

KNOWLEDGE, ATTITUDE AND PRACTICES ABOUT CONTRACEPTIVE AMONG REPRODUCTIVE AGE GROUP FEMALES

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Article Info: Received 28 May 2019; Accepted 25 June 2019

DOI: <https://doi.org/10.32553/ijmbs.v3i6.346>

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Conflict of interest: No conflict of interest.

Abstract

Background: Aim of current study was to assess the knowledge, attitude & practices of contraceptives among married women of reproductive age group.

Methods: A cross sectional study was conducted on females between 18-49 years served as inclusion criteria, while unmarried females were excluded. The women interviewed were informed of the study and consent was taken. The participation was on voluntary basis. Questions regarding factors responsible for non use of contraception were also asked.

Results: Out of 1000 women, 690 (69.00%) had knowledge about family planning. 61.00% knew about condom, followed by OCPs & other methods.

Conclusions: Effort should be made to educate the public about the safety and convenience of modern, long term, reversible methods of contraception among both in health care professional and public.

Keyword: Knowledge, Attitude, Practice, Contraception

Introduction

A KAP survey is conducted to investigate human behavior related to a certain topic. It identifies what people know (Knowledge), how they feel (Attitude), and what they do (Practice). KAP studies can be used for diagnostic purposes for which they describe the population's current knowledge, attitude and practice.

Secondly, they can be implemented to increase insights in a current situation and help design appropriate specific interventions. Thirdly, they can be used as an evaluation

India is the second most populous country in the world having a rapidly growing population which is currently increasing at the rate of 16 million each year.¹ Uncontrolled population growth is recognised as the single most important impediment to national development. Instead of the fact that India was the first country in the world to implement a national population control programme in 1952, we are still

struggling to contain baby boom. A lot of efforts and resources have gone into the national family welfare programme but the returns are not commensurate with the inputs to control the population.²

In developing countries Couple Protection Rate (CPR) is still very less. According to national family welfare statistics 2011, CPR in India is 40.4%. In Pakistan CPR was 30% in 2011 while most developed country like USA has 71% CPR for all methods.^{3,4}

Now a days fertility rate has come down due to wide spread use of family planning methods, whereas some developing countries like India, Pakistan, the use of contraception is still low because of lack of awareness, education, religion, cultural, economic and political barrier. Proper counseling for family planning necessary because 27% of women are at risk of unplanned pregnancy.⁵

The essential aim of family planning is to prevent the unwanted pregnancies. An unwanted pregnancy may lead to an induced abortion. From the point of view

of health, abortion outside the medical setting is one of the most dangerous consequences of unwanted pregnancy.⁶ Keeping this in mind one cross sectional study was carried out to assess the knowledge, attitude and practices of contraceptives of reproductive females.

MATERIAL AND METHODS

A cross sectional study was conducted on females between 18-49 years served as inclusion criteria,

Inclusion criteria

- Women aged from 18-49 who has one child or more and used contraceptive method once or more were included. These clients either continued or discontinued the method later on.

Exclusion criteria

- Unmarried females
- Not willing to participate in study

All data collected from clients reviewed separately to assess knowledge, attitude and practice of women towards contraceptive methods. These data involved level of knowledge of women about different contraceptive methods in general and source of information, attitude of women towards long acting reversible hormonal contraceptive methods and history of contraception use and what hormonal methods used before and if it discontinued, switched, or failed.

Data collection methods: Framing the questionnaire file has taken a lot of time to adapt the social, demographic characteristics of our community and hormonal methods available now in different family planning sectors.

Statistical analysis

Data entry and data analysis were done using SPSS version 21 (Statistical Package for Social Science). Data were presented as mean and standard deviation. Chi-square and Fisher Exact tests were used to compare between qualitative variables. Independent samples t-test was used to compare between two quantitative variables. P-value considered statistically significant when P <0.05.

RESULTS

A total of 100 married females of reproductive age were enrolled in the study. The study shows, mean age of respondent was 27.64± 8.18 years.

Table 1: Knowledge regarding different contraceptive methods

Contraceptive methods	Number	Percentage
Condom	610	61.00%
OCP	608	60.8%
IUCD	521	52.10%
Injectable	69	6.9%
Tubectomy	410	41.00%

Out of 1000 women, 690 (69.00%) had knowledge about family planning. 61.00% knew about condom, followed by OCPs & other methods.

Table 2: Knowledge regarding emergency contraceptive methods

Knowledge regarding emergency contraceptive methods	Number	Percentage
Yes	64	6.4%
No	936	93.6%

Only 6.4% Women were aware of emergency contraceptive.

Table 3: Attitude towards use of contraception

Attitude	Number	Percentage
Used to prevent pregnancy	690	69.0%
Used to prevent AIDS & STDs	140	14.00%
Used to control birth interval	96	9.6%

69.00% respondent thought that contraceptives were used to prevent pregnancy and about 14.00% thought that they could be used to prevent infections like AIDS. Only 9.6 % thought that they could be used to control birth interval.

Table 4: Contraceptive practice among respondents

Contraceptive methods	Number	Percentage
Condom	510	51.00%
OCP	410	41.00%
IUCD	318	31.8%
Injectable	0	0%
Tubectomy	218	21.8%
Not use any methods	384	38.4%

Contraceptive usage in our study was 61.6%. The gap between awareness and practices are seen to be prevalent across different reasons, where people are aware but reluctant to practices. The most common reason for non practice of contraception was fear of side effects. Other reasons for non practice were non access to health facility, preference of male child, religious beliefs, cost, and family pressure. Some respondent also felt that the process of acquiring contraceptive is often embarrassing.

Discussion

69.00% were aware of at least one of family planning methods in our study. Ambareen Khan et al⁷ mentioned that 81% had awareness regarding any method of contraception. Tuladhar H et al⁸ also observed that the most common source of information on contraception was media (55.5%), and both printed and electronic.

In the present study knowledge about emergency contraception was quite low (6.4%). Contraceptive usage in our study was 61.6%. Sunita Ghike⁹ also mentioned various for non-use of contraceptive methods. The main reason 59% were pressure from family that is from husband, in-laws, son preference and physical pressure.

Family planning services need to provide a range of quality method that can allow women to either limit or space birth and to fulfill the need of women with differing socio-demographic characteristics. In our study though majority of interviewer women had knowledge about family planning methods but practicing is still low because of lack of education, cultural, religion, economical and political barriers.

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. Fear of side effects of contraception is one significant reasons for low compliance. This can be decreased by proper selection of contraception before starting its use and adequate follow up of

women using contraception by the family planning services.

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