

Awareness and Practice of Family Planning Methods among Women in Jumla - A Cross-Sectional Study

Nabina Shahi,¹ Indira Timalisina²

¹Nagar Hospital Ranchulli, Tilagupha Nagarpalika, Kalikot Ranchulli

²Lecturer, School of Nursing and Midwifery, Karnali Academy of Health Sciences, Jumla, Nepal

*Corresponding Author: Indira Timalisina, Email; indira2038@gmail.com

ABSTRACT

Background: The family planning method is used to help individuals and couples to avoid unwanted pregnancies, regulate intervals between pregnancies, and determine the number of children to be given birth. Family planning is an effective intervention for promoting maternal health, but its acceptability and utilization are affected by many factors. High level of maternal and infant mortality is related to unintended pregnancy. The main causes of unintended pregnancy were no use of family planning methods. One of the perceived barriers to family planning was a lack of knowledge about family planning use. Therefore, the objective of this study is to assess the awareness and practice of family planning methods among women in Chandannath Municipality Jumla.

Methodology: A community-based descriptive cross-sectional study was conducted through face-to-face interviews using a semi-structured interview questionnaire among 64 women. The Multi-stage sampling technique was adopted. The Chandannath municipality of Jumla district was chosen purposively at first then the study site was selected by simple random sampling (lottery) and the sample was selected by systematic random sampling technique. This study was conducted after getting ethical approval from the Institutional Review Committee of Karnali Academy of Health Sciences. Data were analyzed by using Statistical Package of Social Sciences version 16. Descriptive analysis (Frequency, percentage, mean, standard deviation) and inferential statistics (chi-square) was used.

Results: Out of 64 respondents, nearly one-third (31.30%) of the respondents were 40 and above years. 96.90% of the respondents and 98.40% of their husbands were literate. The majority 60.90% had a family size below five and 89.10% had less than three children. 59.37% of the respondents know the meaning of family planning as a measure of birth control and 62.50% were aware that FP improves maternal and child health. 79.6% had information from health workers. 90.60% of respondents were aware that family planning methods are available from health posts. 51.60% of respondents had adequate awareness; 46.90% were current family planning users. Among them 36.65% used Depo-Provera. The level of awareness was not significantly associated with their practice of family planning methods ($p=0.216$).

Conclusion: This study demonstrates that more than half of the respondents had adequate awareness and nearly half of the respondents were current family planning users. There is no association between the level of awareness and practice of family planning. It provides baseline data of the respective area. Health personnel and responsible authorities will be sensitive to increase awareness and optimize the utilization of family planning. Further large-scale studies are needed to identify barriers to using family planning methods.

Keywords: Awareness; family planning methods; practice; women.

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INTRODUCTION

Family planning allows individuals and couples to have their desired number of children and the spacing and timing of their birth by using contraceptive methods.¹ Use of family planning helps to prevent pregnancy-related health risks in women, reduce infant mortality, help to prevent HIV/AIDS, empower people by enhancing education, reduce adolescent pregnancies, and reduce population growth.² According to the population reference bureau 2019 global contraceptive prevalence rate of any method is 62% with modern methods 56%.³ According to the annual report 077/ 078 of Nepal, Karnali province has a modern contraceptive prevalence rate (mCPR) of (36%) less than the national average (39%).⁴

According to Nepal Demographic Health Survey, the fertility rate is higher among women in rural areas than in urban (2.4 Versus 2.0 births per woman).⁵ The fertility rate is 2.8 births per woman in Karnali Province.⁶ Women who were living in the poorest households had an average of 3.1 children, compared to less than 2.0 children among women living in the middle and wealthiest households in Karnali Province.⁶ Demand for family planning among reproductive-age women is 78%, among them only 57% use any methods of family planning and the remaining 21% had an unmet need for family planning methods.⁵ In Nepal, one of the important factors contributing to the high level of maternal and infant mortality is unintended pregnancy.⁷ The main causes of unintended pregnancy were no use of family planning methods.⁸ In Nepal 62% of unintended pregnancies ended in abortion.⁹

A community-based cross-sectional study conducted in the Dhading district of Nepal among reproductive - age women showed 92% were aware of family planning but only 49.9% used family planning.¹⁰ Another study conducted in the Lamjung district of Nepal among reproductive-age women showed that the knowledge of family planning was 94% and 68% of women were using a modern method of contraception and only 32% were not using any method of contraception.¹¹ Likewise study done in Saptari district showed 91.78% had adequate awareness regarding family planning services and 59.64% were current users.¹² A retrospective review of family planning utilization done in Karnali Academy Health Sciences contraceptive prevalence rate was 21%.¹³ The perceived barriers to the use of family planning included lack of knowledge about family

planning use.¹⁴ Based on these study findings there is a gap between awareness and practice of family planning methods. High awareness but low utilization of contraceptives interfere the target success of family planning, as it is a priority program of the Nepal government. Therefore, the aim of this study is to assess the level of awareness and practice of family planning methods among reproductive age group women.

METHODOLOGY

The community-based descriptive cross-sectional study was conducted in Chandannath Municipality Jumla from 078/06/23 to 2078/07/13. Multi-stage sampling technique was adopted. At first, the Chandannath Municipality of Jumla district was chosen purposively and then wards two and four were selected by simple random sampling (lottery) among ten wards of Chandannath municipality, Jumla. There were total 760 women of reproductive age according to respective ward profiles. The required number of women for the study was calculated using a single proportion formula based on a study done in Karnali province in which Contraceptive prevalence was 21%.¹³ $n = \frac{z^2 pq}{d^2}$. Where, n = Sample size, z = Standard normal deviate (Value for error) p = 0.21 prevalence of use (21%) q = $1 - p$ = 0.79, d = 10% (allowable error) = 0.10. In formula, $n = \frac{(1.96)^2 \times 0.21 \times 0.79}{(0.10)^2}$. Therefore the required sample size was 64. The respondents were selected by systematic random sampling. This technique was used in order to minimize sample bias and to ensure that each woman had an equal chance of being selected for the study. It also gives representative data of the overall women of Chandannath municipality. Only one respondent from each 11th household was interviewed to collect data by pre-tested semi-structured interview questionnaire. It was developed by the researcher based on literature, it Consisted of 20 questions in three parts including respondents' sociodemographic information and their knowledge and practice of family planning. The total number of questions for knowledge and practice was 12. It included questions on, meaning, advantages, types of family planning methods, available place and ideal time of birth spacing, and sources of information on family planning. The question type was multiple-choice questions (MCQs) and multiple responses (MR). Each MCQ was given one score and each response of MR was given one score. Therefore, the total score was 22. Level of awareness was categorized based on the median value

of total score as a cutoff point so those respondents who score more than the median value were considered adequate knowledge.^{10,22} Part three consists of practice-related questions and included current using or not using family planning methods, which methods they used and reasons of not using family planning methods. No mark is allocated in this part. Pretesting was done among 10% of the reproductive-age women. They were not included in this study. Informed written consent was obtained from each respondent prior to data collection. About three to four respondents were interviewed each day. They were interviewed in a separate place and assured them the obtained information was used only for study purposes. The interview took 25-30 minutes for each respondent. The researcher collected the data within three weeks (23rd Ashwin to 13th Kartik).

The ethical approval letter was obtained from the Institutional Review Committee (IRC) of Karnali Academy of Health Sciences, Jumla. with IRC No. (Ref:078/079/15). Administrative permission was obtained from Chandannath Municipality prior to data collection.

After completion of data collection, data were checked for completeness and accuracy of information. The data analysis was done by Statistical Package for Social Science 16 version. Descriptive statistics (frequency, percentage, mean, standard deviation) and inferential statistics (chi-square) were used.

RESULTS

Sixty-four reproductive- age women from Chandannath Municipality were enrolled in this study. Data were collected by using a semi-structured questionnaire. Nearly one-third 20 (31.30%) of the respondents were 40 and above years. Most of the respondents 62 (96.90%) and their husbands 63(98.40%) were literate. More than half 33 (51.60%) of the respondents had the occupation of agriculture and nearly one-third 20 (31.30%) of their husbands had the occupation of business. More than half 38 (59.40%) of the respondents were from the nuclear family. The majority of 39 (60.90%) had a family size below five. The majority 55 (85.90%) had married below 20 years of their age. Most 57(89.10%) of the respondents had less than three children. The majority 61(95.30%) of the respondents required more than half an hour to reach in nearest family planning center and all of them (100%) reach there on foot.

Table 1 shows more than half 38 (59.37%) of the respondents know the meaning of family planning as a measure of birth control and more than half 33 (51.56%) of the respondents were aware that family planning means measures to avoid an unwanted birth. Regarding the advantages of family planning, the majority 40 (62.50%) were aware that FP improves maternal and child health. The majority 51(79.6%) had information from health workers. (Table 1)

Table 1: Awareness regarding the meaning and advantages of family planning (n=64)

Variables	Frequency (N)	Percentage (%)
Meaning of family planning*		
Birth controlling		
Birth spacing	38	59.37
Avoid unwanted birth	34	53.12
Measure which improves maternal health	33	51.56
	34	53.12
Advantages of family planning*		
Improve maternal & child health	40	62.50
Reducing the number of abortions	28	43.10
Prevent sexually transmitted diseases	38	59.40
Promote Social and economic development	25	39.10
Source of information on family planning*		
TV/ Radio	45	70.3
Friends and relatives	30	46.8
Health worker	51	79.6
Pamphlet/ poster	0	0

*= Multiple responses

Table 2 depicts that the majority 56 (87.50%) of respondents had known about depo-Provera and only four (6.30%) of them were known about female sterilization. The Majority of 58 (90.60%) respondents were aware that the family planning methods are available from health posts and half 32 (50%) of the respondents told that the family planning methods were available from a private clinic. (Table 2)

Table 3 shows that more than half 33 (51.60%) of the respondents had adequate awareness and nearly half 31(48.40%) of the respondents had an inadequate level of awareness regarding family planning methods. (Table 3)

In this study, nearly half of the respondents (46.87%) used family planning methods and 53.13% of respondents were currently not using any family planning methods. More than one-third

Table 2: Awareness of the respondents regarding types of family planning and its availability n= 64

Variables	Frequency	Percentage
Types of family planning (multiple response)		
Copper T	33	51.60
Oral Pills	42	65.60
Condom	48	75.00
Depo-Provera	56	87.50
Implant	43	67.20
Male sterilization	7	10.90
Female sterilization	4	6.30
Availability of family planning Methods*		
Health Post	58	90.60
Private Clinic	32	50.00
Hospitals	55	85.90

11(36.65%) used Depo- Provera. and the Second most commonly used family planning method was male condoms (26.65%) followed by male sterilization (23.30%). A similar number of respondents (3.35 %) used only oral pills, oral pills and condoms, implants, and female sterilization. In this, study nobody (Zero) had used IUCD. (Figure 1)

Table 3: Level of Awareness regarding Family Planning Methods among Respondents n= 64

Variable	Frequency	Percentage
Level of awareness		
Adequate (>50%)	33	51.60
Inadequate (\leq 50%)	31	48.40

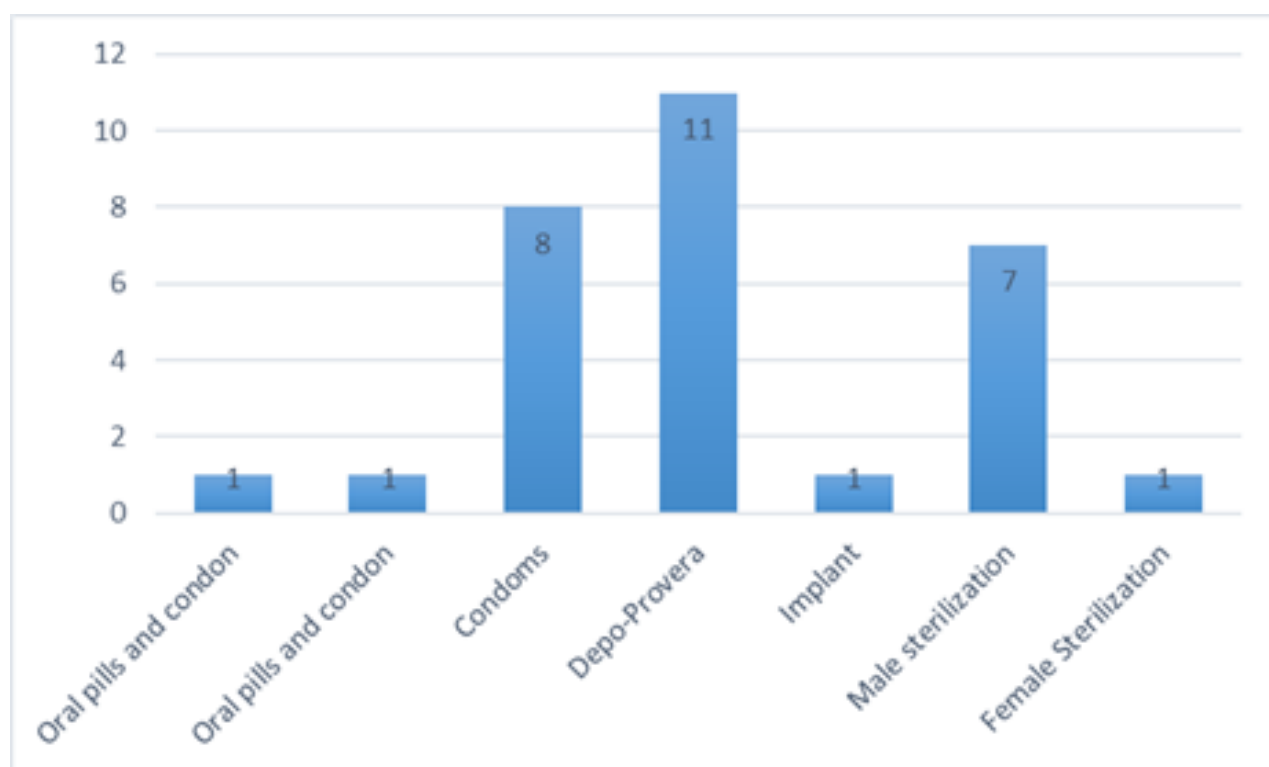


Figure 1: Types of used family planning Methods n=30.

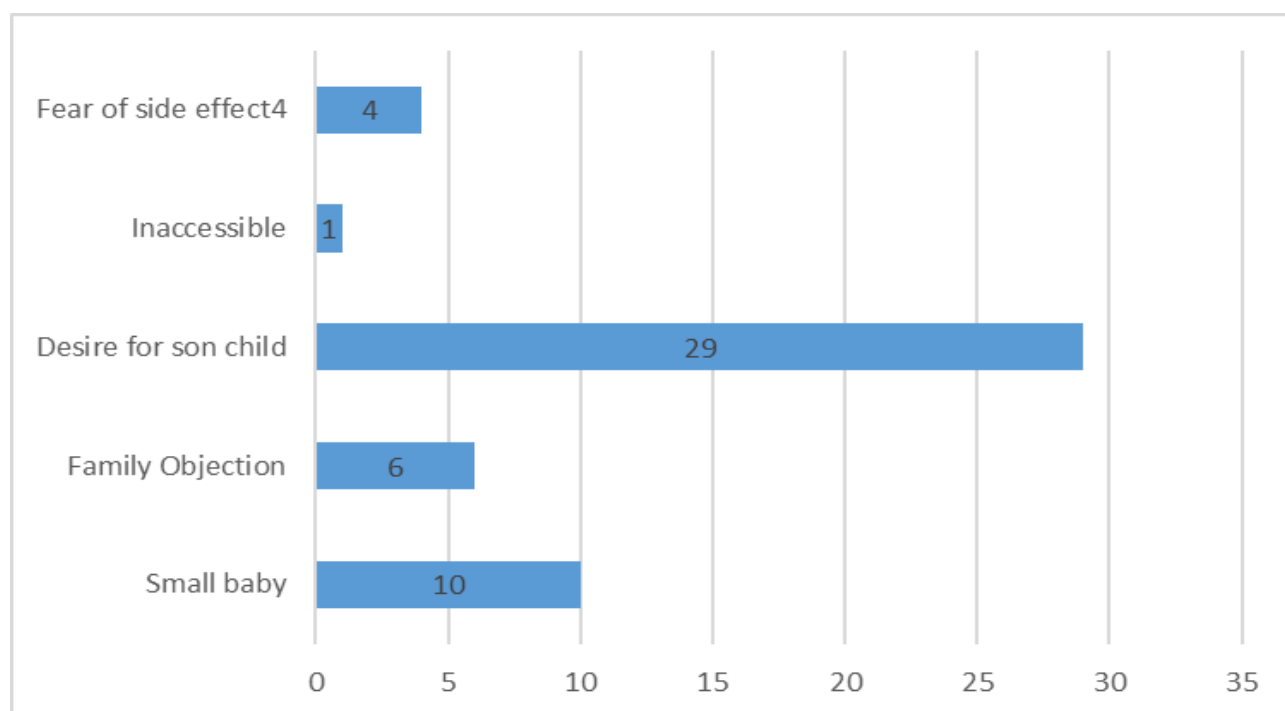


Figure 2: Reasons for not using family planning Methods (Multiple responses)

In this study, a more common reason for not using family planning methods was the desire for a son (45.3%), followed by a small baby (15.64%), family objection (9.40%), fear of side effects (6.30%) and inaccessible by 1.60%. (**Figure 2**) Table 4 shows there is no significant association between the level of awareness and practice. Although the respondents had adequate

awareness, only more than one-third (39.40 %.) of them used family planning methods. Likewise, among those respondents who had inadequate awareness (54.80%) had used family planning methods. It shows that respondents who had inadequate awareness about family planning methods were the majority of the users of family planning methods. ($p=0.216$). (Table 4)

Table 4: Association between level of Awareness and Practice of Family Planning Methods.

Awareness	Practice		Total 64 (100%)	X ²	p-value
	Yes	No			
Adequate	13(39.40%)	20(60.60%)	33 (100.0%)	1.531	.216
Inadequate	17(54.80%)	14(45.20%)	31 (100.0%)		
Total	30 (47%)	34 (53%)	64 (100%)		

DISCUSSION

This study was designed as a community-based descriptive cross-sectional study to assess awareness and practice of family planning methods among reproductive age group women. A total of 64 respondents were included by multistage sampling technique. More than

half of the respondents had adequate awareness of family planning methods. This finding is higher than a study conducted in Dhading District (33.8%).¹⁰ Similar results were seen in Saudi (55.2%)¹⁵, Nigeria (45.5%)¹⁶ and Ethiopia. (42.3%).¹⁷ Contrast with this study Lamjung (94%)¹¹ and Saptari (91.78%)¹² of the respondents had

good level of knowledge. These findings indicate that awareness of family planning is still low in rural community of Nepal. That may be due to low level of education in rural women.

The present study revealed that nearly half of the respondents used family planning methods. This finding was supported by the health survey key finding conducted in Karnali Province in 2015 (45%)⁶ and the report of NDHS 2016 (43%)⁷ in National Joint Annual Review in national (39%).¹⁹ Other Supporting studies were conducted in Dhading (49.%)¹⁰, Saptari (59.64%)¹², in India (62%)²⁰, In Ethiopia (58.5%).²¹ In contrast a study conducted in Sidhupalchock (85.5%).²² India (33.5%).¹⁹ In this study 53.1% of respondents were currently not using the family planning methods. Similar studies were conducted in India (60%)²⁷ and Pakistan (51%).¹⁷ That may be due to economic, sociocultural and educational similarities. In this study, more than one third (36.65%) used Depo-Provera among family planning methods. Similar studies were conducted in Sidhupalchock (31%)²² Nepal medical college teaching hospitals (33.5%),²³ In India (26.8%)²⁰ In Ethiopia (26.7%).²¹ In contrast, a study conducted in Karnali provenance had (13%),⁶ and NDHS Nepal 2016 had (9%).⁷ In Jumla (67%).¹³ That may be due to wider availability, as depo-provera is provided on a regular basis through all Primary Health Care Centres and Health Posts. Another reason may be it works for three months and does not have to think about contraception every day. In this study, the male condom was the second most commonly used method of family planning (26.65%). In a similar study conducted in Sikkim (31%).¹⁹ In contrast, a study done in Karnali province had (4%),⁶ reports of NDHS Nepal 2016 (4%).⁷ India (78%),²⁴ and Nigeria (84.9%),²⁵ Ethiopia (5.2%).²¹ The findings show that male involvement is very minimal in family planning use. In this, study nobody (Zero) had used IUCD. There was a need to emphasize qualified and trained health care provider with adequate knowledge and training to provide service and adequate information regarding long acting reversible contraceptive.

In this study, a more common reason for not using family planning methods was the desire for a son child (45.3%). This finding was higher than the study conducted in Saptari Nepal (29.4%),¹² and supported by a study done in India (46.15%).²⁵ Contrast study conducted in India (25.5%).²⁰ The patriarchal nature of Nepalese society combined with cultural belief and

religious

values create a strong influence to have a male child in the family.

In this study, the practice of family planning methods is less compared to the level of awareness. To increase the practice of family planning methods, need awareness programs, advocacy from the community to the national level, and increase accessibility, and availability of all family planning methods, through public outreach services. Training to health personnel and active participation of female community health volunteers to provide information and motivate reproductive-age women to use the family planning methods required.

There is no association between level of awareness and practice; it shows that women who had inadequate awareness about family planning methods were most of users than those women who had adequate awareness. The prominent reasons may be peer-to-peer learning, fear of unwanted pregnancies and a strong belief that usage of any family planning methods is appropriate and beneficial for their health and prevent unwanted pregnancies.

Limitation

This study has a relatively methodological limitation. A small sample size included in this study does not provide more evident information and the findings may not be generalized. The selection of limited wards constrains the representativeness of findings. Only females were included although males were also a significant part of social and family health. The semi-structured interview questionnaire used in this study lacks information on knowledge of different methods of family planning separately. There was limited time for data collection. Data were collected by face-to-face interview method, women might hesitate and information bias may occur.

CONCLUSION

More than half of the respondents had adequate awareness and nearly half of the respondents were current users of family planning methods. Every health personnel in the responsible area should provide health teaching to the community people to increase awareness. It also sensitizes related authorities to improve policies and services regarding family planning. Female community health volunteers (FCHV) can be encouraged and mobilized to advocate. Likewise,

continuous effort is required from the government and the local level to give information about the safety and convenience of modern, long term and reversible methods of contraception. Mass media

has also an important role to provide information on family planning and promote utilization. More studies on a large scale can be done to identify barriers to family planning uses.

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