ORIGINAL STUDY

Awareness and Contraception Practices among Women—An Indian Rural Experience

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Abstract

Population explosion is a major burden on developing countries like us.

Unregulated fertility not only disrupts the health of women and child but also disrupts the economy of society and nation. To gain the knowledge about awareness and contraceptive practices in women living in rural area a cross-sectional study was conducted over two years from 15/5/05 to 15/6/07 in relation to age, parity, literacy level, working place, source of knowledge about contraception, women practicing contraception and reasons for nonuse of contraceptives. It was observed that most of the women belong to the age group of 22 to 25 years 346.91%, 33.7% were para 2. 56.3% were working and 44%were literate and only 1 to 1.2% had education above high school level. Media including TV and radio was the main source of contraceptive knowledge, i.e. 70%. 67.5% of women were aware about temporary methods of contraception while 100% were aware about permanent methods of contraception, but number of women practicing contraception was very low, i.e. 35.7% and the main reason of nonpractice of contraception was family pressure mainly in laws, husband gender bias, physical abuse, etc. i. e. 59%. It was noted that though knowledge of at least one method of contraception was wide among the women but still actual practice was very low.

Keywords: Contraception, awareness, knowledge, practices.

INTRODUCTION

In this modern health era where women have reached space on one side she is still fighting for her rights, i.e. health, because every women has right to protect her own health. For this the women should become economically independent and the concept of son preference is to discouraged by the society.

Studies from various parts of developing countries reveal that though the knowledge of contraception is present actual women using contraception was very low and use of contraception method also varies in various countries and is probably related to local belief.

AIMS AND OBJECTIVES

This present study was carried out to:

1. Analyze the awareness of various contraceptive methods, source of information and actual practices in rural part of India over 1 year,
2. To devise the solution for the problem.

MATERIAL AND METHODS

This cross-sectional study was conducted by the department of obstetrics and gynecology at NKP salve institute of medical sciences Nagpur, this is a tertiary care hospital in rural area mainly catering services to rural people records included age, occupation, educational status, number of children, knowledge about various contraception methods, the source of knowledge their attitude and practices of contraception usage and reasons for not practicing contraceptive.

Analysis of the data was done.

OBSERVATION AND RESULT

Table 1 Shows study population regarding are majority were between 22 to 25 years (46.91%).

Table 2 Shows educational status of study population, majority were literate (56%) and among literate 26.8% had primary schooling. 15% had education upto middle and high school and only 1 to 12% had education above high school level.

Table 3 Shows source of knowledge about contraceptive. 70% told it is via TV and media, 29% had it through ANM and health workers, 35% from neighbor and 13% from hospital.

Table 4 Shows knowledge and practices regarding various contraceptive methods. 100% had knowledge of one or other method of contraception, but 67.5% knew about CuT and only 22% amongst them were practicing. 57.9% were aware about condom were practicing, 5.41% were practicing; 34% know about oral pills and 2.1% were using them, 14.9% had knowledge about injectable method of contraception and 6.5% were using them.

Table 5 Shows various reasons for nonuse of contraceptive methods. The main reason 59% were family pressure, i.e. from husband and in laws, son preference and physical abuse. 2.1% women never wanted to use contraception due to fear and myths about it and 3.3% thought children as god's gift and 11.7% thought MTP as one of the method of contraception.

Table 1: Showing study population and age (total no. of patients 1000)

Age in years	*No. of patients*	*%*
18-21	324	32.4%
22-25	469	46.9%
26-30	176	17.6%
30-35	24	2.4%
> 35	7	0.7%

Table 2: Showing sources educational status in study group (Total no. of patients 1000)

Literate	440	44%	Primary school	26.8%	
			Mid and high:	150	15%
			College	12	1.2%
			Graduate	10	1%
Illiterate	560	56%	–		

Table 3: Showing various sources of knowledge regarding contraceptives (Total no. of patients 1000)

Source	*No.*	*%*
Media: TV and radio	700	70%
ANM/health workers	290	29%
Hospital/doctor	130	13%
Neighbor/relative	350	35%

Table 4: showing knowledge and practices regarding various contraceptive methods

Method	*Knowledge*		*Practice*	
Permanent Temporary	100%			
Cutt	675	67.51%	227	22.7%
Condom	579	57.9%	54	5.4%
Oral pills	340	34%	21	2.1%
Injectable	149	14.9%	65	6.5%
Safe period	–	–	–	–

Table 5: Showing various reasons for nonuse of contraceptive methods

Reason	*No*	*%*
Family pressure In law, husband, son preference, physical abuse	590	59%
Fear, myths, thus never wanted to use	21	2.1%
Think children are god's gift	33	3.3%
Think MTP as one of the methods of contraception	117	11.7%

DISCUSSION

Though knowledge of at least one method of contraception is wide among women in the reproductive age group, but actual use of contraceptive is very low. Inspite of major efforts taken by the government and nongovernment organization we have not yet achieved any goal of population control. In the present study, total number of patients included were 1000 from rural area. Knowledge about one of contraception was present in all women, i.e. 100%, compared to other studies from Pakistan, 68.5%. Khawaja and Tayyala (2003) and 82% Nigeria (on Wuzurike and Uzpchokwo 2001).

In our group, maximum awareness was of IUCD specially CuT 675 women (67.5%), followed by condom 579 (57.9%), oral pills 340 (34%) and injectable contraceptive 149(14.9%), none had knowledge of safe period. In study by Ozumba and Amaechi (1992) 75% had knowledge of condom.

In Istanbul Turkey (2003), 84% were aware about IUCD and in Pakistan 68% had knowledge of oral pills (Kwaja-Tayab 2003) and 38% had of IUCD % condoms. In one study in Bangladesh, 99% had knowledge of oral pills, followed by condom 83% and injectable 81% (Islam and Mahmed 1995).

The most common method practiced was CuT in our group 227, i.e. 22.7% compare to Norway where it was used but with less percent. Women with their husbands practicing condom were 579 (57.9%) in our group as compare to maximum are in one study in Pakistan (Kwaja Tayyab 2003) and 13% in Nigeria (Ozumba and Amaechi 1992). Women using oral pills in our group were 340, i.e. 34% as compare to 50% in Bangladesh (Khan 2003).

The most common source of information on contraception was TV and radio 700 (70%) and neighbor/relative 350 (35%) and through ANM and health worker 290 (29%). In one study conducted in Pakistan (Khwaja,Tayab 2003), most common source of information was TV, radio and family/relatives. In 1995 Adinma and Mwosu quoted print media (48%) as a major source of information.

In our study group 44% were literate women and maximum were in the age group of 22 to 25 years.

Various reasons for non use of contraception were varied. 590 (59%) had some family pressure from in laws, husband or because of practices of son preferences. While 21(2.1%) had some fear, myths in their mind, 3.3% were thinking that children are Gods gift so not to use contraception and 11.7% were of the opinion that MTP is one of the most common methods of contraception.

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 that we can reach up to the 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 economically independent. The son preference should be discouraged. If we work as a team and provide door step counseling and services irrespective of caste and creed and socio status, we can definitely achieve our goal of population stabilization in developing countries.

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