



IJCRR

Section: Healthcare

ISI Impact Factor  
(2019-20): 1.628

IC Value (2019): 90.81

SJIF (2020) = 7.893



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# A Study of Knowledge, Attitude & Practices of Family Planning Methods among Married Women of Reproductive Age Group

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## ABSTRACT

**Introduction:** Studies from various parts of developing countries reveal that the knowledge of contraception in women is very low. Also use of contraceptive methods varies in various countries and is probably related to local belief. To increase the awareness and actual practice of contraception among married couples, understanding the knowledge and attitude of the patient towards contraception is very much necessary.

**Aims and Objectives:** To assess the knowledge and attitude regarding family planning methods and contraceptive practices among married women of the reproductive age group.

**Methodology:** 500 women in the reproductive age group (15-45 years) attending. Nootan General Hospital, Visnagar, Gujarat, India from 1st December 2020 to 28th February 2021 were interviewed with a predesigned questionnaire after taking informed consent.

**Results:** Most of the women interviewed fall in the age group of 21-30 years (48.6%). 67.4% were married for 5 years. 48.4% were illiterates and only 18.6% had primary education. 477 (95.4%) had heard/aware of the family planning method (permanent/temporary). About 311 (65.19%) got information from social circles. The importance of and use of contraception has been explained by health personnel to 95 (19.91%) and 71 (14.88%) got it through mass media. 278 (55.6%) were practising different contraceptive methods. 172 (61.87%) women resort to tubal ligation as a contraceptive method of choice and the reason being the completion of their family. None of their husband underwent tubectomy. Only 69 (24.82%) women used various methods for spacing.

**Conclusion:** According to our study, though knowledge of at least one method of contraception was wide among the women still actual practice was very low. More programs are required to combat the influence of various factors on contraception usage and to emphasize the positive effects of the use of contraception.

**Key Words:** Attitude, Knowledge of contraception, Practice of contraception, Condom, Tubectomy, Awareness of contraception

## INTRODUCTION

In the world population numbers, India is at second rank. Very soon India will overtake China, which at present is the most popular country in the world.<sup>1</sup> National economy has been adversely affected due to the rapid increase of population. The health of the women is also adversely affected due to the increasing number of childbirth. Both these factors have a direct effect on the social and economic uplift of the family.<sup>2</sup> Family welfare programme was launched by the government of India in the 1950s, to accelerate social and economic development by reducing population growth. However, this program has met with only marginal suc-

cess. Though the permanent methods have been successful in our country, the spacing methods lag and unwanted, unplanned pregnancies continue to be high.<sup>3</sup> Modern methods of contraception are oral pills, male and female condoms, intrauterine devices, implants, male and female sterilization, injectables, diaphragm and emergency contraception. Periodic abstinence, withdrawal and folk methods are traditional methods.<sup>4</sup> There are many social factors, taboos, myths & ignorance which are responsible for the underutilization of contraceptive services.

This leads to many unwanted pregnancies causing maternal morbidity and mortality.<sup>3</sup> In India, women virtually have no

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ISSN: 2231-2196 (Print)

ISSN: 0975-5241 (Online)

Received: 17.03.2021

Revised: 12.05.2021

Accepted: 03.07.2021

Published: 20.11.2021

role to play or are allowed to play a very limited role in making reproductive decisions. Socio-economic factors and education play a vital role in family planning acceptance. Studies from various parts of developing countries reveal that the knowledge of contraception in women is very low. Also use of contraceptive methods varies in various countries and is probably related to local belief.<sup>5</sup>To increase the awareness and actual practice of contraception among the married couple, understanding the knowledge and attitude of the patient towards contraception is very much necessary. We are doing the present study to know the knowledge, attitude and practices regarding contraceptive usage.

## METHODS

A cross-sectional study was conducted in the Department of Obstetrics and Gynecology, Nootan General Hospital, Visnagar, Gujarat from 1<sup>st</sup> December 2020 to 28<sup>th</sup> February 2021. A total of 500 women in the reproductive age group who visited our hospital were evaluated with the predesigned questionnaire.

The study was aimed to study

- (1) the socio-demographic parameters
- (2) knowledge and awareness regarding contraception
- (3) contraceptive practices.

### Inclusion criteria

- Women in the reproductive age group
- Women living with their husbands

### Exclusion criteria

- Women who have had medical disorders
- Women who refused to give consent

Descriptive analysis was done to obtain the percentage. Women who satisfied the inclusion criteria were interviewed after taking informed consent. The questionnaire revealed information regarding different parameters of the study like age, occupation, educational status, number of children, source and knowledge of contraceptive methods and attitude of females towards contraception. The practice of family planning methods and the attitude of females towards contraception. Data compilation was done by simple tabulation.

## RESULTS

Out of 500 women interviewed, 243 (48.6%) were in the age group of 21-30 years. 187 (37.4%) women were primipara and 212 (42.4%) women had <3 children. 337 (67.4%) women were within 5 years of marital life. Regarding literacy level 268 (53.6%) were illiterate and 355 (71%) were non-working and homemakers. (Table 1)

Out of the 500 women, 477 (95.4%) were aware of contraception with complete knowledge of permanent methods of contraception (tubectomy/vasectomy). Regarding contraception, 324 (64.8%) were aware of barrier methods (male condoms), 125 (25%) knew about oral contraceptive pills (OC pills) and 252 (50.4%) knew about Intrauterine Copper Device (IUCD). 13 (2.6%) women were aware of the safe period. 6 (1.2%) women knew about injectables. The source of knowledge was mostly thorough social circle in 311 (65.19%) women ; 95 (19.91%) women got awareness through health personnel and 71 (14.88%) through media. 23 women (4.6%) did not know about any type of contraception (either permanent or temporary). Very few women knew more than one method of contraception. (Table 2 & 3)

Of the 477 women with a knowledge of contraceptives, 172 (61.87%) resorted to permanent sterilization (tubectomy), the reason for this decision being the completion of the family. 99 (35.61%) women were using temporary contraceptives of which male condoms 42( 15.10%) occupy the major part. Even though 125 (25%) women were aware of oral contraceptive pills and 252 (50.4%) about IUCD only a minority of them that is 19 (6.8%) and 38 (13.66%) were using OC pills and IUCD respectively. 69 (24.82%) women were using contraceptives for spacing and 12 (4.3%) for financial problems. Out of 222 (44.4%) women who were not practising contraception, 23 (10.36%) were not knowing about contraception. Of those who knew, 12 (5.4%) women thought that these methods are not reliable and 9 (4.0%) were not used due to opposition by family members. (Table 4, 5, 6)

Out of 222 women who were not practising any method of contraception, only 84 (37.83 %) women had a positive attitude towards the practice of family planning methods. While 37 (16.66%) women were neutral in their responsiveness. (Table 7)

## DISCUSSION

The contraceptive prevalence rate calculated in other studies in urban as well as rural and tribal areas in India is around the National Contraceptive Prevalence Rate which is 53.5%.<sup>6</sup> The phenomena of high knowledge and low practice has been observed in multiple studies conducted in various parts of India and abroad like, in the study conducted by **Onwuzurike BK** et al in Nigeria.<sup>7</sup> This phenomenon of high knowledge and low practice is also observed in the present study. It has been observed that tubectomy is the method of choice in rural and tribal areas.<sup>8,9</sup> Vasectomy is not practised at all in this current study population. According to the National Family Health Survey-4 (NFHS-4), the national figure for unmet need is 12.9 %, with 5.7% for spacing.<sup>6</sup> The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behaviour.

Considering the above factors, the present study was conducted to assess the knowledge about various family planning methods and current trends in the usage of contraceptive methods so that the unmet needs of the population can be targeted.

In our study, 48.6% of women were in the age group of 21-30 years. 37.4% of women were primipara and 42.4% of women had <3 children. 67.4% of women were within 5 years of marital life. Regarding literacy level, 53.6% were illiterate and 71% were non-working and homemakers. These findings are similar to a study conducted by **Lavanya et al.**<sup>10</sup>

53.6% of females were illiterate and 46.4% were literate. Among the literates, 18.6% women had primary education & 17.4% women had higher primary & secondary education. This is correlated with the study conducted by **Dr Umesh et al.** which showed 58% were illiterate & the **Asma Nigar et al.** showed 61% females were illiterate and also study conducted by **Sunita Ghike et al.** showed 56% of females were illiterate.<sup>3,5,11</sup> The major source of knowledge in our study was a social circle in 65.19% of study subjects followed by media in 14.88% of study subjects. These findings are corroborated with the study conducted by **Sunita TH et al.** which showed social circle as the source of knowledge in 42% of cases followed by media in 15% of cases.<sup>12</sup> Also in the study conducted by **Lavanya et al.** showed social circle is the source of knowledge in 67.7% of cases followed by media in 18.18% of cases.<sup>10</sup> Mass media plays an important role in the promotion and acceptability of contraception. The need to advertise through media is to be enhanced as 53.6% of the women interviewed were illiterates. Being a part of the community, the health personnel especially ASHA workers should discuss the need for different methods of family planning spacing methods to decrease the gap between the knowledge and practice of contraception.

Our study showed a high percentage of awareness of family planning methods, 95.4% of the respondents knew about at least one method of contraception which was similar to study conducted by **Jahan u et al.** (93.1%); **Agrawal et al.** (96%); **Thapa et al.** (92%).<sup>9,13,14</sup>

In present group, maximum awareness was of female sterilization (95.4%), followed by condom (64.8%), Intrauterine copper devices (IUCD) (50.4%), oral pills (25%), injectable contraceptive (1.2%), safe period (2.6%) & emergency contraception (6.9%). These results are similar to a study conducted by **Agrawal et al.**, which showed maximum awareness was of barrier (96.67%) and female sterilization (96.67%) followed by IUCD (87.33%), oral pills and injectable contraceptives (84.67%).<sup>9</sup> This was, in contrast, to a study conducted by **Jahan Uet al.**, which showed maximum awareness for oral contraceptive pills (74.8%) followed by condoms (68.8%), IUCD (56.6%), injectables (38.4%), natural methods (22.9%), female sterilisation (36.4%), male sterilisation (25.3%).<sup>13</sup>

In our study, the most common method of contraception used was tubectomy (61.87%), followed by condoms (15.10%), IUCD (13.66%), OC pills (6.8%) & safe period (2.5%). This was similar to a study conducted by **Lavanya et al.**<sup>10</sup>

In our study, 44.4% had never used any contraceptive compared to 37.1% in the study conducted by **Jahan U et al.** & 44.4% in a study conducted by **Lavanya et al.**<sup>10,13</sup>

44.4% of women in our group were not using contraceptives due to various reasons like due to lack of knowledge in 10.36% women, side effects in 7.6% women, 19.81% women wanted to conceive next baby, 13.96% women were currently pregnant, another 48.19% women were not using contraceptives due to various reasons like opposition by family members, husband staying away, against religious belief & currently puerperium.

Childhood marriages and unplanned pregnancies are very much common in India. We can reduce maternal mortality and morbidity by increasing awareness regarding temporary contraception among teenagers and primipara.

Promoting injectables and postpartum IUCD insertion have their role in improving maternal health.

## CONCLUSION

According to our study, though knowledge of at least one method of contraception was wide among the women still actual practice was very low. More programs are required to combat the influence of various factors on contraception usage and to emphasize the positive effects of the use of contraception. The selection of the correct method of contraception is very important. Knowledge and awareness of different methods of contraception should be spread by the health care personnel & media. Male should also be motivated to use different methods of male contraceptive measures (both temporary and permanent). They should also be encouraged to use a condom for both, spacing as well as to reduce the spread of sexually transmitted infections.

## DECLARATIONS

**Funding:** No funding sources

**Conflict of interest:** None declared

**Ethical approval:** Taken (IEC no.: 37/2020)

## ACKNOWLEDGEMENT

We acknowledge the immense help received from the scholars whose articles are cited and included in the references of the manuscript.

### AUTHOR'S CONTRIBUTION

Dr Kinnari Amin: She formulated the concept of this research. She helped in the collection, compilation and analysis of data. Final editing work and publication of research was done by her.

Dr Heena Rajput and Dr Bhamini Kadikar: They helped in data collection and compilation.

Dr Nilesh Shah: He supervised every step of research and helped in the final editing work.

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**Table 1: Age in years, parity, years of marriage, educational status, occupation**

Age in years	N	Percentage
<20 years	138	27.6
21-30 years	243	48.6
31-40 years	75	15
41-45 years	44	8.8
<b>Parity</b>		
Primi	187	37.4
<3	212	42.4
3-5	76	15.2
>5	25	5.0
<b>Years of marriage</b>		
<5	337	67.4
5-14	127	25.4
>14	36	7.2
<b>Educational status</b>		
Illiterate	268	53.6
Till primary school	93	18.6
Primary school completed	87	17.4
High school	32	6.4
Graduate & above	20	4.0
<b>Occupation</b>		
Agricultural labourer	112	22.4
Working	33	6.6
Not working	355	71

**Table 2: Knowledge**

Knowledge	N	Percentage
Heard or aware of contraceptive	477	95.4
Tubectomy& vasectomy	477	95.4
Barrier method (condom)	324	64.8
Female condom, Diaphragm	00	00
OC pills	125	25
IUCD	252	50.4
Safe period	13	2.6
Injectables	6	1.2
Emergency contraception	33	6.9

**Table 3: Source of awareness**

Source of awareness	N	Percentage
Media	71	14.88
Social circle	311	65.19
Health personnel	95	19.91

**Table 4: Type of contraceptive using**

Type of contraceptive using	N (278)	Percentage (55.6%)
Male condom	42	15.10
Tubal ligation	172	61.87
Vasectomy	00	00
Safe period	07	2.5
IUCD	38	13.66
Oral pills	19	6.8
Injectables	00	00

**Table 5: Reasons for using contraceptives**

Reasons for using contraceptives	N	Percentage
Completed their family	183	65.82
Spacing	69	24.82
Financial problem	12	4.3
Improvement of health/Physician advice	14	5.0

**Table 6: Reasons for not using contraceptives**

Reasons	N (222)	Percentage (44.4%)
Ignorance/ lack of knowledge	23	10.36
Unbearable side effects	17	7.6
May lead to cancer	08	3.6
Not reliable	12	5.4
Currently pregnant	31	13.96
Desire to have a child	44	19.81
Opposition by a family member	09	4.0
Against religious belief	15	6.7
Not staying with husband	13	5.8
Currently puerperium	44	19.81
No valid reason	06	2.7

**Table 7: Attitude and family planning method willing to adapt**

Attitude	N	Percentage
Positive	84	37.83
Neutral	37	16.66
Negative	101	45.49
Family planning method willing to adapt	N (84)	Percentage (37.83%)
Female sterilisation	23	27.38
Male sterilisation	00	00
Condom	19	22.61
OC pills	13	15.47
IUCD	14	16.66
Injectable	03	3.5
Undecided	12	14.28