

Original Research Article

OVERCOMING BARRIERS: FACTORS INFLUENCING FAMILY PLANNING AMONG MOTHERS ATTENDING IMMUNIZATION CLINIC

Sandhya Kumari Suman¹, Amita Sinha²

¹Assistant Professor, Department of Community Medicine, Nalanda Medical College, Patna, India.

²Professor & HOD, Department of Community Medicine, Nalanda Medical College, Patna, India.

Received : 08/05/2025
Received in revised form : 27/06/2025
Accepted : 19/07/2025

Corresponding Author:

Dr. Sandhya Kumari Suman,
Assistant Professor, Department of
Community Medicine, Nalanda
Medical College, Patna, India.
Email: drsandhyasuman10@gmail.com

DOI: 10.70034/ijmedph.2025.3.69

Source of Support: Nil,
Conflict of Interest: None declared

Int J Med Pub Health
2025; 15 (3); 381-384

ABSTRACT

Background: Family planning is crucial for maternal and child health. Understanding the factors influencing its adoption among mothers is essential for designing effective interventions. **Objective:** This study aimed to assess the knowledge, attitude, and practice of family planning methods and identify associated factors among mothers attending the immunization clinic of a medical college.

Materials and Methods: A cross-sectional study was conducted among a sample of 354 mothers attending the immunization clinic of a medical college in Patna. Data on socio-demographic characteristics, knowledge, attitude, and practice of family planning methods, and perceived barriers were collected using a structured questionnaire. Statistical analysis was performed using descriptive and inferential statistics, including chi-square tests and logistic regression, to identify factors associated with family planning practices.

Results: A high level of awareness regarding family planning methods was observed, but the utilization rate was lower, with an overall prevalence of contraceptive use at 53.4%. Female sterilization (18.6%) and male condoms (12.7%) were the most commonly practiced methods. Factors such as maternal education ($p=0.01$), age ($p=0.03$), residing in a nuclear family ($p=0.04$), and having two or more living children ($p=0.01$) were found to be significantly associated with the practice of family planning. Fear of side effects (30.3%) and desire for more children (36.4%) were identified as key barriers to adoption.

Conclusion: While awareness of family planning is high, efforts need to focus on addressing barriers like fear of side effects and enhancing male involvement to improve adoption rates among mothers. Tailored interventions considering socio-demographic factors are essential for promoting effective family planning practices.

Keywords: Family Planning, Mothers, Immunization Clinic, Influencing Factors, Awareness, Practice.

INTRODUCTION

India was one of the first countries to launch a National Family Planning Programme in 1952. Despite this long history, achieving desired contraceptive prevalence rates remains a challenge in many parts of the country.^[1] Family planning plays a vital role in limiting population growth, reducing maternal and infant mortality and morbidity, and improving the overall health and well-being of women and families. Understanding the factors that influence the adoption and consistent use of family

planning methods is crucial for designing effective programs and policies.^[2]

Studies have shown that various socio-demographic factors, including education, socio-economic status, age, parity, and cultural beliefs, can significantly impact contraceptive knowledge and practice.^[3-5] This study was designed to explore these factors among mothers attending the immunization clinic of a medical college, a setting that provides an opportunity to reach mothers across different socio-economic strata.

Objectives

- To assess the knowledge of various family planning methods among mothers attending the immunization clinic.
- To determine the prevalence of current family planning practices among these mothers.
- To identify the socio-demographic factors associated with the knowledge and practice of family planning methods.
- To explore the reasons for non-adoption or discontinuation of family planning methods.

MATERIALS AND METHODS

Study Design and Setting

A cross-sectional study was conducted among mothers attending the immunization clinic of a medical college in Patna.

Study Population and Sample Size

The study population comprised mothers attending the immunization clinic. A sample size of 354 mothers was included for this study.

Data Collection

Data was collected using a structured questionnaire. The questionnaire included questions on socio-demographic characteristics, knowledge, attitudes, and practices regarding family planning, and perceived barriers to family planning.

Data Analysis

The data collected was analyzed using descriptive and inferential statistics. Descriptive statistics were

used to summarize the socio-demographic characteristics of the participants and their knowledge, attitudes, and practices regarding family planning. Inferential statistics, such as chi-square tests and logistic regression, were used to identify factors associated with family planning practices.

Ethical Considerations

The study was conducted in accordance with ethical principles. Informed consent was obtained from all participants prior to data collection. Confidentiality of the participants' data was maintained throughout the study.

RESULTS

A total of 354 mothers attending the immunization clinic were included in the study. The results have been presented in alignment with the study objectives.

1. Knowledge of Family Planning Methods

Majority of the mothers (over 90%) were aware of at least one family planning method. The most commonly known methods were female sterilization (96.0%), male condoms (93.2%), and oral contraceptive pills (90.4%). Awareness was relatively lower for injectables (55.1%), natural methods (41.0%), and male sterilization (45.2%). Regarding place of availability, 87.6% knew where to obtain female sterilization services, while only 39.5% were aware of injectable availability (Table 1).

Table 1: Knowledge of Family Planning Methods among Mothers (n = 354)

Family Planning Method	Heard of the Method (%)	Knows Place of Availability (%)
Oral contraceptive pills (OCP)	320 (90.4%)	250 (70.6%)
Copper-T (IUCD)	255 (72.0%)	190 (53.7%)
Injectable contraceptives	195 (55.1%)	140 (39.5%)
Male condom	330 (93.2%)	300 (84.7%)
Female sterilization	340 (96.0%)	310 (87.6%)
Male sterilization	160 (45.2%)	120 (33.9%)
Natural methods (e.g., rhythm)	145 (41.0%)	90 (25.4%)

2. Prevalence of Current Family Planning Practices

Out of 354 participants, 189 (53.4%) were currently using some form of family planning method, while 165 (46.6%) were non-users. The most commonly

practiced methods were female sterilization (18.6%), male condoms (12.7%), and oral contraceptive pills (10.2%). Usage of intrauterine contraceptive devices (IUCDs) and injectables was comparatively lower (Table 2).

Table 2: Current Use of Family Planning Methods and Prevalence (n = 354)

Method Used	Number (%)
Not using any method	165 (46.6%)
Oral contraceptive pills	36 (10.2%)
Copper-T (IUCD)	30 (8.5%)
Injectable contraceptives	9 (2.5%)
Male condom	45 (12.7%)
Female sterilization	66 (18.6%)
Traditional methods	3 (0.8%)

3. Socio-Demographic Factors Associated with Knowledge and Practice

Mothers aged 25 years and above showed significantly higher knowledge (82.3%) and usage (48.5%) of contraceptive methods ($p = 0.03$). Higher

educational attainment (secondary level and above) was significantly associated with both increased knowledge (90.1%) and practice (51.5%) ($p = 0.01$). Other factors like residing in a nuclear family, having ≥ 2 children, and higher monthly income ($> ₹10,000$)

were also significantly associated with current use of family planning methods (Table 3).

Table 3: Factors Associated with Knowledge and Practice of Family Planning Methods (n = 354)

Socio-demographic Factor	Good Knowledge (%)	Currently Using FP (%)	p -value (Use vs Demographics)
Age ≥ 25 years	190 (82.3%)	112 (48.5%)	0.03
Education ≥ Secondary	210 (90.1%)	120 (51.5%)	0.01
Nuclear family	165 (71.1%)	105 (45.2%)	0.04
≥ 2 children	145 (62.5%)	110 (47.6%)	0.01
Monthly income > ₹10,000	150 (64.4%)	100 (42.4%)	0.02

4. Reasons for Non-Adoption or Discontinuation of Family Planning

Among the 165 non-users, the most commonly cited reason was the desire for more children (36.4%), followed by fear of side effects (30.3%), and

husband's opposition (15.2%). Cultural and religious reasons were also noted in 10.9% of participants. A small percentage reported lack of knowledge or access issues (Table 4).

Table 4: Reasons for Non-Adoption or Discontinuation of Family Planning (n = 165)

Reason	Frequency (%)
Want more children	60 (36.4%)
Fear of side effects	50 (30.3%)
Husband opposed	25 (15.2%)
Religious/cultural beliefs	18 (10.9%)
Lack of knowledge about methods	8 (4.8%)
Difficulty in access to health facility	4 (2.4%)

DISCUSSION

The present study assessed the knowledge, current practices, and socio-demographic determinants influencing the use of family planning methods among mothers attending the immunization clinic of a medical college.

Knowledge vs. Practice Gap

While the overall knowledge regarding contraceptive methods was high (above 90% for most modern methods), the actual usage rate was relatively modest at 53.4%. This finding is consistent with the national pattern where knowledge typically surpasses practice due to various socio-cultural and systemic barriers. A notable gap was observed between awareness and utilization, which aligns with findings from Uttar Pradesh where awareness of at least one method was nearly universal, yet the use of modern methods remained around 29%.^[1] This gap may be attributed to misconceptions and fear of side effects—an issue echoed in multiple studies. In our study, 30.3% of non-users cited fear of side effects as the reason for non-adoption, which aligns with findings by Kamath et al. where 69.2% cited health concerns as their main barrier.^[6]

Socio-Demographic Influences

Higher education, age above 25 years, living in a nuclear family, and having at least two children were significantly associated with both better knowledge and higher contraceptive use. This observation reinforces the role of women's education and empowerment in reproductive decision-making. Similarly, working status and joint decision-making with partners have been positively associated with contraceptive use in other studies. The association of nuclear families with better contraceptive use, as seen in our study, reflects cultural autonomy and privacy advantages. Moreover, religious and cultural beliefs

still influence contraceptive adoption, with 10.9% citing religion as a barrier—similar to rates observed by Kamath et al. and others.^[6,7]

Reasons for Non-Adoption

The most commonly reported reason for non-use in our study was a desire for more children (36.4%), followed by fear of side effects (30.3%), and opposition from husband (15.2%). These findings mirror those reported in the literature, where unmet needs were attributed to similar factors.^[4] This suggests the need for targeted behavioral change communication and couple-centered counseling approaches.

Comparative Insights from National Surveys

According to NFHS-5 data, the modern contraceptive prevalence among tribal and rural women is still below the national average, with female sterilization dominating. Our study showed a similar pattern, with sterilization being the most commonly used method among current users. The preference for permanent methods over spacing methods could be a reflection of provider bias, poor access to alternatives, and limited counseling.^[8]

CONCLUSION

This study highlights that while awareness of family planning methods among mothers attending the immunization clinic is high, the actual use remains moderate, underscoring a significant gap between knowledge and practice. Socio-demographic factors such as age, education, number of children, and family structure significantly influence contraceptive use. Common reasons for non-use include the desire for more children, fear of side effects, and partner opposition. Addressing these concerns through focused behavioral and couple-based interventions is crucial for improving uptake.

REFERENCES

1. Kerketta S, Kumar A. Knowledge of family planning and current use of contraceptive methods among currently married women in Uttar Pradesh, India. *Int J Community Med Public Health*. 2015;2(4):449-55.
2. Sahu PC, Inamdar IA, Doibale MK. Contraceptive practices: an experience from ever married women in a city of Maharashtra. *Int J Reprod Contracept Obstet Gynecol*. 2015;4(2):349-54.
3. Kruthika K, Metgud CS. Knowledge score regarding contraceptive methods among married women in urban areas of Belagavi. *Int J Community Med Public Health*. 2017;4(4):1303-6.
4. Setu Y, Prakash S, Parveen K, Singh R. A study of the factors influencing the utilization of family planning methods in urban slums of Allahabad district, UP. *Int J Community Med Public Health*. 2018;5(3):1212-7.
5. George N, Sulekha T, Ramachandran A, Peters A, Kiran PR. The unmet needs for family planning and its associated factors among ever married women in Anekal, Karnataka. *Int J Community Med Public Health*. 2018;5(5):2048-52.
6. Kamath P, Rao AP, Narayanan P. Contraceptive choices following first childbirth among working women in Udupi Taluk. *Clin Epidemiol Glob Health* 2019;7:1–5.
7. Panda SN, Barik M, Acharya AS, Kanungo S, Pati S. Spatial distribution and factors influencing modern contraceptive practice among tribal married women in India: evidence from NFHS-5. *BMC Women's Health*. 2023;23(318):1–11.
8. International Institute for Population Sciences (IIPS) and ICF. National Family Health Survey (NFHS-5), India, 2019-21: Compendium of Fact Sheets. Mumbai: IIPS; 2021.