

**Knowledge, Attitude, Practice and decision making of contraception among young pregnant women, at Tertiary level hospital, South Gujarat**

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**Citation this Article:** Varsha Gupta, Harsimranjit Kaur Natt, Kshitij Chaudhary, Aseem Garg, “Knowledge, Attitude, Practice and decision making of contraception among young pregnant women, at Tertiary level hospital, South Gujarat”, IJMSIR- July -2021, Vol – 6, Issue - 4, P. No. 357 – 367.

**Type of Publication:** Original Research Article

**Conflicts of Interest:** Nil

**Abstract**

**Introduction:** Family Planning is an important intervention to reduce poverty, hunger, maternal and infant mortality, and contribute to women's empowerment. This is due to several reasons including lack of choice of methods, limited access and gender based barriers. Lack of autonomy in decision making among women may restrict their use of contraception.

**Objectives**

1. To document the knowledge, attitude and practice of contraceptives.
2. To specify the decision making hierarchy.

**Methodology:** A cross-sectional study was carried out by interviewing 180 young pregnant women selected by convenient sampling, attending the OPD in a tertiary hospital in south Gujarat. Results: The mean age was

21.3±1.8 yrs; 45.5% were married before the age of 18 yrs. Contraception was practiced by 22.2%; sterilization (72.2%) being the commonly recalled method. Ignorance (68.3%) about correct contraceptive to be used during breast feeding was there. Low decision making autonomy towards contraceptive methods (6.6%) was identified. Among contraceptive users, 40% said that it was solely the decision of the husband.

**Conclusion:** Practice of contraception is low and correct situation specific contraceptive advocacy is needed. Couple counseling for contraception could be considered to help in increasing the decision making autonomy among young women.

**Keywords:** Autonomy, OPD, CPR, FP.

## Introduction

The global population today stands at 7.8 billion and is expected to reach 9.8 billion by the year 2050.<sup>1</sup> Increasing population is a global problem today and India having one-fifth of the world population and a growth rate of 16 million each year is the second most populated country in the world.<sup>2</sup> Uncontrolled population growth has been recognized as the most important impediment to our national development. India was the first country in world to launch - The National Family Welfare Programme in 1951 but even today the couple protection rate (CPR) is still not achieved as desired.<sup>3</sup> Family planning (FP) programmes impact women's health by providing universal access to sexual and reproductive healthcare services and counselling information. FP also has far-reaching benefits which go beyond health, impacting all 17 sustainable development goals (SDGs).<sup>4</sup>

Family Planning has been a single most important intervention to reduce poverty, hunger, maternal and infant mortality, and contribute to women's empowerment. Family planning reduce the maternal mortality by reducing the number of pregnancies, the number of abortions and high risk pregnancy.<sup>5</sup>

The United Nations Fund for Population Activities (UNFPA) notes that future population trends will depend on the fertility decisions of today's men and women aged 15–24 years and on their ability and freedom to act on that decisions.<sup>6</sup>

Contraceptive use and unmet need for family planning are key to understanding profound changes in fertility and to improve reproductive health.<sup>7</sup> Thirteen percent of currently married women have an unmet need for family planning, almost the same as the estimate in 2005-06 (14%).<sup>8</sup> The contraceptive prevalence rate among currently married women age 15-49 decreased

slightly, from 56% in 2005-06 to 54% in 2015-16.<sup>9</sup> Despite being freely available at health facilities throughout the country, the utilization of contraception among youth, remains low because of lack of knowledge, wrong attitude and incorrect use of contraception. Because of the young age-structure of India's population, the reproductive attitude and behaviour of youth are likely to have an important impact on overall reproductive health, demographic and social outcome.<sup>10</sup>

## Aims and objective

1. To document the knowledge, attitude and practice of contraceptives.
2. To specify the decision making hierarchy.

## Methodology

Type of study: Cross sectional study

Sampling: Purposive

Sample size: A total of 180 Young pregnant women who attended the OPD in a tertiary hospital in south Gujarat.

Study Duration: 1 month

## Study tool

- Pre tested, semi- structured validated questionnaire in local language was used.
- Data Collection technique: A cross sectional study was conducted by personally interviewing young pregnant women ( 18-24 year) who attended the gynecology and obstetrics outpatient services for antenatal care in a tertiary care hospital.
- Initially ethical approval was obtained from the institutional review board (IRB). Prior to conducting this study permission from the Obstetrics and Gyanecology department was taken. The women were briefed about the significance of the study and were assured for confidentiality of their responses, considering the sensitive nature of

the study. Privacy was maintained by taking interview in a single room where nobody was present. An informed written consent was taken prior to interview.

- After the interview, the participants were explained about various contraceptives available under the national programme and their relative merits.
- Data was entered in Microsoft Excel spreadsheet and analyzed with the help of SPSS version 23. (Statistical Package for the Social Sciences)

Study variables: Subjects were given questionnaire containing questions related to socio demographic profile, contraception knowledge, attitude, practice and also related to decision making power on contraception use.

### Results

A total of 180 pregnant women were included in the study and Mean age was 21.3±1.8 years. (Table 1)

Mean age	21.3±1.8	
Age of pregnant women	15-19 > 20	28 (15.6) 152 (84.4)
Husband Mean age	25.4±2.5	
Husband age	20-24 More than 25	57(31.7) 123(68.3)
Religion that you follow	<ul style="list-style-type: none"> <li>• Hinduism</li> <li>• Islam</li> <li>• Christian</li> </ul>	147(81.7) 32(17.8) 1(.6)
Caste	<ul style="list-style-type: none"> <li>• General</li> <li>• OBC</li> <li>• Scheduled caste (SC)</li> <li>• Schedules tribe (ST)</li> <li>• Others</li> </ul>	109(60.6) 29(16.1) 35(19.4) 6(3.3) 1(.6)
Education	<ul style="list-style-type: none"> <li>• Illiterate</li> <li>• Primary (up to 8<sup>th</sup>)</li> <li>• Secondary (up to 10<sup>th</sup>)</li> </ul>	35(19.4) 57(31.7) 40(22.2)

### Inclusion criteria

- The Young Pregnant Women present on the day of study and age was 18-24 year.
- Those who were willing to participate in the study.

### Exclusion Criteria

- Young pregnant women whose age were more than 24 years.
- Those who were not willing to participate.

**Maintaining confidentiality:** All the forms were given unique ID number thereby nullifying the mention of any item, which can reveal the identity of participant. All the data were kept in strict confidentiality with access only to the researchers.

	<ul style="list-style-type: none"> <li>Higher secondary (up to 12<sup>th</sup>)</li> <li>College (running)</li> </ul>	30(16.7) 18(10)
Husband Education	<ul style="list-style-type: none"> <li>Illiterate</li> <li>Primary (up to 8<sup>th</sup>)</li> <li>Secondary (up to 10<sup>th</sup>)</li> <li>Higher secondary (up to 12<sup>th</sup>)</li> <li>College (running)</li> </ul>	21(11.7) 59(32.8) 48(26.7) 37(20.6) 15(8.3)
Occupation	<ul style="list-style-type: none"> <li>Student</li> <li>House wife</li> <li>Employed</li> <li>Laborer</li> <li>Unemployed</li> </ul>	1(.6) 167(92.8) 8(4.4) 4(2.2) 0
Husband Occupation	<ul style="list-style-type: none"> <li>Student</li> <li>Employed</li> <li>Laborer</li> <li>Unemployed</li> </ul>	1(.6) 69(38.3) 110(61.1) 0
Married since	<ul style="list-style-type: none"> <li>2 year</li> <li>More than 2 year</li> </ul>	96 (53.3) 84 (46.7)
Place of living	<ul style="list-style-type: none"> <li>With parents</li> <li>With husband only</li> <li>With in -laws</li> </ul>	0 69(38.3) 111(61.7)
Socio economic status	<ul style="list-style-type: none"> <li>Upper class</li> <li>Upper middle class</li> <li>Middle class</li> <li>Lower middle class</li> <li>Lower class</li> </ul>	33(18.33) 100(55.55) 35(14.44) 8(4.4) 4(2.2)
Age of marriage	<ul style="list-style-type: none"> <li>&lt;21</li> <li>&gt;21</li> </ul>	160(88.89) 20(11.1)
Age of marriage	<ul style="list-style-type: none"> <li>&lt;18</li> <li>&gt;18</li> </ul>	82(45.5%) 98(54.45%)
Have you ever heard of contraception?	<ul style="list-style-type: none"> <li>Yes</li> <li>No</li> </ul>	152(84.4) 28(15.6)
Practice (used contraception)	<ul style="list-style-type: none"> <li>Yes</li> </ul>	40(22.2)

	<ul style="list-style-type: none"> <li>• No</li> </ul>	140(77.8)
No of living children	<ul style="list-style-type: none"> <li>• 0</li> <li>• 1</li> <li>• 2</li> <li>• 3</li> </ul>	104 55 10 1
Parity	<ul style="list-style-type: none"> <li>• Primi</li> <li>• Multi</li> </ul>	55 11

In this study 15.6 % of participants had adolescent pregnancy and 152 (84.4%) women were above 19 years of age. Mean age of husbands was 25.4±2.5 and out of total 180 males 68.3% were above 25 year and 31.7% were 20-24 Year. Majority Participants were Hindus (81.7%), belonged to General Category (60.6%). Educational Background depicted 19.4% women and 11.7% husband were illiterate, 53.9% women and 59.5% husband were educated up to

secondary level, 26.7% women and 28.9% husband were educated higher than secondary level. Majority participant females were homemaker and majority of their husband were laborer (61.1%) by occupation. Out of total females, 61.7% lived with the in-laws. In this study almost half participant females were married before 18 year and belonged to upper middle class.

Knowledge of any family planning	Lactation Amenorrhea Method	0
	Calendar	1(0.6%)
	Coitus interrupted	0
	Condom	81 (53.2%)
	Female condom	0
	Diaphragm	0
	Pills	55 (36.2%)
	Injections	26(17.1%)
	IUD	96 (63.1%)
	implant	0
	Sterilization women	37 (24.3%)
Male sterilization	0	
Source of information	TV	22 (14.5%)
	The health worker	103 (67.8%)
	Family	66 (43.4%)
	Friends	21 (13.8%)
	Other	3 (1.9%)
Knowledge about Access family planning	Health center	10 (6.6%)

method	Hospitals	139 (91.4%)
	Medicine shop (OCT)	1 (0.06%)
	Other	2 (1.31%)
Knowledge about the contraceptive method not interfere with the process of breast feeding	Condom	11 (7.23%)
	Pills	3 (1.97%)
	Injection	1 (0.6%)
	IUD	5 (3.3%)
	Female sterilization	7 (4.6%)
	Don't know	123 (80.9%)

(\* Multiple responses were allowed so total is not 100%)

Study found that 84.4% women had heard about contraception but only 22.2% actually practiced them. Among all methods, best known contraceptive method was intrauterine device (63.1%) followed by condom (53.2%), female sterilization (24.3%), and injectable (17.1%). Meanwhile, least known methods were lactation amenorrhea, diaphragm, Implant, Female condom, Male Sterilization, coitus interrupts.

When participants were asked about source of contraceptive information, most of them obtained from health professional (67.8%) followed by family members, television, friends. When participants were asked about contraceptive access, Hospital (91.4%) was the most preferred place to access the family planning services. Among all the participants 80.9% did not had any knowledge about the contraceptive method which interferes with the process of breast feeding.

Table: 3 Attitude towards contraception N=152 (%)			
1.	Use of contraception to control birth interval	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	136 (89.5%) 7 (4.6%)
2.	Difficult to get information about birth control from health personnel	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	11 (7.2%) 118 (77.6%)
3.	Difficult to get family planning services	Yes No Don't know	4 (2.6%) 101 (66.4) 47 (30.9%)
4.	After giving birth, do you want to use birth control	Yes No Undecided	135 (88.8%) 4 (2.6%) 13 (8.5%)
5.	you going to talk about the selection method of birth control ( Multiple choice )	Health worker Husband Friends Family	42 (27.6%) 133 (87.5%) 2 (1.3%) 50 (32.8%)

6.	Your opinion, using birth control is necessary	Yes	131 (86.1%)
		No	5 (3.2%)
7.	Support of family and friends to use birth control	Yes	117 (76.9%)
		No	6 (3.9%)
8.	Your mother / sister-in-law give opinion regarding contraceptive choices	Yes	62 (40.8%)
		No	90 (59.2%)
9.	The best contraceptive for a woman	Condom	31 (20.4%)
		Cu-T	38 (25%)
		Female sterilization	29 (19.07)
		Injections	9 (5.9%)
		Pills	14 (9.2%)
		Don't know	31 (20.4%)

In this study participants had a positive attitude toward the contraception. Among them, 89.5% women knew that contraception was essential to control the birth interval. Moreover, Only 7.2% respondents found difficulty in getting information about birth control from health personnel and 2.6% found difficulty in access to family planning services.

After counselling session of researcher, 88.8% women were willing to use postpartum birth control measures while 84.4% participants had heard about contraception which was suggestive of positive attitude among young pregnant women towards contraception. Although this positive attitude towards contraception use could be limited by the husband's decision as most women (87.5%) discussed about the contraceptive choice with their husband. Despite participants having a good family and friends (76.9%) support, only 40.8% females were given opinion regarding contraceptive choices by their relatives.

### Contraceptive Practice

Out of all participants, only 40 (22.2%) young pregnant women had ever a used a form of contraception. Out of these contraceptive methods, Condom (75%) was the

most frequently used, followed by Cu-T (17.5%) and pills (5%). In this study, when asked about decision making regarding Contraceptive method, both husband and wife (45%) took decision and in 40% cases decision was taken only by husband. Only 15 % women were able to make self-decision for the contraceptive method while 90% women's decision was influenced by husband decision. Among all participants, 88.8% were willing to use contraception in future and the most common reason was spacing (57.5%), followed by unwanted pregnancy and only 12.5% wanted to use for their health improvement. . Out of those not willing for contraception use in future, desire to have a child (82.1%) was the major reason followed by lack of information regarding correct usage (47%).

In our study we found that level of education had significant association with the use of contraception ( $p < 0.005$ ) In our study, we also found that participants who had more number of children had a higher percentage of contraception use and this association was found significant ( $p < 0.005$ ).

### **Decision making towards Contraception Methods**

In this study, Decision making autonomy in young pregnant women towards own health was poor (7.2%). Similarly, Autonomy towards contraception use was only 6.7% among them. In our study, among all participants decision making preference for contraception use was most commonly shared (87.8%) and 70.6% women had their husband's support in their health. As per discussion with all the participants, only 21.7% women were ever been counselled about family planning. Among these, 71.8% women got the information about mechanism, efficacy and safety of available contraceptive option from the counsellor and 78.6% participants found this information helpful.

### **Discussion**

Family planning is a way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitude, and responsible decisions by individuals and couples. In our study 84.4% women had heard about contraception and the three popular method were intrauterine device (63.1%) followed by condom (53.2%) and female sterilization (24.3%). Onwuzurike and Uzochukwu in Nigeria,<sup>11</sup> Prachi et al in India,<sup>12</sup> and Sreytouch in Cambodia stated that more than 80% of the reproductive aged women had heard about family planning.<sup>13</sup> In the urban area of Cambodia, pills and injections were two most known methods. Meanwhile, according to IDHS in 2012, 97.1% women in age group 15 to 49 years who live in urban area knew about contraception and 97.0% were familiar to modern contraceptive methods<sup>14</sup> and this prevalence rate was higher as compared to our study. Most of the respondents who had heard about contraception obtained information about contraception from health professionals (67.8%) followed by family members (43.4%). This finding was similar to a study conducted

by Nansseu et al in which primary health care physicians were cited as the main sources of information.<sup>15</sup> Contrarily, school and friends/relatives<sup>16</sup> or media, both printed and electronic, were the main sources of information reported in other studies. Furthermore, most respondents answered hospital (91.4%) as a place to access contraceptive services.<sup>17</sup> Therefore, our health care providers have a major duty to improve women's knowledge of family planning and thus, must enhance their knowledge and skills and be reinforced to deliver the correct advice about contraception.

In our study, women had positive attitude towards contraception, among 89.5% of them stated that contraception can be used to control birth interval. This result was similar to the study conducted by Sreytouch et al.<sup>13</sup> Another portrayal of positive attitude was seen as, after counselling session of researcher 88.8% women desired to use postpartum birth control measures. This would necessarily encourage women to practice family planning using contraceptive methods.

Although 86.53% respondents reported knowledge of at least one method of contraception, contraceptive usage in our study was 22.2%. This study result was consistent with the study conducted by Onwuzurike and Uzochukwu in Nigeria, which described that 81.7% knew about at least one method of family planning however, the practice rate was only 20%. This could be due to the lack of comprehension about the method of contraception itself.<sup>11</sup>

The most common reason for not using contraception in our study was desire to have a child (82.1%) followed by lack of information (47%), fear of side effect and opposition by husband. According to the IDHS 2012, the reasons for women not approving contraception were that they had menopause or hysterectomy

(19.1%), fear of side effect (11.5%), desire to have many children (9.2%) and health problems (7.9%).<sup>18</sup>

Ghike et al mentioned the main reason for not using contraceptive methods was because of the pressure from family, i.e. from husband and in laws (59%).<sup>19</sup>

In our study, husbands (87.5%) were the most popular persons to discuss the method of contraception with.

Only 15 % women were able to take a self-decision for the contraceptive method because majority of them were influenced by husband's decision. Therefore, rejection by husband was the fourth top reason for not approving contraception. This is not surprising considering the cultural and religious circumstances in India; as almost all of the districts place men as the head of the family. Thus, even when women were educated and motivated to use contraceptive methods, men's negative attitude would influence the CPR (Couple Protection rate). This condition was similar to study conducted in Nigeria.<sup>11</sup> Lack of attention to the role of men in fertility decision has been found to be a shortcoming of family planning programs. Therefore, the government should involve men into the family planning program in our country.

Educational level was significantly associated with use of contraception. Srivastav et al mentioned that as education increased, awareness of contraception also increased.<sup>20</sup> Hence, the government needs to emphasize on education to support a successful family planning program; in fact, it is essential that knowledge of family planning program is incorporated into the study curriculum.

Meanwhile, number of parity paralleled with practice of contraception. This underlies the fact that the more children women have, the more likely those women will consider the benefit of using contraceptives and decide to use it.

In our study, only 21.7% young pregnant women were ever been counselled about family planning. Therefore, there is a need for counseling about family planning among pregnant women in order to improve the knowledge, which will subsequently develop a better attitude and practice toward the use of contraception.

### **Conclusion and recommendations**

The present study brings out good knowledge and positive attitude among the participants on contraception. However, the utilization of various contraceptive methods was found to be sub-optimal. The main barriers to utilization of contraceptives observed were - the desire for male child, lack of knowledge and fear of side effects of contraceptive use. Condoms oral pills and IUDs were found to be the most prevalent methods of contraception. More than half of respondents knew, agreed, and would like to recommend contraception. Hospitals play a major role in improving women's knowledge of family planning. To support the success of family planning, the government should emphasize on family planning education. In particular, there appears to be a need for counseling about family planning for pregnant women. This study revealed that factors situated on different levels (i.e. individual, partner, family and friend) impacted young pregnant women' decision-making autonomy, which influenced actual contraceptive behavior and thus led to child-bearing.

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