

Original Research Article

Contraceptive knowledge, practices among women in Garhwal region

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ABSTRACT

Background: Family planning is defined by World Health Organization (WHO) 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 family groups and thus contribute effectively to the social development of a country”. The extensive acceptance of family planning, in a society, is an integral component of modern development and is essential for the incorporation of women into social and economic life. Therefore the present study as well focused on the women knowledge and participation in family planning. Objectives: This study projected to evaluate the knowledge of the women about various family planning methods and its sources of information.

Methods: In this cross-sectional study, 200 married women between 15-60 years of age group selected by multistage random sampling. The women were asked to complete the 20 questions including demographic data. Self structured questionnaire was used to evaluate their knowledge about Family planning methods. Subsequently, the data analyzed by using SPSS version 1.2.

Results: In this present study knowledge of family planning methods were higher. Female sterilization and use of condom is the most widely known and practiced method of all contraceptive methods followed by oral Pills and IUDs. Health functionaries were found to be more informative as compared to media and others sources of information regarding family planning methods.

Conclusions: From the results found in this study it can be accomplished that women's awareness regarding family planning was higher and found satisfactory.

Keywords: Knowledge, Contraceptive, Reproductive health

INTRODUCTION

The world population will likely to increase by 2.5 billion over the next 43 years, passing from the current 6.7 billion to 9.2 billion in 2050.¹

The leading causes of death among reproductive age women are due to complications arising during pregnancy and child birth. Each year approximately 55,000 women die in India due to pregnancy or childbirth-related complications.²

According to WHO, family planning is defined as “a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitude and responsible decisions by individuals and couples, in order to promote the health and welfare of family group and thus contribute effectively to the social development of a country.”

India was the first country in the world to formulate the national family planning programme 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 requirement of National economy”.³

Family planning as a strategy for population stabilization received attention only after 1971 population census.

Despite the fact that contraceptive usage has increased over a period of time, there exists a KAP- gap i.e. a gap between the knowledge, attitude and practices regarding contraception.^{4,5}

After the launch of the National Rural Health Mission in 2005, the official family planning program has been subsumed in the reproductive and child health component of the Mission.⁶ Reproductive health knowledge is important for women as a woman's health and well-being, contraception as well as those of her family may depend on her being able to delay the birth of her first child or space the birth of her children. Women knowledge or education about what affects them, awareness about the role of family planning in family life as well as access to safe and effective methods of family are essential to good health.

Family planning is about more than just birth control. It encompasses all the decisions a woman makes regarding her reproductive health, including birth control, planning a pregnancy, child spacing and even protecting herself from sexually transmitted diseases. There are a wide variety of family planning options available, allowing each woman and her partner to choose the method that best fits their needs and desires. Family planning use can affect numerous aspects of women's lives, including their health, their work inside and outside the home, their roles within the family, and their psychological well-being. Contraceptive use can minimize women's concerns about unplanned pregnancies, allow them to space their children, reduce the time they spend in childbearing and childrearing, and allow them to pursue work outside the home. However, many women find that taking on additional responsibilities outside the home adds to their work burden and creates stress, as they try to generate income and manage the household and children.

The extensive acceptance of family planning, in a society, is an integral component of modern development and is essential for the incorporation of women into social and economic life. Therefore the present study as well focused on the women knowledge and participation in family planning.

The objectives of this study were:

1. To study the socio-economic background of the respondents related to family planning.
2. To study women knowledge and participation in family planning.

METHODS

The study was carried out by house to house survey in 20 villages of Khirshu block Pauri Garhwal, Uttarakhand. During the home visits, they were briefed about the

objective of the study. A total of 200 women were enrolled in the study and given a specially designed structured self-administered pre-tested questionnaire.

Type of study: Cross-sectional community based study.

Area of study: Khirshu block Pauri Garhwal.

Study period: The survey was carried out between November 2009 and April 2010.

Statistical analysis: Data was coded, entered and analyzed by using Epi-Info Software 3.4.3. Data was expressed in percentage.

Sample size: The sample size is determined by the magnitude of the maximum allowable error and the degree of confidence that the error in the estimate will not exceed the maximum allowable error. In general the sample size is manipulated until

$$z\sigma\bar{x} = e$$

Where z is determined by the degree of confidence.

Since

$$\sigma_{\bar{x}} = \sigma/\sqrt{n}$$

It follows that

$$z\sigma/\sqrt{n} = e$$

$$\sqrt{n} = \frac{z\sigma}{e}$$

$$n = \frac{z^2\sigma^2}{e^2}$$

Where e is equal to the maximum allowable error, z is determined by the degree of confidence, and σ is the standard deviation of the population from which the sample is selected

Now total sample size;

$$n = (1.96)^2(4.6)^2/(0.65)^2 = 193.45$$

Finally, 200 respondents from 10 villages 20 from each were selected at randomly.

RESULTS

In this study majority of the respondents (39%) were from middle age group (27%) young age group, and 34% of respondents belonged to the older age group.

With regard to level of education it was found that (14.5%) of women were illiterate, similar proportion (22.5%) of the respondents were educated up to middle

and intermediate. As per the occupational status of the subjects majority of the respondent (61%) worked in agriculture in their fields and 22% of women have been found as house wife, while a negligible percentage (3%) of women is involved in domestic labor (Table 1).

Table 1: Demographic profile of the respondent.

Age group (in years)	No.	%
15-25	42	21
26-35	38	19
36-45	38	19
Above 45	42	21
Total	200	100
Educational level		
Illiterate	29	14.5
Primary school	20	10
Middle school	45	22.5
High school	37	18.5
Intermediate	45	22.5
Graduate	21	10.5
Post graduate	3	1.5
Total	200	100
Occupation		
Agriculture	122	61
House wife	44	22
Service	28	14
Labour	6	3
Total	200	100

Table 2: Distribution of knowledge about family planning methods among women.

Parameter	Y (%)	N (%)	Total (%)
Have you heard about family planning	193 (96.5)	7 (3.5)	200 (100)
Knowledge of family planning methods			
Sterilization	190 (95)	10 (5)	200 (100)
Condom	190 (95)	10 (5)	200 (100)
Pills	190 (90)	20 (10)	200 (100)
IUD	170 (85)	30 (15)	200 (100)
Injectable	24 (12)	176 (88)	200 (100)

Table 2 shows that (96.5 %) of women had heard about family planning, those who had knowledge about family planning methods were also asked about the name of methods known amongst women. 95% of women knew about tubectomy and condom as method of family planning followed by (90%) oral pills and (85%) IUDs. Only 12% of respondent knew about injectable conceptive method.

Table 3: Distribution of practice regarding family planning among women (n=200).

Parameter	Number	Percentage
Sterilization (tubectomy)	60	30
Condom	41	20.5
Pills	18	9
Other*	16	8
Not using any method	65	32.5
Total	200	100

*Withdrawal method, calendar method IUD, vasectomy

Table 3 shows (30%) of women had undergone tubectomy followed by condom (20%), oral pills (9%) and (8%) using other methods. It was observed during the study that (32.5%) of women were not using any method because their husband was out of the village for source of income.

Table 4 shows that a high percentage of respondents (65.5%) have reported Health functionaries as a major source of information followed media (20%) and others (14.5%).

Table 4: Distribution of source of health education among women.

Parameter	Number	Percentage
Mass media	40	20
Health Personnel	131	65.5
Others	29	14.5

Mass media: TV, newspaper, radio; Health personnel: Doctor, ANM, AW, ASHA etc.; Others: Friends, relatives, teacher, books.

In the present study socio-economic status of the sampled women was characterized by the modified classification of B.J. Prasad used for rural areas and based on family's per capita income of month as following:

DISCUSSION

The National Health & Family Survey-III (2005-06) revealed that knowledge of contraception is almost universal in Uttarakhand.⁷ The government family planning programme promotes four temporary methods: the pill, the IUD, condoms and emergency pills. Awareness plays an important role in motivating females to have a favorable attitude towards family planning and to adopt family planning methods.

In our study it was observed that majority of married women residing in the hilly regions of Garhwal were aware about at least one method of contraceptive. This is in correspondence with the study done by Kumar et al.⁸

The government family planning programme promotes three temporary methods: the pill, the IUD, and condoms and tubectomy and vasectomy as permanent methods.

Regarding awareness about different family planning methods it was found to be high as similarly observed in other studies in Srivastava et al, Sunita et al, Lavanya et al, respectively.⁹⁻¹¹

Regarding the usage of FP method majority of women were using FP methods, out of which some of married women who have their desired family preferred permanent methods and had undergone tubectomy, whereas only few were using male condom and oral pills. In a study conducted by Landge Jyoti it was found that, condom was the most widely used.¹²

In the present study inquiring about the sources of information, health functionaries were found to be more informative as compared to media and others because in rural areas the women are more bounded to their daily routine work and therefore could not get much time to be paid on media and other advertising modalities.

Mass media plays an important role in promotion and acceptability of contraception.¹³ The need to advertise through media should be enhanced as still quite a few of the women interviewed were illiterates.

CONCLUSION

In the state of Uttarakhand the knowledge of contraceptive is universal, and women literacy is one of the major factors to affect the knowledge of contraceptive. In the present study women's awareness regarding FP was higher and found satisfactory. Family planning plays a pivotal role in population growth, poverty reduction, and human development. It was observed from this study that in this rural area attitude of women has been changed to adopt small family norm by using contraceptive methods. Majority of married women were using contraceptives either for spacing or limiting the family size but still there is scope to know the reasons of not reaching to the replacement level. The family planning programme is successful to a great extent but India still has a long way to go. Family planning has always been the main emphasis in population policies adopted by the Government of India. However, there is a need of more public awareness and public participation. Gender inequality, preference of sons over daughters, low standard of living, and poverty, traditional thought processes of Indians, age-old cultural norms continue to cause poor family planning practices all across the country.

It was observed from this study that in this rural area attitude of women has been changed to adopt small family norm by using contraceptive methods. Majority of married women were using contraceptives either for spacing or limiting the family size but still there is scope

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