

A study to assess the socio-demographic factor and knowledge, attitude, and practice of family planning methods in Lohpeeta migrants tribe located in Shivpuri central India

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ABSTRACT

Background: Even though India was the first country in the whole world to introduce the national family planning policy, the acceptance rate of contraceptive methods has been unsatisfactory to date. Many women in their fertility period, who were ready to control their fertility and limit the number of unwanted children, were not aware of different methods of contraceptives available and their proper use and other benefits. **Aim and Objective:** 1. To assess the socio-demographic status of the study participants. 2. To assess the knowledge, attitude, and practice of contraceptive methods in Lohpeeta mobile tribe located in Shivpuri, central India. **Methods:** The present study was an observational cross-sectional survey conducted from 1st December 2019 to 28th February 2020 in Lohpeeta mobile tribe located in Shivpuri local; nonrandom convenience sampling method was used after applying the inclusion and exclusion criteria, so the total sample size was 209. Data were collected by a principal investigator with a predesigned, pretested, questionnaire by conducting face-to-face interview with the participants. Firstly, the data was administered in an excel sheet then it was analyzed and presented in the form of percentage, and a Chi-square test was applied to assess the level of significance. **Result:** The most common age group of participants was 18–30 year (37.3%) and most were married (97.6%); we found that the knowledge and attitude toward contraceptives of participants was very poor, most 185 (88.5%) of the participants had never used any contraceptive method and only a few participants were using it occasionally, and none of the participants were using any contraceptive methods regularly. **Conclusion:** The knowledge, attitude, and compliance towards contraceptives were poor in this group, we need to focus on this type of migrant population to increase their awareness and change their attitude towards contraceptives, so that they can use it without any fear.

Keywords: Attitude, contraceptive, knowledge, practices, mobile tribe, etc.

Introduction

The population growth rate in India in 2019 was projected to be 1.08%. India will add 1.49 crores of population in 2019 in the

total population. India accounts for only 2.4% of the world total surface area, but yet it sustains 17.75% of the world population.^[1]

India is the second-most populous country in the world at present after China even though it was the first country in the world to launch the National Family Welfare Program in 1951, which was then renamed as National Family Planning Program

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in 1952 with the objective keeping in mind to reduce the birth rate and ultimately to control the growth rate of the population^[2] and to stabilize the population which was consistent by the requirements of the growth rate of the national economy. Since its application, the program has experienced significant growth in various factors such as financial investment, service delivery points, various types of services available, and the wide range of contraceptive methods offered. Since October 1997, the available services and interventions that come under the Family Welfare Program and the Child Survival and Safe Motherhood Program have merged with the Reproductive and Child Health Program. In the National Population Policy, 2000, the Government of India set out its immediate objective with the task of fulfilling the unmet need of contraception and to achieve to bring down the total fertility rate to the replacement level until 2010. Out of that one of the socio-demographic goals identified for this purpose is to achieve universal access to information/counseling about the wide range of contraceptives available for fertility regulation with own choices. The World Health Organization (WHO) defines family planning as a way of thinking and living that is adopted willingly by the eligible couple on the basis of their knowledge, attitude, and responsible behavior to control unwanted pregnancy and bring out only wanted pregnancy.

Contraception was defined as the way of prevention of conception by various techniques other than abstinence from coitus.^[3] Various methods of contraceptives are available nowadays each with its own advantages and disadvantages. An ideal contraceptive is defined as it should be completely effective for the regulation of fertility, it can be reversible, convenient and simple to use, cheap, acceptable by eligible couples, and it should be safe.^[4] In the present time, various contraceptive methods are available such as short-acting modern family planning method it was available at all levels of Sarkari and private health facilities, whereas the various long-term methods which were provided by health centers, hospitals, and private clinics. A study conducted in Ethiopia showed that only good knowledge about family planning methods does not necessarily coexist with its good practice.^[5]

In the present scenario, birth control or contraception and reproductive health have become an essential part of women's health, by which we can prevent unwanted pregnancies, and family planning is achieved by using highly effective and safe methods of contraception. Over the past few decades, a high growth was seen in the use of contraceptives in the developing countries also and they have been associated with a decrease in the number of unintended pregnancies, and by the effect of it, we achieved reduction in maternal mortality by approximately 40%.^[6] Along with the benefits to improve in women health better perinatal outcomes and child survival were reflected by an increase in interpregnancy gaps with the help of contraceptives. Along with that, it has multiple noncontraceptive health benefits and therapeutic uses, such as treating polycystic ovarian syndrome, regulating the menstrual cycle, reducing the risk of various gynecological cancers, and decreasing the incidence of sexually-transmitted infections in females.^[7]

In spite of the availability of a wide range of safe and effective contraceptives methods in the present time, population control remains a distant dream to be achieved.^[8] The higher fertility in India is due to various reasons such as universality of marriage, early age marriage, low level of literacy, poor level of living, unmet need of contraceptives and traditional ways of life, and demands for a male child. For that, we need various Information, Education and Communication (IEC) programs, to make aware the population and change their attitude towards contraceptive methods and meet their unmet need.

Even that so much effort done by the government some group of the population remains very touched by family planning services, so the study was conducted with the aim to assess the knowledge, attitude, and practice of contraceptives in Lohpeeta Rajshthani mobile tribe located in Shivpuri, M.P., Central India.

Methodology

The present study was an observational descriptive cross-sectional study conducted from 1st December 2019 to 28th February 2020, on the population of Lohpeeta Rajshthani mobile tribe located in Shivpuri, M.P., Central India. The total population was 356. Nonrandom purposive sampling method was used; the population was involved in the study after applying various inclusion and exclusion criteria.

Inclusion criteria

1. Who were gave consent.
2. Age of more than 18 years.

Exclusion criteria

1. Who were not willing to participate in the study.
2. Female in the menopause age
3. Male age >70 year

After applying inclusion and exclusion criteria, the total study population was 209. Data were collected in a pretested and predesigned questionnaire by a principal investigator by conducting face to face interviews in their local language after taking their consent. To assess their knowledge about contraception from both male and female respondents, we asked to spontaneously mention the various contraceptive methods that they knew such as sterilization, pill, intrauterine device (IUD), injectables, condoms, emergency contraception, and traditional methods of contraception, etc. and also their attitude towards contraception and use of any method of contraception during their lifetime.

The collected information also included their socio-demographic characteristics such as age, sex, education, age of marriage, duration of marriage, etc. Out of that in the present study, we found that the dependent variables were knowledge, attitude, practice, and preferences of contraceptive methods. The

independent variables were age, sex, age of marriage, educational status, duration of the marriage, etc.

Statistical analysis

After collecting the data, they were compiled and entered in an MS excel sheet initially, then statistical analysis was performed, and the results were expressed in number and percentages. SPSS 24.0 software was used to calculate t-test for proportions. *P* value of > 0.05 was considered to be significant.

Ethical approval and consent to participate

The research proposal was approved by the Ethics Review Committee of the Government Medical College, Shivpuri, M.P. Informed consent was obtained from the entire population.

Result

In the present study, as shown in Table 1 we distribute the participants according to their socioeconomic status, we found that most 102 (50%) of the participants had a duration of married life ranging between 2 and 5 years, followed by 56 (27.4%) having less than 2 years, and 46 (22.5%) had >5 years of married life. Among the 209 respondents, 106 (50.7%) had >4 children followed by 68 (32.5%) with 3 children, 22 (10.5%) with 2 children, and only 4 (1.9%) of the participants had no children.

As shown in the Table 2, we assessed their knowledge, attitude, and compliance against various types of family planning methods available at present. No significant association was found in the male and female population about their knowledge, *P* value < 0.05. Attitude towards contraceptive between

male and female was significantly associated *P* value > 0.05, and their compliance factor was not significantly associated *P* value < 0.05.

In Table 3 and Figure 1 we show the use of any type of contraceptive methods during their lifetime, we found that use of the permanent method was by 1.91% of the population and in which tubectomy was the only accepted method, not any single male participants had accepted vasectomy, and temporarily methods were used by 9.56% of the participants in which condom use was the most common 6.22%, followed by oral contraceptive pill (OCP) 3.34%, and none of the participants were using any other methods of contraceptive.

In this study, we found that the average age of male was 24.06 + 6.35 and female age was 17.20 + 3.82, this clearly shows that the marriage age of this community is minor, the total participants are 209, and male were 123 and female were 86. Most of the participants belonged to 18–30 age group. We found that 204 persons were married and 170 persons were married in a minor age. Most of the participants were uneducated, use of contraceptive according to knowledge, attitude, and practice in this study were significant at *P* < 0.05.

Most of the participants had heard about contraceptive, they known it was useful, but they never used.

Discussion

The present study was conducted on Lohpeeta migrant tribe located in Shivpuri, M.P., Central India from 1st December 2019 to 28th February 2020, with the objective to assess the socio-demographic factors and their knowledge, attitude, and practice of various contraceptive methods available at present.

In the present study, the most (37.3%) common age of the study participants ranged from 18 to 30 years, And most were married (97.6%) and (75.5%) were uneducated. A similar study was conducted in Bagalkot^[9] among married women of age group 15–45 years; out of that most of the study participants were in the age group of 18–30 years 37.3%, most were married

Table 1: Distribution of participants is according to socio-demographic characteristics

Variable	Frequency (209)	Percentage
Gender		
Male	123	58.8%
Female	86	41.14%
Age		
18-30	78	37.3%
31-42	69	33.01%
>42	62	29.6%
Marital status		
Married	204	97.6%
Unmarried	5	2.39%
Age of Marriage		
<18 Year	170	83.3%
>18 Year	34	16.6%
Year of marriage		
<2 year	56	27.4%
2-5 year	102	50.0%
>5 year	46	22.5%
Education		
Uneducated	158	75.5%
Primary	43	20.5%
Secondary	8	3.82%

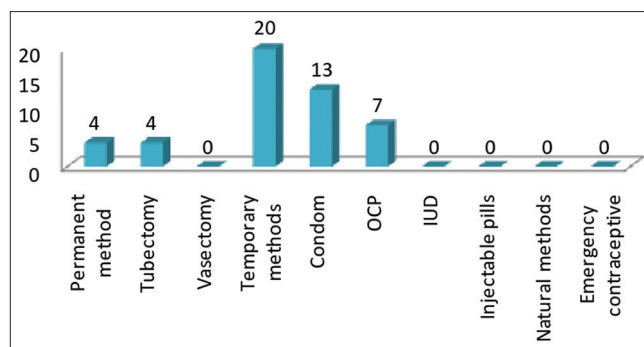


Figure 1: Bar diagram of contraceptive method use

Table 2: Distribution of population according to knowledge, attitude and Practice of contraceptive

Variable	Male (123)	Female (86)	P
Knowledge			
Heard about ontraceptive	68	56	0.026
Know some method of contraceptive	31	22	
Know about type of contraceptive	24	8	
Attitude toward contraceptive			
It is useful	58	18	0.631
It is not a good thing	13	58	
Responsibility of both partner in family planning	16	4	
Only male need to use it	8	1	
Only female need to useit	28	5	
Practice			
Newer use	110	75	0.345
Use during first contact	00	00	
Use during last contact	00	00	
Regularly use	00	00	
Use occasionally	13	11	

Table 3: Type of contraceptive methods use

Variable	Frequency (209)	Percentage
Permanent method	4	1.91%
Tubectomy	4	1.91%
Vasectomy	00	00
Temporary methods	20	9.56%
Condom	13	6.22%
OCP	7	3.34%
IUD	00	00%
Injectable pills	00	00%
Natural methods	00	00%
Emergency contraceptive	00	00%

97.6% and in these people mostly marriage was completed in an age less than 18 years 83.3%, because most of them were uneducated 75.5%. But the literacy level was slightly low 67%, in a study conducted in Lucknow^[10]

In the present study, we found that the study participants awareness about the contraceptives was low in contrast to that the study conducted by Blanc and Way, which recorded 73.9% awareness overall^[11] This finding is similar to that of Agyei in Uganda and Boohene in Zimbabwe both of them reported the very high level of knowledge of contraceptives use among the young people.^[12,13] The above discussion suggests that these particular mobile tribes have a lack of basic information about the contraceptive devices, so that the lack of reliable information may have influenced their attitude and use of contraceptives.

In the present study, we found that the attitude toward contraceptives of the participants either male or female was very poor in contrast to that favorable attitude towards the family planning was found by the study of Gupta *et al.*^[14] In the present study, most 185 (88.5%) of the participants never used any contraceptive method and only a few 11% were using it

occasionally, none of the participants used regularly any methods of contraceptive or during their first and last sexual contact. This finding was very low when compared to the Nnewi study, where contraceptive use among the sexually active respondents was 29.2% at their first sexual exposure, but it was at a rise to 75% at their last sexual exposure preceding the survey.^[15]

In contrast to the finding of the present study, majority of the participants were willing to use contraceptives due to its several benefits encouraging family planning which include adequately planned families with a smaller number of children as par the resources and as it enhanced both maternal and child health^[16-19]

Limitations of the study

This study is based on a small migratory population, but we need to conduct this type of study on large migratory populations to assess the actual condition of this type of population.

Conclusion

In the present study, we found that majority of the participants were uneducated and married at an early age, they have very poor knowledge about contraceptive, and when we explain the benefits of it then they have more hesitation about these and the compliance against contraceptive also is very poor, they feel they were the neglected population from government side they were wandering from one place to another place. Based on the findings of the present study, we recommend that efforts should be intensified to this type of migrant population to enhance their knowledge and promote safe sexual practice including effective contraceptive use, only then we can achieve the goal of family planning.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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