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ORIGINAL PAPER

Awareness and Knowledge of Contraception Among Parous Women and Contraceptive Usage by Them

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ABSTRACT

Objective: To evaluate the knowledge of different contraceptive methods among parous women and contraceptive usage by them. Methods: In this study 240 parous women in the reproductive age groups were questioned as per a predesigned questionnaire after taking informed consent. These women were randomly picked up when they visited the hospital as attendants of patients. Results: We found awareness of contraception was 80% in our study, but amongst these women only 53% practiced contraception. Conclusion: Knowledge about the methods of contraception was encouraging but the actual practice of contraception was poor.

Keywords: Parous women; contraception methods; MTP; IUCD; OCP; PPIUCD (Post Partum Intra Uterine Contraceptive Device)

INTRODUCTION

With an estimated population of 1.2 billion, India is the second most populars country in the world. India was the first country to implement a national population control programme in 1952, but it has failed miserably in controlling the population growth. In India population is increasing at the rate of 16 million each year, 1 but total fertility of the world has declined to 2.6 children in 2005-2010² Increasing the contraception knowledge, contraceptive practices and proper implementation of family planning services can ultimately stabilize the population and improve the health of the population. Contraceptive advice is a component of good preventive health care. According to NFHS-3³ about 30% of the fertility in India was unwanted, indicating a huge gap between the demand and supply of family planning. The essential aim of family planning service is to prevent the unwanted pregnancies. The contraceptive use in post partum period is a very important matter for family planning programme as delay in contraceptive use until return of menstruation might increase the unwanted pregnancy.4

Considering the above factors the following study was carried

out in to assess the knowledge of contraceptive methods among parous women.

Aim and Objective: To assess the knowledge, attitude and practices of contraception amongst parous women in the reproductive age group.

MATERIALAND METHODS

This cross sectional study was conducted over a period of 6 months from 1st March 2015 to 31st Aug 2015. A total of 240 women coming to Gauhati Medical College and Hospital as attendants of patients were interviewed with a pre-designed questionnaire after taking informed consent. Women, who had delivered at least one child, still married and in the reproductive age group were taken up for the study. These women at the time of interview were not suffering from any illness. The women were classified according to their age, religion, parity and educational status. They were asked about their awareness of spacing between births, knowledge of medical termination of pregnancy, different contraceptive methods available and whether they have used any method or methods

Inclusion criteria: (i) Women having at least one child, (ii) Women married and living with their husbands and (iii) Women in the reproductive age group.

Exclusion Criteria: Women who are medically incapable to beget the child.

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RESULTS

The socio demographic analysis of data showed, out of 240 women interviewed, the maximum women were between 31-35 years (33.3%) followed by 21-25 years (20.83%). 61% were para one followed by 22% para two. Maximum women were married at the age of 21-25 years (45.5%), but 18.8% were below 18 years. In our study education upto primary were 9.2%, high school were 23.7%, higher secondary were 20%, graduate were 21.6% and post graduate were 9.2% and illiterate were 16.3%.

Table 1 Knowledge about different contraceptive methods

Knowledge	No.	Percentage
Heard or aware of Contraceptives	192	80%
Oral Pills	180	75%
Condom	160	66.7%
IUCD	136	56.7%
Tubectomy	112	46.7%
Vasectomy	80	33.3%
Injection	51	21.3%
Coitus Interruptus	22	9.2%
LAM	22	9.2%
Safe Period	18	7.5%
Emergency Contraception	18	7.5%

Table 2 Source of Awareness

Source of awareness	No. (192)	Percentage
Doctor	56	29.2%
Other health worker	48	25%
Television	36	18.7%
Poster, Newspaper	28	14.6%
Social circle	24 1	2.5%

Out of 240 women, 192 (80%) were aware of one or more methods of contraception. 180 (75%) were aware about oral contraceptive pills, 160 (66.7%) were aware about condom, 136 (56.7%) were aware of IUCD and 112 (46.7%) were aware of tubectomy. Some of them were aware of more than two methods. Their sources of information were mainly from doctors and other health personnel (54.2%). 48 (20 %) women didn't know about any method of contraception.

 Table 3 Contraceptive practices amongst the respondents

 aware of contraception

Contraceptive Practice	No (192)	Percentage
Practicing some method	102	53%
Not Practicing any method	90	47%

Table 4 Different methods of contraception used among users

Contraceptive Methods	No. (102)	Percentage
OCP	48	47.1%
Condom	30	29.4%
IUCD	16	15.7%
Tubectomy	6	5.9%
Injection	2	1.9%

Contraceptive usage in our study was 53.1% amongst women who were aware of contraceptive methods. Of the different methods, oral pills were most popular followed by barrier method.

Table 5 MTP done amongst the study group

Medical termination of pregnancy	No. (240)	Percentage
MTP done	98	40.8%
MTP not done	142	59.2%

In our study we found that out of 240 women questioned, 98(40.8%) had undergone termination of pregnancy at least once in their married life. Some had done MTP more than one time. They were more worried about side effects of contraceptive methods rather than worrying about doing an MTP.

Table 6 Association between Education and use of contraception

Educational Scale	No. (240)	Users	Percentage
			of users in the subgroup
Illiterate	39	18	46%
Primary School	22	12	54%
High School	57	18	31%
Higher Secondary School	48	25	52%
Graduate	52	21	40%
Post Graduate	22	8	36%

In our study we didn't find any association between education and use of contraceptive methods.

DISCUSSION

The phenomena of high knowledge about contraception and low practice has been observed in multiple studies conducted in various parts of India as reported by Anupama Srivastava et al (awareness 71.22%, practice 51.7),⁵ S K Bhasinet al (awareness 90%, practice 59.8%)⁶ and a broad like in the study conducted by Onwuzurike BK et al in Nigeria.⁷ Evidence from a number of studies in various parts of the country indicates inadequate knowledge of contraceptive methods as a reason for not accepting family planning. In our study 80% were aware of it or more methods of contraception like study of Lavanya Kumari et al (87.7%),⁸ Srivastava R et al (82,8%),⁹ Sunita TH et al (100%),¹ Ambareen Khan et al (81%).¹⁰

In our study about 53.1% women used some contraception, which is comparable to Lavanya Kumari et al (53.8%)⁸ Sunita et al (52%),¹ Tuladhar et al of Nepal (33.5%),¹¹ Al Turky et al of Saudi Arabia (74%)¹² and Arbab AA et al of Quatar (47.8%),¹³ Pranchi et al (55%).¹⁴

In our study among users maximum women used oral contraceptive pills (47.1%) for contraception as decision to use of OCP was either taken by the women herself or by the couples, not influenced by other family members which is comparable to the results of Anupama Srivastava et al (45.36%)⁵ and Alakananda et al (66.6%).¹⁵ Low level of use of IUCD (15.7%) and tubectomy (5.9%) in spite of knowledge were because decision making

involved not only couples but also in-laws and other family members, preference to male child was another cause.

In this study non-user 47% with similar results 52%, 155.5% 8 and 46%, 14 cause stated to be fear and myths about side effects, reluctance to use and interference by husband and in laws.

In our study knowledge about emergency contraception was low 7.5% similar to the findings of S Chopra et al. and R Tripathy et al. In our study main source of awareness was from doctors and other health personnel (54.2%) but other studies show TV/Radio/Posters, etc. were the main source of knowledge, Sunita Ghike et al (70%), this may be due to that we included parous women who came in contact with the health personnel during their previous pregnancies and deliveries.

Emphasis should be made on communication and good counseling to the women giving correct information about availability, source, and side effects of contraceptive methods. In our study the major source of information was from health personnel (54.2%). The health workers have a great role to play. There is no doubt that we can reduce maternal mortality and morbidity by creating awareness regarding temporary contraceptive methods among primiparous women. Promoting contraceptive injections and PPIUCD insertion have their own role in improving maternal health.

CONCLUSION

Family planning practice, use of contraceptives in the correct manner, motivation of males towards the usage of male contraceptive measures and educating couples about the benefits of healthy spacing is the need of the hour. Proper counseling can only increase the practice of contraception.

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