

Original Research Article

Knowledge, attitude and practices of contraception among the married women of reproductive age group in urban slums of Lucknow

Neeti Verma¹, Prashant K. Bajpai^{2*}

¹Department of Community Medicine, Hind Institute of Medical Sciences, Barabanki, Uttar Pradesh, India

²Department of Community Medicine, Uttar Pradesh University of Medical Sciences, Etawah, Uttar Pradesh, India

Received: 08 May 2021

Accepted: 21 May 2021

*Correspondence:

Dr. Prashant K. Bajpai,

E-mail: prashantbajpaillrm@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: Despite the availability of a wide range of contraceptive and mass media campaigns and information, education, and communication programs, population control remains a distant dream to achieve. The low use of spacing methods is reflected by early childbearing and short birth intervals. The present study was undertaken to assess the knowledge, attitude, and practice of different contraceptive methods among married women in the reproductive age group.

Methods: A cross-sectional study was conducted among 230 married women in the reproductive age group (18-49 years) attending the outpatient department (OPD) of urban health training centre and came mainly from the neighboring slum locality.

Results: We have included a total of 230 participants in the study analysis. Almost all (98.6%) of the study participants had knowledge about at least one method of contraception. If we see the use of contraceptive methods, 163 (70.8%) women ever used any of the contraceptive methods. Less than half (40.9%) had knowledge that contraceptive methods reduce the economic burden on the family. A negative attitude towards the practice of contraception was found among 11.7 percent of women in the study. When asking about present (last 1 year) practice of contraception, 29.1% not practiced any method of contraception, 25.6% used oral contraceptive pills (OCPs), and 27.8% used condoms.

Conclusions: The study reveals good knowledge and favorable attitude of rural couples towards contraception. Contraceptive knowledge and practice were influenced by exposure to family planning messages. Women's education and counselling of couples can play an important role in adopting family planning methods.

Keywords: Attitude, Contraception, Practices, Urban slum, Women

INTRODUCTION

The World Health Organization (WHO) considers the prevalence of contraceptive use among society as one of the determinants of women's health and empowerment in that society. India was the first country in the world to formulate the national family planning program in the year 1952 with the objective of "reducing the birth rate to the extent necessary to stabilize the population at a level consistent with the requirement of the national economy." Despite the availability of a wide range of contraceptive and mass media campaigns and information, education,

and communication programs, the population control remains a distant dream to achieve.¹ The low use of spacing methods is reflected by early childbearing and short birth intervals. Wherever services exist, women are constrained to use the family planning methods by cultural mores or pressure to rebuild the population.² The woman's decision to use contraceptives is affected by multiple factors, including education, age of the woman, living in rural or urban area, health concerns, religious concerns, and the desire to have large families. In India, lack of information, or misinformation, about different methods can confuse and discourage people from using any

contraception.³ Some women are prevented from using contraception by a partner or are unable to access services because of their youth or unmarried status. In many cases, these obstacles can be overcome through contraceptive education and social marketing programs. The present study was undertaken to assess the knowledge, attitude, and practices of various contraceptive methods among married women in the reproductive age group.

METHODS

A cross-sectional study was conducted among 230 married women in the reproductive age group (18-49 years) attending the outpatient department (OPD) of urban health training centre (UHTC) and came mainly from the neighbouring slum locality. The UHTC is located in the Indira Nagar area of Lucknow, which includes eight slum areas. The total duration of the study was six months, from September 2019 to February 2020.

Sampling method

The multistage sampling method with a random selection technique was used.

Sample size

The sample size calculated by the following formula

$$N = (Z\alpha/2) \times 2PQ/L^2$$

Where $Z\alpha/2=2.575$ (at confidence level or 1% level of significance), P =prevalence (of any method used for contraception was 46.7percent).⁴ L is an allowable error, which was taken 10% as absolute, $Q=(100-P)=53.3$

Hence the minimum required sample size calculated is

$$\text{Minimum sample size} = (2.575)^2 \times 46.7 \times (100 - 46.7)/10 \times 10 = 165.04355.$$

So a total of 166 was the minimum sample size calculated for the study. We have taken a total of 250 participants, among which 20 were excluded after incomplete, missing data in forms (due to not meeting the inclusion criteria). As a result, 230 study subjects were included in the present study.

Selection of study participant

Inclusion criteria

Married women in the reproductive age group (18-49 years) attending the OPD of UHTC.

Exclusion criteria

Women who did not give consent were excluded from the study.

First stage-the selection of study area

The females coming from all eight-slum areas under the service area of the UHTC of a medical college of Lucknow city.

Second stage-the selection of study participants

We have taken ten females randomly from the registration counter register who have registered till 11:00 am and available there. If any female was not available, we chose the following registration number until the ten females completed daily. We have done the data collection all the working days till the desired sample was reached after applying the inclusion and exclusion criteria.

Ethical aspects

Ethical clearance was taken from the ethical committee of the institute before starting the study. Informed written consent was taken from all the study participants.

Study-tool

A semi-structured pre-designed and pre-tested performa was used to collect the necessary information. The questionnaire was used to assess knowledge, a five-point Likert scale for attitude, and an interview checklist for practice regarding contraception.

Methodology

The questionnaire was drawn up in Hindi and back-translated in English to check the translation. A good rapport was built up, and informed consent was obtained from every participant.

Statistical analysis

The data were entered using statistical package for the social sciences (SPSS) version 24.0, IBM Corp., USA, and results were expressed as frequencies.

RESULTS

We have included a total of 230 participants in the study analysis. Most (54.7%) of the study participants belong to age groups of 26-30 and 31-35 years. More than half (53.4%) of the participating women were either uneducated or educated till primary. Only 4.7 percent of women in the study were skilled workers. In the study slum areas, most (71.3%) of the women were living in a nuclear family (Table 1). Almost all (98.6%) of the study participants had knowledge about at least one method of contraception. And most of the women knew about oral pills, intrauterine contraceptive device (IUCDs), condoms, and female sterilization of contraceptive methods. Less than half (42.6%) of the women had knowledge about the injectable method of contraception. If we see the use of contraceptive methods, 163 (70.8%) women ever used any

of the contraceptive methods. About more than one-fourth (32.6% and 30.8%) ever used oral pills and condoms. Very few (2.6%, 3.9%, and 2.6%) women had used emergency contraception, natural methods, and female sterilization, whereas no women had practiced male sterilization of their husbands (Table 2). Three women do not have knowledge

about contraceptives. More than two-thirds of women knew that contraceptive methods have benefits like avoiding unwanted pregnancy, maintaining birth spacing, and limiting the number of births. But less than half (40.9%) had knowledge that contraceptive methods reduce the economic burden on the family (Table 3).

Table 1. Sociodemographic characteristics of study participants (N=230).

Variables	Frequency	Percentage (%)
Age-group (years)		
<20	18	7.8
21-25	24	10.4
26-30	65	28.2
31-35	61	26.5
36-40	39	16.9
>40	23	10.0
Education		
Uneducated	59	25.6
Primary school	64	27.8
Middle school	43	18.6
High school	38	16.5
Intermediate school	19	8.2
Graduation	7	3.0
Occupation		
Unemployed	88	38.3
Unskilled	94	40.8
Semiskilled	37	16.2
Skilled	11	4.7
Family type		
Joint	66	28.6
Nuclear	164	71.3
Family per capita income		
<500	28	12.1
500-749	49	21.3
750-999	68	29.5
1000-1999	56	24.3
≥2000	29	12.6

Table 2: Distribution of women by knowledge and ever use of contraceptive methods (n=230).

Contraceptive methods	Knowledge		Ever used	
	Number	Percent (%)	Number	Percent (%)
Any methods (at least one method)	227	98.6	163	70.8
Oral pills	223	96.9	75	32.6
IUCD	221	96.0	36	15.6
Injectable	98	42.6	8	3.4
Condom	227	98.6	71	30.8
Emergency contraception	141	61.3	6	2.6
Natural methods	132	57.3	9	3.9
Female sterilization	221	96.0	6	2.6
Male sterilization	160	69.5	0	0.0

Reasons for discontinuing the use of contraceptive methods are very different among females. Method failure (25.0%), side effects (27.0), and desire to get pregnant

(22.9) were the main reasons for the discontinuation of contraception (Table 4). Most of the women got information about contraception from health workers and mass media. Surprisingly, only 64 (28.2%), 57 (25.1%),

and 80 (35.2%) got information from their friends, relatives, and husband, respectively (Table 5).

A negative attitude towards the practice of contraception was found among 11.7 percent of women in the study (Table 6).

Table 3: Knowledge regarding benefits of contraception (n=230).

Variables	Frequency	Percent (%)
Know the benefits of contraceptives		
Yes	227	98.6
No	3	1.3
If yes, (n=227)*		
Avoid unwanted pregnancy	164	72.2
Maintain birth spacing	157	69.1
Limit the number of births	143	62.9
Decrease the economic burden of family	93	40.9
Improve the health of mother and child	114	50.2

*Multiple answers correct

When asking about present (last 1 year) practice of contraception, 29.1% not practiced any method of contraception, 25.6 % used OCPs, and 27.8% used condoms. Natural methods, emergency contraception and female sterilization, injectable contraceptives and male

sterilization was used 1.3%, 1.7%, 2.6%, 1.7 and 0.0% respectively (Table 7).

Table 4: Reasons for discontinuing use of contraceptive methods (N=48).

Reasons for discontinuation	Past-users	
	Frequency	Percent (%)
Method failure	12	25.0
Desire to become pregnant	11	22.9
Side effects/health concern	13	27.0
Costly	2	4.2
Infrequent sex/husband away	2	4.2
Switch to other methods	6	12.5
Other reasons (not disclosed)	2	4.2

Table 5: Sources of information of contraception among the respondents (n=227).

Source of information	Frequency	Percent (%)
Health worker	152	66.9
Husband	80	35.2
Friends	64	28.2
Relatives	57	25.1
Mass media	172	75.8

Table 6: Attitude of the respondents towards contraception (n=230).

Characteristics	Response			
	Positive attitude (≥60%)		Negative attitude (≤60%)	
	Frequency	Percent (%)	Frequency	Percent (%)
Attitude regarding contraceptives	203	88.2	27	11.7

Table 7: Current practice (last 1 year) of contraception (n=230).

Types of contraception	Frequency	Percent (%)
Not practiced any methods	67	29.1
Pills	59	25.6
IUCD	23	10.0
Injections	04	1.7
Condom	64	27.8
Emergency contraception	04	1.7
Female sterilization	06	2.6
Male sterilization	00	0.0
Natural methods	03	1.3

DISCUSSION

The institution of marriage defines and circumscribes a woman's life as a wife, a mother, and a house maker. Thus, it is pretty common for both men and women to discuss family planning. Lack of time, education, and awareness are deep-rooted constraints for women to perform their multidimensional roles. The present study aimed at assessing the existing knowledge as well as practice of contraceptive methods, and effectiveness of health education in terms of knowledge gained by married women in urban slums of Lucknow city. Awareness plays a vital role in motivating females to have a favorable attitude towards family planning and adopt family planning behavior. In the present study, majority of women knew about female sterilization 221 (96%)

followed by the chemical method (oral pills) 223 (96.9%) and mechanical method of family planning (loop and condoms) 227 (98.6%). Near about 99% of women know one or more types of contraceptive methods. Other studies have already described similar findings, i.e. high promotion but low utilization of contraceptives, making this situation a serious challenge in developing countries.⁵ Other studies' results show that the knowledge about one or more methods of contraception, particularly modern contraceptive methods, was 95.0%, knowledge about traditional ways of contraception was 72.0% in males and 46.4% in females.⁶ It is crucial as well to see who provides information regarding contraception. The lack of knowledge about contraception can dramatically affect the providers' ability to extend quality contraceptive care to their patients. In the present study, health personnel and mass media play a major role in awareness; 66.9% and 75.8% respectively responded as getting information through them. A question related to the benefits of contraceptives to the respondents, avoiding unwanted pregnancy (72.2%), maintaining birth spacing (69.1%), limiting the number of births (62.9%), improving the health of mother and child (50.2%), and decreasing the economic burden of the family (40.9%) were identified as the main benefits of contraception. Similar findings were discovered in a study done in Sunsari, Nepal.⁶

While the respondents of the study done in Bharatpur also revealed further benefits like anaemia can be reduced by using OCP, and sexually transmitted diseases (STDs) can be prevented by using contraceptives like condoms.⁷ Non-contraceptive benefits were also identified in other studies. Attitudes are not gained by birth; they are learned and adopted by experiences and culturally gained during socialization. The attitude of women towards contraceptives is influenced by education and experiences such as pregnancy. In the present study, 203(88.2%) of the respondents strongly agreed that contraceptive use is beneficial for women and its use can prevent unwanted pregnancy, which is much higher in a study conducted in India (49.3%).⁸

A total of 27 (11.7%) of the respondents were having a negative attitude on the advantage of modern contraceptives over traditional and natural methods. Majority of women (65-95%) showed a positive attitude towards contraception. Similar findings are noted in other studies; 77.5% in a study conducted at Karachi hospital; 90.4% in a study carried out in Ethiopia, 68.5% in the study carried out in Kathmandu medical college.⁹⁻¹¹ Whereas in contrary to the findings, the findings of the study carried out in the Gambia had more reduced scores.¹² This may be due to inadequate dissemination of information regarding contraception or misbeliefs among the respondents.

CONCLUSION

The study reveals good knowledge and favourable attitude of rural couples towards contraception. Contraceptive

knowledge and practice were influenced by exposure to family planning messages. Women's education and counselling of couples can play an important role in adopting family planning methods. Electronic media, health personnel, and government organizations can play a positive role in providing knowledge and overcoming the knowledge/practice gap.

Funding: No funding sources

Conflict of interest: None declared

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

REFERENCES

1. Pandey S, Karki S, Pradhan A. Practice of contraceptives. J Institute Med Nepal. 2009;31(3):3-9.
2. Adeyemo AR, Asabi O, Omisore AO. Knowledge and Practice of Contraception among Women of Reproductive Ages in South West, Nigeria. J Eng. 2012;1:70-6.
3. Anjum S, Durgawale PM, Shinde M. Epidemiological Correlates of Use of Contraceptives Methods and Appraisal of Health Education on Status of Knowledge and Practices among Married Woman. Int J Sci Res. 2014;3(2):203-10.
4. Rizvi A, Mohan U, Singh SK, Singh VK. Assessment of knowledge of contraceptives and its practice among married women in urban slums of Lucknow district. Indian J Comm Health. 2013;25(1):6-11.
5. Saluja N, Sharma S, Choudhary S, Gaur D, Pandey S. Contraceptive knowledge, attitude and practice among eligible couples of rural Haryana. Int J Health. 2009;12(1).
6. Paudel IS, Budhathoki SS. Unmet needs for family planning in Sunsari, Eastern Nepal. Health Renaissance. 2011;9:148-51.
7. Manandhar N, Singh S, Patowary S, Krishna G. Study of knowledge, attitude and practice of family planning in an urban area of Bharatpur. JIOM. 2021;28(2):39-2.
8. Srivastav A, Khan M, Chauhan C. Knowledge, Attitude and Practices about Contraceptive among Married Reproductive Females. Int J Sci Study. 2014;1(5):2-4.
9. Khan A, Hashmi HA, Naqvi Z. Awareness and practice of contraception among child bearing age women, conducted at Liaquat national medical college and hospital Karachi. J Surg Pak. 2011;16(4):179-82.
10. Tilahun T, Coene G, Luchters S, Kassahun W, Leye E, Temmerman M, Degomme O. Family planning knowledge, attitude and practice among married couples in Jimma Zone, Ethiopia. PLoS One. 2013;8(4):e61335.
11. Bajracharya A. Knowledge, Attitude and Practice of Contraception among Postpartum Women Attending Kathmandu Medical College Teaching Hospital. Kathmandu Univ Med J. 2015;13(52):292-7.

12. Jammeh SS, Liu CY, Cheng SF, Lee-Hsieh J. Community based study on married couples' family planning knowledge, attitude and practice in rural and urban Gambia. *Afr Health Sci.* 2014;14(2):273-80.

Cite this article as: Verma N, Bajpai PK. Knowledge, attitude and practices of contraception among the married women of reproductive age group in urban slums of Lucknow. *Int J Res Med Sci* 2021;9:1716-21.