

Original Research Article

Knowledge score regarding contraceptive methods among married women in urban areas of Belagavi

Kruthika K.*, Chandra S. Metgud

Department of Community Medicine, Jawaharlal Nehru Medical College, Belagavi, Karnataka, India

Received: 17 February 2017

Accepted: 07 March 2017

*Correspondence:

Dr. Kruthika K.,

E-mail: kruthikakishore@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: Increase in population growth is one of the biggest problems faced from many developing countries including India. Contraception plays an important role to halt population growth but is one of the most deserted part of maternal and child health care. Even after India being the first country to launch the family planning programme still the prevalence of contraceptive use is low which in turn increases the maternal and infant mortality rate. Objectives: 1.To assesses the knowledge score regarding contraceptive methods. 2. To study the association between knowledge and practice of contraception

Methods: A community based cross sectional study was conducted among 600 married women aged 15 to 44 years residing in three urban field practice area of Department of Community Medicine, J.N. Medical College, Belagavi. Information was collected using pretested, predesigned questionnaire and knowledge scoring was done.

Results: In the present study, the prevalence of contraceptive use was 58.8%, among these 16.0% were condom user, 18.9% were using IUCD, 4.3% using rhythm method, 3.3% using OCPs and 16.3% were practicing sterilization method. According to knowledge score, sterilization and Condom methods had the highest scores and injectables least. In general as the knowledge score increased, the practice of contraception also increased.

Conclusions: By the results we can conclude that increase in knowledge regarding contraceptives will increase the usage. This can be done by proper counselling for both husband and wife and providing proper information regarding contraceptive by removing their blind beliefs.

Keywords: Contraceptive prevalence, Married women, Knowledge score, Urban area

INTRODUCTION

The world is in the middle of a dramatic expansion in population and it may be overburdened by its success: the decline in death rates and the continued high birth rates in developing countries result in rapid population growth.¹ India accounts for 2.4% of the world's surface area yet it supports more than 17.5 % of the world's population.² The single most threat of India's health, economic and social development is uncontrolled population growth. Family planning has crucial strategy to halt the fast population growth, to reduce child mortality rate and to

improve maternal health in developing countries. World Health Organization 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 group and thus contribute effectively to the social development of the country".³ India became the first country in the world to formulate a National Family Planning Programme in 1952, with the objective of "reducing birth rate to the extent necessary to stabilize the population at a level consistent with requirement of national economy".⁴

Family planning is one of the least expensive and most cost effective strategies that the government has taken to have more lasting impact on health of women.

The range of contraceptive products delivered through the programme has been widened by involving private and Nongovernmental organizations to provide contraceptive services and later this was integrated with Reproductive and Child Health Programme.⁵ In spite of all these still the awareness and acceptance of contraception is low in many parts of the country. We see a contrast between the knowledge of contraception and acceptance of family planning methods because of economical status, social hierarchies and of course religious faith.¹⁰

Therefore prevalence of utilization of contraceptives will have greater impact to programme managers for designing programme, proper implementation and evaluation of their contribution regarding family planning and thereby reducing unintended pregnancies. Thus with the above perspectives the present study was undertaken to assess the knowledge score and current status of contraceptive practice among the eligible couples, and the association between them and to recommend suggestive measures for promotion of contraceptive acceptance.

Objectives

1. To assess the knowledge score regarding contraceptive methods.
2. To study the association between knowledge and practice of contraception.

METHODS

The present community based cross sectional study was conducted in three urban field practice areas namely Ashoknagar, Ramnagar, Rukmininagar of Department of Community Medicine, Jawaharlal Nehru Medical College, Belagavi among married women aged 15 to 44 years residing in these areas. The study was conducted over a period of one year from 1st January to 31st December 2015, and sample size was calculated taking prevalence of contraceptive use as 40%⁴. The sample size was 600.

As population of eligible couple in all three health centres was almost in the same range, so we selected 230 subjects from each urban health centre. About 30 extra subjects from each study area were selected to take care of exclusion criteria. Married women between the age group of 15- 44 years and who were permanent residents of study area were included in the study. Women who have attained menopause, undergone hysterectomy and with primary or secondary infertility were excluded from the study. Sampling frame was available. Subject selection was done by computer generated random number. Data was collected using predesigned and pretested questionnaire by interviewing after taking written informed consent. Knowledge scoring was done to assess

knowledge of contraception among married women based on three criteria. The study participants were asked to name the different contraceptive method along with place of availability and side effects following their usage. Each correct answer was scored one and nonresponse or wrong answer was scored zero. Depending upon the knowledge score the participants were categorised, No knowledge (score zero), Poor knowledge (score one), Average knowledge (score two) and Good knowledge (score three). Statistical analysis was done using SPSS trial version 21.09 IBM corporation, Armonk, New York.

RESULTS

In the present study which was done among the married women in three urban field practice area, showed that the age of the married women ranged from 20 to 42 years and the mean age (\pm SD) of the respondents was 29 ± 4.52 years. The age of study participant's husbands' in the study ranged from 24 to 56 years and mean age (\pm SD) was 35.21 ± 5.54 years. Majority 585 (97.5%) of the women were literates. According to the modified B.G. Prasad classification, 232 (38.7%) of study participants were from families of socioeconomic class II, 149 (24.8%) were from class III, 122 (20.3%) from class I and 97 (16.2%) from class IV.

According to knowledge score, among the married women who had good knowledge, knowledge score for condom 258 (43.0%) was highest followed by intrauterine contraceptive device 187 (31.2%), oral contraceptive pill 161 (26.8%), sterilization 161 (26.8%) and least was with injectable contraceptive 74 (12.3%). Among married women who had average knowledge, knowledge score was highest for sterilization 413 (68.8%) followed by condom 321 (53.5%), intrauterine contraceptive device 267 (44.5%), oral contraceptive pill 247 (41.2%) and comparatively less among Injectable 104 (17.4%) as shown in Table 1.

The prevalence of contraceptive use was 58.8%. Among the users, 96 (16.0%) of the women husbands' were using condom, 113 (18.9%) of women were using Intra uterine device, 26 (4.3%) were practicing rhythm method, 20 (3.3%) of them were using oral contraceptive pill and 98 (16.3%) were practicing sterilization.

In our study, significant association was found between knowledge score and practice of condom method by their partners ($p < 0.001$). As the knowledge score increased the practice also increased. Association was found between knowledge and practice of oral contraceptive pill ($p < 0.001$). Among the married women who had average knowledge about oral contraceptive pill, they were more users as compared to women who had good knowledge 3 (1.3%) and the women who had poor knowledge did not use oral contraceptive pill. Significant association was found between knowledge and practice of Intra uterine contraceptive device ($p < 0.001$). Among the married women who had good knowledge about intrauterine

contraceptive device had highest 37 (42.5%) practice. Association was found between knowledge score and practice of sterilization method ($p < 0.001$). Highest 48 (29.9%) sterilization practice was there among the

married women who had good knowledge about it. As the knowledge score increased, the level of practicing sterilization also increased among married women as shown in Table 2.

Table 1: Distribution of married women according to knowledge score regarding contraception.

Knowledge Score	Condom		IUCD		OCP		Injectable		Sterilization	
	No.	%	No.	%	No.	%	No.	%	No.	%
Zero (No knowledge)	0	0.0	96	16.0	189	31.5	357	59.5	6	1.0
One (Poor knowledge)	21	3.5	50	8.3	3	0.5	65	10.8	20	3.4
Two (Average knowledge)	321	53.5	267	44.5	247	41.2	104	17.4	413	68.8
Three (Good knowledge)	258	43.0	187	31.2	161	26.8	74	12.3	161	26.8
Total	600	100	600	100	600	100	600	100	600	100

Table 2: Association between knowledge score and practice regarding contraceptive methods.

Contraceptive practice			
Knowledge score	Yes	No	P value
Condom usage			
Poor	0(0.0%)	21(100%)	$\chi^2 = 19.5$ p < 0.001
Average	36(11.2%)	285(88.8%)	
Good	60(23.3%)	198(76.7%)	
OCP usage			
No knowledge	0(0.0%)	189(100%)	$\chi^2 = 17.36$ p < 0.001
Poor	0(0.0%)	3(100%)	
Average	17(9.8%)	158(90.2%)	
Good	3(1.3%)	230(98.7%)	
IUCD usage			
No knowledge	0(0.0%)	96(100%)	$\chi^2 = 33.4$ p < 0.001
Poor	18(36.0%)	32(64.0%)	
Average	58(21.8%)	209(78.2%)	
Good	37(42.5%)	50(57.5%)	
Sterilization method			
No knowledge	0(0.0%)	09(100%)	$\chi^2 = 32.2$ p < 0.001
Poor	0(0.0%)	20(100%)	
Average	50(12.2%)	360(87.8%)	
Good	48(29.9%)	113(70.1%)	

DISCUSSION

The prevalence of contraceptive use in our study was 353 (58.8%) which is quite low compared to the contraceptive prevalence rate (64%) in urban population of India according to National Family Health Survey -III.⁶ Similar study done among the reproductive age group married women in urban areas of Bangalore and Punjab showed that the prevalence rate was 58.6% and 53.84% respectively and a study done in urban slums of Lucknow district showed 56.2% which was almost similar to our study.^{3,7,8} Another study among women attending hospital in Mangalore showed that the prevalence rate was 71.2% which is higher compared to our study the reason may be that it was a hospital based study.² Among the users, 96 (16.0%) of the women husbands' were using condom, 113 (18.9%) of women were using Intra uterine device, 26 (4.3%) were practicing rhythm method, 20 (3.3%) of them were using oral contraceptive pill and 98 (16.3%)

were practicing sterilization. Study conducted in Mangalore showed that 15.6% of their husbands' were condom users, 13.3% of women were practicing rhythm method, 5% were using oral contraceptive pill, 18.4% were using Intrauterine contraceptive device, 31.8% were practicing sterilization, which was quite similar to our study in indices like condom, intrauterine contraceptive device and oral contraceptive pill.² Another study conducted in urban areas of Punjab³ showed that, among the contraceptive users, Condom, oral contraceptive pill and intra uterine device were used by 41.6%, 28.4% and 8.0% respectively and 4.93% were practicing sterilization which is quite high compared to our study. Study done in resettlement colony of Delhi showed that the prevalence of condom usage was 23.7%, 12.1% OC pill, 9.6% intrauterine contraceptive device and 53.9% sterilization shows quite high prevalence of sterilization method usage.⁹ The above results are higher

because of the fact that these studies are conducted in metro cities as compared to Belgaum which is tier II city.

Among the married women who had good knowledge, knowledge score for condom 258 (43.0%) was highest, married women who had average knowledge, knowledge score was highest for sterilization 413 (68.8%). Knowledge regarding injectable contraceptive was poor 65 (10.8%) and no knowledge 357 (59.5%) respectively. The condom and Sterilization method usage, as the knowledge score increased the practice also increased. This shows that knowing side effects may enhance the acceptance of these methods. Also another reason for acceptance is sterilization method may be, it has the least side effects and it is one time permanent procedure. Oral contraceptive pill usage was more among the women who had average knowledge than women having good knowledge, this may be due to the reason that knowing about side effects of OC pill discourages the user. Intrauterine contraceptive usage was highest among women who had good knowledge and poor knowledge. The reason may be, because it is a hospital based procedure, one time motivation is enough for usage and thus knowledge does not has much significant role in the usage of intra uterine contraceptive device.

CONCLUSION

To increase the prevalence of contraceptive method it would be very much important to speed up social welfare programmes in order to uplift the person sitting on the lowest stair of the social hierarchy. In conclusion, the findings support the contention that there is still a need to intensify information education communication activities and motivate the population to practice contraception. In order to be effective, programme must include counselling, motivation and education to help women disentangle fact from fiction regarding health and side effects of various contraceptive methods.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. Khan NR, Jerifa S. Prevalence of contraceptive use among married women of reproductive age groups

- in a rural area of Bangladesh. J Dhaka Med Coll. 2014;23(1):7-13.
2. Lakshmi MM, Neetha, Rai S. Contraceptive practices among reproductive age of women in justice K.S. Hegde Medical College Hospital, Mangalore. Int J Reproduction, Contraception, Obstetrics Gynaecol. 2013;2(1):39-46.
3. Balgir RS, Singh S, Kaur P, Verma G, Kaur S. Contraceptive practices adopted by women attending an urban health centre in Punjab, India. Int J Res Develop Health. 2013;1(3):115-9.
4. Nanda J, Adak DK, Bharati P. Contraceptive practices among adolescent married women in Tamil Nadu, India. Asian Pacific J Trop Dis. 2011;137-141.
5. Girdhar S, Chaudhary A, Gill P, Soni R, Sachar R. Contraceptive Practices And Related Factors Among Married Women In A Rural Area Of Ludhiana. Int J Health. 2009;12(1):1-4.
6. India: National family Health Survey 3 (NFHS 3) 2005-06. Mumbai, India: International Institute of Population Sciences; 2007. [cited 2015 August 8] Available from: http://www.mumbaidp24seven.in/reference/FRIND3_VoII_Oct_17_2008.pdf. Accessed on 3 January 2017.
7. Blanc A. The effects of power in sexual relationships on sexual and reproductive health: An examination of the evidence. Studies in Family Planning. 2001;32(3):189-213.
8. Rizvi A, Mohan U, Singh SK, Singh VK. Assessment of knowledge of contraceptives and its practice among married women in urban slums of Lucknow district. Indian J Community Health. 2013;25(1):6-11.
9. Patro BK, Kant S, Baridalyne N, Goswami AK. Contraceptive practice among married women in a resettlement colony of Delhi. Health and Population- Perspectives and Issues. 2005;28(1):9-16.
10. Pandey SM. Correlates of modern contraceptive practices among married couples in rural area of Hisar, (Haryana). Indian J Prev Soc Med. 2011;42(3):273-7.

Cite this article as: Kruthika K, Metgud CS. Knowledge score regarding contraceptive methods among married women in urban areas of Belagavi. Int J Community Med Public Health 2017;4:1303-6.