

Knowledge and practices of contraception among married females of rural Tamil Nadu.

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ABSTRACT :

Background: Use of contraceptives is still not completely followed even though Family Planning program is working since 1952.

Aim & Objectives: To find the knowledge, attitudes and practice regarding contraceptive use in the study area and study factors responsible for non-use of family planning methods.

Methodology: Cross sectional observational study was done among 300 married females using pretested questionnaire in rural area of Tamil Nadu. The questionnaire included data regarding socio demographic information of the study participants, the knowledge and use of contraceptives, availability of contraceptives and the knowledge of female and male sterilization.

Results: Out of total 300 women 55.3% were using some sort of family planning method whereas 44.7% were not using any method. Female sterilization was the commonest (33.73%) method being followed and the commonest reason for not using contraception wanted to have more children (34.33%). Use of contraception was significantly associated ($p < 0.05$) with level of education of the female participant.

Conclusion: Overall knowledge regarding contraception was good but practice of use was lagging behind and efforts need to be made to improve family planning practices.

Keywords: contraception, knowledge, practice married females, rural.

INTRODUCTION:

In 1952, India launched the world's first national program emphasizing family planning to the extent necessary for reducing birth rates "to stabilize the population at a level consistent with the requirement of national economy"¹

Contraceptive use among married women (aged 15-49 years) was 56.3% in NFHS-3 (an increase of 8.1 percentage points from NFHS-2) while corresponding increase between DLHS-2 & 3 is relatively lesser (from 52.5% to 54.0%). Factors that influence population growth include Unmet need of Family Planning - 21.3% as per DLHS-III (2007-08), age at Marriage and first childbirth - 22.1% of the girls get married below the age of 18 years, out of the total deliveries 5.6% are among teenagers i.e. 15-19 years, marriages below legal age is more alarming in few states like, Bihar (46.2%), Rajasthan (41%), Jharkhand (36%), UP (33%), and MP (29.2%), spacing between two childbirths is less than the recommended period of 3 years in 61% of births (NFHS-3).¹

The current study was undertaken to study the

knowledge attitude and practices about family planning among married women in rural field practice area of the affiliated Medical College. The objectives of the study were to find the knowledge, attitudes and practice regarding contraceptive use in the study area and study factors responsible for non-use of family planning methods.

MATERIAL AND METHODS:

Type of study: Cross sectional observational study

Study duration: Three months from July 2014 to September 2014

Study population: Married women between 18 years to 45 years residing in the rural field practice area of the Department of Community Medicine, Karpagam Faculty of Medical Sciences and Research.

Sample size: The study was conducted among 300 women among the eligible women.

Study method: A pre tested semi structured questionnaire was used to obtain data. The questionnaire included data regarding socio demographic information of the study participants, the knowledge and use

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of contraceptives, availability of contraceptives and the knowledge of female and male sterilization. The data was analysed using MS excel and proportions and percentages were used to describe data. The chi square test of significance was used to test for significance where deemed appropriate. The Prasad's social classification revised for 2014 using real-time update tool, was used for the socioeconomic status classification.^{2,3}

RESULTS:

Out of total 300 women 166 (55.3%) were using some sort of family planning method whereas 134 (44.7%) were not using any method. A total of 153 women were educated till primary standard and 82 of these were using family planning method. Age was found to be significantly associated with use of family planning method ($\chi^2=15.2$, $p=0.0016$, $df=3$) whereas education ($\chi^2=7.099$, $p=0.0688$, $df=3$), social class ($\chi^2=1.681$, $p=0.7941$, $df=4$) and parity ($\chi^2=3.437$, $p=0.4875$, $df=4$) were found to be not statistically associated with use of family planning method. [Table 1]

Out of the various spacing methods available condoms is most accepted method (28.92%) and tubectomy had been adopted as method of family planning by 56 (33.73%) females in completed families. [Table 2]

All the females included in the study had some knowledge of family planning methods and most knew about multiple contraceptive methods. [Table 3] The commonest method known was tubectomy (33.73%) followed by condoms (28.92%).

Out of the various reasons for not using contraceptive method wanting to have more children (34.33%) was the commonest reason whereas many females did not know from where to avail these services (15.67). Few females did not give any specific reason (5.67%). [Table 4]

DISCUSSION:

Even though great strides have been made in contraceptive technologies their use remains poor. The current study was undertaken to find out knowledge, attitude and practices of married women in rural areas regarding family planning methods.

It was seen that all the women knew about at least one method of contraception (100%). Similar results were found in a study by Sunita TH et al in Dharwad 4. Also in a study by Saluja N. et al in rural Haryana 96% women had knowledge of contraception⁵. The findings are similar to prevalence of knowledge (98.2% in men & 97.7% in women) reported by NFHS-III⁶. Low rate were reported by Chandhick et al⁷ and Kumar R et al⁸ in their studies.

Characteristic	Contraceptive user n (%)	Non user n (%)	Total n (%)	p value (χ^2)
Age				
18-23 years	15	33	48	0.0016
24-29 years	67	52	119	
30-35 years	62	33	95	
>=36 years	22	16	38	
Education				
Illiterate	7	15	22	0.0688
Primary	82	71	153	
Secondary	59	37	96	
Graduate & above	18	11	29	
Social class				
I	2	3	5	0.7941
II	17	16	33	
III	84	65	149	
IV	48	34	82	
V	15	16	31	
Parity				
Nullipara	16	12	28	0.4875
Parity 1	52	55	107	
Parity 2	78	53	131	
Parity 3	16	10	26	
Parity 4 & above	4	4	8	

Table 1: Socio-demographic characteristics of the study population

Method	Number (n)	Percentage (%)
Spacing methods		
Natural	8	4.82
Condom	48	28.92
OCP's	30	18.07
IUD's	21	12.65
Injectable	1	0.60
Terminal		
Tubectomy	56	33.73
Vasectomy	2	1.20

Table 2: Distribution of currently married young women contraceptive use status by type of method (n=166)

Method	Number (n)	Percentage (%)
Any method	300	100
Natural	48	16
Condom	278	92.67
OCP's	245	81.67
IUD's	187	62.33
Injectable	54	18
Tubectomy	289	96.33
Vasectomy	136	45.33

Table 3: Knowledge and awareness of contraception by method (n=300)

Reason	Number	Percentage
Want to have more children	46	34.33
Pressure from family members	25	18.66
Not aware where facility is available	21	15.67
Believes in natural spacing	15	11.19
Worries about adverse effects	5	3.73
Inconvenient	14	10.45
No specific reason	8	5.97

Table 4: Reasons for not using contraception (n=134)

The use of contraception was significantly associated with age of the women. Most of the women used contraception for the first time after the birth of first child as a spacing method. The mean age at first use was 24 years. Parity, education and social class had no bearing on the use of contraceptives. In a study by Kumar Manisha *et al* education had a major impact on contraceptive use. A significant number of illiterates were nonusers (62.3%). The contraceptive use increased with increase in education status. Although this difference was not significant in primary education group but the increase was significant in secondary education and intermediate education groups ($P < 0.001$)⁹.

Currently contraceptive methods were being used by 55.3% females. Tubectomy (33.73) was the most common method while only 2 couples had opted for vasectomy in the study population. In a study by Sunita TH *et al* 52% of women interviewed were not using any method of contraception⁴. Saluja N. *et al* found that the knowledge was higher for female sterilization

(93.2%) and low for spacing methods (86.8%, 77.6%, & 91.2% for Oral Pills, IUCD, & Condom respectively) and male sterilization (86.2%)⁵.

Among various reasons for not wanting contraceptives incomplete family was perceived as the most common reason (34.33%). There was also pressure from family members (18.66%) especially mother in law to have more children and also many females were unaware of where the facilities are available (15.67%). All health care providers should ensure appropriate information, to all eligible couples and should clear all doubts regarding use of contraceptives and reinforce the advantages of various methods. Sunita TH *et al* in their study found that about 16.3% of women not using contraception were worried about side effects of contraceptive methods. Every postpartum women must receive adequate FP advises during their postnatal follow-ups⁴. Rajeretham T states that in the rural areas the desired family size of most couples is still three or more children¹⁰.

The latest strategies to achieve adequate penetration

and acceptance of family planning methods includes more emphasis on spacing methods like IUCD, availability of Fixed Day Static Services at all facilities, emphasis on minilap tubectomy services because of its logistical simplicity and requirement of only MBBS doctors and not post graduate gynaecologists/ surgeons. There is also need of increasing male participation and promoting non- scalpel vasectomy and proper implementation of compensation scheme for sterilization acceptors. Use of latest IEC technology for demand generation activities in the form of display of posters, billboards and other audio and video materials in the various facilities should also be carried out ¹.

CONCLUSION:

This study shows that although the knowledge and attitude of married females is favourable for family planning methods actual practice lags behind than the requirement. Education plays a very important role in acceptance of contraceptive method. Efforts should be directed towards health educational activities especially during postpartum period so as to improve practices among females regarding family planning methods. Also availability of various methods needs to be ensured and this information should be easily accessible to the intended beneficiaries.

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