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Research Article

Assessment of knowledge and attitude regarding use of contraceptive methods among women at selected rural area, Ambala, Haryana, India

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ABSTRACT

Background: Family planning refers to practices that help individuals and couples to attain certain objectives like to avoid unwanted births. The objectives of study were to assess the knowledge and attitude regarding use of contraceptive methods among women. Also to find out correlation between knowledge and attitude scores regarding use of contraceptive methods among women and to determine association of level of knowledge and attitude regarding use of contraceptive methods among women with selected demographic variables.

Methods: The research approach adopted for the study was quantitative research approach. The present study was carried out on the 200 women of reproductive age of village Rajouli, Ambala, Haryana selected by purposive sampling technique. The tools used for data collection were structured knowledge questionnaire and attitude scale (3 point likert's scale). Validity was ensured through consultation with the experts and reliability of knowledge questionnaire was established using Kuder's Richardson-20 formula whereas of attitude scale by split half method which is found to be ($r = 0.82$) and ($r = 0.80$) respectively. Formal permission from sarpanch of village Rajouli.

Results: Descriptive and inferential statistics were used to analyze the data. Findings of study revealed that more than half (51.5%) of the women were in the age group of 25-31 years. Results further illustrated that (38%) of women had average knowledge and (44%) moderately favorable attitude regarding use of contraceptive methods. There was significant association of level of knowledge of women with income per month (44.7), type of family (16.2), gap between first and second child (16.9), source of information about contraceptives (14.1) whereas level of attitude of women was found to be statistically significant with age (13.6), educational status (89.5), occupational status (20.2), family income per month (17.2), duration of marriage (19.7), number of children (17.9). There was significant positive correlation between knowledge and attitude scores as evident by computed 'r' value of 0.13.

Conclusions: Hence, there is a need to create awareness among women of reproductive age group regarding contraceptive methods.

Keywords: Knowledge, Attitude, Contraceptive methods, Women

INTRODUCTION

Contraception means preventing the union of the sperm and ovum, suppressing ovulation or interfering with implantation of the fertilized ovum in the uterus.¹

Family planning should be made accessible to every woman and man who needs it so that they can exercise their reproductive health rights, according to which everyone should be able to freely and responsibly decide how many children to have and when (that is, children "By Choice, and not by Chance").²

Current projections show a continued increase in population with the global population expected to reach between 7.5 and 10.5 billion by 2050.³

India's population as per 2011 census was 1.21 billion, second only to china in the world. The total fertility rate in India has declined from 6.0 in 1951 to 2.6 in 2009 but decline is not consistent in all the states. While 14 states have already achieved the replacement level, 12 states have Total Fertility Rate between 2.1 and 3 and 9 states (Bihar, U.P, Rajasthan, M.P, Jharkhand, Chhattisgarh, Meghalaya, Nagaland, D&N Haveli) have Total Fertility Rate more than 3.⁴

According to the National Family Health Survey conducted in India the most widely used method of family planning is female sterilization, which is accepted by 67% of current users as against male sterilization of 3%. Women in developing countries are either under collective decision making with their partners or completely rely on the male partners decision on issues that affect their reproductive live. Identifying the major barriers of married women's decision-making power on contraceptive use has significant relevance for planning contextually appropriate family planning interventions.⁵

METHODS

A quantitative research approach with the descriptive survey design was adopted for the study. The study was conducted at Rajouli village of Ambala District Haryana. Study comprised of 200 married women of reproductive age who fulfill the inclusion criteria. Sample was selected by purposive sampling technique.

The data was collected by using structured knowledge questionnaire and three point Likert's scale. Structured knowledge questionnaire comprised of demographic variables and 30 knowledge items in multiple choice question related to Concept and Definitions, need, types, advantages, disadvantages and special instructions while using contraceptive methods. The attitude scale consisted of 20 items regarding contraceptive method. It covered the areas pertaining to contraceptive methods in term of concept of conception and contraception, need for contraception, types of contraceptive methods and their use, advantages, disadvantages and belief about contraceptive method. The attitude scale consists of 10 positive and 10 negative statements scattered randomly. Data was collected using paper pencil technique. The content validity of the tools was established by nine experts including four nursing experts in the field of Obstetrics and Gynecology, three from Medical-Surgical Nursing and two experts from Community Health Nursing. Necessary suggestions were incorporated into tool. The tool translated in Hindi and verified by Hindi expert for appropriateness of language. Try-out was done on twenty women of Mullana village of Ambala district Haryana. The reliability coefficient for the structured knowledge questionnaire was calculated by using Kuder

Richardson-20 formula which was found to be 0.82 and for attitude scale by using split half method which was found to be 0.80.

Formal approval was obtained from Sarpanch of Rajouli of Ambala District, Haryana. Data was collected on March 2015. Self-introduction & introduction to the nature of the study were given to the selected samples. To obtain free & frank response, the participants of the study were assured about the confidentiality of their response. Written consent was taken from each participant. It took 45 -50 minutes to collect data. The data were analysed and interpreted as per the objectives. Descriptive and inferential statistics were used for the data analysis.

RESULTS

The data were analysed and interpreted as per the objectives. Descriptive and inferential statistics were used for the data analysis. Results revealed that more than half (51.5%) of the women were in the age group of 25-31 years followed by (23%) of women were in the age group of 32-38 years. Nearly half (48%) of the women were educated up to secondary class. Majority of women (82.5%) were homemaker followed by (7%) of women were private employed. Forty percent (40%) of women had monthly family income Rs 5001 to 10,000 whereas most of the (53%) of women belonged to nuclear family. More than half (56.5%) of the women were Sikh and thirty eight percent (38%) of women were Hindu. Most of the (45.5%) of women had 6-10 years duration of marriage and (59.5%) of the women had two living child. One third (36.5%) of women had 1 year's gap between first and second child and (43%) of women had television as source of information about contraceptives. Forty two percent (42%) of the women using condom as contraceptive method, followed by (29%) of the women are using Cu T as contraceptive method, followed by (23%) of the women are using tubectomy as contraceptive method and (16%) of the women are using contraceptive pills as contraceptive method (Table 1).

Description of knowledge scores

Study findings further showed that thirty eight percent (38%) of women had average knowledge followed by (32.5%) of women had good knowledge, (19%) of women had below average knowledge and only (10.5%) of women had excellent knowledge regarding use of the contraceptive methods (Figure 1).

Description of attitude scores

Results illustrated that forty four percent (44%) of women had moderate attitude followed by (37%) of women had unfavourable attitude, and only (19%) of women had favourable attitude regarding use of contraceptive methods (Figure 2).

Table 1: Frequency & percentage distribution of women by their selected demographic variables (N=200).

No.	Demographic Variables	F	(%)
1.	Age (In Years)		
A	18-24	25	12.5
B	25-31	103	51.5
C	32-38	46	23
D	39-45	26	13
2.	Educational Status		
A	Primary	40	20
B	Secondary	96	48
C	Senior Secondary	53	26.5
D	Graduate & Above	11	5.5
3.	Occupation Status		
A	Self Employed	12	6
B	Government Employee	9	4.5
C	Private Employee	14	7
D	Homemaker	165	82.5
4.	Family Income Per Month (In Rs.)		
A	≤5000	30	15
B	5001-10,000	80	40
C	10,001 -15,000	60	30
D	≥15,000	30	15
5.	Type Of Family		
A	Nuclear Family	106	53
B	Joint Family	89	44.5
C	Extended Family	5	2.5
6.	Religion		
A	Hindu	76	38
B	Muslim	7	3.5
C	Christian	4	2
D	Sikh	113	56.5
7.	Duration Of Marriage		
A	0-5 Years	66	33
B	6-10 Years	91	45.5
C	11-15 Years	23	11.5
D	>15 Years	20	10
8.	Number Of Children		
A	One	57	28.5
B	Two	119	59.5
C	Three	22	11
D	>3	2	1
9.	Gap Between First And Second Child		
A	1 Years	73	36.5
B	2 Years	71	35.5
C	3 Years	45	22.5
D	4 Years	11	5.5
10	Source Of Information About Contraceptives		
A	Television	86	43
B	Newspaper/Family Members/Friends	54	27
C	Health Personnel	60	30
11	Contraceptive Method Used		
A	Condom	84	42
B	Tubectomy	46	23
C	Cu-T	38	29
D	Contraceptive Pills	32	16

Table 2: Chi square value showing association of level of knowledge regarding use of contraceptive method among women with selected demographic variables (N=200).

No.	Demographic Variables	Very Good 70% (N= 20)	Good (60-70%) (N= 65)	Average (50-60%) (N=76)	Below Average <50% (N=39)	X ²	Df	Table Value
1.	Age (In Years)							
A	18-24	3(15)	10(15.3)	6(7.8)	6(15.3)	6.83 ^{ns}	9	16.91
B	25-31	9(45)	32(49.2)	39(51.3)	23(58.9)			
C	32-38	5(25)	17(26.1)	17(22.3)	7(17.9)			
D	39-45	3(15)	6(9.2)	14(18.4)	3(7.6)			
2.	Educational Status							
A	Primary	3(15)	12(18.4)	16((210	9(23)	14.5 ^{ns}	9	16.91
B	Secondary	6(30)	30(46.1)	35(46)	25(64.1)			
C	Senior Secondary	9(45)	17(26.1)	22(28.9)	5(12.8)			
D	Graduate & Above	2(10)	6(9.2)	3(3.9)	0(0)			
3.	Occupation Status							
A	Self Employed	0(0)	5(7.6)	5(6.5)	2(5.1)	8.96 ^{ns}	9	16.91
B	Government Employee	3(15)	1(1.5)	4(5.2)	1(2.5)			
C	Private Employee	2(10)	5(7.6)	5(6.5)	2(2.5)			
D	Homemaker	15(75)	54(83)	62(82.6)	34(87.5)			
4.	Family Income Per Month(In Rs)							
A	≤5000	2(10)	5(7.6)	8(10.5)	15(38.4)	44.7 [*]	9	16.91
B	5001-10,000	1(05)	23(35.3)	38(50)	18(46.1)			
C	10,001 -15,000	12(60)	24(36.9)	19(25)	5(12.8)			
D	≥15,000	5(10)	13(20)	11(14.4)	1(2.5)			
6.	Type Of Family							
A	Nuclear Family	9(45)	34(52.3)	43(56.5)	20(51.2)	16.2 [*]	6	12.52
B	Joint Family	8(40)	31(47.6)	31(40.7)	19(48.7)			
C	Extended Family	3(15)	0(0)	2(2.6)	0(0)			
7.	Religion							
A.	Hindu	8(40)	27(41.5)	25(32.8)	16(41)	13 ^{ns}	9	16.91
B.	Muslim	0(0)	0 (0)	7(9.2)	0(0)			
C.	Christian	0(0)	1(1.5)	2(2.6)	1(2.5)			
D.	Sikh	12(60)	37(56.9)	42(55.2)	22(56.4)			
8.	Duration Of Marriage							
A	0-5 Years	5(25)	24(36.9)	24(31.5)	13(33.3)	13.6 ^{ns}	9	16.91
B	6-10 Years	6(39)	32(49.2)	33(43.4)	20(51.2)			
C	11-15 Years	5(25)	5(7.6)	12(15.7)	1(2,5)			
D	>15years	4(20)	4(6.1)	7(9.2)	5(12.8)			
9	Number Of Children							
A	One	7 (35)	20(30.7)	21(27.6)	9(23)	6.37 ^{ns}	9	16.91
B	Two	10(50)	39(60)	44(57.8)	26(66.6)			
C	Three	2(10)	6(9.2)	10(13.1)	4(10.2)			
D	>3	1(5)	0(0)	1(1.3)	0(0)			
10	Gap Between First And Second Child							
A	1 Years	6(30)	28(43)	26(34.2)	13(33.3)	16.9 [*]	9	16.91
B	2 years	3(15)	20(30.7)	33(43)	15(38.4)			
C	3 Years	7(35)	13(20)	15(19.7)	10(25.6)			
D	4 Years	4(20)	4(6.1)	2(2.6)	1(2.5)			
11	Source Of Information About Contraceptives							
A	Television	6(30)	27(41.5)	39(51.3)	14(35.8)	14.1 [*]	6	12.52
B	Newspaper/Family Members/Friends	10(50)	18(27.6)	11(4.4)	15(38.4)			

C	Health Personnel	4(20)	20(30.7)	26(34.2)	10(25.6)	12.3 ^{ns}	9	16.91
12	Contraceptive Method Used							
A	Condom	8(40)	21(32.3)	33(43.4)	22(56.4)			
B	Tubectomy	4(20)	22(33.8)	12(15.7)	8(20.5)			
C	Cu-T	4(20)	13(20)	15 (19.7)	6(15.3)			
D	Contraceptive Pills	4(20)	9(13.8)	16(21)	3(7.6)			

(p< 0.05) * Significant ^{NS}; Non significant**Table 3: Chi square value showing association of level of attitude regarding use of contraceptive method among women with selected demographic variables (N=200).**

No.	Demographic Variables	Attitude Score			X ²	Df	Table Value
		Favourable (41-60) (n=38)	Moderately Unfavourable (31-40) (n=88)	Favourable (20-30) (n=74)			
1.	Age (In Years)						
A	18-24	9(23.6)	10 (22.7)	5(6.7)	13.06*	3	12.52
B	25-31	15(39.4)	47(53.4)	39(52.7)			
C	32-38	13 (34.2)	17(19.3)	19(25.6)			
D	39-45	1(5.2)	14(15.9)	11(14.8)			
2.	Educational Status						
A	Primary	3(7.8)	23(26.1)	14(18.9)	10.7*	3	12.52
B	Secondary	4 (10.5)	30(34)	60(81)			
C	Senior Secondary	25 (65.7)	28(31.8)	0(0)			
D	Graduate & Above	6 (15.7)	7(7.9)	0(0)			
3.	Occupation Status						
A	Self Employed	5 (13.1)	5(5.6)	3(4)	8.96 ^{ns}	3	12.52
B	Government Employee	2 (5.2)	6(6.8)	0(0)			
C	Private Employee	7(18.4)	5(5.6)	2(2.7)			
D	Homemaker	24 (63.1)	72(81.8)	69(93.2)			
4.	Family Income Per Month(In Rs)						
A	≤5000	3(7.8)	14(15.9)	12(16.2)	3.68*	3	12.52
B	5001-10,000	10 (26.3)	39(44.3)	33(44.5)			
C	10,001 -15,000	13(34.2)	29(32.9)	21(28.3)			
D	≥15,000	12(31.5)	6(6.8)	8(16.8)			
5.	Type Of Family						
A	Nuclear Family	15(29.4)	54(61.3)	38(51.3)	6.27*	2	9.48
B	Joint Family	23 (60.5)	30(34)	34(45.9)			
C	Extended Family	0 (0)	4(4.5)	2(2.7)			
6.	Religion						
A.	Hindu	10(26.1)	33(37.5)	32(43.2)	1.65*	3	12.52
B.	Muslim	01(5.2)	3(3.4)	0(0)			
C.	Christian	00 (0)	1(1.1)	1(1.3)			
D.	Sikh	27	51(57.9)	41(55.4)			
7.	Duration Of Marriage						
A	0-5 Years	11(28.9)	35(39.7)	17(22.9)	7.74 ^{NS}	3	12.52
B	6-10 Years	23(60.5)	41(46.5)	32(43.2)			
C	11-15 Years	1(5.2)	8(9.9)	12(16.2)			
D	>15years	1(5.2)	4(4.5)	13(17.4)			
8.	Number Of Children						
A	One	9 (23.6)	36(40.9)	10(13.4)	16.1*	3	12.52
B	Two	25 (65.7)	44(50)	52(61.9)			
C	Three	4(10.5)	7(7.9)	12(16.2)			

D	>3	0(0)	1(1.1)	0(0)			
9.	Gap Between First And Second Child						
A	1 Years	10(22.7)	33(37.5)	27(36.4)	0.441 ^{NS}	3	12.52
B	2 years	19(50)	32(36.3)	24(32.4)			
C	3 Years	5(13.1)	18(21.5)	20(27)			
D	4 Years	4(10.5)	5(5.6)	3(4)			
10.	Source Of Information About Contraceptives						
A	Television	17(44.7)	47(53.4)	26(35.1)	5.83 ^{NS}	2	9.48
B	Newspaper/Family Members/Friends	9(23.6)	16(18.1)	26(35.1)			
C	Health Personnel	12(31.5)	25(28.4)	22(26.1)			
11.	Contraceptive Method Used						
A	Condom	15(39.8)	38(43.1)	30(40.5)	0.73 ^{NS}	3	12.52
B	Tubectomy	14(36.8)	19(21.5)	16(21.4)			
C	Cu-T	5(5.6)	8(20.4)	16(21.4)			
D	Contraceptive Pills	4 (4.5)	13(14.7)	12(16.2)			

($p < 0.05$) * Significant ^{NS}; Non significant

Correlation between knowledge and attitude of women

Furthermore results revealed that coefficient of correlation between knowledge and attitude score is 0.13, which shows positive correlation between knowledge and attitude of women regarding contraceptive method.

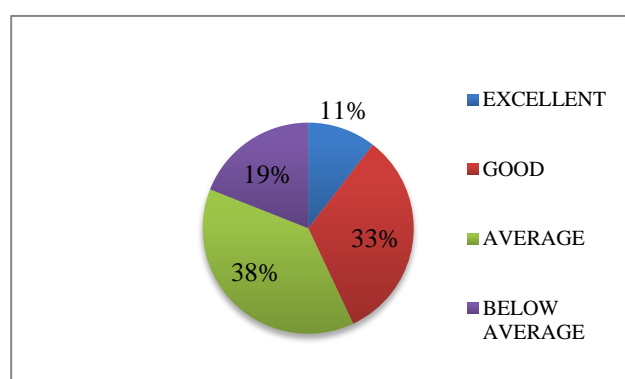


Figure 1: Percentage distribution of knowledge scores obtained by women.

Association of level of knowledge with selected demographic variables

Computed chi square value of level of knowledge regarding use of contraceptive method among women with selected demographic variables. The findings suggest that the computed chi square value of family income per month (44.7), type of family (16.2), gap between first and second child (16.9), source of information about contraceptives (14.1) were found to be statistically significant at 0.05 level of significance. It was found that level of knowledge depend on family income per month, type of family, gap between first and second child, source of information about contraceptive methods whereas the computed chi square value of age (6.83), educational status (14.5), occupational status

(8.96), religion (13.0), duration of marriage (13.6), number of children (6.37), contraceptive method (12.3) was found to be statistically non-significant (Table 2).

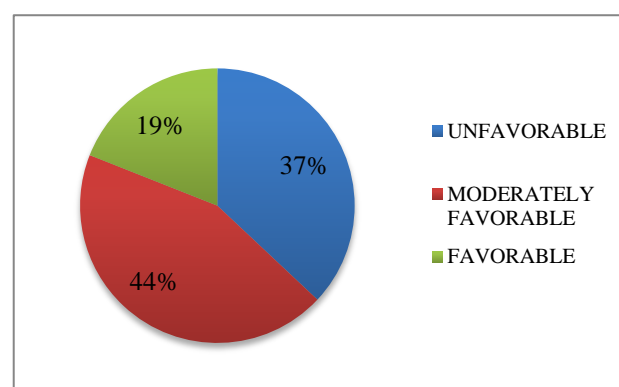


Figure 2: Percentage distribution of attitude scores obtained by women.

Association of level of attitude with selected demographic variables

Table 4 depicts computed chi square value of level of attitude with age (13.6), educational status (89.5), occupational status (20.2), family income per month (17.2), duration of marriage (19.7), number of children (17.9), was found to be statistically significant whereas with type of family (8.77), religion (5.93), gap between first and second child (7.25), source of information (7.67) and contraceptive method use (4.60) was found to be statistically non-significant. This showed level of attitude of women regarding use contraceptive methods was dependent on the age, educational status, occupational status, family income per month, duration of marriage, number of children whereas independent on type of family, religion, gap between first and second child, source of information, contraceptive method to be used by women (Table 3).

DISCUSSION

Findings of the study showed that (38%) of women had average knowledge about contraceptive methods. These findings are consistent with the cross sectional study conducted at Moodu Alevoor village by Sonam Zangmu Sherpa et al where it was found that majority (67.60%) had moderate knowledge.⁶

The study findings show that (44%) of the women had moderately favourable attitude regarding use of contraceptive methods. These findings are consistent with the study conducted at Agroha village by N Saluja et al where positive attitude for contraception was shown by 198 (79.2%) females and 158 (63.2%) males.⁷

Furthermore results revealed that level of knowledge found to be statistically significant with family income per month (44.7), type of family (16.2), source of information about contraceptives (14.1). These findings are consistent with findings of another study conducted among married women by Shabana Anjum et al where it was revealed that Socio demographic variable were significantly associated with existing knowledge and level of married women specially age at marriage, age at first child, occupation, income, education.⁸

The finding of the study has implications for nursing practice, nursing education, community health practice and nursing research. Health education can be conducted by the nursing personnel regarding use of contraceptive methods for reproductive age women as the number of women undergoing abortion due to unwanted pregnancy and mothers have limited knowledge, and unfavourable attitude about contraceptive methods. further studies can be conducted to explore the methods/strategies by which their knowledge and attitude can be improved/enhanced through many multiple researches are conducted by various nursing personnel at various level yet there is serious lack in disseminations of finding.

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Conflict of interest: None declared

Ethical approval: Ethical approval to conduct the study was obtained from Sarpanch of village Rajouli, Ambala, Haryana. Written informed consent was obtained from the study subjects regarding their willingness to participate in the research project

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