ORIGINAL RESEARCH PAPER
Volume - 12 | Issue - 03 | March - 2023 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

A CROSS-SECTIONAL STUDY ON KNOWLEDGE, ATTITUDE AND PRACTICE OF MODERN FAMILY PLANNING AMONG REPRODUCTIVE AGE GROUP WOMEN IN CHANDKHEDA URBAN AREA, AHMEDABAD GUJARAT.

Community Medicine

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ABSTRACT

Background: The rate of unwanted pregnancy would reduce by Introduction and promotion of modern family planning methods and thereby decrease the high rate of maternal deaths associated with unsafe abortion. However, in developing countries, the service is not readily delivered according to the demand of the community. **Objectives:** The study was aimed at determining the knowledge, attitude and practice of modern family planning methods. **Materials & Methods:** It is a Community based cross-sectional study which conducted in Chandkheda Urban Area, Ahmedabad, Gujarat from March 01 to March 15, 2022. the source population were All Childbearing age group women in Chandkheda Urban Area and all sampled women in reproductive age group were the study population. 437 reproductive age group women was involved. The data was entered into Epidata version 3.1. The generated data was transferred to SPSS version 20. Finally, the result was summarized in tables and graphs. **Result:** In the study, 430 were involved in the study giving a response rate of 98.3%. The study revealed that, 230 (53.4%) were pregnant and 405 (94.1%) heard about modern family planning method. Majority 250 (61.7%) have heard about injectable. More than two third (86.4%) agreed that family planning improve living and 141 (32.7%) used modern family planning method. Majority (65.2%) used injectable. Among the respondents who have heard about modern contraceptives, 350 (86.4%) agreed that family planning improves the ones standard of living. **Conclusion:** Even though almost all of the respondents have heard about modern family planning methods, less than half of the reproductive age group women used modern family planning methods. Therefore, health education and increasing the accessibility of the reproductive health service is recommended.

KEYWORDS

Knowledge, Attitude, Family planning methods, Modern Family

INTRODUCTION

Despite technological advancements in modern contraception methods, still an unintended pregnancy is a worldwide problem that affects women, their families and the society as a whole. Lack of access and unfavorable attitude towards modern family planning methods contributes to the incidence of unintended pregnancy and mistimed pregnancy [1-3].The age of the individual has an impact on the utilization of modern contraceptive methods. Accordingly, adolescent women are more likely not to use and to misuse contraceptive than older women [4]. The negative consequences associated with unplanned pregnancy can be prevented by access to contraceptive services [5,6]. Most of the time due to a concern about the health and side effects of contraceptive methods women do not intend to use contraceptives. Some of them may believe that they are not at risk of getting pregnant [7].One type of modern contraception is emergency contraceptive that is used after unprotected sexual intercourse, following sexual abuse, misuse of regular contraception or non-use of contraception. Emergency Contraceptive Pills (ECPs) and (IUCD) [8,9].Introduction and promotion of modern contraception in the country would greatly reduce the rate of unwanted pregnancy and thereby decrease the high rate of maternal deaths associated with unsafe abortion. Modern contraception should be available at all levels of the health care system and, where possible [10,11].Various modern contraceptives inhibit or delay ovulation, interfere with fertilization or tubal transport, prevent an implantation by altering endometrial receptivity and causing regression of the corpus luteum. According to the world Health Organization report, 214 million women of reproductive age in developing countries who want to avoid pregnancy are not using a modern contraceptive method[12].Knowledge and attitude towards the modern family planning methods affect the utilization of the modern contraceptives. Therefore, countries should focus on intervention such as health education on family planning to improve the knowledge, utilization and attitude towards modern family planning method.

MATERIALS AND METHODS

It was Community based cross sectional study in Chandkheda Urban Area, Ahmedabad, Gujarat from March 01 to March 15, 2022. By using Systematic random sampling technique, 437 reproductive age group women (15-49) were involved in the study population. A consent form was given to each person who was involved in the study. Following that data were collected by interview method using a predesigned pretested, structured proforma. The proforma was used to collect data regarding their socio-demographic profile, obstetrics & sexual history, knowledge, attitude and use of modern family planning methods. confidentiality was maintained for the data collected throughout the study. The data was entered into Epidata version 3.1. The generated data was transferred to SPSS version 20. Finally, the result was summarized in tables and graphs.

RESULTS

Socio-demographic Characteristics

In the study, 430 were involved in the study giving a response rate of 98.3%. Majority 207 (48.%) were in the age group 25-34 and 225 (52.3%) were married [table 1]

Obstetrics And Sexual History

Of the respondents 230 (53.4%) were pregnant and majority 232 (53.9%) had sexual partner [table 2]

Knowledge Towards Modern Family Planning Methods

Of the respondents, 405 (94.1%) heard about modern family planning method. Majority 250 (61.7%), 128 (31.6%), 144 (35.5%), 35 (8.6%), 29 (7.1%), and 10(2.4%) have heard about injectable, implants, pills, condom, IUCD, Post-pill and surgical methods, respectively [table 3]

Attitude Towards Modern Family Planning Methods

From mothers who heard about the modern family planning methods, more than two third 350 (86.4%), 384 (94.8%), 251 (61.9%), 230 (54.8%) agreed that family planning makes life easy and regarding discussion about family planning is good and helps mothers to regain strength, respectively [table 4]

Use Of Modern Family Planning Methods

141 (32.7%) used modern family planning method. Majority 92 (65.2%) used injectable [table 5]

DISCUSSION

In this study, only a small proportion (32.7%) of the women used modern family planning method. This is much lower than a report from a study conducted in 65.3% in Cameroon, 61% in Rohtak district, Haryana, 62.5% in Mumbai, 96.9% in Rwanda, 68.7% in India, 68% in Osun state, 60.4% used modern family planning method and in Eastern Nepal 45.7% used modern contraceptive method [13-20]. The decreased utilization might be related to the individual, organizational and environmental factors. Therefore, great emphasis is required to

improve the utilization. Community mobilization and health education should be provided focusing on the different types of modern contraceptives and their detail description.In Udupi District, Karnataka 19.85% of the women were using the oral contraceptive pills, according to a study done in the rural southern region of Jordan, the most common contraceptive methods ever used was oral contraceptive pills (31.1%), in Dharan Sub-Metropolitan City, majority (35.6%) were using the injectable, Depo-Provera, in Eastern Nepal majority were using injectable [20-23].The difference might be due to a variation in the information provided regarding each modern family planning method. It might be associated with the difference in the availability of each method in the study areas. Among the mothers who used modern contraceptives, 82.2% have changed method. This is higher than a finding from a study done in Mizan-Aman Town where 61.1% of the mothers have changed the method used [24]. In this study, (94.1%) of the women have heard about the modern contraceptive methods from Media. This finding is supported by a study conducted in Karnataka [25]. Contrariwise, according to a study conducted in Rohtak district, Haryana the main source of information was the health professionals, in Nigeria, the main source of information was health education during antenatal care visit, in Rwanda, women were aware of family planning through different trainings at health centers levels, in Mumbai, majority of the women had procured the information from family and friends [8,14,16,26].

The difference might be related to a difference in the socio-economic background of the women and the study areas and period's difference. Communication and health education should be delivered by Medias n collaboration to the health professionals. The information transmitted need to focus on the advantage and disadvantage of the use of modern contraceptive methods. The information gap can be filled by the collaborative effort of various sectors working on the information dissemination. In this study, 65.7% of the husband feeling towards family planning method use is positive. This is lower than finding from a study conducted in Ethiopia in which 93% husbands supported their wives to use the family planning [27]. On the contrary, the finding is higher than a finding from a study conducted in Meghalaya, in which 44.5% of the husbands supported their wives [28]. The difference might be related to the difference in the study periods and the study areas.

CONCLUSION

The study assessed the knowledge, attitude and practice of modern family planning among the reproductive age group women in Chandkheda Urban Area, Ahmedabad Gujarat. The study revealed that less than half of the reproductive age group women used modern family planning methods. Therefore, Health education and increasing the accessibility of the reproductive health service is recommended.

Table 1: Socio demographic characteristics of the respondents of reproductive age women in Chandkheda Urban Area, Ahmedabad Gujarat.

Variables	N (%)	
Age	15 - 24	175 (41)
	25 - 34	207 (48)
	35 - 44	37 (8.6)
	45 and above	11 (2.6)
Marital status	Married	225 (52.3)
	Single	189 (43.9)
	Divorced	06 (1.4)
	Widowed	10 (2.3)
Age at marriage	15 - 19	79 (35.1)
	20 - 24	134 (59.6)
	25 and above	12 (5.3)
	Total	225 (100)
Educational status	Illiterate	45 (10.4)
	Primary	157 (36.5)
	Secondary and above	213 (49.5)
	Graduate	388 (90.2)
Religion	Hindu	407 (94.6)
	Muslim	18 (4.1)
	Sikh	05 (1.1)
Occupation	Student	87 (20.2)
	Govt. job	49 (11.3)
	Merchant	161 (37.4)
	Laborer	21 (4.8)
	House wife	112 (26)
Television	Yes	362 (84.1)
	No	68 (15.8)
Radio	Yes	187 (43.4)
	No	243 (56.5)

Table 2: Obstetrics and sexual history of the respondents of reproductive age women in Chandkheda Urban Area, Ahmedabad Gujarat.

Variables	N (%)	
Pregnancy (n = 430)	Yes	230 (53.4)
	No	200 (46.5)
Pregnancy age (n = 230)	15 - 19	81 (35.2)
	20 - 24	128 (55.6)
	25 and above	21 (9.1)
Parity (n = 230)	01 - Feb	79 (34.3)
	04 - May	91 (39.5)
	7 and above	57 (24.7)
	No birth	03 (1.3)
Future birth plan (n = 230)	Yes	160 (69.5)
	No	70 (30.4)
Sexual partner (n = 430)	Yes	232 (53.9)
	No	198 (46)
Sexual active (n = 430)	Yes	228 (53)
	No	202 (46.9)
Age at first intercourse (n =228)	Less than 18	96 (42)
	18 and above	132 (57.8)

Table 3: Knowledge towards modern family planning among reproductive age women in Chandkheda Urban Area, Ahmedabad Gujarat.

Variables	N (%)	
Heard about modern families planning (n = 430)	Yes	405 (94.1)
	No	25 (5.8)
Which method (n = 405)	Injectable	250 (61.7)
	Implants	128 (31.6)
	Pills	144 (35.5)
	Condom	144 (35.5)
	IUCD	35 (8.6)
	Post pills	29 (7.1)
	Surgical methods	10 (2.4)
Source of information(n = 405)	Friends	57 (14)
	School	116 (28.6)
	Media	248 (61.2)
	Health institutions	138 (34)
Type of family planning method used (n = 405)	Pill	64 (15.8)
	IUCD	14 (3.4)
	Injectable	210 (51.8)
	Implant	108 (26.6)
	Emergency	09 (2.2)
	Total	405 (100)
Importance of modern contraceptive (n = 405)	Child spacing	223 (55)
	Limiting family size	307 (75.8)
	Prevention of unwanted pregnancy	117 (28.8)

NB the percent is greater 100 and the "n" is also greater than 405 because an individual has more one chance of hearing information of different methods.
**NB percent is >100 and n>405 because an individual has chance of hearing more than one sources.
***NB percent is >100 and n>405 because an individual has chance of responding more than one answer.

Table 4: Attitude towards modern family planning among reproductive age women in Chandkheda Urban Area, Ahmedabad Gujarat.

Variable	N (%)	
Family planning improves the ones standard of living (n=405)	Agree	350 (86.4)
	Disagree	33 (8.1)
	Neutral	22 (5.4)
Discussing about family planning methods is good (n=405)	Agree	384 (94.8)
	Disagree	05 (1.2)
	Neutral	16 (3.9)
Family planning helps mother to regain strength for her next pregnancy (n=405)	Agree	251 (61.9)
	Disagree	131 (32.3)
	Neutral	23 (5.6)

Too large family size can affect the general well-being of family (n=405)	Agree	230 (56.7)
	Disagree	149 (36.7)
	Neutral	26 (6.4)
Husband's feeling towards family planning use (n=225)	Support	148 (65.7)
	Oppose	48 (21.3)
	Neutral	11 (4.8)
	I don't know	18 (8)

Table 5: Use of modern family planning among reproductive age women in Chandkheda Urban Area, Ahmedabad Gujarat.

Variables	N (%)	
Use modern FP methods (n = 430)	Yes	141 (32.7)
	No	289 (67.2)
Types of Used modern contraceptive method (n=141)	IUCD	06 (4.2)
	Injectable	92 (65.2)
	Implants	20 (14.1)
	Emergency contraceptive	05 (3.5)
	Condom	07 (4.9)
	Pills	11 (7.8)
Why ever had not used modern ntraceptive method? (n=289)	Desire to have more children	30 (10.3)
	Lack of knowledge	20 (8.9)
	Not practicing sexual intercource	54 (18.6)
	Husband opposition	10 (3.4)
	Due to religious factor	175 (60.5)
Change method (n=141)	Yes	116 (82.2)
	No	25 (17.7)
Reason for changing (n=116)	Inaccessibility	12 (10.3)
	Due to side effects	104 (89.6)

REFERENCES

1. Mustafa G, Azmat SK, Hameed W, Ali S (2015) Family planning knowledge, attitudes and practices among married men and women in rural areas of Pakistan: Findings from a qualitative need assessment study. Int J Reprod Med.
2. Larsson M, Eurenius K, Westerling R, Tyde´nb T (2004) Emergency contraceptive pills in Sweden: Evaluation of an information campaign. Br J Obstet Gynaecol 111: 820-827.
3. Palermo T, Bleck J, Westley E (2014) Knowledge and use of emergency contraception: A multicountry analysis. ?Int Perspect Sex Reprod Health 40: 79-86.
4. Hassen F (2000) Analysis of factors for unwanted pregnancy among women in the reproductive age group attending health institutes in Jimma town report.
5. Melkamu Y, Enquselassie F, Ali A, Gebresilassie H, Yusuf L (2003) Fertility awareness and post-abortion pregnancy intention in Addis Ababa, Ethiopia. Ethiop J Health Dev 17: 167-174.
6. Ejara T, Birhan M, Amanuel A (2013) Assessment of level of knowledge and utilization of emergency contraception among female students of Hawassa University, south Ethiopia. Adv Reprod Sci 1: 51-56.
7. Ololade WK, Olusegun FA, Oluwarotimiireti A (2014) Emergency contraception: A different perspective on knowledge and use among female undergraduates in a non-residential tertiary institution in Nigeria. Int J Med Med Sci 6: 215-223.
8. Habitu YA, Yeshita HY, Dadi AF, Galcha D (2018) Prevalence of and factors associated with emergency contraceptive use among female undergraduates in Arba Minch University, Southern Ethiopia, 2015: A Cross-Sectional Study. Int J Popul Res pp: 1-8
9. Nyambura MG, Kiarie JN, Orang'o O, Okube OT (2017) Knowledge and utilisation of emergency contraception pills among female undergraduate students at the University of Nairobi, Kenya. Open J Obstet Gynecol 7: 989-1005.
10. Relwani N, Saoji A, Kasturwar NB, Nayse J, Junaid M, et al. (2012) Emergency contraception: Exploring the knowledge, attitude and practices of engineering college girls in Nagpur district of central India. National J Community Med 3: 14-23.
11. Ahmed FA, Moussa KM, Petterson KO, Asamoah BO (2012) Assessing knowledge, attitude and practice of emergency contraception: A cross- sectional study among Ethiopian undergraduate female students. BMC Public Health 12: 110.
12. WHO (2018) Family planning/contraception.
13. Njotang PN, Yakum MN, Ajong AB, Essi MJ, Akoh W, et al. (2017) Determinants of modern contraceptive practice in Yaoundé-Cameroon: A community based cross sectional study. BMC Res Notes 10: 219.
14. Gupta V, Mohapatra D, Kumar V (2016) Family planning knowledge, attitude and practices among the currently married women (aged 15-45 years) in an urban area of Rohtak district, Haryana. Int J Med Sci Public Health 5: 627-632.
15. Shukla M, Fonseca M, Deshmukh P (2017) A study on contraceptive knowledge, attitudes and practices among women in the reproductive age group. Int J Reprod Contracept Obstet Gynecol 6: 3560-3563.
16. Phoibe K, Frederic TM, Ntaganira J (2017) Assessment of knowledge, attitudes and practice on contraceptive use among women attending family planning services in some health centers of Muhima district hospital, Rwanda. OSJ 2: 1-17.
17. Saini S, Kamra D, Singh S (2018) Knowledge, attitude and practices regarding emergency contraception among married women in Ludhiana, Punjab, India. Int J Community Med Public Health 5: 3506-3512.
18. Omishakin MYJ (2015) Knowledge, attitude and practice of family planning among healthcare providers in two selected health centres in Osogbo local government, Osun state. Womens Health Gynecol 1: 1-4.
19. Bajracharya A (2015) Knowledge, attitude and practice of contraception among postpartum women attending kathmandu medical college teaching hospital. Kathmandu Univ Med J 52: 292-297.
20. Uprety S, Poudel IS, Ghimire A, Poudel M, Bhattaria S, et al. (2016) Knowledge, attitude and practice of family planning among married women of reproductive age in a VDC of eastern Nepal. J Chitwan Med Coll 6: 48-53.
21. Sherpa SZ, Sheilini M, Nayak A (2013) Knowledge, attitude, practice and preferences of contraceptive methods in Udupi district, Karnataka. J Family Reprod Health 7: 115-120.
22. Yemaneh Y, Birie B (2017) Assessment of knowledge, attitude and utilization of long acting family planning method among women of reproductive age group in Mizan-Aman town, Bench-Majizone, south west Ethiopia, 2016. Integr J Glob Health 1: 2.
23. Mahadeen AI, Khalil AO, Hamdan-Mansour AM, Sato T, Imoto A (2012) Knowledge, attitudes and practices towards family planning among women in the rural southern region of Jordan. East Mediterr Health J 18: 567-572.
24. Thapa P, Pokharel N, Shrestha M (2018) Knowledge, attitude and practices of contraception among the married women of reproductive age group in selected wards of Dharan sub-metropolitan city. J Contracept Stud 3: 18.
25. Raikar VR, Potdar PA, Potdar AB (2015) Knowledge, attitude and practice regarding emergency contraceptives among married women of urban slum area. Int J Reprod Contracept Obstet Gynecol 4: 1008-1011.
26. Aliyu AA, Shehu AU, Sambo MN, Sabitu K (2010) Contraceptive knowledge, attitudes and practice among married women in Samaru community, Zaria, Nigeria. East Afr J Public Health 7: 354-357.
27. Tilahun T, Coene G, Luchters S, Kassahun W, Leye E, et al. (2013) Family Planning knowledge, attitude and practice among married couples in Jimma Zone, Ethiopia. PLoS ONE. 8: e61335.
28. Pegu B, Gaur BPS, Sharma N, Singh AS (2014) Knowledge, attitude and practices of contraception among married women. Int J Reprod Contracept Obstet Gynecol 3: 385-388.