

## FAMILY PLANNING KNOWLEDGE, PRACTICE AND ATTITUDE TOWARDS CONTRACEPTION

Dr. Krishna Dungrani, Dr. Rajni Parikh

<sup>1</sup>Second year resident in Department of Obs. and Gynae., Government Medical College, Bhavnagar

<sup>2</sup>Associate Professor, in Department of Obs. and Gynae., Government Medical College, Bhavnagar

**Article Info:** Received 08 March 2021; Accepted 19 April 2021

**DOI:** <https://doi.org/10.32553/ijmbs.v5i5.1896>

**Corresponding author:** Dr. Rajni Parikh

**Conflict of interest:** No conflict of interest.

### Abstract

**Background:** This paper presents the findings of a qualitative assessment aimed at exploring knowledge, attitudes and practices regarding family planning and factors that influence the need for and use of modern contraceptives. Educational interventions can help increase knowledge of available contraceptive methods, enabling individuals to make informed decisions and use contraception more effectively. This systematic review evaluated contraceptive education interventions to guide national recommendations on quality family planning services.

**Material and method:** This descriptive study using Cross-sectional survey was carried among reproductive age group women of 15-45 year in sir t hospital bhavnagar.

**Results:** This study shows most common contraceptive method used by patients is copper –t (33.33%) followed by oc pills (19.16%), barrier method (15.83%), behavioral method (14.16%), and sterilization method (13.33)

Least method used by patients is injectable DMPA (4.16%)

### Introduction

Contraception is one of the proximate determinants of fertility and the most important predictor of fertility transition. The choice of the contraceptive method, However it is influenced by a host of interdependent demographic, cultural, economic and social factors which means that a multidimensional approach needs to be adopted for analysing the contraceptive use pattern. India was the first country in the world to adopt an official population policy and launch official family planning programme way back in 1952 which remains the mainstay of family planning efforts. Family planning as a strategy for population stabilisation received attention only after 1971 population census. The efforts did produce positive results, however, failed to achieve the ultimate goal and the population of India since getting independence from Britain in 1947 increased almost three times. After the launch of the National Rural Health Mission in 2005, the official family planning programme has been subsumed in the reproductive and child health component of the Mission

However, universal adoption of small family norm still remains a distant dream in India. During 2007-08, only about 54 percent of the currently married women aged 15–49 years or their husbands were using a contraceptive method to regulate their fertility and the contraceptive prevalence rate appears to have stagnated after 2004. Moreover, contraceptive practice in India is known to be very heavily skewed towards terminal 11 methods which means that contraception in India is practised primarily for birth limitation rather than birth planning.

### ➤ Aim

- The study aims at finding out the perception & practices of selected contraceptives among the target population and factors affecting choice of contraceptive methods.

### ➤ Objective

- To assess the perception of the target population regarding the selected contraceptive methods.
- To analyse the practises of the target population regarding the use of contraceptive methods in them.
- To find out current problems regarding use of contraceptive methods.

### Methods of Contraception

#### ➤ Temporary methods

(1) Barrier method

(A) Physical method- male-condom

Female – condom

Diaphragm

Cervical cap

Vaginal sponge -today

(b) Chemical method - spermicidal, jelly, foam, paste, cream

(c) Combined method

(2) Intrauterine contraceptive device:-

(a) 1<sup>st</sup> generation-lippes loop

- (b) 2<sup>nd</sup> generation –copper containing
- (c) 3<sup>rd</sup> generation –hormone containing –medicated – progestasert -mirena
- (3) Hormonal methods
- (a) OC pills
- (b) Implant –norplant, implanon
- (c) Injectables -dmpa
- (4) Behavioural method
- (a) Calendar/rhythm method
- (b) Coitus interruptus
- (c) Billing method –cervical mucus method
- (d) Basal body temperature
- (e) Lactational amenorrhoea
- Permanent method
- (a) Sterilization- tubectomy, vasectomy

#### Material and Methods:

A study was conducted at sir t hospital Bhavnagar after approval from ethics committee from october 2020 to December 2020 after taking consent from patient.

**Type of study**-cross sectional study

**Sample size:** 120 reproductive age group women

#### Criteria of study:-

- Inclusion : women of reproductive age group = 15-45 year
- Exclusion: pregnant women

Women undergone hysterectomy

Women divorced / separated from their husband

#### Technique used:-

Questionnaire regarding perception and practice of contraceptive method

#### Result:

This Table shows most common contraceptive method used by patients is copper –T (33.33%) followed by oc pills (19.16%), barrier method (15.83%) ,behavioral method (14.16%),sterilization method (13.33)

Least method used by patients is injectable DMPA (4.16%)

As we are using ‘cafeteria’ approach and giving proper education regarding contraception couple are using the method that are most acceptable.

**Table 1:**

Method of contraception	No. of women using contraceptive method (n=120)	Percentage of women using contraceptive method (%)
BEHAVIOURAL METHOD (COITUS INTERUPPTUS)	17	14.16
BARRIER METHOD	19	15.83
IUCD	40	33.33
OC PILLS	23	19.16
INJ DMPA	05	4.16
STERILIZATION (TUBAL LIGATION)	16	13.33

**Table 2:**

AGE GROUP	N0. Of women using contra ceptive methods (n=120)
19-25	45
26-30	34
31-35	26
36-40	8
41-45	7

This table showing usage of contraceptive methods more in young women between 19 -25 age group. As age is increasing usage is decreased.

Education and media might be the factors that influence the young age group for using of contraceptive methods.

**Table 3:**

Contraceptive methods	<30 year		>30 year	
	No. of women	% of women	No.of women	% of women
Behavioural method	09	11.68	08	17.77
Male condom	15	19.48	04	8.88
IUCD	30	38.96	10	22.22
OC pills	16	20.77	07	15.55
Inj DMPA	03	3.89	02	4.44
sterilization	04	5.19	12	26.66
Total	77		45	

According to age of patient

This table showing most preferred contraceptive method in women less than 30 year of age is IUCD followed by oc pills and barrier method ( male condom )

Most preferred contraceptive method in women more than 30 year of age is sterilization as by this age their family is completed.

**Table 4:**

	PRIMIPARA		MULTIPARA	
	NO.OF WOMEN	% OF WOMEN	NO.OF WOMEN	% OF WOMEN
Behavioural method	06	14.63	11	13.92
IUCD	15	36.58	25	31.64
OC pills	08	19.51	15	18.98
Inj DMPA	01	2.43	04	5.06
Male condom	11	26.82	08	10.12
Sterilization	00	00	16	20.25
Total	41		79	

According to parity of patient

This table showing most common contraceptive method is Insertion of IUCD in primipara and multipara women. In primipara after IUCD .barrier method is 2 nd mostly used.

In multipara IUCD followed by tubal ligation is choice of contraception .

**Table 5:**

	LITERATE	ILLITERATE
TOTAL	75%	25%
USING	60%	10%
NOT USING	15%	15%

Literacy vs use of contraceptive method-This study showing out of 75 % literate women 60% of them using methods of contraception and out of 25% illiterate only 10 % are using contraceptive methods.

**Table 6:**

SOURCE	NO. OF WOMEN HAVING KNOWLEDGE FROM	% OF WOMEN
DOCTOR	46	40.71
HEALTH WORKER	20	17.69
FAMILY/ FRIENDS	25	22.12
MEDIA	20	17.69
OTHERS	02	1.76

Source of knowledge of contraception:

This table showing maximum percentage of women had gain knowledge regarding contraception from doctors that is 40.71 % and from health worker 17.69% women gain knowledge regarding contraception.

**Table 7: Awareness regarding contraceptive methods:**

No .of women (120)	Awareness	Use
103	yes	No
12	Yes	Yes
05	No	Yes

This table showing ouOut of 120 patients 103 patients were aware regarding contraceptive methods and they were using it. 12 patients were aware of contraceptive methods but not using it .

5 patients had no knowledge regarding awareness and not using any contraceptive methods.

**Table 8 :social belief regarding contraception and reasons for choosing the different contraceptive method:**

Contraceptive method	Social Belief (reason for not using)	Percentage among nonusers	Reason for choosing method	% among users
Condom	1. Decreased Sexual pleasure 2. Fear of condom slippage or rupture 3. Fear and anxiety during use 4. disposing issue	1.10% 2.17% 3.13% 4.18%	1. Cheap 2. Easily available. 3. Easy to use 4. Safe .no side effects	19%
IUCD	1 .Displacement of cupper –T 2. Abdominal pain 3. Discharge pv 4. Heavy menses	1.30% 2.10% 3.5 % 4.10%	1.Cheap 2.Does not interfere with sexual act 3.No need for compliance as OC pills	33.33%
OC pills	1. Side effect like nausea and vomiting 2. Weight gain and fluid retention 3. Required daily remembrance (compliance) 4. Fear of infertility after stopping drugs	1. 12% 2. 38% 3. 25% 4. 10%	1. Cheap 2. Easy to use 3. Does not interfere with sexual act	19.16%
STERILIZATION	1.Desire for male child (male child syndrome ) 2.Decision not supported by family	1. 42% 2. 12%	As permanent method	13.33%
BEHAVIOURAL METHOD (COITUS INTERUPPTUS)	1. Fear to be pregnant	1.38%	1. “Better than nothing” method	14.16%

**Discussion:**

• Finding of this study showed that Highest frequency of attitude about IUCD method (33.33%) was associated with 30 % women having undesirable attitude for this method due to myth of displacement of cupper-t device and with 25% women complaining discharge pv , heavy menses , abdominal pain beliving side effects of IUCD . most desirable attitude toward this method compare to other due to ease of use ,lack of interference with sexual relationship ,and no need for remembrance.

• Highest frequency of attitude about barrier method (15.83%) was associated with 40 % of undesirable attitude toward this method due to reduction in sexual pleasure in men and women ,along with bad experience during use ,like condom slippage or rupture and fear with anxiety during use of it and In 18 % having disposing issue regarding this method .

• Highest frequency of attitude about OC PILLS method (19.16%) was associated with 25 % women having undesirable attitude for this method due to fear of using oc pills along with daily remembrance and 38% having fear of weight gain and other side effect regarding this method.

• Highest frequency of attitude about sterilization method (13.33%) was associated with 42 % women having undesirable attitude for this method as they want child ,12% women were not supported by their family for this method.

• Highest frequency of attitude about behavioural method (14.16%) was associated with 38 % women having undesirable attitude for this method as fear of tendency to be pregnant. This method recognized as “better than nothing”.

**Conclusion:**

• The finding of the present study showed that attitude is an important factor in selecting contraceptive method and it has major role in behaviours related to use contraceptive methods ; therefore ,reviewing the attitude of the users is an important issue in consulting the contraceptive method.To change attitude towards contraceptive methods we need to educate not only women but whole society regarding contraceptive methods ,its efficacy and false myths, so we can resolve false myths in all-over society regarding usage and side effects of contraceptive methods.

• Due to contraceptive method we can educate people for proper birth spacing that will improve health status of women .

• Contraception has clear health benefits ,since the prevention of unintended pregnancies results in a subsequent decrease in maternal and infant mortality and morbidity by providing access to all women in developing countries who currently have an unmet need for modern contraceptive methods.

**References:**

1. Mittal S, Bahadur A, Sharma JB (2007) survey of knowledge, attitude and practice of contraception and medical abortion in women attending family planning clinic. J Turkish German Gynecol As
2. Ensuring human rights in the provision of contraceptive information and services WHO:2014.
3. A. R. Chaurasia and R. Singh, “Forty years of planned family planning efforts in India,” in *Proceedings of the 2013 IUSSP International Population Conference*, Bussan, Republic of Korea, 2013.
4. International Institute for Population Sciences, *District Level Household and Facility Survey (DLHS-3)*, 2007-08, IIPS, Mumbai, India, 2010.