Original Research Article

A study on assessment of knowledge towards family planning practices among the couples of reproductive age group in the field practice area of Prathima institute of medical sciences, Karimnagar

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INTRODUCTION

Population explosion is a major problem in developing country like India. According to world population data, 2013, the population of India is 1.27 billion; every year India adds more population than any other nation in the world.¹ During last 11 years, India’s population has witnessed maximum growth when compared to other highly populated nations of the world like China. In China, fertility rate is already well below 2 children per women, while in India it is 3 children per women by 2006.² Unregulated fertility, compromise the economic development and political stability of the countries. Therefore, many countries consider limiting population growth as an important component of their overall developmental goal to improve living standards and the quality of life of people. But contraceptive use is still low and the need for contraception is high in some of the world’s poorest and most populous places.³

ABSTRACT

Background: Population explosion is a major problem in developing country like India. Contraception is important for the health of the nation. Hence the present study aimed at elucidating knowledge of the couples towards contraception.

Methods: A cross-sectional study was conducted during February 2013-January 2014 among the couples residing in the field practice study areas. A semi-structured questionnaire consisting of socio-demographic characteristics, knowledge towards various methods of family planning was administered to 406 couples of the study area.

Results: It has been observed that female scored higher than males, however there was no statistically significant difference between the overall knowledge scores (18.67±7.798 vs. 18.41±7.177). In general, the highest knowledge was obtained in the domain of permanent contraception followed by temporary methods like condom and IUDs. The least knowledge scores were obtained in the domain of emergency contraceptives and natural methods of contraception. Urban population’s over all mean knowledge scores was 22.60±6.673 compared with rural population 14.48±5.898 and was statistically significant (p=0.036). However, the marked difference in knowledge scores was obtained in the context of gender and place of residence.

Conclusions: The present study demonstrates that the average knowledge among males and females and in urban and rural area, but some knowledge gaps on certain specific aspects still remained which needs to be addressed to improve the quality of life of people.

Keywords: Knowledge, Rural area, urban area, Male, Female, Temporary and permanent methods of family planning

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Contraception has been the single most important intervention to reduce burden of unwanted pregnancy as well as to promote healthy living among young adults. Globally, contraceptive prevalence is estimated at 63 per cent in 2011. If contraception were accessible and used consistently and correctly by women who want to avoid pregnancy, maternal death would decline by 25-35%. Further, the levels of unwanted fertility too have been quite high in India among all and particularly among married young women.

Since men are the dominant decision makers in India, it is prudent to discover the knowledge, perception and attitudes of men and improve their involvement in reproductive health needs of family. Hence, there is an urgent need to understand the level of knowledge of couples towards family planning and the extent they feel any responsibility in family formation and reproductive health. The importance of this study, therefore, is that it will provide updated baseline information, which will enable improvement and better functioning of family planning programs and aimed at elucidating knowledge of couples regarding contraception.

METHODS

A community based cross-sectional study was conducted during February 2013 - January 2014 among the couples residing in urban and rural field practice areas of the Department of Community Medicine. The Rural Health Training Center (RHTC) is located at Vutoor and the serving area includes four villages (Vutoor, Pachnoor, Veldhi and Vegurapally) of total population 11,258. As per the village health survey, conducted by RHTC, a list of all eligible couple (1980 eligible couples) was prepared and by using systematic random sampling, every 4th couple was selected for study. Urban Health Training Center (UHTC) of the department (Total population 12,200), located in a Katta Rampur area was selected for the study of urban participants. As per the previous survey a list of about 2168 eligible couples were obtained and based on the sample size by using systematic random sampling, every 5th couple was selected for the study. The sample size for this study was calculated to be 812 (203 couples each were selected from both areas, using the formula n=z α2 p (100-p)/ ε2 considering the estimated prevalence of use of contraceptive methods (60%) and the margin of error on p (put at 5%) with 10% non-response rate. A semi-structured questionnaire was used to gather data. The study protocol was approved by the institutional ethics committee of the institute. The purpose of study was explained and written and signed informed consent was obtained. Data was analyzed by using Epi info version 7 and statistical measures obtained were numbers, percentages, mean values and standard deviation. The unpaired t test was used to evaluate the difference in the mean knowledge and attitude scores in context of gender and place of residence among the respondents.

RESULTS

In present study the mean age of respondents was 24.89 ± 3.62 years and majority 49 (51.3%) were between the age group of 31-40 years. Among the study participant, 406 (50%) were male and 406(50%) were female. About 406 (50%) of the study sample are residing in rural areas, while 406 (50%) were from urban areas. Most of them were 242 (29.8%) illiterate, while 101 (12.4%) had primary education. As per Kuppuswamy’s socio-economic status scale, majority, 412 (50.7%) were belonging to upper lower class (Table 1).

Table 1: Distribution of baseline characteristics of respondents.

| Variables            | Number | Percentage (%) |
|----------------------|--------|----------------|
| Age                  |        |                |
| ≤20                  | 20     | (2.5)          |
| 21-30                | 301    | (37.1)         |
| 31-40                | 391    | (48.1)         |
| >40                  | 100    | (12.3)         |
| Sex                  |        |                |
| Female               | 406    | (50)           |
| Male                 | 406    | (50)           |
| Address              |        |                |
| Rural                | 406    | (50)           |
| Urban                | 406    | (50)           |
| Religion             |        |                |
| Hindu                | 668    | (82.3)         |
| Muslim               | 84     | (10.3)         |
| Christian            | 60     | (7.4)          |
| Family type          |        |                |
| Nuclear              | 670    | (82.5)         |
| Joint                | 130    | (16.5)         |
| Extended             | 12     | (1.5)          |
| Profession           | 20     | (2.5)          |
| Graduate             | 38     | (4.7)          |
| Intermediate         | 194    | (23.9)         |
| High school          | 131    | (16.1)         |
| Middle school        | 86     | (10.6)         |
| Primary school       | 101    | (12.4)         |
| Illiterate           | 242    | (29.8)         |
| Literacy             |        |                |
| Upper                | 24     | (3.0)          |
| Upper Middle         | 124    | (15.3)         |
| Lower Middle         | 224    | (27.6)         |
| Upper Lower          | 412    | (50.7)         |
| Lower                | 28     | (3.4)          |
| Socio economic status|        |                |
| Total                | 406    | (100)          |

Table 2, Table 3 and Table 4 represents general knowledge regarding family planning and knowledge of the respondents on various temporary and permanent methods of family planning and their responses on various methods were depicted in these tables.

It has been observed that, except the domain of condom and permanent methods, female scored higher knowledge as compared with males. The mean knowledge scores in the domain of general knowledge towards family planning among female and males was (4.61±1.638, 3.78±1.459), Emergency pills and other methods (0.90±1.432, 0.77±1.461), IUDS (2.29±3.097 vs. 1.80±2.163). The difference was statistically significant.
Whereas the mean knowledge score among male was higher in the domain of condom and permanent method of family planning compared with the females (2.40±1.689 vs. 1.29±1.675 and 7.27±2.328 vs. 6.20±3.717) and these differences were statistically significant (p=0.025, 0.000). There was no statistically significant difference between the overall knowledge scores. Except for the domain of general knowledge towards family planning, in all other domains the mean knowledge score was higher in urban population compared with the rural area. A statistically significant difference was observed in the difference between two knowledge score in the domain of Knowledge towards OCPs, Knowledge towards Emergency pills and others. Knowledge towards condom and Knowledge towards permanent methods. The overall mean knowledge score among urban population was 22.60±6.673 compared with rural population 14.48±5.898 and this difference was statistically significant (p=0.036) (Table 4).

### Table 2: Distribution of general knowledge on family planning.

| Variables                                      | Number | Percentage (%) |
|-----------------------------------------------|--------|----------------|
| **General knowledge on family planning**      |        |                |
| Legal age for girls                           | Yes    | 356            | 43.8          |
|                                              | No     | 456            | 56.2          |
| Legal age for boys                           | Yes    | 379            | 46.7          |
|                                              | No     | 433            | 53.3          |
| Ideal gap between two child births            | Yes    | 344            | 42.4          |
|                                              | No     | 468            | 57.6          |
| Ideal number of children                      | Yes    | 486            | 59.9          |
|                                              | No     | 326            | 40.1          |
| Aware of family planning                      | Yes    | 806            | 99.3          |
|                                              | No     | 6              | 0.7           |
| Family planning is useful to avoid unwanted births | Yes | 519        | 63.9          |
|                                              | No     | 293            | 36.1          |
| Family planning is useful to regulate intervals between births | Yes | 251        | 30.9          |
|                                              | No     | 561            | 69.1          |
| Family planning is useful to determine the number of births | Yes | 265        | 32.6          |
|                                              | No     | 547            | 67.4          |
| **Total**                                     |        | 812            | 100           |

### Table 3: Distribution of knowledge on various temporary methods of family planning.

| Variables                                      | Number | Percentage (%) |
|-----------------------------------------------|--------|----------------|
| **Oral contraceptive pills**                  |        |                |
| Aware of OCP                                  | Yes    | 442            | 54.4          |
|                                              | No     | 370            | 45.6          |
| Able to identify the name of OCP among various methods | Yes | 338        | 41.6          |
|                                              | No     | 474            | 58.4          |
| OCPs are freely available at government       | Yes    | 338            | 41.6          |
|                                              | No     | 474            | 58.4          |
| Number of pills in one oral packet            | Yes    | 277            | 34.1          |
|                                              | No     | 535            | 65.9          |
| When to start a new packet of OCP             | Yes    | 278            | 34.2          |
|                                              | No     | 534            | 65.8          |
| Colored tablets of OCP                        | Yes    | 245            | 30.2          |
|                                              | No     | 567            | 69.8          |
| When one should take OCP                      | Yes    | 269            | 33.1          |
|                                              | No     | 543            | 66.9          |
| When should take oral pill if women forgets to take OCP | Yes | 157        | 19.3          |
|                                              | No     | 655            | 80.7          |
| **Intra uterine devices**                     |        |                |
| Are you aware of IUDs                         | Yes    | 253            | 31.2          |
|                                              | No     | 559            | 68.8          |
| IUDs means                                    | Yes    | 245            | 30.2          |
|                                              | No     | 567            | 69.8          |
| Identify name of IUD among the other methods  | Yes    | 232            | 28.6          |
|                                              | No     | 580            | 71.4          |
| Variables                                           | Yes | No  | Percentage (%) |
|-----------------------------------------------------|-----|-----|----------------|
| **Identify permanent method of family planning**    | Yes | 546 | 67.2           |
|                                                     | No  | 256 | 32.8           |
| **Advantage of permanent method of family planning**| Yes | 327 | 40.3           |
|                                                     | No  | 485 | 59.7           |
| **When to adopt permanent method of family planning**| Yes | 430 | 53.0           |
|                                                     | No  | 382 | 47.0           |
| **Tubectomy is a permanent method of sterilization**| Yes | 568 | 70.0           |
|                                                     | No  | 244 | 30.0           |
| **Best time for Tubal ligation after normal delivery**| Yes | 308 | 37.9           |
|                                                     | No  | 504 | 62.1           |
| **Tubal ligation can cause severe weakness**        | Yes | 678 | 83.5           |
|                                                     | No  | 134 | 16.5           |
| **Vasectomy is a permanent male sterilization method**| Yes | 565 | 69.6           |
|                                                     | No  | 247 | 30.4           |

Table 4: Knowledge assessment on permanent methods of family planning.

| Variables                                           | Yes | No  | Percentage (%) |
|-----------------------------------------------------|-----|-----|----------------|
| **Time for IUD insertion**                          | Yes | 179 | 22.0           |
|                                                     | No  | 633 | 78.0           |
| **Time for IUD insertion After delivery**           | Yes | 97  | 11.9           |
|                                                     | No  | 715 | 88.1           |
| **Check the IUD in position**                       | Yes | 88  | 10.8           |
|                                                     | No  | 724 | 89.2           |
| **Follow-up is necessary after IUD insertion**      | Yes | 122 | 15.0           |
|                                                     | No  | 690 | 85.0           |
| **Circumstances in women with IUD need to consult** | Yes | 244 | 30.0           |
|                                                     | No  | 568 | 70.0           |
| **Complication of IUDs**                            | Yes | 196 | 24.1           |
|                                                     | No  | 616 | 75.9           |
| **Aware of male condom**                            | Yes | 456 | 56.2           |
|                                                     | No  | 356 | 43.8           |
| **Aware of Female condom**                          | Yes | 68  | 8.4            |
|                                                     | No  | 744 | 91.6           |
| **When condom is used**                             | Yes | 151 | 18.6           |
|                                                     | No  | 661 | 81.4           |
| **Times the condom used**                           | Yes | 363 | 44.7           |
|                                                     | No  | 449 | 55.3           |
| **Check condom after coitus**                       | Yes | 140 | 17.2           |
|                                                     | No  | 672 | 82.8           |
| **Condom protects from STDS**                        | Yes | 333 | 41.0           |
|                                                     | No  | 479 | 59.0           |
| **Have you heard about emergency contraceptives (E.C)** | Yes | 186 | 22.9           |
|                                                     | No  | 626 | 77.1           |
| **Time to take E.C**                                | Yes | 135 | 16.6           |
|                                                     | No  | 677 | 83.4           |
| **Ideal time limits for taking E.C**                 | Yes | 116 | 14.3           |
|                                                     | No  | 696 | 85.7           |
| **Time for release of female egg in 28 day cycle**  | Yes | 87  | 10.7           |
|                                                     | No  | 725 | 89.3           |
| **Safe period means**                               | Yes | 91  | 11.2           |
|                                                     | No  | 721 | 88.8           |
| **Coitus interrupts mean**                          | Yes | 62  | 7.6            |
|                                                     | No  | 750 | 92.4           |

Yes – correct response of respondent No – Other than correct response of respondent.
Vasectomy is done without any charges

|                | Yes | No  |
|----------------|-----|-----|
|                | 346 | 466 |
| Cash incentives are given after vasectomy

|                | Yes | No  |
|----------------|-----|-----|
|                | 264 | 548 |
| Provision for insurance in case of complication

|                | Yes | No  |
|----------------|-----|-----|
|                | 234 | 578 |
| Vasectomy does not require prolonged bed rest

|                | Yes | No  |
|----------------|-----|-----|
|                | 395 | 417 |
| Vasectomy does not affect sexual performance

|                | Yes | No  |
|----------------|-----|-----|
|                | 374 | 438 |
| Vasectomy is done without giving any incision

|                | Yes | No  |
|----------------|-----|-----|
|                | 435 | 377 |

**Table 5: Mean knowledge score of respondents in context of gender and place of residence.**

| Variables                                | Gender | Mean±S.D | P value | Place of residence | Mean±S.D | P value |
|------------------------------------------|--------|----------|---------|--------------------|----------|---------|
| General knowledge towards family planning| Female | 4.61±1.638 | 0.005 | Urban | 4.09±1.628 | 0.855 |
|                                          | Male   | 3.78±1.459 |         | Rural | 4.30±1.579 |         |
| Knowledge towards OCP’s                  | Female | 3.37±2.197 | 0.691 | Urban | 3.64±1.801 | 0.000 |
|                                          | Male   | 2.40±2.252 |         | Rural | 2.14±2.448 |         |
| Knowledge towards IUDS                   | Female | 0.90±1.432 | 0.003 | Urban | 1.65±1.638 | 0.000 |
|                                          | Male   | 0.77±1.461 |         | Rural | 0.02±0.185 |         |
| Knowledge towards Condoms                | Female | 2.29±3.097 | 0.000 | Urban | 2.37±2.612 | 0.884 |
|                                          | Male   | 1.80±2.163 |         | Rural | 1.72±2.712 |         |
| Knowledge towards EC & Other methods     | Female | 1.29±1.675 | 0.024 | Urban | 2.41±1.842 | 0.000 |
|                                          | Male   | 2.40±1.689 |         | Rural | 1.28±1.502 |         |
| Knowledge towards Permanent methods      | Female | 6.20±3.717 | 0.000 | Urban | 8.45±2.207 | 0.000 |
|                                          | Male   | 7.27±2.328 |         | Rural | 5.03±3.012 |         |
| Total Knowledge towards Family planning  | Female | 18.67±7.798 | 0.181 | Urban | 22.60±6.673 | 0.036 |
|                                          | Male   | 18.41±7.177 |         | Rural | 14.48±5.898 |         |
| Unpaired test (Total knowledge)          |        | 1.789     | 4.426   |        |            |         |

Unpaired t test =1.789 (Gender) p = 0.181; Unpaired t test =4.426 (Place of residence) p=0.036.

**DISCUSSION**

Family planning is of utmost importance for the development of individuals, society and a nation. It is necessary to know the factors that influence contraceptive behavior and the knowledge, attitude of the respondents in order to overcome obstacles of contraceptive use and hence the present study was undertaken.

About 812 respondents were recruited for the study of which 50% were male and 50% were female, 50% were residing in rural areas, while remaining 50% were taken from urban areas. The mean age of the respondents was 32.24±6.5 years and most of the, 48.2% of the respondents were between the age group of 31-40 years. A study conducted by Prachi et al showed that 47.6% of respondents were in the age group of 25 to 34 years.

Among the studied sample, 82.3% were from Hindu community and 10.3% were Muslims and 82.5% were belonged to nuclear families. In a study conducted by Sharma et al Hindus accounted for 85.6% of the total sample and nuclear type of families were observed among 70% of the studied population in a study conducted by Reddy et al. In the present study, 29.8% of the respondents were illiterate, 27.5% were unemployed and 50.7% of the studied participant’s belonged upper lower socio – economic class (SES). Our findings are consistent with the findings of a Survey conducted by Sharma et al which revealed that 37.7% of the respondents had no formal education and 56.2% belonged to SES.

In the context of general knowledge of family planning 43.8% of participants have given a correct response about the legal age for girls, 46.7% told correct legal age for boys and 42.4% of the participants have a correct knowledge about the ideal gap between two pregnancies. Maximum, 99.3% of respondent were aware about family planning. About 59.9% thought that the ideal family size comprise of two children and majority 63.8% considered family planning useful in avoiding unwanted pregnancies, whereas 30.7% considered it as useful to regulate birth interval and 32.4% in determining the number of children in the family. Jha et al assessed the perception regarding fertility among respondents
observed that about 45.8% were unaware about the ideal age of marriage for girls and 36.5% of respondents had wrong knowledge about the ideal interval between marriage and 1st pregnancy. Most respondents (94.3%) were aware of the use of family planning in a study conducted by Obisesan et al. A varying degree of general knowledge was observed among various studies which can largely attribute to various socio-demographic characteristics of respondents.

Tubectomy was most popular among respondents who reported knowledge of the contraceptive methods. Knowledge of tubectomy is nearly 70% and that of the vasectomy was 69%. Similar findings were observed in a study conducted among Koyas et al who reported nearly 75% and 67% knowledge regarding tubectomy and vasectomy respectively. In general, knowledge on spacing methods was low among the study population. However, knowledge on OCPs is found to be nearly 54.4%, while 31.2% were aware of IUDs and 19.6% known about male condoms whereas only 8.4% were aware of the female condom.

About 54.4% of respondents were aware of OCP’s, while 41.6% were able to identify the name of OCP among all methods. A total of 34.2% has given correct responses about when to start a new cycle of pills and 33.1% were given correct response that OCPs must be taken daily. Only 19.3% know that one has to take pills immediately if she forgot. Our findings are consistent with the findings of DLHS conducted in 2007-08 in Andhra Pradesh. Several studies across India showed a varying level of awareness about OCP’s. A study conducted by Lavanya et al among reproductive age group women in a tertiary institute showed that only 21.9% know about OCP’s whereas 47.1% female college students in Chandigarh were aware of OCP’s as per the findings observed by Puri et al.

Nearly, 31.2% of respondents were aware of IUDs, 30.2% knows the meaning and only 28.6% are able to identify the method correctly among other methods of contraception. A very few, 22% and 12.1% have given correct responses for ideal time for IUD insertion, normally and after delivery respectively. Only 11% know how to check IUDs in position and 15.1% said that follow-up is necessary after insertion. A total of 30% knows the circumstances for consultation with a doctor and 24.1% knows bleeding as a most common complication of IUDs. As per the DLHS around 31% of women in Andhra Pradesh were aware of IUDs. A study conducted by Khan et al revealed that around 48.7% believed that IUDs are very effective contraceptive method, 50% were aware that first follow-up should be done after 3 to 6 weeks of IUD insertion and 19.7% said that the IUDs does not have hormonal side effects.

Around 54.6% were aware of male condom, while only 8.4% were aware of the female condom. About 18.6% have given a correct response for when to use condom, 44.7% knows that the new condom should be used every time before coitus and 17.2% agreed to check for condom after coitus for any spillage. About 41% of the respondents said that condom protects from sexually transmitted diseases (STD’s). As per the DLHS about 40% of the respondents were aware of condoms. Condoms were considered by respondents as an effective method of contraception and prevention of STD’s by 33.2% and 28.3% respectively in a study conducted by Ismael et al. Similarly, only 2.8% of the respondents were aware of the female condom in a study conducted by Saluja et al. The overall knowledge regarding condom is towards higher side may be attributed to the characteristics of sample population as well as overall increases in health literacy trend.

About 22.9% of the respondents were aware of emergency pills. Among them only 16.6% have given a correct response as to take pill after intercourse, while 14.3% were knowing the ideal time limit for pills after intercourse is within 72hours. Regarding natural methods, knowledge on time release of female egg in 28 days of the menstrual cycle, only 10.7% gave correct response, only 11.2% have correct knowledge on safe period and 7.6% on coitus interrupts. A wide variation in the knowledge about emergency contraceptives was observed among various studies. In the Fitter et al study, 96% of women were familiar with EC, 51% had used EC and 46% had known the correct time limit for effectiveness of EC. One of the noteworthy findings of the DLHS survey in Andhra Pradesh revealed that 20.3% of ever married women had knowledge of EC; our findings are consistent with these findings. Regarding natural methods, it was observed that 10.7% of respondents were aware of the time of ovulation, 11.2% have correct knowledge on safe period and 7.6% on coitus interrupts. Our findings are comparable with the findings of DLHS which revealed 13.1%, 6.5% and 1.1% of respondents were having knowledge about the rhythm method, withdrawal method and other methods respectively. In a study conducted by Karma et al found that, out of these 23.38% women were relying upon natural methods of contraception, 2% were using safe period and 21.2% abstinence for contraception.

In contrast to DLHS findings revealing awareness regarding Tubectomy (99.4%) and Vasectomy (88.7%), we obtained less knowledge regarding permanent methods of sterilization. In our study, about 70% had knowledge that tubectomy is a permanent method of sterilization in females and 69.6% considered vasectomy as a permanent method of sterilization in males. Varying degree of knowledge was observed by authors conducting studies across India. In a study conducted by Garg et al, the authors observed that the majority (97.4%) were aware of NSV as a method of permanent male sterilization. Majority (97.2%) knew that NSV is done without any charge and cash incentive is given to the NSV client after the procedure. Though 68.0%...
respondents agreed that permanent sterilization is a possible option for them, only 34.1% respondents were willing to adopt NSV as a method of family planning. Similarly, in a study conducted by a Mahat et al majority of respondents accepted vasectomy as the permanent method of contraception while only 45.5% said that sexual functions return to normal following vasectomy.

It has been observed that except the domain of condom and permanent methods, female scored higher knowledge as compared with males, however there was no statistically significant difference between the overall knowledge scores (18.67±7.798 vs. 18.41±7.177). Our findings are inconsistent with the findings of Jammeh et al who observed a higher knowledge scores 19.72±6.77 among males compared with females, 18.40±5.50 and the inconsistency may be because of other determinants of the knowledge regarding family planning.

The overall mean knowledge score among urban population was 22.60±6.673 compared with rural population14.48±5.898 and this difference was statistically significant (p=0.036). Our findings are consistent with the DLHS finding showing more knowledge among urban residents compared with rural residents. Lack of knowledge is strongly associated with unmet need for contraception. Knowledge barriers are relatively insignificant in the urban as well as the rural area of, as the majority of users were aware of at least one modern method of family planning. Knowledge of spacing methods was expressed by around half the couples and a higher acceptance of spacing methods was observed from the place where they had knowledge of these methods.

CONCLUSION

The present study demonstrates that the average knowledge among males and females and in urban and rural area, yet differences on knowledge of specific contraception methods exist. In general, the highest knowledge was obtained in the domain of permanent contraception followed by temporary methods like condom and IUDs. The least knowledge scores were obtained in the domain of emergency contraceptives and natural methods of contraception. However, the marked difference in knowledge scores was obtained in the context of gender and place of residence. There is need to target these populations for health education interventions in order to achieve the desirable practices.

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