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Knowledge, Attitude, And Practice Towards Family Planning Among Married Women Of Reproductive Age Group - A Hospital Based Study

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Research Article

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Abstract

Background: With the aid of contraception measures, a couple makes a deliberate decision to restrict the number of off-springs, the timing of deliveries, and a healthy spacing between consecutive births. This study aimed to evaluate the knowledge, attitude, and practices of family planning married women. Methods: A prospective observational study was conducted among 211 women of reproductive age group over six months in a tertiary care teaching hospital. **Results:** Of 211 women, the mean age of the study group was 29.6. Notably, 79.62% were oblivious to the side effects of oral contraceptive pills. For 19.90% of respondents, their family was their source of information, and a majority of participants (60.18%) had no source of information on family planning. 70.60% did not know about the priorities to be considered while choosing contraceptive methods. 9.95% of participants underwent tubal ligation whereas 5.70% of participants used IUDs. About 21.32% of study participants practised different contraceptive approaches, while 78.67% did not use any. **Conclusions:** A majority of the participants were uneducated and were unaware of family planning methods. As a result of poor awareness on family planning, the utilization of family planning methods was also limited. Even though a majority of the participants had a positive attitude towards it, the practice was found to be lacking.

Key words: Contraception, education, healthy spacing, IUDs, side effects

Introduction

Family planning refers to the planning of timing of birth, number of children, and a healthy spacing between consecutive births with the help of contraceptive methods. India is a highly populated country with 1.33 billion people. With 31% of unintended pregnancies, family planning is a matter of prior consideration. In 1951, India established its own National Family Welfare Policy intending to lower the birth rate to the level needed to sustain the population while still addressing the needs of the national economy.[1, 2]

Family planning deals with the reproductive health of women, health of their infants, preventing abortion, unwanted and adolescent pregnancies, reducing infant mortality rates, preventing sexually transmitted diseases, providing adequate spacing between the children, and overall improvement of quality of life of mother, infants, and family as a whole. Most women have the knowledge and positive attitude regarding family planning services and contraceptive usage. But contraceptive acceptance and practice were still lacking. Socio-demographic and non-socio-demographic factors such as social background, level of education, occupation, income, the gender of their children, religion, traditions, and culture were all interrelated with the awareness and acceptance of family planning methods. It will influence the beliefs and behaviour of women towards contraception.

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Contraceptive approaches are those strategies that are used in the prevention of pregnancy. They are of two types, artificial methods, and natural methods. Oral, transdermal, and vaginal ring contraception, injectable and implantable progestin, IUDs, condoms, spermicides, and diaphragms are among the artificial methods. The natural method includes the withdrawal, rhythm, and locational amenorrhea method.

Oral contraceptive pills can cause side effects such as changes in bleeding patterns, mood swings, weight gain, acne, nausea, breast tenderness, and abdominal pain. Vaginal rings, cervical caps, condoms, and diaphragms can cause irritation, redness, vaginitis, and vaginal discharge. Natural contraceptive methods are not associated with any side effects, but the contraceptive effectiveness is less. According to the National Family Health Survey, 56.3% of married women are not using any methods of contraception.[3, 4]

The prevalence rate of contraceptive use in Karnataka is 53%. Most women of reproductive-age have little knowledge and some may have incorrect information regarding family planning methods. Even though a majority of women are aware of different types of contraceptive methods, they do not know their benefits, where to buy them, how to use them, and what all side effects it produces. This produces a negative impact and acts as a barrier towards family planning services.[5, 6]

Presently, KAP (Knowledge, Attitude and Practice) study in this field is very important because more specific knowledge regarding the awareness and acceptance of family planning services can be surveyed, analysed, and a suitable program can be developed or modified for them. As a result, the current research was undertaken to examine the knowledge, attitude, and practice toward family planning among married women of reproductive age, as well as to see if any institutional initiatives can be planned to improve family planning facilities and practices.

Materials and Methods

The present study was a prospective observational study and was conducted for six months in a tertiary care health centre in North Karnataka with 211 participants. All married women of reproductive age admitted in hospital wards, visiting outpatient departments, pharmacies, laboratory, and bystanders of inpatients were included in the study. Women, who are divorced, widowed and those who were not willing to participate were excluded from the study. Data was collected by using a predesigned questionnaire form which mainly consists of details like patient demographics, knowledge, attitude, and practice of family planning. The ethical approval to conduct the study was obtained from the Institutional Ethical Committee of the study hospital. A three-part questionnaire form was designed for the collection of data. Section-1 deals with socio-demographic characteristics of respondents like age, education level, socioeconomic status, and marital status. Section 2 deals with answers to the questions based on contraceptive knowledge and attitude regarding family planning. Section 3 deals with the practice of family planning. The designed KAP questionnaire was validated by Cronbach's Alpha test of reliability. Descriptive variables such as mean and standard deviation were used to interpret the collected data. Microsoft Excel and Word were used to generate graphs and tables.

Results

The present study included 211 married women of reproductive age group. The mean age of the study participants was 29.06±6.41 years. The mean age at marriage was 19.64±2.20. The mean duration of marriage was 9.61±6.53, likewise, the mean value of parity was 2.44 ±1.07, and the mean gap between the last two children was 1.94±1.0 (Table 1).

In this study, data was collected from 211 women for assessment of knowledge, attitude, and practice towards family planning in married women of reproductive age group. Out of 211 participants, 152 (72.03%) were unaware and 40 (18.95%) responded that the uterus is the basic condition for human pregnancy. A total of 184 (87.20%) did not know about menstruation and 16 (7.58%) responded that the temperature rises during the menstrual period. Eighty-two (38.86%) participants knew about AIDS. Out of 211, 129 (61.13%) had no information regarding the sexually transmitted

Table 1: Demographics and Social Data (n=211)

Variables	Total number of participants	Percentage (%)	Mean and SD
1. Age distribution (in years)			Mean = 29.06 SD = 6.41
≤20	12	5.68	
21-25	56	26.54	
26-30	66	31.27	
31-35	45	21.32	
36-40	16	7.58	
≥41	16	7.58	
2. Age at marriage (in years)			Mean = 19.64 SD = 2.20
≤18	80	37.91	
19-25	125	59.24	
≥26	6	2.84	
3. Duration of marriage (in years)			Mean = 9.61 SD = 6.53
≤5	65	30.80	
6-10	68	32.22	
11-15	41	19.43	
16-20	22	10.42	
≥21	15	7.10	
4. Parity			Mean= 2.44 SD= 1.07
Nullipara	6	2.84	
Primipara	33	15.64	
Para 2	82	38.86	
Para 3	54	25.59	
Para 4	28	13.27	
Grand multipara	8	3.79	
5. Gap between 2 last children (in years)			Mean=1.94 SD=1.0
<1	2	1.16	
1-2	64	37.21	
2-4	90	52.33	
>4	16	9.30	
6. Type of family			–
Nuclear family	60	28.44	
Joint family	151	71.56	
7. Level of education			–
Primary	24	35.29	
Secondary	24	35.29	
Higher secondary	16	23.52	
Graduates and above	4	5.88	
8. Occupation			–
Housewife	125	59.52	
Agriculture	40	19.05	
Coolie/Skilled	42	20.00	
Professional	3	1.43	

disease. A total of 13 (6.16%) participants knew that blood transfusion is the way of transmission, 23 (10.90%) participants responded that unprotected sex is a cause, followed by 5 (2.37%) participants who responded that sharing contaminated needles can cause AIDS. However 80.57% of the participants did not know the way of transmission of AIDS.

Six (2.84%) participants thought women alone held the responsibility of contraception. A majority of the participants (86.73%) observed that both men and women were responsible for contraception. Around 10.43% of women were unaware of the responsibility for contraception. Almost 84.83% of participants did not know whether they can substitute regular contraception with emergency contraception, whereas 22 (10.43%) suggested that it can be used as a substitute and 10 (4.74%) suggested it cannot be used as a substitute. About 66.82% of participants mentioned that abortion causes a slight impact on pregnancy and 55 (26.06%) mentioned that it causes serious impact, followed by 7 (3.31%) participants uncertain about the impact. Only 8 participants (3.79%) mentioned that it does not cause any impact. 150 (71.09%) participants agreed that abortion has an impact on pregnancy, whereas 61 (28.90%) disagreed. Around 86.33% of participants did not use any contraceptive method on first sexual behaviour whereas 22 (13.66%) used it.

Table 2: Methods Used for Emergency Contraception (n=211)

Methods used for emergency contraception	Number of participants	Percentage (%)
Levonorgestrel tablets	12	5.68
Mifepristone	1	0.47
Intrauterine device	7	3.317
Vaginal douching	0	0
Don't know at all	191	90.52

Table 3: Source of Information (n=211)

Source of information	Number of participants	Percentage (%)
Popular science readings	0	0
Newspaper	3	1.42
Network	4	1.89
Radio and TV	2	0.94
Classmates and friends	12	5.68
Family	42	19.90
Family planning professionals	11	5.21
Medical staff	10	4.73
Don't know	127	60.18

Table 4: Priority Consideration of Choosing Contraceptive Methods (n=211)

Priority consideration of choosing contraceptive methods	Number of participants	Percentage (%)
Contraceptive effectiveness	35	16.6
The feeling of using contraceptive methods	0	0
The convenience of buying or using contraceptive tools	3	1.4
The safety of contraceptive methods	24	11.4
Don't know	149	70.6

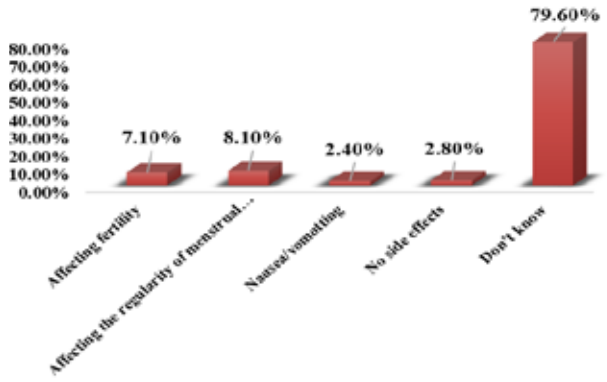

Fig 1: Knowledge on side effects of OCP's (n=211)

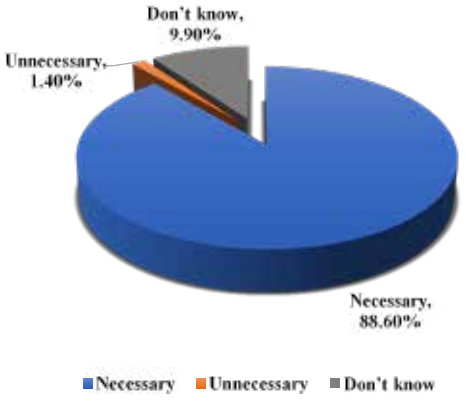

Fig 2: Attitude on the necessity of contraceptive knowledge (n=211)

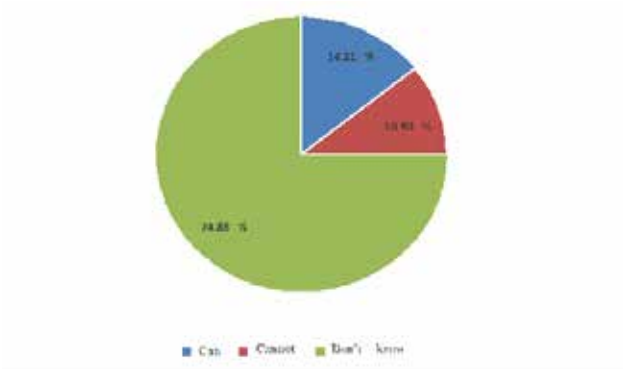

Fig 3: Attitude on achieving complete contraception by contraceptive method (n=211)

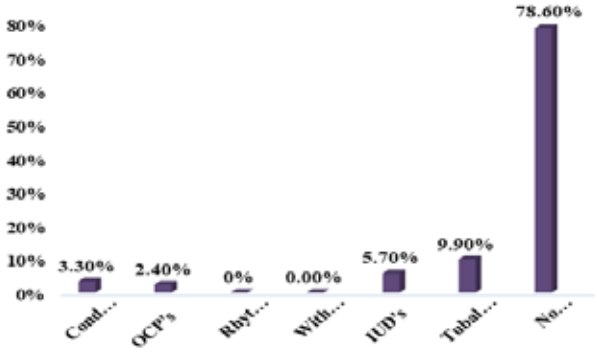

Fig 4: Ever used contraceptive methods (n=211)

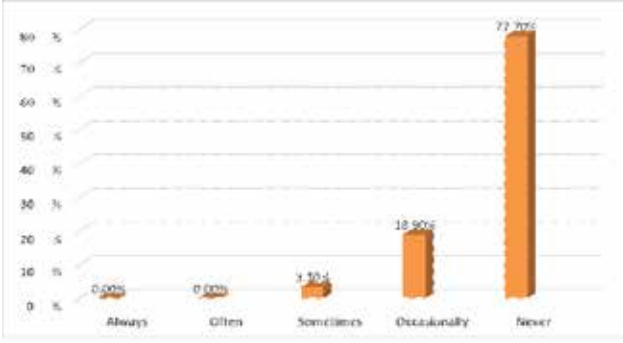

Fig 5: Frequency of contraceptive use (n= 211)

Discussion

A prospective observational study was carried out by collecting the data from 211 married women of reproductive age group using a predesigned questionnaire to access their knowledge, attitude, and practice towards family planning.

In this study, there was a significant association found between age, duration of the marriage, education status, occupation, socio-economic status, religion, and unmet need for contraception. Most of the participants were in the age group of 21-34 years. It was noticed that, with the advance in age, the adoption of family planning increases. The studies conducted by Pegu B et al., Shukla M et al., Parveen N et al., and Jahan U et al., also observed that most of the women fall in the age group of 21-34 years. [7, 8, 1, 10] Majority of women got married at the age of 19-25, and these values are almost similar to the findings of other studies.[1, 5, 12] Majority of the participants in this study belonged to a joint family and hence the observations of this study contradict to the previous study conducted by Sherpa S Z et al., in Udupi, where most of the participants belonged to a nuclear family.[5] Level of education was found very low in our study, which acts as a barrier for awareness and practice of family planning.

In the present research, the level of knowledge about family planning was comparatively low due to a lack of awareness among the public concerning family planning. The findings are similar to the study conducted by Mahawar P et al., on contraceptive knowledge, attitude, and practice in Bhopal, Madhya Pradesh in 2011, in which the data showed poor contraceptive knowledge among females.[13,14] These results contradict a 2009 study based on the understanding and use of contraceptives among Andhra Pradesh's Racha Koyas, which revealed that 81% had quite a good level of expertise on various contraceptive methods.[9,15,10] Twelve participants (5.69%) were aware of Levonorgestrel tablets and only 7 participants had information regarding the intrauterine device which is 3.32%. There were 191 (90.52%) participants who did not know of any contraception methods.

In the present study, the majority of the participants had no source of information regarding family planning. Only 19% of participants got information from the family. Contrasting findings were seen in a study conducted in the Peshawar district.[17] A research carried out in Ethiopia found that 80.3% of health workers led to the dissemination of contraceptive data.[18]

This finding contradicts the study conducted by Parveen N et al., in which results showed 30% acquired information from doctors and 27.6% from social media.[8, 9]

Only 35 participants (16.60%) suggested contraceptive effectiveness, followed by 24 (11.40%) who considered the safety of contraceptive methods, whereas 149 (70.60%) did not know about the priorities to be considered while choosing a contraceptive method.

In the present study, 21.32% of study participants practised different contraceptive methods, while 78.67% did not practice any. Similar findings were seen in a study conducted by Prachi et al., where 44.6% did not use any method of contraception.[11], [10, 20] In contrast, the studies done by Parveen N et al., Ramaiah R et al., and Upadhayay A et al., showed higher practice compared to our study.[8, 9, 21]

The majority of the participants were oblivious to the side effects of oral contraceptive pills. This result was found contrary to the results of studies conducted by Parveen N et al., Ramaiah R et al., Thapa P et al., and Lincoln J et al.[1, 8, 22, 16]

In the present study, study participants showed a positive attitude. Almost 88.63% of participants responded that contraceptive knowledge is necessary and 21 (9.95%) participants were unaware of the necessity of contraception. In 2007, a report on knowledge, attitude, and practice of family planning in Tezu village, Manipur, India, showed that the majority of people had a positive attitude toward family planning.[19] In a study conducted in Karnataka, 152 (76%) study participants showed a positive attitude towards family planning.[9]

Only 30 (14.21%) participants mentioned that they can achieve complete contraception through contraceptive methods and 23 (10.90%) mentioned it is not possible. The majority of them, that is, 158 participants (74.88%) did not know whether they could achieve complete contraception by using contraceptive methods.

In the present study, 21.32% of study participants practised different contraceptive methods, while 78.67% did not practice any contraceptive method. Similar findings were seen in a study conducted by Prachi et al., where 44.6% did not use any method of contraception.[11, 10, 20] In contrast, the studies done by Parveen N et al., Ramaiah R et al., and Upadhayay A et al., showed higher practice compared to our study.[8, 9, 21]

Majority of the women, 164 (77.72%) never used any contraceptive method followed by 40 (18.96%) participants who selected it occasionally.

To conclude, majority of the participants were illiterate and were unaware of family planning methods. As a result of the poor level of knowledge about family planning, the use of different modes of family planning was also low. Even though the majority of participants had a positive attitude, the participants were not able to bring the knowledge into the day-to-day activities or to practice in routine life.

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Conflicts of Interest

The authors declared that they have no conflict of interests.

References

1. Jahan U, Verma K, Gupta S, Gupta R, Mahour S, Kirthi N, et al. Awareness, attitude and practice of family planning methods in a tertiary care hospital, Uttar Pradesh, India. Int J Reprod Contracept Obstet Gynecol. 2017;6(2):500-6.
2. Bhat PNM, Arnold F, Gupta K, Kishor S, Parasuraman S, Arokiasamy P, et al. Family planning in NFHS-3. International Institute for Population Sciences (IIPS) and Macro International. National Family Health Survey (NFHS-3).2005-06: India. Mumbai: 2007;1:111-57.
3. Gupta V, Mohapatra D, Kumar V. Family planning knowledge, attitude and practices among the currently married women (aged 15-45) in an urban area of Rohtak district, Haryana. Int J Med Sci Public Health. 2016;5(4):627-32.
4. Iips I. National Family Health Survey (NFHS-4), 2015–16. International Institute for Population Sciences (IIPS) and Macro International, Mumbai, India. 2017.
5. Sherpa SZ, Sheilini M, Nayak A. Knowledge, attitude, practice and preferences of contraceptive methods in Udupi district, Karnataka. J Fam Reprod Health. 2013; 7(3):115- 20.
6. Kasa A S, Tarekegn M, Embiale N. Knowledge, attitude and practice towards family planning among reproductive age women in a resource limited settings of Northwest Ethiopia. BMC Res Notes. 2018;11(1):577-82.
7. Shukla M, Fonseca M, Deshmukh P. A study on contraceptive knowledge, attitude and practices among women in the reproductive age group. Int J Reprod Contracept Obstet Gynecol. 2017;6(8):3560-3.
8. Parveen N, AlShammari BH, AlRashedy LA, Fahad AB, AlRashed TA, AlDuhaim MS. Contraceptive awareness in reproductive aged Saudi women of Hail region. Saudi Med J. 2017;2(2):57-2.
9. Ramaiah R, Jayarama S. Contraceptive knowledge, attitude and practice among married women of reproductive age group in a rural area of Karnataka; a cross sectional study. Int J Community Med Public Health. 2017;4(5):1733-6.
10. Pegu B, Gaur BP, Sharma N, Singh AS. Knowledge, attitude and practices of contraception among married women. Int J Reprod Contracept Obstet Gynecol. 2014; 3(2): 385-8.
11. Prachi R, Das GS, Ankur B, Shipra J, Binita K. A study of knowledge, attitude and practice of family planning among the women of reproductive age group in Sikkim. J Obstet Gynecol India. 2008;58(1): 63-7.
12. Qazi M, Saqib N, Gupta S. Knowledge, attitude and practice of family planning among women of reproductive age group attending outpatient department in a tertiary centre of Northern India. Int J Reprod Contracept Obstet Gynecol. 2019;8(5):1775-83.
13. Mahawar P, Anand S, Raghunath D, Dixit S. Contraceptive knowledge, attitude and practices in mothers of infant: a cross-sectional study. Natl J Community Med. 2011;2: 105-7.
14. Wani RT, Rashid I, Nabi SS, Dar H. Knowledge, attitude, and practice of family planning services among healthcare workers in Kashmir- A cross-sectional study. J Family Med Prim Care. 2019; 8(4):1319- 25.
15. Rao PD, Babu MS. Knowledge and use of contraception among Racha Koyas of Andhra Pradesh. Anthropol. 2005;7(2):115-9.
16. Lincoln J, Mohammadnezhad M, Khan S. Knowledge, Attitudes and Practices of Family Planning Among Women of Reproductive Age in Suva, Fiji in 2017. J Women's Health Care. 2018;7(3):431.

17. Sultan K, Younus S. Mass media and family planning: Understanding the effects of television in innovation-decision process of health communication in district Peshawar. KUST Med J. 2010;2(2):58-63.
18. Senbeto E. A Study on Knowledge, Attitude, Practice and Quality of Care in Family Planning at Dessie Zuria District. J Ethiop Med Pract. 2001;3(2):70-6.
19. Mao J. Knowledge, attitude and practice of family planning: A study of Tezu village, Manipur (India). Internet J Biol Anthropol2007;1(1): 45-52.
20. Srivastava R, Srivastava DK, Jina R, Srivastava K, Sharma N, Sana S. Contraceptive knowledge, attitude and practice (KAP Survey). J Obstet Gynecol India. 2005;55(6):546-50.
21. Upadhayay A, Shah SK, Thapa DK, TS Sanal, Ghimire R, Dahal HR. Knowledge, Attitude and Practice of Family Planning Method Among Married Women of Reproductive Age Group in Earth Quake Displaced Population of Sindupalchok District, Nepal. Am J Public Health Res. 2017;5(1):1-5.
22. Thapa P, Pokharel N, Shrestha M. Knowledge, attitude and practices of contraception among the married women of reproductive age group in selected wards of Dharan Sub-Metropolitan City. J Contracept Stud. 2018;3(3):18-22.