

Knowledge, Attitude and Practice of Family Planning Among Scheduled Caste Women of Jorhat District, Assam

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ABSTRACT

Background: Despite the fact that the usage of family planning methods has increased over a period of time, there exists a knowledge, attitude and practice gap among the peoples of various groups in our society regarding age, religion, caste, community etc. The objective of the study was to assess the level of knowledge, attitude, and practice of different family planning methods among the women of schedule caste community.

Methods: A community based cross sectional study was done among 104 married women of the reproductive age group.

Result: Most of the women (50%) were in the age group (25-34) years. 77.5% of the study participants were unemployed. Only 13.6% women had completed graduation. Average age at marriage was 19.73 ± 3.813 years. Almost 96.1% women knew about any one method of contraception. The most common source of information was mass media (76.8%). 87.2% had positive attitude towards family planning. 65.7% females were using family planning methods currently. 25.4% were using traditional while 75.6% were using any type of modern methods.

OCP is the most popular contraceptive method (47%) followed by condom (21.6%). Majority of females (40%) were using contraceptive methods for spacing of birth. 84% user said that they did not get any side effect. 53.3% women did not use any type of family planning method because they want children.

Conclusion: Our study highlights that more strategic approach should be recommended to develop the socio-economic and demographic status in relation to fertility and family planning aspects for the people of scheduled caste community.

Keywords: Socio- demographic status, Family planning, Schedule caste community, contraception.

INTRODUCTION

The population problem creates many other problems in various fields of development such as social, economical, cultural, educational, political etc. The unprecedented growth rate of population in India is one of the greatest obstacles for the socio-economic development. Population policy refers to the policies intended to

decrease the birth rate or population growth rate and to stable the population.

Family planning means to control the birth rate and planning the size of the family in a manner, compatible with the physical and socioeconomic resources of the parents and conducive to the health and welfare of all members of the family. According to WHO family planning means 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. [1,2]

India is the first country throughout the world to adopt the family planning methods. This method plays a vital rule in controlling the upward growth rate. However the achievement of the family planning programme is not quite satisfactory and the adoption rate is still very slow especially among the poor people. One of the main objectives of the health and family welfare programme is to spread the knowledge of family planning method and develop among the people and attitude favorable for adoption of contraceptive method. [3] Use of various contraceptive methods varies within different societies, caste, religion, and regions.

Therefore, we need to know more about the individual role of the socio-cultural factors and programme factor, particularly the quality of family welfare services and care in influencing the variation in the family planning performance among the peoples of various groups in our society regarding age, religion, caste, community etc.

The present study is taken up to ascertaining the knowledge, attitude, practice and also the utilization of the Scheduled Caste women regarding family planning methods.

METHODS

A community based cross sectional study was done in Jorhat district of Assam in September, 2018.

Sample size: Considering 53.2% as the prevalence of practice of family planning methods by scheduled caste women from NFHS-4, Assam [4] along with absolute error 10% and non-response rate of 10%, the sample size was determined as 104.

Inclusion and Exclusion criteria: Married women of reproductive age group (15-49) years belonged to Scheduled Caste

community were included in the study. Unmarried and women who were not willing to participate would be excluded.

Sampling technique and statistical analysis: A sample of 104 married women of Scheduled caste community was taken purposively. Written informed consent was taken from all the women of reproductive age group after initially explaining the purpose and scope of the study. After getting consent, the required information was recorded in a predesigned, pretested, structured proforma. Information regarding attitude about family planning of the respondents was assessed by asking some questions based in qualitative approach. The collected data were analyzed using SPSS-version 23. Chi Square test is used to see the association of the variables. P-value < 0.05 is considered to be statistically significant.

RESULTS

Table 1: Socio-Demographic characteristics

| Characteristics | Frequency | Percentage |
|-----------------------------|-----------|------------|
| 1.Age group | | |
| 15-24 | 19 | 18.4% |
| 25-34 | 52 | 50% |
| 35-44 | 32 | 30.7% |
| 45-54 | 1 | 0.9% |
| 2.Education | | |
| Primary school | 4 | 3.8% |
| Middle school | 30 | 28.8% |
| HSLC | 33 | 31.7% |
| HS | 23 | 22.1% |
| Degree | 12 | 11.8% |
| M.sc | 2 | 1.8% |
| 3.Occupation | | |
| Govt. jobs | 25 | 24.5% |
| Private jobs | 2 | 2.1% |
| Business | 10 | 9.7% |
| Housewife | 66 | 63.7% |
| 4.Income (per month) | | |
| Below 1000 | 70 | 67.5% |
| 1000-5000 | 21 | 20.8% |
| 5000-10000 | 4 | 4% |
| 10000-15000 | 5 | 4.9% |
| More than 15000 | 4 | 2.8% |
| 5.Employment status | | |
| Employed | 24 | 22.5% |
| Unemployed | 80 | 77.5% |
| 6.Type of family | | |
| Nuclear | 67 | 64.7% |
| Joint | 37 | 35.3% |
| Total | 104 | 100% |

Findings showed that 50% of the respondents belonged to age group 25-34 years followed by 30.7% belonged to the age group of 35-44 years. 28.8% of the participant had passed middle class while

22.1% passed higher secondary class. Approximately 67.5% of women earned less than Rs. 1000 per month. 63.7% of the participants were housewives, 24.5% of them were engaged in Government job and only 2.1% were doing private job. A large number of women (77.5%) were facing the unemployment problem. Moreover, 35.3% of them were from joint family and 64.7% of them were from nuclear family. (Table:1)

From table 2, it was seen that knowledge about family planning method is widespread among the married women (98%). 96.1% of women knew at least one method of family planning. 87.5% of study participants knows the traditional methods. Regarding the contraceptive methods 84.5% of them had knowledge about the Oral contraceptive pill while 76.8% knew about the condom. Sterilization and IUD was known by 48.8% and 35.6% of total females. Majority of women had more than one source of information about family planning methods. The major source of information was found as mass media (76.8%) followed by Doctor/Health workers/Health care Institution (68.2%).

Table 2: Knowledge regarding the family planning methods

| Parameters | Frequency | Percentage |
|---|-----------|------------|
| a) Knowledge about family planning | | |
| Present | 101 | 98% |
| Absent | 3 | 2% |
| b) Knowledge about at least one method of family planning | | |
| Yes | 99 | 96.1% |
| No | 5 | 3.9% |
| c) Knowledge about traditional methods | 91 | 87.5% |
| d) Knowledge of various modern contraceptive methods* | | |
| OCP | 87 | 84.5% |
| CONDOM | 79 | 76.8% |
| IUD | 37 | 35.6% |
| Sterilization | 51 | 48.8% |
| Others | 68 | 65.2% |
| e) Source of Knowledge* | | |
| Mass media (TV/Radio/News paper/social website) | 80 | 76.8% |
| Doctor/Health workers/Health care Institution | 71 | 68.2% |
| Family members/Husband /Friends | 42 | 40.5% |

* multiple response

It was seen that 87.2 per cent of the respondents approved family planning

methods. 9.8% of the respondents disapproved it and 2.9 % gave no response. This shows that the respondents are in favour of family planning. About 69.6% study participants informed that their family members seemed to have positive attitude towards family planning. (Table-3)

Table 3: Attitude towards family planning methods.

| Parameters | Frequency | Percentage |
|--|-----------|------------|
| 1. Attitude of participant's towards family planning | | |
| Approve | 89 | 87.2% |
| Disapprove | 10 | 9.8% |
| Neutral | 3 | 2.9% |
| 2. Attitude of husband/other family members (according to study participant) | | |
| Positive | 71 | 69.6% |
| Negative | 24 | 23.5% |
| Neutral | 7 | 6.8% |

Our study reveals that among 104 scheduled caste women, 67 (65.7%) were using family planning methods currently. Out of them, 17(25.4%) were practicing traditional while 50(74.6%) were using any type of modern methods. 56(54.4%) women used any method ever before. Among the user of modern method, maximum of them (47.1%) had used OCP following by condom (21.6%) and sterilization (17.6%). About 33.3% of them availed from health care institutions and 29.4% from Government Hospital and 23.6% from medical shop/pharmacy.

Almost equal number of people 18(35.3%) used contraceptive methods to prevent unwanted birth as well as for spacing of birth. 84% Contraceptive user said that they felt no side effect. Only 18% women could take the decision of using contraceptive methods independently. (Table-4)

From table-5, it was seen that all the socio-demographic factors such as age, education, income, occupation, employment status, family status etc. had the significant association with practice of family planning methods.

Table-4: Practice of family planning methods.

| Parameters | Frequency | Percentage |
|--|-----------|------------|
| 1.Currently use any method | | |
| Yes | 68 | 65.7% |
| No | 36 | 34.3% |
| 2.Ever use any method | | |
| Yes | 57 | 54.4% |
| No | 47 | 45.6% |
| 3.Type of method practiced | | |
| Traditional | 17 | 25.4% |
| Modern | 51 | 74.6% |
| 4.Type of traditional method | | |
| Withdraw | 13 | 19.4% |
| Rhythm | 4 | 6.1% |
| 5.Modern method | | |
| OCP | 24 | 47.1% |
| Condom | 11 | 21.6% |
| Copper T | 7 | 13.7% |
| Sterilization/ Tubectomy | 9 | 17.6% |
| 6.Source of availability* | | |
| Govt. hospital | 15 | 29.4% |
| Private hospital | 7 | 13.7% |
| Health care Institutions | 17 | 33.3% |
| Pharmacy/Medical shop | 12 | 23.6% |
| 7.Reasons of using contraception methods | | |
| Prevention of unwanted birth | 18 | 35.3% |
| Prevention of sexually transmitted disease | 14 | 26.5% |
| Spacing of birth | 18 | 35.3% |
| Improvement of health | 1 | 2.9% |
| 8.Feel any side effect for contraceptive methods | | |
| Yes | 8 | 16% |
| no | 43 | 84% |
| 9.Who make the decisions (among 67 user) | | |
| Husband | 27 | 40.3% |
| Wife | 18 | 26.9% |
| Both | 22 | 32.8% |

Table-5: Association of socio-demographic factors with practice of family planning methods.

| Factors | Practice | P-value |
|---------------------|-----------|---------|
| 1.Age | | |
| 15-24 | 8(11.8%) | 0.0001* |
| 25-34 | 40(58.8%) | |
| 35-44 | 20(29.4%) | |
| Above 45 | 0 | |
| 2.Education | | |
| Primary school | 0 | 0.0001 |
| Middle school | 14(20.6%) | |
| HSLC | 22(32.3%) | |
| HS | 20(29.4%) | |
| Degree | 10(14.7%) | |
| M.sc | 2(2.9%) | |
| 3.Occupation | | |
| Govt. jobs | 18(26.5%) | 0.0001 |
| Private jobs | 2(2.9%) | |
| Business | 7(10.3%) | |
| Housewife | 41(60.3%) | |
| 4.Income | | |
| Below 1000 | 46(67.6%) | 0.0001 |
| 1000-5000 | 15(22%) | |
| 5000-10000 | 2(2.9%) | |
| 10000-15000 | 3(4.4%) | |
| More than 15000 | 2(2.9%) | |
| 5.Employment status | | |
| Employed | 19(27.9%) | 0.0003 |
| Unemployed | 49(72.1%) | |
| 6.Type of family | | |
| Nuclear | 43(63.2%) | 0.029 |
| Joint | 25(36.8%) | |

any family planning methods because they want more children while 20% did not use due to health concern. Moreover 20% of study participants informed that their partner opposed to use the family planning methods.(Figure-1)

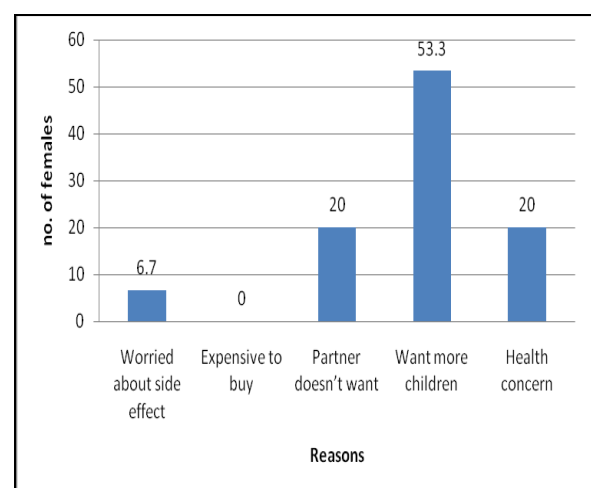


Figure-1: Reasons for not using any method.

Our study reveals that 53.3% of scheduled caste women said that they were not using

DISCUSSION

In the present study more than 70% of the women belonged to the age group

(15-35) years. Average age at marriage was obtained as (19.73 ± 3.81) years with maximum of 30 years and a minimum of 15 years only. In a study of Haryana by Gupta et al. the mean age of females was obtained as (32.76 ± 4.6) years. [5] In another study of family planning in Meghalaya by Dey S, 42.1% of women got married before 18 years of age. [6]

Education of an individual enhances his or her ability to think, analyze and act to better his future living. An individual gains knowledge and wisdom and think in every act through education. It is true that education makes people aware of their roles in the society and in the family. In this study it was found that 31.7% women had completed HSLC and 11.8% women had completed graduation.

Only 22.5% of the respondents were employed that's why most of the women 77.5% of this particular community earned less than Rs. 1,000 per month. Majority of women (63.7%) were housewives. In an another study of Assam by Dutta G C, it was obtained that only 13.14% participants had completed class X examination and 7.17% of people had completed graduation. They also obtained that 22% people earned Rs.0-2000 while 23% had earned Rs.2000-4000 only. [7]

Our study also reveals that majority of participants 64.7% lived in nuclear family. Similar result was obtained in the study of Deka GC where majority of women (94%) lived in nuclear family. [7]

Approximately 10% women had more than two living children with a maximum of 6 numbers. This reflects a high rate of population growth to the society. 40.2% females had one living children while 34.3% had two no. of children. In our study, 65% women said they had gender preference. Among them, 19% said that they preferred a boy and 16% preferred a girl child. Almost 60% women had done at least one abortion in their married life.

Knowledge about family planning methods is the first step in the adoption of family planning. In our study, the knowledge of

family planning methods was found 98% which is almost similar to many studies. [8,10,12,14] 96.1% knew at least one method of family planning. The result is same as the result obtained by Bharali M D of Assam. [8] According to NFHS-4, 98.4% women had knowledge about any type of modern method and 77.5% of women had sufficient knowledge about traditional methods of family planning. [4]

According to Bharali MD et al. [8] among the modern contraceptive methods, oral contraceptive pills (OCP) is the most popular and well-known method for both tribal and non-tribal women of Assam. In our study, 84.5% had knowledge about OCP followed by condom 76.8%. On the contrary 87.5% women knew about the traditional methods. In a study of Andhra Pradesh, Naik BR found that in case of scheduled caste women, among temporary methods of family planning Nirodh occupies first place (64%) followed by I.U.D (27.7%) and pills (23.3%). [9] Hence, there is a great need for propagating knowledge on temporary methods.

In our study mass media plays an important role in case of source of knowledge of family planning (76.8%) as compared to health workers (68.2%), whereas in the study of Sikkim by Prachi R et al 54.4% had gain knowledge from TV/ radio/newspaper/magazine and 37% got from friends and relatives. [10]

In case of attitude of family planning, it was seen that 87.2% women had positive attitude towards family planning methods but 23.5% said that their family members bears negative attitude. In a study of Haryana done by Gupta V the positive attitude of family planning methods was seen as 83.1% while 12.8% had negative attitude and another 4.1% had no response to family planning methods. [5] According to a study of Udupi district, Karnataka by Sonam SZ, majority (87.5%) had favourable attitude and only 12.5% had unfavourable attitude towards contraceptive methods. [11]

In the study of Chittoor district, Andhra Pradesh by Naik BR, three fourths

of respondents belongs to scheduled caste community (76.0%) adopted family planning methods and rest (24.0%) have not adopted any method of family planning. [9] But in our study it had been obtained that besides having a good knowledge about contraception, the practice is still lagging, and only 65.7% women are using any type of family planning methods In an another study done by Bharali MD of Assam, 68.7% females of eligible couples belongs to both tribal and non tribal community used any type of family planning methods. [8] According to NFHS-2016 the practice of any method for all women in Assam is 52.4%. and in Jorhat district it is 53.0%. [4]

Among the users, 74.6% used modern methods of contraception in against of 25.4% traditional methods users. Majority of women practiced (47.1%) Oral Contraceptive Methods following Condoms (21.6%). The result is almost similar to the study of Sikkim by Prachi R. [10]

Our study reveals that among the user of contraceptives, majority of women (47.1%) had used OCP following by condom (21.6%) and sterilization (17.6%). 33.3% of respondents availed contraceptives from Government health care institutions. By the way majority of females (35.3%) said that they were using contraceptive methods due to spacing of birth as well as to prevent unwanted birth.

By asking about their feelings about side effect, 84% females had informed that they didn't feel any side effect. According to a study done by Mao J in Manipur, it was seen that 78% of respondents reported that they did not have any type of reproductive problem. On the contrary 22% said that they had faced many types of problem. [3]

Almost 40.3% of users said that their husband made the decision of using any type of family planning methods. Similar result was found in the study done by Shrivastava D in Maharastra that the choice of methods used for family planning was decided by their husbands, which was 42% [2] and by Shumayla S et al. it was almost 75.9% . [12]

We have found significant association of all socio-demographic factors with the uses of family planning methods by the women of this particular community. The result is similar to the study of Bharali MD [8] and Mishra et al. [14]

According to the study of Shrivastava D, 39.2% gave the reason for non-acceptance of contraception as fear of safety to physical health. [2] Our study revealed that 53.3% women did not want to accept family planning methods because they want more children. Similar result also found in a study of UP done by Jahan U where 60% of women did not want practice family planning methods because they want to have a child. [13]

CONCLUSION

In this study, it as seen that majority of the women were unemployed and a large number of respondents were dependent on their husband or other family members. Hence, socio-economic development is mostly needed in this community.

In spite of good knowledge and high level of awareness about contraception, the concept of planning the parenthood is not very high and there is a gap between the knowledge, attitude and practice. Various factors governs the acceptance of contraception e.g. education, occupation, Gender preference, husband's opposition, attitude of family members etc.

Though the knowledge of at least one contraceptive method is almost universal among women, but the knowledge of temporary methods is much lower among Scheduled Castes women. Many studies shows that very often people do not utilize the family planning facilities available to them. This is particularly conspicuous in case of poor Scheduled Castes women. Many women also face family opposition to use the temporary contraceptives. Both husband and wife together can play an important role to adopt family planning methods. Converting knowledge into practice is the real challenge in the society as far as family planning is concerned.

The study reveals that the women of scheduled caste community are in favour of various government facilities and prefer family planning methods provided in health care sectors. Awareness about the various family planning centers in the nearby residential area and services provided by them should be created.

Thus, our study recommends that familial influences, educational status, and socio demographic status directly play an important role in the KAP of family planning.

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