DOI: http://dx.doi.org/10.18203/2320-1770.ijrcog20181330

Original Research Article

Knowledge, attitude and practices about contraception among married reproductive women

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Received: 24 December 2018 Accepted: 31 January 2018

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ABSTRACT

Background: Total unmet need for contraception at national level has been 20.5% (DLHS 3, 2007-08). According to NFHS 4 (2015-16), total unmet need for family planning for Bangalore Urban is 13.3%. This study has been done to assess the knowledge, attitude and practices about contraception among married women in the reproductive age group.

Methods: Cross sectional study conducted from 1st March 2017 to 15th April 2017 in Bowring and Lady Curzon Hospital, Bangalore. Married women in age group of 15 to 45 years, antenatal women were included. Unmarried women, Hysterectomised women were excluded.

Results: 72% of the clients had awareness of contraception. Most common method known is Female sterilization followed by IUCD. Awareness of emergency contraception was found only in 5.33%. 48% of the clients did not follow any method of contraception. Most commonly used method is female sterilization.

Conclusions: The study shows that we need to use multiple resources to educate people by intensifying IEC activities. Women should be made aware about their right of protecting their own health and more emphasize should be given on postpartum family planning.

Keywords: Attitude, Contraception, Family planning, Knowledge, Practice

INTRODUCTION

Current population of India is 1.33 billion, equivalent to 17.86% of the total world population. A rapid population growth is a burden on the resources of many developing countries. Considering the high decadal growth rate of 17.64, the country's population is slated to surpass China by 2028 according to United Nations Development Program. Though India is the 1st country to launch Family Planning program, in 1951, yet total unmet need for contraception at national level has been 20.5% (DLHS 3, 2007-08). According to NFHS 4 (2015-16), total unmet need for family planning for Bangalore Urban is 13.3%. Limiting population growth should be an important component of country's overall developmental

goal to improve living standards and the quality of life of people. This strategy is enhanced by the availability of effective contraceptive methods since the 1960s. At 2012 London summit, GOI made a commitment to increase access to family planning services to 48 million additional users by the year 2020. Over the years, focus of family planning has been shifted from Population Control to Improving the health of mothers and new borns through use of reversible spacing methods leading to reduction in unwanted, closely spaced and mistimed pregnancies and thus avoiding pregnancies with higher risks and chances of unsafe abortions. Use of contraceptives also protects women from sexually transmitting diseases including HIV. Even though there is a wide availability of various types of contraceptives,

the rate of population growth and unplanned pregnancies is still high. According to 2012 report of WHO, India contributes to 20% maternal deaths worldwide.³ Family planning can avert more than 30% of maternal deaths and 10% child mortality if couples spaced their pregnancies more than two years apart. A UNFPA study has estimated that if the current unmet need for family planning could be fulfilled within the next five years, the country can avert 35,000 maternal deaths and 12 lakhs infant deaths.⁴

Aims and Objectives of the study is to assess the knowledge, attitude and practices about contraception among married women in the reproductive age group and to identify the reason for not using any contraceptive method.

METHODS

This is a Cross sectional study conducted from 1st March 2017 to 15th April 2017 in Bowring and Lady Curzon Hospital, Bangalore. Married women in age group of 15 to 45 years, antenatal women were included and unmarried women, Hysterectomised women were excluded. Participation was on voluntary basis. Women interviewed were informed of the study and consent was taken. Current use of contraceptive method is defined as use of any contraceptive method in the past one year preceding the study period. If more than one method was used, the latest contraceptive method used was taken into account. A total of 150 women were interviewed in the study.

RESULTS

Awareness of contraception was found to be present in 108 (72%) females among the 150 interviewed.

Table 1: Knowledge of contraception.

Awareness of contraception		
Yes	108	72%
No	42	28%

Most common method known is Female Sterilization accounting to 80.67%, followed by IUCD 74%, Condoms 64%, pills 62%, male sterilization 15.33% and the least known is Injectable contraceptives 10%.

Table 2: Knowledge of various contraceptive methods.

Methods Known		
Condom	96	64%
IUCD	111	74%
Pills	93	62%
Female sterilization	121	80.67%
Male sterilization	23	15.33%
Injection	15	10%

Aware of emergency contraception was found to be present in only 8 women (5.33%).

Table 3: Knowledge of emergency contraception.

Awareness of emergency contraception		
Yes	8	5.33%
No	142	94.67%

75 (50%) women had awareness of Contraception through social circle. 42 (28%) women got information from health professionals and the remaining from media.

Table 4: Frequency of source of information.

Source of information on contraceptive		
Health professional	42	28%
Media	27	18%
Social circle	75	50%

108 (72%) women used Contraceptive methods only to prevent pregnancy. 39 (26%) used them to prevent AIDS and STDs and the remaining used to control birth interval.

Table 5: Attitude of use of contraception.

Attitude	N=150	%
Health professional	42	28
Media	27	18
Social circle	75	50

72 (48%) women did not practice any Contraceptive methods. 52 (34.67%) underwent female sterilization, 14 (9.33%) used Condoms, 10 (6.67%) used IUCD. None of the women used Injectable contraceptives or Male sterilization.

Table 6: Frequency of practices of various methods of contraception.

Practices		
Not practiced any method	72	48%
Condoms	14	9.33%
Pills	02	1.33%
IUCD	10	6.67%
Female sterilization	52	34.67%
Male sterilization	Nil	0%
Injection	Nil	0%

Table 7: Frequency of reasons for not using any method.

Reasons for not using contraception			
Against religious belief	2	2.78%	
Male partner opposition	8	11%	
Side effects	12	16.67%	
Wanted to have children	18	25%	
No specific reason	8	11.11%	

18 (25%) women did not use any contraception as they wanted to have children. 12 (16.67%) did not use any

contraception due to fear of side effects. 8 (11.11%) did not have any specific reason.

DISCUSSION

Family Planning is defined by WHO 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".

The increasing growth of population has become an urgent global problem. 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. The present study aimed to assess the knowledge, attitude and practice of family planning methods to enhance the contraceptive practice.

The study showed that 72% were aware of atleast one of the family planning methods. Srivastav A et al mentioned that 71.22% had awareness regarding any method of contraception.⁵ The findings are contradicting with the study conducted in 2011 at Bhopal, MP by Mahawar where results showed poor contraceptive knowledge among females.⁶ Best known method of contraception was Female Sterilization (80.67%) followed by IUCD (74%), Condoms (64%) and Pills (62%). Lesser known method is Male Sterilization (15.33%) and the least is injectables (10%). The study showed that only 5.33% knew about Emergency Contraception. This corresponds to a study by Patro et al which showed commonest method as tubectomy.7 According to a study done by Tamire et al, OCPs were the most preferred method of contraception.8

When the respondents who had knowledge about Contraception were asked about their source of information, majority indicated Social Circle as their source. This corresponds with the study by Srivastava et al KAP survey. Similar study from rural Nepal reported an exposure to electronic messages as the main factor for the use of family planning methods among women. Ghasal-Aswad et al stated health personnel as the main source of information. This shows that primary health care providers' knowledge and skills must be enhanced and reinforced to deliver the right and sound advice about contraception.

The study showed that 72% respondents thought that Contraceptives were used to prevent pregnancy and 26% thought that they could be used to prevent infection like AIDS. Only 11.33% thought that they could be used to control birth interval. This is comparable with a study by Prachi et al where 71% thought it could prevent pregnancy and 23% thought that they could prevent infection.¹²

Contraceptive usage in our study was 52%. The gap between awareness and practices are seen to be prevalent across different reasons, common ones being want of children (25%) and fear of side effects (16.67%). Sunita Ghike et al mentioned main reason as pressure from husband and in-laws (59%).¹³

The study showed that 48% did not practice any contraceptive methods. This corresponds to a study conducted in Sikkim in 2005 by Khati Binita et al which showed that 44.6% had never used any contraception.¹⁴

There is a need to use multiple resources to educate people by intensifying IEC activities. Male child preference should be discouraged. Women should be made aware about their right of protecting their own health. Emphasize on Postpartum family planning should be done.

ACKNOWLEDGMENTS

Authors would like to thank Head of the Department, Dean and Ethical committee for permitting to conduct the study and participants of the study for their voluntary participation.

Funding: No funding sources Conflict of interest: None declared

Ethical approval: The study was approved by the

Institutional Ethics Committee

REFERENCES

- Almualm YA. Knowledge, Attitude and Practise of Husbands towards Modern Family Planning In Mukalla. Yemen. Malaysian J Med Sci. 2008;15(3):76-7.
- 2. Weldegerima B, Denekew A. Women's knowledge, preferences, and practices of modern contraceptive methods in Woreta, Ethiopia. Res Social adm Pharm. 2008;4:302-7.
- 3. Park K. Park's Textbook of preventive and social medicine. 21st Edition Bhanot, India;2011.
- 4. Reference manual for oral contraceptive pills, Family planning division, Ministry of Health and Family Welfare, Government of India, March 2016. Available at http://164.100.130.11:8083/family_Planning/pdf_file s/FP/H/8Oral%20Pills%20Manual.pdf
- 5. Srivastav A, Khan MS, Chauhan CR. Knowledge, attitude and practices about contraceptive among married reproductive females. Int J Scient Study. 2014 Feb 1;1(5):2-4.
- Mahawar P, Anand S, Raghunath D, Dixit S. Contraceptive knowledge, attitude and practices in mothers of infant: a cross-sectional study. Natl J Comm Medicine. 2011;2:1-174.
- 7. Patro BK, Kant S, Baridalyne N, Goswami AK. Contraceptive practices among married women in a

- resettlement colony of Delhi. Health Popul Perspect Issues. 2005;28(1):9-16.
- 8. Tamire W, Enqueselassie F. Knowledge, attitude and practice on emergency contraceptives among female university students in Addis Ababa, Ehiopia. Ehiopia J Health Dev. 2007;21:111-6.
- 9. Srivastava R, Srivastava DK, Jina R, Srivastava K, Sharma N, Sana S. Contraceptive knowledge, attitude and practice (KAP Survey). J obstet gynecol India. 2005;55:546-50.
- Boulay M, Storey JD, Sood S. Indirect exposure to a family planning mass media campaign in Nepal. J Health Commun. 2002;7:379-99.
- Ghasal Aswad S, Rizk DE, Al-Khoori SM, Shaheen H, Thomas L. Knowledge and practice of contraception in United Arab Emirates women. J Fam Plann Reprod Health Care. 2001;27(4):212-6.
- 12. Prachi R, Das GS, Ankur B, Shipra J, Binita K. A study of knowledge, attitude and practice of family

- planning among the women of reproductive age group in Sikkim. J Obstet Gynecol India. 2008;58:63-7.
- 13. Ghike S, Joshi S, Bhalerao A, Kawthalkar A. Awareness and contraception practices among women- an Indian rural experience. J South Asian Federation Obstet Gynaecol. 2010;2(1):19-21.
- 14. Renjhen P, Gupta SD, Barua A, Jaju S, KHati B. A study of knowledge, attitude and practice of family planning among thewomen of reproductive age group in Sikkim. J Obstet Gynecol India. 2008;58:63-7.

Cite this article as: Tejaswini D, Spandana JC, Bai S. Knowledge, attitude and practices about contraception among married reproductive women. Int J Reprod Contracept Obstet Gynecol 2018;7:1431-4.