

## Awareness, Knowledge, Attitude and Acceptance of Contraception Among Women Attending GYN OPD in KGH, Visakhapatnam

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### **Abstract**

**Introduction:** India's rapidly growing population necessitates immediate attention to family planning and population control. With over 7.95 billion people worldwide and 30 births per second, contraception is crucial for reproductive health and informed decision-making. In India, contraception knowledge is essential to address maternal and perinatal mortality, unwanted pregnancies, and population growth. This highlights the need for effective contraception strategies to ensure a healthier and sustainable future.

**Objective of the Study:** To access the gaps in the implementation of contraception program in India.

**Study Design:** Cross Sectional Study

**Material and Methods:** Questionnaire based survey is conducted regarding knowledge, awareness and acceptance of contraception among women attending Gyneac OPD over a period of 5 months from March to July 2023. 478 women of reproductive age within 20-35 years have been taken into the study. Data was tabulated for analysis.

**Inclusion Criteria :** Women in the age group of 20-35 years with different Gyneac complaints both married and unmarried.

**Exclusion Criteria:** Women below 20 years and above 35 years age.

**Introduction:** Today there is a pressing need for limiting family size at an individual level and control of the population at a national level. The population in India has been growing rapidly and so has the world population with more than 7.95 billion living on the Earth and 30 children being born every second. Contraception is a vital aspect of reproductive health, enabling the individuals to make informed decisions about their sexual and reproductive wellbeing. In India, knowledge on contraception is crucial to address issues like maternal mortality, perinatal mortality, unwanted pregnancy and population growth.

Though there is increase in the usage of contraception in recent years, according to National Health Survey, 2019-20, there is still a need to transform knowledge into acceptance, especially in rural areas and in men. Improving knowledge and awareness is essential to address these gaps. At least 3 years spacing between pregnancies is required to recover from anemia and to be fit for the next pregnancy.

**Methodology:** A cross-sectional study conducted in GYN OPD for a period of 5 months from March to July 2023. 478 women of reproductive age within 20-35 years have been taken into the study. A questionnaire was prepared to obtain their demographic data, knowledge, awareness, attitude and acceptance of various contraceptive methods and the channel by which they gained knowledge.

**Observation and Results:** Out of 478 women taken into the study, 449 are married, 411 are educated (above 8<sup>th</sup> grade) and 33 women are working. 421 women belong to low socioeconomic class and the rest to middle socioeconomic class. 301 women have knowledge of at least 1 temporary contraceptive method and 263 women have knowledge of 2 or more temporary contraceptive methods, mostly barrier contraceptives, hormonal pills and IUDs. About 320 have knowledge of permanent contraceptive methods, 97% women out of which, know only about female sterilization (Tubectomy). Only 3% have knowledge of male sterilization (Vasectomy). The medium of knowledge is mostly health workers, family and friends. When it comes to acceptance of contraception among this population, 339(70.1%) women with its knowledge are willing for contraception, temporary and permanent. 244(72%) of the women who are accepting contraception prefer permanent method, with almost all of them preferring female sterilization. Acceptance of male sterilization is rare and seen only in women with higher education, who are working, or of upper middle-class. Whereas temporary contraception acceptance is limited to 208 women in our study or 43.5% women. Among 478 women in my study, 402 women (84%) who got knowledge regarding contraceptives. Medium of knowledge acquired regarding contraception is mostly health workers 37%, family 32% , social media & ads 25% and text books 20% in our study.

In rural areas, men conduct their work outside the household and women are primarily homemakers.

**Table 1:** Proportion of women who are married and unmarried.

<i>Marital Status</i>	<i>No.</i>	<i>Percentage</i>
Married	449	94%
Unmarried	29	6%

**Table 2:** Proportion of women belonging to different socioeconomic classes.

<i>Socioeconomic Class</i>	<i>No.</i>	<i>%</i>
Low	421	88%
Middle	57	12%

**Table 3:** Proportion of women who are literate and illiterate.

<i>Literacy</i>	<i>No.</i>	<i>%</i>
Literate	411	86%
Illiterate	67	14%

**Table 4:** Awareness of contraception among women in the study.

<i>Method</i>	<i>No.</i>	<i>%</i>
Permanent	320	66.9%
Temporary	301	62.9%
Both	239	50%
None	105	21.9%

**Table 5: Acceptance of contraception**

<i>method</i>	<i>NO.</i>	<i>%</i>
<b>Temporary</b>	<b>208</b>	<b>43.5%</b>
<b>Permanent</b>	<b>244</b>	<b>51%</b>
<b>Both</b>	<b>339</b>	<b>70.9%</b>

**Table 6 : Medium of knowledge**

<i>Medium</i>	<i>%</i>
<b>Family</b>	<b>37%</b>
<b>Health care workers</b>	<b>32%</b>
<b>Social media, ads</b>	<b>25%</b>
<b>Text books</b>	<b>20%</b>

**Table 7 : Temporary contraceptive methods in current use**

<i>Method</i>	<i>Number</i>	<i>%</i>
<b>IUCD</b>	<b>54</b>	<b>26%</b>
<b>Barrier method</b>	<b>46</b>	<b>22%</b>
<b>Pills</b>	<b>46</b>	<b>22%</b>
<b>Injectables</b>	<b>34</b>	<b>16%</b>
<b>Natural methods</b>	<b>28</b>	<b>13%</b>
<b>Total</b>	<b>208</b>	

**Discussion:** Most of the couples want two children in India irrespective of rural or urban population. They understood the concept of permanent sterilization after achieving desired number of children. But the main gap found in understanding spacing between two children and avoiding unwanted pregnancies by using temporary contraceptives<sup>1</sup>. The family planning programme has been going under changes from time to time to meet its objective of reducing birth rate in India. One of the main strategies of the programme is spreading knowledge and develop a favorable attitude among eligible couples<sup>2</sup>. Out of 478 respondents in reproductive age, 449 are married and 29 are unmarried. In our survey 88% belonged to low socioeconomic class and 12% are from middle classer, 86% are literates and 14% are illiterates which will directly influence decision making regarding acceptance of contraception. In a study by Ikoyi Lagos, Nigeria similar observations are made<sup>10</sup>. 63% of respondents in our study are aware of one or more methods of temporary contraception and 67% are aware of permanent contraception. This is when compared to a study by Radheshyam Jadhav 2022 awareness on temporary contraception is better than permanent contraception<sup>3</sup>. Regarding acceptance of contraception, both temporary and permanent, responsibility is mainly on women, 78% women accepting various methods of temporary contraception, Whereas only 22% of men used temporary (barrier) contraception. Regarding respondents who are accepting permanent contraception, 97% women are accepting permanent contraception (tubectomy). contraception and only 3% used permanent(vasectomy) contraception in our study. Since men conduct their work outside the household and women are mostly homemakers, responsibility of family planning lies on women in rural India<sup>4</sup>. This observation is similar to most of the surveys done in rural areas<sup>5-8</sup>. Among those who are not willing for temporary contraception, reasons are they are not aware that various methods available free of cost in Govt. hospitals, they also have misconceptions about each temporary contraceptive about its side effects<sup>9</sup>.

Respondents in our study acquired their knowledge through family members 37%, health care workers 32%, social media and advertisements 25%, text books 20% in our study. But this knowledge acquired by unilateral modes seems to be incomplete for translating into usage confidently. They need to be given clarifications for their queries and misconceptions. Hence information acquired by health care workers is superior to all other modes of acquiring knowledge. This is also confirmed in a study done by Surabhi Ratan et al Punjab 2022<sup>10</sup>.

**Conclusion:** There is definitely a need to increase awareness among rural and illiterate women regarding various options and safety of contraceptive methods. Acceptance of contraception among men should be encouraged especially permanent contraception. Educating women along with their families is essential to support the decision making and independence of women in contraception choice and family planning, and in achieving the goal of sterilization. The information dissemination activities of the program so far have targeted on why of family planning, not on how, except in promoting sterilization. Greater emphasis must be placed on reversibility of contraception and safety & simplicity of male sterilization.

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