

Contraceptive Knowledge, Attitude and Practice Among Eligible Couples of Rural Haryana

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Abstract

Objective: To assess the knowledge, attitude regarding family planning and the practice of contraceptives among eligible couples of rural Haryana. **Study Design:** Cross-sectional. **Setting:** Agroha village. **Participants:** 250 eligible couples. **Methodology:** The primary tool in this study was predesigned and pretested questionnaire for recording of individual informations. **Result:** The knowledge about one or more methods of contraception, particularly modern contraceptive methods was 95.0%, being 95.6% among males and 94.4% among females. The knowledge about traditional methods of contraception was 72.0% in males and 46.4% in females. The most common source of knowledge for all couples in general was the "Exposure to family planning messages" (72.0%) followed by discussion with doctors and other health care workers (42.6%). Sex-wise, the most common source of knowledge for males as well as females was "Exposure to family planning messages" (75.2% and 68.8% respectively). Of 250 interviewed couples, 148 (59.2%) were practicing different contraceptive methods. Completion of family was found to be the most common reason for using contraception (81.1%). Fertility related reasons (45.1%) followed by husband's opposition (28.4%) were the common reasons for not using contraception. Positive attitude for contraception was shown by 198 (79.2%) females and 158 (63.2%) males. **Conclusion:** The study reveals good knowledge and favourable attitude of rural couples towards contraception. The study also highlights that awareness does not always lead to the use of contraceptives. A lot of educational and motivational activities and improvement in family planning services are needed to promote the use of contraceptives and reduce the high fertility rate.

INTRODUCTION

India was the first country in the world to formulate the national family planning program in the year 1952 with the objective of "reducing the birth rate of the extent necessary to stabilize the population at a level consistent with requirement of National economy"¹. One of the main objective of the programme is to spread the knowledge of family planning methods and develop among the people an attitude favourable for adoption of contraceptive methods. The progress achieved in this sphere is normally assessed from the result of Knowledge, Attitude and Practice (KAP) Survey². Despite the fact that contraceptive usage has increased over a period of time, there exists a KAP- gap i.e. a gap between the knowledge, attitude and practices regarding contraception^{3,4}. In a developing country like India, over population is a major concern. Despite progress resulting from making contraception widely available, there is poor acceptance of contraceptive methods either due to

ignorance or fear of complications using them^{5,6,7,8}.

Inadequate knowledge about contraceptive methods and incomplete or erroneous information about their use or where to procure them are the main reasons for not accepting family planning. Keeping all the facts in view this study was carried out to assess the knowledge, attitude and practice of contraceptive methods among eligible couples in rural area of Haryana.

MATERIALS AND METHODS

The present cross-sectional, observational study was carried out from Nov 2008 to Feb 2009 among 260 randomly selected eligible couples out of a total of 1340 eligible couples residing in Agroha village of Hisar distt., which is the Rural Field practice area of the Department of Community Medicine, Maharaja Agrasen Medical Institute of Education and Research, Agroha, Hisar (Haryana). Two hundred and fifty (250) willing couples were interviewed, based upon a pre-designed and pre-tested questionnaire. The

questionnaire elicited information regarding their age, educational status, income, knowledge and source of contraceptive methods, practicing of either male or female family planning methods. Women and men were asked about their knowledge regarding different methods of contraception. Information on knowledge of contraception was collected in two ways. First, respondents were asked to spontaneously mention all the methods of contraception that they had heard of. For methods not mentioned spontaneously, the interviewer described the method and probed for whether the respondent recognized it. Information was collected on the knowledge of female and male sterilization, the pill, the IUD, injectables, male condoms, female condoms, emergency contraception, and any traditional method. The social class of the sample group was determined by modified BG Prasad's classification⁹ (2008). The data was collected by the Interns who were extensively trained for data collection and the survey was conducted under the guidance of the authors. Descriptive analysis was conducted to describe the results in percentages.

RESULTS

Table-1 shows the socio-demographic characteristics of the study population.

Figure 1

Table 1: Socio-demographic characteristics of the study population

Socio-demographic characteristics	Women (n=250)	Men (n=250)	Total (n=500)
Age Group (years)			
15 – 24 yrs.	60 (24.0)	48 (19.2)	108 (21.6)
25 – 34 yrs.	110 (44.0)	117 (46.8)	227 (45.4)
35 – 44 yrs.	80 (32.0)	85 (34.0)	165 (33.0)
Literacy status			
Illiterate	65 (26.0)	47 (18.8)	112 (22.4)
Primary School Complete	60 (24.0)	65 (26)	125 (25.0)
Middle School Complete	85 (34.0)	66 (26.4)	151 (30.2)
High School Complete & above	40 (16.0)	72 (28.8)	112 (22.4)
Caste			
SC	50 (20.0)	50 (20.0)	100 (20.0)
OBC	86 (34.4)	86 (34.4)	172 (34.4)
Others	114 (45.6)	114 (45.6)	228 (45.6)
Type of Family			
Nuclear	100 (40.0)	100 (40.0)	200 (40.0)
Joint	150 (60.0)	150 (60.0)	300 (60.0)
Social Class (Modified B.G Prasad's classification)			
I	42 (16.8)	42 (16.8)	84 (16.8)
II	48 (19.2)	48 (19.2)	96 (19.2)
III ^{a1}	38 (15.2)	38 (15.2)	76 (15.2)
IV ^{a2}	42 (16.8)	42 (16.8)	84 (16.8)
V	80 (32.0)	80 (32.0)	160 (32.0)

Note: Figures in parenthesis indicate percentages.

The knowledge about one or more methods of contraception, particularly modern contraceptive methods was 95.0%, being 95.6% among males and 94.4% among females. The knowledge about traditional methods of contraception was 72.0% in males and 46.4% in females (Table 2).

Figure 2

Table 2: Knowledge of Contraceptive Methods (Multiple Response)

Contraceptive method	Women (n=250)		Men (n=250)		Total (n=500)	
	No.	%	No.	%	No.	%
Any Method	240	96.0	246	98.4	486	97.2
Any Modern Method	236	94.4	239	95.6	475	95.0
Female sterilisation	230	92.0	236	94.4	466	93.2
Male sterilisation	199	79.6	232	92.8	431	86.2
Oral Pills	226	90.4	208	83.2	434	86.8
IUCD	206	82.4	182	72.8	388	77.6
Injectables	98	39.2	96	38.4	194	38.8
Condom	210	84.0	246	98.4	456	91.2
Female Condom	7	2.8	22	8.8	29	5.8
Emergency Contraception	27	10.8	55	22.0	82	16.4
Any Traditional Method	124	49.6	180	72.0	304	60.8

Most common source of knowledge for all couples in general was the “Exposure to family planning messages” (72.0%) followed by discussion with doctors and other health care workers (42.6%). Sex-wise, the most common source of knowledge for males as well as females was “Exposure to family planning messages”(75.2% and 68.8% respectively) (Table 3).

Figure 3

Table 3: Source of Knowledge of Family Planning Methods (Multiple Response)

Source of Knowledge	Women (n=250)		Men (n=250)		Total (n=500)	
	No.	%	No.	%	No.	%
Exposure to family planning message (Mass Media)	172	68.8	188	75.2	360	72.0
Discussion with friends/relatives / spouse	62	24.8	46	18.4	108	21.6
Discussion with doctor/ other health care worker	115	46.0	98	39.2	213	42.6

Of 250 interviewed couples, 148 (59.2%) were practicing different contraceptive methods. Completion of family was found to be the most common reason for using contraception (81.1%) and fertility related reasons (45.1%) followed by husband’s opposition (28.4%) were the common reasons for not using contraception (Table 4).

Figure 4

Table 4: Practices of Contraception

Contraceptive methods in users	Users (N=148)	Percent
Male sterilization	0	0.0
Female sterilization	115	46.0
Condoms	14	5.6
Oral pills	4	1.6
IUCDs	15	6.0
Reasons for using contraceptives Users=148		
Completed their families	120	81.1
Spacing of births	22	14.9
Economical problems	6	4.0
Reasons for not using contraceptives Non Users= 102		
Fertility related reasons	46	45.1
• Need more children	32	31.3
• Need male child	14	13.7
Husband opposition	29	28.4
Fear of side effects	21	20.6
lack of knowledge	6	5.9

Table-5 shows the attitude of males and females towards contraception. Positive attitude for contraception was shown by 198 (79.2%) females and 158 (63.2%) males.

Figure 5

Table 5: Attitude towards contraception

Attitude for contraception	Total=250 n (%)	Users=148 n (%)	Non users=102 n (%)
Females			
Approval	198 (79.2)	130 (87.8)	68 (66.7)
Disapproval	52 (20.8)	18 (12.2)	34 (33.3)
Males			
Approval	158 (63.2)	132 (89.2)	26 (25.5)
Disapproval	92 (36.8)	16 (10.8)	76 (74.5)

DISCUSSION

Family planning is defined by WHO as, “a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes and responsible decisions by individuals and couples, in order to promote the health and welfare of family groups and thus contribute effectively to the social development of a country”.

The widespread adoption of family planning, in a society, is an integral component of modern development and is essential for the integration of women into social and

economic life. The present study aimed to assess the knowledge, attitude and practice of family planning methods to enhance the contraceptive practice in the rural community in future. Results showed that the overall knowledge about any method of contraception was 97.2% (98.4% in men and 96.0% in women). The findings are similar to prevalence of knowledge (98.2% in men & 97.7% in women) reported by NFHS-III (2005-06)¹⁰ and slightly lower than the findings of Takkar et al¹¹ (100%), but higher than 78.8%, 75.0%, 73.5% & 95.0% as reported by Jain et al¹², Kumar et al¹³, Chandhick et al¹⁴ and Patro et al¹⁵ respectively. The knowledge was higher for female sterilization (93.2%) and low for spacing methods (86.8%, 77.6%, & 91.2% for Oral Pills, IUCD, & Condom respectively) and male sterilization (86.2%). Jain et al¹² reported highest knowledge for condoms (55.6%) followed by female sterilisation (55.4%) in rural area of Meerut which may be due to differences in educational and socio-economic background.

Exposure to family planning messages through media play an important role in increasing the use of family planning methods especially in those areas where literacy level is low. Fikree et al¹⁶ stated that women were more likely to use contraceptives when messages of family planning were delivered through media. In the present study, exposure to family planning messages (72.0%) followed by health personnel (42.6%) and social circle (discussion with friends/relatives/spouse) (14.8%) have contributed to impart knowledge for contraception. Similarly, study from rural Nepal also reported an exposure to electronic media messages as the main factor for use of family planning methods among women¹⁷. An Ethiopian study showed that 80.3% of health personnel contributed in providing information regarding contraception, which is opposite to the results¹⁸. In a study by Srivastava et al¹⁹, social circle (67.3%) and exposure to family planning messages (46.3%) were the main sources of knowledge about contraception.

Only 59.2% of the interviewed couples were practicing family planning methods. Our findings of 59.2% contraceptive usage is quite similar to a study by Bhasin et al²⁰. In contrast the prevalence of contraceptive use was found to be very low (34.9%) in a study by Gaur et al²¹ in rural muslim area of Haryana. Regarding the usage of family planning methods, an important dimension is the type of contraception used. Female sterilization was the most common chosen method used by 46.0% of couples which is similar to the findings of Bhasin et al²⁰, Kansal et al²² and Girdhar et al²³. Couples not practicing contraception were

40.8% and was lower as compared to other studies which showed 55% and 44.6%^{19,24}. Fertility related reason i.e., need more children (31.3%), partner's opposition (28.4%) and fear of side effects (20.6%) were the reasons found for non-use of contraception. Reasons for non-use of contraceptives have varied in magnitude in different studies – Fertility related reasons were found as main reasons by Das et al (38.9%)²⁵, Vaidya et al (17.8%)²⁶, Chandhick et al¹⁴ (34.6%), Khokhar et al (30.7%)²⁷ and Bhasin et al (36.4%)²⁰ respectively. Other studies mention “hesitation” (Jain et al)¹², “scared of side-effects” (Khokhar et al)²⁸ and “opposition from family” (Anju et al²⁹ and Dhillon et al³⁰) as biggest reasons for non-use of contraception in their studies.

In our study more females (79.2%) showed positive attitude for contraception as compared to (20.8%) females who showed negative attitude, similar to the findings of J. Mao² where 60% females approved and 28% disapproved the use of contraceptive methods. Approval of family planning was shown by 63.2% of males, in contrast to other studies, where 78% and 74% of husbands approved the use of contraceptive methods at the time of survey.^{31,32} In the present study, 36.8% of males disapproved family planning, which is lower than the findings (59%) of Mustafa et al³³. However, husband support for family planning was significantly higher in a Jordanian study³⁴. Attitude of husband was found to be an important predictor for contraception use. In rural areas, husband being the dominant member plays the pivotal role in approving the family size and contraceptive practices. Education is, therefore, considered to improve the ability of women to resist subjugation and to acquire greater power in decision-making. Family Planning services thus need to provide a range of quality methods for family planning that can allow women to either limit or space births, and to focus services to the individual needs of women with differing sociodemographic characteristics.

CONCLUSION

The study reveals good knowledge and favourable attitude of rural couples towards contraception. Contraceptive knowledge and practice was influenced by exposure to family planning messages and partner opposition. Women education and counseling of couples can play an important role to adopt family planning methods. The couples should be given information about contraceptives at every visit to the health services to motivate them. The most important factor is regular availability of contraceptives and adequate health care services at the peripheral level. Electronic media, health personnel and government's organizations can play a

positive role to provide knowledge and overcome the knowledge/practice gap.

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