Research Article

Awareness, perceptions, and use of contraception among married women residing in a village in rural South India

Deepthi Vasanth[1], Avita Rose Johnson[2], Deiveegan Chidambaram[3], Sr. Sibi[2], Sr. Sharone[2], Sr. Lovline[2], Sr. Christine[2], Twinkle Agrawal[2]

[1]Department of Community Medicine, SDM College of Medical Sciences and Hospital, Dharwad, Karnataka, India, [2]Department of Community Medicine, St. John's Medical College and Hospital, Bengaluru, Karnataka, India, [3]Department of Community Medicine, Velammal Medical College and Hospital, Madurai, Tamil Nadu, India

Correspondence to: Deepthi Vasanth, E-mail: deepthicommed@gmail.com

Received: January 13, 2017; **Accepted:** July 25, 2017

ABSTRACT

Background: Human fertility is determined by several factors like age at marriage, customs, education, etc. India was the first country in the world to formulate the national family planning program in the year 1952. In spite of all these efforts, the acceptance of contraceptives and fertility pattern varies in the societies even to this day. **Objectives:** The objective of this study is to assess the knowledge, attitude, and practice of contraceptives methods among married women in a village near Bengaluru and to determine the factors associated with contraceptive use among the study population. **Materials and Methods:** A cross-sectional study was carried out among married women residing in a village of Ramanagara District, Karnataka, India. The study was conducted during January - February 2014. The sample size of 210 was calculated assuming the prevalence of contraceptive use of 59.2% with 95% confidence interval and absolute precision of 7%. Simple random sampling technique was employed. **Results:** The mean age of the respondents was 35.59 years. The use of contraceptives was significantly higher among women aged between 30 and 40 years, those belonging to nuclear family, educated up to high school, and having 2 or more children. Most common source of knowledge for the women on contraception was through health personnel (80%). Majority of women (72.8%) were currently practising contraceptive methods. Completed family was the most common reason for using contraception (75.1%). Most of the women availed the contraception services through government hospitals (95.4%). The common reasons for not practising contraception were a desire to conceive (42.1%). Positive attitude toward contraceptive was seen in 84.9% of users. **Conclusion:** The study reveals good knowledge and favorable attitude of rural women toward contraception. Increase in awareness regarding spacing methods will improve the prevalence of practising contraception as a spacing method too, not just a terminal method.

KEY WORDS: Contraception; Married Women; Rural India; Knowledge; Practice

INTRODUCTION

Fertility pattern influences the demographic profile, health, and development of the community. Human fertility is determined by age at marriage, customs, habits, education, and socioeconomic status, all of which affect fertility. Demographers opine that socioeconomic development decreases the family size.[1]

Access this article online	
Website: http://www.ijmsph.com	**Quick** Response code
DOI: 10.5455/ijmsph.2017.0100825072017	

India was the first country in the world to formulate the national family planning program in the year 1952 with the objective of "reducing the birth rate of the extent necessary to stabilize the population at a level consistent with the requirement of National economy."[2] The progress achieved in this sphere is normally assessed from the result of knowledge, attitude,

and practice (KAP) survey.[3] Although contraceptive usage has increased over a period of time, there exists a KAP-gap, i.e., a gap between the KAP regarding contraception.[4,5]

Even today, the acceptance of contraceptives and fertility pattern varies in the societies, and various factors responsible operate at individual, family, and community level.[6] Inadequate knowledge about contraceptive methods and incomplete or erroneous information about their use or where to procure them are the main reasons for not accepting family planning.[7] Keeping all these facts in view, this study was carried out to assess the KAP of contraceptive methods among married women in a village near Bengaluru and to determine the factors associated with contraceptive use among the study population, with a view to understanding and improving the use contraception.

MATERIALS AND METHODS

A cross-sectional study was carried out among married women residing in a village of Ramanagara District, Karnataka, India. The study was conducted during January - February 2014. The sample size of 210 was calculated assuming the prevalence of contraceptive use of 59.2%[7] with 95% confidence interval and absolute precision of 7%. A married woman residing in the study area was considered as the sampling unit. Simple random sampling technique was employed. Seriously, ill women and women who were not available after 2 visits were excluded from the study. Written informed consent was obtained. A face-validated, structured interview schedule was used to collect relevant data from the respondents. The interview schedule had four parts - sociodemographic details, knowledge about contraception methods, attitude toward contraception, and practice of contraception.

The data were coded and entered in Microsoft Excel and analyzed using SPSS version 16. Data were checked for normality using Shapiro-Wilk test. The demographic data were analyzed using frequencies, means, median, and standard deviations. The KAP was analyzed using frequencies. For association with various categorical variables, Chi-square test was performed. A $P < 0.05$ was considered statistically significant.

RESULTS

A total of 210 women were interviewed in this study. The mean age of the respondents was 35.59 years (range 20-60 years). Most of them belonged to nuclear family (71.9%) with mean number of family members of 4.33 ± 1.36. The mean number of living children was 2.39 (range 0-9). Majority of them were Hindu by religion (57.6%) and were of low socioeconomic status (40.5%). 30% of women had studied up to high school, and 65.7% of them were homemakers. 30.4% of the males were illiterate, and 31.6% of them were coolie by occupation. It was found that the use of contraceptives was significantly higher among women aged between 30 and 40 years, those belonging to the nuclear family, educated up to high school, and having 2 or more children (Table 1).

Among the study subjects, the knowledge about female sterilization was 100%, male sterilization was 84.8%, and intrauterine contraceptive device (IUCD) was 80.5% (Table 2).

Most common source of knowledge for the study subjects on contraception was through health personnel (80%), followed by social circle (57.6%) and media (55.3%) (Table 3).

Of the 210 women interviewed, 153 (72.8%) women were currently practising contraceptive methods. Completed family was the most common reason for using contraception (75.1%). Majority of the women availed the contraception services through government hospitals (95.4%). In about half of the subjects, the decision of practising contraception was taken by the couple themselves (46.1%). The common reasons for not practising contraception were a desire to conceive 42.1%, followed by fear of side effects and health issues (10.5%) (Table 4).

Positive attitude toward contraceptive was seen in 84.9% of users compared to 65.9% of non-users (Table 4).

DISCUSSION

Family planning is defined by the World Health Organization as "a way of thinking and living that is adopted voluntarily, on the basis of knowledge, attitudes, and responsible decisions by individuals and couples, to promote the health and welfare of family groups and thus contribute effectively to the social development of a country."

Results showed that in the present study, the overall knowledge about any one method of contraception was 100%. The knowledge regarding contraception was highest for female sterilization (100%), followed by oral contraceptive pills (87.1%) and male sterilization (84.7%). In our study, exposure to health personnel (doctor, Auxiliary Nurse Midwife, and Accredited Social Health Activist) (80%), followed by a social circle (discussion with friends/relatives/spouse) (57.6%) and media (55.3%) have contributed to impart knowledge for contraception. Of the 210 women interviewed, 73.3% of them had ever practised contraception. Female sterilization (64.5%) was the most common method used by the couple. The proportion of population not practising any method of contraception ever was 26.6%. The common reason found for non-use of contraception was a desire to conceive (40.9%), fear of side effects (10.75%), lack of knowledge (5.2%), and partner opposition (3.8%). The positive attitude toward practising contraception among females was found to be 80%.

Table 1: Association of the ever use of contraception with various sociodemographic data

Variable	Total (*n*=210)	Women who have ever-used contraception (*n*=153)	*P* value
Age in years			
20-30	80	41	<0.001
30-40	63	59	
>40	67	53	
Type of family			
Nuclear	151	125	<0.001
Joint (includes 3 gen, extended)	59	28	
Education of the women			
No formal schooling	35	29	0.243*
Up to primary school	16	12	
Up to high school	107	79	
PUC and higher	52	33	
Education of husband			
No formal schooling	64	48	<0.001*
Up to primary school	12	9	
Up to high school	103	83	
PUC and higher	31	13	
Occupation			
Homemaker	138	95	0.075
Gainfully employed	72	58	
Socioeconomic status (by modified BG Prasad scale)			
Middle	35	26	0.835
High	175	127	
Religion			
Hindu	122	90	0.938
Muslim	18	13	
Christian	70	50	
Number of living children			
0	12	0	<0.0001*
1	40	10	
2 or more	158	143	

*Fischer's exact test

The findings on overall knowledge on any one contraception were similar to findings of Takkar et al.[8] (100%) but higher than the prevalence of knowledge in Saluja et al.[7] 96.0% in women, as reported by the National Family Health Survey-3[9] (97.7% in women), 78.8, 75.0, 73.5, and 95.0% as reported by Jain et al.,[10] Kumar et al.,[11] Chandhick et al.,[12] and Patro et al.,[13] respectively.

Saluja et al.[7] reported highest knowledge for female sterilization (93.2%) and low for spacing methods (86.8, 77.6, and 91.2% for oral pills, IUCD, and condom, respectively) and male sterilization (86.2%). In Jain et al.[10] study, the highest knowledge was for condoms (55.6%) followed by female sterilization (55.4%) in a rural area of Meerut. These differences could be due to differences in educational and socioeconomic background.

An Ethiopian study[14] and study done in Ahmedabad[15] showed similar results on source of knowledge as ours. Studies done in rural Haryana[7] and Nepal[16] showed that media (family planning messages) exposure as the highest contributing factor. These differences can be attributed to different family planning strategies adopted by the state which can be determined by their availability of resources. In contrary in the study by Srivastava et al.,[17] social circle (67.3%) and exposure to family planning messages (46.3%) were the main sources of knowledge about contraception.

The prevalence of contraception use varied among different studies such as Dharwad (60.7%),[1] rural Haryana (59.2%)[7], New Delhi (59%),[18] and among rural Muslim area of Haryana (34.9%).[19]

Table 2: Knowledge of contraceptive methods (multiple responses)

Contraceptive method	Total *n*=210 (%)
Any method	210 (100)
Female sterilization	210 (100)
Male sterilization	178 (84.8)
Oral contraceptive pills	183 (87.1)
IUCD	169 (80.5)
Condom	162 (77.1)
Natural method	113 (53.8)
Withdrawal	10 (4.8)

IUCD: Intrauterine contraceptive device

Table 3: Source of knowledge (multiple responses)

Source of knowledge	Total *n*=210 (%)
Health personnel	168 (80)
Social circle	121 (57.6)
Media	116 (55.3)

Similar to our study, female sterilization was also the most common method of contraception used by the couple even in the following studies by Bhasin et al.,[18] Kansal et al.,[20] and Girdhar et al.[21]

In contrast to our study results on prevalence of non-practice of contraception, various studies done across India showed higher prevalence, i.e., 40.8[7], 39.3,[1] and 55%,[17] as reported by Takkar et al., Pushpa et al., and Srivastava et al., respectively. Saluja et al.[7] study also showed similar reasons for not practising any method of contraception. However, results vary in different study population. Fertility-related reasons were found as main reasons by Das et al. (38.9%),[22] Vaidya et al. (17.8%),[23] Chandhick et al.[12] (34.6%), Khokhar and Mehra (30.7%),[24] and Bhasin et al.[18] (36.4%). Other studies mention "hesitation" (Jain et al.),[10] "scared of side-effects," (Khokhar and Gulati)[25] and "opposition from family" (Anju et al.[26] and Dhillon et al.[27]) as biggest reasons for non-use of contraception in their studies.

A study done by Saluja et al.[7] also showed a positive attitude toward practising contraception.

Since the study was community based, most of the study participants had to be interviewed in the presence of their family members. Hence, the accuracy of the answers might have been influenced by the presence of their family members. This was the limitation noted in this study.

CONCLUSION

The study reveals good knowledge and favorable attitude of rural women toward contraception. Contraception knowledge was influenced by health personnel efforts. Improvement in education regarding spacing methods will improve the prevalence of practising contraception as a spacing method too, not just a terminal method.

Table 4: Practice of contraception (ever-use)

Details of contraceptive practice	Total users for each method *n*=210 (%)*
Contraceptive method in users (multiple responses)	
Female sterilization	138 (65.7)
IUCD	22 (10.4)
Oral contraceptive pills	12 (5.2)
Condom	5 (2.3)
Reason for contraceptive use (non-multiple response) (*n*=153)	
Completed family	115 (75.1)
Spacing of birth	21 (13.7)
To improve health	8 (5.2)
Economic reasons	9 (5.8)
Place of availing contraceptive services (non-multiple response)	
Government hospital	146 (95.4)
Private hospital	7 (4.5)
Decision-maker (non-multiple response) (*n*=210)	
Both	97 (46.1)
Self	70 (33.4)
Parents	20 (9.5)
In-laws	15 (7.2)
Husband	8 (3.8)
Reason for not using contraceptive (*n*=57)	
Lack of knowledge	3 (5.2)
Partner opposition	2 (3.5)
Religious belief	1 (1.7)
Health issues	6 (10.5)
Fear of side effects	6 (10.5)
Want to conceive	24 (42.1)
Divorced	6 (10.5)
Others	9 (15.7)

*Percentages mentioned are row percentages. IUCD: Intrauterine contraceptive device

Table 5: Attitude toward contraception

Attitude toward contraception	Users *n*=153 (%)	Non-users *n*=57 (%)	Total *n*=210 (%)
Approval	130 (84.9)	38 (66.6)	168 (80)
Disapproval	23 (15)	19 (33.3)	42 (20)

REFERENCES

1. Pushpa SP, Venkatesh R, Shivaswamy MS. Study of fertility pattern and contraceptive practices in a rural area - A cross-sectional study. Indian J Sci Technol. 2011;4(4):429-31.

2. Ministry of Health & Family Welfare. National Population Policy-2000. New Delhi: Department of Family Welfare, Ministry of Health & Family Welfare, Government of India; 2000.
3. Indira R, Behera DK, editors. Knowledge, attitude and practice of family planning (a study of Churachandpur district, Manipur). Gender and Society. Vol. II. New Delhi: Vedams e Books (P) Ltd.; 1999.
4. Charles W, Ann P. Alternative measure for unmet need for family planning in developing countries. Int Fam Plann Persp. 2000;7(4):126-35.
5. Shrestha A, Stoeckel J, Tuladhar JM. The KAP-gap in Nepal: Reasons for non-use of contraception among couples with an unmet need for family planning. Asia Pac Popul J. 1991;6(1):25-38.
6. Kansal RC, Kandpal SD, Negi KS. Epidemiological correlates of contraceptive prevalence in rural population of Dehradun district. Indian J Community Med. 2005;30(2):60-2.
7. Saluja N, Sharma S, Choudhary S, Gaur D, Pandey S. Contraceptive knowledge, attitude and practice among eligible couples of rural Haryana. Internet J Health. 2009;12(1):1-6.
8. Takkar N, Goel P, Saha PK, Dua D. Contraceptive practices and awareness of emergency contraception in educated working women. Indian J Med Sci. 2005;59(4):143-9.
9. International Institute for Population Sciences. National Family Health Survey (NFHS-3), 2005-06, India. Mumbai: International Institute for Population Sciences; 2008.
10. Jain S, Singh JV, Bhatnagar M, Garg SK, Chopra H, Bajpai SK. Attitude of rural women towards contraceptive and its use. Indian J Matern Child Health. 1999;10(1):18-9.
11. Kumar R, Singh MM, Kaur M. Dynamics of contraceptive use in a rural community of Haryana. Indian J Med Sci. 1999;53(2):201-11.
12. Chandhick N, Dhillon BS, Kambo I, Saxena NC. Contraceptive knowledge, practices and utilization of services in the rural areas of India (an ICMR task force study). Indian J Med Sci. 2003;57(7):303-10.
13. Patro BK, Kant S, Baridalyne N, Goswami AK. Contraceptive practices among married women in a resettlement colony of Delhi. Health Popul Perspect Issues. 2005;28(1):9-16.
14. Castle S. Factors influencing young Malians' reluctance to use hormonal contraceptives. Stud Fam Plann. 2003;34(3):186-99.
15. Mansi MB, Jay KS, Balaramanamma DV. A study of knowledge, attitude and practice towards contraception among married women of reproductive age group having ≤ 2 children residing in Vasna ward, Ahmedabad, Gujarat, India. Glob J Health Care. 2013;4(2): 8-12.
16. Boulay M, Storey JD, Sood S. Indirect exposure to a family planning mass media campaign in Nepal. J Health Commun. 2002;7(5):379-99.
17. Srivastava R, Srivastava DK, Jina R, Srivastava K, Sharma N, Sana S. Contraceptive knowledge, attitude and practice (KAP survey). J Obstet Gynecol. 2005;55(6):546-50.
18. Bhasin SK, Pant M, Metha M, Kumar S. Prevalence of usage of different contraceptive methods in East Delhi - A cross sectional study. Indian J Community Med. 2005;30(2):53-5.
19. Gaur DR, Goel MK, Goel M. Contraceptive practices and related factors among females in predominantly rural Muslim area of North India. Internet J World Health Soc Polit. 2008;5(1):12.
20. Kansal A, Chandra R, Kandpal SD, Negi KS. Epidemiological correlates of contraceptive prevalence in rural population of Dehradun district. Indian J Community Med. 2005;30(2):60-2.
21. Girdhar S, Chaudhary A, Gill P, Soni R, Sachar RK. Contraceptive practices and related factors among married women in a rural area of Ludhiana. Internet J Health. 2010;12(1):1-4.
22. Das R, Amir A, Nath P. Utilisation and coverage of services by women of Jawan block in Aligarh. Indian J Community Med. 2001;26(2):94-100.
23. Vaidya VG, Sahasrabudhe BG, Jogi JA, Mitkar RP. Profile of sterilized women in urban slums and evaluation of motivational strategies. Indian J Public Health. 2003;47(1):31-3.
24. Khokhar A, Mehra M. Contraceptive use in women from resettlement area in Delhi. Indian J Community Med. 2005;30(1):28.
25. Khokhar A, Gulati N. A study of never users of contraception from an urban slum of Delhi. Indian J Community Med. 2000;25(1):26-30.
26. Anju P, Suneeta G, Mehra M. Assessment of unmet need for contraception in an urban slum of Delhi. Indian J Community Med. 2004;29(3):139-40.
27. Dhillon BS, Chandhiok N, Kambo I, Saxena NC. Induced abortion and concurrent adoption of contraception in rural areas of India (an ICMR task force study). Indian J Med Sci. 2004;58(11):478-84.

How to cite this article: Vasanth D, Johnson AR, Chidambaram D, Sibi, Sharone, Lovline, et al. Awareness, perceptions, and use of contraception among married women residing in a village in rural South India. Int J Med Sci Public Health 2017;6(10):1457-1461.

Source of Support: Nil, **Conflict of Interest:** None declared.