



## Assessing the Knowledge, Attitude and Practice of Contraception in Semi-Urban Area in India: A Qualitative Assessment of Contraceptive Usage

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### ABSTRACT

**Objective:** To study the knowledge, attitude, and practice (KAP) of contraception among semi-urban women. This is a qualitative assessment of knowledge, attitude, and practices for the use of family planning methods in a community. As the various factors which influence the acceptance of family planning methods, this study was conducted to explore and to guide us to have corrective measures for the above. **Methods:** This study was done among 100 married women between the age group of 18-45 years attending a health facility and was questioned by a preset semi-structured performa during a fixed period. This is a cross-sectional study; the assessment included an assessment by a preset performa. The performa included details of knowledge, attitude, and practice regarding contraceptive use. **Results:** All women were aware of at least one contraceptive method, 11% never used contraception. The most commonly used contraceptive was condom (55%), followed by 26 CU-T, 13% pills, 6% injectable, 5% tubectomy and 3% emergency contraception. There was a lack of knowledge of modern methods of contraception. Few of them were willing for a permanent method of sterilization. There was a KAP gap of 20% in total subjects and it was more significant among Muslim as compared to Hindu women. **Conclusions:** Though every woman in the study was aware of at least one contraceptive method the use of the contraceptive method was not 100%. Therefore, there is a strong need for motivational strategies to make people accept the methods. Furthermore, there is a need to organize more educational programs and health camps to increase awareness about the existing contraceptive methods.

**Keywords:** Contraception, Contraceptive methods, KAP

### INTRODUCTION

India's projected population will be 1.53 billion by the year 2050 [1]. Every fifth birth in the world is an Indian, and 50% of the Indian population is of reproductive age [2]. This kind of population explosion will only result in the depletion of natural resources which is already scarce. Hence, the adoption of contraception becomes imperative. In 1951 India became the first country in the world to launch a family planning programme to reduce population growth in the country.

WHO has defined family planning as a way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitudes and responsible decisions by individuals and couples in order to promote the health and welfare of the family and thus contribute effectively to the social development of a country [3]. Family planning is not mere birth control, but it encompasses the services, policies, information, attitudes, practices, and commodities, including contraceptives, that give women, men, couples, and adolescents the ability to avoid unintended pregnancy and choose whether and/or when to have a child [3,4].

Reproductive health, therefore, implies that people are able to have a responsible satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide, if when and how often to do so. This definition puts emphasis on right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples, with the best chance of having a healthy infant.

A good family planning program thus not only helps in improving the economic condition of the nation as a whole but

also in enhancing the health of the women and children at the family level. Hence there is a great need to address this key problem by knowing the level of awareness of the women regarding contraception. The present study was done to study the knowledge, attitude, and practice of semi-urban women towards family planning.

### PATIENTS AND METHODS

This is a community-based cross-sectional study in women attending maternal and child health center in the semi-urban area of Delhi, India. This study was done in 3 health camps organized in MCH center. The study group comprised of women of reproductive age group (18 to 45 years) attending the health center.

#### Inclusion Criteria

Women in the reproductive age group residing in that area were included in the study.

#### Exclusion Criteria

Women who refused to participate in the study were excluded.

The data was collected after gathering information from predesigned and pretested proforma. A verbal consent was obtained from all women. The interview was administered to all participants explaining them the aim of the study and objectives. After making rapport with the subjects and maintaining confidentiality, the proforma was collected. Information was taken with respect to age, parity, religion, socio-economic status, knowledge about various contraceptive methods and their usage. Reason for not using and the source of information was also collected. After the interview, the participants were given information about the various contraceptive methods and their usage and thanked for their cooperation.

### RESULTS

Table 1 has depicted that the age of the participants ranged from 18 to 43 years with mean age of  $24.15 \pm 5.86$  years. Out of all women, 3% women in the age group <18 years, 18% in age group 19 to 28 years, 6% in age group 29 to 38 years were not having any knowledge of contraceptive method other than a condom.

All the women had some knowledge of any contraceptive methods. Around 11% of the women  $\leq 18$  years, 38% in the age group 18-28 years and 43% in the age group 29-38 years have used some of the other contraceptive methods at least once.

**Table 1 The distribution of participants regarding knowledge of family planning based on age**

Age (Years)	No Knowledge about Family Planning	Percentage (%)
<18	3	3%
18-28	19	19%
29-38	6	6%
>39	0	0%

The socio-economic status was defined by modified Kuppuswamy scale. Maximum (60%) number of the participants belonged to lower socio-economic status. Around 23% belonged to the upper lower group, 13% to lower middle and only 4% belonged to the upper middle group. In our study group, 55% were Muslims and 45% were Hindu. Total 62% of the females were staying in a joint family and 38% belonged to the nuclear family. The parity ranged from 0-5 children ( $2.5 \pm 0.50$ ) with 12 females having parity more than 4 (Table 2).

**Table 2 Sociodemographic profile**

Variables	No. of females	
Socio-economic status	Upper	0
	Upper middle	4
	Lower middle	13
	Upper lower	23
	Lower	60
Household structure	Nuclear	38
	Joint	62

Family size	Parity more than 4	12
Religion	Hindu	45
	Muslim	55

Out of all, 54% had gained information from the television media, 32% from a health facility, 25% from radio, 42% from neighbors, relatives, and friends, 27% from magazine and newspapers and 19% from the internet (Table 3)

**Table 3 Source of knowledge among females**

S.No	Source of information	No of Females (%)
1	Television	54%
2	Health facility	32%
3	Radio	25%
4	Neighbour, relatives, friends	42%
5	Magazine, Newspaper	27%
6	Internet	19%

Total 54 of the participants were uneducated, 32 had studied up to high school and 14 were graduates. About 73% of the women knew about condoms, 21% had knowledge about pills, 29% about CU-T, 15% knew vasectomy, 34% about tubectomy, 8% about injectables. The condom was the most common method used by women in all groups.

Out of 54 illiterate women, 5.55% used pills (n=3), 7.4% used CU-T (n=4), 3.7% underwent tubectomy (n=2), 72.22% used condoms (n=39), 1.85% used injectables (n=1) and 1.85% used emergency contraception (n=1), safe period 3.7% (n=2), coitus interruptus (n=2). Among the 32 of the women who had completed the high school education, 21.87% (n=7) had taken pills, 46.87% (n=15) CU-T, 6.25% (n=2) tubectomy, 18.75% (n=6) condoms, 6.25% (n=2) injectable contraceptive. Out of the 14 graduates, 21.42% (n=3) used pills, 50% (n=7) CU-T, 7.1% (n=1) tubectomy, 14.2% (n=2) condoms, 7.2% (n=1) injectables and 7.14% (n=1) emergency contraception (Table 4).

**Table 4 The distribution of the usage of the family planning methods**

Methods of contraception	Illiterate	Graduate	%
Pills	3	3	13%
CU T	4	7	26%
Condoms	39	2	55%
Injectable	1	1	4%
Emergency contraception	1	1	3%
Tubectomy	2	0	5%
Safe period	2	0	2%
Coitus interruptus	2	0	2%

In the graduate group, all of them had used some contraception at least once. The condom was the most commonly used method in the illiterate group. Total 14% have never used the contraceptive method as there was no knowledge of these and they had no choice in the selection of the contraceptive method.

Around 20% KAP gap was found in women. The gap was maximum in women in the age group 19-23 years. This gap was not significantly more in Muslims as compared to Hindu. The gap was more in housewives as compared to women with occupations.

## DISCUSSION

The age group (19-28 years) is in utmost need of using contraceptive devices and also most receptive to using family planning methods. Only 62% of females were adopting family planning methods. In National Family Health Survey it was found that only 56% of ever-married Indian women are using family planning methods. None of the females had complete basic knowledge regarding family planning methods. The major source of knowledge about family planning methods for the study population was mass media (54%), health facility (42%), followed by personal relations i.e. spouse, friends, and relatives (34%), and magazines (21%).

Almost all the women had knowledge about at least one contraceptive method. This is similar to the study by Tizta, et al., in which there was a high level of knowledge on at least one form of contraception among the participants (96%) [5].

In another study by Rao, et al., it was revealed that among the 252 Racha Koya women, 81% had a high level of knowledge on different contraceptive methods [6]. But coming to the utilization of these methods, it was found that 11% had not used contraception. There was high awareness but low utilization of contraceptives, as it was described by Omo-Aghoja, et al., and Becker S in his study [7,8]. This is the biggest challenge in developing countries. This emphasizes the need for implementing strategies to disseminate information through health education programs, camps, etc. It was found that unmet needs of contraception are very high in the age group 18-25 years.

In the present study, the use of emergency contraception was only 3% which is similar to the study by Tizta, et al., [5]. There is a need to spread awareness for the use of these methods to decrease the number of unwanted MTPs. In the present study, the most common contraceptive used was condom 55% which is also similar to the study by Pegu, et al., in which most of them were using a condom (38.2%) followed by oral contraceptive pills (OCPs) (27.6%), intrauterine contraceptive device (15.8%) [9].

In the present study, 11% had not used any contraceptive method which is comparable to the study by Young, et al., in which it was 8% [10]. In the present study, the main source of information was mass media (54%), health facility (42%), followed by personal relations i.e. spouse, friends and relatives (34%), and magazines (21%). The results agree to the study by Ghike, et al., in which media including TV and radio was the main source of contraceptive information (70%) [11]. In contrast studies by Pegu, et al., the source of information was mainly obtained from health workers (58.6%) followed by media (24.1%) and social circle (15.5%) [9].

#### CONCLUSION

It was found that unmet needs of contraception are very high in the age group 18-25 years. There was high awareness but low utilization of contraceptive methods. There should be the implementation of strategies for better utilization of these methods. For spreading the awareness and for effective usage of the contraceptive method, two-way communication is a better way while counseling the women. The use of many methods was denied as there were myths associated and these were spread blindly from one person to other. Religion and social taboos were also factors hampering in the use of contraception which can be removed by motivating and counseling. Eradicating myths and spreading awareness can be a good step [1]. Most of the women were willing to take the reversible method of contraception rather than permanent method. We should promote the use of long-acting reversal method of contraception. Participation of males is essential in strengthening family planning services. This highlights the provision of health facilities so that eligible couples can access valid information regarding all contraceptive methods.

#### DECLARATIONS

##### Acknowledgment

The authors would like to thank our participants for their cooperation in the study.

##### Conflict of Interest

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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