

Exploring Demographic Factors Influencing Acceptance of Family Planning Methods in Aligarh

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ABSTRACT

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Introduction: Population of India has jumped to 1,290,974,613 (1.29 billion) on Dec 07, 2015. There are certain demographic factors, which affect the acceptance of family planning methods. Therefore this study was conducted to determine the extent of felt need of family planning methods and to assess the demographic factors influencing the contraceptive acceptance.

Materials and Methods: This cross-sectional study was conducted in J.N. Medical College, AMU, Aligarh, for a period of two and half year. Only the mothers in the post partum period were interviewed. Those mothers who had already accepted family planning methods were not included in the study. 1383 mothers were interviewed. Data were tabulated and analysed using SPSS version 20. Chi-square test (χ^2) was applied to know the statistical significance.

Results: Significant number of mothers (39.6%) had planned to adopt family planning methods. Majority of the mothers (71.4%) were in the age group of 21-30 years. In this age group, 39.7% mothers wanted to adopt family methods. As the age of the mothers increased, the acceptance rate also increased. Majority of mothers (52.9%) admitted in the hospital were Hindus. Among Muslims, 40.3 per cent mothers had felt need of family planning methods. Mostly the mothers were illiterate (50.8%). 30.8 per cent of these illiterate mothers wanted to accept family planning methods. Similar felt need (36.4%) was observed in mothers with education up to primary level (V standard). As the birth order increased, felt need also increased.

Conclusion: It may be concluded that significant number of mothers had planned to adopt family planning methods. Though the campaign to promote family planning methods in our country is being carried out, the message should be given more vigorously through information, education and communication (IEC) activities and involvement of non-governmental organisations (NGO). Concerted efforts are needed to find out the reasons for unmet need and its solution.

Keywords: Felt need, unmet need, family planning methods, demographic factors

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INTRODUCTION

India with 2.4% of the world's surface area accounts for 17.5% of its population. Population of India is increasing rapidly. At the time of independence in 1947, the population of India was 344 million^[1] and it has jumped to 1,290,974,613 (1.29 billion) on Dec 07, 2015.^[2] Uttar Pradesh is the most populous state with roughly 200 million people^[3]. India was the first country to adopt family planning as a national programme in 1952. Later on in 1977, the programme was renamed as Family Welfare Programme ruling out forcible sterilization. Emphasis was given on motivation of the people to accept the small family norms. The Government of India in 2000 evolved its more detailed National Population Policy with the

objective of bringing down the total fertility rate (TFR) to 2.1 by the year 2010.^[4]

There are certain demographic and socio-cultural factors, which prevent the acceptance of family planning methods and implementation of family welfare programme. Social, cultural norms, gender roles, social network, religion and local beliefs influence people's choice for contraceptive acceptance.^[5]

Presence of a woman in a health care facility during pregnancy or childbirth offers an opportunity for health care personnel to inform her about the various family planning

methods and to motivate her to adopt these methods.

Therefore, this study was carried out in a health care setting with the following objectives:

1. To determine the extent of felt need of family planning methods
2. To assess the demographic factors influencing the contraceptive acceptance.

MATERIALS AND METHODS

This hospital based study was conducted in the Department of Community Medicine, Jawaharlal Nehru Medical College, Aligarh Muslim University, Aligarh (U.P.), for a period of two and half year from October 2010 to March 2012. Three visits were made per week. Only the mothers in the post-partum period were interviewed. Those mothers who had already accepted family planning methods were not included in the study. During the study period, 1045 mothers were interviewed. After taking their informed consent, inquiries were made regarding age, religion, education, birth order and their willingness to adopt family planning practices. This information was collected by medical interns, medico social worker and third year medical students posted in the department.

All the inquiries were entered on a pretested questionnaire. Data were tabulated and analysed. Chi-square test (χ^2) was applied to know the statistical significance of the results. Significance was taken at $P < 0.05$

RESULTS

Table 1 shows that 39.6 per cent of the mothers had felt need of family planning methods. Majority of the mothers (71.4%) were in the age group of 21-30 years. In this age group, 39.7% mothers wanted to adopt family methods. In the age group of up to 20 years, 26.7% mothers had willingness to accept these methods while maximum number of mothers (91.7%) in the age group of more than 40 years were planning to accept these methods. As the age of the mothers increased, the acceptance rate also increased. The difference between two groups of below 30 years and above 30 years to adopt family planning method was found statistically highly significant ($\chi^2=43.6$, d.f. =1, $p < 0.001$).

It is evident from Table 2 that majority of mothers (52.9%) admitted in the hospital were Hindus followed by Muslims (46.8%). Among Muslims, 40.3 per cent mothers wanted to adopt family planning methods and similar rate of 38.7 per cent was found in Hindus. However, this difference was found statistically insignificant ($\chi^2=0.38$, d.f. =1, $p > 0.05$).

Table 3 reveals that mostly the mothers were illiterate (50.8%). 30.8 per cent of these illiterate mothers wanted to accept family planning methods. Similar felt need (36.4%) was observed in mothers with education up to primary level (V standard). It was also found that as the educational status

improved, their willingness to adopt these methods also increased, highest being in mothers with literacy level above high school (X standard). This difference between two groups of below high school and above high school literacy level was found statistically highly significant ($\chi^2=113.3$, d.f. =1, $p < 0.001$).

It is clear from Table 4 that majority of the mothers (35.1%) delivered their first babies followed by births of third babies (23.4%). Only a small proportion of mothers (1.2%) gave birth to seventh and higher birth order babies. Among the mothers of first birth order, willingness rate was 20.8 per cent. After the birth of the second child, felt need of family planning markedly increased (42.1%). It was observed that as the birth order increased, number of mothers to adopt family planning methods also increased. The difference between two groups of birth order up to two and above two was found statistically highly significant ($\chi^2=85.0$, d.f. =1, $p < 0.001$).

Table 1: Felt Need of Family Planning According to Age Group

Age Group (Years)	Felt need of family planning				Total	
	Yes		No			
	No.	%	No.	%	No.	%
Up to 20	54	26.7	148	73.3	202	14.6
21-30	392	39.7	596	62.3	988	71.4
31-40	99	58.6	70	41.4	169	12.2
> 40	22	91.7	02	8.3	24	1.7
Total	547	39.6	836	60.4	1383	100

($\chi^2=43.6$, d.f. =1, $p < 0.001$)

Table 2: Felt Need of Family Planning According to Religion

Religion	Felt need of family planning				Total	
	Yes		No			
	No.	%	No.	%	No.	%
Muslims	261	40.3	386	59.7	647	46.8
Hindus	283	38.7	448	61.3	731	52.9
Others	03	60.0	02	40.0	05	0.3
Total	547	39.6	836	60.4	1383	100

($\chi^2=0.38$, d.f. =1, $p > 0.05$)

Table 3: Felt Need of Family Planning According to Literacy Status

Literacy Status	Felt need of family planning				Total	
	Yes		No			
	No.	%	No.	%	No.	%
Illiterate	216	30.8	486	69.2	702	50.8
Up to V	88	36.4	154	63.6	242	17.5
VI to IX	91	39.6	139	60.4	230	16.6
X and above	152	72.7	57	27.3	209	15.1
Total	547	39.6	836	60.4	1383	100

($\chi^2=113.3$, d.f. =1, $p < 0.001$)

Table 4: Felt Need of Family Planning According to Birth Order

Literacy Status	Felt need of family planning				Total	
	Yes		No			
	No.	%	No.	%	No.	%
I	101	20.8	384	79.2	485	35.1
II	126	42.1	173	57.9	299	21.6
III	141	43.7	182	56.3	323	23.4
IV	66	51.2	63	48.8	129	9.3
V	57	70.4	24	29.6	81	5.9
VI	41	83.7	08	16.3	49	3.5
> VI	15	88.2	02	11.8	17	1.2
Total	547	39.6	836	60.4	1383	100

($\chi^2=85.0$, d.f. =1, $p < 0.001$)

DISCUSSION

The study elicited background information on certain demographic factors influencing willingness to adopt family planning methods. The findings indicate that 35.98 per cent of mothers, mostly in the age group of 21 to 30 years had felt need of contraception. As the age of the mothers advanced, more mothers wanted to adopt family planning methods. The reason could be the complete families. Similar findings were also reported by other researchers.^{[6],[7],[8]}

There was preponderance of Muslim in the study, reason could be that the hospital is situated in a Muslim populated area catering comparatively larger Muslim population. However, there was no significant difference between Hindus and Muslims regarding acceptance of these methods. This could be attributed to the fact that both the communities are well aware of small family norms through media. However, this is contrary to the findings of a study carried out in West Bengal much earlier.^[9]

Literacy status directly affects the acceptance of family planning methods. As the educational level increased, their willingness to adopt family planning methods also improved. A significant difference was noticed between mothers of low and high educational status. The findings of this study are consistent with other studies.^{[7],[9],[10]}

There is another interesting observation, which merits consideration. As the birth order of the baby increased, their willingness to adopt family planning method improved. However, in mothers with very high birth orders, acceptance rate decreased. The reason could be that these mothers approaching menopause and their attitude and behaviour could not be changed due to certain socio-cultural factors. Similar observations were also made in another study.^{[11],[12]}

CONCLUSION

Many mothers have difficulty during labour or immediately during postpartum period because of the pressure of time, pain and stress of childbirth.^[13] Therefore, prenatal counselling is

required for postpartum contraception. Efforts are also needed to improve the literacy level in females. Men should also share the burden of family planning by accepting permanent or temporary family planning method. Health education, sex education and knowledge of family planning should be an integral part of school / college education.^[14]

Though the campaign to promote family planning methods in our country is being carried out, the message should be given more vigorously through information, education and communication (IEC) activities and involvement of non-governmental organisations (NGOs) because they are more acceptable to the community. Hence, it is recommended to carry out a similar type of study on a wider scale, to confirm the findings of the above study. Concerted efforts are needed to train the health professionals and other community workers to motivate the people and to deliver the services. It is advisable to strengthen Family Planning services, counselling of eligible couples on importance of small families and assisting them in making informed choice to remove the obstacles in practicing contraception.

What this study adds:

1. What is known about this subject?

Various studies have been carried out by the researchers in India and abroad to find out the socio-demographic factors affecting acceptance of family planning methods. Literacy of mothers is one of the most important factors.

2. What new information is offered in this study?

Important socio- demographic determinants of felt need have been identified and keeping in mind these factors, our target of Total Fertility Rate (TFR) of 2.1 is to be achieved. Literacy level of mothers should be increased. Reasons for unmet need for family planning should be studied further and feedback should be provided to planners and policy makers.

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CONFLICTS OF INTEREST

None declared

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ETHICS COMMITTEE APPROVAL

Approved

REFERENCES

- Government of India: Annual report 1983 – 84, Ministry of Health and Family Welfare, New Delhi 1984.
- Census 2011. Provisional Population Totals Paper 1 of 2011 India Series 1. New Delhi: Office of Registrar General and Census Commissioner. Ministry of Home Affairs, Government of India; 2011. Available from: http://www.censusindia.gov.in/2011-prov-results/data_files/india/Final%20PPT%202011_chapter3.pdf,

(accessed on 18.05.2014).

3. Population of India 2015. Available from: <http://www.indiaonlinepages.com/population/india-current-population.html>, (accessed on 07.12.2015).

4. Wadia AB. New perspectives in population policies and programmes. *Health and Population – Perspectives and Issues* 2002;25(1):3.

5. Bosveld W. Explaining between country variation in fertility, the theoretical link between individual behaviour and social context. Amsterdam, Post doctorate Onderzoekersopleiding Demographic 1998 (Nethur – Demography paper no. 41):17.

6. Alag V, Banerjee A. Acceptance of spacing methods of contraception in Municipal Corporation of Delhi. *Health and Population- Perspectives and Issues* 1995;18(2):56-69.

7. Bhattacharya M, Joshi PL, Raj B. Socio-economic correlates of fertility and contraceptive practices among target couples of a rural community. *Indian Journal of Public Health* 1984;28(3):139-146.

8. Pawar AT, Annie J, Kumar D. Family planning practices in rural Kerala. *Scholars Journal of Applied Medical Sciences* 2014; 2(1A):19-21.

9. Biswas AK, Roy A, Biswas R. Adoption of small family norms in a rural community of West Bengal. *Indian Journal of Community Medicine* 1994;19(2-4):68-71.

10. Kumar A, Bhardwaj P, Srivastava J P, Gupta P. A study on family planning practices and methods among women of urban slums of Lucknow city. *Indian Journal of Community Health* 2011;23(2):75-77.

11. Gupta A, Sharma AK, Kannan AT. Factors influencing acceptance of contraceptive methods. *Indian Journal of Community Health* 1997;9(1):39-42.

12. Velankar DH. Knowledge, Attitude and Practices Regarding Contraceptive Methods of Family Planning in an Urban Slum Community of Mumbai. *Bombay Hospital Journal* 2009;51(2):149-154.

13. Blaney CL. Long acting methods require special care. Research triangle park, North Carolina, Family Health International, Network 1994;15(1):18-21.

14. Murarkar SK, Soundale SG, Lakade RN. Study of contraceptive practices and reasons for not accepting contraceptives in rural India: Chanai village as a case study. *Indian Journal of Science and Technology* 2011;4(8):915-916.

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