

**COMMUNITY PERCEPTIONS ON FAMILY PLANNING AMONG ELIGIBLE COUPLES IN AN URBAN SLUM OF HATTA AREA OF IMPHAL EAST DISTRICT, MANIPUR**Taranga Reang<sup>1</sup>, T. Gambhir Singh<sup>2</sup>**HOW TO CITE THIS ARTICLE:**

Taranga Reang, T. Gambhir Singh. "Community Perceptions on Family Planning among Eligible Couples in an Urban Slum of Hatta Area of Imphal East District, Manipur". *Journal of Evolution of Medical and Dental Sciences* 2014; Vol. 3, Issue 14, April 07; Page: 3770-3780, DOI: 10.14260/jemds/2014/2358

**ABSTRACT:** Lower level of community perceptions on family planning still exist in many parts of India. Further there is dearth of state level information for the same. Objective: To assess the knowledge, attitude and practices of family planning among eligible couples. Design: Cross sectional study. Setting: Hatta, Imphal east, Manipur. Duration: Sept.2007 to August 2008. Participants: Eligible couples. Results: 825 eligible couples participated in the study with a response rate of 99.28%. Mean age at marriage of wives and husbands were 19.12 and 24.14 years (SD±7.179 and 8.491) respectively. Majority of husbands (85.8%) and wives (84.6%) knew of family planning and media was the main source of information. 54.42% of husbands disapproved family planning (p=0.000) and only 16.73% of the couples were using family planning methods. Main reasons for not adopting family planning methods were family disharmony (19.5%), religious prohibition (17.8%) and adverse effects (8.0%). Logistic regression analysis revealed that one year increase in age of wives there was likelihood of having 4% increases in adopting family planning methods. Similarly, occupations of wives other than housewife had 27% and from illiterate to literate 3% more chance of adopting family planning methods. **CONCLUSION:** Adopting low family planning methods among the eligible couples was mainly due to husband's disapproval thinking that it may cause family disharmony, religion prohibition and fear of adverse effects. And also other important associated factors were their attitude, education and occupation.

**KEYWORDS:** Community perception, eligible couple, family planning, urban slum.

**INTRODUCTION:** National family planning program started way back in 1952 and in spite of political commitment by the central government, the birth rate has not come down as desired.<sup>1</sup> The continuing growth of the world population has become an urgent problem preventing any gain in the national development effort.<sup>2</sup> Female literacy, age at marriage of girls, status of women, poverty etc., directly influence the fertility behaviour.<sup>3</sup> More education for women is one of the strongest factors in reducing fertility.<sup>4</sup> Very few studies have been carried out to know the perceptions of family planning among the general population in Manipur. Therefore, the present study was conducted to know the perceptions of family planning among eligible couples in an urban slum of Hatta area of Imphal east, Manipur.

**MATERIAL AND METHODS:** The study was a community based cross-sectional study conducted in the Hatta area of Imphal east district, Manipur. It has an approximate population of 6000. The study was carried out from 2007 to 2008. The study population consists of all the eligible couples (831 couples) out of 864 families as per the record of family register maintained by Community Medicine department (RIMS) (unpublished data). All married women aged 15-49 years and their husbands

## ORIGINAL ARTICLE

---

were included in the study. Couples suspected to be suffering from infertility were excluded. The Interview schedule was designed to obtain information on four domains (socio-demographic, knowledge, attitude and practice) relating to family planning. Question items were developed based on literature review and pilot tested for item clarity. Data were collected through face to face interview. Data were analyzed the Epi-info version 6.0 and Microsoft excel 2007. Ethical clearance was obtained from RIMS ethics committee and consent was taken from the participants before conducting the study. Strict confidentiality was maintained.

**RESULTS:** Eight hundred twenty five couples participated in the study with a response rate of 99.28%. Fifty percent of wives and 23.9% of husbands were illiterate. Ninety eight percent of wives were housewives whereas 37.9% of husbands were engaged in business/shop; rickshaw puller 32.8% & majority were (93.8%) Muslim. Majority of couples knew of family planning and media was the main source of information, aware of family planning methods and most known methods were oral contraceptive pills and condom (Table1). Religion was also an important cause for not adopting family planning methods ( $p=0.000$ ) (Table 2). Contraceptive prevalence was 16.73%. Couples effectively protected by modern approved methods of family planning were only 8.73% (Table 3). Reasons as stated for not adopting family planning methods by wives were disapproval by husbands, family disharmony, religious prohibition, fear of adverse effects (Fig. 1). Husbands stated that it could cause impotence and also religious prohibition (Fig. 2).

Multiple logistic regression analysis revealed that an increase in age of marriage of wives, there was a likelihood of wife having 4.8% more chance of adopting family planning methods. There was 27.7% and 3( $OR=2.675\approx 3$ ) times more likelihood of adopting family planning methods among literate and employed women respectively. Wife with the knowledge and positive attitude towards family planning had approximately 2 and 8 times more chance ( $p<0.000$ ) for adopting family planning methods respectively (Table 4).

**DISCUSSION:** The response rate in the present study was comparable with a result reported from Sri Lanka (99.0%);<sup>5</sup> it was contrary to general belief that Muslims would not like to talk much about family planning. This might be due to the fact that their familiarity to the health personnel and awareness as the location of study was one of the urban field practice areas of Community Medicine Department, RIMS, Imphal, Manipur. Almost one-fourth among wives and husbands were in the age group of 25-29 and 30-34 years respectively and comparable with studies from Andhra Pradesh<sup>6</sup>, Uttar Pradesh<sup>7</sup> (UP), India; and Sri Lanka.<sup>5</sup>

The mean age of husbands and wives were comparable with studies from Jordan<sup>8</sup> and Sri Lanka.<sup>5</sup> Majority of wives and husbands were married at the age of 15-19 and 20-24 years respectively and comparable with studies from UP,<sup>7</sup> Jammu,<sup>9</sup> India; and Guinea.<sup>10</sup> The duration of married life was 10.77 years that was comparable with a study from Jordan.<sup>11</sup> A study from Jordan Badia<sup>12</sup> also reported that the mean age at first marriage of women was 16.8 years. NFHS-III (2005-06)<sup>13</sup> in India (44.5%) and Manipur (12.7%) also showed that average age of effective marriage for females was 18 years.

The present study results showed that half of the wives and nearly one fourth of husbands were illiterate and contrary to results from (0.4% and 1.1% respectively) Sri Lanka<sup>5</sup>. This might be due to poor socio-economic condition, ignorance, unfavorable attitude in the present study. A study

## ORIGINAL ARTICLE

---

from Sindh,<sup>14</sup> Pakistan reported that 62% among wives were illiterate which had a slightly higher illiteracy rate than present study. It indicated low literacy status in this group of people, even lower than national averages.<sup>15</sup> Studies from Sri Lanka<sup>5</sup> and Saudi Arabia<sup>16</sup> reported almost similar results regarding occupation of the participants. A study from Jordan<sup>11</sup> also reported 85.23% of the women worked at home, 14.77% worked outside the home and majority of the husbands were manual laborers.

Restriction on Muslim women to move freely with other males might be a reason for their unemployment<sup>11</sup> over and above scarcity of jobs and lower educational status. Half of the couples were in between 5-7 family members indicating large family size pointing to high fertility in this community. Study from Sri Lanka<sup>5</sup> reported only 7.4% of the family had more than 5 children. It was contrary to present study that might be due to lower literacy status, lower contraceptive usage in this group of population. A slightly lower than half of the families had low income group and comparable with a study from Lahore, Pakistan.<sup>17</sup>

Studies from Guinea<sup>10</sup> (88%), Jordan<sup>12</sup> (91%); Gantok<sup>18</sup>, India (98%) and Sri Lanka<sup>5</sup> (98.4%) reported that majority of women were aware of family planning and almost similar to present study. Awareness of family planning among husbands were comparable to studies from Ethiopia,<sup>19</sup> and Jordan<sup>10</sup> with small variation in frequencies that might be due to differences in level of education; ethnicity; media and health services exposure; variations in culture; religion; accessibility and availability of family planning services which differ from country to country. Studies from Delhi,<sup>20</sup> Karachi,<sup>21</sup> Tezu<sup>22</sup> and Kakching<sup>23</sup> village, Manipur reported almost similar results regarding information sources among females. Studies from Pondicherry,<sup>24</sup> Visakhapatnam<sup>25</sup> district of Andhra Pradesh, village Musin of Car Nicobar,<sup>26</sup> Bangladesh;<sup>27</sup> and Nigeria,<sup>28</sup> and Maharashtra<sup>29</sup> reported almost similar results regarding information sources among males.

The slight differences observed with the present study results might be due to the fact that the study area which was dominated by Muslim population where people usually do not discuss freely about family planning matters. The most known methods were OCPs and condom. Studies from UP,<sup>7</sup> Pondicherry,<sup>24</sup> India; Karachi,<sup>21</sup> Pakistan and Kenya<sup>30</sup> reported similar results. Majority of respondents were aware of religious prohibition and had negative attitude to use family planning methods. A study from Sudan<sup>31</sup> also reported religion as a reason for negative attitude to use family planning methods.

It was revealed from the present study that almost four-fifth (80.61%) of husbands and slightly higher than 2/3<sup>rd</sup> (69.94%) of wives disapprove any method of family planning. Almost similar result was reported from Andhra Pradesh.<sup>24</sup> A study from Guinea<sup>10</sup> reported that 21% male & 9% female disapproved. The reason might be due to the fact that the difference in the socio economic condition and cultural practices between countries. A study in Sri Lanka<sup>5</sup> reported nearly 60% of them approved traditional methods and condom; and 52.4% female sterilization. Almost one-fourth of wives (28.92%) were willing to adopt family planning methods in future but not using at present due to one or other reasons. NFHS-III<sup>13</sup> results showed that unmet need among wives were 12.6% in Manipur and 13.6% in India.

The reason might be due to the fact that the study was concentrated on one population group. The works and activities on health education were ongoing process during the data collection period. This also might be a reason for higher unmet need in this group of population over and above their religious prohibition, service availability, ignorance, poor socio-economic conditions and illiteracy.

## ORIGINAL ARTICLE

---

The contraceptive prevalence rate was 16.73%. A study in UP,<sup>7</sup> India reported among Muslim couples contraceptive prevalence was only 18.5%. Studies from Ethiopia,<sup>19</sup> rural area of UP,<sup>32</sup> Khairwars of central India,<sup>33</sup> and Sudan<sup>34</sup> reported almost similar results. A study in Kakching,<sup>23</sup> Manipur, India reported that contraceptive prevalence was 17% in Sora village (Muslim dominated area), rural area of Bangladesh<sup>35</sup> (17.5%) and Sudanese<sup>36</sup> (18.7%) Moslem males had ever practiced any of the contraceptive methods. As per NFHS-III<sup>13</sup> in Manipur CPR was 48.7% by all methods and 23.5% by modern approved methods.

A significantly lower percentage of contraceptive use was observed in the present study which might be due to poor socio economic condition, illiteracy of wives and cultural practices. The present study revealed that 5.33% of husbands and 12.24% wives stated that they used family planning methods earlier for sometimes but discontinued later on and not using at present due adverse reaction and demand of more children. Studies from Jammu,<sup>9</sup> Mumbai,<sup>37</sup> India; and Sri Lanka<sup>5</sup> reported almost similar results.

The proportion of reporting opposition to family planning was several times higher among Muslim women than among Hindu women or women of other religions.<sup>38</sup> A slightly lower magnitude of problems in this study might be due to non- disclosure of the causes by the respondents. A study in Nepal<sup>38</sup> also reported that side effects were the reasons for discontinuation.

Birhan Research and Development Consultancy<sup>39</sup> under USAID reported as want of more children (28.2%), health concern (19.4%), not in union (24.5%), inconvenient to obtain (0.8%), inconvenient to use (0.5%), partner opposition (1.3%) and others (25.3%) were the reasons for discontinuation. Nearly one fourth (23.4%) of wives stated that husbands disapproval to use any family planning method as a reason for not adopting family planning method(s) considering the family disharmony, religion, adverse effects, feeling shyness, unawareness, prohibition by in-laws, demand for male children. Studies from Delhi,<sup>4-41</sup> Maharashtra;<sup>42</sup> Gaza;<sup>43</sup> Turkey;<sup>44</sup> and Sri Lanka<sup>5</sup> reported almost similar results.

A study in Turkey<sup>45</sup> reported 38% not having approved of husband or family leaders; 32.5% believed that it was a sin; 14.1% believed that it cause bleeding; 4.7% believed it could cause cancer and 3.4% believed that it could cause pelvic pain. A slightly higher than one fourth (28.8%) of husbands stated that it could cause impotence, religious prohibition, fear of adverse effects, unawareness of family planning services availability, demand of children, disapproval from parents, feel shyness and demand of male children. Studies from Sri Lanka,<sup>5</sup> Sudan,<sup>31</sup>; and Delhi<sup>40</sup> reported almost similar results.

In logistic regression analysis showed that increase in age, occupation other than house wife and improvement of literacy had more chance of adopting family planning methods. Studies from Mumbai,<sup>46</sup> Nepal,<sup>38</sup> and Ghana<sup>47</sup> reported almost similar results that contraceptive use increase with increase in age and literacy. A study in Nigeria<sup>48</sup> reported that occupation had a significant influence on knowledge, attitude and practices of family planning ( $p < 0.001$ ).

This study was conducted in urban slum area and confined to one population group and very few proportions from other religious groups of people were interviewed residing that area hence; the findings could not be generalized.

**Acknowledgment:** We thank to the participants without whom this would not have been possible. No funding for this study.

**Conflict of interest** –None declared.

**REFERENCES:**

1. Jejeebhoy S, Sathar Z, Callum C. Gender, region and reproductive behaviour in India and Pakistan. IUSSP, xxiv General population conference, Salvador, Brazil, 2001.
2. Beekle AT, Mc Cabe C. Awareness and determinants of family planning practice in Jimma, Ethiopia. *Int Nurs Rev* 2006; 53(4): 269-76.
3. Ghai OP, Gupta P. Demography, Vital Statistics and population control and National Health Programmes in India, Essential Preventive Medicine, Anula Lydia, Pradip Kumar, Smitha, Mallika Rangan, Usha Madhavan, Suja PR, Vikash Publishing home Pvt Ltd New Delhi, 1<sup>st</sup> edn, 743-771, 876-905, 1999.
4. Gupta MC, Mahajan BK. Family planning and population policy, Text book of Preventive and Social Medicine, Jaypee Brothers Medical Publishers (P) Ltd New Delhi, 3rd edn, Revised reprint, p.546, 2005.
5. Nithershini P, Nugegoda DB. Decision making process related to family planning and the use of contraceptives among Muslim couples in an urban area of Sri Lanka, Global Forum for Health Research, Helping Correct the 10/90 GAP, Forum 11, 29 Oct – 2 Nov, Beijing, 2007.
6. Rao DP, Babu SM. Knowledge and use of contraception among Racha koyas of Andhra Pradesh. *Anthropologist* 2005; 7(2): 115-119.
7. Khan ME, Patel BC. Male involvement on family planning, A KABP study of Agra district, Population council of India, June 1997.
8. Saleh SEQ, Nauf al-Omari. Knowledge, attitude and practices of family planning among currently married women in Jordan Badia. *International Quarterly of Health Education* 2001; 20(20): 171-191.
9. Agarwal H, Vaid S, Vaid N: Comparison of the level of awareness of family planning measures in the urban and urban-slum women. *Anthropologist* 2005; 7(1): 35-40.
10. Howard N, Kollie S, Souara Y, Roenne A von, Blankhart D, Newey C, Chen MI, Borchert M. Reproductive health services for refugees by refugees in Guinea I: Family Planning, Conflict and Health 2008; 2: 12.
11. Sahawneh F. Demographic and social characteristics of family planning acceptors in Jordan. *Popul Bull ECWA* 1982; (22-23): 119-36.
12. Saleh SEQ, Nauf al-Omari. Knowledge, attitude and practices of family planning among currently married women in Jordan Badia. *International Quarterly of Health Education* 2001; 20(20): 171-191.
13. International Institute for Population Sciences and ORC Macro. Family Planning, National Family Health Survey (NFHS-2), India, 1998-99: North Eastern States, IIPS, Mumbai, 128-175, 2002.
14. Ali S, White FM. Family planning practices among currently married women in Khairpur district, Sindh, Pakistan. *J Coll Physicians Surg Pak* 2005; 15(7): 422-55.
15. Literacy scenario in India. Office of the Registrar general, Census of India, New Delhi, 2001. <http://www.nlm.nic.in/literacy01.htm> (accessed on 14/8/2009).
16. Rasheed P, Al-Dabal BK. Birth Interval: Perception and Practices among urban based Saudi Arabian women. *Eastern Mediterr Health Journal* 2007; 13(4).

## ORIGINAL ARTICLE

---

17. Khawaja NP, Tayyeb R, Malik N. Awareness and practices of contraception among Pakistani women attending a tertiary care hospital. *J Obstet Gynaecol* 2004; 24(5): 564-7.
18. Renjhen P, Dasgupta S, Barua Ankur, Jaju S, Khati B. A study of knowledge, attitude and practice of family planning among the women of reproductive age group in Sikkim. *J Obstet Gynecol India* 2008; 58(1): 63-67.
19. Kebede Y. Contraceptive prevalence and factors associated with usage of contraceptives around Gondar Town. *Ethiopian Journal of Health Development* 2000; 14(3): 327-34.
20. Dabral S, Malik SL. Demographic study of Gujjars of Delhi: IV. KAP of family planning. *J Hu Ecol* 2004; 16(4): 231-237.
21. Mustafa R, Afreen U, Hashmi HA. Contraceptive knowledge, attitude and practices among rural women. *Journal of the College of Physicians and Surgeons Pakistan* 2008; 18(9): 542-545.
22. Mao J. Knowledge, attitude and practices of family planning: A study of Tezu village, Manipur (India). *The Internet Journal of Biological Anthropology* 2007; 1(1).
23. Sharma NK, Donati S, Medda E, Grandolfo M: KAP study on family planning in Kakching subdivision, Manipur, India. <http://www.Imphaleast.nic.in/JN2.htm>.
24. Reddy RS, Premarajan KC, Narayan KA, Mishra AK. Rapid appraisal of knowledge, attitude and practices related to family planning methods among men within 5 years of married life. *Indian J Prev Soc Med* 2003; 34(1&2): 64.
25. Varma GR, Rohini A. Perceptions of community on post-contraceptive care by primary health care system in tribal and rural areas of Visakhapatnam district of Andhra Pradesh. *Ethno-Med* 2008; 2(1): 9-32.
26. Maurya N, Sachdeva MP, Kalla AK. Contraceptive prevalence in an isolated population of Bay of Bengal, *Anthropologist*; 7(1):53-56, 2005. Islam MA, Padmadas SS and Smith PW: Contraceptive awareness among men in Bangladesh. *Journal of Family Planning Reproductive Health Care* 2006; 32(2): 100-3.
27. Islam MA, Padmadas SS, Smith PW. Contraceptive awareness among men in Bangladesh. *Journal of Family Planning Reproductive Health Care* 2006; 32(2): 100-3.
28. Aja GN, Nwangwa MA, Egwu IN. Knowledge, attitude and practices of family planning in rural communities in Nigeria. *Asia Pac J Public Health* 1995; 8(2): 85-90.
29. Balaiah D, Naik DD, Parida RC, Ghule M, Hazari KT, Juneja HS. Contraceptive knowledge, attitude and practices of men in rural Maharashtra. *Advances in contraception* 1999; 15(3): 217-34.
30. Lashee A, Becker S. Husband-wife communication about family planning and contraceptive use in Kenya. *International Family Planning Perspectives* 1997; 23: 15-20 & 33.
31. Khalifa M. Knowledge and attitudes of family planning in Khartoum Province, Sudan, *Egypt Popul Fam Plann Rev* 1982; 16(1): 20-38.
32. Singh RP, Saxena U, Saxena AK, Gupta RB. Family planning practices among Muslims in selected districts of Uttar Pradesh, In: *Population and development in Uttar Pradesh*, Kamla Gupta and Arvind Pandey: BR Publishing Corporation, New Delhi, India, 349-59, 1997.
33. Saha KB, Singh N, Saha U Chatterjee, Roy J. Male involvement in reproductive health among scheduled tribe: experience from khairwars of central India, *The International Electronic Journal of Rural and Remote Health Research, Education, Practice and Policy* 2007; 7: 605, (online).

## ORIGINAL ARTICLE

---

34. Umbeli T, Muktar A, Abusalab MA. Study of unmet need for family planning in Dar Assalam. *East Mediterr Health J* 2005; 11(4): 594-600.
35. Uddin MM, Kabir M, Choudhury SR, Ahmed T, Bhuyan MR. Rural-urban differential in contraceptive use status in Bangladesh. *Rural Demograph* 1985; 12(1-2): 1-20.
36. Khalifa MA. Attitudes of urban Sudanese men towards family planning. *Stud Fam Plann* 1988; 19(4): 236-43.
37. Mishra VK, Ratherford RD, Nair PS, Feeney G. National Family Health Survey Subject Report, No 13, National Institute of Population Sciences, Deonar, Mumbai, India, June 1999.
38. Tuladhar H, Marahatta R. Awareness and practice of family Planning methods in women attending Gyne OPD at Nepal Medical College Teaching Hospital. *Nepal Med Coll J* 2008; 10(3): 184-191.
39. Knowledge, attitudes and practices in family planning results of a September 2004 survey in Amhara, Oromia, and SNNPR and Tigray regions of Ethiopia. Birhan research & development consultancy, USAID, Pathfinder International, Ethiopia Country Office, 2005.
40. Kumar S, Priyadarshini A, Kant S, Anand K, Yadav BK. Attitude of women towards family planning methods and its use – study from a slum of Delhi. *Kathmandu University Medical Journal* 2005; 3(3): 11, 259-262.
41. Bhasin SK, Pant M, Mehta M, Kumar S. Prevalence of usage of different contraceptive methods in East Delhi-A cross sectional study. *Indian Journal of Community Medicine* 2005; 30(2).
42. Kartikeyan S, Chaturvedi RM. Family planning: views of female non-acceptors in rural India. *J Postgrad Med* 1995; 41: 37-9.
43. Donati S, Haman R, Medda E. Family planning KAP Survey in Gaza, *Soc Sci Med* 2000; 50(6): 841-9.
44. Sahin HA, Sahin HG. Reasons for not using family planning methods in Eastern Turkey. *European Journal of Contraceptive Reproductive Health Care* 2003; 8 (1): 11-6.
45. Ozturk A, Gusel H, Gun I, Ozturk Y. Opinion of imams about family planning and their use of methods in Kayseri, Turkey. *European Journal of contraceptive Reproductive Health Care* 2002; 7(3): 144-9.
46. Joshi SM, Patil SB. Knowledge, attitude and practices of family planning in an urban slum of Mumbai. *Indian Journal of Preventive and Social Med* 2007; 38(2).
47. Tawiah EO. Factors affecting contraceptive use in Ghana. *J Biosoc Sci* 1997; 29(2): 141-9.
48. Aja GN, Nwangwa MA, Egwu IN. Knowledge, attitude and practices of family planning in rural communities in Nigeria. *Asia Pac J Public Health* 1995; 8(2): 85-90.

## ORIGINAL ARTICLE

Table 1: Knowledge of participants on family planning			
Variables	Gender		p-value
	Male, N (%)	Female, N (%)	
<b>Heard of family planning</b>			
Yes	708(85.8)	698 (84.6)	0.487
No	117(14.2)	127(15.4)	
<b>Sources of information</b>			
Friends	23(2.8)	9(1.1)	0.000
Relatives	15(1.8)	27(3.3)	
Media	390(47.3)	434(52.6)	
Hospital/PHC/Sub centre/Clinics	241(29.2)	208(25.2)	
Education program/health camps	39(4.7)	20(2.4)	
Don't know*	117(14.2)	127(15.4)	
<b>Awareness on family planning methods</b>			
Yes	392(47.5)	344(52.5)	0.017
No	433(41.7)	481(58.3)	
<b>Able to describe different types of family planning methods</b>			
Pills	117(14.18)	146(17.70)	0.000
Injections	9(1.10)	4(0.48)	
IUCD	15(1.81)	38(4.61)	
Condom	101(12.24)	86(10.42)	
Female sterilization	27(3.27)	25(3.03)	
Male sterilization	95(11.51)	27(3.27)	
Rhythm	5(0.60)	6(0.73)	
Withdrawal	8(0.97)	7(0.85)	
Abstinence	15(1.82)	5(0.61)	
*Don't know	433(52.5)	481(58.3)	

\*Considered no knowledge hence excluded from analysis

Table 2: Family planning attitude of the participants			
Variables	Gender		p-value
	Male (%)	Female (%)	
<b>Religion prohibits family planning</b>			
Yes	400(48.48)	544(65.94)	0.000
No	425(51.52)	281(34.060)	
<b>Attitude to use family planning methods</b>			
Yes to use family planning methods	163(19.76)	255(30.91)	0.000
No to use family planning method	449(54.42)	399(48.36)	
Not decided	122(14.79)	124(15.03)	
Does not arise*	91(11.03)	47(5.70)	



## ORIGINAL ARTICLE

<b>Reasons for approving temporary methods of family planning</b>			
Birth spacing	9(8.26)	6(4.0)	0.267
Child may die at any time	2(1.83)	8(5.33)	
No child at present	2(1.83)	3(2.0)	
Want more children	45(41.28)	61(40.67)	
Don't like operation	51(46.80)	72(48.0)	
<b>Reasons for approving permanent methods of family planning</b>			
Affects financially	3(5.88)	12(12.24)	0.462
Don't want more child	12((23.53)	30(30.61)	
Lifelong protection	26(50.98)	41(41.84)	
Keep small family	10(19.61)	15 (15.31)	
<b>Attitude on motivation of family planning</b>			
Yes	84(10.2)	102(12.5)	0.140
No	741(89.8)	722(87.5)	
<b>Choice of approved methods of family planning by the couples</b>			
Temporary	109(13.21)	150(18.18)	0.000
Permanent	51(6.18)	98(11.88)	
No to any method	665(80.61)	577(69.94)	

\*Already in use of any family planning methods

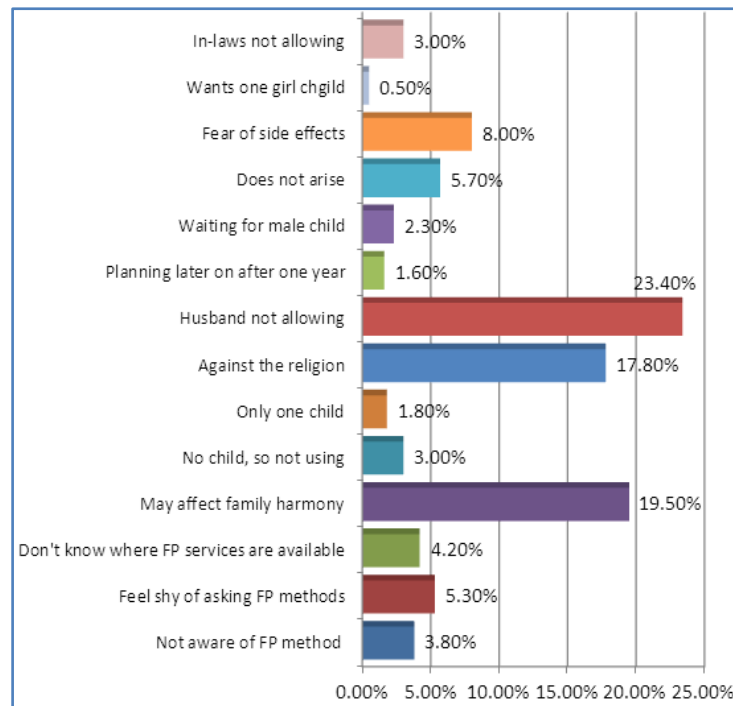
<b>Table 3: Practice on family planning methods by the participants</b>				
Variables	Gender		P-value	
	Male, N (%)	Female, N (%)		
<b>Use of family planning methods</b>				
Yes	91(11.0)	47(5.7)	0.000	
No	734(89.0)	778(94.3)		
<b>Methods of family planning currently in use by the couples</b>				
Spacing	90(98.90)	39(82.98)	0.001***	
Permanent	1(1.10)	8(17.02)		
<b>Consistent users of family planning methods</b>				
Yes	91(11.03)	47(5.70)	0.000	
No	44(5.33)	101(12.24)		
Does not arise*	690(83.64)	677(82.06)		
<b>Religion and their family planning practices</b>				
Muslim	Yes	87(11.25)	43(5.55)	0.000
	No	686(88.25)	732(94.45)	
Others**	Yes	5(9.62)	3(6.0)	0.235
	No	47(90.38)	47(94.0)	

\*excluded from analysis. \*\* Hindu, Christians. \*\*\*Fishers exact test.

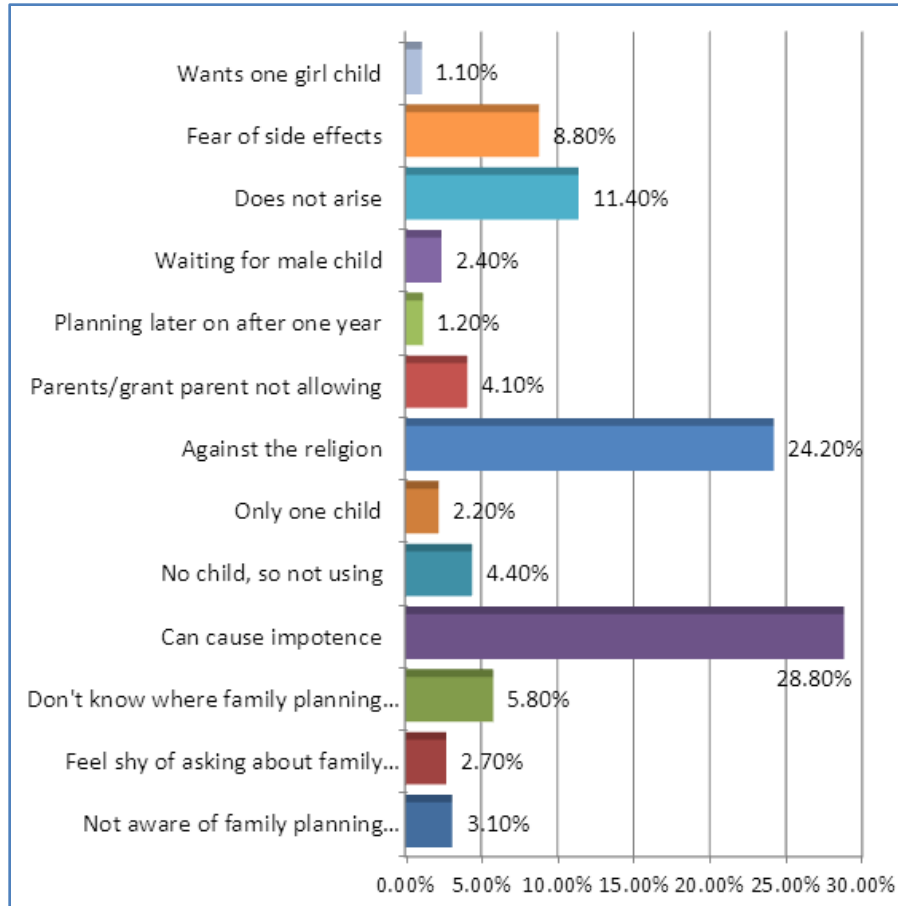
## ORIGINAL ARTICLE

**Table 4: Logistic regression analysis on practice of family planning**

Variables	OR (95% C.I.)	Sig
<b>Present Age of Wife</b>		
≤18 years	1	
>18years	1.048 (.993—1.106)	0.87
<b>Occupation of Wife</b>		
Housewife	1	
Employee (private/govt.)	1.277 (.144—11.331)	0.826
<b>Literacy of Wife</b>		
Illiterate	1	
Literate	2.675 (1.119—6.396)	0.027
<b>No of family member</b>		
2 members	1	
≥3members	.992 (.796—1.235)	0.942
<b>Knowledge of family planning of wife</b>		
No Knowledge	1	
Knowledge	2.194 (.746—6.453)	0.154
<b>Attitude of family planning of wife</b>		
No Positive attitude	1	
Positive attitude	7.792 (3.837—15.826)	<0.000



**Fig. 1: Main reason for not adopting family planning method (s) by wives**



**Fig. 2: Main reason for not adopting family planning method (s) by husbands**

**AUTHORS:**

1. Taranga Reang
2. T. Gambhir Singh

**PARTICULARS OF CONTRIBUTORS:**

1. Assistant Professor, Department of Community Medicine, Agartala Government Medical College, Tripura.
2. Professor, Department of Community Medicine, Regional Institute of Medical Sciences, Imphal, Manipur.

**NAME ADDRESS EMAIL ID OF THE CORRESPONDING AUTHOR:**

Dr. Taranga Reang,  
 Agartala Government Medical College,  
 PO: Kunjaban, Agartala,  
 Tripura – 799006.  
 E-mail: tarangareang@gmail.com

Date of Submission: 10/02/2014.

Date of Peer Review: 11/02/2014.

Date of Acceptance: 21/03/2014.

Date of Publishing: 07/04/2014.