

Factors Associated with Utilization of Modern Family Planning Methods among Married Women of Tharu Community of Madhuwan Municipality in Bardiya District of Nepal

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ABSTRACT

INTRODUCTION: The use of modern family planning methods varies by province in Nepal from a low of 37% in Province 4 to a high of 49% in Province 3. There is no previous study that has documented the factors associated with utilization of modern family planning methods among married women of Tharu community in Bardiya district of Nepal, so this study is expected to provide information on influencing factors and hindering factors for utilization of family planning methods and its prevalence. **MATERIALS AND METHODS:** A Community based cross-sectional study to find out factors associated with utilization of modern family planning method among married women of Tharu community of Madhuwan Municipality in Bardiya district of Nepal. Multistage cluster sampling was adopted. Sample size was calculated as 383. Face-to-face interview technique was adopted to collect data. Chi-square test was applied. A p-value of < 0.05 was considered statistically significant. **RESULTS:** Among all respondents (n=383), the current users of modern family planning methods were 72.3%. More than one fourth (28.7%) of the respondents were currently using sterilization family planning method. DMPA, OCP, Implant, Condom and IUCD current users were 17%, 10.7%, 8.6%, 4.4% and 2.9% respectively. **CONCLUSIONS:** Finding showed that most of the respondents were using female sterilization FP method which was only available at hospital or camp setting. So, the government should manage such an environment for family planning so that it is easily accessible to every desired couple.

Keywords: Community, Family Planning, Married Women, Utilization



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INTRODUCTION

The family planning methods which were used before the 20th century were not always safe and effective as comparable to those which are available currently [1]. Family planning refers to a conscious effort by a couple to limit or space the number of children they have through the use of contraceptive methods [2]. Family planning also known as Birth Control which allows couples to prevent pregnancy, plans the timing of pregnancy, to attain their desired number of children and determine the spacing of the pregnancies [3]. A product or medical procedure that interferes with reproduction from acts of copulation is known as Modern Family planning methods [4]. It includes female and male sterilization, oral hormonal pills, the intra-uterine device, male and female condoms,

injectable, the implant, vaginal barrier methods, standard days method, lactation amenorrhoea method and emergency contraception [5]. A fertile age between 20 and 44 years with sexually-active woman has to practice family planning method for 16 to 20 years roughly 25 childbearing years to avoid the need for an abortion [6]. Family planning supports in birth spacing to the couple. Eventually, it plays great role for reducing child mortality and maternal mortality by enhancing the nutritional status of both mother and child [7, 8]. Another study shows that if all women who wish to avoid pregnancy use an effective family planning method, the number of maternal deaths would decrease by 30 per cent in developing countries [9]. Study reveals that, the average total fertility rate

worldwide ranges from 1.7 children per woman in more developed countries to 4.6 in the least developed countries [10]. The study shows that in Northern Europe (77 percent) contraceptive prevalence was highest whereas in Southern Europe (65 percent) it was lowest in 2015 [11]. The researchers concluded that, fear of side effects and infertility, cost, male partner's objection, unavailability of contraception and religious beliefs are the barriers to contraception [12, 13]. A study done in Ghana evidences that to space child birth (94 percent) and to prevent pregnancy and sexually transmitted infections (84 percent) were the major factors to practice family planning services [14]. The incidence to modern and traditional contraceptive method in Pakistan was 75 percent and 25 percent respectively [15]. The study revealed that natural method (12%) and oral contraceptives (12%) were the most common method of family planning in Malaysia [16]. The use of modern family planning methods varies by province in Nepal from a low of 37% in Province 4 to a high of 49% in Province 3 [2]. To our knowledge no previous study has documented on the factors associated with utilization of modern family planning methods among married women of Tharu community of Madhuwan Municipality in Bardiya district of Nepal, so this study is expected to provide information on influencing factors and hindering factors for utilization of family planning methods and its prevalence. Findings will be expected to guide policy maker to identify policy and implementation gaps and design adequate program aimed at increasing family planning utilization to reduce maternal mortality and improve maternal health outcomes.

MATERIALS AND METHODS

Study design and setting

The study design was community based cross-sectional to find out factors associated with utilization of modern family planning method among married women of Tharu community of Madhuwan Municipality in Bardiya district of Nepal.

Participants, sample size and sampling technique

Married women of Tharu community of Madhuwan Municipality in Bardiya district of Nepal were eligible to participate in this study. Multistage cluster sampling was adopted. Bardiya district has six municipalities and two rural municipalities. First, purposively Madhuwan municipality was selected for the study. Second, the number of cluster (ward) was

listed and three clusters were selected randomly. Then proportionate random sampling was used and the household survey was conducted in communities of representative wards. As the sampling frame of married Tharu women of Madhuwan municipality was not available, the list of households was collected and the samples were taken randomly from the sampling frame. If married women of reproductive age (MWRA) were not available in the selected household, then the subsequent household nearest to the first household was selected. Further, in the case of more than one married woman in one household, the youngest married woman was chosen. Married Tharu women of respective wards were calculated based on the target population estimated by the department of health service, HMIS section (FY 2074/075). Sample size was calculated using the formula for descriptive cross-sectional study, and the calculated sample size was 383.

Data collection procedure and study variables

Structured questionnaire for household survey was used for the study. Face-to-face interview technique was adopted to collect data from the respondents. Eligible households were found through household visit of the respective wards.

Statistical analysis and data management

After collection of the data, it was checked for completeness, correctness and internal consistency to exclude missing or inconsistent data and if found, data was discarded. Only the complete, correct and consistent set of answers to the questionnaire was taken and analyzed by using the computer software SPSS version 2017. Data was coded, checked and edited properly before analysis. Chi-square test was applied to identify statistically significant difference depending on the distribution of data. The data were presented in percentages, tables and figures.

Ethical considerations

Primary ethical approval was obtained from research and ethics committee of North South University, School of Public health and life science Dhaka, Bangladesh (Approval no. :2020/OR-NSU/IRB-no. 0803). Data collection permission was taken from Health Section of Madhuwan municipality. Informed written consent was taken during data collection and confidentiality of the participants was maintained.

RESULTS

Table 1 shows the family planning services and methods related response from the respondents.

The good things was that all the respondents (383) had heard about family planning as well as all the respondents who were currently using modern family planning (277) thought that service provider maintained privacy during service providing. The major sources of information on family planning were radio (97.1%) and FCHV (95.6%). Most of the modern family planning services were provided to the respondents from health camp (45.8%) and at health facility (35.4%).

Figure 1 shows multiple reasons for using modern family planning methods among the current users. It shows, all (100%) the current users of modern family planning methods said free of cost was the reason for using FP methods. Among all current users of Family Planning, more than one-fourth (89.2%) of them believe that modern FP has to little or no side effects whereas more than half of the current users also believe that modern FP helps in limiting and spacing child, prevents unwanted pregnancy and easily availability.

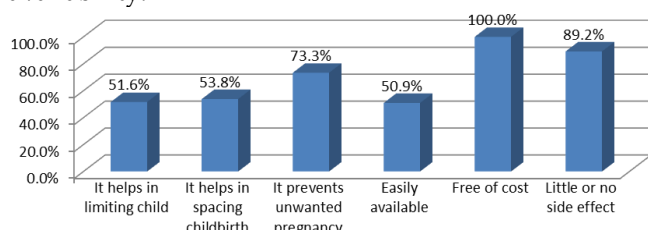


Figure 1| Reasons for using the Modern FP method (Multiple Responses)

Figure 2 shows that, the prevalence of modern family planning method among total respondents was 72.3% whereas 27.7% of the respondents were not using any form of Modern Family Planning methods.

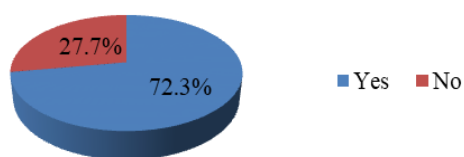


Figure 2| Prevalence of modern family planning method users

Socio-demographic characteristics associated with current users of modern family planning methods

Among all respondents (n=383), the current users of modern family planning methods were every respondents (100%) from age group 45-49 years while only more than half (56.1%) of the current users were belongs to age group of 21-26 years. Most of the respondents (214) were housewife among them nearly one third (73.5%) were using any methods of modern

Table 1| Service and method related response of respondents

Characteristics	Number	Percentage
Heard about family planning	n=383	
Yes	383	100.0
No	0	0
Maintain of privacy by service provider	n=277	
Yes	277	100.0
No	0	0
Sources of information on FP#	n=383	
Radio	372	97.1
TV	59	15.4
FCHV	366	95.6
Peer	181	47.3
Book	66	17.2
Health Worker	47	12.3
Place of service Centre	n=277	
HF	98	35.4
Health Camp	127	45.8
PHC-ORC	52	18.8
# Multiple responses		

family planning. There were very few respondents (3) belongs to business as their occupation and more than one fourth (37.5%) of them were currently using Modern Family Planning methods. Most of the respondents (256) thought the level of discussion on family planning with their husband was good. Nearly one third (73.44%) of them were currently using modern family planning methods. The current users of modern family planning methods having one child were less (45.7%) as compared to current users having no child (70%), two children (87.7%) and three children (100%). Majority of the respondents (152) desired two children. One third (75.6%) of them were currently using modern family planning methods.

Every respondent (100%) were using modern family planning methods who desired three children. Most of the variables such as age, level of education of respondents and her husband, occupation of the respondent's husband, level of discussion on family planning with husband, number of child and desired number of child were statistically significant in chi-square test at 95% confidence intervals. Other variables such as type of family, religion and occupation were not associated with utilization of modern family planning methods as illustrated in Table 2.

Characteristics	Are you currently using modern family planning methods?						Chi-Square value	p- Value
	Yes	%	No	%	Total	%		
Age								
15-20	65	89.0	8	11.0	73	19.1	46.347	<0.001*
21-26	69	56.1	54	43.9	123	32.1		
27-32	54	62.1	33	37.9	87	22.7		
33-38	38	86.4	6	13.6	44	11.5		
39-44	31	86.1	5	13.9	36	9.4		
45-49	20	100	0	0	20	5.2		
Type of Family								
Nuclear	229	73.2	84	26.8	313	81.7	0.603	0.438
Joint	48	68.6	22	31.4	70	18.3		
Religion								
Hindu	251	71.7	99	28.3	350	91.4	0.754	0.385
Christian	26	78.8	7	21.2	33	8.6		
Level of education								
Can't read and write	77	86.5	12	13.5	89	23.2	16.556	0.002*
Read and write	51	66.2	26	33.8	77	20.1		
Primary level (1-8)	109	71.2	44	28.8	153	39.9		
Secondary level (9-12)	28	57.1	21	42.9	49	12.8		
Above Secondary level (12+)	12	80	3	20	15	3.9		
Husband's Level of education								
Can't read and write	34	87.2	5	12.8	39	10.2	12.837	0.012*
Read and write	58	73.4	21	26.6	79	20.6		
Primary level (1-8)	114	68.7	52	31.3	166	43.3		
Secondary level (9-12)	51	65.4	27	34.6	78	20.4		
Above Secondary level (12+)	20	95.2	1	4.8	21	5.5		
Occupation								
Housewife	214	73.5	77	26.5	291	76	7.263	0.064
Service holder	5	100	0	0	5	1.3		
Agriculture	55	69.6	24	30.4	79	20.6		
Business	3	37.5	5	62.5	8	2.1		
Husband's occupation								
Agriculture	162	76.4	50	23.6	212	55.4	23.583	<0.001*
Foreign employment	10	52.6	9	47.4	19	5.0		
Service holder	13	56.5	10	43.5	23	6.0		
Business	10	40	15	60	25	6.5		
Labour	82	78.8	22	21.2	104	27.2		
Level of discussion on FP with husband								
Average	15	78.9	4	21.1	19	5.0	8.431	0.015*
Good	256	73.4	93	26.6	349	91.1		
Excellent	9	60	6	40	15	3.9		
Number of children								
No Child	42	70	18	30	60	15.7	79.412	<0.001*
One	58	45.7	69	54.3	127	33.2		
Two	135	87.7	19	12.3	154	40.2		
Three	34	100	0	0	34	8.9		
More than three	8	100	0	0	8	2.1		
Desired number of children								
One	86	60.1	57	39.9	143	37.3	26.622	<0.001*
Two	152	75.6	49	24.4	201	52.5		
Three	39	100	0	0	39	10.2		
Total	277	72.3	106	27.7	383	100		

* Statistically significant at p-value <0.05

Time taken to reach Health Facility by walking	Current user of modern Family Planning Methods						Chi-Square value	p- value
	Yes	%	No	%	Total	%		
Less than 30 minutes	138	71.5	55	28.5	193	50.4	1.299	0.522
30 minutes to 1 hour	120	71.9	47	28.1	167	43.6		
More than 1 hour	19	82.6	4	17.4	23	6.0		
Preferred Family Planning Method								
OCP	41	75.9	13	24.1	54	14.1	58.000	<0.001*
DMPA	65	61.9	40	38.1	105	27.4		
Implant	33	48.5	35	51.5	68	17.8		
IUCD	11	78.6	3	21.4	14	3.7		
Condom	17	63	10	37	27	7.0		
Sterilization	110	95.7	5	4.3	115	30.0		

* Statistically significant at p-value <0.05

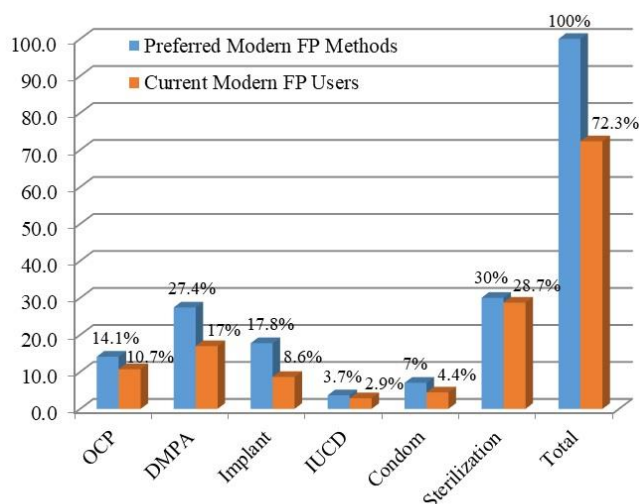


Figure 3| Comparison of preferred and current users of modern FP methods

Service related factors associated with current users of modern family planning method

More than half of the respondents said that less than 30 minutes takes them to reach health facility by walking and only very few (6%) respondents had to walk more than one hour to reach health facility. More than one fourth (28.7%) of the respondents were currently using sterilization family planning method. DMPA, OCP, Implant, Condom and IUCD current users were 17%, 10.7%, 8.6%, 4.4% and 2.9% respectively. Among total respondents who need more than one hour to reach health facility by walking, more than one third (82.6%) of them were currently using modern family planning methods. There was highest number of respondents who preferred sterilization (110) as a family planning method followed by DMPA, OCP, Implant, Condom and IUCD which encompasses 65, 41, 33, 17 and 11 respondents respectively. Time taken to reach health facility by walking was not significant with utilization of modern family planning methods (Table 3). Figure 3

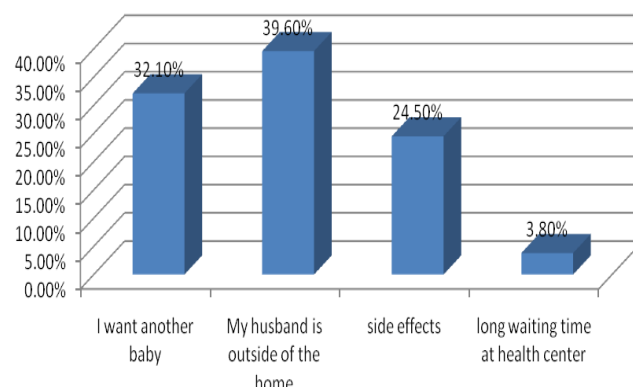


Figure 4| Reasons for discontinuing modern FP method

shows that nearly one-third (72.3%) of the respondents were currently using any form of Modern Family Planning methods. Sterilization (30%) and DMPA (27.4%) were the highly preferred Modern Family Planning methods whereas condom (7%) and IUCD (3.7%) were least preferred by respondents. More than one-fourth (28.7%) of the respondents were currently using sterilization family planning method. DMPA, OCP, Implant, Condom and IUCD current users were 17%, 10.7%, 8.6%, 4.4% and 2.9% respectively. More than one fourth of the respondents who were discontinuing modern family planning methods because of their husband outside of the home (39.60%) and the desire of another child (32.10%). Fear of side effects (24.5%) and long waiting time at health centre to receive services (3.8%) were other reasons for discontinuing modern family planning as shown in figure 4.

DISCUSSION

This study examined the socio-demographic, services

and methods related factors associated with utilization of modern family planning methods among married women of Tharu community of Madhuwan Municipality in Bardiya district of Nepal. A total of 383 married Tharu women were taken in the study. Nearly one third (72.3%) of them had used a modern method of family planning. A study done in Dang district of Nepal among married Tharu women showed lower percentage of family planning utilization (47%) as compared to current study [17]. This low family planning utilization from the current study could be due to geographical accessibility. The current study area is plane whereas Dang occupies plane and mountain area. So it is easier to take Family Planning services in Madhuwan Municipality of Bardiya district as compared to Dang. While a study done in Pakistan among 16-50 years females of reproductive age showed 75% prevalence of modern contraceptive methods. This finding was nearly similar with the present study [15]. Among all respondents, sterilization (28.7%) is the most commonly used modern family planning methods followed by DMPA (17%), OCP (10.7%), Implant (8.6%), condom (4.4%) and IUCD (2.9%). This finding is consistent with report of the NDHS 2016 which shows among married women; female sterilization is the most commonly used method (15%), followed by injectables (9%), male sterilization (6%), the pill (5%), male condoms (4%), implants (3%), and IUDs (1%) [2].

Our study showed all the respondents heard about family planning methods. This finding is similar with NDHS report 2016. It showed that knowledge of contraceptive methods in Nepal is nearly universal, with almost all male and females knowing at least one method of contraception [2]. Husband outside of the home (39.6%), desire to another child (32.1%) and side effect (24.5%) were the major causes of discontinuation of family planning. A study done in Village Women in Khotang also showed similar type of result. The study illustrated that husband abroad (55%), side effects (20%) and husband sterilization (15%) were the major causes of discontinuation of family planning among the study participants [18]. NDHS report 2016 also highlighted the three common reasons for discontinuing a family planning methods were husband being away (47%), side effects or health concerns (18%) and the desire to become pregnant (13%) [2]. These findings are also similar to the current study. Multiple reasons were obtained for using Modern Family Planning Methods. In our study, all

(100%) the current users of Modern Family Planning Methods were agreed with free of cost for utilizing it. As the government of Nepal provide all the family planning services with free of cost. Among all current users of Modern Family Planning, more than one-fourth (89.2%) of them believe that modern FP has little or no side effects whereas more than half of the current users also believe that modern FP helps in limiting (51.6%) and spacing (53.8%) child, prevents unwanted pregnancy (73.3%) and easily availability (50.9%). Other studies done in Nepal also showed that top three benefits of family planning reported by respondents were prevent unwanted pregnancy, birth spacing and limiting birth [19,20]. A study done in Ghana also reported that to space child (94%) and to prevent pregnancy and STIs (84%) were the major reasons to undertake family planning services [21]. Most of the variables such as age, level of education of respondents and her husband, occupation of the respondent's husband, level of discussion on family planning with husband, number of child, desired number of child, preferred family planning methods and sources of information on family planning services were statistically significant in chi-square test at 95% confidence intervals. The study done in a rural area of Nepal showed education status of husband, desire of children, spousal communication on contraception, husband approval on contraception and prior use of contraception were associated with use of contraception [22]. Moreover, other studies also revealed that age, educational status, number of children and spousal communication on modern contraceptives were associated with utilization of modern family planning methods [23-25]. These findings are similar to our present study.

CONCLUSIONS

The prevalence of family planning was high as compared to national level. Factors such as age, level of education of respondents and her husband, occupation of the respondent's husband, level of discussion on family planning with husband, number of child, desired number of child, preferred family planning methods and sources of information on family planning services were associated with utilization of modern family planning methods. Finding showed that most of the respondents were using female sterilization FP method which was only available at hospital or camp setting. So, the government should manage such an environment for family planning. Government should make toll free

number for those couple who got the desired number of children and wants to utilize any FP method.

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Data Availability: Data will be available upon request to corresponding authors after valid reason.

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