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Knowledge, Attitude And Practice Of Family Planning Among Rural Women From Fatehabad, Agra

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ABSTRACT

Family planning programme in India has been highly successful in bringing down the population since its inception in 1952. It has also been shown to exert its impacts on population health and their well-being and thereby improving the socioeconomic condition of the individuals as well as of the country. As a vehicle of family planning programmes, use of various contraceptives, in addition of reducing the chances of life threatening diseases, significantly help in curtailing the chances of unplanned pregnancies and further reduces the chances of maternal and neo-natal mortality. Use of both traditional and modern day contraceptives is a must for achieving the goals of family planning commitment 2020. This study was done during November 2017 to December 2017 involving the rural women from Fatehabad, Agra. A questionnaire based house hold survey was conducted involving 525 married women. Women were made to participate voluntarily in this exercise and through this they were accessed on various parameters, such as information about the contraception in general, whether they are practicing any form of contraception during examination etc. Participants were also asked about their knowledge about the modern methods of contraception and also whether the use of contraception has helped them in any way to keep their reproductive as well as general health in good condition. This study helped understanding the fertility desires and use of contraceptive among the rural women. Standard bivariate and multivariate parameters were used to examine the level of education and financial well being on use of contraception and unmet need for family planning. More than 90% women in the selected area of study had knowledge of various contraceptives including 28% had knowledge of modern methods of contraception as well. This study also strengthens the fact that level of education has strong bearing on making decisions on choices of contraceptives. Throughout the sampled area, we have reported that sterilization method of contraception was prevalent in women with less education and vice-versa. This study also reported the fact that there is higher unmet need for family planning. Immediate attention would be needed to fulfil the unmet needs of the families to tap the full potential of family planning programmes and to achieve millennium development goals.

KEYWORDS: Family planning, Unmet needs, Millennium development goals

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Introduction

The problem of population is acute in developing countries like India (Renjhem P *et al.,* 2008). It exerts the pressure on the available resources of the country and had direct bearing on socio-economic status of the country. It is a well recognised fact that producing more number of children exerts negative effects on health and emotional well being of the women (Sharma. V.e*t al.,* 2012). Govt. of India, through a systemic planning for reducing the population of the country has launched the family planning (FP) programme in 1952. Although this programme was started with meticulous planning, it did not reach its targeted goal (Surykantha AH, 2010, S. Jena, 2017). This study was conducted in Fatehabad taluk of Agra district. Since the area specifically chosen had rural background, as such the level of education of the subjects had primary to secondary level of education only. In the selected area few women had higher level of education as well, which include undergraduate and postgraduates in arts and science. All the subjects (525) involved in this study were sexually active at the time of reporting. Ever-increasing Indian population has started posing several problems both in economic and social front of the country (Shumayla S, Kapoor S, 2017). With inclusion of 16 million individual each year in already existing population, India now stands the second most populous country in the world (Chandra Purohit*et al,*. 2014). The population of India in year 2030 is calculated to be around 1.53 billion. While the population of India is growing at an alarming rate of 1.2%, the total fertility rate (TFR) of India is currently 2.18 and the total fertility rate of Uttar Pradesh is 2.74. Fertility rates in well developed states like Kerala, Tamilnadu, Andhra Pradesh, Gujarat, Maharashtra & Karnataka is 1.56, 1.80, 1.83, 2.03, 2.11 & 1.80 respectively.(Jahan U. *et al,*. 2017). Various studies have confirmed the direct relationship between fertility and use of contraceptives. As such in order to reduce unplanned pregnancies, maternal mortality and morbidity becomes the integral part of contraceptive coverage under family planning programme (Saroj Pachauri, 2014).Use of contraception bears even more significance in light of its utility in providing protection against sexually transmitted disease (McGregor JA&Hammill HA, 1993). Use of contraceptives is highly influenced by socio-economic factors and to some extent cultural factors also play a crucial role in determining the demand of contraception (Mishra, Shailendra&Bakshi, Sanjeev, 2010). The objective with which the family planning programme was initiated in India, projection to achieve the low fertility rate, is already met in few states(Rosanna Ledbetter, 1984). Govt of India, in line of reducing the pressure of overpopulation, taken steps in controlling the unplanned pregnancies, thereby giving another chance in reducing the population, timing between the pregnancies were also been planned to be regulated (Hota, Prasanna, 2006, A. Dharmalingam; S. Philip Morgan 1996). Early marriages and early pregnancies were discouraged further in order to reduce population explosion (Chacko, E, 2003).India being multilinguistic, multireligious and multi-ethenic group, as such in this diverse diaspora varied awareness about the contraception and family planning would be expected (JissaVinodaThulaseedharan, 2018). For the successful implementation of any family planning programme a deeper understanding about the factors governing the implementation and awareness is a must (Hussain N 2011, Rao JA, 2000,

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Kartikeyan S, Chaturvedi RM, 1995). Detailed understanding of socio-demographic factors coupled with the attitudes and practice of family planning in selected area are the significant variables that determine the success of family planning programmes in India (Ansari MW *et al.*, 2018).This study was conducted keeping in mind to access to the practice of various types of family planning methods among the women of sexually active age group and also to access the relation between (if any) family planning methods and socio-demographic variables etc. More specifically such studies are required to access and understand the factors governing the fertility and family planning practice in various communities (Radhadevi*et al,*. 1996, Thiagarajan BP and Adhikari R, 1995).

METHODS

Data used for present study was collected and compiled following the standard procedures. A cross sectional descriptive study involving the data collected from married women was carried out at post graduate department of sociology,Govt(PG) College Fatehabad, Agra. As described above data used in this paper was collected between November 2017 to December 2018 from Fatehabad taluk of Agra district. As mentioned, study involves the participation of 525 women who were sexually active at the time of data collection. All the subjects involved in the study were interviewed by means of predesigned well-structured questionnaire. Variables that were dependent in nature and utilized in this study were awareness about contraception's, Attitude towards contraception's, preference and practice of any specific method of contraception etc. Variables that were independent and used in this study were religion of the subjects, age group of the women, occupation, education level, place of residence, socio-economic status of the subjects, age at the marriage, duration of marriage, number of pregnancies, number of living children, caste, source of information about the contraception, level of husband education. Data thus collected were analyzed by simple tabulation methods.

Explanation of variables used in the study

In the present study, Table 1 shows the factors/ variables used in the study. For the ease of understanding and presentation of the data, various variables used in this study were further simplified: -age of the currently married and sexually active women was classified in three groups (less than 20), (21-34) &(more than 34). Education level of the participating women was classified in to four groups, namely (illiterate: no education at all), (primary education), (secondary education and higher level of education). Habitat has been classified in two groups, rural & urban. Number of living children in family has been classified in to six groups, no child, one child, two children, three children, four children & five children. Number of pregnancies has been classified in to four groups, no pregnancy, one pregnancy, two pregnancies, and more than three pregnancies. The variable of religion has been classified in to two categories, Non-muslim& Muslim. Non-muslims included Hindu, Shikhs, Buddhist, Jain and others. Caste of the individuals in this study has been classified in to three categories/ groups, scheduled caste (SC)/ scheduled tribes (ST), OBCs and others. Based on

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socioeconomic status of the women participants, there categories have been denoted, namely, upper, middle and lower. With certain adjustments, all the subject women were classified in these three broad categories. Occupation of the women has been classified in two categories, viz. housewife, and skilled / unskilled worker. Age at marriage were also taken in to consideration, it was again divided in to three categories, less than 18 years, 19 to 25 years, 26 years and above. Duration of marriages was another factor in collection of the data; there were four categories to capture the data, less than a year, two to five years, six to eight years& more than eight years. Level of husband education was also included in data collection as independent variables. This variable was classified in two categories, viz. educated and not-educated. Exposure to media has been shown to influence in making contraceptive choices, in the present study, media exposure has been classified in two categories, no exposure and media exposure to either radio or print media. Data for the purpose of the study has been collected compiling the factors/ variables described (Table 1).

Table-1:- Socio-demographic correlates of family planning methods & percentage distribution of women according to various variable used in study (n=525)

Variables used in study	Frequency and percentage	No of user & percentage	Number of non users and their percentage
Age in years			
<20	192 (36.5)	118 (22.4)	74 (14)
21-34	217 (41.3)	192 (36.5)	25 (4.7)
>35	116 (22)	87 (16.5)	29 (5.5)
Education Status			
Illiterate	81 (15.4)	78 (14.8)	03 (0.5)
Primary	119 (22.6)	92 (17.5)	27 (5.1)
Secondary	108 (20.5)	87 (16.5)	21 (4.0)
Higher Education	217 (41.3)	192 (36.5)	25 (4.7)
Place of Residence			
Rural	525 (100)	478 (91.0)	47(8.9)
Urban	0	0	0
Number of Living Children			
No Child	32 (06)	28 (5.3)	4 (0.7)
One Child	258 (49.1)	187 (35.6)	71(13.5)
Two Children	148 (28.1)	99 (18.8)	49 (9.3)
Three Children	18 (3.4)	12 (2.2)	6 (1.1)
Four Children	52 (9.1)	29 (5.5)	13 (2.5)
Five children	17 (3.2)	6 (1.1)	11 (2.0)
Number of Pregnancies			
No pregnancy	63 (12)	48 (9.1)	15 (2.8)
One pregnancy	118 (22.4)	79 (15)	39 (7.4)
Two pregnancy	109 (20.7)	89 (16.9)	20 (3.8)
>3 pregnancy	235 (44.7)	168 (32)	67 (12.7)
Religion			
Non-Muslims	378 (72)	291 (55.4)	87 (16.5)
Muslims	147 (28)	74 (14)	73 (13.9)
Caste			
SC/ST	118 (22.4)	84 (16)	34 (6.4)

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OBCs	192 (36.5)	178 (33.9)	114 (21.7)
Other's	215 (40.9)	193 (36.7)	22 (4.1)
Socioeconomic Status			
Upper	0	0	0
Middle	376 (71.6)	292 (55.6)	84 (16)
Lower	149 (28.3)	101 (19.2)	48 (9.1)
Occupation of the women			
Housewife	317 (60.3)	281 (53.5)	37 (7)
Skilled/Unskilled	208 (39.6)	171 (32.5)	37 (7.0)
Age at marriage (Years)			
<18	248 (47.2)	163 (31)	85 (16.1)
19-25	191 (36.3)	101 (19.2)	90 (17.1)
>25	86 (16.3)	74 (14)	12 (2.1)
Duration of marriage (years)			
<1	159 (30)	103 (19.6)	56 (10.6)
2-5	209 (39.8)	181 (34.4)	28 (5.3)
6-8	110 (20.9)	76 (14.4)	34 (6.4)
>8	47 (8.9)	39 (7.4)	8 (1.5)
Husband Education			
Educated	491 (93.5)	387 (73.7)	104 (19.8)
Not-educated	34 (6.4)	23 (4.3)	11 (2.1)
Media Exposure			
No exposure	87 (16.5)	56 (10)	31 (5.9)
Exposure	438 (83.4)	378 (72)	60 (11)

Table 2 : - percentage of knowledge and awareness regarding various family planning method (n=525)

Factors	Frequency of occurrence	Percentage of occurrence
Knowledge about contraception	502	95.6
Awareness regarding contraception	474	90.2
Known about any one method of contraception	525	100
Source of information		
Partner	243	46.2
Print/ electronic media	118	22.4
Relatives	102	19.4
Health professional	62	12.1
Source of family planning service		
Publically funded hospital	309	58.8
Privately funded hospital	75	14.2
Health centres	102	19.4
Medical store	20	3.8
Wall paintings	19	3.6
Traditional methods of contraception		
Fertility awareness method (FAM)	308	58.6
Pull out methods	37	7.0
LAM method	180	34
Modern methods of contraception		
Contraceptive pills	474	90.2
Condoms	503	95.8
IUD	317	60.3

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Injections	157	29.9
Vasectomy	190	36.16
Tubectomy	274	52.1
Reasons for picking up family planning		
Limitation of births	133	25.3
Spacing of births	265	50.4
Stopping births	82	15.6
No idea	45	9.1
Other reasons for using contraception		
Protection from STD	470	89.5
Health improvement	35	6.6
Reason incognita	20	3.8

Table 3: - Attitude of respondent women towards family planning methods in Fatehabad, Agra (n=525)

Factors	Frequency of occurrence	Percentage of occurrence
Whether the use of contraceptive has any beneficial effects		
Yes	474	90.2
No	51	9.7
Contraceptives are used for well being of the family, with small family being happy, helps in standard of living and making responsible parents		
Yes	496	94.4
No	21	4.0
Contraceptives are used towards with aim of deriving health benefits including limitation of birth, spacing of birth including stopping of births		
Yes	493	94.0
No	32	6.0
Concepts of family planning as understood by respondents which includes understanding towards traditional and modern methods of contraception, oral pills, IUD and permanent methods of contraception		
Yes	511	97.3
No	14	2.7
Role of males in understanding and practising family planning methods as part of interspousal communication & support system.		
Yes	512	97.6
No	13	2.4

Table 4: - Response of respondent women towards not using any contraceptive methods as part of family planning methods in Fatehabad, Agra (n=525)

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Factors	Frequency of occurrence	Percentage of occurrence
Lack of knowledge of contraception	10	1.9
Opposition from family members	62	11.8
Puerperium	128	24.3
Fear of side effects	42	8.0
Concern about health issues	71	13.5
It is against religious belief	19	3.6
Useless	33	6.2
Desire to have child	160	30.4

Table 5: - Pattern of most preferred method of family planning among respondent women in Fatehabad, Agra (n=525)

Factors	Frequency of occurrence	Percentage of occurrence
Female sterilization	116	22.0
Male sterilization	31	5.9
Natural Methods of contraception	59	11.2
Condoms	178	33.9
OCPs	98	18.6
IUD	32	6.0
Injection	11	2.0

Among different studies done in past ten years and also two national family health surveys (NFHS-III- 2005-06) and (NFHS-IV- 2015-16) pointed out that the use of modern contraceptive remain unchanged over these periods (Anjali Singh *et al.*, 2016). It was estimated to be fewer than 50 percent between 2005-06 and 2015-16. Even though the Indian families claim to be more open, wherein women are given equal opportunity and representation, but when it come the issue of family planning, male seldom share the burden. It is the women who is held responsible for keeping the size of the family as desired by the in laws and husband family (JayitaPoduval, MuraliPoduval, 2009).

Key Findings: - this study in addition to confirming the finding of other studies done either in other parts of Uttar Pradesh and also done in other parts of the country, It confirms that the knowledge and use of the contraceptives is almost known to everyone except a few who does not want to reveal their choices and not interested in participation in the survey studies. Use of contraceptives among the target women, which is expressed in form contraceptive prevalence rate (CPR), is defined as "the percentage of women of reproductive age who are currently using, or whose sexual partner is currently using, at least one contraceptive method, regardless of the method used."

In Uttar Pradesh the current CPR rate among the women of 15-49 years of age is 46%. This finding suggests that the CPR rate has slightly improved from the last NFHS survey (2005-2006). In third NFHS survey, the CPR was reported to be 44%. It was estimated that in rural areas of Uttar Pradesh the CPR was 42% and in urban areas of Uttar Pradesh it was shown to

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be 56%. In national family health survey-IV, done in 2015-16, the use of modern contraceptive choices are up to a level of 32% which was reported to be at the level of 29% in NFHS-III. As mentioned earlier that it somehow becomes the norms in Indian society that keeping the size of the family is the duty of women alone, the rate of female sterilization between two national family health surveys remained unchanged. Good news for government and family planners in contraceptive use fronts, NFHS-IV reported high increase in use of contraceptives. This increase in contraceptive use trends was commensurate with age. While the use of contraceptives was reported to be only 12% among the women of age group 15-19, it was reported to be 58% among the women of age group 30-39. This data corresponds with the data of all India family health survey complied and released. This points out that among the user of modern contraceptive methods, 69% of them relied on public health sector for accessing the methods of modern contraceptives. As reported by other studies as well, the role of education does not shown have much influence on making choices of contraceptives, this however also points out that the women who have received better education are at the upper hand in using the contraceptives for spacing between children than their other counterparts who are not well educated.

Preference of the sex of the individual, if once met has significant impact on use of the contraception. Women with one male child are more likely to use contraception. This finding was further strengthened by the fact that among the women who have two children, women with one son are using family planning method, the ratio of these women is estimated to be 54%. This ratio when compared with the women having two girl children, it came around 34%. Between two national family health surveys done over a period of 10 years, five years before the NFHS-IV, it was reported that 33% of women who were on contraceptives (any) have discontinued its usage in about 12 months period. The reason cited for discontinuation was their desire to have children. The ratio of these kinds of women was reported to be 9% among all. This study also confirms that most of the respondents in Fatehabad, Agra were using the methods of contraception with a specific objective of keeping space between pregnancies. While the state reported the use of the condoms by 11% of the women, 2% of the women were using the oral contraceptive pills (OCPs). Study also reported that 88% of the women have their sterilization done at public health facility and government hospital. Similarly close to 52% women relied on public sector for insertion of IUD. Study also touches on the unmet need of family planning. Unmet need for family planning is defined as the percentage of women of reproductive age, either married or in a union, who have an unmet need for family planning. Women with unmet need are those who are want to stop or delay childbearing but are not using any method of contraception. National data indicate that 13% of women who are currently married have reported unmet need. This estimate was same as was in NFHS-III (14%). The result of the study confirms that 48% of men in union and 42% of currently married women knew about the existence of emergency contraception. LAM (lactation amenorrhoea method) was not a common concept in area of reporting. While all India survey data shows that only one in seven currently married women and one in eight currently married men knew about the concept of LAM. As a bad precedent, this study also

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reported, like the data obtained from the national family health survey nearly two-fifths of contraceptive users discontinued use within the first year after they adopted the method. Informed choices, which is not a very new concept in family planning business, it is defined as "Informed Choice in Family Planning: Helping people decide. The best decisions about family planning are those that people make for themselves, based on accurate information and a range of contraceptive options". Since the women in rural areas rarely talk about the use of modern contraceptives, we have not reported much in this area. General enquiries about the use of modern contraceptives were made to respondents who readily agreed to give details. Few respondents knew very well about the available modern contraceptives. They also knew about the injectibles, intrauterine devices (IUDs), mixed contraceptive pills, implants, female condoms, diaphragm, foam/ jelly, safe periods and also about emergency contraceptives. National family health survey data in 2015-16 have stated that the use of contraceptives methods by states and union territories. Contraceptive use in Agra is estimated to be 61%. This study also tries to understand the role of men in supporting the cause of family planning, supporting the decision of the spouse/ family members etc. It is reported that 38% of men between age group 15-49 years thinks that keeping the size of the family to "acceptable size" is a business of the women alone and men need not worry for the issue. Even in rural establishments, the thinking of the men is still stereotypes; a significant percentage of the men (12%) think that the women who are on contraception became debauched. In spite of the reported odds, the men continue to believe and strengthen the idea that if condoms are used properly, it not only give protection against unwanted pregnancies abut also provides protection against sexually transmitted diseases (STDs). There were few men who were fostering the idea that condoms do not give protection against the pregnancy an also it hinders in their satisfaction during sexual intercourse. Discontinuation of the contraceptives is a blow to the efforts of the government and other similar agencies in keeping population in control. Through this paper, efforts were also made to find out the reasons for discontinuation of the contraceptives by rural women in Fatehabad, Agra. A general apathy towards the use of contraceptives was reported in this study. Rural women who were on contraceptives somehow did not continue it. It was even surprising to note that the rate of discontinuation among rural women was quite high. The women have left the use of contraceptives did it even within twelve months

RESULTS:-

A total of 525 married women from rural habitat of the selected area of study have been interviewed about their attitude, knowledge and practice of contraceptive methods used by them.

Inclusion criteria: This exercise was made voluntarily; all the married women of the selected area who were willing to participate in the study were included. Informed consent of all volunteer women was taken prior to interviews. All the participants of the study were informed about the kind and purpose of the study. Anonymous data were collected.

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Exclusion Criteria: women who did not wish to be interviewed, non-co-operative women who were not willing to provide necessary information for the purpose of study.

Prior to the study, detailed questionnaire covering all the information required to derive the knowledge, attitude and practice of family planning methods was designed. The questionnaire we have designed was based on the questionnaire used in NFHS studies used for collecting the data for family planning in house hold surveys. For the purpose of this study and also the limitation of the study we have presented the data which are more relevant to decide the factors we were investigating. All the data collected through the questionnaire is not the scope of this study and hence it is not presented here. The questionnaire included the information regarding respondents' age, educational status, place of residence (since this study involved women living in rural habitat, their urban counterparts were not included in the study), number of living children at the time of interview, number of pregnancies the women had, religion that was plasticised in family, caste of the women, the socio-economic status of the family, occupation in which the women is involved, the age of the women at the time of the marriage, the time duration of the marriage, the level of husband education and finally the exposure to the media was documented in making informed decision.

It is a well known fact that, women at young age, both living singly or in union are less likely using the contraception that their older counterparts. This holds good even in countries that have reported the high contraceptive prevalence rates. Long ago in year 1976, according to a published report in journal *Science News*, it was enforced that in spite of the wider range of the contraceptives availability in the market, an ideal contraceptive remains to be found out. This pre-conceived notion persists even today. As discussed in earlier studies that early age at marriage play a vital and crucial role in determining the reproductive period of the women. This condition opens up more exposure to sexual union, giving chances to females in producing more children even before she attains the age of twenty four. Earlier workers in this area have determined a pattern which is infamous by too early, too frequent and too many, leads to more births. Age as factors in this study was included to determine the effect of age on use of contraception among the rural women. As described in table 1, we have reported that among the women of age group less than twenty years, the usage level of the contraception was close to 22.4 percent. The women who were in age group twenty one to thirty four years of age, the usage percentage reached at the level of 36.5 percent. Older women in this study have reported less use of the contraception, their range peaked up to 22 percent, which was close to their younger counterparts. Since the use of the contraception is reported to be quite low, a demand based family planning programme was started to achieve Uttar Pradesh population policy goals. Role of education in determining the attitude and practice of the contraception among rural women is the basic factors included in all studies. Through this study we also tried to understand the role of education in determining the attitude of the women of rural Fatehabad taluk of Agra. In our study we have reported that the women who are fully illiterate are less likely interested in using the methods of contraception only for the purpose of controlling the size of the family. Among 525 women interviewed

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through this study we have come across 14.8 percent of the illiterate women were using any of the method of contraception. As the level of education goes up, among the women who were educated only up to primary level, their percentage came to level of 17.5, with intermediate level of education, the percentage came near 16.5. Only in case of women who were highly educated, graduate and post-graduate women, among them the rate of contraception was quite high. The percentage of women (high educated) was 41.3 percent. Thus a safe conclusion from the above facts is that education plays a vital role in exploring the options of contraception and using the methods thereof. It is a widespread fact that the educated women know at least one method of contraception and also are practising that. With respect to the impact of the surroundings i.e rural or urban, on deciding whether to use or not use the method of contraception. Since we have focused only on rural women the use of contraception among the women who dwells in urban setting is not the scope of this study. Studies elsewhere have reported slight variation on usage of method of contraception based on their surroundings. In this study out of the 525 women 91 percent of the women were found to be using the methods of contraception.

Number of living children in family also had an impact on the usage of contraception by the couples. Generally the contraception by the couples has been started after the birth of the first child, which clearly indicates the usage of the contraception either for limiting or spacing. Interviewed couples who had only one living children the probability of using the methods of the contraception in them was in range of 35.6 percent. With two living children in family the usage of the method of contraception goes down to 18.8 percent. With three living children in family the percentage went further down to 2.2 percent. In certain families with four or more living children, contraception usage further up by 5.5 percent. This trend shows that the use of contraception is traditionally link with number of living children in the families. With less number of child or early marriages in family gave more concern for use of contraception. Couples who wish more children in family were found to be reluctant in using any methods of contraception. Through this study we have reported the use of contraception going further up only in families with four or more living children. This could be due to concern about the size of the family and the resources availability in the family.

The state of Uttar Pradesh is in high focused state as for as family planning (FP) services are concerned. There are 25 high focused district in state of Uttar Pradesh among 184 focused district in India covered under National Rural Health Mission (NRHM) since 2005. This special programme was launched in selected 25 districts to directly monitor lower contraceptive use, high unmet need and regulation of unintended pregnancies. Crude birth rate (CBR) which is an estimate of number of births occurring during the year per 1000 population estimated at midyear. While the CBR of Uttar Pradesh is 26.4, in case of Agra it is estimated to be 25.3. Number of pregnancies in family also had an impact on usage of the FP methods. With no pregnancy (for any reason, not cited here), the percentage of the FP methods is only 12 percent. With one pregnancy in family, the rate of contraception usage shot up by 22.4 percent. With two pregnancies the rate was estimated to be 20.7 percent and

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with three or more pregnancies the rate went further up by 44.7 percent. This trend clearly indicates that the use of the contraception is directly linked with the number of the pregnancies in the family. With increasing number of children in families and as the size of the family going up, couples are more concerned for the use of the methods of family planning.

Religions across the globe have embraced the family planning services for the purpose of limiting the size of the family. It has been used for making informed choices about the family. Religion across the globe have recognized that family planning (FP) services helps in building strong familial bonds, protect the health of women and children in the family. In our study we have reported that the use of contraception was high among non-muslim population. The rate that we have reported from among the rural women on non-muslim population, the contraceptive usage was 55.4 percent. The contraceptive use among the muslim women was only at the rate of 14 percent. This indicates that the religion plays an important role in accessing and use of the methods of contraception.

Uttar Pradesh has mixed population comprises of SC/ST/OBC and other castes. The use of contraception among this mixed population varies a lot and it is having the similar pattern elsewhere in the country. Since the scope of this study is not to find out the reasons behind the factor chosen, we have limited ourselves in finding the use of the methods of contraception among the selected mixed population. We have reported that the use of the contraception among the women of the SC/ST was quite low. As discussed earlier as well that the SC/ST are the vulnerable group of the society. We have reported through this study that the women from this group of the society had fair knowledge of the methods of the contraception but they are not using it for the purpose of either limiting or spacing the birth. This indicates that there exists a GAP among the knowledge and usage of the methods of contraception. In our study we have reported that among the women of SC/ST in selected area the usage of the contraception was 16 percent. Among women belonging to other backward classes (OBCs) the use of the contraception was 33.9 percent. Other that SC/ST and OBCs the percentage of the usage of contraception was reported to be 36.7 percent. This supports the idea that the penetration of the contraception usage has not yet reached to the maximum among the vulnerable group of the society. Govt needs to put in more efforts in making sure the FP services reached to the target.

Socioeconomic status of the families has a major impact on decision making especially when it comes to choose the methods of family planning. In this study we have reported that the methods of family planning were quite prevalent in women from middle class. The ratio of the usage of methods in this category was reported to be 55.6 percent. In case of women from the lower class the usage percentage was only 19.2 percent. This indicates that the women from the middle class of the society have better understanding of the methods of the contraception available either in the market or in the government and private hospitals. Also they are willing to explore beyond the traditional methods of birth control.

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Occupation of the women in family has been shown to influence in making decisions about the methods of family planning (FP). Through this study we have focused on two factors- either the house wife or the skilled workers in the family. We have reported that among the housewives, which comprises the significant size of the family in rural Fatehabad, the use of the contraception was quite high and it was at the level of 53.5 percent. This indicates that the family planning services (FP) supported either by Govt. of India or by the state of Uttar Pradesh has been successful in motivating the rural women to take up the methods of the contraception. Among the skilled workforce (women) of the selected area of study, the percentage of the women using the methods of the contraception was reported to be at the level of 32.5 percent.

Age of the women as an important factor in determining the usage of the contraception has been the focus of many studies. This factors was explored both with urban and rural women and also with their male counterparts. Early marriages or the marriage at 18 years of age has been shown to be high users of the contraception. In our findings we have reported the percentage of such women as 31 percent. With age of the marriage between 19-25 years, the contraceptive use percentage came down to 19.2 percent. Higher age at marriage bring the percentage further down to 14 percent. This shows that in case of marriages at upper age limit, the couples are more focused on producing children in families in early age of the marriage and they takes up the methods of the contraception only later. Since the couples who married at an early age, the window of opportunity for reproduction is wide open for many years, they tend to take up the methods of contraception early in life.

Duration of the marriage as a factor in determining the use of contraception has been the part of this study. In this study we have reported that a marriage that has occurred only before 12 months, the percentage of the contraceptive usage among them was reported to be 19.6. Couples that have been in to consummation for 2-5 year, the contraceptive use percentage in them was highest at 34.4 percent. Marriages that were in 6-8 years bracket, the usage percent was 14.4. Marriages that last for more than 08 year, the percentage dipped to 7.4 percent. This trend indicates that couples that were in the bracket of 2-5 years are more concerned about the choices of the contraception and also they are practising it as well.

Education of the women has been linked with the taking up the choices of contraception. In this study we have explored the husband education also for the purpose of supporting spousal decision in taking up the methods of contraception. We have reported that educated husband supported the cause of the methods (73.7) while in case of uneducated husband the percentage was only 4.3.

Role of the media has been dubbed as a major driving force in educating the masses to take up the methods of the contraception. This was phenomenon in bringing down the population of the country to certain extent. In our design also we have included the expose to the media as an important factor in taking up the use of the contraception. We have reported, based on the responses of the selected women that exposure of the media was quite helpful in making

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choices of contraception (72). While a negligible percentage of women (10) reported that the exposure to media did not have any role to play in decision making.

Table 2 revealed the percentage of the knowledge and awareness regarding various family planning methods as we have collected through the questionnaire based approach. Through this study we have reported that 95.6 percent of the women knew the methods of the contraception. Regarding the source of the information for contraception came from partner (46.2), print or electronic media (22.4), relatives (19.4) & through health professional (12.1). Women interviewed in this study have relied on publically funded hospitals (58.8), private hospital (14.2), health centres (19.4), medical stores (3.8) & wall paintings (3.6). Regarding the concept of traditional family planning methods 58.6% relied on fertility awareness methods. 7% believed in pull out methods and a significant percentage of women (34% believed in LAM method of contraception. Table 2 also revealed the fact that 90.2 % had knowledge of the EC pills, 95.8% believed in use of condoms as good choices of contraception, 60.3% in IUD,

Attitude of the respondent women towards family planning methods was also the part of the study. Table 3 revealed the fact that whether the use of contraceptives has had any beneficial effects or not. In this study we have reported that 90.2 percent women agreed to the fact that it indeed had exerts the beneficial effect on them. 9.7 percent of the interviewed women did not find it beneficial for them or they were not sure of the methods. 94.4 percent of the respondent women feel that the use of contraception has helped them to keep the size of the family to standard size and they have felt that the concept of “happy family” could be achieved through the use of contraceptives. Quite similar to the above observation 94.0 percent of the respondent women were agreed to fact that use of contraceptives helped them in health benefits including limitation of the birth, spacing of birth and also in stopping the birth. 6.0 percent of the respondent was not sure about the use of contraceptive in these fronts. 97.3 percent of the respondent women had knowledge of all the methods of the contraception including the modern methods of contraception.A modern method of the contraception includes the use of the emergency contraceptive pills, IUD etc. Inter-spousal communication has been taken as a factor in many studies in understanding the effect on use of contraception. In this study we have reported that 97.6 percent of the respondents were of the opinion that in fact the inter-spousal communication played in better understanding of the choice of contraception.

Through this study we have also recorded the response of the respondents towards not using any contraceptive methods. Table 4 indicates that in the selected locality 1.9 percent of the respondent women were not using any method of contraception because they did not have any knowledge about the concept of contraception. 11.8 percent of the respondent women cited the opposition from the family members as a reason for not using any method of contraception. 24.3 percent of the women were not using as they were puerperium. 8.0 percent had the fear of side effects in using the methods of contraception. 13.5 percent cited

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the health concern as major obstacle in using the methods of contraception. 3.6 percent believed the use of contraception is against the religious beliefs and hence not in practice. 30.4 percent of the respondent women were not using or they have discontinued using it for want of children in the family. We also have extended the scope of the study by including the factor for understanding the most preferred methods of family planning among the respondent women from Fatehabad, Agra. We have reported that 22.0 percent of the respondents were using the female sterilization, 5.9 percent opted for male sterilization, 11.2 percent were advocating the use of natural methods of contraception for family planning. 33.9 percent were using the condoms as family planning method. 18.6 percent were in use of oral emergency contraceptive pills for family planning. 6.0 percent of the women revealed the use of intra-uterine device as a preferred methods of family planning, 2.0 percent of the respondent were on injectible hormonal methods of contraception.

Conclusion and Future Directions:-

We have reported in this study that increased level of education has led to increased level of awareness among the women of rural habitat in selected area of study. We have reported that the respondent in this study all had the positive attitude towards the knowledge and use of contraceptives and also the various methods of contraception used by general public. We have also reported like the similar studies done at other places in different parts of the country, there exists a wide gap between the knowledge and practice of the contraceptives by the rural women of Fatehabad, Agra. This is in line with the observations made by various workers in other developing countries of the world. All studies have suggested that increased level of female education and better access to family planning services will be required to solve the problem of increased level of population and increased total fertility rates (TFR). Similar to other studies, we have also noticed and reported in this study that people are quite influence by the effect of media in making the decision, be it in any line. Use of the methods of contraceptives is also did not remains untouched by this. Media has great influence on people conscience on making decision about the use of contraceptives. Media has a great role in spreading the message for creating awareness regarding the contraceptive methods and availability of contraceptives in either primary health centres and also in govt and private hospitals and health centres. Availability of the modern contraceptives, which are not yet penetrated the lower rungs of the society, should be told to all perspective users. We have, through this study believes that motivation of the perspective couples for use of contraceptives will be a better strategy in family planning front. Women in selected area of study have revealed that their health concern is the primary objective and the use of contraceptive for limiting the size of the family comes the second. This in our opinion could be great factor in knowledge and actual practice of the contraceptive, the GAP. There were couples even in rural Fatehabad who still believes that the fertility and birth of child is an “act of god” and human beings have no control over them. Despite these feeling in certain percentage, which can be taken as negligible, all other respondents believes in contraception’s. A few respondents have raised concern about the possible side effects of

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using the methods of contraception. Since their fear had no scientific basis. In certain case it was also reported that the role of husband and other family members was also a reason for having a gap between the knowledge and actual practice of the contraceptives. In the rural settings at Fatehabad, Agra, categorically a few women have confided in private about the psychological reasons for not using the methods of contraception. Preference for a particular sex of the child is the main reason cited for not using the methods of contraception till a child of desired sex is born. Education level of the husband has greater influence in determining the use of contraception in family. Highly education male partner prefer the use of suitable and choicest method of contraception early in marriage whereas the low educated husband tend to delay it as long as possible and starts using it only after significant level of motivation. In significant number of cases, the use of contraception begins only after the birth of first child. Compared to other studies done involving the urban counterparts, no significant difference is seen in the level of usage among the women. This clearly states that the habitat had negligible role in influencing the usage of contraception. It is also evident from the study that the women of higher age bracket tend to use more contraceptives that their counterparts in the lower age group. Having interviewed through 525 informed consented women of rural Fatehabad, Agra, it was suggested that there is need for promoting more than one form of contraception. Through this study we have reported that the use of contraception was one of the reason through which unwanted pregnancies could be avoided. A general feeling among the resident of the selected area had this kind of feeling in respect to use of contraception.

In sum, government of India's family planning programme which advocates the effective and extensive promotion of family planning methods with an aim at reducing the everincreasing population of India, studies in the area are required for further and deeper understanding of scientific basis of the fertility and contraception.

Author Contributio

Autherin this paper contributed in designing the questionnaire for data collection, design the entire study, analysed the data, interpret the findings of the study and wrote the manuscript.

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