

A cross sectional study of awareness of contraception among women of child bearing age

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Abstract

Background: An accurate understanding and knowledge of reproductive facts is essential for women and couple's appropriate decision making regarding whether, when, and how to conceive. Knowledge and awareness are the major determinants for utilization of family planning methods. Present study was aimed to study awareness of contraception among student nurses and staff nurses of child bearing age working at our hospital. **Material and Methods:** Present study was cross-sectional study conducted in student nurses and staff nurses of reproductive age group. Participants were interviewed using a pre-designed and pre-tested proforma. **Results:** 225 women were interviewed during study period. Majority of participants were from 15-24 years age (42.7%), Hindu by religion (76.9%), married (51.6%), used contraceptive (63.1%) and not conceived yet (58.7%). Condom (62.0%) was most commonly used contraceptive in present study. Other contraceptives used were oral pills (32.4%), copper-T (22.5%), others (injection) (19.7%), tubectomy (12.0%) and vasectomy (7.7%). Study participants opine that prevention of unwanted births (79.6%), prevention of sexually transmitted disease (71.1%), having a child when required (69.8%), spacing of birth (55.1%), improvement of health (39.6%) and decrease the economic burden of family (20.9%) were main reasons for using contraceptives. In the opinion of participants, inexpensive (74.7%) was most common cause for preferential use of contraceptives. Other reasons were comfortable and easy to use (63.6%), easily available (60.0%), other (54.2%) and husband's choice (16.0%). Regarding non-use of contraceptives, participants opined that were desire for children (93.8%), lack of awareness (74.2%), fear of side effects (54.2%), non-availability (45.8%), pressure from husband /family (34.7%) and prohibition by religion (29.8%) major reasons. **Conclusion:** In present study, due to having good knowledge, utilization of contraceptives was better. Lack of knowledge, large family norm, religious myth, cultural barriers, ignorance regarding use and side effects of various contraceptive methods are common reasons for inadequate practice of family planning methods.

Keywords: knowledge, contraceptive use, contraceptive methods, family planning, reproductive age.

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INTRODUCTION

An accurate understanding and knowledge of reproductive facts is essential for women and couple's appropriate decision making regarding whether, when, and how to conceive. Use of contraceptives can prevent at least 25% of all maternal deaths by preventing unintended pregnancies and unsafe abortions and protection against HIV and STDs.¹ A lack of knowledge of contraceptive methods or a source of supply, cost and poor accessibility are the barriers that exist in developing countries. The growing use of contraception around the world has given couples the ability to choose the number and spacing of

their children and has tremendous life-saving benefits.² Yet despite the impressive gains, contraceptive use is still low and the need for contraception is high in some of the world's poorest and most populous places. Evidence reveals several reasons for the lack of utilization of contraceptive services as lack of accessibility to contraceptive methods; minimal knowledge of contraceptive methods; fear of side effects; approbation based on social and religious norms; and provider bias.^{3,4} Knowledge and awareness are the major determinants for utilization of family planning methods. Present study was aimed to study awareness of contraception among student nurses and staff nurses of child bearing age working at our hospital.

MATERIAL AND METHODS

Present study was cross-sectional study conducted in Department of Obstetrics and Gynecology, at Prakash Institute of medical science and research and Loknete

Rajarambapu Patil ayurvedic medical college, Islampur, India. Study duration was of 3 months (May 2021 to July 2021). Study approval was taken from institutional ethical committee. It is a study on student nurses and staff nurses of reproductive age group (15-45 years) of PIMSR and LRP colleges Islampur. The purpose of study was explained and written consent was taken from the respondents. All women, willing to participate in study were interviewed. Total 225 women were interviewed using a pre-designed and pre-tested proforma. The questionnaire elicited information regarding their age, nativity, religion, caste, socio-economic status, educational status, husband's educational status, number of living children, knowledge and practice of contraceptive methods, and reasons for not using any contraceptive method. Data was collected and compiled using Microsoft Excel, analysed using SPSS 23.0 version. Statistical analysis was done using descriptive statistics.

RESULTS

225 women were interviewed during study period. Majority of participants were from 15-24 years age (42.7%), Hindu by religion (76.9%), married (51.6%), used contraceptive (63.1%) and not conceived yet (58.7%).

Table 1: General characteristics.

Characteristics	Number (n= 225)	Percentage
Age		
15-24 years	96	42.7
25-34 years	82	36.4
35-45 years	47	20.9
Religion		
Hindu	173	76.9
Muslim	18	8.0
Christian	12	5.3
Buddhist	22	9.8
Marital status		
Married	116	51.6
Single	109	48.4
Ever used any contraceptive		
Yes	142	63.1
No	83	36.9
Obstetric Status		
Not conceived yet	132	58.7
Conceived and not using contraception	21	9.3
Conceived and using contraception	44	19.6
Conceived and underwent sterilisation	28	12.4

Condom (62.0%) was most commonly used contraceptive in present study. Other contraceptives used were oral pills (32.4%), copper-T (22.5%), others (injection) (19.7%), tubectomy (12.0%) and vasectomy (7.7%).

Table 2: Contraceptive Method Used

Methods of contraception*	Number (n=142)	Percentage
Condom	88	62.0
Oral pill	46	32.4
Copper-T	32	22.5
Others (Injection)	28	19.7
Tubectomy	17	12.0
Vasectomy	11	7.7

(* - Multiple responses by some patients)

Study participants opine that prevention of unwanted births (79.6%), prevention of sexually transmitted disease (71.1%), having a child when required (69.8%), spacing of birth (55.1%), improvement of health (39.6%) and decrease the economic burden of family (20.9%) were main reasons for using contraceptives.

Table 3: Opinion on reason for using contraceptive

Reason for using contraceptive	Number (n= 225)	Percentage
Prevention of unwanted births	179	79.6
Prevention of Sexually transmitted disease	160	71.1
Having a child when required	157	69.8
Spacing of birth	124	55.1
Improvement of health	89	39.6
Decrease the economic burden of family	47	20.9

(* - Multiple responses by some patients)

In the opinion of participants, inexpensive (74.7%) was most common cause for preferential use of contraceptives. Other reasons were comfortable and easy to use (63.6%), easily available (60.0%), other (54.2%) and husband's choice (16.0%).

Table 4: Opinion for using preferential contraception.

Reason for using	Number (n= 225)	Percentage
Inexpensive	168	74.7
Comfortable and easy to use	143	63.6
Easily available	135	60.0
Other	122	54.2
Husband's choice	36	16.0

(* - Multiple responses by some patients)

Regarding non-use of contraceptives, participants opined that were desire for children (93.8%), lack of awareness (74.2%), fear of side effects (54.2%), non-availability (45.8%), pressure from husband /family (34.7%) and prohibition by religion (29.8%) major reasons.

Table 5: Opinion Causes for the non-use of contraceptives

Causes for the non-use of contraceptives	Number (n= 225)	Percentage
Desire for children	211	93.8
Lack of awareness	167	74.2
Fear of side effects	122	54.2
Non-availability	103	45.8
Pressure from husband /family	78	34.7
Prohibition by religion	67	29.8

(* - Multiple responses by some patients)

DISCUSSION

One of the sustainable development goals (SDGs) calls on countries "by 2030, to ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes".⁵ Family planning is defined as a way of thinking and living being voluntarily adopted by an individual or couples based upon the knowledge, attitude and responsible decisions in order to promote the health and welfare of the family groups and thus contribute effectively to the social development of a country.⁶ Attitudes are not gained by birth, they are learned and adopted by experiences and culturally gained during socialization. Though education plays a major role for attitude towards family planning, other major factors are experiences such as pregnancy, previous believes. In study by Nidhi S *et al.*,⁷ knowledge about different contraceptive

methods was present among majority (96.2%) of respondents. Only 48.2% respondents were using contraceptive method at the time of study. 31.4% had adopted tubectomy as permanent sterilization method followed by oral contraceptives (26.1%), condom (21.4%), intra-uterine device (13.7%), traditional methods (4.3%), injectables (2.1%), emergency contraception (0.7%) and vasectomy (0.3%) respectively. The reason given by most of the respondents (25.3%) for not using any contraceptive method was the desire for a male child. The use of contraceptive methods increased with increasing age, number of living children and level of literacy. Conclusion: The substantial gap between knowledge and adoption in contraceptive methods was found in the study population. Devaru JS *et al.*,⁸ noted that nearly half of the subjects correctly knew about types of barriers methods, hormonal contraceptives and commonest complication of IUCD. Majority of women were aware about female sterilization.

These results to much extent agree with the results of a study conducted by Devaru *et al.* where majority of the study subjects had adequate awareness regarding female sterilization, IUCD complications and barrier methods of contraception. The use of contraceptive methods was found to be increased with increasing age, number of living children and level of literacy of respondent and husbands. Mohanan P *et al.*,⁹ reported that the acceptors of contraception were more in the higher age group, and 70.7% of the women with 3 or more children were among the acceptors of permanent methods of contraception as against 29.3% with 1 or 2 living children. Shabana Anjum *et al.*,¹⁰ noted that, 42.5% were from the age group of 28-37 years, 64.7% were had age at marriage was 18-25 most of them were having more than one child while 53.8% and more than half of them were housewife 52.9% and among them maximum had high school education 23.8%. Majority of women knew about female sterilization 93.6% followed by the chemical method (oral pills) 72% and mechanical method of family planning (loop and condoms) 48.3%. After the health education married women knowledge was improved to 100% about female sterilization followed by condom 99%, skin implants 86%, oral pills 85% and emergency contraceptives 85%. Sociodemographic variables were significantly associated with existing knowledge and level of married women specially age at marriage, age at first child, occupation, income, education. Similar findings were noted in present study.

Jahan U *et al.*,⁴ studied 1050 married women of reproductive age. Most of the women were between 21-34 years of age (60.1%) and had primary level of education (40%). It was observed that with increase in level of education, awareness also increased (77.7%). The most common source of information was mass media (53.2%). Contraceptive prevalence rate was 62.9%, higher than the national data as 28.5%. Most of them (93.1%) were aware of at least one family planning method. The most commonly known were OCPs (74.8%), condom (68.8%) and IUCD (56.6%). Awareness about female sterilization (36.4%) was more than male sterilization (25.3%). 62.9% had used at least one contraceptive method, three prevailing methods used were condom (65.1%), OCPs (31.8%) and IUCD (9.09%). Reasons precluding women from practicing contraception were desire to have a child (60.5%), lack of knowledge (42.4%), and unbearable side effects (25.5%). Majority (92.4%) thought that contraceptive use was beneficial but only (27.2%) expressed the willingness to start practicing contraception if they received more information about the subject. Qazi M *et al.*,¹¹ studied 200 women, maximum respondents belong to age group of 21-25 years (75.6%). Most of the contraceptive non-users belong to age below 20 years

(62.5%). In 45% of respondents, media was the main source of information. Preferred spacing method was condom in 85% of cases. 68% women had knowledge of female sterilization. According to most women, family planning methods are meant for limitations of birth (43%) and 36% meant for spacing of birth. 80% women had positive attitude towards contraceptive usage. 50% experienced side effects with the use of contraceptives. The most common side effect was menstrual irregularities in 25% of cases. Most common reason for not using contraceptive methods among non-respondents was lack of knowledge in 50% of cases. Barriers are the factors that affect the utilization and acceptance of family planning methods. In present study most common reported barriers were unawareness about existing method, fear of side effects and least reported barriers were costs too much and sexual displeasure. In a study conducted by Prateek *et al.*,¹² which observed that unacceptance by family/husband/religion, perceived fear of side effects and lack of knowledge are the most common reasons towards lesser use of contraceptive methods. Sahasrabuddhe *et al.*,¹³ reported family interference, cultural as well as religious restrictions followed by health concern and fear of permanent loss of fertility as primary reasons for lesser acceptance and usage of family planning measures. In recent years, the need for studies to understand the factors determining the acceptance of contraception and practices by particular communities has been felt, so that more specific knowledge can be gained about factors determining acceptance contraception practices by particular communities, which can then be used for developing suitable program for them.

CONCLUSION

In present study, due to having good knowledge, utilization of contraceptives was better. Lack of knowledge, large family norm, religious myth, cultural barriers, ignorance regarding use and side effects of various contraceptive methods are common reasons for inadequate practice of family planning methods.

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