

Knowledge, Attitude And Practice Of Contraceptive Methods Among Women In Reproductive Age: A Cross Sectional Study

Dr. Vidushi Singh,
1st Year P.G. Resident

Dr. Swati Garg,
Professor And Unit Head

Dr Prateek Suren,
Assistant Professor

(Department Of Obstetrics And Gynaecology, Mahatma Gandhi Medical College And Hospital, Jaipur)

Abstract

Introduction: Population of India is steadily increasing despite tremendous efforts taken by government and nongovernment organisations regarding increase in awareness and availability of contraceptive methods. The aim of his cross-sectional observational study was to assess the knowledge, attitudes, and practices (KAP) of contraceptive methods among women of reproductive age group.

Material & Methods: This cross-sectional study was conducted at Mahatma Gandhi Hospital in Jaipur in women aged 18-45 years who were attending a health facility, both as patient and her attendant. After consent, a total of 817 participants were interviewed using a structured questionnaire designed to assess their knowledge, attitudes, and practices regarding contraceptive use.

Results: Around 92.04% of the participants were knowledgeable about at least one contraceptive method, with 21.18% had never used contraception. Out of the 752 patients who had knowledge about contraception, the information was procured from family and friends (52.60%) and mass media mainly television (35.77%). Permanent method of sterilisation was opted by most (45.34%) after completion of family, while the use of temporary methods was not that frequent. Amongst the temporary methods, most frequently utilized methods included condoms (35.09%), followed by intrauterine devices IUDs (28.57%), oral contraceptive pills (15.21%) and injectables (1.86%). Attitude towards contraception were mainly positive. The main reasons for not practicing contraception were being afraid of side effects and some religious believes.

Conclusion: The study highlights that the knowledge, attitude and practices related to various contraceptive methods is still inadequate. As our nation is in dire need of population control, a focused awareness program related to contraceptive counselling is required to bridge the knowledge gaps and motivational strategies to change attitude and practices of adopting family planning methods.

Key words: Contraception, Knowledge, attitude, Practices

Date of Submission: 13-07-2024

Date of Acceptance: 23-07-2024

I. Introduction

According to United Nation's latest report of 2024, India leads globally with an estimated population of 144.17 crore followed by China at 142.5 crore and It is expected to reach 1.46 billion by 2030, comprising 17% of world's projected population. This population surge has occurred in spite of the fact that India was the first country in the world to have launched a national programme for family planning in 1952, with goal of population stabilisation and to improve reproductive health.^[1]

Though the population growth in India was phenomenal until the 1970s, growth rates have slowed since then, as reflected by a steady decline in total fertility rate (TFR). TFR has declined from 2.2 to 2.0 between national family health service (NFHSs) 4 and 5, and is projected to touch 1.73 in 2031-35, from 2.5 in 2009 – 2011.^[2] These data show some improvement in reproductive health of the country but challenges arising from rapid population growth and demographic changes need to be addressed and a multidisciplinary approach has to be adopted as family planning overall is a way of thinking and living that is accepted and adopted voluntarily upon the basis of awareness of couples related to contraception, birth interval and family size.

According to NFHSs-5, overall contraceptive prevalence rate (CPR) has increased substantially from 54% to 67% at all India level, but as there are regional differences in acceptance and awareness of family planning services, we conducted this observation study to assess women's knowledge, attitude and practices in this region of country. Various aspects of reproductive health that is, information, access to safe effective affordable and acceptable methods of fertility regulation of their choices and accessibility to appropriate health services were studied.^[2]

II. Material & Methods

This cross-sectional observational study was conducted at department of obstetrics & gynaecology, Mahatma Gandhi Medical College & Hospital, Jaipur, in women aged 18 to 45 years, who were attending the out-patient health facility, both as patient and their attendants.

Institutional Ethical Committee approval was taken and after informed consent, a total of 817 participants were interviewed using a pre-designed, validated questionnaire, designed to assess their knowledge, attitude and practices related to contraceptive use. Data obtained were compiled and statistical analysis was done using appropriate significance test and results were represented graphs and charts.

III. Results

A total of 817 women filled the questionnaire and multiple answers were allowed for most of the questions.

Table-1, depicts the socio-demographic characteristics of respondents, maximum participants were between 30 to 34 years of age (43.4%), followed by 25 to 29 years (27.1%). Only a few were illiterate (15.4%), while most of them had done at least graduation (45.5%). Most of them were married (52%) and the age of marriage was between 25 to 29 years for maximum participant (49.4%). Demographically the sample population was ideal, age and literacy wise, and expected to have a good awareness of contraception.

Table-2, shows the knowledge of participants for contraceptive methods. Knowledge of female sterilization as a method of permanent contraception was maximum (94.6%) and condoms as temporary methods (78%). In this era of social media, in the studied population, television was still the most effective source of knowledge. Knowledge regarding contraception during breastfeeding was very less, 30.3% did not know any such method while 69% revealed only about tubectomy as a safe method of contraception during breastfeeding.

Half of the studied subject had a positive attitude of using contraception for controlling birth intervals (51.4%). Most of the participants agreed that the access to contraception was not difficult (94.1%), as is tabulated in table-3. Table-4 shows the overall practice of contraceptive methods. The most common reasons for not wanting to use contraception were some religious believes (61.27%) and being afraid of side effects (60.69%).

**Table 1: Sociodemographic characteristic of respondents
(n – 817)**

Age (years)	
<20	25 (3.05)
20–24	145 (17.74)
25–29	222 (27.17)
30–34	355 (43.45)
35–39	63 (7.71)
≥40	7 (0.85)
Last educational level	
Not graduated from primary school	126 (15.42)
Primary school	92 (11.26)
Junior high school	111 (13.58)
Senior high school or equivalent	116 (14.19)
Undergraduate & above	372 (45.53)
Religion	
Hindu	473 (57.89)
Muslim	286 (35.00)
Sikh	39 (4.77)
Christian	19 (2.32)
Occupation	
Housewife	523 (64.01)
Private/government employee	202 (24.72)
Businesswoman	2 (0.24)

Farmer/laborer	52 (6.36)
Health professional	16 (1.95)
Student	22 (2.69)
Marital status	
Single	153 (18.72)
Married	425 (52.01)
Divorced/Widow	239 (29.25)
Marital age (years)	
<15	3 (0.36)
15–19	25 (3.05)
20–24	196 (23.99)
25–29	404 (49.44)
30–34	174 (21.29)
≥35	15 (1.83)

**Table 2: Knowledge and awareness regarding contraception
(n = 817), multiple options allowed**

Methods of contraception known* (n = 752), multiple options allowed	
Heard about family planning	752 (92.04)
LAM	126 (16.75)
Calendar	131 (17.42)
Coitus interruptus	211 (28.05)
Condom	587 (78.05)
Diaphragm	0 (0.00)
Pills	524 (69.68)
Injection	292 (38.82)
Implant	14 (1.86)
IUD	315 (41.88)
Emergency contraceptive/i-pill	92 (12.23)
Female sterilization	712 (94.68)
Male sterilization	124 (16.48)
Source of availability the contraception* (n = 752)	
Primary health center	335 (44.54)
Hospital	198 (26.32)
Clinic	95 (12.63)
Pharmacy	59 (7.84)
Source of contraceptive information* (n = 752)	
Television	269 (35.77)
Newspaper	121 (16.09)
Radio/magazine	123 (16.35)
Social media (you tube etc.)	150 (19.94)
Health professional	150 (19.94)
Family	170 (22.60)
Friends	255 (33.90)
Others	6 (0.79)
Contraceptive methods not interface breastfeeding* (n = 428)	
LAM	112 (26.16)
Sterilization	298 (69.62)
IUD	160 (37.38)
Implant	0 (0.00)
Injection (DMPA)	152 (35.51)
Mini Pill	212 (49.53)
Condom	250 (58.41)
Do not know	130 (30.37)
Contraceptive methods used in nulliparous women* (n = 617)	
IUD	160 (25.93)
Implant	40 (6.48)
Injection (DMPA)	192 (31.11)
Condom	550 (89.14)
Do not know	67 (10.85)

**Table 3: Attitude toward family planning
(n = 817), multiple options allowed**

Use of contraception to control birth interval	401 (51.41)
Feels difficulty to get information about contraception	224 (28.71)
Feels difficulty to access contraceptive service	46 (5.89)
Willing to use the contraception after postpartum	330 (42.30)
Use of contraception is beneficial	428 (54.87)
Would encourage practice of contraception to	535 (68.58)
Discussion about methods of contraception*	
Health professional	195 (25.00)
Husband	304 (38.97)
Friends/relatives	213 (27.30)

**Table 4: Practice of contraception
(n = 817), multiple options allowed**

Knowledge of contraception	752 (92.04)
History of using contraception	644 (78.82)
Contraception in the past used* (n = 644)	
Natural	91 (14.13)
Condom	226 (35.09)
Pill	98 (15.21)
Injection	12 (1.86)
Implant	1 (0.15)
IUD	184 (28.57)
Tubectomy	292 (45.34)
Reasons for using contraception* (n = 644)	
Spacing of birth	320 (49.68)
Prevention of unwanted pregnancy	303 (47.04)
Prevention of sexually transmitted infection	4 (0.62)
Socioeconomic	17 (2.63)
Influencing factors for choosing contraceptive method* (n = 644)	
Cheap	286 (44.40)
Minimal side effects	222 (34.47)
Looking at advertisement	17 (2.63)
Approval by husband	289 (44.87)
Suggestion from friends/family	402 (49.20)
Others (i.e. doesn't want to tell family)	08 (1.24)
Contraception used after postpartum (n = 509)	
LAM	125 (24.55)
Calendar	12 (2.35)
Coitus interruptus	48 (9.43)
Condom	229 (44.99)
Pills	28 (5.50)
Injection	08 (1.57)
Implant	0 (0.00)
IUD/spiral	11 (2.16)
Female sterilization	48 (9.43)
Reasons for not wanting to use contraception* (n = 173)	
Desire to have a child	33 (19.07)
Lack of information regarding contraception	14 (8.09)
Afraid of side effects from contraception	105 (60.69)
Against religion beliefs	106 (61.27)
Opposition of parents	89 (51.44)
Opposition of partner	37 (21.38)
Husband has used contraception	51 (29.47)
Husband works far away	12 (6.93)
Having used natural contraception	57 (32.94)
Others	5 (2.89)

IV. Discussion

India is achieving a decline in percentage decadal growth rate of population since 1971 - 1981. However, this decline is particularly evident in a few states only, noticed for the first time during 2011 census. The states are Uttar Pradesh, Uttarakhand, Jharkhand, Madhypradesh, Chhattisgarh, Rajasthan and Orissa. The TFR has declined from 2.2 to 2.0 at the national level between NFHSs 4 and 5, but there are only 5 states in India (Bihar, Meghalaya, Uttar Pradesh, Jharkhand and Manipur), where the replacement level of fertility is above 2.1. Replacement level fertility is the total fertility rate, the average number of children born per woman at which a population exactly replaces itself from one generation to the next, without migration. Also, according to NFHS-5, overall CPR has increased substantially from 54% to 67% at all-India level and in almost all States/UTs with the exception of Punjab. These regional demographic variabilities have motivated us to do an awareness study on contraceptive methods in this region of Rajasthan. [2]

In present study most of the females were 25 to 34 years of age and literate, with the high expectations of a good awareness and acceptance of family planning methods, but the results were not that encouraging. Barrier contraceptive in form of condoms as method of spacing child birth and female sterilization as permanent method of family planning was the most accepted method. In the study by Kashyap et al., the most common contraceptive used was condom 55% which is also similar to the study by Pegu, et al., in which most of them were using a condom (38.2%) followed by oral contraceptive pills (OCPs) (27.6%), intrauterine contraceptive device (15.8%). [3,4]

In one study 91% of women were aware of one or more methods of contraception. In two other Indian studies the awareness rate was 82.8% and 100% practice only 62.5% of women are using contraception. [5,6] This is similar to the study by Tizta, et al., in which there was a high level of knowledge on at least one form of contraception among the participants (96%). [7] In another study by Rao, et al., it was revealed that among the 252 Racha Koya women, 81% had a high level of knowledge on different contraceptive methods. [5]

For our study group, television was the main source of knowledge, while in another study, the major source of knowledge is social circle (78%) and media in 13%. [8] Similar results were found in other studies, 42 and 15% respectively. [6] Mass media plays an important role in promotion and acceptability of contraception. [9] In contrast studies by Pegu, et al., the source of information was mainly obtained from health workers (58.6%) followed by media (24.1%) and social circle (15.5%). [4]

Our study revealed that there was no problem in availability of various contraceptives which shows success of efforts by various government and non-government organisations. Knowledge about contraception which can be used in a nulliparous woman and which do not interfere breastfeeding needs to be increased as awareness of these was very less. Knowledge about use of contraception which can be used postpartum and to control birth interval needs to be spread. The most common reason for not wanting to use contraceptives was found to be fear of side effects and this needs to be addressed, while in study by shukla et. al., 17% expressed concerns about the side effects as the reason for not using them. [8]

The use of emergency contraception in one study was only 3% which is similar to the study by Tizta, et al. [3, 7] There is a need to spread awareness for the use of these methods to decrease the number of unwanted MTPs.

V. Conclusion

Though the awareness of contraceptive methods was good, the utilisation is still low, which emphasizes the need of planning and implantation of strategies for better utilization of various methods of contraception, specially birth spacing methods. Religious, social taboos and some myths related to adverse side effects need to be discussed and requires counselling with active participation of both the partners. Valid information regarding all contraceptive methods should be accessible at nearby health facilities and should be well advertised by mass media such as radio, television and newspapers.

Emphasis should be made on communication and thorough counselling to the couples about availability, use and side effects of contraceptive methods.

The health personnel, especially MPHW (F) and ASHA workers should discuss the need of contraception, especially spacing methods to bridge the gap between knowledge and practice of contraception. Information regarding temporary contraception for teenagers should be given at schools and colleges to prevent unwanted pregnancies and MTPs.

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