



INTERNATIONAL JOURNAL OF RESEARCH IN PHARMACEUTICAL SCIENCES

Published by JK Welfare & Pharmascope Foundation

Journal Home Page: <https://ijrps.com>

A study on knowledge, attitude and practices (KAP) towards contraceptive use among married women attending a tertiary care centre

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Article History:

Received on: 10.03.2019
Revised on: 08.06.2019
Accepted on: 12.06.2019

Keywords:

Awareness,
Contraception,
KAP,
Married women,
Reproductive age

ABSTRACT

In the Indian society, various factors other than mere knowledge have shown to have a more significant impact over contraceptive usage and choice such as educational levels of women, marital duration, cultural and social factors, and exposure to mass media. This study focuses on assessing the knowledge, attitude and practices (KAP) of contraceptive use among married women. A cross-sectional study was conducted among married women aged between 18 to 49 years attending a tertiary care hospital in the city of Chennai from June to September 2018. A total of 146 women were interviewed, and the KAP parameters were assessed using a pretested structured questionnaire. Though 97.9% (n=143) of the women in this study had knowledge about some form of contraception, only 24.7% (n=36) practiced them. Among the users (n=36), the decision to adopt contraception was made by the husband in 69.4% (n=25). Among the non-users (n=110), the major reasons for not practicing contraception were lack of interest in 37.2% (n=41) and fear of side effects in 35.5% (n=39). This study demonstrates a significant gap between the knowledge and practice of contraceptives in our population. Improving doctor-patient relationship and encouraging a positive attitude of the husband towards contraception are the key factors in promoting adoption of the contraceptive practices.



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ISSN: 0975-7538

DOI: <https://doi.org/10.26452/ijrps.v10i3.1379>

Production and Hosted by

IJRPS | <https://ijrps.com>

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INTRODUCTION

The population in India is growing at a rapid pace, and if not controlled, can be detrimental to our economic growth. Though the family planning program

has been implemented in India for many years, the impact of it over contraceptive use has been not so great. There are still a large number of women in India with unmet needs for contraception. According to WHO, women with unmet need are those who are fertile and sexually active but are not using any method of contraception, and report not keen for any more children or to delay the next child. Many women tend to have unintended pregnancies because of lack of contraceptive use and therefore, are also subjected to complications resulting from its termination (Mittal *et al.*, 2008). Unintended pregnancies can lead to lack of antenatal care and low birth weight babies (Anupama *et al.*, 2014). It may also lead to unsafe abortions, which is responsible for close to 13 per cent of maternal death in developing countries (W.H.O, 2011). Hence, there is a definite need to give utmost importance to vari-

ous family planning methods, especially regular contraception and emergency contraception (Trussell, 1998).

In spite of the widespread availability of various contraceptive methods, the practice of contraception still remains low in Indian women. It is mandatory to take various factors into consideration and have shown to have a greater impact on contraceptive usage than mere knowledge. Factors like educational levels of women, marital duration, socio-cultural factors and exposure to media play an important role in influencing the contraceptive practices (Sahoo, 2007). These factors operate at the individual and family level as well as at the community level and are rooted in the socioeconomic and cultural milieu of the Indian society. Therefore, the choice of contraception is influenced by a host of interdependent demographic, cultural, economic, and social factors, which means that a multidimensional approach needs to be adopted for improving the contraceptive use. So this study was planned to assess the knowledge, attitude and practices (KAP) of contraceptive use among married women.

MATERIALS AND METHODS

After obtaining clearance from the Scientific Review Board and Institutional Ethics Committee, the study was carried on 146 married women aged between 18 and 49 years attending the outpatient services of a tertiary care hospital in Chennai. The study period was from June to September 2018. Written informed consent was obtained from all the participants of the study. The participants were given a pretested structured questionnaire (in both English and the local language) and were asked to fill up the questions in an anonymous way. The responses were collected and analyzed using descriptive statistics.

RESULTS AND DISCUSSION

The mean age of the participants in this study was 29.05 ± 3.84 years, with most of them belonging to the age group of 21 – 30 years. 35% (n=51) of them were working women, while 65% (n=95) were homemakers. 23.3% (n=34) women had studied up to Class 5 or less, 45.2% (n=66) up to Class 10, 18.5% (n=27) up to Class 12 and 13% (n=19) had a bachelor degree respectively.

Almost the whole study population was aware of one or more of the contraceptive methods. Figure 1 shows that the awareness level was highest for IUCD (n=143 or 97.9%) followed by oral contraceptive (OC) pill (n=138 or 94.5%) and condom (n=136 or

93.2%). However, only 10.9% (n=16) were aware of the emergency contraceptive pill, and there was no knowledge about any of the contraceptive methods in only 2.1% (n=3).

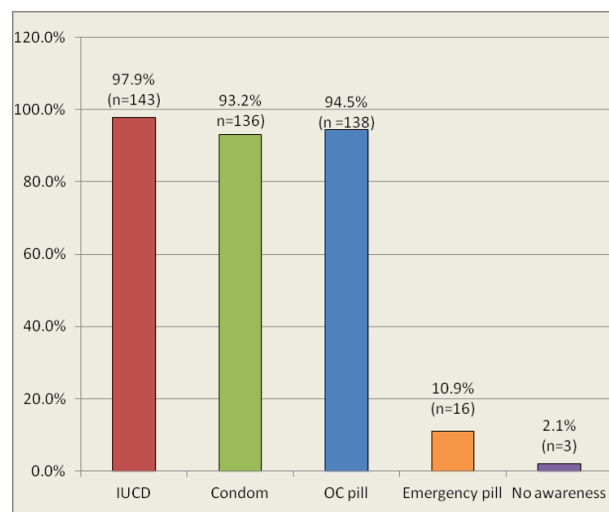


Figure 1: Knowledge of various contraceptive methods among the study population (n=146)

Only 24.7% (n=36) of the total study population practiced any of the contraceptive methods, while 75.3% (n=110) had never practiced contraception. As shown in Figure 2, intrauterine contraceptive device (IUCD) was the most commonly used contraceptive method (n=26 or 17.8%) followed by a condom (n=7 or 4.8%) and OC pill (n=3 or 2.1%). There was absolutely no practice of the emergency contraceptive pill in any of the women in the study.

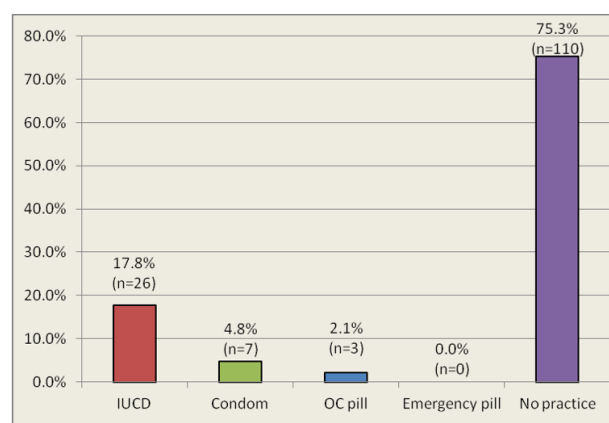


Figure 2: Practice of various contraceptive methods among the study population (n=146)

As shown in Figure 3, the major reason among non-users (n=110) for not practicing contraception was lack of interest (n=41 or 37.2%) followed by fear of side effects (n=39 or 35.5%). Almost half of the IUCD users reported various side effects such as lower abdominal pain and menorrhagia while users of condom and OC pills did not express any discom-

fort due to usage.

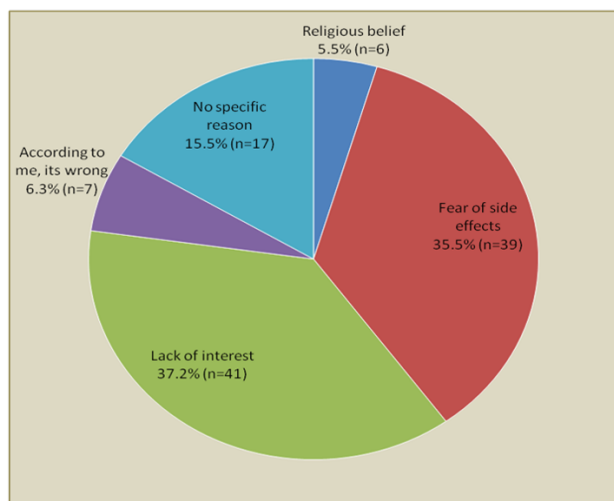


Figure 3: Reasons for not practicing contraception among non-users (n=110)

Among users (n=36), the decision to adopt contraception Figure 4 was made by the husband in 69.4% (n=25) and was influenced by the doctor in 19.4% (n=7). Among the women who have discussed with a doctor regarding contraception, only half of them have adopted it, suggesting a communication gap. The major reasons given by others for not discussing with a doctor regarding contraception were that they did not feel the need (42%) or they felt inappropriate to talk to a doctor (35%) about contraceptive methods

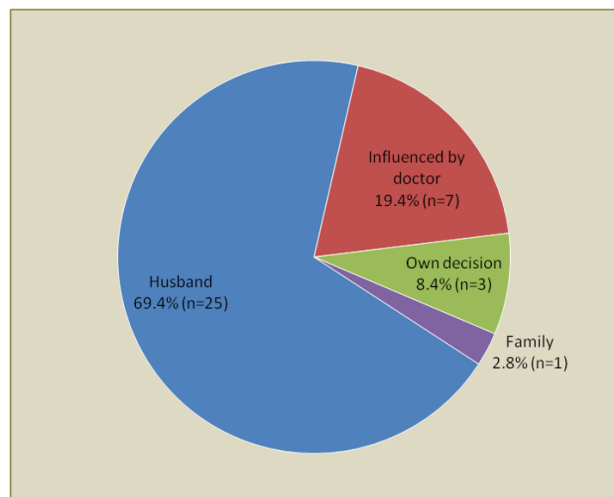


Figure 4: Decision to adopt contraception among users (n=36)

Nearly 60% of the contraceptive users were married at or after the age of 21. No other significant relationship between contraceptive practices and educational qualification, working status or socioeconomic class was observed.

It is clear from previous studies that mere knowl-

edge is insufficient to improve the contraceptive practices in Indian women. The present study shows that more than 97.9% of women were aware of the contraceptive practices, but only 24.7% practiced contraception which is very low when compared with the national average of 56% (NFHS-3, 2019). Various studies have shown that the awareness level and knowledge regarding contraceptive use are not uniformly distributed in developing countries like India and Pakistan. In a study conducted in Indian population by (Renjhen et al., 2010) 98% of women had heard about family planning methods, 55.4% women practiced contraception, and 98% women thought that family planning was beneficial (Renjhen et al., 2010). In a study conducted by (Jabeen et al., 2012) the awareness level was 56.2%, and contraceptive use was 30.8% (Jabeen et al., 2012). It was concluded that the reason for very low practice was illiteracy and poverty.

Among the users of contraceptive in our study, IUCD was the most commonly used contraceptive (17.8%) while the practice of OC pills and emergency pills were 2.1% and nil, respectively. In the study conducted by (Renjhen et al., 2010) OC pill (37.9%) was the most commonly used contraceptive (Renjhen et al., 2010). Overall, when similar studies are analyzed, the awareness level and the practice of emergency contraceptive pill were very low across all communities (Anupama et al., 2014).

In our study, lack of interest and fear of side effects were the major reasons for not practicing contraception, which was similar to previous studies (Anupama et al., 2014). Religion also has influenced in few countries for not practicing contraception (Jabeen et al., 2012). A study shows, the number and sex of the living children were the major factors influencing contraceptive use (Sahoo, 2007). It is clear that in a multicultural society, there is more than one factor which prevents the contraceptive use, and therefore, all such factors should be taken into consideration while planning the methods to promote contraception.

Among the users of contraception in our study, the decision to adopt was influenced by the husband in 69.4%. Results from similar studies by al also support our results by showing that the contraceptive use was influenced by the husband in 95.3% and 72.2%, respectively (Chopra and Dhaliwal, 2010) and (Kiran et al., 2012). This indicates that the role of the husband is crucial in matters of contraception, even in urban population. Though various studies have insisted upon women emancipation in deciding contraceptive practice, educating and promoting

a positive attitude of the husband towards contraception could be a simpler and better alternative.

Nearly 35% of the women participants felt inappropriate to talk to a doctor regarding contraception while only half of those who discussed with a doctor had practiced contraception. Improving the doctor-patient relationship could help allay both the hesitancy to discuss and the fear of side effects due to contraception, thereby promoting contraception.

CONCLUSION

The significant gap between the knowledge and practice of contraception could be attributed to various factors such as fear of side effects, hesitancy to discuss with a doctor regarding contraception, and the decision to adopt contraception being influenced by the husband. Health education campaigns and training programs targeted to allay the fear of side effects, to improve the doctor-patient relationship, and to inflict a positive effect on the husband's attitude towards contraception could help in promoting the contraceptive practices in Indian women.

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