

KNOWLEDGE, ATTITUDE, PRACTICES AND BEHAVIOR OF WOMEN TOWARDS CONTRACEPTIVE USE-A STUDY OF WOMEN ATTENDING NORTH INDIAN RURAL HOSPITAL

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Abstract:

Aim: Aim of the study was to assess the knowledge, attitude, practices and behavior of women regarding various contraceptive methods.

Material & Methods: It was a cross sectional study of 623 married women attending gynecology OPD of Gian Sagar Medical College & Hospital, Banur, Chandigarh (India). All participants were interviewed with a predesigned performa.

Results: Almost 90% of women were from rural area and upto two-thirds were illiterate, belonging to low socio-economic status. Awareness level about contraceptive methods was 55% among the participants and almost all of them knew about barrier & oral pills. Main source of knowledge was media followed by healthcare workers & social circle. Approximately 40% were currently using one or the other method of contraception. Barrier method was the most commonly used (64%) followed by oral pills (25%). Main reason for not using contraception was unawareness.

Conclusion: There is need to create awareness about the benefits of contraception. This can be achieved by strong motivation and counseling of couples.

Key-words: Contraception, Knowledge, Attitude, Behavior.

Introduction

Fast growing population is one of the main hazards to the development of India. India is second most populous country in the world and the rate of population growth is a matter of concern to the policy makers. This is in spite of the fact that India was one of the pioneers to start family welfare program which was started in 1950s. (1, 2, 3)

In spite of the constant efforts by the government, unmet need of contraception (12.8% in 2006 WHO report) is still there. (4, 5) There are many social factors, taboos, myths and ignorance which is responsible for underutilization of contraceptive services. This leads to many unwanted pregnancies causing maternal morbidity and mortality. Use of effective contraception is one of primary strategy to prevent maternal mortality & morbidity by decreasing unwanted pregnancies & abortions. (6) Understanding the contraceptive needs & practices of particular community is important to help policy makers design various policies. The present study was undertaken in patients attending gynecology OPD for various reasons to know their attitude, behavior, knowledge & practice of contraceptive methods.

Material & Methods

The present study was a cross sectional study undertaken on 623 women attending gynaecology OPD at Gian Sagar Medical College & Hospital, Banur, Patiala, Punjab (India) during the year 2011-2012. 623 married women were interviewed with a set of predesigned questions. Inclusion criteria were married women in the age group of 20-45 years. Women having any medical disorders which preclude use of contraception, who were pregnant or lactating, infertile women were excluded from study. After checking the inclusion criteria, the questionnaire mainly focused on contraceptive practices, socio-economic data, age, parity, awareness regarding various contraceptive methods, current contraceptive use, and reason for not using any contraceptive method. Results of study were expressed as percentage.

Results

Table 1 and 2 show the socio-demographic data of participants. Majority of the women were in the age group of 20-30 years. Almost 90% of women were from rural area & 88% had one or two living children. Upto two third of women were illiterate and majority (81%) were in low income group having monthly income of family upto Rs. 5000/pm. Almost 70% had a single child at the time of interview, this may be because majority were in young age group of 20-30 years. Approximately 10% had gap of less than 2 years between children.

Table 1:
Baseline Data (n=623)

Parameter	Number	Percentage (%)
Age (Years)		
20-30	606	97.3%
30-40	17	2.7
Age of Husband		
20-30	568	91.2
30-40	54	8.7
Above 40	1	0.2
Parity		
1-2	552	88.6
3-4	69	11.1
Above 4	2	0.3
Rural	558	89.6
Urban	65	10.4
Educational Level		
Illiterate	367	58.9
Upto Matric	210	33.7
Secondary	34	5.5
Graduate & Above	12	1.9
Gap between two children		
1 year	16	2.6
1-2 years	49	7.8
More than 2 years	115	18.5
Having single child	443	71.1
BMI		
Normal	508	81.5
Over-weight	82	13.2
Under-weight	33	5.3

Table 2:
Socio-economic Data (n=623)

Parameter	Number	Percentage (%)
Income(Rupees per month)		
Upto 5000	509	81.7
5000-10,000	102	16.4
Above 10,000	12	1.9
Occupation		
Husband		
Farmer	47	7.5
Daily wager	320	51.36
Factory worker	10	1.6
Govt. job	15	2.4
Driver	36	5.8
Others	195	31.3
Wife		
House wife	604	97
Labourer	1	0.2
Teacher	2	0.2
Others	16	2.6
Relation with laws		
Good	607	97.4
poor	16	2.6
Mental Health		
Good	606	97.3
Stressed (tension)	17	2.7
Breast feeding		
Yes	356	57.1
No	267	42.9

Only half (55.7%) of participants knew about any method of contraception. Rest of 44% were unaware about contraception. All of them who were aware knew about barrier method and oral pills. About one third had knowledge about CuT. Surprisingly very few participants knew about sterilization. (Table 3)

Table 3:
Knowledge & Awareness about Contraceptive Methods (n=623)

Parameter	Number	Percentage (%)
Aware	347	55.7
Unaware	276	44.3
Knowledge about different methods		
Any method	347	55.7
CuT	234	37.5
Barrier	347	55.7
OCP	347	55.7
Sterilisation	43	6.9
Safe period	20	3.2
Injectables	16	2.5
Coitus interruptus	9	1.4

Main source of knowledge was media, followed by healthcare workers and social circle. (Table 4)

Table 4:

Source of Knowledge (n=347)*

	Number	Percentage (%)
Media	169	48.7
Health worker	96	27.6
Social circle	82	23.7
Total	347	100

*** Only 347 women out of 623 were aware about contraceptive methods**

A total of 40% of participants were currently using contraception. Most commonly used method was barrier contraception (64%). Almost one-fourth used oral pills and CuT use was quoted by 6.4%. Other less commonly used methods were sterilization, safe period and coitus interruptus. (Table 5)

The main reason for not using any contraceptive was unawareness (74%). Almost 15% were desirous for conception. A few were either worried about side effects or husband was either unwilling to use contraception or was staying away. (Table 5)

Table 5:

Current Contraception being used

Parameter	Number	Percentage (%)
Users	250	40.1
Non-users	373	59.9
Total	623	100
Contraceptive method used (n=250)		
CuT	16	6.4
Barrier	161	64.4
OCP	61	24.4
Safe period	5	2
Sterilisation	5	2
Coitus interruptus	2	0.8
Total	250	100
Reasons for non-use (n=373)		
Unaware	276	74.0
Desirous for conception	55	14.7
Worried about side effects	7	1.8
Opposition from husband	14	3.8
Inconvenience	12	3.3
Husband staying away	9	2.4
Total	373	100

Discussion

Rapidly increasing population is a cause of concern in India and a major hazard to the development of nation. Avoiding unwanted pregnancies is of utmost importance as unwanted pregnancies & related complications are a major cause of maternal morbidity and mortality. To achieve this goal it is very important to have effective contraceptive use among the reproductive age couples.

The present study aimed to assess the knowledge, attitude and practices of contraceptive use among the reproductive age couples attending Gian Sagar Medical College & Hospital which mainly caters to the rural population. For using the right method of contraception, female literacy and knowledge is very important. Present study showed that 55% women were aware about one or the other method of contraception. Other studies have shown varying levels of awareness about contraceptive methods. Awareness level was 87% in study by Pegu B et al (7) and 100% in

study of Sunita TH et al. (8) Awareness level was 87 % in study by Rao et al. (9) The lower rate of knowledge in present study may be attributed to the fact that majority of participants belonged to rural area (90%) and almost 59% were illiterate. This shows the need to create awareness of contraceptive methods among masses.

Major source of knowledge was media (48.7%) followed by health workers (27.6%) and social circle (23.7%). Similar results were shown in study by Sultan et al (10) where media was the main source of information. Pegu B et al (7) showed health workers as main source of information about contraceptive followed by media and social circle. In a study conducted in Ethiopia, almost in 80% cases health workers were the main source for disseminating knowledge about contraceptives. (11) Gomal et al showed friends/relatives as the main source of information. (12) Only 40% of women were using one or the other method of contraception. 60% were not using any contraceptive. 62% of women in study by Pegu et al and 55% in study by Srivastava et al had never used any contraceptive method. (7,13) 52% of participants in study by Sunita TH et al were not using any contraceptive and when analysed separately contraceptive use was low among rural women compared to urban women. (8) Constant motivation by healthcare workers and increasing the awareness level is very important to improve the contraceptive use among population.

At each visit to hospital or contact with healthcare worker need for contraception should be highlighted, doubts about side-effects should be cleared and there should be emphasis on benefits of regular contraceptive use. The main reasons for not using contraception in present study were unawareness and worry about side-effects of contraceptive use. Post-partum period is the important time to highlight the need for contraceptive use as patient is highly receptive at that point of time and need for contraception should be highlighted at each post-partum visit. It is very important to counsel both the partners as almost 4% women quoted opposition from husband as a reason for not using any contraceptive and none of the users quoted male sterilization as contraceptive method.

Barrier was the most commonly used contraceptive method. Study by Pegu B et al showed similar results. (7) In contrast Sunita TH et al showed female sterilization as main contraceptive use. (8) Though 55% were aware about contraception still 40% were using contraception. This gap between knowledge and practice was seen in other studies as well. To reduce this gap, most important method is to have free and wide availability of family planning services and strong motivation by healthcare professionals. Couples should be offered with a range of contraceptive methods so that they can decide the one which suits them the most.

Conclusion

As unawareness was the main reason for non-use of contraception, so it is of utmost importance to increase the knowledge of women regarding various contraceptive methods. Improving literacy rate especially female literacy may of great help to achieve this goal. Besides this other barriers to contraceptive use like worry about side-effects, non-cooperation by husband, needs to be addressed by strong motivation, education and proper counseling. Improving the regular use of contraception will help decreasing maternal morbidity and mortality and will be of help for the development of nation in a long way.

References

1. Kaushal SK, Sexena SC, Srivastava VK, Gupta SC, Nigam S. KAP study on contraceptive methods in Kanpur district of UP. *Ind J of Community Health*. 2009; 21(2):33-38.
2. Govt. of India: Manual on decentralized participatory planning in Family Welfare Programme 1996, 1-3.
3. Govt. of India: Ministry of Health and Family Welfare, Deptt. Of Family Welfare. Manual on community needs assessment approach in family welfare programme, 1998, 1-3.
4. Unmet need of contraception, WHO 2013 update.

5. Hogmark S, Klingberg-Allvin M, Gemzell-Danielsson K, et al. *BMJ Open* 2013;3:e003739. doi:10.1136/bmjopen-2013-003739.
6. Collumbien M, Gerressu M, Cleland J. Non-use and use of ineffective methods of ontraception. In: Ezzati M, Lopez AD, Rodgers AMurray CJL. eds. *Comparative quantification of health risks: Global and regional burden of disease attributable to selected major risk factors*. Geneva: World Health Organization, 2004:1255–320.
7. Pegu B, Gaur BP Singh, Sharma N, Singh AS. *Int J Reprod Contracept Obstet Gynecol*. 2014; 3(2):385-388.
8. Sunita TH, Desai RM. *Int J Reprod Contracept Obstet Gynecol*. 2013; 2(2):172-176.
9. Rao PD, Babu MS. Knowledge and use of contraception among Racha Koyas of Andhra Pradesh. *Anthropol*. 2005; 7:115-9.
10. Sultan K, Younus S. Mass media and family planning: understanding the effects of television in innovation decision process of health communication in district Peshawar. *KUST Med J*. 2010;2:58-63
11. Senbeto E. A study on knowledge, attitude, practice and quality of care in family planning at Dessie Zuria District. *J Ethiop Med Pract*. 2001; 3:70-6.
12. Jabeen M, Gul F, Wazir F and Javed N. Knowledge, attitude and practices of contraception in women of reproductive age. *Gomal Journal of Medical Sciences*. 2011; 9(2):223-29.
13. Srivastava R, Srivastava DK, Jina R, Srivastava K, Sharma N, Sana S. Contraceptive knowledge, attitude and practice (KAP Survey). *J Obstet Gynaecol India*. 2005; 55:546-50.