

Original Research Article


Study of knowledge, attitude and practice of contraception among women in reproductive age attending for delivery in a tertiary care hospital

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Abstract

Background: Reproductive health is right of men and women to be informed of and to safe, effective, affordable and acceptable methods of fertility regulation of their choice and the right of access to appropriate health care services that will help women to go safely through pregnancy and childbirth with chances of having healthy baby. Family planning method improves health of the women and children at family level.

Objective: To study the knowledge, attitude and practice of contraception among women attending government general hospital Kakinada.

Materials and methods: It was a qualitative assessment of knowledge, attitude and practice for the use of family planning methods in a community. This study was done among 500 married women between the age group of 18-35 years attending Government General Hospital, Kakinada and was questioned by proforma. The proforma included details of knowledge, attitude, and practice regarding contraceptive use.

Results: Most of the women were aware of at least one contraceptive method, 82% never used contraception. The most commonly used contraceptive method was tubectomy, followed by condom 12%, and oral contraceptive pills. There was lack of knowledge of modern contraceptive methods. Many of them were willing for a permanent method of sterilization.

Conclusion: Though many women in the study were aware of at least one contraceptive method the use of the contraceptive method was not 100%. Therefore, there is strong need for motivational

strategies to make acceptable, and there is need to arrange health camps to improve awareness about contraceptive methods.

Key words

Knowledge, Attitude, Practice, Contraception, Women, Reproductive age, Delivery.

Introduction

India's projected population will be 1.6 billion by 2050. Every 5th birth in world is in India. This population expulsion results in depletion of natural sources. In 1951, India launched a family planning program to reduce population growth in India [1-3].

WHO defined family planning is 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 the family and contribute effectively to the social development of country. Family planning is not only birth control, but includes the services, policies, information, attitude, practices, and contraceptives, that gives women, men, couples, and adolescents the ability to avoid unwanted pregnancy and choose when to have a child [4-7].

Reproductive health is right of men and women to be informed of and to safe, effective, affordable and acceptable methods of fertility regulation of their choice and the right of access to appropriate health care services that will help women to go safely through pregnancy and childbirth with chances of having healthy baby. Family planning method improves health of the women and children at family level [8-10].

Materials and methods

This was a cross sectional study in women attending labour room in Government General Hospital, Kakinada.

Inclusion criteria: Women in reproductive age group attending for institutional delivery were included in this study.

Exclusion criteria: Women who refused to participate in the study.

Data was collected in a predesigned proforma and verbal consent was taken from women. Information taken as age, parity, religion, socio-economic status, knowledge about various contraceptive methods, source of information and their usage were studied. Participants were given information about contraceptive methods.

Results and Discussion

Table - 1 shows distribution of women according to the age. Age of women ranged from 18-35 years mean age is 26%. Out of all 2% of women were in the age group <18 years and maximum women that was 77 % women in the age group of 18-25 years.

Table - 1: Distribution according to age.

Age in years	No. of women
</=18	10
18-25	385
26-30	95
30-35	10

Table - 2: Distribution of cases according to household structure.

House hold structure	No. of women
Combined	80
Nuclear	420

Table - 3: Distribution according to religion.

Religion	No. of cases
Hindu	380
Christian	110
Muslim	10

The socio- economic status was defined by modified kuppu-swamy scale. Maximum belonged to low socio- economic status. In present study, 380 women were Hindu, and 110 women were Christians. 16% were staying in

joint family, 84% were in nuclear family. 76 % were primi and 24 % were multi gravida (**Table – 2, 3**).

Table - 4: Distribution according to educational status.

Educational status	No. of cases
Uneducated	50
Primary school	160
10 th	160
Inter	70
Degree	60

Table - 5: Distribution of cases according to knowledge on contraceptive methods.

Method of contraception	No. of women
Natural methods	45
OC pills	135
IUCD	180
Condom	250
Injectables	30
Emergency contraception	45
Tubectomy	460
Nil	60

Table - 6: Distribution of cases according to source of information.

Source of information	Percentage of women
TV	21
Health person	32
Friends and relatives	70
Paper	14
Internet	7

50 were uneducated, 160 women studied up to primary school, 230 women studied up to high school and inter, 60 were graduated. About 50% knew condoms, 27% had knowledge about pills and IUCD, all of them knew about tubectomy (**Table – 4, 5, 6**).

Conclusion

It was observed that knowledge and not does awareness always lead to the use of contraceptives. Amin reasons for not opting family planning services are lack of education,

poverty, lack of knowledge on advantages and disadvantages of various contraceptive methods and complications of multiple pregnancies and repeated pregnancies.

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