

## Knowledge, Attitude and Practices Related to Family Planning Methods among the Khasi Tribes of East Khasi hills Meghalaya

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**ABSTRACT** The present study was undertaken to know the extent of awareness, attitude and practices of family planning method among 1560 ever-married Khasi women aged 15-49 years from all the seven blocks of East Khasi Hills. Among Khasi women the knowledge of family planning methods is not much widespread, more than fifty percent of the women were adopting any family planning method. Majority of the women who were adopting any family planning method belonged to age group 25-35 years. However, there is a gap between the knowledge and the practice of contraception among these women.

### INTRODUCTION

The high fertility rate leading to the rapid growth of country's population is a major hindrance towards the development of a nation. Keeping this in mind, India was the first country to launch a well-defined family planning (FP) programme in 1951 with the major objective to balance the population with resources available. India's current demographic phase is characterized by high fertility and moderate mortality rates. As a result, the country's population is growing rapidly with about 18 million people being added to it annually, to give a 2.1 per cent increase per annum. Despite a 40-year old Family Planning Programme, India's 1991 census has shown a population increase of 160 million during the 1981-91 decade. The gap between expressed favorable attitude towards the small family norm and knowledge and practice of family planning amongst Indian couples is intriguing.

Family Planning basically, refers to the practices that help individuals or couples to avoid unwanted births, bring about wanted births, regulate the intervals between pregnancies, control the time at which births occurs in relation to the age of parents and determines the number of children in the family. Under the programme, various training programs have been conducted to train health care providers. Several health workers, both male and female became multi-purpose workers responsible for providing a set of basic family planning, maternal and child health (MCH), and public health services. A community-

oriented service-network was developed to expand family planning and MCH services.

In 1977 conscious shift was made in the policy to include voluntary family planning along with the other health care services under the umbrella of 'Family Welfare' and various centers have been set up in rural (primary health centers, community health centers etc.) as well as in urban areas (postpartum centers, urban family welfare centers, dispensaries and hospitals). Services administered through the programme have been broadened to include immunization, pregnancy, delivery and postpartum care, and preventive and curative health care. The range of contraceptive products delivered through the programme also widened.

The various contraceptive methods are categorized as barrier, chemical, natural or surgical (Weeks 2002). Surgical method includes sterilization (vasectomy and tubectomy) which is a permanent and irreversible method of birth control. Induced abortion is the post-conception method of family planning and is performed if there is a need to terminate an unwanted pregnancy because of failed contraception. Despite of many temporary methods, the emphasis was put on sterilization of male or female. Although sterilization is a safe and most effective technique it cannot serve the needs of all couples in the different stages of the reproductive life-cycle. Thus, a large proportion of couples remained unserved because of non-availability of proper contraceptive technology. So, the new approach emphasized the target-free promotion of contraceptive use among eligible couples,

providing the couples a choice of contraceptive methods and encouraged them towards adequate spacing of births (at least three years birth interval). The National Population Policy (2000) has set the task of addressing unmet need for contraception as its immediate objective.

Attitudes towards fertility regulation, knowledge of birth-control methods, access to the means of fertility regulation and communication between husband and wife about desired family size are essential for effective family planning (Dabral and Malik 2004). Various factors governs the acceptance of contraception e.g., religion (NFHS 1998-99, 2002), number of sons in family (Bhasin and Nag 2002), and education of husband and wife (Bhasin and Nag 2002), etc. Besides, spousal communication also increases the likelihood of contraceptive use (Kamal 1999; Ghosh 2001). Sterilization is usually accepted when the couple is sure that they have completed their family size and gender preference (Bhasin and Nag 2002).

Although the family welfare programme has made an important contribution towards improving the health of mothers and children, there are some major impediments. Even though a huge infrastructure has been established through out the country to deliver an integrated package of health and family welfare services, the quality and outreach services need improvement. According to Santhya (2003), the contraceptive prevalence rate in Meghalaya is just 4.7 (2.8 for sterilization and 1.9 for other temporary methods), which is lowest in the whole India. This drew the attention towards the need to carry out a study in Meghalaya. So, the present study was conducted with an objective to study the extent of awareness of women with regard to family planning, i.e. birth control measures and awareness level regarding the Government schemes on family planning among the Khasi women of East Khasi Hills, Meghalaya.

## MATERIALS AND METHODS

The present study was conducted among the Khasi women residing in the villages in the East Khasi Hills district of Meghalaya. A total of 1560 ever married women aged 15-49 years were randomly selected from 35 villages of all the seven blocks (Mawphlang, Mawryngkneng, Myllem, Mawkynew, Mawsynram, Shella and Pynursla). All these villages were visited between June 2006 and June 2007. A structured schedule was used

to know about the awareness, practices and attitude towards various family planning methods the data was collected through personal interview method by visiting the household. Besides quantitative data, qualitative data was also collected through Focus Group Discussions (FGDs) conducted at the grass root to know various myths and misconceptions regarding family planning in the community. Means and percentages were used for analysis of data

## RESULTS AND DISCUSSION

It has been observed in the present study that 52.7 percent of ever married women were adopting any of the family planning method in East Khasi Hills district, whereas, according to Reproductive and Child Health, District Level Household Survey (2002-2004) in the East Khasi Hill district the combined male and female users were much lesser (14.9 percent). The use of family planning method among currently married women in Meghalaya was only 20.2 percent, which was found to be lowest among all north-eastern states (NFHS-2), and RCH-DLHS (2002-2004) shows a similar trend in Meghalaya where 17.1 percent women were using any method of family planning, which was much lesser as compared to the other states of north-east India (57.5 percent in Assam, 33.5 percent in Manipur, 53.8 percent in Mizoram, 39.6 percent in Nagaland and 65.3 percent in Sikkim etc.). In the present study, quantum leap in the percentage of women (52.7 percent) using any contraceptive method was recorded negating the earlier surveys. Overall in the Khasi population at the block level, the percentage of women using any of the family planning method ranged between 50 percent in Pynursla to 56.4 percent in Myllem (Table 1).

**Table 1: Block-wise frequency and percentage of the women who are adopting and not adopting any Family Planning methods**

| Block        | Adopted some method |      | Not adopted |      |
|--------------|---------------------|------|-------------|------|
|              | Frequency           | %    | Frequency   | %    |
| Mawphlang    | 44                  | 50.6 | 43          | 49.4 |
| Mawryngkneng | 196                 | 50.8 | 190         | 49.2 |
| Myllem       | 225                 | 56.4 | 174         | 43.6 |
| Mawkynew     | 93                  | 50.5 | 91          | 49.5 |
| Mawsynram    | 52                  | 54.2 | 44          | 45.8 |
| Shella       | 75                  | 56.0 | 59          | 44.0 |
| Pynursla     | 137                 | 50.0 | 137         | 50.0 |
| Total        | 822                 | 52.7 | 738         | 47.3 |

In the present study majority of the women who were adopting any of the family planning method belonged to the age group 25 to 35 years (Table 2). Whereas only 1.1 percent women belonged to the age group less than 18 years and 10.6 percent women were above 45 years of age. Between 18-25 years and 35-45 years the adoption of family planning method was 18 percent and 30.3 percent respectively. According to NFHS-2, the maximum users of contraceptive belonged to age group of 35-39 years in Meghalaya. This means that comparatively younger population is now adopting any of the contraceptive, methods. It was observed that in all the blocks the age group pattern among the contraceptive users were similar with highest frequency in the group of 25-35 years. 50 percent contraceptive users of Mawsynram block also belonged to the same age group. According to NFHS-2, in all the north eastern states the level of contraceptive use among married women varies with age following almost a uniform pattern of increasing contraceptive use till the age of 35 to 40 years and then decreases for older women.

Various studies show that even after controlling the effects of other factors, education is a key factor influencing contraceptive use (NFHS-1). It was found in the present population that

35.8 percent of the women who were adopting family planning method had completed their primary school, 22.6 percent were below high school, 17 percent of the women were secondary or higher secondary and 3.9 percent women were graduate and above. It is interesting to note that 20.7 percent of the illiterate were also using any method of family planning (Table 3). Comparing the present findings and findings of NFHS-2, it was found that in the north eastern states, the pattern of use of different contraceptive methods varies substantially by education. The contraceptive use generally increases with education, except in Manipur. The Meghalaya figures showed similar pattern (illiterate-33.3 percent, below middle school complete-57.9 percent, middle school complete-64.4 percent and high school complete-63.7 percent). This trend was also found among the users of the present study (Table 3).

In the present study, the findings suggested that women were the main adaptors of contraceptives, whereas, men played fewer roles. The traditional contraceptive methods were found to be slightly more common (53 percent) than modern methods. Of all the modern methods, female sterilization is the most commonly used methods (30.4 percent), followed by oral pills (9

**Table 2: Block-wise age frequency and percentage of the women who are adopting any Family Planning methods**

| Block        | <18  |     | 18-25 |      | 25-35 |      | 35-45 |      | >45  |      |
|--------------|------|-----|-------|------|-------|------|-------|------|------|------|
|              | Freq | %   | Freq  | %    | Freq  | %    | Freq  | %    | Freq | %    |
| Mawphlang    | 1    | 2.3 | 6     | 13.6 | 18    | 40.9 | 11    | 25.0 | 8    | 18.2 |
| Mawryngkneng | 4    | 2.0 | 41    | 20.9 | 81    | 41.3 | 55    | 28.1 | 15   | 7.7  |
| Mylliem      | 2    | 0.9 | 43    | 19.1 | 77    | 34.2 | 72    | 32.0 | 31   | 13.8 |
| Mawkynrew    | 1    | 1.1 | 15    | 16.1 | 34    | 36.6 | 28    | 30.1 | 15   | 16.1 |
| Mawsynram    |      | 0.0 | 8     | 15.4 | 26    | 50.0 | 15    | 28.8 | 3    | 5.8  |
| Shella       |      | 0.0 | 16    | 21.3 | 28    | 37.3 | 23    | 30.7 | 8    | 10.7 |
| Pynursla     | 1    | 0.7 | 20    | 14.6 | 64    | 46.7 | 45    | 32.8 | 7    | 5.1  |
| Total        | 9    | 1.1 | 149   | 18.1 | 328   | 39.9 | 249   | 30.3 | 87   | 10.6 |

**Table 3: Block-wise frequency and percentage level of education of the women who are adopting FP**

| Block        | Illiterate |      | Up to 6 <sup>th</sup> Standard |      | 7 <sup>th</sup> to 9 <sup>th</sup> Standard |      | Secondary & Higher Secondary |      | Graduate & above |     |
|--------------|------------|------|--------------------------------|------|---------------------------------------------|------|------------------------------|------|------------------|-----|
|              | Freq       | %    | Freq                           | %    | Freq                                        | %    | Freq                         | %    | Freq             | %   |
| Mawphlang    | 6          | 13.6 | 21                             | 47.7 | 6                                           | 13.6 | 10                           | 22.7 | 1                | 2.3 |
| Mawryngkneng | 37         | 18.9 | 74                             | 37.8 | 47                                          | 24.0 | 31                           | 15.8 | 7                | 3.6 |
| Mylliem      | 52         | 23.1 | 69                             | 30.7 | 56                                          | 24.9 | 40                           | 17.8 | 8                | 3.6 |
| Mawkynrew    | 24         | 25.8 | 26                             | 28.0 | 24                                          | 25.8 | 14                           | 15.1 | 5                | 5.4 |
| Mawsynram    | 9          | 17.3 | 15                             | 28.8 | 12                                          | 23.1 | 13                           | 25.0 | 3                | 5.8 |
| Shella       | 9          | 12.0 | 38                             | 50.7 | 17                                          | 22.7 | 11                           | 14.7 | 0                | 0.0 |
| Pynursla     | 33         | 24.1 | 51                             | 37.2 | 24                                          | 17.5 | 21                           | 15.3 | 8                | 5.8 |
| Total        | 170        | 20.7 | 294                            | 35.8 | 186                                         | 22.6 | 140                          | 17.0 | 32               | 3.9 |

percent), IUD/ Copper T (6 percent), and weekly pills (2 percent). Whereas the according to NFHS-2, only 4.2 percent were adopting traditional method compared to the 15.3 percent of modern methods (female sterilization by 6.5 percent, oral pills by 4.5 percent, IUD by 3 percent, and condoms by 1.3 percent) in whole Meghalaya. Traditional method was most commonly used by the women of Mawkynrew block (64.5 percent) and female sterilization was most common among the women of Myllem block (40.4 percent) (Table 4)

Among the women who have never used any contraceptives 24.1 percent reported that they were scared to adopt any of the contraceptive methods. More than one-third women either do not like the existing methods or find them difficult to use. Around 8 percent women were not interested at all. In 4.8 percent cases it was mentioned that there was opposition of the husband or other family members for the use of contraception. Some women reported that they worry about side effects of the methods and were under the superstition that it might lead to some deformities in their future pregnancies. Other reasons for having a negative attitude towards any family planning method were religious or health related (Table 5). Similar reasons for non-use of contraceptives were also observed in Gujjars of Delhi but in varying proportions (Dabral and Malik 2004). The major reasons found were willingness for more children (44.4 percent), opposed by husband (16.9 percent), self opposed to family planning (11.3 percent), difficult to get pregnant (9.7 percent), afraid of sterilization (2.4 percent) health related (2.4 percent) and worried of side effects (1.6 percent).

**Table 5: Various reason behind non-adoption of any Family Planning methods**

| <i>Reason</i>                                       | <i>Frequency</i> | <i>Percentage</i> |
|-----------------------------------------------------|------------------|-------------------|
| Lack of knowledge about family planning             | 76               | 4.0               |
| Fear of using any family planning method            | 458              | 24.1              |
| Do not like the existing family planning methods    | 388              | 20.4              |
| Inconvenient to use method                          | 321              | 16.9              |
| Opposed to family planning                          | 147              | 7.7               |
| Husband opposed to family planning                  | 37               | 1.9               |
| Other family members opposed to family planning     | 55               | 2.9               |
| Worry about side effects of family planning methods | 139              | 7.3               |
| Difficult to become pregnant after use              | 49               | 2.6               |
| Afraid of sterilization                             | 27               | 1.4               |
| Family planning against the religion                | 76               | 4.0               |
| Health does not permit                              | 35               | 1.8               |
| Cannot work after sterilization                     | 14               | 0.7               |
| Difficult/inconvenient to get method                | 16               | 0.8               |
| Cost too much                                       | 3                | 0.2               |
| Others                                              | 58               | 3.1               |
| Total                                               | 1899             | 100               |

It was observed in the present study that only 4 percent women were not aware of the family planning methods. The similar observation was seen in NFHS (1992-93) survey which found that the contraceptive knowledge is universal in India, with 96 percent awareness of at least one family planning method. The major source of knowledge was found to be the mass media (radio or television). Few came to know about contraception methods through doctors, and very few through relatives and friends (FGDs). The similar trend regarding the source of knowledge was

**Table 4: Block-wise frequency and percentage types of Family Planning method used**

| <i>Block</i> | <i>Modern method</i>       |          |                    |          |                                         |          | <i>Traditional method</i>            |          |                    |          |                    |          |
|--------------|----------------------------|----------|--------------------|----------|-----------------------------------------|----------|--------------------------------------|----------|--------------------|----------|--------------------|----------|
|              | <i>Women sterilisation</i> |          | <i>IUD/ Copper</i> |          | <i>Oral contraceptive pills (Daily)</i> |          | <i>Weekly Pills Saheli, (Cetron)</i> |          | <i>Safe period</i> |          | <i>With drawal</i> |          |
|              | <i>Freq</i>                | <i>%</i> | <i>Freq</i>        | <i>%</i> | <i>Freq</i>                             | <i>%</i> | <i>Freq</i>                          | <i>%</i> | <i>Freq</i>        | <i>%</i> | <i>Freq</i>        | <i>%</i> |
| Mawphlang    | 14                         | 31.8     | 3                  | 6.8      | 8                                       | 18.2     | 1                                    | 2.3      | 18                 | 40.9     | 18                 | 40.9     |
| Mawryngkneng | 50                         | 25.5     | 10                 | 5.1      | 12                                      | 6.1      | 6                                    | 3.1      | 108                | 55.1     | 116                | 59.2     |
| Myllem       | 91                         | 40.4     | 13                 | 5.8      | 24                                      | 10.7     | 6                                    | 2.7      | 89                 | 39.6     | 90                 | 40.0     |
| Mawkynrew    | 17                         | 18.3     | 6                  | 6.5      | 10                                      | 10.8     |                                      | 0.0      | 60                 | 64.5     | 60                 | 64.5     |
| Mawsynram    | 20                         | 38.5     | 1                  | 1.9      | 6                                       | 11.5     |                                      | 0.0      | 25                 | 48.1     | 25                 | 48.1     |
| Shella       | 26                         | 34.7     | 6                  | 8.0      | 6                                       | 8.0      | 2                                    | 2.7      | 35                 | 46.7     | 36                 | 48.0     |
| Pynursla     | 32                         | 23.4     | 9                  | 6.6      | 8                                       | 5.8      | 1                                    | 0.7      | 87                 | 63.5     | 85                 | 62.0     |
| Total        | 250                        | 30.4     | 48                 | 5.8      | 73                                      | 8.9      | 16                                   | 1.9      | 422                | 51.3     | 429                | 52.2     |

observed by Dabral and Malik (2004) among the Gujjars of Delhi. Awareness about female sterilization was found more than about male sterilization, it was found that majority did not know the concept of male sterilization. And even if in some cases they had some knowledge, males were completely scared to go for it. While conducting Focus Group Discussions (FGDs) only one case of male sterilization was found.

### CONCLUSION

From the above discussion, it may be concluded that though the awareness of Family Planning Methods among East Khasi Hill population is high but only half of the women adopts family planning. Traditional methods are more common may be due to the lack of the complete information about the use effects of the modern methods. Contradictory to the results of many such surveys among other population, the adoption of family planning in the present population is irrespective of the gender or the number of the living children. The present study reflects towards the requirement of more awareness programmes/campaigns etc, emphasizing on the positive effects of the use of contraception methods and clearing the misconceptions/doubts regarding the ill effects of the family planning methods.

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