

A study on contraceptive knowledge, attitude and practice (KAP) among women attending family planning clinic of a private hospital of Western INDIA

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Abstract

Background: The widespread adoption of family planning, in a society, is an integral component of modern development and is essential for the integration of women into social and economic life. **Objectives:** To assess the knowledge, attitude and practice regarding usage of contraceptive methods among women attending family planning clinic **Material and Method:** A cross sectional study was conducted in 100 urban women. They were allotted to two groups – Group A of 76 women consisted of those who came for Medical termination of pregnancy (MTP) and Group B of 24 women who came with incomplete abortion following induced abortion. A pretested semi structure questionnaire was used as study tool to assess the contraceptive knowledge, attitude and practices. The data was analyzed using appropriate statistical methods (SPSS ver. 20). **Result:** Though 82% women were aware of the existence of a contraceptive method, only 44% ever used one. The most commonly used contraceptive was condom (34%). 82% were willing to undergo tubectomy in future whereas only 20% were willing to accept an intrauterine contraceptive device. **Conclusion(S):** The study highlights that although there is high level of awareness, contraceptive use is not very high. New ways of motivating people to adopt contraceptives should be considered.

Keywords: Knowledge, Attitude, Practice, Contraception.

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INTRODUCTION

The population blast which is affecting the whole world has been particularly detrimental to the infrastructure of developing countries like India.¹ There is a definite need

of giving utmost importance to various family planning methods, especially regular contraception and emergency contraception¹. Medical termination of pregnancy (MTP) should be offered in cases of unwanted pregnancy.² With the use of regular and emergency contraception the need for MTP will be much reduced.² Different methods of regular contraception are natural methods, barrier methods especially male and female condoms, oral contraceptive pills (as the most effective method), intrauterine devices (commonly used method in India) and measures of permanency as female and male sterilization.³ A woman can make her choice of any one these after consulting a doctor or a health care provider¹⁻³. Emergency contraception in the form of two tablets of levonorgestrel taken preferably within 72 hours of unprotected coitus, can aid preventing pregnancy in cases

of unprotected coitus or mishaps of regular contraception³. Present study aims to assess the knowledge, attitude and practice regarding usage of contraceptive methods among women attending family planning clinic of a private hospital of Western India.

MATERIAL AND METHOD

This Cross sectional study was conducted at a private hospital in Pune, Maharashtra from January 2012 to December 2013. All women coming for MTP or presenting with incomplete abortion were included. Those presenting after a spontaneous abortion were excluded, since they desired a pregnancy and would not be expected to use contraceptives in near future. In all, 100 women were studied using sequential sampling. The sampling was continued with time period as the key parameter. The sampling was started in January 2012 and all the samples in the either group were included till December 2013. They were divided into two groups: Group A (n=76) constituted those who wanted to seek MTP and Group B (n=24) included those who presented with incomplete abortion following induced abortion. A pretested semi structure questionnaire was used as study tool to assess the contraceptive knowledge, attitude and practices. The data was analyzed using appropriate statistical methods (SPSS ver. 20).

RESULTS

The socio-demographic characteristics of the group studied are shown in Table 1. Among all the women undergoing abortion, 5% were in the tender age of less

than 19 years. While most of these women were married, 7% of them were unmarried. Nearly half (46%) of the women were illiterate. Those who came seeking MTP were better educated than those presenting with a complication after an induced abortion. The abortion seeking behaviour demonstrated a rise after parity two, and peaked after parity four (Table 2). The most known (61%) temporary method of contraception was intrauterine contraceptive device (IUCD) followed by oral contraceptive pills (OCP) (61%) and condoms (53%). 14% of the women were not aware of any form of contraception (Table 3). The most common method ever used by the couples was condom (34%), followed by the natural methods (27%) and OCP (19%). (Table 4) 54% of the women had not practiced any form of contraception previously. None had ever used emergency contraception (EC) and only 2% were aware of its existence. Only 0.7% women had undergone medical abortion previously and only 30% were aware that pregnancy can be terminated by medical means. While most of them were willing to use contraceptive methods in future, 12% refused to accept any method and 6% were not able to decide. Among those who were willing most (82%) wanted sterilization for themselves as the permanent method (Table 5). As for the temporary methods, 20% wanted to use an IUCD. 4% wanted to use condom and 2% OCP. For 12% of the women who did not want to use any method, it was because of fear of side effects. The important source of knowledge about contraceptive methods was family members, friends and television (Table 6).

Table 1: Socio-Demographic Characteristics

Characteristics		Group A(n=76) those who came for Medical termination of pregnancy (MTP)	Group B(n=24) those who came with incomplete abortion following induced abortion	Total (100)
Age in Years	<19	4	1	5
	20-29	37	6	43
	30-39	32	14	46
	40-45	3	3	6
Marital Status	Married	69	22	91
	Unmarried	6	1	7
	Separated	1	1	2
Educational status	Illiterate	27	19	46
	Primary (Upto 5th grade)	21	3	24
	High school /HSC(Upto 10th grade)	19	2	21
Religion	Graduate (more than 10th grade)	9	-	9
	Hindu	65	18	83
	Muslim	9	6	15
	Christian	2	-	2

Table 2: Parity status of the two groups

Parity	GroupA (n=76)	GroupB (n=24)	Total (N=100)
P0	6	1	7
P1	3	1	4
P2	20	3	23
P3	21	6	27
P4 and+	26	13	39

Table 3: Awareness of Contraceptive Methods

Method	GroupA (n=76)	GroupB (n=24)	Total (N=100)
Natural(withdrawal, calendar, breastfeeding)	26	1	27
Condoms	50	3	53
Oral pills	59	2	61
Injectable	23	1	24
IUCD	58	3	61
Female Sterilization	68	14	82
Male Sterilization	49	2	51
None	8	6	14

Table 3.1: Awareness of Emergency Contraception and Medical Abortion

	Group A	Group B	Total
Emergency contraception	1	1	2
Medical Abortion	28	2	30

Table 4: Contraceptive Method previously used (no. Exceeds as awareness overlaps)

Method	Group A	Group B
Natural	26	1
Condom	32	2
Oral pills	18	1
Injectables	2	0
None	34	20

Table 5: Choice of Method for future use (no Exceeds as awareness overlaps)

Method	Group A	Group B
Condoms	4	0
Oral pills	2	0
IUCD	20	0
Female Sterilization	61	21
Male Sterilization	1	0
None	10	2
Undecided	5	1

Table 6: Source of Knowledge (no. Exceeds as awareness overlaps)

Source	Group A	Group B
Family and Friends	54	13
Radio	3	1
TV	30	2
Newspaper and magazine	10	1
Paramedics and doctors	18	2
Don't know	8	9

DISCUSSION

In the present study most of the women were married and illiterate. In this study, non-use of a contraceptive at the time of conception is high (55%) as compared to that in the study by Young *et al*⁴ (39%) and by Aneblom *et al*⁵ (33%). The main reason of unwanted pregnancies in this

study was either non-use (55%) of any method or use of non-reliable methods (12%) of contraception. In the study by Young *et al*⁴ it was due to failure of reliable methods like condom (48%) was and OCP (42%). In this study, 38% couples didn't feel the need for use of a contraceptive method, whereas it was true for only a few

cases in other studies 2, 3. The maximum awareness in this study was for female sterilization (82%) and almost negligible awareness (1.1%) for emergency contraception, while in other studies⁴⁻⁶ the majorities were aware of most of the contraceptives including emergency contraception. Majority of the population in our area is well aware of female sterilization as a method of contraception but has a very poor knowledge of temporary methods. It is observed that in this study a majority (55.2%) of the couples had never used a contraceptive compared to only 8% in Young *et al's*⁴ study. This problem is further compounded when we observe that 38 % didn't even feel its need till an unwanted pregnancy occurred. But after an unwanted pregnancy, 88% were interested in accepting contraception. The present study highlights a very low contraceptive use as the main reason for a high fertility rate. The various reasons for this are mainly illiteracy, ignorance, social and religious taboos, and inadequate social welfare services. Hence, we recommend sustained efforts to increase awareness and motivation for contraceptive use. This can be brought about by facilitating the access to more information, education and communication with the reproductive age couples, and improved social and welfare services. All women knew at least one method of contraception. Educational and motivational activities from doctors and health workers

are needed to promote the use of contraception. The key highlighting feature is the fact that almost 82% subjects wanted sterilization for themselves as the permanent method of contraception.

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