

## Original Article

# AN ANALYSIS OF AWARENESS AND UTILIZATION OF CONTRACEPTIVES AMONGST MARRIED WOMAN ATTENDING A TERTIARY CARE HOSPITAL IN MAHARASHTRA, INDIA

Prachi S Koranne<sup>1</sup>, Aparna R Wahane<sup>2</sup>

**Financial Support:** None declared  
**Conflict of interest:** None declared  
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**How to cite this article:**

Koranne PS, Wahane AR. An Analysis of Awareness and Utilization of Contraceptives Amongst Married Woman Attending a Tertiary Care Hospital in Maharashtra, India. Natl J Community Med 2014; 5(4):373-7.

**Author's Affiliation:**

<sup>1</sup>Assistant professor (lecturer);  
<sup>2</sup>Associate professor, Department of Obstetrics and Gynaecology, GMC, Akola

**Correspondence:**

Dr Prachi Saurabh Koranne  
E-mail: prachibs81@gmail.com

**Date of Submission:** 01-07-14

**Date of Acceptance:** 18-12-14

**Date of Publication:** 31-12-14

## ABSTRACT

**Introduction:** It's a cross sectional observational study conducted in outpatient clinic of Obstetrics and gynecology (OBGY) of Government medical college, Akola, Maharashtra between July-December 2013.

**Methods:** 200 married women between 20-45 yrs were interviewed with predesigned questionnaire. Effort was made to identify reasons for wide gap between the awareness and usage of birth control and spacing methods among women.

**Results:** All women knew at least one method of contraception but 48% were using some sort of contraception. Most known method was female sterilization, least known were injectables and male sterilization. Common method chosen was female sterilization (70.8%). None adopted male sterilization. Reasons for not using contraception were desire to have child (25%), desire for boys (13.4%), worried about side effect (16.3%), opposition from family members (11.5%), felt pregnancy was naturally spaced (11.5%), no specific reasons (10.5%), couldn't avail contraceptive facilities (5.7%), inconvenient to use (5.7%).

**Conclusion:** Educational and motivational activities from doctors and health workers are needed to promote the use of contraception.

**Key words:** Awareness, usage, Birth control methods, Population

## INTRODUCTION

India is the second most populous country in the world having a rapidly growing population which is currently increasing at the rate of 16 million each year.<sup>1</sup> In the early 1950's the Government of India launched a family welfare program, whose main objective was to spread the knowledge of family planning methods and to develop an attitude favorable for adoption of contraceptive methods.<sup>2</sup> The National population policy was revised by Government of India in 2000, to slow down the growth rate<sup>3,4</sup>. Despite

constant efforts by the government, the unmet needs of contraception still remain. The reasons for these unmet needs have to be studied in detail for better understanding of the situation and to help the Government. in formulation of appropriate policies and approaches.

A successful population control program requires much more than mere provision of family planning devices or methods<sup>5,6,7</sup>. These contraceptive methods have to be accepted and used by the individuals or couples. There are many factors, which influence the acceptance of vari-

ous methods or practices of contraception in a given community <sup>6,7,8</sup>. These factors may differ from place to place or even country to country ,mostly because of differences in culture ,religion and socio-economic status<sup>9</sup>.

This study was carried out to assess the awareness and usage of birth control and spacing methods among women attending a tertiary hospital. An effort was made to identify the reasons for not using contraceptive methods and thus know the reasons affecting the outcome of the family planning program in Vidarbha region i.e. Akola, Maharashtra.

### METHODS

This observational study was conducted in the outpatient clinic of OBGY department of Government Medical College and Hospital, Akola, Maharashtra between July 2013 to December 2013. 200 married women between the age group of 20-45 yrs were interviewed with the help of a predesigned questionnaire. Sample size was decided randomly based on the number of women attending OPD.A permission for the study was taken from the ethical committee of the hospital. Any married woman between 20 to 45 year attending opd for any complaint was interviewed .The interviews were taken by lecturer in opd based on the predesigned questionnaire.

These interviews were taken in a special chamber in OPD and full audiovisual privacy during an interview was guaranteed. The questionnaire elicited information regarding their age parity, educational status, awareness and usage of birth control and spacing methods among women. These women were explained the purpose of the study and after their consent the interview was taken.

### RESULTS

The Sociodemographic characteristics are shown in Table 1. About 40% of women were between the age group of 20-25 yrs. 35.5% of women had parity of more than two. 93.5% of women were literate. 44.5% of women had at least primary education.

Knowledge about IUCD was 100% among the urban women while 58.3% of rural women knew about IUCD. Improving access to family planning (FP) services in the rural setup will help to increase both awareness and practice of contra-

ception in the rural women. Friends and relatives were the main sources (42%) of information.

**Table 1: Socio-demographic characteristics of the study participants**

Characteristics	N=200	Percentage
<b>Age in years</b>		
20-25	80	40.0
26-30	68	34.0
30-35	20	10.0
35-40	28	14.0
41-45	04	02.0
<b>Parity</b>		
P 0	18	09.0
Para 1	30	15.0
Para 2	73	31.5
>para2	79	39.5
<b>Educational Status</b>		
illiterate	11	6.5
Primary	89	44.5
Secondary	80	40.0
University	20	10.0
<b>Occupation</b>		
housewife	122	61.0
farmers	60	30.0
Govt services	08	04.0
business	10	05.0
<b>Economic status</b>		
Upper class	12	06.0
Middle class	128	64.0
Lower class	60	30.0
<b>Locality</b>		
Urban	80	40.0
Rural	120	60.0

**Table 2: The spectrum of knowledge & awareness of contraception amongst study population.**

Methods	Urban (N=80)	%	Rural (N=120)	%	Total (%)
Any method	80	100	120	100	100
Natural	55	68.75	40	33.3	47.5
Pills	80	100	54	45.0	67
IUCD	80	100	70	58.3	75
condoms	80	100	50	41.6	65
Female sterilization	80	100	120	100	100
Male sterilization	50	62.5	40	33.3	45
Injectable contraception	40	50	20	16.6	30

**Table 3: Sources of information about contraceptives of study population**

Source of information	N=200	%
Public medical sectors	50	25.0
Private medical sectors	34	17.0
NGO/Trust	02	01.0
TV, radio ,Newspaper	30	15.0
Friends,relatives	84	42.0

**Table 4: Contraceptive methods currently in use in study participants**

Methods	Urban N=80 (%)	Rural N=120 (%)	Total N=200 (%)
Current contra- ceptive users	50 (25.0)	46 (23.0)	96 (48.0)
Female sterilisa- tion	32 (16.0)	36 (18.0)	68 (34.0)
Male sterilization	0 (0)	0 (0.0)	0 (0)
IUCD	6 (3.0)	04 (2.0)	10 (5.0)
Pills	4 (02.0)	02 (1.0)	6 (3.0)
condoms	4 (02.0)	04 (02.0)	8 (4.0)
Natural	2 (01.0)	0 (0)	02 (1.0)
Injectable contra- ception	2 (01.0)	0 (0)	02 (1.0)
Not using any method	30 (15.0)	74 (37.0)	104 (52.0)

**Table 5: Reasons for not using contraception by study participants**

Reasons	Urban N=80 (%)	Rural N=120 (%)	Total N=200 (%)
Worried about side effects	5 (2.5)	12 (6)	17 (8.5)
No specific reasons	2 (1)	09 (4.5)	11 (5.5)
Opposition from family membvbers	1 (0.5)	11 (5.5)	12 (6)
Wanted to have a child	11 (5.5)	15 (7.5)	26 (13)
Could not access family planning services	01 (0.5)	05 (2.5)	6 (3)
Felt pregnancy was naturally spaced	02 (1)	10 (5)	12 (6)
Wants to have male child	06 (3)	08 (4)	14 (7)
Inconvenient, lack of privacy	02 (1)	04 (2)	6 (3)

48% of women in our study were using any one form of contraception, while 52% were not using any method of contraception. Contraception usage was higher in the urban women (62.5%) and less in the rural women (37.5%).

The most common method chosen was female sterilization followed by IUCD (10.4%). Among the 120 rural women interviewed, 30 of them had never used any contraception i.e. 25%. The most common reason quoted for not using any contraception was desire to have a child i.e. 25%. 13.4% of women in the study wanted to have male child. 16.3% of women were worried about side effects. 11.5% of women felt pregnancies were naturally spaced and there was no need to use any contraception. 11.5% of women had opposition from family members. 94% of them approved the usage of contraception.

**Table 6: View and believes about contraception of the study population**

	Urban N=80 (%)	Rural N=120 (%)	Total (%)
<b>Reasons for using contraception</b>			
economic	40 (20.0)	48 (24.0)	88 (44.0)
motivation	18 (9.0)	26 (13.0)	44 (22.0)
Small family	10 (5.0)	14 (7.0)	24 (12.0)
norm			
Incentives	12 (6.0)	32 (16.0)	44 (22.0)
<b>Who Decides</b>			
Mother in	12 (6)	36 (18)	48 (24)
law			
Huband	24 (12)	44 (22)	68 (34)
Wife	08 (4)	10 (5)	18 (9)
Both	36 (18)	20 (10)	56 (28)
<b>Quality (Satisfaction with) of existing services</b>			
Govt. Hospi- tals	34 (17)	44 (22)	78 (39)
Private hos- pitals	64 (32)	60 (30)	124 (62)
<b>Ideal no of children</b>			
One	08 (4)	10 (5)	18 (9)
two	58 (29)	80 (40)	138 (69)
>two	14 (7)	30 (15)	44 (22)
	30 (15)	54 (27)	84 (42)
<b>Desire for male off- spring why?</b>			
To continue family name	17 (9.5)	32 (16)	49 (24.5)
To look after parents in old age	13 (6.5)	22 (11)	35 (17.5)

It is interesting to note that 42% of women interviewed felt there must be a male child in the family, which was one of the reasons for not using contraception. About 58.3% of women felt male child was a must to continue the family name and 41.6% of women felt it was to look after parents in old age.

During the study it was found that 96 women (48%) of the women who were using contraception but were worried about the side effects. Almost 92 (46%) women were not using contraceptive for the fear of side effects. About 12 women were not using any contraceptives for no specific reasons.

## DISCUSSION

The increasing growth of population has become an urgent global problem. The current trends in family planning (FP) in India show high level of knowledge of contraceptives among eligible couples yet the acceptance remains low especially for spacing methods(10). The world's population reached six billion on 12th Oct 1999, having doubled since 1960 with more than one billion

young people entering the reproductive age group.(11) India has a population of one billion on May 2000. It is the second largest country in terms of population second to China and according to UN projection it will reach 1.53 billion by the year 2050 and will have the highest population in the world.(12,13)

This will definitely put an enormous pressure on the natural resources of the country and also cause unlimited urbanization, unemployment, overcrowding, ill health, environmental pollution etc. The solution of this rapidly increasing population is Family planning in order to achieve economical and social development(14).Family Planning is defined by WHO as away of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitude and responsible decisions by individuals and couple in order to promote the health and welfare of the family group and thus contribute effectively to the social development of a country.(15,16) Here it stresses that voluntary acceptance of one of the approved contraceptive methods is required which can be achieved through health education and motivation. Today even though increased facilities are being provided for family planning program in all sections of the society, there are other factors that play an important role in adopting it like knowledge, attitude, beliefs, values, misconceptions etc.

Awareness prevails without acceptance Illiteracy, poverty and social norms are the root causes. (17)Lack of effective health care system Misbelieves, half or wrong information received from friends and relatives and consequent development of fear about contraceptives are main causes for low level of acceptance and usage of contraception in our community(18). Also knowledge and acceptance does not go hand in hand(19). As acceptance and usage is related to literacy and socio-economic status,it is necessary to motivate couples for usage as well as make sure about availability of services (20).Education of masses, up liftment of economic standards, strong political support are needed to increase the usage of contraception(21).

The present study aimed to assess awareness and usage of birth control and birth spacing methods among women attending tertiary hospital which caters to both urban and rural women. Results showed that all the women including women from rural areas knew at least one method of contraception (100%). In a similar Indian study, the awareness rate was (82.2%).(22) Wom-

en's education play an important role in increasing the awareness. In the present study 93.5% were literate. Only 6.5% were illiterate.

Another factor responsible for knowledge of FP methods is exposure of messages through mass media. Though knowledge of contraception was 100%, only 48% of women were actually using any one method of contraception. The current unmet need for FP is about 15.8%, of which the need for spacing is about 8.3% and for limiting births is 7.5%, which needs to be met through programmatic interventions. Contraceptive usage was higher in the urban women (62.5%) and less in rural women (38.5%). This is similar to the data obtained by NFHS-2 (National Family Health Survey) which shows 58% among the urban population and 45% among rural women. Female sterilization was adopted by 70.8% of women in the present study.

According to NFHS-2, female sterilization was the most prevalent method of contraception (71%) and most PHC were not adequately staffed. Only 16% of PHC had physicians trained in conducting sterilization and only 1/3rd had at least one paramedical staff trained in IUCD insertion.(3) 52% of women interviewed were not using any method of contraception.

Two Indian studies showed similar results, 55% and 46% of non users.(4) While general level of approval for contraception was high (94%), the practice level was only 48%.

This survey conducted among rural people in UP, revealed high level of approval for contraception but the practice level was very low, 14%.(5) Constant motivation by doctors and health workers and by improving the FP services at both government & private health sectors, the gap between Awareness and usage can be minimized.

Only 39% of women were satisfied with the existing FP services at PHC/Government hospitals and only 62% of them were satisfied with private hospitals. Both Government and Private hospitals should provide appropriate information, clear doubts about the misconceptions and worries about side effects and should highlight the benefits of the various contraceptive methods at every visit to the hospital. About 16.3% of women not using contraception were worried about side effects of contraceptive methods. Every postpartum women must receive adequate FP advises during their postnatal follow-ups.

Commitment, effective health care system, change in the knowledge, attitude and practice of contraception of woman, husband and her family and community as a whole constitute important disciplines in increasing acceptance and usage of spacing and contraception.

The similar study done almost fifteen years back in city of Mumbai by Dalal (22) showed that percentage of women using contraception in that study population was mere 20%. It shows that, though acceptance level for family planning has increased marginally, lot more efforts are required in this field.

In a recent study by Shah(15) has reported that though overall acceptance of contraception over a decade has increased, this usage of pills and intra-uterine contraceptive devices has remained same. The rise in acceptance is mainly attributed to sharp rise in usage of male barrier contraception. Collective effort from the government, health care providers and society is needed. Reproductive interests such as total health of couple, reproductive equality and reproductive decision-making need to be optimized. To recruit new acceptors, provide information and sources of contraceptives. In order to reduce the gap between awareness and usage of contraception, one of the most important factor is regular availability of contraceptives and good quality of family planning services both at Government and Private medical sectors. Alternative methods of contraception must be informed and offered so that the rate of continuation of contraception will improve. Constant motivation and FP advice by both doctors and health workers will play a great role in decreasing the unmet need of contraception.

## CONCLUSION

This study reveals good knowledge and favorable attitude of women towards contraception. But there are various reasons for the non acceptance of contraceptives like worries about side effects, misconceptions, preference for male child, and poor FP services. Thus by proper motivation, counseling and improving facilities at both Government & Private sector, the unmet need of contraception can be achieved.

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