

Knowledge and Attitudes towards Family Planning and Ideal Children among University Students

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ABSTRACT

Family planning has pivotal to ensuring the health and development of youth, reducing unnecessary health risks, and improving their opportunities for education and productive livelihoods. Unsafe sex has been estimated to be the second most important global risk factor for health. The prime objectives of the study was (i) to assess the level of knowledge and attitudes towards family planning and also ideal number of children among the respondents and (ii) to understand the socio-economic and demographic differentials on knowledge and attitudes towards family planning and ideal number of children in a family. The data for the present study is a primary data of 300 International male students who are doing Arts and Science faculty in the Annamalai University. A simple random has adopted to select a sample population of 300, out of 635 students. The total sample size is 300. Result shows that all the respondent's knowledge about family planning. As source of knowledge was concern, teacher (57.3 %), and friends (49.0 %) was the main source of family planning. Condom, (86.0 %), oral pills (59.3 %) and withdrawal method (56.6 %) were the commonly reported of family planning methods. Three fourth of respondents (76.0%) have favor of family planning. Among the background variables like religion and place of residence has shown significantly associated with respondents opinion in favor of family planning suggests (P value <0.000 level of significance). Related to the opinion on ideal of children in a family respondents belonged to higher birth order, Christian and living in urban area were favorably opted in two children or less as ideal number of children for a family. Based on the results some suggestion has been framed ;(i) The news of family planning programmes should reach widely particularly in the rural area which is located by more Muslim people.

Key Words : Family planning, Ideal children, Family size

INTRODUCTION

Family planning is important for the health of a mother and her children, as well as for the family's economic welfare. Thus, access and utilization of family planning services helps to control population growth and enhance economic development (Al-Mualm, 2007). Family planning as a pivotal to ensuring the health and development of youth, reducing unnecessary health risks, and improving their opportunities for education and productive livelihoods. Unsafe sex has been estimated to be the second most important global risk factor for health (World Health Organization. World Health Statistics, 2008). WHO defined family planning programme as "a programme that

allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births". It is achieved through use of contraceptives and the treatment of involuntary fertility (Al-Zubaidi *et al.*, 2000). Family planning is considered an essential component of primary health care and reproductive health, plays a major role in reducing maternal and newborn morbidity and mortality and transmission of HIV (WHO. Repositioning family planning: Guidelines for advocacy action. USAID, World Health Organization, 2008). It is one of the best and most cost effective investments that can be made to ensure the health and well-being of women, children and

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communities especially in countries where rapid population growth is seen as barrier to socio- economic development (WHO. Health benefits of family planning. Family Planning and Population Division of Family Health, World Health Organization, 1995 and Fahimi, 2004). Contraception can yield long term economic benefits through three main routes: First, contraception can produce economic benefits by reducing maternal mortality and morbidity and improving child health-benefits. Second, contraception can have economic payoffs if it occurs in a setting where high fertility is constraining economic growth. Third, when contraception reduces the rate of population growth, it can have economic effect on the environment (Behrman and Knowles, 1998). Knowledge of birth control methods, access to the means of fertility regulation and communication between husband and wife about desired family size are essential for effective family planning (Dabral and Malik, 2004). Anand Mohan Dixit et.al. in their study result showed that most commonly known methods were female sterilization (95.2%), condom (94.7%) and Male sterilization (93.5%). IUD (57%) was still not popularly known method of contraception. On analysis family size was shows that two child norm is not ideal to all (Dixit *et al.*, 2013). Karount and Altuwajiri (2012) has observed from the results majority of the students (65%) had a moderate level of knowledge, males more than females, but females had more positive beliefs and attitudes. More females agreed with family planning programmes and methods than males'. Saluja *et al.* (2010) study revealed that the knowledge about one or more methods of contraception, particularly modern contraceptive methods was 95.0%, being 95.6% among males and 94.4% among females. Positive attitude for contraception was shown by 198 (79.2%) females and 158 (63.2%) males. Dhingra et.al. (2010) in their study observed that condom was the favorably known method of family planning. Television and magazines were found to be the major accessible sources of information. Education was found to be significantly associated with the respective attitude of respondents towards family planning.

So, this study was carried out to understand the knowledge and attitudes of family planning and ideal number of children among the students of Annamalai University.

Objectives:

The main objectives of the study are

1. To assess the level of knowledge and attitudes towards family planning and ideal number of children among the respondents.

2. To understand the socio -economic and demographic differentials on knowledge and attitudes towards family planning and ideal number of children in a family.

METHODOLOGY

The data for the present study is a primary data of 300 International male students who are doing Arts and Science faculty in the Annamalai University. A simple random has adopted to select a sample population of 300, out of 635 students. The total sample size is 300. An interview schedule was prepared on the basis of questions related of the topic. The data was collected by the research personally during April 2017. The statistical tools like percentage and Chi square to have applied to meet the objectives.

RESULTS AND DISCUSSION

The study result shows that all the respondents have knowledge of family planning.

As source of knowledge was concern, teacher (57.3 %), and friends (49.0 %) was the main source of family planning. Television and parents have less role in imparting knowledge of family planning among the respondents (Table 1). With respect to knowledge about particular method condom, (86.0 %), oral pills (59.3 %) and withdrawal method (56.6 %) were the commonly reported than the rest of the methods IUD (24.3 %), vasectomy (26.3 %) and tubectomy (27.7 %) (Table 1 and 2).

Respondents' opinion on favor of family planning and their background characteristics was given in table 3. Three fourth of respondents (76.0%) have favor of family planning. Younger ages *i.e.* less than and equal to 21 were more favor (86.0%) than the respondents

Table 1 : Source of knowledge about family planning			
Source of knowledge	Yes (%)	No (%)	Total (%)
Television	103(34.3)	187(65.3)	300(100)
Parents	108(36.0)	192(64.0)	300(100)
Friends	149(49.7)	151(50.3)	300(100)
Teacher	172(57.3)	128(42.7)	300(100)
Internet/News paper	180(60.0)	(40.0)	300(100)

Figures within brackets denotes percentage

Table 2 : Level of knowledge about family planning methods

Family Planning Methods	Level of knowledge		
	Yes (%)	No (%)	Total (%)
Condom/Nirodh	258(85.3%)	41(13.7)	300(100)
IUD	73 (24.3)	227(75.7)	300(100)
Oral Pills	178(59.3)	127 (40.7)	300(100)
Foam Tablet	94 (31.3)	206 (68.7)	300(100)
Withdrawals method	168 (56.0)	132 (44.0)	300(100)
Vasectomy	79 (26.3)	221 (27.7)	300(100)
Tubectomy	83 (27.7)	217 (72.3)	300(100)

Figures within brackets denotes percentage

belonged to older ages *i.e.* 28 and above (83.3%). More than three fourth of the respondents has favor of family planning respondents who belongs to Christians (89.5 %) have more favor than their counterparts of Muslim religion (47.0) as religion is considered. Chi squire value shows there is significantly associated with religion and favor of family planning (at 0.000 level of significant) in this regard). As far as place of residence is concern respondents who residing urban area have higher percentage (81.3 %) of family planning than the rural respondents (64.0 %). There is strongly associated between place of residence and favor of family planning

Table 3 : Opinion on favors of family planning and background characteristics

Background Characteristics	Opinion on favour of family planning			
	No	Yes	Total	
Age of the respondents	<21	7(14.0)	43(86.0)	50(100.0)
	22-24	25(26.0)	71(74.0)	96(100.0)
	25-27	28(29.8)	66(70.2)	94(100.0)
	28+	10(16.7)	50(83.3)	60(100.0)
	Chi-squire	NS		
Birth odder	1-2	25(21.0)	94(79.0)	119(100.0)
	3-4	25(21.0)	94(79.0)	119(100.0)
	5+	20(32.3)	42(67.7)	62(100.0)
	Chi-squire	.NS		
Religion	Christian	22(10.5)	187(89.5)	209(100.0)
	Muslim	48(52.7)	43(47.3)	91(100.0)
	Chi-squire	***		
Place of residence	Rural	35(31.0)	78(69.0)	113(100.0)
	Urban	35(18.7)	152(81.3)	187(100.0)
	Chi-squire	***		
Household size	3-4	13(16.9)	64(83.1)	77(100.0)
	5	5(11.1)	40(88.9)	45(100.0)
	6	5(7.6)	61(92.4)	66(100.0)
	7	24(53.3)	21(46.7)	45(100.0)
	8+	23(34.3)	44(65.7)	67(100.0)
Chi-squire	NS			
Mother's education	Primary +illiterate	34(46.6)	39(53.4)	73(100.0)
	High school	3(4.2)	68(95.8)	71(100.0)
	College	18(21.7)	65(78.3)	83(100.0)
	Master + Ph.D	15(20.5)	58(79.5)	73(100.0)
Chi-squire	NS			
Monthly income	5000-10000	23(37.1)	39(62.9)	62(100.0)
	10001-20000	5(9.1)	50(90.9)	55(100.0)
	20001-25000	3(7.0)	40(93.0)	43(100.0)
	25001-30000	8(17.0)	39(83.0)	47(100.0)
	30001+	31(33.3)	62(66.7)	93(100.0)
	Total	70(23.3)	230(76.7)	300(100.0)
Chi-squire	NS			

Figures within brackets denotes percentage

***p<0.001 level of significance, **p<0.005 level of significance, NS- not significance

as chi-square tests suggests (P value <0.000 level of significance). Overall among the background variables like religion and place of residence has shown significantly associated with respondents opinion in favor of family planning suggests (P value <0.000 level of significance).

Respondents opinion on ideal number of children for a family and background characteristics was shown clearly in Table 4. Less than or equal to two child as consider respondents in the younger ages *i.e.* 21 age categories has larger opined (44.0%) than the 22-24 ages (28.1%). One fifth of respondents who belonged in the ages 28 and above has said that less than or equal to two child as the ideal family size in a family. Related to four

children, respondents who belonged to older ages *i.e.* 28+ has opined largely (45.0%) as compare to other younger ages that is 25-27 (24.5%), 22-24 (24.0%). Birth order has shown significantly association with opinion on ideal number of children for a family (p value <0.001 level of significance). Lower birth order that is first and second were more opted (42.0%) as two children but in the case of respondents belong to fifth and above the relative percentage was thirty one. Christian was more opted (28.2% in two children than their counter parts of Muslim respondents (22.0%). Even three children as an ideal for a family Christian has far better (22.5%) as compare to respondents belonged to Muslim religion

Table 4 : Opinion on ideal number of children and background characteristics

Background Characteristics		Opinion on ideal number of children				Total
		2 and less	3	4	5 and above	
Age of the Respondents	<21	22(44.0)	3(6.0)	12(24.0)	13(26.0)	50(100.0)
	22-24	27(28.1)	21(21.9)	23(24.0)	25(26.0)	96(100.0)
	25-27	18(19.1)	22(23.4)	23(24.5)	31(33.0)	94(100.0)
	28+	12(20.0)	11(18.3)	27(45.0)	10(16.7)	60(100.0)
	Chi-square			NS		
Birth Order	1-2	50(42.0)	20(16.8)	21(17.6)	28(23.5)	119(100.0)
	3-4	10(8.4)	25(21.0)	59(49.6)	25(21.0)	119(100.0)
	5+	19(30.6)	12(19.4)	05(08.1)	26(41.9)	62(100.0)
	Chi-square			***		
Religion	Christian	59(28.2)	47(22.5)	72(34.4)	31(14.8)	209(100.0)
	Muslim	20(22.0)	10(11.0)	13(14.3)	48(52.7)	91(100.0)
	Chi-square			***		
Place of residence	Rural	19(16.8)	22(19.5)	29(25.7)	43(38.1)	113(100.0)
	Urban	60(32.1)	35(18.7)	56(29.9)	36(19.3)	187(100.0)
	Chi-square			***		
Household size	3-4	15(19.5)	19(24.7)	36(46.8)	7(9.1)	77(100.0)
	5	6(13.3)	6(13.3)	25(55.6)	8(17.8)	45(100.0)
	6	39(59.1)	12(18.2)	04(6.1)	11(16.7)	66(100.0)
	7	6(13.3)	8(17.8)	6(13.3)	25(55.6)	45(100.0)
	8+	13(19.4)	12(17.9)	14(20.9)	28(41.8)	67(100.0)
	Chi-square			**		
Mother's education	Primary +illiterate	19(26.0)	8(11.0)	12(16.4)	34(46.6)	73(100.0)
	High school	17(23.9)	16(22.5)	25(35.2)	13(18.3)	71(100.0)
	College	22(26.5)	16(19.3)	31(37.3)	14(16.9)	83(100.0)
	Master + Ph.D	21(28.8)	17(23.3)	17(23.3)	18(24.7)	73(100.0)
	Chi-square			*		
Monthly income	5000-10000	13(21.0)	8(12.9)	21(33.9)	20(32.3)	62(100.0)
	10001-20000	15(27.3)	3(5.5)	20(36.4)	17(30.9)	55(100.0)
	20001-25000	21(48.8)	7(16.3)	14(32.6)	1(2.3)	43(100.0)
	25001-30000	8(17.0)	20(42.6)	4(8.5)	15(31.9)	47(100.0)
	30001+	22(23.7)	19(20.4)	26(28.0)	26(28.0)	93(100.0)
	Total	79(26.3)	57(19.0)	85(28.3)	79(26.3)	300(100.0)
	Chi-square			NS		

Figures within brackets denotes percentage

***p<0.001 level of significance, **p<0.005 level of significance, NS- not significance

(11.0%). Chi- value shows there was significantly association between religion and opinion on ideal number of children in a family (p value <0.001 level of

significance). Similar result has found as place of residence in concern. Urban respondents were more opine in less than or equal to two children (32.1%) than

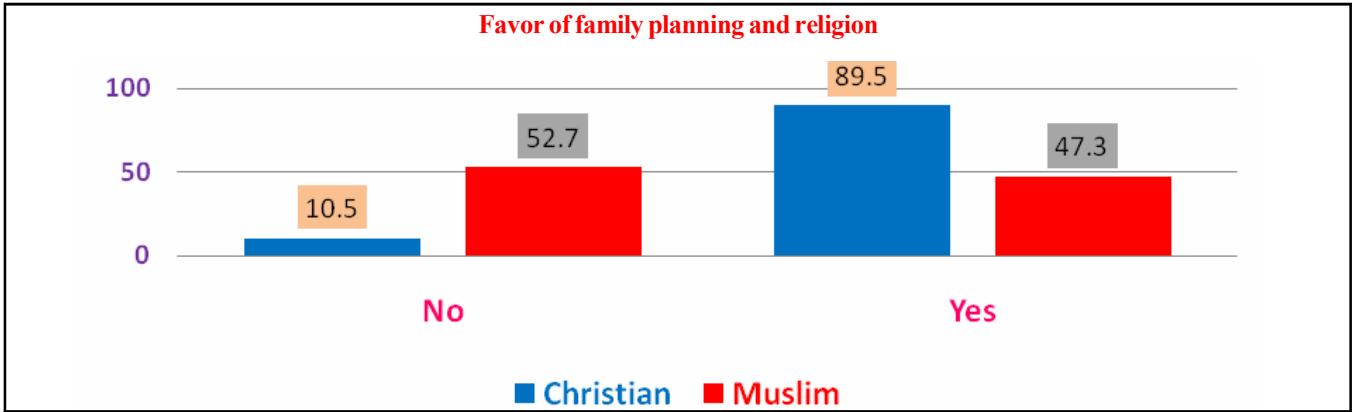


Fig. 1 : Favor of Family planning and religion

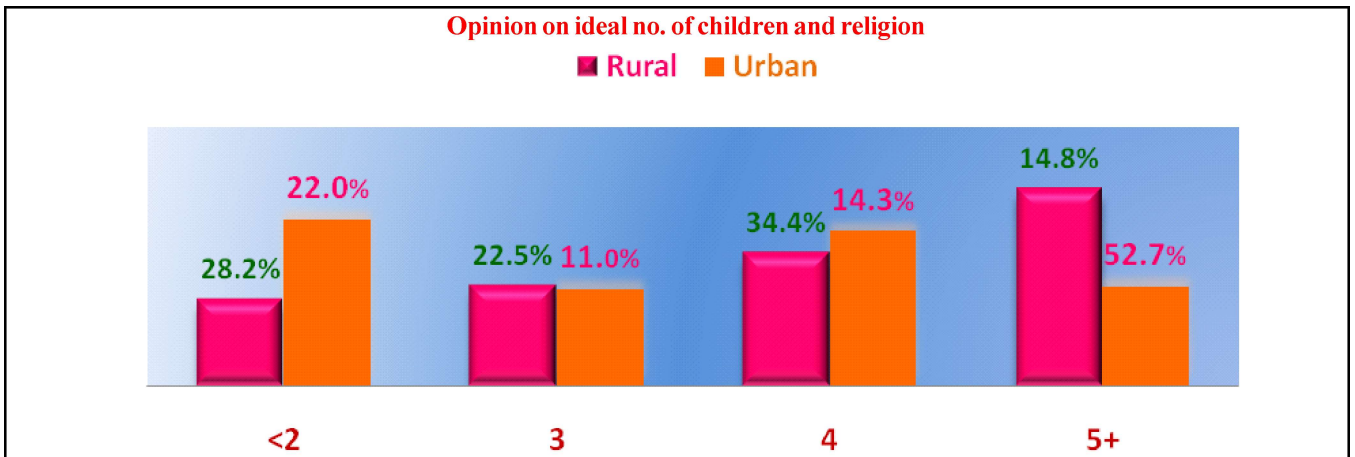


Fig. 2 : Opinion on Ideal number of children and religion

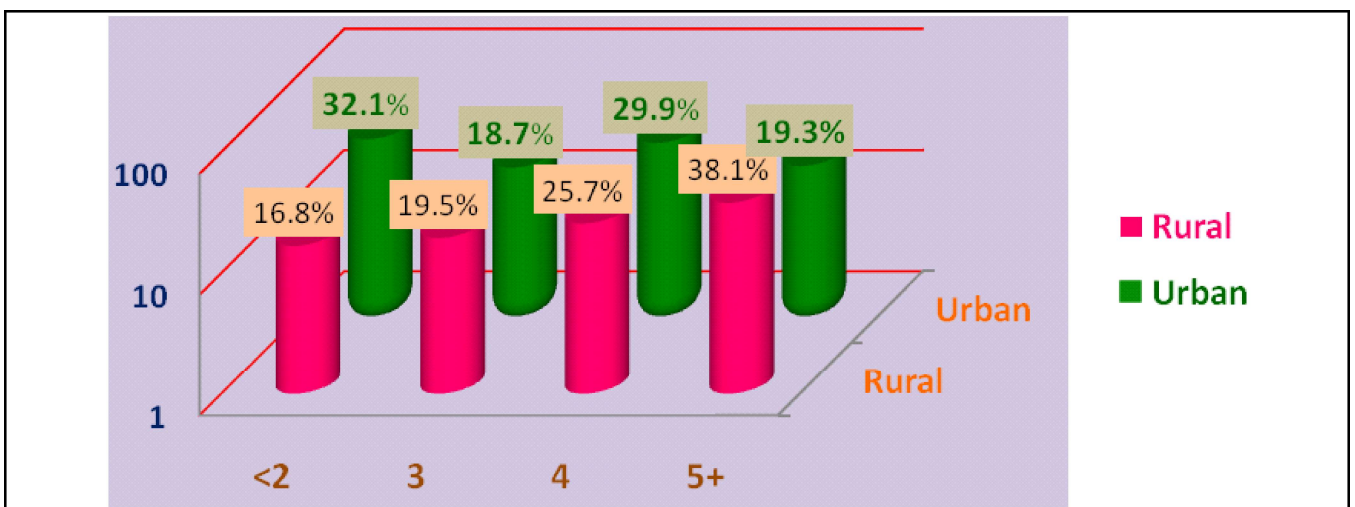


Fig. 3 : Opinion on Ideal no. of children and religion

the respondent who residing in rural area (16.8%). But in case of three children there was no differentials between Muslim and Christian religion. Religion is strongly associated with opinion on ideal number of children as chi square test suggests (p value <0.001 level of significance). Nearly sixty per cent (59.1%) of respondents living with six household size said that less than or equal to two children as ideal for a family. But in the case of 3-4 household size the relative percentage was sixteen. On the other hand respondents living with 3-4 household has more opted (24.7%) than the other large household. There was moderately with household size of the respondents as chi-square result suggests (p value <0.001 level of significance). Over all birth order, place of residence and religion has significantly associated with opinion on ideal number of children of a family,

Conclusion:

From the above findings it can be concluded that there is a variations in the knowledge and attitude of family planning among International student of Annamalai University. Overall have adequate knowledge about family planning. Teacher and internet was the main source knowledge of family planning. Among the various methods, condom and oral pills has commonly known among the respondents (International students). Christian respondents residing in urban area has shown good favor of family planning. Related to the opinion on ideal of children in a family respondents belonged to higher birth order, Christian and living in urban area were favorably opted in two children or less as ideal number of children for a family.

Policy implications:

The news of family planning programmes should reach widely particularly in the rural area and also located more Muslim people.

(i) It can help to increase in favor of family planning and

(ii) It may also help in opinion on less number of children as ideal for a family

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