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ORIGINAL ARTICLE

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Contraceptive knowledge attitude and practice (KAP) survey.

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OBJECTIVE(S) : To estimate the knowledge and prevalence of contraception among women presenting for voluntary termination of pregnancy (MTP) or as septic and incomplete abortions.

METHOD(S) : The 281 women in the study were allotted to two groups. Group A (n=214) consisted of those who came seeking MTP and Group B (n=67) who came with incomplete or septic abortion following induced abortion. Their contraceptive knowledge attitude and practice were evaluated with the help of a pre-designed and pre-tested questionnaire.

RESULTS: Though 82.2% women were aware of the existence of a contraceptive method, only 44.2% ever used one. The most commonly used contraceptive was condom (34.5%). 82.6% were willing to undergo tubectomy in future whereas only 20.3% were willing to accept an intrauterine contraceptive device.

CONCLUSION(S) : The study highlights that awareness does not always lead to the use of contraceptives. A lot of educational and motivational activities and improvement in family planning services are needed to promote the use of contraceptives and reduce the high fertility rate.

Key words : contraception, contraceptive, KAP survey

Introduction

Our country is the second most populous in the world having a rapidly growing population which is currently increasing at the rate of 16 million each year [1]. To slow down this growth rate, the National Population Policy [1] was revised by the Government of India in 2000, with the objective of bringing down the total fertility rate to the replacement level by 2010.

Despite constant efforts by the government, unmet needs still remain. The reasons for these unmet needs have to be analyzed to the core for better understanding of the situation and to help the government in formulation of appropriate policies and modified approaches.

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This study aimed to know the reasons affecting the outcome of the Family Planning Program in this part of Eastern UP.

Methods

In this study conducted in the Department of Obstetrics and Gynecology, of our Medical College, from August 2002 to July 2003, all women coming for voluntary termination of pregnancy (MTP) or presenting with septic or incomplete abortion were included. In all, 281 women were studied. They were divided into two groups : Group A (n=214) constituted those who came seeking MTP and Group B (n=67) included those who presented with incomplete or septic abortion following induced abortion. Those presenting after a spontaneous abortion were excluded, since they desired a pregnancy and would not be expected to use contraceptives in near future.

Results

The socio-demographic characteristics of the group studied are shown in Table 1. Among all the women undergoing

abortion, 4.6% were in the tender age of 14-19 years. While most of these women were married, 5% of them were unmarried. Nearly half (46.6%) of the women were illiterate. Those who came seeking MTP were better educated than those presenting with a complication after an induced abortion. Nearly half of them came from nearby rural areas. The abortion seeking behavior demonstrated a rise after parity two, and peaked after parity four (Table 2).

Table 1. Socio-demographic characteristics.

Characteristics	Group A (n=214)		Group B (n=67)		Total (n=281)	
Age						
14-19 years	11	(5.1)	2	(2.9)	13	(4.6)
20 – 29 years	105	(49.1)	17	(25.5)	122	(43.4)
30 – 39 years	93	(43.5)	39	(58.2)	132	(46.9)
40 – 45 years	5	(2.3)	9	(13.4)	14	(5.0)
Marital status						
Married	200	(93.5)	62	(92.5)	262	(93.2)
Unmarried	13	(6.1)	1	(1.5)	14	(5.0)
Separated	1	(0.5)	4	(6.0)	5	(1.8)
Educational status						
Illiterate	78	(36.5)	53	(79.1)	131	(46.6)
Just literate	18	(8.4)	3	(4.5)	21	(7.5)
Primary	49	(22.9)	8	(11.9)	57	(20.3)
High school & higher secondary	57	(26.6)	3	(4.5)	60	(21.4)
Graduate	12	(5.6)	-	-	12	(4.3)
Religion						
Hindu	186	(86.9)	60	(89.6)	246	(87.5)
Muslim	26	(12.1)	7	(10.4)	33	(11.7)
Christian	2	(0.9)	-	-	2	(0.7)

Figures in brackets represent percentages

Table 2. Abortion and parity.

Parity	Group A		Group B		Total	
	No.	%	No.	%	No.	%
P_0	17	7.9	2	2.9	19	6.8
P_1	10	4.7	1	1.5	11	3.9
P_2	56	26.2	9	13.4	65	23.1
P_3	60	28.0	17	25.4	77	27.4
P_4 + above	71	33.2	38	56.7	109	38.8
Total	214	100	67	100	281	100

Most of the women (82.2%) were aware of female sterilization, while only a half were aware of male sterilization. The most known (61.2%) temporary method of contraception was intrauterine contraceptive device (IUCD) followed by oral contraceptive pills (OCP) (60.5%) and condoms (53.7%). 17.8% of the women were not aware of any form of contraception (Table 3).

The most common method ever used by the couples was condom (34.5%), followed by the natural methods (26.2%) and OCP (18.9%) (Table 4). 45.3% of the women had not practiced any form of contraception previously. None had ever used emergency contraception (EC) and only 1.1% were aware of its existence. Only 0.7% women had undergone medical abortion previously and only 30.2% were aware that pregnancy can be terminated by medical means, but most of this awareness was for ergot and ayurvedic preparations. They did not know about the latest mifepristone plus misoprostol schedule.

While most of them were willing to use contraceptive methods in future, 11.4% refused to accept any method and 5.7% were not able to decide. Among those who were willing most (82.6%) wanted sterilization for themselves as the permanent method (Table 5). As for the temporary methods, 20.3% wanted to use an IUCD. 3.9% wanted to use condom and 1.7% OCP. Only 4.7% women intended to use EC and only 25.8% a medical abortion. For 11.4% of the women who did not want to use any method, it was because of fear of side effects or because of prohibition by their religion.

The important source of knowledge about contraceptive methods was family members, friends and television (Table 6).

Table 3. Awareness of contraceptive methods.

Method	Group A (n=214)		Group B (n=67)		Total (n=281)	
Natural [a]	73	(34.1)	2	(3.0)	75	(26.7)
Condom	142	(66.3)	9	(13.4)	157	(53.7)
Oral pills	166	(77.6)	4	(6.0)	170	(60.5)
Injectable	65	(30.4)	2	(3.0)	67	(23.8)
Intrantarine contraceptive device	164	(76.6)	8	(11.9)	172	(61.2)
Emergency contraception	3	(1.4)	-	-	3	(1.1)
Female sterilization	191	(89.3)	40	(59.7)	231	(82.2)
Male sterilization	138	(64.5)	7	(10.4)	145	(51.6)
Medical abortion [b]	81	(37.8)	4	(6.0)	85	(30.2)
None	23	(10.7)	27	(40.3)	50	(17.8)

Figures in brackets represent percentages
[a] natural methods – breast feeding, withdrawal and calendar method [b] Not a method of contraception

Table 4. Contraceptive methods previously used.

Method	Group A (n=214)		Group B (n=67)		Total (n=281)	
Natural [a]	73	(34.1)	2	(3.0)	75	(26.9)
Condom	92	(42.9)	5	(7.5)	97	(34.5)
Oral pills	52	(24.3)	1	(1.5)	53	(18.9)
Injectable	9	(4.2)	-	-	9	(3.2)
Intrauterine contraception	-	(-)	-	-	-	(-)
Female sterilization [b]	5	(2.3)	-	-	5	(1.8)
Medical abortion [c]	2	(0.9)	-	-	2	(0.7)
Some pills	28	(13.1)	4	(6.0)	32	(11.4)
None	97	(45.3)	58	(86.5)	155	(55.2)

Figures in brackets represent percentages
[a] Naural methods - breast feeding, withdrawal and calendar method
[b] Female sterilization – failure cases [c] Not a method of contraception

Table 5. Choice of method for future use.

Method	Group A (n=214)		Group B (n=67)		Total (n=281)	
Condom	11	(5.1)	-	-	11	(3.9)
Oral pills	5	(2.3)	-	-	5	(1.7)
Injectable	-	-	-	-	-	-
Intrauterine contraceptive device	57	(26.6)	-	-	57	(20.3)
Emergency contraception	20	(9.3)	-	-	20	(7.1)
Female sterilization	172	(80.4)	60	(89.5)	232	(82.6)
Male sterilization	1	(0.5)	-	-	1	(0.4)
Medical abortion [a]	60	(28.0)	-	-	60	(21.4)
None	28	(13.1)	4	(6.0	32	(11.4)
Undecided	13	(6.1)	3	(4.5)	16	(5.7)

Figures in brackets represent percentages

[a] Not a method of contraception.

Table 6. Source of knowledge of contraception.

Source	Group A (n=214)		Geroup B (n=67)		Total (n=281)	
Family members and friends	152	(71.0)	37	(55.2)	189	(67.3)
Radio	9	(4.2)	1	(1.5)	10	(3.6)
Television	84	(39.3)	6	(9.0)	90	(32.0)
Newspapers/Magazines	28	(13.1)	2	(3.0)	30	30(10.7)
Paramedics / Doctors	53	(24.8)	6	(9.0)	59	(21.0)
School	15	(7.0)	2	(3.0)	17	(6.0)
Don't know	23	(10.7)	27	(40.3)	50	(17.8)

Figures in brackets represent percentages.

Discussion

In our study, non-use of a contraceptive at the time of conception is high (55.2%) as compared to that in the study by Young et al [2] (39%) and by Aneblom et al [3] (33%).

The main reason of unwanted pregnancies in our study was either non-use (55.2%) of any method or use of non-reliable methods (11.4%) of contraception. In the study by Young et al [2] it was due to failure of reliable methods like condom (48%) and OCP (42%). In our study, 38.1% couples didn't feel the need for use of a contraceptive method, whereas it was true for only a few cases in other studies [2, 3].

The maximum awareness in our study was for female sterilization (82.1%) and almost negligible awareness (1.1%) for emergency contraception, while in other studies [2,4], the majority were aware of most of the contraceptives including emergency contraception. Majority of the population in our area is well aware of female sterilization as a method of contraception but has a very poor knowledge of temporary methods.

It is shocking to observe that in our study a majority (55.2%) of the couples had never used a contraceptive compared to only 8% in Young et al's [2] study. This problem is further compounded when we observe that 38.1% didn't even feel its need till an unwanted pregnancy occurred. But after an unwanted pregnancy, 88.6% were interested in accepting

contraception. The present study highlights a very low contraceptive use as the main reason for a high fertility rate in our part of the country. The various reasons for this are mainly illiteracy, ignorance, social and religious taboos, and inadequate social welfare services.

Hence, we recommend sustained efforts to increase awareness and motivation for contraceptive use. This can be brought about by facilitating the access to more information, education and communication with the reproductive age couples, and improved social and welfare services. These couples should be given information about contraceptives at every visit to the health services to motivate them. The most important factor is regular availability of contraceptives and adequate health care services at the peripheral level.

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