Attitudes, Knowledge and Beliefs about Contraceptive Practices in Women Coming to Tertiary Hospital

Shailesh Kore*, Alfiya Bapai**, Mansi Parikh**, Rohit Khot***, Vijay Ambiye+

Abstract
This study was undertaken to find out the awareness and attitude of the general population towards the use and practice of contraception. Hundred women of childbearing age group were interviewed about their awareness, attitude and practices about various family planning methods. Though 99% of women were aware about some methods of contraception, only 39% women practised contraception. Thirty-five women were educated beyond school. The awareness and usage were related to literacy and socio-economic status. Reasons for not using contraception were many and some were really eye opening. These facts were dealt with in the study.

Introduction
Every day morning, the population clock shows that inspite of our efforts, the population of India is increasing at rapid rate. The world population is estimated to be 6 billion. Ninety-five per cent of this population explosion is seen in developing countries like India and China. Contraceptives provide the wherewithal for potential realization of true population control. Yet:

Where are we failing? Are people aware about contraception? If yes, why are they not practicing contraception? Which method do they prefer?

Though it is rather easy to blame illiteracy, poverty and beliefs for all our national problems, have we, as responsible citizens and doctors played our role in bringing about a change in the attitude, knowledge and beliefs about contraception?

Material and Methods

To know about attitude, knowledge and beliefs about contraceptive methods and their usage in general population, we conducted a study at the family planning out patient department of L.T.M.G. Hospital, Sion, where 100 women of childbearing age group were interviewed according to preset written questionnaire. They were later counselled about contraception and the change in their attitude and percentage of contraceptive acceptance was studied.

Observations

It was really astounding that 99 of 100 women were aware about contraception, which was really good, but, only 39 women of these actually practised contraception, which was depressing.

Reasons for not using contraception were many. It was want of pregnancy in those with 1 living issue, while those with 2 issues felt they had adequately spaced births. Those with 3 issues had desire for a particular sex.

Twenty-four per cent of married women wanted to delay their pregnancy by two years or more but were not using any method of contraception for reasons varying from lack of access or availability to these methods to a
fear of side effects (Table 1).

The acceptance of contraception was least in extremes of parity. Five women out of the total 40 women who had one issue used contraception, while 29 women out of 44 who had 2 issues used contraception, while 5 out of 15 women who had 3 issues practised contraception. It was maximum in women with two living issues.

The usage of contraceptive was highest in middle-income group.

Intrauterine contraceptive device was preferred method of contraception in low and middle-income group (Table 2).

Among women with low socio-economic class, three children family norm was more acceptable while higher income group had preference for two children.

Thirty-seven out of 65 women of low socioeconomic status desired 3 issues, while 22 patients out of 30 women of middle socioeconomic status preferred 2 children.

The usage of all these methods was directly related to literacy level of the population (Fig. 1). It appeared from this study that, education is key factor for awareness and usage of contraceptive methods. While percentage of women aware about contraception was only 24% in illiterate group, as compare to 69% in educated/literate group. Thus, improvement

Table 1 : Reasons for not using contraception

<table>
<thead>
<tr>
<th>No. of issues</th>
<th>No. of women not using contraception</th>
<th>Wants pregnancy</th>
<th>Birth adequately spaced</th>
<th>Do not like</th>
<th>Husband or family opposes</th>
<th>Desire a particular sex</th>
<th>Lack of means</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>35</td>
<td>25(71.42%)</td>
<td>—</td>
<td>3(8.57%)</td>
<td>2(5.71%)</td>
<td>2(5.71%)</td>
<td>3(8.57%)</td>
</tr>
<tr>
<td>2</td>
<td>15</td>
<td>4(26.6%)</td>
<td>6(40%)</td>
<td>1(6.6%)</td>
<td>2(13.3%)</td>
<td>2(13.3%)</td>
<td>—</td>
</tr>
<tr>
<td>3</td>
<td>10</td>
<td>1(10%)</td>
<td>1(10%)</td>
<td>2(20%)</td>
<td>2(20%)</td>
<td>3(30%)</td>
<td>1(10%)</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>1(100%)</td>
</tr>
<tr>
<td>Overall</td>
<td>61</td>
<td>30(49.18%)</td>
<td>7(11.4%)</td>
<td>6(9.83%)</td>
<td>6(9.8%)</td>
<td>7(11.4%)</td>
<td>5(8.19%)</td>
</tr>
</tbody>
</table>

Table 2 : Contraception and socioeconomic status

<table>
<thead>
<tr>
<th>Socio-Economic Class</th>
<th>No. of women aware of contraception</th>
<th>No. of women using contraception</th>
<th>Type of contraceptive used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>64</td>
<td>18(28.1%)</td>
<td>Condom 6 OC Pills 2 IUCD 10</td>
</tr>
<tr>
<td>Middle</td>
<td>30</td>
<td>19(63.3%)</td>
<td>2 4 13</td>
</tr>
<tr>
<td>High</td>
<td>5</td>
<td>2(40%)</td>
<td>—</td>
</tr>
<tr>
<td></td>
<td>99</td>
<td>39</td>
<td>2</td>
</tr>
</tbody>
</table>
in acceptance level about contraceptive methods can only be achieved by improving literacy rate of the given population.

Media, health worker, friends and relatives were some of the sources of information about contraception for this population. It is possible that incomplete or sometimes misleading information given by relatives and friends can be discouraging factor. Information given by health care worker would be best and likely to result in long-term usage of contraception.

Table 3 again stresses the importance of literacy. Among illiterates, only 38.4% women considered family planning to be necessity, while 23% women felt it as inconvenient or inaccessible.

Many young women harbour myths and misapprehensions regarding various contraceptives. Some of these myths were:-

- Condoms are a foolproof method of birth control.
- Sex during the safe period will prevent pregnancy
- I'm breast feeding so I can't get pregnant
- Pill is effective immediately after you start taking it
- Vaginal infection is caused by IUCD
- Injectable contraceptives cause infertility

Even after an educational talk, 20% women refused to consider any method contraception, majority being from low socio-economic and illiterate group.

More than 40% patients showed inclination for tubal ligation after completion of family.

Discussion and Conclusion

A successful population control programme requires much more than mere provision of family planning devices or methods. These contraceptive methods have to be accepted and used by the individuals or couples. There are many factors, which influence the acceptance of various methods or practices of contraception in a given community. These factors may differ from place to place or even country to country, mostly because of differences in culture, religion and socio-economic status.

Some of the important findings of this study were:

- Awareness prevails without acceptance
- Illiteracy, poverty and social norms are the root causes.
- Lack of effective health care system

Misbelieves, half or wrong information received from friends and relatives and consequent development of fear about contraceptives are main causes for low level of acceptance and usage of contraception in our community.

Also knowledge and acceptance does not go hand in hand. As acceptance and usage is related to literacy and socio-economic status, it is necessary to motivate couples for usage as well as make sure about availability of services.

Education of masses, upliftment of economic standards, strong political
commitment, effective health care system, change in the knowledge, attitude and practice of contraception of woman, husband and her family and community as a whole constitute important disciplines in increasing acceptance and usage of spacing and contraception.\textsuperscript{2-5} The similar study done almost fifteen years back in city of Mumbai by Dalal\textsuperscript{6} showed that percentage of women using contraception in that study population was mere 20%. In our study, 39% of women were using or had used in past some method of contraception. This shows that, though acceptance level for family planning has increased marginally, lot more efforts are required in this field. In a recent study by Shah\textsuperscript{7} has reported that though overall acceptance of contraception over a decade has increased, the usage of pills and intra-uterine contraceptive devices has remained same. The rise in acceptance is mainly attributed to sharp rise in usage of male barrier contraception.\textsuperscript{7}

Collective effort from the government, health care providers and society is needed. Reproductive interests such as total health of couple, reproductive equality and reproductive decision-making need to be optimized. To recruit new acceptors, provide information and sources of contraceptives, though not easy, is the need of the hour.

We all have to wake up to our needs, Action is long overdue, Urgently and desperately required.

\textbf{Have One, Adopt One!}

\textbf{References}

4. Cornelius RM. Towards an understanding of the KAP gap. Presented at the annual meeting of the population Association of America, San Francisco. 1986; 30P

\begin{center}
\textbf{Effect of Dronedarone on Cardiovascular Event in Atrial Fibrillation}
\end{center}

The antiarrhythmic drug dronedarone not amiodarone was compared with placebo in 4628 patients with atrial fibrillation. At a mean follow-up of 21 months, the rate of first hospitalization due to cardiovascular events or death was significantly lower with dronedarone than with placebo. The dronedarone group had higher rates of bradycardia. QT-interval prolongation, nausea, diarrhoea, rash, and increase in the serum creatinine level.