



To assess the knowledge, attitude regarding family planning and the practice of contraceptives among women attending OPD clinics in MDMH Jodhpur

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Abstract

Background: Family planning is a practice by which a couple space the number of years between each child they want to give birth to through the use of contraceptive methods. Family planning through contraception tries to achieve two main objectives; firstly, to have only the desired number of children and secondly, to have these children by proper spacing of pregnancies.

Objective: To know the level of awareness, knowledge, attitude and practice of the women regarding contraception

Material and Methods: This was a retrospective observational study conducted among 300 women of reproductive age group selected from gynaecological outpatient clinic of MDMH. A pre-tested structured questionnaire was used for data collection and the participants were given information about the various contraceptive methods and their usage.

Results: Among 300 participants 218(72.6%) have awareness of contraception. Among 218 respondents the best known method of contraception was condoms 188(86.2%). The major source of knowledge about contraception for the study population was mass media i.e TV/ radio/newspaper 51.6% and majority of the study population (76.7%) thought that contraceptives were used to prevent pregnancy. The most common contraceptive used was condom 53% and 100% awareness were present in the group those who have educated up to postgraduate level.

Conclusion: Our study highlights that there is a need 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: awareness, attitude, contraceptions, family planning, practice

Introduction

Family planning is a practice by which a couple space the number of years between each child they want to give birth to through the use of contraceptive methods^[1]. 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^[2]. 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^[3]. According to NFHS-2005-06 in India, the unmet need for family planning in currently married women of reproductive age group is 13%. Many reasons like unsatisfactory services, lack of information, fears about contraceptive side effects, non-support from spouses and family etc. are cited as reasons for non-use of contraceptives in postpartum period^[4].

Family planning through contraception tries to achieve two main objectives; firstly, to have only the desired number of children and secondly, to have these children by proper spacing of pregnancies^[5]. A lack of knowledge of contraceptive methods or a source of supply, cost and poor accessibility are the barriers that exist in developing countries. Side effects perceived or real are major factors for the abandoning of modern methods. Mass media also plays an important role in promotion and acceptability of contraception^[6,7]. Hence there is a great need to address this key problem therefore present study was done to know the level of awareness, knowledge, attitude and practice of the women regarding contraception.

Material and Methods

Study Population: This was a retrospective observational study conducted in the Department of Obstetrics and Gynecology, Mathura Das Mathur Hospital (MDMH) under Dr. S N Medical College, Jodhpur, Rajasthan over a period of six months from January 2018 to June 2018. There were 300 women of reproductive age group selected from gynaecological outpatient clinic of MDMH. The study was approved by the Institute Ethics Committee.

Inclusion criteria: (i) Married females between 15-45 year

Exclusion criteria: (i) Unmarried females
(ii) Women below or above reproductive age

Methodology

A pre-tested structured questionnaire was used for data collection. An informed consent was obtained from all females before filling the questionnaire. The proforma included the socio-demographic profile of the family, age, caste, income, education, type of family, occupation and postpartum contraceptive prevalence, awareness, source of information and reasons for not using any method. After the counselling, the participants were given information about the various contraceptive methods and their usage.

Postpartum contraception was defined as use of any family planning method by a woman within one year of delivery. Statistical analysis was performed using Microsoft excel. Frequencies and Percentages were calculated. Tests of significance (chi-square) was applied to find association. $p < 0.05$ was considered as significant.

Results

A total of 300 married females of reproductive age were enrolled in our study. Among 300 participants 218(72.6%) have awareness of contraception. Among 218 respondents the best known method of contraception was condoms 188(86.2%) followed by IUCD 180(82.6%).

The major source of knowledge about contraception for the study population was mass media i.e TV/ radio/newspaper 51.6% and the least was from parents 1.6% (Table 1)

Majority of the study population (76.7%) thought that contraceptives were used to prevent pregnancy and about

17.3% thought that they could be used to prevent infections like AIDS while only 6% thought that they could be used to control birth interval. (Table 2)

The most common contraceptive used was condom 53% while intrauterine contraceptive device (6.7%) while 46.6% of the respondents did not practice any contraceptive methods. (Table 3)

100% awareness were present in the group those who have educated up to postgraduate followed by 96% awareness up to graduate level while the awareness were nil in illiterate group. (Table 4)

Table 1: Awareness and source of knowledge of Contraception

SI No.	Parameters	Frequency	Percentage
1.	Awareness of contraception		
	Yes	218	72.6
	No	82	27.4
2.	Methods Known		
	Condoms	188	86.2
	IUCD	180	82.6
	OCP	113	51.8
	Sterilization	100	33.3
	Injectables	94	39.3
3.	Awareness of emergency contraception		
	Yes	20	6.7
	No	280	93.3
4.	Source of awareness of contraception		
	Health professional	110	36.6
	TV/Radio/Newspaper	155	51.6
	Brother/Sister/Friend	35	11.6
	Parents	05	1.6

Table 2: Attitude towards Use of Contraception

SI No.	Attitudes	Frequency	Percentage
	Used to prevent pregnancy	230	76.7
	Used to prevent AIDS/STDs	52	17.3
	Used to control birth interval	18	6.0

Table 3: Contraceptive practices among respondents

SI No.	Parameters	Frequency	Percentage
1	Not practice any method	140	46.6
2	Barrier	159	53.0
3	Oral contraceptive pills	135	45.0
4	IUCDs	109	36.3
5	Sterilization	08	2.6
6	Injectables	00	00

Table 4: Association between Education and Awareness of Contraception

SI No.	Educational status	No. of respondents	Awareness present
	Illiterate	22	00
	Primary	30	12
	Middle	36	25
	Higher Secondary	74	55
	Intermediate	84	65
	Graduate	30	29
	Postgraduate	26	26

Discussion

In this study we found that 72.6% of the women were aware of at least one of the family planning methods. Our findings are in agreement with Shrivastava A *et al.* [8], Tejaswani D *et al.* [9] who reported 71.2 % and 72% respectively had awareness regarding any method of contraception. However there are studies in which there was a high level of knowledge

on at least one form of contraception among the participants (96%) [10].

We found that the best known method of contraception was condoms (86.6%) followed by IUCD (82.6%) and OCP (70%). The major source of Knowledge about contraception for the study population was mass media i.e TV/ radio/newspaper 51.6% followed by

health professional (36.6%). Our results are in concordance with Tuladhar H *et al.* [11] who also observed that the most common source of information on contraception was media (55.5%), and both printed and electronic. However in another study conducted by Pegu *et al* the source of information was mainly obtained from health workers (58.6%) followed by media (24.1%) and social circle (15.5%) [12].

In the present study knowledge about emergency contraception was quite low (6.7%) which is consistent with the study conducted by Shrivastava *et al.* [8]. However in another study the use of emergency contraception was only 3% [13]. There is a need to spread awareness for the use of these methods to decrease the number of unwanted MTPs.

Attitudes are not gained by birth, they are learned and adopted by experiences and culturally gained during socialization. Attitude of women towards contraceptives are influenced by education and experiences such as pregnancy. In this study we found that 76.7% of the study population thought that contraceptives were used to prevent pregnancy and about 17.3% thought that they could be used to prevent infections like AIDS while only 6% thought that they could be used to control birth interval. Our results are in agreement with Shrivastava A *et al.* [8] who also reported the same findings.

In this study, the most common contraceptive used was condom 53% which is also similar to the study by Kashyap P *et al.* [13] in which most of them were using a condom (55%) followed by oral contraceptive pills (OCPs) (15%), intrauterine contraceptive device (6.7%) Our findings are consistent with Singh KK [2], Mahmood [14] and Goel *et al.* [15] who also reported condom used were maximum. The reasons for not using contraceptives were mainly lack of knowledge, breastfeeding, lack of access to services and fear of side effects. Similar reasons were also cited by Singh KK [2] and Mahmood [14].

Our study showed that 46.6% did not practice any contraceptive methods which is consistent with the study conducted by Khati Binita *et al.* [16] who showed that 44.6% had never used any contraception. 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.

In this study we also found that as the education increased awareness of contraceptive also increased. Statistically it was also significant. We observed 100% awareness in the group those who have educated up to postgraduate followed by 96% awareness up to graduate level while the awareness were nil in illiterate group.

Conclusion

Our study highlights that knowledge and awareness doesn't always lead to the use of contraceptives. One needs to understand the level of awareness and practices in the community before implementing the family planning program. There is a need to educate and motivate the couples along with improvement in family planning services to promote the contraceptives. Religion and social taboos were also factors hampering in the use of contraception which can be removed by motivating and counselling. Eradicating

myths and spreading awareness can be a good step.

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