



## AWARENESS AND PRACTICE OF FAMILY PLANNING METHODS AMONG MARRIED WOMEN IN AN URBAN SLUM OF CHENNAI.

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**ABSTRACT** India is projected to reach a population of 1.53 billion, becoming the most populated country by 2050 surpassing China. Family planning plays a major role in bridging this rapid population growth.

**Objectives:** To study the awareness of Family planning methods among married women in the urban slum area of Chennai and the methods that were adopted by them.

**Methodology:** A community based cross sectional study was carried out among married women of the reproductive age group 15-49 years (n=208) after obtaining their consent. The women were interviewed with the semi structured questionnaire and Data analysed with Microsoft Excel.

**Results:** 95.7% were aware of permanent surgical methods, IUCD 76% and condom 72.1%. Most of the women obtained information from health care workers (87%). Health problems, difficulty in maintenance and spouse dislike were the reasons for not practicing.

**KEYWORDS :** Family Planning, Awareness, Practice, Married Women

### INTRODUCTION:

Family planning services have the potential to improve the quality of the lives of people and also their economic welfare. Increasing population growth is a worldwide problem today and India is no exception. A variety of different methods of contraception are available, which are generally extremely safe compared with the risks associated with pregnancy and childbirth. Not all methods are suitable for everyone. Expanding the number of family planning options available to women is a critical part of increasing contraceptive coverage, decreasing unintended pregnancies and reducing maternal morbidity and mortality around the globe. Family planning through contraception tries to achieve two main objectives: firstly, to have only the desired number of children and secondly to have these children by proper spacing of pregnancies. A lack of knowledge of contraceptive methods or source of supply, cost and poor accessibility are the barriers that exist in developing countries. Side effects perceived or real are major factors for the abandoning of modern methods. The Crude birth rate of India was 20 births per 1000 population with a population growth rate of 1.17% in the year 2017. Tamil Nadu ranks the 7th most populous state in India. In view of population control, Adoption of Family planning methods is an inevitable step. Maternal mortality ratio for India is high as 167 deaths per 100,000 live births and in Tamil Nadu it is 79 deaths per 100,000 live births. In an effort to reduce maternal deaths in developing nations, family planning can be an important and effective first step. Family planning in India is based on efforts largely sponsored by the Indian government. During 1965-2009, contraception usage has increased more than triple times (from 13% of married women in 1970 to 48% in 2009) and the fertility rate has reduced by more than half (from 5.7 in 1966 to 2.6 in 2009). But the national fertility rate is still high enough to cause long-term population growth. India adds up to 1,000,000 people to its population every 15 days.

In Tamil Nadu, along with condoms, injectables, oral contraceptives, vaginal rings, intrauterine devices, natural methods and Copper Ts, Male and Female Sterilization is also considered as an essential contraceptive choice. For many women who are satisfied with their family size, sterilization is a relatively safe and sure way to prevent future pregnancy. Family planning services can bring a wide range of benefit to women, their families and the society as a whole. This allows spacing of pregnancies and can delay pregnancies in high risk women, thus, reducing maternal deaths and can reduce infant mortality by preventing closely spaced and ill timed pregnancies which the contributor factors for infant mortality. It can also help in reducing unsafe abortions which accounts for 67,000 deaths annually and can

also reduce adolescent pregnancies and slows population growth as well. Thus, family planning is essential in reducing poverty and achieving United Nations' Millennium Development Goal. It also helps in empowerment of people, prevention of transmission of HIV/AIDS and other sexually transmitted infections. This study was planned to assess the awareness of Family planning methods among married women in the reproductive age group in an urban slum area of Chennai

### OBJECTIVES:

To Study the Awareness of Family planning methods and Practice of it among married women in Indiragandhi Nagar, an Urban slum and field practice area of ICM, MMC.

### METHODOLOGY:

**Study Design :** Community based Cross-sectional study

**Study population :** Married women in reproductive age residing at Indira Gandhi nagar, Chennai who were willing to participate in the study.

**Study duration:** August 2018- September 2018 (2 months)

### Inclusion criteria:

- Married women in the reproductive age group who gave their consent

### Exclusion criteria:

- Women with Bad Obstetric History.

### Data collection:

A semi structured questionnaire was administered to the participants at their doorsteps after obtaining informed consent. The questionnaire consisted of Socio demographic details, parity, knowledge about family planning methods, adverse effects, non contraceptive benefits, previous and current usage of contraceptives and the sources of information. Data were analysed with Microsoft Excel

### SAMPLE SIZE AND SAMPLING:

The prevalence of family planning awareness was found to be 58.8% in the study titled "Unmet need for contraception among married women in an urban area of Puducherry, India by Bahiya Sulthana et al. With 7% absolute precision, the sample size is calculated as follows,  

$$N = Z(1-a/2)2pq/d^2$$
 Where p = 58.8%

$q = 100 - p = 100 - 58.8 = 41.2$   
 $Z(1 - \alpha/2) = 1.96$   
 $d = 7\%$   
 $N = (1.96 \times 1.96 \times 58.8 \times 41.2) / (7 \times 7)$   
 $= 189$   
 $N = 189 + 10\%$  (non-response rate)  
**Sample Size = 208.**

**SAMPLING METHOD**  
Simple random sampling

**RESULTS**

Of the 208 females interviewed, 124 (59.6%) of the women belonged to nuclear family and most of them had completed Higher secondary education and were taking care of Home.

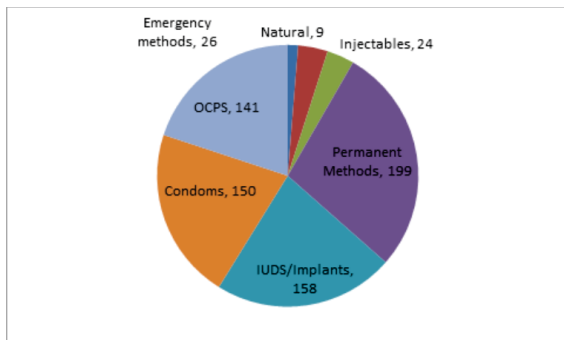
Almost all of them were aware of atleast one method of family planning..

**Table:1 Sources of Information regarding Family Planning Methods.**

No	Source of Information	Numbers
1	TV/Movies/Internet	91(44%)
2	Friends/ Relatives	59(29%)
3	Spouse/ Family members	17(8%)
4.	News papers	16(8%)
5.	Hospital/ Health staff	181(87%)

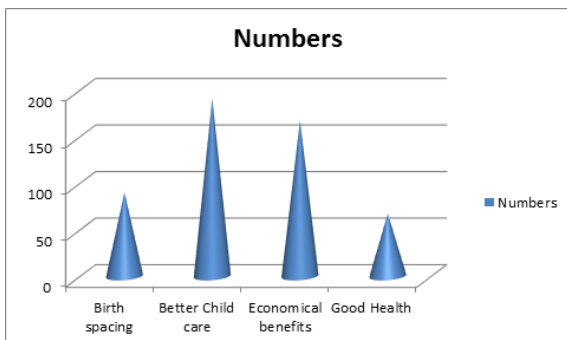
87% of the women had learnt about the family planning methods through Health care Workers. Mass media, internet were followed by Friends and relatives.

**Fig:1: Awareness of Contraceptive Methods**



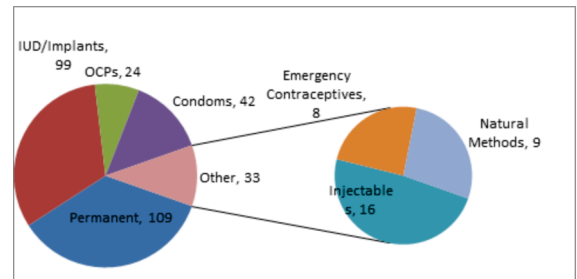
Regarding the awareness of various contraceptive methods, around 96% of the women were aware of permanent surgical methods both tubectomy and vasectomy. 76% of them were aware of IUCDS and Implants, 72% of them were aware of Condoms, 68% of them aware of OCPS, 12.5% were aware of Emergency Contraceptives, 11% were aware of Injectable Contraceptives and only 4% were aware of Natural methods.

**Fig:No:2 Benefits of Adopting Family Planning practices:**



Better Child Care and economical benefits were the main reason for them to adopt Family planning methods.

**Fig:3 Practice of Family Planning Methods:**



Most of them practiced Permanent method of sterilization(109), followed by Condoms(42) and Oral Contraceptive pills(24). IUCDS by 9 of them and 16 of them practiced injectable contraceptives.

The problems identified for not practicing the spacing methods were difficulty in maintenance(116), dislike of the spouse(49) and health problems(99).8 of the women felt it to be financial burden.52% of the women decided on the practice of Family planning methods along with their spouses, 44% of them decided by themselves and 4% by their spouses.

**CONCLUSION:**

The study shows that though most of the married women were aware of the family planning methods, most of them practiced Permanent method of sterilization only which was mostly decided by their spouses. Practices of spacing methods were minimal probably they were not given proper counseling on these aspects. Though Health workers were the main source of information they should be encouraged to give counseling on benefits and adverse effects of the various methods available.

**RECOMMENDATIONS**

Counseling the married women about the modern family planning methods should be done in the Health Centres. Building programmes that promote gender equity by including men in family planning and placing the responsibility of contraception in the hands of both women and men.

**Conflict of Interest : Nil**

**Acknowledgment:**

We would like to acknowledge Haridharani, Janish, Dravidan of III year MBBS Students for their contribution.

**Ethical Clearance:**

Obtained from Ethical Committee of the Institution

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