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Original Article

Community Section

Knowledge and Practice of Small Family Norm among Married Women in an Urban Area of Tamil Nadu

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ABSTRACT

Introduction: India is the second most populous country in the world having a rapidly growing population. To strike a balance between population growth and resource usage, strategies like family planning came into force. People may have different levels of awareness and acceptance of methods of family planning. Research must identify best practices in the program implementation and the awareness levels among the population to propagate it further.

Aim: To study the knowledge and practice of adopting small family norms among married women in the urban field practice area of a Medical College (Sree Balaji Medical College and Hospital, Bharath University, Chennai, Tamil Nadu, India).

Materials and Methods: This cross-sectional descriptive study was carried out in the urban field practice area attached to a medical college in Kancheepuram district. Using simple random sampling method, 300 married women of reproductive age was identified. The data were collected using a pretested structured questionnaire containing five questions for assessing the knowledge and nine on practice. Data were analysed using SPSS software version 17.0.

Results: It was observed that, of 300 married women, almost 78% of the women uses contraceptive. Nearly 72% of the mothers said they were aware about the idea of small family norm and about 70% of them informed that they know how small family norm is practiced. Nearly 68% of the mothers said small family norm means a family with 2 or less children.

Conclusion: Awareness about small family norm should be enhanced through various strategies under the family welfare programs. More people should be encouraged to embrace family welfare measures in order to control the population.

Keywords: Contraception, Family planning, Fertility, Population growth

INTRODUCTION

Population is growing very rapidly in the developing countries. India stands the second most populous country in the world. Currently the population of India is increasing at the rate of 16 million each year [1]. One of the global problems of today is the increasing population without commensurate rise in the world resources to care for the numerous needs of the people [2]. If the population explosion was allowed to continue, a time will come when the world food supply will not be able to keep pace with the growing population and other necessary basic infrastructures will be put under tremendous pressure. By initiating appropriate measures, the developed nations were able to deal with the challenges of rising population and prevented population explosion. Developing countries, with their high fertility rates and very high population growth rates are still suffering with the population explosion problem [3].

To achieve equilibrium between the growing population and utilisation of resources, programs enforcing family planning strategies through the use of contraceptive methods came into force [4]. Family planning is defined by WHO as “a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes and responsible decisions by individuals and couples, in order to promote the health and welfare of family groups and thus contribute effectively to the social development of a country” [5]. Family planning practices help individuals or couples to avoid unwanted pregnancies, regulate the intervals between pregnancies, control the time of birth in relation to the age of the parents and determine the number of children in the family [6,7].

The Government of India launched a Family Welfare Program as early as 1952 to accelerate the economic and social development by reducing the population growth [8]. In spite of the fact that India was the first country in the world to implement a national population control program, we are still struggling to contain the baby boom. A lot of efforts and resources have gone into the national family welfare program. However, the returns are not commensurate with the inputs to control the population [9].

United Nations conference on human rights at Tehran 1968 recognised family planning as a human right. Small differences in family size will bring about big difference in birth rate [10]. For example one child less in a family over a decade will bring a difference in population growth. The national target is to achieve net reproductive rate of 1 which is considered equivalent to two child family norm. The family planning program objectives include not only reducing fertility rates but also establishing a social norm of two children per family-“the small family, happy and prosperous family” [11].

With the increased use of contraceptive methods, fertility rate continues to decline in India. As per NFHS-2 (1998-99) data, the Total Fertility Rate (TFR) was found to be 2.9 children per woman, which decreased to 2.7 children per women as per the NFHS-3 (2005-06) data, which corresponds to the contraceptive prevalence rate of 56% as per NFHS-3 survey [12]. According to NFHS-4 (2015-16) data, the TFR was 2.2 children per women, which corresponds to a contraceptive usage of 53.5%. There is a decrease in contraceptive usage in the past decade from 56.3% to 53.5% [13]. In Tamil Nadu, the contraceptive prevalence rate among married women was 61% in NFHS-3, up from 52% in NFHS-2 and 50% in NFHS-1. The contraceptive prevalence rate was almost the same in rural areas (62%) and urban areas (61%) [14]. The use of family planning methods according to NFHS-4 data shows a decrease in the use of contraceptives to 53.2%, with 54.1% usage in urban areas [15].

People of India being multi-linguistic, multi-religious and multi-ethnic, have different levels of awareness and acceptance of methods of family planning [16]. To ensure proper funding of effective and efficient family planning programs, research must identify best

practices in the program implementation and improve the awareness level among the population to propagate it further [17].

With this background, this study was planned with the objective of studying the knowledge and practice of adopting small family norms among married women in the urban field practice area of our Medical College.

MATERIALS AND METHODS

Study design: A population based cross-sectional descriptive study was carried out in the urban field practice area of the Urban Health Training Centre attached to Sree Balaji Medical College and Hospital, Bharath University, Chennai, Tamil Nadu, India, during October 2016 to February 2017.

Sample size: The sample size for the study was calculated based on a previous study done by Pegu B et al., where 38% of the women were found to be using contraceptives [18]. Using the formula,

$$n=4PQ/D^2,$$

the sample size was calculated to be 290 with a relative precision of 15%. The sample size calculated was rounded off to 300.

Inclusion criteria: The inclusion criteria for the study were married females of reproductive age group irrespective of their parity residing in the study area, who were apparently healthy and willing to participate in the study.

Exclusion criteria: The exclusion criteria for the study were married females not belonging to the reproductive age group and who were not willing to participate in the study.

Sampling technique: Simple random sampling method was used to identify the study subjects. There were 621 eligible couples registered under the Anakaputhur Health Centre. From among them, the required sample size 300 was identified by computer generated random number.

Data collection: The data collection was done by the study team, which included the interns who were undergoing training at the Urban Health Training Centre. The study subjects identified by simple random sampling were interviewed by the interns by visiting their homes. The data collection tool comprised of a pretested, validated, structured questionnaire, prepared in the local language, which comprised of background information, questions on knowledge and practice regarding small family norm and contraceptive usage. Details on usage of contraceptive and reasons behind the practice were asked. The questionnaire consisted of five questions on knowledge and nine questions on practice. Those who have answered correctly three out of the five knowledge questions are considered to have adequate knowledge about small family norm.

Operational Definition

Contraceptive usage: In this study, it refers to the measures adopted by married and sexually active women to space or prevent pregnancies (does not want to have a child or another child in the next two years or at all) as a consequence of sexual intercourse.

Practice: In this study practice refers to the use of any contraceptive methods.

Ethical clearance and informed consent: The study was carried out after obtaining the requisite approval from the Institutional Ethical Committee. The participants were briefed about the study purpose and informed consent was obtained prior to the data collection.

STATISTICAL ANALYSIS

All the data collected were entered into the Microsoft excel. The data analysis was carried out using SPSS software version 17.0. The level of knowledge and practice of contraceptives was calculated by using percentages. Prevalence of contraceptive usage and reasons behind not using contraceptives was calculated using percentages. Association between sociodemographic characteristics and knowledge and practice about small family norm was analysed using odds ratio and 95% confidence interval. The p-value less than 0.05 are considered as statistical significant and was calculated by using chi-square test.

RESULTS

The background characteristics of the study participants are given in [Table/Fig-1].

No	Characteristic	Frequency (n=300)	Percentage (%)
1	**Age group of the mothers**		
	≤25 years	42	14
	25-34 years	114	38
	35-40 years	144	48
2	**Distribution of number of children**		
	≤2	228	76
	3-4	66	22
	≥5	6	2
3	**Average spacing between pregnancies**		
	Primi-gravida	42	14
	≤2 years	156	52
	2-4 years	90	30
	>4 years	12	4
4	**Educational status of mother**		
	Uneducated	48	16
	Secondary School	138	46
	High School	78	26
	U.G./Diploma	36	12
5	**Socioeconomic status (Modified BG Prasad Scale)**		
	Lower/Upper Lower	138	46
	Middle/Upper Middle	84	28
	Upper	78	26

[Table/Fig-1]: Background characteristics of the study group.

Level of knowledge about the small family norm among the study group is presented in [Table/Fig-2].

No	Characteristic	Frequency (n=300)	Percentage (%)
1	**Heard of small family norm**		
	Yes	216	72
	No	84	28
2	**Know how is small family norm practiced**		
	Yes	210	70
	No	90	30
3	**Meaning of small family**		
	Less than 2 children	204	68
	More than 3 children	36	12
	Don't know	60	20
4	**Source of information about Small family norm (multiple response)**		
	Health workers	195	65
	Friends/relatives	171	57
	Mass media	144	48
5	**Heard of the slogan for small family norm "We two ours two"**		
	Yes	237	79
	No	63	21

[Table/Fig-2]: Knowledge about small family norm among the study group.

The percentages of married women who use contraceptives and reasons behind the married women not using contraceptives are shown in [Table/Fig-3].

1.	Contraceptive Usage	Frequency (n=300)	Percentage (%)
	Use contraceptive	234	78
	Do not use contraceptives	66	22
2.	**Reasons for not using**	**Frequency (n=66)**	**Percentage (%)**
	Religious reasons	26	39
	Lack of awareness	23	35
	Family compulsions	17	26

[Table/Fig-3]: Contraceptive usage and reasons behind not using contraceptives among the study population.

The practice of contraception among the study group is given in [Table/Fig-4].

No.	Characteristic	Frequency	Percentage (%)
1.	**Do you face any stigma regarding sexual activity**		
	Yes	12	4
	No	288	96
2.	**Type of contraception used (n=300)**		
	Temporary	78	26
	Permanent	156	52
	Nil	66	22
3.	**Type of temporary contraception used (n=78)**		
	O C Pills	0	0
	Barrier/Condom	60	77
	IUCD	18	23
4.	**Reasons for following contraceptive practices (n=234)**		
	Economic reasons	112	48
	Social reasons	23	10
	Health reasons	48	20
	Compulsion	51	22
5.	**What/Who was your motivating factor (multiple responses)**		
	Husband/Family	210	70
	Health workers	138	46
	Media	102	34
6.	**How well did you utilise the family welfare services**		
	Not utilised	66	22
	To some extent	198	66
	Well utilised	36	12
7.	**Any Complications due to contraception use (n=234)**		
	Yes	35	15
	No	199	85
8.	**Where did you get contraceptives (n=234)**		
	Government hospitals	170	72.50
	Health workers	38	16.25
	Shops	26	11.25
9.	**Preferred method of contraception for those who are not following contraception at present (n=66)**		
	Temporary	36	55
	Permanent	30	45

[Table/Fig-4]: Practice of contraceptive use.

Association between education status and knowledge about small family norm is represented in [Table/Fig-5]. There was strong statistically significant association between the level of knowledge about small norm and education status with odds ratio of 3.12 (95% CI- 1.66-5.89) and a p-value of 0.0002.

Education Status	Total study parti-cipants (n=300)	Knowledge about small family norm (n=210)	Percentage Knowledge about small family norm (%)	Odds Ratio	Chi-square (95% CI)	p-value
Literates	252	187	74.2%	3.12	13.27 (1.66-5.89)	0.0002*
Illiterates	48	23	48%			

[Table/Fig-5]: Association between education status and knowledge about small family norm.
*p-value less than 0.05, statistically significant at 95% CI, using chi-square Test

Association between the number of children in families and eligible couples practicing small family norm is shown in [Table/Fig-6]. Among the study group 81.5% of the eligible couple were practicing small family norm with 2 or less children in the families. The couple protection rate was found to be 78% i.e., the eligible couples who were using contraceptives. The association was found to be statically significant with odds ratio of 2.21 (95% CI- 1.22 -4.01) and a p-value of 0.009.

Association between educational status and eligible couples practicing small family norm is shown in [Table/Fig-6]. Among the study population 84.5% of the literate women uses contraceptive and 43.8% of the illiterate women uses contraceptives. There was a strong statistical association between the educational status and eligible couples practicing small family norm with odds ratio of 7.02 (3.61-13.65) and a p-value less than 0.05.

DISCUSSION

This study on assessing the knowledge and practice of small family norm and use of contraceptives has given a new insight into the neglected problem. This study tried to identify the proportion of population adopting small family norms, the type of contraception preferred, the felt needs of the study group, motivating factors for those adopting small family norms and reasons for those not adopting small family norms and also to assess the satisfaction level of those who availed the governments family welfare services.

Socio Demographics Features

Age group: In this study, 48% of the females belonged to 35-40 years of age; followed by 38% who belonged to 26-34 years age group and 14% belonged to less than 25 years of age. In most of the similar studies done elsewhere, majority of the females studied belonged to the 20-35 years of age group as evidenced by the results of Onokerhoraye AG and Dudu JE (54.4%), Uma K (47.63%), Renjhen P et al., (48%), Vishwakarma K et al., (41.8%), Pegu B et al., (48%), Dagar N and Bhardwaj U (46.6%), Lakkawar N et al., (40.8%) [3,8,9,17-20].

Number of children: Nearly 78% of the females have two or less than two children in this study. In a study by Pegu B et al., 24% of the women had two children and 11% of the women had one child, which shows a big difference when compared to this study [18]. In a study by Uma K, it was found that 37.1% of women had 2 children while 27.6% had one child [8]. In another study by Lakkawar N et al., 48.8% of women had less than or equal to two children [20]. Almost all the studies compared here had a lesser percentage of small family when compared to this study.

Education status: The education status of the mothers in the study group shows that 16% were illiterates, while 12% had graduate or diploma level education. A total of 46% mothers studied up to secondary school level. The illiteracy rates in this study were found to be almost similar to the findings of other studies done elsewhere by Onokerhoraye AG et al., (17.1%), Uma K (18.7%), Renjhen P et al., (18.7%), Jahan U et al., (10.4%), Vishwakarma K et al., (17.2%) and Lakkawar N et al., (14.8%) [3,8,9,16,17,20]. In some studies done by Pegu B et al., (26.5%), Dagar N and Bhardwaj U (53.3%), AK Biswas AK et al., (51.6%) and Prasad RV et al., (25%), the illiteracy rates were comparatively high [18,19,21,22]. While, in a study done by Johnson O and Ekong I the illiteracy rate was only 5% [23].

No.	Characteristics	Total study participants (n=300)	Following contraceptive measures (n=234)	Percentage following contraceptive measures (%)	Odds Ratio	Chi-square (95% CI)	p-value
1.	Family Size						
	Less than or equal to 2 children	228	186	81.5	2.21	7.089 (1.22-4.01)	0.009*
	More than 2 children	72	48	66.6			
2.	Education Status						
	Literates	252	213	84.5%	7.02	39.06 (3.61-13.65)	<0.05*
	Illiterates	48	21	43.8%			

[Table/Fig-6]: Association between family size, education status and eligible couples practicing small family norm.
*p-value less than 0.05, statistically significant at 95% CI, using Chi-Square Test.

Knowledge about Small Family Norm

In this study, 72% of the mothers said they had heard about the idea of small family norm and about 70% of them informed that they know how small family norm is practiced. In a study by Renjhen P et al., 98% of the study subjects had heard of small family norm, which was similar to a study by Uma K, where 90% of the women had heard of the term [8,9]. In a study by Johnson O and Ekong I 88.5% of the women had heard of small family norm [23]. Compared to this study, participants of all the other studies have a higher percentage of awareness about the small family norm.

Nearly 68% of the mothers studied said small family norm means a family with 2 or less children. In a study by Renjhen P et al., 92.2% of the study participants said it means a 'small and happy family' and 19.4% said it is to 'avoid and space pregnancy' [9]. Whereas, in a study by Jahan U et al., only 26.3% said it is to 'avoid and space pregnancy' [16]. Compared to these two studies, the women subjects in this study have somewhat clearly understood the concept behind the small family norm.

The source of information on small family norm came from multiple sources like friends/relatives, health workers and mass media. Almost 65% came to know about it from health worker, 57% from friends or relatives and 68% through media similar to other studies done elsewhere [3,18,20,22-24]. In studies by Uma K, Renjhen P et al., and Jahan U et al., the major source of information was through media [8,9,16].

Practice of Small Family Norm

Almost 78% of the married women of reproductive age group use contraceptive and 22% of the them do not use contraceptives which was similar to a study done by Onokerhoraye AG et al., [3]. Studies done by Jahan U et al., showed a prevalence of contraceptive usage of 62.9%, AK Biswas AK et al., showed 61.9% and Prasad RV et al., showed 61.2%, which were comparatively less when compared to this study [16,21,22]. Whereas the studies by Renjhen P et al., Johnson O et al., Srivastav A et al., Kaushal SK et al., showed a huge difference in the usage of contraceptives with 48.5%, 53.58%, 51.7% and 42.3% respectively [9,23,24,25]. Surprisingly, in a study by Uma K, the prevalence of contraceptive usage was found to be 93.4% [8].

The main reasons for those not following contraceptive measures among 22% of the study group in this study were: 39% did not use contraceptives due to religious reasons, 35% due to lack of awareness and 26% due to family compulsions. The reasons predominantly quoted by other studies are lack of knowledge; desire to have more children, fear of side effects and religious beliefs etc. In other studies, most of the study subjects did not respond to this question nor did they disclose the reason [3,8,9,16,22,23,26].

Nearly, 52% of the women have undergone permanent contraception method while 26% opted for temporary measures. In a study by AK Biswas et al., 44.9% had undergone permanent contraceptive method and 17% used temporary contraceptive method [21].

Among those who used temporary contraception, about 77% was using barrier methods (condoms) while only 23% used IUCD. Usage of barrier method (condoms) were more in studies done by Jahan U et al., Pegu B et al., Nayak A et al., [16,18,27]. Whereas, most of the study subjects used oral contraceptive pills in studies conducted by Uma K, Renjhen P et al., Johnson O and Ekong I, Kaushal SK et al., [8,9,23,25]. In a study Onokerhoraye AG and Dudu JE, injectable contraceptives topped the list with 42.3% [3].

In this study, the economic reasons were the main felt need for adopting small family norm among 48% of the women while compulsions due to varied reasons motivated 22% of the women to accept small family norm. In most of the other studies people used contraceptives because it was comfortable and easy to use, easily available and was available free of cost [8,9,16]. A good majority of the study group got contraceptives from government hospitals while the others got it from health workers and shops/pharmacy which were similar to study findings by Uma K, Renjhen P et al., Jahan U et al., [8,9,16].

Among those women who were not using any contraceptives at the time of the study, everyone were willing to use contraceptives in the future, 55% preferred to have temporary contraception while 45% preferred to follow permanent contraceptive method in the near future. In a study by Renjhen P et al., 44.6% were willing to use contraceptives in the future, which was similar to the study by Uma K [8,9]. In a study by Jahan U et al., 27.2% were found to be willing to use contraceptives in the future [16].

Use of family planning methods by married women in this study was 78%, which was higher than the current usage in Tamil Nadu according to the NFHS-4 survey. The use of family planning methods in Tamil Nadu according to NFHS-4 data is 53.2% totally, with 54.1% usage in urban areas [15]. There is a difference of approximately 23.9% in the use of contraceptives while comparing this study to NFHS-4 data. Though there is a decrease in the current usage of family planning methods, women in this area are well aware and using the family planning methods appropriately. However, the adoption of small family norm among the families should be enhanced more in the general population to achieve a net reproductive rate of 1, so as to lead an economically and socially productive life.

Importance and future scope of the study: This study on small family norm leads us to implement family welfare services according to the needs of the community in future. Implementation of such programs must be followed by monitoring and good evaluation systems. In view of the population explosion problem which plagues

our county, this kind of studies on larger population groups can be carried out to assess the utilisation levels of family planning services, which will help to enhance the propagation of effective contraceptive usage.

Recommendations: Awareness about small family norm and suitable contraceptive usage should be enhanced through various strategies under the family welfare programs.

Increasing the awareness levels among the partners and participatory approach of both the partners is necessary to enhance contraceptive usage.

The sustained efforts by health workers will be a motivation for the couples to use contraceptives to ensure the success of small family norm.

LIMITATION

The study done in the urban field practice area of our institution covering about 45,562 populations and with 621 eligible couples registered could have been planned to cover larger population groups, to understand the situation better. Increasing the sample size and covering a wider geographical area could have made this study more valuable. Another limitation was this study did not investigate the attitude of the married women, towards their contraceptive usage.

CONCLUSION

This study outcome shows that almost 78% of the married females in the reproductive age group follow small family norms and about 68% of the mothers knew that small family norm means a family with 2 or less children. However, according to NFHS-4 data for Tamil Nadu, only 53.2% were found to be using family planning methods. This shows the gap existing in the system, which needs to be bridged by creating awareness and motivating the public about the available family planning services and to meet their unmet needs of contraception. People should be encouraged to come forward to accept family welfare measures for the sake of themselves, their families and the country as a whole.

REFERENCES

[1] Sunita TH, Desai RM. Knowledge, attitude and practice of contraception among women attending a tertiary care hospital in India. Int J Reprod Contracept Obstet Gynecol. 2013;2(2):172-76.
[2] Beekle AT. Mccabe C. Awareness and determinants of family planning practice in Jimma, Ethiopia. Int Nurs Rev. 2006;53:269-76.
[3] Onokerhoraye AG, Dudu JE. Knowledge and practice of family planning by women of childbearing age in delta state, Nigeria. IJHSSI. 2016;5(8):66-75.
[4] Family planning/Contraception, fact sheet. July 2017. World Health Organization. Available from: http://www.who.int/mediacentre/factsheets/fs351/en/. [Access date: Oct 26, 2017].
[5] Health Education in Health Aspects of Family Planning. Report of a WHO Study Group. 1971: pp-5. World Health Organization. Technical Report Series. N0. 483. Available from: http://apps.who.int/iris/bitstream/10665/40931/1/WHO_TRS_483.pdf. [Access date: Oct 26, 2017].
[6] Muthu VK. Demography, family planning and maternal and child health. In: A Short Book of Public Health, Chapter 4. First Edition. New Delhi, India: Jaypee Brothers Medical Publishers (P) Ltd. 2005; pp. 116.
[7] Isah AY, Nwobodo E. Family planning practices in a tertiary health institution in northwest Nigeria. Niger J Clin Pract. 2009;12(3):281-83.
[8] Uma K. A study of the awareness of family planning among the rural population in Tamil Nadu. International Journal of Scientific and Engineering Research. 2014;5(2):46-50.
[9] Renjhen P, Kumar A, Pattanshetty S, Sagir A, Samarasinghe CM. A study on knowledge, attitude and practice of Contraception among college students in Sikkim. India. J Turk Ger Gynecol Assoc.2010 Jun 1;11(2):78-81.
[10] United Nations, Department of Economic and Social Affairs, Reproductive Rights, Available from: http://www.un.org/en/development/desa/population/theme/rights/. [Access date: Oct 26, 2017].
[11] K Park. In Text Book of Preventive and Social Medicine. 24th ed. Chapter 9. Jabalpur: Banarsidas Bhanot. 2017; pp. 526.
[12] National Family Health Survey-3, 2005-06, India Fact Sheets, GOI, Ministry of Health and Family Welfare. Available from: http://rchiips.org/nfhs/pdf/India.pdf. [Access date: Oct 26, 2017].
[13] National Family Health Survey-4, 2015-16, India Fact Sheets, GOI, Ministry of Health and Family Welfare. P-2. Available from; http://rchiips.org/NFHS/pdf/NFHS4/India. pdf. [Access date: Oct 26, 2017].
[14] National Family Health Survey-3, 2005-06, Tamil Nadu, Ministry of Health and Family Welfare, Government of India, International Institute for Population Sciences, Mumbai. Available from; http://rchiips.org/nfhs/NFHS-3%20Data/TamilNadu_report. pdf. [Access date: Oct 26, 2017].
[15] National Family Health Survey-4, 2015-16, State Fact Sheets-Tamil Nadu, GOI, Ministry of Health and Family Welfare. P-2. Available from; http://rchiips.org/nfhs/pdf/NFHS4/TN_FactSheet.pdf. [Access date: Oct 26, 2017].
[16] Jahan U, Verma K, Gupta S, Gupta R, Mahour S, Kirti N, et al. Awareness, attitude and practice of family planning methods in a tertiary care hospital, Uttar Pradesh, India. Int J Reprod Contracept Obstet Gynecol. 2017;6(2):500-06.
[17] Vishwakarma K, Yadav K, Bhargava M. A study of awareness and attitude of postnatal and post abortal women towards family planning methods and their use, at rural tertiary care centre. Journal of Evolution of Medical and Dental Sciences. 2014;3(21):5849-59.
[18] Pegu B, Gaur BP, Sharma N, Santa Singh A. Knowledge, attitude and practices of contraception among married women. Int J Reprod Contracept Obstet Gynecol. 2017;3(2):385-88.
[19] Dagar N, Bhardwaj U. The unmet family planning needs: effectiveness of planned teaching program. Int J Nurs Midwif Res. 2017;4(2):51-56.
[20] Lakkawar N, NivedhanaArthi P, Jayavani RL, ShallyMagon P. Assessment of knowledge and practice of contraceptives among women in reproductive age attending outpatient department at a sub-urban centre in Pondicherry. India. Indian Journal of Basic and Applied Medical Research. 2014;4(1):196-209.
[21] Biswas AK, Roy A, Biswas R. Adoption of small family norms in a rural community of West Bengal. Indian J Community Med. 1994;19(2):68.
[22] Prasad RV, Venkatachalam J, Singh Z. Unmet needs of family planning among women: a cross-sectional study in a rural area of Kanchipuram District, Tamil Nadu, South India. J Obstet Gynecol India. 2016;66(1):488-93.
[23] Johnson O, Ekong I. Knowledge, attitude and practice of family planning among women in a rural community in southern Nigeria. Br J Med Med Res. 2016;12(2):01-08.
[24] Srivastav A, Khan MS, Chauhan CR. Knowledge, attitude and practices about contraceptive among married reproductive females. International Journal of Scientific Study. 2014;1(5):02-04.
[25] Kaushal SK, Saxena SC, Srivastava VK, Gupta SC, Nigam S. KAP study on contraceptive methods in Kanpur district of UP. Indian Journal of Community Health. 2010;22(1):33-38.
[26] Deb R. Knowledge, attitude and practices related to family planning methods among the khasi tribes of east khasi hills Meghalaya. The Anthropologist. 2010;12(1):41-45.
[27] Nayak A, Ramakrishnan KG, Venkateswar KN, Vijayshree M. Assessing the knowledge, attitude and practice of contraception in rural India: a necessary step in achieving population control. Int J Reprod Contracept Obstet Gynecol. 2017;6(8):3328-31.

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