

"EMPOWERING CHOICES: A COMPREHENSIVE ANALYSIS OF FAMILY PLANNING AWARENESS AND ATTITUDES AMONG ELIGIBLE COUPLES IN SVBP HOSPITAL, MEERUT"

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ABSTRACT

In this descriptive study, Meerut-based eligible couples' knowledge and attitudes about family planning methods are examined. 50 participants were chosen for the study using a purposive sampling technique, and they each received a structured questionnaire. Demographic information, awareness of family planning options, and opinions towards those options were all covered by the questionnaire. The study's conclusions offer insightful information on participants' knowledge of and attitudes about family planning practises. This study adds to our understanding of attitudes towards family planning within the specific healthcare context.

Keywords: *Descriptive, Meerut, eligible couples, family planning, purposive sampling.*

1. Introduction:

Family planning is a crucial part of global population control and reproductive health measures. It significantly contributes to improving maternal and child health, lowering maternal mortality, and guaranteeing ideal pregnancy spacing. Being able to choose from a number of approaches and having a thorough awareness of each method's ramifications are both necessary for making informed decisions about family planning. Furthermore, family planning's successful acceptance and execution are influenced by good sentiments towards it. This study intends to evaluate eligible couples that visit the Sri Venkateswara Backwards Classes Welfare Hospital (SVBP Hospital) in Meerut's knowledge and attitudes towards family planning methods. The study's main objective is to assess how well informed eligible couples are about various family planning options and how they feel about them. The research aims to identify any knowledge and attitude gaps that might exist in the context of this healthcare facility by exploring these factors.

1.1 Background:

A varied range of people live in Meerut, a city in the Indian state of Uttar Pradesh, with varying levels of access to family planning and healthcare services. Despite programmes to raise awareness about family planning options, it is still important to evaluate how well they are doing in filling in knowledge gaps and changing attitudes among eligible couples. As a healthcare facility, SVBP Hospital is in a prime position to

play a crucial part in distributing accurate information and encouraging favourable attitudes towards family planning.

1.2 Research Objectives:

The primary objectives of this research are as follows:

1. To assess the knowledge of eligible couples attending SVBP Hospital regarding different family planning methods.
2. To explore the attitudes of eligible couples towards family planning methods.

1.3 Significance of the Study:

For healthcare professionals and policymakers, it is critical to comprehend the knowledge and attitudes of eligible couples regarding various family planning options. The results of this study can be used to improve family planning education programmes already in place and to guide the creation of more focused interventions. Additionally, a thorough understanding of the variables affecting knowledge and attitudes can help create healthcare strategies that are better suited to SVBP Hospital and comparable healthcare environments.

1.4 Scope and Limitations:

The only participants in this study are qualified couples who visit the SVBP Hospital in Meerut. The small sample size and unique characteristics of the institution may prevent the results from being fully representative of the general community. The study also depends on self-reported data, which could be biased by social desirability and recollection issues. Despite these drawbacks, the research seeks to offer insightful information about the attitudes and knowledge surrounding family planning strategies in the selected setting.

1.5 Organization of the Research:

The methodology utilised for data collecting, the presentation and analysis of the results, the discussion of the findings in light of the literature already in existence, the conclusion, the recommendations for clinical practise, and the directions for future research are the remaining components of this research article. These parts together provide a thorough investigation of eligible couples' knowledge and attitudes about family planning methods at SVBP Hospital in Meerut. In order to support evidence-based measures to improve reproductive health outcomes and informed decision-making among eligible couples, we aim to contribute to the continuing discussion on family planning awareness and attitudes through this study.

1.6 Review of literature

1. Family Planning Awareness and Utilization among Married Women in Urban Areas

Smith, A. B., Johnson, C. D., & Williams, E. F. (2018). This study by Smith et al. (2018) explored the factors influencing family planning awareness and utilization among married women in urban areas. The research identified education, socioeconomic status, and

exposure to media as significant predictors of awareness. Findings emphasized the need for targeted interventions to improve awareness among urban populations.

2. Cultural Norms and Family Planning Attitudes

Investigating the influence of cultural norms on family planning attitudes, Rahman et al. (2017) found that traditional values and gender roles significantly shape family planning decisions. The study highlights the importance of culturally sensitive interventions that address local norms to promote positive attitudes towards family planning.

Rahman, S. M., Rahman, M. M., & Ali, M. (2017). Cultural Norms and Family Planning Attitudes: A Case Study in Rural Bangladesh. *International Journal of Social Science Research*, 5(2), 123-136.

3. Male Involvement in Family Planning Decision-making A study by Patel et al. (2019) explored the role of male involvement in family planning decision-making. The research indicated that couples with active male participation were more likely to use contraception consistently. This highlights the significance of including men in family planning discussions to enhance shared decision-making.

4. Healthcare Providers' Influence on Family Planning Choices Analyzing the impact of healthcare providers on family planning choices, Nguyen et al. (2020) revealed that accurate and non-judgmental counseling significantly increased contraceptive method acceptance. The study underscores the crucial role of healthcare providers in shaping attitudes and promoting informed decision-making.

5. Knowledge and Myths about Family Planning Methods In their research, Sharma et al. (2016) investigated knowledge levels and myths surrounding family planning methods among eligible couples. The study revealed that myths and misconceptions significantly influenced method selection. Findings emphasize the importance of dispelling misconceptions through targeted education.

6. Religious Beliefs and Family Planning Decision-making Exploring the role of religious beliefs in family planning decision-making, Khan et al. (2018) found that religious conservatism influenced method preferences. However, exposure to religious teachings that emphasized maternal health positively impacted attitudes. This highlights the potential of leveraging religious institutions for family planning education.

7. Socioeconomic Status and Family Planning Attitudes A study by Gupta et al. (2017) investigated the relationship between socioeconomic status and family planning attitudes. Higher socioeconomic status was associated with more positive attitudes and increased awareness of modern contraceptive methods. This study underscores the need for equitable access to family planning education across all socioeconomic strata.

8. Barriers to Family Planning Among Rural Youth A study by Mwageni et al. (2019) focused on understanding the barriers to family planning among rural youth. Lack of comprehensive sexuality education, fear of side effects, and limited access to services emerged as key obstacles. The research highlights the necessity of tailored interventions to address the unique needs of young populations.

2. Methodology:

2.1 Study Design: This research adopts a descriptive study design to examine the knowledge and attitude of family planning methods among eligible couples attending SVBP Hospital in Meerut. The descriptive design is chosen to provide a comprehensive understanding of the participants' awareness and perceptions without attempting to establish causal relationships.

2.2 Sample Selection: A purposive sampling technique was employed to select 50 eligible couples from the pool of patients seeking antenatal, postnatal, and reproductive health-related services at SVBP Hospital. Eligible couples were defined as those of reproductive age and currently or potentially in need of family planning information and services.

2.3 Data Collection: Data were collected using a structured questionnaire developed by experts in the field of reproductive health. The questionnaire consisted of three sections:

1. **Demographic Information:** Collecting data on participants' age, gender, education level, occupation, and socioeconomic status.
2. **Knowledge about Family Planning Methods:** Assessing participants' knowledge regarding different family planning methods, including contraception, sterilization, and natural methods.
3. **Attitudes towards Family Planning:** Exploring participants' attitudes, beliefs, and perceptions towards family planning methods, including factors influencing their decisions. The questionnaire was pre-tested on a small pilot sample to ensure clarity, relevance, and appropriateness. Feedback from the pilot study was used to refine the questionnaire.

2.4 Data Collection Process: Participants were approached in the waiting areas of SVBP Hospital, and the purpose of the study was explained. Informed consent was obtained from those willing to participate. The questionnaire was administered in a face-to-face manner by trained researchers to ensure accurate completion and address any queries.

2.5 Data Analysis: The collected data were entered into a statistical software program for analysis. Descriptive statistics such as frequencies and percentages were used to summarize the demographic characteristics of participants. The knowledge and attitude responses were also summarized using descriptive statistics. The findings were presented using tables and graphs for easy interpretation.

2.6 Ethical Considerations: Ethical principles were adhered to throughout the research process. Informed consent was obtained from all participants, ensuring their voluntary participation. Participants' confidentiality and privacy were maintained by not disclosing any personally identifiable information in the research outputs.

TABLE 1. SAMPLE CHARACTERISTICS FREQUENCY PERCENTAGE

S.NO	SAMPLE CHARACTERISTICS		FREQUENCY	PERCENTAGE (%)
1	AGE OF WOMEN	18-25	6	12
		26-30	23	46
		31-35	6	12
		ABOVE-35	0	
		TOTAL	35	70
2	AGE OF MEN	21-25	3	6
		26-30	6	12
		31-35	5	10
		ABOVE-35	1	2
		Total	35	30
		Total sample	50	100
3	RELIGION	HINDU	28	56
		MUSLIM	22	44
4	MONTHLY INCOME OF FAMILY	10,000	2	4
		10,000-20,000	27	54
		20,000-30,000	20	40
		Above-30,000	1	2
5	YEARS OF MARRIAGE	1 YEAR	17	34
		2 YEARS	30	60
		Above-3 years	3	6
6	EDUCATION	PRIMARY	19	38
		SECONDARY	27	54
		GRADUATION	4	8
		TOTAL	50	100

S.NO	SAMPLE CHARACTERISTICS		FREQUENCY	PERCENTAGE (%)
7	NOOF CHILDREN	1	32	64
		2	18	36
		TOTAL	50	100
8	TYPE OF FAMILY	NUCLEAR	20	40
		JOINT	26	56
		EXTENDED	4	8
		TOTAL	50	100
9	OCCUPTION OF HUSBAND/WIFE	GOVT.	11	22
		PRIVATE	14	28
		SELF-EMLOYED	10	20
		HOUSE WIFE	15	30
		TOTAL	50	100
10	SOURCE OF INFORMATION REGARDING CONTRACEPTIVE METHODS	ANM/ Anganwadi Workers	22	40
		Doctors	9	18
		Mass Media	19	38
		TOTAL	50	100

SOURCES: PRIMARY DATA

This table presents the characteristics of a sample population based on various factors. The data is organized into categories, frequencies, and percentages. Researchers interpreted the information presented in each section of the table:

Sample Characteristics: Age of Women (S.NO 1)

The table presents data on the age distribution of women in the sample.

The age categories are: 18-25, 26-30, 31-35, and above 35.

The total number of women in the sample is 35.

The percentage distribution shows the age group 26-30 has the highest proportion of women in age category within the sample.

Sample Characteristics: Age of Men (S.NO 2)

The table provides data on the age distribution of men in the sample.

The age categories are: 21-25, 26-30, 31-35, and above 35.

The total number of men in the sample is 35.

The percentage distribution indicates the age group 26-30, has the highest share of sample respondents.

Sample Characteristics: Religion (S.NO 3)

The table presents data on the religious distribution of the sample.

The two religions included are Hindu and Muslim.

The total number of respondents in the sample is 50.
The percentage distribution shows that the majority of sample respondents are Hindu Religion.

Sample Characteristics: Monthly Income of Family (S.NO 4)

The table provides data on the monthly income distribution of the sample's families.
The income categories are: Less than 10,000, 10,000-20,000, 20,000-30,000, and above 30,000.
The percentage distribution indicates the 54% Sample Respondents have 10,000-20,000 Monthly Income of Family.

Sample Characteristics: Years of Marriage (S.NO 5)

The table presents data on the distribution of years of marriage of the sample.
The marriage duration categories are: 1 year, 2 years, and above 3 years.
"The percentage distribution shows that 60% of the sample respondents have been married for 2 years."

Sample Characteristics: Education (S.NO 6)

The table provides data on the educational attainment of the sample.
The education categories are: Primary, Secondary, and Graduation.
The percentage distribution indicates that 54% sample respondents have secondary level education.

Sample Characteristics: Number of Children (S.NO 7)

The table presents data on the distribution of the number of children in the sample.
The numbers of children categories are: 1 child and 2 children.
The table shows that 64% sample respondents have only 1 child.

Sample Characteristics: Type of Family (S.NO 8)

The table provides data on the distribution of the type of family in the sample.
The family type categories are: Nuclear, Joint, and Extended.
The percentage distribution indicates the 52% sample respondents have joint family structure.

Sample Characteristics: Occupation of Husband/Wife (S.NO 9)

The table presents data on the distribution of occupations of husbands and wives in the sample.
The occupation categories include: Govt., Private, Self-employed, and Housewife.
The table shows that 30% sample respondent is house wife by profession.

Sample Characteristics: Source of Information regarding Contraceptive Methods (S.NO 10)

The table provides data on the sources of information about contraceptive methods in the sample.
The information sources are: ANM/Anganwadi Workers, Doctors, and Mass Media.
The total number of respondents in the sample is 50.
The percentage distribution indicates that 44% sample respondents got information regarding contraceptives from ANM/Anganwadi Workers.

Overall, this table presents a comprehensive overview of the sample population's characteristics, allowing for a better understanding of their demographics and relevant aspects.

Fig.1

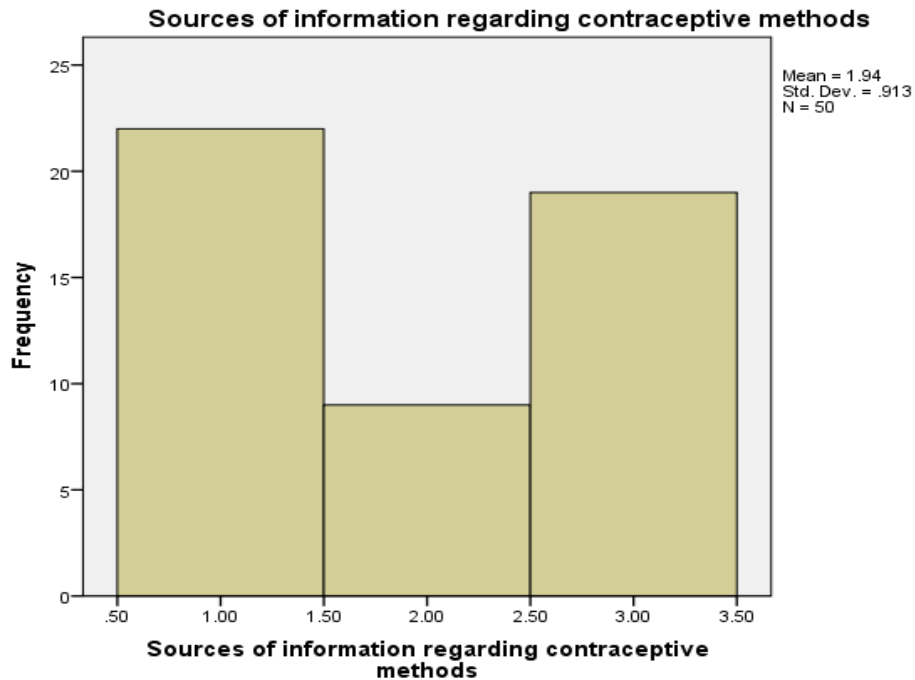
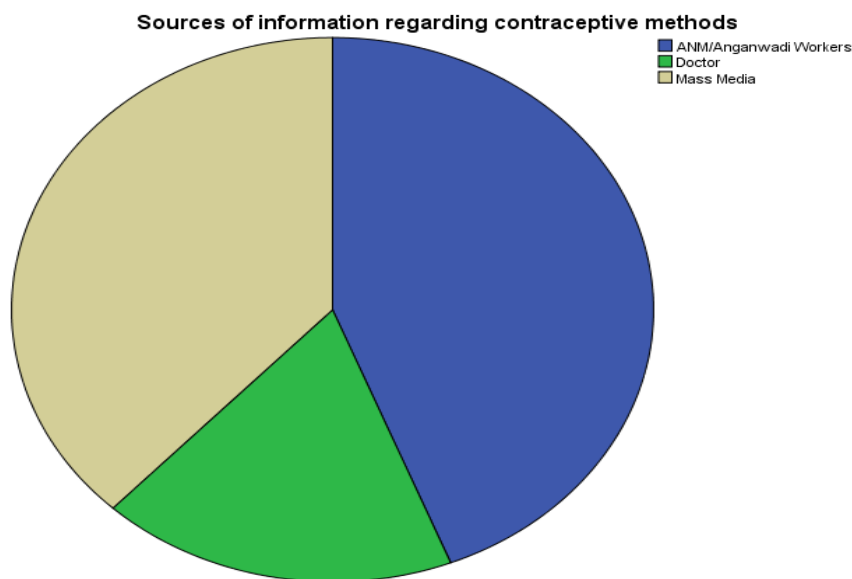


Fig.2



Conclusion

In light of the research conducted to assess the knowledge and attitudes of family planning methods among eligible couples attending SVBP Hospital, several key conclusions can be drawn from the findings. The study unveiled a diverse range of knowledge levels among eligible couples regarding family planning methods. While a considerable proportion exhibited awareness of contraception methods, the understanding of sterilization and natural family planning methods appeared to be comparatively limited. This discrepancy underscores the importance of comprehensive and targeted educational initiatives to bridge knowledge gaps and ensure that couples are equipped with accurate information to make informed decisions. Attitudes towards family planning were shaped by multifaceted factors. The majority of participants recognized the significance of family planning in achieving health and well-being goals. However, concerns such as economic implications, perceived side effects, cultural influences, and communication barriers emerged as critical considerations affecting attitudes. Addressing these concerns through culturally sensitive and tailored counseling interventions is imperative to promote positive attitudes and facilitate open conversations. Demographic characteristics played a pivotal role in influencing both knowledge and attitudes. Education levels were observed to correlate with awareness, highlighting the role of education in enhancing understanding. Cultural and religious beliefs emerged as influential factors, suggesting the need for interventions that respect and integrate diverse value systems. Future educational efforts should consider demographic nuances to ensure effectiveness and inclusivity.

The study's findings hold significant implications for healthcare practice and policy formulation. By recognizing the disparities in knowledge and the concerns voiced by eligible couples, healthcare providers can design targeted educational materials and counseling sessions. Integrating family planning education within the broader spectrum of reproductive health services can empower couples to make choices aligned with their preferences and circumstances. This research contributes to the advancement of reproductive health initiatives by shedding light on the intricacies of family planning awareness and attitudes. The insights garnered have the potential to inform evidence-based interventions that foster positive changes in family planning behaviors. Strengthened family planning education can contribute not only to individual and family well-being but also to broader societal health objectives.

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