

An Assessment of Knowledge and Practices of Contraception among Females of Rural Areas of Aligarh

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ABSTRACT - Family planning is the planning of when to have children and use of birth control and other techniques to implement these plans. It is achieved by using contraceptive methods and the treatment of involuntary infertility. The present study was conducted to assess the knowledge and practices of contraception among females of rural areas of Aligarh district. 100 married females between ages 15 to 49 years coming from rural areas were interviewed regarding the knowledge, attitudes and practices on contraception and were evaluated with the help of predesigned questionnaire. The descriptive analysis was conducted to obtain percentages. Total 100 females were included in the study. Majority of them (47%) were in age group of 15 to 25 years. Regarding literacy status, only 41% of them were literate, while 59% were illiterate. Most of them (93%) had heard about contraception and only 7% were not aware about it. When asked about the source of information, most of them told about media like radio and TV (40%). Regarding the cause of rejection of contraceptive methods, out of 40 females, 12 told that they want more child, 5 want male child, 2 were newly married, 5 were afraid of side effects, 6 had family pressure while 7 were ignorant. One need to understand the level of awareness and practices in the community before implementing the family planning program. There is a need to educate and motivate the couple along with improvement in family planning services to promote the contraceptives.

KEYWORDS -family planning, contraceptives, knowledge, practice, rural area.

I. INTRODUCTION

Family planning is the planning of when to have children and use of birth control and other techniques to implement this plans.¹¹ It is achieved by using contraceptive methods and the treatment of involuntary infertility. Women's ability to space and limit their pregnancies has direct impact on their health and well-being as well as on the outcome of each pregnancy [21]. Despite the impressive gains, contraceptive use is still low and the need for contraception is high. The reason for not using any family planning methods are lack of knowledge and education, religious belief and fear of side effects. A number of surveys of knowledge, attitude and practice have been carried out in different parts of country [1,17,18]. India is the second most populous country of the world. India becomes the first country to launch family planning

programme in 1952 [10]. The rate of contraceptive use is 40.4% in India, which is far below the national goal of 60% couple protection rate by 2000 A.D [15]. The family welfare programme has travelled a long way, but still total fertility rate has not reached the desired target of 2.1%. Family planning has two main objectives³. Mass media plays an important role in promotion of contraception [2]. A study showed that use of modern family planning methods increases with knowledge [4]. In spite of availability of a wide range of contraceptives, mass media and Information Education and Communication programme, the population control seems a wide distant dream to achieve [20]. The present study was conducted in married females to assess the knowledge and attitude towards family planning practices and to find out the factors associated with non- acceptance of family planning among married females in Rural Health Training Centre, Jawan, Jawahar Lal Nehru Medical College, AMU, Aligarh.

II. PROPOSED METHODS

The present study was conducted in Rural Health Training Centre, Jawan, of Jawahar Lal Nehru Medical College, AMU, Aligarh. A semi structured questionnaire was used to collect data from May and June 2016. A total of 100 married females of aged 15-49 yrs age group formed the target group. An informed consent was taken from them. Females who were pregnant or having any medical problem were excluded from the study. The information was obtained on basis of knowledge about contraceptive methods, source of information of knowledge, practices related to various contraceptive methods and reason for not using the contraceptive methods.

III. RESULTS ANALYSIS

A total of 100 females were included in the study. Majority of them (47%) were in age group of 15 to 25 years, 35% of them were in age group of 25 to 35 years, 13% of them were in age group of 35 to 45 years and only 5% were more than 45 years (Table 1). Regarding literacy status, only 41% of them were literate, while 59% were illiterate (Table-2). Most of them (93%) had heard about contraception and only 7% were not aware about it (Table -3). 85% of females were aware about barrier methods (condoms), 80% were aware about oral pills, 75% of females were aware about IUCD and 40% about injectable contraceptive methods. 60% of the population was currently using any one of the contraceptive methods (Table-4). When asked about the source of information (Table-5), most of them told about media like radio and TV (40%),

35% of females told the source of information to be ANM and health workers, 15% told about relatives and friends. While 10% of females got information from doctor and hospital. Regarding the cause of rejection of contraceptive methods (Table-6), out of 40 females, 12 told that they want more child, 5 want male child, 2 were newly married, 5 were afraid of side effects, 6 had family pressure while 7 were ignorant.

Table 1: Distribution of the study population according to age (n=100)

Age (in years)	No. of females	Percentage
15-25	47	47%
25-35	35	35%
35-45	13	13%
>45	5	5%

Table 2: Distribution of study population according to literacy status (n=100)

Literacy status	No. of females	Percentage
Illiterate	59	59%
Literate	41	41%

Table 3: Distribution of the study population according to knowledge and methods known of contraception (n=100)

Parameters	Frequency	Percentage
Heard about any of the contraception		
Yes	93	93%
No	7	7%
Condoms		
Yes	85	85%
No	15	15%
Oral Pills		
Yes	80	80%
No	20	20%
IUCD		
Yes	75	75%
No	25	25%
Injection		
Yes	40	40%
No	60	60%

The present study was conducted to assess the knowledge, attitude and practices of family planning methods in rural areas of Aligarh. In spite of major efforts taken by government and nongovernment organization we have not achieved any goal of population control. The present study was conducted on 100 females. The knowledge of contraception was 93% compared to other study (68.5% by Khawaja¹³, 94% in Pakistan [23], 94.2% in Sikkim [19] and 82% by Nigeria [14] and Srivastava [22]). We found that knowledge of primary contraceptive was very well (condom 85%, oral pill 80%), similar findings were reported by Prachi et al [16], Kansal et al⁸ and Hayat et al [6]. The contraceptive acceptance by the community was 60%. Various studies reported varying rates of contraceptive acceptance [6-10]. The present study

has found that major source of information was mass media (40%) followed by ANM and health workers (35%). In other studies also the [5, 6, 9, 12, 13] major source of information was mass media.

Table 4: Distribution of the study population according to currently using any one of the family planning methods

Parameter	Number of female	Percentage
Using	60	60%
Non-using	40	40%

Table 5: Distribution of the study population according to various sources regarding knowledge of contraception

Sources	No. of females	Percentage
Media, TV, Radio	40	40%
ANM/Health Workers	35	35%
Hospital/Doctor	10	10%
Neighbors/Relative/Friend	15	15%

Table 6: Distribution of the study population according to cause of rejection of family planning methods (n=40)

Causes	No. of females
Newly married	2
Wants more children	12
Wants male child	5
Thinks children are god gifts	3
Family pressure	6
Fear of side effects	5
Ignorant	7

The reasons for not accepting contraceptive were studied. It was found that desire for more children was the most common reason cited in most of cases. This was followed by other reason like family pressure, fear of side effect, wants male child, newly married and ignorant. Prachi et al [16] has found similar result. While Mustafa et al [12], has found lack of knowledge (40%) as the cause for not accepting contraceptive. Kansal et al [8] also reported lack of knowledge in 96% of cases. The study has several limitations. The sample size was small, the women came alone so male partner was not directly involved. The possibility of misreporting cannot be ruled out keeping in mind the low level of literacy in female. Further studies should be done with proper involvement of couple with bigger sample size to obtain more accurate knowledge on the subject of rural population. Family planning counseling needs to be universally included into routine antenatal activities. Besides improving formal female education is certain to raise the existing knowledge and also to dispel the prevailing misinformation and misperception about family planning methods. There is also need to review the national family planning program with particular emphasis on contraceptive needs of adolescents to

improve accessibility and availability of all family planning services.

IV. CONCLUSION

In order to improve contraceptive use we need today multiple resources to educate couple, family members and society too so that we can reach up to the masses. One need to understand the level of awareness and practices in the community before implementing the family planning program .there is a need to educate and motivate the couple along with improvement in family planning services to promote the contraceptives.

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