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Awareness of Contraceptive Knowledge and Practices Among Reproductive Age Group Women Attending ESIC Out Patient Department, Kalaburagi, Karnataka, India: A Prospective Observational Study

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Contraception, knowledge, family planning, tubectomy, intrauterine contraceptive devices, oral contraceptive pills, vasectomy

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ABSTRACT
Family planning refers to the practices that help the individuals or couples to avoid unwanted births, to regulate the interval between pregnancies, control the time at which birth occurs in relation to the age of parents and determines the number of children in the family. Various socio-cultural and educational factors affect the contraceptive use. The study was conducted with an objective to assess the knowledge and practices of contraceptive methods, determinants among eligible married women, to understand the reason behind the decision for usage/non usage of various contraceptive methods and to educate and sensitize the participants about various methods of contraception and their benefits. This was a cross-sectional study conducted at ESIC medical college and hospital, Kalaburagi, Karnataka from October 2020 to December 2023. Study group included all fecund married women, age group of 18-49 years attending outpatient department at ESIC Kalaburagi and data was collected via questionnaire and interview with the participants. The data was then analyzed. A total of 1941 ladies were recruited for the study. 71% of the participants were aged between 21 and 30 years. The most common reason for contraceptive usage was completion of family (63.58%) and 73% of non-usage of contraceptive was due to lack of knowledge and false beliefs and myths surrounding contraceptives. 36.22% of the couples used contraception while 63.78% did not use contraception. Education of both the partners, working women, religion, number of offsprings, were parameters that significantly affected the usage of contraception ($p<0.01$). The most common form of contraception used was tubal ligation (49%), followed by IUCD usage (21%) and OC pills (19.8%). Vasectomy accounted for only 0.5% of patients.The change observed in contraceptive use behaviour after learning about the various contraceptives and their benefits was found to be 89%. Socio-economic and educational factors are still the major determinants in the use of family planning methods. Majority of the patients are ready to adopt these methods for spacing of pregnancies once they are properly counseled.

INTRODUCTION

India's population as per 2011 census was 1.21 billion and is estimated to overtake China by 2050[1]. In 1952, India was the first country to launch family planning program through first five-year plan emphasizing family planning to the extent necessary for reducing birth rates[2,3]. 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 groups and thus contribute effectively to the social development of a country. A good family planning programme thus not only helps in improving the economic condition of the nation as a whole but also in enhancing the health of the women and children at the family level[3]. Many programs are planned and implemented by Government of India and International organizations in the field of family planning. There is development in the acceptance of family planning methods but not to the extent that was targeted, and so the population continues to rise which is a major threat to India's health, political, social growth and development. The non acceptance may be due to various reasons like illiteracy, fear of complications, religious beliefs etc[4]. Various studies have been conducted in this field to know the determinants of contraceptive use and causes for non-acceptance of contraception[5]. Studies during the past few decades have established a close and significant relation between the contraceptive use and fertility preferences. Das and Deka have considered the cultural factors in fertility as there is evidence that the fertility behavior changes with different cultural settings[6]. Narayan Das studied the socio-cultural determinants of fertility[7]. In several studies on modernity and fertility, education is found to be the prime influencing factor. Lactational amenorrhea, which lasts for two to three years in some societies, gives scope for longer birth intervals, thus affecting the fertility among such women[8]. However, the national programme should have group specific and area specific interventions with regard to family planning. Keeping all these facts in view, this study was planned to assess the knowledge and practices of contraceptive methods and its determinants among eligible married women of Kalaburagi city, Karnataka. This study will be helpful for priority setting and resource allocation under family planning programme in Kalaburagi city.

Objectives:

Study is Designed with an Objective:

- To assess the knowledge and practices of contraceptive methods and its determinants among eligible married women of Kalaburagi city, Karnataka.
- To understand the reason behind the decision for usage/non usage of various contraceptive methods.
- To educate and sensitize the participants about various methods of contraception and their benefits.

MATERIALS AND METHODS

This was a cross-sectional study conducted at ESIC medical college and hospital, Kalaburagi, Karnataka from October 2020 to December 2023. Study group included all fecund married women, age group of 18-49 years attending outpatient department at ESIC Kalaburagi and data was collected via questionnaire and interview with the participants.

Following Participants were Excluded from Study:

- Age <18 years or >49 years.
- Unmarried women.
- Participants not willing to consent sharing of information.

Data was compiled in MS Excel and checked and analyzed with the help of SPSS software and chi square test. P value of <0.05 was considered statistically significant for interpretation of finding.

RESULTS AND DISCUSSIONS

A total of 1941 ladies were recruited for the study who came to the outpatient department. Approximately, 71% of the participants were aged between 21 and 30 years, while 20 % were above 30 years and only 9% were 20 years and below (Table 1). The most common reason for contraceptive usage was completion of family (63.58%) followed by need for spacing (34.28%) (Table 2). 73% of non-usage of contraceptive was due to lack of knowledge and false beliefs and myths surrounding contraceptives (Table 3). Out of 1941 patients studied, 36.22% used contraception while 63.78% did not use contraception. There was no significant difference in age distribution among users and non-users. Education was a significant parameter ($p<0.01$) with contraception non users falling in the category of being illiterate or having only primary education as compared to the ladies who used contraception who belonged to the category being better educated. Education of spouse was also a significant determinant whether they used contraception or not. Most working women were using contraception as compared to non-working women ($p<0.01$). Religion was also a significant factor among ladies using contraception ($p<0.001$). Couples having >2 offsprings also were found use contraception more significantly ($p<0.001$). The most common form of contraception used was tubal ligation (49%), followed by IUCD usage (21%) and OC pills (19.8%). Vasectomy accounted for only 0.5% of patients (Table4). Out of

Table1: Age Distribution

Age distribution in years	(frequency)	Percentage
18-20	75	9
21-25	699	36
26-30	679	35
31-35	213	11
>35	175	9
Total	1941	100

Table 2: Reasons for Using Contraceptive

Reasons for using contraceptive	(frequency)	Percentage
Completed family	447	63.58
Spacing	241	34.28
Improvement of health	155	22.05
Economic problems	133	18.92
Others (ex-medical grounds, no support)	97	13.80
	703 (some had multiple reasons)	

Table 3: Reasons for Not Using Contraceptive

Reasons for not using contraceptive	(frequency)	Percentage
Lack of knowledge	272	22
Non consenting partner/family	186	15
Myths or beliefs	631	51
Religious grounds	233	12
	1238 (multiple reasons for few)	100

Table 4: Variables Affecting Contraceptive Usage

1)Age (in years)	Yes	No	Total	P-value
18-20	4 (0.57%) (2.29%)	171 (13.81%)(97.71%)	175	
21-25	105 (14.94%)(15%)	594 (47.98%)(85%)	699	
26-30	306 (43.53%)(45.1%)	373 (30.13%)(54.9%)	679	
31-35	136 (19.36%)(63.85%)	77 (6.22%)(36.15%)	213	
>35	152(21.62%) (86.86%)	23 (1.86%)(13.14%)	175	
Total	703(100%) (36.22%)	1238(100%) (63.78%)	1941	
2) Education of women				
Illiterate-(10%)	70 (9.95%)(17.81%)	323 (26.10%)(82.19%)	393	<0.001
Primary school-(21%)	132 (18.78%)(21.75%)	475 (38.37%)(78.25%)	607	
Secondary school-(56%)	308 (43.81%)(44.70%)	381 (30.77%)(55.30%)	689	
College-(13%)	193 (27.45%)(76.57%)	59 (4.77%)(23.41%)	252	
Total	703(100%) (36.22%)	1238(100%) (63.78%)	1941	
3) Education of spouse				
Illiterate-	1 (0.14%)(1.75%)	57 (4.60%)(98.25%)	58	<0.001
Primary school-	25(3.56%)(9.92%)	227 (18.33%)(90.08%)	252	
Secondary school-	272 (38.69%)(24.98%)	817 (65.19%)(75.02%)	1089	
College-(23)	405 (57.61%)(74.72%)	137 (11.1%)(25.28%)	542	
Total	703(100%) (36.22%)	1238(100%) (63.78%)	1941	
4) Occupation of women				
Working ---	408 (58.04%)(60.90%)	262 (21.16%)(39.10%)	670	<0.001
Not working----	295 (41.96%)(23.21%)	976 (78.84%)(76.79%)	1271	
Total	703(100%) (36.22%)	1238(100%) (63.78%)	1941	
5) Religion				
Hindu-(59%)	646 (91.89%)(59.38%)	442 (35.70%)(40.63%)	1088	<0.001
Muslim-(39%)	43 (6.12%)(5.26%)	774 (62.52%)(94.74%)	817	
Others-(2%)	14 (1.99%)(38.89%)	22 (1.78%)(61.11%)	36	
Total	703(100%) (36.22%)	1238(100%) (63.78%)	1941	
6)Parity				
0-(38%)	15 (2.13%)(1.90%)	775 (62.60%)(98.10%)	790	
1-(30%)	241 (34.28%)(46.62%)	276 (22.29%)(53.38%)	517	<0.001
>2 (32%)	447 (63.58%)(70.50%)	187 (15.11%)(29.50%)	634	
Total	703(100%) (36.22%)	1238(100%) (63.78%)	1941	

Table 5: Change in Behaviour According to Type of Contraception

Methods	Knowledge	Usage	Ready to accept a method
Barrier	1709(88%)	33(4.5%)	1689(87%)
OC Pills	1748 (90%)	140(19.8%)	1262(65%)
IUCDs	1456(75%)	149(21%)	1223(63%)
Injectables	485(25%)	37(5%)	1009(52%)*
Tubal ligation	1786(92%)	339(49%)	1515(78%)
Vasectomy	582(30%)	4(0.5%)	19(1%)
Calendar	155(8%)	1(0.2%)	38(2%)

the total 1941, the change observed in contraceptive use behaviour after learning about the various contraceptives and their benefits was found to be 89% (Table 5).

Family planning refers to the practices that help the individuals or couples to avoid unwanted births, to regulate the interval between pregnancies, controls the time at which birth occurs in relation to the age of parents and determines the number of children in the family[4]. Our study was a cross-sectional study conducted at ESIC medical college and hospital, Kalaburagi, Karnataka. We studied all fecund married

women, age group of 18-49 years attending outpatient department at ESIC Kalaburagi and data was collected via questionnaire and interview with the participants. A total of 1941 ladies were recruited for the study who came to the outpatient department. Approximately, 71% of the participants were aged between 21 and 30 years, while 20 % were above 30 years and only 9% were 20 years and below (Table 1). The most common reason for contraceptive usage was completion of family (63.58%) followed by need for spacing (34.28%). 73% of non-usage of contraceptive was due to lack of knowledge and false beliefs and myths surrounding contraceptives. In a study, prevalence of knowledge 97.7% reported by National family health survey (NFHS-3). Out of 1941 patients studied, 36.22% used contraception while 63.78% did not use contraception. There was no significant difference in age distribution among users and non-users. Education was a significant parameter ($p<0.01$) with contraception non users falling in the category of being illiterate or having only primary education as compared to the ladies who used contraception who belonged to the category being better educated. Education of spouse was also a significant determinant whether they used contraception or not. Most working women were using contraception as compared to non-working women ($p<0.01$). Literate women had higher contraceptive usage[9]. A study done by Medina *et al.* had similar results (33%)[10]. Nansseu *et al.* in their study, primary health care physicians were cited as the main sources of information[11]. Therefore, our primary health care providers have a key role in improving women's knowledge of family planning and can give correct advice about contraception. Religion was also a significant factor among ladies using contraception ($p<0.001$) in our study. Religion was also an important factor in chosing or rejecting types of contraception in a study by Barman[2] but no significance was found in the study by Bamniya[2]. According to NFHS-4 data, Muslim women (68%) were less likely to use contraception as compared to Sikhs(76%) and Hindus(75%)[12]. Couples having more than 2 offsprings also were found use contraception more significantly ($p<0.001$). Parity was an important determinant in a study by Bamniya[9]. The most common form of contraception used was tubal ligation (49%), followed by IUCD usage (21%) and OC pills (19.8%). Vasectomy accounted for only 0.5% of patients. Among all the participant's barrier contraception (39.7%) was most commonly used, followed by Oral contraceptive pills (33.7%) and IUCD (30%).4In a study done by Neelu Saluja[13] Kumari[14] the majority of them followed permanent methods. In contrast the study done by DR Gaur[15] Giridhar[16] where they observed 39% and 61% and 37.6% and 49.5% permanent and temporary respectively which is higher(permanent) and very low (temporary) when compared to this study. Out of the total 1941, the change observed in contraceptive use behaviour after learning about the various contraceptives and their benefits was found to be 89%. In the study by Bamniya[9] participants had positive attitude towards contraception, 70.5% of subjects agreed that the use of contraception is beneficial. Also, 74.41% of them told that contraception can be used for birth spacing. This result was similar to the study conducted by Srey touch, which stated that women had a better understanding of the relationship between family planning and their health, children's health and overall quality of life[17]. Hence, there is a need for counselling about family planning among pregnant women to improve the knowledge, which will subsequently develop a better attitude and practice toward the use of contraception.

CONCLUSION

Socio-economic and educational factors are still the major determinants in the use of family planning methods. Religion also played an important determinant in contraceptive usage. Majority of the patients are ready to adopt these methods for spacing of pregnancies once they are properly counselled. By addressing social determinants such as education, delay age at marriage, etc. through communication and by advertisement campaign awareness and acceptance can be increased. There is a need for counselling about family planning among pregnant women to improve the knowledge, which will subsequently develop a better attitude and practice toward the use of contraception.

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Declarations:

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