

## KNOWLEDGE, ATTITUDE AND PRACTICE OF CONTRACEPTIVES AMONG MARRIED WOMEN OF REPRODUCTIVE AGE IN FIELD PRACTICE AREA OF ROHILKHAND MEDICAL COLLEGE AND HOSPITAL

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### Abstract

**Background:** Most parents in India have limited physical, social, and economic resources, adequate only for a limited number of children. The objective is to study knowledge, attitude and Practice of contraceptives among married women of reproductive age in field practice area of Rohilkhand Medical College and Hospital Bareilly. **Materials and Methods:** This community based cross sectional study was carried out with the aim to study knowledge, attitude and Practice of contraceptives among married women of reproductive age in field practice area of Rohilkhand Medical College and Hospital Bareilly. **Result:** Maximum number of respondents were illiterate (38.97%), minimum was intermediate pass (1.96%). Regarding family size and type maximum respondents were from joint family type and having family size of 5-8 members. OCP and condom are the most favoured method of contraception in terms of use and recommendation. They were followed by permanent methods i.e. female and male sterilization and IUDs. Majority of women in study area are content with birth of child of any gender. **Conclusion:** Men and women are interested in family planning. Men and women tended to realize the economic disadvantage of having many children, and it tended to be the main reason why men raise the issue of family planning and discuss with their partner.

## INTRODUCTION

Family planning would thus mean planning the size of the family in a manner compatible with physical and socioeconomic resources of the parents and conducive to health and welfare of all members of the family. It has been defined by WHO as, “a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes and responsible decisions by individuals and couples, in order to promote the health and welfare of the family groups and thus contribute effectively to the social development of a country.”<sup>[1]</sup>

Family planning is described as actions by individuals and couples to plan the number, timing and spacing of the children they want in order to promote the health and wellbeing of the family group. One of the most sensitive and intimate

decisions made by any individual or couple is that of fertility control.<sup>[2]</sup>

The single most important problem that developing countries like India are facing today is uncontrolled growth of population. With population of 1.25 billion, India is second most populous country of the world, second only to China, where as seventh in land area with only 2.4% of land area.<sup>[3]</sup>

India was the first country to launch National Family Planning Program in 1952. Even though various measures have been taken to encourage the usage of contraception but the achievement in this field was not to the extent expected due to various social and cultural factors.<sup>[4]</sup>

Uncontrolled population growth is the main hurdle for speedy and positive development of the nation. The growth of our resources to meet the needs is much behind the population growth. Inadequate

attention to alarmingly rising population and its deleterious effect on developmental efforts and food situation has led us to a disastrous situation.<sup>[5]</sup>

### Benefits

- Mothers and babies are healthier when risky pregnancies are avoided.
- Smaller families mean more money and food for each child.
- Parents have more time to work and to be with family.
- Delaying first or second pregnancy lets young people stay in school.

Many young people need contraceptives to delay pregnancy. Ideally, young women and men should wait until at least 18 years or have finished studies, and are ready before having children. After having a child, it is healthier to wait at least 2 years to try to become pregnant again. Having more than 4 children makes childbirth riskier.<sup>6</sup>

Demographic grounds: the unchecked and unregulated fertility specially in the developing countries has the following demographic consequences, such as

- Population explosion due to high growth rate of more than 2 percent.
- Broad based population pyramid, indicating high proportion of children and adolescents.
- Decline in the sex ratio (i.e. decline in the number of females per 1000 males)
- Increase in the population density (i.e. number of persons per sq. km area)
- Increased urbanization.

Adopting family planning for spacing between the births and reducing the number of births has been shown to be associated with better health and better growth and development of the children.<sup>[7]</sup>

Hence this study was conducted to Knowledge, Attitude and Practice of Contraceptives Among Married Women of Reproductive age in Field Practice Area of Rohilkhand Medical College and Hospital.

## MATERIALS AND METHODS

This community based cross sectional study was carried out with the aim to study knowledge, attitude and Practice of contraceptives among married women of reproductive age in field practice area of Rohilkhand Medical College and Hospital Bareilly. The study period was November 2014 to October 2015. Simple Random Sampling was used. The study period was divided as below:-

1. Framing and testing of study schedules- 1 month.
2. Collection of information/ Data collection- 8 months.
3. Compilation, analysis and report writing- 3 months.

### Inclusion Criteria

- All married women in the reproductive age group in the study area.
- Those who have given informed consent.

### Exclusion criteria

- Persons not giving their consent for the study.
- Married women who have crossed their reproductive age.
- Unmarried women/widowed/divorced.

### Sample Size

Using Formula -  $4pq/L^2$

$p=50%$  (prevalence of knowledge, attitude and practice of contraceptive use)

$q= (100 - p) = 50$

$L= (allowable\ error) =10\%$

Substituting the values:  $\frac{4 \times 50 \times 50}{5 \times 5}$   
 $= 400$

$P=$  Prevalence of 50% was taken, as exact prevalence was not known, so we took anticipated prevalence as 50% and calculated the sample.

After simple random sampling, total 408 participants were interviewed. Therefore, total sample size was 408.

An elaborated Pretested, predesigned Schedule schedule was prepared by the investigator before undertaking the study. Schedule was also prepared in vernacular language. It was validated after extensive review by guide and co guides for criterion validity and by carrying out pilot study with a sample of 40 subjects for reliability. Those 40 subjects were not included in the main study. Both open and close-ended, pretested semi-structured interview schedule was be prepared.

### Methodology

After taking approval from Institutional Ethical Committee, study was conducted in urban & rural field practice area. All the houses in each area were numbered and all households with married women were included in sampling frame. 408 houses were chosen by simple random sampling. In case of more than one woman in selected house, one woman of reproductive age were chosen by using Simple Random Sampling till desired sample size will achieve. After taking consent, interview was taken by the author himself. Purpose of study was explained and assurance was given regarding confidentiality of identity. Questions were asked in vernacular language for better understanding by respondents.

## RESULTS

79.65% of the respondents were aware about contraceptives or atleast one of them, 20.35% of the respondents were not aware about the contraceptives. It is observed that maximum number of respondents (43.63%) are from Lower Class, Lower Middle-Class respondents are 36.27% whereas 10.78% of the respondents belong to

Middle Class Group. Least number of respondents are from Upper Class and Upper Middle Class which are 1.96% and 7.35% respectively.

It is observed that the age group of 24-29 and 30-35 have maximum knowledge regarding contraceptives (80.1% and 84.49% respectively) and other mentioned age groups have lesser knowledge comparatively i.e. 68.18% for 18-23 age group and 61.53% for age more than 35 years. This difference of knowledge according to age group also found to be statistically significant.

Maximum awareness regarding contraceptives were in Hindus (81.72%), then there were Others who all are Sikh by religion and are 75% aware regarding contraceptives, Muslims are comparatively less aware regarding contraceptives (74.52%). This difference in awareness was found to be statistically insignificant.

Education plays an important role in knowledge regarding contraceptives, it is observed that women who are intermediate pass or graduate have 100% knowledge regarding any of the contraceptive method which is followed in descending order by women who are high school (96.05%), Just literate (80.0%), primary (75.55%) and illiterate (71.07%) and this difference regarding knowledge of contraceptives was found to be statistically significant.

Woman who are clerical, shop owner, farmer and housewife have awareness of 92.59% and 77.87% respectively. Semiskilled have awareness of 76.92%, whereas unskilled respondents have 100% awareness regarding contraceptives. This difference was found to be statistically insignificant.

Women residing in nuclear family have better awareness regarding contraceptives (83.82%) compared to the women residing in Joint family (77.57%) but this difference was found to be statistically insignificant.

Women residing in family of 5 to 8 members have highest knowledge (83.48%) regarding any one type of contraceptive, followed by women in family of 1 to 4 members (81.66%) and the women living in family of >=9 have lowest knowledge (72.31%) comparatively regarding any of the contraceptives, and this difference was found to be statistically significant.

Study subjects have been made aware about contraceptives mostly by healthworkers, husband and doctor (30.4%, 21.8% and 18.1% respectively). Mass communication items also influences the knowledge like T.V. / Radio (2.5%), Magazine / Newspaper (1.5%). Friends and neighbour also plays a role and accounts for 5.4% of the sources to gain knowledge regarding contraceptives. [Table 2]

It is observed that majority of women (45.8%) don't know which is the best method according to their knowledge, then the next majority are inclined towards OCP's and Condom which is 18.6% and 19.1% respectively. Permanent methods i.e. female sterilization and male sterilization are choices of 4.4% and 2.0% of the women respectively. IUDs and DMPA are favoured by 8.1% and 1.5% of the women respectively. [Table 3]

In all the religions majority of the respondents don't know about which is the best contraceptive method. Whereas in those who were aware about the contraceptives most of them preferred OCPs and Condom, terminal methods of family planning were also preferred by some but IUDs were more preferred as compared to them in all the religions. The difference was found to be statistically insignificant.

Terminal methods of contraception are preferred in the later age groups, whereas OCPs and condom were the most favoured family planning methods throughout all age groups. IUDs were more preferred In the middle age groups of 24-29 and 30-35. The difference in association was found to be significant.

OCPs and condom are uniformly most popular methods across respondents belonging to all educational status. Lesser educated respondents were not able to identify their best contraceptive method as compared to more educated one. The difference was found to be statistically insignificant. Majority of women don't know about which method is best (45.8%), so consequently they don't know either the reason to prefer. Then the majority sought reason of easy usage (18.9%), 10.5% were advised to use a method which they considered as best. Availability and free or less cost also plays a role to prefer a method in 3.9% and 5.4% of women respectively. 8.8% and 6.1% of women have given weightage to their husband's advice and duration of protection respectively in preferring a method. Minority of women (0.5%) preferred a method due to fewer side effects.

Majority of women have used either OCP or condom (36.27% and 48.53% respectively) in the past. Then IUDs have been used by 7.60% women in the past. Minor percentages of women had also used tubectomy and vasectomy (1.22% for both). Other minor usage history of injectable contraceptives (1.96%), emergency contraception (0.50%) and rhythm method(1.22%) has been observed among the women in study area. Whereas no one had used female condom or any other method in the past. [Table 4]

**Table 1: Distribution of participants according to their awareness regarding any contraceptive method (n=408).**

Awareness regarding any contraceptive	Number	Percentage
Present	325	79.65%
Absent	83	20.35%
Total	408	100%

**Table 2: Distribution of participants according to source of knowledge of contraceptives (n=408)**

Source of knowledge	Number	Percentage
T.V./Radio	10	2.5%
Magazine/ Newspaper	6	1.5%
Husband	89	21.8%
Neighbours and Friends	22	5.4%
Health Worker	124	30.4%
Doctor	74	18.1%
None	83	20.3%
Total	408	100%

**Table 3: Distribution of participants according to their perception regarding best contraceptive method (n=408)**

Method	Frequency	Percentage
OCP's	76	18.6%
Condom	78	19.1%
Female sterilization	18	4.4%
Withdrawal Method	2	0.5%
Male Sterilization	8	2.0%
IUD's	33	8.1%
DMPA	6	1.5%
Don't know	187	45.8%
Total	408	100%

**Table 4: Distribution of participants according to contraceptive methods utilized in past by them (n=408)**

Method	Had used	Not Used	Total
OCP	148(36.27%)	260(63.73%)	408(100%)
Condom	198(48.53%)	210(51.47%)	408(100%)
Female sterilization	5(1.22%)	403(98.77%)	408(100%)
Female condom	0(0%)	408(100%)	408(100%)
Withdrawal method	2(0.50%)	406(99.50%)	408(100%)
Rhythm method	5(1.22%)	403(98.77%)	408(100%)
Emergency contraception	2(0.50%)	406(99.50%)	408(100%)
Male sterilization	5(1.22%)	403(98.77%)	408(100%)
IUDs	31(7.60%)	377(92.40%)	408(100%)
Injectable contraceptives	8(1.96%)	400(98.04%)	408(100%)
Any Other	0(0%)	408(100%)	408(100%)

**Table 5: According to respondents which contraceptive method they are practicing (n=408)**

Method	Using	Not using	Total
OCP	68(16.66%)	340(83.34%)	408(100%)
Condom	93(22.79%)	315(77.21%)	408(100%)
Female sterilization	35(8.58%)	373(99.42%)	408(100%)
Female condom	0(0%)	408(100%)	408(100%)
Withdrawal method	0(0%)	408(100%)	408(100%)
Rhythm method	1(0.25%)	407(99.75%)	408(100%)
Emergency contraception	0(0%)	408(100%)	408(100%)
Male sterilization	13(3.19%)	395(96.81%)	408(100%)
IUDs	43(10.54%)	365(89.46%)	408(100%)
Injectable contraceptives	9(2.21%)	399(97.79%)	408(100%)
Any Other	0(0%)	408(100%)	408(100%)

16.6% and 22.79% of women are using OCP and Condom respectively. Which is followed by IUDs (10.54%) and female sterilization (8.58%). Minority of groups are also relying on methods like male sterilization (3.19%), injectable contraceptives (2.21%) and rhythm method (0.25%). It is seen that no one is currently practicing female condom, withdrawal method, emergency contraception or any other method in the study group. [Table 4]

Majority of women (63.0%) have not switched over to new method. Then 11.8% and 6.9% of respondents have changed the method considering duration of protection or are being advised respectively. Minor study groups have changed their method due to reasons like cost (1.5%), sideeffects (1.2%), ease of use (3.7%) and availability(4.2%). Whereas 7.8% of women have changed their

method or rather have stopped using it since they are planning for a child. [Table 5]

## DISCUSSION

Awareness and use of contraceptive methods are the indicators to assess the success of family planning program activities. Through this study, an attempt has been made to look at some important aspects of contraceptive use and its awareness in the community.

Contraceptive use and its Awareness vary considerably from region to region within the country and there was lack of studies done exclusively to provide the prevalence & patterns of contraceptive use in this region. The present study looked at the awareness, attitude and use of

contraceptives in urban and rural areas of Bareilly, which is geographically located at the western part of Uttar Pradesh State.

Various studies shows that the awareness regarding contraceptives varies according to the region, in this study the awareness of participants was shown to be 79.65%, Bajracharya.A,<sup>[8]</sup> noted the awareness level of 90.8%, whereas Lakkawar. N et al,<sup>[9]</sup> conducted a study in Pondicherry found that awareness among participants was 81.6%, this difference in awareness can be attributed to the regional differences.

The age groups covered by the various types of studies are diverse and since contraceptive use varies with age, comparison was problematic. When we compare the prevalence it is important to bear in mind the minimum and maximum age of the participants, in this study it was observed that the age groups of 24-29 and 30-35 have maximum knowledge regarding contraceptives (80.1% and 84.49% respectively) and other mentioned age groups have lesser knowledge comparatively.

The high illiteracy rate in this society is one of the barriers in contraceptive use, as evident in our study awareness regarding contraceptive increases with the education level. Bhattacharjee et al,<sup>[10]</sup> found that 41.1% of illiterate respondents were aware about contraceptives, while 27% of primary and above were having knowledge regarding contraceptives. Kaushal S.K et al,<sup>[11]</sup> found that 50% of illiterates have been using/aware of contraceptives whereas 100% of graduates were aware regarding contraceptives. This difference can be attributed to the fact that this study was done in field practice area of a tertiary hospital

The results of the study were comparable to that of Lakkawar N et al,<sup>[12]</sup> found that 75.64% of illiterate and 100% graduate plus were aware of contraceptives.

It was observed in the study that maximum awareness regarding contraceptives were in Hindus (81.72%), then there were others who all are Sikh by religion and are 75% aware regarding contraceptives, Muslims are comparatively less aware regarding contraceptives (74.52%). In NFHS 3 data by religion, the highest contraceptive prevalence rate is among Jains (75 percent), followed by Buddhists/Neo-Buddhists (68 percent) and Sikhs (67 percent).<sup>[13]</sup> This difference can be attributed to the fact that present study was done in field practice area of RMCH.

The study noted that the source of awareness regarding contraceptives were mostly health workers (30.4%) followed by husband and doctor (21.8% and 18.1%). Brahmhatt M.M et al,<sup>[14]</sup> found that health/link workers accounts for 50% of the source of knowledge of respondents whereas doctor were credited for 11% of source of knowledge.

In the study family type was found to be a determinant in awareness regarding contraceptives. This can be attributed to the fact that women in nuclear families tends to be more self-dependant and aware and thus have more awareness regarding

medical and social facilities as compared to women in joint families.

It was observed in this study that majority of women have used either OCP or condom (36.27% and 48.53% respectively) in the past. Then IUDs have been used by 7.60% women in the past. Minor percentages of women and their husband have practiced permanent methods (1.22% for both). Mahawar P et al,<sup>[15]</sup> observed that 40% of women had used various contraceptive methods in the past. Shendge H.B. et al,<sup>[16]</sup> observed that OCP users were maximum (39.74%), followed by female sterilization (29.14%) then condom users (15.7%) and users of CuT were 11.85%. In other study also conducted by Pegu B et al,<sup>[17]</sup> condom was the most common method (38.2%).

It was evident from the study that majority of women (45.8%) don't know which is the best method according to their knowledge, then the next majority are inclined towards OCP's and Condom which is 18.6% and 19.1% respectively.

## CONCLUSION

Although the knowledge of contraceptives is better in field practice area of RMCH, there is a need of comprehensive educational program to motivate the women for the use of contraceptives. Family planning programme should emphasize on communication and good counselling to the women. Men should be involved in family planning advocacy programs.

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