

A CROSS-SECTIONAL OBSERVATIONAL STUDY REGARDING KNOWLEDGE, ATTITUDE, AND PRACTICE OF CONTRACEPTION AMONG ELIGIBLE COUPLES RESIDING IN THE FIELD PRACTICE AREA ASSOCIATED WITH TERTIARY CARE CENTER

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ABSTRACT

Objectives: The objectives of the study were to observe the knowledge, attitude, and practice among the eligible couples in the area of study.

Methods: A population-based cross-sectional study was done in the field practice area of Postpartum Unit, Department of Obstetrics and Gynaecology, Rajindra Hospital, Patiala. Institutional Ethical Committee approval was taken. A structured questionnaire was made and validated. The knowledge, attitude, and practice related to contraceptives were thoroughly asked by face-to-face interviews with the eligible couples (15–49 years) with the help of a pre-validated and pre-tested questionnaire. The sample size for frequency in a population is 350.

Results: The majority of the population 181 (51.7%), belongs to the age group of 30–39 years, followed by 114 (32.6%) in the age group of 20–29 years and 52 (14.8%) in 40–49 years. 298 (85.14%) couples had knowledge regarding contraception and family planning. The majority of the population in the area of study had opted for permanent sterilization methods that included tubectomy in 103 (29.4%) cases, followed by vasectomy in 81 (23.1%) cases. The majority of couples, 25 (29.4%), had a fear of the side effects of the contraceptive, followed by feeling ashamed to buy 19 (22.3%). Of 298 (85.14%) couples had knowledge regarding contraception and family planning, and among those were literate. While 52 (14.86%) cases did not have knowledge of contraception, in which 20 (42.6%) were illiterate.

Conclusion: We can conclude that awareness about newer contraceptive methods is still lacking and needs to be increased at the community level as well as by the health-care workers by formulation of new policies by the government.

Keywords: Contraceptives, KAP study, Permanent sterilization.

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INTRODUCTION

Contraception is one of the proximate determinants of fertility and the most important predictor of fertility transition [1]. The contraceptive choice method is influenced by a host of interdependent cultural, demographic, social, and economic factors, which means that a multidimensional approach needs to be adopted for analyzing the pattern of contraceptive use. Any analysis based on a single indicator is unlikely to capture all the dimensions of contraceptive method choice. The use of contraceptives is characterized in terms of both the prevalence of different contraceptive methods and specific characteristics of acceptors, which differentially influence the use of different contraceptive methods. To understand the dynamics of contraceptive use, the identification of similarities and dissimilarities in the acceptors is essential [2]. Access to health services and, therefore, contraceptive practices, are likely to be poor among disadvantaged communities, e.g., those living in slums or resettlement colonies. Community-specific data are therefore essential to plan and implement efficient and effective family planning services [3].

Family planning counseling helps the client make informed choices about reproductive health and family planning issues. Informed choice, which should cover knowledge transfer about the mode of action of the chosen method [4], has been shown to improve efficiency and compliance with contraceptive method use [5].

Reasons for high fertility in India are early marriage (which results in too early, too frequent, and too many pregnancies), female illiteracy, and lack of use of contraceptive methods. Lack of contraceptive usage is due

to lack of knowledge and benefits of various contraceptive methods, fear about side effects of contraception, opposition from husband and relatives, and facing cultural, religious, and family obstacles. Unmet needs for contraception result in unwanted and unintended pregnancies, which result in unsafe abortion, thus increasing maternal morbidity and mortality. Unmet needs for contraception are a woman who wants to delay or limit childbirth but not use any method of contraception. Giving birth beyond two children may be due to various reasons such as the desire to have a male baby if previous babies were females or want to have a female baby if both babies are male or unplanned pregnancy without using contraception [6].

In view of the rising population despite the liberal MTP act and a basket of contraceptive choices available, a study is planned to assess the knowledge, attitude, and practice of family planning in terms of the use of contraception. This will help us recognize failure, reformatting policies, and boost the national program of family welfare.

Aims and objectives

- To assess knowledge, attitude, and practice of contraception among eligible couples.

METHODS

A population-based cross-sectional study was done in the field practice area of Postpartum Unit, Department of Obstetrics and Gynaecology, Rajindra Hospital, Patiala. The field practice area includes Choti Baradari, Khalsa Mohalla, Dhanka Mohalla, Nabha Gate, and Angurawali Masjid. The Institutional Ethical Committee approval was taken.

A structured questionnaire was made and validated. The knowledge, attitude, and practice related to contraceptives were thoroughly asked by face-to-face interviews with the eligible couples (15–49 years) with the help of a pre-validated and pre-tested questionnaire. The sample size for frequency in a population.

- Sample size (for finite population correction factor of FPC) (n)=12192
- Hypothesized % frequency of outcome factor in the population (p): 66.3% ±5
- Confidence limits as a percentage of 100 (absolute±%) (d): 5%
- Design effect (for cluster surveys-DEFF): 1
- Sample size (n) calculated: 334
- Lost of follow-up 5%=17
- Final sample size: 350.

Inclusion criteria

- Women in their reproductive age group residing in the field practice area
- Women partners of an eligible couple residing in the field practice area
- Those who gave consent to participate in the study.

Exclusion criteria

- Women who were medically incapable of begetting the child
- Women who did not give consent for participation in the study.

Methodology

A pre-tested structured questionnaire was used. All the study participants were explained the purpose of the study and were ensured strict confidentiality. Written informed consent was taken from the participants before the study.

Both direct and indirect questions were asked in their vernacular language. Three hundred and fifty married eligible couples were interviewed regarding different variables of family planning methods. All these contraceptive-related practices were studied, and inferences were made. The various parameters were studied and analyzed. All information thus obtained was collected and analyzed using Microsoft Excel Office software 2018, and statistical analysis was done using the Pearson Chi-square test.

RESULTS

Table 1 shows the distribution of the female population according to age. The majority of the population, 181 (51.7%), belongs to the age group of 30–39 years, followed by 114 (32.6%) in the age group of 20–29 years and 52 (14.8%) in 40–49 years. Only 03 (0.9%) females belong to the age group of 15–19 years age group and all three of them were 19 years of age. The mean age of the females was 32.14±5.98 years.

Table 2 shows the knowledge of contraception and family planning among the population. Out of the total of 350 cases, 298 (85.14%) couples had knowledge regarding contraception and family planning, whereas 52 (14.86%) cases did not have knowledge of contraception.

Table 3 shows the attitude of the population toward family planning through the use of contraceptives. In 265 (75.7%) couples approved the use of contraceptives, 33 (9.4%) couples disapproved of the use of contraceptives, and 52 (14.9%) couples did not have knowledge regarding contraceptives.

Table 4 shows the practice of contraception by couples at different stages of parity. 34.5% women opted for contraception after having two children, and 16% of women opted for contraception after having one child. 14 (4%) couples practiced the contraceptive methods in pre-conception. 24.3% were not using a contraceptive at all.

Table 5 shows the practice of the different types of contraception by the population. The majority of the population in the area of study had opted for permanent sterilization methods that included tubectomy in 103 (29.4%) cases, followed by vasectomy in 81 (23.1%) cases.

42 (12%) couples used condoms followed by oral contraceptive pills in 16 (4.6%) cases, withdrawal method in 8 (2.33%), 7 (2%) cases used IUD/IUCD, 3 (0.9%) used chhaya, and 2 (0.6%) cases each used antara and implant. Only 01 (0.3%) case uses the method of abstinence.

Table 6 shows the perception of the couple who are not using contraceptive methods. The majority of couples, 25 (29.4%), had a fear of the side effects of the contraceptive, followed by feeling ashamed to buy 19 (22.3 %). In 15 (17.6%) cases, the husband opposed the use of

Table 1: Age-wise distribution of the female population

S. No	Age group (Years)	No of females	Percentage
1	15–19	03	0.9
2	20–29	114	32.6
3	30–39	181	51.7
4	40–49	52	14.8
	Total	350	100

Table 2: Distribution of participants as per knowledge of contraceptive

S. No	Population	Percentage
Yes	298	85.14
No	52	14.86
Total	350	100

Table 3: Distribution of females as per attitude toward family planning methods

S. No	Attitude	Number	Percentage
1.	Approve	265	75.7
2.	Disapprove	33	9.4
3.	Do not know	52	14.9
	Total	350	100

Table 4: Distribution of participants about the use of contraception as per their stage of parity

S. No	Stage of Para	Number	Percentage
1.	Nullipara	14	4
2.	P1	56	16
3.	P2	121	34.5
4.	P3	23	6.6
5.	>P4	51	14.6
6	Not using contraceptive	85	24.3
	Total	350	100

Table 5: Distribution of population as per practice of different types of contraception

S. No	Contraceptive method	Population	Percentage
1	Withdrawal	08	2.3
2	Abstinence	1	0.3
3	Condom	42	12
4	OCP	16	4.6
5	Antara	02	0.6
6	Implant	02	0.6
7	IUD/IUCD	07	02
8	Chayya	03	0.9
9	Tubectomy	103	29.4
10.	Vasectomy	81	23.1
11.	Not using contraceptive	85	24.3
	Total	350	100

contraception as per their perception. While 11 (12.9%) admitted to having irregular sexual relations and 7 (8.2%) of the population found contraceptives costly, they were not aware that these are available free of cost in government institutes, while 2 (2.3%) cases are willing to conceive.

Table 7 shows the relation of use of contraceptives in relation to educational qualification and observed that out of a total 303 literate population, 252 (83.1%) use contraceptives whereas 51 (16.9%) literate population did not use contraceptives. In the case of a total of 47 illiterates in the study, 34 (72.2%) of the illiterates did not use contraceptives, whereas 13 (27.6%) used contraceptive methods. On comparison, it was found that illiterate couples were not using contraception 72.2%, and the role of education in the use of contraception was found to be statistically highly significant.

Table 8 shows the relation of knowledge of contraceptives with the educational qualification of females and observed that out of a total of 350 cases, 298 (85.14%) couples had knowledge regarding contraception and family planning, and among those were literate, while 52 (14.86%) cases did not have knowledge of contraception in which 20 (42.6%) were illiterate.

Table 6: Perception of couples for not using contraceptive (n=85)

S. No	Reason for not using contraceptive	Population	Percentage
1.	Husband opposed	15	17.6
2.	Willing to conceive	02	2.3
3.	Fear of side effects	25	29.4
4.	Costly	07	8.2
5.	Ashamed to buy it	19	22.3
6.	Irregular sexual relation	11	12.9
7.	No knowledge of contraceptives	52	61.1

Table 7: The use of contraceptives in relation to the educational qualification of females

S. No	Use of contraceptive	Illiterate (%)	Literate (%)	Total (%)
1.	Use contraceptive	13 (27.6)	252 (83.1)	265 (75.7)
2.	Do not use contraceptive	34 (72.2)	51 (16.9)	85 (24.3)
3.	Total	47 (100)	303 (100)	350 (100)

(Chi-square value=68.181, p-value \leq 0.001, highly significant)

Table 8: The relation of knowledge of contraceptives with educational qualification of female

S. No	Relation of knowledge	Illiterate (%)	Literate (%)	Total (%)
1.	Have knowledge	27 (57.4)	271 (89.4)	298 (85.14)
2.	Do not have knowledge	20 (42.6)	32 (10.6)	52 (14.86)
3.	Total	47 (100)	303 (100)	350 (100)

(Chi-square value=32.921, p-value \leq 0.001, highly significant)

Table 9: Knowledge of the population toward contraception in different studies

Study	Yes (%)	No (%)
Shruti <i>et al.</i> [7]	22	78
Alakananda and Das [8]	92	08
Murugesan <i>et al.</i> [9]	81	19
Sambath <i>et al.</i> [10]	96.9	3.1
Mubashar <i>et al.</i> [11]	99.2	0.8
Present study	85.14	14.86

DISCUSSION

In the present study, out of the total 350 cases, 298 (85.14%) couples had knowledge regarding contraception and family planning, whereas 52 (14.86%) cases did not have knowledge of contraception. The present study had similar findings regarding the knowledge of contraception as in other studies, as shown in the table, except for Shruti *et al.* [7], showing only 22% population had knowledge about contraception and only 28% were using permanent contraception. This study was conducted in rural Uttar Pradesh.

In the present study, 265 (75.7%) couples approved of the use of contraceptives, whereas 52 (14.9%) cases did not have knowledge regarding contraceptives. Similar findings were observed in the study by Mubashar *et al.* [11], where 79.6% of the population had a favorable attitude and 20.4% were not in favor of the use of contraceptive methods. Another study by Semachew Kasa and Embiale [12] had different findings on the attitude of the population toward contraceptives, where 59.8% of the population had a favorable attitude and 41.2% had an unfavorable attitude toward the use of contraceptives and family planning methods.

In the present study, the majority of the population in the area of study had opted for permanent sterilization methods that included tubectomy in 103 (29.4%) cases, followed by vasectomy in 81 (23.1%) cases. 42 (12%) couples used condoms followed by oral contraceptives pills in 16 (4.6%) cases, withdrawal methods in 8 (2.33%), 7 (2%) cases used IUD/PPIUCD, and 2 (0.6%) cases used antara and three cases used chhaya. Only 1 (0.3%) couple used the method of abstinence. Thus, 75.7% of the population had shown good practice, whereas 24.3% population did not have knowledge regarding contraceptives. It was observed that one population opted for permanent methods and then for spacing methods. Couples were not aware of newer contraceptive methods such as chhaya, injection antara, or emergency contraception.

The findings of the present study had similar findings with the study conducted by Semachew Kasa and Embiale [12], where almost half the population 50.4% had shown good practice and 49.6% had poor practice. Similar findings were observed in the study conducted by Patro *et al.* [3], where the majority of the population had undergone permanent sterilization in 54.6% of cases, followed by the use of barrier methods in 23.7% of cases, oral pills in 12.1% cases and IUD in 9.6% cases. The similarity of findings was observed in the study conducted by Chacko [13], where the permanent method was the most common and popular method of contraception. In another study by Gummaraj *et al.* [14], where the maximum of the population, 42.67%, had undergone sterilization. The finding of our study was in contrast to the study conducted by Al-Musa *et al.* [15] and Mubashar *et al.* [11], where couples preferred the spacing method over permanent sterilization; it was also observed that there was the least prevalence for the use of an injectable, implant, the emergency contraceptive pill, and IUCD, be it interval or postpartum. Knowledge of the population towards contraception in different studies is as per the Table 9.

A substantial number of couples still does not use contraception for fear of side effects, misplaced faith or conception for the preference of gender (son factor), opposition from family and husband, and various religious beliefs. This needs to be addressed strongly by role models and leaders as the population is ever-increasing, draining our resources.

CONCLUSION

Improvement in female education is an important tool in family planning, birth spacing as well the use of contraceptive methods. The source of knowledge differs with the area of study and also the education of the population studied. The knowledge and preferences widely vary in the different phases of life, and there is scope for further improvement. Most importantly, it is crucial to share accurate information, dispel myths, and alleviate anxiety and fear when discussing the source and availability of contraceptives. We can conclude that awareness

about the newer contraceptive method is still lacking and needs to be increased at the community level as well as by the health-care workers by formulation of new policies by the government.

AUTHORS CONTRIBUTION

Dr. Preeti: Data collection, applying statistics, rechecking data, and validation. Dr. Jaspinder Pratap Singh: Literature search and help in preparing the manuscript.

CONFLICTS OF INTERESTS

None.

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