International Journal of Life Sciences, Biotechnology and Pharma Research Vol. 13, No. 7, July 2024 Online ISSN: 2250-3137
Print ISSN: 2977-0122

DOI: 10.69605/ijlbpr_13.7.2024.113

ORIGINAL RESEARCH

Knowledge, Attitude, Practice and Preferences of contraceptive methods in Jammu

Supriya Sharma[1], Ankita Sharma[2]

[1]Department of Obstetrics and Gynaecology, Government Medical College Jammu, Jammu and Kashmir, India
[2]Department of Statistics, University of Jammu, Jammu and Kashmir, India

Corresponding author
Supriya Sharma
Department of Obstetrics and Gynaecology, Government Medical College Jammu, Jammu and Kashmir, India
Email: supriyasharma62@yahoo.com

Received Date: 26 May, 2024 Accepted Date: 28 June, 2024

ABSTRACT

Background: Population is on an increasing trend in the whole world, more the people more the limitation of resources and less the availability, hence an important need of the hour is widespread use of contraception in our country so as the stabilize the ratio between the growing population and the available resources. **Materials and Methods**: A prospective descriptive study done in SMGS Hospital Jammu over a period of 1 year (March 2023-April 2024). 500 married females selected randomly between 18-45 years age attending the OPD at SMGS Hospital willing to be a part of the study were included and questioned based on a Performa. The patients <18 years and >45 years, patients with premature menopause or surgical menopause or with absolute contraindication for contraceptive use were excluded from the study. **Results**: Prevalence of contraceptive use in Jammu is 49.4% with 56.7% participants between 26-35 years of age, 88.6% of the females had knowledge about contraceptive methods. 82.6% of the participants were Graduate and above, 61.5% were within first 5 years of marriage, 54.7% were from middle class, 87% of the contraceptive users had ≥1 live children and 13% were nullipara or had no live children. Barrier method was the most common method (29.1%) followed by OCP (20.2%). 52.6% of the contraceptive users had regularity in their contraceptive use. **Conclusion**: Use of contraceptive still lags among the lower class, uneducated females mostly housemakers. This sect of the society needs to be catered and counselled to increase the prevalence of contraceptive use.

Keywords: KAP study, Contraception

INTRODUCTION

Population is on an increasing trend in the entire world along with our nation India. The current Indian population in January 2024 is 1.44 billion and has increased by 13 million(0.9%) between early 2023 and start of 2024.[1] Out of the total population in India 48.4% of the Indian population are females and 51.6% of the population being males.[1] With the current trend the Indian population is expected to reach 1.45 billion in 2025 and the total world population is expected to reach upto 9.2 billion by 2050.[2]

More the people, more the needs and demands and more the utilization of resources and more the scarcity for few. Hence to maintain a balance between availability and usage and to keep a check on the female health we desperately need to consider and promote contraception as unregulated fertility is a major cause of health issues in females.

Various types of contraceptives are available in the modern world ranging from barrier methods, oral drugs , injectables, pessaries and permanent sterlization. However due to limited knowledge and certain misbelieves in the population many couples are still not using any type of contraception. It has been seen that with the use of contraceptives method we can prevent at least 25% of all maternal deaths by preventing unsafe abortions, unintended pregnancies and STD's like HIV.[3] It has been seen that 15% of the maternal deaths in India are due to unsafe abortions.

According o NFHS-5 contraceptive prevalence rate has increased to 67% compared to 54% in NFHS-4 at all India level. Modern contraceptive use prevalence increased to 56% from 48% with most popular methods still being female sterlization (38%). [4]The demand for family planning among married woman aged 15-49 years showed a 10% increase from 66% (NFHS-4) to 76% (NFHS-5). A negative trend was

DOI: 10.69605/ijlbpr_13.7.2024.113

however noted for contraceptive discontinuation that is reported as 50% in NFHS-5 as compared to 33% in NFHS-4. Unmet need of family planning has come down to 9% from 13% (NFHS-4).[4]

Considering the previously mentioned facts an attempt was done to evaluate the Knowledge, Attitude and Practices of females in our population regarding contraception and to analyze the current situation and the future need.

MATERIALS AND METHODS

The study was a prospective descriptive study done in SMGS Hospital Jammu over a period of 1 year from March 2023 till April 2024. A total of 500 married females selected randomly in the reproductive age group of 18-45 years attending the gynaecological OPD at SMGS Hospital, Jammu were included in the study. The patients with age <18 years and >45 years were excluded from the study. Also the patients who had undergone premature menopause or surgical menopause or who had any absolute contraindication for contraceptive use were excluded from the study. The females after taking proper consent were subjected to a preformed Performa consisting of questions regarding the knowledge, attitude and practices of the couple regarding contraception. Along with this certain independent variables like age of the female, religion, educational status, occupation, no of previous issues, socioeconomic status and years since marriage were also questioned and described. Data was analysed using SPSS version 27.

RESULTS

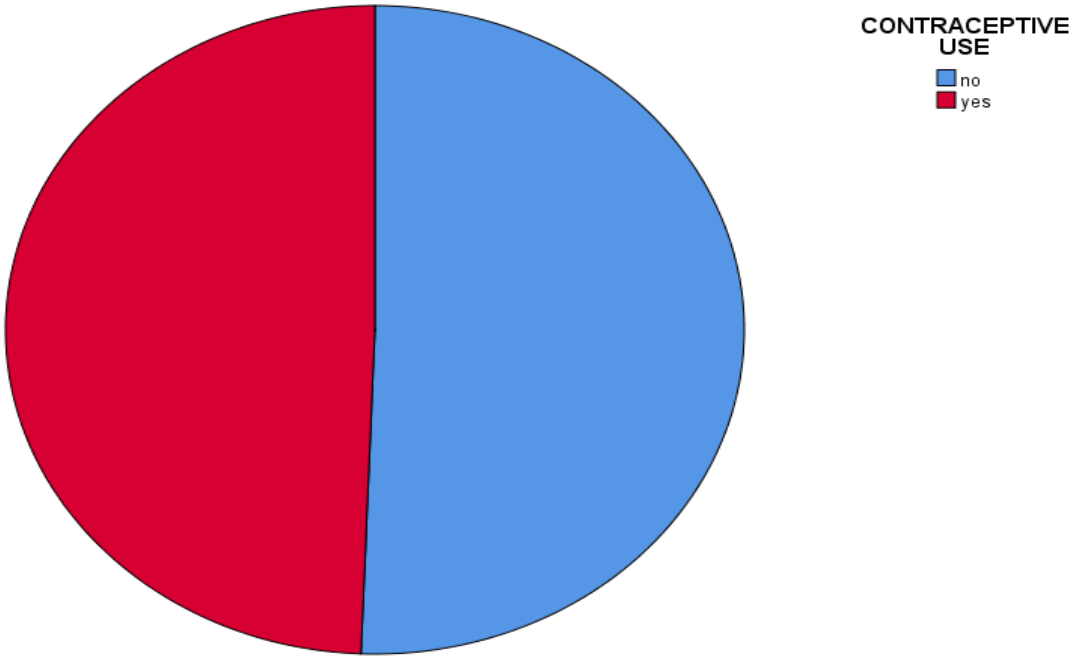
Knowledge

A Total of 500 randomly selected married woman between the age group 0f 18-45 were questioned after proper consent. Considering the knowledge of the patients regarding contraception, 88.6% (443/500) of the females had knowledge about contraception, 7.2% (36/500) gave no response and 4.2% (21/500) had no knowledge regarding contraception. Out of the 443 females having knowledge regarding contraception, majority i.e. 27.1% (120/443) had learned about contraceptives from health workers. Other sources of knowledge included self knowledge from internet (20.1%), Community discussions (18.5%), work place (18.1%) and family members (16.2%)

Practices

Out of the total 500 females only 247 females were practicing one or the other method of contraception (either by them or by their husbands). Hence the prevalence of contraceptive use as per our study in Jammu is 49.4%. Still about 50.6% (253/500) of the couples in the reproductive age group are not using any form of contraception.

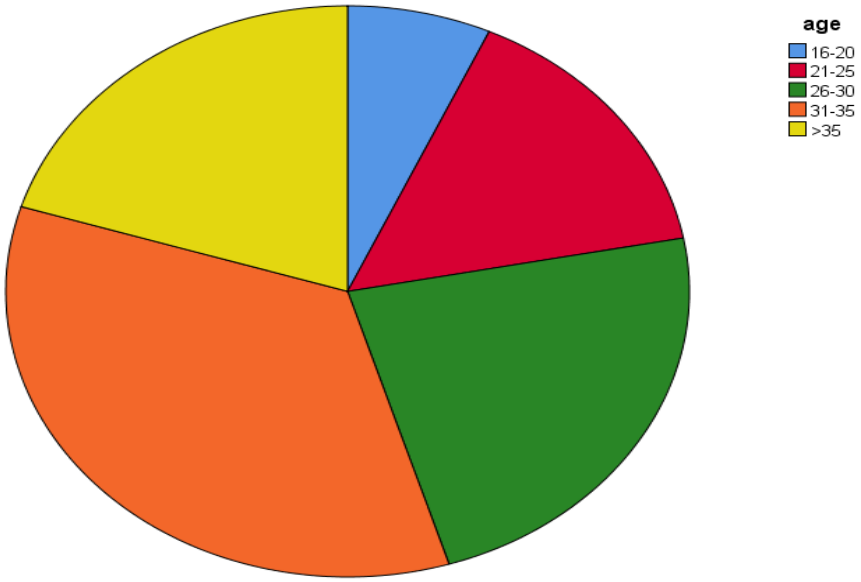
Figure no 1: Distribution based on contraceptive use



The most common age group using contraceptive methods were between 31-35 years of age (84/247, 34%) followed by 26-30 years (56/247, 22.7%), 35-45 years (52/247, 21.1%) and 21-25 years (39/247, 15.8%). The least use of contraception was seen in the age group of ≤ 20 years with only 6.5% (16/247) of the total users belonging to this group, this may be due to latest trend of delayed marriages and more orientation towards carrier, also only 34 out of the total 500 females questioned belonged to this group. The chi square value calculated for the age distribution relation with contraceptive use is about 0.470, with a p value of 0.976. Hence the relation between contraceptive use and age of the female is not significant as per our study.

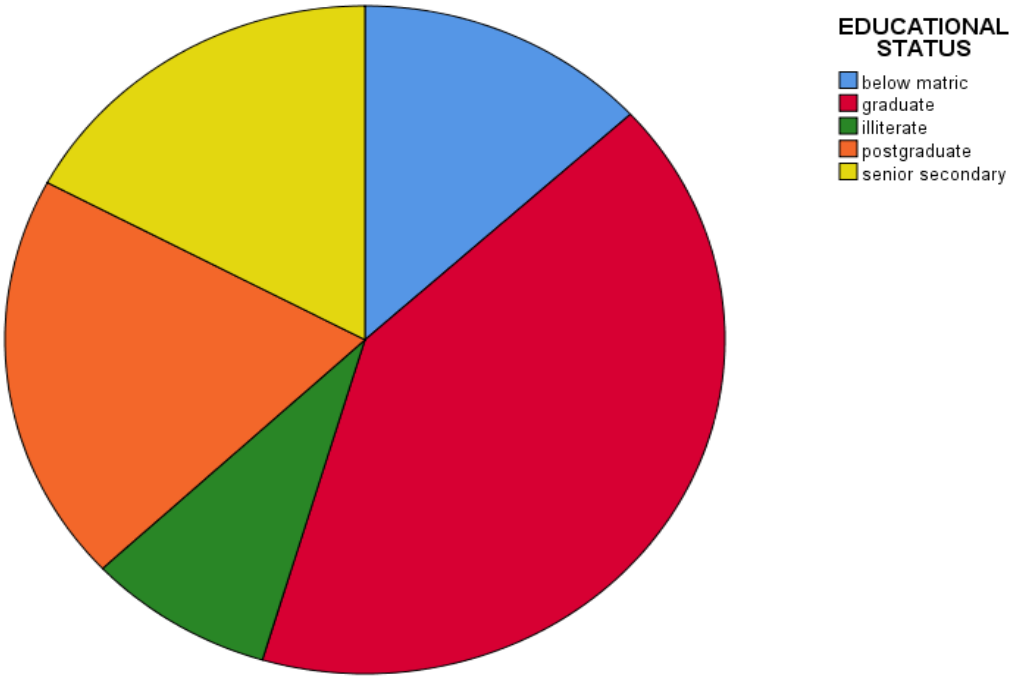
DOI: 10.69605/ijlbpr_13.7.2024.113

Figure 2: Age distribution of the Females



Based on the educational status most of the females practicing contraception were well qualified with the majority being Graduate and above. About 47.8% (118/247) of the females practicing contraception were graduates and about 34.8% (86/247) were postgraduates. However out of the total 42 illiterates questioned in the study, only 3 (7.1%, 3/247=1.2%) were practicing contraception and 39 (92.9%) were not practicing any form of contraception. A total of 66 females below the level of matriculation were questioned and out of these only 8 (12.1%, 8/24=3.2%) were using contraceptive methods and about 58 (87.9%) were not using any form of contraception. About 86 females who had an educational qualification up to the level of senior secondary were questioned and only 32 (37.2%, 32/247=12.96%) were using contraceptives and 54 (62.8%) were not using contraception. The calculated chi square value for this distribution is 132.202 with a p value of 0.001, making the relationship between contraceptive use and educational status significant.

Figure no 3: Distribution based on educational status

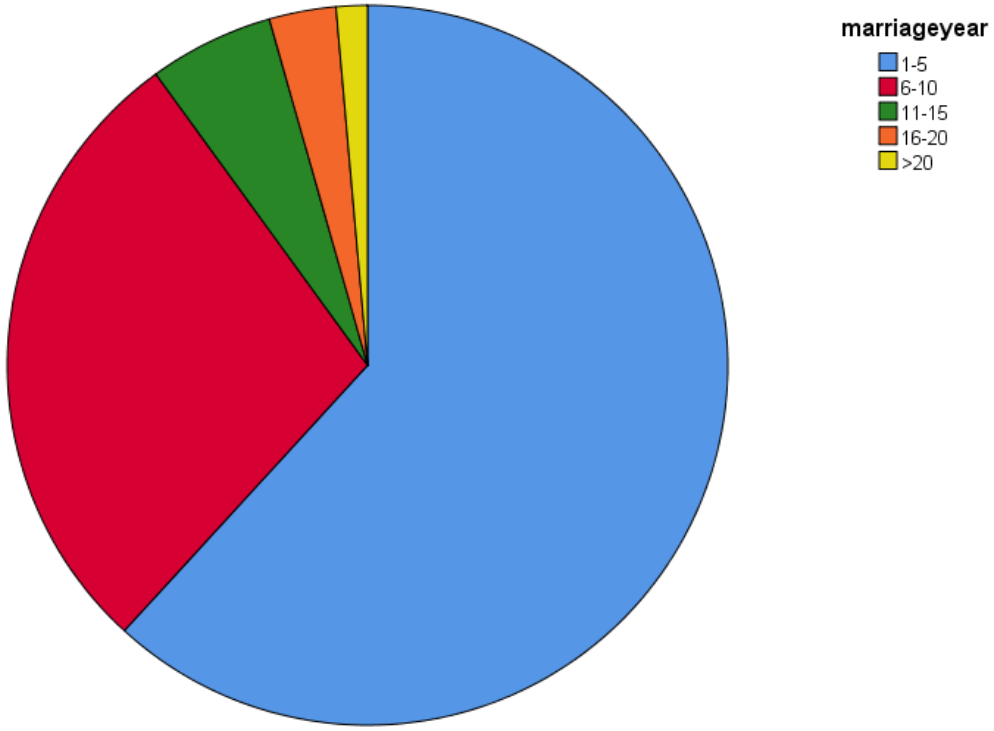


Majority (152/247, 61.5%) of the patients practicing contraception were within the first 5 years of marriage followed by within 6-10 years of marriage (69/247, 27.9%) and gradually as the no of years after marriage increased the practice of contraception declined. Between 11-15 years of marriage a total of 28 patients

DOI: 10.69605/ijlbpr_13.7.2024.113

were questioned out of which 15(53.6%, 15/247=6.1%) were practicing contraception and 13(46.4%) were not practicing it. Between 16-20 years of marriage a total of 15 patients were asked about contraception and only 6 (40%, 6/247=2.4%) were using one or the other form of contraception and 9 (60%) were not practicing any of the methods. After >20 years of marriage only 7 patients were available for interviewing, out of which 5 (71.4%, 5/247=2%) were using contraception and 2 (28.6%) were not using any form of contraception. The p value calculated for the relationship between number of years since marriage and contraceptive use is 0.717, making it not significant (x^2 =2.102).

Figure no 4: Distribution based on the number of years since marriage



Considering the religious practices most of the patients practicing contraception were Hindu (132/247= 53.4%). However out of the total 280 Hindu patients only 47.1% (132/280) were practicing contraception and majority 52.9% (148/280) were not practicing it. Followed by Hindus, Muslim females were also commonly seen practicing contraception (86/247=34.8%) and a majority of 53.8% (86/160) of the total 160 Muslim females questioned were using contraceptive methods and about 46.25% (74/160) were not using contraception. About 11.7% (29/247) of the total contraceptive users were Sikh by religion. However of the total 60 Sikh couples evaluated only 48.3% (29/60) were using contraception and 51.7% (31/60) were not using any of the types of contraception. The p value calculated for the relationship between religious practices and contraceptive use is 0.405, making it not significant (x^2 =1.809).

Depending upon the social class majority of the patients belong to middle class (260/500). Out of the total 247 contraceptive users 54.7% (137/247) of the users were from middle class. Amongst the middle class 51.9% (135/260) of the females were using contraceptives and 125/260 (48.1%) females were not using any form of contraception. Followed by the middle class next majority of the patients were from the lower class (151/500) and lastly the upper class (89/500). Out of the total 247 contraceptive users about 22.7% (56/247) of the users were from lower and upper class each. Out of the total 151 females questioned from lower class 37.1% (56/151) were practicing contraception and 62.9% (95/151) were not using any form of contraception. A total of 89 females from the upper class were included in the study, 62.9% (56/89) of these were using contraception and 37.1% (33/89) were not using any of the methods. The calculated chi square value for this distribution is 17.414 with a p value of 0.001, making the relationship between social class and contraceptive practice significant.

Considering the number of previous live children existing with the couple a difference was seen amongst contraceptive use. It was seen that out of the total 247 contraceptive users 215 (87%) had one or more live children previously and only 32 (13%) users were either nullipara or had no live children with them. However amongst the users and non users not much difference was in number and presence or

DOI: 10.69605/ijlbpr_13.7.2024.113

absence of preexisting children did not affect the incidence of contraceptive use.

In our study we noted a predominance of contraceptive use amongst the working females. Out of the 247 contraceptive users, 78.1% (193/247) were working females and 21.9% (54/247) were house makers. However of the total 286 working females registered in the study, 67.5% (193/286) of the females were using contraception and 32.5% (93/286) were still not using contraception. 214 out of total 500 registered patients were housemakers , only 25.2% (54/214) of these were using contraception and 74.8% (160/214) were not using any of the methods. The p value calculated for the relationship between occupational status of the females and contraceptive use is 0.001, making it significant (x^2 =87.410). All the above mentioned variables have been described in Table no1.

0ut of the total 500 female participants of the study, 247 were contraceptive users. The common method of contraception being used as per our study was the Barrier method which was being used by about 72 couples (29.1%). Second most commonly used contraceptive method were the Oral contraceptive pills (OCP) in about 50 females (20.2%), following this were the injectable contraceptives (DMPA, Inj Antara, 41/247 = 16.6%), Tubal ligation (33/247= 13.4%), Intra uterine contraceptive device (IUCD, 24/247= 9.7%), Coitus interruptus (15/247= 6.1%) and lastly used method was Vasectomy (12/247= 4.9%) as described below in Table no 2.

Table no 1: Distribution of contraceptive use amongst different variables

S.N.O	VARIABLE		CONTRACEPTIVE USE (n=500)		% WITHIN CONTRACEPTIVE USE		% WITHIN VARIABLE		x^2	P
			YES (n=247)	NO (n=253)	YES (n=247,100 %)			NO		
1	Age	<20	16	18	6.5%	7.1%	47.1 %	52.9 %	0.470	0.976
		21-25	39	37	15.8%	14.6 %	51.3 %	48.7 %		
		26-30	56	60	22.7%	23.7 %	48.3 %	51.7 %		
		31-35	84	89	34%	35.2 %	48.6 %	51.4 %		
		>35	52	49	21.1%	19.4 %	51.5 %	48.5 %		
2	Educational status	Illiterate	3	39	1.2%	15.4 %	7.1%	92.9 %	132.202	0.001
		Below matric	8	58	3.2%	22.9 %	12.1 %	87.9 %		
		Senior secondary	32	54	13%	21.3 %	37.2 %	62.8 %		
		Graduate	118	89	47.8%	35.2 %	57%	43%		
		Post graduate	86	13	34.8%	5.1%	86.9 %	13.1 %		
3	Social class	Lower	56	95	22.7%	37.5 %	37.1 %	62.9 %	17.414	0.001
		Middle	135	125	54.7%	50.6 %	52.1 %	47.9 %		
		Upper	56	33	22.7%	13%	62.9 %	37.1 %		
4	Occupation	Housewife	54	160	21.9%	63.2 %	25.2 %	74.8 %	87.410	0.001
		Working	193	93	78.1%	36.8 %	67.5 %	32.5 %		
5	Religion	Hindu	132	148	53.4%	58.5 %	47.1 %	52.9 %	1.809	0.405
		Muslim	86	74	34.8%	29.2 %	53.8 %	46.3 %		
		Sikh	29	31	11.7%	12.3	48.3	51.7		

DOI: 10.69605/ijlbpr_13.7.2024.113

						%	%	%		
6	Years since marriage	1-5	152	157	61.5%	62.1 %	49.2 %	50.8 %	2.102	0.71 7
		6-10	69	72	27.9%	28.5 %	48.9 %	51.1 %		
		11-15	15	13	6.1%	5.1%	53.6 %	46.4 %		
		16-20	6	9	2.4%	3.6%	40%	60%		
		>20	5	2	2%	0.8%	71.4 %	28.6 %		

Table no 2: Different Methods of contraception used .

S.N.O	TYPE OF CONTRACEPTIVE	NO OF USERS (n=247)	PERCENTAGE
1	Coitus interruptus	15	6.1%
2	Barrier method	72	29.1%
3	OCP	50	20.2%
4	Injectable (DMPA)	41	16.6%
5	IUCD	24	9.7%
6	Female sterlization	33	13.4%
7	Vasectomy	12	4.9%

A total of 253 were not practicing contraception. When questioned about the reason for not practicing contraception different cultural, religious, personal or family reasons were given as mentioned in the table no 3 below.

Table no 3: Reasons for not practicing contraception

S.N.O	REASON FOR CONTRACEPTIVE CONSTRAINT	NO OF NONUSERS (n=253)	PERCENTAGE
1	Religious reasons	10	3.9%
2	Cultural reasons	30	11.9%
3	Family issues	65	25.7%
4	Partner unwilling	102	40.3%
5	Self health	46	18.2%

Attitude

In terms of regularity of contraceptive use only 130 (52.6%) out of the total 247 contraceptive users had regularity in their usage and 117 (47.4%) showed an irregular pattern of use or either had planned discontinuation further in future. Different reasons were seen for discontinuation either because of side effects experienced, due to issues in patient/partner compliance or due to further plan for conception.

DISCUSSION

The prevalence of contraceptive use as per our study in Jammu is 49.4% similar to the study by Dowerah J et al with a prevalence of 55.1%.[5] However in the study by Thakur A the prevalence was estimated to be 67.7%.[6] In our study the most common age group of females using contraception 26-35 years of age (56.7%) similar to study by Sherpa SZ et al with 48.5% of females being in the age group of 26-35 years and Thakur A with 60.1% females between 26-35 years.[6,7]

Based on the knowledge regarding contraception 88.6% of the females had knowledge at least of one or more contraceptive methods, 7.2% gave no response and 4.2% had no knowledge regarding contraception and majority i.e. 27.1% had learned about contraceptives from health workers. In the study by Kousar R and Barman K et al 98.1% and 92% participants had some knowledge about contraceptives and 1.9% and 8% had none.[8,9] In the study by Sherpa SZ et al 98.5% of the females got information through health personnel.[7]

Majority (82.6%) of the participants of our study were well educated (Graduate and above) similar to the study by Barman K et al and Wani RT et al with 68.5% and 47.61% of the participants being literate and 31.5% being illiterate.9,10 However in the studies by Dowerah J et al, Thakur A et al, Sherpa SZ et al educational status of the patients were generally up to or below senior secondary.[5,6,7]

Majority (61.5%) of the patients practicing contraception in our study were within the first 5 years of marriage similar to study by Dowerah J et al and Sherpa SZ et al where 37.6% and 43.4% of the patients were within 5 years of marriage.[5,7] Majority of the patients in our study practicing contraception were Hindu (53.4%) similar to Thakur A et al (99.5%) and Sherpa SZ et al(92%), unlike Dowerah J et al and Barman K et al with predominance in Muslims.[5,6,7,9]

DOI: 10.69605/ijlbpr_13.7.2024.113

Majority of the participants in our study belonged to middle class. Out of the total 247 contraceptive users 54.7% of the users were from middle class, similar findings were in the study by Dowerah J et al(43.8%), Thakur A et al(46.2%) and Barman K et al(44%)[5,6,9] However in the study by Wani RT et al predominance of contraceptive practice was seen in income group ≤ Rs15000.[10]

In our study 87% of the contraceptive users had ≥1 live children previously and only 13% were either nullipara or had no live children with them. Similar findings were seen in studies by Dowerah J et al, Wani RT et al and Barman K et al.[5,9,10] We noted a predominance of contraceptive practice amongst the working females(78.1%) unlike in the study y Dowerah J et al, Thakur A et al and Sherpa SZ et al where majority of the users were homemakers.[5,6,7] In our study the practice of contraception was seen to have a significant relation with educational status(p=0.001), social class(p=0.001) and occupation(0.001), but not so with age of the female and years since marriage. Santoso BI et al showed a significant correlation between practice of contraception and age, marital aged and number of parity ($p<0.001$, $p=0.004$, $p<0.001$).[11]

Barrier method was the most common method seen to be used in our study (29.1%) followed by OCP (20.2%) However in studies by Sherpa SZ et al and Barman K et al OCP were the commenest.[7,9]. Different methods were seen variedly being common in different studies.

In terms of Attitude 52.6% of the contraceptive users had regularity in their usage in our study, Dowerah J et al showed regularity in 94.4% of the participants.[5]

CONCLUSION

Based on our study contraceptive knowledge , practice and attitude was seen to be more favourable among educated working females belonging to middle class having ≥ 1live child and mostly within first 5 years of marriage with barrier method being the commonest method used.

Conflicts of Interest: None
Funding: None

.

REFERENCES

1. We Are Social & Meltwater (2024), "Digital 2024: India," retrieved from https://datareportal.com /reports/digital-2024-india on 21 february 2024
2. Tripathi S, Pathak VK, Lahariya C. Key findings from NFHS-5 India report: Observing trends of health indicators between NFHS-4 and NFHS-5. *J Family Med Prim Care* 2023;12:1759-63.
3. Hammad AQ, Hashmi A, Syed AR, Jamil AS, Aslam G. Contraceptive methods and factors associated with modern contraceptive in use. *Journal of Family and Reproductive Health* 2010;4:41-6 .
4. Weldegerima B, Denekew A. Women's knowledge, preferences, and practices of modern contraceptive methods in Woreta, Ethiopia. *Res Social Adm Pharm* 2008;4:302-7.
5. Dowerah J, Murthy MRN, Kulkarni P. Prevalence and pattern of contraceptive use and unmet need among women of reproductive age in urban Mysuru. *Clinical Epidemiology and Global Health* 2020;8(4):1221-1224.
6. Thakur A, Gupta AK, Chauhan T, Chauhan N. A community -based study to estimate the contraceptive prevalence rate among the women of reproductive age group in rural North India. *International Journal of Community Medicine and Public Health* 2020;7(8):3244-3248.
7. Sherpa SZ, Sheilini M, Nayak A. Knowledge, Attitude, Practice and Preferences of contraceptive methods in Udupi district , Karnataka. *Journal of Family and Reproductive Health* 2013;7(3):115-120.
8. Kousar R, Afzal M. Knowledge, Attitude and Practice (KAP) study on contraceptive prevalence among health care providers. *South American Journal of Public Health* 2016;4(2):1-12.
9. Barman K, Roy M, Choudhary SS, Naznin W. Knowledge, attitude and practices of contraception among the married women of reproductive age. The New Indian Journal of OBGYN 2021;7(2):224-227.
10. Wani RT, Rashid I, Nabi SS, Dar H. Knowledge, attitude and practice of family planning services among healthcare workers in Kashmir- A cross-sectional study. *J Family Med Prim Care* 2019;8:1319-25.
11. Santoso BI, Surya R. Knowledge, attitude, and practice of contraception among pregnant women in Ende district, East Nusa Tenggara, Indonesia. *Journal of South Asian Federation of Obstetrics and Gynaecology* 2017;9(2):104-112.