

A Study of Knowledge, Attitude and Practice of Family Planning Methods in Mothers Visiting in Urban Health Centre in Patna, Bihar

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Abstract

Objectives: This study was to evaluate the knowledge, attitude and practice of family planning methods in mothers visiting in urban health centre.

Methods: A total of 200 married women of reproductive age group (18-45 years) attending the outpatient department (OPD) were enrolled in this study. Data was collected by using a predesigned questionnaire, to elicit information regarding their age, educational status, knowledge and attitude towards different contraceptive methods.

Results: Majorities of women were in age group of 18-25 years. Most of the women 180(90%) had the knowledge oral contraceptive pills. 113(56.5%) had the knowledge of condom. Least number of women 22(11%) had the knowledge of PPIUCD and vasectomy.

Conclusions: Oral contraceptive pills is the most common choice of contraceptive methods. Asha workers are the great role for awareness about contraception in rural women. Fear of side effects, educational status is the major barrier for taking contraceptive methods in women. Hence, health worker should be organised free camp in urban and rural area for awareness of contraceptive methods and importance of family planning for women health and societies.

Keywords: Reproductive Age Women, Family Planning, Oral Contraceptive Pills.

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Introduction

Family planning deals with reproductive health of the mother, having adequate birth spacing, avoiding undesired pregnancies and abortions, preventing sexually transmitted diseases, and improving the quality of life of mother, fetus, and family as a whole [1]. Family planning refers to a conscious effort by a couple to limit or space the number of children they have through the use of contraceptive methods [2]. The global population today stands at

over 6 billion, one-sixth of which is in India. Uncontrolled population growth is recognized as the single most important impediment to national development. Despite the fact that India was the first country in the world to implement a national population control programme in 1952, the country is still struggling to contain the baby boom [3]. A lack of knowledge of contraceptive methods or a source of supply, cost and poor

accessibility are the barriers that exist in developing countries. Side effects perceived or real are major causes of stoppage of use of contraceptives. Other reason is the disparity that exists between woman's facility preferences and her family planning practices. It has been found most of the women of reproductive age who do not want to have a child soon or ever, are not using any contraception [4]. According to Bongaarts, there is no complete correspondence between the knowledge and attitudes and between attitude and practice of family planning methods [5] Fawcett also reported that respondents usually exhibit considerable knowledge and attitude change over time, but they do not always exhibit corresponding changes in contraceptive practice [6]. Objectives of this present study was to evaluate the knowledge, attitude and practice of family planning methods in mothers visiting in urban health centre, Patna, Bihar, India.

Materials & Methods:

This present study was conducted in Department of Community Medicine, Patna Medical College and Hospital, Patna, Bihar, India during a period from March 2021 to November 2021. Entire

subjects signed an informed consent approved by institutional ethical committee of PMCH was sought.

A total of 200 married women of reproductive age group (18-45 years) attending the outpatient department (OPD) were enrolled in this study.

Methods:

Data was collected by using a predesigned questionnaire, to elicit information regarding their age, educational status, knowledge and attitude towards different contraceptive methods. Various reasons for non-use of contraception were also asked.

Statistical Analysis:

Data was analysed by using SPSS software. Mean \pm S.D were observed. P-value was taken less than or equal to 0.05 for significant differences ($p \leq 0.05$).

Observations:

A total of 200 married women with age group 18-40 years were enrolled in this study. Majorities of women 110(55%) were in age group of 18-25 years. Majorities of women were belonged from Hindu religion.

Table 1: Sociodemographic profile of the reproductive aged women.

Sociodemographic profiles	No of subjects (N=200)	Percentage
Age group (Years)		
18-25	110	55%
26-30	76	38%
31-35	14	7%
36-40	5	2.5%
Religion		
Hindu	121	60.5%
Muslim	65	32.5%
Sikh	9	4.5%
Christian	5	2.5%

Most of the women 75(37.5%) had para 1. According to Modified Kuppaswamy

score, majorities of women 78(37.5%) were belonged in middle class.

Table 2: Parity of reproductive aged women

Parity	No. of cases (N=200)	Percentage
0	42	21%
1	75	37.5%
2	51	25.5%
3	19	9.5%
4	10	5%
5	3	1.5%

Table 3: Socioeconomic status (Modified Kuppaswamy score) of reproductive aged women.

Score	No. of cases (N=200)	Percentage
Upper	9	4.5%
Upper middle	46	23%
Middle	77	38.5%
Lower middle	57	28.5%
Low	11	5.5%

In this present study, most of the women 180(90%) had the knowledge oral contraceptive pills. 113(56.5%) had the

knowledge of condom. Least number of women 22(11%) had the knowledge of PPIUCD and vasectomy.

Table 4: Showing the knowledge of different contraceptive methods

Contraceptive methods	No. of cases(N=200)	Percentage
Condom	113	56.5%
OCPs	180	90%
IUCD	100	50%
PPIUCD	22	11%
Injection DMPA	39	19.5%
Vasectomy	22	11%
Tubectomy	70	35%
Natural methods	38	19%

Among the 186(93%) women who had knowledge about contraception, the main source of information were the health workers mainly the ASHA's 82(41%), followed by Source of knowledge

television 78(39%), 38(19%) relatives, 18(9%) peer group, 15(7.5%) radio, 9(4.5%) nurse/doctor and 3(1.5%) from hoarding.

Table 5: Source of knowledge of contraceptive methods

Source	No. of cases	Percentage
ASHA worker	82	41%
Television	78	39%
Relatives	38	19%
Peer group	18	9%
Hoarding	3	1.5%
Nurse/Doctor	9	4.5%
Radio	15	7.5%

In this present study, 166(83%) women were using contraceptive methods. Among them, 86(51.81%) were preferred oral contraceptive pills followed by 30(18.07%) condom, 9(4.5%), 22(13.25%)

natural method, 10(6.02%) injection DMPA, 9(5.42%) sterilisation, 7(4.21%) IUCD and 2(1.20%) PPIUCD. Criteria for choice of the method were mainly safety 54(27%) and easy availability 36(18%).

Table 6: Choice of methods of contraception

Choice of methods	No. of cases	Percentage
Condom	30	18.07%
OCPs	86	51.81%
IUCD	7	4.21%
PPIUCD	2	1.20%
Natural method	22	13.25%
Sterilisation	9	5.42%
Injection DMPA	10	6.02%
Total	166	100%

Table 7: Reason for selecting of contraceptive methods

Reasons	No. of cases	Percentage
Easy to use	40	20%
Easy to availability	36	18%
Safe	54	27%
Husband wanted	16	8%
Permanent method	6	3%

Various reasons for not using contraceptive methods which are mainly due to the prevalence of myths and misconceptions. 52(26%) who heard about Cu-T thought it causes cancer, 58(29%) thought there will be perforation if they take Cu-T. In our study 30(15%) didn't

prefer OCP due to the fear of weight gain, 16(8%) for irregular bleeding, 9(4.5%) due to fear of infertility. Condom was not preferred by them as in 144(72%) husbands opposed it. Major cause of refusing tubectomy was religious 54%.

Table 8: Various reason for non-use of contraceptive methods

Contraceptive methods	Reason for non-use	Percentage
Barrier method	History of failure	36(18%)
	Husband does not know	144(72%)
Cu-T	Perforation	58(29%)
	Cancer	52(26%)
	Pain abdomen	18(9%)
	Bleeding	16(8%)
	Husband opposed	14(7%)
	Expulsion	7(3.5%)
OCPs	Difficult to use	6(3%)
	Fear of infertility	9(4.5%)
	Weight gain	30(15%)
	Irregular bleeding	26(13%)
	Husband opposed	10(5%)

Tubectomy	Not reversible	8(4%)
	Husband opposed	7(3.5%)
	Want more children	17(8.5%)
	Religious cause	124(62%)
Injection DMPA	Irregular bleeding	33(16.5%)
	Costly	43(21.5%)

Discussions:

Family planning is a way of thinking and living that is adopted voluntarily upon the bases of knowledge, attitude, and responsible decisions by couples and individuals [7]. Family planning refers to a conscious effort by a couple to limit or space the number of children they have through the use of contraceptive methods [2]. Family planning deals with reproductive health of the mother, having adequate birth spacing, avoiding undesired pregnancies and abortions, preventing sexually transmitted diseases, and improving the quality of life of mother, fetus, and family as a whole [8].

In this present study, out of 200 women were enrolled in the study, 186(93%) heard about various methods of contraception. Which was 96% in a study conducted by Agarwal et al [4], 72% in a study by Nath J & Islam F [10] and 71.22% in a study by Srivastav A et al [11]. In our present study. Most of the women were illiterate 80(40%). 20(10%) primary school pass, 28(14%) were middle school pass, 30(15%) higher secondary and 38(19%) graduate and remaining 4(2%) postgraduates.

Maximum women heard about OCPs 86(51.81%) in our study followed by condom 113(56.5%), 100(50%) IUCD were the best-known methods. It was similar findings in studies conducted by Nath et al [10], and Srivastav A et al [8]. The main sources of knowledge in our study were health care workers mainly ASHA (82(41%) and media (TV + radio) 78(39%). Radio was the main source in a study by Srivastav A et al [11], media

(both printed and electronic) in Tuladhar H et al [12]. The method which was preferred most was OCPs 86(51.81%) and PPIUCD 2(1.20%) was least preferred (1.5%). Out of 200, 166 (83%) women used or were willing to use contraception, which was very low compared to the knowledge of contraception. The number of women who were using oral contraception properly was 86 (51.81%). It was 51.71% in the study of Srivastav A et al [11].

The source of knowledge about contraception in most of the studies, like that of Fantahun MI et al. in North Gonder by Adinma JI in Nigeria and Aggarwal O et al. in Delhi, was from school and friends respectively, whereas in the present study it was the Asha worker which had played the most important role in spreading awareness about contraceptive methods among the students. In the study done by Fantahun MI et al. among 991 senior high school students in north Gonder, the most common reason for not using modern contraceptive methods among sexually active respondents was little or lack of knowledge of contraceptives followed by no access to contraceptives and harmful effects of contraceptives. The most preferred method of contraception in young adults was the OCPs followed by condom as reported in the study conducted by Fantahun MI in North Gonder in 1995 and by Araoye MO et al. in Nigeria in 1998. However, OCPs were the most preferred method of emergency contraception in a study conducted by Tamire W [12] in Ethiopia in 2007. In the present study the OCPs was the most preferred method of contraception used by

the students (past users 70% and current users 81%). In India also there is evidence from studies amongst senior secondary school students that adolescents are becoming increasingly sexually active. A study in four public and two government schools of South Delhi conducted in 1992 showed that 63.3% of boys and 37.4% of girls were of the opinion that students of their age had sex; 17% boys and 9% girls agreed to take the risk of AIDS rather than miss the chance of having sex with an attractive stranger [13]. In another study conducted in four senior secondary schools in rural Delhi (in 1992), 23.4% boys and 15.1% girls admitted to having had sex, while 5.7% boys and 9.6% girls did not deny it [14].

Across all regions, the majority of participants, especially women, associated different types of side-effects with different contraceptive methods, for example, dangerous for fertility, black spots and hair growing on face, and impotency and lack of knowledge. A male from Punjab said, "People do not practice family planning mainly because they do not know how, when and what to do use," whereas a female from Punjab said that "People don't use methods because of fear; someone woman know got herself injected, and for a whole month she bled and became weak as a result [15].

Conclusions:

This present study concluded that oral contraceptive pills is the most common choice of contraceptive methods. Asha workers are the great role for awareness about contraception in rural women. Fear of side effects, educational status is the major barrier for taking contraceptive methods in women. Hence, health worker should be organised free camp in urban and rural area for awareness of contraceptive methods and importance of family planning for women health and societies.

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