

7-1-2021

Knowledge, Attitude and Practices on Contraceptives in Married Women of Odisha

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Recommended Citation

VIJAYAN, SMITHA MOONJELLY Dr; Das, Mamata Mrs; Patwal, Kajal Ms; Parichita, Prachi Ms; Sharma, Chhaya Ms; and Seervi, Vidya Ms (2021) "Knowledge, Attitude and Practices on Contraceptives in Married Women of Odisha," *Manipal Journal of Nursing and Health Sciences*: Vol. 7: Iss. 2, . Available at: <https://impressions.manipal.edu/mjnhs/vol7/iss2/2>

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Cover Page Footnote

We acknowledge Mr Jaison Jacob, Tutor, AIIMS, College of Nursing for statistical analysis.

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Knowledge, attitude, and practices on contraceptives in married women of Odisha

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Abstract

Introduction: In developing countries, maternal and newborn mortality and morbidity rates can be reduced with apt contraceptive usage. This study aimed to assess the knowledge, attitude, and practices regarding contraception among married women. **Methods:** A descriptive study was conducted among 110 married women attending Obstetrics and Gynaecology OPD of AIIMS Bhubaneswar. **Results:** The mean (SD) age of women was 29.13 (3.51) years. About half of the women (50.9%) had poor knowledge of contraception. More than half of women (65.17%) had a positive attitude on contraceptive use; however, only 24% of women used a contraceptive, the most preferred contraceptive being oral pills (37.5%). The knowledge and attitude were positively correlated ($r = 0.164, p = .001$). Knowledge was associated with the occupation ($p = .005$). Lack of knowledge, concerns about side effects, and religious factors were the reasons for not using contraception. **Conclusion:** Despite the positive attitude, a majority of women had inadequate knowledge and utilization of contraception. This implies the need to educate women of the reproductive age group for the efficient utilization of contraceptive services for the betterment of their reproductive health.

Keywords: attitude, contraception, practices, family planning, knowledge

Introduction

Population expansion is a burning issue in developing countries like India, especially with sparse resources. Despite India being the first country to launch the family planning program in 1952 (Ministry of Health and Family Welfare, 2018), the total unmet need for contraception in India is 12.9%, according to the National Family Planning Programme report 2017. The government has made tremendous efforts to make contraceptives available to all, but there is low

acceptance due to cultural barriers, ignorance, and fear of complications (Ghule & Raj, 2015). UNICEF and WHO report that India's share of maternal deaths globally is 20%. Contraception could prevent over 30% of maternal deaths and 10% of child death if pregnancies were spaced for more than two years apart (World Health Organization, 2013; Cleland et al., 2006).

In Odisha, according to the Family Planning Annual Report 2015-16, the utility of modern contraceptives among married women in 2012 was 46.3%. However, the unmet need for contraception in 2012 is high, at 18.9% (Ministry of Health and Family Welfare, 2015-16). Though it has achieved the goal of reaching a total fertility rate of 2.1, currently 19.1% of married women have an unmet need for contraception, according to the Department of Health and Family Welfare Government of Orissa (National Institute of Health and Family Welfare, 2014).

Most previous studies conducted in India have concentrated mainly on knowledge and attitude of

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Manuscript received: 10 September 2020

Revision accepted: 20 March 2021

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How to cite this article: Smitha, M. V., Das, M., Patwal, K., Parichita, P., Seervi, V., & Sharma, C. (2021). Knowledge, attitude, and practices on contraceptives in married women of Odisha. *Manipal Journal of Nursing and Health Sciences*, 7 (2). 1-7.

contraceptive use among adolescents (Renjhen *et al.*, 2010; Jain *et al.*, 2017). Only a very few have reported the issues of poor utilization of contraceptives and their causes was 0.8 (Prusty, 2014). Further, not many studies have been conducted in this area to assess the knowledge, attitude, and practice of contraception among married women. The percentage of unmet needs for contraception is high. Thus, we conducted a study to assess the knowledge, attitude, and contraceptive practices in married women of Odisha.

Objectives

The objectives of the study were:

- To assess the knowledge, attitude, and practices regarding contraception among married women.
- To associate knowledge score with demographic variables.
- To correlate knowledge and attitude regarding contraception.

Materials and Methods

A cross-sectional study was conducted between 12/03/2019 and 14/04/2019 among the married women of Odisha to assess the knowledge, attitude, and contraceptive practices. The setting was the Outpatient Department (OPD) of the All India Institute of Medical Sciences (AIIMS) Bhubaneswar. The sample was selected using a convenient sampling technique. A sample size of 110 women was calculated based on the prevalence of contraceptive use in a previous study (64.7%) in Odisha (New *et al.*, 2017). The data were collected by using four tools: Demographic proforma, knowledge questionnaire, attitude scale, and practice questionnaire on contraception. The knowledge questionnaire on contraception consisted of 40 items, and each correct response was scored as one. The total possible score is 40. A 'five-point Likert scale was developed with 20 statements, ten positively stated items, and ten negatively stated. Reverse scoring of negative items was done. The response was rated as strongly agree, agree, neutral, disagree, and strongly disagree. The self-reported practice questionnaire consisted of nine items. The practice scores were expressed in frequency and percentage. Nine experts established content validity of the knowledge questionnaire and

attitude scale, CVI being 0.93 and 0.89, respectively. The reliability of the knowledge questionnaire 0.8, was established by the split-half method. The reliability of the attitude scale was 0.88.

All married women between 18 and 45 years attending OPD, willing to participate in the study, and who could read and write English or Odia were included, and the widows were excluded. The approval from the Institutional Ethics Committee (IEC/AIIMS BBSR/NURSING/2018-19/02) and written informed consent from the participants were obtained for the study.

Structured questionnaires and rating scales were administered to the women. The data on socio-demographics, knowledge, attitude, and practices on contraceptives were collected.

Statistical analysis

Analyses of data were done using SPSS version 16. The normality of data was checked using the Kolmogorov Smirnov test and was normally distributed. Data were expressed as means \pm standard deviation (SD) and percentages. Karl Pearson's correlation coefficient was used to compute the relationship between knowledge and attitude. The chi-square test was used to associate knowledge scores and demographic variables.

Results

All women (110) recruited for the study gave informed consent. The result shows that the mean age (SD) of women was 29.13 ± 3.51 years. Less than a half of the women (45.5%) were between 26 and 33 years, 44.5% were graduates, and 72.2% were housewives. The least percentage (10%) were private employees, 9.1% were government employees, whereas a few (8.2%) were self-employed. Most of the women (46.4%) had one child, 30.9% had no children, 18.2% had two children, and the least percentage (4.5%) of women had more than two children (Table 1).

Table 1
Demographic Characteristics of Women

Demographic data	Frequency	Percentage (%)
N = 110		
Age of women (in years)		
18 - 25	39	35.5
26 - 33	50	45.5
34 - 41	15	13.5
42 - 49	6	5.5
Education		
No formal education	3	2.7
Primary school	12	10.9
Secondary school	46	41.8
Degree and above	49	44.6
Occupation		
Household activities	80	72.7
Government employee	10	9.1
Private employee	11	10.0
Self-employed	9	8.2
Family income (in INR)		
< 5000	20	18.2
5000 – 10,000	39	35.4
> 10,000	51	46.4
Type of family		
Nuclear	55	50.0
Joint	52	47.3
Extended family	3	2.7
Duration of marriage (in years)		
< 1	16	14.5
1 - 2	22	20.0
2 - 3	18	16.4
> 3	54	49.1
Number of children		
None	34	30.9
1	51	46.4
2	20	18.2
> 2	5	4.5

Knowledge on contraceptives

Knowledge on contraception was assessed by scoring women’s responses to a knowledge questionnaire with a maximum possible score of 40. The results revealed that 51% of the women

had poor knowledge, 40% had average knowledge, and 9.09% had good knowledge regarding contraception with a mean (SD) of 14.1 (7.8).

Table 2
Mean, Standard Deviation, and Mean Percentage of Knowledge Scores

Knowledge areas	Maximum score	Mean score	SD	Mean percentage
N = 110				
Natural methods	9	2.91	1.93	36.37
Barrier methods	5	2.18	1.32	43.6
Condoms	3	1.38	0.99	46
Spermicidal jellies	1	0.4	0.49	40
Diaphragm	1	0.4	0.49	40
IUCD	5	1.2	1.2	24
Hormonal methods	12	3.33	2.63	27.75
OCP	5	1.41	1.35	28.2
Post-coital pills	3	0.81	0.87	27
Contraceptive injectables	3	0.66	0.80	22
Implants	1	0.43	0.49	43
Miscellaneous methods	2	0.82	0.55	41
Sterilization	7	2.84	2.33	40.57

Note. SD = Standard deviation; IUCD = Intrauterine contraceptive device; OCP = oral contraceptive pill.

Table 2 shows that the barrier methods were the most ($M = 43.6\%$, $SD = 1.32$) known methods of contraception among women, followed by miscellaneous methods (female condom, diaphragm vaginal ring and spermicidal jelly) ($M = 41\%$, $SD = 0.55$) and sterilization ($M = 40.57\%$, $SD = 2.33$). The findings reveal that the knowledge of subjects regarding contraception were below average in the areas of “IUCD” ($M = 1.2$, $SD = 1.2$) and “hormonal methods” ($M = 3.33$, $SD = 2.63$). The knowledge of subjects regarding contraception was average in the areas of “natural methods” ($M = 2.91$, $SD = 1.93$), “barrier methods” ($M = 2.18$, $SD = 1.32$), “miscellaneous methods” ($M = 0.82$, $SD = 0.55$), and “sterilization” ($M = 2.84$, $SD = 2.33$).

Attitude on contraception

About 47.3% of the women reported that contraceptives reduce the sex drive, while 31.8% believe contraception is the partner’s responsibility. A little more than half (51.8%) reported that they prefer to use a contraceptive during intercourse (Table 3).

Table 3
Distribution of Data related to Attitude toward Contraception

Statements	N = 110	
	f	Percentage (%)
Using contraceptives is wrong	62	56.36
Contraceptives reduce sex drive	52	47.3
Contraceptives are necessary only during sex	45	40.9
Promiscuous females use contraceptives	44	40
I will not have sex without contraceptives	35	31.8
Contraceptive doesn’t prevent pregnancy	56	50.9
Using contraceptives shows care for the partner	60	54.6
Contraceptives are difficult to obtain	73	66.3
Contraceptive makes intercourse pleasurable	53	48.2
I feel relaxed if the contraceptive method is used	35	31.8
I prefer to use contraceptives during intercourse	57	51.8
In the future, I will use a contraceptive	64	58.2
I will use contraceptives even if my partner does not want to	37	33.7
It is no trouble to use contraceptives	67	60.9
Using contraceptives makes a relationship strong	36	22.8
Sex is not fun if a contraceptive is used	46	41.8
I prefer not to talk about contraceptives to friends	41	37.3
I will use a different contraceptive if side effects occur	63	57.3
Contraceptive use is the partner’s responsibility	35	31.8
Contraceptive use makes sex too planned	25	22.7

Contraceptive practices

Table 4 shows that concerning the contraceptive practices, only 21.8% of women were currently using at least one contraceptive. Female condoms, diaphragm, and spermicidal jellies were not used among any of them. The most preferred contraceptives were oral contraceptives (37.5%) followed by intrauterine devices (16.7%) and injectable contraceptives (16.7%). The reasons for not using condoms were: inadequate knowledge (32.55%) followed by side effects (27.90%) and religious beliefs (26.74%). While friends and partners were the most common source of contraception information (47.3%), very few subjects (13.2%) received information from schools or colleges. Most of the subjects (64.6%) believe that both husband and wife use contraceptives effectively. The majority of the subjects (70%) opined that both partners are equally responsible for contraceptive usage.

Table 4
Current Contraceptive Practices among Subjects

Contraceptive practices	N = 110	
	f	Percentage (%)
Currently using contraceptives		
Yes	24	21.8
No	86	78.2
Contraceptives used (n=24)		
Female condoms	0	0
Implants	2	8.4
Pills	9	37.5
Diaphragm and spermicidal jellies	0	0
Contraceptive injectable	4	16.7
Vaginal rings	1	4.1
IUCDs	4	16.7
Contraceptive patch	1	4.1
Vaginal caps	1	4.1
Emergency contraception	2	8.4

Association of knowledge score with socio-demographic variables

The knowledge scores were not associated with demographic variables, except for occupation ($\chi^2 = 18.604, p = .005$) at .05 level of significance.

Correlation between knowledge and attitude

A weak positive correlation existed between knowledge and attitude ($r = 0.164, p < .001$), which implies that

women with better knowledge have positive attitude towards contraception.

Discussion

The study had a response rate of 100%, with all 110 women participating in the study. The findings of this study's demographic characteristics are similar to a survey conducted in the rural area of Tamil Nadu among 84 married women, where the mean age of respondents was 30.95 years. All women received a formal education, and among them, a majority (41.7%) had two children, 33.7% had one child, 22.6% had no children, and 2.4% were having more than two children (Nair, Ashok, & Solanke, 2016).

In this study, all the subjects knew at least one contraceptive method, which differs from the result of the research conducted at the wards of Dharan Sub-Metropolitan city, Nepal, which showed that only 92.3% had heard of at least any one contraceptive method (Thapa, Pokharel, & Shrestha, 2018). Studies conducted elsewhere show that contraceptive knowledge is almost universal among subjects. Nearly all young married women are aware of at least one contraception method (Nair *et al.*, 2016; Rahman & Kabir, 2005).

Many women in this study knew about condoms, permanent sterilization methods, IUCDs, and oral pills. The findings of this study are similar to another study, where the most common contraceptive known to women was oral pill (59.6%) followed by condoms (19.2%), injectable (15.2%), tubectomy (0.1%), and IUDs (2.4%). Modern methods were better known by women than traditional methods (Rahman & Kabir, 2005). This could be because of the awareness created by the internet, oral pills, condoms, and contraceptives available at community health centres free of cost.

The result is contradicted by the study conducted in Bangalore Medical College and Research Institute, India, which showed that 80.67%, 74%, 64%, and 62% of the respondents were having knowledge about female sterilization, IUCDs, condoms, and OCPs, respectively and only 10% knew about injectable (Tejaswini, Spandana, & Bai, 2018). The difference may be due to the setting of this study. Since this study was conducted in a government hospital where economically weaker people seek treatment, probably

this may be due to inadequate knowledge about modern contraceptive methods.

In this study, a majority of women reported a positive attitude towards contraceptive use. This reflects the right attitude of women and their responsibility to regulate their reproduction. A study conducted at Khurdha District, Odisha, India, reveals that more than 80% were having a positive attitude towards contraception (Jena *et al.*, 2017). The difference might be due to cultural differences, educational status, and media information.

Less than half of the women never used contraceptives in this study which shows the poor utility of contraception despite a good attitude. The most common contraceptive was pills, followed by IUCDs and emergency contraception. A similar study conducted in another setting showed that 85% of the women were satisfied with contraceptives used in the past. The most common contraceptive was OCPs (37.9%) followed by condoms (31%), female sterilization (27%), IUCDs (24.1%), and the least used contraceptive was injectable (8.6%) (Prachi, Das, Ankur, Shipra, & Binita, 2008).

The common reasons for not using any contraceptive in the present study were lack of knowledge, concerns about side effects, and religious reasons. Similar findings were observed in a study conducted in Odisha which revealed that 47.9% of women were not using contraceptives because they were planning a pregnancy. In comparison, 7.78% did not use it because they did not know about contraception, whereas 20.35% were concerned about side effects and religious reasons (8.42%) (Jena *et al.*, 2017).

About 47.3% of the subjects received information on contraceptives through their friends and partners, social media, and very few women from schools/colleges/hospitals. In a similar study, most women (78%) had procured information from family and friends, 13% through mass media. Only 9% of women had been counselled in detail by health personnel (Shukla, Fonseca, & Deshmukh, 2017). This reflects that, women may not obtain accurate information as the source of information are social circles and social media. There is an urgent need to disseminate information via health personnel or institutions.

Most of the women opined that both husband and wife use contraceptives effectively. Most of the women consider both husband and wife equally responsible for adopting contraceptives for family planning. Women view both partners as responsible, probably because they would be affected by the outcomes of unprotected sex. This outlook is promising as it may contribute to higher contraceptive use rates, spacing births, and lower childbirth rates. However, women practiced contraceptive use when compared to their husbands. The findings are contradicted in a Latino study that reports women are held responsible for contraception (White, Hopkins, & Schiefelbe, 2013).

In this study, knowledge score was associated only with occupation ($p = .005$). A similar study conducted in Coimbatore among primiparous and multiparous women reported a significant association between knowledge, attitude, practice, and demographic variables such as age, occupation, years of marriage, types of contraceptives, and education (Nagamala, Muthulakshmi, & Kayalvizhi, 2018).

In this study, there was a weak positive correlation between knowledge score and attitude, though there was a positive attitude, knowledge, and practice were significantly less.

The study conducted in Dharan city, which assessed the knowledge, attitude, and practices of contraception among married women, showed a statistically significant positive correlation of attitude and practice of contraception with knowledge (Thapa et al., 2018). Attitude and practice were significantly associated, and a majority of women with a positive attitude practiced contraception.

This is a clear indication that with improved contraceptive knowledge, attitude will turn positive, and with good knowledge and attitude, contraceptive practice will be enhanced.

Limitations

The sample consisted of married women attending one tertiary hospital in Odisha state. Hence, we cannot generalize the findings from this study to all married women in Odisha. Women's attitudes and practices being self-reports, there is a chance of reporting bias. The actual practices can be ascertained only through direct observation.

Conclusion

In this study, it was found that though the married women had a positive attitude, a majority had poor knowledge and poor contraceptive use. This shows that there is an urgent need for strong motivation for married women to utilize contraceptives. Good counselling practices, along with clinical work, are very much need of the hour. There is also a need for awareness activities to correct the myths and misconceptions associated with contraceptive measures.

Sources of support: None

Conflict of interest: None declared

Source of support in the form of grants: None

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