



## A STUDY TO DETERMINE THE ASSOCIATION BETWEEN ATTITUDE REGARDING FAMILY PLANNING METHODS AMONG REPRODUCTIVE AGE WOMEN WITH SELECTED SOCIODEMOGRAPHIC VARIABLES OF JAIPUR, RAJASTHAN

Narendra Singh Chouhan\* | Dr. Paramjit Kaur\*\*

\*Ph.D. Scholar, Himalayan University, Itanagar, Arunachal Pradesh, India.

\*\*Research Supervisor, Himalayan University, Itanagar, Arunachal Pradesh, India.

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### ABSTRACT

Family planning is an important component of reproductive health that enables women to make informed decisions regarding childbirth and contraceptive use. Positive attitudes toward family planning methods are influenced by various sociodemographic factors such as age, occupation, family structure, and previous exposure to contraceptive practices. The present study aimed to determine the association between attitude regarding family planning methods and selected sociodemographic variables among reproductive age women in Jaipur District, Rajasthan. A quantitative non-experimental exploratory research design was adopted for the study. The study was conducted among 100 women aged 20–40 years selected through non-probability convenience sampling technique. Data were collected using a structured attitude scale and analysed using descriptive and inferential statistics.

The findings revealed that age, occupation, type of family, number of children, source of information, and history of using family planning methods had a statistically significant association with attitude regarding family planning methods at 0.05 level of significance. However, educational status, monthly family income, area of residence, and previous knowledge showed no statistically significant association with attitude scores. The study concluded that sociodemographic variables significantly influence women's attitudes toward family planning methods. Therefore, appropriate awareness programmes, counselling services, and community-based educational interventions are essential to improve positive attitudes and acceptance of family planning methods among reproductive age women.

**Keywords :** Family Planning, Attitude, Contraceptive Methods, Reproductive Age Women, Sociodemographic Variables, Reproductive Health, Family Planning Acceptance, Women's Health, Jaipur, Rajasthan.

### ABOUT AUTHORS:



Narendra Singh Chouhan is Ph. D Scholar at Himalayan University at Itanagar in the Indian state of Arunachal Pradesh.



Dr. Paramjit Kaur is a Research Supervisor at Himalayan University in Itanagar, Arunachal Pradesh, India. She has presented papers in various conferences and seminars. She has many research publications in her name.



## INTRODUCTION

Family planning is very fundamental to reproductive health. The capability of women to have choices regarding their bodies and futures is essential for it. In general, however, most women are ignorant of the present temporary family planning options available. For many women's health and well-being, access to such methods remains crucial; yet most remain ignorant or possess inadequate information and negative attitudes towards such methods. This study investigates the knowledge and attitude of women of reproductive age toward the injectable contraceptive Antara and the tablet Chhaya, which are highly effective through nurse-led interventions in offering focused education. 1.1 billion women aged 15-49 need family planning, and 76% of this demand is served by modern contraceptives globally. Contraceptive rates are heterogeneous in Asia, with an average rate of 40%, whereas 42.6% of Indian women practice contraception, primarily sterilization.

Family planning is a voluntary and conscious effort made by the married couple to limit the number of children they have through adopting family planning methods. Family planning promote and protect the reproductive health of the mother by avoiding unwanted pregnancies and abortions, prevents sexually transmitted diseases, and improves the quality of life of mother and family.

The most affected are people living in the rural area[[Boah M, Adokiya MN, Hyzam D. 2023] In addition, low use of modern FP methods has been reported among married women with low self-efficacy, maternal low education levels, religious affiliation, low family income, partner's low educational level, high number of living children, and women's fertility preferences

Women who experience intimate partner violence (IPV), partner disapproval of using modern FP methods, and other forms of reproductive coercion are also less likely to use modern FP methods [Sileo KM et al 2023].

This is particularly true for married women in the Mara region, where male partners are more involved in the decisions related to reproductive health and the use of FP. Despite the government's efforts to raise awareness about modern FP methods, provide them free of charge, increase health facilities, and offer in-service training [National Bureau of Statistics, 2022], the use of modern FP methods remains low among the affected population. According to the Ethiopian demographic and health survey (EDHS) 2016 report, maternal mortality ratio was 412 deaths per 100,000 live births and the infant mortality rate was 28 per 1,000 live births. However, the total fertility rate (TFR) was 4.6 and only 36% of currently married women are using a method of family planning. (Central Statistical Agency (CSA) 2016)

Women's decision on modern family planning use has multiple benefits to the family and community at large. Decision-making power of women in family planning defined as a woman ability to freely decide individually or discuss with their partners about family planning needs and choices. Therefore, efforts need to be made for women involvement in family planning either to use the contraceptives or to support each other on when to start and stop the contraceptive and thereby regulate their fertility. (Alemu MN, Worku AG, Beyera GK.2014) covert use of contraception represents a strategy for women to challenge opposition to family planning, without suffering the related social consequences [Gipson JD, Hindin MJ. 2007].

## REVIEW OF LITERATURE

Belay AS, Sarma H, Yilak G,2024 conducted a study on Spatial distribution and determinants of unmet need for family planning among all reproductive-age women in Uganda: a multi-level logistic regression modeling approach and spatial analysis. Results: The spatial distribution of unmet need for family planning among women of reproductive age in Uganda was found to be clustered (Global Moran's I = 0.27, Z-score of 12.71, and p-value < 0.0001). In the multivariable multilevel logistic regression analysis; women in West Nile (AOR = 1.86, 95% CI: 1.39, 2.47), aged 25-49 years old (AOR = .84; 95% CI .72, .99), highly educated (AOR = .69; 95% CI .54, .88), Muslim (AOR = 1.20, 95% CI: 1.03, 1.39), high wealth status (AOR = .73, 95% CI: .64, .82), and had five or more living child (AOR = 1.69, 95% CI: 1.51, 1.88) were significant predictors of unmet need for family planning. Significant hotspot areas were identified in West Nile, Acholi, Teso, and Busoga regions.

Fantaye FT, Damtew SA,2024 conducted a study on Women decision making on use of modern family planning methods and associated factors, evidence from PMA Ethiopia. Results: This study revealed that one in two women (51.2%; 95% CI: 48.8%-53.6%) decide their family planning use by themselves while 37% (36.8%; 95% CI: 34.5%-39.2%) decide jointly with their husband and/or partner. Women alone family planning use decision making increased significantly 32.8% (95% CI: 29.4%, 36.4%) in 2014 to 51.2% (95% CI: 48.8%, 53.6%) in 2020. It also shows variation across regions from scanty in Afar and Somali to 63.6% in Amhara region and 61.5 Addis



Ababa. Obtaining desired family planning method was found significantly to improve women alone and joint family planning use decision making. Women who have perceive control and feeling if they get pregnant now were found to be positively associated with women alone family planning use decision making. Discussion with husband, his feeling towards family planning were found positively to influence family planning use joint decision making. Moreover, women religion, was found reducing the likelihood of both women alone and joint family planning use decision making while experiencing side effect reduces the likelihood of joint family planning use decision making. Half of the women independently decide their family planning use which calls up on further improvement. Family planning use decision making ability is expected to be improved by efforts targeted on husbands' approval on wife's family planning use, discussion on family planning use with husband/partner, improving women psychosociological readiness and trust on her own to decide her desired family planning method; informing the possible side effects and what to do when they encountered during their family planning use visit. In addition, influencing women on the use of family planning via religious leader will help much in this regard. Further qualitative study to identify and address factors that contribute for the variation across regions also help much.

### RESEARCH METHODOLOGY

The Non- Experimental Quantitative, Exploratory research methodology was adopted for the proposed research. The Quantitative research approach was adopted for the present study. The present study was conducting at Jaipur, Rajasthan. The target populations of the study were the women of reproductive age 20-40 year, Jaipur, Rajasthan. The selected sample was women of reproductive age 20-40 year at Jaipur, Rajasthan. Non-probability convince sampling technique was used. The sample size was 100.

### DATA ANALYSIS AND INTERPRETATION

#### Objective 1

**To determine the association between attitude regarding Family Planning Methods among reproductive age women with selected sociodemographic variables.**

Chi-square test was used to determine the association between attitude regarding family planning methods and selected sociodemographic variables among reproductive age women. The findings are presented in Table 1.

**Table 1**

**Association Between Attitude Regarding Family Planning Methods and Selected Sociodemographic Variables  
N = 100**

Sl. No.	Sociodemographic Variable	Calculated Value	$\chi^2$	df	Table Value	$\chi^2$	p-value	Level of Significance	Result
1	Age	13.76		6	12.59		0.032	0.05	S
2	Educational Status	9.42		6	12.59		0.151	0.05	NS
3	Occupation	14.65		6	12.59		0.024	0.05	S
4	Monthly Family Income	8.71		6	12.59		0.190	0.05	NS
5	Type of Family	11.83		4	9.49		0.019	0.05	S
6	Area of Residence	6.27		4	9.49		0.180	0.05	NS
7	Number of Children	10.14		4	9.49		0.038	0.05	S
8	Previous Knowledge	4.38		2	5.99		0.112	0.05	NS
9	Source of Information	13.58		6	12.59		0.035	0.05	S
10	History of Using Family Planning Methods	7.42		2	5.99		0.024	0.05	S

**S = Significant, NS = Non-significant**

#### Description of Chi-square Results for Knowledge Regarding Family Planning Methods

##### Age

The calculated chi-square value for age was 8.17, which was less than the table value of 12.59 at 0.05 level of significance with a p-value of 0.225. Hence, there was no statistically significant association between age and knowledge regarding family planning methods among reproductive age women.

##### Educational Status

The calculated chi-square value for educational status was 16.84, which was greater than the table value of 12.59 at 0.05 level of significance with a p-value of 0.010. Hence, there was a statistically significant association between educational status and knowledge regarding family planning methods among reproductive age women.



## **Occupation**

The calculated chi-square value for occupation was 11.26, which was less than the table value of 12.59 at 0.05 level of significance with a p-value of 0.081. Hence, there was no statistically significant association between occupation and knowledge regarding family planning methods.

## **Monthly Family Income**

The calculated chi-square value for monthly family income was 14.73, which was greater than the table value of 12.59 at 0.05 level of significance with a p-value of 0.022. Hence, there was a statistically significant association between monthly family income and knowledge regarding family planning methods.

## **Type of Family**

The calculated chi-square value for type of family was 5.91, which was less than the table value of 9.49 at 0.05 level of significance with a p-value of 0.206. Hence, there was no statistically significant association between type of family and knowledge regarding family planning methods.

## **Area of Residence**

The calculated chi-square value for area of residence was 10.88, which was greater than the table value of 9.49 at 0.05 level of significance with a p-value of 0.028. Hence, there was a statistically significant association between area of residence and knowledge regarding family planning methods.

## **Number of Children**

The calculated chi-square value for number of children was 7.36, which was less than the table value of 9.49 at 0.05 level of significance with a p-value of 0.118. Hence, there was no statistically significant association between number of children and knowledge regarding family planning methods.

## **Previous Knowledge Regarding Family Planning Methods**

The calculated chi-square value for previous knowledge was 13.49, which was greater than the table value of 5.99 at 0.05 level of significance with a p-value of 0.001. Hence, there was a statistically significant association between previous knowledge and knowledge regarding family planning methods.

## **Source of Information**

The calculated chi-square value for source of information was 15.92, which was greater than the table value of 12.59 at 0.05 level of significance with a p-value of 0.014. Hence, there was a statistically significant association between source of information and knowledge regarding family planning methods.

## **History of Using Family Planning Methods**

The calculated chi-square value for history of using family planning methods was 4.62, which was less than the table value of 5.99 at 0.05 level of significance with a p-value of 0.097. Hence, there was no statistically significant association between history of using family planning methods and knowledge regarding family planning methods.

## **Description of Chi-square Results for Attitude Regarding Family Planning Methods**

### **Age**

The calculated chi-square value for age was 13.76, which was greater than the table value of 12.59 at 0.05 level of significance with a p-value of 0.032. Hence, there was a statistically significant association between age and attitude regarding family planning methods among reproductive age women.

### **Educational Status**

The calculated chi-square value for educational status was 9.42, which was less than the table value of 12.59 at 0.05 level of significance with a p-value of 0.151. Hence, there was no statistically significant association between educational status and attitude regarding family planning methods.

### **Occupation**

The calculated chi-square value for occupation was 14.65, which was greater than the table value of 12.59 at 0.05 level of significance with a p-value of 0.024. Hence, there was a statistically significant association between occupation and attitude regarding family planning methods.

### **Monthly Family Income**

The calculated chi-square value for monthly family income was 8.71, which was less than the table value of 12.59 at 0.05 level of significance with a p-value of 0.190. Hence, there was no statistically significant association between monthly family income and attitude regarding family planning methods.



### **Type of Family**

The calculated chi-square value for type of family was 11.83, which was greater than the table value of 9.49 at 0.05 level of significance with a p-value of 0.019. Hence, there was a statistically significant association between type of family and attitude regarding family planning methods.

### **Area of Residence**

The calculated chi-square value for area of residence was 6.27, which was less than the table value of 9.49 at 0.05 level of significance with a p-value of 0.180. Hence, there was no statistically significant association between area of residence and attitude regarding family planning methods.

### **Number of Children**

The calculated chi-square value for number of children was 10.14, which was greater than the table value of 9.49 at 0.05 level of significance with a p-value of 0.038. Hence, there was a statistically significant association between number of children and attitude regarding family planning methods.

### **Previous Knowledge Regarding Family Planning Methods**

The calculated chi-square value for previous knowledge was 4.38, which was less than the table value of 5.99 at 0.05 level of significance with a p-value of 0.112. Hence, there was no statistically significant association between previous knowledge and attitude regarding family planning methods.

### **Source of Information**

The calculated chi-square value for source of information was 13.58, which was greater than the table value of 12.59 at 0.05 level of significance with a p-value of 0.035. Hence, there was a statistically significant association between source of information and attitude regarding family planning methods.

### **History of Using Family Planning Methods**

The calculated chi-square value for history of using family planning methods was 7.42, which was greater than the table value of 5.99 at 0.05 level of significance with a p-value of 0.024. Hence, there was a statistically significant association between history of using family planning methods and attitude regarding family planning methods.

## **DISCUSSION**

### **Objective 1**

**To determine the association between attitude regarding Family Planning Methods among reproductive age women with selected sociodemographic variables.**

In the present study, age, occupation, type of family, number of children, source of information, and history of using family planning methods showed statistically significant association with attitude regarding family planning methods. On the other hand, educational status, monthly family income, area of residence, and previous knowledge did not show statistically significant association with attitude scores.

The findings of the present study were supported by the study conducted by Patel and Kumar (2022) among married women in Gujarat regarding reproductive decision-making and contraceptive acceptance. The study reported that occupation, family structure, and previous contraceptive usage significantly influenced women's attitudes towards family planning practices. The authors explained that social exposure and previous experience with contraceptive methods positively affected acceptance and attitude levels. The findings of the present study are in agreement with the above study, as similar sociodemographic variables showed significant association with attitude regarding family planning methods.

## **CONCLUSION**

The present study concluded that attitude regarding family planning methods among reproductive age women was significantly associated with factors such as age, occupation, type of family, number of children, source of information, and history of using family planning methods. These factors influenced women's acceptance and perception of contraceptive practices. However, educational status, monthly family income, area of residence, and previous knowledge did not show significant association with attitude. The study highlights the need for effective counselling, awareness programmes, and community-based educational interventions to promote positive attitudes and improve acceptance of family planning methods among reproductive age women.



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