

Contraceptive Knowledge, Attitude and Practice in Mewat Region – A Cross Sectional Study

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Abstract

Background: Human fertility is determined by many factors such as customs, morals and habits of social groups with regard to marital obligation of life. Acceptance of family planning methods varies within and between societies and there are many factors which are responsible for such variation at community, family and individual level. Socioeconomic environment, culture and education are few of them that play a vital role. Mewat region in particular is a Muslim dominated population with traditionally conservative society. Apart from family customs and influence of the elders, religious background has always been behind the passive resistance, or at best indifferent towards contraception.

Aims: To assess the knowledge, attitude and practice of contraception in Mewat region and to impart knowledge regarding family planning methods.

Materials and Methods: The present study was carried out in OPD of Gynecology department in SHKM Government medical college and hospital, Nuh (Mewat) in India. A total of 1900 currently married women in age group of 15-49 yr were included in the study during year 2014-15 who were interviewed by using a pretested oral questionnaire.

Results: Knowledge of the contraceptive methods was fairly good especially for terminal methods i.e. female sterilization (97.7%). Main source of information on contraception was obtained. Contraceptive practice was significantly related to number of living children, literacy, socioeconomic status and type of family.

Conclusion: What is needed is to promote and stress contraceptive methods and their advantages using mass media approach and to explore more and more participation of private sector.

Keywords: Contraceptive knowledge, Attitude, Sterilization, Oral contraceptives, Condoms, Mass media.

1. Introduction

Human fertility is determined by many factors such as customs, morals and habits of social groups with regard to marital obligation of life. Acceptance of family planning methods varies within and between societies and there are many factors which are responsible for such variation at community, family and individual level. Socioeconomic environment, culture and education are few of them that play a vital role [1].

Mewat region in particular is a Muslim dominated population with traditionally a conservative society in India. Apart from family customs and influence of the elders, religious background has always been behind the passive resistance, or at the best indifference towards contraception. Acceptance of contraception by a couple is governed by various socio-cultural factors, such as religion and education of husband and wife. Mass media also plays an important role in promotion and acceptability of contraception [1,2]. Son

preference, women's age, literacy, number of living children and number of living sons also influence contraceptive use [2]. India is the second most popular in the world having a rapidly growing population. Despite constant efforts by the government, unmet needs still remain. The reason for their unmet needs have to be analyzed to help the government in formation of appropriate policies and modified approaches. The present study is an effort to assess the knowledge, attitude and practice of contraception in Mewat region.

2. Materials and methods

The present study was carried out in be OPD of Gynecology department in SHKM Government medical college and hospital, Nuh, (Mewat).

2.1 Study Design: Community based Cross sectional study.

2.2 Study Period: 2014-2015

2.3 Participants: 1900 currently married women, aged 15-49 years, selected by multi-stage random sampling technique

from the Gynae OPD of Mewat who were interviewed by using a pretested oral questionnaire. The assessment of various socioeconomic and other variables made as per the available standard procedures and scales.

2.4 Statistical Analysis: Percentage, chi square test and bivariate analysis.

3. Results

This study revealed that female sterilization was found to be most widely known method of contraception (97.7%), followed by male sterilization (96.8%). The knowledge of modern spacing methods was less widespread. Mass media was found to be the most common source of information about contraceptive methods (60%) followed by information from health personal (47.6%). (as shown in tables 6, 7, 8, 9, 10 and 11). Majority of permanent contraceptive adopters sought contraceptive services from government hospitals (female sterilization 88% and male sterilization 75%). Private medical sector was the main source for oral pills (about 70%) and injectables (100%). The major reason for not using contraception was need of more children (27.9%). The next common reason observed in 17% was because of religious reasons. Overall about 84.4% (767) of the studied women were currently using contraceptive by their own will.

A significant statistical relationship was observed between the current method of contraception and number of living children ($p < 0.05$). With the increase in number of living children there was a shift from permanent method to temporary ones with higher levels of education. The decline in adopting female sterilization from 32.7% in illiterate women was noticed to just 4.1% among women with higher education and similar trends were observed in adopting permanent sterilization in males. There was an increasing trend in the use of most of the temporary methods with higher

level of education. Among temporary methods, modern spacing methods were more common in higher socioeconomic groups viz class III (5.5%), class II (7%) and class I (1%). Natural methods were common in class III (2.2%) and class IV (2.1%). Female sterilization was the more common method adopted by class III, IV and V (19.7, 28.4 and 16.7%, respectively) as compared to class I and class II (0.8 and 6.1%) respectively and again similar trends for male sterilization was observed and the difference was statistically significant ($P < 0.05$).

Couples living in joint families preferred permanent methods of contraception (37% female sterilization and 1.8 % male sterilization) to temporary methods. All of the temporary methods were used mostly by the couples living in nuclear families (4.4% of IUCD's, 4.1% oral pills and 5.2 % condoms).

Table 1: Knowledge about various contraceptive methods in the studied population

Contraceptive	Number	Percent
Female Sterilization	1,856	97.7
Male Sterilization	1,840	96.8
Oral Contraceptives	1,739	91.5
Injectables	1,229	64.7
Diaphragms and spermicide	1,61	8.5
Periodic abstinence	621	32.7
Withdrawl methods	824	43.4
Condoms	1,527	80.4
IUCDs	1,490	78.4

Table 2: Source of information about contraceptives in studied population

Source	Number	Percent
Friend	432	36.3
Family member	369	31.0
Mass media	719	60.4
Husband	452	38.0
Health Personnel	566	47.6

Table 3: Main Source of family planning supplies

Current method of contraception	Government hospital		Private physician		Pharmacy		Private hospital	
	n	%	n	%	n	%	n	%
Female sterilization	573	88	33	5.1	38	5.8	7	1.1
Male sterilization	18	75	3	12.5	3	12.5	0	0
IUCD	34	63	8	14.8	12	22.2	0	0
Pill	13	27.7	6	12.8	28	59.6	0	0
Injectables, diaphragms and spermicides	0	0	4	40	6	60	0	0
Condom	32	49.2	2	3.1	31	47.7	0	0
Total	670	78.7	56	6.6	118	13.9	7	0.8

Table 4: Reasons for not using any contraceptive method

Reason	n	%
Want more children	198	27.9
Not acceptable to husband	15	2.1
Harmful for health	48	6.8
Failure to obtain desirable method	26	3.7
Breast feeding	35	4.9
Currently pregnant	90	12.7
Newly married	71	10.0
Religious reason	120	16.9
Fear of side effects	61	8.6
Indifferent attitude of health personal	34	4.8

Table 5: Contraception approved by society

	No.	Percent %
Yes	1769	93.1
No	131	6.9

Table 6: Contraceptive use in relation to number of existing children

Contraceptive methods	None.		One		Two		Three		≥ form		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Permanent methods: Female sterilization	0	0	0	0	183	20.1	270	29.7	198	21.8	651	71.6
Male sterilization	0	0	0	0	4	0.4	5	0.6	15	1.7	24	2.6
Temporary methods, IUCD	0	0	3	0.3	12	1.3	24	2.6	15	1.7	54	5.9
Pill	4	0.4	7	0.8	17	1.9	15	1.7	4	0.4	47	5.2
Injectables, diaphragm & spermicidal	0	0	1	0.1	7	0.8	2	0.2	0	0	10	1.1
Natural methods	0	0	3	0.3	27	3	22	2.4	6	0.7	58	6.4
Condom	6	0.7	10	1.1	24	2.6	12	1.3	13	1.4	65	7.2
Total	10	1.2	24	2.6	274	30.1	350	38.5	251	27.6	909	100

Table 7: Contraceptive use in relation to woman’s literacy

Current method of contraception	Illiterate		Primary		Secondary		Higher		Overall	
	n	%	n	%	n	%	n	%	n	%
Permanent methods: female sterilization	297	32.7	172	18.9	145	16	37	4.1	651	71.6
Male sterilization	10	1.1	7	0.8	4	0.4	3	0.3	24	2.6
Temporary methods IUCD	14	1.5	12	1.3	16	1.8	12	1.3	54	5.9
Pill	8	0.9	14	1.5	19	2.1	6	0.7	47	5.2
Injectables, diaphragms & spermicides	1	0.1	1	0.1	4	0.4	4	0.4	10	1.1
Natural methods	12	1.3	11	1.2	2.2	15	15	1.7	58	6.4
Condom	14	1.5	9	1	2.2	22	22	2.4	65	7.2
Total	356	39.2	226	24.9	25.1	99	99	10.9	909	100

Table 8: Contraceptive use in relation to socio-economic status

Current method of contraception	Class I		Class II		Class III		Class IV		Class V		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Permanent methods: Female sterilization	7	0.8	55	6.1	179	19.7	258	28.4	152	16.7	651	71.6
Male sterilization	1	0.1	4	0.4	6	0.7	7	0.8	6	0.7	24	2.6
Temporary methods IUCD	1	0.1	22	2.4	17	1.9	8	0.9	6	0.7	54	5.9
Pill	1	0.1	17	1.9	11	1.2	11	1.2	7	0.8	47	5.2
Injectables, diaphragm & spermicidal	4	0.4	2	0.2	2	0.2	1	0.1	1	0.1	10	1.1
Natural methods	2	0.2	8	0.9	20	2.2	19	2.1	9	1	58	6.4
Condom	4	0.4	23	2.5	20	2.2	9	1	9	1	65	7.2
Total	20	2.1	131	4.4	255	28.1	313	34.5	190	21	909	100

Table 9: Depiction of the relation of contraceptive methods and type of family

Current method of contraception	Joint		Nuclear		Overall	
	n	%	n	%	n	%
Permanent methods: Female sterilization	336	37	315	34.6	651	71.6
Male sterilization	17	1.8	7	0.8	24	2.6
Temporary methods IUCD	14	1.5	40	4.4	54	5.9
Pill	10	1.1	37	4.1	47	5.2
Injectables, diaphragm & spermicides	3	0.3	7	0.8	10	1.1
Natural methods	17	1.9	41	4.5	58	6.4
Condom	18	2	47	5.2	65	7.2
Total	415	45.6	494	54.4	909	100

4. Discussion

Knowledge of the contraceptive methods was fairly good especially for terminal methods i.e. female sterilization (97.7%) and almost negligible information about modern spacing methods. Main source of information on contraception was obtained from mass media (60.4%) i.e. Television and radio and health personnel (47.6%). These results were similar to observations made in NFHS-II [3], III IJBR (2016) 7(01)

[4] surveys. 3/4th of contraceptive users sought contraceptives from government hospitals. Private medical sector was the source of supply for contraceptives in the remaining current users. This shows that a large sector of population depends still on private sector for obtaining contraceptives in our population.

The attitude of the studied population was unfavorable despite of good knowledge of contraceptive

methods. Approximately 1/4th of studied population was not using any method because of the desire for having more children and 17% of them had religious reasons for not using contraception. Comparable results were observed by Kansal *et al* in 2006[5]. Although 93.1% of the studied women responded that contraception is approved by their society, yet only 65.5% (2/3rd) conveyed the contraceptive advice to others namely friends, neighbor and relatives. Whosoever got motivated for contraceptive use was primarily self motivated (willingly). Similar results were observed by Singh *et al* in 2006 [6]. Although maximum women in the studied population were not affected by contraceptive usage, only 13.5% reputed that contraception was affecting their marital life in many ways like sexual displeasure and fear of pregnancy.

Contraceptive prevalence not only varied in relation to number of living children but also shows definite shift from one type of method to another type as the number of children increase. Similar trends were observed in study by Balaiah *et al* [7].

The education in general and female literacy in particular not only improves awareness but also helps in acceptance of new contraceptive techniques for spacing of children. Educated women also desire fewer children than their less educated counterparts. These trends more or less are consistent with all India NFHS-III data [4] and Saha *et al* [8]. Thus an overall improvement in female literacy is likely to be the major tool in improving adoption and acceptance of family planning methods and techniques. Income is at best proxy indicator of community and improved SES of the families promote acceptance of family planning methods. Both overall national data and regional NFHS-III [4] data also confirm these findings. Thus improving overall socioeconomic status in a community does help and motivate adoption of small family norm and hence should remain an important strategy in population control.

There was high temporary method adoption in nuclear families compared to joint families. These trends were consistent with study by Singh *et al* in 2006 [6] and strategically it may, thereof, be important to choose separate motivational / cancelling approaches for acceptance of family planning in different family setups.

5. Conclusion

From this study it is concluded that what is needed is to promote and to stress upon use of contraceptive methods and their advantages by using mass media approach and to explore more and more participation of private sector. A strong commitment is required from field health workers and programme managers at all levels to promote spacing methods in rural areas. An extensive and continuous effort is needed for sensitizing the society especially those who influence the decision making, like the religious leaders, teachers and village headman (*sarpanch*).

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