

KNOWLEDGE, ATTITUDE, REASONS OF NOT ACCEPTANCE AND DISCONTINUATION OF CONTRACEPTIVE METHODS AMONG WOMEN ATTENDING OPD OF TERTIARY HEALTH CARE CENTER

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ABSTRACT

AIM

Aim of our study was to assess the knowledge and attitude regarding contraceptive methods and practices of contraception among women of reproductive age group attending Sultania Zanana Hospital OPD.

OBJECTIVE

To study the reasons of not acceptance and discontinuation of different contraceptive methods.

MATERIAL AND METHOD

The study population was women of reproductive age 15-45 yrs. reporting to OPD for whatsoever causes and representing the surrounding area of Sultania Zanana Hospital, Bhopal. Sample size is based on prevalence of use of contraceptives methods. The estimated sample size was 396, the present study was conducted on 3200 women, which was sufficient to meet the objectives of the study. During the study period eligible women were selected and interviewed. Participation of the selected women was voluntary after explaining the purpose of the study.

RESULT

In our study majority of women respondents (45%) were in the age group of 20-25yr. In present study, knowledge of contraceptives was found to be almost universal (98%). It is noticeable that 83.59% respondents showed a positive attitude toward family planning. In our study, most common reason for discontinuation of IUD was wanting a child (27%) followed by back pain (21%) and most common reason for discontinuation of OC pills in spite of awareness was wanting a child (44%). Among the non-users, 18.26% did not intend to use them in the future with the main reason being completed their family size and 50.39% were pregnant out of which 12.6% were using before pregnancy and most common reason for not using was desire for male child in about 33.28% cases.

CONCLUSION

In the our study knowledge of contraception is almost universal, mostly women shows positive attitude toward family planning and most common reason of non-acceptance or discontinuation of contraceptive was wanting a child specially a male child, which highlight a strong preference for male child in the Indian society.

KEYWORDS

Contraceptives, Contraceptive Discontinuation, Contraceptive Not Acceptance.

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INTRODUCTION

Population growth has long been a concern for the Government of India. India has a lengthy history of making explicitly population policies. According to the 2011 census, the population of India is 1,210,193,422. India supports 17.54% of the world population, while it forms only 2.4% of the total world area, i.e. it is the second most populous country after China. Women of reproductive age group (15-45 years) make up approximately 248 million population. The current fertility level of a woman in India is 2.62 births per women and Madhya Pradesh has an average fertility level of 3.1 (2011).^(1,2,3,4)

India's current demographic phase is characterized by a high fertility rate and moderate mortality rate realizing that high population growth is inevitable during the initial phases of demographic transition and the urgent need to accelerate the pace of transition, India became the first country to formulate a national family planning programmed in 1952. The objective of policy was "Reducing birth to the extent necessary to stabilize the population at a level consistent with requirement of national economy."^[1,2,5,6] The National policy 2000 had set a goal that India will have to achieve the replacement level of fertility by 2010, but achievement of goals have been limited by the diversity of religion, poverty, employment, literacy, public and private health care facilities, urbanization, malnutrition, per capita income, sex of previous child.^(1,7)

MATERIAL AND METHODS

The present study entitled "Contraceptive Knowledge, Attitude and Practice among Women attending OPD of Sultana Zanana Hospital" was an analytical cross-sectional study carried out in the Department of Obstetrics and Gynaecology, Gandhi Medical College and Sultania Zanana Hospital, Bhopal

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from 1/8/12 to 31/7/13. Permission from the ethical committee was sought before the starting of the study. No surgical intervention, drug administration or examination procedure was carried out during the study period. The informed consent of all the subjects was taken before starting interview. Confidentiality of the interview was maintained by coding. Data was collected through a pre-designed pretested questionnaire in women attending OPD.

The study population was women of reproductive age 15-45 yrs. reporting to OPD for whatsoever causes and representing the surrounding area of SZH. Sample size is based on prevalence of use of contraceptives methods. The estimated sample size was 396. The present study was conducted on 3200 women, which was sufficient to meet the objectives of the study. During the study period, eligible women were selected and interviewed. Participation of the selected women was voluntary after explaining the purpose of the study. A predesigned and pretested Questionnaire developed was filled. To protect confidentiality of the respondent, names were not written.

Questionnaire

Sociodemographic characteristics of the interviewed women attending SZH OPD.

1. Name W/o.
2. Religion.
3. Address:
4. Rural/Urban.
5. Type of Family: Joint/Nuclear.
6. Age in years.
7. Parity.
8. Education.
9. Age at Marriage.

Knowledge and Awareness regarding Contraception

- Natural Methods.
- Condoms.
- OCP.
- IUCD.
- Injectables.
- Tubal ligation.
- Others.

Source of Knowledge

- Media.
- Health personnel.
- Social circle.
- Education.

Attitude for Contraception:

Thinking that benefits of modern contraceptives outweigh negative effects, desire to know more on modern contraceptives would recommend use of modern contraceptives to a friend if not current user of modern contraceptives, if intends to use them in future husband approve modern contraceptives.

Practices of Contraception

a) Contraceptive Methods in use

- Barrier method (Condom).
- Oral Pills.
- IUCD.
- Injectables.

- Tubal ligation.
- Others.

b) Reasons for using Contraceptives

- Completed their families.
- Spacing of birth.
- Improvement of health.
- Economical problems.

c) Reasons for not using Contraceptives

- Want child.
- Tubal Ligation.
- No guidance.
- Opposition from home.
- Breast feeding.
- Hysterectomy.
- Not having sex.
- Worry about side effects.
- No knowledge.
- Menopausal.
- Religion.
- No knowledge about source.
- Harmful to health.
- Husband away.
- Not giving any answer because of shyness and hesitation.

d) Reasons for Discontinuation of Contraceptives Method

- Want male child.
- Want female child.
- Bleeding.
- Back pain.
- White discharge.
- Abdominal pain.
- Spontaneous expulsion.
- Failure.
- Headache.
- Irregular bleeding.
- Weight gain.
- Weight loss.
- Fatigue.
- Backache.
- Nausea, vomiting.
- Increase heart beats
- Pains in the reproductive organ.

Utilization of family planning methods to birth order.

RESULT AND ANALYSIS

In our study age distribution among the respondents was: 5.53%, 45.13%, 26.03%, 11.78%, 6.94%, 4.49% in the age category of 15-19 years, 20-24 years, 25-29 years, 30-34 years, 35-39 years, 40-45 years, respectively. Majority of women, i.e. 45% of the total were in the age group of 20-24 and 5% women were in the age group 40-45 yrs. Hence, mean age group is 25 year. (Table-1).

In our study majority of women, i.e. 2870(89.77%) belonged to urban area followed by rural 330(10.23%); majority of women belonged to joint family, i.e. 2187(68.35%) followed by nuclear family 1013(31.65%) and majority of women belonged to Muslim community, i.e. 1778(55.57%) followed by Hindu 1422(44.43%). (Table-2).

In the present study, about 13.33% of counseled women had received no schooling; 14.17%, 46.45%, 24.62% of counseled women had enrolled in primary, secondary school and high school respectively. Only about 1% of counseled women had entered university and 0.43% were professional. (Table-3).

In our study, the knowledge of contraceptives was found to be universal: 98.65% of respondents had heard about contraceptives regardless of educational level and socioeconomic status. All except 43 woman (2.34%) had heard about contraceptives and knew at least one modern method. Though this study reveals high knowledge of contraceptives among respondents, the knowledge varies from one method to another. The most popular methods known by respondents were the condom, tubectomy and pill contraception, which accounted for 91%, 93% and 58% respectively. The IUCD (38%) was the fourth most popular method cited by respondents followed by the injectable contraceptives 11%. In addition about 1% of respondents know other alternatives, which included traditional methods such as abstinence and withdrawal; 57.75% respondents intended to use them in future; among those who were willing most (82.6%) wanted sterilization for themselves as the permanent method. As for the temporary methods, 16.3% wanted to use an IUCD, 68% wanted to use condom and 2% OCP. (Table-4).

This study also found that information about family planning was mostly obtained through Media (58.15%) followed by neighbors, friends and relatives (45.30%) and then health personal (31%) and education were last (5.83%). (Table-5).

It is noticeable that 83.59% respondents showed a positive attitude toward family planning and 45.68% husbands of the women counseled had approved contraceptives. Almost 24.56% desire to know more on modern contraceptives; 21.43% women would recommend use of modern contraceptives to a friend; 57.75% intended to use them in future; among those who were willing most (82.6%) wanted sterilization for themselves as the permanent method. As for the temporary methods, 16.3% wanted to use an IUCD; 68% wanted to use condom and 2% OCP. Though almost all 84% respondents demonstrated positive attitudes in discussing family planning, some respondents (14.41%) disapproved of unmarried or single women or old women discussing contraception. (Table-6).

About 1225(38.28%) of respondents had used some contraceptive method and among the users, the majority were condom users (53%) followed by IUCD method (18%), tubectomy 18% and only about 10% of respondents said that they were using pill as a method of family planning. None of the current users were using male sterilization and the traditional natural methods were used by only 1% of the respondents. Among all respondents, 39% were using some method of modern contraceptives and 61% were not practicing any method. Most common reason for accepting family planning methods was spacing, i.e. 78.28% and 4% of the respondents discontinued. (Table-7).

In our study most common reason for discontinuation of IUD was wanting a child (27%) followed by back pain 21.21% and increased irregular bleeding 18.18%, white discharge 15.15% and abdominal pain, spontaneous expulsion and failure. Most common reason for discontinuation of OC pills in spite of awareness was wanting a child, i.e. 44% followed by

31.25% who were not giving any reason and other most important reasons were forgetting to take the pill, failure and irregular bleeding was answered by only 1 women. (Table-8).

In our study among the non-users, 18.26% did not intend to use them in the future with the main reason being completed their family size and 50.39% were pregnant out of which 12.6% were using before pregnancy and most common reason for not using was desire for male child in about 33.28% cases which highlight a strong preference for male child in the Indian society.

Almost 17.41% of non-users were concerned about using modern methods due to their rumoured side effects; 2.44% did not use it because of hesitancy. Other common reasons was no guidance 5.98%, breast feeding 4.86%, abstinence 3.74%, inadequate and improper knowledge of the contraceptives methods 1.42% and against religion of the family was in 1.97%. (Table-9).

DISCUSSION

In our study majority of women respondents (45%) were in the age group of 20-25yr. In similar studies conducted by Patel M et al. (2001).^[8], Mustafa R et al. (2005).^[9], N Saluja et al. (2008-09).^[10], J Lwelamira et al. 2009.^[11] majority of the women were in age group of 25-30yr, 25-35yr, 20-30yr respectively. This may be because contraceptive use varies with age, usually reaching peak around 20-25 yr. and then declining.

In present study majority of women respondents (89.77%) belonged to urban area. Contraceptives acceptance was found more in urban population (38.78%), because urban population were more likely to adopt contraceptives methods as they were having better health services, education system and availability of contraceptives methods. According to NFHS 3.^[2,3,4] rural women have higher unmet need than urban women for both spacing and limiting. According to DLHS 3.^[12] 62.3% of urban population used contraceptive methods as compared to 56.3% of rural population.

In present study, knowledge of contraceptives was found to be universal; 98% of respondents had heard about contraceptives regardless of educational level and socioeconomic status. All except 2% had heard about contraceptives and knew at least one modern method.

This study revealed high knowledge of contraceptives among respondents and this helped people in adopting contraceptive methods. The findings were similar to prevalence of knowledge (98.2% in men and 97.7% in women) reported by NFHS-III (2005-06).^[2,3,4] % Lwelamira 2009.^[11] (98%) and slightly lower than the findings of Takkar et al.^[13] (100), SREYTOUCH1 et al. 2008.^[14] (99%), but higher than 40% to 45%, 78.8%, 75.0%, 73.5%, 81%, 82.2%, 90% and 95.0% as reported by Sajid A Malik et al.^[15], Jain et al.^[16], Kumar et al.^[17], Chandhick et al.^[18], Mustafa R et al.^[9], Srivastava Reena et al.^[19], SK Kaushal.^[20] and Patro et al.^[21] respectively.

In present study, knowledge of contraceptives found to be universal: 98.65% of respondents. The most popular methods known by respondents were the tubectomy, condom, pill, IUCD and injection, which accounted for 93%, 91%, 54%, 38% and 11% respectively. Only 1% of respondents knew traditional methods, such as abstinence and withdrawal.

This shows that there is a need to widen the knowledge of other methods of contraception to provide people with wide basket of choices. In the study done by Srivastava Reena et al. (2002-03).^[19] most commonly known methods were tubectomy (82.2%), IUCD(61.2%), OCP(60.5%) condoms (53.7%). According to S K Kaushal et al. 2005.^[20] the most commonly known methods were tubectomy, OCP, IUCD, condom followed by injection indicated by 98.6%, 97.1%, 92.5%, 90.4%, 8.6% respondents, respectively.

Sajid A, Malik S 2008.^[15] showed that women sterilization was more popular method among the women who reported knowledge of contraceptive methods John Mao 2007.^[22] observed that 48% of the respondents had the knowledge of tubectomy.

This study also found that information about family planning was mostly obtained through media (58.15%) followed by neighbor, friend and relatives (45.30%) and then health personal (31%) and education was last (5.83%).

This showed that there is a need to increase the health worker and paramedical staff with proper training, so that they motivate people regarding family planning practices.

According to NFHS 3 more than three in five women heard or saw a family planning message, most often on television or radio similar studies constructed by Mustafa R et al. 2005.^[9] (64%), Roumi Deb 2006 -07.^[23] showed mass media as an important source of information .

SREYTOUCH 2008.^[14] (56%), Deepa H Valenkar.^[24] et al. 2009 (53.7%) studied that health personal was the most common source of information. Srivastava Reena, et al. 2002-03.^[19] observed that the important source of knowledge about contraceptive methods was family members, friends and television. N Saluja et al.^[10], Mgabo et al. 2010.^[25] found that 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%).

Present study showed attitude as the most difficult part to measure, as it is characterized in a very abstract way. It is noticeable that 83.59% respondents showed a positive attitude toward family planning. According to women counselled, 45.68% husbands had approved contraceptives. Almost 24.56% desired to know more on modern contraceptives; 21.43% women would recommend use of modern contraceptives to a friend and some respondents (14.41%) disapproved of unmarried or single women or old women discussing contraception.

Srivastava Reena et al. 2002-03.^[19] (82.9%), SK Kaushal et al. 2005.^[20] (42.9%) Mustafa R et al. 2005.^[9] (76%) SREYTOUCH et al. 2008.^[14] (52.8%), J Lwelamira et al. 2009.^[11], Sajid AS 2008-09.^[15] 54%, John Mao.^[22] (56%) found a positive attitude towards contraceptive methods and approved family planning in future. Studies done by Gaur DR 2008.^[26] A Kansal et al. 2005.^[27] showed that 78% and 74% of husbands approved the use of contraceptive methods at the time of survey.^[28,29] However, husband support for family planning was significantly higher in a Jordanian study.^[30]

Attitude of husband was found to be an important predictor for contraception use. A negative attitude of husband towards contraceptive methods was observed in studies conducted by Mustafa R et al. 2005.^[9] (59%), J Lwelamira 2009.^[11] (65.8%).

It also has been observed in other studies in Africa (Tuloro et al. 2006; Nwankwo and Ogueri, 2006; Igwegbe et al. 2009; Burke and Ambasa-Shisanya, 2011; Mathe et al. 2011).^[31,32,33,34,35] In present study discontinuation of contraceptive methods were 4% among user. Most common reasons for discontinuation of IUD is wanting a child, 27% followed by back pain, 21.21% and increased irregular bleeding 18.18%, white discharge 15.15% and abdominal pain, spontaneous expulsion and failure 6.06% each.

Most common reason for discontinuation of OC pills in spite of awareness was wanting a child, i.e. 44% followed by 31.25% who were not giving any reason and other most important reasons were forgetting to take, failure, irregular bleeding (6.25% each).

According to NFHS 3.^[2,3,4] discontinuation rates for temporary methods were high: 39 percent of users of temporary methods discontinue use within 12 months of initiating use. About half of pill users discontinue use within the first year of adopting the method Deepa H Valenkar et al.^[24] studied that the important reason for discontinuation of family planning was mother's desire for children (61.1% desire for male child, while 22.2% had desire for female child).

In contrast to our study J Lwelamira et al. 2009.^[11] in their study found the most important reason for discontinuation of contraceptives method was side effects (56%). Of the side effects reported, irregular bleeding and abdominal pain were the main side effects ever experienced being 64.3% and 32.1% respectively. SK Kaushal et al. 2005.^[20] in their study found that most common reasons observed for contraceptive defaulter were unavailability (30.88%).

Roumi Deb 2006-07.^[23] et al. in their study found that more than one-third women either do not like the existing methods or find them difficult to use.

Data from NFHS 3 shows that among those who discontinued use at the time of survey, 26% reported side effect other method related concern as reason for discontinuing use. In present study, couples not practicing contraception were 61% and was higher as compared to other studies which showed 55% and 44.6%.^[36,37] Fertility related reason, i.e. need more children (29%), partner's opposition (8%) and fear of side effects (18%) 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 SREYTOUCH et al.^[14] (28.4%) Das et al. (38.9%).^[38] Vaidya et al. (17.8%).^[39] Chandhick et al.^[18] (34.6%), Khokhar et al. (30.7%).^[40] and N Saluja et al. 2008-09.^[10] (45.1%) respectively.

Other common reasons in our study were no guidance 5.98%, breast feeding, abstinence, inadequate and improper knowledge of the contraceptives methods 3.03%, religion of the community 1.97%, hesitation. Among the non-users, 18.26% did not intend to use them in the future with the main reason being completed their family size and 55% were pregnant. According to NFHS 3, among currently married women only 29.4% participated in householder decision. Srivastava Reena et al. 2002-03 (11.4%), Mitali G et al. 2011 (80.4%) showed the most common reason was fear of side effect. Other reasons for not accepting contraceptive methods were: Lwelamira 2009.^[11] (71%) showed that the final decision was to be done by husband Anju et al.^[41]

Roumi Deb 2006 -07.^[19] found opposition from family as the main reason, Mitali G et al. 2011 "Forget to take" (7.6%) and "hesitation" (Jain et al.).^[16]

CONCLUSION

In our study knowledge of contraception is almost universal, mostly women shows positive attitude toward family planning and most common reason of non-acceptance or discontinuation of contraceptive was wanting a child, specially a male child, which highlight a strong preference for male child in the Indian society.

Sl. No.	Age in Years	Number	Percentage
1	15-19	174	5.53
2	20-24	1452	45.17
3	25-29	833	26.13
4	30-34	374	11.78
5	35-39	221	6.94
6	40-45	146	4.49
	Total	3200	100%

Table 1: Showing age distribution of respondents interviewed

Sociodemographic Profile	Category	No.	Percentage
Residence	Rural	330	10.23
	Urban	2870	89.77
Religion	Hindu	1422	44.43
	Muslim	1778	55.57
Type of Family	Nuclear	1013	31.65
	Joint	2187	68.35
Education	Illiterate	451	14.09
	Literate	2749	84.91

Table 2: Showing distribution of respondents according to residence

Education Status	No.	%
Illiterate	451	14.09%
Primary	454	14.17%
Secondary	1487	46.45%
Higher Secondary	788	24.62%
Graduate	32	1%
Professional	14	00.43
Total	3200	100

Table 3: Showing distribution of respondents according to education

	Category	No. of Respondent	In Percentage
Awareness about contraceptives methods	Yes	3157	98.65%
	No	43	2.35%
Awareness about different contraceptive methods	Condom	2856	91.41%
	OC Pills	1850	58.59%
	IUCD	1204	38.13%
	Tubectomy	2987	93.34%
	Injection	359	11.22%
	Natural methods	32	1.01

Table 4: Distribution of respondents according to Awareness about contraceptives methods

Source of Knowledge	Cases	%
Media	1836	58.15%
Health personal	976	30.92%
Neighbor, friends and relatives	1430	45.30%
Education	577	18.03%

Table 5: Distribution of respondents according to source of knowledge of contraceptives methods

Variable	Frequency	%
Approval of contraceptives by women	2675	83.59
Husband approve modern Contraceptives	1462	45.68
Thinking that benefits of modern contraceptives outweigh negative effects	1034	32.31
Desire to know more on modern contraceptives	786	24.56
Would you recommend use of modern contraceptives to a friend	656	21.43
If not current user of modern contraceptives, if intends to use them in future	1848	57.75

Table 6: Distribution of respondents by information related to attitude towards modern contraceptives

Variable	Category	Frequency	Percent (%)
If used modern contraceptives (n=3200)	Yes	1225	38.28%
	No	1975	61.72%
Method(s) ever used* (n = 1225)	Condom	646	52.65%
	Oral contraceptive pills	124	10.14%
	IUCD interval	167	13.65%
	Post placental IUCD	54	4.42%
	Tubectomy	226	18.46%
	Natural methods	08	.68%
Criteria for choice of the method* (n = 1225)	Completed their families	228	18.26%
	Spacing of birth	959	78.28%
	Improvement of health	38	3.09%
	Economical problems	00	00
Discontinuation of contraceptive method in user (n = 1225)	Yes	49	4%
	No	1176	96%

Table 7: Distribution of Practices of contraceptive methods

	Reasons	No. of Women	Percentage (%)
Reason for discontinuation of IUDs n=33	Want male child	6	18.18%
	Want female child	3	9.09%
	Bleeding	6	18.18%
	Back pain	7	21.21%
	White discharge	5	15.15%
	Abdominal pain	2	6.06%
	Spontaneous expulsion	2	6.06%
	Failure	2	6.06%
Reason for discontinuation of oral contraceptives pills N=16	Headache	1	6.25%
	Forget to take	1	6.25%
	Irregular bleeding	1	6.25%
	Failure of contraceptive	1	6.25%
	No reason	5	31.25%
	Want male child	3	18.75%
	Want female child	4	25%
Total		49	4%

Table 8: Reason for discontinuation of contraceptives methods

No. of Women's	No. of Cases	Percentage (%)
Want child female	338	17.11%
Want child male	668	33.28%
Rumoured side effects	344	17.41%
No guidance	117	5.92%
Opposition from home	89	4.51%
Breast feeding	96	4.86%
Hysterectomy	64	3.24%
Not having sex	74	3.74%
No knowledge	43	2.17%
Menopausal	13	.65%
Religion	39	1.97%
No knowledge about source	28	1.42%
Hesitancy	48	2.44%
Total	1975(61.71%)	100%

Table 9: Distribution of respondents according to Reasons for not accepting family Planning methods

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