

## Knowledge Attitude and Practice on Contraception in Village Women in Khotang

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### ABSTRACT

**Background:** Contraceptive prevalence in remote districts of Nepal like Khotang is still low despite a high unmet need in the population. The study aims to estimate the contraceptive prevalence, knowledge, attitude and practice on contraception among women in Khotang.

**Methods:** A cross sectional study designed to find the contraceptive prevalence, knowledge, attitude and practice of contraceptive use, conducted at four health facilities at Khotang district during reproductive health camp in January 2011 by interviewing using a predesigned questionnaire.

**Results:** The mean age of 112 women who participated in the study was  $25.3 \pm 6.1$  and most were predominantly Mongolians and multipara. The knowledge of family planning was wide spread with clients listing  $5 \pm 1$  methods on average. Depo povera was the most commonly listed. Total 87 (77.7%) women had positive attitude towards family planning were positive in using contraceptives if needed. Other 22 (19.6%) were indecisive and wanted to consult husband and a very few did not want any contraception. Implant was preferred by most followed by Depo Provera. Seventy eight (69.6%) had ever used modern temporary method contraceptive devices and 41 (31.6%) were currently using them. Depo povera was the most common method ever used or currently in use. Commonest cause of discontinuation for past users was husband working abroad, followed by side effects.

**Conclusions:** Knowledge of contraceptive is high in Nepal even in remote area, however use of contraception is low; male participation in family planning may reduce the unmet need.

**Keywords:** attitude; contraception; family planning; knowledge.

### INTRODUCTION

Contraception and family planning has been a focus area of the government policies. There have been a lot of problems in promoting contraceptive measures and reaching the target for the programs in the remote districts like Khotang. Despite low use of contraceptive measures, the unmet need for contraception is still high. National contraceptive prevalence rate of Nepal is 49% and that of Khotang is only 41%.<sup>1,2</sup>

Nepal Government, Family Health Division, launches programs to increase knowledge of contraceptive in various districts of Nepal through information, education and communication programs and female community

health volunteers. Measuring the level of awareness of contraception provides a useful measure of the success of information, education and communication activities and help to identify the areas that need to be strengthened.<sup>1</sup>

The objective of the study was to estimate the contraceptive prevalence, knowledge, attitude and practice on contraception among women in Khotang.

### METHODS

A cross sectional study was carried out at four Health Facilities at Khotang district - Bakshila, Aiselukharka,

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Lamidanda and Durchim. The survey was planned and purposive sampling was carried out during Family planning and Female Health Camp conducted by District Health Office Khotang in January, 2011. The study samples were all married women attending the camp. Consent was taken for the study.

Male Clients, Unmarried women, women not giving consent were excluded from the study.

Data was collected by interviewing individual clients and filling the predesigned questionnaire. Analysis of Data was done by using MS-Excel Software.

## RESULTS

A total of 112 women participated in the study (Table 1). The mean age of respondents was 25.3±6.1 yrs. Majority of the client were Mongolians and Dalits were the least (Table 1). Total 73 (65.1%) were multipara with a median parity of 2 with an inter quartile 1-3. Total 72 (64.3%) of the client were literate, 43 (38.4%) of whom were above high school. Agriculture was the most common occupation (Table 2).

**Table 1. Demographic Characteristic and Ethnicity of respondents (N=112).**

Particulars	n (%)
Place of survey	
Bakshila	31 (27.7)
Aiselukharka	23 (20.5)
Lamidanda	22 (19.6)
Durchim	36 (32.1)
Ethnicity	
Dalits	9 (8.0)
Mongolians	47 (42.0)
Newars	25 (22.3)
Bhramhan and chettri	31 (27.7)

**Table 2. Educational status and occupation of the participants (N=112).**

Educational Status/ Occupation	n (%)
Literate:	72 (64.3)
Below High school	29 (25.9)
Above High school	43 (38.4)
Occupation	
Agriculture	86 (76.8)
Housewife	16 (14.3)
Business	7 (6.3)
Student	2 (1.8)
Teacher	1 (0.9)

All clients stated that they knew about contraception and were able to list at least one family planning methods. Depo povera was the most popular device and intra uterine contraceptive device (IUCD) was the least popular device (Table 3). On average clients listed 5 ±

1 methods. Only 84 (75.0%) listed condom as a family planning commodity. However 107 (95.5%) reported to have seen condom and knew that it would protect against sexual transmission. Almost 93 (83%) stated they knew about adverse effects of family planning devices but only 63 (56.2%) knew about the failure of family planning methods. Total 103 (91.9%) knew multiple and frequent child birth adversely affected maternal health.

Total 87 (77.7%) women had positive attitude towards family planning and were ready to use family planning methods when needed or if appropriate method available, 22 (19.6%) were indecisive and needed to consult their spouse before deciding on family planning methods while 3 (2.7%) did not want any family planning methods and wanted to have all children they can conceive. A total of 84 (75.0%) women wanted at least one male child before completing their family (Table 4).

**Table 3. Knowledge of Contraceptive use (N=112).**

Knowledge	n (%)
• Any Contraception	112 (100)
○ Depo povera	97 (86.6)
○ Pills	93 (83.0)
○ Male sterilization	92 (82.1)
○ Female sterilization	87 (77.0)
○ Condoms	84 (75.0)
○ Implant	64 (57.1)
○ IUCD	45 (40.2)

**Table 4. Attitude of Contraceptive use (N=112).**

Attitude	n (%)
• Want to use/would use if needed	87 (77.7)
• Indecisive, need to consult husband	22 (19.6)
• Don't want	3 (2.7)
• Want at least one male child	84 (75)
Method of choice (if asked to select one, among who want to use) :	
• Implant	46 (41.1)
• Depo povera	32 (28.6)
• indecisive	9 (8.0)

Forty six (41.1%) client wanted to use implants as a family planning method, 36 of them had heard about it from their friend and reported less or no side effect for reason to choose it. They reported poor access to implant as a cause for not adopting it till date. None of clients choosing implants could list even one complication of implant. Total 32 (28.6%) wanted Depo povera as contraceptive. The main reason was their experience with Depo Provera and easy availability. When asked about Vasectomy, 52 (46.4 %) women wanted vasectomy for their husbands but reported unwillingness of their husband. Total 60 (53.4%) women did not want vasectomy for their husband, 42 reported weakness following vasectomy as a cause and 18 wanted

temporary methods. When asked about IUCD 68 (60.7%) were reluctant to use it mainly because of fear and hesitancy, 7 (6.25%) would use it if available and advised by the doctor, rest were indecisive.

Seventy eight (69.6%) clients had used modern temporary contraceptive at least once, depo povera being the commonest (Table 5). The commonest cause of discontinuation was Husband working abroad followed closely by side effects. Other causes of discontinuation were to regain fertility, male sterilization, and female sterilization (Table 6). Thirty eight (33.9%) of the clients were currently using temporary method of contraception, most common among them was Depo Provera, followed by Combined Oral Contraceptive Pills (COCs) and Condoms (Table 5). Family planning was used mostly by women who desire no more children were 48 (42.9%).

**Table 5. Practice of Contraceptive use.**

Practice	n (%)
• Ever used (temporary methods)	78 (69.6)
○ Depo Povera	45 (40.2)
○ COCs	23 (17.9)
○ Condoms	6 (53.6)
○ Implant	3 (2.7)
○ IUCD	1 (0.9)
• Current user (temporary method)	38 (33.9)
○ Depo povera	18 (16.1)
○ COCs	12 (10.7)
○ Condoms	4 (3.6)
○ Implant	3 (2.7)
○ IUCD	1 (0.9)
• Male sterilization	6 (5.4)
• Female sterilization	1 (0.9)

**Table 6. Causes of Discontinuation.**

Cause of Discontinuation	n (%)
○ Husband abroad	22 (55)
○ Side Effects	8 (20)
○ Husband sterilization	6 (15)
○ Female sterilization	1 (2.5)
○ To regain fertility	3 (7.5)
Total	40

## DISCUSSION

The mean age of our sample was below 30 in the young age group cluster which is in accordance to the Nepal demographic and health survey (NDHS) of 2011, which is the result of past high fertility rate.<sup>3</sup> Most of the respondents were Mongolians which is the predominant locals in that area; however the sample is well distributed in accordance to race. Literacy of the respondents is lower than the national literacy rate for women however it is comparable to the literacy rate in Eastern Hills.<sup>1,3</sup>

Agriculture was the predominant occupation in our group which is the predominant occupation of women in Nepal.<sup>3</sup> The median parity of 2 (IQ=1-3) is in accordance with the national total fertility rate of 2.6. The sample is a good representation of women of the eastern hills of Nepal.

The knowledge of family planning methods in our study was almost universal which is consistent with NDHS 2001, 2006 and 2012.<sup>3-5</sup> Universal knowledge of contraceptives is also present in other neighboring countries.<sup>6</sup> Women had knowledge of multiple numbers of contraception indicating they are well informed about contraceptives.

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.<sup>3,6</sup> However this result is in contrast to result from neighboring countries, where intrauterine contraceptive devices and pills are more common.<sup>7,8</sup> Female sterilization was not much popular in our study in contrast to the NDHS report, and other studies, this may be due to unavailability of the method in the hilly area.<sup>3,6</sup> Similarly Implants and IUDs were also not popular; unavailability may be the main reason for it. Condoms were seen more as a device to prevent STIs then a family planning commodity. Most women knew that frequent child birth adversely affected maternal health; which indicates a positive attitude toward limiting family size. Family planning service seem to have been an informed choice for most reflected by a high proportion of women knowing the adverse effect of family planning, higher than the national data.<sup>1,3</sup>

Most female with a positive attitude toward family planning but a low number actually using it reflects the high unmet need for family planning, a finding reflected by an unmet need of 31% in these eastern hills.<sup>3</sup> A significant portion of women were indecisive about use of contraception, an indicator of male predominance and low women empowerment in these hilly regions. Also this indicate change in male attitude towards family planning could increase the contraceptive prevalence in these areas, which has been demonstrated by previous studies.<sup>8</sup> A role of male partner in contraceptive discontinuation has been shown by a study in Sunsari a eastern Terai district which also reflects male dominance in the society.<sup>9</sup> Almost 2/3 rd of the women wanted a male child before completing their family, this is one reason for a large family size and failure of family planning programs, similar result was also seen in a study in Dharan, a eastern urban city.<sup>10</sup>

Implant was the most wanted contraceptive, which is quite different from other national as well as international surveys.<sup>3,6,7</sup> This might have occurred due

to the study being performed in a family planning camp with satellite clinic for implant and IUCD. However most of the women did not prefer to use IUCD. This might be due to low level of knowledge of IUCD and shyness in the females in rural setup. Depo povera was the next popular method a similar report as the NDHS.<sup>3</sup> About half the women had false myth that vasectomy caused weakness which reflects a low level of knowledge of Vasectomy among women. The other half reported their husband would deny vasectomy, which reflects low participation of males in family planning. Low male participation has been shown previously and has been attributed to social norms in south Asian region, considering family planning as women's concern.<sup>8</sup>

The pattern of use of contraceptive is similar to the national data and other studies except that female sterilization is markedly low in our study, a female sterilization camp could be a good intervention to increase the CPR of these areas.<sup>3,11</sup>

The commonest cause of discontinuation was husband going abroad in our study which has been the cause of low CPR despite decline in the population growth rate as seen in the census.<sup>7</sup> Also Contraceptive was predominantly used for limiting child birth than for spacing showing a higher unmet need for spacing which has also been seen in a study done at sunsari.<sup>9</sup>

There are few limitations to this study. The study was performed during reproductive and family planning camp which may not be representative of the population. Probing was not used to assess the knowledge of family planning. Since the family planning camp (satellite clinic) mainly focused on the Implant and IUCD the response of the sample might be biased. The Contraceptive prevalence was assessed before providing the service and the current contraceptive use after the camp might differ. KAP of male and unmarried females was not assessed. Knowledge of emergency contraception was not assessed.

## CONCLUSIONS

Knowledge of Family planning is widespread even in rural district like Khotang however knowledge is either partial or unable to bring change in attitude of all women.

Despite high positive attitude towards family planning use of contraception is low; male participation in family planning can reduce this unmet need. Our study opens a new perspective for a low CPR of a large male population from rural Nepal away from home. Health education and continuous availability of long term temporary method and permanent methods for both males and females can reduce the unmet need in these rural areas.

## REFERENCES

1. Department of Health Services (Nepal). Annual Report 2009/2010. Kathmandu, Nepal: Department of Health Services; 2011.
2. District Health Office, Khotang. Annual Health Progress Report, 2066/2067. Khotang, Nepal: DHO, Khotang; 2011.
3. Ministry of Health and Population (MOHP) [Nepal], New ERA and ICF International Inc. Nepal Demographic and Health Survey 2011. Kathmandu, Nepal: Ministry of Health and Population, New ERA and ICF International; 2012.
4. Ministry of Health and Population (MOHP) [Nepal], New ERA and Macro International Inc. Nepal Demographic and Health Survey 2006. Kathmandu, Nepal: Ministry of Health and Population, New ERA, and Macro International Inc.; 2007.
5. Ministry of Health [Nepal], New ERA and ORC Macro. Nepal Demographic and Health Survey 2001. Calverton, Maryland, USA: Family Health Division, Ministry of Health, New ERA and ORC Macro; 2002.
6. Khan S, Mishra V, Arnold F, Abderrahim N. Contraceptive Trends in Developing Countries. DHS Comparative Reports No. 16. Calverton, Maryland, USA: Macro International Inc.; 2007.
7. Khawaja NP, Tayyeb R, Malik N. Awareness and practices of contraception among Pakistani women attending a tertiary care hospital. *J Obstet Gynaecol.* 2004 Aug;24(5):564-7.
8. FHI 360. Increasing men's engagement to improve family planning programs in south Asia. USA. USAID; 2012.
9. Paudel IS, Budhathoki SS. Unmet needs for family planning in Sunsari, Eastern Nepal. *Health Renaissance.* 2011;9(3):148-51.
10. Glennon MJ, Fegan DJ. Attitude towards family planning in Dharan, east Nepal: implications for the family planning programme. *Trans R Soc Trop Med Hyg.* 1993 Nov-Dec;87(6):612-4.
11. Tuladhar H, Marahatta R. Awareness and practice of family planning methods in women attending gyne OPD at Nepal Medical College Teaching Hospital. *Nepal Med Coll J.* 2008 Sep;10(3):184-91.