

Original Research Article

## An Assessment of Awareness and Practices Regarding Spacing Methods of Contraception Infield Practice Areas of Mahatma Gandhi Medical College and Hospital, Jaipur

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### ABSTRACT

**Objective:** To assess the knowledge and attitude regarding family planning and the usage of contraceptives among eligible couples in-field practice areas. *Study Design.* Cross Sectional Community

**Setting:** 400 couples.

**Methodology:** Pretested questionnaire.

**Results:** In urban area 45.25% couples knew about three spacing methods, 32.75% knew 2 and 22% knew only one method. Corresponding proportion for these in rural area were 38.5%, 36.5% and 25%. Overall knowledge of O.P. was 74.5%, CC 72% and Cu-T was 67%, in rural area while it was 80%, 88% and 55% respectively in urban area. Reasons of non-use of spacing methods in rural couples were: need for a male child (24.13%), unwilling to use any method (24.13%) and breast feeding (17.24%). Reason for not using contraceptives in urban areas were (19.80%) each due to breast feeding/did not like any method due to inconvenient timing, whereas in rural area 17.82%, 12.87% and 9.90% of couples gave similar reasons. Others did not need spacing 44% in rural and 26.5% couples in urban area had got sterilized. Reason to discontinue spacing methods among past users were need to have children 35.89%, irregular menstruation 41.20% and lack of satisfaction 10.25% in rural areas whereas in urban area couples it was 72.72% for desire a child, 18.18% inconvenience to use and 9.9% due to lack of satisfaction. The non-users were 14.5% and 25.25% in rural and urban area. Vasectomy cases were only 11 husbands (2.75%) in urban area only. 58 couples (14.50%) in rural and 101 (25.25%) in urban areas were still unprotected. Source of information of contraception was health personnel (95.5%) followed by health personnel (32.25%), mass media (31%) friends (2.25%) in rural area and in urban area.

**Conclusion:** Study reveals fair knowledge and favourable attitude amongst rural couples towards contraception. A lot of educational and motivational activities by health and anganwadi staff for regular improvement in family planning services are needed to promote the use of contraceptives so that high rate of fertility could be reduced.

**Key words:** knowledge & attitude, family planning, spacing method of contraception, contraceptive.

### INTRODUCTION

The mankind as on now faces no greater problem than world's growing

population at an alarming rate in spite of present and prospective rates of economics and social developments. [1] Current

projections show a continued increase of population but a study shows decline in population to reach between 7.5 and 10.5 billion by the year 2050. [2-4] Thus twenty first century calls for an urgent step.

If we go by region, Asia accounts for over 60% of the world population with more than four billion people, China and India together form about 37% of world's population. Like in all developing nations India also the young age structure (65%) of our population, the reproductive attitude and behavior of our young couples are likely to have an important impact on reproductive health, demographic and social outcomes. India was the first country of the world to formulate National Family Planning Programme in the year 1952 with the objective of reducing the birth rate to the extent necessary to stabilize the population at a level consistent with the requirement of National economy. In spite of all the five year development plans, Indian population reached at 1,210,193,422 contributing to 17% of the world population. [5] If the present trend continues, India may take over China by the year 2045 to become the most populous country in the world. Despite the fact that contraceptive usage has increased over a period of time yet there is a gap between the knowledge, attitude and practices regarding contraception. This is mostly due to inadequate knowledge of contraceptive methods and erroneous and incomplete information about their use. Keeping in view all these points, this study was undertaken to assess the awareness and practices regarding methods of contraception in the rural and urban Field Practice Areas of Department of

Community Medicine, Mahatma Gandhi Medical College and Hospital, Jaipur.

## MATERIALS AND METHODS

The present study was cross sectional type in which interviews of couples in the reproductive age group were carried out through predesigned and pretested proforma/investigation tools (schedules) covering all reasonable queries connected with family planning methods in the year 2011-12 among 800 eligible couples randomly selected out of 4190 and 4821 couples of Vatika and Partap Nagar respectively from rural and township area in the field practice areas of Department of Community Medicine, Mahatma Gandhi Medical College and Hospital, Jaipur. 400 willing couples from rural and township, each were interviewed based upon a predesigned and pretested questionnaire which included information regarding their age, education status, income, knowledge and sources of contraceptive methods and their usage by the said population of couples towards family planning. Men and women were separately asked about the types of contraceptives they knew separately and which ones they were using at that time. The information was collected on the knowledge of female and male sterilization, the pill, the IUD injectables, male condoms, female condoms and emergency contraceptions. The data was collected personally with the assistant of ANMs and Anganwadi workers of the concerned areas who were trained thoroughly for data collection and the survey was thus concluded under the guidance of the author. The resultant analysis was conducted to describe in percentage.

**Table 1: Socio-demographic characteristics of the Study Population Age Group**

Age in years	Rural (400)		Urban (400)	
	Husband	Wife	Husband	Wife
15-19	2 (0.50)	12 (3.00)	----	10 (2.5)
20-24	85 (21.25)	122 (3.05)	29 (7.25)	70 (17.5)
25-29	137 (34.25)	114 (28.5)	75 (18.75)	111 (27.75)
30-34	92 (23)	81 (20.25)	116 (29.0)	78 (19.5)
35-39	52 (13)	57 (14.25)	74 (18.5)	63 (15.75)
40-44	32 (8)	14 (3.5)	106 (26.5)	68 (17.00)
<b>Total</b>	<b>400 (100.0)</b>	<b>400 (100.0)</b>	<b>400 (100.0)</b>	<b>400 (100.0)</b>

**Literacy Status**

Literacy Status	Rural (400)		Urban (400)	
	Husband	Wife	Husband	Wife
Illiterate	41 (10.25)	204 (51)	14 (3.5)	54 (13.5)
Class 1-5	75 (18.75)	79 (19.75)	19 (4.75)	38 (9.5)
Class 6-12 % Sr. Sec.	11 (5.25)	98 (24.5)	211 (52.75)	206 (57.5)
B.A./M.A.	73 (18.25)	19 (4.75)	156 (39.00)	102 (25.5)
<b>Total</b>	<b>400 (100.0)</b>	<b>400 (100.0)</b>	<b>400 (100.0)</b>	<b>400 (100.0)</b>

**Caste Status**

Caste	Rural (400)	Urban (400)
S.C.	51 (12.75)	110 (27.5)
S.T.	98 (24.5)	17 (4.25)
Others	251 (62.75)	273 (65.25)
<b>Total</b>	<b>400 (100.0)</b>	<b>400 (100.0)</b>

**Socio-Economic Status based on reported monthly income by couples duly modified vide Prasad's classification for the year 2011**

S.E. Status	Rural (400)	Urban (400)
Upper High Class	49 (12.25)	149 (37.25)
High Class	139 (34.75)	167 (41.75)
Upper Middle Class	164 (41.00)	55 (3.75)
Lower Middle Class	24 (6.00)	5 (3.75)
Poor	14 (3.50)	6 (1.5)
Very Poor B/L	10 (2.50)	8 (2.00)
<b>Total</b>	<b>400 (100.0)</b>	<b>400 (100.0)</b>

Note: Figures in parentheses denote % socio-economic status based on reported monthly income by couples, duly modified proposed PRASAD's classification for the year 2011.

**Table 2: Knowledge of Spacing Methods of Contraceptive of the couples.**

Knowledge	Rural (400)	Urban (400)
One method only	100 (25.00)	88 (22.00)
Cu-T	25 (6.25)	6 (1.5)
C.C.	44 (11.00)	54 (13.5)
O.P.	31 (7.75)	28 (7.00)
Two Methods	146 (36.5)	131 (32.75)
Cu-T & O.P.	56 (14.00)	15 (3.75)
Cu-T & C.C.	33 (8.25)	18 (4.5)
O.P. & C.C.	57 (14.25)	98 (24.5)
Three Methods	154 (38.5)	181 (45.25)
Cu-T, O.P. and L.C.	154 (38.5)	181 (45.25)
<b>Total</b>	<b>400 (100.0)</b>	<b>400 (100.0)</b>

From the above table, it was observed that a majority of couples belong to high and upper middle class socio-economic status in rural area (34.75% and 41.00%). Similarly, in urban area (41.75% and 13.75%) belonged to high and upper middle class socio-economic status. However (3.50% and 2.50%) from rural and (1.5% and 2.00%) from urban area belong to poor and very poor IBPL class respectively.

38.5% couples were having knowledge of all three methods of contraception, about 36.5% knew two methods and 25% knew only any one method in rural area whereas 45.25%,

32.75% and 22% couples of urban area knew three, two and one method respectively. Overall knowledge of Cu-T was 67%.

Most common source of knowledge for all couples was health personnel for family planning messages (95.5% in rural and 32.25% in urban followed by mass media (1.75) and (31) in rural and urban areas respectively. Mother-in-laws also played an important role i.e. (0.5%) in rural and (18.5%) in urban area. It was observed that health and anganwadi workers both were working as a team in imparting knowledge of spacing methods.

**Table 3: Source of information regarding spacing methods of contraception**

Source of knowledge	Rural (400)	Urban (400)
Health Person	382 (95.5)	129 (32.25)
Social Workers	---	003 (0.75)
Mass Media	007 (1.75)	124 (31.00)
Friends	009 (2.25)	070 (17.5)
Mother-in-Law	002 (0.5)	074 (18.5)

Out of 400 couples each from rural and urban area maximum couples were protected by spacing/triennial methods i.e. 41.5% and 48.25% respectively in rural and 44% and 26.5% in urban areas. Completion of family was found to be the most common reason for using contraception.

**Table 4: Couples Protected according to various methods**

Methods	Rural (400)	Urban (400)
Unprotected	058 (14.50)	101 (25.25)
Spacing	166 (41.50)	193 (48.25)
Terminal (Sterilized)	176 (44.00)	106 (26.5)

**Table 5: Distribution of couples currently using spacing methods of contraception.**

Methods	Rural (166)	Urban (193)
Cu-T	033 (18.87)	006 (3.10)
C.C.	101 (60.85)	144 (74.61)
O.P.	032 (19.27)	037 (19.17)
Any other	---	06 (3.10)
<b>Total</b>	<b>166 (100.0)</b>	<b>193 (100.0)</b>

It was observed that various couples were following various methods i.e. 18.87%, 60.85% and 19.27% Cu-T, C.C. and O.P. respectively in rural and 3.10%, 74.61%, 19.17% and 3.10% were using Cu-T, C.C., O.P. and other method i.e. modern methods in urban areas.

**Table 6: Reasons for non-use of any contraceptive method**

Reasons for Non-Use	Rural (58)	Urban (101)
Breast feeding	010 (17.24)	020 (19.80)
Does not like any method	014 (24.13)	020 (19.80)
Do not feel need for contraception	012 (20.68)	018 (17.82)
Need a male child	014 (24.13)	013 (12.87)
Time in convenient	----	020 (19.80)
Fear of side effects	004 (6.89)	010 (9.90)
Husband's living away	004 (6.89)	----
Total	58 (100.0)	101 (100.0)

Note: Figures in parentheses denote %.

It was observed that (24.13%) couples needed a male child and (17.24%) were of breast feeding methods, hence did not use any spacing method in rural and (12.87%) needed a son and (19.80%) were breast feeding females in urban area, hence did not use any spacing method. However, about (20.68%) couples in rural and (17.82%) in urban area did not feel need of contraception because their fertility period was over.

## DISCUSSION

Family Planning Expert Committee (1971) of World Health Organization (WHO) defined it as a way of thinking and living that is adopted voluntarily by a couple based on their attitude and knowledge to arrive at a responsible decision to promote the health and welfare of family which would ultimately contribute towards social development of the country.

It is a planning to achieve or to prevent pregnancy by intercourse as defined by Hanna Klaus. [6] It is the practice voluntarily altering the rate of growth adoption of family planning in a society, is an integral component of modern development and is essential for the integration of women into social and economic life. The present study aimed to assess the awareness and use of spacing

methods/contraception in the area of Mahatma Gandhi Medical College and Hospital, Jaipur and also to enhance their use in rural as well as urban community of Partap Nagar Township. The result showed that overall knowledge of Cu-T was (67%), C.C. (72%) and O.P. (74.5%) in rural while it was (55%), (88%) and (80%) respectively in urban area. The findings are similar to Bernad et al who had conducted a survey in Rajasthan (1992). He had observed that couples who knew 3 methods were also maximum users of contraceptives i.e. (88.96%) in rural and (80.66%) in urban areas.

In another study (1989) Jain S et al found that the acceptance of use increases with the increased knowledge of spacing methods. [7] The knowledge was higher for female sterilization.

The source of information in the use of spacing methods played an important role i.e. (95.5%) couples in rural and (32.25%) couples of urban got inspired through health personnel (1.75% and 31%) respectively by mass media and 0.5% and (18.5%) respectively through mother-in-laws.

Out of 800 couples (400 each from rural and urban) maximum couples were protected i.e. 41.50% and 44% in rural and 48.25% and 26.5% in urban area through spacing and terminal (sterilization) methods. According to NFHS (1993) survey in Haryana, (58%) couples were protected in urban and 47% in rural area<sup>3</sup> which is slightly less than the findings in this study.

Amongst currently used spacing methods, C.C. was most republic method in both rural and urban areas. Out of total users (60.85%) and (74.61%) couples in rural and urban areas were using C.C. OP was the second most popular with (19.27% and 19.77%) couples of rural and urban area respectively. Other studies conducted by various authors showed similar rebut. [8,9]

Couples not practicing family planning were only 58 couples (14.5%) and 101 couples (25.25%) respectively from rural and urban areas due to reasons like breast feeding, does not like any method, need a male child, fear of side effects and husbands being away. During a study (1993) the NFHS, Haryana got similar findings as in this study. <sup>[10]</sup> In another study (1994), the NFHS in Punjab also found a deep relationship between use of spacing methods and preference for a son even among high parity women. <sup>[11]</sup>

## CONCLUSION

The study shows reasonably good knowledge and favourable attitude of both in rural and urban couples towards contraception and their usage. However it was seen that higher education of couples particularly of the wife and higher economic status played a significant role besides regular exposure towards the contraceptives, place of availability and usages by electronic media, health personnel, friends, mother-in-laws, the couples themselves and Anganwadi workers.

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