**Section:** Community Medicine

**Original Research Article**

# A STUDY ON THE KNOWLEDGE, ATTITUDE, AND PRACTICE TOWARDS FAMILY PLANNING AMONG MARRIED WOMEN ATTENDING UPGRADED PRIMARY HEALTH CENTRE IN KANNISERIPUDHUR, VIRUDHUNAGAR DISTRICT, TAMIL NADU

**P.R.Thirumalai Kumar[1], M Vidhya[2], V Abinayaa[2], Jain Flavia[3]**

[1]Associate Professor, Department of Community Medicine, Govt Thiruvallur Medical College, Thiruvallur, Tamil Nadu, India
[2]Assistant Professor, Department of Community Medicine, Govt Thiruvallur Medical College, Thiruvallur, Tamil Nadu, India
[2]Department of Community Medicine, Govt Thiruvallur Medical College, Thiruvallur, Tamil Nadu, India

*Received* : 10/01/2025
*Received in revised form* : 11/03/2025
*Accepted* : 26/03/2025

*Keywords:*
*Family Planning, married women, attitude, practice, knowledge.*

Corresponding Author:
**Dr. P.R.Thirumalai Kumar,**
Email: dr.thirumalaikumar@gmail.com

DOI: 10.47009/jamp.2025.7.2.172

Source of Support: Nil,
Conflict of Interest: None declared

*Int J Acad Med Pharm*
2025; 7 (2); 850-854

## Abstract

**Background:** Women's reproductive health includes their capacity to space, postpone, or restrict childbirth, along with their experiences of infertility, child loss, or either planned or unplanned childlessness. The implementation of family planning effectively decreases the incidence of unplanned pregnancies, mother and child mortality, and induced abortions. Moreover, the utilisation of contraceptives has demonstrated the enhancement of a woman's autonomy and her capacity to make decisions in all aspects of her life. However, women's intentions and background knowledge of family planning methods have not garnered as much attention as a determinant of the demand for them. The primary aim of the study is to evaluate the Knowledge, Attitudes, and Practices (KAP) on family planning among married women. **Materials and Methods:** This cross-sectional study was conducted in the Upgraded Primary Health Centre, Kanniseripudhur, in Virudhunagar District, for a period of 6 months (February 2024- July 2024). A total of 100 married women were enrolled in this study. All married women in the reproductive age group of 15-49 years willing to give consent were included in the study. Women who attained menopause were excluded from the study. After getting informed written consent from the study participants, the Principal Investigator administered a pre-validated semi-structured questionnaire. The questionnaire was designed based on extensive literature review and expert consultation, and its reliability and validity were tested. The data were collected and analyzed following rigorous scientific standards. **Result:** Among the 100 married women, the majority (46%) are 15-24 years age group. The majority, around 49% have single children, 30% of mothers have two children, and 16% of the women had one abortion. Around 51% have average knowledge about family planning. 33% have good knowledge about family planning, and around 16% have poor knowledge. 74% of respondents have a good attitude about family planning, and only 3% of the study population has a poor attitude toward family planning. A significant association was seen between educational status and contraceptive usage with a p-value <0.05. **Conclusion:** The level of Knowledge and Attitude about family planning was relatively high among married women, but the level of family planning utilisation was low. These findings shed light on the need for increased health awareness by healthcare workers at the community level to enhance family planning utilisation.

## INTRODUCTION

Family planning, or FP, is a way of thinking and living voluntarily accepted by the people and couples based on their knowledge, attitudes, and responsible choices. Family planning denotes a deliberate endeavour by a couple to restrict or space the number of offspring they have through the application of

contraceptive techniques.[1] The NFHS-5 data for 2019–21 indicates that 66.7% of married women in India (15–49 years) currently utilise any family planning method. Female sterilization constitutes 37.9% of the adoption of family planning techniques in NFHS-5.[2]

The primary causes of mortality among women of reproductive age are problems associated with pregnancy and childbirth. Annually, over 55,000 Indian women succumb to pregnancy related complications. The Government has demonstrated commitment to reducing the growth rate and enhancing contraceptive use by executing the Family Planning Program, consistently updating services, and disseminating knowledge about family planning.[3]

Family planning initiatives have been implemented in India for over fifty years. There has been a significant rise in Governmental and Non-Governmental initiatives to promote family planning, characterised by extensive and expanded efforts, along with providing clinical services to users of family planning methods. Unmet needs are distinctly categorised under family planning programs to target married women whose attitudes align with those of contraceptive users; however, their practices do not reflect this alignment.[4] The determinants of such behaviour may include insufficient information or services, inadequate or unsatisfactory services, suboptimal design and administration of service delivery systems, and apprehensions regarding contraceptive side effects, as well as resistance from husbands and relatives, are additional contributing factors.

The Couple Protection Rate (CPR) remains significantly low in developing nations. According to the National Family Welfare data 2011, India's contraceptive prevalence rate is 40.4%. The Indian government has undertaken substantial initiatives, yet there remains a continual demand for contraception. Over one-seventh of all global unplanned pregnancies annually occur in India.[5,6]

Women exhibit hesitance in utilising contraceptive techniques despite the availability of free options, which may be attributable to inadequate information, familial pressure, religious or cultural beliefs, and prevalent myths and misconceptions.[7,8] Most reproductive-age women know little or incorrect information about family planning methods. Hence, the current study was conducted to assess the Knowledge, Attitude, and Practice (KAP) of Family Planning among married people attending Primary Health Centre in Kanniseriputhur, Virudhunagar.

**Aim & Objectives**

- To estimate the knowledge, attitude, and practices on Family Planning among married women.
- To determine factors associated with knowledge, attitude, and practice on Family Planning among married women.

## MATERIALS AND METHODS

This cross-sectional study was conducted in the Upgraded Primary Health Centre, Kanniseripudhur, in Virudhunagar District, for a period of 6 months (February 2024- July 2024). A total of 100 married women were enrolled in this study. All married women in the reproductive age group of 15-49 years willing to participate in the study were included. Women who attained menopause were excluded from the study.

**Sampling method:** Simple random sampling was used.

**Sampling size:** Based on the study conducted by Samachew Kasa A et al,[9] with a prevalence of 42.3%, the sample size was calculated by using the formula z2pq/d2 and taking the value of z (standard normal deviate) as 1.96 at 95% Confidence Interval ($\alpha$ =0.05), where p= 42.3 %, the value of q was 100-p i.e. 57.7, and d was absolute precision of 10%, the sample size was calculated to be 94 which was rounded off to 100. So, the final sample size calculated was 100 (n=100).

After getting informed written consent from the study participants, the Principal Investigator administered a pre-validated semi-structured questionnaire. The questionnaire included the patient's socio-demographic details, and 10 questions were asked to assess the knowledge of family planning methods.

Each question was given a score of minimum of 0 to a maximum of 1, and a total score of 10 was categorised to assess the knowledge as follows:

- Poor knowledge refers to a < 3 score.
- Average knowledge refers to a 3-6 score.
- Good knowledge refers to a 7-10 score.

Ten questions were asked to assess the attitude of the participants regarding the family planning methods. Each question was given a score of a minimum of 0 to a maximum of 1, and a total score of 10 was categorised to assess the attitude as follows:

- Poor refers to a 0–4 score.
- Average refers to a 5-7 score.
- Good refers to an 8-10 score.

8 questions were asked to determine the participants' practice and the side effects associated with various family planning methods. At the end of the interview, the women were educated about facts of family planning and contraceptive uses and their importance. In addition, all their queries were answered. Study purpose was elucidated, and assurances were provided concerning the confidentiality of identification.

**Data analysis:** The collected data were entered in Microsoft Excel and analysed using SPSS version 21.0. Continuous data were summarised as mean and Standard deviation. Discrete data were summarised as proportions. The Chi-square test was employed to determine the association between Knowledge and Practice, and socio-demographic profile.

**Ethical considerations:** Ethical clearance for conducting this study was obtained from the


ISSN (O): 2687-5365; ISSN (P): 2753-6556

Institution's ethics committee, Government Medical College Hospital, Virudhunagar.

## RESULTS

This cross-sectional study includes 100 married women in the reproductive age group (15-49 years). The results of the study are as follows:

[Table 1] shows the socio-demographic details of the study participants. Among the 100 married women, the majority of the study participants were between the age group of 15-24 years (46%). Most of them belong to the Hindu religion (84%). About 29% completed their higher secondary school education, 14% were graduates, and 9% were illiterate. Most of the study participants (60%) can easily access the health care facility, which is within a 5 km distance.

**Table 1: Socio-demographic details of study participants (n=100).**

| Socio-demographic details of study participants | | |
|---|---|---|
| **Variables** | **Frequency(n)** | **Percentage(%)** |
| AGE IN YEARS | | |
| 15-24 | 46 | 46% |
| 25-34 | 42 | 42% |
| >35 | 12 | 12% |
| RELIGION | | |
| Hindu | 84 | 84% |
| Christian | 7 | 7% |
| Muslim | 8 | 8% |
| Others | 1 | 1% |
| EDUCATIONAL STATUS | | |
| Illiterate | 9 | 9% |
| Primary school | 8 | 8% |
| Middle school | 16 | 16% |
| High school | 24 | 24% |
| Higher secondary school | 29 | 29% |
| Undergraduate | 13 | 13% |
| Postgraduate | 1 | 1% |
| DISTANCE FROM THE HEALTHCARE FACILITY | | |
| <5 km | 60 | 60% |
| 5.1-10 km | 26 | 26% |
| >10kms | 14 | 14% |

**Table 2: Obstetric details of study participants (n=100)**

| Obstetric details of study participants | | |
|---|---|---|
| **Variables** | **Frequency(n)** | **Percentage (%)** |
| AGE AT MARRIAGE | | |
| <16 | 17 | 17% |
| 19-22 | 51 | 51% |
| 23-26 | 27 | 27% |
| 27-30 | 4 | 4% |
| >30 | 1 | 1% |
| NUMBER OF PREGNANCY | | |
| None | 1 | 1% |
| One | 49 | 49% |
| Two | 30 | 30% |
| Three and above | 20 | 20% |
| NUMBER OF ABORTIONS | | |
| None | 79 | 79% |
| One | 16 | 16% |
| Two | 5 | 5% |

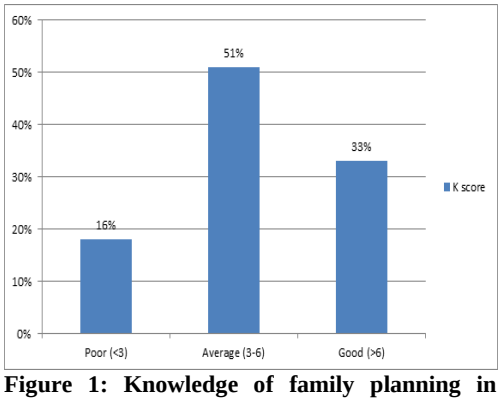


**Figure 1: Knowledge of family planning in study participants (n=100)**

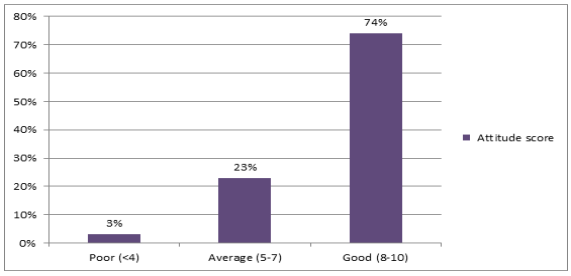


**Figure 2: Attitude on family planning in study participants (n=100)**

[Table 2] shows that most of the study population (51%) were married between age of 19 and 22 years,


ISSN (O): 2687-5365; ISSN (P): 2753-6556

and around 27% of them were married between age group of 23 and 26. The majority, around 49%, have single children, 30% of mothers have two children, and 16% of the women have one abortion.

[Figure 1] stated that 51% of the respondents have average knowledge on family planning. 33% had good knowledge, and around 16% have poor knowledge.

[Figure 2] shows that 74% of respondents have a good attitude about family planning. Around 23% of them has an average attitude, and only 3% have a poor attitude.

The study also found that 61% of study participants already used contraceptive methods like IUCD, oral pills, permanent sterilisation and condoms. Surprisingly, 100% of the participants are willing to use contraceptive methods.

**Table 3: Factors associated with contraceptive usage**

| Educational status | Contraceptive Usage | | P value |
|---|---|---|---|
| | No | Yes | |
| Illiterate | 0 (0%) | 9 (100%) | 0.003* |
| Primary school | 0 (0%) | 8 (100%) | |
| Middle school | 4 (25%) | 12 (75%) | |
| High school | 11 (46%) | 13 (54%) | |
| Higher secondary school | 18 (62%) | 11 (38%) | |
| Undergraduate | 6 (46%) | 7 (54%) | |
| Postgraduate | 0 (0%) | 1 (100%) | |
| Number of pregnancies | | | |
| 1 | 27 (54%) | 23(46%) | 0.004* |
| 2 | 10 (33%) | 20 (67%) | |
| ≥3 | 2 (10%) | 18 (90%) | |
| Distance for a healthcare facility | | | |
| <5 km | 17 (28%) | 43 (72%) | 0.008* |
| 5-10 km | 12 (46%) | 14 (54%) | |
| >10 km | 10 (71%) | 3 (29%) | |

[Table 3] stated that there is a significant association between educational status and contraceptive usage with a p-value <0.05. It was also found that contraceptive usage increases when health care facility is less than 5 km (72%). The distance of the health care facility also showed a strong association with contraceptive usage.

The study also stated that the contraceptive usage is 90% when the number of pregnancies is greater than three. The usage of contraceptive increased with number of pregnancies and it was found to be statistically significant.

## DISCUSSION

This study addressed the current knowledge, attitudes, and practices among 100 study participants. Strategies to enhance contraceptive utilisation must encompass the enhancement of the dissemination of accurate and sufficient information regarding the availability of contraceptive techniques. Contraceptive usage necessitates a woman's will and motivation. Awareness and understanding are essential for selecting the appropriate contraceptive strategy. In terms of contraception awareness and the need for health education for women, most of the participants answering positively implied that the government family planning initiatives were potentially successful.[10]

In this study, about 51% have average knowledge, and about 33% have good knowledge about family planning. About 84% of the study population were aware of family planning techniques. Srivastav et al,[11] mentioned that 71.22% had awareness regarding any method of contraception, which is relatively lower than the present study.

Another study by Samachew Kasa et al,[9] also found that women's overall proper knowledge, attitude and practice towards family planning (FP) was 42.3%, 58.8%, and 50.4%, respectively. Factors associated with the practice of FP were residence, marital status, educational status, age, knowledge, attitude and number of children, were consistent with our report.

Another study conducted in the Udupi district by Sonam Zangmu Sherpa et al,[12] showed that 67.60% had average knowledge and 17.60% had good knowledge, which is relatively higher than this study. Changes in age, socioeconomic level, cultural norms, belief systems, or geography could bring about these discrepancies.

About 74% of study participants had a good attitude regarding family planning, compared to 23% who had an average opinion. In this study, 97% of respondents had a favourable attitude regarding family planning overall. Knowledge, attitude, and practice of Family Planning among the women of reproductive age group in Sikkim by Renjihen Prachi et al,[13] found out that about 98% of women have a good attitude about Family planning, which is relatively similar to this study.

Another study in the Udupi district by Sonam Zangmu Sherpa et al,[12] revealed that 87.50% of respondents had a positive attitude toward family planning, which is comparatively higher in our study.

A study conducted by Mohammed Jawed Quereishi et al,[14] in the Chhattisgarh state found that about 62% showed a favourable attitude towards family planning, which is relatively higher in our study.


ISSN (O): 2687-5365; ISSN (P): 2753-6556

These differences may be due to the educational and socioeconomic status of the participants.

In this study, about 61% of people had used contraceptive methods, similar to multiple studies conducted in various parts of India. A study conducted by Renjihen Prachi et al,[13] in Sikkim found out that about 62% used contraceptive methods which are relatively similar to this study. Another prevalence study conducted in East Delhi by Bhasin K et al,[15] found that contraceptive usage is 59.8%, which is comparatively lower than this study. This is due to changes in age, socioeconomic level, cultural norms, belief systems, or geography.

In this study, there was statistical significance between practice and factors like education, distance from healthcare centre, and the number of pregnancies, similar to the study conducted by Qazi M et al,[16] in tertiary care hospital Northern India.

This study had several limitations, including small sample size and women who visited the Primary Health centre. Even though previous attempt was made with accurate information, this could impact the responses. To obtain more precise information regarding the usage and awareness of contraception, more research with a higher sample size in community must be conducted.

## CONCLUSION

Knowledge, Attitude, and Practices connected to modern family planning methods are still low in rural areas. The involvement of the community and family, especially spouses, will maximise the importance of family planning methods. All health professionals should repeatedly and comprehensively educate the community about family planning methods to elevate awareness and improve its utilisation.

## REFERENCES


1. Kongawad DP, Boodeppa GK. National family planning programme--during the five-year plans of India. J Evol Med Dent Sci. 2014;3:5172–9.
2. International Institute for Population Sciences (IIPS) and ICF. National Family Health Survey (NFHS-5), 2019-21: India: Volume I. Mumbai: IIPS; 2021. Available from: https://dhsprogram.com/pubs/pdf/FR375/FR375.pdf.
3. Singh YR, Gupta A, Sidhu J, Grover S, Sakrawal K. Knowledge, attitude, and practices of family planning methods among married women from a rural area of Jaipur, Rajasthan: An observational study. J Family Med Prim Care. 2023 Oct;12(10):2476-2481.
4. S H, S M, G S. Knowledge and attitude towards family planning practices among non-acceptors in a rural area in Bangalore, India. International Journal of Research in Medical Sciences. 2015;3(12):3611–3.
5. Pegu B, Gaur BPS, Sharma N, Singh AS. Knowledge, attitude and practices of contraception among married women. International Journal of Reproduction, Contraception, Obstetrics and Gynecology. 2014;3(2):385–8.
6. Bibi S, Memon A, Memon Z, Bibi M. Contraceptive knowledge and practices in two districts of Sindh, Pakistan: a hospital-based study. J Pak Med Assoc. 2008 May;58(5):254–8.
7. Devaru JS, Jabeen B, Mayanna P. A cross-sectional study on knowledge, attitude and practice of family planning method usage among urban women of Dr B. R. Ambedkar Medical College field practice area. Int J Community Med Public Health. 2020;7:981–6
8. Shumet T, Geda NR, Hassan JA. Barriers to modern contraceptive utilisation in Ethiopia. Contracept Reprod Med. 2024 Oct 8;9(1):47.
9. Semachew Kasa A, Tarekegn M, Embiale N. Knowledge, attitude and practice towards family planning among reproductive age women in resource-limited settings of Northwest Ethiopia. BMC Research Notes. 2018 Aug 13;11(1):577.
10. Aseri G, Agrawal S. Knowledge, attitude, and practices about contraceptives in Western Rajasthan, India. Int J Reprod Contracept Obstet Gynecol. 2018;7:2786–91.
11. Srivastav A, Khan MS, Chauhan CR. Knowledge, attitude and practices about contraceptive among married reproductive females. Int J Scient Study 2014 Feb 1;1(5):2-4.
12. Sherpa SZ, Sheilini M, Nayak A. Knowledge, attitude, practice and preferences of contraceptive methods in Udupi district, Karnataka. J Family Reprod Health. 2013 Sep;7(3):115-20.
13. Renjhen Prachi, G. S et al. A study of knowledge, attitude & practice of family planning among the women of reproductive age group in Sikkim. J Obstet Gynecol India 2008: 58, 1: 63-67
14. Quereishi MJ, Mathew AK, Sinha AC. Knowledge, attitude and practice of family planning methods among the rural females of Bagbahara block Mahasamund district in Chhattisgarh State, India. Glob J Med Public Heal. 2017;6:1–7
15. Bhasin K, Pant M, Mehta M, Kumar S. Prevalence of using different contraceptive methods in East Delhi- a cross-sectional study. Indian J Comm Med. 2005;30:52-5.
16. Qazi, M., Saqib, N., & Gupta, S. Knowledge, attitude and practice of family planning among women of reproductive age group attending outpatient department in a tertiary centre of Northern India. International Journal of Reproduction, Contraception, Obstetrics and Gynecology, 2019: 8(5), 1775–1783.




ISSN (O): 2687-5365; ISSN (P): 2753-6556