



**ORIGINAL RESEARCH PAPER**

**Community Medicine**

**CONTRACEPTION: ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICES AMONG MARRIED WOMEN IN REPRODUCTIVE AGE GROUP--AN OBSERVATIONAL ANALYTICAL STUDY**

**KEY WORDS:** Knowledge, Attitude, Practice, Contraception, reproductive

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| <b>ABSTRACT</b> | <b>Introduction:</b> Unintended pregnancies are an important public health issue because they are associated with maternal, fetal, neonatal and other adverse outcomes. Therefore preventing such pregnancies by various family planning methods becomes mandatory. Socio-economic factors and education are few of the factors that play important roles in the acceptance of family planning. |
|                 | <b>Objective:</b> To assess the knowledge, attitude and practices of contraceptive among married women in reproductive age group (15-49 years).   |
|                 | <b>Material and method:</b> The present cross sectional study was carried out at five sub-centres of block Hazratbal, Distt. Srinagar from May 2015 to May 2016. Total 200 study subjects were enrolled in the study.   |
|                 | <b>Result:</b> In the study 100% % females had awareness regarding any method of contraception. Out of 200 women, majority (94.5%) knew condoms as contraceptive method, followed by OCPs and tubal ligation (93.5 and 91.5 respectively). The women who had knowledge about contraceptive methods, they mainly obtained from health professional (68%)   |
|                 | <b>Conclusion:</b> 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.  |

**INTRODUCTION**

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. 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. Uncontrolled population explosion is a burden on resources of many developing countries. 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). Therefore, it is necessary to stabilize the population and to conserve the natural resources for the future generations.

India is the pioneer country in the world to launch a nationwide family planning program in the year 1952, and during the third 5-year plan it was declared the very centre of planned development. In April 1976, the country framed its first national population policy which is now running under RCH (Reproductive and child Health) program, so that each and every couple in India is aware of the need for family planning (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.' The need for family planning practices lies is to control population explosion, to avoid unwanted births, to regulate intervals between pregnancies, to control the time at which births occur in relation to age of the parent (4). As the leading causes of death among reproductive age women are due to complications arising during pregnancy and child birth, birth spacing becomes mandatory. Each year approximately 55,000 women die in India due to pregnancy or childbirth-related complications (5).

Contraceptive advice is a component of preventive health care. An ideal contraceptive should suit an individual's personal, social, and medical characteristics and requirements. Socio-economic factors and education are few of the factors that play important roles in the acceptance of family planning. India's public sector programme claims to provide a cafeteria approach with a basket of choices. The method-mix in this programme includes five official

methods-female sterilization, male sterilization, intrauterine contraceptive device (IUCD), oral contraceptives, and condoms. But modern spacing methods account for a very small fraction (10%) of contraceptive use (6).

**AIMS AND OBJECTIVES**

1. To assess the knowledge, attitude & practices of contraceptives among married women of reproductive age group (15-49 years).
2. Identify factors that are associated with non-use of contraception.

**3. METHODOLOGY**

This study was conducted in Block Hazratbal of District Srinagar, which is the field practice area of Government Medical College, Srinagar, Jammu and Kashmir. The study period was one year from May 2015 to May 2016. All married females in reproductive age group (15-49 years) who attended five sub-centers (Shanpora, Theed, Ishbar-Nishat, and Hazratbal) of the Block Hazratbal during the study period were approached and their consent for participation in the study was sought in regard to their current marital status. All the females who gave their consent for participation in the study were enrolled. A total of 200 females were interviewed. The information was collected from the study subjects on basis of pretested semi-structured questionnaire. Along with the socio-demographic characteristics of the women, their knowledge, attitude and practices on contraception were evaluated.

The questionnaire elicited information regarding their age, educational status, number of children, knowledge and source of contraceptive methods, practicing of either male or female family planning methods. To assess the knowledge, the methods were separately asked: Barrier (condom), OCPs, IUCDs, Injectables and Tubal ligation. The attitude of females towards contraception was asked. The practice of contraception was defined by the usage of contraceptive methods by the either partners.

**Inclusion criteria**

Married women within the reproductive age group (15-49 years) living with their husbands.

**Exclusion criteria**

- 1. Pregnant women.
- 2. Women with medical disorders.

**RESULTS :**

A total of 200 married women participated in the study. The mean age of participants was 27.5 years with a minimum and maximum age of 20 and 43 respectively. Majority (29.5%) of women were in the age group of 26-30 years. 30.6% of the study subjects were illiterate and only 4% were graduates/post-graduates. Regarding occupation, 88.5% women were home-makers and only 6% were employed in govt./private institutions as teachers. 47.4% of participants hailed from socioeconomic class IV whereas 4.5% belonged to socio-economic class I (Table 1).

**Table 1: Socio-demographic characteristics**

| Age of study subjects   |            |               |
|---|------------|---------------|
| Age(years)  | Number (n) | Percentage(%) |
| 20-25   | 15         | 7.5           |
| 26-30   | 59         | 29.5          |
| 31-35   | 90         | 45            |
| 36-40   | 28         | 14            |
| >40   | 8          | 4             |
| Total   | 200        | 100           |
| Educational status of study subjects                                |            |               |
| Educational status  | Number (n) | Percentage(%) |
| Illiterate  | 61         | 30.5          |
| Primary   | 39         | 19.5          |
| Middle  | 28         | 14            |
| High school   | 49         | 24.5          |
| Higher secondary  | 15         | 7.5           |
| Graduate and above  | 8          | 4             |
| Total   | 200        | 100           |
| Occupation of study subjects  |            |               |
| Occupation  | Number (n) | Percentage(%) |
| Home-makers   | 177        | 88.5          |
| Teachers  | 6          | 3             |
| Others  | 17         | 8.5           |
| Total   | 200        | 100           |
| Socio-economic class of study subjects as per Kuppuswamy scale 2017 |            |               |
| SES-Class   | Number (n) | Percentage(%) |
| Class I   | 9          | 4.5           |
| Class II  | 17         | 8.6           |
| Class III   | 79         | 39.5          |
| Class IV  | 95         | 47.4          |
| Total   | 200        | 100           |
| Parity of study subjects  |            |               |
| Parity  | Number (n) | Percentage(%) |
| 1   | 73         | 36.6          |
| 2   | 82         | 41            |
| 3   | 37         | 18.4          |
| >3  | 8          | 4             |
| Total   | 200        | 100           |

**Table 2: Awareness of family planning methods among study subjects**

| Awareness | Number (n) | Percentage (%) |
|-----------|------------|----------------|
| Yes       | 200        | 100            |
| No        | 0          | 0              |
| Total     | 200        | 100            |

100% of the women were aware of any of the methods of family planning.

**Table 3: Knowledge of study subjects regarding different contraceptive methods.**

| Temporary methods | Contraceptive method | Number (n) | Percentage(%) |
|-------------------|----------------------|------------|---------------|
|                   | Barrier (condom)     | 189        | 94.5          |
|                   | OCPs                 | 187        | 93.5          |
|                   | IUCDs                | 111        | 55.5          |

|                   |                          |     |      |
|-------------------|--------------------------|-----|------|
|                   | Safe-period              | 9   | 4.5  |
|                   | Lactational amenorrhea   | 5   | 2.5  |
|                   | Injectables              | 6   | 3    |
|                   | Emergency contraceptives | 6   | 3    |
|                   | Norplant                 | 2   | 1    |
| Permanent methods | Male                     | 157 | 78.5 |
|                   | Female                   | 183 | 91.5 |

Table 2 shows knowledge regarding different contraceptive methods. Out of 200 women, majority (94.5%) knew condoms as contraceptive method, followed by OCPs and tubal ligation (93.5 and 91.5 respectively).

**Table 4: Source of knowledge of the study subjects.**

The women who had knowledge about contraceptive methods, they mainly obtained from health professional (68%), followed by media and social circle. Distribution of source of knowledge regarding different methods is shown in Table 3.

| Source  | Number (n) | Percentage (%) |
|---|------------|----------------|
| Health Professionals(Doctors/Paramedics)      | 136        | 68             |
| Media(Radio,Television,Newspapers, Magazines) | 41         | 20.5           |
| Social Circle                                 | 19         | 9.5            |
| Others  | 4          | 2              |
| Total   | 200        | 100            |

**Table 5: Attitude of study subjects towards contraception.**

Though majority of women had knowledge about family planning methods most of the females had positive attitude towards contraceptives.

| Attitude | Number (n) | Percentage(%) |
|----------|------------|---------------|
| Positive | 127        | 63.5          |
| Negative | 73         | 36.5          |
| Total    | 200        | 100           |

**Table 6: Reasons for willingness of contraception among the study subjects.**

| Reason             | Number (n) | Percentage(%) |
|--------------------|------------|---------------|
| Completed family   | 68         | 53.5          |
| Financial problems | 37         | 29.2          |
| Birth spacing      | 22         | 17.3          |
| Total              | 127        | 100           |

Majority (53.5%) of the study subjects were using contraceptives as they had completed their families. However, 17.3% were using them for maintaining birth intervals.

**Table 7: Reason for unwillingness of contraception among the study subjects.**

The most common reason cited by women for not using contraceptives was the fear of health issues due to side effects of the contraceptive methods (48%).

| Reason   | Number (n) | Percentage (%) |
|--|------------|----------------|
| Fear of health issues due to side effects of the contraceptive | 96         | 48             |
| Husband not willing  | 18         | 9              |
| Gender of baby   | 22         | 11             |
| Religion   | 16         | 8              |
| Non-availability of contraception                              | 48         | 24             |

**Table 8: Practice of contraception among the study subjects.**

Out of all the different methods of contraception, commonly practicing method was condom (40.5%) followed by OCPs (35.4%) and tubal ligation (19%)

| Method used      | Number(n) | Percentage(%) |
|------------------|-----------|---------------|
| Barrier (condom) | 36        | 40.5          |
| OCPs             | 30        | 35.4          |

|                |     |      |
|----------------|-----|------|
| IUCDs          | 23  | 18.2 |
| Injectables    | 0   | 0    |
| Tubal ligation | 38  | 19   |
| Total          | 127 | 100  |

**DISCUSSION**

Strategies to increase contraceptive use must include improving delivery of correct and adequate information about the availability of contraceptive methods. Education of women is considered to be a most important factor in decision making (7). For contraceptive usage, woman's will and motivation is necessary. Awareness and knowledge is the key to choose the right method for contraception. In our study, result showed that 100% women had knowledge about contraception whereas 97.4 & 99% is seen in other studies conducted at Lahore (8-9).

The findings are in contraindicatio6E with the study conducted at Bhopal by Mahawar P et al in 2011 (10). In 2009, another study conducted in Andhra Pradesh among Racha Koya women, 81% had knowledge on different contraceptive methods (11).

Major source of knowledge regarding contraceptives were health professionals (68%) followed by media (20.5)%, social circle (9.5 %) and others. Similar result seen in study conducted in Ethiopia, showed that 80.3% of health worker contributed in disseminating information regarding contraception (12). In contrast to our study , Srivastava et al. found social circle to be the main source of knowledge followed by health workers (13). While another study showed media as a main source of information (14).

In present study, 36.5% of women were not using any of the methods of contraception whereas 55% had never used contraceptives in study conducted by Srivastava et al. in 2005 in a state of developing country, India (13).

In this study, condom was the most common method (40.5%). Similar results were shown in other study as well (14 - 17). In contrast, study conducted by Musarrat Jabeen et al., commonly used methods were traditional, injectable & female sterilization (18).

Though majority of women had knowledge about contraceptives only 63.5% females had positive attitude towards contraception, whereas in a study conducted by Zangmu Sherpa et al., 87.5% had positive attitude (19). Similar result was seen in the study done by Sonia Naqvi et al (20).

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 (21). 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, social and political barriers.

**CONCLUSIONS**

Despite of having good knowledge about family planning methods & positive attitude there are some factors like non-availability of contraceptives, desire for male babies, pressure from husband, religious concern etc. lead to non-use of contraceptives. So this is important to improve educational status of the female to overcome these barriers and increase the uptake of modern contraceptive methods. Sustained efforts to increase awareness and motivation for contraceptive use among the eligible couples by the health care personnel is highly recommended.

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