

Original Research Article

Knowledge, attitude and practice of family planning among reproductive age group women of urban and rural areas of Gadag: a comparison study

Jannatbi Iti¹, Roshan Mudaraddi^{2*}

¹Department of Community Medicine, Gadag Institute of Medical Sciences, Gadag, Karnataka, India

²Department of Community Medicine, S. Nijalingappa Medical College, Bagalkot, Karnataka, India

Received: 16 March 2020

Revised: 08 May 2020

Accepted: 11 May 2020

*Correspondence:

Dr. Roshan Mudaraddi,

E-mail: roshanraddi@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: India is the second most populous country in the world 1.311 billion (2015). With only 2.4% of the world land area India is supporting 17.5% of the world population. The rampant population growth has been viewed as the greatest obstacle to the economic and social advancement. Reproductive choice is one of the most fundamental rights of a couple. Empowering a woman to control her fertility allows her to complete her education or employment aspirations. Aim and objective of the study was to know the distribution of socio-demographic factors which influence KAP about FP methods among eligible reproductive age group women.

Methods: A community based cross sectional study was done from 27 March 2017 to 20 April 2017 in rural and urban areas of Gadag Taluk in women of eligible reproductive age group with a sample size of 560.

Results: 25.4% of the women are in the age group of 28-32 years. Majority of the women belonged to Hindu (87.5%) and 11.1% Muslims. Highest proportion of women have completed middle and high school which amounts to 42.3%. and 17.7% were illiterates. 43.6% of the respondents married at the age of 20-24 years, 48.2% of the women were homemakers, 3.6% were professionals and 1.8% were semi-professionals and 23.2% were unskilled.

Conclusions: Family planning is the most effective measure to bring control on the population. Knowing the socio-demographic factors which influence the adoption of family planning methods is of utmost importance to plan for birth control and spacing children especially for the policy makers.

Keywords: Attitude and practices, Knowledge, Family planning

INTRODUCTION

Family planning is defined by WHO as “a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitude and responsible decisions by individuals and couples in order to promote the health and welfare of family groups and thus contribute effectively to the social development of a country.¹ India was the 1st country in the world to launch the National Family Planning Program (1951) with the aim to reduce the birth rate and to stabilize population. Since its inception in

1951, this program has experienced a significant growth in financial investment, service delivery points and in the range of contraceptive products delivered.

This program has been integrated with the broader RCH program but the uncontrolled population growth which is already exceeding billion, still remains the single greatest threat to the political, economic and social development of the country.² India is the 2nd most populous country in the world 1.311 billion (2015). With only 2.4% of the world land area India is supporting 17.5% of the world

population.³ According to UN projections India's population will reach 1.53 billion by the year 2050 and will be the highest in the world. Country's population is growing rapidly with about 18 million people being added to it annually. The rampant population growth has been viewed as the greatest obstacle to the economic and social advancement of the majority of people in the underdeveloped world. Reproductive choice is one of the rights of any woman, but women are often ambivalent towards fertility desires and choice of contraception.

Reproductive choice is one of the most fundamental rights of a couple, and therefore couples should be free to reproduce as well as use contraceptives during their reproductive span. Empowering a woman to control her fertility allows her to complete her education or employment aspirations. Because India has a mosaic pattern socio-culturally and demographically, various factor influences the KAP of eligible reproductive age FP methods across the country and such a study has not been done in this region.⁴

Hence this study was undertaken to know the distribution of socio-demographic factors which influence KAP about FP methods among eligible reproductive age group women. Aim and objective of the study was to know the distribution of socio-demographic factors which influence KAP about FP methods among eligible reproductive age group women.

METHODS

A community based cross sectional study was done from 27 March 2017 to 20 April 2017. Women of eligible reproductive age group (15-49 years) from rural (Gadag Taluk - Nagavi, Kalsapur, Mallasamudra) and urban (Gadag city - Hudko, Mulgundnaka, Gandhi circle) areas of Gadag taluk were taken. Women using contraceptive methods for other indications like regulation of menstrual cycle, functional ovarian cyst and polycystic ovarian syndrome were excluded from the study and pregnant women and eligible women not willing to participate in our study were excluded the study.

Sample size of 560 was got by applying the formula $n=4pq/l^2$ where p is 51.8 (NFHS 4 survey of Karnataka) and q is 48.2 and l is 8%. A predesigned and semi-structured questionnaire was used for data collection. Prior consent was taken and data collected in the form of interview technique. Those participants who were not present at the time of visit, were revisited and data was collected, each house was visited randomly till the sample size was met. Data was entered in excel sheet and analyzed using SPSS version 22.

RESULTS

The distribution of husbands was highest in the age group of 28-32 years which was 25.5% and next highest distribution was in the age group 33 to 37 years. Majority

of the women belonged to Hindu (87.5%) and 11.1% Muslims. Highest proportion of women have completed middle and high school which amounts to 42.3% and 17.7% were illiterates.

Table 1: Distribution of study subjects according to age and education.

Variables	Rural	Urban	Total	Percentage
Age in years	No. of women			
18-22	63	24	87	15.5
23-27	53	72	125	22.3
28-32	53	89	142	25.4
33-37	42	42	84	15.0
38-42	52	26	78	13.9
43-49	17	27	44	07.9
Total	280	280	560	100
Age in years	No. of husband			
18-22	5	9	14	2.5
23-27	49	30	79	14.1
28-32	62	81	143	25.5
33-37	44	62	106	18.9
38-42	42	40	82	14.6
43-49	58	47	105	18.8
50-59	20	11	31	5.6
Total	280	280	560	100
Education	No. of women			
Illiterate	61	38	99	17.7
Primary school	78	41	119	21.3
Middle school	53	59	112	20.0
High school	71	54	125	22.3
Intermediate/ diploma	17	68	85	15.1
UG/Graduate	0	20	20	3.6
PG	0	0	0	0
Total	280	280	560	100
Education	No. of husband			
Illiterate	71	18	89	15.9
Primary school	80	28	108	19.3
Middle school	62	84	146	26.1
High school	62	55	117	20.9
Intermediate/ diploma	4	79	83	14.8
UG/graduate	1	16	17	3.0
PG	0	0	0	0
Total	280	280	560	100

Highest proportion of husbands have completed middle and high school which amounts to 47% and 15.9% were

illiterates. 43.6% of the respondents married at the age of 20-24 years and 38.4% of the study subjects were between 15-19 years. 48.2% of the women were homemakers, 3.6% were professionals and 1.8% were semi-professionals and 23.2% were unskilled. 26.4% of the husbands were unskilled workers, 27.2% were unemployed and skilled were 17.1% and 3.9% were professionals.

Table 2: Distribution of study subjects according to religion and occupation.

Variables	Rural	Urban	Total	Percentage
Age at marriage (in years)				
No. of women				
15-19	191	24	215	38.40
20-24	84	160	244	43.60
25-29	5	96	101	18.00
Total	280	280	560	100
Religion				
No. of women				
Hindu	245	245	490	87.50
Muslim	27	35	62	11.10
Christian	8	0	8	1.40
Others	0	0	0	0
Total	280	280	560	100
Occupation				
No. of women				
Unemployed	191	79	270	48.20
Unskilled	69	61	130	23.20
Semiskilled	5	45	50	8.90
Skilled	14	29	43	7.70
Clerk/shop/farm owner	0	37	37	6.60
Semi professional	1	9	10	1.80
Professional	0	20	20	3.60
Total	280	280	560	100
Occupation				
No. of men				
Unemployed	107	45	152	27.20
Unskilled	103	45	148	26.40
Semiskilled	24	46	70	12.50
Skilled	26	70	96	17.10
Clerk/shop/farm owner	13	46	59	10.00
Semi professional	4	9	13	2.30
Professional	3	19	22	3.90
Total	280	280	560	100

Nuclear family was constituted by 64.5% of the respondents, 19.1% joint family and 16.4% were third generation family. Socio-economic status of class I was constituted by 32% and class V were 7.5%. 54.3% of the women had 2 children compared to 3 children which constituted 18% and women having 4 or more children constituted 2.1%

Table 3: Distribution of study subjects on basis of type of family and socioeconomic class.

Variables	Rural	Urban	Total	Percentage
Type of family				
No. of families				
Joint family	88	19	107	19.1
Nuclear family	109	252	361	64.5
Third generation family	83	9	92	16.4
Problem family	0	0	0	0
Total	280	280	560	100
SES class				
No. of families				
1	1	178	179	32.0
2	15	78	93	16.6
3	50	24	74	13.2
4	172	0	172	30.7
5	42	0	42	7.5
Total	280	280	560	100
No. of children				
Address				
0	27	10	37	6.6
1	64	42	106	18.9
2	105	196	301	54.3
3	72	32	104	18.0
4	9	0	9	1.6
5	2	0	2	0.3
>5	1	0	1	0.2
Total	280	280	560	100

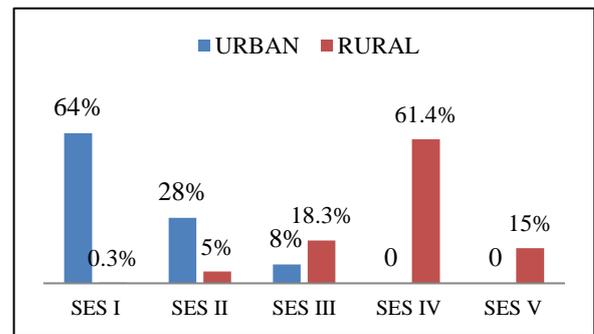


Figure 1: Urban and rural distribution versus socio-economic status.

DISCUSSION

Mean age of participants was 31.55 years, 40-45% of the respondents were in the age group of 35-49 years and 53.1% of the respondents were in the age group of 20-34 years, 48.5% were of 26-35 years of age and the mean age of participants was 29.7±6.4.⁶⁻⁹ 92% were Hindus and more than half of women were Hindu by religion (58.2%).⁸⁻¹⁰ 49.3% were from nuclear family and nearly 81.2% of mothers belonged to joint families.^{8,10}

Among 381 participants included, 185 (49%) were from rural villages and (53.6%) were residents of urban areas.⁹⁻¹⁰ 45.6% had higher secondary education, about 47% of the participants were illiterate and 52% have completed their primary education.^{8,9} 41.2% were house wives, 246 (64.6%) and 133 (34.9%) were house wife's and farmers respectively by their occupation and 84.5% were homemakers.⁸⁻¹⁰

More than half of participant's husbands (56.4%) were coolie by occupation¹⁰ 55.9% had family monthly income below 5000 rupees, the monthly household income of the majority (42.5%) of the participants was between 1000 and 3000 Ethiopian birr (2,300 to 6,900 Indian rupees) and 40% of women belonged to class 3 socio-economic status (SES) according to modified BG Prasad classification.⁸⁻¹⁰

64% were married between 19-25 years, 43.3% had 2-3 years of married life and almost two-third (65.4%) of participants were married and 24.9% were divorced by their marital status.^{8,9} 52.2% had one pregnancy and regarding the family size of the participant's, majority (48.3%) of them had ≥ 3 children.^{8,9}

CONCLUSION

Family planning is the most effective measure to bring control on the population. Usage of contraception can help avoid unwanted pregnancies and space births, protect against STDs including HIV/AIDS. Family planning services and programmes have important health, social and financial benefits. There is a difference between educated couple over un-educated and rural and urban difference for type of method and approach.

ACKNOWLEDGEMENTS

Author would like to thank Director of GIMS, Gadag and HOD of department of Community Medicine and also thank undergraduate students for their support and help.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. Technical Report Series (TRS) WHO 1971. Available at [https:// www. who. int/ biologicals/](https://www.who.int/biologicals/)

- technical_report_series/en/. Accessed on 12 January 2020.
2. Patil MG, Mahyavanshi DK, Girija K. A cross sectional study on KAP regarding spacing methods among married women of the reproductive age group in the field practice area of UHTC in Surrendranagar district. Health Line. 2011;2(2):31-5.
3. Provisional Population Report. Government of India (2012). Census 2011. Available at [https:// censusindia. gov.in/ 2011- prov-results/ prov_ results_paper1_india.html](https://censusindia.gov.in/2011-prov-results/prov_results_paper1_india.html). Accessed on 12 January 2020.
4. Srivastav A, Khan MS, Chauhan CR. Knowledge, attitude and practices about contraceptive among married reproductive females. Int J Sci Stud. 2014;1:2-4.
5. Abinash U, Shah SK, Thapa D. Knowledge, attitude and practice of family planning methods among married women of reproductive age group in earth quake displaced population of Sindupalchok district, Nepal. Am J Public Health Res. 2017;5(1):1-5.
6. Singh A, Singh K, Verma P. Knowledge, attitude and practice GAP in family planning usage: an analysis of selected cities of Uttar Pradesh. Contracep Reprod Med. 2016;1:20.
7. Thapa P, Pokharel N, Shreshta M. Knowledge, attitude and practices of contraception among the married women of reproductive age group in selected wards of Dharan sub-metropolitan city. J Reprod Health Contracept. 2018;3:1-8.
8. Sherpa SZ, Shelini M, Nayak A. Knowledge, attitude, practice and preferences of contraceptive methods in Udipi district, Karnataka. J Family Reprod Health. 2013;7(3):115-20.
9. Semachew A, Tarekegn M, Embiale N. Knowledge, attitude and practice towards family planning among reproductive age women in a resource limited settings of Northwest Ethiopia. BMC Res Notes. 2018;11:577.
10. Sindhu BM, Angadi MM. Knowledge, attitude and practice about Family planning methods among reproductive age group women in a tertiary care institute. Int J Sci Stud. 2016;4(20):133-6.

Cite this article as: Iti J, Mudaraddi R. Knowledge, attitude and practice of family planning among reproductive age group women of urban and rural areas of Gadag: a comparison study. Int J Community Med Public Health 2020;7:2221-4.