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# KNOWLEDGE AND ATTITUDE REGARDING CONTRACEPTION AMONG MARRIED WOMEN IN SELECTED AREAS OF GUWAHATI, KAMRUP (M), ASSAM: A DESCRIPTIVE STUDY.

**Jayshree Dey** — M.Sc. Nursing 2nd year (Obstetrics and Gynecological Nursing), Asian Institute of Nursing Education, Guwahati, Assam, India.

**Arline Beshra** — Associate Professor (Obstetrics and Gynecological Nursing), Asian Institute of Nursing Education, Guwahati, Assam, India.

**ABSTRACT** **Background of the study:** India is the second most populous country in the world and is anticipated to surpass that of China by 2028. In 1952, India became the first nation to launch a family planning programme. The aim being controlling its population. The challenges now has extended beyond population stabilization. As the maternal mortality of India is very high, the focus of national family programme has shifted its focus to saving lives and improving the health of mothers and children through use of reversible spacing methods. It will eventually lead to reduction in unwanted, closely spaced mistimed pregnancies and avoid high-risk pregnancies and chances of unsafe abortions. **Aim:** To find out knowledge and attitude regarding contraception among married women in selected areas of Guwahati, Kamrup (M), Assam. **Methods And Materials:** The research approach adopted was the quantitative research approach. Non-experimental descriptive research design and interview method were used with purposive sampling technique for selecting the samples. The tools used for the study were structured knowledge questionnaire and 5 point likert scale. **Result:** The study revealed that out of 150 married women , 110(74%) had moderately adequate knowledge, 38(25%) had adequate knowledge and 2(1%) had inadequate knowledge towards contraception. Whereas, in attitude majority i.e. 148(99%) had desirable attitude and 2(1%) had moderately desirable attitude towards contraception. There was a moderately positive co-relation between knowledge and attitude regarding contraception among married women. **Conclusion:** Majority of married women had moderately adequate knowledge on contraception with most of them having desirable attitude. It can be inferred that when knowledge of contraception among married women increases their attitude towards it also increases. Healthcare providers thus need to spread information and also motivate married women regarding the contraception for a healthy and effective family.

**KEYWORDS :** Knowledge, Attitude, Contraception, Married woman

## INTRODUCTION

India has the second largest population in the world. As the decadal growth rate is high which is 17.64, it is stated that country's population will surpass that of China by 2028. India was the first country to launch a family planning programme in 1952, with an aim of controlling its population. The challenges now have extended beyond to addressing sustainable developmental goals for maternal and child health. As the maternal mortality of India is very high, the objective of national family programme has shifted from merely population control to saving the lives and improving the health of mothers and children using reversible spacing methods. It will lead to reduction in unwanted, closely spaced mistimed pregnancies with higher risks and chances of unsafe abortions.[1]

With more than 2.5 crore pregnancies each year in India, an increase in unwanted pregnancies due to unavailability of services increase the risk of mortalities and morbidities as well as the health care costs. Unwanted pregnancies can make women susceptible to infections and unsafe abortions; therefore, it is important that the community has access to contraceptives. The preparedness and response are urgently needed to reduce maternal and infant mortalities as family planning can be a life-saving tool for many.[2]Unintended pregnancies continue to be a significant public health issue and poses a major challenge to reproductive health of women and particularly young adults in developing countries.[3]

## OBJECTIVES:

1. To determine the knowledge regarding contraception among married women in selected areas.
2. To determine the attitude regarding contraception among married women in selected areas.
3. To find the correlation between the knowledge and attitude regarding contraception among married women.
4. To find the association between knowledge and attitude of married women with the selected demographic variables in selected areas.

## REVIEW OF LITERATURE:

**SECTION I: Studies related to general information regarding contraception .**

**Kakaiya R, Lopez L.L, Anita L. Nelson A.L. (2017)** conducted a survey study on women's perceptions of contraceptive efficacy and safety. 500 women aged 18-45 years were selected using convenience sampling technique and interviewed. From the study, the efficacy in typical use of both combined oral contraceptives and male condoms was correctly estimated to be 2.2%. Over two-thirds of women significantly overestimated the efficacy of each method when used typically. Oral contraceptives were thought to be least hazardous to a woman's health by 56% of women. The study concluded that the majority of reproductive aged women surveyed substantially overestimated the efficacy of the two most popular contraceptive methods. Women with higher education level more likely tend to overestimate efficacy of oral contraceptives. But women from all ages or education levels significantly overestimated the health hazards from oral contraceptives when compared to pregnancy. Overestimation of effectiveness of these methods may contribute lower adoption of implants and intrauterine devices. Thus during patient counselling, misperceptions must be identified and addressed in women of all educational backgrounds.[4]

**SECTION II : Studies related to knowledge and attitude regarding contraception among married women.**

**Barman K, Roy M, Choudhury S.S, Naznin W (2021)** conducted a cross-sectional study to assess knowledge, attitude and practices of contraception among married women of reproductive age group. 200 married women of reproductive age group who attended Department of Obstetrics and Gynecology, Fakhruddin Ali Ahmed Medical College and Hospital over 6months were included in the study. They found 92% women were aware of at least a single method. Out of 200 women, only 154(77%) were using or willing to use contraception, which was very low compared to the knowledge of contraception . 82(41%) women were properly using contraception. Among the 200 women, 41.5% got information from health care workers and 40% got from media. The most preferred method was OCPs (39%) while the least preferred was post-partum intrauterine contraceptive device (PPIUCD),1.5%. Out of 136 women who heard about Cu-T, 25% thought it caused cancer, 27.9% thought it would cause perforation while 19.8% did not prefer as their family members or husband opposed it. Main cause of using tubectomy was religious, 60%. The study concluded that usage rate is very low compared to the knowledge and awareness of contraception. Misconceptions, ignorance and fear of side effects were the reason for inadequate practices of contraceptive methods.[5]

## RESEARCH METHODOLOGY

**Research approach:** Quantitative research

**Research design:** Descriptive research design

**Target population:** Married women of age group 21-40 years

**Samples-** Married women residing in the selected area of Guwahati,

Kamrup (M)Assam.

**Sample size-** 150

**Sampling technique:** Purposive sampling technique.

**Selection criteria:**
**Inclusion criteria –**
Married women: -
· who are willing to participate.
· who can understand Assamese.

**Exclusion criteria –**
Married women who are:-
· absent on the day of the data collection.

**VARIABLES**
**Research Variables** : Knowledge and Attitude level

**Demographic variables:** women's age, religion, qualification, family income per month, age at marriage, type of family , duration of marriage, number of children, previous information regarding contraception , source of information.

**TOOLS AND TECHNIQUE**
**Tools:** the tool in the study consists of demographic questionnaire and structured interview schedule consisting of 2 sections i.e. knowledge: questionnaire and attitude: 5 point likert scale.

**Technique:** Interview method.

**SCORING KEY:**
**Section I:** Structure questionnaire for knowledge regarding contraception.

The correct answer was given score of 1(one) and wrong answer score of 0 (zero).The total score on knowledge regarding contraception was 24.

**Category of knowledge level**
Inadequate knowledge (≤33%)
Moderately Adequate (33 – 66%)
Adequate (>66%)

**Section II:** 5 point likert scale for attitude regarding contraception.

**Category of attitude level**
Undesirable (≤33%)
Moderately Desirable (33% – 66%)
Desirable (>66%)

**Content Validity Of The Tool:**
The prepared instrument along with the problem statement and objectives were submitted to 10 experts in the field of Obstetrics and Gynecological Nursing , Community Health Nursing and Department of Obstetrics and Gynecology for establishing content validity.

**Reliability of the tool :**
The reliability of tool was checked by split half method for knowledge and test-retest method for attitude. The tool was reliable as reliability of the questionnaire in knowledge was 0.74 and attitude was 0.85.

**Pilot study:** The pilot study was conducted from 30th November 2021 to 6th December 2021. 20 samples were selected using purposive sampling technique and the study was found feasible.

**Main study:** 17th January 2022 to 4th February 2022

**RESULTS:**
**Table I - Frequency And Percentage Distribution Of Married Women According To Demographic Variables.**

| Demographic Variables | Frequency (n) | Percentage (%) |
|---|---|---|
| **Women's age** | | |
| 21 – 25 years | 27 | 18% |
| 26 – 30 years | 45 | 30% |
| 31 – 35 years | 50 | 33% |
| 36 – 40 years | 28 | 19% |
| **Religion** | | |
| Hindu | 111 | 74% |
| Islam | 39 | 26% |
| Christian | 0 | 0% |
| Others | 0 | 0% |
| **Qualification** | | |
| Primary school | 73 | 49% |
| Secondary school | 44 | 29% |
| Graduate and above | 33 | 22% |
| **Occupation** | | |
| Unemployed | 123 | 82% |
| Self employed | 9 | 6% |
| Daily wage labourer | 2 | 1% |
| Government service | 3 | 2% |
| Private service | 12 | 8% |
| Others | 1 | 0% |
| **Family income per month (in Rs.)** | | |
| ≤10,001 | 40 | 27% |
| 10,002-29,972 | 92 | 61% |
| 29,973-49,961 | 12 | 8% |
| 49,962-74,755 | 4 | 3% |
| 74,756-99,930 | 2 | 1% |
| 99,931-1,99861 | 0 | 0% |
| ≥1,99862 | 0 | 0% |
| **Age at marriage** | | |
| 17 – 20 years | 72 | 48% |
| 21 – 24 years | 34 | 23% |
| 25 – 28 years | 36 | 24% |
| >28 years | 8 | 5% |
| **Type of family** | | |
| Nuclear | 88 | 58% |
| Joint family | 60 | 40% |
| Extended family | 2 | 1% |
| **Duration of marriage in years** | | |
| <1 year | 9 | 6% |
| 1 – 3 years | 18 | 12% |
| 4 – 6 years | 21 | 14% |
| >6 years | 102 | 68% |
| **Number of children** | | |
| None | 16 | 11% |
| 1 – 2 | 126 | 84% |
| 3 – 4 | 6 | 4% |
| 5 and above | 2 | 1% |
| **Previous information regarding contraception** | | |
| Yes | 103 | 69% |
| No | 47 | 31% |
| **Source of information on contraception** | | |
| Friends | 19 | 18% |
| Family members | 12 | 12% |
| Health professionals | 40 | 40% |
| Mass media (TV, Radio, Internet) | 31 | 29% |
| Others | 1 | 1% |

**Table II- Frequency And Percentage Distribution Of Married Women According To Their Level Of Knowledge.**

| Level of Knowledge | Frequency (f) | Percentage (%) |
|---|---|---|
| Inadequate (≤33%) | 2 | 1% |
| Moderately Adequate (33 – 66%) | 110 | 74% |
| Adequate (>66%) | 38 | 25% |
| Total | 150 | 100% |

**Table III- Frequency And Percentage Distribution Of Married Women According To Their Level Of Attitude.**

| Level of Attitude | Frequency (f) | Percentage (%) |
|---|---|---|
| Undesirable (≤33%) | 0 | 0% |
| Moderately Desirable (33 – 66%) | 2 | 1% |
| Desirable (>66%) | 148 | 99% |
| Total | 150 | 100% |

The findings showed that most of the married women i.e, 148 (99%) had moderately adequate knowledge regarding contraception.

Table IV shows the relationship between knowledge and attitude scores towards contraception among married women. The mean score of knowledge was 13.65 ± 3.09 and the mean score of attitude was

58.13 ± 5.66. The calculated Karl Pearson's Correlation Value of r = 0.424 shows a moderate positive correlation between knowledge and attitude.

**Table IV: Correlation Between Knowledge And Attitude Regarding Contraception Among Married Women.**

| Variables | Mean | S.D. | Karl Pearson's Correlation Value |
|---|---|---|---|
| Knowledge | 13.65 | 3.09 | r = 0.424 |
| Attitude | 58.13 | 5.66 | p = 0.0001* |

***p<0.001, Significant**

**Table V: Association Between Knowledge With Selected Demographic Variables Regarding Contraception Among Married Women.**

| Variables | Chi square | P - Value | df | Remarks |
|---|---|---|---|---|
| ***Women's age*** | | | | |
| 21-35 years | 1.5 | 0.9 | 6 | N.S |
| 26-30 years | | | | |
| 31-35 years | | | | |
| 36-40 years | | | | |
| ***Religion*** | | | | |
| Hindu | 3.2 | 0.2 | 2 | N.S |
| Islam | | | | |
| Christian | | | | |
| Others | | | | |
| ***Qualification*** | | | | |
| Primary school | 12.8 | 0.012* | 4 | S |
| Secondary school | | | | |
| Graduate and above | | | | |
| ***Occupation*** | | | | |
| Unemployed | 11.6 | 0.3 | 10 | N.S |
| Self-employed | | | | |
| Daily wage labourer | | | | |
| Government service | | | | |
| Other | | | | |
| ***Family income per month (in Rs)*** | | | | |
| ≤10,001 | 8.6 | 0.3 | 8 | N.S |
| 10,002-29,972 | | | | |
| 29,973-49,961 | | | | |
| 49,962-74,755 | | | | |
| 74,756-99,930 | | | | |
| 99,931-1,99861 | | | | |
| ≥1,99862 | | | | |
| ***Age at marriage*** | | | | |
| 17-20 years | | 0.04* | 6 | S |
| 21-24 years | | | | |
| 25-28 years | | | | |
| >28 years | | | | |
| ***Type of family*** | | | | |
| Nuclear | 8.2 | 0.08 | 4 | N.S |
| Joint family | | | | |
| Extended family | | | | |
| ***Duration of marriage in years*** | | | | |
| < 1years | 8.4 | 0.2 | 6 | N.S |
| 1-3 years | | | | |
| 4-6 years | | | | |
| > 6 years | | | | |
| ***Number of children*** | | | | |
| None | 3.3 | 0.7 | 6 | N.S |
| 1-2 | | | | |
| 3-4 | | | | |
| 5 and above | | | | |
| ***Previous information regarding contraception*** | | | | |
| Yes | 6.5 | 0.03* | 2 | S |
| No | | | | |
| ***Source of information on contraception*** | | | | |
| Friends | 3.9 | 0.3 | 2 | N.S |
| Family member | | | | |
| Health professionals | | | | |
| Mass media (TV, Radio, Internet ) | | | | |
| Others | | | | |

*** = p < 0.05, S- Significant , N.S-Not Significant**

The table V revealed that among the married women, the demographic variables: qualification, age at marriage and previous information regarding contraception were significant with p ≤ 0.05. The other demographic variables had not shown statistically significant association with level of knowledge regarding contraception among married women.

**Table VI: Association Of Attitude With Selected Demographic Variables Regarding Contraception Among Married Women**

| Variables | Chi-square | P- Value | df | Remarks |
|---|---|---|---|---|
| ***Women's age*** | | | | |
| 21-35 years | 4.730 | 0.1 | 3 | N.S |
| 26-30 years | | | | |
| 31-35 years | | | | |
| 36-40 years | | | | |
| ***Religion*** | | | | |
| Hindu | 0.607 | 0.4 | 1 | N.S |
| Islam | | | | |
| Christian | | | | |
| Others | | | | |
| ***Qualification*** | | | | |
| Primary school | 0.742 | 0.690 | 2 | N.S |
| Secondary school | | | | |
| Graduate and above | | | | |
| ***Occupation*** | | | | |
| Unemployed | 0.455 | 5 | 0.99 | N.S |
| Self employed | | | | |
| Daily wage labourer | | | | |
| Government service | | | | |
| Other | | | | |
| ***Family income per month (in Rs)*** | | | | |
| ≤10,001 | 0.700 | 0.951 | 4 | N.S |
| 10,002-29,972 | | | | |
| 29,973-49,961 | | | | |
| 49,962-74,755 | | | | |
| 74,756-99,930 | | | | |
| 99,931-1,99861 | | | | |
| ≥1,99862 | | | | |
| ***Age at marriage*** | | | | |
| 17-20 years | 1.140 | 0.767 | 3 | N.S |
| 21-24 years | | | | |
| 25-28 years | | | | |
| >28 years | | | | |
| ***Type of family*** | | | | |
| Nuclear | 0.104 | 0.949 | 2 | N.S |
| Joint family | | | | |
| Extended family | | | | |
| ***Duration of marriage in years*** | | | | |
| < 1years | 8.210 | 0.210 | 6 | N.S |
| 1-3 years | | | | |
| 4-6 years | | | | |
| > 6 years | | | | |
| ***Number of children*** | | | | |
| None | 0.386 | 0.943 | 3 | N.S |
| 1-2 | | | | |
| 3-4 | | | | |
| 5 and above | | | | |
| ***Previous information regarding contraception*** | | | | |
| Yes | 0.328 | 0.567 | 1 | N.S |
| No | | | | |
| ***Source of information on contraception*** | | | | |
| Friends | 1.491 | 0.914 | 5 | N.S |
| Family member | | | | |
| Health professionals | | | | |
| Mass media (TV, Radio, Internet) | | | | |
| Others | | | | |

**N.S – Not Significant**

The table VI revealed that among the married women, none of the demographic variables were found to have statistically significant association with level of attitude towards contraception.

## DISCUSSION

- Among 150 women, 33% were in age group 31-35 years and 30% were in 26-30 years. 74% were Hindus while 26% were Islam. Majority of the sample population received education of primary standard, 29% had secondary schooling while 22% were graduates.
- Most of the women were housewives 82% while 8% did private service. 58% of the married women were from nuclear families while 40% from joint families.
- 69% of women had previous information regarding use of contraception where 40% had health workers as their source of information. Most of the married women i.e.110 (74%) had moderately adequate knowledge regarding contraception. The present study is supported by the study findings of Singh AS, et.al (2014) where 174 (87%) had knowledge regarding contraceptive methods.
- 148(99%) of the married women had desirable knowledge regarding contraception and 1% had moderately desirable attitude. My study is supported by the study findings of D'Souza, et.al (2014) who found 96.9% of married women had favourable attitude.
- The study showed a moderate positive correlation ( Calculated Karl Pearson's correction value of r = 0.424) between knowledge and attitude scores which infers that when knowledge among married women towards contraception increases their attitude towards it also increases.
- Chi-square test reveals that there was no significant association between knowledge and demographic variables like qualification, age at marriage, previous information regarding contraception, etc. My study also revealed that there is no significant association between attitude and selected variables like age, religion, qualification, family income, duration of marriage or previous knowledge regarding contraception.

## CONCLUSION

The study revealed that majority of married women had moderately adequate knowledge on contraception with most of them having desirable attitude. It was found that when knowledge among married women towards contraception increases their attitude towards it also increases. But there was no significant association between knowledge and attitude regarding contraception with demographic variables. Thus, healthcare providers have to ensure the spread of information regarding the modes of contraception available and motivate women regarding their correct use for a healthy and effective family.

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