

DOI: <http://dx.doi.org/10.18203/2320-1770.ijrcog20171600>

## Original Research Article

# Knowledge, attitude and practice of contraception among the postnatal women in a tertiary care hospital in a rural area in Southern Karnataka, India

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**Received:** 27 March 2017

**Accepted:** 31 March 2017

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## ABSTRACT

**Background:** Contraceptive advice is a component of preventive health care. It is necessary to stabilize the population and to conserve the natural resources for the future generations. An ideal contraceptive should suit an individual's personal, social, and medical characteristics and requirements. Socio-economic factors and education are few of the factors that play important roles in the acceptance of family planning.

**Methods:** A cross-sectional study regarding knowledge, attitude and practices of family planning was conducted in a tertiary care centre. The postnatal women were interviewed using a pretested, semi structured Performa during a fixed study period. The performa included details like socio demographic features, questions related to knowledge, attitude and practices (KAP) regarding contraceptive use.

**Results:** Results revealed poor good knowledge amongst females, but the knowledge was brought to practice in only 32% females mainly due to lack of knowledge and preference for male babies.

**Conclusions:** Family planning methods including male sterilization should be provided to all the couples and basic quality of education is to be raised.

**Keywords:** Attitude, Contraception, Family planning, Knowledge, Practice

## INTRODUCTION

India is the pioneer country in the world to launch a nationwide family planning program in the year 1952, and during the third 5-year plan it was declared the very centre of planned development. In April 1976, the country framed its first national population policy which is now running under RCH (Reproductive and child Health) program, so that each and every couple in India is aware of the need for family planning. The need for contraceptive practices

lies is to control population explosion, to avoid unwanted births, to regulate intervals between pregnancies, to control the time at which births occur in relation to age of the parent.<sup>1</sup>

Family planning through contraceptive practices aims at achieving two main objectives; firstly, to have only the desired number of children and secondly, to have these children by proper spacing of pregnancies.<sup>2</sup> A number of K.A.P. surveys have been carried out covering different population groups.<sup>3-6</sup>

Contraceptive advice is a component of preventive health care. It is necessary to stabilize the population and to conserve the natural resources for the future generations. An ideal contraceptive should suit an individual's personal, social, and medical characteristics and requirements. Socio-economic factors and education are few of the factors that play important roles in the acceptance of family planning.<sup>6</sup>

India's public sector programme claims to provide a cafeteria approach with a basket of choices. The method-mix in this programme includes five official methods-female sterilisation, male sterilisation, intrauterine contraceptive device (IUCD), oral contraceptives, and condoms. But modern spacing methods account for a very small fraction (10%) of contraceptive use.

According to a study in Andhra Pradesh, out of 500 women, 96.8% were aware of contraception and with full knowledge of permanent contraception (both tubectomy and vasectomy) and 84.9% were aware of barrier methods.<sup>7,8</sup> Their knowledge about IUCD and OCPs was only around 20%. The source of knowledge is mostly through social circle.

According to National Family Health Survey, 56 % of the married Indian women are using family planning.<sup>9</sup> None of the females had complete basic knowledge regarding family planning methods. Also, television was their chief source of information. Reddy et al in 2003 stated that the major source of knowledge about Family Planning methods for the study population was magazines (64%), followed by personal relations i.e. spouse, friends and relatives (62%), mass media (54%) and health personnel (34%).<sup>8</sup> In 2014, Kumari et al found that 96.8% were aware of one or more methods of contraception. But only 55% of women are using contraception methods. 30% expressed their concerns about the side effects as the reason for not using them. 55.5% women are not using them due to lack of knowledge about their usage. Emphasis should be given on communication and good counselling women giving correct information about availability, source and the side effects of contraceptive methods. The major source of knowledge is social circle (67.7%) and media (18.18%). Similar results were found in another study (42%) and (15%) respectively.<sup>9</sup> There are nearly 40 million women in India who would prefer to avoid becoming pregnant but are not practicing contraception.

## METHODS

This study was conducted at Yenepoya Medical College Hospital This study was a hospital based cross-sectional study and was conducted in the postnatal ward in the Department of obstetrics and gynecology at Yenepoya Medical College Hospital over a period of 2 months (November to December 2016). All the women who delivered in the month of November 2016 (138 women) and December 2016 (142 women) were included in the study, total being 280 women. This study included all the women who delivered either vaginally or by LSCS. After taking an informed consent, women who fulfilled the inclusion criterion were interviewed by the postgraduate trainees.

The questionnaire elicited information regarding their age, educational status, number of children, knowledge and source of contraceptive methods, practicing of either

male or female family planning methods. The attitude of females towards contraception was asked, while the attitude of husbands was assessed what their females perceived. To assess the knowledge, the methods were separately asked: pills, injectables, Intra-uterine Contraceptive devices (IUCDs), condoms, tubal ligation, vasectomy, Norplant and withdrawal method. The practice defines the usage of contraceptive methods by the either partners.

## Inclusion criteria

- Married women within the reproductive age group living with their husbands.

## Exclusion criteria

- Women with medical disorders.

## RESULTS

About half of the women were between 20-30 years of age, that is 51% and 230 women out of 280 respondents were muslims by religion.

**Table 1: Age group.**

Age	Number	Percentage
<20 yrs	16	5
20-30 yrs	142	51
30-40yrs	120	43
>40yrs	2	1

**Table 2: Religion.**

Religion	Number	Percentage
Muslims	230	82
Hindus	42	15
Others	8	3

90% of the respondents were housewives. The majority of the women had completed their primary education and 8 women were completely illiterate and only 6 women out of 280 were graduates.

**Table 3: Educational status.**

Education status	No.	Percentage
Illiterate	8	3
Primary school	246	88
High school	20	7
Graduate	6	2

**Table 4: Parity.**

Parity	No.	Percentage
Primipara	106	38
Living 2-4	122	43.5
Living >4	52	18.5

**Table 5: Awareness of family planning.**

Awareness of family planning	No.	Percentage
Yes	246	88
No	34	12

**Table 6: Knowledge about the contraceptive method.**

	Methods	No.	Percentage
Temporary	CuT	82	79
	Barrier	10	5
	OCP	22	11
	Safe period	4	2
	Lactational amenorrhea	4	2
	Injectables	2	1
	Emergency contraception	0	0
	Norplant	0	0
	Male	0	0
Permanent	Female	76	26

Majority of the women had 2 or 3 living children and only 53 women out of 280 were primiparas.

About 79% of the patients were aware of CuT and 11% women were aware of oral contraceptives. However only 5% women were aware of the safe period, lactational amenorrhea and injectables. It was disappointing to note that none of the patients were aware of emergency contraception, norplant and not surprisingly the male contraception.

**Table 7: Attitude of the women towards contraception.**

Willing	No.	Percentage
Yes	104	37.1
No	176	58.6

Most of the women's attitude towards the use of family planning method was not satisfactory. Most of them said that they act according to their spouse's or their in law's decision. They have no choice related to child birth.

**Table 8: Reasons for willingness of contraception.**

Reasons for willingness	No.	Percentage
Completed family	80	78
Financial crises	16	16
Spacing	8	6

It was disappointing to note that out of the 280 women only 104 women were willing for sterilization. However, out of 104 women who were willing for contraception, 80 women were willing for permanent sterilization (done by the Modified Pomeroy's method) and the majority were grand multies. The rest 26 women were willing for copper T insertion. Another disappointing fact was that

only 6 primipara was willing for copper T insertion. Moreover, the other temporary methods like progesterone only pills, injectables or norplant devices were not opted.

**Table 9: Reason for unwillingness of contraception.**

Reasons for unwillingness	No.	Percentage
Lack of knowledge	96	34
Side effects	22	8
More children	30	11
Husband not willing	34	12
Sex of the baby	48	17
Religion	22	8
Fear of health problems	28	10

**Table 10: Practice of contraception.**

Methods	No.	Percentage
Temporary	26	25
Permanent	78	75

## DISCUSSION

Around 88% of the women knew that there are methods to prevent pregnancy whereas the rest were unaware of the idea of contraception, majority of the women being primiparas of age 20 years and below. Among 246 women who were aware about the contraception, majority of the women knew about the contraceptive methods (both permanent and temporary) through media (mainly television and radio). Social circles also helped women to gain knowledge about contraception, mainly from their mothers or elder sisters. The least number was informed by health personnel.

In the study that lasted for 2 months, 37.1% were willing for contraception (either permanent or temporary) whereas the rest of the women were not willing for contraception. Among the 104 women, only 26 women opted for temporary methods, the most common being the copper T. Among the 37.1% of women who were willing for contraception, 40 women had completed their family whereas 16% of the women stated that it was due to financial crisis that they opted for contraception. The rest of the women utilized contraception for spacing. However, among 58.6 % women were not willing for contraception, 48 women were not aware of contraception. Another 17% women were not willing as they were not happy with the sex of the baby (most of the women and their families preferred male babies). It was also noted that none of the postnatal women had enquired about the other methods of contraception which clearly indicated their lack of interest/knowledge of contraception.

In their study among rural Rajputs, they found that the raise in education besides providing knowledge and the contraceptive methods helps in improving acceptance of family control devices. There are also other studies carried out in this sphere.<sup>4,8,9</sup> According to NFHS-3,

about 30% of the fertility in India was unwanted, indicating a huge gap between the demand and supply of family planning and the unmet need of the country as a whole is about 13% and this is high among married women aged 15-19 years (25% for spacing and 2% for limiting) and among those aged 20-24 years (15% for spacing and over 6% for limiting).<sup>10,11</sup> But in spite of availability of sterilization facilities and contraceptive measures free of cost by the Government of India, couples refuse to adopt them.<sup>12</sup> The reasons for this refusal have to be analyzed to the core, for a better understanding of the situation and to help the Government formulate appropriate policies and modified approaches, thereby helping change the social outlook of contraception and promote an increased usage of the same.<sup>13,14</sup>

## CONCLUSION

Practicing family planning and to choose the correct contraceptives is very much essential. We recommend sustained efforts to increase awareness and motivation for contraceptive use by the health care personnel.

## Recommendation

Education and communication with the reproductive age couples, and improved social and welfare services can be given. These couples should be given information about contraceptives at every visit to the health services to motivate them. Motivation of the males towards the usage of male contraceptive measures (both temporary and permanent) is very much necessary. The most important factor is regular availability of contraceptives and adequate health care services at the peripheral level. The education levels also need to be raised among the children as it can improve their knowledge about the contraception and moreover they can realise the need of contraception and can also have a quality life.

*Funding: No funding sources*

*Conflict of interest: None declared*

*Ethical approval: The study was approved by the Institutional Ethics Committee*

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**Cite this article as:** Kripa S, Shetty H. Knowledge, attitude and practice of contraception among the postnatal women in a tertiary care hospital in a rural area in Southern Karnataka, India. *Int J Reprod Contracept Obstet Gynecol* 2017;6:1821-4.