

Original Article

Assessment of Knowledge regarding family planning methods and Intended family size among men of urban slum

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Abstract:

Objective: To assess the knowledge of contraceptive methods and intended family size among the men of urban slum.

Material and Method: Present study conducted in urban slum area of Jaipur. Information from 400 married men of age group 18-49 years collected on semi structured schedule during June to October 2012. House to house survey conducted to achieve defined sample size. Data were analyzed by using SPSS 12 soft ware. Chi square, t test and ANOVA were used for interpretation.

Result and Conclusion: Most commonly known methods of family planning were female sterilization (95.2%), condom (94.7%) and Male sterilization (93.5%). IUCD (57%) was still not popularly known method of contraception. Emergency contraceptive pills (12.2%) and Injectables (25.7%) were least known methods among men. Knowledge of different contraceptive differs according to educational status and caste of men. TV and radio were main source of information. Only 16% men said that they got information from health personnel. On analysis present family size was 3.125 while desired family size was 2.63, it shows that two child norm is not ideal to all. Men who had already two children 53 % of them still want to expand their family. Approximately half of the men feel that they have larger family size and the main reasons were inappropriate knowledge (37%) and ignorance (21%). Those men who want to expand their family size, son preference was the major reason. Only 3% men show the intention of one child as ideal in family, which indicate that one child norm is too far to reach.

Key Words: Knowledge, Family size, Contraceptives.

Introduction:

India is second most populous country in the world despite being first country to adopt family planning policy. In 1949 the family planning association of India was formed in Bombay, since beginning of first five year plan; the government has been actively supporting this movement.

The role of men has always been considered to dominate in the decision-making process pertaining to women's fertility and birth spacing. The program for action globally endorsed at the International Conference on Population and Development (ICPD-94) held at Cairo and the World Conference on Women at Beijing in 1995; emphasized the need for equity in gender relations, with a special focus on men's shared responsibility and active involvement to promote reproductive and sexual health^{1,2}.

This has led researchers to redirect their attention to couples instead of individuals as the focus of such programs. Getting men involved in the family planning programs will lead to an increasing in using contraceptive methods and consequently will improve the continuous use of the methods³.

There is an urgent need, to understand the level of knowledge and attitudes of males towards family planning and the extent they feel their responsibilities in family formation and reproductive health.

Objective of our study are to assess-

1. Level of awareness of various family planning methods & its source.
2. Their perception of ideal family size.

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3. Reason for having larger family size?

Material and methods:

The present cross sectional study was under taken in urban slum of Jaipur. Study period was June 2012 to October 2012. Study population consists of married adult men age 18-49 year. Estimated Sample size was 400; using 10% margin of error and 5% confidence interval. By simple random sampling the subject were selected. Door to door household survey conducted and all available married men of defined age group were

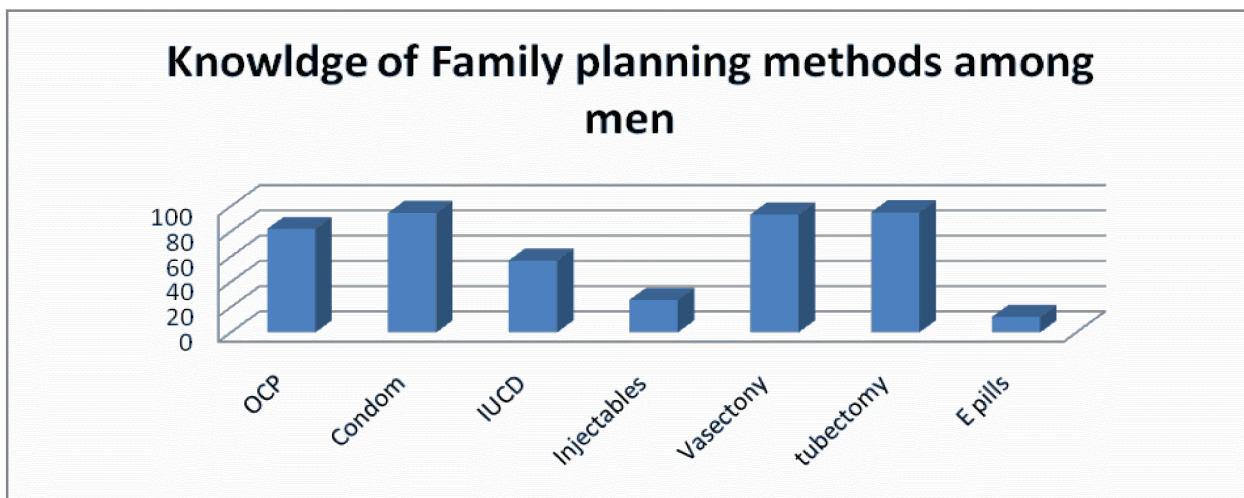
interviewed on pretested and semi structured schedule. The questionnaire was consisted of knowledge regarding contraceptive methods and attitude regarding ideal family size. Kuppuswami scale was used for determination of socio economic status with upgraded income⁴. Information was collected in multiple responses. Chi square (χ^2), t test and ANOVA used for analysis of data using SPSS 12. The average age of respondents were 34.2 years (Sd=5.1) with about 66%men falling in 18-36 year of age.

Table 1

***Knowledge of family planning methods among men:**

	OCP	Condom	IUCD	Injectables	Male Sterilization	Female Sterilization	Emergency Contraceptive	
Religion								
Hindu (318)	263 (82.7)	304 (95.6)	177 (55.6)	86(27)	299(94)	304(95.6)	34(10.7)	$\chi^2=4.80$ df-6 P>.05
Muslim (82)	65 (79.2)	75 (91.4)	51 (62.1)	17(20)	75(91.4)	77(94)	15(18.3)	
Caste								
others (104)	94 (90)	98 (94.2)	84 (80.8)	27 (26)	99 (95.2)	100(96.2)	20(19.2)	$\chi^2=32.5$ df-12 P<0.05
OBC (74)	65 (87.8)	70 (94.6)	46 (62.1)	22 (29.7)	73(98.6)	70 (94.5)	18 (24.3)	
SC (222)	169 (76.1)	211 (95)	98 (44.1)	54(24.3)	202(91)	211(95)	11(5)	
Education Status								
Illiterate (103)	81 (78.6)	93 (90.3)	47 (44)	8(7.8)	93(90.3)	94(91.2)	0(00)	$\chi^2=12$ df-18 P<.001
Up to primary (108)	84 (77.8)	99 (91.6)	68 (63)	13(12)	94(87)	101(93.5)	0(00)	
6th to 12th(134)	110 (82)	132 (98.5)	80 (59.7)	49(36.5)	132(98.5)	131(97.8)	20(15)	
>12 th (55)	53 (96.3)	55 (100)	33 (60)	33(60)	55(100)	55(100)	29(52.7)	
Socio-Economic Status								
Class I (46)	37 (80.4)	40 (87)	25 (54.3)	10 (21.7)	40(87)	41(89.1)	2 (4.3)	$\chi^2=29.2$ df-18 P<0.05 but >.01
Class II (147)	120 (81.6)	141 (96)	74 (50.3)	26(17.8)	133(90.5)	139(94.5)	17(11.5)	
Class III (173)	141 (81.5)	164 (94.8)	102 (59)	46 (26.5)	167(96.5)	167(96.5)	18(10.4)	
Class IV (34)	30 (88.2)	34 (100)	27 (79.4)	21(61.7)	34(100)	34 (100)	12(35.3)	
Type of family								
Nuclear (268)	223(83.2)	254 (94.8)	149 (55.6)	81(30.2)	254(94.8)	253(94.4)	28(10.4)	$\chi^2=9$ df-6 P>0.05
Joint (132)	105(79.5)	125 (94.6)	79 (59.8)	22(16/7)	120(91)	128(97)	21(15.9)	

*Multiple responses



Result:

Majority 95% of men were aware of female sterilization and Condom as contraceptive method. Knowledge regarding emergency contraceptive pills and Injectables were present only in 12.2% & 25.7 % men respectively. IUCD (57%) was still not popularly known method of contraception. More than 90 % men of both the religious group were aware of condom, male and female sterilization as a contraceptive method. However men of both the communities were least aware of emergency contraceptive pills. Condom was equally responded by men of all the caste. OCPs and IUCD were lesser known method of contraception in men of SC group. Larger proportion of men 24.3% in OBC group was aware of emergency contraceptive pills as compared to only 5% men in SC group. Men literate more than 12th standard were fully (100%) aware of Condom, OCPs, male and female sterilization as a method of family planning, while knowledge regarding injectables were

least in illiterates and men educated till 5th standard. None of illiterate and men literate up to 5th class were aware of emergency contraceptive pills. Less than half 44% of illiterate men depicted IUCD as a method of contraception. Awareness regarding all contraceptive measure was higher in men of SE Class IV as compared to other SE Classes. Knowledge regarding OCP, Condom, female sterilization and emergency contraceptive pills was almost similar in Men of Socio Economic group II and III. Almost similar level of knowledge was recorded in men of joint and nuclear families.

Source of knowledge: Overall most potent sources of information were radio (64%) followed by TV (62.4%). Other sources were print media (31%), Wall painting and holdings (34%), Friends & relatives (41%), health personnel (16%), and wife (8%). Among illiterates 52% depicted friends & Relatives and only 12.4% depicted health worker as source of information.

Table 2 – Family size- ideal and existing

	No. of children they have(N-400)									Ideal family size- 2.635 (SD-0.82)
	0	1	2	3	4	5	6	7		
No of children they want(Ideal) (N-400)	0	0	0	0	0	0	0	0	0	
	1	0	2	3	1	2	3	0	1	
	2	12	41	31	43	36	13	10	5	
	3	4	12	34	31	31	16	5	3	
	4	0	1	4	15	19	9	4	1	
	5	0	0	0	1	1	4	2	0	
Existing family size-3.125, SD (1.62)										t -5.393 P<.001

Overall current family size was 3.12. The response for an ideal family size was an average of 2.635. It was found that 64 % men had family size more than two. Men who bear no children at present, 75% of them were thinking to have two children in their family. Those men who had one child, majority 73.2 % showed intension to adopt two child norm. Even men who already had two children, more than half of them 52.7% want to extend their family. Only 3% men considered one child as ideal in family. Less than half of the men (47 %) thought two child norm as ideal, even 34% men expect three children as their desired family size. It revealed that 47% men feel that they have family size larger than expected. Out of 31.3% men who want to expand their family, 12.8% had no child at present. Remaining 21.7 % were satisfied with existing family size.

Reason depicted for the more children by men (47%) who had larger family size were-

- 1- Non use because of less/inappropriate knowledge of family planning.- 37%
- 2- Never think about it seriously-21%
- 3- Preference for male child-22%
- 4- It is the matter of- women's/ wife/elders -9%
- 5- Unavailability/Accessibility at a time of use-5%
- 6- Social security-4%
- 7- Failure of method-2%

Reason depicted by the men (31.3 %) who wants to extend their family size:

1. Wants to their first child-12.8%
2. Wants to son – 38.2%
3. Wants to complete their family – 33.8%
4. Wants for support of family-15.2%

Family size was highest among illiterates 3.42 while it was lowest 2.86 amongst those who were educated above 12th class. Family size among different Socio Economic status ranges 2.98 for class II to 3.25 for Class V. Family size among SC group (3.32) was higher in comparison to OBC and other group. On religious basis men of both group had almost equivalent number of children in their families. Numbers of children in nuclear and joint family were similar.

Discussion:

An attempt has been made in this study to understand knowledge regarding different contraceptive methods

Table 3: Demographic profile and Family size:

Education status	Mean family size	Sd	F value
Illiterate(103)	3.423	1.14	3.906 Df-3, 396 P-0.009
up to primary(108)	3.076	1.11	
6th to 12 th (134)	3.140	0.95	
>12th (55)	2.864	0.84	
Socio-Economic Status			
Class V(16)	3.252	1.32	0.2965 Df-3, 396 P-0.827
Class IV (147)	3.127	1.34	
Class III (183)	3.140	1.22	
Class II (54)	2.984	0.92	
Caste			
others (104)	3.106	1.34	2.612 Df-2,397 P-0.074
OBC (74)	2.943	1.29	
SC (222)	3.321	1.31	
Religion			
Muslim (82)	3.063	1.31	0.672 Df -1, 398 P-0.412
Hindu (318)	3.188	1.21	
type of family			
Nuclear (268)	3.102	1.28	0.1223 Df-1, 398 P-0.726
Joint (132)	3.149	1.22	

and attitude towards their family size among men residing in slum. The results showed that overall knowledge about oral contraceptive pills, condom and IUCD are similar to the prevalence of knowledge reported by NFHS (Rajasthan)-III⁵. Finding regarding the knowledge of OCP, male and female sterilization are similar to the findings of N Seluga et al⁶. Same level of response regarding the Condom (95.2%) reported by M Dutta et al⁷. Responses about Male and female sterilization was found 93.5% & 95.5% men in our study which is little less than the finding of other studies^{5,8,9}. Higher level of knowledge about IUCD reported by other

N Seluja et al⁶ and D Balaiah et al⁹. The differences may be due to different socio economic and educational background. Awareness regarding Emergency contraceptive pills (12.5%) was lower than findings of NFHS III⁵ (23.4%) and N seluja et al⁶. (22%). As in our study all the respondents belong to slum area and information about newer method is not available. Similar result on knowledge on emergency contraceptive was given by M S Jayalakshmi et al¹⁰. Information regarding OCP and IUCD were lesser among men of SC group in comparison to OBC and others. It shows that SC group still lagging behind in getting IEC about family planning. We found that education was the major factor which influencing the knowledge. Men who studied more than 12th class, more than half of them were aware of emergency contraceptive pill which is quite higher in comparison to men of other education group. In our study the common source of information were Radio and TV however in NFHS III, it were wall paintings, hoardings and TV. Only 21% men depicted health personnel as source of information in our study, contrary to this Rajesh Reddy S et al⁹. Chankapa YD et al¹¹. reported health personnel as source of information 34% and 55% respectively in their studies. It proves that we need to have improvement in our IEC in which both the partners should be equally informed to adopt family planning.

Total fertility in our study found to be 3.32 which are similar to the data of NFHSIII Rajasthan. Ideal family size intended by men in study was 2.63; however it was significantly lower than the current family size but at the same time it is quite higher than the two child norm. Existing family size was significantly different among men of different education status. About 47% men accepted that they have lager family size. This clearly indicates that though they desired fewer children, they did not adopt family planning at right time mainly because of inappropriate knowledge and ignorance. Only 3% men shows the intension of one child as ideal in family and this view supported M Dutta et al.⁷ and finding shows that one child norm is too far to reach. At the same time 34% men expect three children in a family as ideal. Such areas should be focused in family planning services. Those men (31.3%) who want to expand their family size, son preference (38.2%) was the major reason. It proves that gender disparity still persists in our society and we need to focus on this issue for effective implementation of family planning program. Those men who had already two

children, 14% out of them still want to expand their family, finding is little lower than NFHS III⁵ and M S Jayalakshmi et al¹⁰. These finding shows that there is improvement in acceptance of two child norm. These studies shows that there is gap between knowledge and attitude towards family planning, which implicates that the men should equally participate for efficient results in family planning program.

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