

Knowledge, Attitude and Practice of Family Planning Methods among Women of Reproductive Age Group attending Primary Health Centres in North-East India

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Abstract:


Introduction: Warranting access to modern family planning methods constitutes a basic human right and globally around 270 million women of reproductive age group have an unmet need for contraception. **Objective :** To estimate the knowledge, misconceptions and practices related to family planning methods among women of reproductive age group attending primary health centre. **Method:** A cross-sectional hospital-based study was conducted in four health centers from January to February 2019 among women of reproductive age group (15-49 years). Data regarding socio-demographic characteristics, knowledge, attitude and practices pertaining to family planning methods were collected using a pre-tested interview schedule. Descriptive and analytical statistical analyses like mean, proportions, Chi-square and Multivariable logistic regression were conducted. A p value of less than 0.05 was considered statistically significant. **Results:** In this study 348 women were enrolled, of which 39.4% had adequate knowledge regarding family planning methods. Most participants had a healthy attitude towards the use of family planning methods and considered them beneficial whereas 59% stated their religious faith and cultural beliefs restricted the use of contraceptives. Unmet need of contraceptives was 60.2% while 39.8% used any one of the modern contraceptive methods. Lower age (AOR-1.26), Primi-parous (AOR-2.76) and women having a lower monthly income (AOR-2.51) were more likely to have an unmet need of contraception. **Conclusion:** Despite easy accessibility and low cost of the contraceptives, their use was limited. The high proportion of unmet needs mandates the scaling up of activities to increase the awareness regarding modern contraceptives. Additionally, behavioral change communication strategies are in great need for implementation to counter the negative attitudes pertaining to family planning practices.

Keywords: Attitude, Family planning, Knowledge, Misconceptions, Unmet need

Introduction:

Access to contraceptive methods and information regarding contraception is a basic human right for every woman in her reproductive age group. Globally, out of 1.9 billion women in their reproductive age group, 270 million women still have an unmet need for contraception. Accessibility to

contraception and information regarding the same is centre to a woman's freedom to choice, dignity, bodily autonomy and gender equality.^[1-3] Promoting family planning practices safeguards the health of the mother as well as the child. Contraceptives prevent unwanted pregnancies and thus reduce unsafe abortion which is detrimental to the health of the

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woman.^[4] Ultimately, they enable in reducing adolescent pregnancies and also has a long term benefit of slowing the population growth, especially in developing countries. Evidences suggest that infant mortality rate is 45% higher when the birth spacing is less than two years and 60% higher than the births which are spaced for four years and above.^[1,5-7]

Globally, female sterilization is the most common method of contraceptive used followed by male condom whereas in eastern and south eastern Asia, majority of women rely on intrauterine devices (18.6%) and male condom (17%).^[3,8]

Historically, India was the first country in the world to launch a National programme for family planning in 1952. Over the decades, the programme has undergone drastic transformations pertaining to its policies and programme implementation strategies. This has ultimately resulted in the steep decline of Crude birth rates and Total Fertility rate of the country.^[9-10] However, nationally, the prevalence of modern contraceptive usage is only 52.2%. There is vast heterogeneity in the prevalence wherein at one end of the spectrum states like Manipur had as low as 18.2% whereas at the other end of the spectrum, Andhra Pradesh has a prevalence of 70.8%.^[11-14]

After extensive literature search it was evident that there was a dearth of published literature which estimated the knowledge, attitude and practices pertaining to family planning methods in Manipur. Thus, acknowledging the putative need, this study was taken up to assess the met and unmet needs of family planning methods among women of reproductive age group and also estimated their knowledge and attitude in a socio-cultural context.

Method:

A hospital-based cross-sectional study was carried out from January to February 2019 in four health centres in Imphal East and West, Manipur. The study participants were women of reproductive age

group attending these health centres. Universal sampling was done wherein all the eligible women attending the health centres and consenting to participate in the study were enrolled as study participants. Using a 15.6% of unmet need, an absolute error of 4% with a 95% significant level, the sample size was estimated to be 320 women.^[11]

Instrument and data collection

Data collection was done from women attending four Primary Health Centres using a pre-tested interview schedule which included three sections. The first section included the socio-demographic profile including the history of current and previous pregnancy. The consecutive sections assessed the knowledge, attitudes and practices regarding family planning methods.

Operational definition

Participants were assessed using a total of 22 questions. Those who scored only up-to 50th percentile were considered having inadequate knowledge whereas those who scored more than the 50th percentile score were considered to have adequate knowledge regarding family planning methods.

Statistical analysis

The data were entered into MS Excel spreadsheet and analyzed using IBM SPSS Version 22 (Customer ID: 224116). Descriptive statistics such as mean, median and percentages were used to describe the data. Risk ratio for unmet need of contraception was estimated using Multivariable Logistic regression. A p value of <0.05 was considered statistically significant.

Ethical approval was obtained from the institutional ethics committee of the State medical college and written informed consent was taken from each participant before the start of the interview.

Results:

A total of 348 women were included in the study. Respondents had a mean age of 27 (± 5.5) years

Table 1: Socio-demographic characteristics of study participants (N=348)

Variables	Categories	n (%)
Age group (years)	18-24	92 (26.4)
	25-29	141 (40.5)
	30 and above	115 (33.1)
Residence	Urban	50 (14.4)
	Rural	298 (85.6)
Marital status	Married	339 (97.4)
	Unmarried	9 (2.6)
Parity	Primi	120 (38.5)
	Multi	192 (61.5)
Monthly income (Rs)	<10,000	104 (29.9)
	10,000-20,000	191 (54.9)
	>20,000	53 (15.2)
Religion	Hindu	178 (51.1)
	Christian	3 (0.9)
	Islam	167 (48)
Occupation of respondent	Home maker	270 (77.6)
	Working	78 (22.4)
Occupation of husband (n=339)	Employed	295 (87)
	Unemployed	44 (13)
Educational level of respondent	Illiterate	37 (10.6)
	Primary	190 (54.6)
	Secondary	94 (27)
	Graduate	27 (7.8)
Educational level of husband (n=339)	Illiterate	25 (7.4)
	Primary	99 (29.2)
	Secondary	155 (45.7)
	Graduate	60 (17.7)
Decision making regarding contraceptive usage*(n=156)	Respondent alone	3 (1.9)
	Husband alone	38 (24.4)
	Both	114(73.1)
	Others (Mother in law or father in law)	6 (3.8)

*Multiple response type

where a majority of them were 25 years and above. The mean age at marriage of respondents was 21.3 (± 3.86) years and women had their first child as early as 17 years wherein on average most women had their first child at 22.4 (± 3.79) years.

Table 2 : Knowledge regarding modern family planning methods (N=348)

Family planning methods	n (%)
Oral contraceptive pills as a method of contraception	234 (67.2)
Types of OCPs	88 (25.3)
Correct use of pills	47 (13.5)
IUDs as a method of contraception	158 (45.4)
Types of IUD	51 (14.7)
Tubectomy as a method of contraception	61 (17.5)
Vasectomy as a method of contraception	41 (11.8)
Condom as a method of contraception	311 (89.4)
Availability of condoms for free of cost at health centres	195 (56)
Lactational amenorrhoea method	255 (73.3)
Availability of injectable contraceptives	18 (5.2)
Use of progesterone only pills during postpartum period	32 (9.2)

Only 39.4% of the women had adequate knowledge regarding modern family planning methods whereas the rest 60.6% had inadequate knowledge. Although women were aware of Oral Contraceptive Pills (OCP_s) as a method of contraception, almost all the women had no knowledge regarding the side effects of Oral Contraceptive Pills (OCP_s) whilst only 5% had correct knowledge regarding their indications and contraindications. Despite being aware of IUDs, most women (68.1%) were unaware of where to access for IUD insertion and whom to approach. Majority of women (74%) were unaware that IUDs are provided free of cost in any government health centre. Apart from modern contraceptive methods half of respondents were well aware of traditional methods of contraception like calendar and withdrawal methods.

Table 3: Attitudes regarding family planning

Statements	Agree n (%)	Disagree n (%)	No comment n (%)
Religion or cultural beliefs prevent me from using family planning services	204 (59)	109 (31)	35 (10)
Family planning services are beneficial	295 (85)	11 (3)	42 (12)
I will advise my friends and family to use family planning	286 (83)	8 (2)	52 (15)
Spacing will allow a child to be healthier and for that I need family planning services	316 (91)	4 (1)	28 (8)
Family planning services benefit both men and women	282 (81)	8 (2)	58 (17)
Discussion about family planning with spouse is embarrassing	69 (20)	196 (57)	80 (23)
Family planning services can protect health of family and community	273 (78)	9 (3)	66 (19)
I will accept family planning services from nearest health centre	265 (76)	19 (6)	64 (18)
When I am unable to get pregnant, family planning services will benefit me	247 (71)	7 (2)	94 (27)

Table 4: Practice regarding contraceptive methods by respondents

Practice	n (%)
Unmet need of contraceptives (N=339)	204 (60.2)
Ever used any contraceptive	156 (44.8)
Contraceptives currently used (n=135)	
Condom	73 (54.1)
OCP	32 (23.7)
IUD	30 (22.2)
Place of accessing condom (n=73)	
Govt health centre	45 (61.6)
Pharmacy	22 (30.1)
Other shops	6 (8.3)
Place of accessing OCP (n=32)	
Health centre	11 (34.4)
Pharmacy	21 (65.5)
Place of insertion of IUD (n=30)	
Govt. health centre	27 (90)
Private hospital	3 (10)

Source of information regarding family planning methods:

Media (60.6%) and health care workers (43.7%) were reported as the primary source of information regarding contraceptives. About 21% gained awareness from their friends whilst in 16.7% of the respondents their relatives were their source of information.

Practice of family planning methods:

Only 39.8% of the women had their contraceptive needs met whereas a majority of them (60.2%) had unmet need of modern family planning methods. About 5.2% of the women reported having an unplanned pregnancy. Only 34.4% accessed OCPs from the health centres although they were available at a subsidized cost and despite condoms being distributed free of cost at health centres, still 38.4% of them preferred purchasing it. The key reasons for unmet need of contraceptives were either due to method-specific barriers like fear of perceived side effects (33.5%), lack of familiarity (30.5%), disapproval by their family members (23.6%) or restriction of its use by their religion (10.1%). A small proportion of them had an unmet need due to the high cost of contraceptives (2.3%).

Table 5: Multivariable logistic regression analysis of Unmet need of contraception with selected socio-demographic variables

	Unadjusted		Adjusted	
	Odds ratio (95% CI)	p value	Odds ratio (95% CI)	p value
Age (years)				
18-24	2.66 (1.47 to 4.81)	0.001	1.26 (1.12 to 2.57)	0.003
25-29	1.92 (1.16 to 3.17)		1.61 (1.13 to 2.77)	
30 and above	Ref		Ref	
Parity				
Primi	2.75 (1.68 to 4.48)	<0.001	2.76 (1.61 to 4.74)	<0.001
Multi	Ref		Ref	
Occupation of woman				
Home maker	1.21 (0.72 to 2.01)	0.46	Not retained	-
Employed	Ref			
Literacy level				
Illiterate	1.03 (0.51 to 2.07)	0.92	Not retained	-
Literate	Ref			
Residence				
Urban	1.48 (0.77 to 2.86)	0.23	Not retained	-
Rural	Ref			
Income (rupees)				
<10,000	2.05 (1.04 to 4.05)	0.03	1.75 (1.21 to 3.70)	0.02
10,000-20,000	2.23 (1.26 to 4.37)		2.51 (1.28 to 4.89)	
>20,000	Ref		Ref	
Knowledge regarding contraceptives				
Inadequate	1.35 (0.86 to 2.10)	0.18	Not retained	-
Adequate	Ref			

Variables with p<0.05 entered into multivariable regression model. Nagelkerke R square-0.11

Majority of women relied on condom as mode of contraception due to its easy availability and personal preference whereas some of them reported their use due to their partner's preference. Some reported the use of OCPs or condoms as the use of terminal methods of contraception was forbidden in their communities. Almost a quarter of women reported to prefer IUD use due to its long-term protection, personal preference and perceived higher effectiveness in preventing pregnancy.

Discussion:

Unmet need for family planning is a universal indicator to measure a country's progress towards achieving universal access to reproductive health. Data on the prevalence of contraceptive use supplements the unmet need wherein both together make up the demand for family planning services.

In the current study, despite the higher literacy status, knowledge regarding modern contraceptives

was adequate in only 39.4%. This low level of awareness regarding family planning methods necessitates a structured and coordinated response by providing comprehensive education on modern contraceptives which is respectful and also free of stigma and discrimination. Furthermore, access to correct information regarding contraceptive methods safeguards women from unintended pregnancies, guaranteeing a healthier future.

Women had better awareness regarding the use, side effects and additional benefits of contraceptives like condoms, IUD and OCPs whereas knowledge regarding permanent methods of sterilization was almost nil. These findings also corroborated with studies conducted in other parts of Northeastern India and also mainland India.^[16,17]

Most women in our study lacked autonomy in decision making regarding the usage of contraceptives wherein the most of the decision making regarding contraceptive use was by their partners, in-laws and other family members which is in contradiction to the objectives of reproductive health where every woman has the right to decide the use of contraceptives, spacing and timing of her children. Thus, health care providers and health systems need to empower women in making decisions best suited to their reproductive intentions.

Unhealthy attitudes and method-specific barriers regarding family planning practices should be effectively countered with behavior change communication (BCC) strategies with the aid of mass media. Evidence suggest BCC strategies have significantly improved the contraceptive usage and intention to use family planning methods.^[18,19]

Usage of modern contraceptive methods in our study was as low as 39.8% and studies conducted elsewhere in India, the use of modern contraceptives was analogous to findings reported in our study.^[20] To bridge this gap between met and unmet needs, health care workers need to be adequately trained and equipped to provide quality information and

guidance on contraceptive use. Moreover, approaches to improve the counseling and communication skills of the health care workers need to be enhanced to deliver high-quality family planning services.^[21]

In Manipur, a total of 12.7% of them had an unmet need for contraceptives whereas 4.7% had unmet need for spacing methods. About 61.3% reported to currently use any method of contraception whilst only 18.2% used modern contraceptive methods.¹¹ This projects the need for scaling up of family planning initiatives and also to escalate the accessibility to information regarding the modern contraceptive methods which are proved to have more effectiveness when compared to other traditional methods of contraception. Health systems should ensure that every woman attending health centre should be offered contraceptive use assistance preferably with the help of standardized tools including the use of illustrations and easy-to-comprehend texts.

Conclusion:

Six out of 10 women had an unmet need for contraception. Contraceptive use was limited either due to inadequate knowledge or perceived side-effects or due to restrictions. This high proportion of unmet needs mandates the scaling up of activities to increase awareness regarding modern contraceptives.

Limitations:

Our study estimates were limited to only two valley districts Manipur, hence there is an imperative need to additionally assess the unmet need and the contraceptive use pattern in the areas of the hilly regions where health care facilities are usually hard-to-reach. There is also a necessity for the conduct of qualitative research studies to understand the unhealthy attitudes towards family planning and also to recognize the barriers to contraception usage. Studies for capacity assessment of health centres and

methods to monitor the counseling strategies and communication methods of health care workers with their clients are reckoned to be beneficial in near future to eventually improve the reproductive health of the woman.

Declaration:

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Conflict of Interest: Nil

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