

## **Original article**

# **A study of knowledge, attitude & practice towards contraception among married women of reproductive age group having $\leq 2$ children residing in Vasna ward, Ahmedabad, Gujarat, India**

Brahmbhatt Mansi M<sup>1</sup>, Sheth Jay K.<sup>2</sup>, Balaramanamma DV<sup>3</sup>

<sup>1</sup> Resident, <sup>2</sup> Assistant Professor, <sup>3</sup> Professor & Head

Department of Community Medicine, Smt. NHL Municipal Medical college, Ahmedabad

Correspondence to: Dr. Mansi M. Brahmbhatt, E- mail: [mbmannhappy@gmail.com](mailto:mbmannhappy@gmail.com)

### **Abstract:**

**Aims:** To assess the knowledge, attitude & practice (KAP) towards contraception among women.

**Study design:** Cross sectional study.

**Methods and Material:** Total 100 married women of reproductive age group having  $\leq 2$  children of Vasna ward of AMC were selected by purposive sampling.

**Results:** About 56% of study population was within 18-24 years of age group. Maximum knowledge regarding contraception was of condom (76%) followed by OC- pills (63%). Major sources of knowledge was link-workers(50%) followed by media(38%). Physical weakness due to under-nutrition(67%) for mothers & LBW(53%) for children were the most commonly known adverse effects of uncontrolled childbirth. Most of the women (90%) desire to have  $\leq 2$  children because of known benefits like Better education of child (54%), less economic burden (46%). At-least one male child is must according to 36% of the women and the main reason for this was to take over family(38%) followed by in-law's wish(18.9%). Most(80%) had not used any contraceptive method before the birth of 1<sup>st</sup> child and almost 1/3(46%) had not used between 1<sup>st</sup> & 2<sup>nd</sup> child. Commonly used contraceptive method between 1<sup>st</sup> & 2<sup>nd</sup> child was condom (41.7%) followed by OC-pills (15.2%). Education of woman was directly proportional to knowledge regarding different contraceptive methods ( $p=0.004$ ) & inversely proportional to preference for male child ( $p=0.03$ ).

**Conclusions:** In-spite of easy accessibility and availability, utilization of contraceptives is affected by various factors including educational & cultural factors.

**Key-words:** contraception, KAP, married women of reproductive age-group.

**Key Message:** Not only the knowledge but attitude also affects the practice of contraception

### **Introduction:**

Uncontrolled population explosion is single greatest threat to country's economical, social & political development. India was the first country to launch a National Family Planning Programme with aim to reduce birth rate to stabilize population. With only 2.4% of world's land area, India is supporting about 16.87% of world's population. India was the 1<sup>st</sup> country to launch a national family planning control programme with aim to reduce the birth rate to stabilize population<sup>1</sup>. Spacing methods do not only decrease fertility but also improve the health of mother by delaying the next child<sup>2</sup>.

Total unmet need for family planning is 8.0% in Gujarat & 12.8% in India. Women using any modern contraceptive method are 56.5% in Gujarat & 48.5% in India<sup>3</sup>.

### **Aims & Objectives:**

- 1) To access their knowledge regarding different contraceptive methods,
- 2) To know their attitude towards sex preference & its reasons,
- 3) To know about their preference for contraceptive methods during different phases of reproductive life.

4) To know their views regarding disadvantages of uncontrolled childbirth on the health of mother as well as the child & advantages of small family.

#### **Subjects and Methods:**

Cross-sectional study of 100 Married women of reproductive age-group having  $\leq 2$  children was carried out in the Link worker served areas of Vasna ward of Ahmedabad city. Selection of sample was through purposive sampling technique. Data was collected through pre-designed & pre-tested Performa by house-to-house visit. Informed verbal consent of every the study participant was taken prior to the study. All the data collected is kept confidential. Data analysis was done by appropriate statistical software & appropriate statistical tests were applied.

#### **Results:**

Around half of the study population (57%) falls in age-group of 18-24 years. Maximum population (42%) has education up-to primary schooling. Maximum knowledge regarding contraception was of condom (76%) followed by OC- pills (63%), Cu-T (53%) & permanent methods (51%). Around 14% women were either not aware of any contraceptive method or did not reply anything. Major sources of knowledge was link-workers (50%) followed by media (38%), Neighbours (28%) & relatives (11%). (Table-1) Physical weakness due to under-nutrition(67%), anaemia (22%), mental burden (10%), maternal death (6%) & per-vaginal bleeding during pregnancy (4%) were commonly considered as adverse effects of improper spacing for mothers (Graph-1) & LBW (low birth weight) 43% , higher risk of infection (29%), mental retardation (8%), death in early childhood (9%) ,congenital deformity (7%) & foetal loss (7%) were the commonly considered adverse effects of improper spacing on child health. (Graph-2)Most of the women (90%) desire to have  $\leq 2$  children due to knowledge of its benefits like better education of children(54%), less economic

burden(46%), emotional factors(35%) & health factors(32%).Most(80%) had not used any contraceptive method before the birth of first child. Commonly used contraceptive method during this phase was condom (16%) followed by OC-pills (4%). Almost 1/3rd (33.3%) had not used contraception between first & second child. Commonly used contraceptive method in this phase was condom (41.7%) followed by OC-pills (15.2%) & Cu-T (10.1%).There were 30 couples according to whom their family is completed, out of them 66.7% had used contraception for limiting their family size. (Table-2) Out of 34% who were having an attitude for spacing between marriage & first child 55.9% of those couples had used contraception in this phase of reproductive life, as compared to only 3% not having such attitude. So their practice significantly reflected their attitude for spacing ( $p < 0.001$ ). Out of those 79 couples who were already having 1 child, 93.7% were having an attitude for spacing between 2 children, 71.6% of those couples had used contraception in this phase of reproductive life as compared to only 14% not having such attitude. Here also their practice significantly reflected their attitude for spacing ( $p = < 0.05$ ) There were 30 couples according to whom their family was completed, out of them 96.6% were having/ had an attitude for limiting family, 75.9% of them had used contraception for limiting their family size as compared to only 10% not having such attitude . So their attitude for spacing significantly reflected their practice ( $p < 0.001$ ). (Table-3)There is no significant association of husband's education with use of condom ( $\chi^2 = 2.26$ ,  $p > 0.05$ ). Education of woman was directly proportional to her knowledge regarding different contraceptive methods ( $\chi^2 = 3.92$ ,  $p < 0.01$ ) & inversely proportional to preference for male child ( $\chi^2 = 11.65$ ,  $p < 0.05$ )(Table-4). According to 37% of study population, a male child is must in

the family. The main reason for preference for a male child was to takeover family (37.8%) followed by in-law's wish (18.9%), financial support (10.85%) & cultural factors (8.1%).

#### **Discussion:**

Maximum knowledge as well as use of contraceptives was of condom followed by OC- pills. This may be because of better acceptance & easy availability of condom & OC-pills. Similar results were found in another study conducted in Kanpur by S.K.Kaushal<sup>4</sup>. Major sources of knowledge regarding contraception were link-workers followed by media. Another study by S. Dhabra & S. Malik has also noticed similar findings in which multimedia and Family planning workers were the main sources of knowledge regarding contraception in the community.<sup>5</sup> For mother, physical weakness due to under-nutrition whereas for child, LBW (low birth weight) was the most commonly considered adverse effect of improper spacing. Most of the women desire to have  $\leq 2$  children due to knowledge of its benefits like better education of child(54%), followed by less economic burden(46% ). This reflects that they understand how important education is for betterment of life. At-least one male child was must according to 1/3<sup>rd</sup> of the women and the main reason for this was to take over family followed by in-law's wish. There is another study showing the similar results that in-law's wish plays important part in gender preference amongst couple<sup>5</sup>.

Minimum use of contraceptive method was before the birth of first child. So this phase of reproduction should be targeted to increase the contraceptive coverage. Commonly used contraceptive method between marriage & first child was condom followed by OC-pills. Commonly used contraceptive method between first & second child was condom followed by OC-pills & Cu-T. Almost 1/3<sup>rd</sup> had not used contraception between first & second child. This shows that counselling not only

in postpartum period but also during routine antenatal check-up should be emphasized to effectively protect all couples for proper spacing as well as for limiting. There were 30 couples according to whom their family is completed. Commonly used contraceptive method for limiting family size was Cu-T followed by TL. Out of those whose family is completed Only 2/3<sup>rd</sup> of them had used any contraception for limiting their family. This finding shows that still one third of couples with completed family have unmet need of contraception for limiting their family. In all the stages of reproductive life, relationship of attitude with practice of spacing and limiting shows that attitude is significantly associated with actual practice of the expressed attitude. Education of woman was directly proportional to her knowledge regarding different contraceptive methods ( $p < 0.01$ ) & inversely proportional to preference for male child ( $p < 0.05$ ). Education of husband was not showing significant association with use of condom ( $p > 0.05$ ). Another study from Ghana also concluded with similar findings.<sup>6</sup>

#### **Conclusion:**

Although knowledge of contraception and preference for contraceptive method during various phases of reproductive life varies widely, there is still scope for further improvement. Education of women is important while considering knowledge of contraception and gender preference. Practice of contraception is more likely to be followed when better knowledge with proper attitude is present.

#### **Recommendations:**

\* Improving female literacy remains an important tool for improving contraceptive practices as well as reducing male child preference.

\* Continuous & complete health education by means of BCC activities and strengthening health services will help in increasing the knowledge & thereby practices regarding contraception

**Table-1**

Characteristics of study population	Percentage (n=100)
<b>Age in years</b>	
<18	2
18-24	57
25-30	31
>30	10
<b>Education of woman</b>	
Illiterate	16
Primary	42
Secondary	29
Higher secondary	10
Graduate	3
<b>Education of husband</b>	
Illiterate	7
Primary	28
Secondary	41
Higher secondary	16
Graduate	8
<b>Occupation of woman</b>	
House wife	10
Un-skilled	80
Semiskilled	3
Skilled	4
Semi-professional	3
<b>Occupation of husband</b>	
Not working	25
Un-skilled	37
Semiskilled	31
Skilled	6
Semi-professional	1
<b>Knowledge regarding different contraceptive methods (multiple answers possible)</b>	
Condom	6
OC pills	67
Cu-T	53
Permanent sterilization	51
Emergency contraception	27
None	14
<b>Source of knowledge regarding different contraceptive Methods (multiple answers possible)</b>	
Link-worker	50
Neighbor	38
Multimedia	28
Relatives	23
Doctors	11
None	11

**Table-2**

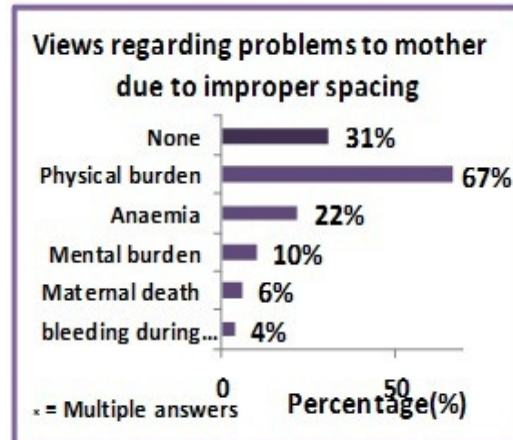
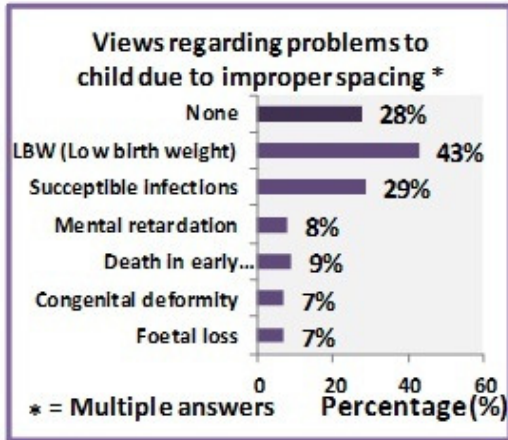
Practice of contraception during different phases of reproductive life					
Different phases of reproductive life	Condom	OC - pills	Cu-t	TL	None
Between marriage & 1 <sup>st</sup> child(n=100)	16.0%	4.0%	-	-	80.0%
Between 2 children(n=79*)	41.8%	15.8%	10.1%	-	31.6%
After completion of family(n=30*)	20.0%	3.3%	30.0%	23.4%	23.3%

**Table-3**

Relationship between attitude for spacing & actual practice of contraception among those who have attitude for spacing, during different phases of reproductive life			
Different phases of reproductive life	Between marriage & 1 <sup>st</sup> child(n=100)	Between 2 children(n=79*)	After completion of family(n=30)
Attitude	34.0%	93.7%	96.6%
Practice	55.9%	71.6%	75.9%
P- value	<0.001	<0.05	<0.001

**Table-4. Association between different variables**

Variable-1	Variable-2	X <sup>2</sup> value	P	Significance
Education of husband	Condom use	2.26	> 0.05	Not Significant
Education of woman	Knowledge regarding different contraceptive methods	11.65	< 0.01	Highly Significant
Education of woman	Male child preference	3.92	< 0.05	Significant



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