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Study on Knowledge, Attitude and Practice of Family Planning among Married Women in the Rangeli Municipality of Morang District, Nepal

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Abstract:

Introduction: *Knowledge about methods of contraception could reduce the level of unwanted pregnancy and unsafe abortion. Particularly, utilization of contraception among married women have beneficiary health outcome as it adds choice for helping sexually active married women to avoid unintended pregnancy and its consequences.* ***Objectives:*** *To find out knowledge, attitude and practice of family planning among married woman in Rangeli Municipality.* ***Methods:*** *The cross-sectional study was conducted among residents of Rangeli Municipality where 400 married women were taken as subjects. Pretested semi-structured questionnaire was administered to the study subjects and face to face interview was conducted. Collected data was entered in Microsoft excel and the analysis was done by using statistical software SPSS (Statistical package for Social Science) 17.0 version.* ***Results:*** *Almost 83.5% of married women have knowledge about prevention of pregnancy by contraception and they use contraception for child spacing (33.5%). Most of the women have the source of knowledge about family planning as media (35.5%) and relatives (35.5%). Majority of them (56.3%) know that OCP is provided free of cost. Majority of the participants (80.8%) and family members (76%) have positive attitude towards family planning. Majority of the women (63.9%) were using permanent method of family planning. Amongst women practicing temporary family planning methods Depo (42.7%) and Oral contraceptives pills (36%) was used most widely.* ***Conclusions:*** *The study concludes that the married women of Rangeli Municipality have good knowledge and favorable attitude towards family planning, but, practice of using contraception was poor. They use contraception for child spacing and majority of the participants were using Depo and Oral contraceptives pills as a temporary method of family planning.*

Keywords: ***Knowledge; Attitude; Practice; Family Planning; Rangeli Municipality; Nepal***

Introduction

Family planning is 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 the family group and thus contribute effectively to the social development of a country.[1] The knowledge on family planning methods in Nepal is nearly universal and attitude towards the methods of family planning is positive in-spite of this only 48% is using the family planning methods.[2]

Worldwide contraceptives prevalence (the percent of couple currently using contraception) is estimated to have reached 58%. At 70%, the average level of use is higher in the more developed region than in the less developed regions, where average use is estimated at 55%. While overall levels of contraceptive use remain higher in the more developed regions the gap is narrowing.[3] Family planning is now an integral part of the health system of Nepal. Total fertility rate (in women) is in decreasing order. It was 4.6 in 1996, 4.1 in 2001, 3.1 in 2006 and 2.6 in 2011. Although CPR of all methods increased from 48% in 2006 to 50% in 2011,

there was a slight decrease in CPR of modern methods from 44.2% to 43.2% during the same period.[2,4]

The findings will help to assess the level of knowledge and practice towards family planning methods of the community people which would help to design education programs regarding family planning methods. Furthermore, it helps the policy makers to formulate the plan and policies to increase the use of family planning methods which would ultimately help to reduce the problem of population growth and increase CPR. The general objective was to find out Knowledge, Attitude and Practice of family planning among married woman in Rangeli municipality.

Methodology

A Community based cross-sectional study was conducted from 10th December-23rd December, 2017 in Rangeli Municipality of Morang District of Nepal. Rangeli is located in the eastern geographical region of Nepal. This was a two weeks study to fulfill epidemiological management carried out by students of MBBS 3rd year Batch 2015 of B. P. Koirala Institute of Health Sciences, Dharan, Nepal. There was 14 medical students who helped for this study for two weeks. This research was based on random selection of the study area Rangeli Municipality. This study considered 51.3% of the married women (Sushmita K et al in Nepal, 2016)[5] was using contraception. For sample size estimation, it was calculated as 380 by using the formula, sample size (n) =4pq/L2 [4 x 51.3 x 48.7 / (5.13)2 = 380 as sample based on the prevalence of 51.3%, 95% confidence level and 10% allowable error. Therefore, the required sample size is 400. The data was collected from 400 married women of reproductive age 15-49 years in Rangeli Municipality. There are 9 wards in Rangeli Municipality. Among 9 wards, 4 wards (ward number 4, 5, 6 and 7) was randomly selected. The list of households of four selected wards was prepared and equal number of households (100) from each ward was selected on the basis of simple random sampling by lottery method. Each subject was selected till the sample size was fulfilled from the four wards of Rangeli Municipality.

The ethical approval was taken from the Institutional Review Committee (IRC) of B. P. Koirala Institute of Health Sciences, Dharan, Nepal. Written permission was taken from concerned authority and each participants of the study. The married women who were willing to participate in the study, those who gave written consent and those individuals who were available after three visits were included in the study. Three visits means the selected study subject who was not present at the time of the first visit to the respective place, she was followed for three attempts so as to include in the study and in the case of unavailability next study subject was taken. Semi-structured questionnaire and an observational checklist were used for data collection and face to face interview was taken. The confidentiality and privacy of the study was maintained; name of the individuals or participating group was not disclose after the study.

All interviewed questionnaires were indexed and kept on file. The collected data was entered in Microsoft Excel and converted into SPSS (Statistical Package for Social Science) software package 17.0 version for statistical analysis. Data was analysed to find out percentage and proportion.

Results

Table 1: Distribution of the study population by socio-demographic characteristics

Characteristics	Frequency	Percentage
Age of Female		
15-24 years	41	10.3
25-34 years	211	52.8
35-44 years	133	33.3
45-49 years	15	3.8
Religion		
Hindu	360	90.0
Muslim	40	10.0
Ethnicity		
Brahmin/Chhetri	70	17.5
Kirati	1	3.0
Janjati	47	11.8
Dalit	104	26.0
Terai Caste	178	44.5
Education of Female		
Illiterate	182	45.5
Below SLC	146	36.5
Above SLC	72	18.0

Occupation of Female		
Service holder	8	2.0
Business	28	7.0
Farmer	43	10.8
Labourer	8	2.0
Unemployed	246	61.5
Others (Tailor, Potters, Laundry)	67	16.8
Education of husband		
Illiterate	102	25.5
Below SLC	173	43.3
Above SLC	125	31.3
Occupation of husband		
Service Holder	40	10.0
Business	109	27.3
Farmer	77	19.3
Labourer	93	23.3
Unemployed	18	4.5
Others (Abroad, Artist, Rickshaw puller)	63	15.8
Type of family		
Nuclear	239	59.8
Joint	161	40.3
Type of House		
Kachha	155	38.8
Pucca	88	22.0
Semi-Pucca	157	39.3
Economic condition		
Above Poverty Line (≥ 1.9 $)	160	40.0
Below Poverty Line (<1.9 $)	240	60.0
Age at marriage of Mother		
Below 18 years	193	48.5
18-25 years	204	51.3
Above 25 years	3	0.9
Total	**400**	**100.0**

SLC: School Leaving Certificate

Table 1 shows the socio-demographic characteristics of married women in Rangeli Municipality, where majority of them were Hindu with illiterate. More than half of them were below poverty line and were married at the age of below 25 years. Most of the family lived in kachha & semi-pucca houses with small number of members (nuclear family).

Table 2: Knowledge regarding family planning

Characteristics	Frequency	Percentage
Contraception prevent pregnancy		
Yes	334	83.5
No	66	16.5
Contraception use for		
Child spacing	134	33.5
Completed family	119	29.8
Delay pregnancy	76	19.0
Others (Prevention of sexually transmitted infections, regulate menstruation period, reduce acne, lower endometriosis-related pain)	5	1.3
No idea	66	16.5
Source of knowledge about family planning		
Media	142	35.5
Relatives	142	35.5

Health workers	32	8.0
Doctors	10	2.5
Others (Teachers, neighbors, friends, book)	8	2.0
No idea	66	16.5
* **Know about different methods of contraception**		
Condom	135	33.8
OCP	251	62.8
IUD	48	12.0
Depo	275	68.8
Tubectomy	155	38.8
Vasectomy	14	3.5
Others (Diaphragm, Cervical Cap, Implants)	40	10.0
No idea	69	17.3
Knowledge about natural methods of contraception		
Yes	107	26.8
No	293	73.2
Knowledge about emergency methods of contraception		
Yes	135	33.8
No	265	66.2
If yes then (n=135)		
Surgical	9	6.7
Medical	126	93.3
OCP is Provided free of cost		
Yes	225	56.3
No	175	43.7
Total	**400**	**100.0**

**percentages are based on multiple responses*

Most of the people have knowledge about prevention of pregnancy by contraception and they use contraception for child spacing. Most of the people have the source of knowledge about family planning as media and relatives. Majority of them know that OCP is provided free of cost. (Table 2)

Table 3: Attitude towards family planning

Characteristics	Frequency	Percentage
Attitude of participants towards family planning		
Positive	323	80.8
Negative	42	10.5
Cannot say	35	8.8
Attitude of family members towards family planning		
Positive	304	76.0
Negative	37	9.3
Cannot say	59	14.8
Best method of contraception		
Condom	14	3.5
OCP	73	18.3
IUD	13	3.3
Depo	70	17.5
Tubectomy	159	39.8
Vasectomy	1	0.3
Others (Diaphragm, Cervical Cap, Implants)	5	1.3
No idea	65	16.3
Total	**400**	**100.0**

Table 3 shows that majority of the participants and family members have positive attitude towards family planning. Most of the participants think that tubectomy is the best method of contraception among all the methods.

Table 4: Practice regarding family planning (N=400)

Characteristics	Frequency	Percentage
Present practice of family planning		
Yes	208	52.0
No	192	48.0
If yes, (n=208)		
Temporary	75	36.1
Permanent	133	63.9
Temporary methods used (n=75)		
Condom	9	12.0
OCP	27	36.0
IUD	1	1.3
Depo	32	42.7
Others (Diaphragm, Cervical Cap, Implants)	6	8.0
Permanent methods used (n=133)		
Tubectomy	130	97.7
Vasectomy	3	2.3
Where (n=133)		
Government hospital	94	70.7
Private clinic	39	29.3
Incentive provided (n=133)		
Yes	66	49.6
No	67	50.4
Past use of family planning methods		
Yes	147	36.8
No	253	63.3
If Yes, what used (n=147)		
Condom	19	12.9
OCP	42	28.6
IUD	16	10.9
Depo	64	43.5
Tubectomy	2	1.4
Others (Diaphragm, Cervical Cap, Implants)	4	2.7
If No, then why (n=253)		
Forget to take	44	17.4
Side Effects	93	36.8
Want a child	76	30.0
Failure of contraception	17	6.7
Cost related	23	9.1
First used of contraception in the past (n=147)		
Just after marriage	15	10.2
After first child	32	21.8
After second child	39	26.5
After more than two children	61	41.5
Family planning initiated by (n=147)		
Own self	98	66.7
Husband	49	33.3

Table 4 shows the majority of the married women were using family planning. Majority of the participants were using permanent method of family planning. Amongst women practicing temporary family planning methods Depo and Oral contraceptives pills was used most widely.

Discussion

Knowledge, attitudes toward family planning and contraceptive use are the most fundamental indicators that are used by different national and international organizations to assess the success of family planning programs. Regarding the level of contraceptive use, knowledge has an

effect on the women to practice family planning more than others who have lack of the knowledge.[6]

In our study majority of respondents (52.8%) belonged to 25-34 years of age, and Hindu (90%) and Muslim (10%) as religion. The corresponding findings from NDHS 2011 shows 16.4% belonged to 25- 29 age groups.[2] Demography health survey 2006 shows about 85% were Hindu, 9% were Buddhist, 4% Muslim, and only 12-14% of women belong to Tharu.[7] In our study most of the married women was illiterate (45.5%) followed by below SLC (36.5%) and above SLC (18%) respectively. In another study in Khotang showed that only 35% was illiterate and 64% were literate.[8]

Majority of the people (83.5%) have knowledge about prevention of pregnancy by contraception. The study conducted by Handady SO at al in Sudan showed that, the awareness of contraceptive use is (87%),[9] another study carried out by Sara Barer et al[10] on Barriers to family planning service utilization among Sudanese women in Khartoum locality, the awareness of contraceptive use is (87%) which is higher than our study. High level of awareness 99% has also been reported at Lahore study (Pakistan)[11] and Indian study revealed knowledge rate of 82.2%.[12] In our study majority of respondent have knowledge about Depo (68.8%) and OCP (62.8%) respectively. The most methods of contraception that mothers knew were the contraceptive pills and IUCD. These are the methods most used by females and most available in Sudan.[13]

In this study, main source of information about family planning was media (35.5%) and relatives (35.5%). A study conducted by Sushmita K et al in Kakani VDC, Nuwakot district, Nepal which showed all the respondents had heard about family planning and main source of information was Radio/T.V (92.7%)[5], accordance to the Nepal demographic and health survey (90%)[2] and the study done in Sikkim i.e. 95%.[14] Likewise, hospital is the place known by all respondents as the place of availability of FP services which is similar to the NDHS report of 2011[2] and the study done in Sikkim.[14] Their source of information was mainly media, doctor, friends followed by family members while printed advertisements (magazines, pamphlets, and posters) hardly contributed anything in spreading knowledge. There is a general assumption that men are exercising dominations, hence they are not taking responsibility of family planning and women also accept the same in silence.[15] Media consider being other important factor responsible for knowledge of family planning. in other study 35% of women got family planning information from the media and health care providers 25.5%,[9] unlike Sara Barer et al[10] who reported only 22% of women their source of information were media. Similarly to another result, study from rural Nepal also reported an exposure to electronic media messages as the main factor for use of family planning methods among women.[16]

In this study majority of the participants (80.8%) and family members (76%) have positive attitude towards family planning. Attitudes are not gained by birth, they are learned and adopted by experiences and culturally gained during socialization. Attitudes of women towards family planning are influenced by education and experiences such as pregnancy.[9] Overall, the study conducted by Handady SO at al in Sudan showed that, more than two third 72.5% of respondents had a positive attitude towards family planning, but 60% of the women reported having ever used any type of contraception.[9] Other studies have already described similar findings, i.e. high awareness but low utilization of contraceptives, making this situation a serious challenge in developing countries.[17,18]

Majority of the participants (52%) were using family planning methods. Among them 36.1% was using temporary method and 63.9% was using permanent method of family planning. Amongst women practicing temporary family planning methods Depo (42.7%) and Oral contraceptives pills (36%) was used most widely. A study conducted by Uprety S et al in Nepal showed that almost 80% had used family planning methods in any period of their life time. Most popular method among the ever used was found to be Injectables (Depo porvera). About 63.6% of study populations were currently using family planning methods and mostly are using Depo porvera contraception methods.[19] According to NDHS 2011, sixty eight percent of currently married women used a method of contraception in any time of their life time, among which 65% had used modern method.[2]

Similarly, study conducted in Kakani VDC, Nuwakot district, Nepal showed that Depo-Provera was the most well-known device (100%) in temporary FP devices followed by Condom (98.2%), Oral Pills (93.6%), Implant (71.6%) and Copper-T (61.5%),[5] other study done in Khotang, Nepal where Depo-Provera (86.6%), oral pill (83.0%), condom (75.0%), Implant (57.1%) and Copper-T (40.2%) was used.[8] Likewise, more than half (51.3%) of respondents were using family planning devices currently. Most used method was oral pills (37.5%) followed by sterilization male (23.2%), Depo-Provera (21.4%).[5] which is not similar to the study done in Khotang[8] where the highest current user were Depo-Provera (16.1%), CoCs (10.7%), condom (3.6%), implant (2.7%), IUCD (0.9%) and Male sterilization (5.4%), Female sterilization (0.9%). Study from Kakani VDC, Nuwakot district, Nepal showed male sterilization was the most known (91.7%) permanent method of family planning than female sterilization in this study.[5]

Our study showed the commonest cause of not adopting family planning devices was side effect of contraception (36.8%) and want a child (30%). Other study showed the commonest cause of not adopting family planning devices was husband being abroad (43.4%) followed by faced side effects (39.6%), want a child (11.3%) and then having small baby (5.7%)[5] which is similar to NDHS report of 2011[2] and the study done in Khotang i.e. Husband abroad (55%), side effects (20%), husband sterilization (15%), female sterilization (2.5%), to regain fertility (7.5%).[8] In the study conducted in Sudan, the reason for not using contraceptives, 22% women were worried about side effects, 14% wanted more children, 5.5% opposed to family planning because of their husbands influence in choosing contraceptive method.[9] Previous studies in Khartoum States and Darfur, Western Sudan pointed out that many users experienced side effects from different methods, and that side effects are the common causes for either ceasing contraception altogether, or changing the type of contraceptive to a more traditional method which is less effective.[10,17,18]

The limitations in this study could the fact that self-reported information is subjected to reporting errors and biases. Since the study touches sensitive issues the possibility of underestimation cannot be excluded even though the survey was anonymous.

Conclusions

The study concludes that the married women of Rangeli Municipality have good knowledge and favorable attitude towards family planning, but, practice of using contraception was poor. They use contraception for child spacing and acquired the knowledge about family planning through media and relatives. Most of them knew that OCP is provided free of cost. Majority of the participants were using tubectomy as a permanent method, and Depo and Oral contraceptives pills as a temporary method of family planning. Some of the married women did not use contraceptives regularly due to fear of side effects.

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