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Original Research Article

Knowledge attitude and practice of contraception in Barabanki district of Uttar Pradesh: how far are we from meeting the unmet needs of contraception

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ABSTRACT

Background: Barabanki one of the most populous districts of Uttar Pradesh with population growth rate being much higher than the national population growth rate. The objective of this study was to gain the knowledge about awareness and contraceptive practices in married women residing in Barabanki. To identify socio-demographic factors associated with unmet needs for contraception and also to ascertain the participation of husband in family planning.

Methods: A cross sectional study was conducted in outpatient department of Obstetrics Gynecology and Department of Pediatrics in Medical college hospital in Barabanki. 144 females were enrolled in the study during the study period of one year. They were interviewed on the basis of a pre-structured proforma. Data obtained was then analyzed.

Results: A total 144 women in the age group 18-45 years participated in the study of which 53% had knowledge of contraception. More than two thirds were not using any form of contraception. The most common method of contraception was barrier method followed by Depot medroxy progesterone acetate. Copper T was least used mode of contraception. The most common source of knowledge regarding contraception was from electronic media followed by friends and family. The most common reason behind the absence of contraception was lack of knowledge of contraception and husband disapproval.

Conclusions: Poor knowledge of contraception led to decreased usage of contraceptive measures. Husband participation is virtually absent in family planning leading to high fertility. In order to make our family planning programs successful we must incorporate media for wider coverage to increase awareness and husbands for better implementation

Keywords: Barriers, Contraception, Family planning, Media, Unmet needs

INTRODUCTION

World Health Organization has a defined family planning as giving chance to society to determine the number of children through pregnancy spacing by using contraception.¹ National development, women health

index, infant mortality is some of the key indicators which depend on countries population. A rapid population growth accounts for significant economic burden on any developing country hampering its growth and development. Hence promotion of family planning by simply advocating contraception can bring about

dramatic changes in India's poverty, maternal and childhood deaths and further boost India's economy. Infact India was the first country to launch family planning programme way back in 1952 even then we are yet to reach our goal of NRR of 1. We are the world's second most populous country with rapidly growing population. This could be due to variety of reasons one of which is the unmet needs of contraception. In our study we aimed to study the knowledge attitude and practices of contraception from Barabanki district of Uttar Pradesh. Barabanki is neighboring district of Lucknow the capital of India's most populous state. According to the 2011 census Barabanki district had a population of 2,673,581.² In 2001 Barabanki district stood at 32 position out of 71 districts of UP by having 1.61%. By 2011 it climbed to 28 position by a population growth rate of 26.40% over the decade 2001-2011.² This growth rate is much higher than the national growth rate of 17.64%.²

This present study was carried out to:

- To understand the cause of high growth rate in Barabanki by ascertaining the knowledge attitude and practices of contraception of females in this region.
- To identify socio-demographic factors associated with unmet needs for contraception.
- To ascertain the participation of husband in family planning.

METHODS

Contraception is defined as the deliberate use of artificial methods or other techniques to prevent pregnancy as a consequence of sexual intercourse. The contraceptive prevalence rate (CPR) is defined as the percentage of women currently using any contraceptive method.

Unmet need for family planning is defined as the percentage of women who do not want any more children or want to delay the birth of the next child for at least 2 years and yet are not using any contraceptive method.

This community based cross-sectional study was conducted jointly by the Department of Obstetrics and Gynecology and Department of Pediatrics at Hind Institute of Medical Sciences Lucknow over a period of one year from August 2015 to August 2016. Hind Institute of Medical Sciences is a tertiary care hospital in semi-urban area mainly catering services to rural people in Eastern Uttar Pradesh and adjoining states of Bihar and Madhya Pradesh.

Inclusion criteria

- All women residing in Barabanki who were attending antenatal, postnatal clinic of department of obstetrics and well-baby clinic of department of pediatrics in Hind Institute of Medical Science over the defined period.

Exclusion criteria

- Females who refused to take part in the study.

After taking informed consent, patients were enrolled in the study. They were interviewed in their local language by the obstetrician in gynecology department and pediatrician in well baby clinic. Both the interviewers in the gynecology and pediatric department were fixed prior to the study and had good communication skills. The questionnaire was fixed and same for both the interviewers. It was pre-structured written in local language and included details like demography, age, educational status, residence (rural or urban) back, years of marriage, parity family size, occupation of female, unwanted pregnancy and its fate, place of delivery, knowledge of contraception, source of knowledge, attitude towards contraception, practice of contraception and finally the reason for not using contraception in females who had knowledge of contraception but were not using it.

Statistical analysis

Descriptive statistics was used for data analysis. The collected data was analyzed with regard to the information given by the study subjects according to the set questionnaire items and the analyzed data is presented in the following tables and figures.

RESULTS

A total of 144 females residing in Barabanki participated in the study. The demographic characteristic of study participants is shown in Table 1.

More than 50% of study participants were multiparous with nearly one third having history of previous abortions, shown in Table 2. 79% of females gave the history of accidental pregnancy and nearly half of study population had conceived within one year of marriage as shown in Table 2.

Knowledge attitude and practices of contraception

A total 53% had knowledge of contraception as shown in Figure 1. More than two thirds were not using any form of contraception as shown in Figure 2.

Figure 3 shows the most common method of contraception was barrier method (CONDOM) followed by DMPA (depot medroxy progesterone acetate). Copper T was least used mode of contraception. When inquired about the knowledge of contraception the most common source of knowledge was electronic media followed by friends and family as shown in Figure 4. Figure 5 shows the barriers behind the absence of use of contraception. The most common reason behind the absence of contraception was lack of knowledge of contraception and husband disapproval.

Table 1: Socio demographic characteristics of the participants.

Demographic variables	Group	Frequency	%
Age in years	18-35	142	98.6
	>35	2	1.4
Religion	Hindu	133	92.4
	Muslim	10	6.9
	Christian	0	0
	Sikh	1	0.7
Background	Rural	132	91.7
	Urban	12	8.3
Sex of the baby	Male	62	43
	Female	82	57
Employment	Working	3	2
	Homemaker	141	98
Age of marriage	18-22 yrs	115	79.9
	23-27 yrs	19	13.1
	28-30 yrs	3	2
	30-35 yrs	4	3
	>35 yrs	3	2
Health facility available	ANW*	109	76
	Doctors	19	13
	Quack	7	5
	Compunder	5	3.5
	Chemist	4	2.5
Socio economy status (as per Modified Kuppaswamy scale)	SE Class 1	6	4
	SE Class 2	22	15
	SE Class 3	64	44
	SE Class 4	51	35
	SE Class 5	1	1

*ANW=Anganwadi worker.

Table 2: Gynaecological history of study participants.

Variables	Frequency	%	
Gravida	Primi	68	47
	Multi	76	53
Previous history of abortion	Yes	47	33
	No	97	67
Mode of abortion	Medical	14	29.7
	Surgical	5	10.6
	Spontaneous	28	59.7
Pregnancy	Planned	30	20.8
	Accidental	114	79.2
Conception	Within a year of marriage	62	43
	1-5 years of marriage	38	26.4
	5 years post marriage	44	30.6

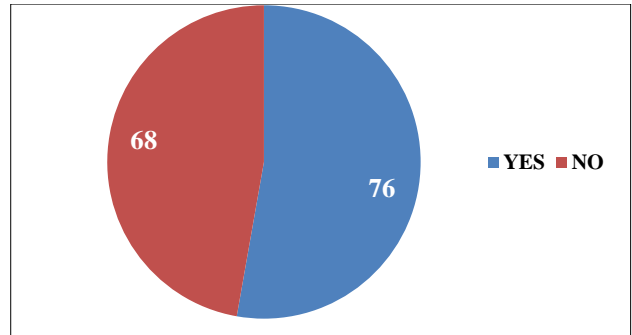


Figure 1: Knowledge of contraception.

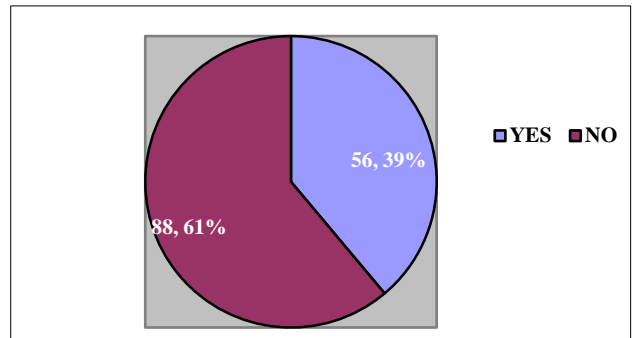
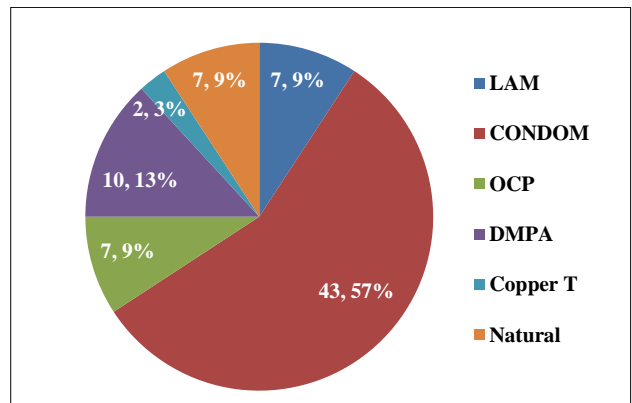


Figure 2: Use of contraception.



LAM: Lactational Amenorrhea, OCP: Oral Contraceptive, DMPA: Depot medroxy progesterone acetate

Figure 3: Contraceptives used.

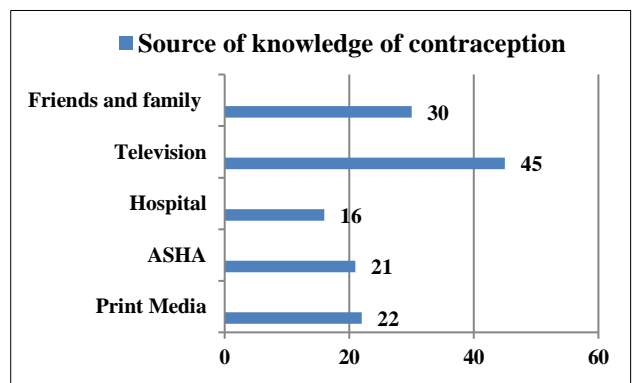


Figure 4: Source of contraceptive knowledge.

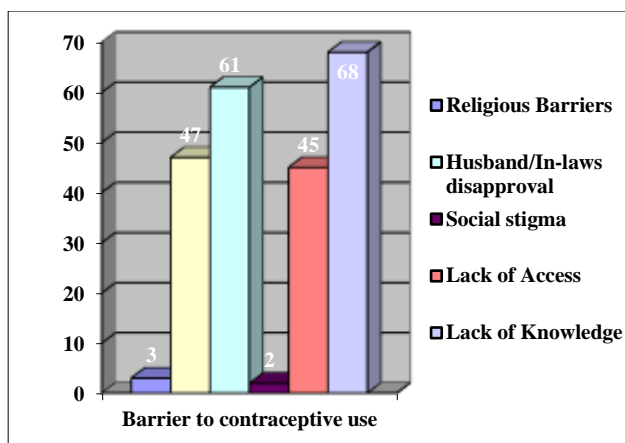


Figure 5: Barriers to contraceptive use.

DISCUSSION

The present study was conducted to understand the etiology behind the high population growth rate of Barabanki which was more than the national population growth rate. For this we studied the knowledge attitude and practices of contraception of women residing in Barabanki. The study showed that out of 144 females who were visiting the antenatal, postnatal or well-baby clinic of Hind Institute of Medical sciences 76 females that is only 53% were aware of contraception. This finding is much lower than national average which is more than 90%.³ This could be partially explained by highly conservative society to which the females belonged. More than 91% of females were belonging to rural background with almost all being home makers. Of the 144 study subjects more than 98% belonged to age group of 18-35 years. Almost 80% of study subjects were married of as early as 18 to 22 years. More than two thirds had conceived within the first year of marriage and when inquired whether the pregnancy was planned or accidental 79% had mentioned it was accidental as they had not used any contraceptive measures just after marriage. Hence majority of females in rural areas of Barabanki were married of early and were not using any contraceptive measures which could explain the high fertility and growth rate of this region. The UDAYA study in the States of Uttar Pradesh and Bihar by the Population Council revealed low levels of knowledge regarding sexual and reproductive health across all adolescents which further supports are finding of poor knowledge of contraception.^{4,5} When we looked into their socioeconomic status majority belonged to stage 3 of Modified Kuppaswamy scale followed by stage 4.⁶ One third of study subjects had aborted with more than 60% had spontaneous abortions. The poor knowledge of contraception led to decreased usage of contraceptive measures as well. When inquired about the use of contraception we found only 39% were using it which is much less than national data of 43.7% Uttar Pradesh as such is one of the states with least usage of contraception.³ Its contraceptive prevalence rate in 2012 was only 37.6%.³ Infact Bihar and Uttar Pradesh are two

states which have been marked as very high focus states for family planning by Government of India. When we inquired about the barriers of using contraception, we found husband and family disapproval to be the most common reason for not using contraception. This factor is one of the most important reasons for failure to implement family planning programmes in Rural India where contraception is still linked with a taboo. Government of India has made availability of barrier methods and intrauterine devices free of cost at health centers across India still its usage is low due to lack of family support. Not one multiparous female in our study had used permanent methods or her husband underwent vasectomy. Not one female had used any emergency contraceptive or was aware of it. This finding was similar to another study conducted in nearby state of Bihar which has more or less same socio demographic characteristic as Uttar Pradesh and ranks last on contraceptive prevalence in India.^{3,7} Infact if we want our family planning programmes to come out from text to ground level we must involve the family particularly the husbands to get involved in it. Similar lack of family particularly husband support was seen in another study.⁸ Providing free contraceptive methods will not help the society unless we educate the couples about its safety and use. When we inquired about the source of knowledge of contraception, we found the print and electronic media was the most common source followed by friends and family. This finding was again similar to that observed by another study in Uttar Pradesh.⁹ Hence we must use our media for not only increasing the awareness but also to clear the mis concepts regarding the side effects of contraception. Infact we must focus on behaviour change through media. Infact one such initiative was the entertainment education named as "Main Kuch Bhi Kar Sakti Hoon "(A Woman, Can Achieve Anything, MKBKSH). Infact it had a tremendous reach and potential to change the knowledge, perception and behaviour among viewers.¹⁰ The limitations of our study were low sample size and it was primarily based on married females residing in Barabanki only. Our study subjects were those females who were either delivered or had conceived lately. Hence, we missed out on the newly married non pregnant female.

CONCLUSION

In conclusion more studies are needed from this region with higher sample size and study subjects should be both husband and wife so that we could get the husbands view point as well. This would help us in devising programmes to decrease the unmet needs for family planning. 79% of our study subjects had accidental pregnancy. This itself explains how difficult it is in converting knowledge into practice as far as family planning is concerned in 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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