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ASSESSMENT OF THE KNOWLEDGE, ATTITUDE AND PRACTICE STUDY TOWARDS FAMILY PLANNING AMONG POSTPARTUM WOMEN IN TERTIARY CARE CENTRE IN BIKANER, RAJASTHAN: A CROSS-SECTIONAL STUDY

Obstetrics & Gynaecology

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ABSTRACT

Background: Family planning (FP) is defined as a way of thinking and living that is adopted voluntary upon the bases of knowledge, attitude, and responsible decisions by individuals and couples Lack of data in marginalized populations on knowledge, attitudes and practices (KAP) hampers efforts to improve modern contraceptive practice.In India, although a number of contraceptive choices are available, the usage of contraceptive methods among postpartum women is rather low. **Aims and Objective:** ThisStudy aimed to determine the knowledge, attitude and practice of contraception among the postpartum women. **Material and methods:** Across sectional study was conducted in obstetrics & gynaecology both indoor andoutdoor patientdepartment (IPD & OPD) of Sardar Patel Medical College and PBM hospital Bikaner from oct.2022 to January 2023,500 women aged between 16-45 years were included in this study. Along with the socio-demographic characteristics of the women, their knowledge, attitude and practices on contraception were evaluatedwith the help of predesigned questionnaire.Results: It was observed that out of 500 cases, majority of them were 20-29 years (76.8%), booked cases (91.2%), Literate (93.8%), rural(55%) and 167(33.4%) patients were of parity 3.And, that majority 252(50.4%) patients had poor knowledge,270(54%) patients had negative attitude and 371(74.2%) patients had good practice of use of contraceptive. 493 patients(Q9) were aware of side effect of contraceptives.195 patients (Q8) out of 500 thinks that having more than 2 child is an asset for the family. Out of 500 patients 465 patients in the study opted for postpartum contraceptive method in our hospital. **Conclusion:** Ignorance about the use and side effects of different contraceptive methods is the reason for the inadequacy. Practicing family planning methods. Awareness programs based on bridging should be emphasized.

KEYWORDS

Attitude, Contraceptives, Knowledge, Practice

INTRODUCTION

Maternal mortality has always been a public health challenge. Of the world population, 75% live in developing countries characterized by high fertility rate, high maternal &infant mortality rate and low life expectancy. [1] The world population will likely increase by 2.5 billion over the next 43 years, passing from the current 6.7 billion to 9.2 billion in 2050.[2]Birth spacing not only reduce fertility but also improve health of the mother. The foremost causes of death among reproductive age women are due to complications arising during pregnancy and child birth. Each year approximately 55,000 women die in India due to pregnancy or childbirth-related complications. [3]

According to WHO, family planning is defined as a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitude and responsible decisions by individuals and couples, in order to promote the health and welfare of family group and thus contribute effectively to the social development of a country."National family planning program was first launched in India in 1951, with aim to reduce the birth rate to stabilize the population. [4]

In developing countries Couple Protection Rate (CPR) is still very less. According to national family welfare statistics 2011, CPR in India is 40.4%. India, with one of the world's fastest growing populations, is a nation very much in need of contraceptive counselling. [2]

Now a day's fertility rate has come down due to widespread 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.[5] Proper counselling for family planning necessary because 27% of women are at risk of unplanned pregnancy. [6]

In Indian scenario, females have no role in making of reproductive decisions. According to NFHS-3, around 30% of the fertility in India was unwanted, indicating a huge gap between the demand and supply of family planning measures and the unmet need for the country as a whole is about 13%. The unmet need is high among married women aged 15-19 years (25% for spacing and 2% for limiting) and among those aged 20- 24 years (15% for spacing and over 6% for limiting).[7]

Contraceptive advice is a vital component of good community health. Even though there is wide availability of various types of contraceptives, the rate of population growth and unplanned pregnancies is still high. [7] Use of contraceptives can prevent at least 25% of all maternal deaths by allowing women to prevent unintended pregnancies and unsafe abortions.

One fifth of the maternal death in the world occur in India, which is estimated as 4 per 1000 live births, and about 15% of the maternal deaths are due to unsafe abortions. [8]

This study was aimed to study of knowledge and awareness regarding contraception, study of contraceptive practices and study of socio-demographic parameters

MATERIALAND METHODS

This is a cross-sectional study conducted in Obstetrics and Gynaecology department of Sardar Patel Medical College and PBM hospital Bikaner from October 2022 to January 2023.A total of 500 women in their productive age group attending OPD for various reasons were evaluated with a pre-designed questionnaire.

Data Collection:

The study was done using a predesigned questionnaire. The data were analyzed to know the factors which affected their knowledge about contraception and their attitude towards contraception which in turn influenced their practices (past, present &future).

Sampling procedure

Study variables

Dependent variables: Knowledge, attitude and practice of contraceptive in postpartum women.

Independent variables: Socio-demographic factors: Age, parity, urban, rural, educational status, religious, marital status, husband education.

Maternal factors: Number of pregnancy, number of alive children, sex of children.

Inclusion criteria

Women eligible for contraception in the reproductive age group (16-45 years) and all mothers who were admitted in wards during intrapartum and postpartum time during the study period and volunteer to participate in the study are included.

Exclusion criteria

Critical ill mothers, unable to communicate mothers excluded from the study..

Statistical Analysis

The recorded data compiled and entered in a spreadsheet computer program (Microsoft Excel 2007) and appropriate tests applied. Result is presented in tables and charts. The knowledge part of the questionnaire contains nine questions. The questions were given an option of yes/no with an additional "Not sure option in questions. A scoring system was applied to assess the level of KAP of each participant: 1 point for each correct answer and 0 point for an incorrect/not sure answer. With a total of score nine for knowledge, the respondent postpartum women are grouped into two categories – with adequate and inadequate knowledge.

Attitude toward contraceptive is measured by eight questions, with a total score of 8 for attitude; the respondent postpartum women are grouped as having a: positive or negative attitude.

The practices are assessed by eight questions, with a total score of 8 for practices; the respondents are classified into two categories–good or poor practices of contraceptive methods by postpartum women.

RESULTS

It is observed that the majority 384(76.8%) patients were of age group 20-29 years while 97(19.4%) patients were from age group 30-39 years and 11(2.2%) patients were from 40-45 years.(table 1).

Table 2 shows,456(91.2%) patients were booked and 44(8.8%) patients were un-booked. In table-3, shows 469 (93.8%) patients were literate while 31(6.2%) patients were illiterate. The majority 275(55%) patients were form rural while 225(45%) patients were from urban area. (Table-4) In our study, majority 167(33.4%) patients were of parity 3 while 147(29.4%) patients were of parity greater that 3 and 141(28.2%) patients were of parity 2.(Table-5)

The majority 252(50.4%) patients had poor knowledge while 247(49.4%) patients had good knowledge of contraceptive. The mean scoring knowledge of postpartum woman about contraceptive was 6.43. (Table-6) We found that 230(46%) women had positive attitude about contraceptive while 270(54%) patients had negative attitude about contraceptive. The mean score for attitude towards contraceptive was 4.22. (Table-7)

We found that majority 371(74.2%) patients had good practice of use of contraceptive while 129(25.8%) patients had poor practice of contraceptive. The mean score of practice of contraceptive was 5.67. (Table-8)Majority 285 patients knew benefits of contraceptive while only 2 patients knew about all types of postpartum contraceptives available493 patients were aware of side effect of contraceptives at Q.7 while 2 patients at Q.8 and 493 patients at Q.9 had good knowledge about contraceptive. (Table-9)For 493 patients male child/female child gender biasing was irrelevant issue while considering about adoption of contraceptive /family planning method.

Majority 499 patients out of 500 postpartum women in study would like to get access for government health facility for contraceptive family planning methods in spite of private health facility. 195 patients out of 500 think that having more than 2 children is an asset for the family.15224 patients out of 500 are familiar with lactation amenorrhea as method of contraception. Only 220 patients or patient's husband gave consent for postpartum contraceptive while for others patient relative gave consent for postpartum contraceptive. Out of 500 patients 465 patients in the study opted for postpartum contraceptive method in our hospital. Postpartum women are having poor attitude towards 2 child-norms.

OBSERVATION TABLES

Table-1Distributionof cases according to age group

Age Group (In Years)	No. of cases	Percentage
16-19yrs	8	1.60
20-29yrs	384	76.80
30-39yrs	97	19.40
40-45yrs	11	2.20
Total	500	100.00

Table-2 Distribution of cases according to Booking Status

Booking Status	No. of Cases	Percentage
Booked	456	91.20
Un-booked	44	8.80
Total	500	100.00

Table-3 Distribution of cases according to Education

Education	No. of cases	Percentage
Illiterate	31	6.20
Literate	469	93.80
Total	500	100.00

Table 4: Distribution of cases according to Residence

Residence	No. of cases	Percentage
Rural	275	55.00
Urban	225	45.00
Total	500	100.00

Table 5: Distribution of cases according to parity

Parity	No. of cases	Percentage
P1	45	9.00
P2	141	28.20
P3	167	33.40
> P3	147	29.40
Total	500	100.00

Table 6: Distribution of cases according to Knowledge of Postpartum Women about Contraceptive

	Number of cases	Percentage
No Knowledge	1	0.20
Poor Knowledge	252	50.40
Good Knowledge	247	49.40
Total	500	100.00
Scoring Knowledge of Postpartum Woman About Contraceptive	Mean	SD
	6.43	0.71

Table 7: Distribution of cases according to Attitude of Postpartum Women about Contraceptive

Attitude	Number of cases	Percentage
Negative Attitude	270	54.00
Positive Attitude	230	46.00
Total	500	100.00
Scoring of Attitude		
Mean	4.22	
SD	1.02	

Table 8: Distribution of cases according to Practice

1-5= Poor Practice/ 6-8= Good Practice	Number of cases	Percentage
Poor Practice	129	25.80
Good Practice	371	74.20
Total	500	100.00
Scoring of Practice		
Mean	5.67	
SD	0.66	

Table 9: Scoring Knowledge of Postpartum Women about Contraceptive

1-3= No Knowledge/4-6 Poor Knowledge/7-9 Good Knowledge	Scoring Knowledge of Postpartum Woman About Contraceptive								
	Q.1	Q.2	Q.3	Q.4	Q.5	Q.6	Q.7	Q.8	Q.9
Yes	499	497	498	499	393	51	285	2	493
No	1	3	2	1	107	449	215	498	7

Table 10: Attitude of Postpartum Women towards Using Contraceptive Scoring

Total Score	Attitude of Postpartum Woman Towards Using Contraceptive Scoring							
1-5= Negative Attitude/ 6-8= Positive Attitude	Q.1	Q.2	Q.3	Q.4	Q.5	Q.6	Q.7	Q.8
Yes	5	314	11	286	309	493	499	195
NO	495	186	489	214	191	7	1	305

Table 11: Practice of Contraceptive by Postpartum Women

Total Score	Practice of Contraceptive By Postpartum Woman

1-5= Poor Practice/ 6-8= Good Practice	Q.1	Q.2	Q.3	Q.4	Q.5	Q.6	Q.7	Q.8
Yes	500	494	456	468	8	224	220	465
No	0	6	44	32	492	276	280	35

DISCUSSION

Maternal morbidity and mortality present a big challenge globally with the lower middle income countries facing a higher burden due to the short inter-conception period. The population growth rate for 2019 is projected at 1.08%. India will add a whopping 1.49 crores in 2019, contrary to the fact that India accounts for just 2.4 percent of the world surface area of 135.79 million square km yet it sustains 17.75 percent of the world population.[9] WHO defines family planning as a way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitude, and responsible decisions by individuals and couples to promote health and welfare. About one third of unintended pregnancies each year result from improper use or failure of contraceptives. A lack of knowledge of contraceptive methods, source of supply, cost, or poor accessibility are the barriers that exist in developing countries.

Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. By the use of family planning methods, more people can obtain maximum benefit at a lower cost.[10] India became the first country in the world to formulate National Family Planning Program in 1952, with the objective of "reducing birth rate to the extent necessary to stabilize the population at a level consistent with requirement of national economy." In many developing countries, a number of postpartum women not wanting to become pregnant are not using safe and effective family planning methods. Ability of a woman to start a successful, continuous and appropriate contraceptive method is influenced by many different factors; for example, access to the health care and personal attitude they can all be considered as obstacles to apply correct use and effective method of the women to family planning objectives.[11]

Increasing program coverage and access of family planning will not be enough unless all eligible women have adequate awareness for favorable attitude and correctly and consistently practicing as per their need. Increasing awareness/knowledge and favorable attitude for practicing FP activities at all levels of eligible women are strongly recommended [12].

Demogrpahic Data

In the present study we found that majority out of 500, 384(76.8%) patients were of age group 20-29 years while 97(19.4%) patients were from age group 30-39 years and 11(2.2%) patients were from 40-45 years. In our study out of 500, 556(91.2%) patients were booked and 44(8.8%) patients were un-booked. The 469(93.8%) patients were literate while 31(6.2%) patients were illiterate. We found that majority 275(55%) patients were form rural while 225(45%) patients were from urban area. The majority 167(33.4%) patients were of parity 3 while 147(29.4%) patients were of parity greater that 3 and 141(28.2%) patients were of parity 2.

A study by Gothwal M et al [13] found that out of 173 women 82.6% of the participants were aged between 21 and 30 years, 41% were single. Male partners of 19.6% staff were illiterate while among wives of male nursing staff only one was found to be illiterate. About 41% got married at the age of 19–25 years and 86.7% were nulliparous.

A study by Nayak A K et al[14] found that Majority of women, that is, 46% belongs to 26–30 years of age group. About 58% were from rural area. About 49% were primipara. About 61% had only schooling and majority (68%) belonged to low socio-economic group.

Wodaynew T et al[15] found that 44 (41.5%) were urban and 72 (68%) were between 25 and 34-yearsold. The educational level of mothers showed that 32 (30.1%) couldn't read and write, 45 (43.5%) completed primary school.

Knowledge and Attitude of Postpartum Woman about Contraceptive

In the present studywe found that majority 252(50.4%) patients had poor knowledge while 247(49.4%) patients had good knowledge of contraceptive. The mean scoring knowledge of postpartum woman about contraceptive was 6.43. We found that 230(46%) women had positive attitude about contraceptive while 270(54%) patients had negative attitude about contraceptive. The mean score for attitude towards contraceptive was 4.22. In our study postpartum women are having poor attitude toward to child norms.

Gothwal M et al[13] found that all participants were well aware of family planning methods. The main sources of family planning services were health centres (89.6%) followed by pharmacies (54.9%) and clinical personnel (54.3%). The common side effects reported by respondents were heavy bleeding, irregular bleeding, and abdominal cramps. Knowledge of methods of contraception was assessed by scoring the responses of participants on the various methods of contraceptives. Regarding the overall knowledge of study participants, 161 (42.3%) had good knowledge of family planning. This finding was similar to that observed by the study of Gupta v et al.[16] All participants knew about majority methods of postpartum contraception. They mostly mentioned condoms (64.1%) and lactational amenorrhea (58.3%) as their choices, which had higher failure rates. So despite knowing about contraception, their attitude and practices were lacking. This bridge needs to be filled to achieve our family planning goals. Regular medical educational programs should be organized to update them about newer methods as also proposed in similar studies.

Wodaynew T et al[15] found that Only 98 (92.5%) of the respondents had heard about family planning. About 65.7% had good knowledge, 34.3% had poor knowledge. Regarding to their current choice of contraceptive 45(42.5%) chose injectables followed by 25 (23.6%) chose pills. Regarding to side effects of contraceptive majority of them 72(67.9%) replied as it has side effects. Majority of respondents faced to side effects 20(27.8%) were irregular bleeding. Most of the respondents 90(84.9%) agreed as IUD has no effects on infant breast feeding.

A similar study by Kasa A S et al[18] found that the majority (88.5%) of the respondents ever discussed on family planning issues with their partners and want to use contraceptive in the future. About 24.5% of the participants reported that they believe family planning exposes to infertility. Almost 23 (22.8%) of study participants reported that using family planning contradicts with their religion and culture. Regarding the overall attitude, 224 (58.8%) of the participants had favorable attitude and 157 (41.2%) had unfavorable attitude towards family planning.

Practice Of Contraceptive In Respodents

In the present study we found that majority 74.2% patients had good practice of use of contraceptive while 25.8% patients had poor practice of contraceptive. The mean score of practice of contraceptive was 5.67.

A similar study by Kasa A S et al[18] found that the majority Three fourth (75.3%) of study participants had used contraceptive methods. The main types were pills (7.4%) and injectable (77.2%). The most common current reasons for not using were a desire to have a child (53.2%) and preferred method not available (46.8%). Almost half (50.4%) of study participants had good practice and the rest 49.6% had poor practice.

Bekele D et al[17] found that the most commonly known contraceptive methods amongst participants were injectables (72.3%), followed by pills (67.6%) and implants (51.7%). Health Extension Workers (HEWs) were the major source of family planning for 45.2% of the respondents, with health-care providers (28.8%) and friends (24.7%) following as sources for the participants.

Woday new T et al[15]found that the most known methods to the respondents were inject able (85%), and followed by pills (42.5%). Among the sources of information for contraceptive 52(49%) were health workers.

The level of knowledge and attitude towards family planning was relatively low and the level of family planning utilization was quite low in comparison with many studies. Study participant's residence, marital status, educational level, occupation, age, knowledge, attitude, their family size and their monthly average income were associated with FP utilization habit of reproductive age women.

CONCLUSIONS

Observations from the study suggest that proper training for family planning practices should be specifically incorporated in the

curriculum of health workers. Though postpartum women have heard of family planning through various sources of information very few are aware of newer hormonal contraceptives, but still have a negative attitude towards adoption of family planning methods. The women should be equipped with recent information on all the available family planning methods. This will keep them informed and reinforce the implementation and practice of family planning as well as help them suggest best suitable family planning methods. Further, more studies are needed in exploring reasons affecting the non utilizing of family planning and how these can be addressed.

Disclosure Statement

This study is investigator initiated. The authors declare that they have no competing/conflict of interests in relation to this article.

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Consent For Publication

- Not applicable.
- Ethics approval and consent to participate.
- The study protocol was approved by the medical ethics committee of the S.P. Medical College, Bikaner, Rajasthan(State), India.

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