

Acceptance of Family Planning Amongst Patients Attending Dhulikhel Hospital Obstetrics and Gynecology Department

Shrestha A, Kayastha B, Manandhar S, Chawla CD

Department of Obstetrics and Gynecology

Dhulikhel Hospital-Kathmandu University Hospital,

Dhulikhel, Kavre

Corresponding Author

Abha Shrestha

Department of Obstetrics and Gynecology

Dhulikhel Hospital-Kathmandu University Hospital,

Dhulikhel, Kavre

E-mail: abhaobgy@gmail.com

Citation

Shrestha A, Kayastha B, Manandhar S, Chawla CD. Acceptance of Family Planning Amongst Patients Attending Dhulikhel Hospital Obstetrics and Gynecology Department. *Kathmandu Univ Med J* 2014;47(3):198-201.

ABSTRACT

Background

Knowledge of contraceptive methods is an important factor for an individual to use or not use of family planning methods. In Nepal, at least one modern method of family planning is universal amongst both men and women.

Objectives

To assess the knowledge, attitude regarding various family planning methods and practice of contraceptives amongst couples attending Dhulikhel Hospital Obstetrics and Gynecology Department.

Methods

Five hundred and fifteen couples were interviewed. Their knowledge, attitude and practice of contraception were evaluated with the help of pre-evaluated questionnaire. The other variable used were the age of the couple, parity, educational status and economic status having effect on the contraceptive acceptance were taken into consideration. Descriptive analysis was conducted to obtain percentages.

Results

We observed that 74.98% of women were in the age group of 20-29 years and 59.22% of men were within the age group of 20-29 years. Teen age mothers were 17.86% and teen age fathers were 1.35%. In our study, we observed that higher the educational level better was the acceptance for family planning methods. The higher income group had less number of children compared to lesser income group. In our study, we noticed that all the couples knew about different methods of family planning, main sources of information were television, pamphlets and healthworkers. Only 16 males had undergone vasectomy and 32 women had undergone tubectomy. Fewer number of vasectomy was due to the belief that undergoing vasectomy will make the male partner weak physically. 13.20% of women preferred Depot medroxy progesterone as a temporary method of family planning, 13% of males preferred condom as a temporary method of family planning.

Conclusion

We conclude that education plays a vital role in the acceptance of family planning. As couples who have higher education level tend to have higher income and they have lesser number of children. They are more receptive towards counseling and agree upon the various methods of family planning. The easy accessibility to the various media like radio, television tend to make people aware of various methods of family planning.

KEY WORDS

Acceptance, education, family planning.

INTRODUCTION

Family planning as adapted by an expert committee (1971) of WHO defined family planning as “a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitude and responsible decisions by individuals and couples, in order to promote the health and welfare of the family group and thus effectively contribute to the social development of a country”.¹ In our country Nepal, the concept of family planning was started by the Family Planning Association of Nepal (FPAN), set up by a group of social workers in 1959 with the support of Pathfinders. Since then many strategies and planning has taken place and development of National Family Planning Strategy in 2012 (2068 B.S) by Ministry of Health and Population, Family health Division to further strengthen and address the existing gaps of family planning program in Nepal. Its vision has been to improve reproductive health and quality of life of all Nepali women and men by fulfilling their family planning needs.² Knowledge of contraceptive methods is an important factor for an individual to use or not use of family planning methods. Finding from the NDHS (Nepal Demography and Health Survey) 2011 shows that knowledge of at least one modern method of family planning in Nepal is universal amongst both men and women.³

METHODS

This study is a cross sectional Observational study of 515 couples. Ladies who had last child less than 2 years, postpartum women and their husbands who visited Dhulikhel obstetrics and gynecology department, in postnatal ward as well as out patient department were included. The information was obtained by an interview, utilizing a questionnaire. This study was conducted from January 2013 to January 2014.

Criteria

Inclusion Criteria:

1. Postpartum ladies
2. Ladies who had last child less than 2 years
3. Live birth \geq 28 weeks gestational age within past 4 weeks
4. Age 18-45 years
5. Access to a working phone number
6. Willingness to be contacted by phone for up to one year postpartum

Exclusion Criteria:

1. History of hysterectomy.
2. History of mental disability

RESULTS

There were total 515 couples (N=1030) included during the study period among which most of them lies in age group of

20-29 years; nearly, 75% of female and 59.2% of male were within 20-29 age group (Table 1). In the present study, the maximum couples (53.6% male and 53.7% female) were found to be literate with at least high school level education (Table 1). On further analyzing the use of contraceptive among female, most of illiterate female (n=40) have never used contraceptive while most female (56.6%) with at least high school level education prefers temporary method (Table 2). It is seen that people with higher educational status are more willing for permanent sterilization. In terms of contraceptive use, our study showed the more number of females (68%) were using different methods of contraception while only 29% of males were using contraceptives. In addition, among those couples, few of them also preferred natural method (22%; Table 3). Among females, most of them were using or had used either OCP or DMPA (29%) as a method of contraception followed by implant (27%; Table 3). Moreover, analyzing the population among females using contraception, 42 had used CuT but removed it within 3 months because of pain and spotting per vaginum.

It is seen in our study that higher income group had less number of children as compared to lesser income group (Table 4). The couples with higher income also had better living status, most of them lived in houses which were cemented (Table 5). Our study suggests that most of them were aware about the different methods of contraception. Their sources of the information were through radio (n=167), television (n=259), pamphlets (n=282), health-worker (n=242) and friends (n=109). Furthermore, investigating the knowledge about the use of contraceptives, 161 male knew that using condom can prevent sexually transmitted diseases, 21 females and 254 males were not sure as to which method to follow.

Table 1. Demographic profile (N=1030; 515 couples)

Age (years)	Male (%)	Female (%)
16-19	7 (1.3)	92 (17.9)
20-29	305 (59.2)	386 (74.9)
30-39	195 (37)	32 (6.2)
40 and over	8 (1.5)	5 (0.9)
Education		
Illiterate	27 (5.2)	52 (10)
Primary level	195 (37.9)	165 (32)
		277
High school level	266 (53.6)	(53.7)
Graduate level	27 (5.2)	21 (4.1)
Occupation		
Farmers	342 (66.4)	397 (77)
Service holder*	21 (4.1)	12 (2.3)
Businessman	52 (10.1)	46 (8.9)
Driver	23 (4.5)	12 (2.3)
Armed force	40 (7.8)	
Unemployed	12 (2.3)	23 (4.5)
Others**	15 (2.9)	25 (5)

Table 2. Education status and contraceptive use among female

Education	Temporary	Permanent
Illiterate (n=52)	-	12
Primary level (n=165)	86	11
High school level (n=277)	157	58
Graduate level (n=21)	9	17

When enquired about preferences for different types of contraception, 198 males and 302 women preferred temporary method and 56 males and 192 women preferred permanent method. 32 women have undergone tubectomy and 16 males have undergone vasectomy.

Table 3. Methods of contraception used

Methods	Currently using (%)	Ever used (%)
Condom	67(13)	82 (16)
OCP	58 (11.2)	92(17.9)
Implant	68 (13.2)	72 (13.9)
DMPA	62 (12)	85 (16.5)
IUCD	31 (6)	42 (8.2)
Natural Method	46(9)	67 (13)

Table 4. Distribution of family according to number of children and income

Income per month	Number of Children							
	1	2	3	4	5	6	7	8
<5000NRs	25	56	12	2	1	-	-	-
5000-10000	30	82	9	2	-	-	2	-
10001-15000	36	61	10	1	-	1	-	1
15001-20000	32	36	-	1	-	-	-	-
20001-25000	32	33	3	-	-	-	-	-
>25000	12	31	4	-	-	-	-	-

Table 5. Distribution of living arrangement by income

Income per month(NRs)	Thatched house (own)	Cemented house (own)	Thatched house (rented)	Cemented house (rented)
<5000	82	-	5	-
5000-10,000	56	22	14	3
10,001-15000	26	41	9	11
15001-20,000	11	32	3	19
20,001-25000	4	78	-	25
>25000	-	44	-	20

DISCUSSION

The approach to the reproductive health in any nation is often modified and manipulated by the different social constraints and the religious beliefs .Such intrusions and coercions are counterproductive at times. Family planning is a basic human right, it remains meaningless

unless individuals have access to the information and to various methods of contraception All individuals have right to access, choice, and the benefits of the scientific progress in the selection of family planning method. A right based approach to the provision of contraceptives assumes a holistic view of clients which includes clients sexual and reproductive health care needs.⁴ Nowadays variety of contraceptive methods are available, but none are completely without side effects. In fact for vast majority of women it is safer to use contraception than go through various risk of pregnancy , labor and postpartum period, for example post partum hemorrhage.⁵

Education and contraceptive use

In our study, we found that use of contraception was more in literate and educated group compared to illiterate group. We also found that it was easier to explain the advantages and disadvantages of different contraceptive methods amongst educated group. Most of the couples with higher education could choose contraceptive as per their convenience as in a study by Radulovi,⁶ in which the couples with higher education gave the best definition of contraception and also could choose contraceptive of their choice.⁶ While interviewing the couples, we realized that education plays a very important role in the acceptance of different family planning method, as correctly stated by the article of World Bank, we found that educated women were more independent in making decision regarding family planning issues.⁷ We observed that all the patients had access to information regarding contraceptive methods and electronic media played a vital role for the dissemination of the message of family planning like in a study by Radulovi.⁶ There were still more number of females who do not use any contraceptive methods. Our study found out that the notion of infertility due to contraceptive prevails among those females. Further, the present study also revealed that contraceptive use is more among females and the reason behind such behavior was found to be the false belief that the sterilization would make their husbands weak and they will not be able to work, especially in the fields. This indicates that more awareness program regarding the use of contraceptive needs to be carried out.

Contraceptive choice and decision

We observe that oral contraceptive, injectable hormonal contraceptive and implant were most preferred form of contraception. In our study, women were using contraception more than men. This could be due to the nature of Nepali society which is a patriarchal society and their traditional belief. One study has shown that the choice of contraceptive was influenced by the health care policy and the organization of social make up.⁸ Couples preferred more temporary form of contraception compared to permanent sterilization even those who have already completed the family, that may be because of high infant mortality rate in our country compared to developed nation. In contrast to another study, in a developed

countries like Britain and Germany where couples with complete family preferred permanent sterilization.⁸

Family planning and poverty

We observed in our study that couples with higher income had less number of children compared to couples with lesser income which is consistent with a study by Campbell AA. According to their study the degree of high fertility of the poor resulted from restricted access to effective and acceptable method of contraception.⁹

In our study, we felt that decision making for the use of contraception required the need for the couples to know the advantages and the disadvantages of various methods and their side effects. In our study we also perceived that the interpretation the client makes about contraception, the preformed ideas about contraception and its need has to be taken into consideration while making a guideline for the contraceptive use. It is very important to consider in a well planned process to introduce different methods of contraception, such that it is implemented and adapted well by that particular society.¹⁰

Issues affecting women such as education, access to health care and attitudes towards self determination have significant consequences for sustainable development, women play an important role in determining overall levels of wealth in both industrialized as well as developing countries. Further more family planning issues which have primary importance to women, ultimately determine population dynamics and these are key forces affecting sustainable development.⁷

The decisions couples made were very important as, the couples who decided on their own were the ones who had better compliance with family planning methods.¹¹ Now family planning has been proven as a key element to improve the quality of life of people. It is also an important tool for the elimination of poverty.¹²

In our study the most common barriers for use of contraception was lack of accessibility, lack of knowledge about the safety and effectiveness of the choices. Shyness to discuss with service providers, lack of spousal support and fear of side effects were commonest reason.

CONCLUSION

Education plays a vital role in the acceptance of family planning. As couples who have higher education level tend to have higher income and they have lesser number of children. They are more receptive towards counseling and agree upon the various methods of family planning. The easy accessibility to the various media like radio, television tend to make people aware of various methods of family planning. Most common barriers were lack of accessibility, lack of knowledge about the safety and effectiveness of the choices. Shyness to discuss with service providers, lack of spousal support and fear of side effects were commonest reason.

ACKNOWLEDGEMENT

I would like to thank Dr Bikash Lal Shrestha for editing the manuscript and Mrs Lal Kumari for helping us to conduct this study .

REFERENCES

1. World Health Organization. Communicating Family Planning in Reproductive Health: Key Messages for Communicators. Family and Reproductive Health; 1997.
2. Ministry of Health and Population (Nepal). Nepal Demographic and Health Survey 2011. Kathmandu. Nepal: Ministry of Health and Population, New ERA and ICF International Inc. Calverton, Maryland, USA;2012.
3. Ministry of Health and Population, Development of Health Services, Annual Report (2063/64-2006/2007), Kathmandu, Nepal.
4. World Health Organization. Selected practice recommendations for contraceptive use. 2nd ed. Geneva: WHO; 2004.
5. World Bank. Engendering Development- Through Gender Equality in Rights, Resources and voice. New York: Oxford University; 2001a.
6. Radulovi O, Sagri C, Visnii A, Tasi A, Markov R. The influence of education level on family planning. *Medicine and biology* 2006;13(1):58-64.
7. World Bank. Advancing Sustainable Development: The World Bank and Agenda 21. Rio Earth Summit; 1997.
8. Oddens BJ, Lehert P. Determinance of contraceptive use among women of reproductive age in Great Britain and Germany.I: Demographic factors. *J Biosoc Sci.* 1997 Oct;29(4):415-35.
9. Campbell AA. The role of family planning in the reduction of poverty. *Journal of Marriage and Family* 1968 May; 236-8.
10. Chaudhury SK. Practice Of Fertility Control: A Comprehensive Manual. 7th ed. India: Elsevier; 2008.
11. Rainwater L. Social Policy and Public Policy: Inequality and Justice.4th Edition.USA:Transaction Publisher; 2009.
12. Arce WF and Alvarez GC. Population Change in Southeast Asia. 1st ed. Singapore: Institute of Southeast Asian Studies; 1983.