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Awareness and knowledge about the various contraceptives among married women in rural state of India: Bihar

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Abstract
Aim: was to assess the level of awareness about different types of contraceptive methods used by married women.
Material and Methods: A descriptive cross-sectional study was conducted amongst out-patients and inpatients of department of Obstetrics and Gynecology, Darbhanga Medical College and Hospital, Bihar. A self-prepared questionnaire regarding the awareness and knowledge was prepared and given 1000 participants. Descriptive statistics were applied to segregate the available data.
Results: The distribution showed that young females were less aware of contraceptives compared to older women. Education played a crucial role in awareness of contraceptives. Women with more number of children were found to be less aware about contraceptives. 85% of the participants in the study recognized oral contraceptives on the other hand only 12% had knowledge about modern methods like female condoms.
Conclusion: Family planning counseling needs to be included into daily clinical activities. There is also a need to review the national policy with particular emphasis on contraceptive needs of adolescents and to improve accessibility and availability of all services.

Keywords: contraceptives, family planning, gynecology, women

Introduction
India has dealt with population outburst since independence. Like most other developing countries India too had a population crisis. The Indian sub-continent had about 200 million people, as far back as the 1800s. During the British colonial period the population was known to grow quite slowly due to famines and epidemics that killed thousands. It was only after 1947 that the population started soaring.
India accounts for 2.4% of the world's surface area and it supports 135.26 crore's of population according to the World Bank. India's population as per 2011 census was 1.21 billion second only to China in the world, and is estimated to overtake China by 2050 [1]. National Family Welfare Programme was launched in 1951 with the objective of reducing the rate of birth which is requirement of the National economy. Since then The Family Welfare Programme in India is at utmost priority, and is being implemented at a 100% centrally sponsored programme.
Family Planning in India is a part of one's personal choice and cannot be forced on. Even though many programs are planned and implemented by Government of India, F.P acceptance is low compared to the other programs. The non-acceptance may have been be due to illiteracy, fear of complications, religious beliefs etc. Though, recently young couples have accepted the idea of a planned family, and are gelling in order to avoid unwanted pregnancies. Family planning through contraception not only ensures desired number of children, but also proper spacing amongst pregnancies [2]. The other noncontraceptive benefits of various methods (such as prevention of sexually transmitted diseases and HIV with use of condom, the reduction in menstrual dysfunction and ovarian, colorectal and endometrial cancer associated with the combined pill) have potentially enormous consequences for public health [3].
The lesser unwanted pregnancies mean low pregnancy related risks and deaths, making FP a vital way to improve maternal health. FP advice is an essential component in care and also the key element in improving health behavior of the women and health-care seeking during the antenatal, delivery and post-delivery stage [4]. Total current use of contraceptives includes the current use of traditional and modern methods of family planning; limiting methods include male and female sterilization whereas rest of the methods come under spacing [5]. Although NRHM was launched in 2005 with an integrated plan, there is a dearth of literature particularly in Bihar to identify the role of use of contraceptive. Hence this study was undertaken with the aim to assess the level of awareness about different types of contraceptive methods used by married women.

Materials and Methods
Study design and population
A descriptive cross-sectional study was conducted amongst out-patients and inpatients of department of Obstetrics and Gynecology, Darbhanga Medical College and Hospital, Bihar. Women (N=1000) in the age group between 18-45 years were included in the study.
The study protocol was reviewed by the Ethical Committee and was granted ethical clearance. Official permission was taken from the authorities of concerned institutes. Written informed consent was also taken from the participants after explaining the detailed nature and purpose of the research.

Inclusion and Exclusion Criteria

1. All sexually active females were included
2. Participants ready to disclose all relevant information needed
3. Those who refused to participate were not included

Pre-testing of questionnaire

A self-administered structured questionnaire was developed and tested among a convenient sample of 50 patients, who were interviewed to gain feedback on the overall acceptability of the questionnaire in terms of length and language clarity. These 50 participants were excluded from the study. Those who could not read were explained and asked for the feedback. The questionnaire was converted in local language for ease of understanding by an expert translator. Based on their feedback, from the participants, questionnaire did not require any corrections. Cronbach's coefficient was found to be 0.80, which showed an internal reliability of the questionnaire. Mean Content Validity Ratio (CVR) was calculated as 0.87 based on the opinions expressed by a panel of five academicians. Face validity was also assessed and it was observed that 94% of the participants found the questionnaire to be easy.

Questionnaire

A self-administered structured questionnaire comprising of 10 questions was designed to assess knowledge and awareness about use of contraceptives in married women. The participant's responses were ranked according to how much they agreed with each statement that was based on the "Yes and No". The questionnaire also collected information regarding their education and socio-economic status.

Methodology

The objective of the study was to gather knowledge about use of contraceptives. Investigator gathered the information regarding questionnaires during their OPD. Questionnaires were distributed among all the visiting patients. The purpose of study was informed and explained to participants. Those willing to participate in the survey were requested to fill in the consent form and complete the questionnaire. The investigators were present in order to clarify any difficulties encountered during filling of questionnaire and to also assist those patients who were illiterate.

All the participants were asked to rate each item of the questionnaire choosing the most appropriate option. The samples included in the pilot study were excluded from the main study. So, the final sample size was achieved to be 1000. Confidentiality and anonymity of the respondents were assured.

Statistical Analysis

Data analysis was done by SPSS version 24 software. Descriptive statistics were used to summarize the demographic information. Confidence level and level of significance were fixed at 95% and 5%, respectively.

Table 1: Socio-demographic characteristics of the study population with awareness of contraceptives

Sample characteristics	Frequency (%)	Aware of Contraceptives	Not Aware of Contraceptives
Age			
18-20	172(17.2)	99(9.9)	73(7.3)
21-30	275(27.5)	235(23.5)	40(4)
31-40	338(33.8)	308(30.8)	30(3)
41-45	215(21.5)	211(21.1)	3(0.3)
Education			
Illiterate	115(11.5)	27(2.7)	88(88)
Primary	300(30)	265(26.5)	35(35)
Secondary	230(23)	210(21)	20(2)
Graduate & Above	355(35.5)	352(352)	3(0.3)
Profession			
House wife	366(36.6)	328(32.8)	38(38)
Laborer	475(47.5)	370(37)	105(10.5)
Other	159(15.9)	156(15.6)	3(0.3)
Religion			
Hindu	410(41)	379(37.9)	31(4.1)
Muslim	342(34.2)	290(29)	52(5.5)
Christian	179(17.9)	154(15.4)	25(3.5)
Other	69(6.9)	31(31.1)	38(1.5)
Children			
0	86(8.6)	71(71)	15(1.5)
1	275(27.5)	266(26.6)	9(0.9)
2	355(35.5)	348(34.8)	7(0.7)
3	200(20)	143(14.3)	57(5.7)
4	59(5.9)	20(20)	39(3.9)
5	25(2.5)	6(0.6)	19(1.9)

Table 2: Awareness on contraceptive methods amongst participants

Sr. No	Contraceptive methods	Awareness of Participants
1.	Oral Contraceptive	852
2.	Condom	753
3.	Depo provera	255
4.	Intrauterine contraceptive Device (IUCD)	655
5.	Female condoms	125

6.	Natural method	779
7.	Female sterilization	519
8.	Male Sterilization	345
9.	Emergency contraception	551

Discussion

Family planning basically refers to the practices that help the individuals or couples to avoid unwanted births, to regulate the interval between pregnancies, controls the time at which birth occurs in relation to the age of parents and determines the number of children in the family [6]. Thus, current paper was designed to examines the awareness and knowledge about use of contraceptives in married women of rural area in Bihar. The current percentage of married women using contraception in Bihar remains at a lower level when compared to that at national level. The factors like age, belonging to high caste, hailing from richer wealth quintiles and education play a crucial role for family planning in the state [7]. The socioeconomic differences in contraceptive use reflect that unequal distribution of resources and contraceptives still exist [8]. It emerges that younger women18-20 are less aware about the use of contraceptives compared to older women of age group 31-40. These finding are similar to a study which states that younger women do not use contraceptives before their first pregnancy [9].

In this study, it was observed that literacy influenced the contraceptive usage, higher the education status, higher was the awareness and knowledge, and similar findings were reported by S. Giridhar *et al* in their study [10]. Contrary a study done by P Walvekar *et al* did not find any influence of literacy on contraceptive usage [11]. In another study conducted by Kanojiya JK *et al*. also concluded that education was the main variable andprime influencing factor in the decisions regarding family size and contraceptive awareness [12]. Profession played a major role in awareness and knowledge regarding the use of contraceptives in our study. Majority of laborer's 105 were not aware of the contraceptive procedures. This was in contrast to a study conducted by Lakshmi M *et al* who should that there was no effect of occupation on the use of contraceptives [13]. Similar were finding of Pushpa *et al* that acceptance was high in employed group [14].

In our study, we found a link between religion and contraceptive usage. Majority of the Christians were aware and had knowledge about various contraceptive methods. Similar findings were also found in the Hindu group and least awareness was found in the Muslim group. These findings were similar to the findings by DR Gaur *et al*. [15] and Mohanan P [16] *et al*. who found low awareness and knowledge amongst Muslims population. Our study found that, more the number of living children, lower was the usage of contraception. Women with 3,4 and 5 children were not aware and lacked knowledge about contraceptive methods, whereas women with 1 and 2 children were aware and could identify better contraceptive methods to the other group.

Most of the women had the knowledge of more than 4 contraceptive methods. Among the 10 contraceptive methods mentioned about 85% of the subject had knowledge about Oral contraceptives, followed by 77% Natural methods and 75% had knowledge about condoms. These finding were similar to a study done by Renjhen *et al*. as maximum awareness was seen for oral contraceptive pills followed by condom and IUCD [17]. Female condoms 12% and Depo provera 25% were amongst the least known methods. 55% of the subjects in the study had some knowledge about emergency drugs used as contraceptives. These finds were in contrast to the finds of Takkar *et al*. It was observed that knowledge and awareness does not always lead to the use of contraceptives. There is still a need to educate and motivate the couples and improve family planning services to achieve more effective and appropriate use of contraceptives and to arrest the trend towards increase in population. The investigation has its constraint as it was an institution-based study. A community-based study would have given more unbiased results. Similarly, partner inclination were not taken into account an extension of the study should be planned. Moreover, an education model for contraceptives should be planned to enhance knowledge and then tested.

Conclusion

Family planning counseling needs to be included into daily clinical activities. Providers must know how to communicate with patients such that they are facilitating care rather than just prescribing methods. There is also a need to review the national policy with particular emphasis on contraceptive needs of adolescents and to improve accessibility and availability of all services.

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