

# The knowledge and awareness about among married women in urban field practice area of Rama medical college hospital and research centre, Mandhana, Kanpur

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## Abstract

**Background:** A multi-pronged strategy aimed at sustained IEC efforts focusing on safety and beneficial effects of various contraceptives, clearing of misconception about side effects of contraceptives by family planning counselors and equal involvement of both husband and wife as one unit should be able to bring out an outcome favourable in terms of contraception use. **Methods:** The study of factors influencing family planning practices was carried out among 350 married women aged 18-49 years in the urban field practice area of Rama Medical College Hospital and Research Centre, Kanpur during the period of January 2017 to December 2018. **Results:** In the study group, majority 135(38.6%) were aged between 26-33 years of age. Majority 309(88.3%) were Hindus, 14(4%) were Muslims and 13(3.7%) were Christians in the study. Majority 121(34.6%) had secondary level of education, 41(11.7%) were illiterates, 16(4.6%) were Post Graduate. Majority 174 (49.7%) of current users have accessed contraception from Urban health center, 80 (22.9%) from private pharmacy and 96(27.4%) from tertiary level hospital and 264 (75.4%) had no fear and 86 (24.6%) had fear from the side effect of contraceptive. 187(53.4%) women know about emergency contraceptive and 163(46.6%) do not know about emergency contraceptive. **Conclusion:** In order to improve contraceptive use what we need today is multiple resources to educate couples, their parents, family members and society too, so what we can reach upto masses. Women must be made aware about their right i.e, protecting their own health. Good counseling practices along with clinical work are the need of time, for these women should be educated, be economical independent.

**Key Word:** contraceptive methods.

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## INTRODUCTION

India is the second most populous country in the world, next only to China, where as seventh in land area. With only 2.4% of the world's land area, India is supporting about 16.87% of the world's population. The population

of India 1.21 billion in 2011, (2001 is 102.8 crores), average exponential growth rate 1.95% in 2001, and the decadal growth of population is 17.6% in 2011(21.52% in 2001).<sup>1</sup> The death rate declines still further and the birth rate tends to fall. The population continues to grow because births exceed deaths. India has entered this late expanding phase. At the beginning of the century, Dr Pyare Krishnan watal (1916) observed that our country's increasing birth rate was a social danger. In his words, "if we want to go to the root of it (increasing birth rate), we must look at the causes that give rise to this high birth rate, much more seriously than to the secondary causes that give rise to high death rate".<sup>2</sup> "Women and men in many countries still lack adequate access to contraceptives, unless they are given the option of controlling their fertility, severe environmental and health problems loon in the coining century throughout

large parts of the world"<sup>3</sup>. More than 100 million women in developing countries or about 17% of all married women would prefer to avoid a pregnancy but are not using any form of family planning<sup>4</sup>. India was the first country in the world to formulate the national family planning programme in the year 1952 with the objective of "reducing the birth rate to the extent necessary to stabilize the population at a level consistent with requirement of national economy"<sup>5</sup>. The family planning programme has undergone transformation in terms of policy and actual programme implementation. There occurred a gradual shift from clinical approach to the reproductive child health approach and further the National Population Policy (NPP) 2000 brought a holistic and a target free approach which helped in reduction of fertility. The objectives, strategies and activities of the Family Planning division are designed and operated towards achieving the family welfare goals and objectives stated in various policy documents (NPP: National Population Policy 2000, NHP: National Health Policy 2002 and NRHM: National Rural Health Mission) and to honour the commitments of the Government of India (including ICPD: International Conference on Population and Development, MDG: Millennium Development Goals, FP 2020 Summit and others).<sup>6</sup> The family welfare programme is mainly based on a "Cafeteria approach"; where by a number of methods of contraception are offered to the eligible couples. The national family welfare programme, in India, has traditionally sought "to promote responsible and planned parenthood through voluntary and free choice of family planning methods, best suited to individual acceptors". However, these methods have not been widely accepted by a large number of the eligible couples, as these methods do not meet their psycho-social requirements. Thus, inspite of various efforts on the government's part, the percentage of eligible couples using contraception (couple protection) rate is only 56.3%<sup>7</sup>

## METHODS

The study will be carried out among married women in the reproductive age group of 18-49 years in the field area of UHTC (urban health training centre, Kalyanpur) of Rama medical college hospital and research centre, Mandhana, Kanpur.

UHTC provides health care to 12 mohallas of ward 18 and 42 of urban area of kalyanpur, out of which 03 mohallas namely Kalyanpur Khurd, Janakipuram and R.K Puram are selected for study by systematic random sampling method.

It is a community based cross-sectional study. Urban field practice area (U.H.T.C, Kalyanpur) of Rama Medical College hospital and research center, Mandhana, Kanpur.

Married women in the reproductive age group of 18- 49 years, residing in urban field practice area (U.H.T.C, Kalyanpur) of Rama Medical College hospital and research centre, Mandhana.

### Inclusion Criteria :

- Women who are married, age of 18 – 49 yrs.
- presumed to be sexually active.
- Pregnant and Postpartum amenorrhoeic women are also included

### Exclusion Criteria :

- Those who are not willing to participate.
- Widow women

Study Period was January 2017 to December 2018. And it was Systematic random sampling method.

The sample size is calculated by taking the prevalence rate of contraceptive use (56.3%) at 5% significance level and 10% error 350 About 10% more than sample size interviewed) UHTC provides health care to 12 mohallas of ward 18 and 42 of urban area of kalyanpur, out of which 03 mohallas namely kalyanpur khurd, janakipuram and R.K puram having population of 3000+1500+1000 respectively = 5500 (As population of females aged 18-49 is 220 per thousand )

Thus total female population 18-49 of above three mohallas=  $5500 \times 220 / 1000 = 1210$

$1210 / 310 = 3.90$  rounded off to ~ 4 above age group females interviewed every 4<sup>th</sup> house of all 03 study mohallas.

Data was processed on the software SPSS (Version 21.0), and Microsoft Excel 2010. Rates, ratios, proportions were calculated and cross tables with variables to ascertain 'association' were made. Statistical test for significance was applied on Chi-square distribution of the data analysis and of variance (ANOVA).

## RESULTS

Observations of study are presented under following headings.

### Part-A

- 1- Demographic profile of respondents and their statistical distribution (N = 350).
- 2- Prevalence of contraceptive among various groups
- 3- Type of Contraceptive methods adopted among various groups.
- 4- Various factors affecting adoption of contraception.
  - a) Decision of husband
  - b) source of information about various contraceptive methods
  - c) availability of family welfare programme
  - d) fear of side effect
- 5- Knowledge of emergency contraceptive and no. of subjects using emergency contraceptive.

**Part -B**

- 6- Awareness about injectable contraception.  
 7- Source of information about injectable contraceptive.  
 8- Side effects of injectable contraceptive among various age groups

- 9- Acceptability of injectable contraceptive among study subjects  
 10- Reasons for not using injectable contraceptive  
 11- Statistical analysis of variance (ANOVA).

**Table 1: Age of respondent**

N		Mean	Std. Error of Mean	Median	Mode	Std. Deviation	Range	Minimum	Maximum
Valid	Missing								
350	0	32.559	.42123	30.0000	29.00	7.88042	25.00	21.00	46.00

Above table shows statistical analysis of age of respondents participated in present study. The mean age of respondents (N=350) is 32.559 years with minimum 21years and maximum 46 years, median 30 years (with standard error of mean 0.42123 and standard deviation 7.88042)

**Table 2: Distribution of the study subject according to the Age**

Age group	Frequency	Percent
18-25	67	19.1
26-33	135	38.6
34-41	83	23.7
42-49	65	18.6
<b>Total</b>	<b>350</b>	<b>100.0</b>

In the above table it is observed that majority of the women were between 26 and 33 years age group which is the most crucial in the reproductive span. Among the 350 women, 135 (38.6%) were between 26 and 33 years, 83 (23.7%) were between 34 and 41 years, 67 (19.1%) were between 18 and 25 years, 65 (18.6%) were between 42 and 49 years of age.

**Table 3: Distribution of the study subjects according to type of contraceptive used**

Type of contraceptive used	Frequency	Percent
Condom	31	8.9
IUCD	52	14.9
Pills	58	16.6
(Dmpa)	22	6.3
Sterilization	31	8.9
Natural method	12	3.4
Not using	144	41.1
<b>Total</b>	<b>350</b>	<b>100.0</b>

The above table show 58(16.6%) female was using OCP, 52(14.9%) was using IUCD, 31(8.9%) was using condom 22 (6.3%) was using DMPA, 31(8.9%) has got sterilization and 12 (3.4%) was practiced natural method and 144 (41.1%) was not using any type of contraception.

**Table 4: Distribution of the study subjects according to the Type of contraception using currently in different age group**

Age group	Type of contraceptive used							Total
	Condom	IUCD	Pills	(DMPA)	Sterilization	Natural method	Not using	
18-25	3 4.50%	10 14.90%	14 20.90%	2 3.00%	7 10.40%	0 0.00%	31 46.30%	67 100%
26-33	6 4.40%	21 15.60%	30 22.20%	11 8.10%	12 8.90%	4 3.00%	51 37.80%	135 100%
34-41	12 14.50%	12 14.50%	9 10.80%	5 6.00%	5 6.00%	3 3.60%	37 44.60%	83 100%
42-49	10 15.40%	9 13.80%	5 7.70%	4 6.20%	7 10.80%	5 7.70%	25 38.50%	65 100%
<b>Total</b>	<b>31 8.90%</b>	<b>52 14.90%</b>	<b>58 16.60%</b>	<b>22 6.30%</b>	<b>31 8.90%</b>	<b>12 3.40%</b>	<b>144 41.10%</b>	<b>350 100%</b>

In the above table in age group 18-25 maximum 14 (20.9%) were using OCP, 10 (14.9%) were using IUCD and no one were practiced natural method. In age group 26-33, maximum 30(22.2%) were using OCP and minimum 4(3%) were using natural method of contraception.

**Table 5:** Distribution of study subjects according to the educational status and current type of contraception

Educational status	Type of contraceptive used							Total
	Condom	IUCD	Pills	Injectable (DMPA)	Sterilization	Natural method	Not using	
Illiterate	4 9.80%	7 17.10%	6 14.60%	2 4.90%	6 14.60%	2 4.90%	14 34.10%	41 100%
Primary	4 8.90%	7 15.60%	9 20.00%	1 2.20%	3 6.70%	4 8.90%	17 37.80%	45 100%
Middle	8 11.60%	11 15.90%	8 11.60%	8 11.60%	7 10.10%	2 2.90%	25 36.20%	69 100%
Secondary	10 8.30%	17 14.00%	22 18.20%	4 3.30%	8 6.60%	3 2.50%	57 47.10%	121 100%
Higher secondary	4 8.70%	7 15.20%	8 17.40%	3 6.50%	6 13.00%	0 0.00%	18 39.10%	46 100%
Graduate	0 0.00%	1 8.30%	3 25.00%	2 16.70%	0 0.00%	0 0.00%	6 50.00%	12 100%
Post graduate	1 6.30%	2 12.50%	2 12.50%	2 12.50%	1 6.30%	1 6.30%	7 43.80%	16 100%
<b>Total</b>	<b>31 8.90%</b>	<b>52 14.90%</b>	<b>58 16.60%</b>	<b>22 6.30%</b>	<b>31 8.90%</b>	<b>12 3.40%</b>	<b>144 41.10%</b>	<b>350 100%</b>

In the above table, in illiterate group maximum 7(17.1%) were using IUCD, in primary group maximum 9(20%) were using OCP, in middle maximum 11(15.9%) were using IUCD, in secondary group maximum 22(18.2%) were using OCP, in higher secondary group maximum 8(17.4%) were using OCP, In graduate group maximum 3(25%) were using OCP as contraceptive method.

**Table 6:** Distribution of study subjects according to the occupational status and current type of contraception

occupational status	Type of contraceptive used							Total
	Condom	IUCD	Pills	Injectable (DMPA)	Sterilization	Natural method	Not using	
Home maker	23 9.50%	37 15.40%	39 16.20%	16 6.60%	20 8.30%	11 4.60%	95 39.40%	241 100%
Unskilled	3 6.40%	7 14.90%	8 17.00%	3 6.40%	5 10.60%	0 0.00%	21 44.70%	47 100%
Semiskilled	4 11.80%	6 17.60%	5 14.70%	1 2.90%	3 8.80%	1 2.90%	14 41.20%	34 100%
Skilled	1 7.10%	1 7.10%	2 14.30%	2 14.30%	2 14.30%	0 0.00%	6 42.90%	14 100%
Professional	0 0.00%	1 7.10%	4 28.60%	0 0.00%	1 7.10%	0 0.00%	8 57.10%	14 100%
<b>Total</b>	<b>31 8.90%</b>	<b>52 14.90%</b>	<b>58 16.60%</b>	<b>22 6.30%</b>	<b>31 8.90%</b>	<b>12 3.40%</b>	<b>144 41.10%</b>	<b>350 100%</b>

In the above table among the home maker maximum 39(16.2%) were using OCP, among unskilled 17% were using OCP, overall OCP were used maximum as contraceptive method.

**Table 7:** Distribution of study subjects according to the Socioeconomic status and current type of contraception

socioeconomic status	Type of contraceptive used							Total
	condom	IUCD	pills	injectable (DMPA)	sterilization	natural method	not using	
Upper class	3 7.10%	0 0.00%	11 26.20%	4 9.50%	1 2.40%	4 9.50%	19 45.20%	42 100%
Upper middle	4 11.40%	11 31.40%	4 11.40%	4 11.40%	1 2.90%	0 0.00%	11 31.40%	35 100.00%
Lower middle	9 8.60%	16 15.20%	18 17.10%	6 5.70%	10 9.50%	5 4.80%	41 39.00%	105 100%
Upper lower	8 8.50%	11 11.70%	15 16.00%	4 4.30%	14 14.90%	1 1.10%	41 43.60%	94 100%
Lower	7 9.50%	14 18.90%	10 13.50%	4 5.40%	5 6.80%	2 2.70%	32 43.20%	74 100%
<b>Total</b>	<b>31 8.90%</b>	<b>52 14.90%</b>	<b>58 16.60%</b>	<b>22 6.30%</b>	<b>31 8.90%</b>	<b>12 3.40%</b>	<b>144 41.10%</b>	<b>350 100%</b>

Above table show in upper class maximum 11(26.2%) were using oral contraceptive pills. sterilization methods were maximum 14.9%% in upper lower class. IUCD were maximum 31.4% used in upper middle class. Condom uses maximum in upper middle class. Injectable maximum used by upper class.

**Table 8:** Distribution of study subjects according to Religion and current use of contraception

Religion	Are you using contraceptive method currently		Total	
	Yes	No	Yes	No
Hindu	180 58.3%	129 41.7%	309 100.0%	
Muslim	5 35.7%	9 64.3%	14 100.0%	
Christian	10 76.9%	3 23.1%	13 100.0%	
Others	11 78.6%	3 21.4%	14 100.0%	
<b>Total</b>	<b>206 58.9%</b>	<b>144 41.1%</b>	<b>350 100.0%</b>	

In the above table maximum 180 (58.3%) hindu family were using contraceptive in study population. In muslim 35.7% were using and 64.3% were not using any contraception. Among christian 76.9% were using and 21.4% were not using any contraceptive method.

**Table 9:** Distribution of the study subjects according to the husband's opinion towards contraception

Husband opinion towards contraception	Frequency	Percent
Agree	250	71.4
Disagree	100	28.6
<b>Total</b>	<b>350</b>	<b>100.0</b>

In the above table, it was observed that majority 250 (71.4%) husbands agree for use of contraception and 100 (28.6%) disagrees for contraception.

**Table 10:** Distribution of study subjects according to fear of side effect from contraceptive

Fear of side effects	Frequency	Percent
Yes	86	24.6
No	264	75.4
<b>Total</b>	<b>350</b>	<b>100.0</b>

In the above table 264(75.4%) had no fear and 86(24.6%) had fear from the side effect of contraceptive.

**Table 11:** Distribution of study subjects according to knowledge about injectable contraceptive

Awareness about Injectable contraceptives	Frequency	Percent
Yes	138	39.4
No	212	60.6
<b>Total</b>	<b>350</b>	<b>100.0</b>

Above table shows only 138(39.4%) women know about injectable contraceptive and 212(60.6%) do not know about injectable contraceptive.

**Table 12:** Distribution of study subjects according to acceptability of DMPA

Acceptability of DMPA	Frequency	Percent	Valid Percent	Cumulative Percent
Own decision	3	.9	.9	.9
After counselling	19	5.4	5.4	6.3
Unacceptable	328	93.7	93.7	100.0
<b>Total</b>	<b>350</b>	<b>100.0</b>	<b>100.0</b>	

Above table show acceptability of DMPA is 6.3%, of which 0.9% users had own decision, and 5.4% accepted after counseling.

**Table 13:** Distribution of study subjects according to reason for not using injectable contraceptive

Reason for not using IC	Frequency	Percent
Fear of side effect	122	34.9
Unacceptable to family members	16	4.6
Lack of awareness about IC	212	60.6
<b>Total</b>	<b>350</b>	<b>100.0</b>



Above table shows the main cause of not using injectable contraceptive was lack of awareness in 212 (60.6%) women. 34.9% women had fear of side effect.

**Table 14:**

		Sum of Squares	df	Mean Square	F	Sig.
Age of respondent	Between Groups	170.219	1	170.219	2.755	.098
	Within Groups	21503.054	348	61.790		
	<b>Total</b>	<b>21673.272</b>	<b>349</b>			
Religion	Between Groups	1.119	1	1.119	2.268	.133
	Within Groups	171.670	348	.493		
	<b>Total</b>	<b>172.789</b>	<b>349</b>			
Educational status	Between Groups	7.657	1	7.657	3.454	.064
	Within Groups	771.498	348	2.217		
	<b>Total</b>	<b>779.154</b>	<b>349</b>			
Occupational status	Between Groups	4.894	1	4.894	4.274	.039
	Within Groups	398.481	348	1.145		
	<b>Total</b>	<b>403.374</b>	<b>349</b>			
Members in family	Between Groups	13.617	1	13.617	11.039	.001
	Within Groups	429.241	348	1.233		
	<b>Total</b>	<b>442.857</b>	<b>349</b>			
Interval between marriage and first pregnancy	Between Groups	8.999	1	8.999	19.169	.000
	Within Groups	163.370	348	.469		
	<b>Total</b>	<b>172.369</b>	<b>349</b>			
Desired family size	Between Groups	.858	1	.858	3.458	.064
	Within Groups	86.297	348	.248		
	<b>Total</b>	<b>87.154</b>	<b>349</b>			
Did you have any abortion	Between Groups	1.403	1	1.403	6.468	.011
	Within Groups	75.466	348	.217		
	<b>Total</b>	<b>76.869</b>	<b>349</b>			
Have you any fear of side effect from contraceptive	Between Groups	4.089	1	4.089	23.415	.000
	Within Groups	60.779	348	.175		
	<b>Total</b>	<b>64.869</b>	<b>349</b>			
Source of information about injectable contraceptive	Between Groups	34.376	1	34.376	28.088	.000
	Within Groups	425.912	348	1.224		
	<b>Total</b>	<b>460.289</b>	<b>349</b>			
Do you know about benefits of contraception	Between Groups	.457	1	.457	4.873	.028
	Within Groups	32.632	348	.094		
	<b>Total</b>	<b>33.089</b>	<b>349</b>			
Husband opinion towards contraception	Between Groups	1.214	1	1.214	6.016	.015
	Within Groups	70.215	348	.202		
	<b>Total</b>	<b>71.429</b>	<b>349</b>			

**DISCUSSION**

It is observed that majority of the women were between 26 and 33 years age group which is the most crucial in the reproductive span. Among the 350 women, 135 (38.6%) were between 26 and 33 years, 83 (23.7%) were between 34 and 41 years, 67 (19.1%) were between 18 and 25 years, 65 (18.6%) were between 42 and 49 years of age. In India, study conducted in Uttar Pradesh, percentage distribution of married women constitute 21% were between 25-29 years, 20% were between 30-34

years, 19% were between 20-24 years, 16% were between 35- 39 years, 11% were between 40-44 years, 5% were between 15-19 years<sup>8</sup>. 58(16.6%) female was using OCP, 52(14.9%) was using IUCD, 31(8.9%) was using condom 22(6.3%) was using DMPA, 31(8.9%) has got sterilization and 12(3.4%) was practised natural method and 144(41.1%) was not using any type of contraception. In a rural population of Dehradun district, 49.86% women were using contraception of which 28.88% women were using permanent method of contraception

while 18.17% were using contraceptives as a spacing method. In a study done in East Delhi, of the 59.8% eligible couples who were using a contraceptive method, condom was the most common (33.4%) method of contraception followed by other spacing methods (32.3%) and tubectomy (27.3%)<sup>6</sup>. In age group 18-25 maximum 14(20.9%) were using OCP, 10(14.9%) were using IUCD and no one were practiced natural method. In age group 26 -33, maximum 30(22.2%) were using OCP and minimum 4(3%) were using natural method of contraception. Studies reveal that among those who underwent sterilization Tubectomy was more common (74.6%) than vasectomy (1.3%)<sup>54</sup>. The reasons for an early sterilization can be attributed to early age at marriage and early completion of family size of two to three children by the age of 22 years. These findings are on par with the study of A.M. Khan, which reports that delay in birth of first child is culturally unacceptable. Many of these women prefer to have sterilization by the age of 21 years<sup>9</sup>. In illiterate group maximum 7(17.1%) were using IUCD, in primary group maximum 9(20%) were using OCP, in middle maximum 11(15.9%) were using IUCD, in secondary group maximum 22(18.2%) were using OCP, in higher secondary group maximum 8(17.4%) were using OCP. In graduate group maximum 3(25%) were using OCP as contraceptive method. In a similar study it was observed that 66.7% women using contraceptive had matric and above level of education. 16% had under metric level of education, 28% were illiterates<sup>[10]</sup>.

Among the home maker maximum 39(16.2%) were using OCP, among unskilled 17% were using OCP, overall OCP were used maximum as contraceptive method. In upper class maximum 11(26.2%) were using oral contraceptive pills. sterilization methods were maximum 14.9% in upper lower class. IUCD were maximum 31.4% used in upper middle class. Condom uses maximum in upper middle class. Injectable maximum used by upper class. Maximum 180 (58.3%) Hindu family were using contraceptive in study population. In Muslim 35.7% were using and 64.3% were not using any contraception. Among Christian 76.9% were using and 21.4% were not using any contraceptive method. Current use of family planning methods was similar for Hindus(43.1%) and Muslims(44.1%). However, ever use of contraception was found to be more among Muslims(72%) than Hindus(50.6%). Spacing methods were more popular among Muslim couples(84.3%) compared to Hindus(71.7%) whereas larger number of Hindu couples preferred terminal method(28.3%) compared to Muslims (15.7%).<sup>11</sup> It was observed that majority 250(71.4%) husbands agree for use of contraception and 100(28.6%) disagrees for

contraception. In a similar study, 44.6% husbands agree for contraception<sup>12</sup>. 264 (75.4%) had no fear and 86 (24.6%) had fear from the side effect of contraceptive. A study shows 48.63% were contraceptive acceptors, 64.66% women were accepted permanent method of contraception. Among the temporary methods most commonly accepted was IUD by 19.28% women, commonest reason for not accepting contraceptives was desire of children in 25.85% women followed by fear of side effects in 16.34% women.<sup>13</sup> Table shows only 138(39.4%) women know about injectable contraceptive and 212(60.6%) do not know about injectable contraceptive. Data from NFHS-3 show that less than half (49%) of all women have heard about injectable contraception. Acceptability of DMPA is 6.3%, of which 0.9% users had own decision, and 5.4% accepted after counseling. The main cause of not using injectable contraceptive was lack of awareness in 212(60.6%) women. 34.9% women had fear of side effect.

## CONCLUSION

In order to improve contraceptive use what we need today is multiple resources to educate couples, their parents, family members and society too, so what we can reach upto masses. Women must be made aware about their right i.e. protecting their own health. Good counseling practices along with clinical work are the need of time, for these women should be educated, be economical independent. If we work as a team and provide door step counseling and services irrespective of caste, religion and socio-status, we can definitely achieve our goal of population stabilization.

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