

Knowledge and practice of family planning methods among married women of reproductive age of Kakani VDC, Nuwakot district, Nepal

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Abstract: *Background:* Family Planning is a way of thinking and living that is adopted voluntarily to contribute effectively to the social development of a country. CPR of Nuwakot district is less than that of National level. The Objective of the study was to assess the knowledge and practice on family planning methods among married women of Kakani VDC. *Methods:* Descriptive cross-sectional study design was done with quantitative methods. Likewise, PPS sampling procedure was used and sample size was 109. Structured questionnaires as a tool and Interview technique was used to obtain necessary information. Data was entered and analysed through SPSS, and computed mean, standard deviation, tables, cross tabulation and chi – square. *Results:* The study shows that more than one fifth of the respondents (23.9%) were of age group 28-32 years and more than half of the respondents (51.4%) had marriage at the age of 15-19 years. Depo-Provera was the device known by all respondents and Implant was the least known device. However, more than half (56.9%) MWRAs had good knowledge on family planning and 51.38% of respondents were currently using FP devices. Despite more good knowledge towards family planning use of FP devices is low. *Conclusion:* The study population had good knowledge towards FP devices; however the use of FP devices was low. It was mainly due to husband being abroad and side effects of the devices.

Keywords: Knowledge, practice, women of reproductive age, family planning methods.

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].

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 [2]. However, in the group of least developed countries traditional methods of contraception account for 27% of all contraception use, a proportion far higher than that in the more developed regions [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 [4], there was a slight decrease in CPR of modern methods from 44.2% to 43.2% during the same period [5].

The mid-term survey of NDHS (2006) [6] showed that the knowledge on any contraceptives methods was universal among women of reproductive age (15-49) years. Specific knowledge on various contraceptives methods have improved over the years. For instance knowledge of contraception has improved significantly from the baseline of 2006 to the mid survey of 2009. Likewise, majority (67%) of women had ever heard of the IUD in 2006, this increased to 75% in 2009. However, nearly half (49%) of women of reproductive age had ever heard of traditional methods in 2006, this has increased to 66% in 2009. The mean number of method known has increased from 7.2 to 7.6 among women of reproductive age[6].

Knowledge on contraceptive methods is an important factor for an individual to use and not use the methods, so that the status of knowledge has the paramount importance for policy makers and programmers. NDHS report (2006) [6] showed that knowledge on at least one modern method of family planning in Nepal is universal among both women and men. Knowledge of modern contraceptives among the respondents is universal, with 99% of women being aware of at least one modern method of contraceptive [4].

The respondents and stakeholders showed a positive attitude in their support of family planning programs, and more than half of the respondents knew where to obtain contraceptive methods. Around 56% of the women were practicing family planning at the time the survey was conducted, with their main reasons being fertility desire despite the side effects of some methods, and to maintain their standard of living [4].

The most common reason for discontinuing a method is that the husband is away (40 percent), followed by side effects or health concerns (24 percent), desire to become pregnant (13 percent), becoming pregnant while using or method failure (7 percent), and wanting a more effective method (6 percent). It is worth noting that the reason most often cited for discontinuing use of IUDs, injectables, and implants is side effects or health concerns (59 percent, 46 percent, and 40 percent, respectively). Absence of the husband was the reason most often reported for discontinuing use of the pill, condom, rhythm method, and withdrawal [4]. Contraceptive Prevalence Rate (CPR) of Nuwakot district is 42% only which is very low with National Level (50%) [7].

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 [4]. Similarly, contraceptive Prevalence Rate (CPR) of Nuwakot district is 42% only which is very low with National Level (50%) [7]. The findings had helped 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 assess the knowledge and practice on family planning methods among married women of Kakani VDC.

Material and Methods

This knowledge and practice study of family planning method was a descriptive cross-sectional study of selected wards of Kakani VDC of Nuwakot districts among married women of reproductive age group. Quantitative method was used to conduct the research. According to census 2011, the total population of the Kakani VDC is 7,320 out of which 3,621 (49.47%) are male and 3,699 (50.53%) are female [8].

Out of 3,699 (100%) 912 (24.66%) are married women of reproductive age group (15-49 yrs). The area of the study was Kakani VDC of Nuwakot district located in Central Development Region of Nepal. Kakani VDC is 23 km far from capital city Kathmandu. Population is homogeneously distributed in wards; the cluster sampling with Probability Proportionate to Sample Size (PPS) method was carried out in the study. One hundred nine (109) married women of reproductive age group of two wards of Kakani VDC were the sample size. Married women of reproductive age group of two wards of Kakani VDC who were willing to participate were included in the study.

Married women of reproductive age who were critically ill and not willing to participate, were excluded. Semi-structured types of questionnaires were developed according to the objectives of the research. Interview technique was used for data collection. After collecting the data, it was processed and analyzed by using SPSS version 20 program in terms of percentage, frequency, mean, standard deviation and chi-square. Likewise, knowledge level is categorized into poor knowledge which is less than mean of the total score and good knowledge that is more than mean of the total score. Reliability and validity were maintained by pre-test and necessary modifications if required.

Consultation was done with the supervisor/guide/subject experts. Data was gathered promptly after collecting the data from the field and daily editing was done at the end of the day. If any query, that was collected another day. Ethical clearance was taken from the Research Committee of the college and formal permission was taken from authority of VDC to conduct the study.

Results

Socio-demographic characteristics: More than one fifth of the respondents (23.9%) were from age group of 28-32 and 22.9% were from age group 23-27, 20.2% were from age group 38-42, 19.3% were from age group 33-37, 10.1% were from age group 18-22 and less (3.7%) were above 42 years. The average age of the respondent was 31.5 years. More than half of the respondents (51.4%) had married at the age group of 15-19 years and 3.6% at more than 24 years. The average age of marriage was 19.2 years. More than one third (36.7%) were illiterate, 28.4 % of the respondents had completed their secondary level education, 16.5% of the respondents were found to have their primary level education and 15.6% were found to have their higher level education.

However, only 2.8% were literate up to lower secondary level. Furthermore, four fifth (81.7%) of the respondents had single family and rest 18.3 % were lived in joint family.

| Variables | Frequency | Percentage |
|--------------------------------------------|-----------|------------|
| Age groups of the respondents: | | |
| 18-22years | 11 | 10.1 |
| 23-27years | 25 | 22.9 |
| 28-32years | 26 | 23.9 |
| 33-37years | 21 | 19.3 |
| 38-42years | 22 | 20.2 |
| More than 42years | 4 | 3.7 |
| Marriage age groups of respondents: | | |
| 15-19years | 56 | 51.4 |
| 20-24years | 49 | 45 |
| More than 24years | 4 | 3.6 |

| Variables | Frequency | Percentage |
|-----------------------------------------------|-----------|------------|
| Type of family of the respondents: | | |
| Single | 89 | 81.7 |
| Joint | 20 | 18.3 |
| Educational status of the respondents: | | |
| Illiterate | 40 | 36.7 |
| Primary Level | 18 | 16.5 |
| Lower Secondary | 3 | 2.8 |
| Secondary Level | 31 | 28.4 |
| Higher Level | 17 | 15.6 |

Knowledge of family planning methods: Most of the respondents (89.9%) told that there are two types of family planning and least of respondents (3.7%) told there is only one type of family planning. Almost all of the respondents (94.5%) told that birth spacing must be three to five years and remaining respondents (5.5%) had told two years. All the respondents had knowledge that Depo-Provera (100%) is temporary family planning device followed by Condom (98.2%), Oral Pills (93.6%), Implant (71.6%) and then Copper-T (61.5%).

| Knowledge on time of birth spacing | Frequency | Percentage |
|-------------------------------------------------------------------------------|-----------|------------|
| Two years | 6 | 5.5 |
| Three-five years | 103 | 94.5 |
| Knowledge on temporary devices of family planning amongst respondents* | | |
| Condom | 78 | 71.6 |
| Depo-Provera | 109 | 98.2 |
| Oral Pills | 107 | 100.0 |
| Copper-T | 102 | 93.6 |
| Implant | 67 | 61.5 |
| *Multiple Responses | | |

More than half of the respondents (56.9%) had good knowledge on family planning whereas nearly half (43.1%) had poor knowledge.

Table-3: Level of knowledge on Family Planning

| Knowledge Score | Frequency | Percentage |
|-----------------|-----------|------------|
| Good knowledge | 62 | 56.9 |
| Poor knowledge | 47 | 43.1 |

Practices of Family Planning methods: Out of 109 respondents, more than half (51.4%) respondents used family planning devices whereas nearly half (48.6%) didn't use any kind of family planning devices currently. Out of the total respondents, who had used family planning methods, most of the respondents (91.1%) had decided to use family planning methods by both (couples) and rest 1.8% had decided by husband only. More than one third (37.5%) respondents had used oral pills followed by male sterilization (23.2%), Depo-Provera (21.4%), condom and female Sterilization (each 7.1%) and rest 3.6% use Norplant.

The main (43.4%) reason for not adopting the family planning devices was due to husband being abroad followed by faced side effects (39.6%), wanted a child (11.3%) and then had small baby (5.7%).

Table-4: Using FP methods

| FP devices currently using | Frequency | Percent |
|--------------------------------------|-----------|---------|
| Yes | 56 | 51.4 |
| No | 53 | 48.6 |
| Methods of FP currently using | | |
| Condom | 4 | 7.1 |
| Oral Pills | 21 | 37.5 |
| Depo-Provera | 12 | 21.4 |
| Norplant | 2 | 3.6 |
| Sterilization (Female) | 4 | 7.1 |
| Sterilization (Male) | 13 | 23.2 |
| Reasons for not adopting | | |
| Husband Abroad | 23 | 43.4 |
| Want a child | 6 | 11.3 |
| Due to faced side effects | 21 | 39.6 |
| Small baby | 3 | 5.7 |

Association between knowledge and practices with independent variables: More than one third (36%) among age group 23 to 27 had good knowledge and one fourth (25%) of respondents

of age group above 42 had average knowledge. However, most of the respondents (86.4%) of age group 38 to 42 years had poor knowledge. Statistical analysis shows that there is association between age and knowledge of family planning (P- value< 0.04). Majority (65%) of illiterate respondents had poor knowledge and nearly two third (35%) of illiterate respondents had good knowledge. Similarly majority (66.7%) of respondent who passed the primary level education had poor knowledge and one third (33.3%) of the respondent had good knowledge. Likewise, in lower secondary level only 33.3% of the respondent had poor knowledge, but majority (66.7%) of them had good knowledge.

However, in secondary level 22.6% of the respondents had poor knowledge and more than two third (77.4%) had good knowledge. Furthermore, in higher level almost all (94.1%) of the respondent had good knowledge and 5.9% had poor knowledge about family planning. Statistical analysis shows that there is an association between educational status and knowledge of family planning.

Table-5: Educational status and Knowledge of family planning

| Educational status | Knowledge of family planning | | | | P-value Chi-square |
|--------------------|------------------------------|------|----------------|------|-----------------------|
| | Poor Knowledge | | Good Knowledge | | |
| | n | % | n | % | |
| Illiterate | 26 | 65.0 | 14 | 35.0 | <0.001 |
| Primary level | 12 | 66.7 | 6 | 33.3 | |
| Lower secondary | 1 | 33.3 | 2 | 66.7 | |
| Secondary level | 7 | 22.6 | 24 | 77.4 | |
| Higher level | 1 | 5.9 | 16 | 94.1 | |

More than half (58.4%) respondents who had listened Radio and watched TV had good knowledge. Likewise, those who had got information from course book, newspaper, health worker, relatives and neighbours had good knowledge on family planning.

Discussion

In this study, all the respondents had heard about family planning and main source of information was Radio/T.V (92.7%) which is in accordance to the Nepal demographic and health survey (90%)[4] and the study done in Sikkim i.e. 95% [9]. 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 [4] and the study done in Sikkim [9].

Similarly, 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%) which is in contrast to the study done in Khotang where Depo-Provera (86.6%), oral pill (83.0%), condom (75.0%), Implant (57.1%) and Copper-T (40.2%) [10]. Male sterilization was the most known (91.7%) permanent method of family planning than female sterilization in this study which is consistent to the study done in Khotang. All most all (98.2%) married women had positive attitude towards family planning which is in contrast to the study done in Khotang [10].

Likewise, more than half (51.38%) 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%) which is not similar to the study done in Khotang [10] 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%). 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%) which is similar to NDHS report of 2011[4] 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%) [10].

Conclusion

All the respondents had heard about family planning, however more than half (56.9%) of respondents had good knowledge about family planning and rest 43.1% had poor knowledge. Likewise, more than half (51.38%) of the respondents were currently using family planning devices and the most used method was Oral Pills (37.5%). Main cause of not using FP devices is due to husband being abroad (43.4%) followed by faced side effects (39.6%).

Finally, it has been concluded that the study population has knowledge and positive attitude towards family planning devices but use of family planning devices is low due to husband being abroad and faced side effects. And it can also be said that lack of knowledge about Copper-T and Implant may also have caused low use of the devices.

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