistically significant (p=0.036) (Table 4).

Table 2: Distribution of general knowledge on family planning.

	Variables		Number	Percentage (%)
	Level and for side	Yes	356	43.8
	Legal age for girls	No	456	56.2
	Legal age for boys	Yes	379	46.7
		No	433	53.3
	Ideal gap between two child births	Yes	344	42.4
		No	468	57.6
	Ideal number of children	Yes	486	59.9
General knowledge on family planning		No	326	40.1
	Aware of family planning	Yes	806	99.3
		No	6	0.7
	Family planning is useful to avoid unwanted births	Yes	519	63.9
		No	293	36.1
	Family planning is useful to regulate intervals	Yes	251	30.9
	between births	No	561	69.1
	Family planning is useful to determine the	Yes	265	32.6
	number of births	No	547	67.4
Total			812	100

Table 3: Distribution of knowledge on various temporary methods of family planning.

Variables			Number	Percentage (%)
	Aware of OCP	Yes	442	54.4
	Aware of OCF	No	370	45.6
	Able to identify the name of OCP among various methods		338	41.6
			474	58.4
	OCDs are freely evallable at accomment	Yes	338	41.6
	OCPs are freely available at government	No	474	58.4
	Number of cills in one and neglect	Yes	277	34.1
01	Number of pills in one oral packet	No	535	65.9
Oral contraceptive pills	Will a state of the state of th	Yes	278	34.2
	When to start a new packet of OCP	No	534	65.8
	Colored tablets of OCP	Yes	245	30.2
		No	567	698
	When one should take OCP	Yes	269	33.1
		No	543	66.9
	When should take oral pill if women forgets to	Yes	157	19.3
	take OCP	No	655	80.7
	A CHID	Yes	253	31.2
Intra uterine devices	Are you aware of IUDs	No	559	68.8
	HID	Yes	245	30.2
	IUDs means	No	567	69.8
	Identify name of IUD among the other	Yes	232	28.6
	methods	No	580	71.4

	Time for IUD insertion	Yes	179	22.0	
	Time for IOD insertion		633	78.0	
	TO CHIP: C AC 11	Yes	97	11.9	
	Time for IUD insertion After delivery	No	715	88.1	
		Yes	88	10.8	
	Check the IUD in position		724	89.2	
		Yes	122	15.0	
	Follow-up is necessary after IUD insertion	No	690	85.0	
	Circumstances in women with IUD need to	Yes	244	30.0	
	consult	No	568	70.0	
	- 	Yes	196	24.1	
	Complication of IUDs	No	616	75.9	
		Yes	456	56.2	
	Aware of male condom	No	356	43.8	
		Yes	68	8.4	
	Aware of Female condom	No	744	91.6	
		Yes	151	18.6	
	When condom is used	No	661	81.4	
Condom		Yes	363	44.7	
	Times the condom used	No	449	55.3	
		Yes	140	17.2	
	Check condom after coitus	No	672	82.8	
	Condom protects from STDS	Yes	333	41.0	
	Condom protects from 51D5	No	479	59.0	
	Have you heard about emergency	Yes	186	22.9	
	contraceptives (E.C)	No	626	77.1	
		Yes	135	16.6	
	Time to take E.C	No	677	83.4	
		Yes	116	14.3	
Emergency	Ideal time limits for taking E.C	No	696	85.7	
contraceptives and		Yes	87	10.7	
other methods	Time for release of female egg in 28 day cycle	No	725	89.3	
	Safe period means	Yes	91	11.2	
		No	721	88.8	
	Coitus interrupts mean	Yes	62	7.6	
			750	92.4	
Total		No	812	100	
Total	dt N- Other thant		812	100	

Yes – correct response of respondent No – Other than correct response of respondent.

Table 4: Knowledge assessment on permanent methods of family planning.

Variables		Number	Percentage (%)
Identify permanent method of family planning	Yes	546	67.2
identity permanent method of family planning		256	32.8
Advantage of normanent method of family planning	Yes	327	40.3
Advantage of permanent method of family planning	No	485	59.7
When to adopt permanent method of family planning	Yes	430	53.0
	No	382	47.0
	Yes	568	70.0
Tubectomy is a permanent method of sterilization	No	244	30.0
Doct time for Tubal ligation often normal delivery	Yes	308	37.9
Best time for Tubal ligation after normal delivery	No	504	62.1
Tub al l'action con course some months as	Yes	678	83.5
Tubal ligation can cause severe weakness	No	134	16.5
Vocastamy is a normanant male starilization method	Yes	565	69.6
Vasectomy is a permanent male sterilization method	No	247	30.4

Vaccatamy is done without any sharges	Yes	346	42.6	
Vasectomy is done without any charges		466	57.4	
Cash incentives are given after vasectomy	Yes	264	32.5	
	No	548	67.5	
Provision for insurance in case of complication	Yes	234	28.8	
	No	578	71.2	
W / 1 / 1 11 1	Yes	395	48.6	
Vasectomy does not require prolonged bed rest	No	417	51.4	
Vacantamy does not affect saynal norformana	Yes	374	46.1	
Vasectomy does not affect sexual performance		438	53.9	
T7 / 1 1 1/1 / 1 1 1 1	Yes	435	53.6	
Vasectomy is done without giving any incision		377	46.4	
Total		812	100	

Table 5: Mean knowledge score of respondents in context of gender and place of residence.

Variables	Gender	Mean±S.D	P value	Place of residence	Mean±S.D	P value
General knowledge towards family	Female	4.61±1.638	0.005	Urban	4.09±1.628	0.855
planning	Male	3.78±1.459	0.003	Rural	4.30±1.579	0.655
Knowledge towards OCP's	Female	3.37±2.197	0.691	Urban	3.64±1.801	0.000
Knowledge towards OCF's	Male	2.40±2.252	0.091	Rural	2.14±2.448	
Vnowledge towards HIDS	Female	0.90±1.432	0.002	Urban	1.65±1.638	0.000
Knowledge towards IUDS	Male	0.77±1.461	0.003	Rural	0.02 ± 0.185	
Vlada - Assessada Caradana	Female	2.29±3.097	0.000	Urban	2.37±2.612	0.884
Knowledge towards Condoms	Male	1.80±2.163		Rural	1.72±2.712	
Knowledge towards EC & Other	Female	1.29±1.675	0.024	Urban	2.41±1.842	0.000
methods	Male	2.40±1.689	0.024	Rural	1.28±1.502	0.000
Knowledge towards Permanent	Female	6.20±3.717	0.000	Urban	8.45±2.207	0.000
methods	Male	7.27 ± 2.328	0.000	Rural	5.03±3.012	0.000
Total Knowledge towards Family	Female	18.67±7.798	0.181	Urban	22.60±6.673	0.036
planning	Male	18.41±7.177	0.101	Rural	14.48±5.898	0.030
Unpaired test (Total knowledge)	1.789			4.426		

^{&#}x27;Unpaired' test =1.789 (Gender) p = 0.181; Unpaired t test =4.426 (Place of residence) p=0.036.

DISCUSSION

Family planning is of utmost importance for the development of individuals, society and a nation. It is necessary to know the factors that influence contraceptive behavior and the knowledge, attitude of the respondents in order to overcome obstacles of contraceptive use and hence the present study was undertaken.

About 812 respondents were recruited for the study of which 50% were male and 50% were female, 50% were residing in rural areas, while remaining 50% were taken from urban areas. The mean age of the respondents was 32.24±6.5 years and most of the, 48.2% of the respondents were between the age group of 31-40 years. A study conducted by Prachi et al showed that 47.6% of respondents were in the age group of 25 to 34 years. Among the studied sample, 82.3% were from Hindu community and 10.3% were Muslims and 82.5% were belonged to nuclear families. In a study conducted by Sharma et al Hindus accounted for 85.6% of the total sample and nuclear type of families were observed

among 70% of the studied population in a study conducted by Reddy et al. ^{5,6} In the present study, 29.8% of the respondents were illiterate, 27.5% were unemployed and 50.7% of the studied participant's belonged upper lower socio – economic class (SES). Our findings are consistent with the findings of a Survey conducted by Sharma et al which revealed that 37.7% of the respondents had no formal education and 56.2% belonged to SES III. ⁵

In the context of general knowledge of family planning 43.8% of participants have given a correct response about the legal age for girls, 46.7% told correct legal age for boys and 42.4% of the participants have a correct knowledge about the ideal gap between two pregnancies. Maximum, 99.3% of respondent were aware about family planning. About 59.9% thought that the ideal family size comprise of two children and majority 63.8% of considered family planning useful in avoiding unwanted pregnancies, whereas 30.7% considered it as useful to regulate birth interval and 32.4% in determining the number of children in the family. Jha et al assessed the perception regarding fertility among respondents

observed that about 45.8% were unaware about the ideal age of marriage for girls and 36.5% of respondents had wrong knowledge about the ideal interval between marriage and 1st pregnancy⁷. Most respondents (94.3%) were aware of the use of family planning in a study conducted by Obisesan et al.⁸ A varying degree of general knowledge was observed among various studies which can largely attribute to various socio-demographic characteristics of respondents.

Tubectomy was most popular among respondents who reported knowledge of the contraceptive methods. Knowledge of tubectomy is nearly 70% and that of the vasectomy was 69%. Similar findings were observed in a study conducted among Koyas et al who reported nearly 75% and 67% knowledge regarding tubectomy and vasectomy respectively. In general, knowledge on spacing methods was low among the study population. However, knowledge on OCPs is found to be nearly 54.4%, while 31.2% were aware of IUDs and 19.6% known about male condoms whereas only 8.4% were aware of the female condom.

About 54.4% of respondents were aware of OCP's, while 41.6% were able to identify the name of OCP among all methods. A total of 34.2% has given correct responses about when to start a new cycle of pills and 33.1% were given correct response that OCPs must be taken daily. Only 19.3% know that one has to take pills immediately if she forgot. Our findings are consistent with the findings of district level household and facility survey (DLHS) conducted in 2007-08 in Andhra Pradesh. Several studies across India showed a varying level of awareness about OCP's. A study conducted by Lavanya et al among reproductive age group women in a tertiary institute showed that only 21.9% know about OCP's whereas 47.1% female college students in Chandigarh were aware of OCP's as per the findings observed by Puri et al. 11,12

Nearly, 31.2% of respondents were aware of IUDs, 30.2% knows the meaning and only 28.6% are able to identify the method correctly among other methods of contraception. A very few, 22% and 12.1% have given correct responses for ideal time for IUD insertion, normally and after delivery respectively. Only 11% know how to check IUDs in position and 15.1% said that follow-up is necessary after insertion. A total of 30% knows the circumstances for consultation with a doctor and 24.1% knows bleeding as a most common complication of IUDS. As per the DLHS around 31% of women in Andhra Pradesh were aware of IUDs. 10 A study conducted by Khan et al revealed that around believed that IUDs are very effective 48.7% contraceptive method, 50% were aware that first followup should be done after 3 to 6 weeks of IUD insertion and 19.7% said that the IUDs does not have hormonal side effects.13

Around 54.6% were aware of male condom, while only 8.4% were aware of the female condom. About 18.6%

have given a correct response for when to use condom, 44.7% knows that the new condom should be used every time before coitus and 17. 2% agreed to check for condom after coitus for any spillage. About 41% of the respondents said that condom protects from sexually transmitted diseases (STD's). As per the DLHS about 40% of the respondents were aware of condoms. 10 Condoms were considered by respondents as an effective method of contraception and prevention of STD's by 33.2% and 28.3% respectively in a study conducted by Ismael et al. 14 Similarly, only 2.8% of the respondents were aware of the female condom in a study conducted by Saluja et al. 15 The overall knowledge regarding condom is towards higher side may be attributed to the characteristics of sample population as well as overall increases in health literacy trend.

About 22.9% of the respondents were aware of emergency pills. Among them only 16.6% have given a correct response as to take pill after intercourse, while 14.3% were knowing the ideal time limit for pills after intercourse is within 72hours. Regarding natural methods, knowledge on time release of female egg in 28 days of the menstrual cycle, only 10.7% gave correct response, only 11.2% have correct knowledge on safe period and 7.6% on coitus interrupts. A wide variation in the knowledge about emergency contraceptives was observed among various studies. In the Fitter et al study, 96% of women were familiar with EC, 51% had used EC and 46% had known the correct time limit for effectiveness of EC.¹⁶ One of the noteworthy findings of the DLHS survey in Andhra Pradesh revealed that 20.3% of ever married women had knowledge of EC; our findings are consistent with these findings. 10 Regarding natural methods, it was observed that 10.7% of respondents were aware of the time of ovulation, 11.2% have correct knowledge on safe period and 7.6% on coitus interrupts. Our findings are comparable with the findings of DLHS which revealed 13.1%, 6.5% and 1.1% of respondents were having knowledge about the rhythm method, withdrawal method and other methods respectively. 10 In a study conducted by Karma et al found that, out of these 23.38% women were relying upon natural methods of contraception, 2% were using safe period and 21.2% abstinence for contraception.¹

In contrast to DLHS findings revealing awareness regarding Tubectomy (99.4%) and Vasectomy (88.7%), we obtained less knowledge regarding permanent methods of sterilization. In our study, about 70% had knowledge that tubectomy is a permanent method of sterilization in females and 69.6% considered vasectomy as a permanent method of sterilization in males. Varying degree of knowledge was observed by authors conducting studies across India. In a study conducted by Garg et al, the authors observed that the majority (97.4%) were aware of NSV as a method of permanent male sterilization. Majority (97.2%) knew that NSV is done without any charge and cash incentive is given to the NSV client after the procedure. Though 68.0%

respondents agreed that permanent sterilization is a possible option for them, only 34.1% respondents were willing to adopt NSV as a method of family planning. Similarly, in a study conducted by a Mahat et al majority of respondents accepted vasectomy as the permanent method of contraception while only 45.5% said that sexual functions return to normal following vasectomy. ¹⁹

It has been observed that except the domain of condom and permanent methods, female scored higher knowledge as compared with males, however there was no statistically significant difference between the overall knowledge scores (18.67±7.798 vs. 18.41±7.177). Our findings are inconsistent with the findings of Jammeh et al who observed a higher knowledge scores 19.72±6.77 among males compared with females, 18.40±5.50 and the inconsistency may be because of other determinants of the knowledge regarding family planning.²⁰

The overall mean knowledge score among urban population was 22.60±6.673 compared with rural population14.48±5.898 and this difference was statistically significant (p=0.036). Our findings are consistent with the DLHS finding showing more knowledge among urban residents compared with rural residents.¹⁰ Lack of knowledge is strongly associated with unmet need for contraception. Knowledge barriers are relatively insignificant in the urban as well as the rural area of, as the majority of users were aware of at least one modern method of family planning. Knowledge of spacing methods was expressed by around half the couples and a higher acceptance of spacing methods was observed from the place where they had knowledge of these methods.

CONCLUSION

The present study demonstrates that the average knowledge among males and females and in urban and rural area, yet differences on knowledge of specific contraception methods exist. In general, the highest knowledge was obtained in the domain of permanent contraception followed by temporary methods like condom and IUDs. The least knowledge scores were obtained in the domain of emergency contraceptives and natural methods of contraception. However, the marked difference in knowledge scores was obtained in the context of gender and place of residence. There is need to target these populations for health education interventions in order to achieve the desirable practices.

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Institutional Ethics Committee

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