



A Cross-Sectional Study on Utilization of Family Planning Services by the mothers of Under Five Children in Urban field practice area of Government Medical College, Ongole, Andhra Pradesh

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Abstract

Background: Women in India are not fully educated on contraception usage. India is currently facing “population explosion” which is directly perpetuating development of country. Family planning is the only safest and cost-effective strategies to have impact on health of women. Hence the present study was conducted to study the utilization patterns of Family planning services by eligible population in the in the Urban field practice area of department of Community Medicine, Government Medical College, Ongole.

Materials and methods: A Community based cross sectional study was conducted to study the utilization patterns of Family planning services for a period of one year among the mothers of Under Five Children in Urban Health Centre which was the Urban field practice area of department of Community Medicine, Government Medical College, Ongole.

Results: Out of 579 women, 412 (71.2%) had underwent permanent method of sterilisation (Tubectomy) and 27 (4.6%) are using temporary method. Around (27)4.6% were using temporary methods. Of the 27 women following temporary methods, 18.5% were using IUCD and 7.4% were using Barrier methods. 14.8% were using the safe period method and 59.3% were following abstinence. About 24.2% of the women are not using any method.

Conclusion: Majority of women underwent permanent sterilization. The use of temporary spacing methods is very poor and there is a need for better family planning education by the UHC field workers and staff.

Keywords: Mothers, Family planning, permanent method, temporary method, Urban Health Centre (UHC),

Introduction

Globally, Family planning is considered as an effective way to reduce maternal mortality, morbidity of women of child bearing age, Fetal and Neonatal mortality (Telangana study). India accounts to be the

most populous country with 1.42 billion population. By 2050 India’s population is expected to reach 1.6 billion to be the first populous country in the world. The term Family Planning is defined by WHO as “a

way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitude and responsible decisions by individuals and couples, in order to promote the health and welfare of the family group and thus contribute to the social development of the country”¹. India has achieved the replacement fertility level. As per NFHS-5 Total Fertility Rate for India is 2.0 and for Andhra Pradesh it is 1.7.

The Family Planning Programme which was started in 1952 in India evolved gradually, moving from awareness and information activities initially, to clinical services and later time bound target-oriented approach². In 1980’s, the time bound target-oriented approach was revived and efforts to encourage the use of reversible contraceptive methods were initiated³. The NFHS-5 Survey shows, the contraceptive prevalence rate among currently married women (aged 15-49 years) in India is 66.7% and 71.1% in Andhra Pradesh. The prevalence of modern methods is 56.5% and 70.8% at national and in Andhra Pradesh. Different studies done across the country revealed that among urban population, slum dwellers have higher rate of morbidity. There exist important socio demographic variations within the urban poor population in relation to their use of services and the barriers faced in service utilization. This study was taken up to study the utilisation patterns of family planning services among mothers of under five children in the Urban field practice area of department of Community Medicine, Government Medical College, Ongole.

Aim:

To assess the utilization patterns of family planning services by among mothers of under five children in the in the Urban field practice area of department of Community Medicine, Government Medical College, Ongole.

Objectives:

To study the practice of family planning methods among mothers of under five children.

To identify the reasons for non -utilization of family planning services.

Methodology:

This is a Community based cross sectional study conducted for a period of one year from 1st June 2022 to 31st May 2023, taken up in the Urban field practice

area of Urban Health Centre (UHC), Balaji Nagar of Ongole town attached to the Community Medicine department of Government Medical College, Ongole.

The health care to the slum people of Ongole town is mainly provided through the Government General Hospital and strategically located Urban Health Centres. In addition, several Super Specialty Hospitals, Nursing Homes, Clinics and Hospitals run by Corporate, Non-Governmental Organizations and individual doctors are available to cater to the needs of all the populations.

The UHC Balaji Nagar covers a population of about 21,379 and provides all basic Family Planning services to the slum population residing in Balaji Nagar and surrounding colonies in the area. A major section of the UHC service area consists of a slum with a significant number of families residing below the poverty line (BPL families).

The neighbourhood which comes under the service area of the UHC are also served by 17 Anganwadi’s under the ICDS programme. Each of the Seventeen Anganwadi areas has been demarcated as a sector for expedient service delivery. For the convenience of this study, among 17 sectors around 50% sample was taken i.e. 8 sectors by Simple Random sampling method. For the assessment of Family planning practices all women with a last child of age 5 years or below 5 years were included. A total 579 eligible mothers who satisfy the inclusion criteria were included in the study. Mothers who are not willing to participate, last child more than 5 years of age and who are not present at the time of visit were excluded in the study.

House to house survey was conducted and face to face interview was done by using Self-designed, Pretested, Semi-structured Questionnaire consists of two sections. First section consists of questions related to Socio-demographic details like age, Religion, Socioeconomic status, Family size and Mother’s education and occupation were collected. The Second section had questions regarding Type of family Planning method adopted, if not reasons for not practicing family planning, opinion regarding family size and actual family size, spacing in mothers having more than one child and also the source of information regarding Family Planning.

A pilot study was conducted to pre-test the questionnaire in an adjoining slum area (outside the actual study area) before the start of the study to assess the feasibility and sensitivity of the questionnaire. Based on the findings of the pilot study necessary modifications were done. Permission was obtained from institutional authorities and the study was approved by the Institutional Ethics Committee. Informed consent was taken from the parents.

Statistical Analysis:

The data thus collected was entered and analysed using MS Excel and presented in the form of frequency distribution tables, graphs and charts. The association between attributes was tested by Chi-Square test. The p value of <0.05 was used to know if there was any significant association.

Ethical considerations:

Institutional ethics committee approval was taken. Written informed consent of the participants was taken. Complete confidentiality of the participants was maintained by blinding the personnel information.

Results: A total of 579 mothers were enrolled in the study involving 522 families. Among them 66.7% of the families belongs to Hindus ,10.1% Christians and 23.2% were Muslims by religion. In the present study According to B. Prasad Socio-Economic Status classification majority of the families belongs to middle class(46.7%) followed by Upper Middle class(24.3%),lower middle (23.8%),upper class(3.3%) and lower class(1.9%). Most of their family size was less than 5 (63.6%). In the present study, women in 12.5% of the families were Illiterates, 16.9% had primary education, followed by 51.7% secondary education. Women in 18.9% of the families went for higher studies as shown in Table:1.

| Table.1: Socio-demographic distribution among the study population | | | |
|---|-------------------------|-------------------------------|----------|
| | | No. of families(n=522) | % |
| Religion | Hindu | 348 | 66.7 |
| | Christian | 53 | 10.1 |
| | Muslim | 121 | 23.2 |
| B.G Prasad SES | I(Upper class) | 17 | 3.3 |
| | II(Upper Middle class) | 127 | 24.3 |
| | III (Middle class) | 244 | 46.7 |
| | IV (Lower Middle class) | 124 | 23.8 |
| | V (Lower class) | 10 | 1.9 |
| Family Size | < 5 | 332 | 63.6 |
| | 5 to 7 | 163 | 31.2 |
| | 8 to 10 | 23 | 4.4 |
| | > 10 | 4 | 0.8 |
| Mother’s Education level | Illiterate | 65 | 12.5 |
| | Primary | 88 | 16.9 |
| | Secondary | 270 | 51.7 |

| | | | |
|--|---------------|----|------|
| | Diploma/inter | 38 | 7.2 |
| | Degree & PG | 61 | 11.7 |

Table:2. Distribution of mothers according to Type of Family Planning method used(N=579)

| Type of Family Planning method used | | No. of women(N=579) | Total | % |
|-------------------------------------|-----------------|---------------------|-------|-------|
| Permanent methods | Tubectomy | 412 | 412 | 71.2% |
| | Vasectomy | 0 | | |
| Temporary methods | IUCD | 5(18.5%) | 27 | 4.6% |
| | safe period | 4(14.8%) | | |
| | Barrier methods | 2(7.4%) | | |
| | Abstinence | 16(59.3%) | | |
| Nil method | | 140 | 140 | 24.2% |
| Total | | 579 | 579 | 100 |

Out of 579 women, 412 (71.2%) had permanent method of sterilisation (Tubectomy) and 27 (4.6%) are using temporary method. Around (27)4.6% were using temporary methods. Of the 27 women following temporary methods, 5(18.5%) were using IUCD and 2(7.4%) were using Barrier methods. 4(14.8%) were using the safe period method and 16(59.3%) were following abstinence. About 140(24.2%) of the women are not using any method. None of the women’s husbands underwent vasectomy as shown in Table:2.

| Reason | No. of women | % |
|-------------------|--------------|-------|
| For another child | 110 | 78.6 |
| For male child | 14 | 10.0 |
| Fear of surgery | 2 | 1.4 |
| Sick baby | 3 | 2.1 |
| Undecided | 11 | 7.9 |
| Total | 140 | 100.0 |

Common reasons given for not adopting any family planning methods were wanting another child (78.6%), for male child (10.0%), fear of surgery (1.4%), sick baby (2.1%), and undecided (7.9%) as shown in Table:3.

Out of 579 women, About 327 women more than one child. Among them It was observed that majority 170(52%) had a spacing of 1 year or less. 95(29.1%) with 1 to 2 years. and 38(11.6%) with >2 to 3 years. The rest 7.3% had more than 3 years gap between the first child and second one.

Table 4: Association between Education level of women & Spacing (n=327)

| Education level | Spacing | | | | Total |
|----------------------|-----------|------|-----------|------|-------|
| | < 3 years | % | > 3 years | % | |
| Higher Education | 38 | 88.4 | 5 | 11.6 | 43 |
| Secondary | 166 | 94.9 | 9 | 5.1 | 175 |
| Primary & illiterate | 99 | 90.8 | 10 | 9.2 | 109 |
| Total | 303 | | 24 | | 327 |

(Chi square 2.94, df 2, p value 0.22)

11.6% women who are higher educated followed spacing of more than 3 years. 5.1% secondary educated and 9.2% of primary and nil educated are following spacing of more than 3 years. However, the association was not found to be statistically significant. A great majority of women (92%) were preferring 2 child norms. A small percentage of mothers (6.7%) preferred 3 children. None of them said >3.

| Person | No. Of women | % |
|-------------------|--------------|-------|
| UHC Health worker | 210 | 40.2 |
| AWW | 57 | 11 |
| Doctor | 72 | 13.8 |
| Relatives | 43 | 8.2 |
| Not given | 140 | 26.8 |
| Total | 522 | 100.0 |

Majority of the families 210(40.2%) received Family planning advice from the UHC Health worker followed by doctor 72(13.8%), AWW (11%) and from relative 43(8.2%).

Around 1/4th of the families 140(26.8%) of women did not receive any advice regarding family planning.

Discussion:

Women in the childbearing age and children under the age of five years constitute a significant percentage of the population in any community.

This study conducted in the Balaji Nagar UHC service area of Ongole city of Andhra Pradesh among 579 married women of childbearing age (15 to 49 years) having under five children. The area is predominantly composed of urban slums and settlements. MCH services are delivered at the Balaji Nagar UHC includes Antenatal Care, Post natal care, minor illness care for children and adults, health education, immunisation, home visits for ANC, PNC,

child health advice, growth monitoring and Family planning services etc.

Community participation in health programmes involves participation in planning of the programmes, providing resources (men, money and materials) and most importantly utilisation of the programme facilities. Ownership of the programme encourages the users to have a stake in the activities and helps them make full use of the benefits provided.

Pregnant women living in urban slums are a vulnerable group having limited access to urban healthcare facilities. Barriers to avail of healthcare services are well documented⁴.

Family Planning methods used: Out of 579 women, 412 (71.2%) had permanent method of sterilisation (Tubectomy) and 27 (4.6%) are using temporary method. Around (27)4.6% were using temporary methods. About 140(24.2%) of the women are not using any method as shown in Table:2. This is lower than the reports of NFHS-5(71.1%)⁵, DLHS

3(65.3%)⁶, Ranjan *et al*⁷ in rural area of Aligarh (28%), Suman Basu⁸ in two tribal areas of West Bengal (25-56%).

Type of temporary method used: Around (27)4.6% were using temporary methods. Of the 27 women following temporary methods, 5(18.5%) were using IUCD and 2(7.4%) were using Barrier methods. 4(14.8%) were using the safe period method and 16(59.3%) were following abstinence. (**Table 2**). The IUCD is a highly effective contraceptive method (pregnancy rate < 1%) and does not require constant attention. It does not interfere with intercourse and there is a quick return of fertility once woman stops using the method⁹.

Family Planning advice: Majority of the families 210(40.2%) received Family planning advice from the UHC Health worker followed by doctor 72(13.8%), AWW (11%) and from relative 43(8.2%). Around 1/4th of the families 140(26.8%) of women did not receive any advice regarding family planning. Hence not following Family planning methods.

Reasons for not practicing FP: Wanting another child 78.6%, for male child 10.0%, fear of surgery 1.4%, sick baby 2.1%, and undecided 7.9% (**Table 3**). A study conducted by Mithali G Patel *et al*¹⁰ in RHTC field practice area showed similar findings and a study conducted by Lakshmi *et al*¹¹ among tribal population in Andhra Pradesh showed that role of family pressure was only 17%.

Education level and birth spacing: 11.6% women who are diploma and above educated followed spacing of more than 3 years. 5.1% secondary educated and 9.2% of primary and nil educated are following spacing of more than 3 years. However, the association was not found to be statistically significant (**Table 4**).

Family planning programs should focus on eliminating misconceptions and fear about contraception through proper counseling of couples and information, education, and communication (IEC) activities in the community, and try to improve the quality of advice and care services related to family planning¹².

Conclusion:

The study covered the women with under five children in an urban slum population of Guntur city

covered by the UHC. The use of temporary spacing methods is very poor. About 1/4th of the women i.e. 26.8% were not using any method and there is a need for better family planning education by the UHC field workers and staff. None of the males have undergone vasectomy.

Recommendations:

Utilization of family planning services can be improved by better family planning education by the UHC field workers and staff.

With the current cafeteria approach for encouraging usage of contraceptives further motivation is required through advertisement regarding newer methods and their advantages.

Male should also be aware of various family planning methods available for them and its advantages. Contribution of both men and women towards planning for family size would bring prosperity and health to family and nation.

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