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Knowledge, attitude, practice of contraceptive methods at ART centre, RIMS, Raichur Karnataka

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Abstract
Objective: To assess the knowledge, attitude, practice and preferences on contraceptive methods among the HIV positive females, to determine the association between knowledge and attitude on contraceptive methods with the variables.
Materials and methods: A Descriptive survey of 200 HIV positive females between 18- 45 year of age were done using a structured knowledge questionnaire, structured attitude scale and opinionnaire on practice and preference during the month of January 2016 to June 2016 at RIMS, Raichur district, Karnataka.
Results: It was shown that 44% were of 31-40 years of age, 96% were Hindus, only 8% had higher secondary education, 55% were house wives, 37% had family monthly income below 7500 rupees, 94% were aware about contraceptive methods and the major source of information was through ASHA/ANM. 46% of patients knew of more than one contraceptive method.24% used condom and only 7% used cu-t as contraceptive measures. 89% were married, 3% were divorcee and 8% were widower. There was significant association between age and knowledge about contraception (p=0.0485). There was highly significant association between education (p=0.0006), income (p=0.0001), occupation (p=0.0001) against the use of methods of contraception. There was highly significant association between age (p=0.0017), education (p=0.0001), income (p=0.0001) with practice of contraceptive methods.
Conclusion: The study showed that majority of the females had moderate knowledge and favourable attitude.

Keywords: Knowledge, attitude, practice, preferences, contraceptive methods

Introduction
India has achieved significant reduction in new HIV infections over the last 10 years. As per latest reports from National AIDS Control Organization, India, the adult HIV prevalence at national level has declined from 0.41% in 2000 through 0.36% in 2006 to 0.27% in 2011 [1]. Women living with HIV/Acquired Immuno Deficiency Syndrome (AIDS) have right to determine the number and timings of their pregnancies and to safely achieve their reproductive intentions. However, many women in Asia affected by HIV lack access to family planning (FP) services and experience disproportionately high rates of unintended pregnancy and abortion [2]. On an average, 10.3% HIV-positive women in India reported that their recent pregnancy was unwanted [4]. In a study from India, physicians and clients alike reported that the FP counselling delivered to men and women living with HIV focused exclusively on condoms, with only, minimal discussion of other contraceptive method options [5].
Even though there is wide availability of various types of contraceptives, the rate of population growth and unplanned pregnancies is still high. Use of contraceptives can prevent at least 25% of all maternal deaths by allowing women to prevent unintended pregnancies and unsafe abortions, and protect themselves from sexually transmitting diseases including HIV [5].One fifth of the maternal death in the world occur in India, which is estimated as 4 per 1000 live births, and about 15% of the maternal deaths are due to unsafe abortions [6]
Information on reproductive health status such as obstetric events; fertility patterns, perceptions and practice of contraceptives and symptoms of reproductive tract infection/sexually transmitted infection (RTI/STI) among HIV-infected women in India could go a long way in framing strategies to address these unmet needs. Considering limited information on these issues among a good sample of married HIV-infected women in India, an exploratory study was undertaken among HIV-infected women in RAICHUR attending HIV counselling and testing centres at tertiary care hospitals to assess Knowledge, attitude, and uses regarding contraceptive and safe sex.

Materials and Methods

A cross-sectional study was conducted among married, non-pregnant, HIV-infected women aged 18-45 years; who did not desire to have any children and couple was not permanently sterilized. Over a period of 6 months, 200 women attending the ART centre RIMS, who fulfilled the above criteria and were willing to participate in the study were enrolled. After seeking a written informed consent from eligible women, a pretested semi structured interview schedule was administered to collect the desired information.

Data was analyzed using Statistical Package for Social Sciences (SPSS) version 19 (IBM, Bangalore). Knowledge based questions on contraceptives and safe sex had a Yes and No response. Set of questions were asked to assess knowledge on a broader issue of exploration. Each correct response was coded as 1. For descriptive aspects of the analysis, percent was calculated for all categorical variables and mean and Standard Deviation (SD) were calculated for quantitative analysis.

Results

Table 1: Sociodemographic profile of study subjects:

Age (in years)	Number	%
15-19	4	2.0
20-30	72	36.0
31-40	88	44.0
>40	36	18.0
Total	200	100.0
Religion		
Hindu	192	96.0
Muslim	8	4.0
Total	200	100.0
Education		
Illiteracy	100	50.0
Primary	38	19.0
High school	44	22.0
Higher secondary	16	8.0
Graduate and above	2	1.0
Total	200	100.0
Occupation		
Government employee	16	8.0
Private employee	35	17.5
Daily wages	38	19.0
Home maker	111	55.5
Total	200	100.0
Marital status		
Married	178	89.0
Divorcee	6	3.0
Widower	16	8.0
Total	200	100.0
Income		
2000-2999	46	23.0
3000-4999	50	25.0
5000-7499	74	37.0
7500-9999	28	14.0
>10000	2	1.0
Total	200	100.0

Table 2: Awareness and source of knowledge about contraception

Awareness of contraception	Number	%
Yes	188	94.0
No	12	6.0
Total	200	100.0
Source of information		
Hospital	12	6.0
Social worker	34	17.0
Super market	14	7.0
ANM/ASHA	140	70.0
Total	200	100.0
Methods of contraception		
Don't know about contraception	30	15.0
Condom	48	24.0
Cu-T	14	7.0
Tubectomy	16	8.0
More than one method	92	46.0
Total	200	100.0

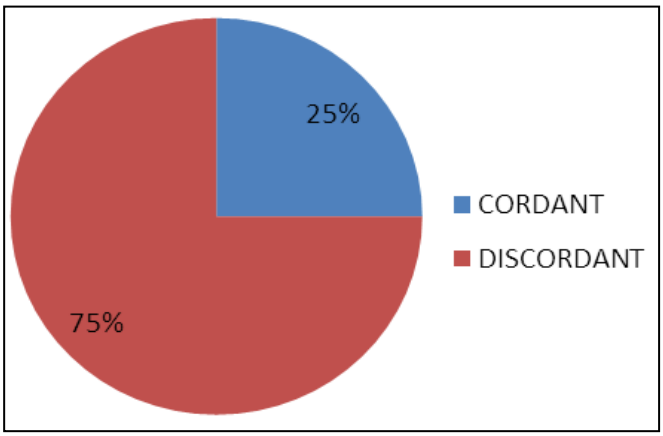

Fig 1: HIV status of couple

In the study group 150 were concordant for ART and 50 were discordant for ART

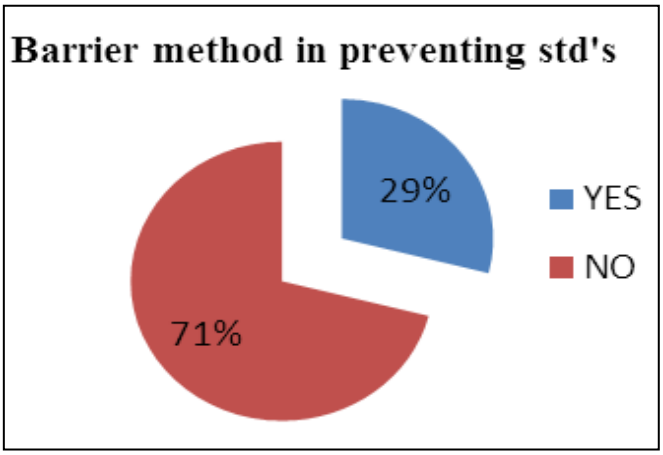

Fig 2

Table 3: Factors associated with Knowledge of contraceptive use in HIV patient

	Knowledge about contraception		
Age (in years)	**Yes**	**No**	**p-value**
15-19	2	2	0.0485 Significant
20-30	66	6	
31-40	74	14	
>40	28	8	
Total	170	30	
Religion			0.6088 Not significant
Hindu	162	30	
Muslim	8	0	
Total	170	30	
Education			0.0006 Highly significant
Illiteracy	82	18	
Primary	30	8	
High school	42	2	
Higher secondary	16	0	
Graduate and above	0	2	
Total	170	30	
Occupation			
Government employee	15	1	0.0001 Highly significant
Private employee	28	7	
Daily wages	2	36	
Home maker	38	73	
Total			
Marital status			0.4313 Not significant
Married	152	26	
Divorcee	4	2	
widower	14	2	
Total	170	30	
Income			0.0001 Highly significant
2000-2999	28	18	
3000-4999	42	8	
5000-7499	70	4	
7500-9999	28	0	
>10000	2	0	
Total	170	30	

Table 4: Association between practice of contraception with the variables

Practice of contraceptives							
Age (in years)	**Don't know**	**Condom**	**Cu –T**	**Tubectomy**	**>one method**	**Total**	**P value**
15-19	2	0	0	0	2	4	0.0017 Highly significant
20-30	6	16	7	2	41	72	
31-40	14	28	3	6	37	88	
>40	8	4	4	8	12	36	
Total	30	48	14	16	92	200	
Religion							0.3002 Not significant
Hindu	30	44	14	16	88	192	
Muslim	0	4	0	0	4	8	
Total	30	48	14	16	92	200	
Education							
Illiteracy	18	28	6	2	46	100	0.0001 Highly significant
Primary	8	4	2	4	20	38	
High school	2	12	0	6	24	44	
Higher secondary	0	4	6	4	2	16	
Graduate and above	2	0	0	0	0	2	
Total	30	48	14	16	92	200	
Occupation							0.0001 Highly significant
Government employee	1	2	3	4	6	16	
Private employee	7	4	5	6	13	35	
Daily wages	36	1	0	1	0	38	
Home maker	73	15	5	7	11	111	
Total	117	22	13	18	30	200	
Marital status							0.0915 Not significant
Married	26	36	14	16	86	178	
Divorcee	2	2	0	0	2	6	
widower	2	10	0	0	4	16	

Total	30	48	14	16	92	200	
Income							
2000-2999	18	8	6	10	4	46	0.0001 Highly significant
3000-4999	8	12	2	2	26	50	
5000-7499	4	18	4	4	44	74	
7500-9999	0	8	2	0	18	28	
>10000	0	2	0	0	0	2	
Total	30	48	14	16	92	200	

Results and Analysis

Among the 200 HIV positive females in the study group, 88(44.0%) belong to the age group of 31-40 years and 72(36.0%) were in the age group of 21-30.about 192 (96%) were Hindus. Majority of them were illiterate 100 (50%) and 44(22%) had studied up to High school. Majority 111 (55.5%) were home makers and 38(19%) were daily wage workers. Among the participants, 74 (37.0%) had a family income of less than Rs7, 500 per month. (Table 1)

Knowledge on contraceptive methods

Majority of 188(94.0%) were aware of contraceptive method. Source of information about contraception were through ANM/ASHA 140(70%).Majority of 92 (46.0%) used more than one contraceptive method. About 30(15%) did not use contraception, 14 (7%) used cu-t, 48(24%) used condom as most common method of contraception. (Table2)

Association between knowledge with the variables

There was significant association between age and knowledge about contraception (p=0.0485). there was highly significant association between education (p=0.0006), income(p=0.0001), occupation (p=0.0001) against the use of methods of contraception. Hence, it is inferred that the knowledge is independent of religion, marital status, number of pregnancies, number of living children and source of information. (Table 3)

Association between practices of contraception with the variables

There was highly significant association between age (p=0.0017), education (p=0.0001), income (p=0.0001) with practice of contraceptive methods. Religion and marital status were not significantly associated.

Discussion

The HIV/AIDS is acquired due to high risk behaviour of people which helps the virus to enter the body. The major issues related to HIV /AIDS is social stigma and discrimination which exist at individual, family and societal level. Stigma and discrimination fuel the HIV /AIDS epidemic. The reasons behind these issue are wide spread ignorance, poor information and misconceptions about HIV /AIDS. Understanding about the knowledge, attitude and practices about HIV/AIDS of people having HIV/AIDS (source of infection), care givers (including patient attendant and medical staff) and in general populations will help us in formulating strategy for prevention, treatment and improving compliance to treatment of HIV/AIDS. In the absence of any preventive vaccine or curative treatment to this dread disease till date, prevention remains the only measure to apprehend the transmission of disease.

Knowledge on contraceptive methods

Majority of 188(94.0%) were aware of contraceptive method. Source of information about contraception were through ANM/ASHA 140(70%). Dr Ambareen Khan [7] *et al* (2011) mentioned that 81% had awareness regarding any method of contraception. The best known method of contraception was condoms (88.78%) followed by IUCD (77.07%) and OCP (72.19%). When the 71.22% respondents that had knowledge of contraception were asked about their source of information on contraception majority indicated that TV/ radio was their source of information. Tuladhar H *et al* [8] also observed that the most common source of information on contraception was media (55.5%), and both printed and electronic.

Majority of 92 (46.0%) used more than one contraceptive methods. About 30(15%) did not use contraception, 48(24%) used condom as most common method of contraception which is similar to udupi study, a majority of 51 (37.5%) preferred OCP, around 30 (22.1%) preferred condoms and around 22 (16.2%) preferred Injections [9]. Whereas Joan Walsh in 1996, in contraceptive choices: supporting effective use of methods stated that OCP, male condoms and IUDs were the methods most preferred (by 49%, 28% and 12% of women respectively). There was significant association between age and knowledge about contraception (p=0.0485) and there was highly significant association between education (p=0.0006), income (p=0.0001), occupation (p=0.0001) against the use of methods of contraception. Hence, it is inferred that the knowledge is independent of religion, marital status, number of pregnancies, number of living children and source of information. There was highly significant association between age (p=0.0017), education (p=0.0001), income (p=0.0001) and income with practice of contraceptive methods. Religion and marital status were not significantly associated. In Julie *et al* study on 'A comparative study to determine the knowledge, attitude and practice of married women regarding family welfare in selected urban and rural areas of Udupi district', Karnataka in the year 2000 where education was found to be significantly associated with knowledge scores ($\chi 2 = 6.37$, $p<0.05$) in rural areas and ($\chi 2 = 4.98$, $p<0.05$) in urban areas [10].

Conclusion

Despite the high rate of sexual activity in the study group, the contraceptive usage rate is low. There is a need for aggressive advocacy about female reproductive health and dissemination of information on family planning methods among the reproductive females in HIV patients. There was highly significant association between ages, education, income with practice of contraceptive methods. Religion and marital status were not significantly associated. This emphasizes the importance of education in improving the knowledge of the females on contraceptive methods. Counselling of family members, relatives and friends of diseased persons should be given the topmost priority to prevent stigma and discrimination so that HIV/AIDS patients can live with their rights. Mass media should be utilized in a big way to alleviate the misconceptions associated with HIV/AIDS within general population.

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