

## Contraceptive awareness, and practices among rural women in Lucknow

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### Abstract

**Objective:** This cross sectional observational study was done to assess awareness regarding family planning methods and the practice of contraceptives among rural women in Lucknow.

**Materials and Methods:** Five hundred women between the ages of 15-45 years, living with their husbands and coming from rural area, attending gynecology OPD of integral institute of medical sciences and research, Dasauli, Lucknow were included in this study. Women who were pregnant, had a child younger than 2 years, or had any medical disorder were excluded. Their knowledge, source of knowledge and practice of contraceptives were evaluated with the help of a predesigned questionnaire. The other variables used were the age of women, parity, religion and educational status. Results were expressed as percentages.

**Results:** Out of 500 interviewed majority of women (49.2%) were between 22-25 years of age. 61% were illiterate belonging to low socioeconomic status, 63.3% belonged to Hindu religion. In the present study, it was observed that, 94.4% had some knowledge about family planning methods, and almost all (94.4%) of them were aware about Cu T and oral pills. The media and social circle were provided information of contraceptives in 46.6% women. Regarding the usage of contraceptive methods, 41.2% of the respondents were using some sort of contraception. Barrier method (condoms) was in practice by 26.8%, pills in 5.6%. Cu T users were 3.2% and 1.2% were using DMPA for contraception. 4.4% of women had already undergone tubal ligation. It was noted that awareness about pills and Copper was good, but their practices were very low. There were multiple reasons for non use like fear of side effects, no support from the husbands, low fertility, inhibition to ask about the contraceptives.

**Conclusion:** There is need for strong motivation of couples through media and health personnel to achieve effective use of contraceptives, specially for Cu T and oral pills.

**Keywords:** Contraception, Awareness, Practice.

### Introduction

The most important problem that India is facing now is the uncontrolled growth of population. In spite of availability of a wide range of contraceptives, mass media campaigns and IEC programs for family planning, population control still remains a distant dream to achieve. Though the permanent methods have been successful in our country the spacing methods lag behind and unwanted unplanned pregnancies continue to be high. India was one of the pioneers to start family welfare program which was started in 1950s. In spite of that, it is the second most populous country in the world and the rate of population growth is a matter of concern for its growth and development. 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. 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 to know the

awareness level and practices regarding contraceptive usage.

### Materials and Methods

The present study is a cross sectional observational study, conducted in the department of obstetrics and gynecology, at Integral Institute of Medical Sciences and Research, a tertiary care hospital in rural area mainly catering health services to rural population. Five hundred women between the age of 15-45 years, living with their husbands and coming from rural area were interviewed. Women who were pregnant, had a child younger than 2 years, or had any medical disorder were excluded. Their awareness about various contraceptive methods and practices were evaluated with the help of a predesigned questionnaire. The other variables used were the age of women, parity, religion and educational status females and their husbands. Results were expressed as percentages.

### Results

Table 1 shows that majority of women were between 22-25 years of age (49.2%). 80% females had parity more than 2.

63.3% women belonged to Hindu religion.

**Table 1: Demographic characteristic of the study group**

Characteristic	No. of females (n=500)	%
<b>Age in years</b>		
18-21	23	4.6
22-25	246	49.2
26-30	160	32
31-35	50	10
35	21	4.2
<b>Religion</b>		
Hindu	316	63.3
Muslim	184	36.7
<b>Parity</b>		
0	44	8.8
1	56	11.2
2	128	25.6
3	89	17.8
4	183	36.6

Table 2 shows educational status of study population and husbands educational status. Among them, 61% were illiterate, and among literates, 23.2% had primary education, 11.2% were high school passed, 4.4% were intermediate pass and 0.2% were graduates.

This table also shows literacy status of husbands. 26.6% were illiterate. 5.6% had primary schooling, 31% had mid and high school education, 22.4% were educated till intermediate, 14.8% were graduates and above.

**Table 2: Educational status in study group**

Literacy status	Number	%
<b>Literacy status of wife</b>		
illiterate	305	61
primary	116	23.2
High school	56	11.2
intermediate	22	4.4
graduate	1	.2
<b>Literacy status of husband</b>		
illiterate	133	26.6
primary	28	5.6
Mid and high school	155	31
intermediate	112	22.4
graduate	35	7
Above graduate	39	7.8

Table 3 shows awareness and practices regarding various contraceptive methods. 94.4% had knowledge about at least one modern method of contraception. All of them (94.4%) were aware of copper T and pills, 87.8% were aware of condoms, and 73.3% were aware of injectable contraceptives. 83.3% were aware of permanent sterilization.

Regarding practices, it was observed that 41.2% were practicing modern method of contraception. Most commonly used method was condom in 26.8%, 5.6%

were practicing pills, 3.2% were using Cu T, and 1.2% were using injectables. 4.4% females had underwent ligation.

**Table 3: Various sources regarding knowledge of contraceptives**

Source	No. of females (n=472)	%
Media-TV and radio	220	46.6
ANM/health worker	112	23.7
Neighbor and friends	140	29.6

Table 4 shows sources of knowledge about contraceptives. Most common source was found to be media and T V (46.6%), 29.6% heard about contraceptive methods from neighbors and friends and 23.7% had it through ANM and health workers.

**Table 4: Awareness and practices regarding various contraceptive method**

Method	Awareness	Practice
Permanent	416 83.3%	22 4.4%
Temporary		
Cu T	472 94.4%	16 3.2
Pills	472 94.4%	28 5.6
condom	436 87.8%	134 26.8
Injectables	367 73.3%	6 1.2

Table 5 shows various reasons for non use of contraception. In 20% females, husbands were not supportive to use it, 32% had fear of side effects, 9.2% said that they naturally didn't have pregnancies, 5% had inhibition to ask about it, 5.6% were not aware of it, and 3.2% were desirous of having son.

**Table 5: Various reasons for nonuse of contraceptive methods**

Reason	No. of females (n=294)	%
Not aware	28	5.6
Not favoured by husband	100	20
Fear of side effects	160	32
Desire of son	16	3.2
Inhibition to ask	25	5
Naturally doesn't have pregnancies	46	9.2

## Discussion

Current study included 500 females of reproductive age group from rural area of Lucknow. In this study maximum number of women (49.2%) were in between 22-25yrs of age which is the peak period of fertility during which most pregnancies occur.

61% females were illiterate. Educational status of husbands showed that 73.4% were literate and among them maximum (53.4%) were high school and intermediate pass.

In our study we found that awareness of at least one method of contraception in women of reproductive age group was wide but contraceptive practice was very low, specially for Cu T and pills. Knowledge of at least one method of contraception was present in 94.4% women. The findings are similar to prevalence of knowledge being 97.7% in women as reported by NFHS-III.<sup>1</sup>

A similar level of awareness was reported by Sunita Ghike et al in their study on 1000 patients from rural area. Knowledge about at least one method of contraception was present in all women (100%).<sup>2</sup>

It was found that maximum females (94.4%), in this study were found to be aware of Cu T and oral pills, followed by condom (87.8%), and injectables (73.3%). Awareness about ligation was seen in 83.3%.

Sunita Ghike et al showed maximum awareness about Cu T in 67.5% females, condom in 57.9%, pills in 34% and injectables in 14.9%.<sup>2</sup>

Varying results about knowledge of contraceptive methods have been shown in other previous studies conducted in rural population.

In a study of rural Lucknow it showed that, 1.2% rural women were unaware of any method of family planning. 47.2% of women did not use any family planning method in past.<sup>3</sup>

In study by Sharma et al, 70% women were aware of at least one method of contraception though only 30% had knowledge about the correct use.<sup>4</sup>

Another study, conducted in north Indian rural population showed 55% awareness level about at least one method of contraception.<sup>5</sup>

In one study from rural area of Tamil Nadu, it was seen that all the women knew about at least one method of contraception (100%).

Awareness level was 87% in a study by Pegu B et al.<sup>6</sup>

On assessing the knowledge, Kushwaha et al found that 58% of the women were aware of at least one of the available family planning.<sup>7</sup>

According to the National Family Health Survey 3 which found a nearly universal knowledge about contraception but contrary to this the usage was only 56%. However this survey had included all women from 15-45 years (rural as well as urban).<sup>8</sup>

Regarding practices of modern contraceptives, usage was seen in 41.2% female in our study. Most common method practiced was condom in 26.8%, followed by pills in 5.6%, Cu T in 3.2% and injectables was seen in only 1.2%. 4.4% had already undergone ligation.

Similar low practice of pills were reported by several other studies in India.<sup>7,9</sup>

In a study conducted in rural Lucknow, the most commonly used method was condom (34%).<sup>3</sup> Sunita et al showed that most common method practiced was Cu T (22.7%) that was much higher than in our study.<sup>2</sup>

Pegu B et al<sup>6</sup> showed barrier method as the most commonly used method as was seen in our study also.

In a study conducted in rural area of Moradabad, practice of contraceptive method was found to be 41%.<sup>10</sup>

Major source of knowledge was media (46.6%) followed by social circle (29.6%) and health workers (23.7%). Kokane AM et al also reported that Social media (74.5%) and health care providers (61.1%) were the most common source of information.<sup>11</sup>

This study shows that there are multiple factors in our society that discourage use of contraceptives. Various reasons for not using any method of contraceptives showed that 58.8% were not using any method of contraception. Among them, most common were the fear of side effects (32%), and not favoured by husband (20%). 9.2% women thought that they naturally don't have pregnancy because of low fertility. Other factors were unawareness (5.6%), inhibition to ask (5%), and desire for son (3.2%).

In a study by Sharma j et al it was shown that even after receiving adequate knowledge only 28.2% were willing to adopt a method of contraception.<sup>4</sup> 65.8% were not willing to adopt a method. Fear of side effects was perceived by 26% of those having negative attitude for modern contraception. In 16%, the want of family/husband approval was a factor and 23% thought that it is not necessary as they have a low risk of pregnancy. The fear of side effects has been a recurring factor reported in many studies.<sup>12,13</sup>

It is evident from this study that inspite of high awareness, practice of modern contraceptives is very low in our population.

Constant motivation by healthcare workers, alleviating fear of side effects and myths, and counselling of husbands are very important to improve the contraceptive use among population.

## Conclusion

Thus we conclude that in our study population the high level of awareness needs to be translated to knowledge by proper and detailed counseling. The fear of side effects of the contraceptive methods specially for Cu T and oral pills, and negative attitude of husbands and their approval turned out to be the most important factors affecting their use.

Proper and detailed counseling about the methods and doing away with the myths and involving husbands in these sessions would be important strategies to improve the effective use of spacing contraception in eligible couples.

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