



ORIGINAL RESEARCH PAPER

Gynaecology

AWARENESS, ATTITUDE AND PRACTICE OF CONTRACEPTION AMONG OUTPATIENT WOMEN IN A TERTIARY CARE HOSPITAL - A CROSS SECTIONAL STUDY

KEY WORDS: Awareness, Contraceptive method, Education, Family planning

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ABSTRACT

Background: Family planning services have the potential to improve the quality of the lives of people and their economic welfare. The objective of the study was to assess the level of awareness, attitude, and also to find out the current practice of contraceptive method by women who attending the outpatient department in a tertiary care hospital.

Methods: This was a cross-sectional study conducted over a period of 2 months at ACS medical college hospital. 102 women who attending outpatient department of obstetrics and gynecology were randomly selected and were interviewed with predesigned questionnaire. The data collected were analyzed using percentage and statistical methods.

Results: Majority of the women in the study was between 25 to 29 years (31.4%) and had literacy level of education (93.1%). It was observed that with increase in level of education, awareness of any one of the Family planning methods also increased (94.1%). About 73.5% of them were aware of more than one method of contraception. Cu T (85.3%) was the most heard about method followed by Condom (50%). About 84.3% of these women gave a history of usage of contraception. Only 10.8% of them had used temporary method. Sterilization (73.5%) was considered the safest option among the contraceptive choices followed. Media and Hospital circle (63.7%) played a major role followed by Friends and Elders as source of knowledge. 15.7% of women did not accept any one of the family welfare methods. Most of the women did not use any contraception because of fear (18.8%), religions (8.3%).

Conclusions:

The high contraceptive awareness and educational level did not reflect on the contraceptive usage level in this study. Hence proper counseling and education is required to motivate the women for contraceptive usage and eradication of myths involving the risks of using contraception

INTRODUCTION:

Family planning services have a direct impact on maternal health. Reproductive health services that empower women will greatly reduce the social and economic disruption in society. India is the second most populous country in the world. India's population growth rate is a matter of great concern. The unmet need of contraception i.e. the gap between women's reproductive intention and their contraceptive behaviors is still high in India. Expanding the number of family planning options available to women is a critical part of increasing contraceptive coverage, decreasing unintended pregnancies and reducing maternal morbidity and mortality around the globe^{1,2}. Family planning through contraception tries to achieve two main objectives; firstly, to have only the desired number of children and secondly, to have these children by proper spacing of pregnancies³. A lack of knowledge of contraceptive methods or a source of supply, cost and poor accessibility are the barriers that exist in developing countries. Side effects perceived or real are major factors for the abandoning of modern methods. Mass media also plays an important role in promotion and acceptability of contraception^{2,4}. This study was undertaken with the objective to assess the level of awareness about different types of contraceptive choices and also to find out the current practice of contraceptive methods by women attending the outpatient department in a tertiary care hospital.

METHODS:

This was a cross sectional study conducted over a period of 2 months at ACS medical college hospital from October 2018 to November 2018. 102 women attending outpatient department of obstetrics and gynecology were randomly selected and were interviewed with predesigned questionnaire after getting an informed verbal consent. The only exclusion criterion was denial of

consent. The questionnaire was based on dependent variables Awareness, Knowledge and practice of family planning methods. And independent variables like age and education. Statistical analysis was performed using Microsoft excel. The data collected were analyzed using percentage and chi-square test.

RESULTS:

Hypothesis: I

H₀: No effect of educational level on practice of family welfare methods

H₁: There is an effect of educational level on practice of family welfare methods.

Table 1: Educational level on Practice and Non practice of FW Methods

Literacy level	FP Practice	FP Non-Practice	Total
Illiterate	6(85.7%)	1 (14.3%)	7(100.0%)
Literate	80(84.2%)	15(15.8%)	95(100.0%)
Total	86(84.3%)	16(15.7%)	102(100.0%)

RESULTS:

The practice of FP methods on literacy status among the reproductive mothers were independent since the chi-square calculated value (0.0111) is less than the table value (3.841) and the p-value equal to 0.9159 at 5% level of significance and the result is statistically not significant.

Hypothesis: II

H₀: The attributes that age group on practice and non practice of family welfare methods are equal

H₁: The attributes that age group on practice and non practice of family welfare methods are not equal

Table 2: Age on Practice and non practice of FW Methods

Age Group	Practice	Non Practice	Total
15-24	7 (58.3%)	5 (41.7%)	12 (100%)
25& above	79 (87.8%)	11(12.2%)	90(100%)
Total	86(84.3%)	16 (15.7%)	102(100%)

Table 3: Awareness of various Family Planning Methods

Age-group	SURGERY P-102	%	CUT P-102	%	CONDOM P-102	%	PILLS P-102	%	INJECTABLE P-102	%
15-19	1	1.2	0	0.0	1	2.0	0	0.0	0	0.0
20-24	7	8.3	7	8.0	4	7.8	2	5.7	0	0.0
25-29	28	33.3	29	33.3	10	19.6	13	37.1	2	22.2
30-34	14	16.7	15	17.2	8	15.7	5	14.3	3	33.3
35-39	8	9.5	9	10.3	11	21.6	3	8.6	3	33.3
40-44	18	21.4	20	23.0	12	23.5	10	28.6	1	11.1
45-49	8	9.5	7	8.0	5	9.8	2	5.7	0	0.0
Total	84	100.0	87	100.0	51	100.0	35	100.0	9	100.0
	82.4%		85.3%		50%		34%		9%	

The table 3 shows the various family planning methods and its awareness age group wise. The surgical method of family planning and spacing method of Condoms were known in all the age groups of the study population. The Cu T and Oral pills were known in all the ages except in the adolescent age group 15-19 years. The injectable contraceptive method is known in all the ages except in the age groups (15-24) and (45-49) years among the reproductive women of the study population. In the modern methods of contraception Cu T was known to 85.3% followed by Nirodh (50%), Pills (34%) and Injectable contraception (9%). Similarly, the terminal methods Tubectomy (82.4%) were known to them.

Table 4: Awareness of any one family welfare methods

Age-group	Nos.	Any one FP Method	%
15-19	1	1	100.0
20-24	11	9	81.8
25-29	32	30	93.8
30-34	15	15	100.0
35-39	11	11	100.0
40-44	21	21	100.0
45-49	11	9	81.8
Total	102	96	94.1

The table 4 shows the awareness of any one family welfare methods among age group wise. Overall, 94.1% are aware of family planning contraception methods. All the age groups except (20-29 & 45-49) show their 100% awareness of any one family planning methods. The awareness 81.8% is comparatively less both in the age group 20-24 & 45-49 years than in the age group 25-29 years and it is 93.8%.

Table 5: Literacy Level			
AGE GROUP	Nos.	Literate	%
15-19	1	1	100.00
20-24	11	11	100.00
25-29	32	32	100.00
30-34	15	14	93.33
35-39	11	9	81.82
40-44	21	20	95.24
45-49	11	8	72.73
TOTAL	102	95	93.14

The table 5 shows the literacy level of the reproductive mothers among the age group wise. Overall, 93% are literate among the reproductive mothers. All the reproductive mothers in age group (15-29) years were 100% literate and the rest of them range were 72%-95%. This reveals that literacy level started to 100% in the reproductive women.

The table 6 shows the various source of knowledge of family planning of the study population. The majority of the source of knowledge of contraceptive methods was from hospital side 80.4% and the media namely TV 76% and Posters 42% followed by Elders and friends were 21.6% and 16.7% respectively.

RESULTS:

The practice of FP methods and age group of the reproductive mothers were dependent since the chi-square calculated value (6.9408) is greater than the table value (3.841) and the p-value equal to 0.008425 at 5% level of significance and the result is statistically significant.

Table 6: Source of information regarding family planning

Source of Knowledge	No.	%
HOSPITAL	82	80.4
TV	77	75.5
POSTERS	43	42.2
ELDERS	22	21.6
FRIENDS	17	16.7

The table 7 shows the reasons for not using any contraception. About 18.7% were in fear, religious reasons accounted to 6.3% and other reasons (75%).

Table 7: Reasons for not using contraception

Various Reasons	YES	%
Family Pressure	0	-
Fear	3	18.7
Religion	1	6.3
OTHER REASONS	12	75.0

The table 8 shows the acceptance and non acceptance of family welfare methods. About 84.3% were adopted family welfare methods and 15.7% were not accepted any family welfare methods. Most of them stated terminal methods (73.5%) and spacing methods 10.8%. It revealed that the usage of spacing methods were less than the permanent methods among the reproductive mothers in the study population.

Table 8: Acceptance of Family Welfare Methods

Methods	YES	%
Terminal method	75	73.5
Temporary method	11	10.8
Non Acceptance	16	15.7
Total	102	100.0

Percentage of Family Planning Acceptors and Non Acceptors

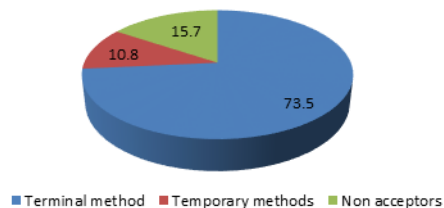


Figure 1 Family Planning Acceptors and Non Acceptors

Table 9: Female literacy and contraceptive use

Education	Acceptors		Non Acceptors		Total	
	No.	%	No.	%	No.	%
illiterate	6	85.7	1	14.3	7	100
literate	80	84.2	15	15.8	95	100
Total	86	84.3	16	15.7	102	100

The table 9 shows the female literacy and contraceptive use. The percentage of family planning acceptors among illiterate and

literate are almost equal. Similarly, it was also in non acceptors of family planning. It is noted that the education itself did not help to improve the family planning acceptance among the illiterate and literate reproductive women in the study population. It means that the motivation and counseling the reproductive women can improve the family planning acceptance apart from the education level of the women.

Table 10: Age structure and contraceptive use

Age-group	Acceptors		Non Acceptors		Total	
	Nos.	%	No.	%	No.	%
15-19	0	0.0	1	100.0	1	100.0
20-24	7	63.6	4	36.4	11	100.0
25-29	27	84.4	5	15.6	32	100.0
30-34	15	100.0	0	0.0	15	100.0
35-39	8	72.7	3	27.3	11	100.0
40-44	19	90.5	2	9.5	21	100.0
45-49	10	90.9	1	9.1	11	100.0
Total	86	84.3	16	15.7	102	100.0

The table 10 shows the age structure of reproductive women and their contraceptive use. It reveals that the younger age group (15-19) years did not use any contraceptive methods. In the age group (20-29) years women 52% did not use any contraceptive methods followed by (35-49) years it stand to 45.9%. All the reproductive women in the age group (30-34) years were accepted any one of the family planning methods. The mean age of family planning acceptance was 34 years and the mean age of the reproductive women was 33.4 years in the study population.

Table 11: Family Welfare Terminal and Spacing Methods Acceptance

Age-group	Terminal	%	Spacing	%
15-19	0	0.0	0	0.0
20-24	5	6.7	2	18.2
25-29	21	28.0	6	54.5
30-34	13	17.3	2	18.2
35-39	8	10.7	0	0.0
40-44	19	25.3	0	0.0
45-49	9	12.0	1	9.1
Total	75	100.0	11	100.0

The table 11 shows the age group wise reproductive women and their family welfare acceptance that terminal and spacing methods in the study population. It was noted that the terminal method acceptance was comparatively less in the age group 20-29 years (34.7%) while women in older age group i.e. 30-49 years (64.3%). Contradictorily it was in spacing method that the acceptance was more in the age group 20-29 years (72.7%) and less in the age group 30-49 years (27.3%).

DISCUSSION:

Out of the 102 currently married women between the ages of 15-49 years were selected, 84.3% were found to be acceptors of family planning and 15.7% were found to be non acceptors. Among the acceptors 10.8% were using spacing methods, 73.5% had used a terminal method .i.e. Tubectomy. Out of the spacing methods, the used of IUCDs was highest (63.6%) followed by pills and condoms each (18.2%). Women in the younger age group 20-29 years were comparatively (34.7%) less using terminal methods, while women in older age group i.e. 30-49 years who had probably completed their family size opted (64.3%) for permanent method. It means the acceptance of terminal methods were almost doubled in the older age group i.e. 30-49 years than in the younger age group 20-29 years. Similarly, the younger age group 20-29 years was comparatively largely using (72.7%) spacing method, while women in the older age i.e.30-49 years less using (27.3%) spacing method. It means the acceptance of spacing method was tripled in the younger age group 20-29 years than in the older age group 30-49 years. The adolescent age group 15-19 years neither accepted spacing method nor terminal method. It was also seen that the use of contraceptive increased systematically with an increase in age. Literacy and education had an important influence on the acceptance of family planning. The contraceptive used increased systematically with the increase in the educational status of the women. Out of 102 respondents, 96 were aware of at least any one method of family

planning. Hospital and TV were the most important source of information followed by Elders and Friends.

CONCLUSION:

Our study found that there exists an association between the practice of family planning methods and age groups (15-24) year sand (25-49) years of the reproductive mothers at 5% level of significance and the result was statistically significant. The non practice of family planning methods was more almost 4 times higher in the younger age (15-24) years than in the age group (25-49) years. It was also observed that the contraceptive awareness and educational level did not reflect on the contraceptive usage level because illiterate women also used contraceptives in this study. Antepartum period is the effective period during which women will be perspective to contraceptive advice. Imparting correct knowledge at correct time can easily motivate them for adoption of proper family planning method and eradication of myths involving the risk of using contraception. Routine inclusion of contraceptive counseling in the antennal period will go a long way in improving the utilization of antenatal contraceptive choices.

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