

## Original Research Article

# Exploration of contraceptive awareness and decision making among married women of reproductive age in semi urban area of Tamil Nadu

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## ABSTRACT

**Background:** India was the first country to have launched a National Program for Family Planning in 1952, but still there is no control on population growth. The objective was to assess the knowledge, attitude and practices of contraceptives among married women in semi urban area of Tamil Nadu.

**Methods:** A community based cross sectional study was conducted in a semi urban area of Tamil Nadu. Married women of reproductive age (15-49) were included. Purposive sampling technique was used to select the subjects and self-administered questionnaire was used as study tool.

**Results:** In this study about 91.80% were aware of at least one of the contraceptive methods but only 64.75% women used. The most common reason for using contraception was small family norms (75.89%) and for not using contraception was worried about side effects. The method commonly preferred was sterilisation (63.93%). The process of decision making was done mutually by both husband and wife (76.79%). There is an association existing between the education and awareness.

**Conclusions:** On overall analysis it was found that only 49% are aware of contraception. Thus by proper motivation, counselling and improving facilities at both government and private sector, the unmet needs of contraception can be achieved.

**Keywords:** Knowledge, Attitude, Practices, Contraceptives, Married women of reproductive age

## INTRODUCTION

India was the first country in the world to have launched a National Programme for Family Planning in 1952, but still there is no control on population growth. Healthy spacing of 3 years improves the chances of survival of infants and also helps in reducing the impact of population momentum on population growth which can be achieved by various methods of contraception.

An unwanted pregnancy may lead to an induced abortion. From the point of view of health, abortion outside the medical setting is one of the most dangerous consequences of unwanted pregnancy. There is also

evidence of higher incidence of mental disturbances among mothers who have had unwanted pregnancies. The health impact of family planning occurs primarily, through the avoidance of unwanted pregnancies, limiting the number of births and proper spacing, and timing the births particularly the first and last, in relation to the age of the mother.<sup>1</sup>

Contraception includes the preventive methods to help women avoid unwanted pregnancies. There are different methods of contraception as long-acting reversible contraception, such as the implant or intrauterine contraceptive device (IUCD), hormonal contraception such the pill or the barrier methods, such as condoms, emergency contraception, permanent contraception, such

as vasectomy and tubal ligation.<sup>2</sup> Promotion of family planning and ensuring access to preferred contraceptive methods for women and couples is essential in securing the well-being and autonomy of women, and supporting the health and development of community.

Women in India are not being fully educated on contraception usage and what they are putting in their bodies and were not informed of all the options and what those options actually do.<sup>3</sup> According to the National Family Health Survey(NFHS-4), in Tamil Nadu contraceptive prevalence rate (CPR) among currently married women age 15-49, at 53 percent, shows a sharp decline from 61 percent in NFHS-3.<sup>4</sup>

### **Objectives**

The objectives of the study were to assess the knowledge, attitude and practices of contraceptives among married women, identify factors that are associated with the non-use of contraceptives and to determine the factors influencing contraceptive decision making of married women.

## **METHODS**

### **Study design**

The study was done as a community based cross sectional study.

### **Study setting**

The study was conducted in Thirumazhisai, semi urban area of Tamil Nadu.

### **Study population**

Married women of reproductive age (15-49) who were willing to participate were included in the study.

### **Study duration**

The study was carried out from January 2019 through June 2019.

### **Sample size**

In the study conducted by Chandhick, an ICMR task force study on contraception, the prevalence of use of contraceptives was found to be 45.6% therefore with a relative error of 20% and confidence level 95% the sample size calculated is 122.

### **Sample size calculation**

Proportion of an event (p) = 45%;

Proportion of an alternate event (q) = 55%;

$$\text{Sample size (n)} = \frac{4pq}{d^2} = \frac{4 \times 0.45 \times 0.55}{0.092}$$

Hence the sample size (n): 122

### **Sampling method**

Purposive sampling method was used for selecting the individuals as study subjects. The data was collected by house to house visit in the study area.

### **Data collection**

Self-administered questionnaire was used for collecting the data. Questionnaire included the variables such as the socio-demographic profile and 22 questions in multiple choices regarding the knowledge, attitude and practice of contraception. The subjects are allowed to choose more than one option. Individual scoring done based on the weightage of each question and total score being 50.

Ethical clearance for the study was obtained from the institutional review board and participant information sheet was given to the study subjects and written informed consent was obtained from each participant prior to data collection.

### **Data analysis**

Data analysis was done using Microsoft Excel. Descriptive statistics were calculated for the background characteristics and variables related to knowledge attitude and practice of contraception among married women.

## **RESULTS**

A total of 122 married women of reproductive age group were interviewed, the analysis of the demographic profile revealed that more than half of the women (54.09%) were in the age group of 25-34 years. About 40.16% of the respondents were graduates followed by 43.44% and 16.40% who were educated upto high school and primary school. Majority of the women (80.33%) were homemaker. Almost 97.54% of them were Hindus. The marital age of 64.75% of the women was found to be early and late twenties. 65.57% of the women had 2 living child. 66.39% of the women were belonging to nuclear family (Table1).

Regarding contraceptive knowledge and awareness, 91.80% of the women heard of contraception of which 64.20% responded that the purpose of contraception was to avoid unwanted birth. Among the respondents 73.21% of them were aware of sterilisation, 49.11% were aware of intrauterine contraceptive device, 42.85% were aware of condoms and only a very few were aware of oral contraceptive pills and injectable. 86.61% gain access to contraceptive services from hospitals. Most of them obtained information regarding contraception from family and friends (79.46%) followed by health professionals (67.85%). 73.21% of the women responded

that sterilisation requires the assistance of doctor while 50% responded that condoms and intrauterine contraceptive device needs the assistance of doctor. 76.79% of them agreed that decision making regarding contraception must be done by both together. 70.53% responded that husband's decision is the main determinant of their contraceptive use (Table 2 and 3).

Regarding the practice of contraception, about 64.25% were currently practising contraception and 27.05% would consider using contraception in the future. The most common reason for using contraception was small family norms (75.89%) and for not using contraception was worried about side effects.

**Table 1: Socio-demographic characteristics of the interviewed women (n=122).**

S. No.	Characteristics	N	%
1	<b>Age (in years)</b>		
	15-24	1	0.82
	25-34	66	54.09
	35-44	41	33.61
	45-49	14	11.48
2	<b>Educational status</b>		
	profession	0	0
	graduate or post graduate	49	40.16
	intermediate or post high-school diploma	0	0
	High school certificate	53	43.44
	Middle school certificate	0	0
	Primary school certificate	20	16.40
	Illiterate	0	0
3	<b>Occupational status</b>		
	Professionals	0	0
	Semi professionals	0	0
	Skilled worker	5	4.09
	Semiskilled worker	4	3.28
	Unskilled worker	15	12.30
4	<b>Monthly income (in Rs.)</b>		
	<5000	2	1.64
	6000-10000	49	40.16
	11000-20000	45	36.89
	21000-30000	21	17.21
	31000-40000	3	2.46
5	<b>Religion</b>		
	Hindu	119	97.54
	Muslim	1	0.82
	Christian	2	1.64
	Others	0	0
6	<b>Marital age (in years)</b>		
	≤20	41	33.61
	21-25	73	59.84
	26-30	6	4.91
	>31	2	1.64
7	<b>No of children</b>		
	1	34	27.87
	2	80	65.57
	3	7	5.74
	4	1	0.82
8	<b>Type of family</b>		
	Joint	41	33.61
	Nuclear	81	66.39

**Table 2: Knowledge and awareness regarding contraception (n=122).**

S. No		N	%
1	<b>Heard of contraception</b>		
	Yes	112	91.80
	No	10	8.20
2	<b>Purpose of contraception</b>		
	To avoid unwanted birth	72	64.20
	To regulate intervals between pregnancy	50	44.64
	To control the timing of birth	43	38.39
3	To determine the number of children	35	31.25
	<b>Contraceptive methods known</b>		
	Condoms	48	42.85
	Intrauterine contraceptive device	55	49.11
	Oral contraceptive pills	23	20.53
4	Sterilisation	82	73.21
	Injectables	1	0.89
	<b>Access to contraception</b>		
	Health centres	13	11.61
	Hospitals	97	86.61
5	Pharmacies	2	1.78
	Others	0	0
	<b>Source of information</b>		
	TV or radio or newspaper	37	33.03
6	Health care professionals	76	67.85
	Non-governmental organisations	3	2.67
	Family and friends	89	79.46
	<b>Need assistance of doctor</b>		
6	Condoms	56	50
	Intrauterine contraceptive device	56	50
	Oral contraceptive pills	13	11.61
	Sterilisation	82	73.21

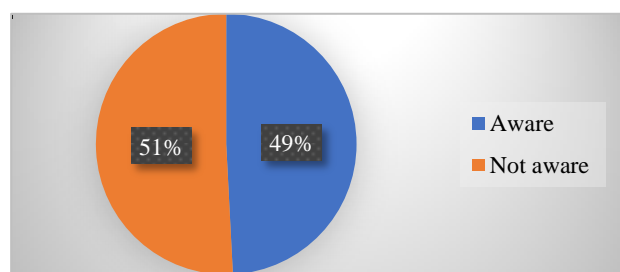
**Table 3: Attitude towards contraception (n=122).**

S. No.		N	%
1	<b>Necessary to know about contraception</b>		
	Yes	122	100.00
	No	0	0.00
2	<b>Decision making</b>		
	Self	17	15.18
	Husband	8	7.14
	Both together	86	76.79
3	Parents or in laws	1	0.89
	<b>Determinants of your contraceptive use</b>		
	Own decision	24	21.42
	Husband's decision	79	70.53
	Doctors recommendation	5	4.46
4	In laws approval	4	3.75
	<b>Ideal number of children</b>		
	1	23	18.85
	2	99	81.45
	More than 2	0	0.00

**Table 4: Practices of contraception (n=122).**

S. No.		N	%
1	<b>Anyone practising contraception in family</b>		
	Yes	82	67.21
	No	40	32.79
2	<b>Currently using/used contraception</b>		
	Yes	79	64.75
	No	43	35.25
3	<b>Consider contraception in future</b>		
	Yes	33	27.05
	No	89	72.95
4	<b>Reasons for using contraception</b>		
	Economic reasons	27	24.11
	Motivation	0	0.00
	Small family norms	85	75.89
	Incentives	0	0.00
5	<b>Reasons for not using contraception</b>		
	Worried about side effects	27	24.11
	No specific reasons	0	0.00
	Opposition from family members	0	0.00
	No access	0	0.00
	Wanted to have a child	6	5
6	<b>Preferable method of contraception</b>		
	Condoms	23	18.85
	Intrauterine contraceptive device	24	19.67
	Oral contraceptive pills	0	0.00
	Sterilisation	78	63.93
	Injectables	0	0.00
7	<b>After completing the family</b>		
	Permanent sterilisation	122	100
	Temporary sterilisation	0	
8	<b>Offered free at government</b>		
	Yes	38	31.15
	No	84	68.85
9	<b>Quality of existing services</b>		
	Satisfied	44	36.07
	Not satisfied	21	17.21
	No idea	57	46.72

\*For certain data n=112, since it is not applicable for the rest of the subjects.

**Figure 1: Awareness about contraception.**

The method commonly preferred was sterilisation (63.93%) and after completing the family 100% preferred permanent sterilisation. Only 36.07% of them were

satisfied about the existing contraceptive services (Table 4).

#### *Description of scores*

On scoring each subject individually, the average score was found to be 22.37 and individuals with score above the average were considered to be aware of contraception and those below the average were considered as unaware (Figure 1).

#### *Association between education and awareness*

The computed Chi-square statistic is 10.2188. The p-value is 0.00604. The result is significant at  $p < 0.05$ . Thus

it was found that the awareness among women regarding contraception depends on the educational status (Table 5).

**Table 5: Association between education and awareness.**

Educational status	Aware	Not aware	Total
Graduate	28	21	49
High school	25	28	53
Primary school	3	17	20
<b>Total</b>	<b>56</b>	<b>66</b>	<b>122</b>

## DISCUSSION

In this study about 91.80% were aware of at least one of the contraceptive methods but only 64.75% women used contraception. The phenomena of high knowledge about contraception and low practice has been observed in multiple studies conducted in various parts of India as reported by Srivastava et al (awareness 71.22%, practice 51.7%), Bhasin et al (awareness 90%, practice 59.8%).<sup>5,6</sup> Most of the women preferred female sterilisation (63.93%) which is similar to data obtained from NFHS-2 in which female sterilisation is the prevalent method of contraception (71%). When the respondents who had knowledge about contraception were asked about their source of information, majority indicated social circle as their source. This corresponds with the study by Srivastava et al KAP survey.<sup>7</sup>

The decision making regarding contraception in our study is taken mutually by both wife and the husband (76.79%) which is similar to the study conducted by Chopra et al (71%).<sup>8</sup> In this study there is an association existing between the education and awareness with a significant p value, a similar association is also seen in the study by Srivastava et al.<sup>9</sup>

## CONCLUSION

This study reveals average knowledge and attitude of women towards contraception. There are various reasons for the non-acceptance of contraceptives like worries about side effects, preference for male child, and poor family planning services. Thus by proper motivation, counselling and improving facilities at both government and private sector the unmet needs of contraception can be achieved.

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