

# Awareness and Use of Family Planning Methods among Married Women in A Community

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## Abstract

*Family planning/contraception reduces the need for abortion, especially unsafe abortion, reduces infant mortality, helps prevent HIV/AIDs, reduces adolescent pregnancies and helps to slow down increasing population growth. Over 60 % of unintended pregnancies end in abortion, safe or unsafe, legal or illegal. An estimated 45% of all abortions remain unsafe and hospitalizes about 7 million women a year in developing countries. A descriptive cross-sectional research was carried out in ward no.14, Kathmandu Metropolitan city. The objective of this study was to find out awareness and use of Family planning method among married women in a community. Non probability, purposive sampling method was used. Sample size was 68 married women. The respondents mean age was 33.1 years and standard deviation was 6.5 years. All of the respondents (100%) were familiar with condom, pills, depo-provera, female sterilization whereas 95.6% heard about implants. Almost all of the respondents (98.5%) stated implants prevents pregnancy for 5 years and half of them (47.1%) were aware implants doesn't interfere with breast feeding. major source of information regarding family planning methods was from health professionals (80.8%) Whereas husband (13.2). level of awareness regarding family planning methods where 1.5% of the respondents had inadequate awareness, 54.3% had moderately adequate awareness and 44.1% of the respondents had adequate awareness. there is no significant association with age (0.479), duration of marriage (0.325), occupation (0.146) of the mother with level of awareness regarding family planning methods.*

**Key Words :** Awareness, Community, Family planning methods, women.

## Introduction

Family planning (FP), assists individuals and couples in controlling the number of children to be born in the family, preventing unintended pregnancies, and regulating the time between pregnancies. Although FP is a useful tool for improving maternal health, there are a number of barriers that prevent it from being accepted and used (Olubodun, Balogun & Ogunsilu). Couples and individuals can plan for and achieve the number of children they want, as well as the spacing and timing of their births, with the help of family planning. It is attained by treating involuntary infertility and using contraceptive measures. The number of

pregnancies a woman may space out and restrict directly affects her health and wellbeing, as does the result of each pregnancy. Family Planning prevents about one-third of pregnancy-related deaths, as well as 44% of neonatal deaths (Partnership for Maternal Newborn and Child Health,2019). Family planning and contraception lower infant mortality, assist prevent HIV/AIDS, lower teenage pregnancies, lessen the need for abortion especially unsafe abortions and slow down the world's population increase. In Latin America, and the Caribbean, the use of modern contraception has increased to 66.7%, but in Africa, the women aged 15–49 years reporting use of a modern contraceptive method has risen minimally or has been stable between 2008 and 2015 from 23.6% to 28.5% (WHO,2019). According to estimates, 76% of women who are of reproductive age have their family planning needs satisfied by contemporary methods of contraception. Modern contraceptive methods should be more widely available and used, and excellent prenatal and postpartum care could save the lives of many mothers and their children(WHO,2019). Globally, the percentage of women of reproductive age who are pleased with the family planning options .Available to them has only slightly grown from 73.7% to 76.8% between 2000 and 2021. The African Region has the lowest coverage at 57.1% in 2021(WHO,2020). FP is a useful technique that gives couples the ability to schedule the number of children, the size of the family, and the FP method. FP is currently a crucial component of the national health system in Nepal. 49.7% of Nepalese women between the ages of 15 and 49 report using FP in some capacity (43.2 % using contemporary methods and 6.5 % using traditional methods). Although the contraceptive prevalence rate (CPR) in Nepal is relatively high (49.7%), 27% of married women are projected to have unmet need, and 21% of births occur with suboptimal spacing within two years of the last birth (Wasti et al.,2017). Of married women today, fifty-seven (57%) use some form of contraception; modern methods account for 43% of the use, while older methods make up 15%.

The most often utilised contemporary techniques are implants (6%), injectables (9%), and female sterilisation (13%).The percentage of married women who used a family planning method increased from 29% in 1996 to 57% in 2022.During that time, the percentage of people using contemporary forms of contraception rose from 26% in 1996 to 44% in 2006. From 2011 to 2022, it remained constant at 43% (NDHS, 2022). Use of contraception, particularly among young women, not only reduces pregnancy related health risks and mortality<sup>3</sup> but also cuts the risk of other poor health outcomes, including neonatal and under-5 child mortality. 4–6 In developing countries, where birth spacing is less than 2 years, infant mortality is 45% and 60% higher compared with births that are 2–3 years apart and 4 or more years apart (Angdembe, Sigdel & Paudel, et al,2022). The general objective of the study was to find out women's awareness and use of family planning methods in a community.

Operational definition of awareness regarding family planning method: awareness is defined as having information about family planning, it's benefits, disadvantages, side effects and its duration of protection.

Scoring will be categories as following:( Bhagat,2019)

- Adequate: score >75%
- Moderately adequate: score between 50 to 75%
- Inadequate: score: 50%

Family planning methods: It refers to modern contraceptives which consists of temporary and permanent family planning methods. The temporary family planning methods include condoms, pills, depo-provera, implant, IUCD whereas permanent family planning methods are female sterilization and male sterilization.

### **Research Methodology**

Descriptive cross-sectional design was adopted for the study was married woman of reproductive age (20-45 years) living in Kathmandu Municipality ward no 14. Sampling method was used non-probability convenient sampling for the study. Researcher used semi-structured questionnaire for the data collection. Data was collected from 2021.08.6 to 2021.08.19. Ethical approval taken from Institutional review board TU, IOM and written permission was obtained from ward office, ward no.14 metropolitan, Kathmandu. Data were collected by investigator herself through interview method by door to door visit of respondents. The collected data was analyzed by means of descriptive and inferential statistics. Chi square test was used to measure the association between awareness of family planning methods and socio demographic variables.

### **Discussion and Analysis**

The results of the present study showed out of 68 respondents that 44.1% had adequate awareness, 54.4% had moderate awareness and 1.5% of study participants had inadequate awareness regarding family planning methods. In contrast, a study conducted in Saptari district shows 91.7% had adequate awareness and 8% had moderately adequate awareness (Bhagat, 2019).

All of the respondents in this study stated family planning as a method for preventing unwanted pregnancy which is different from the study conducted in India where 92.5% stated family planning as a method for birth spacing (Choudhary et al., 2015). Similarly, 63.2% of the respondents stated as a method for birth spacing similar to the findings observed in another study where 64.8% stated birth spacing as a benefit of family planning (Alenezi & Haridi, 2021).

In this study, all respondents heard about at least any one method of family planning, which is consistent with the results of (Kasa et al., 2018). All of the respondents (100%) were familiar with condom, pills, depo-provera, female sterilization whereas 95.6% heard about implants. Likewise, almost of the respondents (98.5%) were aware about Copper-T and Male sterilization.

In the present study only 51.5% of the women were practicing family planning methods. This finding is supported by study carried out in Ethiopia where 50.4% were using any one family planning method (Kasa et, 2018). Similarly another study conducted in Saptari district has similar finding where 59.6% were practicing family planning method (Reena,

2019). However, the result was lower than the study conducted in Sindhupalchowk district where 85.5% were practicing any one family planning methods (Upadhayay et al., 2017) . This study has higher contraceptive prevalence rate than the studies done in Uttar Pradesh of India where 37.4% of women were using family planning method (Shrestha et al., 2021).

The present study found that out of total current family planning users, 31.4% of them were using Implants followed by Combined Oral Pills (17.1%) and 12.7% had undergone female sterilization. Copper-T were used by 11.4% of the respondents followed by Depo-provera (8.6%) and male sterilization (5.7%). In contrast, the study conducted in Sindupalchowk district of Nepal shows that the most common family planning method among the respondents was Depo Provera(32.8%), followed by Oral Contraceptive Pills(23.5%), male sterilization (20.3%) implants(2.7%) and 2.8% of them were using IUCDs (Upadhayay et al., 2017).

The study reveals health professional is the main source of information (80.8%) followed by family member/relatives (77.9%) and mass media (73.5%). This finding is similar to the study carried on in India where major source of information (94.6%) was obtained from health professional (Gupta et al,2016). Similarly, in another study carried out in Ethiopia shows that health professionals (57.5% ) were major source of information (Semachew Kasa et al,2016). In contrast, a study conducted in Saudi Arabia showed that the common sources were family/ friends (67.5%) followed by internet sites (43.8%) and social media (34%) (Alenezi & Haridi, 2021)

The commonest cause for non-use of family planning method was fear of side effects in our study. A study conducted in Iraq also revealed that, the main reasons for not using contraceptives was side effects (44.4%), followed by the desire to have children as stated by 23.2% of the respondents (Ebrahim & Muhammed, 2011). In contrast, a study conducted in Ethiopia reported desire for more children(53.2%) was the major reason for non-use of family planning (Kasa et al., 2018).

The present study shows that there is no significant association between awareness and use of family planning methods( $p$ -value=0.958). In contradictory, the findings of the study conducted in Ethiopia shows that there is association between awareness and use of family planning methods where  $p$  value<0.001 (Kasa et al., 2018). Similarly, in this study, there is no significant association between age and use of family planning methods ( $p$ - value=0.525) which is supported by the findings conducted in Nepal where  $p$ -value>0.05 (Bhagat, 2019).

This study shows that there is no association between awareness and educational level( $p$ -value=0.215) and occupation( $p$ -value=0.251) which is contradictory to a study conducted in Sindupalchowk where  $p$  value<0.01 for educational level and occupation (Upadhayay et al., 2017). The findings of the study show that the majority of the women are literate, belonged to Hindu religion and were homemakers. Hence, there was no variation in the sample population thereby leading to insignificant association among the selected variables.

**Result**

**Table 1**  
**Respondents' Socio- Demographic Characteristics**

<b>Characteristics</b>	<b>Number</b>	<b>Percentage</b>
<b>n=68</b>		
<b>Age in completed years</b>		
21-25	6	8.8
26-30	25	36.8
31-35	13	19.1
36-40	12	17.6
41-45	12	17.6
<i>Mean age ( ± SD) =33.1(±6.5)</i>		
<b>Duration of marriage in years</b>		
<5	12	17.6
5-10	22	32.4
11-15	17	25.0
16-20	7	10.3
>20	10	14.7
<b>Number of children(n=62)</b>		
One	21	33.9
Two	37	59.7
Three	4	6.5
<b>Ethnicity</b>		
Brahmin	30	44.1
Chettri	23	33.8
Janjati	14	20.6
Muslim	1	1.5
<b>Religion</b>		
Hindu	65	95.6
Budhhism	1	1.5
Christian	1	1.5
Muslim	1	1.5
<b>Educational status</b>		
Can't read and write	3	4.4
General literate	7	10.3
Basic	13	19.1
Secondary	28	42.1
Bachelor and above	17	25.0
<b>Occupation</b>		
Homemaker	32	47.1
Service	19	27.9
Business	16	23.5
Agriculture	1	1.5
<b>Family type</b>		

Nuclear	55	80.9
Joint	13	19.1

Table 1 illustrates socio demographic characteristics where more than one third of the respondents (36.8%) belonged to age group 26-30 years where mean age was (33.1) years and standard deviation was 6.5 years. One third of the respondents (32.4%) were married for 5-10 years. More than half (59.7%) of the respondents had two children. Less than half (44.1%) belonged to Brahmin ethnicity and majority of them (95.6%) were Hindu. Regarding education, nearly half of the respondents had pursued education of secondary level (42.1%). Majority of the respondents (80.9%) belonged to nuclear family.

**Table 2**  
**Respondents' Awareness on Family Planning Methods**

Variables	Number	Correct Response
		Percentage
<b>Meaning of family planning methods</b>		
Method that prevent unwanted pregnancy	68	100.0
Method used to create space between children	43	63.2
Method that allow couple to determine number of children in family	26	38.2
<b>Methods of Family Planning</b>		
Condom	68	100.0
Pills	68	100.0
Depo provera	68	100.0
Copper-T	67	98.5
Implants	65	95.6
<b>Permanent Family Planning Methods</b>		
Female Sterilization	68	100.0
Male Sterilization	67	98.5

Table 2 demonstrate that all of the respondents mentioned family planning methods as a method that prevent unwanted pregnancy. More than three-fifth (63.2%) were aware that family planning method is used to create space between children whereas 38.2% of the respondents had correctly responded family planning as a method that allow couple to determine number of children in family. All of the respondents (100%) were familiar with condom, pills, depo-provera, female sterilization whereas 95.6% heard about implants.

**Table 3**  
**Respondents' Awareness on Hormonal Methods of Family Planning Methods**

n=68

Variables	Number	Correct Response
		Percentage
<b>Meaning of Oral Contraceptive Pills</b>		
Temporary family planning method	66	97.1
Regulates menstruation	45	66.2
<b>Side effects of Oral Contraceptive Pills</b>		
Weight gain	57	83.8
Nausea/Vomiting	54	79.4
<b>Benefits of Oral Contraceptive Pills</b>		
Highly effective	63	92.6
Easily available	50	73.5
<b>Benefits of Depo- Provera</b>		
Prevents pregnancy for 3 months	68	100
Highly effective	54	79.4
<b>Side effects of Depo-Provera</b>		
Irregular period	67	98.5
Amenorrhoea	52	76.5
Headache	37	54.4
<b>Benefits of Implant</b>		
Prevents pregnancy for 5 years	67	98.5
Highly effective	47	69.1
<b>Side effects of Implants</b>		
Change in menstrual bleeding	60	88.2
Vomiting	38	55.9
Headache	32	47.1

Table 3 illustrate awareness regarding hormonal methods of family planning where almost all of the respondents (97.1%) stated pills is temporary family planning method. Two-third of respondents (66.2%) stated that OCP regulate menstruation. 83.8% had awareness on weight gain as side effects of pills. All of the respondents were aware Depo-provera prevents pregnancy for 3 months. Majority (98.5%) were aware irregular period as side effect of Depo-provera. Likewise, almost all of the respondents (98.5%) stated implants prevents pregnancy for 5 years and half of them (47.1%) were aware implants doesn't interfere with breast feeding.

**Table 4**  
**Respondents' Awareness on Mechanical Methods of Family Planning Methods**

**n=68**

Variables	Number	Correct Response
		Percentage
<b>Benefits of condom</b>		
Prevents pregnancy	65	95.6
Prevents STI	57	83.8
Easily available	33	48.5
<b>Side effects of condom</b>		
Can rupture	68	100
Allergy	38	55.9
Low sexual satisfaction	32	47.1
<b>Benefits of Copper-T</b>		
Provides protection for long duration	64	94.1
Highly effective	62	91.2
<b>Side effects of Copper-T</b>		
Irregular or heavy vaginal bleeding	54	79.4
Abdominal cramps	39	57.4

Table 4 demonstrate awareness on mechanical methods of family planning methods where almost all of the respondents (95.6%) stated condom prevents pregnancy whereas more than four-fifth (83.8%) responded it prevents STI. All of the respondents were aware condom can rupture and almost half of them stated low sexual satisfaction as side effect of condom. Regarding benefits of Copper-T, 94.1% of the respondents were aware Copper-T provides protection for long duration of 12 years and 30.9% were aware it doesn't affect in breastfeeding. Similarly, it shows 79.4% were aware heavy menstrual bleeding and 57.4% respondents were aware abdominal cramps as side effects of Copper-T.

**Table 5**  
**Source of Information among Respondents**

**n=68**

Source of Information	Number	Percentage
Health professionals	55	80.8
Family members/Relatives	53	77.9
Mass Media	50	73.5
Friends	44	64.7
Textbooks	19	27.9



Table 5 illustrates major source of information regarding family planning methods was from health professionals (80.8%). Similarly, 73.5% of respondents had acquired information from mass media, family members and relatives (77.9%), and textbooks (27.9%).

**Table 6**  
**Respondents' Level of Awareness Regarding Family Planning Methods**

Awareness level	Number	Percentage
Inadequate awareness (<50%)	1	1.5
Moderately adequate awareness (50- 75%)	37	54.3
Adequate awareness (>75%)	30	44.1
Total	68	100.0
Possible score= 0 to 45		

Table 6 shows level of awareness regarding family planning methods where 1.5% of the respondents had inadequate awareness, 54.3% had moderately adequate awareness and 44.1% of the respondents had adequate awareness.

**Table 7**  
**Use of Family Planning Methods among Respondents**

Variables	Number	Percentage
<b>n=68</b>		
<b>Use of Family Planning Methods</b>		
Yes	35	51.4
No	33	48.5
<b>Types of Family Planning Methods</b>		
Implants	11	31.4
Pills	6	17.1
Female sterilization	5	14.3
Copper –T	4	11.4
Condom	4	11.4
Depo- Provera	3	8.6
Male sterilization	2	5.7
<b>Reason for non-use of Family Planning Methods</b>		
Fear of side effects	21	63.6
Desire for child	6	18.2
Not living with husband	5	15.2
Husband disapproved	1	3.0

Table 7 shows that among 35 respondents who were currently using family planning, most commonly used contraceptive was implants (31.4%), followed by combined oral pills (17.1%). Permanent female sterilization was done by (14.3%) of respondents. Similarly, (11.4%) of the them practices condom. Copper-T were used by (11.4%) of the respondents

followed by depo-provera (8.6%) and male sterilization (5.7%). The commonest reasons behind the non-use of modern contraceptive methods was fear of side effects (63.6%) followed by desire for child (18.2%), living with husband (15.2%) and husband's disapproval (3%).

**Table 8**  
**Association between Respondents Level of Awareness with Selected Socio-demographic Variables**

Variables	Level of Awareness		$\chi^2$ Value	p value
	Moderately Adequate No. (%)	Adequate No. (%)		
<b>Age ( in year)</b>				
20-32	19(51.4)	18(48.6)	0.501	0.479
33-45	18(60.0)	12(40.0)		
<b>Duration of Marriage (in year)</b>				
<11	19(50.0)	19(50.1)	0.969	0.325
≥11	18(62.1)	11(37.9)		
<b>Occupation</b>				
House maker	20(64.5)	11(35.5)	2.015	0.156
Others*	17(47.2)	19(52.8)		

*Others\*= Service, Business, Agriculture*

Table 8 illustrates association between awareness and selected variables where there is no significant association between level of awareness regarding family planning methods with age, duration of marriage and occupation.

**Conclusion**

Based on the findings of the study, it can be concluded that less than half of the women have adequate awareness on family planning methods whereas half of the women are using family planning method. Among those who are using family planning methods, implants are most commonly used. There is no any significant association between level of awareness with age, occupation and duration of marriage. Recommendation is need to further study in large scale.

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