

KNOWLEDGE, USE AND ATTITUDES TOWARDS FAMILY PLANNING

By

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SUMMARY

This study was undertaken to find out the awareness, use and the attitudes of the general population towards Family Planning.

One thousand women in the child-bearing age group were interviewed. The maximum number belonged to the age group of 21-25, and 60% were of the low socio-economic class. Hardly 6% were educated beyond school and more than 90% were parous with more than 60% having more than one child.

Though we boast of a cafeteria approach, do we present the patient with all the options? Condoms and I.U.C.D. were the best known methods, while creams, jellies and diaphragms were known to less than 10%. Around 21% of the women were not aware of any method.

It was observed that approximately only 20% of our interviewed women had ever used contraception. Reasons for this were many and some were really eye opening. Around 25% were either not aware, or did not know the means to get these methods. Forty per cent wanted pregnancy, 11% thought that their births were adequately spaced. The desire for a particular sex was also a given reason.

Introduction

A successful family planning programme requires much more than the provision of contraceptives alone. These contraceptive methods have to be accepted and used by the individual. Factors that influence an individual or a community to accept the adoption of family planning practice differ from country to country and even in different parts of the same country, mostly because of differences in culture, religion and socio

economical status. This study was undertaken to find out the awareness, attitudes and use of contraception among one hospital population.

Material and Methods

Thousand women attending the OPD at the B. Y. L. Nair Hospital were randomly interviewed.

Discussion

Only 2.6% of the women were 35 years and above: the maximum being in the age group of 21-25 years (Table I). Also only 5.6% had not yet completed 1 year of marriage.

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TABLE I

Age	No. of women	%
15 - 20	208	20.8
21 - 25	420	42.0
26 - 30	246	24.6
31 - 35	100	10.0
35 and above	26	2.6

Though 68.5% of all women using contraceptives belonged to the group which had some education, it was observed that of all the women who were educated only 25.4% were using contraception, a figure which leaves much to be desired (Table II). 70.4% of the patients belonged to the low socio-economic status and only 3% were from the high income group. The remaining 26.6% belonged to the middle income group.

TABLE II

Education	No. of women	No. of women using contraception	No. of women not using contraception
Nil	408	69 (31.5%)	339
School	538	150	442
College	54	(68.5%)	

As seen from Table III, 25% of the women had three or more than three children.

TABLE III

Parity	No. of women	%
0	174	17.4
1	316	31.6
2	250	25.0
3	174	17.4
4 and above	86	8.6

Each woman interviewed was asked the methods of family planning she knew of. After scoring off these methods, the other methods were listed and she was asked if she had any knowledge of them. The findings were as follows (Table IV): The methods we propagate are the better known methods. Condoms, I.U.C.D., pills, and sterilization were all known by approximately 50-65% of women, whereas only 10% of the population knew of creams, diaphragms, or natural methods. Thus our publicity in this city of Bombay with full media backing takes the message to only 60-65%. If that is so, what would it be like in the villages? Even in our population 19.8% of women were not aware of any method at all. Awareness is the first step in a successful family planning programme.

TABLE IV

Awareness of Method	No. of women aware	%
Natural	82	8.2
Condom	626	62.6
Diaphragm	72	7.2
Creams	46	4.6
I.U.C.D.	634	63.4
Pills	434	43.4
Sterilization		
a. Male	556	55.6
b. Female	634	63.4
Nil	198	19.8

Only 219 women, i.e. 19% of the women in our study, had at any time used contraception, and none had used it for more than five years (Table V). The continuation rate was higher with I.U.C.D. as compared with oral pills or condoms, in both of which the users beyond three years were none. The wish for pregnancy was the commonest reason for discontinuity. Patient pregnant, psychological,

medical, dissatisfaction with clinic, dissatisfaction with method were the other reasons. Only 10 women had changed the method. All of them had opted for oral pills.

TABLE V

Method used	Period		
	1 year	1-3 years	3-5 years
Natural	6	2	—
Condom	52	24	—
Pills	20	12	—
I.U.C.D.	16	46	12
Female Sterilization	—	6	20
Vasectomy husband	—	3	—

The rest of the population, inspite of being aware was not using any contraception. The various reasons along with the number of children the women had are shown in Table VI. 'No need', or 'wants pregnancy' was the reason most often

given by 400 women (51.2%), even though 24% of them had two or more children. This was followed by 'Not familiar' in 186 women (23.8%). 62 women (7.8%) did not like the thought of using contraception and the births were supposed to be adequately spaced in 88 women (11.3%). Strong opposition by husband and family was claimed by 84 women (10.84%). In this group, as with those claiming that births were adequately spaced, the number of women with 2 or more children was high—more than 70%. 'Against religion' and 'Contraception not available' were some of the other reasons given. Only 62 women (7.9%) were honest enough to admit that they desired a child of a particular sex.

Even after an educational talk about the advantages of using contraception, 171 patients (21.9%) refused to even consider any method (Table VII). 286

TABLE VI

Reasons for not using	No. of women	%	No. of Living		
			0-1	2-3	4-5
No need/wants pregnancy	400	51.2	304 (76%)	88 (22%)	8 (2%)
Births adequately spaced	88	11.3	—	70 (79.5%)	18 (20%)
Does not like	62	7.9	16 (25.8%)	28 (45.2%)	18 (29%)
Husband/family opposes	84	10.8	18 (21.4%)	58 (69%)	8 (9.6%)
Not familiar	186	23.8	126 (67.8%)	42 (22.6%)	16 (8.6%)
Desires particular sex	62	7.9	12 (19.4%)	44 (71%)	6 (9.6%)
Custom/religion forbids	44	5.6	16 (36.4%)	16 (36.4%)	12 (27.2%)
Lack of means	46	5.9	26 (56.6%)	16 (34.8%)	4 (8.6%)
Others	14	1.8	10 (71.4%)	4 (28.6%)	—

women (36.6%) agreed for a tube ligation after they had the desired number of children. Those willing for any spacing method were only 41%. For each of the methods the figure varied from 7.2%-19.2%. It was evident that most women had a fear for all spacing methods. They would rather complete their family and opt for sterilization.

TABLE VII

Method Adopted after Talk	No. of women	%
Nil	171	21.9
Pills	114	14.6
I.U.C.D.	150	19.2
Condom	56	7.2
Female sterilization	286	36.6
Vasectomy by husband	4	0.5

On being questioned regarding the attitude of the health personnel involved with family welfare activities, almost 50% of the women said that they were indifferent. Only 44% said that their awareness was increased (Table VIII).

TABLE VIII

View about Health Workers	No. of women
Increased awareness	444
Indifferent	494
No response	62

As seen from Table IX, only 36.2% considered family planning to be a necessity, 24.6% accepted it as a way of life,

surprisingly 29.8% considered it as 'unnatural and hence unacceptable', 'immoral', 'inconvenient', 'unhealthy', 'unnecessary' were some of the other views.

TABLE IX

View on Family Planning	No. of women	%
No view	42	4.2
Way of life	246	24.6
Necessity	362	36.2
Unnatural	298	29.8
Immoral	52	5.2
Inconvenient	120	12.0
Unhealthy	30	3.0
Unnecessary	20	.0

Thus it was noticed that inspite of being in a Metropolitan Cosmopolitan city, we have a long way to go. People have not changed and it will take a long time and a lot of education and persuasion to change their attitudes towards family planning. Unless the husband, family, and community are involved, spacing will remain a difficult problem.

To recruit new acceptors, maintain continuation rates, provide information and sources of contraceptives, and treat complications is no easy task but is the need of the hour.

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