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## A study on contraceptive knowledge, attitude and practices among North Indian rural women

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### Abstract

**Background:** The increasing population has been amongst the most important challenges faced by human beings globally. More than 40% of pregnancies worldwide are unintended. A variety of different methods of contraception are available, which are generally extremely safe compared with the risks associated with pregnancy and childbirth. Not all methods are suitable for everyone, so cafeteria approach is used. A lack of knowledge of contraceptive methods or a source of supply, cost and poor accessibility are the barriers that exist in developing countries.

**Methods:** A cross-sectional study was conducted among 300 women of reproductive age group attending the OPD in Community Health Centre, Basohli, Jammu, J&K over a period of 6 months from September 2019 to January 2020. This is a rural area in North India. A predesigned self-structured questionnaire was used to collect data. The questionnaire had 3 sections including the socio-demographic data, the knowledge and awareness regarding contraception and contraceptive practices.

**Results:** A total of 300 females were included in the study. It was seen that maximum females i.e. 166 out of 300 (55.33%) belonged to 20-30 years age group. 95.33% females had heard about one or the other form of contraceptive methods. It was seen that only 152 females out of 300 were using some method of contraception. Most commonly barrier contraceptives were used. Maximum females used contraceptive methods as they had completed their families. A significant number of females i.e. 134 out of 300 were not using any form of contraception and lack of proper knowledge was the most important reason for not using contraception

**Conclusion:** Our study suggests that amongst the rural females the knowledge, attitude and practices towards family planning and contraceptive practices is limited. With the ongoing increase in India's population new awareness programmes and policies must be made to increase the contraceptive practices.

**Keywords:** contraception, rural women, family planning, maternal health

### 1. Introduction

The increasing population has been amongst the most important challenges faced by human beings globally. And India being the world's 2<sup>nd</sup> most populous country it becomes a greater challenge. Family Planning is promoted as a mechanism to address the reproductive health needs of men and women, as well as the crucial challenge of rapid population increase.

Unregulated fertility, also compromises the economic development and political stability. Therefore, many countries consider limiting population growth as an important component of their overall developmental goal. This strategy is now enhanced by the availability of effective contraceptive methods since the 1960s<sup>[1]</sup>

WHO defined family planning as a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes and responsible decision by individuals & couples, in order to promote the health and welfare of the family group and thus contribute effectively to the social development of the country. Contraception is the deliberate use of artificial methods or other techniques to prevent pregnancy as a consequence of sexual intercourse.

More than 40% of pregnancies worldwide are unintended. An estimated 222 million women in developing countries would like to delay or stop child bearing but are not using any method of contraception. An estimated 18 million unsafe abortions take place each year in less developed countries contributing high rates of maternal deaths, and injuries in these regions. About 15% of the maternal deaths in India are due to unsafe abortions.<sup>[2]</sup> In addition, unwanted birth poses risks for children at health and wellbeing and contributes to rapid population growth.

A variety of different methods of contraception are available, which are generally extremely safe compared with the risks associated with pregnancy and childbirth.

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Not all methods are suitable for everyone, so cafeteria approach is used. A lack of knowledge of contraceptive methods or a source of supply, cost and poor accessibility are the barriers that exist in developing countries. Side effects perceived or real are major factors for the abandoning of modern methods.

The factors responsible for such behaviour can be lack of information or of services, inconvenient or unsatisfactory services, poor design, fears about contraceptive side effects, opposition from the husband and relatives are other contributory factors.

KAP studies are highly focused evaluations that measure changes in human knowledge, attitudes and practices in response to a specific intervention, usually outreach, demonstration or education. KAP studies tell us what people know about certain things, how they feel, and how they behave. Each KAP study is unique to a particular setting and designed for a specific issue.

## 2. Methods

A cross-sectional study was conducted among 300 women of reproductive age group attending the OPD in Community Health Centre, Basohli, Jammu, J&K over a period of 6 months from September 2019 to January 2020. This is a rural area in North India.

A predesigned self-structured questionnaire was used to collect data. The questionnaire had 3 sections including the socio-demographic data, the knowledge and awareness regarding contraception and contraceptive practices.

1. Inclusion criteria: Women of reproductive age group (15-45 years)
2. Exclusion criteria: Women who did not give consent for study.

Women with medical disorders

The women were randomly selected and after taking informed consent they were interviewed. Data was compiled and analyzed using appropriate statistical tools.

## 3. Results

A total of 300 females were included in the study. It was seen that maximum females i.e. 166 out of 300 (55.33%) belonged to 20-30 years age group (Table 1). Most females included in the study were multigravida (Table 2). Being a rural area 113 women (37.67%) had not received any formal education (Table 4), and maximum females were non-working home makers (Table 5). About 1/3rd females were married for less than 5 years and 16 females had been married for more than 15 years (Table 3).

**Table 1:** Age distribution

Age (in years)	No. of females (Percentage)
<20	74 (24.67%)
20-30	166 (55.33%)
31-40	42 (14%)
>40	18 (6%)

**Table 2:** Obstetrical history

Parity	No. of females (Percentage)
Primipara	90 (30%)
Para 2	171 (57%)
Para 3 or more	39 (13%)

**Table 3:** Years of marriage

Years of Marriage	No. of females (Percentage)
<5	210 (70%)
5-15	74 (24.67%)
>15	16 (5.33%)

**Table 4:** Educational status of females

Educational Status	No. of females (Percentage)
Illiterate	113 (37.67%)
Primary school	104 (34.67%)
High School	66 (22%)
Graduate	17 (5.66%)

**Table 5:** Occupation

Occupation	No. of females (Percentage)
Working	52 (17.33%)
Not Working	248 (82.67%)

On assessing the knowledge of the females about contraception 95.33% females had heard about one or the other form of contraceptive methods (Table 6). All of these females knew something about permanent methods i.e. tubectomy and vasectomy. 73.43% females had knowledge about barrier contraceptives. Oral contraceptive pills and IUCD were known to 116 and 106 females respectively. Knowledge about safe period was seen only among 2.45% females. And the most common source of knowledge was from their social circle (Table 7).

**Table 6:** Knowledge about contraception

Knowledge	No. of females (Percentage)
Heard	286 (95.33%)
Tubectomy/Vasectomy	286 (100%)
Barrier method	210 (73.43%)
Oral Pills	116 (40.56%)
IUCD	106 (37.06%)
Safe period	7 (2.45%)
Injectable DMPA	46 (16.08%)

**Table 7:** Source of knowledge

Source of Knowledge	No. of females (Percentage) N = 286
Media	18 (6.29%)
Social Circle	240 (83.92%)
Health personal including ASHA	28 (9.79%)

It was seen that only 152 females out of 300 were using some method of contraception (Fig 1). Most commonly barrier contraceptives were used. Only 18 females had undergone tubal ligation (Fig 2). None of the female's husband underwent vasectomy. Maximum females used contraceptive methods as they had completed their families (Table 8). A significant number of females i.e. 134 out of 300 were not using any form of contraception and lack of proper knowledge was the most important reason for not using contraception (Table 9).

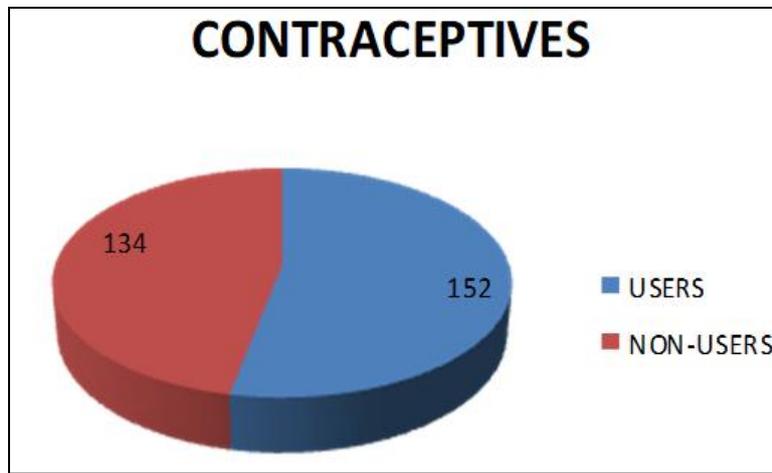


Fig 1: Contraceptive use

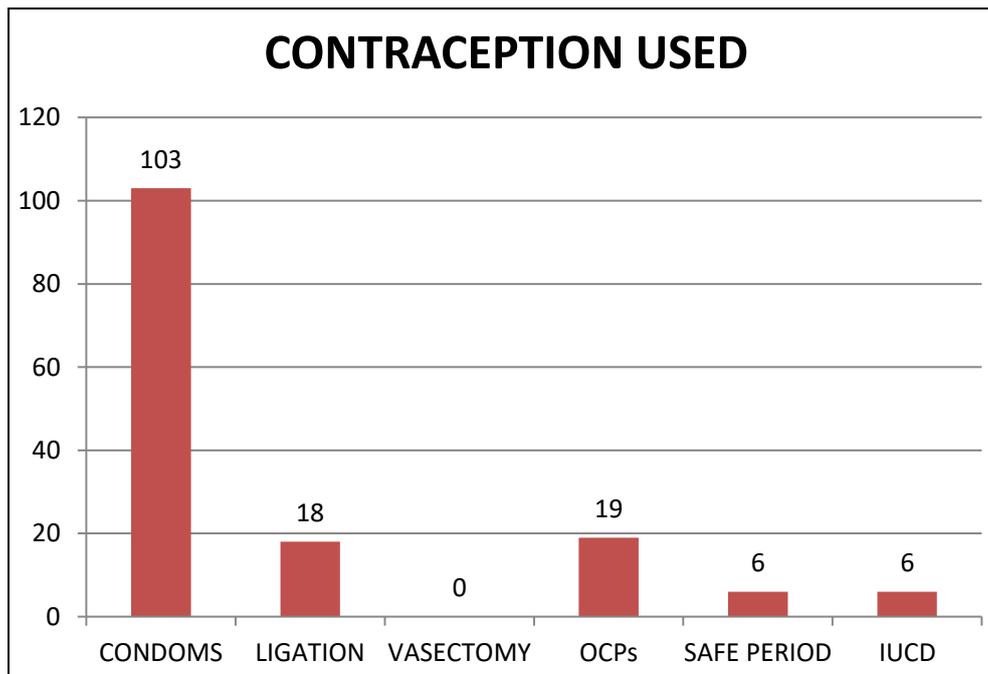


Fig 2: Types of contraceptive being used

Table 8: Reasons for using contraception

Reason for using contraception	No. of females (Percentage) N=152
Completed family	96 (63.16%)
Spacing	56 (36.84%)
Health problem	0
Physician advice	0

Table 9: Reasons for not using contraception

Reason for not using contraception	No. of females (Percentage) N=134
Lack of proper knowledge	97 (72.38%)
Not reliable	6 (4.78%)
Partner opposition	2 (1.49%)
Willing to have more children	8 (5.97%)
Husband working outside	21 15.67%)

**4. Discussion**

On assessing the knowledge of the females about contraception 95.33% females had heard about one or the other form of contraceptive methods (Table 6). This is consistent with findings of studies by Lavanya KS *et al* [3], Kaushal SK *et al* [4] and Thapa P *et al* [5] who found that knowledge of contraception in their studies as 96.8%, more than 90% and 92.3% respectively.

In our study, most of the females i.e. 95.33% knew something about female permanent method i.e. tubectomy. In studies by Lavanya KS *et al* and Kaushal SK *et al* this percentage was again more than 90%. Good knowledge about tubal ligation is attributed to the large number of ligation camps which are being carried out in the rural areas.

73.43% females had knowledge about barrier contraceptives.

Oral contraceptive pills and IUCD were known to 116 and 106 females respectively. Knowledge about safe period was seen only among 2.45% females (Table 6). That was again consistent with other studies. The most common source of knowledge in our study was from their social circle that was similar to other studies like that of Lavanya KS *et al* and Sunita TH *et al* [6] although the percentage is quite high in our study as this being rural areas exposure of females to print and electronic media is limited.

It was seen that only 152 females out of 286 who had heard about some form of contraceptive i.e. 53.14% were using some method of contraception (Fig 1). In practice only 55% were using contraceptive methods in Lavanya KS *et al* study. Most commonly barrier contraceptives were used. Whereas in a study by Sherpa SZ *et al* [7], OCPs were most commonly used. Only 18 females had undergone tubal ligation (Fig 2). None of the female's husband underwent vasectomy. Because they did not have proper knowledge about these permanent methods and were either frightened to undergo surgical procedure and some even had a notion that vasectomy may lead to impotency. Maximum females used contraceptive methods as they had completed their families. A significant number of females i.e. 134 were not using any form of contraception and lack of proper knowledge about the available methods was the most important reason for not using contraception. Although the number of those not using any contraceptive method is quite high but compared to study by Kaushal SK *et al* conducted in 2009 in rural area of Uttar Pradesh in which 70.7% females were not using contraceptive some improvement has been achieved.

## 5. Conclusion

Our study suggests that amongst the rural females the knowledge, attitude and practices towards family planning and contraceptive practices is limited. With the ongoing increase in India's population new awareness programmes and policies must be made to increase the contraceptive practices. And health workers can play a very important role in spreading awareness regarding the various contraceptive methods available.

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