

Awareness and Practices of Temporary Contraception in Rural Women of Uttar Pradesh

Sonia Luthra¹, Swati Dubey², Priya Singh³, A.D. Dwivedi⁴

Abstract

Introduction: Contraception has been a single most important intervention to reduce the burden of unwanted pregnancy. Understanding the attitude and knowledge of the women towards contraception, helps in improving their acceptance. **Materials and Methods:** This questionnaire based cross sectional study was conducted over a period of 6 months to assess the contraceptive knowledge and practice in the rural women of Uttar Pradesh. A total of 500 currently married rural women of 15-45 years of age were interviewed. **Results:** 98% of women knew about condoms but it was found to be the method of choice in only 10.4% of women. 82% were aware about Copper -T but only 8% were practicing it. 61% had knowledge about OCP's and 8.6% were practicing it. 62% of women knew about injectable contraceptives but only 8.6% were using it. The most common source of information was television and media (65%). Wish for having more children, fear of side effects, lack of awareness about benefits of spacing and limiting the births, lack of support from husband and family, lack of awareness about contraceptive methods were the various reasons for not using contraception. **Conclusions:** While there is good contraceptive awareness in rural Uttar Pradesh, but this is not matched with contraceptive prevalence and prospects for improvement exist. Imparting knowledge to couples as well as to their parents and society

about the health benefits of spacing and limiting number of children can play an important role in reducing maternal and perinatal mortality and morbidity.

Keywords: Acceptance, Awareness, Contraceptive method, Practices, Knowledge

Introduction

India is one of the most populous countries in the world. Total fertility rate (TFR) of 2.4 children born/woman in rural India is much higher than that of developed countries [1]. TFR is inversely related to prevalence rate of contraceptives. Contraception has been a single most important intervention to reduce burden of unwanted pregnancy and promote healthy living among young women.

According to NFHS-4 (2015-16), about 12.9% of the fertility in India was unwanted, indicating a huge gap between the demand and supply of family planning methods [1]. There are nearly 40million women in India who would prefer to avoid becoming pregnant but not practicing contraception [1]. All these facts indicate poor contraceptive practice by Indian women. Understanding the attitude and knowledge of the women towards contraception, helps in improving their acceptance. This study was designed to assess the contraceptive knowledge and practice in Indian rural women.

Contraceptive advice is a component of preventive health care. An ideal contraceptive should suit an individual's personal, social, and medical characteristics and requirements. Socio-economic factors, education are few of the factors that play vital role in family planning acceptance [1]. In India women virtually have no role to play or allowed to play very limited role in making of reproductive decisions [2].

¹Associate Professor ²Assistant Professor ³Senior Resident ⁴Professor and Head, Department of Obstetrics and Gynaecology, Hind Institute of Medical Sciences, Safedabad, Barabanki, Uttar Pradesh 225003, India.
Corresponding Author:
Sonia Luthra,
Associate Professor
Department of Obstetrics and Gynaecology, Hind Institute of Medical Sciences, Safedabad, Barabanki, Uttar Pradesh 225003, India.
E-mail: drsonialuthra@gmail.com
Received on 10.10.2018,
Accepted on 16.10.2018

National family planning program was first launched in India in 1951, with the aim of reducing the birth rate for stabilization of the population [3]. Despite of all the efforts, each year approximately 55,000 women die in India due to pregnancy or childbirth-related complications [4].

Aims and Objectives

The present study was carried out to

Analyze the awareness, acceptance and knowledge of various temporary contraceptive methods, source of knowledge and actual contraceptive practices in rural parts of Uttar Pradesh.

Materials & Methods

This questionnaire based cross sectional study was conducted over a period of 6 months from October 2014 to March 2015. A total of 500 currently married rural women of 15-45 years of age, attending OPD of Hind Institute of Medical Sciences were interviewed with a pre designed questionnaire after taking informed consent. Women with pregnancy, infertility or any medical disorder were excluded from the study.

Apart from their age, occupation, educational status and number of children, women were questioned about their awareness regarding spacing and limiting the number of childbirths, and knowledge about various contraceptive methods like

oral contraceptive pills, injectables, IUCD and condoms. They were also enquired about the source of information and reasons for not using contraception.

Descriptive analysis was conducted to obtain percentages.

Observations and Results

A total of 500 married females of reproductive age were enrolled in the study. Most of the women were between 26-30 years (45.2%) and 31-35 years (23%) (Table 1). Among the respondents, 30.6% women were P1, 36.8% were P2 and 20.4% were P3 and above (Table 2). Most of the study subjects were illiterate (52%) or studied only up to primary education (26.4%) (Figure 1).

In the present study, 98% women were aware of at least one method of temporary contraception. Most commonly known method was condom (98%) followed by IUCD, injectables and oral contraceptive pills (Figure 2). Same bar chart also depicts the knowledge of different contraceptive methods and their actual practice in the studied group. 98% of women knew about condoms but it was found to be the method of choice in only 10.4% of women. 82% were aware about IUCD as Copper -T but only 8% were practicing it. 61% had knowledge about OCP's and 8.6% were practicing. 62% of women knew about injectable contraceptives but only 8.6% were using it.

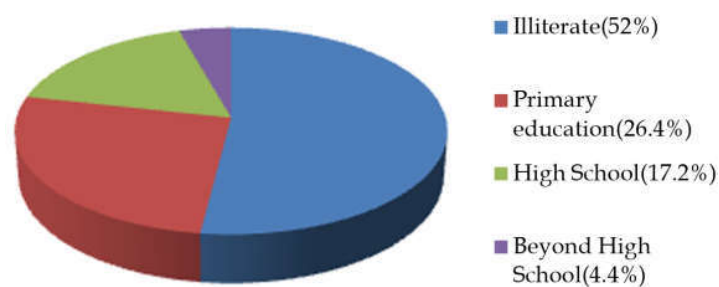


Fig. 1: Showing educational status of study group

Table 1: Showing study population and age (Total no. of women 500)

Age in years	No. of women	%
15-20	10	2%
21-25	89	17.8%
26-30	226	45.2%
31-35	115	23%
36-40	54	10.8%
41-45	6	1.2%

Table 2: Showing parity of the study group

Parity	No. of women	Percentage
P0	61	12.2%
P1	153	30.6%
P2	184	36.8%
P3 and above	102	20.4%

Table 3: Showing sources of knowledge of contraceptives (Total respondents 500)*

Sources of knowledge	Number of respondents	%
T.V. & Media	325	65%
Family & Friends	260	52%
Health personnel (ANM ,ASHA)	160	32%
Hospitals	90	18%

* Total is more than 100% as multiple responses were allowed.

Table 4: Showing reasons for not using contraception by women

Reason	No. of women	Percentage
Willing to have more children	178	35.6%
Lack of knowledge of contraceptive methods	96	19.2%
Fear and myths	123	24.6%
Lack of support from husband or family	103	20.6%

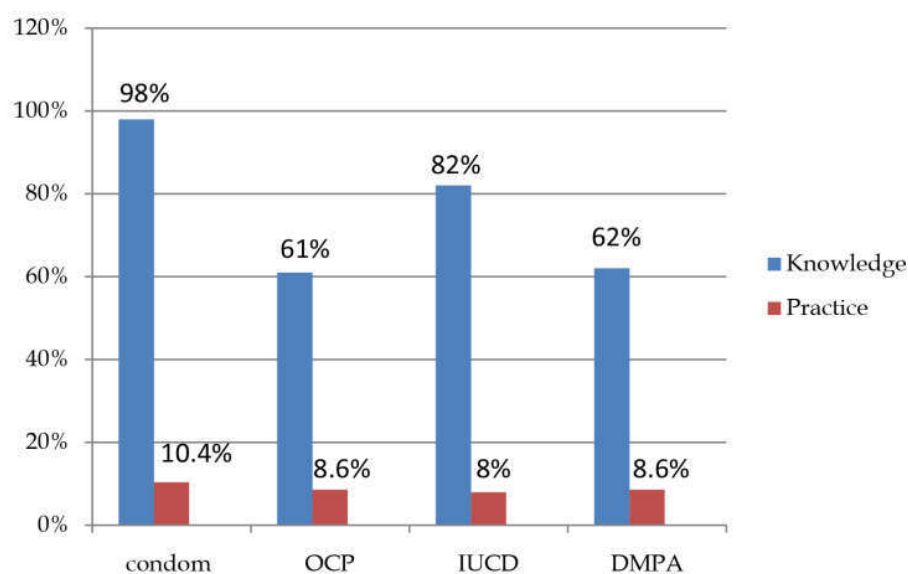


Fig. 2: Showing the knowledge and practice of various contraceptive methods

Women had multiple sources of information but the most common one was television and media (65%). Other sources were family, relatives and health personnel (Table 3).

Wish for having more children, fear of side effects, lack of awareness about benefits of spacing and limiting the births, lack of support from husband and family, lack of awareness about contraceptive methods were the various reasons

cited by women for not using contraception (Table 4).

Discussion

The unprecedented population growth of the world in the last century has been the major concern at the international level [5] and is seen as major

impediment to contemporary efforts to alleviate poverty of billions of the people in the Third World [6].

In our study 98% of women were aware of at least one method of contraception. The best known method of temporary contraception was condoms (98%), followed by IUCD (82%), injectable contraceptives (62%) and OCPs (61%). But only 36.8% of women were found using temporary contraception methods in toto.

Sunita Ghike et al found that 100% of women in their study had knowledge about contraception. But only 22% were using CuT, 5.41% were practicing condom, 2.1% were using O.C. Pills. [7] N. Khwaja and R. Tayyab found 68.5% contraceptive awareness in Pakistani women [8]. Alka Verma and Suneeta Mittal found that 96% women had knowledge about but only 28 out of 122 women were using contraception [9].

The major sources of knowledge in our study were social circle (52%) and media (65%) whereas results found in other study were 25% and 15.5% respectively [10]. Tuladhar H et al. also observed that the most common source of information on contraception was media (55.5%), both printed and electronic [11]. A Study of social-psychological factors affecting fertility and family planning acceptance showed that mass media plays an important role in promotion and acceptability of contraception [12].

Lack of awareness of benefits of spacing and limiting childbirths, myths and fears and no support from husband and family were the main reasons for not using contraception. Similar reasons were reported by other studies also [9,13]. In a study by Lavanya KS et al., the reasons for not using contraception included non reliability, lack of knowledge, partner opposition, willing to have more children and fear of side effects [14].

Conclusion

Our study has shown that while there is good contraceptive awareness in rural Uttar Pradesh, but this is not matched with commensurate contraceptive prevalence and prospects for improvement exist. The present study also indicates that the awareness regarding the need and benefits of birth spacing and limiting the number of childbirths was inadequate.

Imparting knowledge to couples as well as to their parents and society about the health benefits of spacing and limiting number of childbirths can

play an important role in reducing maternal and perinatal mortality and morbidity. Removing myths about various methods would also increase the overall acceptance and practice of contraception. Motivation of the males towards the usage of male contraceptive measures (both temporary and permanent) is very much necessary.

The need to tackle known obstacles to contraceptive uptake can't be overemphasized. Also targeted campaigns and every available opportunity should be used to provide reproductive counseling to women especially on contraception.

Source of Funding: Nil

Source of Conflicts: Nil

Ethical approval: Approval taken from institutional ethical committee.

References

1. National Family Health Survey (NFHS-4): District fact sheets - rchiips.org/NFHS/districtfactsheet_NFHS-4.shtml
2. Usha Ram, Ph.D. Contraceptive use among young married women in India.
3. Park K. Text Book of Preventive & Social Medicine. 21st ed. Bhanot Banarsidas. Jabalpur. 2011.p.445.
4. Rai SK, Dasgupta R, Das MK, Singh S, Devi R, Arora NK. Determinants of utilization of services under MMJSSA scheme in Jharkhand 'client perspective': a qualitative study in a low performing state of India. Indian J Pub Health. 2011;55:252-9.
5. Sen A. Fertility and Coercion. The University of Chicago Law Review. 1996;63(3):1035-61.
6. Donald J. Hernandez. Fertility Reduction Policies and Poverty in Third World Countries: Ethical Issues. Studies in Family Planning. 1985;16(2):76-87.
7. Ghike S, Joshi S, Bhalerao A, Kawthalkar A. Awareness and contraception practices among women- An Indian rural experience. J South Asian Federation Obstet Gynecol. 2010;2(1):19-21.
8. Khwaja N, Tayyab R, Awareness and practices of contraception among Pakistani women, Journal of Ob Gy. 2004;1(5):564-67.
9. Verma A, Mittal S, Dadhwal V. Awareness of contraceptive methods in a rural set up in India. International Journal of Gynecology and Obstetrics. 2000;70:E19.
10. Pegu B et al. Knowledge, attitude and practices of contraception among married women. Int J Reprod Contracept Obstet Gynecol. 2014 Jun;3(2):385-88.

11. Tuladhar H, Marahatta R. Awareness and practice of family planning methods in women attending gyne OPD at Nepal medical college teaching hospital. *Nepal Med Coll J*, 2008;10(3):184-91.
 12. Ramesh BM. A Study of social-psychological factors affecting fertility and family planning acceptance. *IIPS Newsl*. 1987;28(4):19.
 13. Augustine U, Mathias A. Contraceptive awareness and practice among antenatal attendees in Uyo, Nigeria. *Pan Afr Med J*. 201;10:53.
 14. Lavanya KS, PNSL. A study on contraceptive knowledge, attitude and practice among reproductive age group women in a tertiary institute. *Int J Res Health Sci [Internet]*. 2014 Apr 30;2(2):577-80.
-