



## Research Article

### **ASSESSMENT OF CURRENT SCENARIO ON THE KNOWLEDGE, ATTITUDE AND PRACTICES OF CONTRACEPTIVES METHODS IN A TERTIARY CARE HOSPITAL: A CROSS SECTIONAL STUDY**

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#### **ABSTRACT**

Over the last 30 years, there has been an elevation in the usage of contraceptives worldwide. Contraceptives are designed for the anticipation of pregnancy, can be achieved via several approaches. It is advisable component and important for good community health. They prevent implantation of an embryo. This main motto of the study is to assess their knowledge about their present condition and well-being, to understand their state and then to educate and create awareness among them about contraceptive methods. This present study is A prospective, cross-sectional study, a total of (N = 210) patients both men and women (67 males and 143 females) visited ESI hospital conducted for a period of 6 months from January 2019 to July 2019, who are using various contraceptive methods, who satisfied the study criteria were included for the study by taking consent from them. Women had used contraception at some time to prevent unwanted birth and also to have spacing. Out of 210 women some of them have considerable knowledge about different methods of contraception among them 80 % know how to use and 20 % does not have good knowledge. Most commonly used contraceptive devices were Condoms (37.61 %) followed by Oral pills (15.23 %) and Emergency contraception (11.42 %), respectively. Women have only considerable knowledge and positive attitudes towards contraception methods. The present study reveals that women who have positive attitude toward OCs tend to utilize them more appropriately. However, there is still demand for educational programs to enhance knowledge about OCs utilization.

**Keywords:** Knowledge, Attitude, Practice (KAP), Contraceptive methods, Cross sectional study.

## **INTRODUCTION**

### **Contraception methods**

The world population is more than Seven to Eight billion today, India is about one is the sixth of the e-global population. Unrestricted population growth is defined as one of the most important obstacles to nationalization growth; although the first country was India. In 1952, the country was still engaged in this struggle to implement the national program to combat the population Baby Boom<sup>1</sup>. Contraception, Intentional prevention of pregnancy, can be reached by several approaches. These methods act by preventing the release of secondary oocytes and sperms from gonads, whereas others contraceptive methods limit sperm access to the mature egg to prevent fertilization and other contraceptive methods allow fertilization to occur before, ultimately, preventing implantation of an embryo. The exclusion to the complete absence of a personal coincidence unwanted pregnancies can occur with any of the contraception methods<sup>2-4</sup>. The incidence of unwanted pregnancy outcome is among the most important indicators of health in reproductive health. Publication of risk of teenage gender and pregnancy attracted attention to understanding enough research address it as its dimension and problem. In Indian scenario, females have no role in making of reproductive decisions<sup>5</sup>.

### **Aim and objectives**

The main purpose of this study was to assess the knowledge, attitude practice of patients using contraceptive methods; about their present condition and well-being, to understand their state and then to educate and create awareness among them about contraceptive methods. To evaluate the knowledge and attitude regarding family planning methods and contraceptive practices among women of reproductive age group.

### **Methodology**

#### **Study sample**

The present study sample were considered both in men and women and total of N = 210 sample.

#### **Study site**

The present study was conducted in ESI Hospital, Indiranagar, Bangalore, Karnataka, India

#### **Study duration**

The present study was conducted over a period of 6 months from January 2019 to July 2019, in ESI Hospital, Indiranagar, Bangalore, Karnataka, India.

**Ethical approval**

The study was approved by the Institutional Ethics Committee and the number is GCP-IEC-04/2018-19.

**Study design**

This is A Prospective, Observational and Cross-sectional study.

**Study Criteria**

**Inclusion Criteria**

- Patients who are willing to participate and able to communicate are included in the study.
- Patients from either sex or above 15 years of age group.
- Patients who are currently using contraceptive methods.

**Exclusion Criteria**

- Patients who are not willing to participate in the study.
- Patients who are below the age of 15 years.
- Unconscious and comatose patients and other co-morbid conditions were excluded.

**Source of Data**

Patient’s demographics, patient questionnaire, Data collection form.

**Study Procedure**

A prospective observational cross-sectional study was carried out in the patients satisfying both the inclusion and exclusion criteria. Patients are enrolled after taking written consent from each patient for the study. A Suitably designed data collection form has been prepared to collect the details from patients. The questionnaire containing diverse dimensions were used to evaluate the KAP in patients using various contraceptive methods. The data collection includes patient details like demographics, type of contraceptive method used and type of contraceptive method given to the patient. The data collected was analysed based on the knowledge, attitude and practice of patient towards contraceptives use.

**RESULTS**

A total of 210 patients using contraceptive methods were considered into present study. Out of them 67 (31.9%) were male and 143 (68.1%) were female. Total 210 patients were distributed into 6 age groups. Maximum number of patients was in the age group of 26-30 (29.52%) years

**Table 1: Gender distribution of patients**

| Gender | Number of patients | Percentage (%) (n = 210) |
|--------|--------------------|--------------------------|
| Male   | 67                 | (31.90 %)                |
| Female | 143                | (68.09 %)                |

**Table 2: Age distribution of patients**

| Age group (in Years) | Number of patients | Percentage (%) (n = 210) |
|----------------------|--------------------|--------------------------|
| 15-20                | 18                 | 8.57                     |
| 21-25                | 46                 | 21.90                    |
| 26-30                | 62                 | 29.52                    |
| 31-35                | 38                 | 18.09                    |
| 36-40                | 32                 | 15.23                    |
| 41-45                | 14                 | 6.66                     |

**Table 3: Socio-demographic characteristics**

| Characteristics    | Number of patients | Percentage (%) (n = 210) |
|--------------------|--------------------|--------------------------|
| Marital status     |                    |                          |
| Married            | 198                | 94.28                    |
| Unmarried          | 11                 | 5.23                     |
| Separated          | 0                  | 00                       |
| Educational status |                    |                          |
| Literate           | 167                | 79.52                    |
| Illiterate         | 43                 | 20.47                    |
| Employment status  |                    |                          |
| Employed           | 179                | 85.23                    |
| Unemployed         | 31                 | 14.76                    |

**Table 4: Other Details of the patient**

| Criteria                       | Number of patients | Percentage (%) (n = 210) |
|--------------------------------|--------------------|--------------------------|
| Residence area                 |                    |                          |
| Urban                          | 149                | 70.95                    |
| Rural                          | 61                 | 29.04                    |
| Number of previous pregnancies |                    |                          |
| 1-2                            | 78                 | 37.14                    |
| 2-3                            | 59                 | 28.09                    |
| > 3                            | 19                 | 9.04                     |
| Nulliparous                    | 54                 | 25.71                    |
| Number of children             |                    |                          |
| < 2                            | 131                | 62.38                    |
| 2-3                            | 57                 | 27.14                    |
| > 3                            | 22                 | 10.47                    |
| Number of abortions            |                    |                          |
| < 2                            | 196                | 93.33                    |
| > 2                            | 14                 | 6.66                     |

**Table 5: Awareness of contraceptive methods**

| Method                            | Number of patients | Percentage (%) (n = 210) |
|-----------------------------------|--------------------|--------------------------|
| Natural                           | 18                 | 8.57                     |
| Condom                            | 79                 | 37.61                    |
| Oral pills                        | 32                 | 15.23                    |
| Injectable                        | 2                  | 0.95                     |
| Intrauterine contraceptive device | 23                 | 10.95                    |
| Emergency contraception           | 24                 | 11.42                    |
| Female sterilization              | 10                 | 4.76                     |
| Male sterilization                | 02                 | 0.95                     |
| None                              | 20                 | 9.52                     |

\* Natural methods – breast feeding, withdrawal and calendar method

**Table 6: Contraceptives utilization pattern, Knowledge Attitude and Practice**

| Parameter                                  | Number of patients | Percentage (%) (n = 210) |
|--|--------------------|--------------------------|
| UTILIZATION PATTERN                        |                    |                          |
| Purpose of Use                             |                    |                          |
| Birth control                              | 171                | 81.42                    |
| Stop menstruation                          | 10                 | 4.76                     |
| Others                                     | 29                 | 13.80                    |
| Doctor consultation before use             |                    |                          |
| Yes  | 130                | 61.90                    |
| No   | 80                 | 38.09                    |
| Contraceptives were prescribed             |                    |                          |
| Yes  | 111                | 52.85                    |
| No   | 99                 | 47.14                    |
| Reasons for preferring                     |                    |                          |
| Ease of use                                | 57                 | 27.14                    |
| Availability                               | 26                 | 12.38                    |
| Effectiveness                              | 70                 | 33.33                    |
| Suitability for body                       | 10                 | 4.76                     |
| Safety                                     | 15                 | 7.14                     |
| Others                                     | 32                 | 15.23                    |
| Think contraceptive methods are safe       |                    |                          |
| Yes  | 168                | 80                       |
| No   | 42                 | 20                       |
| Fear of contraceptive methods side effects |                    |                          |
| Yes  | 139                | 66.19                    |
| No   | 71                 | 33.80                    |

Table 7: Contraceptives utilization pattern, Knowledge, Attitude and Practices

| Criteria  | Number of patients | Percentage (%) (n = 210) |
|---|--------------------|--------------------------|
| How to use contraceptive methods                |                    |                          |
| Yes   | 177                | 84.28                    |
| No  | 33                 | 15.71                    |
| Source of knowledge about contraceptive methods |                    |                          |
| Physician                                       | 32                 | 15.23                    |
| Pharmacist                                      | 15                 | 7.14                     |
| Media   | 113                | 53.80                    |
| Family  | 20                 | 9.52                     |
| Others  | 30                 | 14.28                    |
| Received instructions how to use                |                    |                          |
| Yes   | 143                | 68.09                    |
| No  | 67                 | 31.90                    |

**MODERN FAMILY PLANNING / CHILDBIRTH SPACING METHODS**

Modern Family Planning is safe and easy to use. Help couples to choose a method that fits their lifestyle and needs.

| METHOD                            | THE FACTS   | TIMING                |
|-----------------------------------|---|-----------------------|
| <b>ORAL CONTRACEPTIVE PILLS</b>   | <ul style="list-style-type: none"> <li>Effective short-acting method that is taken everyday</li> <li>Safe for women of any age, including women who have never had a baby</li> <li>The mini-pill is safe for breastfeeding mothers anytime after delivery</li> </ul>  | Short - acting method |
| <b>INJECTABLES</b>                | <ul style="list-style-type: none"> <li>Effective short-acting method that lasts 2 or 3 months</li> <li>Safe for women of any age, including women who have never had a baby</li> <li>Safe for breastfeeding mothers with a baby older than 6 weeks</li> </ul>   | Short - acting method |
| <b>IMPLANT</b>                    | <ul style="list-style-type: none"> <li>Effective long-acting method that lasts 3-5 years</li> <li>Safe for women of any age, including women who have never had a baby</li> <li>Safe for breastfeeding mothers anytime after delivery</li> </ul>  | Long - acting method  |
| <b>INTRA-UTERINE DEVICE (IUD)</b> | <ul style="list-style-type: none"> <li>Effective long-acting method that lasts 5-10 years</li> <li>Safe for women of any age, including women who have never had a baby</li> <li>Safe for breastfeeding mothers</li> <li>Can be used within 48 hours of childbirth or after 4 weeks of childbirth</li> </ul>  | Long - acting method  |
| <b>MALE CONDOM</b>                | <ul style="list-style-type: none"> <li>Effective short-acting method that is used at the time of sex</li> <li>When used correctly at every time, it:                             <ul style="list-style-type: none"> <li>Prevents pregnancy</li> <li>Prevents against some sexually transmitted infections (STIs), including HIV/AIDS</li> </ul> </li> </ul> | Short - acting method |

**MODERN FAMILY PLANNING / CHILDBIRTH SPACING METHODS**

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| METHOD                                      | THE FACTS   | TIMING                |
|---|---|-----------------------|
| <b>FEMALE CONDOM</b>                        | <ul style="list-style-type: none"> <li>Effective short-acting method that is used at the time of sex</li> <li>When used correctly at every time, it:                             <ul style="list-style-type: none"> <li>Prevents pregnancy</li> <li>Prevents against some sexually transmitted infections (STIs), including HIV/AIDS</li> <li>Safe for breastfeeding mothers</li> </ul> </li> </ul> | Short - acting method |
| <b>EXCLUSIVE BREASTFEEDING METHOD (LAM)</b> | <ul style="list-style-type: none"> <li>Effective post-partum method when women meet all three criteria:                             <ul style="list-style-type: none"> <li>Are breastfeeding exclusively (day and night)</li> <li>Have an infant younger than 6 months old</li> <li>Do not have menstrual bleeding</li> </ul> </li> </ul>   | Short - acting method |
| <b>TUBAL LIGATION</b>                       | <ul style="list-style-type: none"> <li>Effective permanent method for women who do not wish to get pregnant</li> </ul>  | Permanent Method      |
| <b>VASECTOMY</b>                            | <ul style="list-style-type: none"> <li>Effective permanent method for men who do not want their partner to get pregnant again</li> </ul>  | Permanent Method      |
| <b>EMERGENCY CONTRACEPTIVE PILLS (ECPs)</b> | <ul style="list-style-type: none"> <li>Used only for emergencies and not appropriate for regular use</li> <li>Can prevent pregnancy when taken up to 120 hours after unplanned sexual intercourse</li> <li>Should not be taken more than twice a month</li> </ul>   | Short - acting method |

**DISCUSSION**

In present study, most of the women were from the age group of 26-30 years i.e. younger patients. Most of these patients already had one or two children. Evidence from a number of small studies in different parts of the country indicates that insufficient knowledge of contraceptive methods is a reason for not accepting family planning. In present study 95 % of women were aware of one or more methods of contraception. A study conducted by P. Durga Rao *et. al.* showed similar higher awareness rate of 81 %<sup>6</sup> and study conducted by Renjhen Prachi *et. al.* showed similar higher awareness rate of 98 %<sup>7</sup>. In two other, Indian studies the awareness rate was 82.8 % and 100 %.<sup>6,7</sup> But in practice only 62.5 % of women are using contraception methods. 37.5 % women are not using them due to lack of knowledge or other misconceptions. In two other, Indian studies showed similar results 52 %, 55 %, 46 % of non-users<sup>7,8,10</sup>. 17 % expressed concerns about the side effects as the reason for not using them. The most source of knowledge is social circle (14.28 %) and media in 9.52 %. Similar results were found in other studies, 68 and 31 % respectively<sup>7</sup>.

Mass media plays a major role in promotion and acceptability of contraception<sup>9,10</sup>.

**CONCLUSION**

Family planning and correct choice of contraceptives is very essential. Health care providers have to ensure the spread of information regarding all the modes of contraception available these days. Motivation of the males towards the usage of male contraceptive measures (both temporary and permanent) is necessary. Permanent contraception should be encouraged in both males and females to ensure better maternal and child health. The present study concludes that an enhancement of utilization patterns and attitudes towards OCs among women over the last 10 years. Educational programs provided via various healthcare professionals and other sources can progress women’s knowledge about the rationale OCs utilization, and thus maximize favorable effects and reduce side effects. The later will raise the tendency of having optimistic experience and thus positive attitudes toward OCs usage. Patient’s counseling done by using Patient information leaflets.

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