



Knowledge, Attitude, and Practice of Contraception in Rural Area of Vidarbha

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ABSTRACT

Knowledge of use of contraceptives is necessary to prevent unwanted pregnancies and for optimal spacing, especially when it comes to rural populace. It is essential to create awareness and educate them regarding the proper usage of contraceptives and facilitate their usage. Family planning has two main objectives; firstly, to have only the desired number of children and secondly, proper spacing of pregnancies. India has undergone fertility transition and important feature of this transition is the fact that contraceptive use has spread to even uneducated women. Family planning is widely discussed topic on the national stage, with lot of government machinery to help implement it, yet there exist lot of disparity in its execution. In our study, the knowledge of contraception was upto 60%, while its acceptance was seen in 50% of the population, knowledge of contraceptives was very much likened to the level of education the populace has received as well as due to efforts of mother and child health and family planning services in the rural area, lack of use contraceptives was mainly attributed to fear of side-effects, which were mainly due to hearsay. Our study highlights the fact that even though our study was based in rural area, it involved women belonging to all stratas of society, and women had more predilection towards temporary methods of contraception rather than going for permanent contraception. It is concluded from the present study that 60% women had knowledge and were aware of the contraceptives but lacking information about their availability at health care centers.

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INTRODUCTION

The national family planning program, established in 1951, was the first state-sponsored family planning programme in the developing world. The program's main goals were to reduce fertility rates and

restrict population increase in order to boost economic growth. Despite this, there remains a contraceptive knowledge, attitude, and practise gap. The reasons for not using any kind of family planning include a lack of awareness and education, religious beliefs, and a fear of adverse effects. India continues to experience population expansion despite exponential rise of contraceptives in the previous four decades, with the recent census showing a population of 1.21 billion people [1].

Family planning has two basic goals: first, to have just the number of children wanted, and second, to space pregnancies properly. India has gone through a fertility shift, and one of the most notable aspects of this change is that contraceptive usage has expanded to even the most illiterate women [1].

Such investigations have become increasingly signif-

icant in recent years. Because more detailed information regarding the factors that influence fertility and family acceptability may be obtained. This information may then be utilised to create a curriculum that is appropriate for them [2].

The couple protection rate is the percentage of eligible couples who are adequately protected against childbirth using one or more approved methods of family planning, such as sterilisation, condoms, intrauterine devices, or oral tablets [1].

The mismatch between reproductive goals and birth control behaviours is known as an unmet contraceptive demand.

The rate of pair protection is the most important element in lowering the net reproduction rate. Percentage of women who use any contraceptive method. Contraceptive Prevalence Rate (CPR) the current cpr is 54 percent among eligible couples aged 15 to 44 years old [3]. CPR must be more than 60% to get an net reproduction rate of one. Promoting the adoption of the most effective contraceptive techniques necessitates a review of what women who want reversible contraception already know about the effectiveness of the options.

Fertility is a large counteracting factor to population attrition caused by death, and hence has a considerable influence on population dynamics as an expansionary force. Mortality, on the other hand, governs the distribution of people in various age groups and prevents population growth from becoming uncontrollable. It is commonly recognised that rising birth rates lead to a slew of socioeconomic issues, including a crisis of basic survival and subsistence needs, such as food and land shortages, poverty, unemployment, and illiteracy [3].

MATERIAL AND METHODS

Study Design

Prospective, cross-sectional study.

Inclusion Criteria

Women belonging to reproductive age group, belonging to lower and lower upper socio-economic class, according to the modified kuppuswamy scale, attending the gynaecology opd of avbr hospital, sawangi.

Exclusion Criteria

Women belonging to reproductive age group, who have not undergone any permanent sterilization procedure or hysterectomy.

Place of Study

AVBR Hospital, Sawangi [M], Wardha.

Duration of Study

Period of six months from Oct 2019 to March 2020.

Women were evaluated for their knowledge and practices towards regular contraceptive methods, emergency contraception and medical abortion with the help of a structured questionnaire after taking informed, verbal consent. Women were then given the cafeteria choice of different contraception methods available and contraceptive method accepted by them was recorded and analysed statistically.

RESULTS AND DISCUSSION

In the present study, women belonging to reproductive age group who have not undergone permanent sterilization were surveyed, with the help of pretested, verified set of questions to attest their knowledge, awareness and practices of contraceptive use. According to statistics as depicted in Table 1, mean age of women in our study was 26.4 yrs, mostly women who opted for or were open to use contraceptive were after they had completed their family which for most was after having two children. Almost 50% of women were literate, and had primary formal education. Socio-economic strata did not have much affect on use contraceptives although choice of contraceptive varied widely.

Table 2 depicts that, more than a quarter of study population was unaware of the need to use contraception, which was striking considering widespread campaigns and awareness drives conducted by government and local authorities, yet women were barely open to use of intra uterine contraceptive devices or injectable contraceptives. Male sterilization was again a non-starter, considering the stigma attached to it, and unwilling of male partners. Condoms and oral contraceptive pills were most widely accepted methods of contraception. While, a lot of population believed in use of emergency contraceptive even for regular contraceptive purposes.

Table 3 depicts the attitude of women towards contraceptives, as low adoption of family planning methods among eligible couples was mostly due to the husband's opposition, which he believed would lead to family discord, religious restriction, and fear of negative consequences [8].

Their attitude, education, and employment were also major linked variables. Women's educational levels, sex preferences, marital duration, infant death, and media exposure all have an impact on contraceptive use. As a result, these considerations should be taken into account when developing a family planning programme, and efforts should be

Table 1: Demographic Characteristics

	Number of Women [n=2000]	Percentage
Age		
Range 20-40 year		
Mean age 26.4 years		
Parity		
1	300	15%
2	650	32.5%
3	340	17%
4	400	20%
>4	310	15.5%
Education		
Illiterate	500	25%
1 primary	1000	50%
Secondary and above	500	25%
Socio-economic status		
Lower	600	30%
Upper lower	400	20%
Lower middle	500	25%
Upper lower	300	15%
Upper	200	10%

Table 2: Knowledge and Awareness, About Contraceptives

Method Known	Number of Women	Percentage
Condom	140	0.7
Intrauterine devices	4	0.002
Oral contraceptive pills	250	12.5
Male sterilization	10	0.5
Injectable	5	0.25
Not aware of contraceptives	550	27.5
Emergency contraceptives	220	11

Table 3: Attitude-Reason for Not Opting to Use Contraceptives

Reason	Number of Women [n=2000]	Percentage
Worried of side effects	500	25
Opposition from family members/spouse	300	15
Wanted male child	150	7.5
Wanted conception	200	10
Inconvenience/lack of privacy	350	17.5
No access to family planning service	500	25
Inconvenience	400	20
Too much cost	500	25
Think mtp is method of contraception	150	7.5

Table 4: Number of Women Actually Practicing any Contraceptives

Method of Contraceptive	Number of Women [n=2000]	Percentage
Natural [withdrawal]	550	27.5
Barrier [condom]	950	47.5
Oral contraceptive pills	880	44
Intrauterine devices	11	0.55
B/l tubal ligation	118	5.9
1. Puerperal tubal ligation	80	4
2. Interval tubal ligation	38	1.9
No contraceptive used	440	22

Table 5: Comparative Analysis of Data from Various Similar Studies Regarding Awareness of Various Contraceptives

	Contraceptive Method Used					Present Study
	[2]	[4]	[5]	[6]	[7]	
Condoms	10%	41.6%	6.2%	96.67%	64%	47.5%
Oral contraceptive pills	6.1%	10.2%	2.4%	84.67%	62%	44%
Intrauterine devices	13%	31.2%	3%	87.33%	74%	0.55%
B/l tubal ligation	20%	9.6%	51.1%	96.67%	80.6%	5.9%

made to raise public awareness of the benefits of the small family norm.

Table 4 depicts the usage of contraceptives as temporary contraceptive methods such as barrier or oral contraceptive were widely accepted and routine practiced by most women. Women who were more open to a fail-safe method went for permanent tubal ligation. Participants were quite likely to get it done while in puerperium rather than as interval method. Also, nearly half the populace believed in withdrawal method or in using no contraception whatsoever.

Family planning is widely discussed topic on the national stage, with lot of government machinery to help implement it, yet there exist lot of disparity in its execution.

In our study, the knowledge of contraception was upto 60%, while its acceptance was seen in 50% of the population, knowledge of contraceptives was very much likened to the level of education the populace has received as well as due to efforts of mch and family planning services in the rural area, lack of use contraceptives was mainly attributed to fear of side-effects, which were mainly due to hearsay.

According to nfhs-4, 2015-2016, current use of fam-

ily planning methods (currently married women age 15–49 years), was female sterilization was 51.1%, intrauterine devices was 3%, oc pill use 2.4%, condom 6.2%, which was comparable with our study [6].

When it comes to family planning, the main problem for india is putting information into practise. Barrier (96.67 percent) and female sterilisation (96.67 percent) had the highest levels of knowledge, followed by intrauterine devices (87.33 percent), oral pills, and injectable contraceptives (84.67 percent) in the research by Ramesh et al. (1996) [6], which are consistent with findings from other developing nations.

In our study, it was evident that even though the study was conducted in a rural setting, the number of barrier contraception users and oral contraceptive pills users was on the higher side, as compared to use intrauterine devices or undergoing permanent sterilization which was strikingly in contrast with other similar studies. This particular phenomenon could be attributed to various outreach and awareness campaigns that are conducted by the hospital and local obstetrics and gynaecological society, exponential increase in the number oral contraceptive pills users could also be due to availability or various newer oral contraceptive pills with

lesser side-effects.

It is imperative to mention that medical abortions or dilatation and evacuation procedures were considered as standard form of contraception or regular spacing method, by 7.5% of study participants, which is a quite significant number. It also brings to light, the knowledge gap present amongst certain participants.

Table 5 depicts the percentage of usage of various methods of contraceptives as assessed various studies conducted along the similar of assessing the knowledge, attitude and practice of various methods of contraception mainly male condoms, oral contraceptive pills, intrauterine contraceptive devices and bilateral tubal ligation. As our study was based in rural setup there was a wider gap in usage as compared to various studies conducted elsewhere, most commonly use contraceptive was barrier as male condoms in our study at 47.5% which was comparable to study by Pandey et al. (2014) [4]. Yet much higher than state average of 6.7% [5]. While bilateral tubal ligation as permanent female sterilization for females was given less preference in our study population, which was in paradox to other similar studies, secondary only to intrauterine devices.

CONCLUSION

Our study highlights the fact that even though our study was based in rural area, it involved women belonging to all stratas of society, and women had more predilection towards temporary methods of contraception rather than going for permanent contraception. It is concluded from the present study that 60% women had knowledge and were aware of the contraceptives but lacking information about their availability at health care centers. Most common fear about practising contraception was health hazards and side effects along with some inconvenience to use them positive attitude about contraception. Govt. Could popularize and spread information regarding availability and accessibility of contraceptives at all peripheral centres through various awareness campaigns and mass media propaganda. It also showed there were still a wide number of women who still did not practice contraception even though they were aware of their accessibility. It shows that quite simply that accessibility is not an hurdle in use of contraceptives, willingness to proper use them is quite the reason. Especially in the low socioeconomic class, there is still a distance between contraceptive awareness and practise that needs to be bridged. Family planning advice should be made available in all prenatal and postnatal clinics.

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Conflict of Interest

The authors declare that there is no conflict of interest.

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