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Knowledge, attitude, and practices regarding contraception among reproductive-age females of Mashobra, Himachal Pradesh

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ABSTRACT

To assess the knowledge, attitude, and practice of contraception among reproductive-age females of Mashobra Block. A cross-sectional study was conducted during the month of December 2021 to evaluate the knowledge, attitude, and practice of contraception among 230 reproductive-age females visiting the outpatient department in Community Health Center Mashobra, Shimla. Descriptive statistics were used for data analysis. The study showed that 94.7% of the reproductive age females had heard about contraceptives, and 83.5% knew about the source of availability of contraceptives. 58% of females had gained information about family planning and contraception from health personnel, 27% from friends, 13% from media, and 1.7% from newspapers. 90% females knew about male condoms, but only 50% had knowledge about contraceptive pills. Among the permanent methods, female sterilization was more widely known (56%) than male sterilization (28%). 78% of females thought that contraceptive use was beneficial, but 22% thought otherwise. Only 69% of females were presently using contraception or willing to use some contraceptive method in the future. The most common methods of contraception used by females of reproductive age were condoms (40%) by the male partner. Around 14% of females had undergone sterilization. The study highlights the need for continuing education about sexuality and contraception. Health personnel, especially ASHA workers, have played a pivotal role in spreading awareness and can thus be used for motivating eligible couples to adopt family planning methods and use of contraception.

Keywords: Contraception, Family Planning

1. INTRODUCTION

The global population today stands at over 6 billion, one-sixth of which is in India. Among the 1.9 billion females in the reproductive age group worldwide in 2019, around 1.1 billion females have a need for family planning; of these, 842 million are using contraceptive methods, but 270 million have an unmet need for contraception.¹ The proportion of the need for family planning satisfied by modern methods, Sustainable Development Goals (SDG) indicator 3.7.1, has stagnated globally at around 77% from 2015 to 2020 but increased from 55% to 58% in the Africa region.²

Ensuring universal access to contraceptive methods brings significant health benefits. There is also a range of potential non-health benefits that include expanded education opportunities and empowerment for women, economic development, and sustainable population growth of the country.

Uncontrolled population growth is one of the single most important hurdle in national development. Even though India was the first country in the world to implement a national population control program in 1952, the country is still struggling to contain the baby boom. A lot of efforts and resources have gone into the National Family Welfare Programme, but the returns are not commensurate with the inputs. Desired family size and spacing of births are two primary objectives that are fulfilled by family planning through contraception. The program has targeted eligible couples in its efforts to control the population.

In this study we have tried to assess the knowledge, attitude, and practice of contraception among reproductive-age females of Mashobra Block, a rural area in northern India.

2. MATERIAL AND METHODS

A cross-sectional study was conducted in the Community Health Center Mashobra, Block Mashobra, Shimla, the capital of Himachal Pradesh, a small state in North India. This study was conducted during the month of December 2021 to evaluate the knowledge, attitude, and practice of contraception among 230 reproductive age females visiting the outpatient department in Community Health Center Mashobra, Shimla.

Exclusion criteria: The reproductive age females who were not willing to participate in the study.

Purposive sampling was used. The questionnaire was designed by the authors after an extensive review of the available literature. After obtaining written informed consent, the questionnaire was administered for the data collection on general information, knowledge, and attitude regarding contraceptive practices and family planning.

The patients were assured regarding the confidentiality and secrecy of the information provided by them. The data was collected through the questionnaire, which was voluntarily filled out by the reproductive-age females. The *variables* in this study were knowledge, attitude, and practice of females regarding family planning and contraception. The females in this study were also educated and counseled regarding contraceptive practices and family planning at the end of the interview.

The collected data was analyzed with regard to the information given by the patients according to the set questionnaire items at the end of 1 month study period. Descriptive statistics were used for data analysis.

3. RESULTS

The study showed that 94.7% (218/230) of the reproductive age females had heard about contraceptives, and 83.5% (192/230) knew about the source of availability of contraceptives.

Out of 230 reproductive-age females in our study, 58% (134/230) had gained information about family planning and contraception from health personnel, including Accredited Social Health Activist (ASHA), 27% (62/230) from friends, 13% (30/230) from media and 1.7% (4/230) from newspapers.

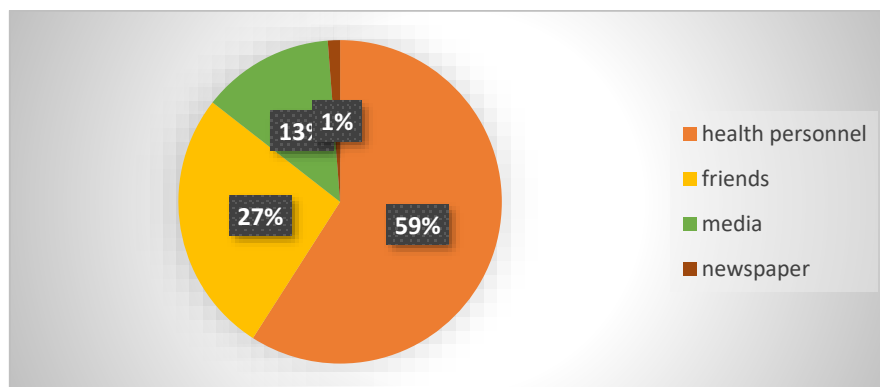


Figure 1: Primary Source of information regarding contraception

Awareness regarding various methods of contraception

The majority of the females, 90%, knew about condoms, but only 50% had knowledge about contraceptive pills. The intrauterine contraceptive device was known by 45% of females, while 32% had knowledge about injection depot medroxyprogesterone acetate (Antara). Among the permanent methods, female sterilization was more widely known (56%) than male sterilization (28%). Knowledge regarding emergency contraception was relatively poor (18%).

The concept regarding contraceptive use

Most females thought that contraceptives were used to prevent unwanted pregnancy (55%), for birth spacing (60%), and around 19% thought that they could be used to prevent infections. 78% (179/230) of females thought that contraceptive use was beneficial, but 22% (51/230) thought otherwise. Only 69% (159/230) of females were presently using contraception or willing to use some contraceptive method in the future.

Reasons for not using contraceptives, N= 71

The most common reason 34% of females cited for not using contraceptives was that it was against their religious beliefs to use a contraceptive, and 28% felt that it would interfere with sexual pleasure. However, 21% felt that the use of contraceptives might cause difficulty in conception at a later date or sterility, and nearly 17% felt that it might lead to obesity.

Table 1: Reasons for not using contraceptives

Belief	N=71	
Against their religious beliefs	24	34%
Interfere with sexual pleasure	20	28%
Difficulty in conception at a later date or sterility	15	21%
Obesity	12	17%

The most common methods of contraception used by the females of reproductive age were condoms (40%) by the male partner, followed by oral contraceptive pill (21%) and injection depot medroxyprogesterone acetate (8%). Only 17% were using the intrauterine contraceptive device. Around 14% of females had undergone sterilization.

MCH (mother and child health) center was the most prominent source for getting family planning services in this study.

4. DISCUSSION

The use of contraception advances the human right of people to determine the number and spacing of their children. It prevents pregnancy-related dangers for women, particularly adolescent girls. Women who practice family planning can avoid high-risk births and therefore reduce the chances of having a child who will die in infancy. In fact, there is a strong negative correlation between contraceptive use and infant mortality.³

The family planning program has created high awareness of contraception, but there exists a large gap between the knowledge and practice of these contraceptive methods due to the existing variations in the socioeconomic and geographical characteristics of the nation.⁴

This study reveals that knowledge among reproductive-age women about at least one family planning method was quite high, and it was independent of their socioeconomic characteristic. Substantial variation in the knowledge of one contraceptive method over another is seen in the study, and it is well supported by the existing literature. Knowledge about tubal ligation was far greater than vasectomy among the permanent methods.⁵

The role of health personnel, especially ASHA workers, in creating awareness of family planning was found to be quite high in our study. Knowledge about the source of contraception was also reasonable, and MCH (mother and child health) center was the most prominent source for getting family planning services in our study.

The most common reason for not using contraception in this study was that it went against their religious beliefs to use a contraceptive, and some felt that it would interfere with sexual pleasure. A negative attitude towards the use of contraception was associated with the lower education level and socioeconomic status of the respondents.

The most preferred method of contraception in women of the reproductive age group in this study was condoms by the male partner. Only one contraceptive method, a condom, can prevent both pregnancy and the transmission of sexually transmitted infections, including HIV. However, studies by the Center for Disease Control and Prevention suggest that the typical use of male condoms can still have a 13% failure rate. Among the permanent methods, tubal ligation was more popular than vasectomy. It could be probably due to increased awareness about tubal ligation over vasectomy. The fact that contraception is thought to be the responsibility of a female partner could also be contributory towards the popularity of tubal ligation.

5. CONCLUSION

The use of contraceptives among the rural population is influenced by educational, developmental, social, cultural, and psychological factors.

The study highlights that knowledge and awareness do not always lead to a positive attitude towards the use of contraceptives. There appears a need to motivate the reproductive age group for effective and appropriate use of contraceptives and arrest the trend towards unwanted pregnancy and increase in population. ASHA workers, as we see, have played a pivotal role in spreading awareness and can thus be used for motivating eligible couples to adopt family planning methods and use contraception.

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