

Original Research Article

Women's knowledge and practices of modern contraceptives in rural Jammu

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ABSTRACT

Background: India was the first country in the world to adapt a national population control program in 1952. So, it is important for couples and society as a whole to understand and adopt the methods of family planning. Use of contraceptives can prevent at least 25% of all maternal deaths by preventing unintended pregnancies and unsafe abortions and also protect against sexually transmitted infections.

Methods: A cross-sectional study was conducted in the women of the reproductive age group (15-49 years) in gynae OPD of community health centre of block Bishnah in district Jammu.

Results: The study was conducted in 408 women of the reproductive age group. Almost all the women had knowledge of various spacing methods, maximum being for being for oral contraceptive pills (OCPs) (96%), followed by intrauterine contraceptive devices (IUCD) (93.8%) and 90.9% for condoms. However, they had less knowledge about injectable contraceptives (13.9%).

Conclusions: Family planning related knowledge was found to be very encouraging with two-third having a positive attitude as well. Main identified reasons for contraceptive defaults were unsustain availability, side-effects, need of a child and family opposition. It is hence, important to improve education of women to overcome barriers to modern contraceptive methods.

Keywords: Family planning, Contraceptives, Rural women

INTRODUCTION

Global increase in population has been a big concern since past few years now. India is the second most populated country and nearly one-fifth of the world population lives in India. The population is expanding annually with the growth rate of 16 million each year.¹ Such uncontrolled population growth has been recognized as the most important hindrance to our national development, despite the fact that India was the first country in the world to adapt a national population control program in 1952. So, it is important for couples and society as a whole to understand and adopt the methods of family planning (FP).²

FP refers to a conscious effort by couples and individual and is adopted voluntarily upon the basis of knowledge, attitude, and responsible decisions to limit or space the number of children they have through the use of contraceptive methods.³ FP not only deals with reproductive health of the mother, having adequate birth spacing, avoiding undesired pregnancies and abortions but also helps in preventing sexually transmitted diseases, and improving standard of lifetime of mother, fetus, and family as an entire.⁴

Use of contraceptives can prevent at least 25% of all maternal deaths by preventing unintended pregnancies

and unsafe abortions and also protect against sexually transmitted infections.⁵

In India, the spacing methods of contraception, viz. IUCDs, OCPs, and condoms are made available by the government health facilities right from the very basic health unit like sub-centre through trained ASHAs (accredited social health activists) and FMPHWs (female multipurpose health workers).³ Permanent methods of contraception viz. vasectomy and tubal ligation are generally available at primary health center level or above by gynecologists or medical officers who have been trained to provide the services.⁶

Healthcare workers also lack apt knowledge and a favorable attitude to practice FP which compromise delivery of these services to general populations. For the success of these programs effective strategies need to be devised by educating health care worker through regular CME's, training programs, counseling sessions so that better FP services can be provided by them to their beneficiaries.

Reviews have shown that multiple researchers could elicit highest awareness but low utilization of contraceptives making the situation a serious challenge. Evidence reveals several reasons for the lack of utilization of FP: lack of accessibility to contraceptive methods; minimal knowledge of contraceptive methods; fear of side effects; low level of acceptance due to social and religious sentiments.⁷ Most women of reproductive-age know little/no or have misinformation about FP methods. Even once they know some names of contraceptives, they are doing not know where to urge them or the way to use them properly. These women can also possess negative attitudes regarding FP, whereas some have heard false and misleading information.⁸ This study is aimed in assessing the knowledge, attitude, and practice (KAP) of FP among women of reproductive age of rural area of Jammu region.

Objectives of study

To determine the knowledge, attitude and practice with respect to FP among women in the reproductive age group in rural Jammu.

METHODS

A cross-sectional study was conducted in the women of the reproductive age group (15-49 years) in gynae OPD of community health centre of block Bishnah in district Jammu. All the women attending gynae OPD were informed about the study and were enrolled after obtaining consent. Interview was conducted by a semi-structured questionnaire. This questionnaire was designed to explore Knowledge, attitude and practices related to various available forms of FP methods. The study was conducted over a period of five months from February to

June 2021. A total of 408 women were enrolled in the study.

Inclusion criteria

All women of reproductive age-group attending gynae OPD in Bishnah hospital and those who gave consent were included in the study.

Exclusion criteria

Those who refused to give consent were excluded from the study.

Sampling method

Convenient sampling method was used in the study.

Statistical analysis

The data were entered in excel and analyzed. The results were presented in the form of proportions. Appropriate statistical tests were used where ever applicable. The results presented below pertain to KAP of women of reproductive age-group.

RESULTS

The study was conducted in 408 women of the reproductive age group. Almost all the women had knowledge of various spacing methods, maximum being for being for OCPs (96%), followed by IUCD (93.8%) and 90.9% for condoms. However, they had less knowledge about injectable contraceptives (13.9%). Among terminal methods, tubectomy was known to most of the women (95%). However, very little knowledge was present about vasectomy (42.2%) which is a male method of contraception (Table 1).

While positive attitude towards FP was seen in around half of the women (48.05%), there was a good number of females who were against using any method of FP (30%) (Figure 1).

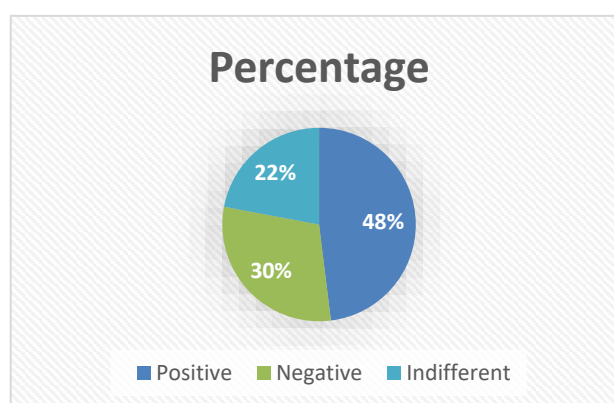


Figure 1: Attitude towards FP programme.

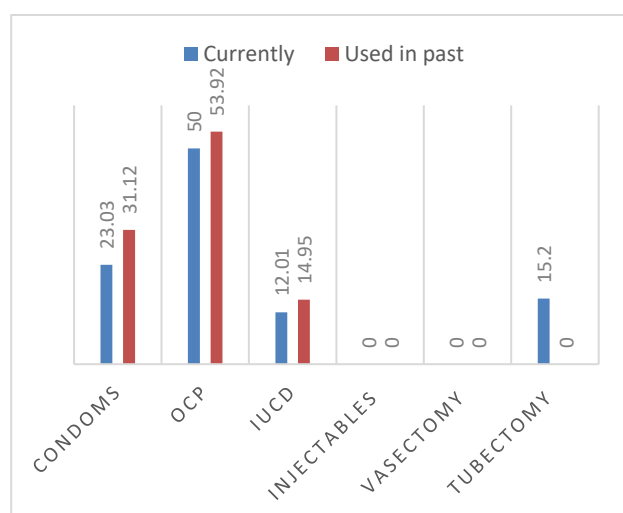
Table 1: Knowledge about FP methods.

Variables	Number	Percentage (%)
Spacing methods		
Condoms	371	90.9
OCP	391	95.8
IUCD	383	93.8
Injectables	57	13.9
Terminal methods		
Vasectomy	172	42.2
Tubectomy	388	95.1

Table 2: Practices of FP methods.

Profile	Number	Percentage (%)
Practicing some or other methods	114	27.9
Had used in past	107	26.3
Never used	187	45.8

Despite the fact that mostly all women had knowledge about at least one method of FP, most of them (72%) were not using any FP method currently (Table 2) (Figure 2).

**Figure 2: Pattern of FP method practices.****Table 3: Reasons for not using FP methods.**

Reasons	Discontinued use, n=107 (%)	Never used, n=187 (%)
Undesired effect	18 (16.8)	15 (8.02)
Unsustained availability	45 (42.1)	10 (5.3)
Need not felt	0	67 (35.8)
Family opposition	18 (16.8)	43 (22.9)
Not aware	0	0
Need a child at present	15 (14.01)	43 (22.9)
Inconvenience	11 (10.3)	9 (4.8)

Among 107 women who discontinued the use of contraceptives, main reason was unsustained availability of contraceptive (42.1%) followed by undesired effects (16.8%). But a large number of women (187) who never used contraceptive gave unfelt need (35.8%) as the main reason followed by want of children and family opposition (22.9%) (Table 3). Among the women who had knowledge about FP mostly got it from healthcare workers followed by media (Table 4).

Table 4: Source of knowledge.

Source	Number	Percentage (%)
Health workers	223	57.1
Media	121	30.9
Social circle	45	11.5
Others	2	0.5
Total	391	100

DISCUSSION

Our study shows that most of the women had knowledge about FP methods which is similar to various studies done by Sharma et al, Kumar et al and Bhasin et al where awareness regarding FP methods ranged from 75-90%.⁸⁻¹⁰ Das et al reported contraceptive use rate was 28% which is similar to our study where it was 27.9%.¹¹ Bhasin et al also reported condom as the most used FP method followed by tubectomy (27.3%), OCPs (16.6%) and IUCDs (15.7%).¹² In our study commonest was OCPs followed by condoms, IUCS and tubectomy. Thus, our study is similar to above study except for OCPs being the most common used FP method. This may be due to increased availability and easy acceptance. Khokhar et al and Khokhar et al observed that 61.36% women never practiced any method of FP but in our study, it was 46.4% reflecting the changing behavior of community towards FP acceptance.^{13,14} The main reason cited for not using contraceptive was unfelt need followed by need of child and family opposition. Rama et al, Das et al in their respective studies found that main reason for not using contraception was eagerness to have children, followed by family opposition, lack of information and side effects.^{15,11} Though majority women had knowledge about FP, not many were practicing it because of lack of education, economical, cultural and social barriers. These observations imply that the campaign to empower women with emphasis on their education and gender balance by changing the attitude of community towards status of women in a household and in a society as a whole.

Limitations

This study was conducted only in the women attending gynae OPD, hence, generalizability may be an issue because there may be a large section woman who do not routinely attend OPD. Also, the data were collected using a self-administered questionnaire, so there is a possibility that some participants would not have been able to

understand the questionnaire completely and the reported KAP might be overestimated or underestimated.

CONCLUSION

FP related knowledge was found to be very encouraging with two-third having a positive attitude as well. Main identified reasons for contraceptive defaults were unsustain availability, side-effects, need of a child and family opposition. It is hence, important to improve education of women to overcome barriers to modern contraceptive methods.

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Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

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