

# Knowledge, Attitude and Practice of Family Planning Method Among Married Women of Reproductive Age Group in Earth Quake Displaced Population of Sindupalchok District, Nepal

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**Abstract Background:** Comprehensive studies of family planning (FP) in displaced camps are relatively uncommon. This paper examines family planning knowledge, attitudes, and practices among in earth quake displaced population of Sindupalchok district of Nepal. **Objective:** To assess knowledge, attitude and practice of family planning and affecting factors for used of FP. **Methodology:** From January to March 2016 a cross-sectional descriptive study was conducted of 566 married women of age (15-49) years. Multi-stage sampling technique was used and data were collected for socio-demographics, practice of FP methods, knowledge, and attitude. Statistics were calculated for selected indicators. **Results:** The mean age of participants was 31.55 years. About 65.3 % of women reported using any method of family planning in the past, compared with 85.5 % of women reporting current usage of family planning methods. Recognition of at least one family planning method was nearly universal i.e.97.61%. Age, education status and age at marriage were significantly associated ( $p < 0.05$ ) with contraceptive usage. It was observed that participants who were at the age group of 15-24 years had positive attitude by 2 and 11 time more than participants of age of 25-34 years and above 35 years respectively. **Conclusions:** Our results demonstrate that respondents have a high knowledge and a positive attitude towards, family planning methods. Spousal discussion can be a crucial step towards increasing men's participation in family planning issues. Distance to health facility play major role in utilization of FP methods.

**Keywords:** attitude, contraception, family planning, knowledge and practice

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## 1. Introduction

Family planning services can bring a wide range of benefit to women, their families and the society as a whole. [1] An International Conference on Population and Development (ICPD) Cairo, 1994 and the fourth world conference on women, Beijing, 1995 emphasized women empowerment including reproductive and sexual rights as the basic tool for development. [2] In Nepal, the concept of family planning was introduced by the Family Planning Association of Nepal (FPAN), set up by the group of social worker in 1959 and FP Need was initiated in 1965. [3] Despite of many decades of family planning program, there has been slow pace in reducing the infant mortality rate, maternal mortality rate, high rate of unwanted pregnancies. [4] In Nepal Demographic Health Survey (NDHS), Knowledge of family planning methods was

measure by ability to spontaneously name of recognize family planning methods. [5] Sindupalchok is one of the crisis hit districts which lies in the central Hill of Nepal. Where 99% of the population has been affected as a result of damage to their home, 88% of the population has been displaced due to uninhabitable shelters. [6] Owing to the current scenario of family planning and earth quake destruction statistical data mentioned above, it will be important that it turns out to be necessary to know, knowledge, attitude and practice of family planning methods among married women of age group [18-49] years and to identify the factors influencing contraceptive practices.

## 2. Methodology

A cross sectional descriptive study of five months duration was conducted among married women in

reproductive age group (15 – 49 years) in Sindupalchok district of Nepal. A multi stage sampling technique was used for this study and to calculate a sample size technique estimation of prevalence was used.

## 2.1. Sampling Procedure

The anticipated contraception prevalence rate (CPR) was considered as 43% (p) with design effect ( $\delta$ ) 1.5, and 95% confidence level. Thus the minimum number of required sample for this study is 566. It was found that total of 30 cantonments were formed in Sindupalchok district. In the first stage of this study 30%, of the cantonment (n=10) were selected by using purposive (non random) sampling technique. On second stage from each cantonment minimum 32 and maximum of 51 married women were selected by tent to tent (consecutive) visits by the data enumerators. The desired sample size was not achieved from those selected cantonments, so additional 3 cantonments were selected by using purposive sampling technique.

In this study those married women who are temporarily living outside the tent since last 6 months due to earth quake was consider as inclusion criteria and Widow and women whose husband was outside (country) since last 6 months, mentally retarded, who were staying away from husband from the last 6 months or who were separated from husband but not divorced women were consider as exclusion criteria. Structured and self rated questionnaire from Nepal demographic, health surveys (NDHS) questionnaire were adopted for the interview. Data collection was done with face to face interview by trained 2 ANM.

## 2.2. Statistical Analysis

For data analysis descriptive statistics such as frequency, percentage, mean, S.D, median and IQR. The inferential statistics such as chi square test and likelihood ratio test were used. Odds Ratio (O.R) and its 95% Confidence Interval (C.I) were performed for Bivariate analysis.

Those variables which are found significant at 5% level of significance in Univariate analysis were selected for Bivariate analysis. The multivariate analysis technique, Binary logistic regression was used to identify the strength of association.

## 3. Ethical Consideration

Ethical approval was obtained from the Institutional ethics committee K.S Hegde Medical Academy (KSHEMA), Nitte University. Approval and Written permission for the study was obtained from the District Health Office (DHO) of Sindhupalchowk district. The participants were assured that all information would be treated anonymously and confidentially. A research report would be published comprising the participants' combined responses to specific items in the questionnaires. No harm or discomfort was inflicted on any respondent or any non-respondent. The decision to participate or not rested solely with each women.

## 4. Result

Socio-Demographic attributes of respondents such as their sex, age, religion, educational level, husband education. These attributes are necessary as it is useful to see what influences they have on their knowledge, attitude and practice of family planning. The chapter is based on the data obtained from the 566 samples. The respondents were in the age group of 15-49 years, with mean age of 31.55 years all participants were married and their mean age of married was 18.54.

### 4.1. Knowledge of Family Planning Methods

To ascertain knowledge about the various family planning methods, each participant were asked question regarding family planning methods like name of FP methods, FP service availability, and sources of information etc. About 88.69% of women reported that they had heard about family planning. Recognition of at least one family planning method was nearly universal i.e.97.61%. The most commonly known methods were the injectable, pill, and IUD. Out of total respondents 404/80% of them knew services are available at health post, (235/46.9%) knew through Government hospital and followed by private hospital (170/33%) and pharmacy (149/29%). Regarding source of information, health worker (277/55%), hospital (243/48%), friends (224/44%), and news paper (128/25%) is the major source of information.

**Table 1. Distribution of Socio-Demographic characteristics among the subject**

Socio-demographic Characteristics (n=566)	Frequency	Percentage
<b>Age (in years)</b>		
15-24	128	22.6
25-34	239	42.2
35-44	199	35.2
<b>Religion</b>		
Hindu	487	86
Buddhist	55	9.9
Christian	25	4.1
<b>Educational status</b>		
Literate	337	59.5
Illiterate	229	40.5
<b>Level of education</b>		
Primary	60	17
Secondary	132	39.2
Higher secondary	115	34
Bachelor and Above	30	8.9
<b>Husband's Education Status</b>		
literate	474	83.7
Illiterate	92	16.3
<b>Ever given birth</b>		
Yes	538	95.1
No	28	4.9
<b>No. of child</b>		
0-2	325	60.4
>2	213	39.6
<b>Types of family</b>		
Single	409	72.3
Joint	157	27.7

Table 2. Knowledge on family planning

Knowledge ( n=502)	Frequency	percentage
<b>Source of information</b>		
Hospital	243	48.5
Newspaper	128	25.5
Friends	224	44.7
Health worker	277	55.3
Relatives	157	31.3
Radio	70	14
T.V	65	13
Poster	10	2
<b>Place of availability F.P methods</b>		
Yes	498	99.2
No	4	.8
<b>Places of availability FP method</b>		
Hospital	235	46.9
PHC	101	20.2
Health post	404	80.6
Sub health post	128	25.5
FPAN	16	3.2
Meriestopes	36	7.2
ADRA	7	1.4
Red-cross	5	1
Private hospital	170	33.9
Nursing home	15	3
Pharmacy	149	29.7

Table 3. Practice of family planning methods

Practice (n=502)	Frequency	Percentage
<b>Have you used FP method?</b>		
No	174	34.7
Yes	328	65.3
<b>Used of FP methods in past</b>		
Female sterilization	2	0.4
Male Sterilization		
IUD	16	2.8
Injectable	148	26.1
Implant	15	2.7
Pills	87	15.4
Condom	69	12.2
<b>Current used of FP methods?</b>		
Yes	429	85.5
No	73	14.5
<b>Currently used FP methods</b>		
Female sterilization	25	5.8
Male Sterilization	87	20.3
IUD	29	6.8
Injectable	141	32.8
Implant	29	6.8
Pills	102	23.5
Condom	16	3.7

## 4.2. Attitude Characteristics

This section assesses the attitudes towards the family planning; the issues examined are the respondents agree or disagree regarding the advantage and benefit of family planning. Their opinions on what other people around them think of family planning Control no. of birth, Prevent unwanted pregnancy, Prevent sexually transmitted diseases, Protect mother health, help in child spacing The reasons for their stand, and their opinions on what other people around them think of family planning.

Mean attitude score was calculated on the basis of answers to 10 items covering benefit of family planning services, like help in spacing, protect from STD and control birth etc.

## 4.3. Contraceptive Use

Majority of the women had used contraceptives before, and were using contraceptives at the time of the study. However, the current usage rate was significantly higher than the past usage.

In bivariate analysis we examine the extent to which differences in socio demographic factors, family size, composition of family, knowledge, attitudes toward family planning methods and use of family planning methods accurately predict use of contraceptives. Not all of the variables were included in this analysis. The analysis only included variables whose statistical and practical association with use of family planning methods whose significance has been reported in the literature.

Similarly for multivariate analysis, those variables selected for the regression analysis were chosen by examining the results of the univariate and the bivariate analyses and considering the significance of each variable. Those variables that demonstrated significance at the 5% level. (i.e.,  $p < 0.050$ ) in their association with knowledge, attitude and use of contraceptives were considered for entry into the multivariate analysis. Those variables selected and considered for the multivariate analysis in the corresponding bivariate analyses revealed highly significant associations ( $p < 0.001$ ) between knowledge, age and attendant to school. Knowledge is statistically significant with age groups i.e. younger age group had higher knowledge than older age. Whereas in education it was found that who were reported didn't went to school had less knowledge in compare to attendant to school.

## 5. Discussion

Findings show that the knowledge about family planning methods is very high among the respondents since 88% of the total respondents agreed to have heard about family planning, this result is similar to other study relating to the reproductive health issues of Atyaps people in Kaduna State. [7]

The same goes for another study done in Cambodia showed that 99.3% of respondents had heard about contraceptives. [8] Also as compared with the study of Sara Barer et al [9] who carried out study on Barriers to family planning service utilization among Sudanese women in Khartoum locality, the knowledge of contraceptive use is (87%) which is same and comparable with our study. High level of knowledge 99% has also

been reported at Lahore study Pakistan [10] and Indian study revealed knowledge rate of 82.2%. [11] In our study Depo povera was the most well known method followed by pills and Male sterilization. Similar results are seen in other developing countries and demographic survey. [12,13] The high level of knowledge on at least one form of contraception among the participants of this study was 97% and which is somehow similar to national level [4].

However, past studies shows that Radio use to be the highest source of information on family planning closely followed by friends and television. [14,15] similarly study undertaken in Iraq showed that health personnel 54%, Relatives 41.2% and friends 4.8% were the major sources of information. [13] In contrast, a study conducted in Kashi Vidyapeeth Block showed that, the common sources of information were Mass media (35.0%) followed by health personnel 31.3%, magazines 20.0% and personal relations i.e. spouse friends and relatives 13.8%. [16] In our study association of age of the women with knowledge of contraception was found to be statistically significant. Similar association was seen in a study done in Qatar, [4] but Contrary to our results studies done in Klang Valley of Malaysia and Kashi vidyapeeth Varanasi revealed no statistical significant association of age of the women with knowledge of contraception. [14,15] On the other hand association of education of women with knowledge of contraception was also found to be statistically significant which is also revealed by studies conducted in Malaysia, Qatar and Varanasi [4,14,15].

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 their past experiences of contraceptive. Attitude of respondents towards family planning methods and the assessment of other people's opinions, the socio-cultural beliefs and values in their community that influences their attitudes towards the practice of family planning. Most of respondents in this study had positive attitude toward family planning which reflect in high percentage of current user.

The study results show that most of the respondents approve the practice of family planning. In our study, 64% of respondents had positive attitude towards benefits and advantages of contraceptive usage. A study conducted in Jordan revealed that 67.4% had positive attitude towards contraceptives and also in study conducted in Nepal 90% had positive attitude towards family planning practice. [17] Therefore, it is clearly seen that all the above studies shows similar results with the greater percentage demonstrating positive attitude.

The study revealed that out of 566 study participants 85.7% were currently using contraceptive methods. This is similar finding with central development region of Nepal Annual report. [18] A study conducted in Kashi Vidyapeeth Block showed that, of the 71.5% were current users [15]. Similarly, a study conducted in Cambodia showed 56% of respondents were using contraception at the time of the study [8]. In our study the most common among them was Depo Provera, followed bssy Oral Contraceptive Pills and male sterilization. Which is also shown by NDHS [4]. The main reason of not utilizing contraceptives was desires to have more children by 6% of participants, followed by 1.4% husband disapproval of

contraceptive and 4.8% fear of side effects of contraceptive methods was the main reason forwarded by participants. This is in line with findings from Major study [19,20].

A study conducted in Iraq also revealed that, the main reasons for not using contraceptives side effects (44.4%), followed by the desire to have children as stated by 23.2% of the respondents and other reasons were husband objection, cost of contraceptives and religious beliefs respectively [21].

In addition, family planning experts should prioritize further research and development into minimizing the side effects of contraception. There are some limitations of this study which are.

This study did not include FP methods utilization among married men and that information about men was collected from their wives indirectly. As it is a cross-sectional study it could be difficult to establish cause and affect relationship between the variables and study was conducted in certain cantonment of displaced population so finding cannot be generalized to overall population.

## 6. Conclusion

The analysis of this study provides information on knowledge, attitudes and contraceptive practice of family planning methods in Sindupalchok district of Nepal. During analysis for knowledge and attitude parts separate set of question were asked and for each question scoring was given i.e. yes for 1 and no for 0, where we have kept median value of total score as a cutoff point so those respondents who score more than median value were consider high knowledge and positive attitude. So our results in study demonstrate that respondents have a high knowledge and a positive attitude towards, family planning methods. From the result, it was clear that women were aware of the benefits of family planning through child spacing and preventing unwanted pregnancy. Study result signified that temporary methods were given more preference rather than permanent. However, the lack of in-depth knowledge of side effects, desire to be pregnant and pressure from husband were consider as major barrier for adoption of family planning method among women. As husband were consider barrier for adoption of family planning method because it might be due to Nepal is consider as one of male dominant country so husband are not willing to used any sorts of family planning methods as they think that it reduces sexual pleasure and also they might due to they didn't listening to their wives for used of family planning methods

## List of Abbreviations Used

(CI): Confidence Intervals, NDHS: National Demographic health survey; (OR): Odds Ratio; (AOR): Adjusted Odds Ratio

## Competing Interests

The authors declare that they have no competing interests.

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