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Assessment of family planning awareness and behaviour in a tertiary Healthcare Centre in Vadodara

Astha Vala*
Doctor of Community Medicine, Consultant
State Health System Resource Centre
380081, Sola, Ahmedabad, Gujarat, India
https://orcid.org/0000-0002-6690-9220

Preeti Panchal
Assistant Professor
Medical College Baroda
390001, 853R+QP4 Vinoba Bhave Rd., Vadodara, India
https://orcid.org/0000-0002-9228-2038

Margi Sheth
Assistant Professor
GCS Medical College
380025, Naroda Rd., Ahmedabad, Gujarat, India
https://orcid.org/0000-0003-3532-8674

Abstract. India's extensive family planning programme has made great strides, yet a disparity persists between women's desired fertility and their access to family planning services. The purpose of the present study was to assess the knowledge, attitude towards, and practices of family planning, as well as the unmet need among women in Vadodara, Gujarat, India. A cross-sectional study was conducted among 100 married women of reproductive age attending a tertiary care hospital in Vadodara. Data were collected using pre-tested questionnaires encompassing socio-demographic factors, family planning knowledge, attitudes, practices, and unmet needs. Findings revealed that while 64% of women were aware of family planning, knowledge was associated with age, literacy, and urban residence. All women with knowledge expressed approval, influenced by literacy and urban residence. Family planning practice reached 51%, with method choice varying by age, literacy, urban residence, and accessibility. Unmet needs for family planning were substantial at 28%. The findings of the present study highlighted the need for tailored education, improved access to family planning services, and targeted interventions. Tailored education can enhance knowledge and practice, especially among marginalised groups. Policymakers should prioritise rural access to effective methods. Non-governmental organisations can increase awareness and address unmet needs through community-based interventions. Understanding these factors is crucial for developing effective strategies to improve reproductive health outcomes and achieve desired family size

Keywords: contraception; unmet needs; reproductive health; women's health; health education

Introduction

India has made substantial strides in family planning (FP), reducing fertility rates through national programmes, public health initiatives, and social awareness campaigns. Despite its vast size and diverse population, India successfully decreased its fertility rate from 5.9 in 1961 to 2.2 in 2017 [1]. While according to P. Muttreja P & S. Singh [2] the challenges persist, such as regional disparities and unmet needs, continued investment in family

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*Corresponding author

planning can further enhance maternal and child health and overall well-being.

Aligned with the 2030 Agenda for Sustainable Development, India aims to ensure universal access to sexual and reproductive healthcare services, including family planning. Family planning is a cornerstone of India's Reproductive, Maternal, New Child Health + Nutrition (RMNCAH+N) strategy. The programme has made notable progress since its inception, contributing to population stabilisation and reducing maternal, infant, and child mortality. Recent indicators demonstrate a decline in maternal mortality ratio from 130 to 97 maternal deaths per 100,000 live births between 2014-2016 and 2018-2019 [3], with eight states achieving the SDG target of reducing maternal mortality ratio to below 70. The country's total fertility rate is now below the replacement level (2.1), according to the latest round of the National Family Health Survey 2019-2021, and the use of modern contraception methods among married women has increased from 47.8% to 56.5% [4].

India is committed to fulfilling its national commitments under the global FP2030 agreement, expanding family planning access and improving reproductive health. Ensuring access to skilled birth attendants is crucial for preventing maternal deaths, and India has achieved a high rate of births attended by qualified healthcare professionals, with nearly 90% of all births attended by doctors or nurses/midwives [5]. While progress has been made, B. Nanda *et al.* [6] found that challenges such as intimate partner violence, gender-based discrimination, and son preference persist. India has implemented measures to address these issues, including strengthening the enforcement of laws against sex selection and promoting programmes to end child marriage.

Family planning is a highly cost-effective intervention for global health and development. Investing in family planning yields significant economic returns. For every USD 1 invested in FP, there is a financial return of USD 20-120.4 [7]. Access to and utilisation of family planning services and corresponding contraception methods are essential for women's health and well-being, contributing to gender equity and poverty reduction. An unmet need for FP can lead to unintended pregnancy, unsafe abortion, and increased risk of death during labour and delivery, particularly among young women. The COVID-19 pandemic presented challenges to family planning services in 2020-2021. However, the Ministry of Health and Family Welfare prioritised family planning as essential and emphasised postpartum family planning and other spacing methods. Despite disruptions, many states reported increases in the use of various contraception methods, including intrauterine devices (IUDs), injectables, and oral contraceptives [8].

Research in Karnataka by I. Nasreen *et al.* [9] revealed a strong correlation between belief in family planning and its actual practice ($p < 0.0001$). Age was also found to be influential, with women aged 31-40 being less likely to adopt family planning methods compared to those aged 21-30 ($p = 0.012$). Common reasons cited for non-use included desired family size and cultural norms. Despite a reasonable understanding of modern contraception methods, Muslim women in the study area exhibited relatively low usage rates. Furthermore, the study on trends of prevalence of unmet need of family planning in India by K. Devaraj *et al.* [10] showed that India's unmet need for family planning halved between 1993 and 2021. While the national numbers improved, millions still lack access, with four states contributing significantly to the unmet need.

India's advances in family planning are notable, but ongoing efforts are necessary to address the persisting challenges and ensure universal access to reproductive healthcare services. By strengthening family planning programmes and addressing underlying social and economic factors, India can further improve maternal and child health outcomes and promote gender equality. The purpose of the present study was to evaluate the knowledge, attitudes, and practices regarding family planning and unmet needs of reproductive-age women in Vadodara, Gujarat.

Materials and Methods

A cross-sectional descriptive study was conducted at Shree Sayajirao General Hospital (SSGH), a tertiary care hospital in Vadodara, Gujarat, India. SSGH is a comprehensive healthcare facility that serves patients from a diverse range of geographic areas, including urban, rural, and tribal regions. Married women of reproductive age, specifically between 15 and 49 years old, were purposefully selected for participation in the study. These women were recruited from the Curative and Preventive General Practice (CPGP) Outpatient Department (OPD) at SSGH. To ensure the inclusion of eligible participants, several criteria were applied. Women who were unmarried, widowed, divorced, or had undergone a hysterectomy were excluded from the study. Additionally, women who were not willing to take part were not included.

Data was collected for the study over a two-month period, from September to October 2019. Before conducting face to face interviews with the subjects, informed consent was obtained. This involved providing the subjects with a detailed explanation of the study's purpose, how their data would be used, and their rights as participants. Structured questionnaires with close-ended questions were used to collect data from the subjects. These questionnaires were pre-tested and pre-validated to ensure their reliability and validity. A pilot test of the questionnaire was conducted at a primary health centre affiliated with Medical College Baroda to identify areas for improvement, such as reframing questions and categorising common responses. The questionnaires included questions related to socio-demographic variables, such as age, religion, education, occupation, residence, and income. Additionally, questions were asked about family planning knowledge, attitudes, and practices. The knowledge domain focused on topics such as family planning methods, birth spacing, and various contraceptive options. To assess attitudes, participants were presented with statements related to social and cultural beliefs regarding family planning. These statements were

accompanied by a rating scale, enabling subjects to specify their level of agreement or disagreement. To ascertain practices, the subjects were asked about their future childbearing desires, current contraception use, experience with conventional methods of contraception, and any unmet needs for family planning. The collected data was entered and analysed using password-protected Microsoft Excel software. This password-protected access was restricted solely to the investigators involved in the study, ensuring the confidentiality of the subjects' data. The quantitative data was analysed and presented in the form of rates and proportions, accompanied by graphical representations. The chi-square test was employed to analyse the statistical significance of the findings, and a 95% level of significance was set for interpretation.

Prior to initiating the study, necessary approvals were obtained from the Institutional Ethics Committee of Medical College Baroda and the Chief District Health Officer. The number for ethical approval is IECBHR/097-2019. These approvals ensured that the study adhered to ethical guidelines and protected the rights of the subjects. An eligible couple was defined as a married couple where the wife was of reproductive age, typically considered to be between 15 and 45 years old. This operational definition was a prerequisite for participation in this study. By including only eligible couples, the study ensured that analysis focused solely on this specific demographic group. Unmet needs for family planning are calculated in accordance with [11]:

(Women (married or in union) who are not using contraception, are fecund, and desire to either stop childbearing or postpone their next birth for at least two years + pregnant women whose current pregnancy was unwanted or mistimed + women in postpartum amenorrhea who are not using contraception and at the time they became pregnant, had wanted to delay or prevent the pregnancy ÷ Total number of women of reproductive age (15-49) who are married or in a union) × 100. (1)

Results and Discussion

A total of 100 females from the reproductive age group were enrolled in this study, with a mean (SD) age of 30.76 (6.75) years. Half (50%) of the females were in the age group of 21-30 years. Most (81%) of the females were followers of the Hindu religion. The knowledge about the contraception was associated with the age group. Knowledge about contraception was greater in the females with older age. However, age-group association was not observed in practice or attitude towards contraception. Out of the total females, 82% were females residing in urban areas. Knowledge and attitude regarding contraception was observed more among the urban residents as opposed to rural and tribal. Education of female subjects and their husbands was significantly associated with the knowledge, attitude towards, and practices of contraception use among the selected population (Table 1).

Table 1. Association of socio-demographic factors with KAP (knowledge, attitudes, and practices) of family planning

Variables	Knowledge about family planning				Practices of family planning method			Attitudes towards family planning method		
	Yes	Partial	No	p-value	Yes	No	p-value	Approve	Disapprove	p-value
Age group (in years)										
<20	02	04	00		02	02		02	04	
21-30	35	03	12	**0.0008**	23	18	0.44	35	15	0.58
31-40	25	06	00		24	12		27	12	
>40 years	02	03	00		02	03		02	03	
Religion										
Hindu	49	14	18	0.31	40	27	0.88	56	25	0.62
Muslim	15	02	02		11	08		12	07	
Wife's education										
Illiterate	06	0	03		09	00		03	06	
Primary	12	02	10		11	10		15	09	
Secondary	13	10	04	**0.002**	14	13	**0.01**	15	12	**0.02**
Higher secondary	11	02	03		07	06		11	05	
Graduate and above	22	02	00		06	10		24	00	
Husband's education										
Illiterate	03	00	03		03	03		03	03	
Primary	15	00	03		12	06		15	03	
Secondary	10	10	04	**0.004**	11	06	**0.03**	10	14	**0.02**
Higher secondary	14	05	00		08	05		14	05	
Graduate and above	22	06	05		17	11		26	07	
Residence										
Urban	55	13	14		18	15		56	26	
Rural	6	3	6	**0.04**	06	06	0.32	09	05	**0.001**
Tribal	03	00	00		03	00		03	00	

Continued Table 1

Variables	Knowledge about family planning				Practices of family planning method			Attitudes towards family planning method		
	Yes	Partial	No	p-value	Yes	No	p-value	Approve	Disapprove	p-value
Socio-economic status*										
Upper middle class	13	06	09	**0.02**	00	03	0.07	02	02	**0.003**
Middle class	17	02	08		14	09		19	08	
Lower middle class	32	06	03		18	16		36	05	
Lower class	13	06	09		19	07		11	17	

Notes: *modified BG prasad classification, update-2019
Source: compiled by the authors of this study

Among study participants, only 8% of subjects were nulliparous, and nearly 14% had a history of abortion in the past. A positive association was observed between the practices of family planning and attitudes regarding the use of the FP methods among the multiparous women. The history of abortion had a positive association with the knowledge and attitudes towards family planning methods. Subjects with a history of abortion had more knowledge and a positive attitude towards using the FP methods. The lesser number of children was associated with the KAP of the FP method. There was no association observed between knowledge and attitude with the number of male children (Table 2).

Table 2. Obstetric history of the subjects and its association with KAP of family planning

Variables	Knowledge about family planning				Practice of family planning method			Attitudes towards family planning method		
	Yes	Partial	No	p-value	Yes	No	p-value	Approve	Disapprove	p-value
Parity										
Nulliparous	6	2	0	0.30	6	0	**0.03**	8	0	**0.04**
Multiparous	58	14	20		45	35		60	32	
History of abortion										
Yes	14	0	0	**0.007**	5	3	0.70	14	0	**0.01**
No	44	14	20		40	32		46	32	
Number of living children										
0	06	02	00	**0.01**	06	00	**0.004**	08	00	**0.01**
1	26	04	05		07	16		26	09	
2	21	10	09		27	13		23	17	
3 and more	11	00	06		11	06		11	06	
Number of male children										
0	20	02	04	0.19	08	07	0.17	22	4	**0.001**
1	28	09	11		26	19		28	20	
2 and more	16	5	5		17	09		18	08	

Source: compiled by the authors of this study

Figure 1 shows the knowledge and practices regarding the various FP methods. Although nearly three-fourth of the women were aware of the barrier method, only one-fourth of them were practicing the method. Another common method was having knowledge of hormonal pills, permanent methods, IUCDs. Permanent method was the chosen method for contraception. Over three-fourths of the subjects had knowledge of FP from healthcare workers (79%), followed by internet (40%) and television (36%) (Fig. 2).

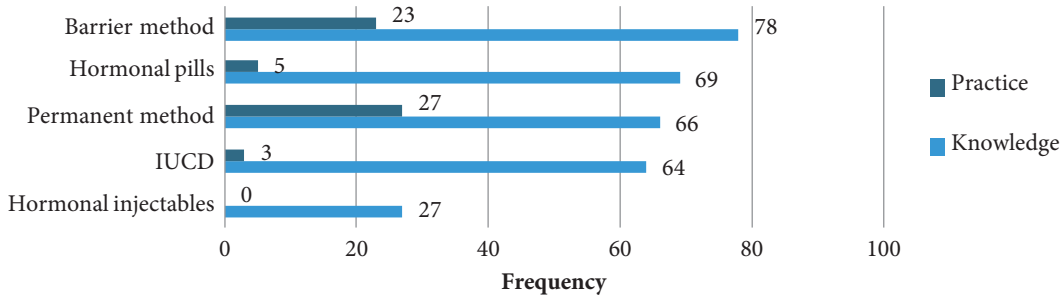

Figure 1. Knowledge and practice of various contraception methods among subjects
Source: compiled by the authors of this study

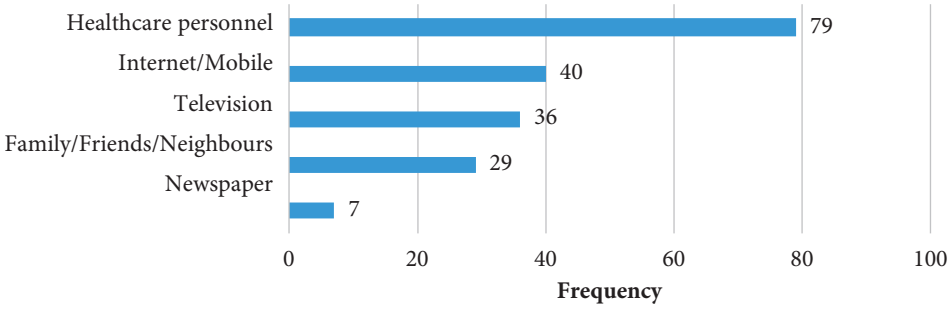

Figure 2. Source of knowledge of family planning methods among subjects
Source: compiled by the authors of this study

Table 3 presents association of knowledge of family planning method with the practice of FP method. No association of knowledge of FP method with the practices of FP method was observed. At the same time, the accessibility of FP method was positively associated with the practice of FP methods. According to Figure 3, 64% of females had the knowledge regarding the FP method, but only 51% of them were using the family planning methods. Increased age, education, urban residence, higher socio-economic class were positively associated with the KAP of FP method. The accessibility of the FP methods was also associated with the practices of FP methods.

Table 3. Factors associated with practices of family planning method

Variables	Practices of family planning method		p-value
	Yes	No	
Knowledge about family planning methods			
Yes	32	18	0.28
Partial	08	08	
No	11	09	
Knowledge about source of obtaining contraceptives			
Aware	46	28	0.18
Not aware	05	07	
Perceived knowledge of side effects			
Aware of side effects of contraception	23	12	0.24
Not aware of side effects	21	19	
Accessibility of family planning method			
Easily accessible	41	23	**0.01**
Not easily accessible	10	12	

Source: compiled by the authors of this study

The unmet need for family planning was found by formula (1):

$$\frac{\{(21+5+2)\cdot 100\}}{100} = 28\%. \quad (2)$$

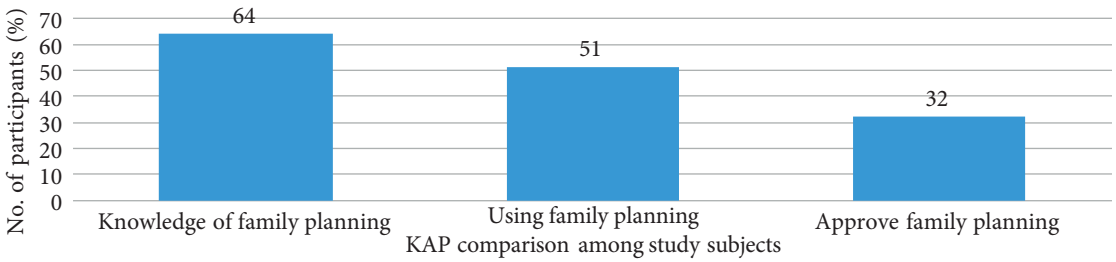

Figure 2. Source of knowledge of family planning methods among subjects
Source: compiled by the authors of this study

KAP of family planning measures are significant in improving the reproductive outcomes. Three of them play a vital role in improving the reproductive health. The present study showed that nearly 64% of subjects had knowledge

of family planning, while 16% had partial knowledge of family planning methods. The findings were greater than those presented in the study in Ethiopia by D. Bekele *et al.* [12]. The reason for such disparity may be explained by the national, cultural, and religious differences. Other reasons may include dependence on the age of the female, socio-economic status, education status, and accessibility of healthcare and social media, etc.

In the present study, the primary source of knowledge was healthcare personnel (79%), followed by internet/mobile (40%). The study findings are comparable to the findings in Northwest Ethiopia [13]. The knowledge was significantly associated with an older age group (31-40 years), literacy, and urban residency. These findings are in line with the study by M. Qazi *et al.* [14] in North India. Although there was significant association observed for age with the knowledge of contraception methods, there was no association observed between practices and attitudes. This could be attributed to their advanced experience and previous visits to healthcare facilities during their prior delivery. Another reason could be that with advancing age, there may be an increased need for contraception or extended birth spacing. These might be the possible reasons for the association.

Literacy of spouses was positively associated with the knowledge, attitudes, and practices of contraception. These findings were analogous to those of Y.R. Singh *et al.* [15] in Jaipur. Literacy increases the chances of exposure to more social media platforms, or more resources may increase the chances of knowledge for the family planning methods. Urban residence and higher socio-economic class were also associated with good knowledge and practice. Urban women were more likely to be jobholders and have more media exposure, which can increase the chances of having improved knowledge.

Out of the total, 51% of subjects under study were practising the family planning methods, which was smaller than in a study done in ASEAN countries [16] and greater than in Chhattisgarh [17]. In the present study, the most common contraception method was the barrier method, which is comparable to the F. Ewerling *et al.* [18], where most of the subjects were using modern contraception methods (76.1%), where condoms (11.8%) and OCPs (8.5%) were used frequently. A.S. Kasa *et al.* [19] revealed that residence, age, educational status, number of children, and monthly income were significantly associated with the practice of FP. The study findings were in line with the findings of the present study.

R.T. Wani *et al.* [20] found that the knowledge and attitude of the study subjects showed a poor correlation with the practice of family planning. Analogous findings were observed in the present study, where obstetric history, such as nulliparity, the number of children, and having one or more male children, was significantly associated with the approval of the family planning method. However, W. Simegn *et al.* [21] found that knowledge was positively associated with the usage of contraception methods. The reason for this may be the attitudes of the subjects towards using the family planning method. Many cultural beliefs prevent the usage of family planning methods.

The unmet need for family planning in the present study was 28%, which was lower than in the studies conducted in Tamil Nadu (39%) and South Nigeria (38%) [22-23]. The major reason for the unmet need can be the women understanding the FP method as a terminal method and not a spacing method, thereby preventing them from using the FP method. According to K. Machiyama *et al.* [24], the other reasons for unmet need are ambivalent fertility preferences, low perceived risk of getting pregnant, partner preference, etc. By considering the above factors, targeted interventions can be developed to encourage behaviour change among women regarding the use of family planning measures. This may help enhance family planning methods and positively impact fertility and demographic indicators.

Conclusions

The key findings of the present study were that older women demonstrated a greater level of knowledge of contraception methods compared to younger subjects. Urban residence and higher education levels were also positively correlated with knowledge of contraception methods. While age and residence did not significantly influence attitudes towards contraception, education level had a positive impact. Education level, residence, and accessibility of contraception methods were significantly associated with the practice of contraception methods. Higher education levels and urban residence were linked to higher rates of contraception use. Other factors like parity, history of abortion, and the number of living children were associated with KAP. Subjects with a history of abortion exhibited greater knowledge and positive attitudes towards family planning. The number of living children was negatively correlated with KAP. The study's limitations included its sample size, reliance on self-reported data and a hospital-based study which may limit the generalisability of the findings. Future research areas include longitudinal studies to track changes in KAP over time, comparative studies to examine KAP across different contexts, and qualitative studies to explore women's perceptions and experiences with family planning. Economic evaluations can also be conducted to assess the cost-effectiveness of family planning interventions.

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Conflict of Interest

None.

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Оцінка рівня обізнаності та поведінки щодо планування сім'ї у вищому медичному закладі у м. Вадодара

Аста Вала

Доктор громадської медицини, консультант
Ресурсний центр державної системи охорони здоров'я
380081, Сола, м. Ахмадабад, штат Гуджарат, Індія
https://orcid.org/0000-0002-6690-9220

Пріті Панчал

Асистент
Медичний коледж Барода
390001, дор. Віноба Бхаве, 853R+QP4, м. Вадодара, Індія
https://orcid.org/0000-0002-9228-2038

Марджі Шет

Асистент
Медичний коледж GCS
380025, дор. Народа, м. Ахмадабад, штат Гуджарат, Індія
https://orcid.org/0000-0003-3532-8674

Анотація. Широкомасштабна програма планування сім'ї в Індії досягла значних успіхів, але все ще зберігається диспропорція між бажаною фертильністю жінок та їхнім доступом до послуг з планування сім'ї. Метою цього дослідження було оцінити знання, ставлення та практику планування сім'ї, а також незадоволені потреби жінок у м. Вадодара, штат Гуджарат, Індія. Було проведено перехресне дослідження серед 100 заміжніх жінок репродуктивного віку, які відвідували лікарню третинного рівня у м. Вадодара. Дані збиралися за допомогою попередньо протестованих анкет, що охоплювали соціально-демографічні фактори, знання з питань планування сім'ї, ставлення, практики та незадоволені потреби. Результати показали, що хоча 64 % жінок знають про планування сім'ї, їхні знання пов'язані з віком, грамотністю та проживанням у місті. Усі жінки, які знають та схвалювали планування сім'ї, були більш освіченими та проживали у містах. Практика планування сім'ї складала 51 %, причому вибір методу залежав від віку, грамотності, міського проживання та доступності. Незадоволені потреби у плануванні сім'ї були значними – 28 %. Результати цього дослідження підкреслили потребу в цілеспрямованій освіті, покращенні доступу до послуг з планування сім'ї та цілеспрямованих втручаннях. Цілеспрямована освіта може підвищити рівень знань і практичних навичок, особливо серед маргіналізованих груп населення. Політики повинні надавати пріоритет доступу сільських жителів до ефективних методів планування сім'ї. Неурядові організації можуть підвищити рівень обізнаності та вирішити питання незадоволених потреб за допомогою втручань на рівні громад. Розуміння цих факторів має вирішальне значення для розробки ефективних стратегій, спрямованих на покращення результатів репродуктивного здоров'я та досягнення бажаного розміру сім'ї

Ключові слова: контрацепція; незадоволені потреби; репродуктивне здоров'я; здоров'я жінок; медична освіта