

Knowledge, Attitude and Practice of Contraception among Women Attending a District Hospital in Central India

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Abstract: It is a cross sectional observational study conducted in outpatient clinic of District Hospital Rajgarh between March 2013-August 2013. 500 married women between 15-45 yrs were interviewed with predesigned questionnaire. Effort was made to identify reasons for wide gap between knowledge and practice of contraception. All women knew at least one method of contraception. Most known method was female sterilization, least known were natural and male sterilization. Common method chosen was female sterilization (70.8%). Reasons for not using contraception were desire to have child (25%), desire for boys (13.4%), worried about side effect (16.3%), opposition from family members (11.5%), felt pregnancy was naturally spaced (11.5%), no specific reasons (10.5%), couldn't avail contraceptive facilities (5.7%), inconvenient to use (5.7%). Educational and motivational activities from doctors and health workers are needed to promote the use of contraception. 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. This study was carried out to assess the knowledge, attitude and practice of contraceptive methods among women in a district hospital. An effort was made to identify the reasons for not using contraceptive methods and thus know the reasons affecting the outcome of the family planning programme.

Keywords: Knowledge, Attitude, Practice, Contraception, Population

INTRODUCTION

Population growth has long been a concern of the government of India and India has a lengthy history of explicit population policy. According to the Census 2011 the population of India on 1 March 2011 was 1,210,193,422. India is the second most populous country in the world, sustaining 17.01% of world population on 2.4% of world's surface area. Realizing that high population growth is inevitable during the initial phases of demographic transition, India became the first country to formulate a National Family Planning Programme in 1952. The objective of the programme was "reducing birth rate to the extent necessary to stabilize the population at a consistent level with requirement of national economy".

According to reports 46.2% of eligible couples in the reproductive age group are effectively protected against conception by one or the other family planning method. Out of these 21% were condom users, 10.4% oral pill users, and 7.7% got IUD insertion while 6% accepted permanent sterilization.

In spite of availability of wide range of contraceptives, the unmet need for family planning is estimated to be 12.8%. The common reasons for unmet need are unsatisfactory services, lack of information, fear about contraceptive side effects. Counseling, education and services for fertility regulation and contraception can help couple limit their family size with proper spacing.

METHODS

This observational study was conducted in the outpatient clinic of between March 2013 – August 2013. 500 married women between the age group of 15-45 yrs were interviewed with the help of a predesigned questionnaire. The questionnaire elicited information regarding their age parity, educational status, knowledge, attitude and practice of contraception.

RESULTS

The Socio – demographic characteristics are shown in Table 1. About 80% of women were between the age group of 21-30 yrs. 49.6% of women had parity of two or more. 58% of women were illiterate. 69%

women were from rural area. Table 2 shows the spectrum of knowledge & awareness of contraception.

All the women interviewed knew at least one method of contraception. The best known method was the female sterilization. Literate women and women from urban area knew most of the contraceptive methods. Only 27% of women from rural were aware of male sterilization. Only contraceptive method known to all illiterate women was female sterilization. Improving access to family planning (FP) services in the rural setup will help to increase both awareness and practice

of contraception in the rural and illiterate women. Friends and relatives were the main sources (46.4%) of information.

Fear about side effects was the most common reason quoted for not using any contraception by urban (20.6%) and literate (42.1%) women. Inaccessibility to family planning methods was the most common reason among rural (38.3%) women whereas desire to have a male child was the reason among illiterate women (30.2%).

Table-1: Demographic profile of the participants

Characteristic	N=500	% age
Age		
15-20	12	2.4
21-25	204	40.8
26-30	199	39.8
35-40	46	9.2
41-45	39	7.8
Parity		
Nullipara	33	6.6
Primipara	187	37.4
Mutipara	248	49.6
Grand multipara	32	6.4
Educational status		
Illiterate	291	58.2
Primary	91	18.2
Secondary	78	15.6
Gradute	40	8
Residence		
Urban	155	31
Rural	345	69

Table-2: Awareness of the contraceptive methods

Method	Urban(155)		Rural(345)		Literate(209)		Illiterate(291)	
	N	% age	N	%	N	%	N	%
Natural	23	14.8	8	2.3	130	62	15	5
Condom	155	100	145	42	209	100	116	40
OCPs	155	100	196	57	209	100	227	78
IUCD	155	100	210	61	209	100	268	92
Female sterilization	155	100	345	100	209	100	291	100
Male sterilization	145	93.5	93	27	209	100	114	39

Table-3: Contraceptives currently being used by the women

Type of contraception	Urban(155)		Rural(345)		Literate(209)		Illiterate(291)	
	N	%	N	%	N	%	N	%
Female sterilization	23	14.8	104	30.1	13	6	78	27
Male sterilization	5	3.3	0	0	6	3	0	0
Condoms	26	16.8	0	0	46	22	0	0
OCPs	16	10.3	17	5	46	22	9	3
IUCD	31	20	86	24.9	60	29	44	15
No method	54	34.8	138	40	38	18	160	55

Table-4: Sources of information

Source	N=500	%age
Family and Friends	232	46.4
TV/RADIO/News paper	187	37.4
Doctors/sisters/ANMs	81	16.2

Table-5: Reasons for not using any contraception

Reason	Urban(155)		Rural(345)		Literate(209)		Illiterate(291)	
	N	%	N	%	N	%	N	%
Worried about side effect	32	20.6	24	6.9	88	42.1	18	6.1
No access to family planning methods	22	14.2	132	38.3	27	12.9	66	22.7
Family/husband non supportive	22	14.2	18	5.2	44	21.1	85	29.2
Want to have a male child	55	35.5	122	35.4	26	12.4	88	30.2
No reason	24	15.5	49	14.2	24	11.5	34	11.8

DISCUSSION

Results showed that all the women knew at least one method of contraception (100%). In a similar Indian study, the awareness rate was (82.2%)[1]. According to Patel and Khan, men approve use of contraceptive only after having 2nd or 3rd child [2]. In contrast to my study Xu JX *et al* had 97.7% of their total clients with one live issue[3]. Bhalerao AR *et al* had 46.5% of the women para-1, 46% were para-2 and 69% had accepted IUD's because they had atleast one living male child [4] Women's education play an important role in increasing the awareness. In the present study 42 % were literate. Choudhary found secondary and higher education influenced contraceptive use [5].SD Ullah and chakraborty showed women's education as the most important determinant of contraceptive use [6]. According to Chaturvedi *et al.* education made significantly largest contribution in decreasing the number of children [7]. Another factor responsible for knowledge of FP methods is exposure of messages through mass media.

Constant motivation by doctors and health workers and by improving the FP services at both government & private health sectors; the gap between knowledge, attitude and practice can be minimized. Both Government and Private hospitals should provide appropriate information, clear doubts about the misconceptions and worries about side effects and should highlight the benefits of the various contraceptive methods at every visit to the hospital. Worry about side effects of contraceptive methods was the most common reason cited for not using them by urban and literate women. Every postpartum woman must receive adequate FP advises during their postnatal follow-ups.

In order to reduce the gap between knowledge, attitude and practice of contraception, one of the most important factors is regular availability of

contraceptives and good quality of family planning services both at Government and Private medical sectors.

Alternative methods of contraception must be informed and offered so that the rate of continuation of contraception will improve. Constant motivation and FP advice by both doctors and health workers will play a great role in decreasing the unmet need of contraception.

CONCLUSION

This study reveals good knowledge and favorable attitude of women towards contraception. But there are various reasons for the non-acceptance of contraceptives like worries about side effects, misconceptions, preference for male child, and poor FP services. Thus by proper motivation, counseling and improving facilities at both Government & Private sector, the unmet need of contraception can be achieved.

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