IJIRHS.ORG | ISSN: 3107-4219
INTERNATIONAL JOURNAL OF INNOVATIVE RESEARCH IN HEALTH SCIENCE
An International Open Access, Peer-reviewed, Refereed Journal

A STUDY TO ASSESS THE PHYSICAL AND PSYCHOSOCIAL PROBLEMS EXPERIENCED BY THE WOMEN UNDERGONE SELECTED INVASIVE AND NON-INVASIVE METHODS OF FAMILY PLANNING AMONG WOMEN ATTENDING OBG UNIT AT SMVMCH, PUDUCHERRY

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Abstract:

Background: Family planning involves controlling the number of children in a family and the spacing between their births through contraceptive methods and information. It helps individuals and couples achieve their desired family size, promoting health and well-being. **Aim:** The study aimed to assess the physical and psychosocial problems of the women undergone temporary and permanent methods of family welfare planning. **Methodology:** The study employed a descriptive research design with a quantitative approach. The participants included 65 women who had undergone temporary or permanent methods of family welfare planning. The women were selected using a non-probability convenience sampling technique. **Results:** The results showed that 60% of women experienced mild physiological problems, with 88.6% reporting satisfaction with the procedure. A moderate positive correlation ($r = 0.482$, $p = 0.0001$) was found between physical and psychosocial problems, indicating that as physical problems increased, psychosocial issues also tended to rise. **Conclusion:** The study findings concluded that most women experienced mild physiological problems, and the majority of respondents expressed satisfaction with the procedure.

Keywords: Family planning, Physical problems, Psychosocial problems.

INTRODUCTION

Family planning involves controlling the number of children in a family and the spacing between their births through contraceptive methods and information. It helps individuals and couples achieve their desired family size, promoting health and well-being. In 2017, 136.5 million women globally used modern contraception, preventing 39.2 million unintended pregnancies, 12 million unsafe abortions, and 42,000 maternal deaths. In

India, family planning has been a key government initiative since the 1950s to manage population growth and improve public health. It includes education, awareness campaigns, and contraceptive distribution, targeting rural and urban areas.

Family planning methods in India include temporary options like contraceptive pills, IUDs, condoms, and injectables, as well as permanent methods like sterilization. These methods help control population growth, reduce maternal and child mortality, improve maternal health, and empower women by allowing them to make informed reproductive choices. The use of modern contraceptives among married women in India increased to 56.5% in 2019-21, and the total fertility rate decreased from 2.2 to 2.0. Despite progress, challenges remain, particularly in rural areas where access to contraceptives and cultural resistance are barriers.

Family planning also has physical and psychosocial effects. Invasive methods like tubal ligation may cause discomfort or emotional concerns, while non-invasive methods like hormonal contraceptives can cause side effects such as nausea or mood swings. Women may also experience societal pressure or judgment, leading to emotional challenges. Education through mass media and professional support is vital in addressing these issues and empowering individuals to make informed family planning decisions.

NEED FOR THE STUDY

The global desire for family planning has grown from 900 million women in 2000 to 1.1 billion in 2021. The number of women using modern contraceptives increased from 663 million in 2000 to 851 million in 2020, with an expected 70 million more by 2030. The contraceptive prevalence rate rose from 47.7% to 49.0%, and 77.5% of women had access to modern methods by 2022. In Africa, addressing unmet contraceptive needs could reduce unwanted pregnancies by 78% and maternal mortality by 24%. In Ethiopia, meeting contraceptive needs could prevent 2.1 million unintended pregnancies and reduce maternal deaths by 81%. In the U.S., estrogen-based contraceptives slightly increase the risk of venous thrombosis, while progestin-only and non-hormonal methods have minimal risks. A study in Bangladesh found that contraceptive side effects impact women's participation in daily life.

In India, 71.8% of women in need use modern methods, with sterilization being the most common. In Patna, only 32.65% of married women use contraception, with non-acceptance linked to desires for children and fear of side effects.

The need for this study arises from the growing global demand for family planning and the challenges women face in accessing and using contraceptive methods. Despite significant progress in contraceptive use and access, many women still encounter physical, emotional, and cultural barriers that affect their ability to make informed reproductive choices. These barriers include side effects, societal pressures, lack of education, and opposition from partners or communities.

OBJECTIVE OF THE STUDY:

1. To assess the physical problems of the women undergone temporary and permanent methods of family welfare planning.
2. To assess the psychosocial problems of the women undergone temporary and permanent methods of family welfare planning.
3. To correlate the physical and psychosocial problems of the women undergone temporary and permanent methods of family welfare planning.
4. To associate the physical and psychosocial problems of the women undergone temporary and permanent methods of family welfare planning.

MATERIALS AND METHODS

Study Design and Participants

The study employed a descriptive research design with a quantitative approach. The participants included 65 women who had undergone temporary or permanent methods of family welfare planning and were attending the family planning outpatient department at Sri Manakula Vinayagar Medical College and Hospital (SMVMCH) in Puducherry. These women were selected using a non-probability convenience sampling technique.

Inclusion and Exclusion Criteria

Inclusion Criteria:

- Women attending the family planning outpatient department at SMVMCH.
- Women who had undergone temporary or permanent methods of family welfare planning.
- Women who could speak and understand Tamil or English.
- Women willing to participate in the study.

Exclusion Criteria:

- Women who were not willing to participate in the study.
- Women with co-morbid conditions like diabetes, hypertension, etc.

Tools

The study used a structured tool consisting of three sections: Section A collected demographic and obstetrical data, Section B assessed physiological problems with a 20-item Yes/No scale categorized as mild, moderate, or severe, and Section C evaluated psychosocial issues using a 5-point Likert scale. Scoring for Section C was: Not Satisfied (1–33), Satisfied (34–66), and Well Satisfied (67–100). The tool was validated by experts and had a test-retest reliability coefficient of 0.86.

Data Collection Procedure

The data collection process was carried out after obtaining formal permission from the head of the Department of Obstetrics and Gynaecology at SMVMCH. Informed consent was taken from the participants, and 60

women attending the family planning outpatient department were included in the study. The researcher collected demographic and obstetrical data, and then assessed the physiological and psychosocial issues experienced by these women using the Family Planning Procedure Assessment Scale. The study ensured that all information gathered from the participants was kept confidential.

Data Analysis

Data were analyzed using SPSS version 26.0. Descriptive statistics such as frequency and percentage were used for demographic variables. Pearson Correlation was used to examine relationships between variables, and the Chi-square test was used to assess the significance of associations between variables. Results with a significance level of $p < 0.05$ were considered statistically significant.

RESULTS:

Demographic Variables

The table 1 presents the demographic profile of the participants, including age, religion, education level, family income, employment status, type of family, type of marriage, and residential area. It highlights the distribution of various characteristics such as age (50% above 35 years), religious affiliation (65% Hindu), education (63.3% illiterate), and family income (50% earning 21,000-25,000). A significant majority (75%) live in joint families and 71.7% reside in rural areas.

Obstetrical Variables

The table 2 details obstetrical variables such as menstrual cycle regularity, number of children, contraceptive use, and type of delivery. Most women have a regular menstrual cycle (78.3%), with 48.3% having one child. The use of contraceptives includes chemical methods, hormonal methods, and IUCD, with a predominance of hormonal methods (30%). The majority of deliveries were by cesarean section (60%).

Physiological and Psychosocial Problems

The table 3 outlines the physiological and psychosocial challenges faced by women post-family planning methods. In terms of physiological problems, 60% reported mild issues, while 40% faced moderate problems. Regarding psychosocial well-being, 88.6% of women were satisfied with the experience, and 1.7% were not satisfied.

Correlation

Table 4 shows a moderate positive correlation ($r = 0.482$, $p = 0.0001$) between physical and psychosocial problems in women who underwent selected family planning methods. The mean for physical problems was 11.84 (SD = 2.24), and for psychosocial problems, it was 34.44 (SD = 6.16), with the correlation being statistically significant ($p < 0.001$). on

Table 1: Demographic variable of women undergone temporary and permanent methods of family welfare planning. N=60

S.No	Demographic Variables	Number of Frequency	Percentage (%)
1	**Age in Years**		
	a) 18–30 years	3	5
	b) 24–29 years	12	20
	c) 30–35 years	15	25
	d) Above 35 years	30	50
2	**Religion**		
	a) Hindu	39	65
	b) Muslim	15	25
	c) Christian	6	10
	d) Others	0	0
3	**Education**		
	a) Illiterate	38	63.3
	b) High school level	10	16.7
	c) Higher secondary level	9	15
	d) Graduate and above	3	5
4	**Family Income**		
	a) 15,000–20,000	20	33.3
	b) 21,000–25,000	30	50
	c) 26,000–30,000	7	11.7
	d) 31,000–36,000	3	5
	e) Above 36,000	0	0
5	**Employment Status**		
	a) Government	3	5
	b) Private	23	38.3
	c) Business	8	13.3
	d) Housewife	26	43.3

6	**Type of Family**		
	a) Nuclear family	15	25
	b) Joint family	45	75
7	**Type of Marriage**		
	a) Consanguineous marriage	22	36.7
	b) Non-consanguineous marriage	38	63.3
8	**Residential Area**		
	a) Rural	43	71.7
	b) Urban	17	28.3

Table 2: Distribution of Obstetrical variables of women undergone temporary and permanent methods of family welfare planning. **N=60**

S. No	Obstetrical Variables	Number of Frequency	Percentage (%)
1	**Menstrual cycle**		
	a) Regular	47	78.3
	b) Irregular	13	21.7
2	**No. of child**		
	a)1	29	48.3
	b) 2	19	31.7
	c)3and aboove	6	10
	d) Nil	6	10
3	**Use of any contraceptives**		
	a) Chemical method	17	28.3
	b) Hormonal method	18	30
	c)IUCD	17	28.3
	d)None	8	13.3
4	**Type of delivery**		
	a) Normal Vaginal Delivery	24	40
	b) LSCS	36	60

Table 3: Physiological and Psychosocial Problems Among Women Who Have Undergone Temporary and Permanent Methods of Family Welfare Planning

S.No	Type of Problem	Level of Problem	Frequency (n)	Percentage (%)
1	**Physiological Problem**	**Mild**	36	60
		Moderate	24	40
		Severe	0	0
2	**Psychosocial Problem**	**Not Satisfied**	1	1.7
		Satisfied	52	88.6
		Very Satisfied	7	11.7

Table 4: Correlation between the physical and psychosocial problems.

Variables	Mean	S.D	Karl Pearson's Correlation 'r' value
Physical problem	11.84	2.24	**r = 0.482** **p=0.0001**
Psychosocial problem	34.44	6.16	

DISCUSSION:

This study assessed the physical and psychosocial problems experienced by women who underwent temporary and permanent methods of family welfare planning. The findings revealed that 60% of the women experienced mild physiological problems, while 40% reported moderate issues, with no severe problems observed. These results are in line with the study by Shweta Patil Kunkeri et al. (2017), which highlighted a significant increase in sexual dysfunction among women after tubal sterilization, particularly in aspects like orgasm, arousal, and desire. In terms of psychosocial impact, the majority (88.6%) of women reported satisfaction with the procedure, while only a small proportion (1.7%) expressed dissatisfaction. This aligns with Sarah Martell et al. (2023), whose study found mood changes as a common side effect of hormonal contraception, though the psychological impact varied based on prior psychiatric conditions. The correlation between physical and psychosocial problems was found to be moderate and statistically significant ($r = 0.482$, $p = 0.0001$), indicating that as physical issues increased, psychosocial problems also tended to rise. However, the study found no significant association between demographic variables and the physical or psychosocial problems experienced by the women, leading to the rejection of the hypothesis that such an association would exist. Overall, the study

underscores the importance of addressing both the physical and psychological well-being of women undergoing family welfare procedures, while suggesting that demographic factors may not play a significant role in influencing these problems.

CONCLUSION:

The study findings concluded that most women experienced mild physiological problems, and the majority of respondents expressed satisfaction with the procedure. These findings highlight the importance of addressing both physical and psychosocial well-being in women undergoing family planning procedures.

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Cite this Article: G. Muthamilselvi, R. Priyadharshini, K. Kalaiselvi (2025). A study to assess the physical and psychosocial problems experienced by the women undergone selected invasive and non-invasive methods of family planning among women attending OBG unit at SMVMCH, Puducherry. *International Journal of Innovative Research in Health Science*, 1(11), 31-39. https://doi.org/10.63349/ijirhs.202466