

Original Research Article

Knowledge, Attitude and Practice of Married Women on the Use of Contraceptives

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ABSTRACT

Reproductive health is projected to be the future of a country and its foundation is built on the family planning practices of the society. Birth spacing by using suitable contraceptives is the key component to control the ever increasing population and preserves human resources so that man does not become a burden on the rest of mankind.

Objectives of the study:

1. To assess the knowledge, attitude and practice of married women regarding the use of contraceptives.
2. To find the relationship between knowledge, attitude and practice
3. To find the association between knowledge, attitude and practice of contraceptives and selected baseline variables.

Methodology: A descriptive survey was adopted. 200 married women were selected using purposive sampling. After obtaining a written informed consent, the women were administered a structured knowledge questionnaire, a attitude rating scale, and a practice rating scale. The data was tabulated and analysed using descriptive and inferential statistics.

Findings:

1. Nearly half of the respondents were married for 1 to 5 years and 21% for less than 1 year.
2. Less than half of the women had not used contraceptives
3. Most of the women had an average knowledge and the attitude of most of them was favorable towards the use of contraceptives.
4. Majority of the sample were found to have good practice of contraceptive use.
5. There was a positive correlation found between knowledge and attitude ($r=0.14$, $p<0.05$) and knowledge and practice ($r=0.309$, $p<0.05$)

Interpretation and Conclusion: The findings revealed that the knowledge, attitude and practice were in line with the existing knowledge of married women. The focus in improving the methods of family planning should be strengthened so that the acceptance rate is improved.

Key words: Contraceptives; married women; knowledge; attitude; practice; family planning.

INTRODUCTION

Family planning is a historical category, typical of human community since

its genesis up to modern age. ^[1] Humans are the only species endowed with the right to self determination of propagation of their

own kind. However they have used remarkable indiscretion in use of this right to propagation thereby necessitating the invention of measures for controlling this unique 'gift of God'. Accepting this challenge, science and modern technology has been introducing newer and better ways to deal with the by-product of the 'original sin.' [2]

Women remain one of the most under-served segments of the Indian population. An alarming number of women who want to space or limit their families currently do not have access to or cannot afford to use appropriate means to do so. [3] Although India is the first country to launch a family planning programme across the country in 1952; records show that birth control clinics have been functioning in the country since 1930. Unfortunately, it has lagged behind many countries in family planning because of its vast population with various castes, religions, illiteracy, poverty, ignorance, strong cultural beliefs, etc. [4]

Reduction in the rates of maternal and child mortality as well as in demographic growth are directly linked to contraceptive usage. The development and availability of safer, improved contraceptives which are convenient to use could be expected to be used by a larger group of individuals and thus make an impact on the reproductive health as well as on population growth rates. [5]

Contraceptives provide a safe and effective method and more than 50 percent of married women of the reproductive age worldwide use it. Contraceptives are low cost and low maintenance method is rendered in its use. While many studies have tried to investigate women's knowledge, attitude and practice regarding contraceptives these issues have proven difficult to measure. Estimates of how much women know about contraceptives vary greatly. [6]

The investigator has come across married women who were using contraceptives of various forms but had varying degrees of knowledge on its use. Though attitude differed, the women had a regular use of contraceptives. This prompted the investigator to undertake a study to determine the knowledge, attitude and practice of married women on the use of contraceptives.

Objectives

1. To assess the knowledge, attitude and practice of married women regarding the use of contraceptives.
2. To find the relationship between knowledge, attitude and practice of married women regarding the use of contraceptives.
3. To find the association between knowledge, attitude and practice of married women regarding the use of contraceptives and selected baseline variables.

MATERIALS AND METHODS

The descriptive survey approach had been used in view of accomplishing the main objective of the study. A survey design was adopted to study the variables. 200 married women were selected using purposive sampling after they fulfilled the prescribed criteria.

Inclusion criteria: Married women who were

- in the reproductive age group of 18 to 42 years.
- living with their husbands.
- attending antenatal clinics in the hospital.
- may or may not use contraceptives to space their pregnancies.
- may or may not have children.

Exclusion criteria: Married women who were

- beyond the age of 42 years.
- health care professionals.

Data collection instruments:

Tool 1: Baseline proforma on variables like age, education, religion, family income per month, employment status, duration of married life, duration of use of contraceptives, number of children, source of information and type of family

Tool 2: Structured knowledge questionnaire consisted of 42 items to assess the knowledge of married women on the use of contraceptives. The areas were as follows

1. Anatomy and physiology of the male and female reproductive system - 9 items
2. Meaning of contraceptives – 3 items
3. Types of contraceptives
 - a. Condoms – 5 items
 - b. Copper-T – 6 items
 - c. Oral pills – 9 items
 - d. Emergency oral pills – 4 items
 - e. Natural methods – 6 items

Tool 3: Rating scale consisted of 17 items to assess the attitude of married women towards the use of contraceptives. The areas assessed were as follows

1. Physical – 8 items
2. Emotional – 7 items
3. Social – 2 items

Tool 4: Rating scale to assess the practice of contraceptive use by married women consisted of 36 items in five sections

Section 1: Condoms (by husband)-14 items

Section 2: Oral pills – 6 items

Section 3: Emergency oral pills - 5 items

Section 4: Copper-T – 5 items

Section 5: Natural method – 6 items

Data collection process: Data was collected at the OBG Out Patient Department after obtaining permission from the Administrator of the hospital. The samples were selected based on the sampling criteria and using purposive sampling 200 married women were selected for the study. The purpose of the study was explained to them in the language they understood. A written consent

was obtained and confidentiality was assured. The women were made comfortable in a classroom located near to the Out Patient Department and their attendants were asked to wait in the waiting lounge. The women were administered the structured knowledge questionnaire, attitude rating scale and practice rating scale after obtaining their consent. The women took approximately 30 minutes to complete the questionnaire.

Data Analysis: Data was analysed using descriptive and inferential statistics. Frequency and percentage distribution was used to summarise the baseline data. Mean, standard deviation and mean score percentage were used to assess the knowledge, attitude and practice of use of contraceptives by married women. Karl Pearson's Correlation Coefficient was used to measure the relationship between the variables and Chi-Square test was used to find the association between the variables and the baseline items.

RESULTS

Section I: Description of the demographic proforma of the married women: After the analysis, it was found that majority (35%) of the women were in the age group of 22 to 26 years; most (30.5%) of them has Pre-university education and more than half (57.5%) were unemployed. There were almost equal number of Hindus (37.5%) and Christian (36%) women as compared to Muslim (25%) women and more than half (53.5%) belonged to joint families. The family income of most (30.5%) of women was more than ₹5000. Nearly half (48.5%) of the women were married for 1 to 5 years and majority (45%) had not used contraceptives at all. It was also noted that more (56%) of the women did not have children. Most of the women had received information on contraceptives through health personnel (29.5%) and literature

(27.5). The detail information is displayed in Table 1.

Table 1: Frequency and Percentage distribution of the characteristics of the women N = 200

Variables	Frequency	Percentage
1. Age in years		
a. 18 – 22	44	22.0
b. 22 – 26	70	35.0
c. 26 – 30	49	24.5
d. 30 – 34	18	9.0
e. 34 – 38	14	7.0
f. 38 – 42	5	2.5
2. Education		
a. Primary	16	8.0
b. Secondary	42	21.0
c. PUC	61	30.5
d. Graduate	48	24.0
e. Other	33	16.5
3. Religion		
a. Hindu	75	37.5
b. Muslim	50	25.0
c. Christian	72	36.0
d. Other	3	1.5
4. Income (in Rupees)		
a. < 2,000	47	23.5
b. 2,001 – 3,000	27	13.5
c. 3,001 – 4,000	24	12.0
d. 4,001 – 5,000	41	20.5
e. > 5,001	61	30.5
5. Employment status		
a. Employed	85	42.5
b. Unemployed	115	57.5
6. Married life		
a. < 1 year	42	21.0
b. 1 – 5 years	97	48.5
c. 5 – 10 years	38	19.0
d. > 10 years	23	11.5
7. Use of contraceptives		
a. < 1 year	55	27.5
b. 1 – 5 years	40	20.0
c. 5 – 10 years	13	6.5
d. 10 years	2	1.0
e. Do not use contraceptives	90	45.0
8. Number of children		
a. More than 1 child	20	10.0
b. Only child	68	34.0
c. No children	112	56.0
9. Source of information		
a. Health personnel	59	29.5
b. Mass media	45	22.5
c. Friends	41	20.5
d. Reading literature	55	27.5
10. Type of family		
a. Joint family	107	53.5
b. Nuclear family	93	46.5

Section II: Assessment of knowledge of married women on the use of contraceptives: It was found that the knowledge score of 25.5% married women

was in the range 15 to 19 and least (4.5%) women scored in the range 30 to 34. Most of the women had average (81%) and poor (79%) knowledge on the use of contraceptives. Very few (4%) had excellent knowledge. The married women had good knowledge (61.72%) on anatomy and physiology of the male and female reproductive system and average knowledge (50%) on meaning of contraceptives. Their knowledge was poor on condoms (35.9%), oral pills (32.5%), Copper-T (36%), emergency oral pills (35.88%) and natural method (38.67%). The overall knowledge of the women on contraceptives was poor (42.37%).

Section III: Assessment of attitude of married women regarding the use of contraceptives: Almost (94%) all the women had a favourable attitude the use of contraceptives. The women had a favourable attitude regarding the use of contraceptives as reflected by the overall mean percentage score (67.85%) and area-wise mean percentage scores as depicted in Table 2.

Table 2: Area-wise maximum score, mean, standard deviation and mean percentage score of attitude scale N = 200

Area	Maximum	Mean	Standard deviation	Mean percentage
Physical	40	26.02	4.65	65.04
Emotional	35	24.71	5.52	70.60
Social	10	6.95	1.80	69.45
Total	85	57.67	9.48	67.85

Section IV: Assessment of practice of contraceptive use by married women: The findings revealed that most of the women (82%) had good practice and only 18% had poor practice of contraceptive use. It was found that 41.5% married women followed the natural method and had good practice; 35.5% of the women preferred their husbands using condoms, but only 17.5 % reported to have good practice; 15% used oral pills and they had good practice; 1.50% women using emergency oral pills were also found to have good practice and Copper-T

was used by only 6.5% women who had good practice. From Table 3, it can be seen that the mean percentage practice score of

married women on the type of contraceptive selected and used by them was more than 50 reflecting that their practice was good.

Table 3: Area-wise maximum score, mean, standard deviation and mean percentage practice score of married women regarding type of contraceptive selected and used by them. N = 200

Area	No. of subjects	Maximum score	Mean	Standard deviation	Mean percentage
Condom	71	70	48.92	13.87	69.88
Copper-T	13	25	22.20	4.72	88.80
Oral pills	30	30	19.33	8.14	64.44
Emergency oral pills	3	25	17.92	5.48	71.69
Natural method	83	30	21.34	5.83	71.12

Section V: Relationship between knowledge and attitude score of married women regarding the use of contraceptives: There was positive correlation between knowledge and attitude ($r=0.14$, $p<0.05$) of married women regarding the use of contraceptives.

Section VI: Relationship between knowledge and practice score of married women regarding the use of contraceptives: There was positive correlation between knowledge and practice ($r=0.309$, $p<0.05$) of married women regarding the use of contraceptives.

Section VII: Relationship between attitude and practice score of married women regarding the use of contraceptives: There was no significant correlation between attitude and practice score ($r=0.042$, $p<0.05$) of married women regarding the use of contraceptives.

Section VIII: Association between knowledge score and baseline variables: The findings in the study discovered that there was no significant association between knowledge of contraceptive use and variables like income, employment status,

duration of married life, and duration of contraceptive use..

Section IX: Association between attitude score and baseline variables: There was no significant association between attitude and variables like age, education, religion, income, and duration of married life.

Section X: Association between practice score and selected baseline variables: There was no significant association between practice score and selected variables like education, religion, income, and employment status.

Section XI: Religion-wise distribution of use of contraceptives: The present study divulged that majority (16.5%) of the Hindu women reported that their husbands used condoms and the majority of Christians (19.5%) and Muslims (11%) followed natural method. The use of condoms by the husbands was found to be comparatively higher among Christians (11%) and Muslims (16%). Copper-T usage was mainly used among the Muslim community. The detailed information is seen in Table 4.

Table 4: Religion-wise distribution of the selection and use of contraceptives by the married women N = 200

Type of contraceptive	Religion							
	Hindu		Muslim		Christian		Others	
	f	%	f	%	f	%	f	%
Condoms	33	16.5	16	8.0	22	11.0	-	-
Oral pills	17	8.5	4	2.0	9	4.5	-	-
Emergency oral pills	2	1.0	-	-	1	0.5	-	-
Copper-T	4	2.0	8	4.0	1	0.5	-	-
Natural method	19	9.5	22	11.0	39	19.5	3	1.5

Section XII: *Distribution of knowledge scores, attitude scores and practice scores of married women according to their selection and use of contraceptives:* The data disclosed that 42.3% of married women whose husbands used condoms had poor knowledge on contraceptives and only 2.8% had excellent knowledge. Among those using oral pills, 43.3% women had average knowledge on contraceptives, and 20% had a good knowledge. More than half (53.8%) of the Copper-T users had poor knowledge but there was equal percentage (7.7%) that had good and excellent knowledge. Nearly half (45.8%) of women following natural method had average knowledge and 38.6% had poor knowledge.

Section XIII: *Distribution of attitude scores of married women according to their selection and use of contraceptives:* There was a favourable (100%) attitude among the users of Copper-T and emergency oral pills. Only 5.6% married women whose husbands used condom had an unfavourable attitude towards contraceptives as compared to 94.4% who had a favourable attitude. Among the married women who followed natural method, 91.6% had a favourable attitude and 8.4% had an unfavourable attitude.

Section XIV: *Distribution of practice scores of women according to their use of contraceptives:* All the women using Copper-T, Oral Pills, emergency oral pills and following natural method had good practice (100%). Among the women whose husbands used condoms, about half of the women (50.7%) had poor practice and 49.3% had good practice.

DISCUSSION

In this study, the investigator selected married women to assess their knowledge, attitude and practice on the use of contraceptives like the other investigators who have also selected women as their

samples for the study. [7-12] There are other studies where the investigators have selected married men to assess the knowledge, attitude and practices on the use of contraceptives and family planning. [13,15]

There are similar findings were found in a study where the women were in the age group of 20-25 years. [9] This indicates that women of the younger age group are usually selected as sample for studies conducted on contraceptives.

Not many Muslim participants could be selected as most of them were illiterate or had an education below 3rd standard. It was found in a study that the majority (89.4%) were Hindus followed by Muslims (9%) and Christians (1.5). [11]

Most of the participants were graduates; which is supported by the findings in a studies where 46.7% were graduates [13] and the women had a minimum of high school education. [14]

Nearly one-third of the women (30.5%) had a monthly income of more than ₹.5,000. These findings are supported by studies where majority of the families' monthly income was ₹.3,500 [15] and more than half (62%) were in the upper lower socioeconomic. [10]

More than half of the women were unemployed and it is consistent with other study findings where the women (87.1%) were unemployed and were homemakers. [11]

Nearly half of the women were married for 1-5 years and it also revealed that less than half of the samples were not using contraceptives. It has been already found that most women do not regularly use contraceptives. [12]

More than half of the women were nulliparous whereas in a study, 30% of the women coming for MTP had one living child, 65% had two and 5% had three living children. [16]

Most of the women are aware of contraception through advices and talks

from health personnel and studies have proved that health personnel are a main source of information next only to mass media and friends. [17] Though previous studies have revealed that women belonged to nuclear families, [15] most of the women in the present study belonged to joint families.

Assessment of knowledge on the use of contraceptives: In this study, most of the women had average knowledge scores. Similarly, the women had very poor knowledge on use of contraceptives. These results are consistent with the findings of a study where most of the interviewees (88.8%) estimated their knowledge about contraceptives as satisfactory. [1] The overall knowledge scores of the married women was poor which corresponds to the findings [18] which concludes that women have minimal knowledge on contraception

Assessment of attitude regarding the use of contraceptives: In this present study, the findings revealed that overall there was a favourable attitude towards the use of contraceptives. These findings are consistent with that of a similar study where 60% approved the use of family planning. [9,19]

Assessment of practice of contraceptive use by married women: Majority (82%) of the married women had good practice compared to a very small percentage (18%) that had poor practice of the use of contraceptives. The supportive findings of the study reveal that among those women who had knowledge of birth control devices, more than half of them use practiced them. [20]

Distribution of married women according to the type of contraceptive selected and used by them: According to the study findings, there was almost a consistency in those who practiced natural method and condom use by husbands. Studies have shown that condom is use is most popular.

[21] About 47.73% women were not using contraception. [12]

Area-wise maximum score, mean, standard deviation and mean percentage score of practice rating scale of married women on the type of contraceptive selected and used by them:

The mean percentage practice score of married women on the type of contraceptive selected and used by them was more than 50 reflecting that their practice was good; which is almost similar to findings in another study which revealed the good knowledge of women on temporary methods of contraception. [22]

Relationship between knowledge, attitude and practice of contraceptive use: The findings of other studies support the findings of this study that there is a strong relationship between knowledge and attitude. [7] It can be inferred that when the knowledge is improved, a favourable attitude is developed and also the practice of contraceptive use is also good. There are chances that though the knowledge is improved, the attitude is unfavourable and the practice is good.

Association between knowledge scores and baseline variables: It was found in a study the findings of which were consistent with the present study that there was no significant association of knowledge of family planning methods with selected demographic variables like type of family, area of residence, number of children, education, employment and monthly income. [14]

Association between attitude scores and practice scores and baseline variables: There was no significant association between the attitude score and practice scores and baseline which suggests that attitude and practice of the women on use of contraception is independent of their lifestyle characteristics.

CONCLUSION

The findings of the study display the ambivalence of Indian women toward the use of contraceptives. The time has come when health professionals should begin to learn the extent of the knowledge level of women on contraceptives and thereby adopt appropriate measures to develop a favourable attitude towards the effective use of contraceptives. The nursing personnel need to plan for effective teaching of contraception at the community and institutional level also and for the younger generation at schools and colleges. The workers at the peripheral levels must be updated and motivated on promoting contraception through training sessions. Nurses should be motivated to work at Family Welfare Clinics and also encouraged to provide door to door services regarding reproductive health and contraception. Pamphlets or posters on small family norms, contraception, women's health, and parenthood must be displayed at the Out Patient Departments and maternity wards. Much more information on contraception can be elicited by conducting researches on role of married men in contraceptive use; a comparison between married women and unmarried girls; exploring the use of emergency pills, premarital sex and contraceptives. In order that women make the best use of contraception, they should have the necessary knowledge and attitude so that they can practice contraception effectively, thus achieving womanhood through a happy motherhood.

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