



A Study on Attitude Towards Family Planning And Birth Control Among Married Women in Perambalur District, Tamilnadu

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Abstract:

The major challenges are family planning and birth control. According to a recent UN report, India's population has already topped 1.26 billion this year, and if current growth rates continue, the country's population will surpass that of China by 2028. The national fertility rate remains high, leading to long-term population growth in India. Family planning was not confined to birth control or contraception. It is important to improve the family's economic condition and the health of the mother and her children. First, family planning highlights the importance of spacing births at least two years apart from one another. According to medical science, giving birth within a gap of more than five years or less than two years has a serious effect on the health of both the mother and child. Giving birth involves costs, and with an increase in the number of children in a family, more medical costs of pregnancy and birth are involved, along with the high costs of raising and rearing children. It is the duty of parents to provide food, clothing, shelter, and education to their children. If adopted, family planning has an effective impact on stabilizing the financial condition of any family, especially women in rural areas.

Keywords: Family Planning, Birth Control, Contraception, Awareness, Reproductive Health, Married Women.

Introduction:

Many people are perplexed by the concept of family planning, as well as their significance and utility for the individual, family, and society. Women used to bear many children in the past, and many of these children died soon after birth or during, their childhood. Family planning, which is frequently misunderstood as a synonym for the use of birth control, is the process of deciding on family size, when to bear children, spacing between child births, preventing unwanted births, and implementing such plans through the use of contraception or other methods of birth control that aid in the creation of a small planned family. This is also an important aspect of reproductive health programmes.

Reasons for Practicing Family Planning:

There are numerous reasons to practice family planning. The significance of and reasons for practicing family planning can be emphasized further: 1. Reducing Mortality Rate: In terms of infant and child survival

and development, family planning has been a boon to reducing infant and child mortality. Mortality rates can be of three types: prenatal, infant, and maternal. 2. Promoting family health: Birth control ensures healthy children and protects parents' health. The mother can better care for her children and household chores can be completed more quickly. If a woman frequently becomes pregnant, she will become weak and tired, and her health will suffer as a result. 3. Raise in Socio-economic Status: Birth control prevents people from becoming poorer. When there are fewer children in the family, they can provide better care, nutrition, health care, clothing, education, and comfort. They can save for the future, avoid property divisions among many children, and afford recreation (movies). 4. Family welfare: Birth control enables parents to improve their children's lives by providing more companionship, devoting more time to each child, avoiding overcrowding in their homes, and fully enjoying each child. 5. Marital happiness and adjustment: Men's support for a partner's decision to use family planning or practice a male method (such as condom, withdrawal, or periodic abstinence) provides more sexual pleasure and opportunities to enjoy mutual companionship. Family planning facilitates a shift towards a conjugally oriented relationship, taking into account the interests of the other sex. 6. Individual welfare: Birth control permits people to find jobs that they enjoy rather than feeling forced to take a job, enabling them to be more active in the workforce, earn more, and invest more in family health, education, and well-being. 7. Disease prevention and other health benefits: There are some health benefits of family planning methods; for example, hormonal methods have been reported to prevent certain cancers. Condoms may help to prevent STDs and HIV/AIDS. 8. Effect on Population Growth: India is the second most populous country in the world, contributing approximately 20% of births worldwide. Factors such as illiteracy, aversion towards family planning, child marriage, low standard of living, traditions, customs, and longing for male children aggravated the situation. 9. Community and national welfare: Family planning is a way to control the rapidly growing population, poverty, and starvation, helping to attain national goals. Fewer babies help reduce the welfare burden on the community and help the nation with economic development. Children's education provides another benefit. If everyone has a smaller family, it is easier for every child to attend school.

Family Planning in India:

India's family planning program has played a major role in solving the problem of population growth. Immediately after independence, the Family Planning Association of India was established in 1949. Population growth has long been a cause of concern for the Government of India. It was the first of its kind in the world to be launched more than 60 years ago. It covers birth control, mother and child health, nutrition, and family welfare. In 1966, the Ministry of Health created a separate family planning department. The then ruling Janata Government in 1977 developed a new population policy, which was to be accepted not by compulsion, but voluntarily. It also changed the name of the family planning department to the family welfare program

Family Planning / Family Welfare Programme (FWP) by the Government in India:

This is a centrally sponsored program, for which 100% help is provided by the Central to all states of the country. The main strategies for the successful implementation of the FWP programme are as follows: FWP is integrated with other health services, emphasis is in the rural areas, 2-child family norms are to be practiced, terminal methods are adopted to create a gap between the birth of two children, door-to-door campaigns are to encourage families to accept the small family norm, education is encouraged for both boys and girls, proper marriageable adopted (21 years for men and 18 years for women), Minimum Needs Programme is launched to raise the standard of living of the people, and monetary incentives are given to poor people to adopt family planning measures, creating widespread awareness of family planning through television, radio, news papers, puppet shows, and so on (Phukan, 2014).

Statement of the Problem:

Family planning refers to the planning of when to have children, the use of birth control, and other techniques to implement such plans. Other commonly used techniques include sexuality education, prevention and management of sexually transmitted infections, pre-conception counselling and management, and infertility management. It is sometimes used as a synonym or euphemism for birth control. It is most often applied to a female-male couple who wishes to limit the number of children they have and/or to control the timing of pregnancy (also known as spacing children). Its services are defined as “educational, comprehensive medical or social activities that enable individuals, including minors, to freely determine the number and spacing of their children”. During the 1980s, an increased number of family planning programs were implemented by state governments, with financial assistance from the central government. By 1991, India had more than 150,000 public health facilities through which family planning programmes were offered. Four special family planning projects were implemented under the Seventh Five-Year Plan (FY 1985-89). One was the All-India Hospitals Postpartum Programme at district and sub-district level hospitals. Another programme involved the reorganization of primary health care facilities in urban slum areas, while another project reserved a specified number of hospital beds for tubal ligation operations. The final programme called for the renovation or remodelling of intrauterine device (IUD) rooms in rural family welfare centers attached to primary health care facilities. The researchers conducted the study with the following objectives.

Objectives:

1. To study the socio-demographic details of rural women,
2. To study the existing family planning and birth control attitudes of women in rural areas,
3. To study about the attitudes of rural women towards different aspects such as population, family planning, birth control, abortion, contraception (contraceptive), sterilization, fertility and age of marriage
4. To suggest a suitable measure to improve awareness of family planning among rural women.

Hypothesis of the Study:

1. There was a significant difference between the respondents' family types with regard to their overall attitudes toward family planning and birth control.
2. There was a significant difference between respondents' knowledge towards family planning with regard to their overall attitude toward family planning and birth control.
3. There was a significant relationship between respondents' age and their overall attitude toward family planning and birth control.
4. There is a significant relationship between attitudes toward birth control and attitudes towards about family planning, contraceptive methods, population problems, family planning, fertility control, and birth control methods (abortion, contraceptive methods, sterilization, and age of marriage) with regard to their overall attitude towards about family planning and birth control.

Operational Definitions:

Women: Women above 18 years of age residing in rural areas were referred to as women. **Family Planning:** It control of the number of children in a family and the intervals between two children using a contraceptive method. **Birth Control:** It is limiting of birth of children by means of contraception.

Abortion: This is a procedure for terminating pregnancy before the fetus (unborn child) is fully developed into a child. **Contraception (Contraceptive):** This prevents conception or pregnancy by an artificial method. This refers to the attempt to prevent pregnancy. **Sterilization:** It is making one not produce children (off spring). Alternatively, making an infertile person to produce children. **Fertility:** It is the ability to produce children (off spring) generally fertility refers to the number of births occurring in a specified population in a given period of time. **Infertile:** Not producing children. Making one incapable of producing children (spring).

Methodology:

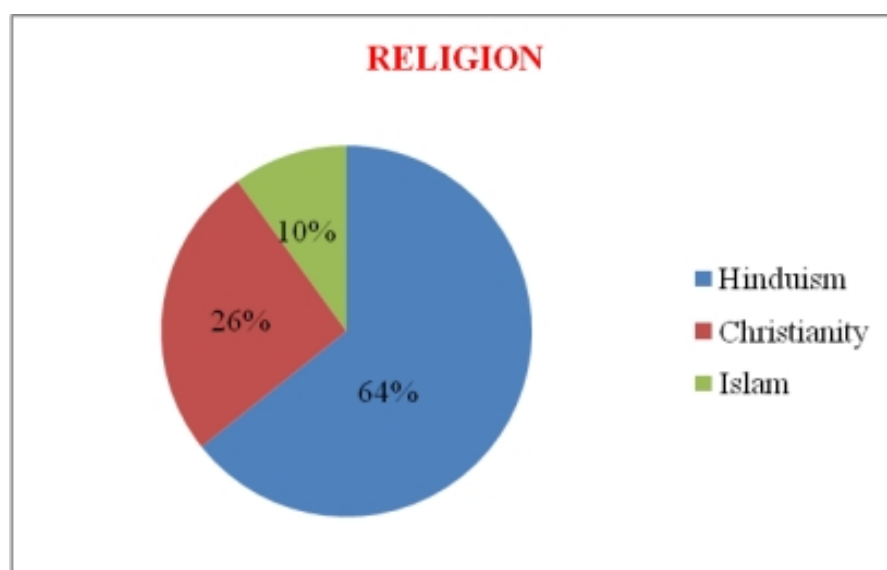
The researchers developed the descriptive research designs by conducting a study on family planning and birth control among married women in a rural area, Earayasamuthram in the Perambalur district. Primary data were collected through a field survey with the help of a well structured comprehensive interview schedule to collect the primary data. The tool included a family planning and birth control scale developed by Dr.M. Rajamanikam (1996). It has 64 items on a five point scale that include eight dimensions such as population problem, family planning, birth control, fertility control, birth control method, abortion, sterilization, age of marriage, and Infertility. The reliability of the scale was 0.81. The researchers adopted a systematic random sampling method to collect the data from respondents. The universe of the study refers to the population in which the researcher is conducting the research. In this study, the researcher collected the data from married women in the Earayasamuthram. It consisted of 560. The sample size is 70. It constituted 20% of the universe.

Data Analysis and Interpretation:

Age

Age is an important variable that is associated with family planning and birth control. The researcher selected married women aged 21–35 years. The age of the respondents was divided into four categories: nearly half (42.9%) of the respondents belonged to the age group of 20-30 years; followed by more than one-fourth (28.6%), more than one-fourth (25.7%), and very few (2.9%) belonged to the age group of 21-25 years, 31-35 years and below 21years, respectively.

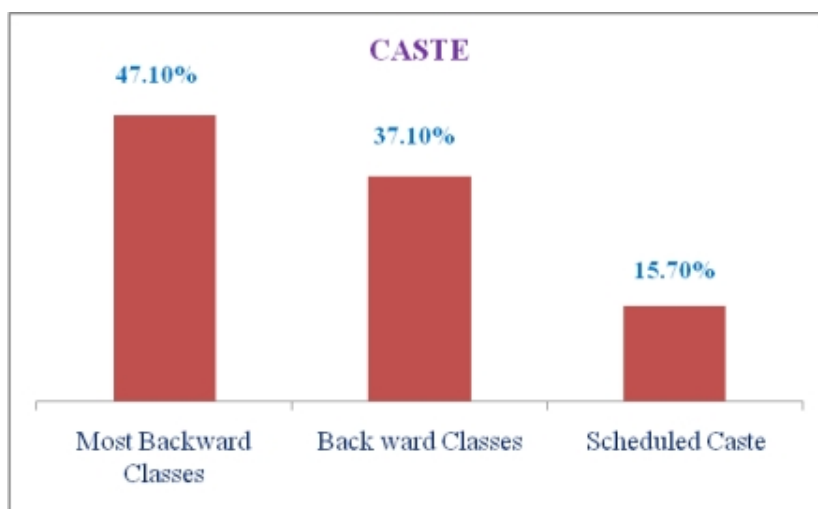
Diagram.1



(Source: Compiled from the primary data)

The above diagram revealed that majority (64.3%) of the respondents were belongs to Hinduism (Hindu); followed by that one fourth (25.7%) and (10%) of them were following Christianity (Christian) and Islam (Muslim) respectively.

Diagram.2



(Source: Compiled from the primary data)

The above diagram shows that nearly half (47.1%) of the respondents belong to the Most Backward Classes, followed by that, and more than one-fourth (37.1%) and less than one-fourth (15.7%) belonged to the backward Classes and Scheduled Caste community, respectively.

Family Particulars:

As far as their families were concerned, more than half (51.4%) of the respondents were living in nuclear families and the remaining nearly half (48.6%) were living in joint families. The majority (67.1%) of the respondents had 3-5 family members, and the remaining one-third (32.9%) had 6-8 family members in the study area. Nearly half (44.3%) of the respondents had three siblings, followed by more than one-third (41.4%); few (10%), (2.9%), and very few (1.4%) had one sibling, three siblings, more than three siblings, and no siblings, respectively. Nearly half (44.3%) of the respondents had two children, followed by nearly half (42.9%), few (7.1%), very few (4.3%), and (1.4%) of them had one child, did not have children, 3 and more than 3 children respectively. Of the 35 respondents who had more than one child, more than half (57.1%) had one-year spacing between their children, followed by less than half (40%), and very few (2.9%) had two-year spacing between their children and more than two years spacing between their children.

Educational Qualification, Occupation and Monthly Income:

As far as their educational qualification is concerned, nearly half 31 (44.3%) had studied up to high school level; followed by that more than one fourth of 18 (25.7%), less than one fourth 13 (18.6%) and 8 (11.4%) of them had studied up to primary, graduate and higher secondary level respectively.

More than half (51.4%) of the respondents' spouses had completed high school level; followed by that nearly one fourth (22.9%), less than one fourth (15.7%) and few (10%) of them respondents' spouses had completed higher secondary, graduate and primary level respectively.

More than half (57.1%) of the respondents were house wives; followed by that nearly one fourth (21.4%), less than one-fourth (20%) and very few (1.4%) of them were daily wages workers, agricultural labours and domestic workers respectively.

Majority (62.9%) of the respondents' spouses were working as agricultural labourer; followed by that nearly one fourth (22.9%) and few (14.3%) of them were working as self employed and private sector employees respectively.

Nearly half (44.3%) of the respondent's monthly income was between Rs.5, 000- Rs.10,000 for family monthly income; followed by that more than one-third (40%), few (8.6%), very few (2.9%) and very few (1.4%) of them respondents' monthly income were below Rs.5,000, Rs.10,000 – Rs.15,000, Rs.15,000-Rs.20,000, Rs.20,000-Rs.25,000 and above Rs.25,000 respectively.

Marital Life:

Nearly half (44.3%) of the respondents got marriage at age between 19 to 21 years; followed by that nearly one-third (30%), nearly one fourth (22.9%) and very few (1.4%) of them got marriage at age between 22-24 years, below 19 years, 25-27 years and above 27 years respectively.

Nearly half (45.7%) of the respondents marital life was 2-6 years; followed by that nearly one third (32.9%), few (12.9%) and (8.6%) of them marital life was 7-11 years, below 2 years, and more than 11 years respectively.

Knowledge about Family Planning:

The vast majority (84.3%) of the respondents were partially know about family planning; followed by that very few (8.6%) and (7.1%) of them were fully know and do not know about family planning respectively.

Half (50%) of the respondents had used family planning method and the remaining half (50%) of them were not used any family planning method.

The vast majority (87.1%) of the respondent's spouses had given freedom to the respondents to use family planning method and the remaining few (12.9%) of them respondents' spouses were not give freedom to the respondents to use family planning method.

Various Dimension of attitude towards about Family Planning and Birth Control:

The first part reveals that respondents attitude towards about population problem. More than half (51.4%) of the respondents had high level of attitude towards about population problem and nearly half (48.6%) of them had low level of attitude towards about population problem.

The second part reveals that respondents attitude towards about family planning More than half (57.1%) of the respondents had low level of attitude towards about family planning and nearly half (42.9%) of them had high level of attitude toward about family planning.

The third part explains that respondent's attitude towards about birth control, majority (64.3%) of the respondents had low level of attitude towards about birth control and nearly one-third (35.7%) of them had high level of attitude towards about birth control.

The fourth part describes that respondents attitude towards about fertility control majority (65.7%) of the respondents have low level of attitude towards about fertility control; and the remaining more than one-third (34.3%) of them had high level of attitude towards about fertility control.

The fifth part shows that respondent attitude towards about Birth Control Method especially abortion. Majority (68.6%) of the respondents had low level of attitude towards about Birth Control Method especially abortion and the remaining one-third (31.4%) of them had high level of attitude towards about Birth Control Method especially abortion.

The sixth part explains that respondents about Contraceptive Method. More than half (57.1%) of the respondents had low level of attitude towards about Contraceptive Method and the remaining nearly half (42.9%) of them had high level of attitude towards about Contraceptive Method.

The seventh part shows that respondent's attitude towards about sterilization. Majority (61.4%) of the respondents had low level of attitude towards about sterilization and the remaining more than one-third (38.6%) of them had high level of attitude towards about sterilization.

The eighth part explains that respondent's attitude towards about age of marriage. Majority (60.0%) of the respondents had low level of attitude towards about age marriage and the remaining nearly half (40.0%) of them had high level of attitude towards about age of marriage.

The ninth part explains that the respondents overall attitude towards about family planning and birth control. More than half (55.7%) of the respondents had high level of overall attitude towards about family planning and birth control and the remaining nearly half (44.3%) of them had low level of overall attitude towards about family planning and birth control.

Table No. 1
Inter Correlation Matrix

	Popul ation Proble m	Famil y Planni ng	Birth Contr ol	Fertility Control	Birth contro l Metho d: Aborti on	Contr acepti ve Metho d	Sterili zation	Age of marri age	O v e r A ll
Population Problem	1								
Family Planning	.149	1							
Birth Control	.187	.379**	1						
Fertility Control	.100	.043	-.099	1					
Birth Control Method: Abortion	-.142	-.027	.138	.094	1				
Contraceptive Method	.149	-.108	-.043	.226	.222	1			
Sterilization	-.052	-.038	.022	.108	.159	.322**	1		
Age of Marriage	.152	.011	.012	.086	-.050	.118	.072	1	
Over all	.284*	.307*	.184	.341**	.294*	.423**	.352**	.317**	1

(Source: Compiled from the primary data)

** Correlation is significant at the 0.01 level (2-tailed)

* Correlation is significant at the 0.05 level (2-tailed)

The above inter correlation matrix reveal that there is a significant relationship between attitudes toward about birth control with regard to the attitude towards about family planning. There is a significant relationship between attitudes towards about sterilization with regard to the attitude towards about contraceptive methods. There is a significant relationship between attitudes towards about population problem, family planning, fertility control, birth control method: abortion, contraceptive methods, sterilization and age of marriage with regard to their overall attitude towards about family planning and birth control.

Table No. 2

Relationship between respondent's age with regard to their Attitude towards Family Planning and Birth control

Sl. No	Particulars	Statistical Inference
1.	Respondents Age with Population Problems	$r = -.032$ $P > 0.05$ Not Significant
2.	Respondents Age with family planning	$r = -.032$ $P > 0.05$ Not Significant
3.	Respondents Age with birth control	$r = -.032$ $P > 0.05$ Not Significant
4.	Respondents Age with abortion	$r = -.032$ $P > 0.05$ Not Significant
5.	Respondents Age with contraception(contraceptive)	$r = -.032$ $P > 0.05$ Not Significant
6.	Respondents Age with sterilization	$r = -.032$ $P > 0.05$ Not Significant
7.	Respondents Age with fertility	$r = -.032$ $P > 0.05$ Not Significant
8.	Respondents Age with infertile	$r = -.032$ $P > 0.05$ Not Significant
9.	Respondents Age with overall family planning and birth control	$r = -.032$ $P > 0.05$ Not Significant

(Source: Compiled from the primary data)

There is no significant relationship between the respondent's age with regard to their attitude towards about Population problem, family planning, birth control, fertility control, birth control method especially abortion, contraceptive method, sterilization, age of marriage and overall attitude towards about family planning and birth control.

Table No. 3

‘t’ Test between the respondents’ Types of Family with regard to their Attitude Towards Family Planning and Birth control

Sl. No	Types of family	\bar{X}	S.D.	Statistical Inference
1.	Population Problem			t =-0.717
	Nuclear Family	1.4722	.50631	P>0.05
	Joint Family	1.5588	.50399	Not Significant
2.	Family Planning			t =-0.204
	Nuclear Family	1.4167	.50000	P>0.05
	Joint Family	1.4412	.50399	Not Significant
3.	Birth Control			t =0.563
	Nuclear Family	1.3889	.49441	P>0.05
	Joint Family	1.3235	.47486	Not Significant
4.	Fertility Control			t =-0.170
	Nuclear Family	1.3333	.47809	P>0.05
	Joint Family	1.3529	.48507	Not Significant
5.	Birth control Method: Abortion			t =-0.160
	Nuclear Family	1.3056	.46718	P>0.05
	Joint Family	1.3235	.47486	Not Significant
6.	Contraceptive Method			t =-0.683
	Nuclear Family	1.3889	.49441	P>0.05
	Joint Family	1.4706	.50664	Not Significant
7.	Sterilization			t =0.055
	Nuclear Family	1.3889	.49441	P>0.05
	Joint Family	1.3824	.49327	Not Significant
8.	Age of Marriage			t =0.773
	Nuclear Family	1.4444	.50395	P>0.05
	Joint Family	1.3529	.48507	Not Significant
9.	Overall			t=-0.983
	Nuclear Family	1.5000	.50709	P>0.05
	Joint Family	1.6176	.49327	Not Significant

(Source: Compiled from the primary data)

There is no significant difference between the respondent's types of family with regard to their attitude towards about Population problem, family planning, birth control, fertility control, birth control method especially abortion, contraceptive method, sterilization, age of marriage and overall attitude towards about family planning and birth control.

Major findings of the Study:

- ❖ The age of the respondents is divided into four categories, nearly half (42.9%) of the respondents belong to the age group of 20-30 years; majority (64.3%) of the respondents were belongs to Hinduism (Hindu); nearly half (47.1%) of the respondents belongs to Most Backward Classes.
- ❖ As far as their family is concerned that more than half (51.4%) of the respondents were living for nuclear family; majority (67.1%) of the respondents had 3-5 family members; nearly half (44.3%) of

the respondents had three siblings, nearly half (44.3%) of the respondents have two children; out of 35 respondents those who have more than one children, more than half (57.1%) of the respondents have one year spacing between their children.

- ❖ As far as their educational qualification is concerned that nearly half 31 (44.3%) of the respondents had studied up to high school level; more than half (51.4%) of the respondents' spouses had completed high school level; more than half (57.1%) of the respondents were house wives; majority (62.9%) of the respondents' spouses were working as agricultural labourer; nearly half (44.3%) of the respondent's monthly income was between Rs.5, 000- Rs.10,000 for family monthly income.
- ❖ Nearly half (44.3%) of the respondents got marriage at age between 19 to 21 years; nearly half (45.7%) of the respondents marital life was 2-6 years.
- ❖ The vast majority (84.3%) of the respondents were partially know about family planning; half (50%) of the respondents had used family planning method; vast majority (87.1%) of the respondent's spouses had given freedom to the respondents to use family planning method.
- ❖ More than half (51.4%) of the respondents had high level of attitude towards about population problem; more than half (57.1%) of the respondents had low level of attitude towards about family planning; majority (64.3%) of the respondents had low level of attitude towards about birth control; majority (65.7%) of the respondents have low level of attitude towards about fertility control; majority (68.6%) of the respondents had low level of attitude towards about Birth Control Method especially abortion; more than half (57.1%) of the respondents had low level of attitude towards about Contraceptive Method; majority (61.4%) of the respondents had low level of attitude towards about sterilization; majority (60.0%) of the respondents had low level of attitude towards about age marriage; more than half (55.7%) of the respondents had high level of overall attitude towards about family planning.

Findings related to Hypothesis

Research hypothesis 1

There is a significant difference between the respondents' types of family with regard to their overall attitude toward family planning and birth control.

Null hypothesis 1

There is no significant difference between the respondents' types of family with regard to their overall attitude toward family planning and birth control.

Test used: t' test was applied

Result: Null hypothesis was accepted .Hence there is no significant difference between the respondent's types of family with regard to their attitude towards about Population problem, family planning, birth control, fertility control, birth control method especially abortion, contraceptive method, sterilization, age of marriage and overall attitude towards about family planning and birth control.

Research hypothesis 2

There is a significant difference between the respondents' knowledge towards family planning with regard to their overall attitude toward family planning and birth control.

Null hypothesis 2

There is no significant difference between the respondents' knowledge towards family planning with regard to their overall attitude toward family planning and birth control.

Test used: one - way analysis

Result: Null hypothesis was accepted. Hence there is no significant difference between the respondents attitude towards about family planning with regard to their attitude towards about Population problem, family planning, birth control, birth control method especially abortion, contraceptive method, sterilization, age of marriage and overall about attitude towards family planning and birth control.

Research hypothesis 3

There is a significant relationship between the respondents' age with regard to their overall attitude toward family planning and birth control

Null hypothesis 3

There is no a significant relationship between the respondents' age with regard to their Overall attitude toward family planning and birth control.

Test used: Karl Pearson correlation test was used

Result: Null hypothesis was accepted. Hence there is no a significant relationship between the respondent's age with regard to their attitude towards about Population problem, family planning, birth control, fertility control, birth control method especially abortion, contraceptive method, sterilization, age of marriage and overall attitude towards about family planning and birth control.

Research hypothesis 4

There is a significant relationship between attitudes toward about birth control with regard to the attitude towards about family planning, contraceptive methods, population problem, family planning, fertility control, birth control method: abortion, contraceptive methods, sterilization and age of marriage with regard to their overall attitude towards about family planning and birth control.

Null hypothesis 4

There is a no significant relationship between attitudes toward about birth control with regard to the attitude towards about family planning, contraceptive methods, population problem, family planning, fertility control, birth control method: abortion, contraceptive methods, sterilization and age of marriage with regard to their overall attitude towards about family planning and birth control.

Test used: Inter Correlation Matrix

Result: Research hypothesis was accepted. Hence there is a significant relationship between attitudes toward about birth control with regard to the attitude towards about family planning, contraceptive methods, population problem, family planning, fertility control, birth control method: abortion, contraceptive methods, sterilization and age of marriage with regard to their overall attitude towards about family planning and birth control.

Social Work Intervention and Suggestion

- ❖ The social work researcher had given individual counselling to the married women through the case work method in the rural area regarding family planning and birth control. They also followed the

group work method and community organisation programme to identify the women regarding the advantage of family planning and birth control in the study area.

- ❖ The social work researcher conducted the community organisation programme to create awareness regarding the ill effects of family planning and birth control and the impact of family planning and birth control, contraception, and sterilisation on married women and all community members in the study area. Abortion is delayed because policies and programmes serve to raise awareness and ensure rural women's right to education and information about family planning and birth control.
- ❖ The GOs and NGOs should create awareness about the family planning programme among the people, particularly in villages where people are illiterate, ignorant, and tradition bound. They may also provide formal and informal educational programmes for girls and women to control population growth.

Conclusion:

Family planning, according to the majority of respondents, helps women preserve their health and fertility by allowing them to choose the number and spacing of their children. It also contributes to improving the overall quality of their lives. People should not be forced into sterilisation or birth control. Future Family Planning initiatives should focus on tackling the underlying social norms that lead to gender inequality and a lack of collaborative decision-making. There are many couples all over the world who are motivated to use family planning methods that are appropriate for their requirements.

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