

Awareness and Pattern of Utilizing Family Planning Methods in Married Women of Duwakot, Nepal

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Abstract

Background: To assess level of awareness and pattern of utilizing family planning methods among married women (20-45 years) of reproductive age in Duwakot, Bhaktapur.

Methodology: A cross-sectional study was conducted from March 2019 to February 2020 at different wards of Duwakot, Bhaktapur. Four hundred and twenty three (423) couples of reproductive ages were interviewed by using a pre tested semi structured questionnaire. After taking informed written consent, socio demographic characteristics, knowledge, attitude and pattern of using family planning methods were recorded. The data was analyzed by using Statistical Package SPSS version 21.

Results: Knowledge about different contraceptive methods was present among the majority (88.89%) of respondents. 73.75 % respondents were using a contraceptive method at the time of study. 20.56% were using oral contraceptives followed by use of condoms in 19.15% of the respondents, Tubectomy (11.11%), intra-uterine device (5.43 %) traditional methods (4.50 %), injectables (2.6%) and vasectomy (10.40%) respectively. The reason given by most of the respondents (36.94 %) for not using any contraceptive method during the study was the desire for a male child. The use of contraceptive methods increased with increasing age, number of living children and level of education of both women and their husband.

Conclusion: A good number of women were aware about the contraceptive methods but the practice of contraception in Duwakot and utilization of family planning services were low. The gap between knowledge and implementation of contraceptive methods was found in the study population. This shows the need for more informative awareness campaigns for promoting contraceptive utilization.

Key words: Knowledge, Practice, Family Planning

Introduction

Family planning (FP) means a way of thinking, perceiving and utilizing which is adopted voluntarily upon the bases of attitude, knowledge, and genuine decisions by couples (1). Family planning refers to a conscious effort by husband and wife to limit or space the number of children they have through the utilization of contraceptive methods (2). Family planning is an acceptable, logical, and an important component of global health and development. It can have a wide range of positive effect to women, their families, the societies and a nation as a whole. An International Conference on Population and Development (ICPD) Cairo, 1994, and the fourth world conference on women Beijing, 1995, focused on women empowerment including reproductive and sexual rights as the fundamental aspect for development (3). Family planning is mainly concerned with the overall and reproductive health of the mother, having enough birth spacing, avoiding unwanted pregnancies and abortions, preventing sexually transmitted diseases and improving the quality of life of mother, infant and the family (4).

Family planning can help in reducing maternal mortality by decreasing the number of pregnancies, the number of risky abortions, and the proportion of births at high risk. It has been estimated that fulfilling women's need for modern contraceptives would prevent about one quarter to one-third of all maternal deaths, saving 140,000 to 150,000 lives annually (5,6).

Many reproductive aged women have little or incorrect knowledge and information regarding family planning methods. Even when they know some methods of contraceptives, they don't know the availability or how to use them properly. Many women have a negative perception about family planning, while some have heard misleading and incorrect information (7).

Knowledge, attitude and practices towards family planning are the basic fundamentals of achieving the goals and targets of family planning of national and international organizations. Regarding the higher use of contraceptives, knowledge and positive attitude towards family planning plays the most important role (8).

Methods

It was a cross-sectional study conducted among married women of reproductive age group (20-45 years) in the urban area of Duwakot from March 2019 to February 2020. The different wards of Duwakot were selected by random sampling method. All the married women in each house belonging to the age group of 20-45 years were interviewed. A total 423 married women were interviewed using a pre-designed and pre-tested questionnaire. The purpose of study was explained and written consent was taken from the respondents. The questionnaire elicited information regarding their age, nationality, religion, caste, socio-economic status, educational status of respondents and their husband, number of living children, knowledge and practice of different contraceptive methods, and the reasons for not using any contraceptive methods during the study period. The data was analyzed by using Statistical Package SPSS version 21.

Results

In our study we found good knowledge about different contraceptive methods was present among the majority (88.89%) of respondents (Table 2). 73.75 % respondents were using a contraceptive method at the time of study (Table 3 and Figure 2). 20.56% were using oral contraceptives followed by use of condoms in 19.15% of the respondents, Tubectomy (11.11%), intra-uterine device (5.43 %) traditional methods (4.50 %), injectables (2.6%) and vasectomy (10.40%) respectively (Table 3 and Figure 1). The reason given by most of the respondents (36.94 %) for not using any contraceptive method was the desire for a male child (Table 4). Only 54.84 % of the respondents were employed (Table 1). The use of contraceptive methods increased with increasing age, number of living children and level of education.

Table 1: Socio-demographic characteristics of the respondents (N=423).

VARIABLES	Number	Percentage
Age (Year)		
20-35	324	76.60 %
36-45	99	23.40 %
Educational Status		
Middle school	36	08.51 %
High School	37	08.74 %
College	201	47.51 %
University	127	30.02 %
Illiterate	22	05.22 %
Employment		
Employed	232	54.84 %
Non-employed	191	45.16 %
Economic Status		
High	34	8.03 %
Medium	342	80.85 %
Low	47	11.12 %
Husband's Educational Status		
Middle school	26	06.15 %
High School	26	06.15 %
College	213	50.37 %
University	145	34.29 %
Illiterate	12	02.84 %
No. of living children		
0	121	28.60 %
1	179	42.32 %
2	98	23.18 %
3	17	04.01 %
4 or Greater	8	01.89 %

Table 2: Distribution of respondents according to knowledge about contraceptive methods

KNOWLEDGE	Number	Percentage
Knowledge about any contraceptive method (n=423)		
Yes	376	88.89 %
No	47	11.11 %
Knowledge about different types of contraceptive methods (n=423)		
Oral Pills	212	50.12 %
Male Condom	321	75.88 %
Tubectomy (Female sterilization)	72	17.02 %
Vasectomy (Male sterilization)	67	15.83 %
Intra-uterine device	26	06.14 %
Traditional methods	29	06.85 %
Emergency contraception	101	23.88 %
Injectables	97	22.93 %

Table 3: Distribution of respondents according to current use of any contraceptive method

Current Use	Number	Percentage
Currently using any contraceptive method (n=423)		
Yes	312	73.75 %
No	111	26.25 %
Type of contraceptive method currently using (N=312)		
Oral contraceptives	87	20.56 %
Condom	81	19.15 %
Tubectomy (Female sterilization)	47	11.11 %
Vasectomy (Male sterilization)	44	10.40%
Intra-uterine device	23	05.43 %
Traditional methods	19	04.50 %
Injectables	11	02.60 %

Table 4: Distribution of respondents according to reasons for not using any method of contraception (N=111).

Reasons	Number	Percentage
Desire for a male child	41	36.94 %
No permission from husband	12	10.81 %
Desire for more children	12	10.81 %
Fear of side effects	11	09.91 %
Pregnant	13	11.71 %
Breastfeeding	14	12.62 %
Husband away	08	07.20 %

Figure 1: Distribution of respondents according to current use of different types of contraceptive methods (N=312)

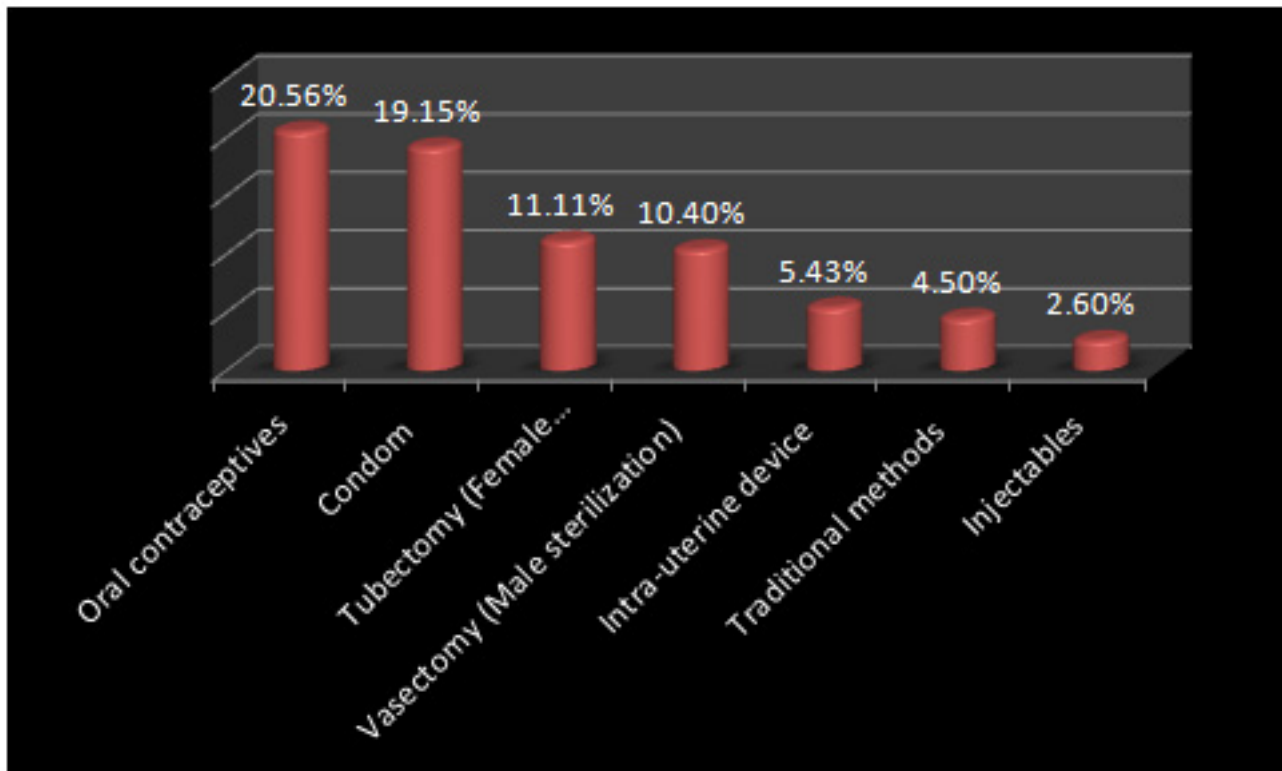
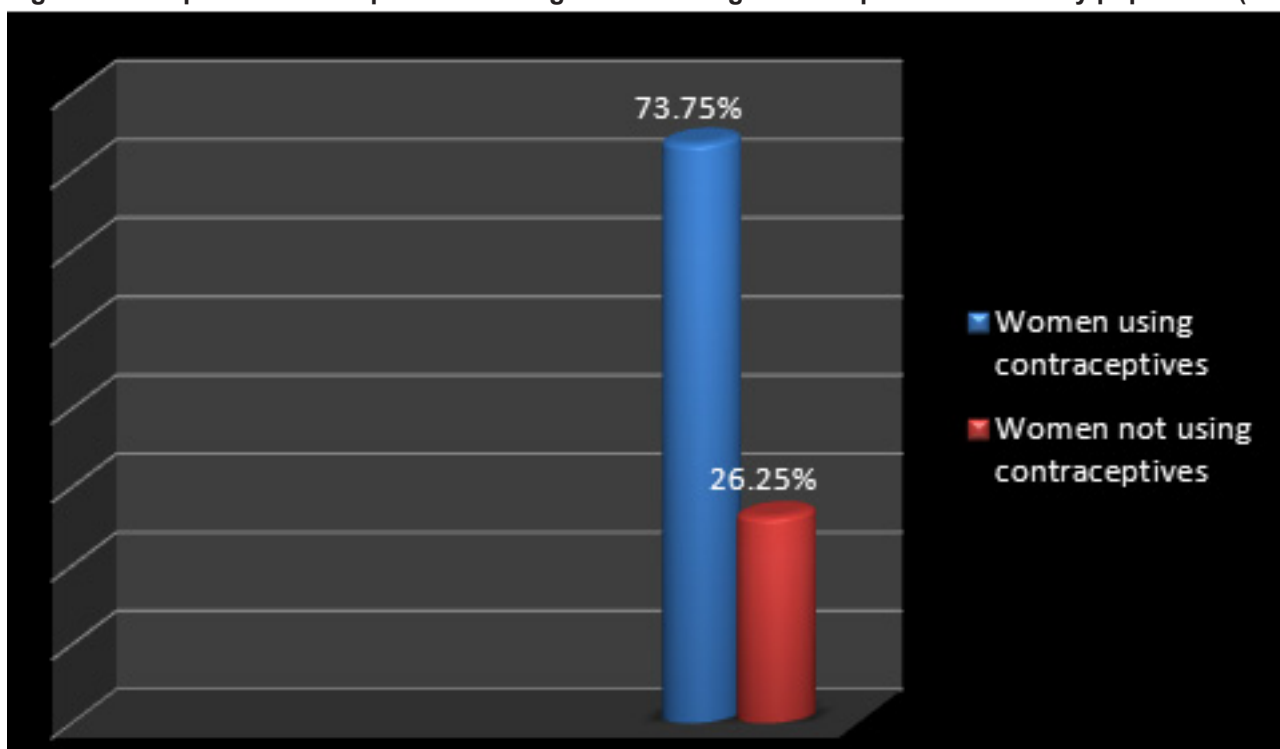


Figure 2: Comparisons of respondents using and not using contraceptives in the study population (N=423).



Discussion

Increasing population in most countries of the world is the burning issue. Only contraceptives can control this exponential population growth.

In our study most of the women have good knowledge about at least one method of contraception (89%). Similar results were found in a study done by Sunita TH et al in Dharwad (9). Also in a similar study done by Saluja N. et al in rural Haryana 96% women had good knowledge of contraception (10). Our finding was higher than the study conducted in Ethiopia that showed only 42.3% good knowledge towards family planning (11) and a study conducted in Fiji which showed 45.5% of respondents had a good level of knowledge about family planning (12).

In our study, pills was the most well-known method followed by condoms. Similar results were seen in other developing countries and demographic survey of Nepal. (13, 14). In our study 11.11% had adopted tubectomy as a permanent sterilization method. According to a study conducted by Das NP and Shah U in urban slums of Baroda, the maximum (48.8%) of the respondents adopted female sterilization which was very high compared to ours (15). Rizvi A et al in their study done in urban slums of Lucknow showed similar trends as ours and reported that female sterilization (tubectomy) was the most common method (16.7%) used by the respondents (16).

We also found that women who have a good level of education were practicing family planning more than those who were uneducated or had a low level of education (86.27% and 13.73%) respectively. This finding was in line with a study done in Jimma, Ethiopia (17). In our study association of educational status of the respondents with knowledge of contraception was found to be statistically significant. Similar association was seen in a study done in Qatar (18).

The current study also showed that knowledge and attitude of reproductive age women were related to family planning utilization. Reproductive aged women who had good knowledge were utilizing different methods better than those who were less knowledgeable. Those participants with favorable attitude were practicing better than those who had an unfavorable attitude. Better knowledge and positive attitude for specific activities are the key factors to start behaving and maintaining it continuously. Family Planning has been considered as an effective way to improve health of the mother and infant and enables them to decide freely and logically the number and spacing of their children.

Conclusion

This study shows that the knowledge and attitude of married females in Duwakot are favorable for family planning methods but actual practice lags behind the requirement. Awareness and education plays a very important role in acceptance of contraceptive method. Efforts should be targeted towards health educational activities regarding family planning methods.

Respondent's educational level, number of children, Employment, maternal age, knowledge, attitude and their family size were associated with family planning utilization habit.

Limitation of the study

As the data were collected using questionnaire method, reported KAP might have been overestimated or underestimated.

Acknowledgements

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Results

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