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Original Research Article

## Assessing knowledge, attitude, and practice of contraception: a cross-sectional study among patients in a semi-urban tertiary hospital

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### ABSTRACT

**Background:** Unregulated fertility not only disrupts the health of women and child but also disrupts the economy of society and nation. To gain the knowledge about awareness and contraceptive practices in women living in semi-urban area, a cross-sectional study was conducted over one year to evaluate the awareness, acceptance and prevalence of contraceptive methods and various factors affecting the contraceptive usage.

**Methods:** It was a cross sectional study conducted in outpatient department of obstetrics and gynaecology, in a tertiary medical college hospital. The study constituted 300 subjects. It was an interview based study. Data were collected on age, parity, literacy level, residence, knowledge about various contraception, women practicing contraception and reasons for non-use of contraceptives.

**Results:** A total of 300 women in the age group between 18-45 years were studied. It was observed that most of the women belong to the age group of 25 to 34 years (45.33%). 70% belong to rural population. only 20% were para 2 or less. 35.33% of the study population were illiterate and 21.67% had education above secondary level. 290 (96.67%) women were aware of one or multiple methods of contraception however, 126 (42%) women accepted the contraceptive practices. Of 300 women, 94 (31.33%) followed permanent methods of contraception. 66% of the study population had experienced unwanted pregnancy and among them 44% pregnancies were aborted. Number of women practicing contraception was very low, i.e. 42% and the main reason of nonpractice of contraception was family pressure mainly in laws, husband gender bias, physical abuse, etc.

**Conclusions:** It was noted that though knowledge of at least one method of contraception was wide among the women but still actual practice was very low. More programs are required to combat the influence of various factors on contraception usage, and emphasizing on the positive effects of the use of contraception.

**Keywords:** Awareness, Contraception, Temporary and permanent, Practices, Population

### INTRODUCTION

Contraception is one of the proximate determinants of fertility and the most important predictor of fertility transition. Total fertility of the world has declined to 2.6 children in 2005-2010.<sup>1</sup> Smaller families are slowly becoming the norm in India too. Fertility in India has declined to 2.7 children, mainly due to increased use of contraception in women. In spite of this, India is yet

above the replacement level, with contraceptive prevalence rate for married women being only 56%.<sup>2</sup>

According to the National Family Health Survey-3 (NFHS-3), the national figure for unmet need is 13 % and according to the District Level Household and Facility Survey-3 (DLHS-3) unmet need of contraception in India is 21.3%, with 7.9% for spacing and 13.4% for limiting.<sup>3,4</sup> The concept of unmet need points to the gap

between women's reproductive intentions and their contraceptive behaviour (WHO).

Considering the above factors the following study was carried out in a semi-urban area to assess the knowledge about various family planning techniques and current trends in usage of contraceptive methods so that the unmet needs of the population can be targeted.

### **Aims and objectives**

This present study was carried out to:

1. To gain the knowledge about awareness and contraceptive practices in women living in semi-urban area of Eastern India.
2. To identify socio-demographic factors associated with unmet needs for contraception.

### **METHODS**

This community based cross-sectional study was conducted by the department of obstetrics and gynaecology at All India Institute of Medical Sciences, Patna from 1st January' 2016 to 30<sup>th</sup> June 2016. This is a tertiary care hospital in semi-urban area mainly catering services to rural people in Eastern India.

### **Inclusion criteria**

All currently married women who are in a stable sexual relationship and had not attained menopause yet.

### **Exclusion criteria**

Patients who refused to take part in the study.

After taking informed consent, patients were enrolled in the study, patients were interviewed according to a detailed pre- structured questionnaire in vernacular language, which included demographic details like age, educational status, area of residence, along with years of marriage, parity, family size, number of children, unwanted pregnancy and fate of those unwanted pregnancies, knowledge about various contraception methods, the knowledge, attitude and practices of contraception usage and reasons for not practicing contraceptive. Analysis of data was done.

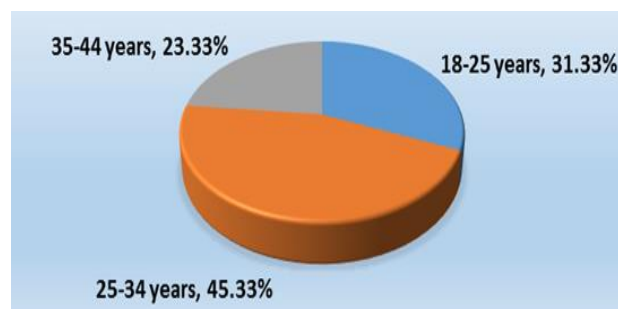
### **RESULTS**

A total of 300 women were interviewed who had come to the health care facility for unrelated reasons, to test for their knowledge about various contraceptive methods available, their attitude towards contraception and prevalent contraceptive practices in our part of country. Emphasis was also given to estimate the awareness for availability of emergency contraception and its usage. We also tried to find out the KAP- GAP in the form of

expected family size and current family size. Data was analysed in terms of demographic profile of the clients, knowledge and practice of various contraceptive methods, Unmet needs, KAP-GAP and the reasons provided for non-usage and knowledge on emergency contraception.

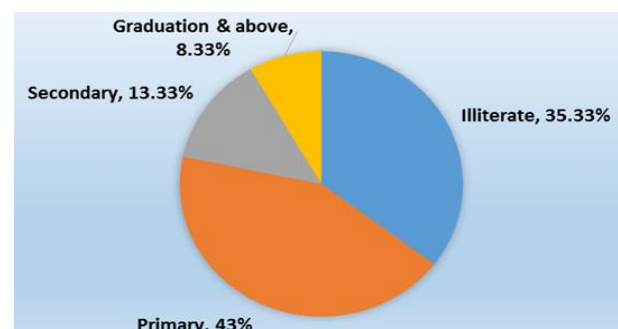
### **Demographic profile of the clients**

Majority of the study population were between 25 to 34 years of age (45.33%). Men age of the patients was 24.4 years (Figure 1).

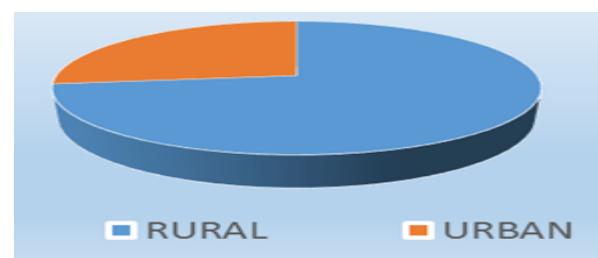


**Figure 1: Study population and age population (total no. of patients = 300).**

On reviewing the educational status of studying population, we found that 35.33% of the interviewed population was illiterate and among literate ones, 43% had primary schooling. 13.33% had secondary education and only 8.33% had completed graduation and above (Figure 2).



**Figure 2: Educational status in study group (total no. of patients = 300).**



**Figure 3: Distribution of study population according to their area of residence.**

With respect to area of residence, 73% of the study population belong to rural areas while remaining 27% reside in urban areas (Figure 3).

**Unmet needs, KAP-GAP and the reasons provided for non-usage**

On interviewing for knowledge of various contraceptive methods available and contraceptive behaviour, we found that Almost 96% had knowledge of one or other method of contraception, but only 42 % actually practicing it. 87% knew about Cu-T and only <1% amongst them were practicing, this depicts very poor acceptance of IUCDs in our region and most of the people fear from side-effects. 96% were aware about condom, however only 4% were practicing; 84% knew about oral pills/ injectable method of contraception and 4.67% were using them, 96% had knowledge about permanent method of female sterilization and 31% adopted it, making it the most

common method of contraception among study population. Surprisingly, we did not encounter a single couple who has chosen vasectomy to limit their family size; this depicts male dominance in our society and probably, men do not have any fear of getting pregnant. None of the women had used emergency contraception although almost 11% had heard about that (Figure 4, Table 1).

**Table 1: Use of contraception in past.**

Use of contraception in past (at least once)	No of women	%
Yes	147	49%
No	153	51%

Only 49% of study population had ever used any contraceptive method depicting poor contraceptive practices in our society (Table 2).

**Table 2: Rate and outcome of unwanted pregnancy among study population.**

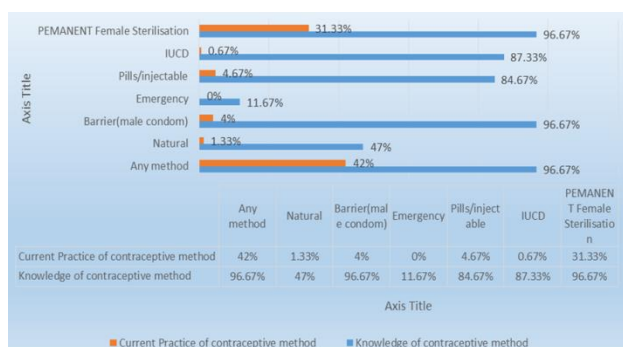
Unwanted pregnancy ever	Number	%	Fate of unwanted pregnancy	Number	%
Yes	198	66%	Continued	111	56%
No	102	34%			

**Table 3: Expected family size before marriage and current family size among study population.**

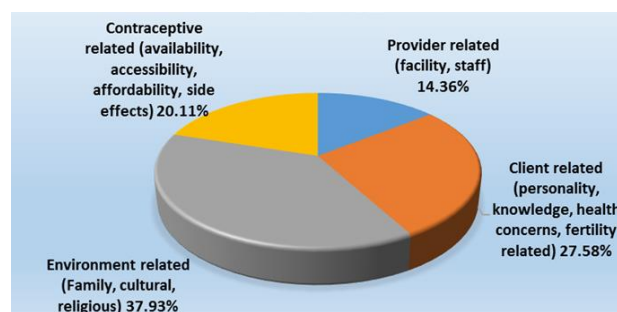
No. of children	Family size expected before marriage among study population	%	Current family size among study population	%
1	0	0%	12	4%
2	162	54%	48	16%
3	104	34.67%	156	52%
>4	34	11.33%	84	28%

Table 2 demonstrates 66% of the study population had experienced unwanted pregnancy and 44% of those unwanted pregnancies were ultimately landed up in abortions, which could have been avoided if proper contraception's were used by them.

Interestingly, when we asked these women about what they had thought of their expected family size prior to the marriage, 54% of them told that their expected family size was two children. However, only 20% of them could achieve their dream of two children and among the rest, 52% have 3 children and 28% have ≥4 children (Table 3).



**Figure 4: Comparison of current practise and knowledge of contraception.**



**Figure 5: User perspective pertaining to not using contraceptive among those having UNMET need.**

Among those with unmet need (n=174), 37% reported Family, cultural, religious reasons; approximately 27% reported client related factors (lack of knowledge, shyness, etc.); and around 20% reported contraception related factors: availability, accessibility, affordability, side effects as a cause for unmet need (Figure 5).

## DISCUSSION

Contraceptive prevalence rate calculated in other studies in urban as well as rural and tribal areas in India, is around the National Contraceptive Prevalence Rate which is 56%.<sup>2</sup> The phenomena of high knowledge and low practice has also been observed in multiple studies conducted in various parts of India and abroad like, in study conducted by Onwuzurike BK et al in Nigeria, it has been observed that tubectomy is the method of choice in rural and tribal areas.<sup>5,6</sup> Vasectomy is not practised at all in this current study population. In many other studies, it is observed that barrier methods are more effectively used in the urban areas as compared to rural areas.<sup>7</sup> Present study also highlighted the phenomena of high knowledge and low practice of contraception.

In present group, maximum awareness was of barrier (96.67%) and female sterilization (96.67%) followed by IUCD (87.33%), oral pills and injectable contraceptive (84.67%); which are corroborative with studies in other developing countries. In Istanbul Turkey, 84% were aware about IUCD and in Pakistan 68% had knowledge of oral pills (Kwaja-Tayab) and 38% had of IUCD. In one study in Bangladesh, 99% had knowledge of oral pills, followed by condom 83% and injectable 81% (Islam and Mahmed).

The most common method practiced in our study was permanent female sterilization (31.33%). The dominance of female sterilization in India's family planning programme since 1980s is reflected in many national surveys. According to the National Family Health Survey (NFHS-3) carried out during 2005-06, about 37% of married women were sterilized.<sup>3</sup> Oral pills/ injectable method of contraception used by 4.67% women and barrier 4% which are very low compared to developed countries.<sup>8</sup>

Awareness of emergency contraception as suggested in this study is only 11.67% which is very low and this has also been observed in other studies.<sup>9</sup> This may be the reason 66% of the study population had experienced unwanted pregnancy and among them 44% pregnancies were aborted. Among those with unmet need (n=174), 37% reported Family, cultural, religious reasons; approximately 27% reported client related factors (lack of knowledge, shyness, etc.); and around 20% reported contraception related factors: availability, accessibility, affordability, side effects as a cause for unmet need. This indicates that the role of women is secondary to the husband in the matters of family planning.

Converting knowledge into practice is the real challenge for India as far as family planning is concerned. Awareness about the various family planning centres in the nearby residential area and services provided by them should be created. Special emphasis should be given on increased practice of LARC-IUD, vasectomy and emergency contraceptives. Involvement of men in not only decision making but also practising family planning methods should be stressed.<sup>10</sup>

The limitation of this study was that the sample size was not calculated for the regression analysis. Also information from the male partners was not collected. In conclusion, our study indicated a high unmet need for contraception in the area with a scope to decrease constraints and address user perspective to meet the contraception needs.

## CONCLUSION

In order to improve contraceptive use what we need today is multiple resources to educate couples, their parents, family members and society too so that we can reach up to the masses. Women must be made aware about their right, i.e. protecting their own health. Good counselling practices along with clinical work are the need of time, for these women should be educated and strive to be economically independent. If we work as a team and provide door step counselling and services irrespective of caste and creed and socio economic status, we can definitely achieve our goal of population stabilization in developing countries like India.

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*Conflict of interest: None declared*

*Ethical approval: The study was approved by the Institutional Ethics Committee*

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