

CONTRACEPTION NEEDS AND ITS USAGE AMONGST RURAL WOMEN OF INDIAPoonam Taneja¹, Savita Jha²**HOW TO CITE THIS ARTICLE:**

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ABSTRACT: OBJECTIVE: To assess the needs of contraception and usage of contraception by finding knowledge, attitude regarding family planning and the practice of contraceptives among rural women of India. **STUDY DESIGN:** A cross-sectional observational study. **PLACE AND DURATION OF STUDY:** The gynaecological outpatient clinic of SGT Hospital, Budhera, Gurgaon, Haryana from January to June 2014. **MATERIAL AND METHODS:** 100 women between the ages 15-45, living with their husbands and coming from rural area (villages) were interviewed. Exclusion Criteria: 1. Women who were pregnant 2. Women having a child younger than 2 years 3. Women having any medical disorder Their knowledge, attitude and practice on contraceptives were evaluated with the help of a predesigned and pretested questionnaire. The other variables used were the age of women, parity and educational status. Descriptive analysis was conducted to obtain percentages. **RESULTS:** Out of 100 interviewed women most women were in 21-30years age group, 36% women were completely illiterate, and 64% had primary education. 52% were <3 parity. Out of 100 women interviewed 80 (80%) had heard/aware of family planning method (permanent/temporary). Out of 80 women, who had knowledge and awareness of family planning methods about 34(42.5%), 20(25%) and 26(32.5%) got information from media, health personal and social circle (husband, mother/ in laws) respectively. Out of 100 women interviewed, 58(58%) were practicing different contraceptive methods. Tubal ligation, barrier contraception, IUCD were used by 20(34.48%) 15(25.86%), and 12(20.68) respectively in order of preference. The main reason of using contraception was completion of their family in 30(51.72%). Only 15(25.86%) women used various methods for spacing. Only 7(12.06%) used OCP as a contraceptive method. Positive attitude towards contraception was shown by 72(72%) of women, while 44(44%) stated their husbands' positive attitude towards contraception. **CONCLUSION:** The study highlights that there is a need to increase knowledge and awareness but knowledge and awareness do not always lead to a positive attitude towards the use of contraceptives. To increase the number of couples using contraception there has to be a combined approach to increase knowledge, awareness, positive attitude and great motivation and support from health department. There appears a need for continuing education about sexuality and contraception. Also there is a need to motivate the youth for effective and appropriate use of contraceptives and arrest the trend towards unwanted pregnancy and increase in population. There is need for focused awareness program based on the knowledge gaps reported among women in reproductive age group.

KEYWORDS: Needs, Usage, Knowledge, Practice, Contraception, Rural Women.

INTRODUCTION: India, with 1, 270, 272, 105 (1.27 billion) people is the second most populous country in the world, while China is on the top with over 1, 360, 044, 605 (1.36 billion) people. The figures show that India represents almost 17.31% of the world's population, which means one out of

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six people on this planet live in India. Although, the crown of the world's most populous country is on China's head for decades, India is all set to take the numero uno position by 2030. With the population growth rate at 1.58%, India is predicted to have more than 1.53 billion people by the end of 2030. This shows the urgent need to increase awareness about contraception and increase use of contraception.¹ 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.^{2,3}

In a developing country like India, over population is a major concern. Despite progress resulting from making contraception widely available, there is poor acceptance of contraceptive methods either due to ignorance or fear of complications using them.^{4,5,6,7} 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. This study was carried out to assess the knowledge, attitude and practice of contraceptive methods in the rural women of reproductive age group.

MATERIALS AND METHODS: This cross-sectional, observational study was carried out at SriGuru Gobind Singh Medical College and Research Institute, a community-based hospital in Budhera Gurgaon Haryana. The study was conducted in the outpatient department of Gynaecology Unit-1, from January to June 2014. The selection criterion was married women between the ages of 15-45 years, living with their husbands at the time of interview.

Exclusion Criteria were:

1. Women who were pregnant.
2. Women having a child younger than 2 years.
3. Women having any medical disorder.

After taking an informed consent, women who fulfilled the inclusion criterion were interviewed. The questionnaire elicited information regarding their age, educational status, number of children, knowledge and source of contraceptive methods, practicing of either male or female family planning methods. The attitude of females towards contraception was asked, while the attitude of husbands was assessed what their females perceived.

To assess the knowledge, the following 8 methods were separately asked: pills, injectables, Intra-uterine Contraceptive Devices (IUCDs), condoms, tubal ligation, vasectomy, Norplant and withdrawal method. The practice defines the usage of contraceptive methods by either partner. Descriptive analysis was conducted to describe the results in percentages.

RESULTS:

Table I: Socio demographic characteristics of the interviewed rural women.

Characteristics n = 100 Percentage.

Age in years:

< 20	9	9%
21 – 30	57	57%
31 – 40	30	30%
41 – 45	40	4%

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Parity:

< 3	52	52%
3 – 5	28	28%
> 5	20	20%

Educational Status:

Illiterate	36	36%
Primary	64	64%

The socio-demographic characteristics are shown in Table I. The mean age was 25.7 + 5.2 years. 36% women were completely illiterate, and 64% had primary education. 52% were <3 parity.

Contraceptive knowledge, attitude and practice among rural women: Table II shows the spectrum of knowledge in the 80 (80%) women who had heard about family planning methods.

Table II: Knowledge and awareness regarding contraception:

	N	(100) %
Heard/aware of contraceptives	80	80%

METHODS:

	n	(80) %
Pills, injectables, IUCD, condoms, norplant, tubal ligation vasectomy and withdrawal method	10	(12.5%)
Pills, injectables, IUCD, condoms, norplant, tubal ligation and withdrawal method	5	(6.25%)
Pills, injectables, IUCD, condoms, tubal ligation and withdrawal method	30	(37.5%)
Pills, injectables, condoms, tubal ligation and withdrawal method	20	(25%)
Pills, injectables, IUCD, condoms, tubal ligation, vasectomy and withdrawal method	15	(18.75%)

Source of knowledge	n	(80) %
Media	34	42.5%
Health personnel	20	25%
Social circle	26	32.5%

Table III: Practices of contraception.

Contraceptive methods in USERS	n = 58	%
Barrier method (condom)	15	25.86%
Tubal ligation	20	34.48%
Injectables	04	6.89%
Intrauterine devices	12	20.68%
Oral pills	07	12.06%

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Reasons for using contraceptives	USERS = 58	%	
Completed their families	30	51.72%	
Spacing of birth	15	25.86%	
Improvement of health	05	8.62%	
Economic problems	08	13.8%	
Reasons for not using contraceptives	NONUSERS = 42	42%	
Not reliable	04	09.5%	7.4
Lack of knowledge	20	47.61%	55
Partner opposition/opposition by in laws	08	19%	
Willing to have more children	04	9.5%	
Health problems in future	06	14.28%	

Table IV: Attitude towards contraception:

Attitude for Contraception:

Total =100 Users =58 Non-users = 42

n (%) n (%) n (%)

Females:

Approval:	72(72%)	44(75.86%)	28	66.66 %
Disapproval:	28 (28%)	14 (24.13%)	14	33.33%

Males:

Approval:	56 (56%)	34 (58.6%)	22(52.4%)
Disapproval:	44 (44%)	24 (41.3%)	20(47.6%)

Out of 80 women, who had knowledge and awareness of family planning methods, about 34(42.5%) of women got information from mass media. The importance and use of contraception had been explained by a health personnel to 20 (25%) of respondents and 26 (32.5%) heard it from their social circle.

Of 100 interviewed women, 58 (58%) were practicing different contraceptive methods as shown in Table III.

Positive attitude for contraception was shown by 72 (72%) females. The patterns of either partner's attitude are described in Table IV.

DISCUSSION: Family planning is defined by 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 increasing growth of population has become an urgent global problem. The widespread adoption of family planning, in a society, is an integral component of modern development and is essential for the integration of women into social and economic life.

The present study aimed to assess the knowledge, attitude and practice of family planning methods to enhance the contraceptive practice in the rural community in future. Majority of

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contraceptive users in India are women. In our study 57% of the women fall in the age group of 21-30 years; the time for the settlement of both career and family. Majority of women were <3 parity showing younger population in need of contraception. Evidence from a number of small scale studies in various parts of the country indicates that inadequate knowledge of contraceptive methods is a reason for not accepting family planning.^{8,9}

In our study 80% were aware of one or more methods of contraception. In Srivastava et al, Sunita TH et al, Lavanya et al, Indian studies the awareness rate was 82.2% and 100%, 96.85% respectively.^{10,11,12} Similarly 81% awareness in Pakistan study by Rozina Mutsafa et al.¹³ But in practice only 58% of women are using contraception methods similar to 48% by Sunita TH et al, 45% Lavanya et al, 54% Prachi et al, 53% Rozina et al.^{11,12,13,14} 42% women are not using them due to lack of knowledge about their usage. Sunita TH et al, Lavanya et al, Prachi R et al, Rozina et al showed similar no of non-users 52%, 55%, 46%, 47% respectively.^{11,12,13}

Emphasis should be made on communication and good counseling to the women giving correct information about availability, source, and side effects of contraceptive methods. The major source of knowledge in our study was media 42.5% followed by social circle 32.5% where as in studies by Lavanya et al and Sunita TH et al the major source of knowledge was social circle 67.7% and 42% and media in only 18% and 15% respectively.^{12,11} Mass media plays an important role in promotion and acceptability of contraception.¹⁵ The need to advertise through media is to be enhanced as 36% of the women interviewed are illiterates.

The health personnel especially MPH (F) and ASHA workers who closely monitor health parameters and also a part of the community are only accounting for 25% of spread of awareness should discuss the need of contraception especially spacing methods to bridge the gap between knowledge and practice of contraception. They are the most important factor in bridging the gap between knowledge and practice. Women illiteracy is one of the factors that affect the knowledge regarding contraception. In present study there was 64% literacy rate in rural areas comparable to 54%.78% and 93.5% by Lavanya et al, Srinivasan et al and Sunita TH et al respectively.^{12,10,11}

Literacy level among the women emphasizes the need for education as a key component to combat overpopulation and will encourage the use of contraceptives. Another factor responsible for knowledge of family planning methods are the exposure of messages through media. Electronic media play an important role in a society where literacy level is low. Fikree et al. from Pakistan study stated that women were more likely to use contraceptives when messages of family planning were delivered through media.¹⁶ Similarly, study from rural Nepal also reported an exposure to electronic media messages as the main factor for use of family planning methods among women.¹⁷ An Ethiopian study showed that 80.3% of health personnel contributed in providing information regarding contraception, which is opposite to the results.¹⁸ The positive aspect is that the presently reported contraceptive prevalence rate is high with regard to knowledge, as opposed to Jordan and Nigeria where it was 31.7% and 8.7% with awareness rate of 91% and 85% respectively.^{19,20}

Regarding the usage of family planning methods, an important dimension is the type of contraception used. Tubal ligation followed by Condom were the most common chosen method used by 34.48% and 25.86% of couples compared to 50.18% tubal ligation, 16.7% vasectomy 15.6% condoms as shown in other studies as well.^{21,22,23,12}

Oral pills were used by 12.06% of women in comparison with 11.3%, 10% in studies of Pakistan and 4% in Indian study.^{13,21,12}

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Non-users in this study were 42% similar to 55%, 44.6% and 47% in study by Srinivasan et al, Prachi et al and Rozina et al respectively^{10,14,13}

Lack of knowledge is the main reason for not using contraception as in various Indian studies but opposite to in various other studies where partners opposition was the main reason for not using contraception.^{12,13,19,24,25}

Approval of family planning was shown by 56% of males, as perceived by their wives same as 53.6% in study by Lavanya et al and other studies of Sindh and Punjab, where 78% and 74% of husbands approved the use of contraceptive methods at the time of survey.^{12,21} In the present study, 44% of respondent's husband disapproved family planning, similar to 46.45% and 54% of results by Lavanya et al and Etuk et al.^{12,20}

A opposite pattern was also found in Eastern Turkey, where husband's disapproval was the main factor for not using any family planning method among married women.²⁵ However, husband support for family planning was significantly higher in a Jordanian study.¹⁹ Attitude of husband was found to be an important predictor for contraception use. In rural areas, husband being the dominant member plays the pivotal role in approving the family size and contraceptive practices. Education is, therefore, considered to improve the ability of women to resist subjugation and to acquire greater power in decision-making. Family Planning services thus need to provide a range of quality methods for family planning that can allow women to either limit or space births, and to focus services to the individual needs of women with differing sociodemographic characteristics.

This study had several limitations. The sample size was small. Secondly, the women came alone so male partners were not directly involved in the study. A low response may be found to question the use of methods and husband's attitude. Although every possible effort was made to obtain the correct information, the possibility of misreporting cannot be ruled out keeping in mind the low level of female literacy also. Further studies should be done with proper involvement of couples to obtain more accurate knowledge on the subject in rural population.

CONCLUSION: The study reveals good knowledge and favorable attitude of rural women towards contraception. Contraceptive knowledge and practice was influenced by media exposure and partner opposition. Women education and counseling of couples can play an important role to adopt family planning methods.

Electronic media, health personnel and government's organizations can play a positive role to provide knowledge and overcome the knowledge/practice gap. The health care personnel have to spread the knowledge widely. Motivation of the males towards the usage of male contraceptive measures (both temporary and permanent) is very much necessary. Encouraging the use of male condoms in the era of HIV infection for both spacing and also as a measure against spreading of STI is to be promoted.

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