

Awareness, Attitude, Practice and Future Use of Family Planning Methods in Bhubaneswar, Odisha

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Abstract

Background: Realizing the population growth rate and importance of family planning, Indian government has introduced family planning program in 1952. There are many method of contraception available, but still 12.1% unmet need for contraception is registered by National Family Health Survey in year 2015.

Methods: To study the Knowledge, Attitude, and Practice (KAP) of family planning a simple descriptive study has conducted in a community at Khurdha district Odisha India. Using a pretested structured questionnaire, 480 randomly selected married women were interviewed. The data were analyzed with STATA 11.0.

Results: We found that 98% were aware about at list one method of contraception and the most known method was female sterilization (86.6%), followed by Oral Contraceptive method (63.1%), Condom(60.2%), Intrauterine contraceptive device(49.1%), Natural methods(34.7%), Male sterilization (23.3%) and list known was injectable(1.01%). Most of them got information about contraception through mass media. 403 (83.95%) women thought that family planning was beneficial and 400 (83.33%) said that they would like to encourage their friends and relatives to use family planning. 64.7% of women had used contraception in past and 24.26% had not used contraception earlier but were willing to adopt family planning in future.

Conclusion: From the study we came to know that women have knowledge about contraceptive and they also wish to practice it. Some intervention is needed to increase their awareness; also attitude and participation of husbands should be targeted.

Keywords: Family Planning, Contraception, Knowledge, Practices, Awareness, Contraceptive methods, Prevalence

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I. INTRODUCTION

Being a developing country, India is facing many problems including poor health indicators and big population growth. Uncontrolled population growth leads to lack of natural recourses, poverty as well as it will also be a barrier to the growth rate of the country(1). India is the 2nd most populated country in the world realizing that Government of India was the 1st country who launched Family Planning program in the year 1952(2) with two main objectives; firstly, to have only the desired number of children and secondly, to have these children by proper spacing of pregnancies(3). Even the family planning method was launched years ago in this country; the target TFR (Total Fertility Rate) health status is not achieved till now. This family planning program was starting to work on policy level only after 1971. Family Planning is just not to control the Annual growth rate or TFR but also for the betterment of the health status of mother and child and poor health indicators. WHO defines Family Planning as 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 and thus contribute effectively to the social development of a country(1). In other words, family planning promotes to desired pregnancy and 90 % of abortions, 20 % pregnancy-related morbidity and a third (32 %) of maternal deaths worldwide can be prevented through it(4).

National Family Health Survey 4 (NFHS-4) reported, the unmet need for contraception in India is 12.1% and in Odisha it is 13.6% whereas according to District Level Household and Facility Survey-3 (DLHS 3) the unmet need for contraception is 21% (5,6). Unmet need for contraception means fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting).

There are many methods of family planning including reversible i.e. implant, IUD, injectable, pill, patch, ring, diaphragm, sponge, spermicides, withdrawal, natural method, condom and permanent i.e. Female and male sterilization(7). In previous study, only OCPs (74.8%), condom (68.8%), IUCD (56.6%) female sterilization (36.4%) and male sterilization (25.3%) was known. Among all participant 93% were aware but only 63% were practicing any contraceptive method(8).

Despite constant efforts by the Government, unmet needs still remain. The reasons for these unmet needs have to be analyzed to the depth for better understanding of the background of current situation and to help policy makers in formulation of appropriate policies and modified approaches. Given the above factors associated with contraception, the following study was carried out to know the awareness regarding contraception, attitudes towards contraception and current trends in usage of contraceptive methods so that the unmet needs of the population can be targeted.

II. METHOD

2.1 Study setting and method:

We conducted a population-based cross sectional study on women's awareness, attitude, and practice related to various family planning methods and their intention to future use. The study was carried out from October 2016 to February 2017. This was a simple descriptive type of study. The study was conducted in the Khurdha district of Odisha. To conduct our study we randomly choose 480 married women aged between 18 years to 49 years.

2.1 Ethical Approval

Ethical approval for the study was obtained from the Ethical Review Committee of the Asian Institute of Public Health (AIPH) Bhubaneswar, India. Informed consents from the participants were collected prior to the interviews at the time of recruitment. Participants were informed about the purpose of the study, and that they were free to withdraw from the study at any point. Anonymous data were collected. The survey team was well trained and had received cultural competency and confidentiality training from a qualified trainer.

a. Data Collection

A team of seven graduate Paramedical students were extensively trained for data collection. A pretested and structured questionnaire was used in collecting information which was adopted from different works of literature. It was prepared in English language and encoded in "RedCap" software but interview was done in language of the participant's preference. The tool was piloted among 30 married women to test feasibility, acceptability, and reliability of the instruments; no modifications were required and questions were finalized. Excluding those participants of pilot study, we conducted the survey by maintaining the ethical rights of them.

b. Data analysis and statistics

The collected data got range checked every day. During collection itself the data collectors tried to collect all the information effectively and avoid further generation of any data missing. The data was collected by using Redcap software, which helped in getting the CSV format of dataset. It was extracted and imported to STATA 11.0 for analysis. We used Simple descriptive statistics for determining the expected outcome measures. The analysis outputs were described with frequencies and percentages.

III. RESULT

3.1 socio demographic characteristics

Among total 480 samples, 311 were using family planning method and 169 were reported as not users. most commonly encountered age group were 21-34 years 279 (58.12%). Most of the non-users were more than 35 years (44.71%). About 12 (85.71%) Muslim women were non-users in comparison to about 156 (33.7%) of Hindus. Use of contraception increased from 33.3% in the illiterate women to minimum 79% in graduate or higher educated women. The majority of participants were housewives 419 (87.29%), no. of non-users were also high 158 (37.70%) among housewives. Contraceptive non-users were high among women from rural areas 155 (48.74%). The majority of non-users were belonging to lower socio economic class 92 (35.52%). Contraceptive use was lower among women who got married below 18 years of age 37 (60.65%) and best among women between 19-25age group 267 (71.2%). Contraceptive use was high among women with more than 7 years of married life 94 (70.67%) and among women with, more than 3 living children 79 (71.17%) (Table 1).

2.2 Knowledge about contraceptive

Almost all, 467 (98%) had heard about family planning and are aware of at least one method of contraception. Most of the participant was aware of female sterilization 417 (86.8%) followed by oral contraceptive method 303 (63.1%) and only 5(1%) was aware of injectable. Among the participants the main

source of information was mass media in 294 (61.2%) of women followed by 75 (15.6%) came to know about these methods through neighbors friends & relatives. The least common source of information was their husband 43 (08.9%). Most of them 228(47.5%) think that family planning is used for Stopping Birth (no more child) where negligible 16(3.03%) had no idea that why family planning is done.

From 480 participant, 238 (49.5%) stated contraception helps in improvement of health, 96 (20.0%) knew about protection from STD/HIV, 83(17.2%) have information that it is helpful in regulation of menstrual cycle and 63 (13.1%) knew about protection against cancer (Table 2).

2.3 Participants attitude towards contraception method

The no of women who consider family planning beneficial was 403(83.95%) and 400 (83.33%) said that they would like to encourage their friends and relatives to use family planning. From the contraception nonuser, 41 (24.26%) said that they were not using a contraceptive but willing to adopt family planning in future. Among those who were willing, most of them 30(73.17%) want to go with Condom followed by oral contraceptive pill 24 (58.53%), IUCD 6(14.63%), female sterilization 16(39.02%) and 2(4.87%) of them have not decided yet (Table 3).

Among the users, majority 311 (64.7%) had used contraceptive methods in the past. About 213 (68.4%) used condom and 116 (37.2%) used oral contraceptive pills followed by female sterilization 86(27.6%) IUCD 23(7.39%) and 4 (1.28%) had adopted other methods of family planning . 112(36%) of the women chose the method because they found it comfortable, easy to use and easily available. 93(29.9%) have used it because it is easily available. In 42 (13.5%) of women, choice of method used was decided by their husbands. Among the women actively practicing contraception, discontinued family planning methods because 80 (47.9%) wanted to have a child, 34(20.1%) refuse due to un bearable side effect, 14(8.28%) are not using it due to their religious belief, 13(7.69%) of them dint have knowledge about it.8(4.73%) give the reason that use of contraception may lead to cancer. Rest discontinued because of their current pregnancy, family restriction, 3(1.79%) were currently puerperium and were not staying with husband (Table 4).

IV. DISCUSSION

In our study, use of contraception is high (64.7%) as compared to NFHS-4 (53.5%)and in the study by T, John, & Kumar 70.3%(9). The prevalence of contraceptive use is currently approaching 63.3% globally(10). Current study revealed, 35.2% had never used any contraceptive same as H. Tuladhar et al's study whereas only 36.03% had used contraceptive methods in B.Santoso study conducted in 2017(3,11).

In our study out of 480 participants 467(97.9%) have knowledge about contraception or family planning methods and knew one or more method; female sterilization (86.8%) was most popular method whereas oral contraceptive (63.1%) and condom(60.2%) was equally known by women, 49% of women know about ICD and 23% were aware of male sterilization very less population had knowledge about injectable and 2% had no idea about any method of family planning. This is consistent with previously reported studies in Tamil Nadu(India), Gorakhpur(India), and Nigeria(12–14). some of the studies have shown condom as most known and popular method of contraception(1,15).

This study revealed that opposition to contraception by husbands is the strongest risk factor for precluding women to practice 42 (24.85%), where other study had also revealed the same (16), (17). In the present study, women from urban area use contraceptive more prevalent 91% as compared to rural women 51%. Also a study conducted in Bangladesh has shown the prevalence of contraceptive use is more in urban as compared to rural (18).

In our study, highest 58.12% women were in the age group of 21-34 years. Among all age group Maximum no. of non-users 75% were <20 years. The study by H Tuladhar and R Marahatta states that 85% of women below 19 are nonuser and similarly in a study at Uttar Pradesh majority of known users are within the 21-39 age group (3)(8).

Most of the studies including study at Sikkim by Prachi Renjhen found that 76% of Hindus were more contraceptive users as compare to Muslims which is close to our finding that 66% of Hindus are currently the contraceptive user, whereas we also found that 3(75 %) of other religion are users(8,9,19).

Sonam Zangmu Sherpa et. Al study majority (87.50%) had favorable attitude and 12.50% had the unfavorable attitude towards contraceptive methods which supports our findings(20). Among non-users, 35% was planning for the child and 25% of women don't use contraception due to husbands opposition whereas 12% give a reason of unbearable side effect, the same reason of side effect (husbands opposition) was found a major issue in study by N Saluja et. Al and Rozina Mustafa et. Al(21,22), V. SREYTOUCH found main reason of avoiding contraception is un bearable side effect (23).

The present study highlights the education level and use of contraception. It is observed that in our study a majority (81.9%) of the women using contraception were with secondary level of education compared to only 47.4% contraception use in intermediate and above educated women in study by Arbab et. al and similar in Tuladhar et. al(3,24).

V. CONCLUSION

The current study findings underline the need for promoting all methods of contraception. Our study revealed that most of the participants were aware about at least one family planning method and practicing it, still further study is needed to understand the patterns of contraceptive use and effect of education level on it. In order to improve the use of all forms of contraception, family planning counseling should be included universally into routine antenatal clinic activities so that it will provide more choices regarding contraception which ultimately improve the health indicator.

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Table 1 socio-demographic characteristic

Characteristics	Overall 480	Users (%)311	Non users No. (%)169
Age (Years)			
<20	78 (16.25)	59 (75.64)	19 (24.35)
21-34	279 (58.12)	237 (84.94)	42 (15.00)
>35	123 (25.62)	68 (55.28)	55 (44.71)
Religion			
Hindu	462 (96.25)	306 (66.23)	156 (33.7)
Muslim	14 (2.91)	2 (14.28)	12 (85.71)
other	4 (0.83)	3 (75)	1 (25)
Education level			
Illiterate	39 (8.12)	13 (33.3)	26 (66.6)
Primary	186 (38.75)	103 (55.3)	83 (44.62)
Secondary	188 (39.16)	135 (71.80)	53 (28.19)
Graduate	67 (13.95)	53 (79.10)	14 (20.89)
Occupation			
Housewife	419 (87.29)	261 (62.29)	158 (37.70)
Unskilled/skilled worker	33 (6.87)	24 (72.72)	9 (27.27)
Professional	28 (5.83)	26 (92.85)	2 (7.14)
Habitat			
Rural	318 (66.25)	163 (51.25)	155 (48.74)
Urban	162 (33.75)	148 (91.35)	14 (8.64)
Socioeconomic status			
Upper	3 (0.59)	2 (75.00)	1 (25.00)
Middle	218 (44.97)	142 (65.13)	76 (34.86)
Lower	259 (54.43)	167 (64.47)	92 (35.52)
Age at marriage			
<18	61 (12.70)	37 (60.65)	24 (39.3)
19-25	375 (78.12)	267(71.2)	108 (28.8)
26 or above	44 (9.16)	19 (43.18)	25 (56.81)
Duration of marriage			
<1	56 (11.66)	36 (64.28)	20 (35.71)
2-4	43 (8.95)	19 (44.18)	24 (55.81)
4-7	248 (51.66)	162 (65.32)	86 (34.67)
>7	133 (27.70)	94 (70.67)	39 (29.32)
No of pregnancy			
0	82 (17.08)	38 (46.34)	44 (53.65)
1	109 (22.70)	72 (66.05)	37 (40.33)
2	176 (36.66)	108 (61.36)	68 (38.63)
≥3	113 (23.54)	76 (67.25)	37 (32.74)
No of living children			
0	91 (18.95)	41 (45.05)	50 (54.94)
1	107 (22.29)	73 (68.22)	34 (31.77)
2	171 (35.62)	103 (60.23)	68 (39.76)
≥3	111 (23.12)	79 (71.17)	32 (28.82)

Table 2: knowledge on contraception

Variable	N=480	%
Type of modern contraceptive known	467	97.9%
Oral contraceptive method	303	63.1
Condom	289	60.2
Intrauterine contraceptive device	236	49.1
Injectables	5	1.01
*Natural methods	167	34.7
Female sterilization	417	86.8
Male sterilization	112	23.3
No idea	13	2.02
Source of first information		
Neighbours/friends/relatives	75	15.6
Health professionals	68	14.1
Mass media	294	61.2
Husband	43	8.95
Concept regarding family planning		
Limitation of births	71	14.7
Spacing of births	228	47.5
Limiting and spacing of births	130	27.0
Stopping Birth	35	7.29
No idea	16	3.03
Knowledge of non contraceptive benefits of family planning methods		
Regulation of Menstrual cycle	83	17.2
Improvement of health	238	49.5
Prevention of STD/HIV	96	20.0
Protection against cancer	63	13.1

Table 3: Attitude on contraceptive method

Items	Number	Percentage
Use of contraceptive beneficial (n=480)		
Yes	403	83.95
No	77	16.04
Would practice family planning or encourage a friend/ Relative (n=480)		
Yes	400	83.33
No	80	16.66
Will you adopt a family planning (if not done earlier) (n=169)	41	24.26
Family planning method willing to adopt (n=41)		
Condom	30	73.17
Oral contraceptive pill	24	58.53
Intrauterine contraceptive device	6	14.63
Female sterilization	16	39.02
Undecided	2	4.87

Table 4: Practice of contraceptive methods

	frequency	Percentage
Are contraceptive used in the past (n=480)		
Yes	311	64.7
No	169	35.2
Contraceptive used in the past		
Condom	213	68.4
Oral contraceptive pill	116	37.2
Intrauterine contraceptive device	23	7.39
Female sterilisation	86	27.6
Others	4	1.28
Reasons for using them		
Easily available	93	29.9
Comfortable and easy to use	112	36
Inexpensive	25	8.03
Husbands choice	42	13.5
Others	18	5.78
Reason for precluding women to practice contraception		
Lack of knowledge	13	7.78
Unbearable side effect	34	20.35
May lead to cancer	8	4.79
Currently pregnant	6	3.59
Desire to have a child	80	47.9
Opposition by family members	6	3.59
Against religious belief	14	8.42
Not staying with husband	3	1.79
Currently puerperium	3	1.79

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