

**ORIGINAL RESEARCH****Check the prevalence of family planning methods among the eligible couples (15-45) in a selected village****<sup>1</sup>Beant Kaur, <sup>2</sup>Lovedeep Kaur, <sup>3</sup>Lovesampuranjot Kaur**<sup>1,2</sup>Nursing Tutor, <sup>3</sup>Professor, Faculty of Nursing, Desh Bhagat University, Mandi Gobindgarh, Punjab, India**Correspondence:**

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**Introduction**

In the early days, human societies had creation of as many children as possible, a central value. Today however, relatively few societies can afford this perspective, resulting in increased attempts to limit and manage the birth rate of their families of which there is no exception. The concept of reproductive health and what it means originated in the World Health Organization (WHO) and was based on the WHO definition of health as “a state of completed physical, mental and social well-being and not merely an absence of disease or infirmity. Barzelatto (1988) was the first to identify the four components of reproductive health policy which included: family planning, maternal care, infant and childcare and the control of STDs.

Family planning allows people to attain their desired number of children and determine the spacing of pregnancies. It is achieved through use of contraceptive methods. Promotion of family planning and ensuring access to preferred contraceptive methods of couples is essential to securing the well-being and autonomy of women, while supporting the health and development of communities. Family planning is key to slowing unsustainable population growth and the resulting negative impacts on the economy, environment and national development efforts. Family planning enables people to make informed choices about their sexual and reproductive health. Family planning represents an opportunity for women to pursue additional education and participates in public life, including paid employment in non-family organizations. Unmet need for family planning refers to fecund women who either wish to postpone the next birth (spacers) or who wish to stop childbearing (limiters) but are not using a contraceptive method. It is estimated that more than 100 million women globally especially in less developed countries or about 17% of all married women, would prefer to avoid pregnancy but are not using any form of family planning. Also within the less developed regions of the world, about one fourth of all pregnancies are unintended, while an estimated 18 million unsafe abortions take place each year, thereby contributing to the high maternal mortality and injuries.

Contraceptive use has increased in many parts of the world, especially in Asia and Latin America. Globally, use of modern contraception has risen slightly, from 54% in 1990 to 57.4% in 2014. Regionally, the proportion of women aged 15-49 reporting use of modern contraceptive method has risen minimally or plateau between 2008 and 2014. Use of contraception by men makes up a relatively small subset of the above prevalence rates. The modern methods for men are limited to male condoms and sterilization (vasectomy).

### **Need for study**

Family planning a leading journal published by the population council, released “ unmet need for family planning” special issue featuring ten articles, including a comprehensive introduction to the topic of unmet need. Distinguished we explore trends related to unmet need for contraception and many articles point to practical strategies for increasing contraceptive knowledge and uptake, and for overcoming barriers that prevent women from practicing contraception. Unmet need has been an important indicator for measuring the progress of family planning programmes for more than 25 years. It explore trends identifies issues and purposes and solution to ensure that sexual and reproductive health program and policy are structured to meet the changing needs of women and men over the course of their reproductive lives. Family planning reduce the need for abortion, especially unsafe abortion. Family planning reinforces people’s rights to determine the number and spacing of their children.

Need of family planning is needed for promotion of family planning and ensuring asses to preferred contraceptive methods for women and couples is essential to securing. Family planning reduce the risk of unintended pregnancies among women living with HIV resulting in fewer infected babies and orphans. Family planning enable people to make infames choices about their sexual and reproductive health. WHO is working to promote family planning by producing evidenced based guidelines on safety and services delivery of contraceptive methods, developing quality standard and providing pre qualification of contraceptive commodities, and helping countries introduce adopt and implement these tool to meet their need.

Family planning is key to slowing unsustainable population growth and the resulting negative impacts on the economy, environment, and national and regional development efforts. Need for family planning is defined as the percentage of women of reproductive age, either married or in a union, who have an unmet need for the family planning. It includes in the numerator women who are focused and sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the birth of their next child for atleast two years.

### **Objectives of the study**

1. To check the prevalence of family planning methods among the eligible couples in village Saunti, District Fatehgarh Sahib, Punjab.

### **Methods and materials**

A descriptive research design was adopted for the study. Convenience Non probability sampling technique was used for selecting the sample for the study. The population of studied consisted of age between (15-45years) in Village Saunti, Distt. Fatehgarh Sahib. A self Structured Questionnaire containing 6 categories was used to check the prevalence of family planning methods.

### **Results**

#### **Organization of study findings**

**Part-A-**Description of demographic data

**Part-B-** Check the prevalence of family planning methods among the eligible couples (15-45) in village saunti, district Fatehgarh Sahib, Punjab.

**Part-A****Description of demographic data**

It includes about the background information of the subjects. The demographic variables includes of age, religion, education, type of family, residential area, occupation, family income, and source of knowledge.

**Table 1: Frequency and percentage distribution of selected socio demographic characteristics of eligible couples of village Saunti, District Fatehgarh Sahib, Punjab N=1000**

Sr. No.	Socio-demographic characteristics	Frequency (f)	Percentage (%)
1.	<b>Age</b>		
a)	15-30	360	36
b)	31-45	640	64
2.	<b>Religion</b>		
a)	Sikh	427	42.7
b)	Hindu	449	44.9
c)	Muslim	110	11.0
d)	Christian	14	1.4
e)	Others	00	00
3.	<b>Education</b>		
a)	Primary	305	30.5
b)	Secondary	414	41.4
c)	Graduate	141	14.1
d)	Postgraduate	28	2.8
e)	Illiterate	112	11.2
4.	<b>Type of family</b>		
a)	Joint	200	20
b)	Nuclear	797	79.7
c)	Extended	03	0.3
5.	<b>Residential area</b>		
a)	Rural	1000	100
b)	Urban	00	00.0
6.	<b>Occupation</b>		
a)	House-maker	890	89
b)	Government job	13	1.3
c)	Private job	39	3.9
d)	Labourers	59	5.9
e)	Others	00	00.0
7.	<b>Family income</b>		
a)	<10,000 Rs/month	234	23.4
b)	10,001-20,000 Rs/month	576	57.6
c)	20,001-30,001 Rs/month	186	18.6
d)	>30,001 Rs/month	04	0.4
8.	<b>Source of knowledge</b>		
a)	Friends	166	16.6
b)	Doctors	350	35
c)	Siblings	418	41.8
d)	Magazines and TV	62	6.2
e)	Others	4	0.4

Table 1 depicted the frequency and percentage distribution of selected socio-demographic characteristics of the eligible couples. It is inferred that the majority of couples were in the

age group 31-45 years (64%) and least was in the age group 15-30 (36%). Majority of people are Hindu (44.9%), followed by Sikh (42.7%), Muslim (11%) and least Christian (1.4%). Most of people were educated up to of secondary education (41.4%), followed by primary (30.5%), slight decrease Graduation (14.0%), post graduate (2.8%), and illiterate (11.2%). Maximum eligible couples were from nuclear families (79.7%), minimum joint family (20.3%) and only least extended family (0.3%). All couples were of rural area (100%). Majority of eligible couples occupation was house-maker (89%), followed by labour (5.9%), private job (3.9%) and government job (1.2%). The maximum number of eligible couples (57.6%) were from family having family income of 10,000-20,000 Rs/month followed by (23.4%) from <10,000 Rs/month (18.6%) and some were from 20,001-30,000 and (0.4%) from >30,001 Rs/month. Maximum eligible couples acquired knowledge from the siblings (41.8%), followed by doctors (35%), friends (16.6%), Magazines and TV (6.2%) and the small portion of population was takes knowledge from others (0.4%).

In nutshell, it is inferred that among the population prominent age group was 31-45 years (64%), the maximum population (44.9%) belongs to Hindu religion, secondary (41.4%) educated with maximum nuclear (79.7%) families, the maximum population lived in the rural area (100%) with majority of the occupation house-maker (89%), maximum income level is 10,001-20,000Rs/month (57.6%) and the majority of source of knowledge were siblings (41.8%). Educational status of eligible couples was secondary and maximum were belongs to nuclear family. Maximum population lived in rural area (100%) and were housemakers (89%).

### Part-B

#### Check the prevalence of family planning methods among the eligible couples (15-45)

It includes a structured questionnaire containing 6 items which represents the prevalence of family planning methods with as regarding duration of marriage, use, type of family planning methods, start of use of family planning methods and side effects of copper-T.

**Table 2: Frequency and percentage distribution of prevalence of family planning methods**

Sr. No.	List of questions	Frequency (f)	Percentage (%)
<b>1.</b>	<b>What is the duration of your marriage</b>		
a)	6 months	15	1.5
b)	One year	240	24
c)	Two year	617	61.7
d)	More	128	12.8
<b>2.</b>	<b>Do you use any family planning method</b>		
a)	Yes	529	52.9
b)	No	471	47.1
<b>3.</b>	<b>If yes, then type of family planning method do you use</b>		
a)	Birth control pills; Mala D, Mala N	15	1.5
b)	Condoms	240	24
c)	Copper-T	617	61.7
d)	Tubectomy	128	12.8
<b>4.</b>	<b>When did you start using contraceptive methods after marriage</b>		
a)	Immediate	6	0.6
b)	6months	13	1.3
c)	One year	22	2.2
d)	Two year	20	2.0

e)	More	939	93.9
5.	<b>Have you any side effects of copper-T</b>		
a)	Yes	00	00.0
b)	No	617	61.7

**Table 2** reflected the prevalence of family planning methods among the eligible couples. The majority of duration of marriage was more than two years (86.9%), followed by two year (6.6%), one year (4.7%), and minority of duration of marriage was 6 months (1%). The majority of eligible couples use family planning methods (52.9%) and minority of the eligible couples was not used any family planning method (47.1%). The majority of type of contraceptive method used was copper-T(61.7%), followed by condoms (24%), tubectomy (12.8%) and minority of contraceptive use was birth control pills; Mala D, Mala N. The majority of the couples started using contraceptive methods after more than two years after marriage (93.9%), followed by one year (2.2%), two year (2%), 6 months (1.3%) and the minority was immediate (0.6%). Most of the couples having not any side effect while using contraceptive methods copper-T (61.7%).

Hence, more prevalent use of contraceptive methods was copper-T (61.7%), without having any side effect, most of the couples started using contraceptive methods after more than two year (93.9%)of marriage.

### Discussion

Majority of duration of marriage was more than two years (86.9%), followed by two year (6.6%), one year (4.7%), and minority of duration of marriage was six months (1%). The majority of eligible couples use family planning methods (52.9%) and minority of the eligible couples was not used any family planning method (47.1%). The majority of type of contraceptive method used was copper-T (61.7%), followed by condoms (24%), tubectomy (12.8%) and minority of contraceptive use was birth control pills; Mala D, Mala N. The majority of the couples started using contraceptive methods after more than two years after marriage (93.9%), followed by one year (2.2%), two year (2%), 6 months (1.3%) and the minority was immediate (0.6%). Most of the couples having not any side effect while using contraceptive methods copper-T (61.7%).Hence, more prevalent use of contraceptive methods was copper-T, without having any side effect, most of the couples started using contraceptive methods after more than two year of marriage.

### Finding 2

These findings were consistent with the findings of **Prachi Renjhen, Shuva Das Gupta, Ankur Barva, Shipra Jaju, Binita khati** conducted a research study on prevalence of family planning methods in women of reproductive age group in Community and Medicine college Sikkam Manipal, India. The findings revealed that prevalence was 15% of them uses oral contraceptives,12% of them usescondoms,64% aware about copper T and over half 9% of them had tubectomy.

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