

## Study of awareness, availability, practice & acceptance of contraception amongst reproductive age women

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### **ABSTRACT:**

**Introduction:** Contraception which is the need of the hour is an important intervention to reduce unwanted pregnancy and promote healthy living among women. Dedicated competency-based training and ongoing educational support improve the quality of family planning services provided by healthcare providers of all stripes<sup>4</sup>. In public health institutions in India, contraceptive techniques such as intrauterine devices (IUCDs), oral contraceptive pills (OCPs), and condoms are accessible starting at the subcenter level. The majority of women in reproductive age either know very little or the wrong information regarding family planning techniques. Even if they are aware of some contraceptive names, they are clueless about how to use them or where to obtain them. These women have negative attitude about family planning, whereas some have heard false and misleading information<sup>6,7</sup>. Present study was planned with the objective of assessing the awareness, availability, practice & acceptance of contraception amongst reproductive age women at tertiary care hospital.

**Materials and Methods:** Present study is a cross sectional prospective study conducted from duration December 2022 to May 2023 at Dhiraj Hospital, Vadodara. In present study women of reproductive age group between age 15-49 years who visited obstetrics & gynecology outpatient department were enrolled. After obtaining detailed clinical history they were counselled about various contraception methods available and allowed to choose a method of their choice. Data on acceptance, availability, contraception method chosen, contraception already using & reason for denial were recorded & assessed for results. **Observations and Results:** Maximum cases were from age group 15 to 25 years. Rural & urban cases were almost similar in quantity. Hindu were maximum followed by Muslim & other religion. Literate dominated whereas illiterate was less in our study. Majority were housewife's & remaining less participants were working women. About 65 % cases were aware of contraception. At the end 74 % accepted one of the methods of contraception whereas 26 % refused. IUCD was the commonest method employed/used by participants contributing. OCP was the second most opted contraception method found. Fear of side effects was present in 54 %. **Conclusion:** To conclude contraceptive acceptance in our study was found as 74 % whereas awareness was present in 65 %. The family planning services must be strengthened. Programmes to educate women about the need of using contraception to reduce the number of children born are crucial

**Keywords:** Contraception, IUC, reproductive

### **INTRODUCTION:**

Contraception which is the need of the hour is an important intervention to reduce unwanted pregnancy and promote healthy living among women. Worldwide, the advantages of family planning are becoming more widely acknowledged. These advantages include better

social, economic, and health outcomes for women and their families as well as advantages for the general public's health, the economy, and the environment<sup>1</sup>. Use of contraceptives can prevent at least 25% of all maternal morbidity by preventing unintended pregnancies and unsafe abortions<sup>2</sup>. It also protects against sexually transmitted infections such as Human

Immunodeficiency Virus (HIV), Chlamydia, Syphilis, etc.,<sup>3</sup> In poorer nations, there are several obstacles to accessing contraceptive techniques, such as limited awareness of methods, high costs, and limited availability. WHO guidelines on the kinds of health professionals who can safely and successfully administer some family planning techniques. These recommendations based on WHO guidelines are the evidence that a wide variety of providers can safely and effectively provide contraception. Dedicated competency-based training and ongoing educational support improve the quality of family planning services provided by healthcare providers of all stripes<sup>4</sup>. In public health institutions in India, contraceptive techniques such as intrauterine devices (IUCDs), oral contraceptive pills (OCPs), and condoms are accessible starting at the subcenter level. As emergency contraceptive tablets, condoms, and OCPs are not skill-based services, they are provided by FMPHWs (female multifunctional health workers) and ASHAs (trained social health activists). Permanent methods of contraception viz. vasectomy and tubal ligation are generally available at primary health centre level or above. They are provided by MBBS doctors or gynaecologists who have been trained to provide the services<sup>5</sup>. If healthcare workers do not have an apt knowledge and a favourable attitude to practice family planning, the acceptance level and compliance of family planning services by their beneficiaries from those healthcare workers will be compromised. The majority of women in reproductive age either know very little or the wrong information regarding family planning techniques. Even if they are aware of some contraceptive names, they are clueless about how to use them or where to obtain them. These women have negative attitude about family planning, whereas some have heard false and misleading information<sup>6,7</sup>. Present study was planned with the objective of assessing the awareness, availability, practice & acceptance of contraception amongst reproductive age women at tertiary care hospital

### **Aims:**

To study contraception amongst reproductive age women at tertiary care hospital

### **Objectives**

1. To assess percentage of awareness of contraception amongst reproductive age women
2. To assess availability of contraception option amongst reproductive age women

3. To assess contraception practiced amongst reproductive age women
4. To assess acceptance rate of contraception amongst reproductive age women

### **MATERIALS AND METHODS:**

Present study is a cross sectional prospective study conducted from duration December 2022 to May 2023 at Dhiraj Hospital, Vadodara. 300 women of reproductive age group fulfilling inclusion and exclusion criteria were enrolled and written informed consent was obtained from all.

### **Inclusion Criteria:**

Women of reproductive age group between age 15-49 years who visited obstetrics & gynecology outpatient department were enrolled

### **Exclusion Criteria:**

1. Patients with history of psychiatric illness
2. Patients who have undergone terminal method of contraception
3. Patients who were not willing to participate

### **Procedure**

Detailed clinical history was obtained from all participants consisting of age, region, religion, educational status, occupation & parity. Through a preformed questionnaire knowledge, awareness and attitude towards contraception was assessed. Following these they were counselled about various contraception methods available and allowed to choose a method of their choice. Data on acceptance, availability, contraception method chosen, contraception already using & reason for denial were recorded & compiled. Anonymity of couples was maintained throughout the study. Confidentiality of the participants data generated from interview was maintained.

### **Statistical analysis:**

Statistical analysis was performed using SPSS software, version 20. Data are expressed as mean  $\pm$  SD and frequency with percentages N (%).  $\chi^2$ -test was used to evaluate qualitative data and to study association between two variables. Statistical significance was assumed if P value less than 0.05.

**Observation and Result:**

**Table 1: Age distribution**

Sr No.	Age (Years)	Number of cases N	Percentage %
1	15 to 25	224	75 %
2	26 to 30	57	19 %
3	31 to 35	12	4 %
4	>35	7	2 %
<b>Total N (%)</b>		<b>300</b>	<b>100 %</b>

As shown in Table 1, Maximum cases i.e., 224 (75 %) were from age group 15 to 25 years

**Table 2: Relevant history**

Sr No.	Relevant history	Accepted N=221 (74 %)	Not accepted N=79 (26 %)	Total N (%)	P value
1	<b>Region</b>				0.852 (NS)
	1. Rural	109 (36 %)	38 (13 %)	147 (49 %)	
	2. Urban	112 (38 %)	41 (13 %)	153 (51 %)	
2	<b>Religion</b>				<0.00001 (S)
	1. Hindu	191 (64 %)	25 (18 %)	216 (72 %)	
	2. Muslim	18 (6 %)	18 (6 %)	36 (12 %)	
	3. Other	12 (4 %)	36 (2 %)	48 (6 %)	
3	<b>Educational status</b>				<0.00001 (S)
	1. Literate	209 (70 %)	55 (18 %)	264 (88 %)	
	2. Illiterate	12 (4 %)	24 (8 %)	36 (12 %)	
4	<b>Occupation</b>				<0.00001 (S)
	1. Housewife	210 (70 %)	54 (18 %)	285 (95 %)	
	2. Working	11 (4 %)	25 (8 %)	15 (5 %)	

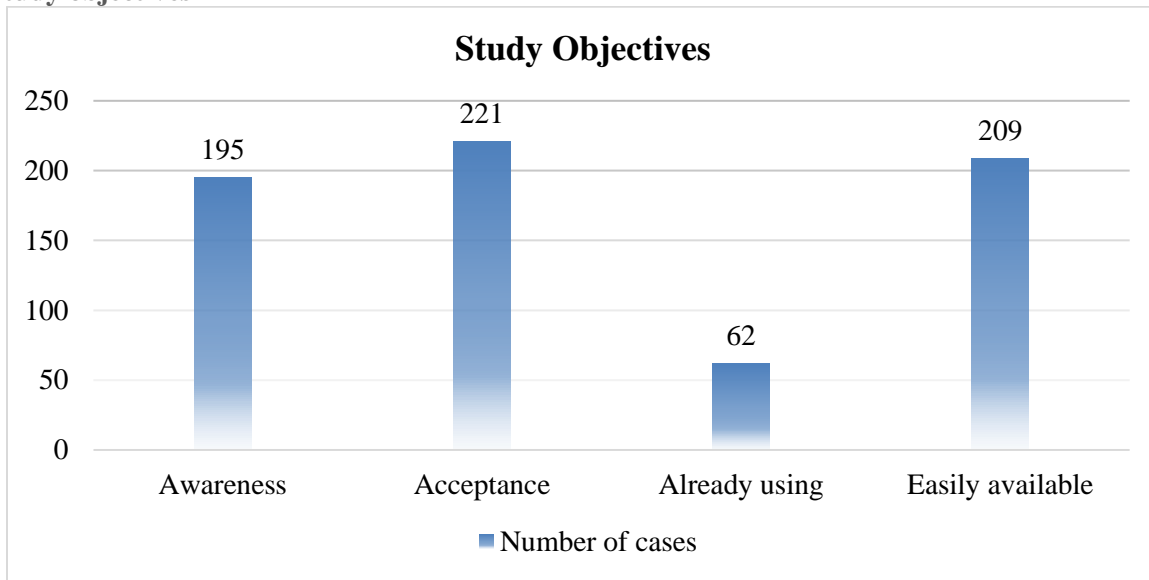
Rural & urban cases were almost similar in quantity. Hindu were maximum i.e., 216 (72 %) followed by Muslim 36 (12 %) & other religion contributed 48 (6 %). 264 (88 %) cases were literate & only 36 (12 %) were illiterate. 285 (95 %) were housewife's & remaining 15 (5 %) were working women.

**Table 3: study objectives**

Sr No.	Study objectives	Yes N (%)	No N (%)	Total N (%)
1	<b>Awareness</b>	195 (65 %)	105 (35 %)	300 (100 %)
2	<b>Acceptance</b>	221 (74 %)	79 (26 %)	300 (100 %)
3	<b>Already using</b>	62 (28 %)	193 (72 %)	221 (100 %)
4	<b>Easily available</b>	209 (95 %)	12 (5 %)	221 (100 %)

As found in Table 3, 195 (65 %) cases were aware of contraception whereas 105 (35 %) were not. 221 (74 %) accepted one of the methods of contraception & 79 (26 %) refused. Out of 221, 62 (28 %) were already using contraception. 209 (95 %) participants stated easy availability of contraception method they opted for

**Graph 1: Study objectives**

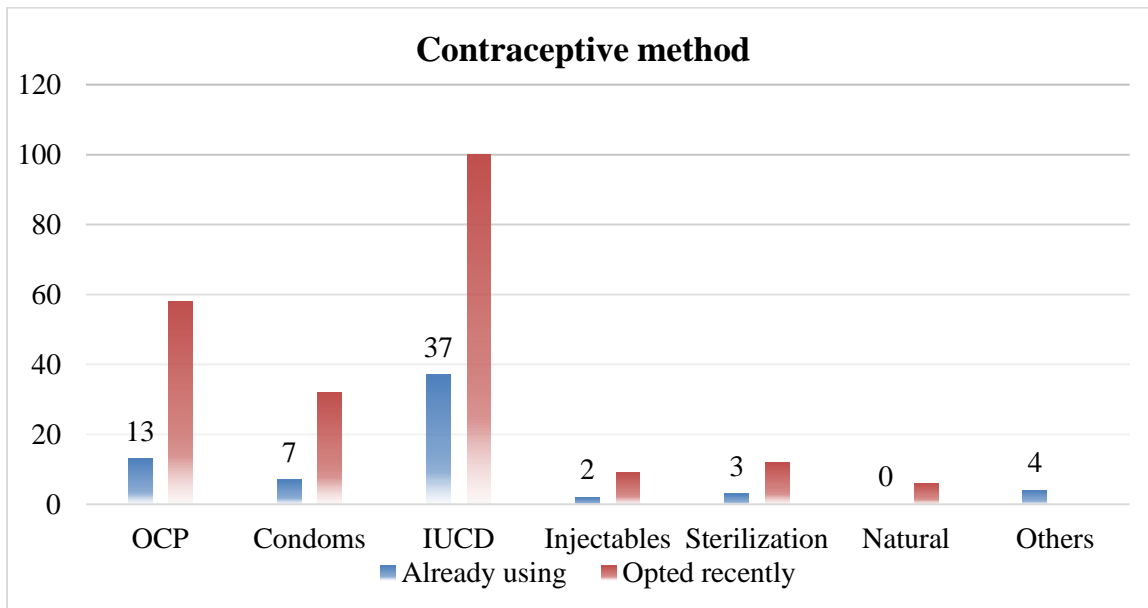


**Table 4: Contraceptive method**

Sr No.	Contraceptive method	Opted recently N (%)	Already using N (%)
1	OCP	58 (26 %)	13 (21 %)
2	Condoms	32 (14 %)	7 (11 %)
3	IUCD	100 (45 %)	37 (60 %)
4	Injectables	9 (4 %)	2 (3 %)
5	Sterilization	12 (5 %)	3 (5 %)
6	Natural	6 (3 %)	-
7	Others	4 (2 %)	-
<b>Total N (%)</b>		<b>221 (100 %)</b>	<b>62 (100 %)</b>

As found in **Table 4**, IUCD was the commonest method employed/used by participants contributing 104 (48 %) cases. OCP was the second most opted contraception method found in 58 (26 %). Amongst the contraception already using participants IUCD was used by maximum i.e. 37 (60 %)

**Graph 2: Contraceptive method**



**Table 5: Reason for denial**

Sr No.	Reason for denial	Number of cases N	Percentage %
1	Fear of side effects	43	54 %
2	Religious belief	3	4 %
3	Husband opposition	8	10 %
4	Not necessary	12	15 %
5	They want pregnancy	9	11 %
6	Lack of knowledge	4	5 %
<b>Total N (%)</b>		<b>79</b>	<b>100 %</b>

Amongst 79 (26 %) cases out of total who refused for contraception, Fear of side effects was present in 43 (54 %), 12 (15 %) found it Not necessary, 9 (11 %) wanted pregnancy, 8 (10 %) had Husband opposition, 4 (5 %) were lacking knowledge & 3 (4 %) had religious belief for not opting contraception.

### **DISCUSSION:**

Family planning is a method of thinking and living that individual and couples choose to adopt willingly based on their knowledge, attitude, and ability to make responsible decisions. Family planning is the deliberate use of contraceptive measures by a couple to reduce or spread out the number of children they have. Family planning addresses the woman's reproductive health, appropriate spacing between pregnancies, prevention of unwanted pregnancies and abortions, prevention of STDs, and enhancement of the quality of life for the mother, foetus, and family as a whole. In present study women of reproductive age group between age 15-49 years who visited obstetrics & gynecology outpatient department were enrolled. After obtaining detailed clinical history they were counselled about various contraception methods available and allowed to choose a method of their choice. Data on acceptance, availability,

contraception method chosen, contraception already using & reason for denial were recorded & assessed for results. In present study maximum cases i.e., 224 (75 %) were from age group 15 to 25 years. In similar study by **Rana M.S et al (2024)**<sup>8</sup> 38.7 % women were between age 35 to 39 years, 34 % were between 40 to 44 and 28 % were between 45 to 49. Study by **Fenta SM et al (2021)**<sup>9</sup> and **Rohmah N et al (2021)**<sup>10</sup> showed that age is very significant in the use of contraceptives. The majority of adolescents and young people (18–35 years old) in rural areas are sexually active and may be aware of the risks involved in having unprotected sex. Therefore, in order to shield themselves against unintended pregnancies they are probably utilizing contraceptives. In present study Rural & urban cases were almost similar in quantity. Hindu were maximum i.e., 216 (72 %) followed by Muslim 36 (12 %) & other religion contributed 48 (6 %). 264 (88 %) cases were

literate & only 36 (12 %) were illiterate. In similar study by **Rana M.S et al (2024)**<sup>8</sup> 39 % women were illiterate, 34 % were having primary education, 20 % were having secondary and 7 % were having higher education. **Karthikeyan SK et al (2019)**<sup>11</sup> in their study found 80 % Hindu, 8 % Christian, 2 % Muslim. **Thyagarajan et al (2014)**<sup>12</sup> in their study found respondents from urban areas are more likely to adopt a contraceptive method when compared with respondent from rural areas. In present study 195 (65 %) cases were aware of contraception whereas 105 (35 %) were not. 221 (74 %) accepted one of the methods of contraception & 79 (26 %) refused. Out of 221, 62 (28 %) were already using contraception. 209 (95 %) participants stated easy availability of contraception method they opted for. In similar study by **Karthikeyan SK et al (2019)**<sup>11</sup> they found 72% of the women were aware of condoms and only 39% of women were aware of emergency contraception. 92% of women were aware about sterilization method. Source of information was health personnel. **Wani RT et al (2019)**<sup>13</sup> in their study found with increasing age, educational status and family income, contraceptive acceptance was higher. **Bharti Sahu et al (2017)**<sup>14</sup> found maximum number of women were aware of female sterilization (90.1%), progesterone-only pill (79.2%), intrauterine device (77.6%) and condoms (75.1%). Knowledge regarding emergency contraception (2.9%) was very low. **Thapa et al (2014)**<sup>15</sup>, **Shrivastav et al (2014)**<sup>16</sup> and **Ghike et al (2010)**<sup>17</sup> in their study found that (69%), (71.2%) and (67.5%) women were aware of at least one of the family planning methods respectively. Contraceptive acceptance showed rising trends with increasing age, educational status, and family income. In present study IUCD was the commonest method employed/used by participants contributing 104 (48 %) cases. OCP was the second most opted contraception method found in 58 (26 %). Amongst the contraception already using participants IUCD was used by maximum i.e., 37 (60 %). In similar study by **Mahfouz MS et al (2023)**<sup>18</sup> they found most familiar and usable types of contraceptives were pills (36.3%) and intrauterine devices (24.4%). **Kavanaugh ML et al (2020)**<sup>19</sup> they found female permanent contraception was the most common method used (28%), followed by pills (21%), male condoms and IUDs (both 13%). **Wani RT et al (2019)**<sup>13</sup> in their study found that amongst all the participant's Barrier contraception (39.7%) was most commonly used, followed by Oral contraceptive pills (33.7%) and IUCD (30%). In present study Amongst 79 (26 %) cases out of total who refused for contraception, Fear of side effects was present in 43 (54 %), 12 (15 %) found it Not necessary, 9 (11 %) wanted pregnancy, 8 (10 %) had Husband opposition, 4 (5 %) were lacking knowledge &

3 (4 %) had religious belief for not opting contraception. In similar study by **Bharti Sahu et al (2017)**<sup>14</sup> they found main reason given by the women for nonacceptance was lack of knowledge and fear of side effects. Singh et al reported in their study fear of side effect (24%) as the major reason, followed by expectation of a male child (8%), while Mahmood et al<sup>13</sup> in their study reported lack of knowledge (32.5%) as the main reason for not using contraceptives. Present study revealed younger women were more concerned about their health as well as the health of their family and thus were more receptive towards contraception. Reason for this may be due to easy availability, higher literacy level, better socioeconomic condition, and easy access to health facilities in urban areas. Awareness and acceptance were highest in educated, working, and women of higher socioeconomic groups. Urban population was found more aware of contraception as compared to rural population.

#### **Limitation of the Study:**

Interviews were limited to a subset of patients who visit tertiary care facilities. Therefore, it is not possible to extrapolate the study's findings to the state or to India at large.

#### **CONCLUSION:**

To conclude contraceptive acceptance in our study was found as 74 % whereas awareness was present in 65 %. The family planning services must be strengthened. Programmes to educate women about the need of using contraception to reduce the number of children born are crucial. It is essential to successful design and implement family planning initiatives through their integration with maternity and child health care.

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