



ISSN: 2395-7476

IJHS 2021; 7(3): 10-13

© 2021 IJHS

[www.homesciencejournal.com](http://www.homesciencejournal.com)

Received: 07-06-2021

Accepted: 09-08-2021

**Dr. Priyanka Jaiswal**

Assistant Professor, Sri Krishna

Geeta Rastriya PG College,

Lalganj, Azamgarh,

Uttar Pradesh, India

**Dr. Meenakashi Singh**

Associate Professor, Institute of

Home Science, Bundelkhand

University, Jhansi,

Uttar Pradesh, India

## Association of marital status and districts with family planning and birth control

**Dr. Priyanka Jaiswal and Dr. Meenakashi Singh**

DOI: <https://doi.org/10.22271/23957476.2021.v7.i3a.1173>

### Abstract

Female feticide has been a major social malady in Indian society including all religion, educated- uneducated, rich-poor and rural-urban. It would be difficult to root out this problem, if the entire society does not get aware and value the significance of a girl child. So, the present study was planned to assess the association of marital status and districts with family planning and birth control. The study was conducted in Uttar Pradesh state with nine districts randomly selected on the basis of sex-ratio i.e. high, middle and low. Random selection of 50 respondents from each district was done. Data was collected by using standardized scale "Family Planning and Birth Control Attitude Scale" developed by Dr. M. Rajamanickam (2005) with four variables (Population Problem, Fertility Control, Contraceptive method and Sterilization). Result revealed that majority of male (81.8%) and female (79.1%) respondents were married and vice versa. Equal percentage of male and female (50%) respondents was taken from in all districts of high, middle and low sex-ratio. Results throw light on four variables in which mean value was seen more in population problem variables i.e. (31.12) in middle sex ratio districts. Mean values in other three variables were i.e. Fertility Control-(30.86), Contraceptive method-(29.99), and Sterilization (30.45). Data further asserted that significant association was found with districts and all variables. (Population problem  $F=5.98$ , Fertility Control  $F=11.18$ , Contraceptive Method  $F=4.81$  and Sterilization  $F=3.41$ ). In case of marital status, unmarried respondents in population problem variables (30.52) have more mean value. But married respondents have more mean value in other three variables i.e. Fertility Control-29.76, Contraceptive method-29.36, and Sterilization-29.85. Data reported that significant association of marital status was found with two variables only i.e. Contraceptive method  $t=3.88$  and Sterilization  $t=3.11$ . It is concluded that districts with middle sex-ratio and married respondents were in favor of family planning and birth control.

**Keywords:** female feticide, family planning, birth control

### Introduction

Women who constitute half a human population have been discriminated, harassed and exploited irrespective of the country to which they belong, unmindful of the religion which they profess and oblivious of the timeframe in which they live. In Indian society, female feticide has emerged as a burning social problem during the last few years. According to Handady *et al.* 2015<sup>[9]</sup>, family planning is an essential strategy in promoting maternal and child health through adequate spacing of birth, avoiding pregnancy at high-risk, maternal age and high parity. High population growth rate can be associated with increased level of poverty as well as maternal mortality, poor child and maternal health. To control high fertility rate, family planning is essential. Palamuleni 2014<sup>[15]</sup> studied a number of socio-economic factors associated with the use of modern contraception in Malawi. Malawi has one of the highest contraceptive prevalence rates (CPR) in sub-Saharan Africa (United Nations 2011). But its fertility remains high and fertility decline is slow giving minimal impact of contraceptive on fertility of Malawi; thus arises many questions as women are actually using effective methods. Contraceptive is the intentional prevention of conception through the use of various devices, sexual practices, chemicals, drugs or surgical procedures. An effective contraception allows a physical relationship without fear of an unwanted pregnancy and ensures freedom to have children when desired. Whether sterilization is permanent method of contraception, and is the most commonly used form of family planning among couples in worldwide.

**Corresponding Author:**

**Dr. Priyanka Jaiswal**

Assistant Professor, Sri Krishna

Geeta Rastriya PG College,

Lalganj, Azamgarh,

Uttar Pradesh, India

For men and women who no longer want to have children, sterilization offers a permanent, safe cost- effective and efficacious way to prevent unintended pregnancy. Therefore the present study was planned to assess association of marital status and districts with family planning and birth control.

**Methodology**

The present study is based on primary data and standardized scale “Family Planning and Birth Control Attitude Scale” developed by Dr. M. Rajamanickam (2005) was used to collect the data. The questionnaire was categorized into four sections: Section ‘1’ was based on Population Problem, Section ‘2’ involved question on the Fertility Control, while Section ‘3’ deal with the Contraceptive methods used and the final Section ‘4’ focused on the Sterilization. Our study area was Uttar Pradesh State. From 75 districts of Uttar Pradesh, nine districts were randomly selected on the basis of sex ratio. From each sex ratio, three districts were purposively selected i.e. high sex ratio (Devria, Jaunpur, Azamgrah) middle sex ratio (Varanasi, Bhadhoi, Lucknow) and low sex ratio (Jhansi, Banda, Kanpur Nagar). From each district, 50 respondents were taken which constitute a total sample of 450.

**Statistical Tools**

The collected data was entered and analyzed using SPSS version 16 software. Data was also collected by computing mean, t-test and ANOVA.

**Result and Discussion**

Data on social personal profile of respondents given in table 1 depicts that in concern to marital status, out of total sample, 80.42% were married and 19.6% were unmarried. A cursory look at the table rendered that in total sample, 81.8% males were married followed by 18.2% were unmarried, where as 79.1% females were married followed by 20.9% were unmarried. The table further depicts that equal percentage of males and females respondents were taken from districts of all the three sex ratios.

**Table 1:** Sex- wise distribution of respondents on the basis of their districts and marital status.

S. No.	Personal Variables	Male (n=225)	Female (n=225)	Total (n=450)
<b>Marital Status</b>				
1.	Married	184(81.8)	178(79.1)	362(80.4)
	Unmarried	41(18.2)	47(20.9)	88(19.6)
<b>Districts</b>				
2.	High sex ratio	75(33.3)	75(33.3)	150(33.33)
	Middle sex ratio	75(33.3)	75(33.3)	150(33.33)
	Low sex ratio	75(33.3)	75(33.3)	150(33.33)

Table 2 elaborated a comparative analysis between marital status and variables (Population problem and Fertility control) taken. Mostly unmarried respondents were having more mean value in population problem variable (30.52) and significant association was not seen between marital status and variables i.e. population problem (t=.76) and fertility control (t=.55).

**Table 2:** Distribution of respondent’s attitude regarding population problem and fertility control on the basis of their marital status.

Variables	Married (n=362)	Unmarried (n=88)	Total (450)	df=448	
	Mean ± SD	Mean ± SD	Mean ± SD	t	P
Population problem	30.07±5.11	30.52±4.72	30.16±5.04	.76	>0.05
Fertility control	29.76±5.78	29.30±5.64	29.60±5.75	.55	>0.05

Table 3 elaborated a comparative analysis between marital status and other variables (contraceptive method and sterilization) taken. Married respondents having more mean value in both variables (29.36) and (29.85) and significant association was seen between both variables also i.e. contraceptive method (t=3.88) and sterilization (t=3.11). The result were similar with result of Chaurasia (2014) [4] in which the prevalence of contraception is found to be the highest among women belonging to households with very good standard of living and among women with more than 12 years of schooling but lowest among women belonging to households with very low standard of living and among women who had never been to the school. A study has been conducted by Gagoi *et al.* (2017) [6] concluded that family planning method users among the female of Manipur have been increasing day- by-day. This study has found more numbers of contraceptive users in comparisons to recent National Family and Health Survey. Pill and condoms are also practicing in a high rate but the percentage of female sterilization is decreasing rapidly. An earlier study of Dey *et al.* (2009) [5] reported that the adaptation of family planning methods is very poor and it varies from state to state. A study done by Jahan *et al.* (2017) [10] reported that there is a high percentage of awareness of family planning methods. About ninety three percent of the respondents knew about at least one method. The users of contraception (62.9%) have had used at least any one method in the past among which is condom and 31.8 had taken oral contraception pills. A study by Armah *et al.* (2018) [1] explained that the concept of family planning is well known among the (83%) married men and women. Ghana Statistical Service (2015) [8] also reported that about 99% of both married men and women have heard about family planning and modern types are widely known than the traditional type. Nanseu *et al.* (2015) [14] and Brair and Eltayeb (2013) [2] also revealed in a study that about 87% of their respondents have heard of family planning.

**Table 3:** Distribution of respondent’s attitude regarding contraceptive method and sterilization, on the basis of their marital status.

Variables	Married (n=362)	Unmarried (n=88)	Total (n=450)	df=448	
	Mean ± SD	Mean ± SD	Mean ± SD	t	P
Contraceptive method	29.36±5.30	26.89±5.67	28.88±5.45	3.88*	<0.001
Sterilization	29.85±5.77	27.70±5.91	29.43±5.85	3.11*	<0.01

Table 4 represented the distribution of respondent’s attitude regarding population problem and fertility control on the basis of districts of different sex ratio. As per the mean value of districts of difference sex ratio, respondents of middle sex ratio districts were having more mean value in population problem (31.12) and fertility control (30.86). Significant association was seen between districts and both variables i.e. population problem F=5.98 and fertility control F=11.18. The study of Dey *et.al* (2009) [5] explained that a positive association has been observed between fertility and child mortality, educated couples who had lost three or more children failed to prevent higher fertility associated with child loss. Duration of breast feeding has also been found to be positively correlated with fertility.

**Table 4:** Distribution of respondent's attitude regarding population problem and fertility control, on the basis of their districts.

Variables	High sex ratio	Middle sex ratio	Low sex ratio	Total	F=ANNOVA
	Mean ± SD	Mean ± SD	Mean ± SD	Mean ± SD	
Population problem	29.13±4.54	31.12±4.45	30.21±5.83	30.16±5.04	F=5.98* (P=<0.01)
Fertility control	27.89±5.49	30.86±5.14	30.04±6.19	29.60±5.75	F=11.18* (P=<0.001)

Table 5 revealed the distribution of respondent's attitude regarding contraceptive method and sterilization on the basis of districts of different sex ratio. Middle sex ratio districts were having more mean value in sterilization (30.35). Significant association was seen between districts and both variables contraceptive method (F=4.81) and sterilization (F=3.41). A contraceptive based study conducted by Choi *et al.* (2019) [3] result was similar and showed that 77% of sterilized women reported sterilization as a current contraceptive method. A study conducted by Nisha *et al.* (2018) [13] also observed that the knowledge and attitude of the people towards contraception was good and regarding to attitude of family planning method, her study showed acceptance rate of 98.9%. The most widely accepted method for family planning in the study population was sterilization, which reflects the insecurities felt towards other modern methods of family planning. In a similar study done by Vikas *et al.* (2016) [7] in Haryana, the participant were aware of at least one family planning method, the method which was found to have more awareness was oral contraception pills

(97.7%). The least awareness was observed for traditional methods (30.5%). Conclusion also drawn that education and contraceptive practices were directly related. As family size increased, there was increased use of contraceptive methods. The finding of Anupama *et al.* (2014) done in Kanpur observed that 71.22% respondents thought that contraceptive were used to prevent pregnancy and about 31.21% thought that they could be used to prevent infection like AIDS. A study also done by Moizuddin *et al.* (2014) [11] pointed that awareness about vasectomy as a method of permanent sterilization was good. But practice was found to be nil mostly because of fear of side effects. All of the respondents were aware of at least one method of contraception but practice was low. A study by Upadhyay *et al.* (2017) [18] confirms that almost two-third (65.3%) of respondents in Nepal have ever used Family Planning method, which revealed that 85.7% of the participants were currently using family planning methods. Other study conducted in Cambodia by Sreytouch. V (2010) [17] showed that 56% of respondents were using contraceptive method at the time of study.

**Table 5:** Distribution of respondent's attitude regarding contraceptive method and sterilization on the basis of their districts.

Variables	High sex ratio (n=150)	Middle sex ratio (n=150)	Low sex ratio (n=150)	Total (n=450)	F=ANNOVA
	Mean ± SD	Mean ± SD	Mean ± SD	Mean ± SD	
Contraceptive method	28.25±4.92	29.99±4.93	28.39±6.27	28.88±5.45	F=4.81* (P=<0.01)
Sterilization	28.61±5.31	30.35±5.18	29.33±6.82	29.43±5.85	F=3.41* (P=<0.001)

## Conclusion

The analysis of this study provides information on all section given my questionnaire and it is concluded that significant association was seen between married respondents and contraceptive methods and sterilization. Districts with middle sex ratio having significant association with all four variables i.e population problem, fertility control, contraceptive method and sterilization.

## References

1. Armah-Ansah EK. Perception of Family Planning Use among Married Men and Women in Anomabu Community. *Journal of Contraceptive Studies* 2018;3(3):1-6.
2. Brair SL, Eltayeb LB. Barriers of Family planning service utilization among Sudanese women in Khartoum locality. *AL Neelain Medical Journal* 2013;3(9):16-28.
3. Choi Y, Khanna A, Zimmerman L, Radloff S, Zachary B, Ahmed D. Reporting sterilization as a current contraceptive method among sterilized women: lesson learned from population with high sterilization rates, Rajasthan, India. *Pub Med.Go* 2019;99(2):131-136.
4. Chaurasia RA. Contraceptive use in India: A Data Mining Approach. *International Journal of Population Research*, Article ID 2014;821436:1-11 <http://dx.doi.org/10.1155/2014/821436>
5. Dey S, Goswami S. Fertility pattern and its correlates in North East India. *Journal of Human Ecology* 2009;26(2):145-152.
6. Gagoi K, Hazarikal PJ, Cganu NS, Hazarika J. A Study on Status of Family Planning Practices and its Association with Socio-economic and Demographic Factors in Manipur, India. *International Journal of Statistics and Systems* 2017;12(3):441-455.
7. Gupta V, Mohapatra D, Kumar V. Family planning knowledge, attitude and practices among the currently married women (aged 15-45 years) in an urban area of Rohtak districts, Haryana. *International Journal of Medical Science and Public Health* 2016;5(4):628-632.
8. Ghana Statistical Service (GSS). Population and Housing Census report," in National Analytical Report, Ghana Statistical Service, Accra, Ghana 2013.
9. Handady SO, Naseralla K, Sakin HH, Alawad AAM. Knowledge, Attitude and Practice of Family Planning Among Married Women Attending Primary Health Center in Sudan. *International Journal of Public Health* 2015;3(5):243-247.
10. Jahan U, Verma K, Gupta S, Gupta R, Mahour S, Kriti N, *et al.* Awareness, Attitude and Practice of Family Planning methods in a tertiary care hospital, Uttar Pradesh, India. *International Journal of Reproductive, Contraception, Obstetrics and Gynecology* 2017;6(2):500-506.
11. Khan MM, Shaikh ST, Shroff AJ. Study of Knowledge and Practice of Contraception in Urban Slum Community, Mumbai. *International Journal of Current Medical and Applied Sciences* 2014;3(2):33-45.
12. Ministry of Health and Family Welfare ,Govt. of India , National Family Health Survey -4 2015-16, State Fact Sheet, International Institute for Population Sciences, Mumbai.
13. Nisha C, Kerline PJ, Sunil A, Jini CM, Saju CR. Knowledge Attitude And Practices regarding family

- Planning Methods In A Rural Area In Thrissur District Kerala , India. *European Journal of Biomedical and Pharmaceutical Sciences* 2018;5(10):224-227.
14. Nansseu JR, Nchinda EC, Katte JC, Nchagnonut FM, Nchagnouot FM. Assessing the Knowledge, Attitude and Practice of Family Planning Among Women Living in the Mbouda health district, Cameroon. *Pub Med.Gov* 2015;12(92):1-7.
  15. Palamuleni ME. Demographic and Socio-Economic Factors Affecting Contraceptive Use in Malawi, *Journal of Human Ecology* 2014;46(3):331-341.
  16. Srivastava A, Khan MS, Chauhan CR. Knowledge, Attitude and Practices about Contraceptive among Married Reproductive Females. *International Journal of Scientific study* 2014;1(5):2-4.
  17. Sreytouch V. Knowledge, Attitude And Practice of Family Planning Among Women In Banteay Meanchey, Cambodia 2010;27:103-115.
  18. Upadhyay A, Shah SK, Thapa KD, Sanal TS, Ghimire R, Dahal HR. Knowledge, Attitude and Practice of Family Planning Method Among Married Women of Reproductive Age Group in Earthquake Displaced Population of Sindupalchok District, Nepal. *American Journal of Public Health Research* 2017;5(1):1-5.