



Knowledge, Attitude & Practice Regarding Contraception Among Postpartum Patients At Shrimati Kashibai Navale Medical College & General Hospital Narhe, Pune (MS)

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ABSTRACT

Health of women is directly related to their reproductive habit. More children mean more reproductive morbidity. In spite of continuous efforts of Government of India to improve contraceptive practice among eligible couples there has been minimal impact. It was noticed that in spite of having significant knowledge and positive attitude towards contraception, practice of contraceptive use is very low. So it was decided to find out reasons of this KAP-gap so as to help women have planned pregnancies than accidental pregnancies. The present study was undertaken in the department of Obstetrics & Gynaecology at Shrimati Kashibai Navale Medical College & General Hospital, Narhe, Pune (M.S.). This study was carried out from January 2010 to December 2010. Data from survey of contraceptive knowledge, attitude & practice showed a gap between women's reproductive intention and their contraceptive behavior. Most women after early marriage reproduce right from the first year in rapid succession to complete childbearing by 26 years of age. 90% women desired to go for tubal ligation as a permanent method of contraception. In spite of good knowledge not a single couple opted for vasectomy. This clearly expresses the need for promotion of various family planning measures through the most effective agencies to improve its use.

Keywords : knowledge, attitude, practice, KAP-gap, contraceptive method.

Introduction

Government of India is spending Rs 2020.42 Cr annually on Family Planning activities through centrally sponsored schemes and central sector schemes. While conducting OPD in SKNMC&GH it was observed that women were getting pregnant right in the year of marriage. Most women after first delivery were conceiving as soon as they ovulate.

So it was decided to collect data from patients who had delivered and were in our post-natal wards as these patients had recently faced agony of childbirth & were receptive to advice on contraception.

Attitude surveys have shown that awareness of family planning is very widespread and over 60% people have attitudes favourable for spacing & restricted births(1). People generally favour family planning. In spite of this, rate of contraceptive use in India is very low. The population problem is complicated by deep rooted religious and other beliefs, attitudes and practices favouring large families & strong preference for male child.

Many women who are sexually active would prefer to avoid becoming pregnant but nevertheless are not using any method of contraception. These women are considered to

have an 'unmet need' for family planning (2). Through this project we are trying to reach and serve women whose reproductive attitude resembles those of contraceptive users, but who are for some reasons not using contraceptives. We are trying to find out those reasons for not using contraceptives, through pre-structured questionnaire.

Material And Methods

The present study was conducted in Obstetrics and Gynaecology department of SKNMC & GH Narhe, Pune (MS). Narhe village is just at the outskirts of Pune. Patient drain is from Purandar, Bhor, Haveli & Mulshi talukas. The study was carried out from January 2010 to December 2010. Currently 180 to 200 patients deliver each month in our hospital. 400 delivered patients, who gave consent were studied in this project.

Data from survey of contraceptive knowledge, attitude and practice showed a gap between some women's reproductive intention and their behavior. This group is termed as KAP-gap(3). The contraceptive use and its association with respect to religion, socioeconomic status, parity, sex, education, age of mother and other few parameters were studied. Accordingly, the unmet needs of contraception were identified and mother sensitized regarding the importance of contraception.

After counseling of the patients, according to acceptability of patients, contraceptives were provided free of cost, with information on its usage, its advantages and disadvantages.

Sample Selection

This cross-sectional study was undertaken in the department of Obstetrics & Gynaecology of Shrimati Kashibai Navale Medical college & general hospital, Narhe, Pune (MS) from January 2010 to December 2010. All patients delivered here, who gave consent were included in this study.

Inclusion Criteria: Postpartum patients who gave consent for the study.

Exclusion criteria: Postpartum Patients who did not give consent for the study.

After inclusion in the study, detailed history of each patient was taken including age, religion, type of family (nuclear or joint), total monthly income, education etc. Detailed pre-structured questionnaire was asked to the patient after 48 hours of delivery to assess knowledge, attitude, and practice. The answers given by the patients were ticked and written in the question sheet. The whole record was maintained in the department.

Findings

Findings have been categorized as follows:

- A The analysis of study population characteristics
- B Knowledge of the study population regarding contraception.
- C Attitude of the study population towards contraception.
- D Practice of the study population as regards contraception.

A: The analysis of the study population

a) Table 1 shows age distribution of post-partum women under study. The youngest woman was 19 year old and the oldest was 34 year old. The study population was 400 in number. The mean age of the study population was 23.19 years. Variance is 9.899 and Standard deviation is 3.146.

Table 1: Age distribution of women under study

Age	Number	% of Total
19	44	11
20	52	13
21	44	11
22	52	13
23	40	10
24	32	8
25	44	11
26	40	10
27	8	2
28	24	6
30	16	4
34	4	1
Total	400	100%

The mean age of the study population was 23.19 years. Variance is 9.899 and Standard deviation is 3.146

a) Table 2 shows education status of post-partum women under study. 13% women were illiterate, and 37% women did not reach 10th standard. 29% had passed their 10th standard. Rest were either graduates or postgraduates.

Table 2: Education status of women under study

Education Status	Number	Percent of Total
Illiterate	052	13
Literate(Below 10 th)	148	37
SSC	116	29
11 th Std	004	01
12 th Std	044	11
Degree	028	07
Post-graduate	008	02
Total	400	100

c) Table 3 shows income groups of the study population. Most(81%) had their family income between Rs 3,000 to 10,000 per month.

Table 3 : Table showing Various Income groups in the study

Category	Income per month	Number	Percent of Total
1	Below Rs 3,000	40	10
2	Rs 3,000 to 10,000	324	81
3	More than 10,000	36	09

d) 52% families were joint and rest 48% were nuclear.

B: The knowledge study of the study population

a) Table 4 shows knowledge of the study population of various education groups regarding various methods of temporary contraception. Most of the patients knew about temporary methods of contraception like condom, Cu T, and oral contraceptive pills(Mala D). Less educated were not necessarily less informed about these contraceptive methods.

Table 4: Table showing Knowledge regarding various temporary contraceptive methods in different education groups.(Knowledge)*

Education	Knowledge condom			Knowledge Cu T			Knowledge OCP		
	No	Yes	Total	No	Yes	Total	No	Yes	Total
Illiterate	0	52	52	0	52	52	4	48	52
Literate(<10 th Std)	4	144	148	8	140	148	0	148	148
SSC	28	92	120	28	92	120	28	92	120
HSC	0	44	44	0	44	44	0	44	44
Degree	0	28	28	0	28	28	0	28	28
Postgraduate	0	8	8	0	8	8	0	8	8

* Same counselor who was involved in antenatal classes where information regarding contraception was given, is also responsible for collection of data post-partum which may be responsible for present findings in table.

a) Table 5 shows knowledge regarding permanent methods of sterilization, namely, tubal ligation and vasectomy, in different education groups. All the women under study irrespective of their educational status knew about the permanent methods of sterilization.

Table 5: Table showing knowledge regarding permanent methods of sterilization in different education groups(Knowledge)

Education	Knowledge Tubal Ligation			Knowledge Vasectomy		
	No	Yes	Total	No	Yes	Total
Illiterate	0	52	52	0	52	52
Literate(<10 th Std)	0	148	148	0	148	148
SSC	0	120	120	0	120	120
HSC	0	44	44	0	44	44
Degree	0	28	28	0	28	28
Postgraduate	0	8	8	0	8	8

a) Table 6 shows various sources of information regarding different methods of contraception. Medical resource person was the most important as the source of information (97%), although there were significant contributions from radio & television (34%) followed by newspaper (22%) and friends & relatives (16%).

Table 6 : Table showing Source of Information regarding various methods of contraceptive methods(Knowledge)

Source of Information	Yes	No
Newspaper	88 (22%)	312
Friends & Relatives	64(16%)	336 *
Radio & Television	136 (34%)	264
Medical Resource Person	388 (97%)	12 #

The most important source of information is medical person followed by radio & television, newspaper and friends & relatives respectively.

* Our impression that patients get information from friends & relatives is not true.

C: Attitude of the study population regarding contraception

a) Table 7 shows desired spacing in pregnancies in post-partum women who have not undergone tubal ligation. The data included 344 (86% of total) women. 56 (14%) women had undergone tubal ligation. 44% women desired spacing of 3 years and 20% desired spacing of 2 years. 16% women desired spacing of more than 4 years. Thus 70% desired spacing of 2 to 4 year.

Table 7 : Table showing desired spacing in pregnancies(Attitude)

Years of spacing	Number of Women	Percentage
No spacing desired	16	4
1	4	1
1.5	4	1
2	80	20
3	176	44
4	24	6
More than 5	40	10
Total	344 *	86

* 56 women had undergone Tubal Ligation in our hospital during study period, which constitutes 14%.

a) Table 8 shows type and frequency of contraceptive method desired. 21% women desired use of either condom (7%) or Cu T (14%). 41% women gave preference to using oral contraceptive pills (Mala D). About 25% women under study were undecided over the method of contraception or left the decision on either the doctor or husband. Surprisingly not a single couple desired vasectomy.

Table 8: showing frequency of contraceptive method desired(Attitude)

Practice Contraception	Frequency	Percent of total
Whatever doctor suggests	4	1
Condom	28	7
Copper T	56	14
Oral Contraceptives	164	41
Injection	2	0.5
Safe Period	4	1
Tubal Ligation	56	14
Not going to use	78	19.5
Not decided	4	1
Whatever Husband decides	4	1
Vasectomy	00	00
TOTAL	400	100

a) Table 9 shows frequency of desire for son or daughter depending on sex of previous issues. Those couples having one daughter desired son in 94.5% cases. Those having one son desired daughter in 85% cases. Couples having one son and one daughter were satisfied and did not show desire for any more children. 85% couples having 2 daughters desired a son.

Thus the confidence limits for no desire for daughter was 24.8% to 44.2%.

The confidence limits for desire for 1 daughter was 54.8% to 74.3%.

The confidence limits for desire for one son was 75.1% to 90.5%.

Table 9: Table showing desire for son or daughter depending on sex of previous issues (Attitude)

Present issues	Number	DESIRES FOR FURTHER ISSUES			
		One SON	One DAUGHTER	Two SONS	Two DAUGHTERS
One DAUGHTER	72	68(94.44%)	00(00%)	00(00%)	00(00%)
One SON	80	12(15%)	68(85%)	00(00%)	00(00%)
One SON & One DAUGHTER	100	00(00%)	00(00%)	00(00%)	00(00%)
Two SONS	32	00(00%)	16(50%)	00(00%)	00(00%)
Two DAUGHTERS	56	48(85.71%)	00(00%)	00(00%)	00(00%)
Two DAUGHTERS & One SON	28	08(28.57%)	00(00%)	00(00%)	00(00%)
Two DAUGHTERS & Two SONS	04	00	00	00	00
One DAUGHTER & Two SONS	20	00	00	00	00
Three DAUGHTERS	08	00	00	00	00
Total	400				

D: Practice of the study population regarding contraception.

Regarding the practice of what knowledge and attitude they had, the present study revealed following findings:

a) Table 10 shows frequency of decision makers regarding use of contraceptive method. 94% of times decision of method of contraception to be used is taken by both husbands and wives. 6% times in-laws have a say in this regard.

Table 10: Table showing Frequency of Decision Makers regarding use of contraceptive method(Attitude)

Decision Makers	Yes	Percent of Total(n=400)
Self And Husband	376	94
Self +Husband+In-laws	24	06

94% times decision regarding use of contraceptive method is taken together by husband and wife. 6% times in-laws have say in this regard.

a) Table 11 shows number and sex of issues in women who have undergone tubal ligation. 35.71% of women who underwent TL had one son and one daughter. 28.57% had two sons. 14.28% underwent TL after having two daughters and one son. Only 4% women underwent TL after two daughters. Not a single women went for TL after one son or one daughter. 14.28% waited till they had 4 children.

Table 11 : showing No of issues in women who have undergone Tubal Ligation(Practice)

Issues	Number	Percent of Total Tubal Ligations
1 Daughter+1 Son	20	35.71
2 Sons	16	28.57
1 Son	0	00
2 Daughters	4	7.14
1 Daughter	0	00
2 Daughters +1Son	8	14.28
2 Daughters +2 Sons	4	7.14
1 Daughter + 2 Sons	0	00
3 Daughters + 1 Son	4	7.14

a) Table 12 shows age at tubal ligation. 71.43% women who underwent TL were below the age of 26 years.

Table 12: Table showing Age At Tubal Ligation(Practice)

Age in Years	No of Women Undergoing Tubectomy	Percentage of Total	Percent of Total Tubectomised
19-20	04	1%	7.14%
21-23	12	3%	21.43%
24-26	24	6%	42.86%
27-29	08	2%	14.29%
30 and Above	08	2%	14.29%
TOTAL	56	14%	

The mean age at tubal ligation was 25.

a) Table 13 shows age of the under study at first and second pregnancy. 27% of women are 19 and 20 year olds. Nearly half of the study population below the age of 23 years were primigravida. One third of the women get pregnant for the second time by the age of 25 years, many with the spacing of 1 or 2 years. The table provides data of 388 women, the remaining 12 women were above the age of 33 years.

Table 13: shows age of the women under study at first and second pregnancy

AGE In years	No of women in 1 st pregnancy		No of women in 2 nd pregnancy	
	Number	Percent of total	Number	Percent of total
19	56	14	0	0
20	52	13	8	2
21	24	6	20	5
22	28	7	36	9
23	16	4	28	7
24	12	3	24	6
25	12	3	24	6
26	8	2	12	3
27	0	0	4	1
28	8	2	4	1
29	0	0	0	0
30	0	0	4	1
31	4	1	0	0
32	0	0	0	0
33	0	0	4	1
TOTAL	220	55	168	42

Data regarding remaining 12 patients not included as they had more than 2 children or they were more than 33 years of age.

Conclusion And Discussion

Rapidly increasing population has given rise to Family Planning programmes in developing countries like India. But National Family Planning programme faces a double challenge. In this analysis the focus was to find out most effective mode for policy makers to promote the use of contraceptives. In spite of contraceptive awareness of 98%, practice of contraceptive use is very low. There is tremendous scope to work on the unmet need for family planning in developing countries(4).

The analysis of the study population of 400 post-partum women revealed that the mean age of women was 23.19 years, the youngest being 19 year old & the oldest being 34 year old. 13% women were illiterate. 52% families were joint and rest 48% were nuclear.

Most of the women under study had significant knowledge of contraceptive methods, both temporary and permanent. Medical resource person was the most important as the source of information regarding various methods of contraception.

Nearly 70% of women desired spacing of 2 to 4 years. 41% of women desiring spacing used oral contraceptive pills(Mala D). Only one fifth of all the post-partum women desired use of condom or Cu T. As far as use of condom is concerned, it is dependant on partner and it's regularity is doubtful. As Cu T has developed a negative aura due to peers complaining about various complications like heavy bleeding, backache, pelvic inflammatory disease & perforation in exaggerated manner. There is no doubt that Cu T has few complications. About 10 to 20% Cu Ts are removed for excessive bleeding (5), and 15 to 40% are removed for pain(5). Vassey M et al described 2 to 8 times more likelihood of development of pelvic inflammatory disease in those with Cu T.(6). Uterine perforation is reported in 1:150 to 1:9000 insertions (7). The third generation IUCD with levanogestrol coating (Mirena) in which these complications are rare should be subsidized so that these can be incorporated in Family Planning Programmes. Happy users of Cu T and Mala D should motivate women to use these contraceptive methods than medical professionals as they will be more effective.

Mortality associated with IUCDs is rare, one death in 100,000 woman-years of use(5). The death usually follows

septic abortion or ectopic pregnancy. In this regard IUCD is safer than oral contraceptive pills, which are irregularly used and medical professional has no control over it's use. Women prefer to use I-pill than regular low dose oral contraceptive pills because I-pill needs to be taken only on the day of exposure. This is the reason why there is a huge KAP-gap in knowledge-attitude and practice. This needs to be addressed urgently.

We noticed that 27% of women below the age of 20 years are pregnant right in the first year of marriage, which is very much comparable to data by National Health Survey(8) where 25% women conceived before reaching the age of 20 years. These women show desire for spacing, have knowledge of contraception, but do not use methods of contraception. This is an unmet need of contraception where planners need to concentrate.

In spite of lower educational levels, the knowledge of contraception is sound, however as shown in findings, 45% women in the age group 19 to 25 conceive for the first time and half of this group become 2nd gravida, meaning thereby there is no desired spacing. These primigravidas become pregnant 2nd time in their first ovulatory cycle. This clearly shows that there is a large gap between their knowledge and practice, in spite of their positive attitude. The reason behind this KAP-gap is the fear that use of contraceptive methods may make them permanently infertile because of the complications of these methods.

Following are the suggestions to improve the KAP-gap:

1. Postpone marriages to 20 to 21 years. By doing this the number of births would decrease by 20 to 30%(9). Studies have shown that when births are postponed by one year in each group there was a decline in total fertility.
2. Education, improved economic status and nutrition have inverse relation with fertility, thereby reducing the KAP-gap.
3. More aggressive promotion for vasectomy is needed as not a single couple opted for this procedure in spite of this being such a safe surgery.
4. Counseling of couples should start immediately after marriage rather than after delivery which occurs right in the year of marriage.
5. Subsidized third generation IUCDs should be made available.

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