



OPENING MINDS:
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DEVELOPMENT

Knowledge, Practices and Affecting Factors Regarding Contraceptive Methods among Married Women in the Estate Community

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1 INTRODUCTION

The world population density is rapidly increasing and it will reach around 2.5 billion by the next 43 years (United Nation, 2007). Minimal usage of contraceptive is one of attributing factors that lead to expansive growth of population in developing countries (Olugbenga-Bello *et al.*, 2011). In addition, family planning is an strategy in promoting maternal and child health. It helps to enhance maternal health through maintaining adequate spacing of birth, and avoiding pregnancy at high-risk maternal ages (Handady *et al.*, 2015). Although, there is a wide availability of various types of family planning methods, the rate of population growth and unplanned pregnancies are still remaining in a higher position in developing countries (Davanzo and Adamson, 1999). Further, unplanned pregnancies can be reduced by using contraceptive methods properly (Sherpa *et al.*, 2013).

Furthermore lack of awareness, low level of education, religious beliefs and fear of side effects are some reasons for avoiding family planning methods (Handady *et al.*, 2015). With the result of that, unintended pregnancies and illegal abortions have increased which contribute to a high maternal mortality rate (Monjok, 2010).

When consider the situation of Sri Lanka, family planning was accepted as a part of the National Health Policy (NHP) in 1965 and the records have proved that Sri Lanka has shown the best family planning performance in the region (Annual Health Bulletin, 2012). However, maternal and infant mortality rate has been reported at a higher level, especially in the Tea estate areas, than rest of the country in Sri Lanka (Ministry of Health and Nutrition, 2008). Family planning methods have been recognized as one of paramount important factors in reducing maternal and infant deaths in developing countries (Ahmed *et al.*, 2012) through reducing the number of births (Fortney, 1987). Therefore, it is pivotally important to assess women's knowledge, and practices on family planning methods among women in tea estate area, Haputale, Sri Lanka.

2 METHODOLOGY

The main purpose of this study is to assess the knowledge, practices and affecting factors on family planning methods among married women in Tea estate community of MOH area, Haputale in Badulla District, Sri Lanka. A quantitative approach and descriptive design were used for this study. The population of this study was married women, who live in the five tea estates; Haputale, Kahagala,



Glenanore, Pitaratmale and Dambetenna of MOH area of Haputale in the Badulla district. One hundred and fifty (150) married women aged 18- 49 years were selected as participants by using simple random sampling method. The widows and divorcees were excluded from the study. Interviewer administered questionnaire was used as the data collection tool. The first part of the questionnaire consisted of a participant’s demographical data, second part sought to identify knowledge regarding contraceptive methods. Practices regarding contraceptive methods and affecting factors regarding contraceptive methods were included in the third and

fourth part of the questionnaire respectively. The content was validated by sound literature review and assessing by subject experts. A pilot test was done by collecting data from 10 students and they were not included to the sample but met the inclusion criteria of the study to establish the reliability. Ethical approval was obtained from National Hospital of Sri Lanka (NHSL). Prior to administering questionnaires, the aims and objectives of the study were explained to the participants and written informed consent was obtained. Voluntary participation was encouraged. Data analysis done by using the statistical package for Social Sciences (SPSS) 16.

3 RESULTS AND DISCUSSION

Table 1: Socio demographic characteristics

	Variable	n=150	Percentage (%)
Age	19 – 29	78	52
	30 – 39	69	46
	40 – 49	03	02
Ethnicity	Sinhala	04	2.7
	Tamil	142	94.7
	Muslim	4	2.7
	Variables	N=150	Percentage (%)
Religion	Buddhist	2	1.3
	Hindu	117	78
	Christian	22	14.7
	Islamic	09	06
Education	Below O/L	76	50
	Pass O/L	44	29.3
	Pass A/L	27	18
	Degree Holders	03	02

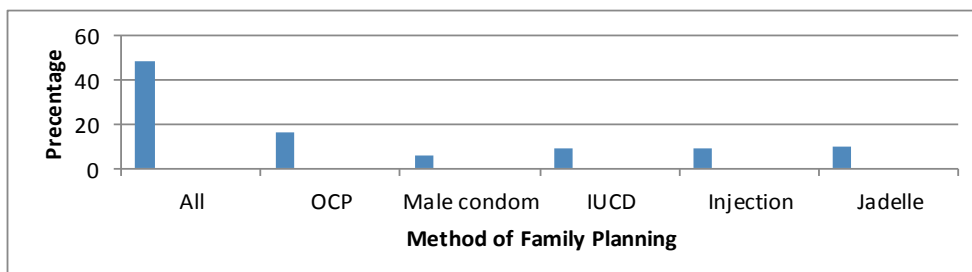


Figure 1: Awareness regarding family planning methods.



According to socio demographic characteristic, most of participants of this study were Tamil 142(94.7%), Hindu 117 (78%) and 78 (52%) aged between 19 – 29 years. Out of 150 participants, 76 (50%) had educated up to ordinary level [GCE (O/L)] examination.

3.1 Awareness regarding family planning methods

With regard to the knowledge of family planning methods, 48.7% have heard about all the family planning methods considered in this study. Further, 16.7% heard about oral contraceptive pills (OCP) only, while 6.0% male condoms, 9.3% intra uterine contraceptive devices (IUCD) and Depo-Provera injection, and 10.0% had known of the skin implantation (Jadelle) (Figure 1). According to Sharma and Kafle (2017), 14% of the respondents were not aware about any methods of family planning methods (Figure 1). Similar results were obtained from a study conducted by Handady *et al.*, (2015) as the majority of women (87.0%) were aware of family planning, while (13.0%) had very poor knowledge on this matter. Concerning the resources of information among this study sample, 85.3% had received the knowledge from health care

workers, while 4.7% from friends, 4.7% through printed materials and 6.0% via formal education.

In the study population, 23.3 % showed an excellent knowledge level while 18.0% were very good, 25.3% were good whereas 33.3% were in an unsatisfactory level. Although 74% had known that family planning methods can prevent pregnancy, only 53.3% had known that such methods can prevent human immune deficiency virus (HIV/ AIDS) by using contraceptives (especially male condoms). Similarly, Olamijulo (2012) found that 6.6% had poor knowledge about contraception while the rest had fair to excellent knowledge.

3.2 Practice of Family Planning Methods

According to the practice of family planning methods, 7.3% have used OCPs , 8% male condoms, 16.0% IUCD , 10.0% Depo-Provera injection, 11.3% Jadelle, 6% ligation and resection of tubes (LRT), whereas 1.3% have practiced traditional methods like calendar method, withdrawal and basal body temperature method (Figure 2).

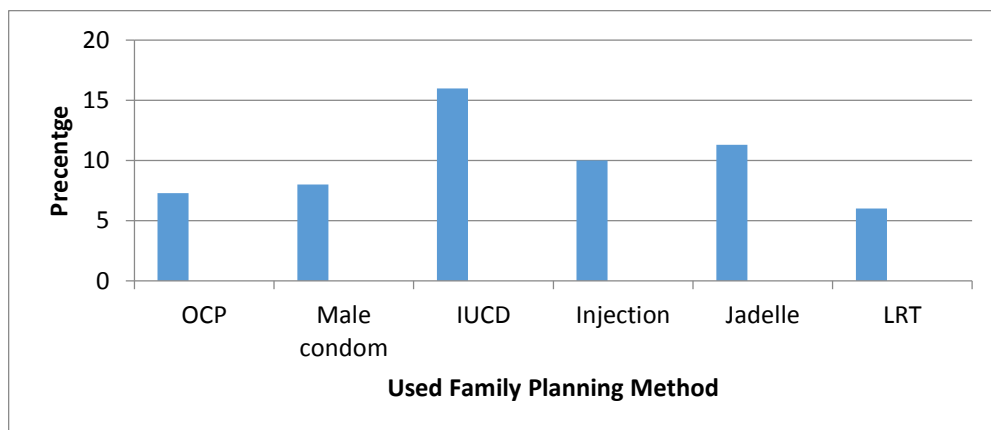


Figure 2: Practices regarding family planning methods

Considering the reasons for not using family planning methods, of the sample 26.7% of women were planning to get pregnant. Further, 15.3% avoided due to fear of side effects, 6.3% preferred to use traditional methods, 9.3% identified husbands as the main obstacle. Similar results were found by Utoo *et al.* (2010) as 36.5% of women refused contraceptive methods because of desire for more

children. Moreover Olamijulo *et al.* (2012) found that 69% women stopped using contraceptive because they wanted to get pregnant. When asked what they prefer to use as family planning, both male and female mostly prefer to use IUCD, secondly injection, then OCP and the lowest preferred method among them was the traditional methods.

Table 2: Reasons for not using family planning

	n=150	Percentage %
Expecting pregnancy	40	26.7%
Fear for side effects,	23	15.3%
Like to use traditional methods,	10	6.3%
Obstacles of husband	14	9.3%

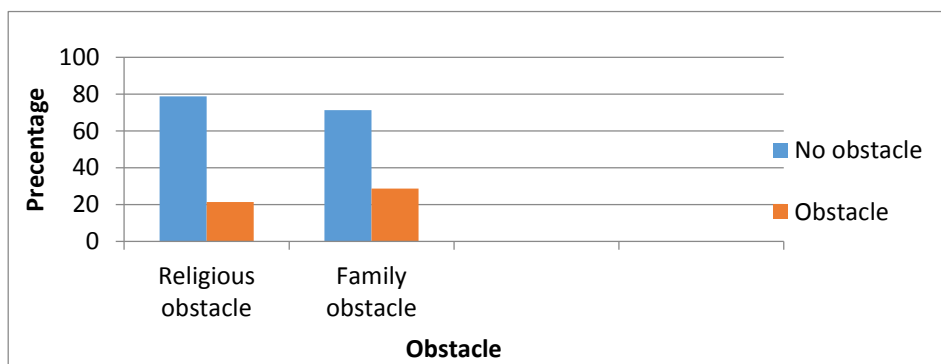


Figure 3: Affecting factor on family planning

Moreover, the study found religious obstacles for using family planning methods among Hindu (21.3%) and Islam (78.7%). Obstacles from family members were 28.7% and 71.3% had support them (figure 3). Most of them(77.3%) preferred to get family planning services from the MOH centers while the others from hospitals (19.3%), from pharmacies (3.3%). There were similar findings, fear of side effect and husbands’ disapproval

being the main reasons for the non-use of contraceptive methods (Olugbenga-Bello *et al.*, 2011). Furthermore 37.4% felt that the husband should solely decide on family planning, while 21.4% felt it was the wife/partner, but 41.2% felt it is a joint responsibility of husband and wife/partner. Moreover 92.0% had good sexual relationship with husband and 4 % had not.

4 CONCLUSIONS AND RECOMMENDATIONS

The study findings conclude that the women's knowledge on family planning is inadequate, and the practice of using contraceptives was poor. Fear of side effects of contraceptives and preference for more children were found to be the main reasons for avoiding contraceptives. Socio-demographic factors like education level, gender and number of children and partners' support for family planning are the influencing factors on the usage of contraceptive methods among the participants. Therefore, it is highly recommended to organize awareness programmes on family planning for the tea estate population. It is better to improve knowledge and attitudes among both partners and conduct counseling session regarding this matter. In addition, importance of the role of a nurse in health education is highlighted and her partnership for reducing maternal mortality rate among the tea estate community is highly emphasized both nationally and internationally.

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