

Knowledge and Practice on Contraception among Women of Reproductive Age

Heera KC,¹ Surya Bahadur Parajuli,² Surakshya Bhattarai,¹ Jiba Nath Dhamala³

¹School of Nursing, ²Department of Community Medicine, ³Department of Obstetric and Gynaecology, Birat Medical College Teaching Hospital, Budhiganga Rural Municipality, Morang, Nepal.

ABSTRACT

Introduction

Family planning is a priority programme of the Government of Nepal, with more emphasis on contraception at all levels of the healthcare setting. It advocates the acceptability of contraceptive devices through distribution of Information, Education and Communication materials. Yet studies from various parts of Nepal identified the know-do gap in the use of contraception. The objective of this study was to assess the knowledge and practice of contraception among women of reproductive age of Gramthan rural municipality of Morang, Nepal.

Methods

A descriptive cross-sectional study was conducted among 384 women in the 15-49 years of reproductive age group from 17 June 2022 to 17 September 2022. The consecutive sampling technique was used for data collection with a semi structured questionnaire via face to face interview.

Results

The maximum number of participants were Brahmin/Chhetri 118 (30.7%). A majority (35.7%) were of 15-25 years with mean±S.D. =30.4±9.08years. All participants had heard at least one contraceptive method. The majority (80.7%) had heard about the male condoms. Only 34.4% used family planning methods. Among them, 107(81.1%) were using temporary methods and 25(18.9%) were using permanent methods. The practice of using contraceptive devices declined with increasing age.

Conclusions

The participants had heard of at least one method of contraceptive, but very less had used any contraceptive devices. Most women were temporary method users. There was a decline in contraceptive use with increasing age.

Keywords: contraception; contraceptives; family planning; knowledge; practices.

Correspondence: Ms. Heera KC, School of Nursing, Birat Medical College Teaching Hospital, Budhiganga Rural Municipality, Morang, Nepal. Email: heerakc2011@gmail.com. Phone: +977-9862130549.

INTRODUCTION

Family planning is a fundamental human right and a priority programme of Government of Nepal (GoN). It is one of the components of the reproductive health package.^{1,2} It promotes birth spacing, avoids unintended pregnancies, prevents sexually transmitted diseases, improves quality of life, and contributes to the socio-economic development of the country.^{3,4} Ministry of Health and Population (MoHP) of Nepal in coordination with other supportive partners took many initiatives to reduce maternal mortality. Among these initiatives, provision of family planning at all levels of the healthcare system is a prime initiative.^{1,2} Improving modern contraceptive prevalence rate (mCPR) is a major target of the Sustainable Development Goal (SDG).^{5,6} People's knowledge of contraceptive methods is an important precursor for contraceptive use.⁷ We aimed to assess the knowledge and practice of family planning among married women of reproductive age in a community of Morang district.

METHODS

This is a descriptive cross-sectional study carried out among 15-49 years women of reproductive age at Gramthan Rural Municipality of Morang district of Nepal from 17 June 2022 to 17 September 2022. The sample size was calculated based on a study which reported a 33.8% prevalence of knowledge of family planning.⁸ We enrolled 384 married women of reproductive age taking a non-response rate of 10% after calculating sample size based on formula $n = Z^2PQ/L^2$, at 95% level of significance and allowable error at 15 % of prevalence. A consecutive sampling technique was used for data collection. A household is the sampling unit from which one married woman of reproductive age (15-49 years)

available at the time of data collection was included. In case of more than 1 eligible participant, the youngest was enrolled. Data was collected with face to face interviews using semi structured questionnaires which took about 15 minutes. Ethical approval was obtained from the Institutional Review Committee (IRC) of Birat Medical College Teaching Hospital (Ref: IRC-PA-204/2078-79) and informed consent was taken from the individual participants before data collection. The questionnaire consisted of three parts. Part 1 consisted of sociodemographic characteristics, Part II consisted of knowledge of contraceptive methods and Part III consisted of practices of contraceptive methods. Questions were formulated in both English and nepali language and participants were questione in the Nepali language at the time of the interview. Collected data were entered in Microsoft Excel 2019, and checked for completeness and accuracy. Data cleaning and coding were done. Confidentiality and anonymity of data were maintained. The data were transferred to the statistical package for social sciences (SPSS) version 23 and analysis was done. Data were presented in frequencies, percentages, mean and standard deviation.

RESULTS

The maximum number of the participants were Brahmin/Chhetri 118 (30.7%), from the 15-25 years age group (35.7%), with mean±SD:30.4±9.08. One fifth had attained higher secondary education and many (62.2%) were from nuclear families. The mean family size of study participants was 5.5±1.8 (Table 1).

Table 1. Baseline characteristics of study participants. (n=384)

Characteristics	Frequency(n)	Percent (%)
Ethnicity		
Brahmin/Chhetri	118	30.7
Dalit	105	27.3
Janajati	95	24.7
Madhesi	57	14.8
Others	9	2.5
Age in years Mean±SD: 30.4±9.08		
15-25	137	35.7
26-35	134	34.9
36-45	100	26.0
46-49	13	3.4
Education		
Primary	49	12.8
Lower Secondary	41	10.7
Secondary	46	12.0
Higher Secondary	77	20.0
Bachelor and Master	23	6.0
Informal	25	6.5
Illiterate	123	32.0
Types of Family		
Nuclear	239	62.2
Joint	145	37.8
Family Size	Range: 2-11 Mean±SD: 5.5±1.8	

Table 2. Knowledge on contraceptive methods. (n=384)

Characteristics	Freq. (n)	Percent (%)
Male condom	310	80.7
Oral contraceptive pills (OCPs)	166	43.2
Depoprovera	158	41.1
Female sterilization	158	41.1
Intrauterine contraceptive device (IUCD)	130	33.9
Male sterilization	123	32.0
Female condom	117	30.5
Norplant	98	25.5
Sources of information*		
Television	234	60.9
Radio	223	58.1
Friends	188	49.0
Family	139	36.2
Newspaper	88	22.9
Poster	53	13.8
Street drama	40	10.4
Hoarding Board	20	5.2
Magazine	18	4.7
Brochure	13	3.4
Flip chart	7	1.8

*Multiple responses

All participants had heard at least one contraceptive method. The majority (80.7%) had heard about the male condoms. Most participants heard about family planning methods from television (60.9%) and radio (58.1%) (Table 2).

Methods	Frequency (n)	Percent (%)
Either temporary or permanent methods used	132	34.4
Temporary methods (n=107)	107	81.1
Depo provera	43	40.2
Male Condom	28	26.1
Oral contraceptive pills	27	25.3
Intrauterine contraceptive device	5	4.7
Norplant	4	3.7
Permanent methods(n=25)	25	18.9
Female sterilization	24	96.0
Vasectomy	1	4.0

One hundred thirty two (34.4%) participants had used either a temporary or permanent method of family planning. Among them, 107 (81.1%) were using temporary methods and 25 (18.9%) were using permanent methods. Most commonly used contraceptives were depo provera 43 (40.2%) and female sterilization (96%) in temporary and permanent methods. Husband of 29 participants were living abroad and one underwent hysterectomy, hence they did not use any methods of family planning (Table 3).

Types of contraceptive uses vary in different age groups. Majority used depo provera followed by OCPs and permanent sterilization. OCPS was

26-35 years (Table 4).

DISCUSSION

This study assessed the knowledge and practice of contraceptive methods among women of reproductive age of Gramthan rural municipality. All the study participants had heard at least one method of contraception but only 34.4% were using any of them. Similar findings were reported from studies done in other parts of Nepal where every four in five had heard about different methods of family planning.^{7,8,9,10,11,12} It states that awareness on contraception is raised among people and communities of all categories. The most commonly heard methods were male condom

Age group (In Year)	OCPs	Depoprovera	Male Condom	IUCD	Norplant	Permanent sterilization
15-25	7	17	8	2	1	3
26-35	11	16	14	2	2	11
36-45	8	8	6	1	1	9
46-49	1	2	0	0	0	1
Total	27	43	28	4	5	24

used most by 26-35 years, depo provera by 15-25 years, male condom by 26-35 years. Majority of permanent method users were in the age group

(80.7%), OCPs (43.2%) depo provera (41.1%) and permanent sterilization (41.1%) in our study. Very few participants had heard about

norplant and female condoms. Nearly one third (32%) participants had heard about male sterilization in our study. This finding is similar to studies conducted in other parts of Nepal.^{10,11,13} The least heard method was norplant in our study which is similar to the findings from the study conducted in the Chepang community of Nepal.⁸ The knowledge on family planning methods was less compared to present study (77.2%).¹⁴ Data from our study shows that the major sources of information were television (60.9%) and radio (58.1%). We found a similar result from other studies conducted in different parts of Nepal.^{7,13} A different perspective was identified where health workers were a major source of information.^{11,12} Similar to our study; newspapers, posters and pamphlets were least source of methods in other studies from Nepal.^{11,12} The source for information about family planning methods play a major role in determining the extent of understanding and usability of different methods. GoN disseminates different sources to reach the unreached group. It shares its budget to the mass media campaign like radio, television, hoarding boards, pamphlets, brochures, trained healthcare workers, community health volunteers.¹ Different NGOs and INGOs also collaborate with GoN to increase the usability and awareness about family planning methods.¹ Hence it is essential to determine the most effective means of information to educate the larger audiences of different backgrounds. In the current context digital and social media can be powerful tools to implement the know-do gap.¹⁵ During our survey, only one third (33.4%) married women were using current family planning methods. Among them, most were using temporary methods. Compared to our finding, a higher percentage of family planning users were found in a study conducted in Sunsari (63.5%), Sindhupalchowk (85.7%) and Morang district (63.8%).^{7,11,14} A slightly higher

percentage was found in a comparative study done among Chepang (42.1%) and Brahmin/Chhettri (40.1%) communities.¹²

About half 40 (49.4%) of the study participants used contraceptive methods which is higher than our study.⁸ Nearly 8% of the participant's husbands were abroad hence they were not using any methods and one participant had a history of hysterectomy in our study. Our study lacks data on use of natural withdrawal methods, abstinence of sex, desire to have next child and hence these may also be the reason for low users. In another study from Nepal, many couples were found practicing natural methods like lactational amenorrhea, natural withdrawal and emergency contraception.¹⁴ The most commonly used temporary contraceptives were depo provera (40.2%) and OCPs (24.4%); one fourth used condom and only five participants used IUCDs in our study. Several other studies from different regions of Nepal reported the same findings.^{7,14,16,17} Women's preference for temporary methods might be for birth spacing. Our study lacks reason for using temporary methods but several studies conducted in Nepal found that the reason for choosing depo provera was convenient, safe, easy availability and reversible.^{16,17} It assures privacy and is easy to follow up. Women also don't have to experience bleeding problems and fear of missing to take medicines.¹⁶ It is also the fact that many husbands do not prefer to use any contraceptive methods by themselves which is supported by other studies.¹⁴ It is often seen that women are much familiar with the name and they follow the same methods under the influence of family members and friends. In hospitals the lack may be on the part of promoting cafeteria choices and proper counseling. This is supported by the study conducted in Morang district which states that cafeteria choice was not into practice.¹⁴ The low preferences of non hormonal contraceptives

like IUCDs may be due to the cultural barriers, fear of pain and other side effects, husbands and families pressure, lack of proper counseling and negative information provided by peers and friends. IUCDs and norplants require clinical expertise and resources; unlike other contraceptives which are easily accessible in private clinics, health posts and hospitals.^{16,17} We had twenty five participants with a history of permanent sterilization in which 24 were female and one was the husband of a study participant. Another study and a national survey report found the same findings where females were most likely to undergo permanent sterilization and adopt temporary contraceptives methods.¹⁸ The lesser prevalence of permanent sterilization may be because of the desire of another child in our study. The reason for females being dominant for contraceptive practices is the cultural taboos like loss of libido, unsupportive husbands, male beliefs of falling sick after sterilization, women's dependency on husband and lack of communication between couples.¹⁴

Major users were in the age group 20-29 years. Similar findings were in the study of Duhabi, Sunsari of Nepal where younger age group women and older women had low usage of family planning.⁷ This is an acceptable finding that with relatively lower age there is desire to have a child and among older groups they feel they aren't required. Due to this reason, sometimes there is an increased possibility of unintended and unwanted pregnancy. The ability to simply know family planning devices doesn't mean that participants have understood all about such methods but are more likely to repeat and use the methods they are familiar with. Acceptability and awareness on family planning methods increases by providing

correct and timely information, education and communications to the society and providing access to such services.¹⁴ The use of methods can be increased by increasing women's status, involving women in decision making, encouraging communication between spouses, eliminating cultural taboos and religious beliefs and making available of the different methods at nearby health centres.¹⁹ Family planning professionals should also prioritize providing cafeteria choices for family planning.

We have some limitations in this study. Male were not involved in this study. Data collection technique was a direct face to face interview method, there is a possibility that women might be hesitant, and reported information might be overestimated or underestimated. Since the study is conducted in one community, the finding of this study cannot be generalized to the other settings. We recommend further study to be conducted in adolescents and secondary level school going students. Qualitative study can be conducted to find the know do gap and barriers among both age groups.

CONCLUSIONS

This study found that all participants had heard at least one method of contraception but very less had used it. Most women were temporary method users. There was decline in the contraceptive practice with increasing age.

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