

A Study Of Knowledge, Attitude And Practices Of Contraception Among Reproductive Age Woman Seeking Medical Termination Of Pregnancy

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ABSTRACT

Introduction: India has the second largest population in the world, growing rapidly. Currently our population is increasing at the rate of 16 million each year [1]. The Government of India revised the National Population Policy in 2000, with the objective of bringing down the total fertility rate to the replacement level by the year 2010. In spite of constant efforts by the government, unmet needs still remain. There is a need to analyze the reasons for these unmet needs to the core in order to better understand the situation and to help the government to formulate relevant policies. This study aims to assess the knowledge, attitude and practices of contraception among reproductive age women seeking medical termination of pregnancy (MTP).

Materials and methods: This was an observational, prospective, questionnaire-based study, conducted on 100 women aged between 18 to 45 years, who were admitted in the ward for medical termination of pregnancy. Women who were terminating pregnancy due to congenital malformations in foetus or due to assault were excluded from the study.

Results: Most of the women were aware of male condom (96%), the most common source of information being family and friends (98%). Majority (74%) had used some method of contraception, which was mostly male condoms. The most common reason for using contraception was that they had completed their family (47%). Among the women who never used any contraception, the most common reason was fear of adverse effects (30.8%).

Conclusion: The study concluded that knowledge or awareness of contraception does not always lead to the use of the same. Many women did not use any contraception in spite of being aware of the methods due to various reasons. This shows the need for implementation of educational and motivational activities in order to enhance participation and reduce the unmet needs of family planning.

INTRODUCTION:

Contraceptive advice is an integral component of good preventive health care. It is extremely necessary to stabilize the population and to conserve the natural resources to the future generations. An ideal contraceptive is one that is suitable to an individual's personal, social, and medical characteristics and requirements. Socio-economic factors and education are a few of the factors that play a pivotal role in the acceptance of family planning by masses. To provide this, it becomes essential to understand the knowledge and attitude of patients towards contraception. There are approximately 40 million women in India who would want to avoid becoming pregnant and yet are not practicing contraception [2]. In India women virtually have no role to play or are allowed to play a very limited role in making of reproductive decisions. According to NFHS-3, around 30% of the fertility in India was undesired, which indicates a huge gap between the demand and supply of family planning. The unmet need for the country is about 13% and is

especially high among women who are 15-24 years of age. India is the pioneer country in the world to launch a nationwide family planning program in the year 1952. During the third 5-year plan it was declared "The very centre of planned development". In April 1976, the first National population policy was framed which is currently running under RCH (Reproductive and child Health) program, in order to spread awareness about the need for family planning among all couples in India. Contraception is necessary to avoid unwanted pregnancies, to regulate the spacing between consecutive pregnancies, to control the time of conception depending upon the age of the parents and to determine the number of children in family and hence the size of the family[3]. Family planning is trying to achieve two main objectives, that is, to have only the desired number of children and to have proper spacing of pregnancies, through contraception [4]. The family planning program has been successful in generating universal knowledge regarding various methods of contraception among the masses. Since its inception, various studies have been conducted to determine the knowledge, attitude and practices of family planning in rural areas [5]. However, despite spreading awareness, there exists a large gap between the knowledge of contraception and its actual practice which in turn is because of differences in socioeconomic and geographic characteristics [6]. The concept of KAP - GAP theory was postulated in the year 1991 by Bongaarts, "The proportion of currently married women who want no more children and are not practicing birth control referred to as the conventional KAP-GAP or unmet need. That is a discrepancy between the practice of contraception and reproductive intentions. This GAP is then assumed to be an indication of unmet need for contraception. Estimates of this measure are readily obtained from most fertility surveys because information on only two items is required: the desire for more children and the current practice of contraception [7]." The proportion of young women reporting unintended pregnancy and unmet need for contraception remains high in developing countries [8]. This in turn leads to high rates of illegal and unsafe abortions. In sub-Saharan Africa alone, it is estimated that 14 million unintended pregnancies occur every year, with almost half occurring among women aged 15–24 years [9]. Unsafe abortion accounts 13 % maternal death and long-term complication for some 5 million survivors [10]. Correct and consistent use of effective contraceptive methods would potentially prevent 90 % of abortions, 20 % pregnancy-related morbidity and a third (32 %) of maternal deaths worldwide [11].

A number of knowledge, attitude and practice surveys have been carried out covering different population groups. But inspite of availability of sterilization facilities and contraceptive measures free of cost by the Government of India, the unmet need for family planning is high. Therefore it is important to motivate people and bring about social change. This study is aimed at determining the knowledge attitude and practices of contraception among women who are seeking medical termination of pregnancy, as this is the population that largely requires contraception, yet are unable to use the same effectively due to various reasons that require to be looked into, which mostly are gender related. The study highlights that awareness does not always lead to the use of contraceptives. A lot of educational and motivational activities and improvement in family planning services are needed to promote the use of contraceptives and reduce the high fertility.

MATERIALS AND METHODS:

The study was conducted in the department of Obstetrics and Gynaecology of our hospital, from November 2016 to October 2017 after approval of institutional ethics committee. The aims and objectives were to study the demographic profile of patients seeking medical termination of pregnancy, to study fertility among this population, to study unmet need of family planning and to study reasons for not using/ giving up used methods of family planning. 100 women between 18 to 45 years of age, who were admitted in the ward for MTP were included in the study after obtaining a written, informed consent. A face to face interview was conducted using a pretested, structured questionnaire which elicited information on the biosocial characteristics, demographic and sociocultural details of the participants, like their educational status, occupation, marital history, cohabitation, decision making role in the family, gender role and their contraceptive practices. The interview was conducted in the ward after visiting hours with adequate privacy

being maintained throughout the same. Women below 18 years of age, women who were terminating pregnancy due to congenital malformations in foetus, assault victims and women who were unwilling to participate were excluded from the study.

The data obtained from the study was tabulated, results were analysed and inference was drawn.

RESULTS: A total of 100 women participated in the study.

Table 1 shows the sociodemographic characteristics of the subjects.

TABLE 1:

AGE	COUNT	N (%)
21-30 years	61	61%
31-40 years	37	37%
>= 41 years	2	2%
RELIGION	COUNT	N (%)
Hindu	83	83%
Muslim	14	14%
Christian	3	3%
EDUCATION	COUNT	N (%)
Illiterate	10	10%
Just literate	19	19%
Primary	28	28%
High school	36	36%
Graduate	7	7%
OCCUPATION	COUNT	N %
Bank employee	1	1%
Clerk	3	3%
Housewife	91	91%
Maid	3	3%
Shopkeeper	1	1%
Sweeper	1	1%
FAMILY TYPE	COUNT	N %
Extended	1	1%
Joint	72	72%
Nuclear	27	27%
PARITY	COUNT	N %
1	26	26%
2	52	52%
3	10	10%
4	8	8%
5	2	2%
>5	2	2%
SUBJECTS WITH PRIOR MTP	COUNT	N %
Previous 1 MTP	11	73.3%
Previous 2 MTP	4	26.7%
SUBJECTS WITH KNOWN CO-MORBIDITIES	COUNT	N %
Yes	7	7%
No	93	93%

Most of the women in the study (61%) were aged between 21-30 years. Most (83%) were Hindus, had completed high school (36%) and almost all of them were housewives (91%). Most of them came from joint families (72 %) who were invariably involved in the decision making. Most women (52%) had 2 children. 16 out of 100 women had to seek MTP in the past. 7 % women had comorbidities which made them high risk candidates to undergo the MTP procedure. Table 2 shows the awareness of women regarding the different methods of contraception.

TABLE 2:

AWARE OF METHOD OF CONTRACEPTION	COUNT	N %
Aware of male condom	96	96%
Aware of female condom	1	1%
Aware of OCP	89	89%
Aware of injectables	32	32%
Aware of vaginal rings/patches	0	0%
Aware of IUCD		
Aware of tubal ligation	95	95%
Aware of vasectomy	95	95%
Aware of emergency contraception	93	93%
Aware of calendar method	12	12%
Aware of withdrawal method	15	15%
Aware of lactational amenorrhoea	3	3%
	1	1%

The most common method of contraception that the women in the study were aware of was the male condom (96%), followed by intrauterine contraceptive device (IUCD) and tubal ligation (95% each), followed closely by vasectomy (93%) and oral contraceptive pills (OCP) (89%).

FIGURE 1:

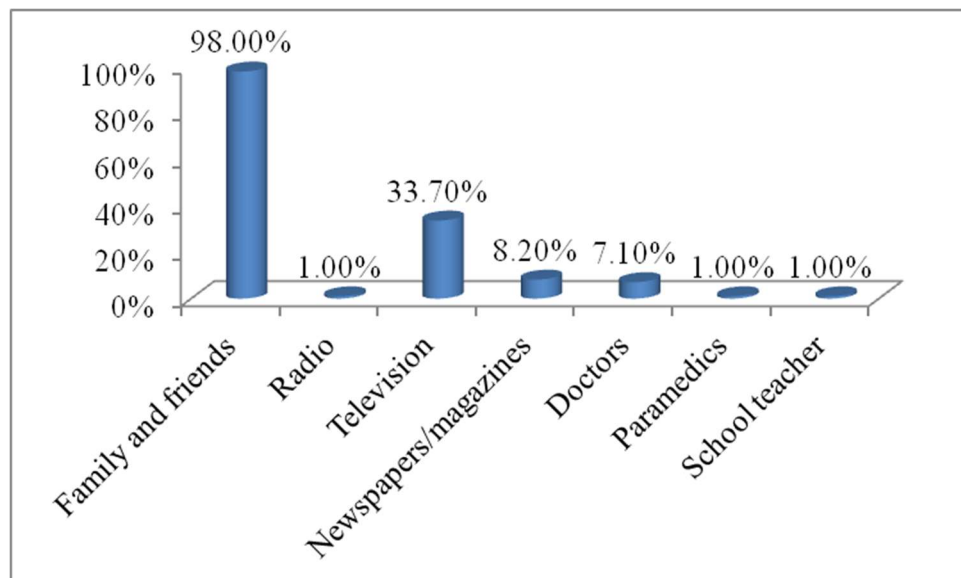
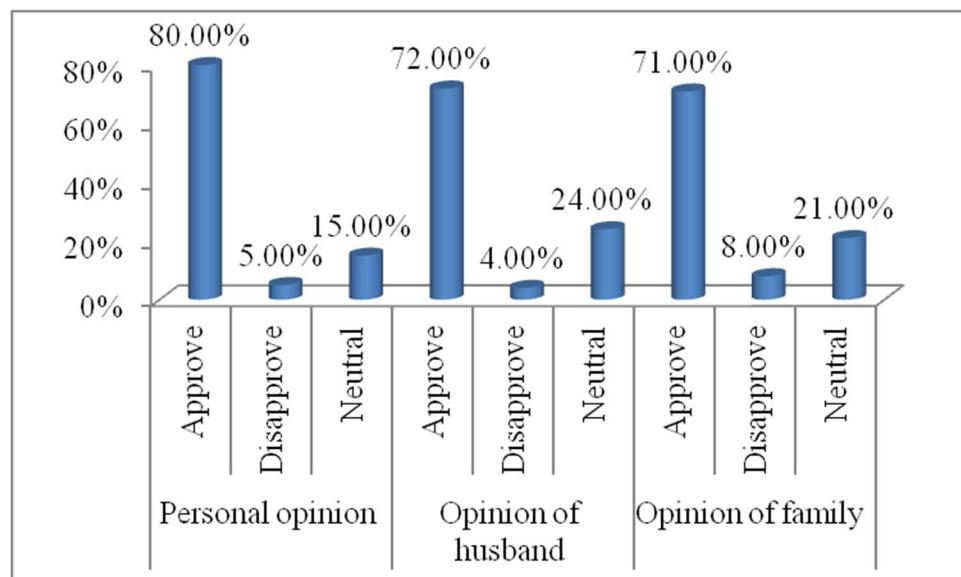


Figure 1 shows the sources from which the women obtained information regarding contraception. Majority (98%) of the women learnt about the various contraceptive practices from their family and friends and from television (33.7%). Only 7.1 % women received information from doctors which shows the glaring lack of contraceptive counselling and education provided by doctors to their patients.

Figure 2 shows the attitude of the woman, her husband and family towards contraception.

FIGURE 2:



80 % of the women approved of the idea of contraception. 72 % of the husbands and 71% of the families approved of the same while 4 % of the husbands and 8 % of the families disapproved.

Table 3 shows the practices of contraception among the women in the study.

TABLE 3:

Whether any method of contraception has been used in the past or currently	COUNT	N %
Yes	74	74%
No	26	26%
Reason for using contraception	COUNT	N %
Completed family	47	63.5%
Financial problems	12	16.2%
Physician's advice	2	2.7%
Spacing of birth	13	17.6%
Method of contraception used immediately after marriage	COUNT	N%
Male condom	10	10%
OCP	4	4%
None	86	86%
Method of contraception used for spacing between 2 children	COUNT	N%
IUCD	1	1%
Male condom	42	42%
OCP	8	8%
None	49	49%
Method of contraception used currently, prior to this pregnancy	COUNT	N %
Male condom	66	66%
OCP	8	8%
None	26	26%
Whether willing for use of contraception in future	COUNT	N %
Yes	97	97%
No	3	3%
Method of contraception she wants to use in future	COUNT	N %
Injectable	5	5%
IUCD	15	15%
Male condom	11	11%
OCP	17	17%
Tubal ligation	46	46%
Vasectomy	3	3%
None	3	3%
Reason for not using/ wanting to use contraception	COUNT	N %
Afraid of future health problems	8	30.8%

Disapproval by husband	1	3.8%
Disapproval by family members	2	7.7%
Disapproval by self	1	3.8%
Lack of knowledge	4	15.4%
Not reliable	3	11.5%
Religious beliefs/customs	4	15.4%
Want more children	3	11.5%

Majority of the women in the study (74%) had used some form of contraception in the past or prior to the current pregnancy, mostly as they had completed their family (47%) and did not want any more children. 86% women did not use any contraception after marriage as they wanted to conceive soon. Following one child, 51% women used contraception for birth spacing while 49% did not. The most commonly used method was male condoms (42%). The most common reason for not using any contraception was fear of future health problems (30.8%). Following the study, 97% women became willing to use contraception in the future.

DISCUSSION:

Out of 100 subjects included in the study, maximum subjects (61%) were between the age group of 21-30 years, followed by 37% in the age group of 31-40 years. This reflects the commonest age groups in antenatal subjects in our centre. Majority of the subjects in the study (83%) were Hindus, followed by Muslims (14%) and Christians (3%). Majority (36%) had completed high school, followed by primary school (28%), 19 % were just literate enough to write their signature, 10 % were illiterate and 7% were graduates. Almost all the women (91%) were housewives and the rest (9%) were employed. Their family income ranged from Rs. 4000 to Rs. 30,000 per month. Majority of the subjects in the study belonged to joint families (72%), followed by nuclear families (27%). This could be due to the fact that in metropolitan cities majority of the people generally prefer to live together in larger groups so that there are multiple sources of income in the family making it easier to bear the daily expenses of food, accomodation and other basic necessities. Nuclear families are either the economically wealthy strata of the population that has the ability to bear expenses independently or they are migrant labourers who leave their families behind and come to metropolitan cities to work as daily wage workers. All the subjects in the study had atleast one living child. 15% of the women in the study had undergone medical terminations of pregnancy in the past, either due to failure of contraception or due to lack of use of contraceptive methods. This reflects women's inability to negotiate for effective contraceptive use. Out of the 100 subjects included in the study, 7% had some medical morbidity- 5 % had rheumatic heart disease, 1% had chronic myeloid leukemia and 1% had systemic lupus erythematosus. The presence of comorbidities makes procedures like medical termination of pregnancy hazardous to the woman.

The most common method of contraception that the women in the study were aware of was the male condom (96%), followed by IUCD and tubal ligation (95% each), followed closely by vasectomy (93%), OCP s (89%), 32 % were aware of injectables, 15 % were aware of the calendar method, 12 % were aware of emergency contraception, 3 % were aware of the withdrawal method, 1 % each were aware of the female condom and lactational amenorrhoea. However, none of the women wereaware of vaginal rings or patches. This is a reflection of the trend of commoncontraceptives practices in women today. Majority (98%) of the women learnt about the various contraceptive practices from their family and friends in addition to other sources, 33.7 % from television, 8.2 % from newspapers and magazines, only 7.1 % from doctors, 1% from radio, 1% from paramedics and 1% from school teacher. This indicates the need for healthcare workers to be more involved in contraceptive counselling of their antenatal and

postnatal patients.

Out of the 100 women included in the study, 86% did not use any method of contraception immediately after marriage as they planned on having children. Generally women are expected by the family elders to conceive soon after marriage. Only factors like unemployment or medical condition may be a deterrent. 10 % used male condoms and 4 % used OCPs as they did not want to have children immediately after marriage. 49% of the women did not use any method of contraception between two children, 42% used male condom, 8 % used OCPs and 1 % used IUCD. At present prior to this conception, 66 % of the women had used male condom, 8% had used OCPs and 26 % had not used any method of contraception. 63 % were using contraception as they had completed their family. The fact that they had not opted for tubal ligation or vasectomy may be due to age of children or anxiety about an irreversible procedure. 18 % were using contraception due to financial problems as they were of the opinion that they could not bear the expenses of a child at the moment, 16% were using contraception for spacing of birth and 3% were using contraception as the doctor had advised to avoid pregnancy due to poor health conditions of the woman. Among the women who had never used any contraception or had discontinued the contraceptives, majority (30.8%) was due to the fear of health problems in future like weight gain, acne, bloating, menstrual disturbances and infections. 11.5 % women were not using contraception as they wanted more children and another 11.5 % were not using contraception as they doubted the reliability of the various methods that they were aware of. 15.4 % women had no knowledge whatsoever of any contraceptive method. 7.7 % of the women were not using contraception due to disapproval by family members, 3.8 % due to disapproval by husband and 3.8 % due to disapproval by self, which in turn was mostly due to their religious beliefs and practices and as the family pressurized them to have more children.

Among the women included in the study, 80 % of the women approved of the idea of contraception and the various practices, 15 % were neutral and 5 % disapproved. 72% of the husbands and 71% of the families approved of the same while 4 % of the husbands and 8 % of the families disapproved. Various reasons were cited for disapproval like fear of side effects, lack of reliability in the methods, orthodox families with religious beliefs and customs that do not allow use of contraception.

Women included in the study were made aware of the various methods of contraception, their advantages and possible side effects. Following this, 97% of the women were motivated to use some form of contraception in future. Out of these, 46% of the women preferred tubal ligation as they did not want any more children. The rest of the women were planning pregnancies in future but wanted a temporary method of contraception for the time, 17 % preferred OCPs, 15% chose IUCD, 11 % chose male condom, 5 % chose injectables, 3 % chose vasectomy. The remaining 3% did not choose any method.

CONCLUSION:

This study was aimed at determining the knowledge, attitude and practices of contraception among reproductive age women who came seeking medical termination of pregnancy

It was found that majority of the women were aware of multiple methods of contraception and had obtained this information mostly from their family, friends and also through television. Majority of the women had a favourable attitude towards contraception and had used some method of contraception. However improper and irregular use of the same led to pregnancy and hence they came seeking medical termination of pregnancy. Among the women who did not use any contraceptive methods, major reasons were lack of knowledge about contraception and fear of side effects. Some were also pressurized by their families to have more children while some had husbands who disapproved of using contraceptive methods.

Aggressive advocacy of contraceptive methods and spreading awareness among masses which includes not only women but also their families about reproductive health is essential in order to eliminate fear and uncertainty and in order to motivate larger number of people towards using contraception.

In conclusion, it is not a targeted approach, but a target free approach that is required to successfully promote

contraception among masses. Rather than mandatory incentives or disincentives, promotion of education and awareness is required.

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