



Knowledge, Attitude and Practices Regarding Family Planning Among the Currently Married Men in a Rural Area of Jhalawar District, Rajasthan

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ABSTRACT

Introduction: Population explosion has been India's major problem since independence. Adoption of family planning methods is one of the best solutions to tackle this problem. To achieve targets in family planning programme active involvement of men is required hence exploring the role of men regarding contraceptive practices is important.

Objective: The study conducted to assess Knowledge, Attitude and Practices regarding Family planning among the married men.

Material and method: A cross-sectional study was conducted in a rural health-training center area of Jhalawar Medical College, Rajasthan from June, 2018 to Oct. 2018. A pretested semi structured questionnaire was used for data collection.

Results: Among the 220 participants, (75.45%) were using some family planning method. 30% participant has average knowledge, 65.5% good knowledge about contraceptive method. 93.18% has good attitude and 6.82% has poor attitude. 80% participant had good practice regarding family planning.

Conclusion: majority of participants were having good knowledge and attitude towards family planning methods and the current use of family planning methods was good.

Key Words: Married men, Family Planning, Knowledge, Attitude, Practice

INTRODUCTION

The increasing population of the world is a major public health problem. Population of the world will be 8 billion by year 2025. Most of the world population lives in the developing country.¹ 17.5% of the world's population living in India, although India is the first country in the world to initiate a nationwide program in 1952 to control its population.² Growing population is major obstacle in the development of a country. Implementation of family planning programme is one of the best solutions to deal with this problem. An expert committee of the WHO, in 1971, defined family planning

as, "A way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes and responsible decisions by individuals and couples, in order to promote the health and welfare of family groups and thus contribute effectively to the social development of a country."³

India has higher growth rate (1.8%) than other countries. In next coming years India will become the most populous country in the world. Since independence population explosion is a major problem for India. More than 100 million women do not want to conceive but nevertheless they are not using contraceptives in developing countries.⁴

Lack of knowledge about contraceptive methods and how to use them and where to obtain them are the main reasons for not accepting family planning.⁵ As the Indian societies are male dominant society so the use of family planning methods was always thought to be a woman's privilege and most of the studies on family planning in India have long focused on women as the subject of interest.

Regulation of family size depends on both men and women equally. To achieve targets in family planning programme active involvement of men is required hence exploring the role of men regarding contraceptive practices is important⁶. There is a lack of studies about men's role in the adoption of Family Planning methods. Males are often neglected in surveys and family Planning program to design and evaluate. Man is a dominant decision maker in India, it is rational to find the knowledge, attitudes and contraceptive practices of man and improve their involvement in reproductive health needs of family.⁷ With this background, the present study was conducted to assess Knowledge, Attitude and Practices regarding Family planning among the married men in a rural area of Jhalawar District, Rajasthan.

MATERIAL AND METHODS

This cross-sectional study was conducted in a rural health-training center area of Jhalawar Medical College, Rajasthan from June, 2018 to Oct. 2018. Ethical approval was obtained from the Institution Ethics Committee before commencing the study. The study participants involved were currently married men among the eligible couple. Eligible couple is a currently married couple wherein wife is in reproductive age group (15 to 45 years). Sample size was calculated by using formula $4pq/L^2$, taking $p = 47.2\%$ use of any family planning method according to NFHS-3⁸ and $L =$ allowable error 15%. Taking into account 15% as non-respondents, the final number came out to be 220 as sample size. Simple random sampling technique was used to obtain desired sample size from the eligible couple register of sub center. Participants who were not willing to participate excluded from the study. Written consent was obtained from the participants before the interview. A pretested semi structured questionnaire was used for data collection. Study subjects were interviewed to elicit information regarding their socio-demographic characteristics like age, education, socio-economic status, etc. and information regarding knowledge, attitude and practice of the family planning methods. Participant's knowledge were assessed by set of questions and graded as poor, average and good. Par-

ticipant who give the correct answer were given one mark and zero for wrong answer. Participants scoring 0 to 33.3% were graded as having poor knowledge, 33.4 % to 66.6% were graded as average and 66.7 % to 100% were graded as good knowledge. Attitude and practice were graded as poor and good if participants scored 0 to 50% and 51% to 100% respectively. All data was entered and analyzed using SPSS 20.0 trial version and chi square test had been applied for finding the association between knowledge, attitude and practice regarding family planning with their socio demographic variables. P value < 0.05 has been considered as statistically significant.

RESULTS

The mean age of subjects of study was 30.43 ± 6.43 years and the mean married life was 8.25 ± 6.59 years. Mean family size was 6 ± 2.84 people with majority of participants' belonged to lower middle and lower socioeconomic class (class IV & V). Among the total 220 male study participants majority (57.28%) were in age group 21-30 years. In our study most of population belongs to Hindu community (90.91%) and the main occupation of study subject was labor (41.4%) and the most of the population were educated (86.36%) and only 13.64% of the subjects are illiterate. In our study most of the participants (61.36%) belonged to joint family.

Among the 220 participants, (75.45%) were using some family planning method and others (24.54%) were not using. Of the 166 users, (75.90%) were using condom followed by oral contraceptive pills (13.25%) and sterilization (10.84%). None of participant was using intra uterine device and none had undergone vasectomy. (Table-1)

Table-1: Distribution of Participants according to current use of family planning method

Variables	Number (%)
Current use of family planning method	
Yes	167 (75.9)
No	53 (24.09)
Total	220 (100)
Types of method they used	
Condom	126 (75.45)
OCP	23 (13.77)
Female Sterilization	18 (10.78)
Male Sterilization	0 (0)
IUD	0 (0)
Traditional methods	0 (0)
Total	167 (100)

Table 2: Association of levels of Contraceptive Knowledge with Socio-demographic variables of study participants

Socio-demographic character	Knowledge			Total	p- value
	Poor (%)	Average (%)	Good (%)		
Religion					
Hindu	09(4.5)	57(28.5)	134(72)	200	0.38
Muslim	1(5.0)	9(45.0)	10(50.0)	20	
Age					
21-30	4(3.2)	26(20.6)	96(76.2)	126	0.01
31-40	5(6.3)	34(43.0)	40(50.6)	79	
41-50	1(6.7)	6(40.0)	8(53.3)	15	
Participant educational status					
Illiterate	6(20.0)	16(53.3)	8(26.6)	30	<0.001
Up to Secondary	4(3.2)	43(34.9)	76(61.8)	123	
Graduate And above	0	7(10.4)	60(89.6)	67	
Wife educational status					
Illiterate	6(9.4)	34(53.1)	24(37.5)	64	<0.001
Up to Secondary	4(3.4)	29(25.0)	83(71.5)	116	
Graduate And above	0	3(7.5)	37(92.5)	40	
Type of family					
Joint	6(4.4)	45(33.3)	84(62.2)	135	0.46
Nuclear	4(4.7)	21(24.7)	60(70.6)	85	
Socioeconomic status					
Class I and II	0	3(12.0)	22(88.0)	25	0.09
Class III	0	7(22.6)	24(77.4)	31	
Class IV & V and	10(6.1)	56(34.1)	98(59.8)	164	
Number of children					
No children	2(5.9)	15(44.1)	17(50.0)	34	0.01
1 or 2	3(2.1)	37(25.0)	108(72.9)	148	
3 or more	5(13.2)	14(36.8)	19(50)	38	

Table 3: Association of levels of Attitude with Socio-demographic variables of study participants

Socio-demographic character	Attitude		Total	p- value
	Poor (%)	Good (%)		
Religion				
Hindu	13 (6.5)	187 (93.5)	200	0.89
Muslim	2 (10.0)	18 (90.0)	20	
Age				
21-30	8 (6.3)	118 (93.6)	126	0.006
31-40	4 (5.1)	75 (94.9)	79	
41-50	3 (20.0)	12 (80.0)	15	
Participant educational status				
Illiterate	6 (20.0)	24 (80.0)	30	0.006
Up to Secondary	9 (7.3)	114 (92.7)	123	
Graduate and above	0	67 (100)	67	
Wife educational Status				
Illiterate	9 (14)	55 (86)	64	0.04
Up to Secondary	6 (5.2)	110 (94.8)	116	
Graduate and above	0	40 (100)	40	
Type of family				
Joint	9 (6.6)	126 (93.4)	135	0.87
Nuclear	6 (7)	79 (93)	85	
Socioeconomic status				
Class I and II	0	25 (100)	25	0.44
Class III	1 (3.3)	30 (96.7)	31	
Class IV & V	14 (8.5)	150 (91.5)	164	
Number of children				
No child	2 (5.9)	32 (94.1)	34	0.02
1 or 2 children	6 (4.1)	142 (95.9)	148	
3 or more children	7 (18.4)	31 (87.6)	38	

Table 4: Association of levels of practice with Socio-demographic variables of study participants

Socio-demographic character	Practice		Total	p- value
	Poor (%)	Good (%)		
Religion				
Hindu	41 (20.5)	159 (79.5)	200	0.76
Muslim	3 (15)	17 (85)	20	
Age				
21-30	17 (13.5)	109 (86.6)	126	0.36
31-40	23 (29.1)	56 (70.9)	79	
41-50	4 (26.6)	11 (73.4)	15	
Participant educational status				
illiterate	11 (36.6)	19 (63.4)	30	0.39
Up to Secondary	25 (20.3)	98 (79.7)	123	
Graduate And above	8 (11.9)	59 (88.1)	67	
Wife educational status				
Illiterate	21 (32.8)	43 (67.2)	64	0.01
Up to Secondary	17 (14.6)	99 (85.4)	116	
Graduate And above	6 (17.6)	34 (82.4)	40	
Type of family				
Joint	29 (21.4)	106 (78.6)	135	0.60
Nuclear	15 (17.6)	70 (82.4)	85	
Socioeconomic status				
Class I and II	0	25 (100)	25	0.058
Class III	8 (25.8)	23 (74.2)	31	
Class IV & V and	36 (21.9)	128 (78.1)	164	
Number of children				
No children	16 (47.1)	18 (52.9)	34	<0.001
1 or 2	21 (14.2)	127 (85.8)	148	
3 or more	7 (18.4)	31 (81.6)	38	

In our study, we found that 30% participant has average knowledge, 65.5% good knowledge about contraceptive method and only 4.5% participant has poor knowledge. Among the Hindu participant 72% have good knowledge, 28.5% have average knowledge and 4.5% have poor knowledge while among Muslim participants, 50% have good knowledge, 45% have average knowledge and 5% have poor knowledge but this difference was not statistically significant ($p = 0.38$). Age group 21-30 years has more knowledge (76.2%) than other age group 31-40 years (50.6%) and 41-50 years (53.3%). This difference was statistically significant ($p = 0.01$). Knowledge about family planning increase with educational status of study participants and it is statistically significant ($p < 0.001$). Nuclear family participants have more knowledge (70.6%) than joint family participant (62.2%) but this difference was not statistically significant ($p = 0.46$). As the socio economic status increase, knowledge about family planning increase but difference was statistically not significant ($p = 0.09$). Participants who have no children, having 1 or 2 children and having 3 or more children having 50%, 72.9% and 50% good knowledge respectively and difference was statistically significant ($p = 0.01$). (Table 2)

Table 3 showing association between levels of Attitude towards family planning with Socio-demographic variables of study participants. In our study it was found that 93.18% had good atti-

tude and 6.82% had poor attitude. In this study, there was no statistically significant difference found in the level of attitude of married men towards family planning methods according to their religion ($p = 0.89$). Among participants age group 21-30 years, 31-40 years and 41-50 years has 93.6%, 94.9% and 80% good attitude respectively. This difference was statistically significant ($p = 0.006$). Attitude about family planning increase significantly with educational status of study participants and educational status of wife ($p < 0.006$ and < 0.04 respectively). This study revealed that participants attitude toward family planning has no statistical difference with type of family ($p = 0.87$) and socioeconomic class ($p = 0.44$). Participant who have no children and having 1 or 2 children having good attitude 94.1% and 95.9% respectively than who having 3 or more children (87.6%) and it was statistically significant ($p = 0.02$).

Table 4 showing association between levels of practices of family planning with Socio-demographic variables of study participants. In our study we found that 80% participant has good practice regarding family planning. In this study, there was no statistically significant difference found in the practice of family planning according to their religion ($p = 0.76$). Among participants age group 21-30 years, 31-40 years and 41-50 years had 86.6%, 70.9% and 73.4% good family planning practice respectively but difference was statistically

not significant ($p = 0.36$). Practice about family planning increase with educational status of study participants and it was also statistically not significant ($p = 0.39$). Educational status of participants wife was statistically significant with family planning practices ($p < 0.01$). This study revealed that participants practice toward family planning were not significantly associated with type of family ($p = 0.60$) and socio economic class ($p = 0.058$). Our study revealed that number of children of participants was significantly associated with practice of family planning ($p < 0.001$).

DISCUSSION

In this study, mean age of subjects of study was 30.43 ± 6.43 years and the mean married life was 8.25 ± 6.59 years. Mean family size is 6 ± 2.84 person and most of participant belongs to joint family (61.36%). Majority of participants (74.55%) belongs to lower middle and lower socioeconomic class (class IV & V). Majority (57.28%) were in age group 21-30 years. In our study most of population belongs to Hindu community (90.91%) and the main occupation of study subject is labor (41.4%) and the most of the population is educated (86.36%). In our study most of the participants belongs to joint family (61.36%).

In our study among the 220 participants, (75.45%) were using some family planning method and others (24.54%) were not using. Similar results (71.2%) were observed by Rekha T et al⁹ However, other study revealed lower use NFHS-3⁸ (47.2%), Khan et al¹⁰ (65.6%), Makade et al¹¹ (68%) and Srivastav et al¹² (51%). Condom was the most common method (75.90%) followed by oral contraceptive pills (13.25%) and sterilization (10.84%). Similarly condom as a common method of contraception was observed by Chaudhary BK et al¹ and Rekha T et al⁹. The reasons for preferring Condoms were easy availability, comfortable to use, no ill effect on health. A study by Makade et al¹¹ found OCP as preferred method of contraception. Other studies^{13, 14} revealed Sterilization as a preferred method of contraception. This difference in choice of contraceptive was may be due to difference knowledge and awareness among participant, availability of services, health workers education and awareness about different methods they generate in community. None of participant accepts intra uterine device and vasectomy. Reasons for not using Copper T were fear of side effects like abdominal pain, bleeding and discharge. Vasectomy was not accepted by participant because of misconception for vasectomy that it decreases masculinity and sexual performance.

In our study we found that most of subjects have 65.5% good knowledge about contraceptive meth-

od. Study depicted that there was no statistically significant ($p=0.38$) difference found between knowledge and religion. Similar result revealed by Chaudhary BK et al¹ in their study in Karnataka. Age group 21-30 years has more knowledge than other high age group. This difference was statistically significant ($p = 0.01$). This age group has higher educational status thus have more knowledge about contraceptives. Knowledge about family planning increase with educational status of study participants and educational status of wife and it is statistically significant ($p < 0.001$). Similar result was also depicted by Chaudhary BK et al¹.

Our study revealed that education is most important tool for increase awareness and knowledge in general public. Nuclear type of family participant have more good knowledge than joint family participant but this difference was not statistically significant ($p = 0.46$). Similar result was also observed by Chaudhary BK et al¹. However other study by Murarkar S et al¹⁵ found that nuclear family have more knowledge than joint family and this difference was significant. As the socio economic status increase knowledge increase but this difference was statistically not significant ($p = 0.09$). However other study by Chaudhary BK et al¹ and Murarkar S et al¹⁵ found statistically significant association. Participant who have no children, having 1 or 2 children and having 3 or more children has 50%, 72.9% and 50% good knowledge respectively and difference was statistically significant ($p = 0.01$). Thus it was depicted that participant who have no children and having 3 or more children has poor knowledge than participant who has 1 or 2 children.

In this study it was found that 93.18% has good attitude and 6.82% has poor attitude toward family planning. There was a no statistically significant difference in the level of attitude of married men towards family planning methods according to their religion ($p = 0.89$), type of family ($p = 0.87$) and socioeconomic status ($p = 0.44$). Chaudhary BK et al¹ also found similar result for type of family and socio economic status with attitude. However in our study there was no statistical difference participant's religion with attitude but Chaudhary BK et al¹ found significant different. Age group 41-50 years have more poor attitude than other age group 21-30 years and 31-40 years and his difference was statistically significant ($p = 0.006$). This study depicted a statistically significant difference with attitude of participant with their and their wives educational status ($p = 0.006$ and 0.04 respectively). As the education of married men and wives rose higher, the level of their knowledge and attitude towards family planning methods also increased. Participant who have no children and

having 1 or 2 children having good attitude 94.1% and 95.9% respectively than who having 3 or more children (87.6%) and it was statistically significant ($p = 0.02$).

In this study it was found that 80% has good practice regarding family planning. Our study depicted that there was no statistically significant difference found between contraceptive practice and age of participant, their religion, education status, type of family and socio economic status. Despite a good knowledge and attitude toward family planning, there was a gap for practiced family planning or contraception. In our study found that participant whose wife educated up to secondary and graduation and above has good practice (85.4%) and (81.6%) respectively than whose wife was illiterate (67.2%). This difference was found statistically significant (p value 0.019). Similar result was found by Kansal A et al¹⁶ and Balaiah D et al⁶. This result depicted that wife's education level significantly influence contraceptive practice. Our study revealed that number of children significantly associated with practice of family planning ($p < 0.001$). Men who have 1-2 children have good practice (85.8%) than who has no children (52.9%) and 3 or more children (81.6%). However other study by Gupta et al² depicted that contraception use increases, as the family size progresses, and it was highly statistically significant, and this similarity was also noticed in the study done by Khan et al¹⁰.

CONCLUSION

In our study majority of participants were having good knowledge and attitude towards family planning methods and the current use of family planning methods was good. However Practice was found to be lacking behind, which is may be due to fear of side effects or family opposition. Male sterilization and IUD acceptance was zero in our study. There was a need to emphasize those qualified and trained healthcare providers, with adequate knowledge and training in family planning should be made available to provide knowledge and education about family planning to couples. Electronic media, health personnel and government's organizations can play a important role to increase acceptance of male sterilization and IUD. It is evident from this study that a participant level of knowledge, attitude and practices towards family planning methods is affected by their educational status.

REFERENCES

1. Chaudhary BK, Wantamutte AS, Sah JK. Knowledge, attitude and practices regarding family planning methods among married men in urban field practice area of Ramnagar urban health center, Belagavi- A cross sectional study. *Al Ameen J Med Sci*. 2015; 8(3):212-8.
2. Gupta V, Mohapatra DJ, Kumar V. Family planning knowledge, attitude, and practices among the currently married women (aged 15-45 years) in an urban area of Rohtak district, Haryana. *International Journal of Medical Science and Public Health* 2016; 5 (4):627-32.
3. K Park. Park's Textbook of Preventive and Social Medicine, 24th edition. Jabalpur: Bhanot Publishers; 2017. p 525.
4. Saba H, Kishore K. A Study to evaluate the factors influencing on Family planning practices among urban married women in Bangalore. *IOSR Journal of Dental and Medical Sciences* 2014; 13(11):25-33.
5. N Saluja, S Sharma, S Choudhary, D Gaur, S Pandey. Contraceptive knowledge, attitude and practice among eligible couples of rural Haryana. *The Internet Journal of Health* 2011 12 (1):1-6.
6. Balaiah D, Ghule M, Naik DD, Parida RC, Hazari KT. Fertility attitudes and family planning practices of men in rural community of Maharashtra. *The Journal of Family Welfare* 2001;47(1):56-67.
7. Vaidyanathan A, Priya KC, P. Seenivasan, G. Malini, T. Kaarthika et al. A comparative study on the contraceptive methods preferred in rural and urban areas in Tamilnadu. *Stanley Medical Journal* 2014;1(2):1-6.
8. NFHS-3, Ministry of health and family welfare, government of India. Fact sheet Rajasthan. accessed on june, 2018.
9. Rekha T et al. Married Men's Involvement in Family Planning - A Study from Coastal Southern India. *Journal of Clinical and Diagnostic Research* 2015; 9(4):4-7.
10. Khan MM, Shaikh ST, Shroff AG. Study of knowledge and practice of contraception in urban slum community, Mumbai. *Int J Curr Med Appl Sci*. 2014; 3(2):35-41.
11. Makade KG, Padhyegurjar M, Padhyegurjar SB, Kulkarni RN. Study of contraceptive use among married women in a slum in Mumbai. *Natl J Community Med*. 2012; 3(1):40-3.
12. Srivastav A, Khan MS, Chauhan CR. Knowledge, attitude and practices about contraceptive among married reproductive females. *Int J Sci Stud*. 2014;1(5):2-4.
13. Rao, GR, Moulasha K, Surrender S. Knowledge attitude and practice of family planning among fishermen in Tamil Nadu. *Family Welfare* 1993; 93:50-4.
14. Singh RKN, Ibetomb Devi, Bidhumukhidevi et al. Acceptability of contraceptive methods among Urban eligible couples of Imphal, Manipur. *Indian J Com Med*. 2004;29(1):130-7.
15. Murarkar S, Saundale SG. Epidemiological correlates of contraceptive prevalence in married women of reproductive age group in rural area. *Natl J Community Med*. 2011;2(1):78-81.
16. A. Kansal R. Chandra, S.D. Kandpal, K.S. Negi. Epidemiological Correlates of Contraceptive Prevalence in Rural Population of Dehradun District. *Indian Journal of Community Medicine* 2005;30(2):60-2.