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Original Research Article

## Awareness and practice of contraceptive methods among women in Kerala, India

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### ABSTRACT

**Background:** India is the second most populous country in the world, sustaining 17.01% of world population on 2.4% of world's surface area. Indian women have more children than desired and often too close together. Family Planning can have a positive impact on population growth, maternal mortality, and infant and new-born outcomes. In spite of availability of wide range of contraceptives, the unmet need for family planning is estimated to be 12.8%. The purpose of this study is to assess awareness of the effective use of contraceptive methods among pregnant women, which will provide useful information for future intervention strategies and the reduction of unwanted pregnancies.

**Methods:** The study was conducted at the Government Medical College Thrissur, Kerala and study period was 1 year (2014-2015). The awareness and contraceptive practices of 514 pregnant women who were admitted for delivery were assessed by using questionnaire. The data was entered in MS excel sheet and analysed using SPSS software.

**Results:** the awareness regarding barrier method of contraception was maximum. (96.7%), followed by permanent methods (96.8%), IUCD (94.9%) and natural methods (92.6%). Around 71.6% of the study population has used some form of contraception. The most commonly contraceptive method was natural methods (69.6%) followed by barrier method (59.9%). IUCD was the method which was least practiced (2.9%) followed by OC pills (19.1%).

**Conclusions:** Even though women are well aware of most of the contraceptive methods, the percentage of women using it is very low. This shows that there is good knowledge regarding contraceptive methods, but a change is needed in the attitude and practice.

**Keywords:** Awareness, Contraception, Family planning

### INTRODUCTION

India is the second most populous country in the world, and accounts for more than 20% of global maternal and child deaths - most of them preventable.<sup>1</sup> Indian women have more children than desired and often too close together. Family Planning can have a positive impact on population growth, maternal mortality, and infant and new-born outcomes.<sup>2</sup>

In spite of availability of wide range of contraceptives, the unmet need for family planning is estimated to be 12.8%.<sup>3</sup> By limiting births, preventing closely spaced

births or births to very young or old mothers, neonatal and infant, child and maternal mortality can be reduced.<sup>4</sup> Family planning can avert more than 30% of maternal deaths and 10% of child mortality if couples spaced their pregnancies more than 2 years apart. In 1951, India was the world's first nation where the government launched a Family Planning Programme.<sup>5</sup>

Over the years India's family planning programme has evolved with the shift in focus from merely population control to more critical issues of saving the lives and improving the health of mothers and newborns.<sup>6</sup> Ensuring healthy timing and spacing of pregnancies is the most

important intervention for reproductive, maternal, neonatal, child and adolescent health. There is renewed emphasis on spacing methods of family planning.<sup>7</sup> Use of reversible and spacing methods of contraceptives can save women's lives and health due to a reduction in unwanted, closely spaced and mistimed pregnancies and thus avoiding pregnancies with higher risks and chances of abortions, which may be unsafe.<sup>8</sup>

Increased institutional deliveries in India provides an opportune time for offering family planning services to the women, who have just delivered at health facilities and want to prevent unintended pregnancies or delay having more children.<sup>8</sup> Moreover, unmet need for family planning is very high in the postpartum period<sup>9</sup>. Approximately 27% of births in India occur less than 24 months after a previous birth. Another 34% of births occur between 24 and 35 months. 61% of births in India occur at intervals that are shorter than the recommended birth-to-birth interval of approximately 36 months (3 years).<sup>10</sup>

**METHODS**

The study was an observational study looking at awareness and practice of contraceptive methods in pregnant women. It was conducted at the Government Medical College Thrissur, Kerala, a tertiary referral centre for a duration of 1 year, from February 2014 to January 2015, after getting clearance from Institutional Research Committee and ethical committee. The study population included women delivered at Government Medical College, Thrissur during the study period including both vaginal and caesarean section. Sample size was 514. Interviewer administered structured questionnaire was filled up to assess the awareness and practice of various family planning methods and also the prior use of contraceptive methods of 514 pregnant women who were admitted for delivery at Govt. Medical College, Thrissur. Data was coded and entered in MS Excel and analysed using SPSS software.

**RESULTS**

Most of the subjects (78.3%) of the study belonged to the age group of 21-30. Most subjects of the study population had completed high school education (74.2 %) showing that the literacy rate in Kerala is high.

**Table 1: Frequency distribution of age among the study population.**

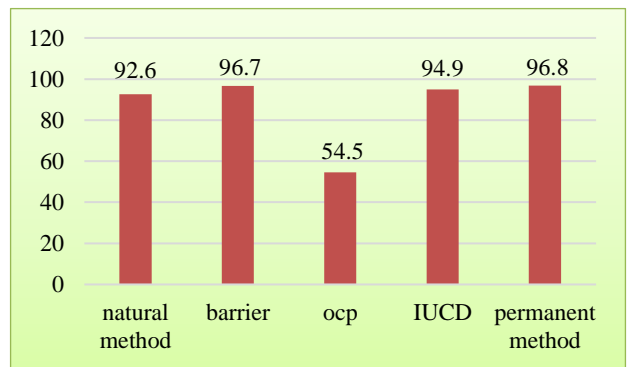
Age group	Frequency	Percent
Less than 20	43	8.4
21-30	403	78.4
31-40	64	12.5
More than 40	4	.8
Total	514	100.0

Majority (67.6%) of the study population were housewives. Only 32.2 % had some form of employment. Most of the study population belonged to multigravida group (66.2%).

**Table 2: Frequency distribution of educational status of the study population.**

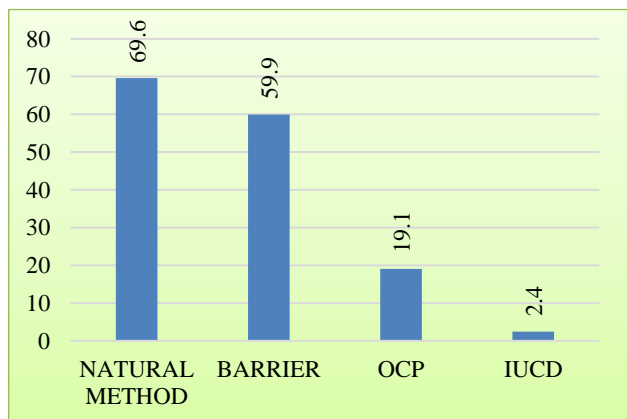
Education	Frequency	Percent
Nil	6	1.2
Primary	59	11.5
10th pass	382	74.3
Graduate	67	13.0
Total	514	100.0

Around 28.9 % of the study population had last child birth within 3 years, 37.3% had last child birth 3 or more years earlier and 33.6 % were primigravida. 92.6% of the study population had awareness of natural methods of contraception.



**Figure 1: Frequency distribution of awareness of contraceptive methods.**

96.7% women were aware of barrier contraception. 96.8% women of the study population were aware of permanent methods of sterilisation. 71.6 % of the women of study population gave history of prior use of some form of contraceptive method.



**Figure 2: Frequency distribution of prior use of contraception**

69.6% of the study population gave history of use of natural methods of contraception. 59.9% women of the study population gave history of use of barrier contraception. Only 19.1% of the study population have used Oral contraceptive pills for contraception. Only 2.1% of the study population have used Intrauterine Contraceptive Device in the past. Only 27.4% of the study population had a planned pregnancy.

## DISCUSSION

In the present study the awareness and contraceptive practices of 514 patients were assessed. The mean age of the study population was 26.12.

In the present study majority of the study population had passed tenth standard 87.3%. Only 6 out of 514 (1.2) had no schooling.

Around 13 % were graduates. In a similar study by Srivastav et al in Kanpur, most of the study subjects had high school and intermediate school education which is comparable to the present study.<sup>11</sup> 71.22% were aware of at least one of family planning methods which is less when compared to our study population.

In a similar study conducted by Budi et al in Indonesia, 86.53% of pregnant women were aware of contraceptive methods whereas in our study 97% of the pregnant women were aware of contraceptive methods.<sup>12</sup> The best known temporary method in the present study was barrier contraception (96.7%). But the best-known method in their study was injection (63.97%).

In another study conducted in Nepal, by Tuladhar et al, 93.0% of the study population were aware of at least one of family planning methods, compared to 97% in the present study.<sup>13</sup>

In the study by Tuladhar et al, only 65.0% had prior usage of contraceptive method. Whereas in the present study 71.6% gave history of prior use of contraception.<sup>13</sup> This shows the slightly better acceptance of our population towards contraceptive methods.

In study by Tuladhar et al, the best-known method of temporary contraception was depot Provera (78.0%) followed by oral contraceptive pills (74.0%) and condom (71.0%). The best known temporary method in the present study was barrier contraception (96.7%).<sup>13</sup>

In a similar study by Srivastav et al in Kanpur, the best-known method of contraception was condoms (88.78%) followed by IUCD (77.07%) and OCP (72.19%).<sup>11</sup>

This shows the regional differences in awareness of various contraceptive methods. This also implies the role played by media in popularising various contraceptive methods.

In the study by Tuladhar et al in Nepal, regarding prior use of contraception depot Provera (11.0%) was the most widely used followed by oral contraceptive pills (4.5%) and condom (4.5%).<sup>13</sup> In the present study the most commonly practiced method was natural methods of contraception (69.6%) followed by barrier contraception (59.9%), Oral contraceptive pills (19.1%), Intrauterine contraceptive device (2.1%)

## CONCLUSION

Even though women are well aware of most of the contraceptive methods, the percentage of women using it is very low. This shows that there is good knowledge regarding contraceptive methods, but a change is needed in the attitude and practice. The stigma related to contraceptive methods like IUCD and oral contraceptive pills which are highly effective temporary methods can be removed only by effort of health system and health care workers. This in turn will help to reduce unwanted pregnancies as well as abortions, maternal and neonatal morbidity and mortality.

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