

# Study on Knowledge and Attitude Regarding Contraception among the Male Population in a Selected Setting, Dakshina Kannada

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## ABSTRACT

**Introduction:** Family planning is hailed as one of the great public health achievements of the last century. WHO is functioning to promote family planning by producing evidence-based guidelines on safety and service delivery of contraceptive methods, and serving to countries to introduce, adopt and implement these strategies to fulfill their wants.

**Aims & objectives:** To assess the knowledge and attitude regarding Contraception among the Male Population of Dakshina Kannada.

**Materials and methods:** The present descriptive study was carried out in March 2018 in the area of Dakshina Kannada. A total of 400 participants were included in the study selected by purposive sampling method from the selected community.

**Results:** The findings of the study showed that around half (45.5%) of subjects had an average knowledge, 28.2% had good knowledge and 15% had poor knowledge regarding contraception. Majority of men (100%) had a favorable attitude towards contraception. There was a weak positive ( $r=0.04$ ) correlation between knowledge and attitude among the participants. It was found that knowledge had a significant association with education.

**Conclusion:** Though the majority of the men showed the favorable attitude towards contraception they lack knowledge regarding contraceptives.

**Keywords:** Contraception, men, family planning, knowledge, attitude.

## INTRODUCTION

The National Family Planning Program was launched in India in 1952. It began in few clinics with the distribution of IEC materials. This clinic approach later shifted to extensive education approach to motivate people to use small family norm. It was renamed in 1977 as National Family Welfare Program. With changes in concepts from time to time and advances in medical technologies, the program underwent a lot of strategic changes. Thus, there was a

paradigm shift from clinic-based, target-oriented approach to target-free, client-centered, need based, and high-quality approach. A significant achievement of this program is a decline in the fertility rate from 6.4 in 1950 to 2.3 in 2015. [1, 2]

Family planning is hailed as one of the great public health achievements of the last century, and worldwide acceptance has risen to three-fifths of exposed couples. Family planning is documented to lower maternal mortality and morbidity associated

with unintended pregnancy, contribute to birth spacing, lower infant mortality risk, and reduce the number of abortions, especially unsafe ones. Prevent mother-child transmission of human immunodeficiency virus. [3]

Contraceptive methods are the preventive methods help the women to avoid unwanted pregnancies. They include all temporary and permanent measures. WHO is working to promote family planning by producing evidence-based guidelines on safety and service delivery of contraceptive methods, developing quality standards and providing pre-qualification of contraceptive commodities, and helping countries to introduce, adopt and implement these tools to meet their needs. WHO is also developing new contraceptive methods, including male methods, to reduce the unmet need for contraception. [4]

In India, the study of the male role in family planning is still a neglected area. There is an immediate requirement to understand the level of knowledge and attitude of men towards family planning and make them more responsible for meeting their reproductive goals. Keeping this in mind, this study was undertaken to understand the knowledge and attitude of men toward contraception

### **Problem Statement**

“Study on Knowledge and Attitude Regarding Contraception among the Male Population in a selected setting of Dakshina Kannada.”

### **Objectives of the study**

1. To determine the knowledge regarding contraception among men.
2. To determine the attitude regarding contraception among men.
3. To find the correlation between the knowledge and attitude regarding contraception among men.
4. To find the association between knowledge of men regarding the contraception with selected baseline variables.

5. To find the association between attitudes of men regarding the contraception with selected baseline variables.

### **METHODS**

Survey research design was used to conduct the study among the men from rural and urban villages of Dakshina Kannada District. Totally 400 men of reproductive age that is 21 to 45 years were selected by Purposive Sampling technique. The samples included in this study were who fulfilled the inclusion criteria with available at the time of data collection and who were willing to participate. Ethical permission was obtained before the data collection. After obtaining permission from the setting, the men were asked their willingness to participate in the study and informed consent was obtained. After collecting the demographic data, the structured knowledge questionnaire and attitude rating scale regarding contraception was administered. The collected data were analyzed in terms of objectives of the study using descriptive and inferential statistics.

### **Description of the tool**

The structured questionnaire comprised 3 sections covering the following areas

**Section A:** socio demographic data It consist of age, education, religion, income per year, employment status, type of family, duration of married life, number of children, use of contraceptives, and source of information.

**Section B:** Structured knowledge questionnaire on contraception. It consists of 30 questions.

**Section C:** Attitude rating scale of men towards contraception. Consisted of 15 items with 8 positively and 7 negatively stated items.

### **RESULTS**

#### **Description of sample characteristics:**

The data presented in table no.1 reveals that among all men 35.75% of them belong to the age group of 36-40 years. Nearly equal number of subjects belonged to 31-35years (28.75%) and 41-45 years

(29.5%). About 40.5% of the subjects had Pre University (PUC) education and nearly equal numbers of men were educated with diploma (8%) and graduates (7.5%). Most of the men (45.75%) were practicing Christianity and Hinduism (32%).

**SECTION-1: Frequency and percentage distribution of socio-demographic variables of subjects n=400**

SL NO	Variable	(f)	(%)	Mean ± SD
1.	Age in years			37.4±4.3
	a)21-25	3	0.75	
	b)26-30	21	5.25	
	c)31-35	115	28.75	
	d)36-40	143	35.75	
e)41-45	118	29.50		
2.	Education			
	a)Primary school(1-5)	61	15	
	b)High school(6-10)	115	29	
	c)PUC (11-12)	162	40.5	
	d)Diploma	32	8	
e)Graduate	30	7.5		
3	Religion			
	a) Hinduism	128	32	
	b) Islam	89	22.25	
c) Christianity	183	45.75		
4.	Yearly income in rupees			1,50,782.5 ±131981
	a) <50000	75	18.75	
	b) 51000-150000	205	51.25	
	c) 151000-250000	93	23.25	
	d) 251000-350000	9	2.25	
e)>351000	18	4.5		
5.	Occupation			
	a)Daily wagers	200	50	
	b) Business	67	16.75	
	c)Professionals	53	13.25	
d)Technicians	80	20		
6.	Duration of married life			7±4.2
	a)Less than 1 year	25	6.25	
	b)1-5 years	154	38.50	
	c)6-10 years	131	32.75	
d)More than 10 years	90	22.50		
7.	Number of children			
	More than 1 child	153	38.25	
	Only one child	176	44	
No child	71	17.75		
8.	Type of family			
	Nuclear family	202	50.5	
Joint family	198	49.5		
9.	Use of contraceptives			
	Yes	99	24.75	
No	301	75.25		
10.	Source of information			
	Health personnel	123	30.75	
	Mass media	159	39.75	
	Friends	50	12.50	
literature	68	17		

Only 22.25% men practiced Islam. Half of the men had an income ranging from Rs.51000 to Rs.150000 (51.25%) and only 2-4% had an income of Rs. 250000 and more per year. Out of 400 men, only 13.25% were professionals and 50% of the subjects were daily wagers. Nearly equal number of subjects was business holders (16.75%) and technicians (20%). Duration of married life is 1-5 years among 38.5% of men and 22.5% had a married life of more than 10 years. The highest percentage (44%) of the men had only one child, whereas 38.5% had more than one child and only 17.75% had no children. An equal percentage of distribution is seen among nuclear (50.5%) and joint (49.5%) family. The majority (75.5%) of the subject are not using contraceptives. The source of information from where they received contraceptive knowledge is through mass media (39.75%) and friends. (12.5%).

**SECTION-2: Structured knowledge questionnaire on contraception among men.**

**Table 2: Frequency and percentage distribution of subjects according to the grading of their knowledge score n=400**

Knowledge score	Grading	frequency	Percentage
≤ 11	Poor	60	15
12-18	Average	182	45.5
19-23	Good	113	28.2
≥24	Excellent	45	11.2

Max Score=30

Table 2 reveals that majority (45.5%) of the subjects had average knowledge and 28.2% had good knowledge on contraception. And 15% had poor knowledge. Only few (11.2%) subjects have excellent knowledge on contraception. The mean and standard deviation of knowledge score is 17.3±5.01 and the mean percentage 56.7%

**Table 3: Area-wise Mean, Mean percentage, SD and maximum score of knowledge score on contraception. n=400**

Sl no	Area	Maximum Score	Mean ± SD	Mean %
	Anatomy & Physiology of male and female reproductive system and Meaning of contraceptives	7	4.5 ±2	64%
	Spacing methods	16	9.0 ±3	56%
	Terminal methods	7	4.0 ±2	57%

Max Score=30

The data presented in Table 3 denotes that the mean percentage of knowledge score is highest (64%) in the area ‘meaning of contraception as compared with other domain. The men had average knowledge on spacing methods (56%) and terminal methods (57%) of contraception.

### SECTION 3: Assessment of attitude of men regarding the contraception

Table 4: Frequency and percentage distribution of subjects according to the level of attitude on contraception. n=400

Attitude score	Level of attitude	Frequency(f)	Percentage (%)
≤37	Unfavorable	0	0
≥38	Favorable	400	100

Max Score=75

The data presented in Table 4 reveals that all the men (100%) had favorable attitude towards the contraception. The total mean percentage of the attitude is 66.93%

### Section IV: Relationship between knowledge and attitude score of men regarding the contraception

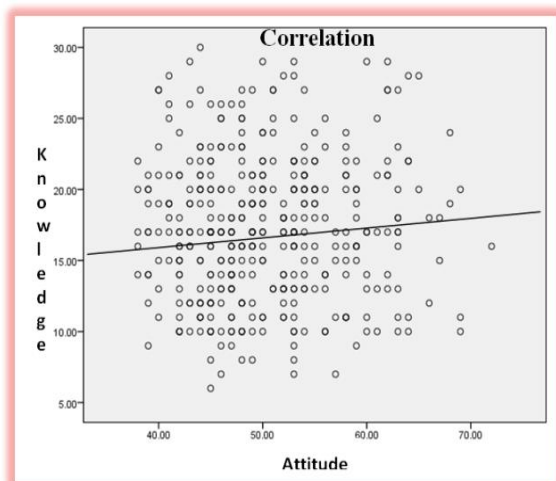


Figure1 reveals that there is weak positive correlation between knowledge and attitude ( $r=0.04$ ) of men regarding the contraception. Hence the null hypothesis is rejected.

### Association between knowledge and attitude with socio-demographic variables:

The result of the study showed that there is a significant association between knowledge and education ( $p=0.030$ ). Other variables like age, religion, occupation, family income, duration of married life, number of children, type of family, and use of contraceptives and source of information did not have any association with knowledge and attitude.

### DISCUSSION

In the present study, 35.75% of the men belong to the age group of 36-40 years. About 40.5% of the subjects had Pre University (PUC) education and graduates are 7.5%. Most of the men (45.75%) are practicing Christianity. Half of the men had an income ranging from Rs.51000 to Rs.150000 (51.25%). Out of 400 men, only 13.25% are professionals and 50% of the subjects are daily wagers. About 38.5% of men married for 1-5 years and 44% of the men had only one child. An equal percentage of distribution is seen among nuclear (50.5%) and joint (49.5%) family. The majority (75.5%) of the subject are not using contraceptives. The source of information from where they received contraceptive knowledge is through mass media

The findings of the current study were found consistent with the findings of another study conducted at Silang Cavite and Santa Rosa City Kenya. There were 220 respondents most (64%) were below 39 years old, the average age was 37 years. More than half (69%) were Catholics. About (38%) were skilled workers. Most of the respondents had attained High school education (41%), about a third (33%) of the respondents had been married for less than five years and 10% had a monthly income of the family is Rs. 20000. [5]

The present study revealed that most (45.5%) of the participants had an average knowledge and 28.2% of the subjects had a good knowledge of contraception. Only 15% had poor knowledge and very few (11.2%) had excellent knowledge. The mean knowledge score of men was

17.3+5.01 with a mean percentage of 56.7%.

These findings were congruent to the findings found in the study conducted in Jordan, to assess knowledge and attitude of birth spacing among a convenience sample of 241 men. All men (98%) had heard of births spacing, but only 40% could correctly define the term. Some 86% believed that men are as responsible as women for preventing pregnancies; the findings reveal that most of the men in the reproductive age have average knowledge on the use of contraceptives. [6]

The finding of the present study showed that all the (100%) men had a favorable attitude towards the contraceptive use.

The findings of the current study were found consistent with the findings of a study conducted in Kenya to determine the knowledge, attitude and practice of family planning. The results show an almost universal approval 90.8% of the respondents reported that they approved of family planning. [7]

The study revealed that there is a weak positive correlation between knowledge and attitude ( $r=0.04$ ) of men regarding the use of contraceptives.

The study which is conducted among 223 college Students of University in Korea showed that there was a statistically significant association between knowledge and attitudes towards contraception ( $r = 0.23$ ) That is, as the subjects have the better contraceptive knowledge, they also have a positive attitude towards contraception. Those with adequate knowledge generally showed favorable attitudes with regards to contraception. [8]

The result of the study showed that there is a significant association between knowledge and education ( $p=0.030$ ). It was found in a study conducted in Bangalore rural area that the education of the study population showed an influence on the acceptance of vasectomy as a contraceptive measure ( $p = 0.0124$ ).

## CONCLUSIONS AND RECOMMENDATIONS

In the present study mass media and health personnel were found to be the most common source from which common public get knowledge on contraception as already found in other studies too. Lack of awareness regarding the various methods of contraception is serious concern. The role of health personnel's and mass media is very important to create the awareness about population explosion and its prevention in the community. Health education sessions, seminars, workshops and symposia for creating awareness in all areas of urban as well as rural masses can be made more effective by involving Public Health Professionals to develop communication messages closely related to the pandemic situation to target the information needs of the public.

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