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Research Article

Knowledge, attitude and practice of contraception among women attending a tertiary care hospital in India

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ABSTRACT

It's a cross sectional observational study conducted in outpatient clinic of OBG, SDMCMS&H, Dharwad between July-December 2012. 200 married women between 20-45 yrs were interviewed with predesigned questionnaire. Effort was made to identify reasons for wide gap between knowledge and practice of contraception. All women knew atleast one method of contraception but 48% were using some sort of contraception. Most known method was female sterilization, least known were injectables and male sterilization. Common method chosen was female sterilization (70.8%). None adopted male sterilization. Reasons for not using contraception were desire to have child (25%), desire for boys (13.4%), worried about side effect (16.3%), opposition from family members (11.5%), felt pregnancy was naturally spaced (11.5%), no specific reasons (10.5%), couldn't avail contraceptive facilities (5.7%), inconvenient to use (5.7%). Educational and motivational activities from doctors and health workers is needed to promote the use of contraception.

Keywords: Knowledge, Attitude, Practice, Contraception, Population

INTRODUCTION

India is the second most populous country in the world having a rapidly growing population which is currently increasing at the rate of 16 million each year.[1] In the early 1950's the Government of India launched a family welfare programme, whose main objective was to spread the knowledge of family planning methods and to develop an attitude favorable for adoption of contraceptive methods. The National population policy was revised by Government of India in 2000, to slow down the growth rate.

Despite constant efforts by the government, the unmet needs of contraception still remain. The reasons for these unmet needs have to be studied in detail for better understanding of the situation and to help the Government. in formulation of appropriate policies and approaches.

This study was carried out to assess the knowledge, attitude and practice of contraceptive methods among women attending a tertiary hospital. An effort was made to identify the reasons for not using contraceptive methods and thus know the reasons affecting the outcome of the family planning programme in this part of North Karnataka.

METHODS

This observational study was conducted in the outpatient clinic of OBG department of Sri Dharmasthala Manjunatheshwara College of Medical Sciences and Hospital, Sattur, Dharwad between July 2012 – December 2012. 200 married women between the age group of 20-45 yrs were interviewed with the help of a predesigned questionnaire.

The questionnaire elicited information regarding their age parity, educational status, knowledge, attitude and practice of contraception.

RESULTS

The Socio – demographic characteristics are shown in Table 1. About 40% of women were between the age group of 20-25 yrs. 35.5% of women had parity of more than two. 93.5% of women were literate. 44.5% of women had at least primary education. Table 2 Shows the spectrum of knowledge & awareness of contraception.

All the women interviewed knew atleast one method of contraception including women from rural area. The best known method was the female sterilization 41.6% of rural women in the study knew about barrier method of contraception, while all the women from the urban area knew about condoms. Injectable contraceptives and male sterilization were the two less known methods, 30% and 45% respectively in the present study.

Knowledge about IUCD was 100% among the urban women while 58.3% of rural women knew about IUCD. Improving access to family planning (FP) services in the rural setup will help to increase both awareness and practice of contraception in the rural women. Friends and relatives were the main sources (42%) of information.

48% of women in our study were using any one form of contraception, while 52% were not using any method of contraception. Contraception usage was higher in the urban women (62.5%) and less in the rural women (37.5%).

The most common method chosen was female sterilization followed by IUCD (10.4%). Among the 120 rural women interviewed, 30 of them had never used any contraception i.e. 25%.

The most common reason quoted for not using any contraception was desire to have a child i.e. 25%. 13.4% of women in the study wanted to have male child. 16.3% of women were worried about side effects.11.5% of women felt pregnancies were naturally spaced and there was no need to use any contraception. 11.5% of women had opposition from family members. 94% of them approved the usage of contraception. It is interesting to note that 42% of women interviewed felt there must be a male child in the family, which was one of the reasons for not using contraception. About 58.3% of women felt male child was a must to continue the family name and 41.6% of women felt it was to look after parents in old age.

Table 1: Socio demographic characteristics.

Characteristics	n=200	%
Age in years		
20-25	80	40
26-30	68	34
35-40	18	09
41-45	04	02
Parity		
P0	18	09
P1	30	15
P2	73	31.5
>P2	79	35.5
Educational status		
Illiterate	11	6.5
Primary	89	44.5
Secondary	80	40
University	20	10
Occupation		
House wives/Home makers	122	61
Farmers	60	30
Govt. Services	08	04
Business	10	05
Economic Status		
Upper class	12	06
Middle class	128	64
Lower class	60	30
Locality		
Urban	80	40
Rural	120	60

Table 2: Spectrum of knowledge and awareness of contraception.

Methods	Urban		Rural		Total (%)
	n (80)	(%)	n (120)	(%)	
Any method	80	100	120	100	100
Natural	55	68.75	40	33.3	47.5
Pills	80	100	54	45	67
IUCD	80	100	70	58.3	75
Condoms	80	100	50	41.6	65
Female sterilization	80	100	120	100	100
Male sterilization	50	62.5	40	33.3	45
Injectable contraceptives	40	50	20	16.6	30

Table 3: Sources of information.

	n(200)	%
1) Public Medical sectors	50	25
2) Private Medical sectors	34	17
3) NGO/Trust	02	01
4) TV, Radio, Newspapers	30	15
5) Friends, relatives	84	42

Table 5: Contraceptive methods ever used.

	Urban n(80)	Rural n(120)
Female sterilization	32	36
Male sterilization	00	00
Pills	10	06
Condoms	04	10
Natural	06	04
Injectable contraception	04	00
IUCD	12	24
Not used any method	02	30

Table 4: Contraceptive methods currently in use.

	Urban		Rural		Total (%)
	N	%	N	%	
Current contraceptive users	50	62.5	46	37.5	48
Not using any contraception	30	37.5	74	61.6	52
Female sterilization	32	64	36	78.2	70.8
Male Sterilization	0	0	0	0	0
IUCD	6	12	04	8.6	10.4
Pills	4	08	02	5.6	06.2
Condoms	4	08	04	8.6	08.3
Natural	2	04	--	--	04
Injectable contraceptives	2	04	--	--	04

Table 6: Reasons for not using contraception.

	Urban		Rural		Total (%)
	n(30)	%	n(74)	%	
1) Worried about side effects	5	16.6	12	16.2	16.3
2) No specific reasons	2	06.6	09	12.1	10.5
3) Opposition from family members / husband	1	3.3	11	14.8	11.5
4) Wanted to have a child	11	36.6	15	20.2	25
5) Could not access family planning services	01	3.3	05	06.7	5.7
6) Felt pregnancy was naturally spaced	02	6.6	10	33.3	11.5
7) Wants to have male child	06	20	08	10.8	13.4
8) Inconvenient, lack of privacy	02	6.6	04	05.4	05.7

Table 7: Attitude towards family planning.

Users	Non users			Total (%)
	n(96)	n(104)	n(200)	
Approval	96	92	188	94
Disapproval	0	12	12	06

DISCUSSION

The increasing growth of population has become an urgent global problem. The current trends in family planning (FP) in India show high level of knowledge of contraceptives among eligible couples yet the acceptance remains low especially for spacing methods.

Table 8: View on contraception.

	Urban n(80)	Rural n(120)	Total (%)
1) Reasons for using Contraception			
a) Economic reasons	40	48	44%
b) Motivation	18	26	22%
c) Small family norm	10	14	12%
d) Incentives	12	32	22%
2) Who decides?			
a) Mother in law decides	12	36	24%
b) Husband decides	24	44	34%
c) Wife decides	08	10	09%
d) Both decides	36	20	28%
3) Quality of existing FP services			
a) Satisfied with FP services			
at PHC/Govt hospitals	34	44	39%
b) Satisfied with FP services at			
private hospitals	64	60	62%
4) Ideal no of children			
1	08	10	09%
2	58	80	69%
>2	14	30	22%
5) Desire for male offspring			
a) It is a must that there should be a	30	54	42%
male child			
b) Why?			
i) To continue the family name	17	32	58.3%
ii) To look after parents in old age	13	22	41.6%

The present study aimed to assess the knowledge, attitude and practice of FP methods among women attending tertiary hospital which caters to both urban and rural women.

Results showed that all the women including women from rural areas knew at least one method of contraception (100%). In a similar Indian study, the awareness rate was (82.2%).[2] Women's education play an important role in increasing the awareness. In the present study 93.5% were literate. Only 6.5% were illiterate. Another factor responsible for knowledge of FP methods is exposure of messages through mass media. Though knowledge of contraception was 100%, only 48% of women were actually using any one method of contraception.

The current unmet need for FP is about 15.8%, of which the need for spacing is about 8.3% and for limiting births is 7.5%, which needs to be met through programmatic interventions. Contraceptive usage was higher in the urban women (62.5%) and less in rural women (38.5%). This is similar to the data obtained by NFHS-2 (National Family Health Survey) which shows 58% among the urban population and 45% among rural women. Female sterilization was adopted by 70.8% of women in the present study. According to NFHS-2, female sterilization was the most prevalent method of contraception (71%) and most PHC were not adequately staffed. Only 16% of PHC had physicians trained in conducting sterilization and only 1/3rd had atleast one paramedical staff trained in IUCD insertion.[3]

52% of women interviewed were not using any method of contraception. Two Indian studies showed similar results, 55% and 46% of non users.[4] While general level of approval for contraception was high (94%), the practice level was only 48%. KAP survey conducted among rural people in UP, revealed high level of approval for contraception but the practice level was very low, 14%.[5] Constant motivation by doctors and health workers and by improving the FP services at both government & private health sectors, the gap between knowledge, attitude and practice can be minimized. Only 39% of women were satisfied with the existing FP services at PHC/Government hospitals and only 62% of them were satisfied with private hospitals.

Both Government and Private hospitals should provide appropriate information, clear doubts about the misconceptions and worries about side effects and should highlight the benefits of the various contraceptive methods at every visit to the hospital. About 16.3% of women not using contraception were worried about side effects of contraceptive methods. Every postpartum women must receive adequate FP advises during their postnatal follow-ups.

In order to reduce the gap between knowledge, attitude and practice of contraception, one of the most important factor is regular availability of contraceptives and good quality of family planning services both at Government and Private medical sectors.

Alternative methods of contraception must be informed and offered so that the rate of continuation of contraception will improve. Constant motivation and FP advice by both doctors and health workers will play a great role in decreasing the unmet need of contraception.

CONCLUSION

This study reveals good knowledge and favorable attitude of women towards contraception. But there are various reasons for the non acceptance of contraceptives like worries about side effects, misconceptions, preference for male child, and poor FP services. Thus by proper motivation, counseling and improving facilities at both

Government & Private sector, the unmet need of contraception can be achieved.

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