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Original Research Article

Knowledge and Attitude on Family Planning Methods among Married Women of Reproductive Age (15-49) of Kakani VDC, Nuwakot, Nepal

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ABSTRACT

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. Contraceptive Prevalence Rate is low of Nuwakot with that of National level. The study aims to estimate the knowledge, attitude and practice on FP among married women of Kakani VDC.

Methods: Descriptive cross-sectional study was conducted on knowledge, attitude and practice of family planning among married women of reproductive age (15-49 years) of Kakani VDC, Nuwakot. There were 109 respondents as a sample. Interview technique was used to obtain necessary information about knowledge, attitude and practice on FP.

Results: The study shows that majority of the respondents (23.9%) were of age group 28-32 years and majority of the respondents (51.4%) have marriage at the age of 15-19 years. Almost all of the respondents were Janjati (95.4%). Most of them (70.6%) follow Hindu religion. Majority of them (63.3%) were literate whereas 36.7% were illiterate.

All of the respondents have heard about family planning and the main source of information was Radio/T.V. Majority 93.6% reported that FP is used to maintain small family. Depo-Provera was the device known by all respondents and Implant was the least known (71.6%) device. Among 109 respondents 56.9% have good knowledge.

Attitude towards family planning is almost positive in all respondents. Despite high positive attitude towards family planning use of FP devices is low. Only 51.38% of respondents are currently using FP devices and most used method is Oral Pills (37.50%). Main cause of not using FP devices is due to husband being abroad (43.4%) followed by faced side effects (39.6%).

Key words: Family planning, Reproductive age, knowledge, attitude.

INTRODUCTION

According to WHO, 1971, "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]

Family planning is now an integral part of the health system of Nepal. Nepal Demographic Health Survey 2011 has shown unexpected results on contraceptive prevalence rate (CPR). 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]

The population of Nepal was 11.6 million in 1971, which had doubled in 30 years, and the population was 23.2 million according to 2001 census. The population growth rate increased from 2.1% in 1971 to 2.25% in 2001 and decreased to 1.35% in 2011. 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. ^[2]

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 making programmers. From NDHS 2006 show that knowledge at least one modern method of family planning in Nepal is universal among both women and men. The most modern contraceptive among all women currently married and never married women are injectable (95%-97%), female sterilization (97-99%). Condom (95-97%), male sterilization (91-96%), and contraceptive pill (91-95%). 73 to 84 percent of women know of implants, about two in three women have heard of the IUD, while between 7-11% of women have heard of emergency contraception. The NDHS 2006 indicates that nearly one in two or 48% of currently married women are using a method of family planning. Among them 44% are using modern contraceptive. The proportion of women who are using a modern method has increased by 25% over the past over the past five year from the 35% reported in the 2001 NDHS to the current level of 44%.^[3]

Knowledge of modern contraceptives among the respondents is universal, with 99% of women being aware of at least one modern method of contraceptive. 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 was 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.^[5]

Trends in the current use of family planning can be used to monitor the success of family planning program overtime. Data from 3 DHS survey conducted in Nepal over the last decades show an impressive of increase in the use modern contraceptives. Comparison of the data from the DHS surveys in Nepal over the last ten years shows that current use of modern contraception has increased from 26% in 1996 to 44% in 2006, a 70% increase over the decade. The increase in the use of contraceptive methods is due modern increased use of female mainly to condoms. sterilization, the pill, and injectable. Use of injectable more than doubled while use of female sterilization increased by 49% over the last ten years. Condom use also showed a marked increase over the same period. Although use of male sterilization increased between 1996 and 2001, no change was seen over the last five year.^[4]

A study conducted in Khotang, Nepal show that knowledge about family planning is widespread even in rural district and attitude towards it is positive but use of contraception is very low (40.2%).^[5]

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. The average contraceptive prevalence remains low in Africa (20% of couples) and in the developing countries of Oceania, where 29% couples are currently using contraception. ^[6]

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. Contraceptive Prevalence Rate (CPR) of Nuwakot district is 42% only which is very low with National Level (50%). The findings will help to assess the level of knowledge, attitude and practice towards family planning methods of the community people which help to design education programs regarding family planning methods. Furthermore, it will help the policy makers to formulate the plan and policies to increase the use of family planning methods which will ultimately help to reduce the problem of population growth and increase CPR.

MATERIALS AND METHODS

This was a descriptive crosssectional community based study conducted in selected wards of Kakani VDC of Nuwakot districts among married women of reproductive age group. Kakani VDC of Nuwakot district is located in Central Development Region of Nepal.

Population is homogenously distributed in wards; the cluster sampling with Probability Proportionate to Sample Size (PPS) method was carried out in the study.

Study Population: 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. Out of 3,699 (100%) 912 (24.66%) are married women of reproductive age group (15-49 yrs.).

Study area: The proposed area of the study is Kakani VDC of Nuwakot district located in Central Development Region of Nepal. Kakani VDC is 23 k.m far from capital Kathmandu

Sample size: 109 married women of reproductive age group of two wards (3 and 7) of Kakani VDC.

Inclusion Criteria: Married women of reproductive age group of two wards of Kakani VDC who are willing to participate will be included in the study.

Tools and techniques for data collection: Semi-structured type of questions was developed followed by Interview technique. Data was processed and analyzed by using SPSS program in terms of percentage and frequency.

Period of Data collection: 2012 April 15th to June10th

Ethical Consideration: Formal permission from the concerned authority i.e. Institutional Research Committee (MMIHS) and permission was taken from authority of VDC to conduct the study. The data was collected with voluntary consent and not forcefully. Privacy and confidentially was maintained.

Analysis of data: Following data collection, data were compiled and coded and analyzed using Statistical Package for Social Sciences (SPSS)

RESULTS

Maximum of the respondents (23.9%) were of age group of 28-32 and minimum (3.7%) was of more than of 42 years and mean age was 31.5 years.

the Maximum respondents of (51.4%) had married at the age group of 15-19years and 3.6% at more than 24years and mean age of marriage was 19.2 years. 36.7% were illiterate and 2.8% were literate up to secondary level. Out of 100%, 81.7% were single family and rest 18.3% were joint family. Most of the respondents (89.9%) said there are two types of family planning and least of respondents (3.7%) said there is only one type of family planning. all of the respondents had knowledge that Depo-Provera is temporary family planning device followed by Condom (98.2%), Oral Pills (93.6%), Implant (71.6%) and then Copper-T (61.5%). all of the respondents had knowledge that vasectomy is permanent method of family planning followed by Mini-lap (90.8%) and then Laparoscopy (11.0%). 56.9% have good knowledge on family planning and 43.1% have poor knowledge. In this study, 98.2% respondents have positive attitude towards

family planning and 0.9% have negative attitude followed by neutral (0.9%).

 Table 1: Knowledge regarding meaning of Family Planning

 Method

Meaning of Family Planning	Frequency	Percentage
(Multiple response)		(%)
Small family	102	93.6
Maintaining birth spacing	38	34.9
Avoid unwanted pregnancies	32	29.4

Table 2: Knowledge of types of family planning

Types of Family Planning	Frequency	Percentage (%)
One	4	3.7
Two	98	89.9
Don't know	7	6.4

Table 3: Knowledge score of Family Planning Methods							
	Knowledge Score	Frequency	Percentage (%)				
	Poor knowledge	47	43.1				
	Good knowledge	62	56.9				

Table-4. Attitudes towards Family Planning Methods							
Positive Attitude (34-55)		Neutral (33)		Negative Attitude (11-32)			
Frequency	Percentage (%)	Frequency	Percentage (%)	Frequency	Percentage (%)		
107	98.2	1	0.9	1	0.9		

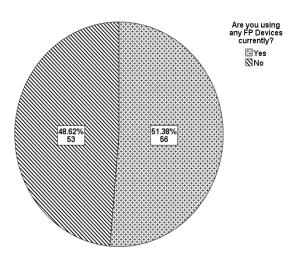


Fig 1: Current Users of Family Planning methods

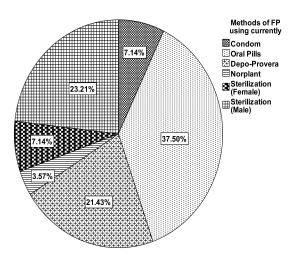


Fig 2: Different types of Family Planning methods users

DISCUSSION

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

In this study all of the respondents had heard about family planning and main source of information was Radio/T.V (92.7%) which is consistent to the NDHS of 2006 & 2011 and a study done in Sikkim.^[3-7] 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 and a study done in Sikkim. [7,8]

Depo-Provera was the most wellknown 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 similar to the study done in Khotang⁶ where Depo-Provera was known by 86.6% of respondents followed by Oral Pills (83.0%), Condom (75.0%), Implants (57.1%) and Copper-T (40.2%).

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 but is in contrast to NDHS report of 2011. ^[6,7] where female sterilization (98.9%) was the most known device than male sterilization (94.6%).

Attitude towards family planning of women is almost positive which is similar to the study done in Khotang ^[6] and the study done in Sikkim and similarly a study done in Karachi. ^[8,9]

Only 51.38% 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^[6] where Depo-Provera (16.1%) was the most used device currently followed by Oral pills (10.7%), male sterilization (5.4%),Condoms (3.6%). The study done in Sikkim also reveals that Oral pills (37.9%) was the most currently using devices followed by Condom (31.0%), Sterilization (27.0%), and Copper-T(24.1%) and similarly a study done in Karachi which reveals that Condoms (33.9%) was the most used method followed by Sterilization (22.6%), Depo-Provera (18.8%), Copper-T (13.2%), Oral Pills (11.3%).

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 ^[10] and the study done in Khotang. ^[6]

CONCLUSION

A descriptive cross section study was conducted on knowledge, attitude and practice of family planning among married women of reproductive age (15-49 years) of Kakani VDC, Nuwakot. There were 109 respondents as a sample. Interview technique was used to obtain necessary information about knowledge, attitude and practice on FP.

Among 109 respondents all respondents had heard about family planning but only 56.9% of respondents had good knowledge about family planning and 43.1% had poor knowledge. Attitude towards family planning is almost positive in all respondents. Despite high positive attitude towards family planning use of family planning devices is low. Only 51.38% of respondents are currently using family planning devices and most used method is Oral Pills (37.50%). Main cause of not using FP devices is due to husband being abroad (43.4%) followed by faced side effects (39.6%). Different literature shows that being knowledge about FP there

is no use of FP devices due to faced side effects which is similar to this study.

Finally, the study concluded that the study population has knowledge and positive attitude towards family planning devices but use of family planning devices is low It is may be due to faced side effects and also due to the lack of knowledge about Copper-T and Implant. The findings of this study will help the policy makers to formulate the plan and policies to increase the use of family planning methods which will ultimately help to reduce the problem of population growth and increase in contraceptive prevalence rate.

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267