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A STUDY ON ATTITUDE OF FAMILY PLANNING METHODS AMONG WOMEN

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Abstract: Family planning is one of the most important investments, because it represents the freedom from which other freedoms flow. The importance of women in determining future population growth rates was included in Amsterdam Declaration which proclaims "We the participants of the International Forum on population in the Twenty First Century, held in Amsterdam, the Netherlands, from 6 to 9 November in 1989, in addressing ourselves to the pressing needs and issues in the field of population, recognize that women are the centre of the development process and that the improvement of their status and the extent to which they are free to make decisions affecting their lives and that of their families will be crucial in determining future population growth rates". Population pressure is a key factor in environmental degradation; it is to be assumed that a reduction in population would benefit the environment. Fewer births will benefit women, enabling them to be more efficient in enacting their role as environmental managers. Women, through family planning, can make a significant contribution in the reduction of population growth rate. For women, the availability of family planning methods is a boon as this gives them the right to choose the size of their families.

Keywords: Family Planning Methods, Population, Growth Rate, Fewer Births.

I. INTRODUCTION

1.1. Family Planning

Population pressure is a key factor in environmental degradation; it is to be assumed that a reduction in population would benefit the environment. Fewer births will benefit women, enabling them to be more efficient in enacting their role as environmental managers. Women, through family planning, can make a significant contribution in the reduction of population growth rate. For women, the availability of family planning methods is a boon as this gives them the right to choose the size of their families.

Family planning is one of the most important investments, because it represents the freedom from which other freedoms flow. The importance of women in determining future population growth rates was included in Amsterdam Declaration which proclaims "We the participants of the International Forum on population in the Twenty First Century, held in Amsterdam, the Netherlands, from 6 to 9 November in 1989, in addressing ourselves to the pressing needs and issues in the field of population, recognize that women are at the centre of the development process and that the improvement of their status and the extent to which they are free to make decisions affecting their lives and that of their families will be crucial in determining future population growth rates".

At the family level, it means spacing of children at convenient intervals and limiting total number of children in accordance with the socio-economic standards that are accepted and desired by the family. At the National level, it means limitation of the population of the country to suit its resources as regards to food, work force, available land etc. At the International level, it means control of the population and its distribution amongst different countries depending on their respective resources. This is commonly accepted to be the total scheme of family planning.

1.2. Family Planning Methods

Availability of family planning methods does more than enable women and men to limit their family size. It safe guards both individual health and rights and also improves the quality of life of individual women, partners and their children. In India, no matter whatever type of contraceptive is advocated, acceptability by the people becomes difficult because of the poor living conditions. This is over whelming felt in the depressed rural areas where privacy, water, electricity, knowledge of reproductive physiology and most important-motivation are virtually absent. Further, the traditional view that children are God given events the acceptance of the very idea of family planning not only among rural population and also among considerable urban population. For deemed India's vast heterogeneous population no single method, however good can be suitable. Theoretically all the scientifically approved contraceptives are available to the people, and the different methods of family planning are given below:

1.2.1. Temporary Methods

These are the methods which are used to control births temporarily. Users can have children, once they stop using these methods. planning is essentially synonymous with "birth preventions", "birth control" and "planned parenthood" and in fact has been used a euphemistic replacement for the later two terms. By family, we usually mean the father, mother and their unmarried children in the nuclear family. Planning usually means designing and decision making aspect of the parents regarding the number of children they wish to have and their behavior in achieving this number.

1.2.2. Vaginal Methods

Vaginal methods are contraceptives that a woman places in her vagina shortly before sex, there are several vaginal methods: Spermicides, including foaming tablets or suppositories, melting suppositories, like foam, melting film, jelly and cream. Diaphragm, a soft rubber cup that covers the cervix and should be used with permicidal jelly or cream Cervical cap a smaller version of the diaphragm.

IUD (Intra Uterine Device)

An intra-uterine devise (IUD) usually is a small, flexible plastic frame. It often has copper wire or upper sleeves on it. It is inserted in to a woman's uterus through her vagina. Almost all brands of IUDs have one or two strings, or threads, tied to them. The strings hang through the opening of the cervix in to the vagina. The user can check the presence of IUD by touching the strings. A family planning provider can remove the IUD by pulling gently on the strings with forceps.

Male condoms

A male condom is a thin sheath made of latex or other materials. Latex condoms protect against problems that are made of other materials may not protect against HIV infection and other STIs. When used correctly, they keep sperm and any other disease organisms in the semen out of the vagina. Condoms also stop any disease organisms that are present in the vagina from entering the penis

Female condoms

A female condom is a thin, loose-fitting covering made of polyurethane plastic that forms a pouch lining the vagina. It has two flexible rings. The inner ring at the closed end of the condom eases insertion into the vagina, covering the cervix and holding the condom in place. The outer ring remains outside the vagina and covers the outer lips of the vagina.

Combined Oral Contraceptives

Women who use oral contraceptives swallow a pill each day to prevent pregnancy. Combined oral Contraceptives contain two hormones. Present-day combined oral contraceptives contain very low doses of hormones.

Dmpa Injectable Contraceptives

Women who use this method receive injections to prevent pregnancy. The most common type of injectable contraceptive is DMPA. DMPA is given every 3 months. It contains a progestin, similar to the natural hormone that the woman's body produces. The hormone is released slowly into the bloodstream.

Norplant Implants

The Norplant, implant system is a set of 6 small plastic capsules. Each capsule is about the size of a small matchstick. The capsules are placed under the skin of a woman's upper arm. Norplant capsules contain a progestin, similar to a natural hormone that a woman's body produces. It is released very slowly from all 6 capsules.

Lam (Lactational Amenorrhea Method)

The Lactation Amenorrhea Method (LAM) is the use of breast-feeding as a temporary family planning method. ("Lactational" means breastfeeding. "Amenowhea" means not having menstrual bleeding). LAM provides a natural protection against pregnancy and encourages starting another method at the proper time.

1.3 Patch

The contraceptive patch is a weekly hormonal contraceptive. A small Square, which contains Estrogen and Progesterin, sticks to the skin, enabling the hormones to be absorbed into the body through skin.

1.4 Fertility Awareness-Based Methods

"Fertility awareness" means that a woman learns how to tell when the fertile time of her menstrual cycle starts and ends. A woman can use several ways to tell when her fertile time begins and ends;

1.5 Permanent Methods

1.5.1. Female Sterilization

Female sterilization provides permanent contraception for women who do not want any more children.

* It is a safe and simple surgical procedure. It can usually be done with just local anesthesia and light sedation. At least proper basic infection prevention procedures are mandatory. The 2 most common approaches are mini-laparotomy and laparoscopy.

Female sterilization also is known as voluntary surgical contraception (VSC), tubaligation (TL), tying the tubes, minilap, and "the operation".

* The health care provider makes a small incision in the woman's abdomen and blocks off or cuts the 2 fallopian tubes. (These tubes normally carry eggs from the ovaries to the uterus). With the tubes blocked, the woman's egg is protected from the man's sperm.

1.5.2. Laparoscopy

This is a very common technique of female sterilization through abdominal approach, which is done with a specialized instrument called the "Laparoscope". The abdomen is inflated with gas (carbon dioxide, nitrous oxide or air) and the instrument is introduced into the abdominal cavity to visualize the tubes. Once the tubes are accessible, the Falope rings (or clips) are applied to occlude the tubes. This operation should be undertaken only in those centres where a specialist'Obstetrician- Gynecologist is available. The short operating time, shorter stay in hospital and a small scar are some of the attractive features of this operation.

1.5.3. Patient Selection

Laparoscopy is not advisable for postpartum patients for 6 weeks following the delivery. However, it can be done as a concurrent procedure to MTP (Medical Termination of Pregnancy). Hemoglobin percent should not be less than 8. There should be no associated medical disorders such as Heart disease, Respiratory disease, Diabetes and Hypertension. It is recommended that the patient be kept in hospital for a minimum of 48 hours after the operation.

The cases are required to be followed- up by health workers (F) WVs in their respective areas once between 7-10 days after the operation and once again between 12 and 18 months after the operation. Laparoscopic Sterilizations have become very popular in India. Nearly 38 percent of all female sterilizations during method.

1.5.4. Minilap Operation

Mini-laparotomy is a modification of abdominal tubectomy. It is a much simpler procedure requiring a smaller abdominal incision of only 2.5 to 3cm conducted under local anesthesia. The minilapotomy technique is considered a revolutionary procedure for female sterilization. Minilap operation is Suitable for postpartum tubal sterilization.

1.6. Male Sterilization

Vasectomy: Vasectomy provides permanent contraception for men who decide they will not want more children. It is a safe, simple and quick surgical procedure. It can be done in a clinic or office with proper Infection prevention procedures. It is not castration, it does not affect the testes, and it does not affect sexual ability. This procedure is also called male sterilization and male surgical contraception.

II.REVIEW OF LITERATURE

Agha.S, (2000), indicated that (17%) were using a modern method the Pill, the injectable, the IUD or the condom. The higher-income women were (70%) more likely than the low-income women to use a modern rather than a traditional method. The investigator notes that income was significantly related to use of two of the 3 methods predominantly obtained through the private sector (the condom, the injectable and the Pill), but was not to reliant on the IUD, which is supplied mainly by the public sector. The study therefore concludes that "to ensure that poor people in Pakistan can afford to use modern methods, it will be important to keep the costs of contraceptives low".

Agha S, Karlyn A and Meekers D (2001), conducted a study on "The promotion of condom use in non-regular sexual partnerships in Urban Mozambique" and found that the condom use increased from (20%) among respondents exposed to no or one source of condom information to (35%) among those exposed to 3 or more sources. Respondents, who knew where to obtain condoms, were more likely than those who did not to have used a condom with their last non regular partner. While the marketing campaign contributed to

increased levels of condom use in Mozambique, the investigators caution that "the levels of condom use in non-regular sex remain considerably lower than what is necessary to arrest the HIV epidemic in Mozambique".

Ellertson.C et al., (2001) conducted a study on contraception. Accordingly, to their study, women who had received an advance supply of emergency contraception were not significantly more likely to have had unprotected intercourse than women who did not receive supplies (8% vs. 6% respectively). Almost all (98%) of the women who had pills on hand said that they had not been tempted to have unprotected intercourse. All of the women who had received only information said that they wished they had received supplies, The researchers conclude that there is no "evidence that easy access to emergency contraception caused condom users to abandon their primarily method" of contraception.

Hubacher D et al., (2001), concluded from their study that earlier studies implicating the IUD may actually have reflected an unmeasured effect of exposure to disease. In their view, "the use of copper IUDs is much safer than was previously thought... contemporary copper IUDs may be among the least expensive reversible contraceptives available".

Study conducted by D.Balaiah, S.L.Chauhan, C.P.Puri (2003) on "Awareness and perceptions of emergency contraception among adolescents and youth in and around Mumbai, indicates that the awareness of emergency contraception is low and the overall attitude towards it is positive. Young People expressed their willingness to know more about contraception. The appropriate strategies for dissemination of information suggested by sample were the supply of reading material in the form of brochures, pamphlets and posters and establishment of family planning clinics and women centers. The Study underscores the pressing need to increase the awareness and knowledge of emergency contraception through effective intervention Programmes.

According to a wall chart produced by the United Nations Population Division, the level of contraceptive use (in 2003 & 2004) among married women aged between 15-49 is lowest in Africa (27%) and highest in Latin America and the Caribbean (71%). Overall, the most commonly used methods are female sterilization (21%), the IUD (14%) and the Pill (7%). Women in developed countries most commonly rely on the Pill (16%) and condoms (13%), where as those in the developing countries most commonly rely on sterilization (23%) and the IUD (15%). Traditional methods are used more widely in developed countries than in developing ones (13% vs. 6%). However, despite an increase in the level of contraceptive use during the past decade in developing regions the unmet need for family planning remains high: For example, in Sub-Saharan Africa, roughly one-quarter of married women aged 15-49 want to end or delay childbearing, but are not using a method.

The findings of the study "Abbasi-Shavazi M J et al. (2004), on Islamic unintended pregnancies in the Islamic republic of Iran" levels and correlates that (35%) of the sample classified their pregnancy either mistimed or unwanted. 213 of women with unintended pregnancies had been using a method at the time the current pregnancy occurred of whom (48%) were relying on the Pill, (11%) on the Condom, (13%) were on the withdrawal and (12%) on another method. The researchers recommended design of "strategies to reduce the rate of unintended pregnancies, especially by increasing the quality of contraceptive services and information.

Through family planning programmes women gain access to contraceptives, increasing the likelihood that they can achieve their desired family size yet despite the well documented benefits of family planning an estimated 40% of pregnancies are unintended (Sedg e et al. 2014) and unmet need for contraception remains high despite increased availability of contraceptive use and related behaviors underscore the need to expand the understanding of and improve efforts to address structural drivers of contraceptive use such as women's empowerment.

A more recent review of women's empowerment and fertility shows that women's empowerment is associated with lower fertility longer birth intervals and lower rates of unintended pregnancy (upadhyay et al, 2014).

International conference of population and development (ICPD) states that government goals for family planning should be defined in terms of unmet need, which in turn helps to provide good quality family planning services (UN 1994). ICPD conference called for total reduction of unmet need for family planning by 2015.

Nuruzzaman H (2010) unmet need for contraceptive. The case of married adolescent women in Bangladesh international journal of current research 9:029-035. [Google scholar].

This definition allows a broader conceptualization of women's empowerment and mirrors the one included in a recent companion review on women empowerment and fertility by upadhyay et al .2014.

III. METHODOLOGY

Methodology gives an outline of the procedure adopted for execution of the present research. The major aim of the survey is to understand the determinants of attitude of family planning methods among women in Tirupati urban Mandal of Chittoor district.

General objectives of the study:

The present study was entitled “A Study on attitude of family planning methods among women”.

Specific objective of the study:

- To study the socio-demographic profile of the women.
- To assess the attitude of family planning methods among women.

Areas of the study:

The study was carried out in the Tirupati urban areas of Chittoor district of Andhra Pradesh.

Sampling procedure

The present investigation was carried out in Tirupati urban area of Chittoor district Andhra Pradesh. The sampling unit for the study was women in the age group of 20-35 years. Total 50 samples selected for the study .50 from both working and Business women in Hostels. Purposive sampling procedure was followed in selection of the respondents.

Data collection

The data collected from the working and business women. The purpose of the study was explained to the women and their co-operation was requested. After establishing good report, the investigator started collecting the data from the respondent.

The primary method: The research has collected data by verbal interaction, observation, and through interview schedule.

The secondary method: The secondary method followed by the research was books, journals, records etc. To get more inspiring attitude towards family planning methods.

Analysis of the data: After completing the data collection the schedule was decoded, pooled and analyzed by using simple statistical techniques like frequencies and percentages and have been presented in the form of tables. The next chapter deals with analysis and interpretation of data.

IV. RESULTS AND DISCUSSION

Table 4.1: Percentage distribution of respondents by *Community*.

Community	No. of Respondents	Percentage
OC	13	26
BC	29	58
SC	5	10
ST	3	6
TOTAL	50	100

The data showed that more than half of (58%) of the respondents were belongs to backward caste group. More than one fourth (26%) of the respondents were Forward caste. A very small proportion (10%) of the respondents are belongs to scheduled caste. very small (6%) of the respondents belongs to scheduled tribes.

Table 4.2: Percentage distribution of respondents by *Occupation*.

Occupation	No. of Respondents	Percentage
Working	36	72
Business	14	28
Total	50	100

From the above table majority (72%) of the respondents were belongs to working in government sectors. More than one fourth (28%) of the respondents were belongs to Business that is (shops, sarees business etc.)

Table 4.3: Percentage distribution of respondents by *Religion*.

Religion	No. of Respondents	percentage
Hindu	47	94
Muslim	0	0
Christian	3	6
Total	50	100

From the above table majority (94%) of the respondents were belongs to Hindus. Very small proportion (6%) of the respondents belongs to Christians.

Table 4.4: Percentage distribution of respondents by *Monthly family income*.

Monthly family income	No. of Respondents	percentage
15,000 to 20,000	30	60
25,000 to 30,000	16	32
35,000 to 40,000	4	8
Total	50	100

From the above table majority (60%) of the respondents were belongs to 15,000-20,000. Nearly one third (32%) of the respondents were belongs to 25,000-30,000. Very small proportions (8%) of the respondents were belongs to 35,000-40,000.

Table 4.5: Percentage distribution of respondents by *Age*.

Age	No. of Respondents	percentage
20-21 yrs.	15	30
22-23 yrs.	23	46
24-25 yrs.	12	24
Total	50	100

From the above table nearly half of the respondents (46%) belong to the age group of 22-23 years .one third (30%) of the respondents belongs to 20-21 years age group, nearly one fourth (24%) of the respondents belongs to 24-25 years group.

Table 4.6: Percentage distribution of respondents by *Education*.

Education	No. of Respondents	percentage
10th class	10	20
Inter	16	32
Degree	24	48
Total	50	100

From the above table majority (48%) of the respondents belongs to Degree, more than nearly one third (32%) of the respondents belongs to Inter, one fifth (20%) of the respondents belongs to 10th class.

Table 4.7: Percentage distribution of respondents by *Age at marriage*.

Age at marriage	No. of Respondents	percentage
20-21 yrs.	15	30
22-23 yrs.	24	48
24-25 yrs.	11	22
Total	50	100

From the above table majority (48%) of the respondents belongs to age at marriage is 22-23 years, nearly one third (30%) of the respondents belongs to 20-21 years age group age at marriage. More than one fifth (22%) of the respondents belongs to 24-25 years.

Table 4.8: percentage distribution of respondents by *First issue must born immediately after the marriage.*

	No. of Respondents	Percentage
Strongly agree	15	30
Agree	27	54
Unknown	0	0
Disagree	6	12
Strongly disagree	2	4
Total	50	100

From the above table majority (54%) of the respondents belongs to agree First issues must born immediately after the marriage nearly one third (30%) of the respondents belongs to strongly agree. A bore one tenth (12%) of the respondents belongs to disagree. Very small proportion (4%) of the respondents belongs to strongly disagree.

Table 4.9: Percentage distribution of respondents by *Three years minimum gap needs to be maintained between two deliveries.*

	No. of Respondents	Percentage
Strongly agree	38	76
Agree	10	20
Unknown	0	0
Disagree	1	2
Strongly disagree	1	2
Total	50	100

From above table majority (76%) of the respondents belongs to strongly agree. Three years minimum gap need to be maintained between two deliveries one fifth (20%) of the respondents belongs to agree. Very small percent (2%) of the respondents belongs to disagree. Very small percent (2%) of the respondents belongs to strongly disagree.

Table 4.10: Percentage distribution of respondents by *Two children are enough for one couple.*

	No. of Respondents	percentage
Strongly agree	14	28
Agree	34	68
Unknown	0	0
Disagree	2	4
Strongly disagree	0	0
Total	50	100

From the above table majority (68%) of the respondents belongs to agree two children are enough for one couple more than one fourth (28%) of the respondents belongs to strongly agree. Very small proportion (2%) of the respondents belongs to disagree.

Table 4.11: Percentage distribution of respondents by *Many children become burden to the parents.*

	No. of Respondents	percentage
Strongly agree	31	62
Agree	6	12
Unknown	4	8
Disagree	8	16
Strongly disagree	1	2
Total	50	100

From the above table majority (62%) of the respondents belongs to strongly agree many children becomes burden to the parents, above tenth (16%) of the respondents belongs disagree, nearly one tenth (12%) of the respondents were agree, small proportion (8%) of the respondents can't said that, very small percent (2%) of the respondents strongly disagree.

Table 4.12: Percentage distribution of respondents by *We can shape our family in a planning manner with the help family planning methods.*

	No. of Respondents	percentage
Strongly agree	14	28
Agree	31	62
Unknown	5	10
Disagree	0	0
Strongly disagree	0	0
Total	50	100

From the above table majority (62%) of the respondents belongs to agree, more than one fourth (28%) of the respondents belongs to strongly agree, one tenth (10%) of the respondents can't said that. We can shape our family planning methods.

Table 4.13: Percentage distribution of respondents by *Among the family planning methods tubectomy is the best.*

	No. of Respondents	percentage
Strongly agree	25	50
Agree	12	24
Unknown	12	24
Disagree	0	0
Strongly disagree	1	2
Total	50	100

From the above table majority (50%) of the respondents belongs to strongly agree, the statement of the family planning methods tubectomy is the best and (24%) of the respondents belongs to agree with this statement (24%) of the respondents belongs to can't said that, very small percent (2%) of the respondents belongs to strongly disagree.

Table 4.14: Percentage distribution of respondents by *Vasectomy is the safest method.*

	No. of Respondents	percentage
Strongly agree	7	14
Agree	11	22
Unknown	25	50
Disagree	6	12
Strongly disagree	1	2
Total	50	100

From the above table majority (50%) of the respondents belongs to unknown the vasectomy is the safest methods, more than one fifth (22%) of the respondents belongs to agree, above one tenth (14%) of the respondents belongs to disagree, very small percent (2%) of the respondents belongs to strongly disagree.

Table 4.15: Percentage distribution of respondents by *The best among family planning methods is the pill.*

	No of respondents	Percentage
Strongly agree	16	32
Agree	20	40
Unknown	5	10
Disagree	7	14
Strongly disagree	2	4
Total	50	100

The table showed that the majority (40%) of the respondents belongs to agree with the best family planning methods is the pill, one third (32%) of the respondents belongs to strongly agree with this statement (14%) of the respondents belongs to disagree in this view and (10%) of the respondents they don't know above the family planning methods is the pill.

Table 4.16: Percentage distribution of respondents by *Loop is the best among family planning methods.*

	No. of Respondents	Percentage
Strongly agree	14	28
Agree	22	44
Unknown	11	22
Disagree	3	6
Strongly disagree	0	0
Total	50	100

From the above table majority (44%) of the respondents belongs to agree for above statement, more than one fourth (28%) of the respondents belongs to strongly agree, more than one fifth (22%) of the respondents can't said that, very small proportion (6%) of the respondents belongs to disagree to the above statement that the loop is the best among family planning methods.

Table 4.17: Percentage distribution of respondents by *Condom is the best among family planning methods.*

	No. of Respondents	Percentage
Strongly agree	19	38
Agree	22	44
Unknown	5	10
Disagree	1	2
Strongly disagree	3	6
Total	50	100

From the above table majority (44%) of the respondents belongs to agree that condom is the best among family planning methods. Nearly two fifth (38%) of the respondents belongs to strongly agree, one tenth (10%) of the respondents belongs to unknown that, very small proportion (6%) of the respondents belongs to strongly disagree, very small percent (2%) of the respondents belongs to disagree.

Table 4.18: Percentage distribution of respondents by *If family planning methods are adopted people will be happy and health.*

	No. of Respondents	Percentage
Strongly agree	24	48
Agree	22	44
Unknown	2	4
Disagree	1	2
Strongly disagree	1	2
Total	50	100

From the above table majority (48%) of the respondents belongs to strongly agree, that if family planning methods are adopted people will be happy and health. Two fifths (44%) of the respondents belongs to agree, very small proportion (4%) of the respondents unknown, very small percent (2%) of the respondents belongs to disagree.

Table 4.19: Percentage distribution of respondents by *There will be no conjugal enjoyment if family planning methods are adopted.*

	No. of Respondents	Percentage
Strongly agree	14	28
Agree	9	18
Unknown	24	48
Disagree	3	6
Strongly disagree	0	0
Total	50	100

From the above table majority (48%) of the respondents belongs to unknown that there will be no conjugal enjoyment if family planning methods are adopted, more than one fourth (28%) of the respondents belongs to strongly agree, above one tenth (18%) of the respondents belongs to agree, very small proportion (6%) of the respondents belongs to disagree.

Table 4.20: Percentage distribution of respondents by *It is a fact that limited family is the cause for progress.*

	No. of Respondents	Percentage
Strongly agree	22	44
Agree	28	56
Unknown	0	0
Disagree	0	0
Strongly disagree	0	0
Total	50	100

From the above table majority (56%) of the respondents belongs to agree, that from the above statement, it is fact that limited family is the cause for progress, two fifths (44%) of the respondents belongs to strongly agree.

Table 4.21: Percentage distribution of respondents by *It is best if women adopt family planning methods.*

	No. of Respondents	Percentage
Strongly agree	19	38
Agree	22	44
Unknown	3	6
Disagree	6	12
Strongly disagree	0	0
Total	50	100

From the above table majority (44%) of the respondents belongs to agree to the above statement that, it is best if women adopt family planning methods, nearly two fifths (38%) of the respondents belongs to strongly agree, above one tenth (12%) of the respondents belongs to disagree, very small proportion (6%) of the respondents belongs to can't said.

Table 4.22: Percentage distribution of respondents by *Adoption of family planning methods by men is best.*

	No. of Respondents	Percentage
Strongly agree	14	28
Agree	14	28
Unknown	20	40
Disagree	2	4
Strongly disagree	0	0
Total	50	100

From the above table majority (40%) of the respondents belongs to unknown about the above statement that the adoption family planning methods by men is best, more than one fifth (28%) of the respondents belongs to agree, very small percent (4%) of the respondents belongs to disagree.

V. MAJOR FINDINGS:

- Majority (72%) of the respondents were belongs to working in government sectors.
- Majority (94%) of the respondents were belongs to Hindus.
- Majority (60%) of the respondents were belongs to 15,000-20,000.
- Nearly half of the respondents (46%) belong to the age group of 22-23 years.
- Majority (48%) of the respondents belongs to Degree. More than half of (58%) of the respondents were belongs to Backward caste group.
- Majority (48%) of the respondents belongs to age at marriage is 22-23 years.
- Majority (54%) of the respondents belongs to agree. First issues must bear immediately after the marriage.
- Majority (76%) of the respondents belongs to strongly agree. Three year's minimum gap need to be maintained between two deliveries
- Majority (68%) of the respondents belongs to agree. Two children are enough for one couple
- Majority (62%) of the respondents belongs to strongly agree many children becomes burden to the parents
- Majority (62%) of the respondents belongs to agree. We can shape our family planning methods
- Majority (50%) of the respondents belongs to strongly agree, the statement of the family planning methods tubectomy is the best.
- Majority (50%) of the respondents belongs to unknown the vasectomy is the safest methods.
- Majority (40%) of the respondents belongs to agree with the best family planning methods is the pill
- Majority (44%) of the respondents belongs to agree for above statement. That the loop is the best among family planning method.
- Majority (44%) of the respondents belongs to agree that condom is the best among family planning methods.
- Majority (48%) of the respondents belongs to strongly agree, that if family planning methods are adopted people will be happy and health.
- Majority (48%) of the respondents belongs to unknown that there will be no conjugal enjoyment if family planning methods are adopted.
- Majority (56%) of the respondents belongs to agree, that from the above statement, it is fact that limited family is the cause for progress.
- Majority (44%) of the respondents belongs to agree to the above statement that, it is best if women adopt family planning methods.
- Majority (40%) of the respondents belongs to unknown about the above statement that the adoption of family planning methods by men is best.

VI. Suggestions of the Study

1. Further research is required on attitudes and attitudinal changes in relation to population control because high knowledge does not automatically lead to adoption since attitudes are formed and controlled by socio-cultural and even economic factors. As long as these factors are not completely understood it is very difficult to bring change in attitudes.
2. As seen in this project work, having high attitude does not lead to high levels of practice of family planning methods. This may due to various factors like tradition, preference for son, religion, children being considered

as economic assets, fatalism etc. To counter these aspects women welfare and other related non-government organizations need to intensify the awareness programmes among the women.

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