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Study Of Knowledge, Attitude And Practice Towards Planning Of Parenthood Amongst Rural Women Of Central India

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Abstract-

INTRODUCTION-

Family Planning Is Defined By WHO 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 Family Groups And Thus Contribute Effectively To The Social Development Of A Country planning of parenthood is an important and most significant aspect of it.[1]

Aims And Objectives-

To assess the awareness and attitude of rural women Regarding planning of parenthood In Rural Area Of Wardha.To analyzetheir practices regarding the same.

Inclusion Criteria- Married women of reproductive age group, who are attending OBGY OPD at AVBRH. They may not be non-pregnant or having one or More Children in Their Family or with Early Pregnancy and Seeking MTP

Materials And Methods-

This was a cross sectional study CONDUCTED at OBGY OPD of Acharya Vinoba Bhave RURAL HOSPITAL which is a 1300 bedded hospital of central India and associated with JNMC sawangi Wardha .Study duration was of 6MONTHS (March 2015-September 2015) ,wherein A Questionnaires Based Survey was done

Results-48% Belonged To Age Group Of 20-25years.56.5% Had Received Only Primary Education,31.55% Patients Belonged To Class 5 Group Of Socio Economic Status,78% Patients Were Hindu By Religion, and in this study group38.65% Were Schedule Caste.50.9% Lived In A Joint Family. For majority of women in this group pregnancy was the spontaneous incident we took councelling sessions for them. Although the Awareness About Contraception Was Noted in 72% Women ,majority were Aware About barrier Contraception, female sterilization and copper T followed by oral contraceptive pills 28% were not at all aware About any Type of contraception.

60.8% Had Never Got Screened For HIV/STD. 37.65% Preferred Tubal Ligation As A Contraceptive Method.. 36.65% Did Not practice Any Contraception,68.7% Underwent Tubal Ligation amongst them majority were accompanied with Medical Termination of pregnancy 50.2%, along With Tubal Ligation. 39.2% Gave The Reason For Non-Acceptance Of Contraception As Fear Of Safety To Physical Health.. Only 11% Women Could Independently Take Decision Of The Method Of Contraception To Be Used.

Keywords- planned parenthood,rural area

INTRODUCTION-

Family Planning Is Defined By WHO 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 Family Groups And Thus Contribute Effectively To The Social Development Of A Country planning of parenthood is an important and most significant aspect of it.[1]

India Was The First Country In The World To Formulate The National Family Planning Programme In1952. The Aim of the Family Planning Programme in India Is to Promote Responsible Parenthood with a Two child Norm Through Independent Choice Of The Family Planning Method Best Suited To The Acceptor. However The Extent of Acceptance of Contraceptive Methods Varies within Societies and Different Cast And religious Groups. Even Choice Of Contraceptive Is Largely Affected By Customs, Morals And Habits Of Social Groups.[2]

Unplannedparenthood leads to population explosion as it is a burning social issue ofIndia. In developed countries, Coreof Planned Parenthood Affiliate Medical Service in Pre-

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vention Including STD Testing and Treatment, Contraception And Accompanying Health Care Education, And Information.

Ours is the second most populous country in the world, next to China, whereas it is seventh in land areavoluntary control of fertility by adopting one or other methods of contraception is pertinent in India in orderto reducefamilysize. Effective control of reproduction will also allow woman's ability to accomplish her individual goals. Despite having a good knowledge and wide spectrum of available contraception, there exists a substantial gap between its use and availability.

As per NFHS III data, messages about family planning are not reaching to all who need it. While the total fertility rate has declined to 1.98, the prevalence of unintended pregnancies (Both unwanted & mistimed) has been stagnant.1/4 0f women reported that their pregnancy was unintended (NFHS 111). Unintended pregnancies currently pose one of the greatest challenges associated with women's reproductive health. Unintended pregnancies can have serious health, social and economic consequences for both family and nation[3]. have not heard of available modern contraceptive spacing methods in spite most of the youth desiring a small family and having a positive attitude towards contraception[4].At the individual level, preventing unwanted birth enhances wellbeing of women & their children, thus reducing maternal and child mortality (Achieving or reaching Millennium Goal 4&5.

Considering the above factors the following study was carried out in a rural area to assess the awareness about their reproductive rights,status and capabilities in planning ofparenthood.

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RESULT-

1) demographic profile-

Age Group In Years	No Of Cases N=1000	Percentage
20-25 Years	480	48%
25-30years	430	43%
Above 30 Years	90	9%
Education Status	No Of Cases	Percentage
Primary Education	565	56.5%
Middle School	328	32.8%
High School	72	7.2%
Graduate	35	3.5%
Socio Economic Status	No Of Cases	Percentage
Class 1	50	5%
Class 2	195	19.5%
Class 3	380	38%
Class 4	315	31.55%
Class 5	59	5.95%
RELIGION	NO OF CASES	PERCENTAGE
HINDU	780	78%
MUSLIM	170	17%
CHRISTIAN	40	4%
SIKH	10	1%

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CASTE	NO OF CASES	PERCENTAGE
GENERAL	251	25.1%
S.C	387	38.65%
S.T	36	3.65%
O.B.C	326	32.6%
Type Of Family	No Of Cases	Percentage
Nuclear Family	491	49.1%
Joint Family	509	50.9%

Table 1 is showing that 48% Belonged To Age Group Of 20-25years.56.5% Had Received Only Primary Education,31.55% Patients Belonged To Class 5 Group Of Socio Economic Status,78% Patients Were Hindu By Religion, and in this study group38.65% Were Schedule Caste.50.9% Lived In A Joint Family.

2)distribution of cases according to obstetric history-

Obs History		No Of Cases	Percentage
Patients Who Are Married But Are Not Pregnant		750	75%
Patients Who Have 2 Or More Children In Their Family		150	15%
	TL DONE	40	26.66%
	NOT USED ANY METHOD	85	56.66%
	USING CONTRACEPTION	25	16.66%
Patients With Early Pregnancy Seeking MTP		100	10%

3) DistributionOf Cases According To Level Of Awareness In Terms Of-

Level of awareness		No of cases	percentage
Reproductive responsibility			
	Yes	107	10.7%
	no	893	89.3%
Right for planning parenthood			
	Yes	220	22%
	no	780	78%
capability for planning parenthood			
	Yes	101	10.1%
	no	899	89.9%
misconceptions			
	Yes	784	78.4%
	no	216	21.6%

For majority of women in this group pregnancy was the spontaneous incident we took councelling sessions for them

4) Distribution of cases according to awareness about contraception.

Awareness About CONTRACEPTION		NO OF CASES	PERCENTAGE
YES		720	72%
Type Of Contraception [n = 720]			
	Oral Contraceptive Pill	576	80%
	Cu-T	626	87%

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	Barrier Method	676.	94%
	Emergency Pills	133	18.5%
	Depot Provera	3	0.4%
	Tubal Liga-tion	655	91%
	Vasectomy	223	32%
NO		280	28%

SCREENING FOR HIV/STD	NO OF CASES	PERCENTAGE
Yes	392	39.2%
No	608	60.8%

Although the Awareness About Contraception Was Noted in 72% Women ,majority were Aware About barrier Contraception, female sterilization and copper T followed by oral contraceptive pills 28% were not at all aware About any Type of contraception.

60.8% Had Never Got Screened For HIV/STD

5)source of information –

source	No of cases	Percentage*
Mass media	276	27.6%
Pubic awareness programme	753	75.3%
Friends and relatives	211	21.1%
Nerby phc	80	8%
Health workers	180	18%

*percentage differs due to multiple preferrences

6) Distribution of cases according to type of contraception preferred

Type Of Contra-ception Preferred	No Of Cases	Percentage*
NOT TO BE	276	27.6%
TUBAL LIGA-TION	753	75.3%
BARRIER METHOD	211	21.1%
Cu-T	180	18%
Oral CONTRA-CEPTIVE PILL	80	8%
Depot Provera	3	0.3%
Emergency Pills	21	2.1%
Vasectomy	27	2.7%

*percentage differs due to multiple preferrences

37.65% Preferred Tubal Ligation As A Contraceptive Method.

7) Distribution of cases according to the type of contraception practiced

TYPE OF CON-TRACEPTION Practiced	NO OF CASES (N=1000)	PERCENTAGE
NO USE	273	27.3 %
MTP With Tubal Ligation	502	50.2 %
TUBAL LIGA-TION	687	68.7%
BARRIER METHOD	192	19.2%
Cu-T	158	15.8.%
Oral CONTRA-CEPTIVE PILL	72	0.72%
Depot Provera	1	0.1%
Emergency Pills	7	0.7%
Vasectomy	8	0.8%

36.65% Did Not practice Any Contraception,68.7% Underwent Tubal Ligation amongst them majority were accompanied with Medical Termination of pregnancy 50.2%, along With Tubal Ligation.

8) distribution of cases according to the reason for non-acceptance of contraception

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Reason For Non-Acceptance Of Contraception	No Of Cases	Percentage
Fear Of Safety To Physical Health	392	39.2%
Socio Cultural Factor	211	21.1%
Not Comfortable	188	18.8%
Son Preference	209	20.9%

39.2% Gave The Reason For Non-Acceptance Of Contraception As Fear Of Safety To Physical Health.

9)distribution of cases according to the decision maker of planned parenthood

DECISION MAKER	NO OF CASES	PERCENTAGE
Wife	90	9 %
HUSBAND	420	42%
BOTH	220	22%
IN LAWS	270	27%

Only 11% Women Could Independently Take Decision Of The Method Of Contraception To Be Used.

Generally this decision making was limited regarding female sterilisation

Discussion-

The present study aimed to assess the awareness, attitude and practice of planning ofparenthood in the rural population ; these results clearly indicate that awareness about their reproductive rights ,choices for that and their capabilities are not sufficient for its actual needed status in this community and extended efforts will be needed after making people aware about these to bring down in practice.
till now most common planning of parenthood is limited to female sterilization along with medical termination of pregnancy . In this way we can say that women of India are practicing planning of family most but even for that decision making is not always of them.

In our study 48% of the women fall in the age group of 20-25years; and 72% were aware of one or more methods of contraception. In srivastava et al[4], sunita th et al[5], lavanya et al[6], Indian studies the awareness rate was 82.2% and 100%, 96.85% respectively. Similarly 81% awareness in Pakistan study by rozinamutsafaet al.[7]

Women illiteracy is one of the factors that affect the knowledge regarding contraception. In present study there was 56.5% had received only primary education comparable to 54%.78% and 93.5% by lavanya et al[6], srinivasan et al[4] and sunita th et al[5] respectively.12,10,11 literacy level among the women emphasizes the need for education as a key component to combat overpopulation and will encourage the use of contraceptives.

In present study it was 80% of them were aware about oral contraceptive pills, 94% had heard about barrier method and 87% knew about copper-t ,91% knew about Tubectomy, and 31% knew about vasectomy whereas in a study done by uma et al[8] it was almost all (95.8%) of them had heard about oral contraceptive pills, 74.2% of them had heard about condoms and 72% were aware about copper-t, and over half (67%) of them had heard about Tubectomy and nearly one third (34%) were aware about vasectomy.
In our study 72.7% had started practicing family planning method,50.2% had underwent MTP and then choose tubal ligation,68.7% had underwent tubal ligation,19.2% used barrier method, IUCD was practiced by 15.8% where as in study done by uma et al[8] 27% had undergone TUBECTOMY, 31% the barrier method(condom). And 24% had used IUD.
In our study the main reason for non-acceptance was fear of safety to physical health in about 39.2%,socio cultural factor was a barrier among 21.1%,18.8% were not comfortable using it and 20.9% still wanted a son whereas in the study conducted by uma et al[8] 25.5% were not using any contraceptive because they were planning pregnancy, and in the study done by pinjala et al[9] 35.6% (178 out of 499) discontinued as they wanted pregnancy. 21% discontinued with onset side effects. 266 out 499 (53.3%) did not practice any method. 37.1% (185 out of 499) are unaware of any temporary methods, 11.4% (57 out of 499) could not practice due the opposition from either husband or in-laws and 7.4% did not practice due the fear of side effects.
In study done by umaet al[8], in 41.6% of the women the choice of methods used wasdecided by their husbands where as in ours it was 42%.
Low standard of living of people in developing countries to lower use of contraception ,lower overall planning of parenthood and high fertility[4].

In the present study, age had an inverse relation to awareness for family planning.

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Awareness itself will make women come forward to opt for it once they need it.

There is a need to increase the awareness about emergency contraception especially among the general population. This can be achieved through medical practitioners and mass media. Emergency contracep- tion is particularly suitable for perimenopausal women because of their patterns of sexual behavior and contraceptive use[4] awareness about parenthood planning in present study could be attributed to the factors such as geography, income, presence of media, better educational programme, etc. However, in depth knowledge about contraception among women is lacking and needs to be improved through educational and behavior change programme.

Awareness about contraception amongst women was superficial with reference to its use, side-effects and purpose. Despite many decades of family welfare programme in the country, awareness about the use and side-effects of various contraceptives remains low. The other advantages of condom such as hiv and std prevention were not known to the majority. Therefore, more emphasis should be on behavior change communication activities and health education/adolescent health education may be started at the school level itself.

Conclusion

In spite of good knowledge and high level of awareness about contraception the concept of planning the parenthood is not very high there is a gap between the attitude, knowledge and practice. Awareness about reproductive responsibility, women right, women capability for planning parenthood and misconception about various method of planning need to be uplifted. There is thus a huge unmet need in this area, continuous motivation and methods of motivating people to adopt planned parenthood should be considered.

Converting knowledge into practice is the real challenge for india as far as family planning is concerned. Awareness about the various family planning centers in the nearby residential area and services provided by them should be created. Even though people know about modalities they are unable to implement for their parenthood planning , reach of contraceptives from sources to people is important link ,can be taken care of. Special emphasis should be given on iud, vasectomy and emergency contraceptives. Involvement of men in not only decision making but also practicing family planning methods should be stressed. New ways of motivating people to adopt and sustain family planning methods should be considered. Understanding how choices regarding family planning are made, will help in accelerating the process of fertility decline. Finally improving the status of women in the society and increasing their role in decision making about family planning issues will help india to achieve its long term family planning goals.

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