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An epidemiological study analyzing knowledge, attitude & practice towards contraception among married women of reproductive age group having ≤ 2 children coming to OPD of Beri Maternity Centre, G T road, Amritsar, Punjab

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Abstract

Introduction: India is among those countries which have high maternal mortality rate. The current MMR is 212 per lakh live births. 9 Most maternal deaths occur during pregnancy, child birth and post natal period; hemorrhage, eclampsia, sepsis, obstructed labour and unsafe abortions being the direct causes. Indirect causes include Anemia, Malaria and HIV/AIDS. Most of these causes can be largely preventable by appropriate utilization of maternal health services including family planning and contraception.

Assessment of knowledge, attitudes, and practices (KAP) is a crucial element for success of contraceptives because their use is something highly personal, but little information is available from developing countries especially India where population explosion has lately been recognized as a major health problem. Thus this study is formulated with the objective of assessing the knowledge, attitudes and practices of married women of reproductive age group having ≤ 2 children in an effort to fill the gaps in information.

Methods:

Inclusion criteria: Married women of reproductive age group having ≤ 2 children

Exclusion criteria

1. Pregnant women.
2. Refusal to participate.

It was a cross-sectional study in which a pre-designed and pre-tested questionnaire was used in form of proformas to record the information. A total of 100 married women selected through purposive sampling technique were interviewed. Knowledge and use of different contraceptive methods was assessed. The data was collected, compiled and analyzed statistically, and valid conclusions were drawn.

Keywords: Contraception, KAP, married women of reproductive age-group

Introduction

Health is a basic human right / women's right. In general, women are among the most vulnerable groups of human beings. But unfortunately, their health is neglected the most as they spend most of their time in taking care of their families and no time is left for themselves. Attainment and maintenance of good health depends on women's access to nutritious food, appropriate medicine to treat illness, clean water, safe housing, pollution-free environment and timely health services. General health problems as well as reproductive health problems are more prevalent in women. They remain unaware of their own reproductive health problems such as menstruation, sexuality, concept of menstrual hygiene and family planning methods. Further risk is involved in repeated pregnancies and inadequate utilization of health facilities.

India is among those countries which have high maternal mortality rate. The current MMR is 212 per lakh live births [9]. Most maternal deaths occur during pregnancy, child birth and post natal period; hemorrhage, eclampsia, sepsis, obstructed labour and unsafe abortions being the direct causes. Indirect causes include Anemia, Malaria and HIV/AIDS. Most of these causes can be largely preventable by appropriate utilization of maternal health services including family planning and contraception.

Uncontrolled population explosion is single greatest threat to country's economical, social & political development. India was the first country to launch a National Family Planning Programme with aim to reduce birth rate to stabilize population.

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With only 2.4% of world's land area, India is supporting about 16.87% of world's population. India was the 1st country to launch a national family planning control programme with aim to reduce the birth rate to stabilize population ^[1]. Spacing methods do not only decrease fertility but also improve the health of mother by delaying the next Child ^[2]. The National population policy was revised by Government of India in 2000, to slow down the growth rate. Despite constant efforts by the government, the unmet needs of contraception still remain. The reasons for these unmet needs have to be studied in detail for better understanding of the situation and to help the Government. In formulation of appropriate policies and approaches

The three main factors that contribute to disparities in family planning outcome are patient preferences and behavior, health care system factors and provider related factors ^[10]. The extent of contraceptive usage varies according to cultural factors, age, parity, education, occupation, family attitude, motivation, availability and acceptability of contraception. Religion and tradition has an undeniable impact on social and cultural structure of the society. Obstacles to contraceptive use are lack of awareness, negative attitudes and fear of side effects. It has been estimated that 27% of women are at risk of unplanned pregnancy and therefore, proper counseling for family planning is required ^[9]. One of the most important determinants of contraceptive use is woman's knowledge and attitude towards family planning. The objective of this study was to determine the frequency of knowledge, attitude and practice regarding contraception among parous women.

Assessment of knowledge, attitudes, and practices (KAP) is a crucial element for success of contraceptives because their use is something highly personal, but little information is available from developing countries especially India where population explosion has lately been recognized as a major health problem. Thus this study is formulated to assess the knowledge, attitudes and practices of married women of reproductive age group having ≤ 2 children in an effort to fill the gaps in information.

Aims and objectives

To access their knowledge, attitudes, and practices regarding different contraceptive methods,

Materials and Methods

Inclusion criteria

Married women of reproductive age group having ≤ 2 children

Exclusion criteria

1. Pregnant women.
2. Refusal to participate.

Methodology: It was a cross-sectional study in which a pre-designed and pre-tested questionnaire was used in form of proforma to record the information. The interview was carried out in the local language. The purpose of the study was explained to them and informed consent was taken. A total of 100 married women selected through purposive sampling technique coming to OPD of Beri Maternity centre, G T road, Amritsar, Punjab were interviewed. Sociodemographic characteristics included full name and address, age, parity, ethnicity, religion, qualification and profession. Contraceptive knowledge and attitude towards contraception and use of different contraceptive methods including combined oral contraceptive pills (COCP), condom, intrauterine contraceptive device (IUCD), injectable hormones, safe period and withdrawal

method were assessed. Knowledge of permanent methods of contraception tubal ligation for females and vasectomy for males was also assessed. Results of knowledge, attitude and practice were presented in terms of frequencies and percentages.

Statistical analysis was done using Epi Info™ 7.1.3.

Results

Total population of Village was 1976 (1006 males and 970 females). Total numbers of eligible couple were 285.

A total of 100 married women selected through purposive sampling technique were interviewed. Overall knowledge about any method of contraception was 96.0% in women and knowledge was higher for female sterilization (93.2%) and low for spacing methods (86.8%, 77.6%, & 91.2% for Oral Pills, IUCD, & Condom respectively) and male sterilization (86.2%). Major sources of knowledge regarding contraception were link-workers followed by media.

58% of women interviewed were not using any method of contraception and the reasons found for non-use of contraception were Fertility related reason i.e., need more children (33%), partner's opposition (47%) and fear of side effects (23%). In 47% of respondent's husband disapproved family planning,

Majority of women (65.4%), in this survey considered that contraceptive practice is primarily the woman's responsibility.

Discussion

The present study showed that the overall knowledge about any method of contraception was 96.0% in women. The findings are similar to prevalence of knowledge (98.2% in men & 97.7% in women) reported by NFHS-III (2005-06) and slightly lower than the findings of Takkar *et al.* ^[11] (100%), but higher than 78.8%, 75.0%, 73.5% & 95.0% as reported by Jain *et al.* ^[12], Kumar *et al.* ^[13], Chandhick *et al.* ^[14] and Patro *et al.* ^[15] respectively.

The knowledge was higher for female sterilization (93.2%) and low for spacing methods (86.8%, 77.6%, & 91.2% for Oral Pills, IUCD, & Condom respectively) and male sterilization (86.2%). Jain *et al.* ^[12] reported highest knowledge for condoms (55.6%) followed by female sterilisation (55.4%) in rural area of Meerut which may be due to differences in educational and socio-economic background.

Exposure to family planning messages through media play an important role in increasing the use of family planning methods especially in those areas where literacy level is low. Fikree *et al.* stated that women were more likely to use contraceptives when messages of family planning were delivered through media. In the present study, exposure to family planning messages (70.0%) followed by health personnel (56%) and social circle (discussion with friends/relatives/spouse) (18%) have contributed to impart knowledge for contraception. Similarly, study from rural Nepal also reported an exposure to electronic media messages as the main factor for use of family planning methods among women. Awareness for contraceptive usage is valuable only if the information obtained is correct and utilized. Strategies to increase contraceptive use must include improving delivery of correct and adequate information about the available contraceptive methods.

58% of women interviewed were not using any method of contraception. Two Indian studies showed similar results, 55% and 46% of non-users ^[2]. While general level of approval for contraception was high (97.2%), the practice level was only 52%. KAP survey conducted among rural people in UP, revealed high level of approval for contraception but the practice

level was very low, 14%.

Fertility related reason i.e., need more children (33%), partner's opposition (47%) and fear of side effects (23%) were the reasons found for non-use of contraception. Reasons for non-use of contraceptives have varied in magnitude in different studies – Fertility related reasons were found as main reasons by Das *et al.* (38.9%), Vaidya *et al.* (17.8%), Chandhick *et al.* (34.6%). Health providers should discuss the transient nature of most side effects in order to achieve compliance.

In the present study, 47% of respondent's husband disapproved family planning, similar to 54% of results in a study conducted by Etuk *et al.* [5] A similar pattern was also found in Eastern Turkey, where husband's disapproval was the main factor for not using any family planning method among married women [6]. However, husband support for family planning was significantly higher in a Jordanian study [7]. Attitude of husband was found to be an important predictor for contraception use. In rural areas, husband being the dominant member plays the pivotal role in approving the family size and contraceptive practices. Education is, therefore, considered to improve the ability of women to resist subjugation and to acquire greater power in decision-making.

Majority of women thinking that contraceptive practice is primarily the woman's responsibility can make women less assertive on insisting the use of male-controlled methods. In this study husband's involvement in decision making was shown in less than half of the cases. Family planning programs are increasingly focusing on men's influence on contraceptive use. Male partners are an integral part of contraceptive decision making [1].

Regarding the usage of family planning methods, an important dimension is the type of contraception used. Female sterilization was the most common chosen method used by 57% of couples which is similar to the findings of Bhasin *et al.* and Kansal *et al.* According to NFHS-2, female sterilization was the most prevalent method of contraception (71%).

Recommendations

1. Improving female literacy remains an important tool for improving contraceptive practices as well as reducing male child preference.
2. Continuous & complete health education by means of BCC activities and strengthening health services will help in increasing the knowledge & thereby practices regarding contraception

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Declarations

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Conflict of interest: Nil

Ethical approval

Ethical approval was obtained from Ethical Committee of Beri Hospital, Amritsar.

Table 1: Distribution of wife's of eligible couples according to awareness about family planning methods

Awareness about family planning methods	Percentage
Yes	96
No	4
Total	100

Table 2: Distribution of wife's of eligible couples according to family planning method known*

Family planning method known	Percentage
Oral contraceptives	86.8
Condom	91.2
Tubectomy (Female sterilization)	93.2
Vasectomy (Male sterilization)	86.2
Intra-uterine device	77.6
Natural methods	
Emergency contraception	
Injectables	

*Multiple responses were allowed in this question

Table 3: Distribution of wife's of eligible couples according to source of information of family planning methods*

Source of information of family planning methods	Percentage
Print material	70
Television	
Radio	
Health personnel	56
Husband	10
Friend	6
Relative	2

*Multiple responses were allowed in this question

Table 4: Distribution of wife's of eligible couples according to current family planning method users

Current family planning method users	Percentage
Yes	42
No	58
Total	

*Multiple responses were allowed in this question

Table 5: Distribution of wife's of eligible couples according to reason for not using any family planning method*

Reason for not using any family planning method	Percentage
Want more children	33
Not acceptable to husband	47
Harmful for health	23
Failure to obtain desirable method	
Breast feeding	
Currently pregnant	
Religious reason	
Fear of side effects	
Indifferent attitude of health personnel	

*Multiple responses were allowed in this question

Table 6: Distribution of wife's of eligible couples according to responsibility for family planning method*

Responsibility for family planning method	Percentage
Wife	65.4
Husband	21
Both	
Total	

*Multiple responses were allowed in this question

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