

Awareness, attitude and practise of contraception among antenatal women in a tertiary care hospital in Uttarakhand

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Abstract

Background: In developing countries, most maternal deaths are related to the lack of accessibility and availability of reproductive health services which is an important aspect for every country. A lack of knowledge of contraceptive methods or a source of supply, socioeconomic factors, education and poor accessibility are the barriers that exist in developing countries and plays an important role in its acceptance.

The aim of the study was to assess the level of awareness about different types of contraceptive choices and also to find out the current practice of contraceptive methods by antenatal women attending the antenatal outpatient department in a tertiary care hospital.

Methods: This was a cross-sectional study conducted over a period of 3 months at a tertiary care hospital. 250 antenatal women attending outpatient department of Obstetrics and Gynaecology were randomly selected and were interviewed with predesigned questionnaire. The data collected were analysed using percentage.

Results: Majority of the women in the study were between 20 to 30 years. 95.2% were aware of contraception, 80.4 % were aware of the benefits of small family norms and only 42.8% were aware of the benefits of birth spacing methods. Majority of these women had used Oral contraceptive pills (87.25%) and condoms (76.47%). Health care workers (31.6%) and mass media (28.8%) played a major role as a source of knowledge. Majority of the antenatal women did not use contraception because of their shy attitude (65.47%) and family pressure (54.41%).

Conclusions: Family planning is an essential component to address the reproductive health of the females. Correct choice of contraceptives is of utmost importance.

Keywords: awareness, contraception, antenatal, birth spacing

Introduction

India's population growth rate is a matter of great concern as it is the second most populous country in the world. The unmet need of contraception i.e. the gap between women's reproductive intention and their contraceptive behaviours is still high in India. According to NFHS IV total unmet need for family planning and unmet need for spacing is 12.9 % and 5.7% respectively which has improved in comparison to the NFHS III ^[1].

Increasing contraceptive utilisation is one of the Sustainable Development Goals 3.7, which calls for universal access to family planning by 2030, and the FP2020 Initiative ^[2, 3].

In developing countries, most maternal deaths are related to the lack of accessibility and availability of reproductive health services which is an important aspect for every country as it is linked to many issues of women and child health, spread of sexually transmitted disease, poverty, literacy and human rights as well ^[4].

Family planning services has direct impact on maternal health and it is well documented that maternal and neonatal death are strongly interlinked and perinatal outcomes and child survival can be improved mainly by lengthening interpregnancy intervals ^[5, 6].

A lack of knowledge of contraceptive methods or a source of supply, socioeconomic factors, education and poor accessibility are the barriers that exist in developing countries and plays an important role in its acceptance. It has been found that approximately 40 million women in

India who prefer to avoid becoming pregnant are still not using any form of contraceptives. Mass media also plays an important role in promotion and acceptability of contraception ^[7, 8, 9].

In Indian scenario, females have no role in making of reproductive decisions as multiple barriers to utilization have been identified, including risk perception, insufficient knowledge needed to make informed choices, opposition from male partners, and health service limitations ^[10, 11].

The ability of women to control their sexuality and fertility through proper use of contraceptives is the cornerstone to ensure other aspects of women's rights and human rights and timely intervention is required during antenatal care as it is a window of opportunity to access many women for contraceptive counselling as women are more receptive to avail and follow them at this moment of time.

Objective

1. Assess the awareness, attitude of antenatal women towards contraception.
2. Find out the current practice of contraceptive methods by antenatal women attending the antenatal outpatient department.
3. To assess the barriers in use of contraception.

Methods

A cross-sectional study was conducted among 250 women of reproductive age group attending the antenatal OPD over

a period of 3 months i.e from September to November 2018. Data was collected using anonymous pretested structured questionnaire. Informed consent was taken prior to the study, women were explained about the study and in case of illiterate subjects nursing staff gave the guidance to fill the questionnaire. The questionnaire covered the following demographic points like age, religion, education, socioeconomic status, gravida and type of family. Also, information regarding kind of contraceptive method available and used by them at any point of time and their preference will be assessed. The respondents were asked all types of questions which could help us to assess their knowledge, attitude and practice of contraception.

Results

In a period of 3 months, 250 antenatal women were enrolled in the study and after giving written informed consent they were included in the study and questionnaires were given. Table 1 Shows the socio demographic characteristics of the women in the study group. 55.2 % belonged to the age group of 20 to 30 years and only 22 % were more than 30 years of age. 50.4 % were hindus and 40.4 % belonged to muslim community. Mostly (54%) were of low socioeconomic status and only 11.2% belonged to high status. 50.8% women had education till primary level and only 22.4 % were illiterate. 74.4 % had a nuclear family and mostly (60.8%) were primigravida.

Table 1: Sociodemographic Characteristics

Variables	Number	Percentage (%)
Age in years		
<20	57	22.8
20 – 30	138	55.2
>30	55	22
Religion		
Hindu	126	50.4
Muslim	101	40.4
Others	23	9.2
Socio Economic status		
High	28	11.2
Middle	87	34.8
Low	135	54
Education		
Illiterate	56	22.4
Primary	127	50.8
Intermediate	48	19.2
Graduate and above	19	7.6
Family		
Nuclear	186	74.4
Joint	64	25.6
Gravida		
Primigravida	152	60.8
Multigravida	98	39.2

Table 2 Shows the knowledge and awareness of women regarding contraceptive methods. 96.4% had heard about family planning and 95.2% were aware of contraception.82.4% knew where to get contraceptives from. The source of knowledge was mainly through healthworkers (31.6%), media/T.V./Radio (28.8%) and friends/relatives (26.8%). 80.4% were aware of benefits of small family but only 42.8% were aware of benefits of birth spacing. Oral contraceptive pills (88.23%) and barrier contraceptives

(83.19%) were the most common contraceptive methods known. Majority (85.43%) knew that contraceptives are available at government hospital. Many women gave multiple responses to questions.

Table 2: Knowledge and Awareness of Different Contraceptive Methods

Variable	Number	Percentage (%)
Heard about family planning	241	96.4
Aware of contraception	238	95.2
Place of availability of contraceptives	206	82.4
Source of knowledge		
Friends / Relatives	67	26.8
Husband	32	12.8
Health care workers	79	31.6
Media / T.V. /Radio	72	28.8
Aware of benefits of small family	201	80.4
Aware of benefits of birth spacing	107	42.8
*Methods / Contraceptives known	N= 238	
Barrier methods	198	83.19
Oral contraceptive pills	210	88.23
Intrauterine contraceptive device	177	74.36
Natural methods	96	40.33
Sterilisation	185	77.73
*Availability of contraceptives at	N = 206	
Government hospital	176	85.43
Chemist shop	114	55.33
Private practitioner	58	28.15

*Some women gave multiple responses

Table 3 shows the attitude of women regarding contraception. Out of 238 women who were aware of contraception 211(88.65%) thought it to be beneficial. Only 23.94 % thought that they have side effects. 84.45% wanted to use contraception and 86.13 % were positively motivated to use some form of contraception after their delivery.64.7% also wanted to advise their friend/relative to use contraception. Multiple responses were given by some women.

Table 3: Attitude Regarding Contraception

Variable	Number= 238	Percentage (%)
Think contraception is beneficial	211	88.65
Think contraception has side effects	57	23.94
Would like to use contraception	201	84.45
Would advise/ encourage a friend /relative to use it	154	64.70
Willing to practise contraception after this pregnancy	205	86.13

*Some women gave multiple responses

Table 4 shows that even after positive attitude and knowledge of contraception only 102 (42.85%) practised it. The common methods used for contraception were oral pills (87.25%), barrier method (76.47%) and intrauterine contraceptive devices (54.90%). Comfort to use (87.25%) was the major reason to use contraceptive. Husband ‘s preference (70.58%) was also a major reason. Other reasons given were fear of pregnancy (46.07%) and cheap availability (65.68%). Some women gave multiple response to questions asked.

Table 4: Practise of Contraception and Reasons for Using Them

Variable	Number=102	Percentage (%)
Barrier method	78	76.47
Oral contraceptive pills	89	87.25
Intrauterine contraceptive devices	56	54.90
Sterilisation	47	46.07
Emergency contraception	36	35.29
Natural methods	42	41.17
*Reasons for using them		
Husband's choice	72	70.58
Cheap	67	65.68
Easily available	54	52.94
Comfortable to use	89	87.25
Fear of pregnancy	47	46.07

*Some women gave multiple responses

Table 5 discusses the barriers faced in contraception use. 136 (57.14%) did not use contraception even after knowledge and positive attitude. The women gave multiple reasons for it. Majority being social stigma and shyness

related to discussion and procurement of contraceptives (65.44%), husband's reluctance to use contraception/family pressure (54.41%), religious beliefs (35.29%) and lack of proper knowledge (44.85%).

Table 5: *Barriers Faced in Use of Contraception

Variable	Number=136	Percentage (%)
Fear of side effects	57	41.91
Husband's/family pressure	74	54.41
Religious beliefs	48	35.29
Lack of proper knowledge regarding use and availability of contraceptives	61	44.85
Desire of pregnancy	36	26.47
Social stigma/ shyness	89	65.44

*Some women gave multiple responses

Discussion

In present study, most of the participants are between 20-30 years corresponding to the peak reproductive age group (55.2%) and most of the study population were in this age group. The peak reproductive age is 20-24 years in most of the studies done by Murugesan & Rao BS *et al.* however study done by Mohanan P found that 52.4% females were between 15 and 34 years, which is the crucial period in the reproductive span [11, 12, 13].

This study shows high (> 90 %) knowledge and awareness regarding family planning methods, its availability and source of access, however study done by Sangavi R *et al.* observed that 78 percent of the subjects were aware about contraception, while the remaining 22 percent of the subjects were unaware about contraception [14].

In this study 40.8% were aware of benefits of spacing, however Murugesan *et al* found it to be high (64 %) in her study [11]. As most of the females were educated up to primary level in this study, emphasis should be given to increase the literacy status of the females in the community as the level of mother's education plays a crucial role in determining health status of children and her ability to care for her children.

Author observed that even after high knowledge and attitude towards contraception only 42.85 % females practiced it, similarly only 23% of women had history of usage of contraception in a study by Murugesan [11]. Another author found that 47.4% of the female who had knowledge of contraception had never used any method of contraception in their lifetime. There is need to educate and motivate the couples to use contraceptives to avoid unwanted pregnancies [15].

In present study, oral contraceptive (87.25%) and condom

(76.47%) were the most commonly known contraceptive, similarly in a study by Alakananda *et al.*, [16] also observed the oral contraceptive pills were the most used contraceptive method (66.6%). However, in another study by Ibrahim observed that oral contraceptives (89.80%) and injectables (84.40%) were the most popular and used contraceptives [17]. In this study most of the women (65.44%) did not use contraceptives as they were shy to use it and in 54.41 % of females husband and family were not cooperative, however fear of side effect (77.20%) and desire to have more children (73.10%) were the main reasons observed by Ibrahim *et al* and Rahman *et al* in their studies [17, 18].

Conclusion

Family planning is an essential component to address the reproductive health of the females. Correct choice of contraceptives is of utmost importance. Health care workers and all grass root level workers should never miss an opportunity to address the females regarding small family norms, adequate spacing and type of contraceptive use in females. Males should be motivated to use temporary and permanent methods of contraception. Hence proper counselling and education is required to motivate the women for contraceptive usage and eradication of myths involving the risks of using contraception.

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