

FAMILY PLANNING PRACTICES AMONG THE ELIGIBLE COUPLES IN A RURAL AREA OF CHIDAMBARAM

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ABSTRACT

The family planning programme in the world was first launched by India in 1952 in order to reduce the population growth in the country. India currently faces a vicious cycle of population explosion and poverty. In the above context, this study was conducted so as to learn about the different family planning methods practicing in a rural area of Chidambaram and also to find out any unmet need of family planning which is one of the most important factor that causes hindrance in the success of national family planning programme.

OBJECTIVES

To find out the proportion of eligible couples practicing any of the family planning methods, both temporary and permanent, the different types and the unmet needs of family planning practices along with the factors associated with unwillingness of acceptance of family planning methods among these eligible couples.

MATERIAL AND METHODS

It is a cross-sectional study done in 125 eligible couples of 700 families of Omakkulam and Sengattan areas of Chidambaram. Data collected were coded and entered in Microsoft Excel sheet and was analysed using Epi info statistical software.

RESULTS

The proportion of eligible couples in this study population of 700 families was 18% (125). The proportion of eligible couples practicing family planning methods were 42% and 58% had not adopted any methods. Different types of family planning methods adopted by the eligible couples in this study were Vasectomy (1.89%), PPS (15.09%), CuT (18.87%), OCP (20.76%) and Condoms (43.39%). Reasons for non-acceptance of family planning methods among the eligible couples were Hysterectomy (2.78%), Infertility (6.95%), Infection and bleeding (11.11%), Recently married (13.89%), No specific reason (29.16%) and Family not complete (36.11%). In this study, 20% of eligible couples had unmet needs of family planning methods.

CONCLUSION

This study shows there is still a gap in the acceptance of family planning methods by the eligible couples of this study population. The study reveals the need for considerable improvement in adopting family planning methods by the eligible couples.

KEYWORDS

Family Planning, Unmet Need, Eligible Couples.

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INTRODUCTION: India is the first country in the world to launch family planning programme in 1952 with an effort to reduce the population growth in the country.¹ India approximately faces "33 births a minute, 2000 an hour, 48000 a day, which calculates nearly to 12 million a year".² Unfortunately, the resources do not increase with it. India currently faces a vicious cycle of population explosion and poverty.

In order to control this increase in the population, Government of India has increased several family planning programmes under the Health and Family Welfare.

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WHO defined family planning as "a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes and responsible decisions by individuals and couples, in order to promote the health and welfare of the family group and thus contribute effectively to the social development of a country".³

Another expert committee defined and described family planning as follows: Family planning refers to practices that help individuals or couples to attain certain objectives like to avoid unwanted births, to bring about wanted births, to regulate the intervals between pregnancies, to control the time at which births occur in relation to the ages of the parent and to determine the number of children in the family.⁴

In the above-mentioned context, this study was conducted so as to learn about the different family practicing in a rural area of Chidambaram and also to find out any

unmet need of family planning which is one of the most important factor that causes hindrance in the success of national family planning programme. We also wanted to identify the reasons and if possible interventions can be given for that issues for the success of the family welfare programme which in turn helps in reducing population burden in our country.

AIM: To study the family planning practices among the eligible couples of a rural area in Chidambaram during the year 2012- 2014.

OBJECTIVES:

1. To find out the proportion of eligible couples practicing any of the family planning methods both temporary and permanent.
2. To study the different types of family planning methods practicing among these eligible couples.
3. To find out the unmet needs of family planning practices among these eligible couples.
4. To find out the factors associated with unwillingness of acceptance of family planning methods among these eligible couples.

MATERIAL AND METHODS: A cross-sectional study was done in Omakkulam and Sengattan areas of Chidambaram. All the eligible couples of 700 families (which is the reference population) in Chidambaram were included in the study. Therefore, the sample size is 125 eligible couples. A pretested semi-structured questionnaire was used for data collection. Eligible couples identified from 700 families were interviewed in their houses itself using the questionnaire. Data regarding whether family planning methods adopted, different family planning methods used, duration of usage, reason for unwillingness etc. was collected after obtaining consent from study subjects. Data collected were coded and entered in Microsoft Excel sheet and was analysed using Epi info statistical software. Proportion of eligible couples practicing family planning methods and different types used were expressed in terms of frequency. Unmet needs of family planning and reasons for unwillingness were expressed in frequency. Operational definitions were: Eligible couples are the currently married couples wherein the wife is in the reproductive age, which is generally assumed to lie between the ages of 15 and 45. Temporary family planning methods are 1. Natural methods: abstinence, lactation, withdrawal and safe period methods. 2. Barrier methods: condoms, diaphragm, cervical cap, sponge. 3. Hormonal methods: oral pills, injectables, implants. 4. Others – intrauterine devices e.g.: - Cu T. Permanent family planning method are vasectomy and tubectomy which are irreversible. Unmet needs of family planning means those who are fecund and sexually active but are not using any method of contraception and report not wanting any more children or wanting to delay the next child.

RESULTS: Proportion of eligible couples in the reference population was 125(18%) out of 700 families (Fig. 1). No of eligible couples practicing any of family planning methods was 53 (42%) out of 125 eligible couples (Fig. 2). Different types of family planning methods adopted by the eligible couples in this study population were Vasectomy 1(1.89%), Post-partum sterilisation 8(15.09%), CuT 10 (18.87%), Oral contraceptive pill 11(20.76%) and Condoms 23 (43.39%) (Table 1 and Fig. 3). Table 2 and Fig. 4 depicts the reasons for non-acceptance of family planning methods by eligible couples in the study population which included Hysterectomy 2(2.78%), Infertility 5(6.95%), Infection and bleeding 8(11.11%), Recently married 10(13.89%), No specific reason 21(29.16%) and Family not complete 26 (36.11%). Among 125 eligible couples in this study, 25(20%) had unmet needs of family planning methods (Table 3 and Fig. 5).

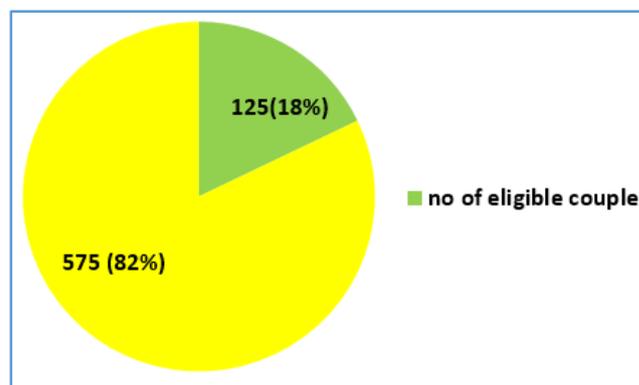


Fig. 1: Proportion of Eligible Couples in the Study Population

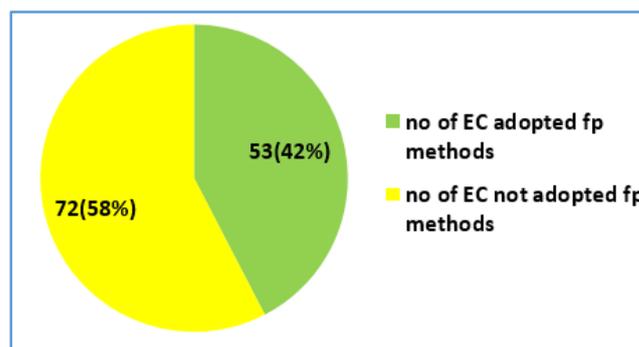


Fig. 2: Proportion of Eligible couples Adopted Family Planning Methods

Types of family planning method	Number (Total n=53)	Percentage
Vasectomy	1	1.89%
Post-partum sterilisation	8	15.09%
IUCD(Copper-T)	10	18.87%
OCP	11	20.76%
Condom	23	43.39%

Table 1: Different Types of Family Planning Methods Adopted by Eligible Couples

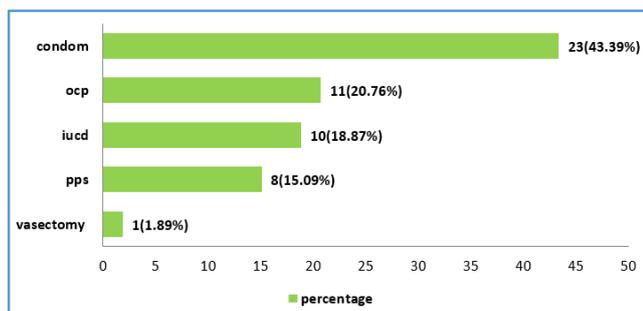


Fig. 3: Different Types of Family Planning Methods Adopted by Eligible Couple

Reasons for non-acceptance	Number (Total n=72)	Percentage
Hysterectomy	2	2.78%
Infertility	5	6.95%
Infection and bleeding	8	11.11%
Recently married	10	13.89%
No specific reason	21	29.16%
Family not complete	26	36.11%

Table 2: Reasons for Non-acceptance of Family Planning Methods

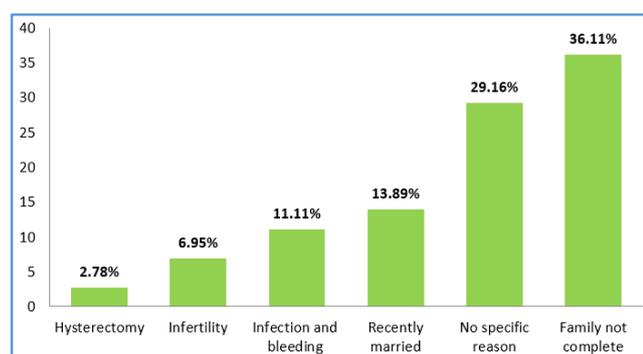


Fig. 4: Reasons for Non-acceptance of Family Planning Methods

Unmet needs of family planning	Number (%) (Total n =125)
Yes	25(20%)
No	100(80%)

Table 3: Proportion of Eligible couples having Unmet Need of Family Planning

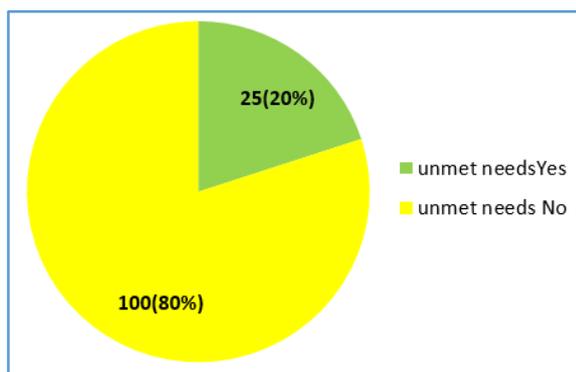


Fig. 5: Proportion of Eligible Couples Having Unmet Needs of Family Planning

DISCUSSION: A cross-sectional study was conducted to find out the family planning practices among eligible couples in Omakulam and Sengattan areas of Chidambaram. The results of the study were discussed in terms of proportion of eligible couples practicing family planning, different types of family planning methods used and their frequency, factors associated with unwillingness and unmet needs of family planning among these eligible couples. Out of 700 families, there were 125 (18%) eligible couples in this study. In India, there will be at least 150 to 180 eligible couples per 1000⁵ which is similar to the findings of this study. Among 125 eligible couples, only 42% (53) have adopted family planning methods in this study. In the year 2011, 40% of eligible couples were only protected against conception by one or other method of family planning in India which is similar to this study. In an ICMR task force study by Chandhick N et al,⁶ overall contraceptive prevalence including permanent, spacing and barrier method was 45.2 percent. Another study conducted by Kumar R et al⁷ in a rural community of Haryana found that 59% of the couples had used contraceptives. To attain NRR=1, couple protection rate should exceed 60%. The objective of National Population Policy 2000 is to bring the Total Fertility Rate to replacement level by 2010.⁸ This shows that our study population has to improve in the acceptance of family planning methods. This can be achieved by creating proper awareness regarding family planning methods. In this study among the different types of family planning methods available, condoms (43.39%) were the most common method adopted followed by OCP (20.74%), Cu T (18.87%), post-partum sterilisation (15.09%) and the least adopted method was vasectomy (1.89%) which was similar to the results of Health and Family Welfare Statistics, Govt of India, 2013. But in a study by Kumari C. et al⁹ on contraceptive practices of women living in rural areas of Bihar, tubal sterilisation was the commonest method of contraception among women surveyed (20.6 %) and reversible forms of contraception (IUD, oral pills and condoms) were used by only 6.8 percent of women. In Kumar R et al study, the most common contraceptive method used was sterilisation in 41.3%, condom in 35.6%, IUD in 17.9%, and oral pills in 5.1%. In this study, reasons for non-acceptance of family planning methods among the eligible couples were Hysterectomy (2.78%), Infertility (6.95%), Infection and bleeding (11.11%), Recently married (13.89%), No specific reason (29.16%) and Family not complete (36.11%). In the study by Chandhick. N et al⁶. The most common reason given for not using any family planning method was "family not complete" (34.6%). Other reasons included "just married" (9.3%), "not acceptable to husband/mother-in-law" (7.1%), "fear of side-effects" (10.1%), "no need, follow natural family planning method" (9.7%). Reasons like lack of knowledge failure to obtain desirable method, health personnel not helpful etc. were mentioned by less than 2% of women and about 15 to 40% women from many districts including Jammu, Yamuna Nagar, Haryana; Allahabad and Kanpur in U.P; Trivandrum, Kerala and North Goa reported use of natural family planning method as a reason for not

using any modern family planning method in the programme.⁹ In Kumar R et al study, common reasons for discontinuation perceived were untoward effects (37.1%), desire for more children (32.6%) and failure of the contraceptive method (19.0%).⁷ In this study, 20% of eligible couples had unmet needs of family planning methods. Almost 20% of the eligible couples had unmet needs of family planning which is almost similar to national standards (NFHS -3).¹⁰ According to DLHS-III survey, about 21.8% of currently married women in rural India had unmet need for family planning. Another study conducted by Srivastava D.K et al¹¹ in Gwalior district, the unmet need of family planning was 21.70% which is also similar to this current study. A study conducted by Kumar A et al¹², about 25% of the currently married women in Bihar had unmet need for family planning services. The finding in this study also reveals the gap in the couple protection in the study population. By finding out the actual needs of these eligible couples and making them adopt any of family planning methods will improve the couple protection rate in our study population. This shows that in this study population there is a need for considerable improvement in the coverage and quality of family planning services so that the extent of unmet need can be reduced.

SUMMARY & CONCLUSION: The proportion of eligible couples in the reference population of 700 families were 18% (125). Proportion of eligible couples practicing family planning methods were 42% and 58% had not adopted any family planning methods. Different types of family planning methods adopted by the eligible couples in this study population were, Vasectomy 1.89% (1), Post-partum sterilisation 15.09% (8), CuT 18.87% (10), Oral contraceptive pill 20.76% (11) and Condoms 39%. Reason for non-acceptance of family planning methods among the eligible couples of study population were Hysterectomy 2.78%, Infertility 6.95%, Infection and bleeding 11.11%, Recently married 13.89%, No specific reason 29.16% and Family not complete 36.11%. Among the eligible couples in this study, 20% had unmet needs of family planning methods.

CONCLUSION: This study shows there is still a gap in the acceptance of family planning methods by the eligible couples of this study population. The study reveals the need for considerable improvement in adopting family planning methods by the eligible couples which can be achieved by

creating awareness and reducing the barriers found by effective communication.

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