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Original Research Article

Awareness, attitude and practice of family planning methods in a tertiary care hospital, Uttar Pradesh, India

Uruj Jahan, Kavita Verma*, Shruti Gupta, Renu Gupta, Simmi Mahour, Neha Kirti, Poonam Verma

Department of Obstetrics and Gynecology, GSVM Medical College Kanpur, Uttar Pradesh, India

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***Correspondence:**
Dr. Kavita Verma,
E-mail: soni.kavita@yahoo.com

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 current practice of different family planning methods and to elicit reasons for couples not using any method.
Methods: A cross sectional descriptive study was done among 1050 married women of reproductive age .
Results: Most of the women were between 21-34 years of age (60.1%) and had primary level of education (40%).It was observed that with increase in level of education, awareness also increased (77.7%). The most common source of information was mass media (53.2%). Contraceptive prevalence rate was 62.9%, higher than the national data as 28.5%. Most of them (93.1%) were aware of atleast one family planning method. The most commonly known were OCPs (74.8%), condom (68.8%) and IUCD (56.6%). Awareness about female sterilisation (36.4%) was more than male sterilisation (25.3%). 62.9% had used atleast one contraceptive method, three prevailing methods used were condom (65.1%), OCPs (31.8%) and IUCD (9.09%). Reasons precluding women from practicing contraception were desire to have a child (60.5%), lack of knowledge (42.4%), and unbearable side effects (25.5%). Majority (92.4%) thought that contraceptive use was beneficial but only (27.2%) expressed the willingness to start practicing contraception if they received more information about the subject.
Conclusions: Majority of women had optimal knowledge and favourable attitude, still there is need to educate and motivate couples to improve family planning services.

Keywords: Awareness, Contraceptive method, Education, Family planning, Kanpur, Prevalence

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 multilinguistic, 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 Uttar Pradesh (UP) is 3.12, 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.[3,4] 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.[5] A lack of knowledge of contraceptive methods or a source of supply, cost and poor accessibility are the barriers that exist in developing countries.

According to Fawcett, respondents usually exhibit considerable knowledge and attitude change over time, but they do not always exhibit corresponding changes in contraceptive practice.6 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. This study was undertaken with the objective to assess the level of awareness, attitude and current practice of different type of family planning methods by the women of reproductive age group ,to find out association, if any, between their family planning practices and different socio-demographic variables and also to elicit reasons precluding couple to practice family planning method.

METHODS

A cross sectional descriptive study was done in the Obstetrics and Gynaecology Department of the GSVM Medical college Kanpur, Uttar Pradesh, India. The study group included 1050 married women of reproductive age group who attended family planning OPD from September 2015 to August 2016. The women were interviewed by means of predesigned well-structured questionnaire. The dependent variables were awareness, attitude, practice and preference of contraceptive methods. Independent variables were age, religion, education level, occupation, habitat, socio economical status, age at marriage, duration of married life, number of pregnancies, no. of living children, source of information. Data were analyzed using simple tabulations.

RESULTS

Total 1050 married women of reproductive age group were included in the study. Among the 1050 women in the study group, most common encountered age group was 21-34 years 631 (60.1%). Most of the non-users were below 20 years (35.6%). Majority were Hindus 750 (71.4%) followed by Muslims 220 (20.9%). About 164 (74.5%) Muslim women were non-users in comparison to about 166 (22.1%) of Hindus. Majority had primary level of education 420 (40.0%). Use of contraception increased from 62.6% in the primary educated women to 69.6% in secondary and higher educated women. Majority were housewives 830 (79.04%), no. of non-users were also high 291 (35.1%) among housewives. 340 (32.4%) were from the rural region and 710 (67.6%) came from the urban region. Contraceptive non-users were high among women from rural areas 185 (54.4%). Among the participants majority were belonging to upper lower class 530 (50.5%). Majority of non-users were belonging to lower socio economical class 239 (68.2%). About 793(75.5%) got married at the age of 19-25 years and 490 (46.6%) had 2-4 year of married life among which 390 (37.1%) had two pregnancy. About 460 (43.8%) had one living child. Contraceptive use was lower among women who got married before 18 years of age 75 (41.9%) and best among 19-25 years age group 517 (65.2%). Contraceptive use was high among women with more than 5 years of married life 94 (72.3%) and among women with 3 or more living children 186 (77.5%) (Table 1). Almost all, 989 (94.2%) had heard about family planning and are aware of atleast one method of contraception 978 (93.1%). Among the participants main source of information was mass media in 526 (53.2%) of women followed by 243 (24.6%) came to know about these methods through friends & relatives. Least common source of information were health professionals 220 (22.2%). Most of them knew that contraceptives were available in Government hospital 758 (76.6%) and medical store 146 (14.8%). According to most of the women, family planning meant for spacing of births 450 (45.5%) and 260 (26.3%) said for both spacing and limitation of births. Among temporary methods oral contraceptive pills (OCPs) 740 (74.8%) and condom 680 (68.8%) seemed to be most well-known followed by intrauterine contraceptive device (IUCD) 560 (56.6%) and injectables 380 (38.4%) were less known whereas 87 (8.79%) of participants had no idea about any contraceptive method. Among the permanent methods, most of them were aware about female sterilisation 360 (36.4%) than male sterilisation 250 (25.3%) (Figure 1). The overall percentage exceeded 100% because one woman was aware of more than one method. Only 385 (36.7%) of the women had knowledge about the non contraceptive benefits of family planning methods. 284 (73.8%) stated contraception helps in improvement of health, 216 (56.1%) knew about protection from STD/HIV and 104 (27.01%) knew about protection against cancer (Table 2). 970 (92.4%) women thought that family planning was beneficial and 839 (79.9%) said that they would like to encourage their friends and relatives to use family planning. 286 (27.2%) were not using contraceptive but were willing to adopt family planning in future. Among those who were willing, most wanted condom 235 (82.2%) followed by oral contraceptive pills 169(59.1%), followed by intrauterine contraceptive device in 124 (43.4%). 114 (39.9%) chose female sterilisation and 97 (33.9%) male sterilisation. 28 (9.79%) refused to accept any method, because of fear of side effects or prohibition by their religion and 14 (4.89%) were not able to decide (Table3).

Among the users, majority 660 (62.9%) had used contraceptive methods in the past and 390 (37.1%) did not use any contraceptive in past. About 430 (65.1%) used condom and 210 (31.8%) used oral contraceptive pills followed by intrauterine contraceptive device 60 (9.09%). 30 (4.55%) women had undergone tubectomy and 12 (1.82%) had adopted male sterilisation (Figure 2). Majority of the women 540 (81.8%) were satisfied with the use of current contraceptive method. 630(60.0%) of the women chose the method because they found it comfortable, easy to use and easily available. In 130 (12.4%) of women, choice of method used was decided

by their husbands. Among the women actively practicing contraception, discontinued family planning methods due to lack of knowledge in 143 (42.4%), side effects in 86 (25.5%), 204 (60.5%) stopped them to conceive next baby, 104 (30.9%) were currently pregnant and 145 (43.01%) gave some other reasons for discontinuation e.g. opposition by family members, against religious belief, currently puerperium, husband staying away.103(30.6%) of women did not give valid reason for not using contraception (Table4).

Table 1: Socio-demographic correlates of use of family planning methods (n = 1050).

Characteristics	No.(%)	User No.(%)	Non user no.(%)
Age (years)			
<20	149 (14.2)	96 (64.4)	53 (35.6)
21-34	631 (60.1)	475 (75.3)	156(24.7)
>35	270 (25.7)	199 (73.7)	71 (26.3)
Religion			
Hindu	750 (71.4)	584 (77.9)	166(22.1)
Muslim	220 (20.9)	56 (25.5)	164(74.5)
Others	80 (7.62)	33 (41.2)	47(58.8)
Educational level			
Illiterate	110(10.4)	64(58.2)	46(41.8)
Primary	420(40.0)	263(62.6)	157(37.4)
Secondary	260(24.8)	181(69.6)	79(30.4)
Graduate	260(24.8)	202(77.7)	58(22.3)
Occupation			
Housewife	830(79.04)	539(64.9)	291(35.1)
Unskilled/Skilled worker	150(14.3)	112(74.7)	38(25.3)
Professional	70(6.67)	61(87.1)	09(12.9)
Habitat			
Rural	340 (32.4)	155 (45.6)	185 (54.4)
Urban	710 (67.6)	504 (70.9)	206 (29.01)
Socioeconomic status			
Upper	–	–	–
Middle	–	–	–
Lower middle	170 (16.2)	113 (66.5)	57 (33.5)
Upper lower	530 (50.5)	342 (64.6)	188 (35.4)
Lower	350 (33.3)	111 (31.8)	239 (68.2)
Age at marriage(years)			
<18	179 (17.1)	75 (41.9)	104 (58.1)
9-25	793 (75.5)	517 (65.2)	276 (34.8)
26 or above	78 (7.40)	26 (33.3)	52 (66.7)
Duration of marriage(years)			
<1	280 (26.7)	176 (62.9)	104 (37.1)
2-4	490 (46.6)	202 (41.2)	288 (58.8)
5-7	130 (12.4)	94 (72.3)	36 (27.7)
>7	150 (14.3)	103 (68.7)	47 (31.3)
No. of pregnancy			
0	50 (4.76)	19 (38.0)	31 (62.0)
1	290 (27.6)	184 (63.4)	106 (36.6)
2	390 (37.1)	210 (53.8)	180 (46.2)
≥3	320 (30.5)	239 (74.7)	81 (25.3)
No. of living children			
0	60 (5.71)	21 (35.0)	39 (65.0)
1	460 (43.8)	214 (46.5)	246 (53.5)
2	290 (27.6)	186 (64.1)	104 (35.9)
≥3	240 (22.8)	186 (77.5)	54 (22.5)

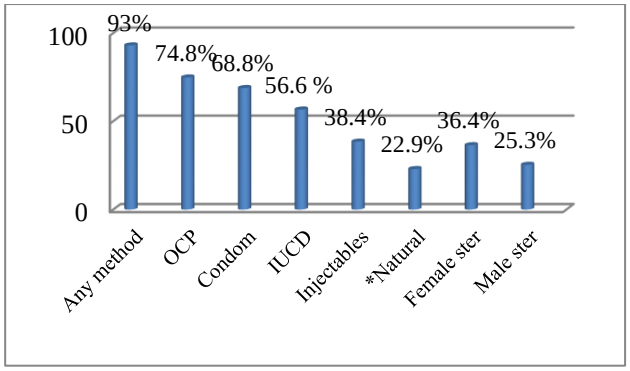
Table 2: Knowledge and awareness regarding family planning methods.

	Number	Percentage(%)
Heard about family planning (n = 1050)	989	94.2
Aware of contraception (n = 1050)	978	93.1
Source of information (n = 989)		
Media	526	53.2
Friends and relatives	243	24.6
Health professional	220	22.2
Source of availability (n = 989)		
Government hospital	758	76.6
Health centre	43	4.34
Private health institute	42	4.24
Medical store/pharmacy	146	14.8
Contraceptive methods known(n=989)		
Oral contraceptive pills	740	74.8
Condom	680	68.8
Intrauterine contraceptive device	560	56.6
Injectables	380	38.4
*Natural methods	227	22.9
Female sterilisation	360	36.4
Male sterilisation	250	25.3
No idea	87	8.79
Concept regarding family planning (n = 989)		
Limitation of births	150	15.2
Spacing of births	450	45.5
Stopping births	70	7.07
Limiting and spacing of births	260	26.3
No idea	59	5.97
Knowledge of non contraceptive benefits of family planning methods (989)	385	36.7
Improvement of health	284	73.8
Prevention of STD/HIV	216	56.1
Protection against cancer	104	27.01

(*Natural method included: Abstinence, Basal body temperature, Calender method, Cervical mucus method, Maternal breast feeding)

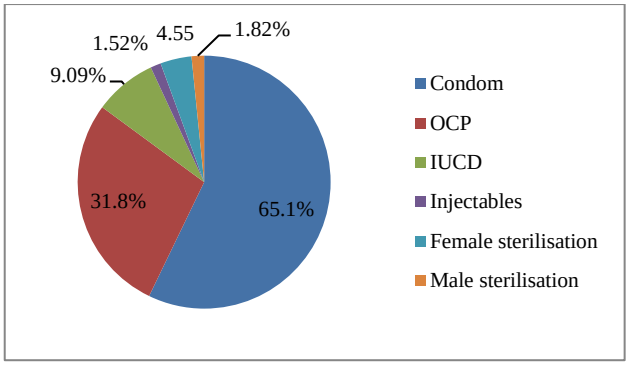
Table 3: Attitude towards family planning methods (n = 1050).

Use of contraceptive beneficial	Number	Percentage (%)
Yes	970	92.4
No	80	7.62
Would practice family planning or encourage a friend/ Relative		
Yes	839	79.9
No	211	20.1
Will you adopt family planning(If not done earlier)	286	27.2
Family planning method willing to adopt		
Condom	235	82.2
Oral contraceptive pills	169	59.1
Intrauterine contraceptive device	124	43.4
Injectables	116	40.6
Female sterilisation	114	39.9
Male sterilisation	97	33.9
None	28	9.79
Undecided	14	4.89



(*Natural method included: Abstinence, Basal body temperature, Calender method, Cervical mucus method, Maternal breast feeding)

Figure 1: Awareness about different types of family planning methods.



(The overall percentage exceeded 100% as one woman could be using more than one contraceptive methods)

Figure 2: Frequency of contraceptive methods used in the past.

Table 4: Practice of family planning methods (n = 1050).

Any contraceptive used in the past	Number	Percentage (%)
Yes	660	62.9
No	390	37.1
Contraceptives in the past used		
Condom	430	65.1
Oral contraceptive pills	210	31.8
Intrauterine contraceptive device	60	9.09
Injectables	10	1.52
Female sterilisation	30	4.55
Male sterilisation	12	1.82
Others	20	3.03
Reason for using them		
Easily available	300	28.6
Comfortable and easy to used	330	31.4
Inexpensive	20	1.90
Husbands choice	130	12.4
Others	90	8.57
Reason precluding women to practice contraception	337	32.1
Ignorance/lack of knowledge	143	42.4
Unbearable side effects	86	25.5
May lead to cancer	30	8.90
Useless	23	6.82
Currently pregnant	104	30.9
Desire to have a child	204	60.5
Opposition by family members	26	7.71
Against religious belief	43	12.8
Not staying with husband	30	8.90
Currently puerperium	46	13.6
Not give valid reason	103	30.6

DISCUSSION

Our study showed higher contraceptive prevalence rate of 62.9% as compared to 28.5% in national study.[7] A high rate of 62% was also reported in study of Sikkim.8The current prevalence of contraceptive use is thus approaching 60% worldwide, and in less developed countries, almost 53% of couple are using some form of

contraception.[9] In the present study, 60.1% were in the age group of 21-34 years, and had primary level of education (40.0%). Maximum no. of non-users 35.6% were <20 years. According to Park et al, the older the women ,the more frequently they were exposed to family planning.[10] Similarly in a study by Patil SS, 81.3% of non-user belong to the age group of 15-29 years.[11] Also Mohanan et al in a study from Dakshina kannada concluded that majority (52.4%), of the women using contraception were in the age group of 15-34 years.[12] A survey conducted in Manipur by Donati et al concluded that Muslims had lower rates of contraceptives use (17%) than hindus (62%) even after controlling for education.[13] This is also corroborated by our study wherein majority of users were hindus, 77.9% compared to only 25.5% Muslims. Use of contraception increased from 62.6% in the primary educated women to 69.6% in secondary and higher educated women. In their study among rural Indians, Gautam et al found that raise in education helps in improving acceptance of contraceptive devices.[14] Study done by Shah also reported women's education to be a significant variable, as the use increased from 43% in the primary educated women to 70% in secondary and higher educated women.[15] In our study contraceptive users were high among women from urban areas (70.9%) in comparison to women from rural areas (45.6%). In Pakistan DHS survey, 94% of the currently married women residing in cities knew of atleast one modern method of contraception whereas among rural women only 71% knew of a modern method.[16] There was significant association found between occupation, socio-economical status, religion and unmet need for contraception.[11] About 77.5% of women with 3 or more living children were using contraception in comparison to 35.0% by those having no living issue. Lasee et al had also shown that women with 3 or more living children are more likely to use contraception than if they had 2 or less.[17]

Present study revealed a high percentage of awareness of family planning methods, 93.1% of the respondents knew about atleast one method. In other studies, the percentage of awareness varied from 94% in Pakistan,16 94.2% in Sikkim and even upto 100% in a study done in Bangladesh.[18] In our study main source of information was mass media in 53.2% followed by friends and relatives in 24.6% and only 22.2% from health personnels. Most of the other studies also have stated print and electronic media to be the common source of public awareness, 57.7% and 50.0%, whereas in Srivastava et al's study 70% had gained knowledge of contraceptive from friends and family and 39% from television and radio.[9,18-20]

Among temporary methods, 74.8% of our-subjects know about the oral contraceptives pills, 68.8% about condoms, 56.6% about IUCD, 38.4% about injectables and 22.9% about natural methods. In Srivastava et al's study IUCD was the most known (61%) temporary method followed by OC pills (60%) and condom (50%).[20] In their study 17% were not aware of any form of contraception as against 8.79 % in our study. Similarly in a study done by Renjhen et al maximum awareness was seen for oral contraceptive pills (95.8%) followed by condom (74.2%) and IUCD (72.0%).[8] Among permanent methods, our results showed that most of the women (36.4%) had heard about female sterilisation as compared to only 25.3% about male sterilisation. In Sikkim also tubectomy was more well known (67.0%) than vasectomy (34%).[8] Study done in Bangladesh similarly reported 99% of the women having knowledge of female sterilisation and only 83.0% for male sterilisation.[18] This disparity may be because of general concept of laymen that reproduction is mainly the function of women. Patil SS reported unmet need for contraception was found in 59 (45.1%) women, need for spacing in 25 (19.1%) and need for limiting birth in 34 (26%) women.[11] This study revealed a low (36.7%) level of knowledge of non-contraceptive benefits of family planning methods. In our study 37.1% had never used any contraceptive compared to 55% in Srivastava et al's20 study whereas 44.6% had never used any contraceptive methods in khati binita study conducted in Sikkim in 2005.[8]

In our study among the users of contraceptives 62.9% patients have had used atleast any one method in the past among which 65.1% had used condom ,31.8% had taken oral contraceptive pills while in Srivastava et al's study 34% had used condoms, 26% natural methods and only 18 % oral pills. In our study 4.55% have had undergone tubectomy and 1.82% had adopted male sterilisation.[20] In Pakistani study, only 16.0% of married women had used a modern method, condom was most commonly used, also proportion of female sterilisation (4.0%) was higher than male sterilization (1%).[16] Singh et al in a study from Manipur conclude that 70% of the couples had adopted permanent family planning methods.[21]

32.1% stopped using contraceptives due to various reasons like due to lack of knowledge in 42.4%, side effects in 25.5%, 60.5% wanted to conceive next baby, another 43.01% discontinued due to various reasons like opposition by family members, husband staying away, against religious belief, currently puerperium. Side effect is the major reason for discontinuation of pills (44.0%), IUCD (68.0%) and injectables (54.0%) in Sylvias's study.[22]

CONCLUSION

It was observed that knowledge and awareness does not always lead to the use of contraceptives. More research is needed to understand patterns of contraceptive use, the reasons for these patterns and the effectiveness of interventions designed to enhance use. Efforts should be made to educate the public about the safety and convenience of modern, long-term, reversible methods of contraception among both healthcare professionals and the public. Family planning counselling needs to be universally included into routine antenatal clinic

activities. Besides, improving formal female education is certain to raise the existing knowledge and also to dispel the prevailing misinformation and misperceptions about family planning methods.

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REFERENCES

1. Park K. Park's textbook of Preventive and social Medicine.17th Edition. Jabalpur. Banarasidas Bhanot. 2002:325-58.
2. Vital Statistics of India, Estimates of Fertility Indicators, Census of India, Government of India. Available at http:/ /www. censusindia.gov.in /vital_statistics/ SRS_Reports_2013.html. Accessed on 14 July 2016.
3. Baveja R, Buckshee K, Das K. Evaluating contraceptive choice through the method-mix approach. An Indian council of Medical Reasearch (ICMR) task force study. Contraception. 2000;61:113-9.
4. Bongaarts J, Johansson E. Future trends in contraceptive prevalence and method mix in the developing world. Stud Fam Plann. 2002;33:24-36.
5. Weldegerima B, Denekew A. Women's knowledge, preferences and practices of modern contraceptive methods in Woreta, Ethiopia. Res Social Adm Pharm. 2008:4:302-7.
6. Fawcett JT. Psychology and population behavioural research issues in fertility and family planning. The population Council. New York. 1970.
7. Nepal Family Health Survey. Ministry of Health, New Era and Macro International, Kathmandu, Nepal and Calverton, Maryland. USA. 1996.
8. Renjhen P, Gupta SD, Barua A. A Study of knowledge, attitute and practice of family planning among the women of reproductive age group in Sikkim. J Obstet Gynecol India. 2008;58:63-7.
9. Huezo CM. Current reversible contraceptive methods: a global perspective. Int J Gynaecol Obstet. 1998;62(1):3-15.
10. Park HJ, Chung KK, Han DS. Differential effects of communication media on family planning behaviour. Korean J Prev Med. 1975;8:37-52.
11. Patil SS, Durgawale MP, Patil SR. Epidemiological correlates of unmed need for contraception in urban slum population. Al Ameen J Med Sci. 2010;3:312-6.
12. Mohanan P, Kamath A, Sajjan BS. Fertility pattern and family planning practices in rural area in dakshina Kannada. Indian J Com Med. 2003;28:15-8.
13. Donati S, Sharma N, Medda M. Family planning knowledge attitude and practice survey in Manipure state. J Obstet Gynecol India. 2003;53:485-90.
14. Gautam AC, Seth PK. Appraisal of the knowledge, attitude and practices (KAP) of family control devices among rural Rajputs and scheduled caste of Hatwar area of Bilaspur district, Himanchal Pradesh. Anthropologist. 2001;4:289-92.
15. Shah NM. Past and current contraceptive use in Pakistan. FP. 1979;10:164-73.
16. Zafar MI, Ford N, Ankomah A. Significance of beliefs and values predicting fertility and contraceptive behaviour in Pakistan. J Biol Soc Sci. 1995;27:301-18.
17. Lasee A, Mccormic JB. Demographic and socio-economic determinants of contraceptive use in a low income community of Karachi. J Pakistan Med Assoc. 1996;46:228-31.
18. Riley AP, Stewer MK, Chakarborty J. Programme and method related determinants of the first DMPS. Use duration in rural Bangladesh. FP. 1994;25:255-67.
19. Takkar N, Geol P, Saha PK, Dua D. Contraceptive practices and awareness of emergency contraceptive in educated working women. Indian J Med Sci. 2005;59:143-9.
20. Srivastava R, Srivastava DK, Jina R. Contraceptive knowledge, attitude and practice survey. J Obstet Gynecol India. 2005;55:546-50.
21. Singh RKN, Devi I, Devi B. Acceptability of contraceptive methods among Urban eligible couples of Imphal, Manipur. Indian J Com Med. 2004;29:130-7.
22. Osayi S, Osemwenkha. Gender issues in contraceptive use among educated women in Edo State, Nigeria. African Health Sci. 2004;4:40-9.

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