ORIGINAL ARTICLE CODEN: AAJMBG

Knowledge, attitude and practices regarding family planning methods among married men in urban field practice area of Ramnagar urban health center, Belagavi- A cross sectional study

Bharat Kumar Chaudhary^{1*}, A.S. Wantamutte² and Jitendra Kumar Sah¹

¹Department of Public Health, J.N. Medical College, KLE University, Nehru Nagar, Belagavi, Karnataka, India and ²Department of Community Medicine, USM-KLE International Medical Programme, KLE University, Nehru Nagar, Belagavi, Karnataka, India

Abstract: *Introduction:* It is estimated that the world population will reach to 8 billion by 2025. About three fourths of the world population lives in the developing country. The growth rate of India is higher compared to other countries i.e. (1.8%). Therefore, family planning is the best method which can control the growth of population. *Objectives:* To assess the knowledge, attitude and practice of married men regarding family planning methods. *Materials and Methods:* A community based cross-sectional study was conducted in the urban slum area of Gangwadi with a sample of 320 married men. Pre-designed and self administered questionnaire was used to collect the required information. Percentages and chi- square test was applied for statistical analysis. *Results:* In this study, only (19.1%) of married men had good knowledge about family planning methods while majority of men (58.4%) had average knowledge. Others (22.5%) had poor knowledge about the same. Only (10%) married men had positive attitude towards family planning while majority (64.4%) had average attitude. 25.6% men had negative attitude towards the same. Regarding practice, (33.1%) married men did good practice, (39.1%) men practiced negatively and (27.8%) were on an average. *Conclusion:* Awareness about family planning method needs to be improved among less educated family.

Keywords: Married men, Family Planning, Knowledge, Attitude, Practice.

Introduction

The world population is increasing day by day. It is expected that the world population will reach to 8 billion by 2025. About three fourths of the world population lives in the developing country. The United Nation has estimated that world's population grew at annual rate of 1.4% during 1990-2007. The issues of family planning all over the world has attracted attention due to its importance in decision making about population growth and development issues [1].

The growth rate of India is higher compare to other country i.e. (1.8%). So the family planning is the best method which can control the growth of population. India will become the most crowded country in the world in another few years. Population explosion has been India's major problem since independence. It is a major problem to the overall progress of the country. Adoption of family planning methods is one of the best solutions to tackle this problem [1-2].

An expert committee (1971) of the WHO defined family planning As "A way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitude and responsible decision by individual and couples, in order to promote the health and welfare of the family group and thus contribute effectively to the social development of the country."[1].

There is a lack of studies about men's role in the adoption of Family Planning methods. Males have often been neglected in both Family Planning program and in surveys used to design and evaluate such program. But the Reproductive and Child Health program of the Government of India has felt the need for involving men in Family Planning Program. Since men are the dominant decision makers in India, it is prudent to discover the knowledge, perception, attitudes contraceptive practices of men and improve their involvement in reproductive health needs of family [2].

Men's attitude is much more important in the adoption of temporary methods of contraception and also in limiting the family size. So, it was decided to study the knowledge, attitude and practice of married men regarding the adoption of Family Planning methods. This information can form the basis for need based family health education for men [3].

Family planning programs and policies often assume that men take minimal interest in matters that concern reproduction. The National Population Policy, 2000 of India underscores the need to facilitate increased participation of men in planned parenthood. It aims at popularizing male methods of contraception [4]. Therefore the present study is being undertaken to assess the knowledge, attitude and practice of married men regarding family planning methods.

Material and Methods

This cross-sectional study was conducted in the urban slum area of Gangwadi under the Ramnagar Urban Field Practice area of Jawaharlal Nehru Medical College, Belagavi city, Karnataka from February 2014 to October 2014. The Gangwadi urban slum area was chosen conveniently and all the 320 married men who were residing in this area during the study period were interviewed. Participants who were not willing to participate were excluded from the study.

Pre-designed and self-administered questionnaire were used to collect the information on socio-demographic status, knowledge, attitude and practices about family planning methods. In case of knowledge and attitude, correct answer to the question was given '1' mark, '0' was given for wrong answer while in case of practices '1' for correct answer and '0' for negative.

To assess knowledge, attitude and practice in accordance with good, average and poor, Mean score and SD of the participants were calculated. Participants with score less than Mean score – SD was considered as poor, Mean score – SD to Mean score + SD as average and more than Mean score + SD as good. After computing Mean score

and SD, participant with score >3 was considered as having good knowledge, between 1 to 3 as average and < 1 as poor. Similarly for the attitude related question, participant with score < 2 was considered as having negative attitude, between 2 to5 as average and > 5 as positive attitude. Regarding the practices related question, participants with score < 1 was considered as having poor practices towards child care, 1 to 3 as average and >3 as good.

Data entry and analysis was made by using Statistical Package for Social Science (SPSS) software (Version 20.0). The results were expressed in percentages. Chi square test was applied to see the association between different variables. Ethical clearance was obtained from Institutional Ethics Committee (IEC) of KLEU, J.N.M.C. Written informed consent was obtained from the participants after explaining about the study.

Results

Out of 320 married men, majority (54.1%) belonged to the age group of 30-39 years with a mean age of 30.38 years. The main occupation of the participants was labor (43.1%) and nearly three quarters (72.2%) of the participants were Hindus. Most of the married men (50.9%) belonged to the joint family and (34.1) of them had completed their secondary level of education. Half of the participants (50%) were from the socioeconomic class IV according to B.G. Prasad's Classification.

Among the 320 participants, (35.63%) were using some family planning method and others (64.37%) were not using. Of the 114 acceptors, (64.91%) accepted condom followed by vasectomy (13.16%) and natural method (13.16%) (Table-1). There was a significant difference in the level of knowledge of married men towards family planning methods according to their wife occupation, level of education and socioeconomic status at p<0.05 respectively (Table-2)

Table-1: Participants according to current use of family planning method						
Current use of family planning method	Number	Percentage				
Yes	114	35.63				
No	206	64.37				
Total	320	100				
Types of method they used	Number	Percentage				
Condom	74	64.91				
Vasectomy	15	13.16				
Natural method	25	21.93				
Total	114	100				

Socio-demographic variables		Knowledge Level			Statistical test value		
		Poor (n=72)	Average (n=187)	Good (n=61)	X 2	df	P value
	20-29	24 (17.6)	85 (62)	28 (20.4)			
A :	30-39	47 (27.1)	97 (56.1)	29 (16.8)	6.966 ^f	4	1 117
Age in years	40-49	1 (10)	5 (50)	4 (40)		4	1.117
T. 44 11	Nuclear	38 (24.2)	87 (55.4)	32 (20.4)	1.161	2	0.56
Type of family	Joint	34 (20.9)	100 (61.3)	29 (17.8)			
Deliaion	Hindu	57 (24.7)	128 (55.4)	46 (19.9)	2.264	2	0.186
Religion	Muslim	15 (16.9)	59 (66.2)	15 (16.9)	3.364		
Participant occupation	Employed	50 (27)	101 (54.6)	34 (18.4)	5.21	2	0.074
	Unemployed	22 (16.3)	86 (63.7)	27 (20)			
Wife	Employed	10 (20.8)	20 (41.7)	18 (37.5)	12.858	2	0.002*
occupation	Unemployed	62 (22.8)	167 (61.4)	43 (15.8)			
	Illiterate	46 (45.1)	43 (42.2)	13 (12.7)			<0.001*
Participant	Primary	16 (20.3)	49 (62)	14 (17.7)	51.128 ^f	6	
educational status	Secondary	6 (5.5)	74 (67.9)	29 (26.6)			
Social	PUC	4 (13.3)	21 (70)	5 (16.7)			
	Illiterate	42 (32.5)	62 (48.1)	25 (19.4)	29.363 ^f	6	<0.001*
Wife	Primary	24 (26.1)	51 (55.4)	17 (18.5)			
educational status	Secondary	6 (7.3)	62 (75.6)	14 (17.1)			
200000	PUC	0 (0)	12 (70.6)	5 (29.4)			
	0-1	22 (22.7)	49 (50.5)	26 (26.8)		4	0.149
Number of living children	2-3	43 (22.4)	117 (60.9)	32 (16.7)	6.475^{f}		
nving ciniaren	3 ⁺	7 (22.6)	21 (67.7)	3 (9.7)			
Socio- economic status	Class I and II	2 (8.4)	11 (45.8)	11 (45.8)		088^{f} 6	0.012*
	Class III	10 (22.2)	27 (60)	8 (17.8)			
	Class IV	44 (27.5)	89 (55.6)	27 (16.9)	14.088^{f}		
	Class V	16 (17.6)	60 (65.9)	15 (16.5)	14.000	U	
(Figures in the p	parenthesis indica	ate percent)					

		4	Attitude Level Statistica			tical tes	cal test value	
Socio-demographic variables		Negative (n=82)	Average (n=206)	Positive (n=32)	X ²	df	P value	
	20-29	28 (20.4)	97 (70.8)	12 (8.8)				
A •	30-39	52 (30.1)	103 (59.5)	18 (10.4)	5.919 ^f	5.010f	4	0.226
Age in years	40-49	2 (20)	6 (60)	2 (20)		4	0.226	
	Nuclear	39 (24.9)	101 (64.3)	17 (10.8)	0.285	2	0.867	
Type of family	Joint	43 (26.4)	105 (64.4)	15 (9.2)				
D.P.2	Hindu	68 (29.4)	138 (59.7)	25 (10.8)	0.644	2	0.018*	
Religion	Muslim	14 (15.7)	68 (76.4)	7 (7.9)	8.044			
Participant	Employed	56 (30.3)	112 (60.5)	17 (9.2)	4.002	_	0.083	
occupation	Unemployed	26 (19.3)	94 (69.6)	13 (11.1)	4.983	2		
Wife	Employed	12 (25)	31 (64.6)	5 (10.4)	0.019	_	0.991	
occupation	Unemployed	70 (25.8)	175 (64.3)	27 (9.9)		2		
Participant educational status	Illiterate	52 (51)	43 (42.1)	7 (6.9)			<0.001*	
	Primary	15 (19)	56 (70.9)	8 (10.1)	51.340 ^f			
	Secondary	10 (9.2)	85 (78)	14 (12.8)		6		
	PUC	5 (16.7)	22 (73.3)	3 (10)				
Wife	Illiterate	49 (38)	70 (54.2)	18 (7.8)	32.631 ^f	6	<0.001*	
	Primary	25 (27.2)	61 (66.3)	6 (6.5)				
educational status	Secondary	8 (9.8)	60 (73.1)	14 (17.1)				
	PUC	0 (0)	15 (88.2)	2 (11.8)				
	0-1	25 (25.8)	62 (63.9)	10 (10.3)				
Number of living children	2-3	50 (26)	122 (63.6)	20 (10.4)	0.792 4	0.04		
	3+	7 (22.6)	22 (71)	2 (6.4)		4	0.94	
Socio- economic status	Class I and II	5 (20.8)	17 (70.8)	2 (8.4)				
	Class III	11 (24.4)	32 (71.1)	2 (4.5)			0.764	
	Class IV	43 (26.9)	101 (63.1)	16 (10)	2.24cf			
	Class V	23 (25.3)	56 (61.5)	12 (13.2)	3.346^{f}	6		

The study found that there was a statistically significant difference in the level of attitude of married men towards family planning methods according to their religion and educational level at p<0.05 (Table 3). The study detected a

statistically significant difference in the level of practice of married men towards family planning methods according to their occupation, participant educational level and socio economic status at p<0.05 (Table 4).

Socio-demographic variables		Practices Level			Statistical test value		
		Poor (n=125)	Average (n=89)	Good (n=106)	X ²	df	P value
	20-29	53 (38.7)	33 (24.1)	51 (37.2)			
	30-39	70 (40.5)	54 (31.2)	49 (28.3)	6.309^{f}	,	0.151
Age in years	40-49	2 (20)	2 (20)	6 (60)		4	
T	Nuclear	60 (38.2)	43 (27.4)	54 (34.4)	0.226	2	0.893
Type of family	Joint	65 (39.9)	46 (28.2)	52 (31.9)			
D - 12 - 2	Hindu	95 (41.1)	67 (29)	69 (29.9)	2.005	2	0.136
Religion	Muslim	30 (33.7)	22 (24.7)	37 (41.6)	3.985		
Participant	Employed	84 (45.4)	44 (23.8)	57 (30.8)	7 705	2	0.02*
occupation	Unemployed	41 (30.4)	45 (33.3)	49 (36.3)	7.785		
Wife	Employed	14 (29.2)	21 (43.8)	13 (27)	7.195	2	0.027*
occupation	Unemployed	111 (40.8)	68 (25)	93 (34.2)		2	
	Illiterate	52 (51)	30 (29.4)	20 (19.6)			0.001*
Participant	Primary	32 (40.5)	23 (29.1)	24 (3.4)	23.455	6	
educational status	Secondary	27 (24.8)	31 (28.4)	51 (46.8)			
	PUC	14 (46.7)	5 (16.7)	11 (36.6)			
Wife	Illiterate	50 (38.8)	41 (31.8)	38 (29.4)	12.182 ^f	6	0.055
	Primary	40 (43.5)	28 (30.4)	24 (26.1)			
educational status	Secondary	29 (35.4)	19 (23.1)	34 (41.5)			
50000	PUC	6 (35.3)	1 (5.9)	10 (58.8)			
Number of living children	0-1	44 (45.4)	28 (28.8)	25 (25.8)			0.295
	2-3	71 (37)	50 (26)	71 (37)	4.928 4	4	
	3 ⁺	10 (32.3)	11 (35.4)	10 (32.3)		4	
Socio- economic status	Class I and II	9 (37.5)	2 (8.3)	13 (54.2)			
	Class III	16 (35.5)	12 (26.7)	17 (37.8)	15.754 ^f	6	0.015*
	Class IV	74 (46.2)	42 (26.3)	44 (27.5)			
	Class V	26 (28.5)	33 (36.3)	32 (35.2)			

Discussion

In the present study, majority (54.1%) participants were in the age group of 30-39 years followed by (42.8%) in the age group of 20-29 years and (3.1%) in the 40-49 years. About (44.1%) of the married men were educated up to secondary level. Majority (72.2%) participants belonged to Hindu religion and (43.1%) of them were working as a laborers. More than half (50.9%) of the study participants belonged to joint family. Half of the Participants (50%)

belonged to Socio economic class IV according to Modified B.G. Prasad's Classification.

A similar study conducted in Haryana among eligible couples showed that (34%) of the study participants were in the age group of 34-44 years followed by (46.8%) in the age group of 25-34 years. Only (16.8%) participants belonged to social class IV which is very less compared to our study and (60%) of them

stayed in joint family [4]. Similar findings were reported in a study done in rural Central India where (48.6%) of the study participants had secondary level education and (32%) were involved in non-agricultural occupation. A large proportion (94.1%) of the participants were Hindus [5].

Present study shows that majority (64.37%) were not using any family planning methods and only (35.63%) of them were using. Among the total users, (64.91%) were using condom followed by vasectomy 15 (13.16%) and natural method (13.16%). A study conducted by Balaiah et al showed that (66.7%) were using some contraceptive method of which (3.5%) accepted condom and vasectomy (0.5%) [6]. A similar cross sectional study was conducted in East-Delhi which showed (59.8%) of the participants were using family planning method and among the various method of family planning (33.4%) were the condom user [2].

Present study revealed (26.6%) married men educated up to secondary level and (29.4%) wives educated up to PUC/Diploma level had good knowledge of family planning methods while compared to lower levels of education. About (19%) participants and (27.2%) wives educated up to primary level had negative attitude while good attitude was found in those who had completed secondary level of education. The participant level of practices was almost same with the educational status. As the education of married men and wives rose higher, the level of their knowledge and attitude towards family planning methods also increased. The association found to be existing between educational status and the level of their KAP toward family planning methods and no difference was observed with wives educational status and practices level.

Similar study conducted by Owopetu et al, indicates that there was no significant association

between participants educational level and their level of knowledge about vasectomy while there was a statistically significant association among participants educational level and attitude towards vasectomy [7].

Present study showed that (17.6%)participants belonging to socio economic class V had poor knowledge regarding family planning methods and (45.8%) of participants belonging to socio economic class I and II had good knowledge. About (54.2%) participants belonging to socio economic class I and II were on good practice. Majority (46.2%) participants belonging to socio economic class IV did poor practices. The level of attitude was almost similar in all socio economic class. The percentage of mothers with poor practices reduced with higher socio-economic status of the mothers. In this study, the association was found to be statistically significant among the socio economic status and the level of knowledge and practices of regarding family participants planning methods while it was not significant in terms of attitude.

Conclusion

In our study majority of participants were having average knowledge and attitude towards family planning methods and the current users of family planning methods was very low. It is evident from this study that a participant level of knowledge, attitude and practices towards family planning methods is affected by their educational and socio economic status.

Acknowledgement

We are thankful to Mr. M.D. Mallapur, Statistician, Department of Community Medicine, Jawaharlal Nehru Medical College, KLE University Belagavi and all the study participants of this research.

References

- Park K. Park's Text book of Preventive and Social Medicine 20th edn. Chapter 9, Demography and Family Planning. M/s. Banarsidas Bhanot publisher, 2009; 411-21.
- Reddy R, Premarajan CK, Narayan AK, Mishra AK. Rapid appraisal of knowledge, attitude and practices related to family planning methods among men within 5
- years of married life. *Indian Journal of Preventive and Social Medicine* 2003; 34(1):62-7.
- 3. USAID. Increasing Male involvement in Family Planning in Jharkhand, India, 2013. Available from http://www.fhi360.org/sites/default/files/media/documents/india-male-involvement-family-planning.pdf.

- 4. Ghosh R. Involvement of men in family planning: use of contraception by men in India, 2004. Available from http://www.paa2004.princeton.edu/papers/41973.
- 5. Char A, Saavala M, Kulmala T. Male Perceptions on Female Sterilization: A Community-Based Study in Rural Central India. *International Perspectives on Sexual and Reproductive Health* 2009; 35(3):131-38.
- Balaiah D, Ghule M, Naik DD, Parida RC, Hazari KT. Fertility attitudes and family planning practices of me in
- rural community of Maharashtra. *The Journal of Family Welfare* 2001; 47(1):56-67.
- Owopetu C, Chukwuma S, Nwozichi C. Knowledge and attitude of men about vasectomy as a method of family planning among married men working in Babcock University, Ogun State, Nigeria. *International Journal of Nursing and Midwifery* 2014; 7(3):30-5.

^{*}All correspondences to: Mr. Bharat Kumar Chaudhary, BPH, (MPH), Department of Public Health, J.N. Medical College, KLE University, Nehru Nagar, Belagavi-590010, Karnataka, India. E-mail: bharatchau28@gmail.com