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Original Research Article

Knowledge and practice about contraception among married women in reproductive age group in a rural area of Tirunelveli district, Tamil Nadu, India: a cross-sectional study

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ABSTRACT

Background: Unmet need for contraception is still high in developing countries because of various reasons and poses a great challenge to the success of family welfare programme Assessing the knowledge and filling the gap is essential for successful functioning of the programme and for reducing the unmet need.
Methods: A cross-sectional study was conducted to assess the knowledge and practices on contraception among 100 married women in reproductive age group (15-49 years) residing in a Rural Health centre area of Tirunelveli district, Tamil Nadu, South India.
Results: Among the 100 participants, common known methods of contraception were IUD (56%), permanent sterilization (38%), Pills (21%) and Condoms (14%). Out of 100 participants, only 38 were using contraception. Among the 62 who are not using any method of contraception, 30 are willing to practice contraception after motivation and among them 27 prefer to use temporary methods. Fear of side effects was most common reason stated for not using contraception.
Conclusions: Knowledge and practice related to contraception among the participants were observed to be less. Health education campaigns emphasizing the need of family planning and about the services available in the government health facilities has to be organized regularly.

Keywords: Contraception, Family planning, Intra uterine devices, Knowledge, Sterilization

INTRODUCTION

Many sexually active women would prefer to stop or delay their childbearing but nevertheless are not practicing any contraceptive methods because of limited accessibility and availability to family welfare services, lack of information, fear about side effects of contraceptive methods, opposition or lack of support from husband or relatives, gender based and cultural barriers etc. There is a gap between women's reproductive intention and their behaviour related to contraception. Unmet need poses a great challenge to the success of family welfare programme. Family planning methods helps couple to attain their wanted family size, helps in regulating the interval between pregnancies, decreases the need for unwanted or unsafe abortions and helps in reducing maternal mortality by reducing unwanted and repeated pregnancies. It also has a direct

impact on health of the infant at birth as it reduces the birth of low birth weight babies born because of inadequate spacing, reduces neonatal, infant mortality and it helps people to attain a proper education because of limited family size.[1] Overall it helps in social and economic development of the country by reducing the population growth and increasing the productivity among the young people. Some of the family planning methods also prevent people from sexually transmitted diseases like HIV and other sexually transmitted infections.

As per NFHS-4 (2015-16), Tamilnadu Key indicators, use of family planning methods among the currently married women in the age group of 15–49 years were as follows, 54.1% in urban, 52.3% in rural and 53.2% totally.[2] Overall 49.4% have undergone female sterilization and male sterilization was 0%. Currently 2.3% population in urban, 1.4% in rural and totally 1.9% were using intra-uterine devices. Among the pill users, 0.4% are in urban, 0.1% are in rural and overall 0.2% were using pills. Around 1.2% in urban, 0.5% in rural and overall 0.8% was using condoms. Among the currently married women in age group of 15–49 years, the unmet Need for Family Planning was 10.1% totally. Among the current users, totally 76.6% have ever told about side effects of current contraceptive methods.

Unmet need for contraception is still high in developing countries because of various reasons and it is added by rapid population growth. Assessing the knowledge and filling the gap is essential for successful functioning of the programme and for reducing the unmet need. Worldwide various studies have assessed the knowledge and practices related to the use of contraception among young people.[3-5] There is paucity of evidence in the current geographic region, so the current study was planned to assess the knowledge and practice related to use of contraception among the women in the reproductive age group in a selected rural area in Tirunelveli district, Tamilnadu, South India.

METHODS

Study type

Cross-sectional study

Study population

Study was conducted among 100 women in the reproductive age group (15-49) years residing in the service area of the selected rural health centre of Tirunelveli district; Tamilnadu, South India and attending the selected rural health centre during the study period were selected based on convenience sampling.

Study tool

Study was conducted using a predesigned, pretested questionnaire. The first part of the questionnaire was framed to retrieve the socio-demographic informations of the participants like age, education status of the participants and their spouse, occupation status of participants and their spouse, income and socio-economic status. The second part of the questionnaire was framed to assess the knowledge and practice about contraception among the participants regarding various contraceptive methods available, use of contraception among them, reasons for not using contraception etc.

Procedure

Women in the reproductive age group (15-49) years residing in the selected rural Health centre area in Tirunelveli district, Tamilnadu, South India and attending the outpatient clinic of Rural Health centre during the study period were approached for the study. Objectives of the study were explained and confidentiality was assured. Participants who consented for the study were approached and administered the questionnaire. Privacy was maintained during data collection

Method of analysis

Data were entered in Microsoft excel sheet 2013 and analysed using SPSS software version 2, descriptive analysis was done and results were expressed in prevalence percentages.

RESULTS

Socio-demographic characteristics like age, educational status of study participants and their spouse were described in Table 1 and 2.

Table 1: Age distribution of study population (n=100)

Age categories	Number	Percentage
18-22	25	25
23-27	42	42
28-32	18	18
33-37	9	9
≥38	6	6
Total	100	100

Knowledge and practice about contraception among study participants were shown in Table 3. Contraceptive methods practiced among study participants were reported in Figure 1.

Mean age group observed in our study was 27 years. Regarding the type of family, 68% are from nuclear family and 32% from joint family.

Among the study participants, 56% have knowledge on IUD (copper-T) and 38% on permanent sterilization. Among the 100 study participants, only 38 were currently using contraception and 20 of them preferred female sterilization.

Table 2: Educational status of study participants and their spouse (n=100).

Educational status among spouse*	No.	%
Illiterate	9	9
Primary (class I to V)	8	8
Upper Primary (class VI to VIII)	23	23
Secondary (class IX to X)	29	29
Senior Secondary (class XI to XII)	14	14
Under Graduate	15	15
Postgraduate	2	2
Educational status among study population*		
Illiterate	7	7
Primary (class I to V)	9	9
Upper Primary (class VI to VIII)	17	17
Secondary (class IX to X)	24	24
Senior Secondary (class XI to XII)	15	15
Under Graduate	25	25
Postgraduate	3	3

*Categories other than illiterate used in classifying the education status of participants and spouse were obtained from Indian Standard Classification of Education (InSCED) framed by Ministry of Human Resource Development, India.[6]

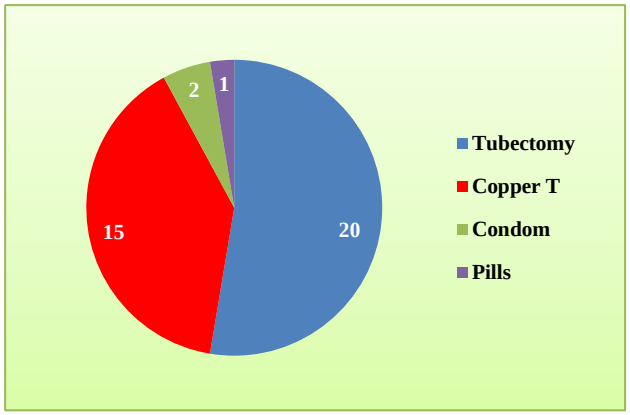

Figure 1: Contraceptive methods practiced among study participants (n=38).

Among the 62, who do not use any method of contraception, 30 are willing to use some form of contraceptive methods after motivation and 27 of them prefer temporary methods.

Fear of side effects was most common reason stated for not using contraception. Out of 100, 27 women were lacking family support for contraceptive use.

Out of 100, 78 believe contraception can be practiced only by married persons. Among 100, 63 felt that only women can undergo sterilization.

Majority (73%) felt birth control methods offer 100% protection. Only 81% were aware about facilities available for contraception in government health sectors.

Table 3: Knowledge and practice about contraception among study participants (n=100).

Study variables	Number	Percentage
Awareness about the time to undergo permanent sterilization		
After two children	93	93
After 3 children	7	7
Knowledge on various forms of contraceptive methods		
Temporary methods		
Barrier methods	14	14
Intra-Uterine Devices (IUD)	56	56
Pills	21	21
Permanent methods		
Permanent sterilization	38	38
Practice of contraception among study participants		
Yes	38	38
No	62	62
Contraceptive methods practiced		
Intra-Uterine Devices (IUD)	20	20
Condoms	6	6
Female sterilization	12	12
Reasons stated for not using contraception		
Fear of side effects	31	31
Lack of family support	27	27
Desire to have children	4	4
Willingness to use contraception following motivation among people who do not use contraception (n=62)		
Yes	30	49
No	32	51
Methods of contraception preferred among participants who do not use contraception and willing to practice (n=30)		
Temporary		
Condom	1	3
Copper T	23	77
Pills	3	10
Permanent	3	10

DISCUSSION

Under the National Family Welfare Programme, the following contraceptive services were provided for birth spacing: Condoms, Oral Contraceptive Pills, Intra Uterine Devices like copper T. Condoms and oral contraceptive pills are supplied through free distribution scheme and at subsidized rates through social marketing scheme. Condoms are also being sold by many manufacturing companies in their own brand names. IUD is supplied only through free distribution scheme.

Even after massive efforts of government for reducing the population growth, still it remains to be a major problem because of unmet need of contraception among the married women in the reproductive age group. So identifying the level of awareness among people regarding contraception, their knowledge, attitude and practice and reasons preventing people from practicing

contraception plays a major role in controlling population growth and limiting fertility.

The current study assessed the knowledge, attitude and practice among married women in reproductive age group regarding contraception and found out that among the study participants, common known methods were IUD (56%), permanent sterilization (38%), Pills (21%) and condoms (14%). Among the 100 study participants, only 38% were using contraception and this is less when compared with NFHS-4 report stating 52.3% use of contraception in rural areas of Tamilnadu.[2]

Study by Gupta v et al in Haryana among 318 participants, showed that around 62% of participants were practicing one or more family planning methods.[7] Among those who use contraception, female sterilization (45.6%) was the common method practiced followed by intrauterine devices (23%), condom (22%) and 9.2% were using oral contraceptive pills. This study has observed higher use of contraception among the participants when compared with the current study in which only 38% were using contraception and female sterilization (20%) was commonly practiced followed by IUD (15%).

Study by Srivastav et al among 205 married women in an urban health centre of tertiary care hospital, Kanpur found out that 71.22% were aware of contraception and the common known methods are condoms (88.78%) followed by IUCD (77.07%), OCP (72.19%), sterilization (51.71%) and least known was injectables (30.24%).[8] But the common known methods in the current study were IUD (56%), permanent sterilization (38%), Pills (21%) and condoms (14%) and none were aware of injectable contraceptives.

Study by Anil A. Patel among 300 married women found out that only 55.3% were practicing some form of family planning method and 44.7% were not using any contraception.[9] Commonest method followed was female sterilization (33.73%) and the common reason observed for not using any family planning methods was wanted to have more children (34.33%). Level of education of participants was significantly associated with use of contraception. The current study has identified low level of contraceptive use among the participants when compared with this study, as only 38% were using some form of contraceptive method and commonly practiced was female sterilization (20%), followed by IUD (15%) and least was condoms (6%). Common reason stated for not using contraception in the current study was fear of side effects of contraceptive methods.

Study by Jahan U et al among 1050 married women in reproductive age group in a tertiary care hospital, Uttar Pradesh, India observed that awareness increases with the level of education (77.7%).[10] Prevalence of contraceptive use was 62.9% among the study participants. Majority of them (93.1%) were aware of at least one form of family planning method. Most commonly known methods were oral contraceptive pills (74.8%) followed by condom (68.8%) and Intra uterine devices (56.6%). Participants were more aware about female sterilization (36.4%) than male sterilization (25.3%). Around 62.9% had practiced at least one family planning method and commonly practiced were condom (65.1%) followed by OCPs (31.8%) and Intra uterine devices (9.09%). Reasons preventing women from using contraceptive methods were desire to have a child (60.5%) followed by lack of knowledge among 42.4% and intolerable side effects (25.5%). Among the participants, 92.4% believed that practicing contraception was useful, but only 27.2% of them expressed their willingness to use contraception. The current study has observed lesser knowledge and practice on contraception as only 38% were using contraception. Awareness about female sterilization was comparable with this study (38%) and majority (56%) was aware of IUDs. Fear of side effects was most common reason stated for not using contraception in the current study. Among the 62 non-contraceptive users, only 30% expressed willingness to use contraception which is comparable with their study.

CONCLUSION

The current study has assessed the knowledge and practice related to contraception among the married women in reproductive age group in a rural area of Tirunelveli district and both were observed to be less. Enhancing the knowledge among people plays a key role in attaining fertility control. Health education campaigns emphasizing the need of family planning and about the services available in the government health facilities have to be organized regularly. Health care providers' role in clearing the misconceptions and fear about contraception plays a vital role in increasing the contraceptive use and reducing the unmet need among the eligible couple.

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