

KAP of family planning and unmet need of contraception among women of reproductive age group during COVID-19 pandemic in a tertiary level hospital of Bihar.

Dr. Abhilasha Shandilya¹, Dr Tulika Singh², Dr Mamta Singh³

- ^{1.} Assistant Professor, Department of Obstetrics and Gynecology, N.M.C.H., Patna, First Author
^{2.} Assistant Professor, Community Medicine, Indira Gandhi Institute of Medical Sciences(IGIMS), Patna, Corresponding Author, Email id- singh.tulika86@gmail.com
^{3.} Professor, Department of Obstetrics and Gynecology, N.M.C.H., Patna

Abstract:

INTRODUCTION:

The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behaviour.

AIM AND OBJECTIVE:

The present study was planned with the objective to assess the knowledge, attitude and practices (KAP) related to contraception and unmet need for family planning during the Covid-19 pandemic, at Nalanda Medical Collage and Hospital a tertiary level hospital of Bihar.

MATERIAL AND METHOD:

The hospital-based, descriptive, cross-sectional study was conducted at Outpatient and Inpatient of Obstetrics and Gynaecology department of a tertiary care hospital of Bihar from July 2020 to June 2021. Women aged 18–44 years, attending the OPD/IPD were included in the study. Women who were not sexually active for the past 6 months and who were not fit for the interview were excluded from the study. A predesigned pretested interviewer-administered questionnaire was used to collect data from participants.

RESULT:

The unmet need for family planning was found out to be 32.0%, about 24.0% of the unmet need was for spacing methods and 8.0% for limiting methods.

Date of Submission: 28-10-2021

Date of Acceptance: 11-11-2021

I. Introduction:

As per definition given by World Health Organization (WHO), Women with unmet need are those who are fecund and sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the next child. The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behaviour¹. It is a useful indicator for tracking progress towards the target of achieving universal access to reproductive health and Sustainable Development Goals (SDG)². Unmet need levels of 25 per cent or more are considered very high, and values of 5 per cent or less are regarded as very low³.

As per NFHS-4, the unmet need for family planning among all ages (15–49 years) married women in India was 12.9%, and Bihar was 21.2%⁴. A significant decline in the unmet need for family planning has been observed over the last five years in the state of Bihar and through the phase 1 report of NFSH-5 total unmet need in the state has come down to 13.6%⁵.

The global public health crisis, COVID-19, declared a pandemic by the World Health Organization in March 2020, has disrupted access to family planning information and services, as well as other regular medical services. An online-based news portal, published an article showing that the Coronavirus disease is upending family planning efforts in India. The news article also reported that India, Nepal, Uganda, and Zimbabwe face increased unplanned pregnancies as contraception access disappears⁶. Family planning, part of RMNCH+A is a critical, basic health care for women and despite the disruption the need for these services remains same.

Although National Family Health Survey has extensively looked at measures and changes in family planning in Bihar, to the best of our knowledge, little is known about it during the current COVID-19 pandemic.

The present study was planned with the objective to assess the knowledge, attitude and practices (KAP) related to contraception and unmet need for family planning during the Covid-19 pandemic, at Nalanda Medical Collage and Hospital a tertiary level hospital of Bihar.

II. Material & Methods

The hospital-based, descriptive, cross-sectional study was conducted at Outpatient and Inpatient of Obstetrics and Gynaecology department of a tertiary care hospital of Bihar from July 2020 to June 2021. Women aged 18–44 years, attending the OPD/IPD were included in the study. Women who were not sexually active for the past 6 months and who were not fit for the interview were excluded from the study.

The sample size was calculated by the following formula, $n = Z\alpha^2 * p * (1-p) / d^2$. Taking the unmet need of family planning services in Bihar (p) as 13.6% (NFHS 2019-20) ^e, allowable error (d) of 5% and level of significance (z) as 1.96, the sample size was calculated to be 188, rounded off to 200. Both newly registered and those previously registered women meeting the inclusion criteria were included in the study.

A predesigned pretested interviewer-administered questionnaire, comprising of two parts, was used to collect data from the participants. The first part recorded the sociodemographic details and obstetric history. The second part was used to assess the knowledge, attitude and practice of the modern method of contraceptives and unmet need of participants. The modern method of contraception includes the use of male condoms, female condoms, oral contraception pills (OCs), implant, injectable, Intrauterine contraceptive device (IUCD), male sterilization, female sterilization, and emergency contraceptives. Unmet need for family planning referred to those fecund women who were not using any contraception (or using it inconsistently) but who wished to postpone the next birth for at least 2 years (unmet need for spacing) or stop childbearing altogether (unmet need for limiting).

Data was collected, and analysed by SPSS software version 17. Quantitative data was expressed as mean and standard deviation, and qualitative data was expressed as percentages.

Ethical approval was taken from the Institutional Ethics Committee and informed written consent was obtained from each participant before recruitment in the study. The identity of the respondents was kept anonymous and counselling regarding family planning was given at the end of the interview.

III. Result

A total number of 200 women aged 18-44 years were interviewed. The highest percentage of respondents were women in the age group of 25-34 which accounted for 46.0% of respondents. We found almost equal distribution from both rural and urban areas in our study. Almost half of the participants were illiterate (48.0%) and majority (93.0%) were married. [Table 1]

In this study for assessing the knowledge of contraceptives, we asked about the number of family planning services known to participants and their sources. The participants were asked about whether they had heard about family planning, and type of contraceptive methods they are aware of. The different family planning methods reported by them were recorded. The source of information was obtained by asking “where do you obtain information about family planning?” and “where do you go to obtain family planning services?”

More than three-fourth (78.0%) of participants had knowledge of family planning in this study. The most popular methods known by participants were oral contraceptive Pills (OCs) (68.0%), Female Sterilization (58.0%), IUCD (44%.0), followed by Male Condoms (36.0%), injectable (22.0%) and male sterilization (10.0%).(Fig1)

The result shows that about 52% and 40% of respondents know at least one place where they can receive information about family planning, and at least one place where family planning services are available, respectively. The common sources of information and family planning services were health centre (48.0%), medical college (24.0%), private clinic (20.0%) and pharmacy (16.0%).

More than 70% participants said contraception was beneficial to use for them and their family. Almost 40% said that women should be aware about family planning as it is a specific issue for their health. Less than one-fourth (21.0%) discussed family planning with family and friends.

About 56.0% of respondents had previously used some family planning methods and only 38% of respondents were using family planning at the time of the study. They complaint of disruption of services and availability of family planning methods during the current Covid-19 pandemic at the health centres and medical colleges. Among the current users, the majority were pill users (22.5%); followed by condom (20.0%), female sterilization (6.0%). and injectable (2.0%). The unmet need for family planning was found out to be 32.0%, about 24.0% of the unmet need was for spacing methods and 8.0% for limiting methods. Important reasons for not using family planning methods were fear of side effects of family planning methods, desire for more children, opposition by husbands/family members, hesitation / shyness for family planning usage, poor knowledge of the FP method or availability of family planning services, and religious/cultural norms. (Fig2)

Reference

- [1]. United Nations, Department of Economic and Social Affairs, Population Division (2019). Contraceptive Use by Method 2019: Data Booklet (ST/ESA/SER.A/435).
- [2]. United Nations, Department of Economic and Social Affairs, Population Division (2019). Family Planning and the 2030 Agenda for Sustainable Development: Data Booklet. (ST/ESA/ SER.A/429)

- [3]. United Nations, Department of Economic and Social Affairs, Population Division (2014).World Contraceptive Use 2014 (POP/DB/CP/Rev2014)
- [4]. International Institute for Population Sciences. National Family Health Survey (NFHS-4), 2015–16, India, vol. 1. Mumbai: International Institute for Population Sciences; 2006. Available from: http://rchiips.org/NFHS/factsheet_NFHS-4.shtml.
- [5]. National Family Health Survey [Internet]. Rchiips.org. 2019–20 [Accessed 22 October 2021]. Available from:http://rchiips.org/NFHS/NFHS-5_FCTS/NFHS-5%20State%20Factsheet%20Compendium_Phase-I.pdf
- [6]. Santoshini S. Family Planning Efforts Upended by the Coronavirus: ForeignPolicy; MAY 13, 2020. [Accessed 22 October 2021]. Available from: <https://foreignpolicy.com/2020/05/13/india-family-planning-upended-coronavirus-women-sexual-reproductive-health/>.

Table 1: Socio-demographic Details of Participants

Variable	N(%)
Age (years)	
18-24	88 (44.0)
25-34	92 (46.0)
35-44	20 (10.0)
Locality	
Urban	96 (48.0)
Rural	104 (52.0)
Education	
Illiterate	96 (48.0)
Primary School	56 (28.0)
High School	24 (12.0)
Graduate	24 (12.0)
Marital Status	
Single	12 (6.0)
Married	186 (93.0)
Widowed/Divorced/Separated	2 (1.0)
Employment Status	
Unemployed	167 (83.5)
Employed	33 (16.5)

Figure 1: Percentages of different Family Planning Methods known by Participants

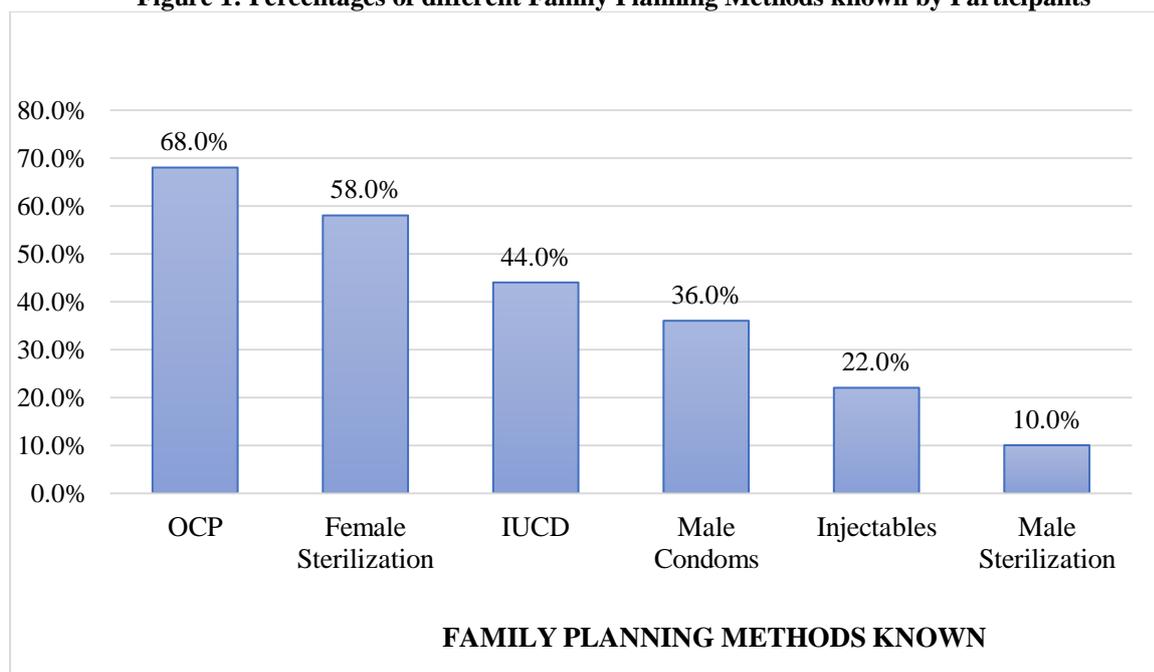
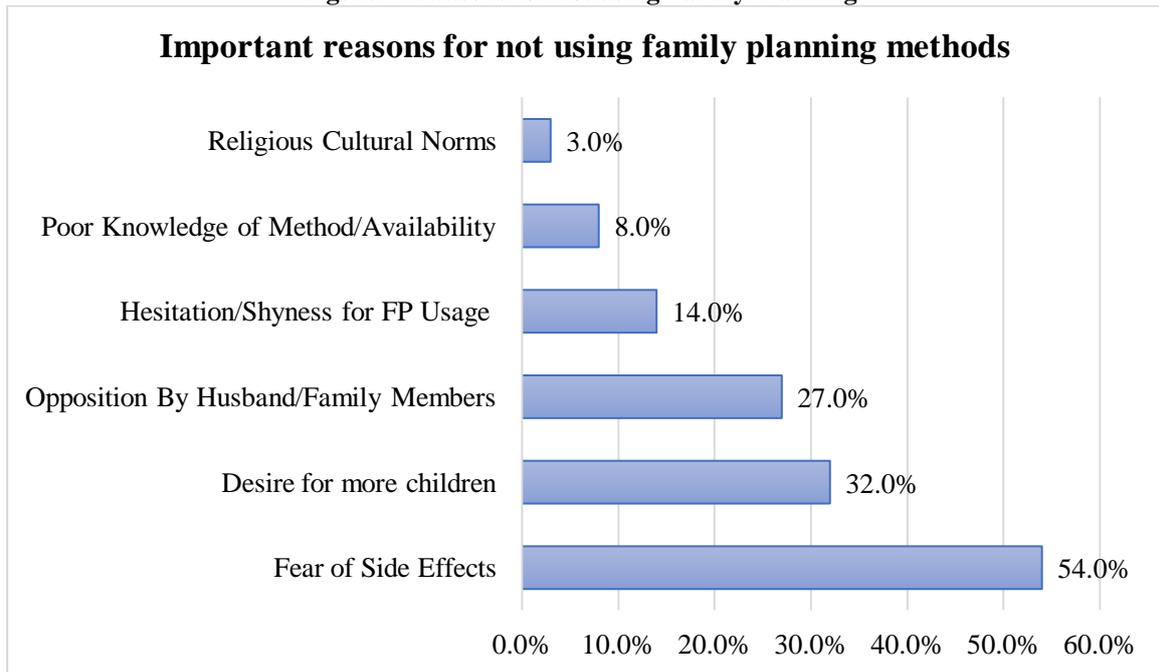


Figure 2: Reasons for not using Family Planning*



*Multiple Response Table

Dr. Abhilasha Shandilya, et. al. "KAP of family planning and unmet need of contraception among women of reproductive age group during COVID-19 pandemic in a tertiary level hospital of Bihar." *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)*, 20(11), 2021, pp. 58-61.