

# Assessment of knowledge about contraceptive methods among Bangalore Urban Women

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## Abstract

**Introduction:** Family planning is one of the fundamental pillars of safe motherhood and a reproductive right. The practice of family planning is influenced by socio-demographic factors, hence its variation between regions of the world and countries. It is pertinent to reposition family planning to accelerate the reduction of maternal and neonatal mortality in less developed countries. **Aim:** To assess the knowledge about contraceptive methods among Bangalore Married Women. **Study Design:** It is a community based cross-sectional study. **Study Area:** Urban area of Dr. B.R. Ambedkar Medical College. **Study Population:** Married women in the reproductive age group of 15-45 years. **Materials And Methods:** 300 married women in the urban area of Dr. B.R. Ambedkar Medical College were interviewed and examined using a pre-tested and semi-structured questionnaire after obtaining informed oral consent. Married women were interviewed with respect to the socio-demographic and other factors to assess their knowledge. **Results:** 35.35% were aged between 25-29 years of age. 59% were Hindus, 35.3% were Muslims and 5.7% were Christians. 71.7% were belonging to Nuclear families. 51.3% had secondary level of education. 84% of women were housewives and were belonging to Class III (lower middle) socio-economic status. 36.66% had two living children. **Conclusion:** 176(58.6%) were currently using methods of contraception. 140(46.7%) were aware of male sterilization and 129(92.2%) had negative opinion towards male sterilization. 92 (30.6%) in the study group 92 (30.6%) first named contraceptive method was OC Pills and the first source of information for the method named for 189(66.54%) was Health personnel. 234 (96.7%) women told limiting birth as benefit of contraception.

**Key words:** Contraceptive methods, Knowledge, Married women, urban area.

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## INTRODUCTION

WHO defined Family planning 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 the family group and thus contribute effectively to the social development of the country”<sup>1</sup>. In a diverse and relatively young independent country such

as India, infrastructure, implementation, education and public opposition proved to be barriers for initial family planning attempts. Since fertility in India is primarily marital, the aim of this study is to look at some factors that may affect different methods of contraception among married women at the different level<sup>2</sup>. The reasons for adopting sterilization, on use and discontinuation of contraceptive methods, by women, need to be evaluated for, better acceptance of the contraceptives, for reassessing the changes required in promotional strategies of the spacing methods and further developing and/or modifying the appropriate promotional strategies of the spacing methods. The present study was therefore undertaken to assess the Knowledge about contraception among married women in urban community.

## AIMS AND OBJECTIVE

1. To assess the knowledge about contraceptive methods among married women in the age group of 15-45 years.

**MATERIALS AND METHODS**

**Type of the study:** It is a community based cross-sectional study.

**Area of the study:** Urban area of Dr. B.R.Ambedkar Medical College.

**Study Population:** Married women in the reproductive age group of 15-45 years, residing in urban area of Dr. B.R. Ambedkar Medical College.

**Inclusion Criteria:** -Women who are married, age of 15-45 years and presumed to be sexually active. -Pregnant and post partum amenorrhoeic women are also included.

**Exclusion Criteria:** - Those who are not willing to participate. - Unmarried women.

**Study period:-**December 2010-December 2011.

**Sampling Design:-**Systematic Random Sampling.

**Sample Size:** The sample size was 300, calculated by taking the prevalence rate of contraceptive use (56.3%) at 5% significance level and 10% error.

Urban area of Dr.B.R.Ambedkar medical college covers a population of 79,667, of which married couple population is 11,533.Married women were selected based on systematic random sampling method. 300 Married women aged around 15-45years were visited in the areas and were interviewed by obtaining oral informed consent.

**Data collection:** After conducting a pilot study in 50 subjects, necessary modifications were made in the proforma and the present study was undertaken. The data was collected by interviewing the woman using a predesigned and pretested proforma in their own local language, during home to home visit. Information was collected regarding her age, education, occupation, religion, income and also about her marital history like her age at the time of marriage, duration of married life, her present parity status, if she was pregnant or post partum amenorrhoeic and also regarding the use of contraception and knowledge regarding various contraceptive methods. At the end of the questionnaire, any misconceptions or queries regarding were clarified and the respondent were thanked for extending her co-operation.

**Data analysis:** The data analysis was done using statistical software Mini-tab and SPSS.

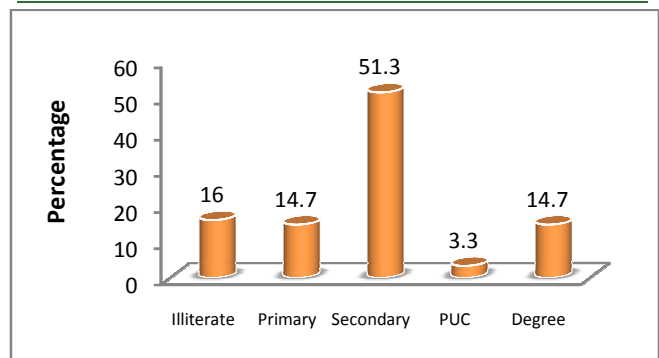
**RESULTS**

106(35.3%) were aged between 25-29 years of age. 177(59%) were Hindus, 106(35.3%) were Muslims and 17(5.7%) were Christians in the study.215 (71.7%) were belonging to Nuclear families. 153(51%) had secondary level of education, 46(15.3%) were illiterates, 38(12.7%) were Degree holders.154 (51.3%) of husbands had Secondary level of education.252(84%) of women were housewives and were belonging to Class III (lower middle) socio-economic status according to Modified Kuppaswamy’s classification. Age at marriage in the

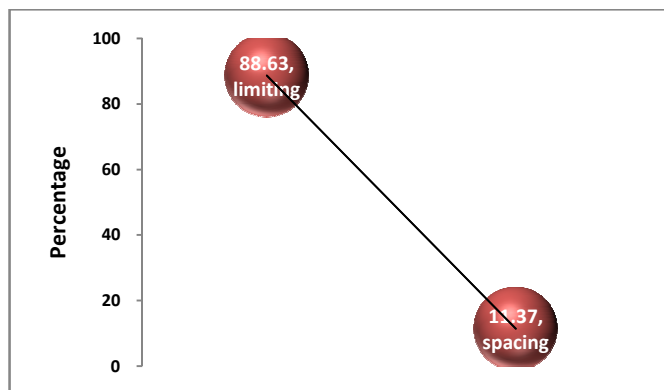
study group 192(64%) was between 18-23years of age ,177(59%) duration of married life was ≤ 10 years. 110(36.66%) had two number of living children.145(50.34%) the age at first pregnancy is between 19-23years.Among the 300 respondents 176(58.6%) were currently using methods of contraception. 54(30.68%) of current users were of age group of 25-29years. Among the current users majority 126(71.59%) had undergone Tubectomy and none were found who had adopted Vasectomy as a contraceptive method in the study population.81(46.02%) of current users had Secondary level of education and 82(46.6%) of current users had two children 156(88.7%) women used contraception to limit their family size and 122(69.4%) used contraception after birth of first child.140(46.7%) were aware of male sterilization and 129(92.2%) had negative opinion towards male sterilization and majority 74(57.4%) gave reason for negative opinion as weakness will develop in males following male sterilization.280 (93.4%) of husbands of study population had agreed for contraception and 20(6.6%) had disagreed.284 (94.4%) of husbands wanted same number of children as wife and 15(5%) wanted more number of children than wife.291(97%) of women were involved in decision making for contraception usage.135(76.7%) of women accessed Tertiary Govt hospital for contraception and 92(30.6%) in the study group first named contraceptive method was OC Pills and the first source of information for the method named for the 189(66.54%) was Health personnel. Knowledge about benefits of contraception, 234 (96.7%) women told limiting birth as benefit of contraception.

**Table 1:** Distribution of the study population according to the Literacy status

Literacy Status	No of Respondents	Percentage (%)
Illiterate	46.0	15.3
Primary(1-7 <sup>th</sup> )	32.0	10.7
Secondary(8-10 <sup>th</sup> )	153	51.0
PUC	31.0	10.3
Degree	38.0	12.7
<b>Total</b>	<b>300</b>	<b>100</b>



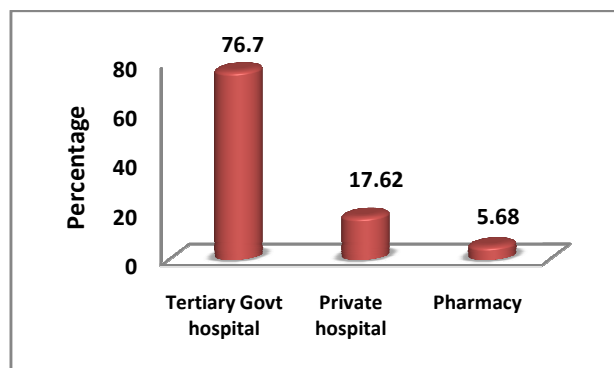
**Figure 1:** Distribution of the study population according to the Literacy status of the husband



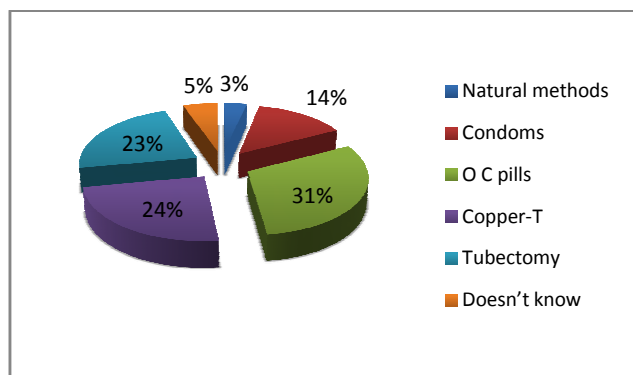
**Figure 2:** Distribution of the study population according to the purpose of contraceptive use

**Table 2:** Distribution of the study population according to the reasons for negative opinion towards male sterilization

Reasons for negative opinion	No of Respondents	Percentage (%)
Fear of side effects	6.0	4.6
Weakness in males	74	57.4
Males should not be operated	49	38.0
<b>Total</b>	<b>129</b>	<b>100</b>



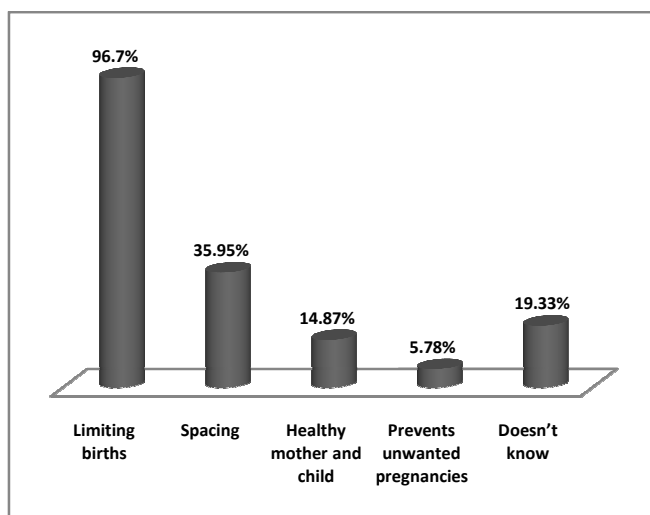
**Figure 3:** Distribution of study population currently using contraception according to the Accessibility



**Figure 4:** Distribution of the study population according to the First contraceptive method named

**Table 3:** Distribution of the study population according to First Source of information of method named

Source	No of Respondents	Percentage (%)
Health Personnel	189	66.54
Husband	12.0	4.22
Family members	19.0	6.70
Friends	19.0	6.70
Media	45.0	15.84
<b>Total</b>	<b>284</b>	<b>100</b>



**Figure 5:** Distribution of the study population according to the Knowledge about benefits of contraceptive methods

## DISCUSSION

Contraceptives provide a safe and effective way to regulate fertility and preserve health. In addition to their effectiveness in preventing pregnancy, some contraceptives also have.<sup>3</sup> If all women who say that they want to space or limit births were to use family planning, the contraceptive prevalence rate of currently married couples would increase drastically and this in turn would have an impact on the total fertility rate.<sup>3</sup> With increase in literacy level, the prevalence of spacers in the unmet need group have significantly increased and that of limiter decreased. The prevalence of spacers significantly decreased and limiter increased with the increase in the number of living children. The major reason for unmet need was opposition from husband /family and community (32%).<sup>4</sup> Illiterate women more often accepted sterilization (25%) than the literate women (15%). This is because illiterate women had more children. About 30% of illiterate women had 3 or more children as opposed to 16.2% of literate women. However, literacy status did not influence the choice of any specific spacing method.<sup>5</sup> Rebha sabharwal's study focuses on what factors contribute to women using or not using contraceptive measures to control her fertility. The literature shows that contraceptive use varies by the age of the women,

woman's educational level and her partner's educational levels are also predictors.<sup>6</sup> Weeam S Hammoudeh, NiveenME.Abu-Rmeleh studied that women's education, employment, access to and knowledge of contraception have been highlighted as important predictors of fertility and contraception by demographers.<sup>7</sup> G Santhya studied that contextual and structural factors (high levels of illiteracy, poor access to sources of knowledge, poverty, and gender and non gender based disparities) are responsible. The direction, the emphasis and strategies followed hitherto in the family welfare programme have largely contributed to the limited success of the programme. There is an increasing recognition of various barriers to promoting contraceptive choice and meeting contraceptive needs in the country.<sup>8</sup> Currently married women, who are not using a contraceptive method fall into 2 categories with respect to their contraceptive experience-those who used contraception in the past(Ever users) and those who never used contraception(Never users). Low acceptance of temporary methods which was 7% seen predominantly among the higher secondary educated women, which is in contrary to the studies which reveal that the use of temporary methods are more popular among women with at least middle school education than among those with less education. Urban women are more likely than rural women to have discussed family planning. The proportion of women reporting such discussions rises with women, husband's education and the standard of living index<sup>9</sup> In a similar study, in their analysis found that both husband's and wife's education is indicative of their contraceptive practices and any education overall contributes contraceptive use<sup>10</sup> Women who have more education usually have more control over resources and more autonomy in decision-making. Education can transform attitudes, leading to the questioning of traditional beliefs and practices, such as those supporting high fertility.<sup>10</sup> A house to house survey, conducted in Maharashtra, revealed that out of 384 respondents, 228(59.4%) were acceptors of family planning methods. Among the spacing methods, Cu T was the most popular method adopted by 29(12.7%) of the respondents. Furthermore, it shows that the sterilization procedures tubectomy was far more common (74.6%) than vasectomy (1.3%)<sup>11</sup> Cates and Stone (1992) studied that generally having information on STD'S has been shown to encourage modern contraceptive use such as condoms and thus having an impact on fertility as well.<sup>12</sup> Mona Sharma and Thomas W.Valente studied that women who were exposed to Radio program had significantly elevated odds of believing that their spouse approved of family planning and of having discussed family planning with their spouse (odds ratio,1.8-1.9).Those who communicated with their

spouse had elevated odds of using family planning (10.2).<sup>13</sup> Robey (1998) studied that when couples decided to use modern contraception, cost, awareness and accessibility play role in their decision. Thus in this analysis, women who are from higher classes of society, are more likely to be using modern contraception than women from the lower classes.<sup>14</sup> In order for a husband and wife to agree on the use of family planning, couples not only must discuss the topic but also accurately perceive each other's attitude's.<sup>15</sup> Women who do not know whether their husbands approve of family planning, or who believe that their husbands disapprove, is much less likely to use contraception than those who believe that their husbands approve.<sup>15</sup>

Raju, in his study at Andhra Pradesh observed that nearly half of the respondents (47%) rarely discussed family planning with their wives.<sup>16</sup> A study undertaken by the Post partum Programme Centre Regional Institute of Medical Sciences, Imphal (1989-2000) revealed that compared to Vasectomy(1.19%),the percentage of Tubectomy was far greater (12.37%).This difference might be due to the male dominant nature of Indian Society, which prevailed in the study area.<sup>17</sup> A study conducted in Uttar Pradesh shows that wives basically agreed with the decisions taken by their husbands. Silent concurrence by women or lack of protest by them was interpreted as having aimed at a joint decision. Women almost never question the decision of their husbands, nor do they enter into any discussion with them. Knowledge of birth control measures is a matter of women's right, if they are to be in control of their fertility. Surveys find that awareness of contraception is nearly universal among married women in developing countries.<sup>18</sup> As per the study conducted in the year 1998-99, by Demographic Health Surveys and Reproductive Health Surveys Programme, it reports, in India awareness of any method is 99%,female sterilization 98%,male sterilization 89%,oral contraceptives 80%,IUDs 71%,condom 71%.<sup>18</sup> A study conducted among 500 women of 50 different villages by the Department of community medicine, LLRM Medical College, Meerut, reveals that most of the women (78.8%) had knowledge about one or more modern method of contraception. The knowledge on oral pills and IUD was found to be 36.6% and 33.2% respectively, among rural women. Knowledge about sterilization methods was 55.4%.<sup>19</sup> A house-to-house survey conducted in Maharashtra found that 11.2% had poor knowledge, 75.3% had fair knowledge and 13.5% had adequate knowledge of family planning. Lack of knowledge of contraceptive methods can be a major obstacle to their use<sup>11</sup>. In the Urban Slums of Delhi, 47.1% of women reported knowing 2-3 methods of contraception without being prompted and 61.2% were

aware of its source. 60.3% of women with unmet need could mention one or more method and identify its source.<sup>20</sup> There was high awareness of all the different types of contraceptives but the knowledge of its advantages and importance were either minimal or nil which was a reason for the low prevalence. Survey reports though awareness is essential for use of at least one method, knowledge of range of methods is important for a choice.<sup>18</sup> In a similar study, it was found that 65.9% the source of information was from health personnel, 27.6% was from television, 18.2% from peer group.<sup>21</sup>

## CONCLUSION

176(58.6%) were currently using methods of contraception. 54(30.68%) of current users were in the age group of 25-29years. 126(71.59%) had undergone Tubectomy and none were found who had adopted Vasectomy as a contraceptive method in the study population. 81(46.02%) of women using different type of contraception had Secondary level of education. 156(88.7%) women used contraception to limit their family size and 122(69.4%) used contraception after birth of first child. (0.80%) gave reason as lack of information for not using contraception. 140(46.7%) were aware of male sterilization and 129(92.2%) had negative opinion towards male sterilization and 74(57.4%) gave reason for negative opinion as weakness will develop in males following male sterilization. 280 (93.4%) of husbands of study population had agreed for contraception and 20(6.6%) had disagreed. 284 (94.4%) of husbands wanted same number of children as wife and 15(5%) wanted more number of children than wife. In the study group 291(97%) of women were involved in decision making for contraception usage. 135 (76.7%) of women accessed Tertiary Govt hospital for contraception and majority 92(30.6%) in the study group first named contraceptive method was OC Pills and the first source of information for the method named for the majority 189(66.54%) was Health personnel. 234 (96.7%) women told limiting birth as benefit of contraception. IEC components of family planning programmes should include among target audiences, older women and husband who may be obstacles to the adoption of contraception by the woman in need.

- In order to be effective, programmes must include counseling and education to help women disentangle fact from fiction regarding health and side effects of methods.
- Women who do not seek contraceptive services because they believe they are not at risk of getting pregnant require information through outreach efforts outside of a clinical setting.

- Health personnel need to educate and motivate couples to use reversible methods since delaying the births can also help to reduce the fertility and thus help in controlling the population.
- Efforts to promote societal receptivity to contraceptive use can help women overcome the cultural and social barriers to achieve their desired family size.
- Social changes outside the domain of the family planning programme, such as policies to enhance female economic autonomy, may be equally important in the long run. In order to address the role of son preference, two major societal changes are needed: first, the educational and economic empowerment of women and second, the provision of a social security net which prevents parents from being solely dependent on their male offspring in advanced age.
- Primarily the community and the families' attitude should change towards women's education, by way of women's empowerment, interactive club etc. This can improve their standard of living in the community, thereby increasing the age at marriage for better acceptance and compliance of contraceptive use.
- Inter-spouse communication should be improved by means of men's involvement and access to reproductive health information and services, which will enable them to take responsible reproductive decisions. This would also improve their attitude towards acceptance of spacing methods and vasectomy.

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