**Original Research Article**

**ASSESSING KNOWLEDGE AND ATTITUDES OF CONTRACEPTIVES AND FAMILY PLANNING AMONG YOUTHS IN CHAMPHAI, MIZORAM**

**ABSTRACT**

One of the main barriers in family planning among young people is lack of knowledge in family planning and the use of contraceptives. The need for a mutual effort to instill knowledge in the minds of the youth has been underexplored. This paper examines the current knowledge of family planning, types of contraceptives and perceptions of young adults on their preference for the gender role of contraceptive users. Both primary and secondary data has been used. Especially primary data is used for analysis. Survey was conducted through close-ended questionnaire with 200 male and 200 female youths aged between 17-24 years who are currently enrolled in Government Champhai College. Findings conclude that many youths have little knowledge about family planning, although they are familiar with the term ‘Family Planning’. It has been noted that 77.75% of youths are familiar with the term family planning and 77.25% also stated that they are familiar with at least one type of contraceptives among which condoms are the most widely known contraceptive among the male and female youths. However, 21.5% remained in the dark. 82.5% feel that sterilization should be performed in female while 14% favour it being performed in male. Regarding birth control, 54.5% prefer male users and 42.5% prefer female users. More awareness regarding family planning and gender roles should be developed among young adults, especially college students who are eligible to get marriage as family planning is not only about limiting number of children for couples but also a health issue, both in term of individual and societal health of the country.

*Keywords : Knowledge, contraceptives, family planning, youth, Champhai.*

**1. INTRODUCTION**

Family Planning is essential for women’s health and their families. Contraceptive use is the main foundation for family planning and to prevent unintended pregnancy. Unplanned and unintended pregnancy presents a significant obstacle to the reproductive well-being of young adults in developing nations [1]. Most of these unintended pregnancies are due to the lack of contraceptive use, failure of contraceptive methods, rape, and lack of knowledge of effective contraceptives [2]. The only method of contraception that can be used after sexual activity is emergency contraceptives, which offers an extra chance to prevent unwanted pregnancy [3]. Therefore, knowledge regarding the use of contraceptives is an important keystone to prevent unwanted pregnancy, spacing between birth and plan the number of children, which in turn leads to decrease in the rate of abortion and increase in the health condition of women.

WHO, in 1971, has defined family planning as, “a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes and responsible decisions by individuals and couples, in order to promote the health and welfare of family groups and thus contribute effectively to the social development of a country.” [4]. Family planning stands for the rights of women in their decision making, whether they prefer to remain unmarried and childless, until she is physically, emotionally, and economically ready, and wanted to bear children. It also supports the rights of male and female adolescents to inform them on how repeated pregnancies or number of pregnancies will affect their future. Family planning supports the rights of all people unbiased and correct information on contraceptive methods that can help them achieve their reproductive choices and decision making [5].

The widespread adoption of family planning, in a society, is an integral component of modern development and is essential for the integration of women into social and economic life. But, at present, still there is misunderstanding in the community that family planning is only meant for sterilization. People are unaware of the advantages of family planning, and this could become a problem in the path of attainment of the required goals [6].

Family planning decreases early pregnancies, prevents pregnancy-related health risks, and helps to prevent HIV/AIDS [7]. Access to contraception leads to better education and economic status of women, and slowly empowers them resulting in improved health outcomes and better quality of life.

In many parts of the world, people often had the view that use of contraceptive and family planning is the issue of women and men had taken part as supporting partners. Often times, women also predominantly feels the need to take the responsibility for using family planning in male dominated societies. Female sterilization accounts for more than 75 per cent of the overall modern contraceptive use in India which shows that the burden of using contraceptions falls on women as compared to men. This shows that there needs to be a greater awareness and recognition among men about family planning and the use of contraceptives as one of the main barriers seems to be lack of knowledge regarding family planning and use of contraceptives, which includes misconceptions, myths and beliefs [8]. Lack of knowledge about sexual and reproductive health among young adults is a dominant reason of reduced access to contraception and safe abortion services, especially among unmarried youth [9]. Therefore, removing the knowledge gap is one of the first step to improving sexual and reproductive health among young adults. Decision making on family planning and gender roles on use of contraceptives was the shared responsibility of both men and women. In addition, research on not only female, but also male’s perspectives is crucial because both can have an impact on the decision to use contraception.

**2. OBJECTIVES**

* To examine the knowledge of contraceptive methods and family planning among the youth in Champhai.
* To assess the perspectives of use of contraceptives and gender roles among the youth in Champhai.

**3. DATA AND METHODS**

Data were collected in March, 2023. Both primary and secondary data has been used for this study. Especially primary data is used for analysis. Survey was conducted through close-ended questionnaire with 200 male and 200 female youths aged between 17-24 years who are currently enrolled in Government Champhai College. Informed consent was obtained from all the respondents before they answered the questionnaire. All the respondents were encouraged to openly describe their perspectives and everyone who is asked to participate for this study agreed to answer the questions willingly. An original questionnaire was developed to assess the conditions of young adults about their knowledge of different methods of contraceptives, whether the participant is familiar with family planning, how they come to know about family planning, preference of gender roles in using contraceptives. The demographic information of participants like age, sex, marital status and religion was also collected. Under the supervision of the lead author, all data collection was done ensuring quality control. All the participants were unmarried and they belong to Christian family. No funding and financial compensation was given to the participants for this study.

**4. RESULTS AND DISCUSSION**

As shown in the tables, 200 male and 200 female young adults were involved in this survey. The age of the respondents ranges from 17 to 24 years. The majority of the respondents were aged between 19-22 years. All the respondents were not married. All 400 respondents were students mainly from arts and humanities subject.

**4.1. Theme – A : Knowledge of Family Planning**

* + 1. **Ever heard of Family Planning?**

Participants were asked if they are aware of the term ‘Family Planning’. The results show that majority of the respondents enrolled in the study were familiar with family planning. 311 participants (77.75%) claim that they were aware of family planning, however, lack of an indepth knowledge about family planning seems to be one of the main problems regarding the knowledge/awareness of family planning. 22.25% still claimed that they knew nothing about it. Among them, 147 male (46.94%) and 167 female (53.06%) respondents claim to know about family planning, while 55 male (60.67%) and 33 female (39.33%) respondents remain in the dark. This shows that female participants are more knowledgeable and aware about family planning. This may be due to the fact that in our male dominated society, female feels more responsible for family planning and use of contraceptives. Research on contraceptive knowledge demonstrates that it is prone to inequalities, placing men at a disadvantage [10].

* + 1. **Participant’s source of information**

Among those participants who had claimed that they are familiar with family planning (N=311), they were asked how they come to know about it. The findings conclude that social media has played an important part as it is the most common source of information with 44.69%. This is followed by family members at 19.29%, and the church at 17.68%. Given the close-knit nature of Mizos, discussions on family planning often occur within families and church settings. Despite the majority being Christians, where contraceptive use may not be supported, information is still shared. The other sources include friends, medical experts, books and others which are mostly from schools and neighbours. Some participants claimed that they obtained the information from multiple sources. From this finding, we can assume that social media has a huge influence on the knowledge of family planning and also shaping the perception of the young adults about family planning. However, as there are many false informations in social media, this could lead to complications regarding the true knowledge which could cause misconceptions and beliefs in terms of family planning.

* + 1. **Awareness of family planning methods**

While arriving at the awareness of the participants regarding family planning methods, it was realized that majority of the participants were aware of at least one method of family planning. 150 male (75%) and 159 female (79.5%) participants were aware of family planning methods. However, 50 male (25%) and 41 female (20.5%) knew nothing about it.

When asked specifically about an individual methods known by them, it was observed that condom was the most known method of family planning among male and female participants. It was observed that 262 respondents (65.40%) were aware of condoms, which was followed by permanent methods (N= 216) and oral contraceptive pills (N=208). The other methods known by the participants were Natural method (N=45), Intrauterine contraceptive device (N=31) and Injection (N=28).

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| Table 1. Source of Information and Family Planning Knowledge Among Participants |
| (N=400) male=200, female=200 |  |  |  |  |
| Characteristics |  |
|  |  |  |  |  |
| Ever heard about Family Planning ? | **Yes** | **No** |  |  |
|  |  |  |  |  |
| Male | 146 | 54 |  |  |
| Female | 165 | 35 |  |  |
| Total | **311** | **89** |  |  |
| Male % | 46.94% | 60.67% |  |  |
| Female %  | 53.06% | 39.33% |  |  |
| Overall % | **77.75%** | **22.25%** |  |  |
|  |  |  |  |  |
| Source of Information | **N=311** | **%** |  |  |
|  |  |  |  |  |
| Social Media | 139 |  44.69 |  |  |
| Friends | 21 | 6.75 |  |  |
| Family | 60 | 19.29 |  |  |
| Medical Experts | 10 | 3.21 |  |  |
| Church  | 55 | 17.68 |  |  |
| Books | 15 | 4.82 |  |  |
| Others | 11 | 3.53 |  |  |
|  |  |  |  |  |
| Ever heard of Family Planning Methods ? | **Yes** | **No** |  |  |
|  |  |  |  |  |
| Male  | 150 | 50 |  |  |
| Female | 159 | 41 |  |  |
| Total | **309** | **91** |  |  |
| Male % | 48.54% | 54.95% |  |  |
| Female %  | 51.46% | 45.05% |  |  |
| Overall % | **77.25%** | **22.75%** |  |  |
|  |  |  |  |  |
| Family Planning Methods known by Participants | **Male** | **Female** | **Total** | **Overall%** |
|  |  |  |  |  |
| Permanent | 94 | 122 | **216** | **54%** |
| Oral Contraceptive Pills | 85 | 123 | **208** | **52%** |
| Injection  | 11 | 17 | **28** | **7%** |
| Condom | 134 | 128 | **262** | **65.50%** |
| Intrauterine Contraceptive Device | 18 | 13 | **31** | **7.75%** |
| Natural Method | 30 | 15 | **45** | **11.25%** |
| None | 50 | 41 | **91** | **22.75%** |

**4.2.Theme-B: Perspectives on Gender Roles on Contraceptive Users**

 **4.2.1. Preference of gender roles on contraceptives users**

Moving to the other variables, although women most certainly bear the burden of using contraceptives and family planning methods, mindset and perspectives of the young adults regarding this topic was studied among the respondents for this study. Regarding the use of contraceptive methods, it has been observed that majority of male respondents feels that it is the duty of the female to use contraceptive methods and therefore prefer female user. It has been observed that male participants prefer use of contraceptives by more female user (59%) and male user (40%). The remaining 1% prefers both male and female users. Among the female respondents, preference of contraceptives was more among male user (59%) and female user (26%) while the remaining 5% prefers both users. This shows that although majority of men prefer female users, there is still a large number of men who is willing to take the responsibility of using contraceptives. It has also been realised that more female respondents do not feel the need to bear the burden of using contraceptives solely by them with all the risks and side effects carried by female. This shows that there needs to be shared communication among male and female couples and mutual decision.

**4.2.2. Preference of gender roles on sterilization / vasectomy**

Table 2 shows the perspective of both male and female respondents regarding gender roles on permanent methods of contraceptive users. It has been realized that majority of the respondents have the same perception regarding the gender roles on sterilization/vasectomy. By overall, it has been realised that 82.5% of the respondents prefer female sterilization and 14% prefer male vasectomy. 3.5% feels that it should be done in either one of them. Among the male respondents, 96.5% feels that it is the duty of female to do sterilization while 1.5% prefers male vasectomy. The remaining 2% prefers either male or female users. According to female respondents, 26.5% prefer male vasectomy while 73.5% prefer female sterilization. 5% of the remaining respondents prefers both ways. This observation emphasizes how men and women have historically held the belief that women should bear the burden and possible risks of permanent method of contraceptives.

**4.2.3. Do you think family planning is good?**

Table 2 shows that 80% of the male respondents feels that use of family planning is good while 14.5% do not feel the need for use of family planning. Among the female respondents, 96.5% approve of family planning while 3.5% do not accept family planning. In general, 91% feels that family planning is good while 9% do not feel good about family planning.

|  |  |
| --- | --- |
| TablE 2. Perspectives on Family Planning Among Participants |  |
| N=(400) |  |  |  |
| Characteristics |
|  |  |  |  |
| Preference of Gender Roles on Contraceptives Users | **Male User****(%)** | **Female User****(%)** | **Both(%)** |
|  |  |  |  |
| Male  | 80(40%) | 118(59%) | 2(1%) |
| Female | 138(59%) | 52(26%) | 10(5%) |
| Total | **218** | **170** | **12** |
| Overall % | **54.50%** | **42.50%** | **3%** |
|  |  |  |  |
| Preference of Genders Roles on Sterilization/Vasectomy | **Male User (%)** | **Female User** **(%)** | **Both(%)** |
|  |  |  |  |
| Male  | 3(1.5%) | 193(96.5%) | 4(2%) |
| Female | 53(26.5%) | 137(68.5) | 10(5%) |
| Total | **56** | **330** | **14** |
| Overall % | **14%** | **82.5%** | **3.5%** |
|  |  |  |  |
| Do you think Family Planning is good ? | **Yes** **(%)** | **No** **(%)** |  |
|  |  |  |  |
| Male  | 171(85.5%) | 29(14.5%) |  |
| Female | 193(96.5%) | 7(3.5%) |  |
| Total | **364** | **36** |  |
| Overall % | **91%** | **9%** |  |

**5. LIMITATIONS**

As this study is solely based among young adults who are enrolled in Government Champhai College, the findings from this study cannot be generalized to all the youths in different parts of the country. As family planning is concerned not only with male and female young adults, there could be limitation in the sample selection and the number of samples collected.

**6. CONCLUSION**

On the basis of our observations of our study, its has been concluded that although Champhai district has one of the best practices in family planning among the other districts of Mizoram, it does not comprehend to the fact that although majority of the youths were familiar with family planning and contraceptives, many are still blind about this topic. The study also shows that female participants are more knowledgeable in terms of family planning and the different methods of contraceptives used as compared to the male participants. One of the reasons behind this could be the trend and mindset that people in general often feels that it is the the duty of the female to bear the burden of performing sterilization and using contraceptives. However, the findings also conclude that there may be new different mindsets and perspectives about the gender roles of using contraceptive devices and permanent methods. Although majority has the same perception that women should be the one to perform permanent method from male and female participants, in terms of using contraceptive devices, there is an interchange of perception where majority of female participants prefers male users while majority of male participants prefer female users. This shows that there needs to be a mutual understanding and shared communication among the couples who plan on using Family Planning. In addition, awareness and policies regarding family planning needs to be taken at a large scale as this subject should shape the demography and economy of the country at a large scale.

**CONSENT**

Participants/respondents provided consent before any study procedures commenced.

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