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Original Research Article

A study of knowledge, attitude, practice, and preferences of contraceptive methods in women of district Saharanpur, Uttar Pradesh

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ABSTRACT

Background: Studies have shown that despite the increase in contraceptive uses over the years, there still exist a gap in the knowledge, attitude and practice regarding contraception. The present study has been designed to study the knowledge, attitude, practice and preferences of contraceptive methods in women of district Saharanpur, to determine the association between knowledge and attitude on contraceptive methods with the variables.
Methods: A cross sectional descriptive study of 150 females coming to gynaecology OPD using a self-administered questionnaire on knowledge, attitude, scale, practice and preferences was done at GMC, Saharanpur between February 2023 - April 2023.
Results: Among 150 participants included 42% were between 18-25 years of age.58.6% were from rural area. 68.6% were Muslims. 32% had primary education and 27.3% had secondary. 84% had their marriage between 19-25 years of age. 92.6% were housewives. 68.6% had a family income between ₹10,001 to ₹15,000. 53.3% belong to nuclear family. 42% of participants had 3 or more children. 68% had moderate knowledge on contraceptives, accounting from media which were 32% followed by health care workers which was 30%. Majority had a favourable attitude towards contraceptive methods, 77%. 2.6% did not use any contraceptive methods. 25.3% used barrier methods, followed by OCP usage at 21.3%. There was an association between knowledge, education, residence, family size and age in years.
Conclusions: The study showed that majority of the females had moderate knowledge and favourable attitude towards contraceptive usage.

Keywords: Attitude, Contraceptive methods, Knowledge, Practice, Preferences

INTRODUCTION

According to the World health organisation (WHO), family planning is defined as a way of thinking and living that is adapted voluntarily upon the basis of knowledge, attitude and responsible decisions by couples and individuals. It is achieved through the use of contraceptive methods. The importance of family planning is clear from its benefits to individuals, as well as to families, communities and societies.

Family planning serves three critical needs: 1) To help couples avoid unintended pregnancies, 2) To reduce the spread of sexually transmitted diseases (STD's), and 3) By addressing the problem of STD's, it helps reduce rates of infertility.[1]

Family planning by intervening in the reproductive cycle of women, helps them to control the number, interval and timing of pregnancies and births and thereby reduces maternal mortality and morbidity and improves health.

The population growth rate for 2019 is 1.08%.[2] The global population then stood at over 7 billion, one-sixth of which was in India. The rampant population growth has been viewed as the greatest obstacle to the economic and social development of majority of people in the developing countries. Though, India was one of the first countries in the world to launch family planning programme in 1952, but the unmet needs for contraception remains a problem.

The National family health survey-4 result shows that although current use of contraception has increased, the extent of unmet needs has declined in most of the states in India. There is a need for considerable improvement in coverage and quality of family planning services, especially in the states of Uttar Pradesh, Bihar, Assam and Jharkhand.[3] Attitude surveys have shown that awareness of family planning is very widespread and over 60% people have attitudes favourable to restricting or spacing births. The population problem is complicated by deep rooted religious and other beliefs, attitude and practice favouring larger families. Most of these beliefs start from ignorance and lack of communication.

The problem of family planning is therefore essentially the problem of social change. What more important is to stimulate social changes affecting fertility such as raising the age of marriage, education, compulsory education of children, accelerating economic change, etc. So, the study aims to find the knowledge, attitude and practice and preferences of contraceptives methods in certain populations to find that of KAP gap still exists between some women's reproductive intentions and their contraceptive behaviour. To further improve family planning services and policies to strengthen our aim to become developed India.

METHODS

This was a cross sectional descriptive study conducted among patients coming to SMMH, GMC Saharanpur. Self-administered questionnaire was given to 150 females between 18-55 years of age to patients coming to gynaecology department OPD at GMC Saharanpur between February 2023 to April 2023.

The data was collected by interns, including socio-demographic characteristics, knowledge, attitude and practice towards the use of contraceptives. The dependant variables were knowledge, attitude, practice and preference of contraceptives method. The independent variables were age, age at marriage, number of pregnancies, number of living children, type of family, income and source of information of contraceptive methods. The chi-square tests were used to determine the association between the variables. A ‘p-value’ of less than 0.05 was considered statistically significant. The collected data was entered and analysed using SPSS version 21 software.

RESULTS

Socio-demographic characteristics of participants

Among 150 participants included 42% were between 18-25 years of age. 40.6% were between 26-35 years of age.

Table 1: Socio-demographic characteristics of study participants, Saharanpur, 2023 (n=150).

Variables	Frequency	Percent
Residence		
Rural	88	59
Urban	62	41
Age (years)		
18-25	63	42
26-35	61	41
36-45	17	11
46-55	9	6
Education		
Illiterate	39	26
Primary	48	32
Secondary	41	27
Higher secondary	08	5
Graduate and above	14	10
Monthly income (rupees)		
<5,000	06	4
5,000-10,000	16	10
10,000-15,000	103	69
15,000 and above	25	17
Family size (no. of children)		
0	21	14
1	31	21
2	35	23
3 or more	63	42
Occupation		
Housewives	139	92.6
Private employee	02	1.3
Self employed	01	0.6
Govt. employee	08	5.3
Religion		
Hindu	45	30
Muslim	103	69
Sikh	02	1
Family type		
Nuclear	80	53
Joint	70	47
Age at marriage (years)		
<18	16	11
18-25	126	84
26 and above	08	5
Age at first child (years)		
17 and below	06	4
18-22	92	61
23-25	39	26
26 and above	13	9

About 58.6% were from rural area. Maximum, 68.6% were Muslim by religion, followed by Hindu, that were 30%. 32% were having primary education and 27.3% were educated till secondary. 84% had their marriage between 19-25 years of age. 92.6% were housewives. 68.6% had a family income between ₹10,001 to ₹15,000. 53.3% belonged to nuclear family. 42% of the participants have 3 or more children. 32.6% of the participant's partners were educated to secondary (Table 1).

Knowledge status of participants

All of the participants had heard about family planning methods. The main source of knowledge about family planning services is thorough media, 32% followed by health care workers which is 30%. Knowledge of methods of contraception was assessed by scoring the responses of participants on the various methods of contraceptives. 23% had high knowledge and 68% had moderate knowledge about the contraceptive methods (Figure 1 and 2).

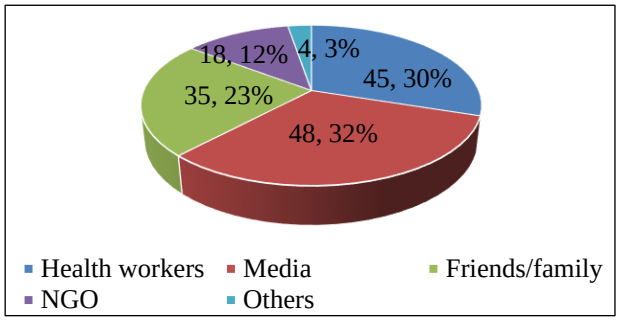

Figure 1: Knowledge on contraceptive methods.

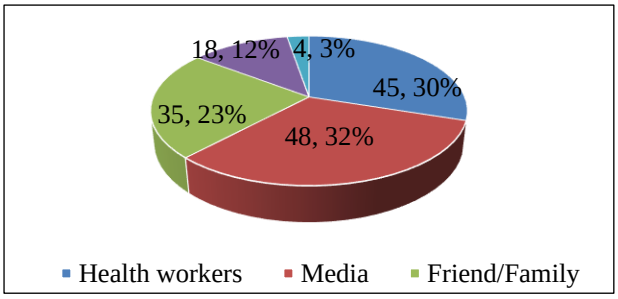

Figure 2: Source of knowledge for contraceptive.

Attitude towards contraceptive methods

A 77% of the participants had a favourable attitude towards family planning. Study revealed that media, 32%, was the main factor which was the source of knowledge and influencing factors, followed by health care workers, 30% (Figure 3).

Practice on family planning

About 97% of the studied participants reported prior use of any of the contraceptives methods. Condoms were used by 25.3%%, followed by OCP's, 21.3%. Prevention of unwanted pregnancies was found to be the most common reason for using contraception rather than for spacing (Figure 4 and 5).

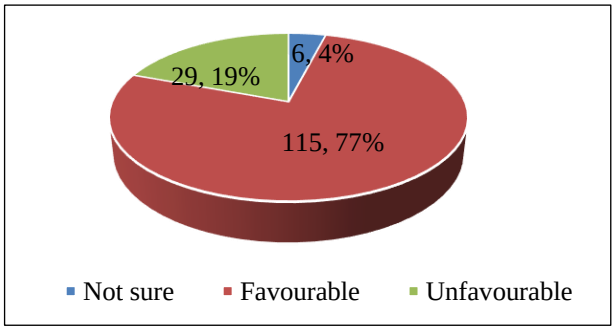

Figure 3: Attitude towards contraceptive methods.

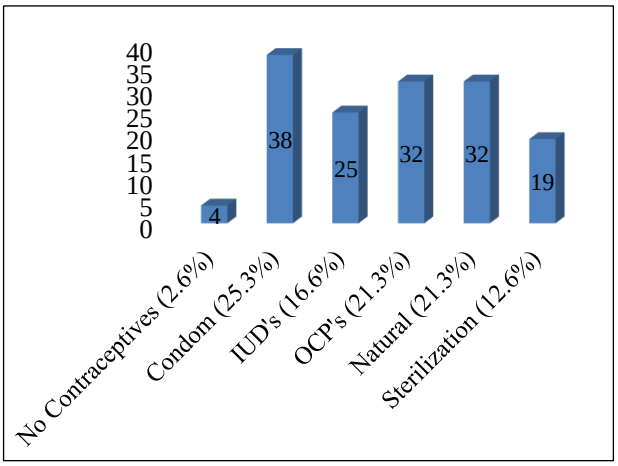

Figure 4: Practice on contraceptive methods.

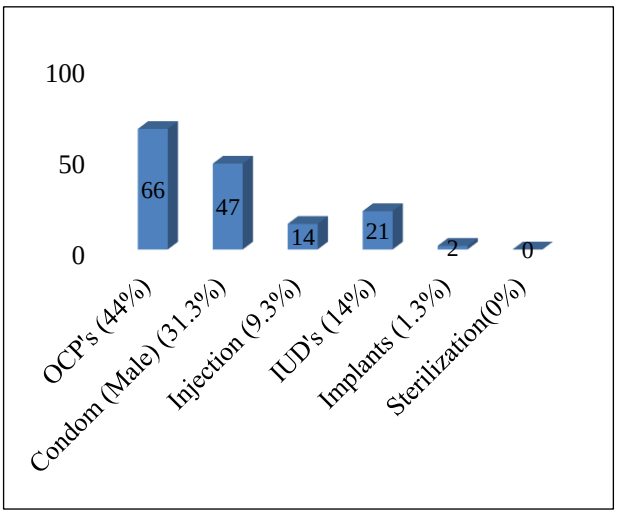

Figure 5: Preferences for contraception.

Association among various variables

The study revealed that no statistically significant association was found between practice of family planning practices and occupation and monthly income of

participants group. In fact, significant association was noted between family planning practice and education, residence, family size and age in years (Table 2).

Table 2: Chi-square association between family planning practices and selected and by selected characteristics of participants.

Parameters	Good family plannig practice	Poor family planning practice	X^2-value	P value
Residence				
Urban	52	10	5.3264	0.0039
Rural	10	29		(S)
Education				
Illiterate	26	13	7.4611	0.0008
Literate	96	15		(S)
Age				
18-25	42	21	13.1326	0.0043
26-35	33	28		(S)
36-45	06	11		
46-55	1	8		
Occupation				
Not working	125	14	0.8924	0.1452
Working	10	1		(NS)
Family size				
No child	11	10	10.6054	0.0016
1 child	25	06		(S)
2 child	29	06		
3 or more	37	26		
Monthly income				
<5,000	04	02	0.2234	0.2019
5,000-15,000	89	30		(NS)
>15,000	19	06		

S= Significant; NS = Non-significant

DISCUSSION

This study was aimed to assess the knowledge, attitude and practice of contraceptive methods among the females of district Saharanpur (UP).

In the present study, majority, 68% had moderate knowledge, 23% had high knowledge and 9% had low knowledge.

The findings are contradicting with the study conducted in 2011 at Bhopal, MP by Mahawar on contraceptive knowledge, attitude and practice where results showed poor contraceptive knowledge among females.[3] Another study conducted in 2009 on knowledge and use of contraception among Racha Koya of Andhra Pradesh revealed that among the 252 women, 81% had high level of knowledge on different contraceptive methods.[4]

In the present study, 77% had favourable attitude and 19% had unfavourable attitude towards contraceptive methods which was supported by a study conducted in Manipur, India in 2007 where majority, 60% had favourable attitude on family planning.

In the present study, 44% preferred OCP usage as preferred contraception, followed by condoms at 31.3% and then IUCD's at 14%.

Whereas, Joan Walsh in 1996, in contraceptive choices: supporting effective use of methods stated that OCP's, male condoms and IUCD's were the methods most preferred (by 49%, 28% and 12% of the women respectively.[5]

Our findings show that the most common source of information was media, 32%. Same was observed in studies conducted in Sikkim. Regular medical education programmes should be organised to update them about the newer methods.[6]

In present study, there was a significant association between educational status ($\chi2$=7.461, p-value=0.0008), family size ($\chi2$=10.605, p-value=0.0016) and family planning practices.

According to the study by Rao on knowledge and use of contraception among Racha Koyas of Andhra Pradesh in 2005, literacy and monthly income did not make any influence in the increase in knowledge.[4]

This study has some limitations. As in the study the data were collected using self-administered questionnaires, few participants might not be able to understand the questionnaire completely and reported KAP may be overestimated. Barriers for utilizing contraceptive services are not been taken into consideration.

CONCLUSION

On the basis of observations of our study, it was concluded that most of the females have moderate knowledge and a favourable attitude towards contraceptive methods. There was significant association between the educational status and family planning practices. Hence, the importance of education is needed to improve the knowledge of the females on contraceptive methods. There was also an association between attitude and the variables. Health workers should teach the community on family planning practices so as to increase awareness and develop a favourable attitude, so that family planning service utilization will be increased.

Recommendations

Knowledge builds an attitude and knowledge and attitude together carve a behaviour. So, education and health programmes should be increased and the availability of newer contraceptives should be informed. More studies are needed in future to explore the reasons affecting non

utilization of family planning services and how these are to be addressed.

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