

Knowledge, Attitude and Practices about Contraceptive among Reproductive Age Group Females

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Abstract:

Background: More than 40% of pregnancies worldwide are unintended leading to either an unplanned birth or unsafe abortions and maternal morbidity. India, being the most populous country, have an inherent requirement of knowing KAP of contraception among women of reproductive age to prevent unplanned pregnancies, so as to achieve optimal pregnancy outcome. Aim of current study was to assess the knowledge, attitude & practices of contraceptives among married women of reproductive age group.

Methods: A cross sectional study was conducted on females between 15-45 years. Questions regarding factors responsible for non-use of contraception were also asked. All data were analyzed by Epi-info software.

Results: Only 7.00% Women were aware of emergency contraceptive. 68.00% respondent thought that contraceptives were used to prevent pregnancy and about 12.0% thought that they could be used to prevent infections like AIDS. Only 9.00% thought that they could be used to control birth interval.

Conclusions: The gap between awareness and practices are seen to be prevalent across different reasons, where people are aware but reluctant to practices. The most common reason for non-practice of contraception was fear of side effects. Other reasons for non-practice were non access to health facility, preference of male child, religious beliefs, cost, and family pressure. Some respondent also felt that the process of acquiring contraceptive is often embarrassing.

Keyword: Knowledge, Attitude, Practice, Contraception.

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Introduction

According to 2017 estimates, 214 million women of reproductive age in developing regions who want to avoid pregnancy are not using a modern contraceptive method. Use of modern contraceptives in 2017 prevented an estimated 308 million unintended pregnancies. Meeting all women's need for modern methods of contraception would avert an additional 67 million unintended pregnancies annually. About 15 million adolescents use a modern contraceptive method, while 23 million have an unmet need for modern contraception and are thus at elevated risk of unintended pregnancy. Some contraceptive methods help prevent the transmission of HIV and other sexually transmitted infections. Contraception offers a range of potential benefits that encompass economic development, maternal and child health, education, and women's empowerment. Family planning, most fundamentally, advances human rights. It

reinforces people's rights to determine the number and spacing of their children. Family planning allows people to attain their desired number of children and determine the spacing of pregnancies. It is achieved through information, education and the use of contraceptive methods. [1]

Family planning is one of the most cost-effective investments a country can make in its future. It offers a range of potential benefits that encompass economic development, maternal and child health, education, and women's empowerment. In almost all regions of the world, contraceptives are used by the majority of women in the reproductive age range (15-49 years) who are married or in a union. Worldwide in 2017, 63 per cent of these women were using some form of contraception. Contraceptive use was above 70 per cent in Europe, Latin America and the Caribbean, and Northern America, while being below 25 per cent in Middle

and Western Africa. Promotion of family planning – and ensuring access to preferred contraceptive methods for women, girls and couples – is essential to securing the well-being and autonomy of women, while supporting the health and development of communities. The United Nations (UN) estimates that for every US\$1 spent on contraception, from US\$2 to US\$6 can be saved from the reduced numbers of people needing other public services, such as immunizations, health care, education, and sanitation. [2-3]

Family planning has clear health benefits, since the prevention of unintended pregnancies results in a subsequent decrease in maternal morbidity and mortality. Contraception allows spacing of pregnancies, delaying pregnancies in young girls who are at increased risk of health problems from early childbearing, and preventing pregnancies among older women who also face increased risks. Contraception enables women who wish to limit the size of their families to do so. By reducing rates of unintended pregnancies, contraception also reduces the need for unsafe abortion. Contraception is a lowcost and effective way to save lives. Contraceptive supplies cost, on average, about US\$1.55 per user annually in developing countries. The global community generally agrees that family planning prevents maternal deaths by:

- reducing the number of times a woman is exposed to the risks of pregnancy [4-5];

- Helping women avoid unintended and closely spaced pregnancies—a study in Bangladesh found that very short pregnancy intervals are linked with 7 times increased risk of induced abortion;
- Helping women avoid more than 4 births, or births after 35 years of age;

Furthermore, if all unmet need for modern contraception were satisfied in developing regions, there would be approximately a three-quarters decline in unintended pregnancies (from the current 89 million to 22 million per year), unplanned births (from 30 million to seven million per year) and

induced abortions (from 48 million to 12 million per year). [6]

The health benefits of preventing unintended pregnancies would be substantial. Fully meeting the unmet need for modern contraception would result in an estimated 76,000 fewer maternal deaths each year. [7]

Family planning through contraception tries to achieve two main objectives, firstly, to have the desired number of children and secondary to have these children by proper spacing of pregnancy thus preventing the consequences of unwanted pregnancies like septic abortions, maternal morbidity and mortality. [8]

Contraception advice is a good component of preventive health care. Despite the fact that contraceptive usage has increased over a period of time, there exists a knowledge or attitude or practice gap regarding contraception. These are strongly related to lack of knowledge or education, variations at community, family and individual level, fertility, parity, socioeconomic status, beliefs, misconceptions. [9-11]

Material and Methods

A cross sectional study was conducted on females between 15-45 years. The participation was on voluntary basis. Questions regarding factors responsible for non-use of contraception were also asked. All data were analyzed by Epi-info software

Study type- Cross-sectional study

Inclusion criteria- Married women 15-45 yrs age group and willing to participate in the study.

Exclusion criteria- Unmarried, age more than 45 yrs and not willing to participate study.

Results

A total of 1000 married females of reproductive age were enrolled in the study. The study shows, mean age of respondent was 26.13 ± 11.13 years.

Table 1: Knowledge regarding different contraceptive methods

Contraceptive methods	Number	Percentage
Condom	615	61.50%
OCP	605	60.50%
IUCD	515	51.50%
Injectable	65	6.50%
Tubectomy	540	54.00%

Out of 1000 women, 620 (62.00%) had knowledge about family planning. 61.50% knew about condom, followed by OCPs & other methods.

Table 2: Knowledge regarding emergency contraceptive methods

Knowledge regarding emergency contraceptive methods	Number	Percentage
Yes	70	7.00%
No	930	93.00%

Only 7.00% Women were aware of emergency contraceptive. 68.00% respondent thought that contraceptives were used to prevent pregnancy and about 12.0% thought that they could be used to prevent infections like AIDS. Only 9.00% thought that they could be used to control birth interval.

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”.

Out of 1000 women, 620 (62.00%) had knowledge about family planning. 61.50% knew about condom, followed by OCPs & other methods. Agrawal al [12] mentioned that 81% had awareness regarding any method of contraception. Tuladhar H et al [13] also observed that the most common source of information on contraception was media (55.5%), and both printed and electronic.

Contraceptive usage in our study was 62.00%. Sunita Ghike [14] also mentioned various for non-use of contraceptive methods. The various reason 59% were pressure from family that is from husband, in-laws, son preference and physical pressure.

Family planning services need to provide a range of quality method that can allow women to either limit or space birth and to fulfill the need of women with differing socio-demographic characteristics. In our study though majority of interviewer women had knowledge about family planning methods but practicing is still low because of lack of education, cultural, religion, economical and political barriers.

Conclusion

The gap between awareness and practices are seen to be prevalent across different reasons, where people are aware but reluctant to practices. The most common reason for non-practice of contraception was fear of side effects. Other reasons for non-practice were non access to health facility, preference of male child, religious beliefs, cost, and family pressure. Some respondent also felt that the process of acquiring contraceptive is often embarrassing.

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