

KNOWLEDGE, ATTITUDE AND PRACTICE ON CONTRACEPTION IN GURUNG COMMUNITY IN LAMJUNG DISTRICT, NEPAL

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ABSTRACT

Contraceptive uses in remote districts of Nepal are still low despite a high unmet need in the population. The study aims to find out the contraceptive prevalence, knowledge, attitude and practice among women from the case of Dudhpokhari Rural Municipality, Lamjung District. The study reveals that among all respondents, 80% women had awareness of contraceptive, 20% were still unknown about it and 60% respondents had showed strong attitude about using contraception whereas 40 rejected to it. The reasons for not using contraception were socio-cultural factors, confusions, not accessible to them, misinformation and rumour about its side effect, shyness and they were waiting to have more children. A descriptive cross-sectional questionnaire was used for data collection from the randomly selected respondents. The married women between 15-49 years were as an inclusion criterion for the selection of respondents.

Keywords: Contraception, Female Attitude, Family Planning Method, Health Promotion.

Introduction

At present in Nepalese context, the various types of family planning service provide a wide range of benefits not only for women but also their families and society. Since the service minimizes the size of family, it improves women's health as well as protects the infants and early children bearing effect on physical and mental health disasters in the society. The family planning issues are associated to the well-being of families and the society. Contraception have the potential to improve the quality of the lives of people and also their economic welfare (Uprety et al., 2016). As a variety of different methods of contraception are available, these are generally safe compared with the risks associated with pregnancy and childbirth. However, not all contraceptives are suitable for everyone. Its effectiveness depends on overall health, bodily adaptability. But people have less choice to use these contraceptives as they have to use the available one in their locality. The ability to spontaneously recognize a family planning method when it is described is a simple test of respondent's knowledge but not necessarily an indication of the extent of knowledge. Nepal's Family planning programme started with the organization of Family Planning Association of Nepal in 1959. In fact, Nepal was one of the first countries of South Asia, where information about family planning was available through a nongovernmental programme. Since 1968 Government of Nepal has been actively involved in providing contraception with the establishment of Nepal Family Planning Association.

Family Planning has been proven as one of the key elements to improve quality of life of people. It allows women to delay motherhood space births, avoid unintended pregnancies and abortions, stop child bearing when they have reached their desires family size, and per cent the spread of infectious disease. Hence, providing modern contraception brings a wide range of benefits for women, their families and society. It improves women's health and enhances their status and rights, at the same time; it protects the health of infancy and young children and improves the well-being of families. The health benefits of contraception are immense. Family planning promotes overall aspects of life. Furthermore, the services have helped to produce the brainy and physically strong and robust people since if the people know the condition of fetus in the womb that is legally aborted with the help of doctors. Therefore, there is less chance of having the disability child in the society.

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Accordingly, Human Development Report 2014 Nepal's HDI is 0.490 which shows the rapid population growth is everlasting practices in Nepal too. To happen so, the causes are exclusively teenage marriage, lack of knowledge about family planning devices, socio-cultural factors, low economic factors, illiteracy etc. Particularly, because of culture, religion and social conception of people, the married women feel hesitate to utilize the family planning devices in their society.

WHO, 1971 defined family planning as *'a way of thinking and living that is adopted voluntarily upon the basic of knowledge, attitudes and responsible decisions by individuals and couples, in order to promote the health and welfare of the family group and thus contribute effective to the social development of a country'*. It contributes to the society by avoiding unwanted births, regulating intervals between pregnancies, controlling the time at which births occur in relation to the ages of the parents and helping to decide the number of children in the family they want to have. WHO, 2018 further explains *'promotion of family planning – and ensuring access to preferred contraceptive methods for women and couples – is essential to securing the well-being and autonomy of women, while supporting the health and development of communities'*.

As family planning and health are the two sides of the same coin, the contraception directly and indirectly supports to promote the health condition of the people. To such instances, family planning is needed to every society by which not only the family size will be shaped but physical and mental health will be enhanced. This article explores the knowledge, attitude and practice on the uses of contraception in Gurung community to see how these are associated with family health and well-being from the empirical data.

Methods and Materials

Both primary and secondary data were collected for this study. Different literature and documents were reviewed as secondary data whereas a descriptive cross-sectional study design using a qualitative approach as collection of primary data collection was adopted. 125 married women of reproductive age 15-49 years was selected as sample for this study from Dudh Pokhari-1 of Lamjung District. Semi-structured questionnaire was used as a tool for data collection. Questions regarding factors responsible for non-use of contraception were also asked as open question to get their views. The main focus of the questionnaire was to find out the knowledge, attitude and practice level regarding the use of contraception.

Study Area

Dudhpokhari Rural Municipality is one of the local levels among 8 local levels of Lamjung District. Dividing it into 6 wards, it had 10,975 population in 2011 Census. With total area of 153.33 Sqm, its center is located at ward no 1, Gauda area. Gorkha District is in the east, Dordi Rural Municipality is in the west the north and Rainas Municipality and Gorkha District are in the south of this rural municipality. Previous Dudhpokhari, Bichaur, Ilampokhari, Kolki and Gauda VDCs were merged and formed Dudhpokhari Rural Municipality. Various caste ethnic people reside in Dudhpokhari among which Gurung community is a dominant one in ward no 1. So, Gurung community women were selected for this study purposes from ward no 1.

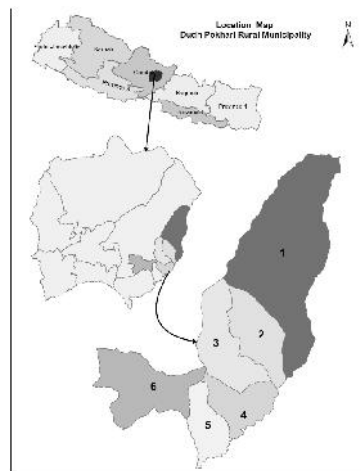


Figure 1: Location Map of Dudhpokhari Rural Municipality, Lamjung

Review of the Literature

Nepal family planning programme was started with the origination of family planning association of Nepal in 18th September, 1959. It was introduced officially in 1965. After establishment of family planning and maternal child health board government extended family planning (FP) and maternal child health (MCH) service gradually all over the nation. Bhattarai and Panta (2013) mention that contraception and family planning has been a focus area of policies. There have been a lot of problems in promoting contraceptive measures and reaching the target for the programs in the remote districts. Despite low use of contraceptive measures, the unmet need for contraception is still high. National contraceptive prevalence rate of Nepal is 49%. 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.

The age of sample was between 15 to 49 of the married Gurung women who had at least one child. All the respondents were Gurung women which is the major locals in that area. As Central Bureaus of Statistics (2014 AD) states that literacy of the respondents is lower than the national literacy rate for women however it is comparable to the literacy rate in western development region. Family planning service aimed at reducing crude birth rate and infant mortality rate and improving health status of mothers and children. Since 1988 Nepal has been actively involved in providing family planning service with the establishment of Nepal family planning and maternal child health (Ojha, 2015).

The knowledge of family planning methods in the study was almost universal which is consistent with NDHS 2001. Universal knowledge of contraceptives is also present in other neighbouring countries. Women had knowledge of multiple numbers of contraception indicating they are well informed about contraceptives. Likely, WHO (2020) states that 214 million women of reproductive age in developing countries who want to avoid pregnancy are not using a modern contraceptive method. Family planning contraception reduces the need for abortion, especially unsafe abortion. Family planning reinforces people's rights to determine the number and spacing of their children. By preventing unintended pregnancy, family planning/contraception prevents deaths of mothers and children.

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. However this result is in contrast to result from neighbouring countries, where intrauterine contraceptive devices and pills are more common. 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. 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 than 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.

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 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 indicator changes in male attitude towards family planning could increase the contraceptive prevalence in these areas, which has been demonstrated by previous studies. Almost 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 programmes. Most of the people live in rural and remote village in Nepal. The people deprived from the light of education and health facilities. In the context of Nepal, especially women are compelled to deprive from education opportunities and social justices and area of working for women are limited inside household work, illiteracy and lack of opportunity many mother lose their health and sometime life also. In the research area most of the participants are lacking education, health facility and other modern technology. So, the general fertility maternal child mortality is high as they are not aware about family planning.

So, it is necessary and importance to understand and analyse the population process in the present situation so family planning programme aims to increase married women for child spacing in young ages and limitation of birth after having desired no of family size. Family health division's family planning programme offers contraceptive including sterilization services are being provided through mobile camps also in rural areas. Beside this, family planning association of Nepal also provides family planning service in Nepal. These services are gradually expanding in rural areas.

According to WHO (2004), approximately 210 million women become pregnant and 130 million of them go to deliver live born infants moreover 75 million pregnancies i.e. (36%) are unplanned or unintended, which estimates nearly 22% (46 million) of total pregnancy and 61% of unplanned pregnancy are aborted (Thapa, et al., 2015).

Family Planning or contraceptive may play a vital role in reducing unwanted pregnancy, although very few people are aware about it. Unsafe abortion is one of the greatest health risks that young women can face and the primary reason for induced abortion is unwanted pregnancy. In Nepal 20 to 27 per cent of maternal deaths in hospital are due to complication resulting from abortions. According to record of Maternity Hospital in Kathmandu 2002, showed that about 10 per cent of the total 18,000 women admitted in hospital were for abortion care (Thapa, 2013). Family planning prevents unintended pregnancies, reduces high-risk births, and protects the health of women and children. In Nepal, 1 in 200 women will die from pregnancy- or delivery-related causes in her lifetime (World Bank, 2015).

Results and Discussion

Out of total 125 women interviewed, 100 (80%) women had awareness of contraceptive, 25 (20%) were still unknown about it. Similarly, 60% respondents had showed strong attitude about using contraception whereas 40 rejected to it. The result on knowledge, attitudes and practices has been discussed below;

- **Knowledge**

Knowledge, attitude towards family planning and contraceptive use are the most fundamental indicators that are used by different national and international organizations to assess of family planning programs. Regarding the level of contraceptive use knowledge has an effect on the women to families about contraception was found to be present in 100 (80%) female reproductive women among 125 interviewed, practice, family planning more than others. In that situation the following table 1 and 2 shows the knowledge level about contraception.

Table 1: Knowledge about Contraception

S.No.	Response	Respondent	Percentage
1	Yes	100	80
2	No	25	20
Total		125	100

Source: Field Survey, 2019

Depo-Provera, Pills tablets and female sterilization is the common method almost respondents were familiar. All of them 64, 22, 10 and 4 respondents were familiar accordingly out of 125 respondents.

Table 2: Knowledge about Different Contraception

Methods Known	Respondent	Percentage
Pills tablet	22	22
Depo-Provera	64	64
Female sterilization	10	10
IUD	4	4
Total	100	100

Source: Field Survey, 2019

The table 3 shows that 45 respondents had knowledge of contraception through different media. 20 women got information from health professionals and remaining 20 from family members out of 100 respondents.

Table 3: Source of Information about Contractive Devices

S.No.	Source	Respondents	Percentage
1	Health professional	20	20
2	Different Media	45	45
3	Social circle	15	15
4	Family members	20	20
Total		100	100

Source: Field Survey, 2019

- **Attitude**

Out of 125 respondents the 75 respondents were fully accept the need and importance of using family planning devices, it means had positive attitude but 50 respondents had not positive attitude to this device due to ignorance, lack of information, shyness, socio-cultural factors, fear of side effect etc.

Table 4: Using Contraceptive Devices is Essential

S.No.	Using is Essential	Respondents	Percentage
1	Fully agree	75	60
2	Fully disagree	50	40
	Total	125	100

Source: Field Survey, 2019

Causes not using family planning devices were also looked why they do not use. 15 women did not use any contraception as they have misinformation, rumour as well as they have many more choices made them confused on Family planning refers to couples making informed decisions about having children-that is spacing the pregnancies and number of offspring they will have using contraceptive methods. 13 respondents did not use any contraception due to fear of side effects and health concerned issues. 12 women did not use any devices due to socio-cultural factors and lastly 10 respondents did not use any devices due to wanted to have children and son performance society.

Table 5: Causes of not Using Family Planning Devices

S. No.	Source	No. of Respondents	Percentage
1	Religious/ socio-cultural factors	12	24
2	Misinformation and rumour	15	30
3	Fear of side-effects and health concerns issues	13	26
4	Wanted to have children and son performance	10	20
	Total	50	100

Source: Field Survey, 2019

• Practice

Table 6 shows that about 75 respondents had used family planning methods of their life time. Most popular method among the ever used was found to be Depo-Provera. Contraceptive usage in my study was (60%) the gap between knowledge and practices are seen be prevalent across different reasons, where people were aware but reluctant to practices. The most common reason for non-practice of contraception was fear of side effects. In remote districts do not have access of such facilities. Some people give preference for son, beliefs and family pressures too.

Table 6: Family Planning Practice among Respondents

S. No.	Methods of using	Respondents	Percentage
1	Yes	75	60
2	No	50	40
Among the Users			
1	Minilab	5	66
2	Pills tablets	25	33
3	Depo-Provera	27	36
4	IUD	3	4
	Total	75	100

Source: Field Survey, 2019

Conclusion

Contraception refer to couples making informed decisions about having children that is spacing the pregnancies and number of offspring they will have using contraceptive methods. Over 50 women in Gurung society do not desire pregnancies and they fail to use modern contraceptive methods. This is in spite of the fact that several contraceptive methods, such as condoms, hinder transmission of sexually transmitted infections (STIs) as well as the risks, pains, and costs associated with abortions. Notably, abortions account for a large number of pregnancy-related deaths of mothers and infants. Clearly, the family planning practices are familiar and benefited the women however all women are not ready to accept the services. The lack of motivation in family planning, lack of accessibility to contraceptive methods; fear of side effects and approbation based on social and religion sentiments; the quality of education on family planning shows the women's knowledge, attitude and practice of reproductive Aged Gurung women towards Family Planning in Lamjung District.

Contraception in Lampung District are provided through government health services as well as through a number of nongovernmental organizations. Temporary methods: condoms, pills, injectable are provided at all levels of the government system, from hospitals to health care centres, health posts, health workers, and volunteers. These methods are also available through non-governmental organizations and social marketing programs. Female and male sterilization is available at some health facilities and through mobile outreach services. Services such as Norplant and IUCD insertions are only provided at a limited number of government and nongovernment facilities where trained providers are available.

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