

## To Study the Knowledge, Attitude and Practice of Contraception Among Antenatal Patient

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### Original Research Article

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**Abstract:** Globally family planning is promoted as a mechanism to address the reproductive needs of men and women as well as the crucial challenge of rapid population increase and timely knowledge is lacking during the initial years after marriage. Aims: to study the knowledge about various contraceptives, the prevalent attitude and practice of contraception, the influence of social factor affecting the contraceptive use and reasons for not adopting contraception. The cross-sectional study was conducted in the outpatient department of Obstetrics and Gynaecology, Madhav Dispensary, Kamla Raja Hospital, G.R.M.C., Gwalior (M.P.). A self-maintained, structured questionnaire was used to conduct interviews only after obtaining informed consent 500 antenatal women of reproductive age group 15-49 yrs were interviewed. Result and conclusion: It suggest a significant knowledge- Application gap with regards to contraceptives usage. This gap can be filled by intensive awareness campaign. This can be brought about by facilitating access to more information education and communication with couple in reproductive age.

**Keywords:** Contraception, knowledge of contraction, awareness of contraception, need of contraception, contraceptive methods.

### **INTRODUCTION**

Globally family planning is promoted as a mechanism to address the reproductive needs of men and women as well as the crucial challenge of rapid population increase [1].

Study conducted earlier in India, revealed most of the men and women were aware of various methods of contraception and timely knowledge is lacking during the initial years after marriage. So this incomplete and inadequate information may lead to non-acceptance of family planning methods and may be associated with unmet need of contraception [2].

Unmet needs are defined as those women who are fecund and sexually active neither pregnant nor amenorrhea and to space the pregnancy or do not want any more children [3]. Advantage of proper child spacing are enormous as the high fertility rate has been linked with under development in developing countries, birth spacing has been identified by the WHO as one of the Six essential health interventions needed to achieve safe motherhood.

The need of contraceptive practices in order to control population explosion lies in the following point:-

- To avoid unwanted births.
- To regulate intervals between pregnancies.

- To control the time at which at births occur relation to age of the parent.
- To determine the number of children in family.

Contraceptive prevalence rate (CPR) is an important factor which affects the fertility of any population. CPR is defining as a percentage of married women aged 15-49 years using modern and traditional methods of contraception. Uncontrolled population explosion is a burden on resources of many developing countries. Of the world population, 75% live in developing countries characterized by high fertility rate, high maternal & infant mortality rate and low life expectancy [4]. The world population will likely to increase by 2.5 billion over the next 43 years, passing from the current 6.7 billion to 9.2 in 2050. Birth spacing not only reduces fertility but also improve health of the mother. The leading causes of death among reproductive age women are due to complications arising during pregnancy and child birth. Each year approximately 55,000 women die in India due to pregnancy or child birth related complications [5].

According to WHO, family planning is defined as a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitude and responsible decisions by individuals and couples, in order to promote the health and welfare of family group and thus contribute effectively to the social development of a country. National family planning programmed was first launched in India in 1951, with aim to reduce the birth rate to stabilize the population [6]. In developing countries couple protection rate is still very less. According to national family welfare statistics 2011, CPR in India 40.4%, in Pakistan CPR was 30% in 2011 while most developed country lie USA das 71% CPR for all methods[7]. Three major obstacles have been identified against the utilization of modern contraception which is particularly grounded in the fear of side effects, poor quality of services and opposition from family members or influential members of the community [8].

#### **AIM AND OBJECTIVES**

- Study the knowledge about various contraceptives.
- To study the prevalent attitude and practice regarding contraception.
- To study the influence of social factor affecting the contraceptive use.
- To find out reasons for not adopting contraception.

#### **MATERIALS AND METHODS**

The cross-sectional study was conducted in the outpatient department of Obstetrics and Gynaecology, Madhav Dispensary, Kamla Raja Hospital, G.R.M.C., Gwalior (M.P.). The OPD runs an open registration policy where pregnant women were registered for antenatal care. The antenatal clinic runs Monday to Saturday at 8:30 a.m. to 01:30 p.m. A self-maintained, structured questionnaire was used to conduct interviews only after obtaining informed consent 500 antenatal women of reproductive age group 15-49 yrs were interviewed. The proforma included sociodemographic characteristics, contraceptive knowledge and attitude towards contraception.

#### **Inclusion criteria**

All pregnant women of reproductive age group (15-49years) attending antenatal clinic. Women with unplanned pregnancy.

#### **Exclusion criteria**

Subfertile women

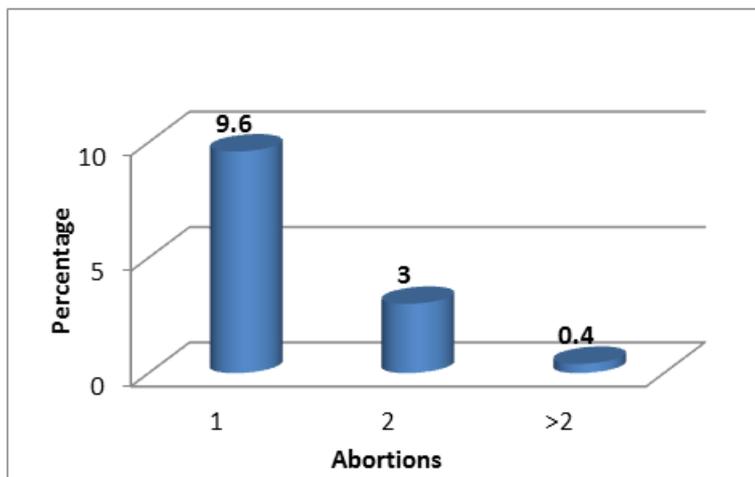
#### **METHODOLOGY**

Sociodemographic characteristics full name and address, age, parity, ethnicity, religion, qualification, profession and socioeconomic status. Knowledge profession and socioeconomic status. Knowledge and use of different contraceptive pills (COCP), condom, intrauterine contraceptive device (IUCD), injectable hormones, safe period and natural methods of contraception tubal ligation for females and vasectomy for males was also assessed. The questionnaire also elicited source of information for family planning, whether from family members or friends, electronics media or health professional.

Attitude towards contraception included motivation whether by herself or by family members and decision making whether her own/her husband/other family members. The proforma also covered myths and misconceptions about contraception whether it is permitted in religion or not permitted in religion. Health related issues and side effects of different contraceptive methods for example menstrual irregularities, weight gain and subfertility were also evaluated. Women's attitude towards contraception as whether considered her duty to practice contraception was also assessed whether their husbands willing to practice contraception. Results of knowledge, attitude and practice were presented in term of frequencies and percentages.

#### **OBSERVATION AND RESULTS**

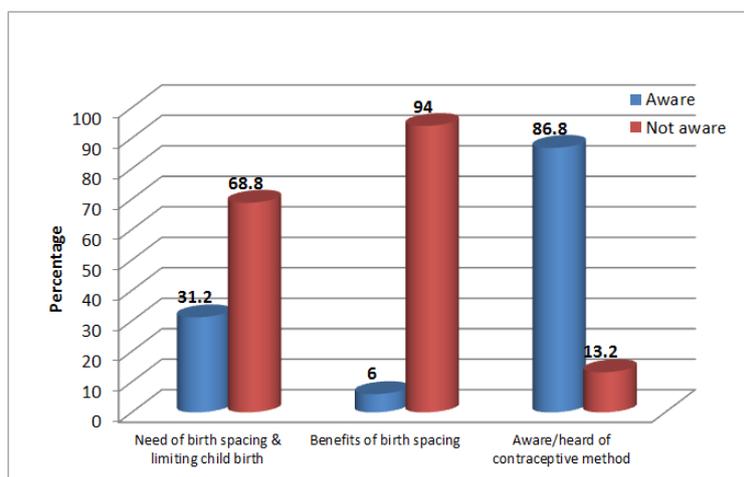
The cross-sectional study was conducted in the outpatient department of Obstetrics and Gynaecology, MadhavDispensary, Kamla Raja Hospital, G.R.M.C., Gwalior (M.P) 500 antenatal women between 15-49 years attending antenatal clinics.



**Graph-1: Distribution according to abortion**

Above graph shows that, majority of them had no experience of abortion and 48 (9.6%) had experienced abortion one time and 15 (3%) had e

xperienced abortion two times while only 2 (0.4%) were experienced abortion more than two times.



**Graph-2: Distribution of respondents according to awareness**

Above graph shows that out of 500 women 434 (86.8%) had knowledge and awareness of contraceptive methods while 66 (13.2%) had no knowledge of contraception. Awareness regarding need

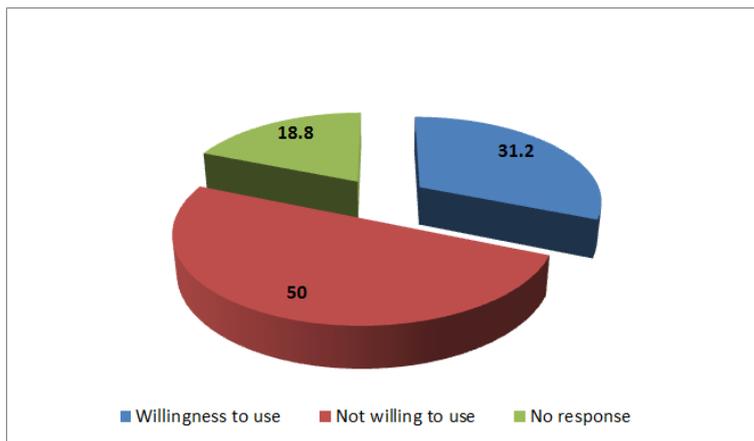
of birth spacing and limiting child birth was 156 (31.2%) and only 30 (6%) had awareness regarding benefits of birth spacing.

**Table-1: Distribution according to contraceptive methods known**

	No. of respondents	Percentage
Natural (breast feeding, withdrawal method, calender method)	47	9.4
Condom	404	80.8
Oral pills	408	81.6
Injectable	63	12.6
IUCD	288	57.6
Emergency contraception	41	8.2
Sterilization	411	82.2

Above table shows that amongst respondents most of them were aware of permanent contraceptive methods femalsterilization 411 (82.2%), among temporary methods were known oral pills 408(81.6%), condom

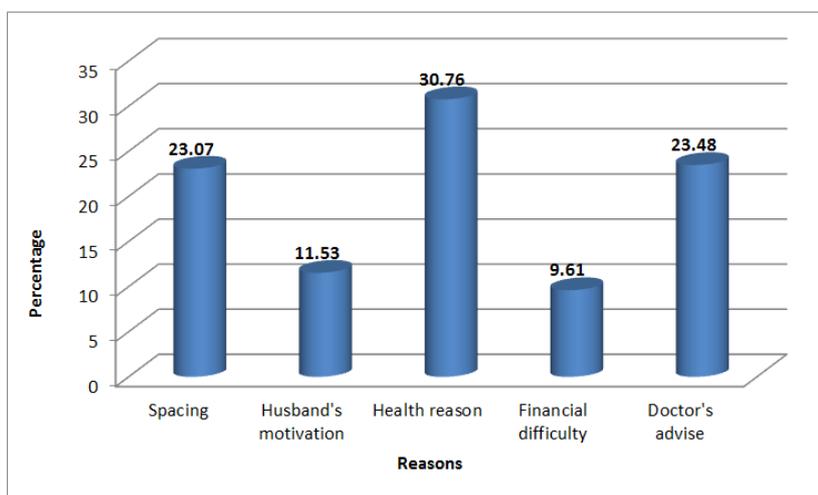
404(80.8%) and IUCD 288(57.6%) and least common known methods were injectables 63 followed by natural methods 47 followed by emergency contraceptives 41.



**Graph-3: Distribution according to attitude towards contraception (%)**

Above graph shows amongst 500 antenatal women, 156 (31.2%) were willing to use family planning methods while 250 (50%) respondents were

not willing to use any contraceptive methods and 94 (18.8%) did not respond to questions.



**Graph-4: Reasons for willingness**

Above graph shows that out of 500 antenatal women studied reasons for willingness were child spacing 36 (23.07%), Husband's motivation 18 (11.53%) for health reason 48 (30.76%), 15 (9.61%)

respondents had found it financial difficult to have more number of children, on Doctor's advice 46 (23.48%).

**Table-2: Reasons for unwilling**

Reasons for unwilling	No. of respondents	Percentage
Husband/family opposition	24	9.6
Side effects	58	23.2
Fear of infertility	48	19.2
Fear of failure	37	14.8
Sex of babies	117	46.8
Not aware of any contraceptive method	66	27.4

Various reasons given for not using contraceptive were 117 (46.8%) couples continue to have children until a son is born willing to conceive again because of male child preference. 58 (23.2%) were not using any methods due to fear of side effects,

48 (19.%) we're not willing to use because of fear of failure, 24 (9.6%) were not willing to use because of husband and family opposition, while 66 (27.4%) were not aware of any contraceptive method.

**Table-3: Contraceptive methods ever used**

	No. of respondents	Percentage
Natural (breast feeding, withdrawal method, calender method)	60	12
Condom	167	33.4
Oral pills	82	16.4
Injectable	12	2.4
IUCD	5	1
Emergency contraception	0	0

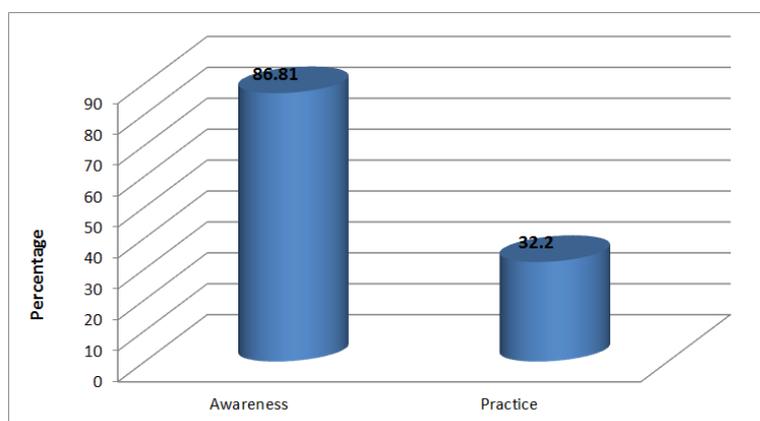
Contraceptive methods previous used by respondents were condom 167(33.4%), orfal pills 82 (16.4%), natural method 60(12%), injectables12(2.4%), while IUCD were used only by 5(1%) respondents.

**Table-4: Source of knowledge**

Source of knowledge	No. of respondents	Percentage
Family members and friends	400	80
Radio	61	12.2
Television	75	15
Newspaper	33	6
Magazine	16	3
Health personnel	273	54.6
School	28	5.6
Don't know	64	12.8

Most common source of information regarding contraception methods were family members and friends 400 (80%0, follow by health personals 273 (54.6%) were the main source of information in the present study and television 75(15%), radio 61(12.2%),

were less common sources while newspapers, magazines and schools were the common sources for information dissemination regarding various family planning methods in present study.



**Graph-5: Awareness and practice of contraceptive methods**

Out of 500 antenatal women studied 434 (86.8%) had awareness/heard regarding contraceptive

methods while only 161(32.2%) respondents were practiced contraceptive methods ever.

**Table-5: Contraceptive method for future use**

	No. of patients	Percentage
Natural method	45	9
Condom	94	18.8
Oral pills	132	26.4
Injectable	12	2.4
IUCD	16	3.2
Emergency contraceptive	0	0
Female sterilization	63	12.6
Male sterilization	0	0
Medical abortion	0	0
Undecided	130	26

Out of 500 respondents 132 (26.4%) were in fevour of oral pills, 94 (18.8%) were in favour condom, 45 (9%) were in favourlactational amenorrhea and other natural methods, 16 (3.2%) were prefer IUCD, while 12

(.4%) were in favour of injectable contraceptives for future use after delivery and for 138 (27.6%) respondents contraceptive method for futures use was undecided.

**Table-6: Sociodemographic characteristics of the sample by Knowledge of family planning**

Variables	Aware of Family planning		$\chi^2$	P value
	Yes (434)	No (66)		
Age in years				
15-25 (n=267)	235 (88.08%)	32 (11.98%)	2.94	0.229
26-35 (n=231)	158 (85.71%)	33 (14.28%)		
>35 (n=2)	1 (50%)	1 (50%)		
Years Married				
< 5 (n=354)	313 (88.41%)	41 (11.58%)	2.77	0.096
6-14 (n=146)	121 (82.87%)	25 (17.12%)		
Education				
Illiterate (n=155)	119 (76.77%)	36 (23.22%)	23.008	0.000
Just literate (n=284)	255 (89.78%)	29 (10.21%)		
Primary(n=39)	38 (97.53%)	1 (2.56%)		
Secondary (n=17)	17 (100%)	0(0%)		
Graduate (n=5)	5 (100%)	0 (0%)		
Residential status				
Rural (n=336)	272 (88.95%)	64 (19.04%)	30.57	0.00
Urban (n=164)	162(98.78%)	2 (1.21%)		
Religion				
Hindu (n=357)	312 (87.39%)	45(12.60%)	1.564	0.457
Muslims (n=137)	116 (84.67%)	21 (15.32%)		
Christian (n=6)	6 (100%)	0 (0%)		
Working status				
Not working (n=440)	383 (87.04%)	57 (12.95%)	0.193	0.661
Working (n=60)	51 (85%)	9 (15%)		

Above table shows among study population women of 15-25 years age group had 88.01%, 26-35 years age group had 85.71,>35 years age group had 50% awareness regarding family planning methods, shown not significant association of age group with knowledge of family planning methods among the participants.

Participants married for respondents 76.77% had awareness and marital age 6-14 years 82.87% had awareness regarding various methods of family planning, shows no significant association between marital age and awareness in this study.

Out of 155 illiterate respondents 76.77% had awareness, 84 respondents were just literate, 89.78% had awareness, 39 respondents were educated up to secondary school, 100% had awareness, 5 respondents were graduate and all of them had awareness regarding methods of family planning shows significant ( $p<0.01$ ) association of knowledge with the educational status of participants.

Out of 272 participants resides in rural areas 88.95% had knowledge and among 164 participants resides in urban areas 98.78% had knowledge of family planning methods, shows significant ( $p<0.01$ ) association of knowledge with residential status.

Out of 357 Hindus 87.3%, 137 Muslims 84.67%, 6 cristians 100% had awareness regarding family planning methods, shows no association of knowledge with religion in this study.

Out of working women 85% had awareness and out of housewives 87.04% had awareness, show no significant association of knowledge with working status.

**Table-7 : Socio-demographic characteristics of the sample by practice of family planning**

Variables	Practice of Family planning		$\chi^2$	P value
	Yes (157)	No (343)		
Age in years				
15-25 (n=267)	82 (30.71%)	185 (69.28%)	1.096	0.578
26-35 (n=231)	75 (32.46%)	156 (67.53%)		
>35 (n=2)	0 (0%)	2(0%)		
Years Married				
< 5 (n=354)	109 (30.79%)	254 (69.20%)	0.209	0.648
6-14r (n=146)	48(32.87%)	98 (67.12%)		
Education				
Illiterate (n=155)	12 (7.74%)	143 (92.25%)	97.65	0.000
Just literate (n=284)	99 (34.85%)	185 (65.14%)		
Primary (n=39)	29(74.35%)	10 (25.64%)		
Secondary (n=17)	14 (82.35%)	3(17.64%)		
Graduate (n=5)	3 (60%)	2 (40%)		
Residential status				
Rural (n=336)	38 (11.30%)	298 (88.64%)	191.9	0.00
Urban (n=164)	45(27.43%)	199 (72.56%)		
Religion				
Hindu (n=357)	109 (30.53%)	248(69.46%)	3.6	0.164
Muslims (n=137)	44(32.11%)	93 (67.89%)		
Christian (n=6)	4(66.66%)	2 (33.33%)		
Working status				
Not working (n=440)	143 (32.50%)	297 (67.5%)	2.060	0.151
Working (n=60)	14 (23.33%)	46 (76.66%)		

Above table shows among study population women of 15-25 years age group 30.71%, were 26-35 years age group 32.46% were, >35 years age group out of two 0% were practiced and family planning methods, shown no significant association of age group with practice of family planning methods among the participants.

Participants married for 5 years or less 30.79% were practiced and marital age 6-14 years 32.87% were practiced various methods of family planning, shows no significant association between marital age and practice in this study.

Out of 155 illiterate respondents 7.74% were practiced, 284 just literate respondents 34.85% were practiced, 39 respondents were educated upto primary school, 74.35% were practiced, 17 respondents educated upto secondary school 82.35% were practiced, respondents were graduate 60% of them were practiced methods of family planning shows significant (p<0.01) association of practice with the educational status of participants.

Out of 272 participants resides in rural areas 11.30% were practiced and among 164 participants resides in urban areas 27.43 were practiced family

planning methods, shows significant (p<0.01) association of practice with residential status.

Out of 357 Hindus 30.53%, 137 Muslims 32.11%, 6 cristians 66.66% were practiced family planning methods, shows no association of practiced with religion in this study.

Out of 14 working women 23.33% were practiced and out of 143 housewives 32.50% were practiced contraceptive methods, show no significant association of practice with working status.

**CONCLUSION**

The result suggests a significant knowledge-application gap with regards to contraceptives usage. This indicates need for more intensive awareness campaign for promoting contraceptive usages. This can be brought about by facilitating access to more information, education and communication with couples in reproductive age.

Contraception is an important aspect of reproductive health and plays a major role in the prevention of unwanted pregnancy. It is therefore a significant factor in reduction of induced abortion rates and improvement in maternal health care.

One of the possible drawbacks of family planning programmes is that men are usually excluded from the programme, even when they are still major decision makers in the majority of households. Therefore, a more balanced approach to couples is needed in which husbands also have equal participation in contraceptive practice.

We recommend sustained efforts by government and non-government organization to raise the awareness and motivation for proper contraceptive use. This can be brought about by facilitating access to more information, education and communication with the couples in reproductive age.

#### RECOMMENDATIONS AND IMPLICATION

It is important to provide factual correct information to demystify misconceptions and fears about contraception in order to harness individual and societal motivation towards contraception. This calls for training and retention in all sectors to ensure adequate knowledge among the providers. Our finding implies that alternative models of contraceptive service delivery to young people are required. This study proposes the following models.

- Alternatives to family based services such as youth groups, work places; social congregations, school, and home-based care are needed.
- Contraceptive services need to be linked to social development, improved literacy, poverty eradication, and gender equality initiatives.
- Community networks should be utilized to improve information, service and counseling on contraception in order to foster behavior change, and overcome conservative socio-cultural norms to birth control.
- Legislations that allow distribution of contraceptives in schools, task sharing, immediate post-partum contraception and adoption of a variety of cheaper effective contraceptive methods should be put in place.
- Joint decision making regarding contraceptive use, with men and women as equal partners should be encouraged.

Improving access, quality and use of contraceptive services requires health system strengthening, quality improvement, human resources, and better stewardship. The Government, need to

strengthen capacity at community level to procure, distribute, and manage contraceptive commodities and educational materials, thus ensuring that providers and clients have access to reliable Supplies and correct information.

It is essential to educate providers, policy makers and communities about young people's contraceptive needs and to enhance the image of contraceptives are safe. Media and other advocacy approaches could facilitate this process.

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