Original Research Article

Contraceptive knowledge, attitude and practice among married women of reproductive age group in a rural area of Karnataka: a cross sectional study

Radha Ramaiah*, Srividya Jayarama

Department of Community Medicine, Adichunchanagiri Institute of Medical Sciences, B.G. Nagara, Bellur, Karnataka, India

Received: 19 March 2017
Accepted: 05 April 2017

*Correspondence:
Dr. Radha Ramaiah,
E-mail: docradha@rediffmail.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: India was the first country to implement Family Planning Programme in 1952. The extent of acceptance of contraceptive methods still varies within societies and also among different religious groups. Objectives: To determine knowledge, attitude, practice regarding contraceptive use among married women of reproductive age group in a rural area of Karnataka.

Methods: A community based, cross sectional study was conducted among 200 married women of reproductive age group residing in a rural area of Karnataka. Data regarding knowledge, attitude, practice of contraceptive methods was collected using a predesigned questionnaire prepared in local language. Institutional ethical committee approval, informed consent from the study participants was taken and anonymity, confidentiality was ensured.

Results: Out of 200 study participants, 81% had knowledge and awareness of family planning methods, positive attitude for contraceptive use was shown by 76% of study participants, 53% were practicing different contraceptive methods.

Conclusions: Women education and counseling of couples can play an important role to adopt family planning methods.

Keywords: Knowledge, Practice, Contraceptive methods, Rural women

INTRODUCTION

According to Census 2011, India’s population stood at 1,21,01,93,422, and the last decade has seen India’s population growth by 17.64%. By 2045 or earlier, India would overtake China as the World’s most populous nation.

India was the first country in the world to implement family planning programme in the year 1952. A lot of efforts and resources have gone into the national family welfare programmes but the results are not satisfactory.

The extent of acceptance of contraceptive methods still varies within societies and also among different religious groups. The factors responsible are present at the individual, family and community level with their roots embedded in socio economic and cultural practices of Indian society.

Further unintended pregnancy poses a major threat to the reproductive health of young adults in developing countries like India. With the decreasing age of menarche, early marriage and onset of sexual activity, youths are exposed to early unplanned and unprotected sexual intercourse leading to unwanted pregnancies.
Unsafe abortion outside the medical setting is one of the most dangerous consequences of unwanted pregnancy.  

With this background, a study was planned with an objective to determine the knowledge, attitude, practices regarding the contraceptive use among married women of reproductive age group in a rural area of Karnataka.

**METHODS**

**Study area**

One of the rural field practice area of Department of Community Medicine, AIMS, B.G. Nagara, Karnataka.

**Study design**

Community based, Cross-sectional study

**Study period**

August 2016 to January 2017.

**Study subjects**

Married women of reproductive age group (15-49 years) residing in the study area. The list of all married women in reproductive age group was obtained from the family folder maintained at PHC.

They were initially contacted during one of the Village Health and Nutrition day conducted in the local anganwadi centre and were explained about the study.

**Inclusion criteria**

Women of reproductive age group, married and living with their husband in the study area and who gave informed consent for the study participation.

**Exclusion criteria**

Women who have undergone hysterectomy, widowed, divorced and those who did not gave informed consent for the study participation.

Out of 215 married women of reproductive age group in the study area, 3 had undergone hysterectomy, 2 widowed, 1 divorced and 9 refused to give informed consent for the study participation.

So, the study subjects constituted all 200 married women of reproductive age group (15-49 years) residing in the study area, who gave informed consent.

**Method of data collection**

Data was collected using predesigned, pretested, structured questionnaire prepared in local language. The current use of different contraceptive methods among subjects was defined as use of any contraceptive method in the past one year proceeding the study period. If more than one method was used, then the latest contraceptive method used was taken into account. Reasons for using contraceptives were assessed by open ended questions.

Institutional ethical committee approval, informed consent from the study participants was taken and anonymity, confidentiality was ensured.

**Statistical analysis**

Data were entered in MS Excel spread sheet and descriptive analysis was conducted to describe results in percentages.

**RESULTS**

In the present study, data was collected from 200 married women in the reproductive age group. The demographic characteristics of the study participants are shown in Table 1.

| Demographic characteristics | N (200) | % |
|-----------------------------|---------|---|
| **Age of women**            |         |   |
| 15-20                       | 14      | 7 |
| 21-25                       | 42      | 21|
| 26-30                       | 55      | 27.5|
| 31-35                       | 44      | 22|
| 36-40                       | 23      | 11.5|
| 41-45                       | 12      | 6 |
| 46-49                       | 10      | 5 |

| Educational status of women |         |   |
|-----------------------------|---------|---|
| Illiterate                  | 58      | 29|
| Primary education           | 68      | 34|
| Middle School               | 44      | 22|
| Secondary level             | 19      | 9.5|
| Higher secondary & above    | 11      | 5.5|

| Occupation of women         |         |   |
|-----------------------------|---------|---|
| Homemakers                  | 106     | 53|
| Unskilled laborers          | 48      | 24|
| Skilled laborers            | 28      | 14|
| Self employed               | 18      | 9 |

| Occupation of husband       |         |   |
|-----------------------------|---------|---|
| Unemployed                  | 26      | 13|
| Unskilled                   | 53      | 26.5|
| Skilled                     | 42      | 21|
| Self employed               | 60      | 30|
| Professional                | 19      | 4.5|

| Socio-economic status       |         |   |
|-----------------------------|---------|---|
| Class 1                     | 20      | 10|
| Class 2                     | 30      | 15|
| Class 3                     | 110     | 55|
| Class 4                     | 18      | 9 |
| Class 5                     | 22      | 11|
Out of 200 study participants, 162 (81%) had knowledge and awareness of family planning methods.

### Table 2: Knowledge and awareness regarding contraception.

| Method                     | n (162) | %   |
|----------------------------|---------|-----|
| Heard / aware of contraceptives | 162     | 81  |
| Pills                      | 42      | 26  |
| Condoms                    | 34      | 21  |
| IUCD                       | 54      | 33  |
| Tubal ligation and vasectomy | 28      | 17  |
| Injectables                | 4       | 2.4 |

Table 2 shows the spectrum of knowledge in the 162 study participants who had heard about family planning methods.

Out of 162 study participants, who had knowledge and awareness of family planning methods, about 104 (64.1%) of women got information from mass media, 34 (20.9%) from health personnel, 24 (14.8%) from social circle (Figure 1).

### Figure 1: Source of knowledge.

- Media: 64.10%
- Health personnel: 20.90%
- Social circle: 14.80%

Out of 200 study participants, 106 (53%) were practicing different contraceptive methods as shown in Table 3.

### Table 3: Practices of contraception.

| Contraceptive methods     | n (106) | %   |
|---------------------------|---------|-----|
| Barrier method (condom)   | 20      | 18.8|
| Tubal ligation            | 24      | 22.6|
| Intrauterine device       | 36      | 33.9|
| Oral pills                | 22      | 20.7|
| Injectables               | 4       | 3.7 |

Positive attitude for contraception was shown by 152 (76%) study participants (Table 4).

### Table 4: Attitude towards contraception.

| Attitude for contraception | Total = 200 n (%) | Users = 106 n (%) | Non-users = 94 n (%) |
|----------------------------|-------------------|-------------------|----------------------|
| Females                    |                   |                   |                      |
| Approval                   | 152 (76%)         | 90 (84.9%)        | 62 (65.9%)           |
| Disapproval                | 48 (24%)          | 16 (15.1%)        | 32 (34.1%)           |
| Males                      |                   |                   |                      |
| Approval                   | 82 (41%)          | 62 (58.4%)        | 20 (21.2%)           |
| Disapproval                | 118 (59%)         | 44 (41.5%)        | 74 (78.7%)           |

### Figure 3: Reasons for not using contraceptives.

- Lack of awareness: 36.10%
- High cost: 26.50%
- Lack of availability: 15.90%
- Partner opposition: 12.70%
- Side effects: 8.50%

**DISCUSSION**

In the present study, a majority of 162 (81%) had knowledge and awareness of family planning methods.

This finding was supported by a study conducted in 2009 on Knowledge and use of contraception among Racha Koyas of Andhra Pradesh, which showed that 81% had a high level of knowledge on different contraceptive methods.6

The findings are contradicting with the study conducted in 2011 at Bhopal, Madhya Pradesh by Mahawar on contraceptive knowledge, attitude and practice, where
results showed poor contraceptive knowledge among females.\textsuperscript{7}

In the present study major source of knowledge regarding contraceptives were from mass media (64.1%), health worker (20.9%), and social circle (14.8%). Similar findings were seen in a study conducted in Peshawar district.\textsuperscript{8} A study conducted in Ethiopia, showed that 80.3% of health workers contributed in disseminating information regarding contraceptives.\textsuperscript{9} Other studies conducted in Nigeria in 2009, in rural India in 2005 by Srivastava et al showed social circle was found to be the main source of Knowledge and followed by health workers.\textsuperscript{10,11}

In the present study, 53% of study participants were practicing different contraceptive methods, while 47% were not practicing contraceptive methods. Similar findings were seen in a study conducted by Prachi et al, where 44.6% were not using any method of contraception.\textsuperscript{12}

In the present study, 152 (76%) study participants showed positive attitude. Similar findings was shown by a study conducted on Knowledge, attitude and practice of family planning in Tezu village, Manipur India in 2007 where majority had favorable attitude on family planning.

CONCLUSION

The study reveals good knowledge and favourable attitude of rural women towards contraception. Women education and counseling of couples can play an important role to adopt family planning methods. Electronic media, health workers, government organizations can play a positive role to provide knowledge and overcome the Knowledge/practice gap.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. House listing and House Census Schedule. Government of India. Census of India 2011. Available at: http://www.censusindia.gov.in/2011 census/hlo/HLO-Tables.html.

2. Kishore J. National Health Programs of India. 12th edition. Century publications; 2017.

3. Renjihan P, Kumar A, Pattanshetty S, Sagir A, Samarasinge CM. A study on Knowledge, attitude and practice of conception among college students in Sikkim. Indian J Turkish-German Gynecol Assoc. 2010;11:78-81.

4. Kansal A, Chandra R, Kandpal SD. Epidemiological correlates of contraceptive prevalence in rural population of Dehradun district. Indian J Community Med. 2005;30(2):60-2.

5. Hagen JE, Buxton C. Contraceptive knowledge, perceptions and use among adolescents in selected senior high schools in the central region of Ghana. J Sociological Res. 2012;3(2):170.

6. Rao PD, Babu MS. Knowledge and use of contraceptives among Racha Koyas of Andhra Pradesh. Anthropologist. 2005;7:115-9.

7. Mahawar P, Anand S, Raghunath D, Dixit S. Contraceptives knowledge, attitude and practices in mothers of infants: a cross sectional study. Natl J Community Med. 2011;2:1-174.

8. Sultan K, Younus S. Mass media and family planning: understanding the effects of television in innovation decision process of health communication in district Peshawar. KUST Med J. 2010;2:58-63.

9. Senbeto E. A study on knowledge, attitude, practice and quality of care in family planning at Dessie Zuria District. J Ethiop Med Pract. 2001;3:70-6.

10. Chigbu B, Onwere S, Aluka C, Kamanu C, Okoro O, Feyl Waboso P. Contraceptive choices of women in rural Southern Nigeria. Niger J Clin Pract. 2010;13:195-9.

11. Srivastava R, Srivastava DK, Jina R, Srivastava K, Sharma N, Sana S. Contraceptive knowledge, attitude and practice(KAP Survey). J Obstet Gynecol India. 2005;55:546-50.

12. Prachi R, Das GS, Ankur B, Shipra J, Binita K. A study of knowledge, attitude and practice of family planning among the women of reproductive age group in Sikkim. J Obstet Gynecol India. 2008;58:63-7.

Cite this article as: Ramaiah R, Jayarama S. Contraceptive knowledge, attitude and practice among married women of reproductive age group in a rural area of Karnataka: a cross sectional study. Int J Community Med Public Health 2017;4:1733-6.