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FAMILY PLANNING PRACTICES AMONG RURAL HEALTH TRAINING CENTER BENEFICIARIES

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ABSTRACT

Family planning is the method by which a couple can plan when to have and not have children. It allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy. Family planning services are defined as "educational, comprehensive medical or social activities which enable individuals, including minors, to determine freely the number and spacing of their children and to select the means by which this may be achieved."

The present study has been carried out with the 369 patients who attended during the period between 1st June and 15th July 2009 at a Rural Health and Training Centre, Shivanagi (village) adopted by Shri B.M.Patil Medical College, Bijapur. The aim of the study was to find out the gender equality prevailing in rural area in respect of family planning. Out of 369 respondents 159 were males and 210 were females. However 61 (38.36%) of male respondents were in favor of use of contraceptives and 84 (40%) of females could favor for such method of birth control. None of the respondent was in favor of sterilization.

Keywords: Family Planning, Contraception, Sterilization infertility, Pregnancy.

INTRODUCTION

Family Planning is an integral part of population policy which aims at quality of life .It refers to the practices that help individuals and couples to plan to bring about wanted births, avoid unwanted births and even to space between the births which results in a happy and healthy family. Family planning is defined by WHO expert committee 1971 as 'a way of thinking & living that is adopted voluntarily upon the basis of knowledge, attitude and responsible decisions by individuals and couples, in order to promote the health and welfare of the family groups and thus contribute effectively to the social development of a country'.[1] Onokerhoraye defined family planning as the provision of birth prevention information services and appliances .it also involves teaching men and women about their babies and teaching them how to prevent births usually with contraceptives but sometimes also with abortion or sterilization.[2]

The contraceptive methods are broadly categorized in to barrier, chemical, natural and surgical types .Surgical method is a permanent method which includes vasectomy and tubectomy. Effective family planning is based on knowledge attitude and practice of family planning

We the Indians are known for our own unique feature of family life like, its durability & depth of its binding, to maintain such unique family the

members of family contribute maximum to protect the interest of the family. Females play a key role in managing all most all the dimensions of family affairs, sometimes she is involved more and over burdened, there is gender bias in even sharing family planning responsibilities.

Statement of Problem:

It is well-known fact that from the time immortal gender bias is followed and practiced in sharing all most all the responsibilities of life. Due to various physical, biological, social & psychological factors females bare most of the day to day burden without any second thought, though the present era of changing socio economic status has lead females to empower to some extent but her burden continues.

In the present study an attempt has been made to find out among the eligible subjects is there any gender equality in the percentage of family planning adopters in rural area if so, which gender has adopted family planning methods? And why? And what are the different methods adopted.

Objectives

1. Is there any gender bias in family planning practice among eligible subjects?
2. To analyze what are the different family planning methods adopted in rural area.

MATERIALS AND METHODS

Study Area: RHTC Shivanagi rural field practice area of Shri B M Patil Medical College, Bijapur.

Study Design: Cross Sectional study

Participants: Ever married adult patients attending RHTC OPD clinic

Study Period: 1st June to 15th July.2009

Method: A total of 369 respondents were interviewed using pre tested & predesigned pro forma.

Analysis: Analysis was done using percentage, Chi square test.

Table 1 Age structure and Family Planning

Age (years)	Acceptors (%)	Non Acceptors (%)	Total (%)
< 21	01(9.09)	10(90.91)	11 (2.98)
21-30	26 (48.15)	28(51.85)	54(14.63)
31-40	38 (33.93)	74(66.07)	112 (30.35)
41 -50	56 (41.48)	79 (58.52)	135 (36.59)
51-60	17(42.50)	23 (57.50)	40(10.84)
61-70	03 (42.86)	04 (57.14)	07(1.9)
71& above	04 (40)	06 (60)	10(2.71)
Total	145(39.30)	224(60.70)	369(100)

X2=12.6 , p=0.02

Table 2 Gender wise acceptance of family planning

Respondent gender	Accepted for self	Accepted for spouse	Total
Male = 159	_	61(38.36)	61
Female = 210	84(40)	_	84
Total	84	61	145

X2=140.91 , p=0.000

Table 3 Literacy status & family planning

Status	Acceptors (%)	Non Acceptors (%)	Total
Illiterate	78 (38.81)	123 (61.19)	201 (54.47)
Primary	42 (47.19)	47 (52.81)	89 (24.12)
Secondary	15 (27.78)	39 (72.22)	54 (14.63)
Puc & above	10 (40)	15 (60)	25 (6.78)
Total	145 (39.30)	224 (60.70)	369

X2=6.47, p=0.05

Table 4 Socio economic status & family planning

S E status	Acceptors	Non Acceptors	Total
I	13 (36.11)	23 (63.89)	36 (9.76)
II	37 (40.66)	54 (59.34)	91(24.66)
III	29 (39.73)	44 (60.27)	73 (19.78)
Iv	37 (33.04)	75 (66.96)	112 (30.35)
V	29 (50.88)	28 (49.12)	57 (15.45)
Total	145 (39.30)	224 (60.70)	369 (100)

X2=6.06, p=0.10

Table 5 Number of living children & family planning

No. of living children	Tubectomy	Copper – T	O C pills	Total
1	-	2 (40)	3(60)	5(3.45)
2	26 (81.25)	04 (12.50)	02 (6.25)	32 (22.07)
3	33 (97.06)	01 (2.94)	-	34 (23.45)
4	74 (100)	-	-	74 (51.03)
Total	133	07	05	145

X2=50.10, 0.0000

Table 6 Religion & family planning

Religion	Acceptors	Non Acceptors	Total
Hindu	98 (67.58)	166 (74.10)	264 (71.54)
Muslim	47 (32.41)	58 (25.89)	105 (28.46)
Total	145 (100)	224 (100)	369 (100)

X2= 13.40 , p=0.0000

Table 7 Reasons for not adopting family planning

Reasons	Male		Female		Total
	Hindu	Muslim	Hindu	Muslim	
No children	03(33.33)	01(11.11)	05 (55.56)	-	09 (4.02)
Reached menopause	07 (11.11)	08 (12.7)	23 (36.51)	25 (39.68)	63 (28.13)
Newly married	08 (24.24)	13 (39.39)	05 (15.15)	07 (21.21)	33 (14.73)
Need more children	20 (19.80)	27 (26.73)	10 (9.9)	44 (43.56)	101 (45.09)
Not responded	5 (41.66)	04 (33.33)	-	03 (25)	12 (5.36)
Widow	02 (33.33)	-	03 (50)	01(16.67)	06 (2.68)
Total	45 (20.08)	53 (23.66)	46 (20.53)	80 (35.71)	224 (100)

RESULTS AND DISCUSSIONS

In this study majority of the respondents were in the age group of 31 to 50 years, 247(67.4%)

Table No.1: Out of 369 respondents no single person had gone for sterilization of family planning. However, 145 (39.30%) respondents did use contraception to prevent unwanted pregnancies. The table No. 1 reveals that though all the persons who visited the Centre were interviewed irrespective of their age to find out whether they had practiced any method to prevent unwanted pregnancies. Though it is less than 40% but among them a majority was from the age ranging between 21 and 59. This age structure and family planning use was found to be statistically significant, p=0.02.

Table No. 2: This table reveals that out of 369 respondents 159(43.08%) were males. None of them had adopted any permanent family planning method but responded frankly that their spouses 61 (38.36%) have accepted contraception. Out of 210 female respondents only 84(40%) have accepted contraception .This observation was found to be statistically significant, p=0.000.

Table No. 3: Most of the respondents were either illiterate or educated up to primary level 290 (78.59%).Level of education of the respondents was not an influencing factor for acceptance of contraception , However this finding was found to be statistically significant ,p=0.05,Similar findings were observed in a study by Padma Mohan et al[3]

Table No. 4: Table no 4 shows that majority of the respondents were belonging to socio economic class 3 and below. In the present study socio economic status and contraceptive use was not significant p=0.10, probably for the reason to have more number of children.

Table No. 5: Family planning based on number of living children, it was found 108(74.4%) respondents have accepted Tubectomy with three or more children whereas 37(25.5%) have accepted with than two children, this difference was found statistically significant p=0.0000 as reported in Bijapur at a glance 2007- 2008 by District Statistical Office Bijapur[4] only 9 vasectomy and 12899 tubectomy were reported .

Table Nos. 6 and 7: Out of 224 non acceptors family planning methods against 145 acceptors more number of Muslims and good number of Hindus had denied the adoption of contraceptive use due to family restrictions and for want of more children.

CONCLUSION AND RECOMMENDATION

There is a need to shift from only women centric approach to couple centric approach for family planning. There is need of strong political interest commitment and social responsibility of the public .Adoption of tubectomy after Second child , participation of males in family planning to share equal responsibility and eradication of illiteracy which contributes to improvement in socio economic status and rational out look at religious binding needs to be given prime concern .Creating awareness in rural community by focused group discussions and health education using IEC (information ,education and communication) material ,BCC(behavior change communication) among general public.

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