

Knowledge, Attitude and Practices about Contraceptive among Married Reproductive Females

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Abstract

Introduction: Unintended pregnancy, human immunodeficiency virus and other sexually transmitted diseases are an important public health issue because they are associated with maternal, foetal, neonatal and other adverse outcome. Therefore preventing unintended pregnancy is the important concern.

Objective: To assess the knowledge, attitude and practices of contraceptive among married reproductive females.

Material and method: The present cross sectional study was carried out at urban health training centre of tertiary care hospital from 16th March to 16th May 2013. Total 205 married reproductive females were enrolled in the study.

Result: In the study 71.22% females had awareness regarding any method of contraception. Knowledge about emergency contraceptive was quiet low (6.83%). The most common source of information on contraception was media, both printed and electronic. The most common reason for discontinuation of family planning methods was fear of side effects.

Conclusion: Effort should be made to educate the public about the safety and convenience of modern, long term, reversible methods of contraception among both in health care professional and public.

Keywords: Attitude, Contraceptives, Emergency contraceptives, Knowledge, Practices, Reproductive female

INTRODUCTION

India is the second most populous country in the world having a rapidly growing population which is currently increasing at the rate of 16 million each year.¹ Uncontrolled population growth is recognised as the single most important impediment to national development. Instead of the fact that India was the first country in the world to implement a national population control programme in 1952, we are still struggling to contain baby boom. A lot of efforts and resources have gone into the national family welfare programme but the returns are not commensurate with the inputs to control the population.²

The Indian family programme was initiated more than 50 years ago in 1952 and was adopted as an extension approach in 1996, according to the service statistics of the programme contraceptive prevalence increased from

12% at the end of March 1971 to nearly 50% in March 1991. The rise in contraceptive practices however did not match the significant fall in estimated birth rate.³ The dynamics of contraceptive use among women in postpartum period i.e. the period of a year after the birth of a child, is of interest at the family planning programme level, since the delay of contraceptive use until the return of menstruation might increase of unwanted pregnancy.⁴ Further, unintended pregnancy poses a major challenge to the reproductive health of young adults in developing countries like India. With the age decreasing of menarche and onset of sexual activity, youths are exposed early to unplanned and unprotected sexual intercourse leading to unwanted pregnancies and invariable abortions.⁵ The essential aim of family planning is to prevent the unwanted pregnancies. An unwanted pregnancy may lead to an induced abortion. From the point of view of health, abortion outside the medical setting is one of the most dangerous

consequences of unwanted pregnancy.⁶ Keeping this in mind one cross sectional study was carried out to assess the knowledge, attitude and practices of contraceptives of married reproductive females attending urban health training centre of Rama medical college hospital and research centre.

AIM AND OBJECTIVE

- 1) To assess the knowledge, attitude and practices of contraception among married reproductive females.
- 2) Identify factors that are associated with non use of contraception.

MATERIAL AND METHODS

A cross sectional study was conducted from March 16th to May 16th 2013 in urban health training centre of tertiary care hospitals. Married females between 15-45 years served as inclusion criteria, while unmarried females were excluded. The women interviewed were informed of the study and consent was taken. The participation was on voluntary basis. Questions regarding factors responsible for non use of contraception were also asked.

RESULT

A total of 205 married females of reproductive age were enrolled in the study. Among the respondents, 62.57% had parity between 3-5, while 37.43% had parity higher than 5. Most of the study subjects had high school and intermediate school education. 61.8% of the study subjects belonged to social class IV i.e. lower middle (Prasad's scale).

Table 1 shows that 71.22% were aware of at least one of family planning methods. Dr. Ambareen Khan⁷ et al (2011) mentioned that 81% had awareness regarding any method of contraception. The best known method of contraception was condoms (88.78%) followed by IUCD (77.07%) and OCP (72.19%). When the 71.22% respondents that had knowledge of contraception were asked about their source of information on contraception majority indicated that TV/ radio was their source of information. Tuladhar H et al⁸ also observed that the most common source of information on contraception was media (55.5%), and both printed and electronic. In the present study knowledge about emergency contraception was quite low (6.83%).

Table 1: Awareness and source of knowledge of contraception (n=205)

Awareness of contraception		
Yes	146	71.22%
No	59	28.78%
*Methods known		
Condoms	182	88.78%
IUCD	158	77.07%
OCP	148	72.19%
Sterilization	106	51.71%
Injectables	62	30.24%
Awareness of emergency contraception		
Yes	14	6.83%
No	191	93.17%
*Source of information on contraceptive		
Health Professional	55	26.82%
TV/Radio/Newspaper etc.		
Brother/Sister/Friend	16	7.80%
Parents	3	1.46%

*Multiple responses were allowed, so total is not 100%

Table 2: Attitude towards use of contraception

Attitude	N=205	%
Used to prevent pregnancy	146	71.22%
Used to prevent AIDS & STDs	64	31.21%
Used to control birth interval	4	1.95%

Multiple responses were allowed so that total is not 100%

Table 2 shows that 71.22% respondent thought that contraceptives were used to prevent pregnancy and about 31.21% thought that they could be used to prevent infections like AIDS. Only 1.95% thought that they could be used to control birth interval.

Table 3: Contraceptive practice among respondents

Not practiced any method	99	48.29%
Barrier	105	51.21%
Oral contraceptive pills	93	45.36%
IUDS	75	36.58%
Sterilization	6	2.92%
Injectables	0	0

Total is not 100%, as multiple responses were allowed

Contraceptive usage in our study was 51.71%.The gap between awareness and practices are seen to be prevalent across different reasons, where people are aware but reluctant to practices. The most common reason for non practice of contraception was fear of side effects. Other reasons for non practice were non access to health facility, preference of male child, religious beliefs, cost, and family pressure. Some respondent also felt that the process of acquiring contraceptive is often embarrassing. Sunita Ghike⁹ also mentioned various for non-use of contraceptive methods. The main reason 59% were pressure from family that is from husband, in-laws, son preference and physical pressure.

Table 4: Association between education and awareness of contraception

Education status	No. of respondent	Awareness present
Illiterate	14	0
Primary	21	12
Middle	25	15
Higher secondary	51	41
Intermediate	58	43
Graduate	20	19
Post graduate	16	16

$\chi^2=11.81$, $p<0.05$ Significant

It has been observed from Table 4 that as the education increased awareness of contraceptive also increased. Statistically it was also significant.

CONCLUSION

Despite the high rate of sexual activity in the study group, the contraceptive usage rate is low. There is a need for aggressive advocacy about female reproductive health and dissemination of information on family planning methods among the reproductive females. Fear of side effects of contraception is one significant reasons for low compliance. This can be decreased by proper selection of contraception before starting its use and adequate follow up of women using contraception by the family planning services.

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