

A Prospective Analysis of Knowledge and Trends and Use Various Methods of Contraception in Hazaribagh Medical College and Hospital

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Abstract

Introduction: India, with one of the world's fastest growing populations, is a nation very much in need of contraceptive counselling. To assess the knowledge and attitude regarding family planning methods and contraceptive practices among women of reproductive age group.

Materials and Methods: This is a facility-based cross-sectional study done in Department of Obstetrics and Gynecology at Hazaribagh Medical College and Hospital, Hazaribagh from September 2019 to September 2020. A total of 547 women in the reproductive age group attending OPD for various reasons were evaluated with a pre-designed questionnaire.

Results: Of the 547 women interviewed and of the 498 women with a knowledge of contraceptives, only 342 women (62.5%) were using temporary contraceptives of which, male condoms 147 (26.8%) were the major method used. 363 women (66.3%) were aware of oral contraceptive pills but only 92 women (16.8%) were actually on OC pills. Similarly, though 153 women (26.8%) knew about IUCD, only 19 women (3.5%) had actually inserted an IUCD for contraception.

Conclusion: Ignorance regarding use and side effects various contraceptive methods is the reason for inadequate practice of family planning methods. There should be emphasis on focused awareness programs, based on bridging the knowledge gaps among the women in reproductive age group.

Key Words: contraceptive, questionnaire, counselling

Date of Submission: 15-01-2021

Date of Acceptance: 30-01-2021

I. Introduction

Increasing population growth is a worldwide problem today and our country with a growth rate of 16 million each year is the second most populous in the world.¹ People of India being multilingual, multireligious and multiethnic, have different levels of awareness and acceptance of methods of family planning. It is thus necessary to develop special programme to tackle the needs of different groups. The Current total fertility rate (TFR) of Jharkhand is 2.6, still lagging behind states like Kerala, AP, Tamilnadu and Gujarat.² 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. Use of contraceptives can prevent at least 25% of all maternal deaths by preventing unintended pregnancies and unsafe abortions and protection against HIV and STDs. A lack of knowledge of contraceptive methods or a source of supply, cost and poor accessibility are the barriers that exist in developing countries.³

According to Fawcett, respondents usually exhibit considerable knowledge and attitude change over time, but they do not always exhibit corresponding changes in contraceptive practice.⁴ In recent years, the need for such studies to understand the factors determining the fertility and family planning acceptance and practices by particular communities has been felt, so that more specific knowledge can be gained about factors determining family planning acceptance by particular communities.⁵ The present work was aimed to study of knowledge and awareness regarding contraception, study of contraceptive practices and study of socio-demographic parameters.

II. Materials And Methods

This is a facility-based cross-sectional study done in Department of Obstetrics and Gynecology at Hazaribagh Medical College and Hospital, Hazaribagh from September 2019 to September 2020. A total of 547 women in the reproductive age group attending OPD for various reasons were evaluated with a pre-designed questionnaire.

Inclusion criteria

Women eligible for contraception in the reproductive age group (15-49 years) who attended Gynecological OPD for varying complaints.

Exclusion criteria

Women in the reproductive age group not eligible for contraception.

After taking informed consent, women who fulfilled the inclusion criteria were interviewed. The questionnaire elicited information regarding their age, educational status, occupation, number of children, knowledge and source of contraceptive methods, practicing of family planning methods. The attitude of female towards contraception was assessed. Patients were questioned to assess the knowledge about oral contraceptive pills, injectables, IUCD, condoms, tubectomy, vasectomy and also safe/ unsafe period of the menstrual cycle. The practice was defined by usage of contraceptive methods by either partner. Descriptive analysis conducted to obtain percentage. The results were represented as graphs and charts.

III. Results

Table 1: Age

Age (years)	n	%
<20	69	12.6
21-25	136	24.9
26-30	207	37.9
31-35	120	21.9
36-40	12	2.2
>40	3	0.5

Table 2: Parity

Parity	n	%
Nullipara	45	8.2
Primipara	134	24.5
Para 2	213	38.9
Para 3	84	15.4
Para 4	45	8
Grand Multipara	26	4.6

Table 3: Years of Marriage

Years of Marriage	n	%
Unmarried (Sexually active)	12	2.2
≤5 years	158	28.9
6-10 years	173	31.6
11-15 years	136	24.8
16-20 years	49	9
>20 years	19	10.5

Table 4: Educational status

Educational status	n	%
Illiterate	108	19.7
Primary school (1st to 4th std)	233	42.6
Secondary (till 10th std)	81	14.8
Junior college	68	12.4
Graduate and above	57	10.5

Out of 547 women in the study, 207 (38%) were in the age group of 26-30 years. 45 women (8.2%) had no children. 134 (24.5%) were primipara's and the rest were multiparas. 158 (28.9%) women were married for less than 5 years. As many as 108 women (19.7%) were illiterate.

Table 5: Knowledge

Knowledge	n	%
Not aware of contraceptives	49	9
Tuba Ligation	498	91
vasectomy	153	28
IUCD	325	59.4
Barrier	407	74.4
OCP	363	66.3
Injectable Contraceptive	24	4.3
Safe Period	17	3.1

Out of the 547 women 498 (91%) were aware about the concept of contraception and knew about at least one method of contraception.

Out of these, all the females were aware of Tubal Ligation while only 28% (153 women) were aware about Vasectomy. 407 (74%) were aware of barrier methods (male condoms), 363 (66%) knew about oral contraceptive pills and only 325 (59.4%) knew about IUCD. 4.3% had some information about Injectable contraceptives and 17 (3.1%) women were aware of the safe period of menstrual cycle.

Table 6: Source of Information

Source of awareness	n	%
Media	65	13
Social Circle	389	78.1
Health personnel	44	8.9

The source of knowledge was mostly through social circle in 389 women (78.1%), through media in 65 women (13%) and only 44 women (8.9%) got awareness through health personnel. 49 women (9%) did not know about any type of contraception (either permanent or temporary). 37% of the women were aware of more than one method of contraception.

Table 7: Contraceptive methods being used

Type of contraceptive used	n	%
Male Codom	147	26.8
OCD	92	16.8
IUCD	19	3.5
Safe Period	84	15.5
None	205	37.4

Table 8: Reason for using contraceptive

Reason for using contraceptive	n	%
Completed family	77	22.5
Spacing	184	53.8
Financial problems	29	8.5
Lack of family support	37	10.8
Advised by doctor for medical reason	15	4.4

Of the 547 women interviewed and of the 498 women with a knowledge of contraceptives, only 342 women (62.5%) were using temporary contraceptives of which, male condoms 147 (26.8%) were the major method used. 363 women (66.3%) were aware of oral contraceptive pills but only 92 women (16.8%) were actually on OC pills. Similarly, though 153 women (26.8%) knew about IUCD, only 19 women (3.5%) had actually inserted an IUCD for contraception.

Table 9: Reason for not using contraception

Reason for not using contraception	n	%
Lack of/ inadequate knowledge	112	54.5
Want more children	32	15.6
Want Male child	17	8.3
Partner Opposition	9	4.4
Religious Reasons	18	8.8
Fear of Side Effects	17	8.3

Most of the women (53.8%) were using contraceptives for spacing, 22.5% used contraception because they had completed their family.

Out of 205 women who are not using contraception 112 women (54.6%) did not have knowledge about the various methods of contraception. Other reasons for not practicing contraception were cited as desire for male child, religious reasons, fear of side effects, fear of family opposition etc.

Table 10: Attitude

Attitude	n	%
Approve of contraceptive use	342	62.5
Willing to try immediately	67	12.3
Willing to try later	59	10.8
Neutral	23	4.2
Apprehensive	11	2
Disapprove of contraceptive use	45	8.2

Out of 547 women interviewed, 468 approved of the use of contraceptive methods. Of these 342 (62.5%) had positive attitude towards practice of family planning methods. 23 (4.2%) were neutral in their response. 56 women (10%) had negative attitude towards contraception in spite of counseling.

IV. Discussion

In present study, most of the women were from the age group of 21-30 years i.e. younger patients. Most of these patients already had one or two children. Evidence from a number of small studies in various parts of the country indicates that inadequate knowledge of contraceptive methods is a reason for not accepting family planning.⁷

In present 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%. But in practice only 62.5% of women are using contraception methods. 37.5% women are not using them due to lack of knowledge or other misconceptions. Other Indian studies showed similar results 52%, 55%, 46% of non-users.⁸ 17% expressed concerns about the side effects as the reason for not using them.

Emphasis should be made on communication and thorough counselling to the couples about availability, use and side effects of contraceptive methods. The major source of knowledge is social circle (78%) and media in 13%. Similar results were found in other studies, 42 and 15% respectively. Mass media plays an important role in promotion and acceptability of contraception.⁹

The need to advertise through media is to be enhanced as 43% of the women interviewed were illiterate. The health personnel, especially MPH (F) and ASHA workers should discuss the need of contraception, especially spacing methods to bridge the gap between knowledge and practice of contraception. There is no doubt that we can reduce maternal mortality and morbidity by creating more contraceptive awareness and spacing out pregnancies. Information regarding temporary contraception for teenagers should be given at schools and colleges to prevent unwanted pregnancies and MTPs.¹⁰

Promoting injectable contraceptives and PPIUCD insertion at Hospitals also play a vital role in improving maternal health. Male sterilisation awareness and acceptance needs to be improved.

V. Conclusion

Family planning and correct choice of contraceptives is very essential. Health care providers have to ensure the spread of information regarding all the modes of contraception available these days. Motivation of the males towards the usage of male contraceptive measures (both temporary and permanent) is necessary. Permanent contraception should be encouraged in both males and females to ensure better maternal and child health.

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Dr. Sweta Lal, et. al. "A Prospective Analysis of Knowledge and Trends and Use Various Methods of Contraception in Hazaribagh Medical College and Hospital." *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)*, 20(01), 2021, pp. 29-33.