

Study of Contraceptive Knowledge and Practice in a Cohort of Kashmiri Women

Ganai Abdul Majid , Kaul Rauf—ur-Rashid, Sameena Sultana, Tabasum Pervaiz, Bushra Nahid.

Department of Community Medicine, Sher-i-Kashmir Institute of Medical Sciences, Srinagar

Introduction

India is the second most populous country in the world after China and has a rapidly growing population. It was the first country to launch the family planning programme in 1951, although birth control clinics have been functioning since 1930. The programme was made an integral part of MCH activities of PHC's and their subcentres. In 1970, All India Hospital Postpartum programme and in 1972 MTP were introduced. Later Child Survival and Safe Motherhood (CSSM) in 1992 and then Reproductive and Child health (RCH) programme was launched in 1997. National population policy was revised by govt of india in 2000, with the objective of bringing down total fertility rate to replacement level by 2010.¹ NFHS –II revealed that 99% of the women in the reproductive age group knew at least one method of contraception. As per NFHS-3, 52.6% of the currently married women were using some method of contraception.²

The use of contraceptives is governed by different socio-demographic factors and there are gross regional and inter-regional, ethnic and other variations in population regarding their use. The access to health services and the awareness about contraceptives is another responsible factor for it.

Objectives

1. To find out knowledge of married women about contraceptives.
2. To find out prevalence of contraceptive use in the society.
3. To see some socio-demographic association with knowledge and practice of contraception.

Methodology

A Cross sectional community based Survey was conducted in Kashmir in two districts viz. Bandipora and Srinagar. In Bandipora, the Block Hajin which is the field practice area of the Dept. of Community Medicine , SKIMS, was covered. It has about 33 health institutions in the field and the present study was conducted in the rural areas of Community Health Centre (CHC) Sumbal and Primary Health Centre (PHC) Hajin. In Srinagar the adjoining areas around SKIMS were visited for the study. The selection of households was done by systematic random sampling method. A house to house visit to the families was made. Women belonging to the age group of 14 – 49 were included in the study. A total of 920 women were interviewed using a pretested proforma with prior explanation of the purpose of the study. This occasion was also used to impart health education to women.

Results

Table 1 shows the sociodemographic characteristics of the group studied. The table shows that out of 920 women studied, 54.02% belonged to the age group of 30-39 yrs followed by the age group of 20-29 yrs which consti-

Reprint Request:
Dr. A.M. Ganai
Department of Community Medicine
S.K.I.M.S., P.B. No. 27, Srinagar-190 011.
E-mail: drmajid2007@rediffmail.com

Table 1: Socio-demographic characteristics of the studied group

Characteristic	Numbers (n)	Percentage(%)
Age		
14 – 19 yrs	19	2.06
20 – 29 yrs	390	42.40
30 – 39 yrs	497	54.02
40 – 49 yrs	14	1.52
Total	920	100%
Education		
Illiterate	276	30
Just literate	46	5
Primary	230	25
High school	258	28.04
Higher secondary	92	10
Graduate and above	18	1.95
Total	920	100%
Occupation		
Housewife	800	86.96
Employee (Govt. or private)	120	13.04

Table 2: Awareness of contraceptive methods

Method	Number (n)	Percentage (%)
Natural methods*	276	30
Condom	644	70
Oral contraceptive pills	736	80
Injectable contraceptives	46	5.0
Intrauterine contraceptive device	368	40
Emergency contraception	19	2.0
Male sterilization	644	70
Female sterilization	782	85
Medical termination of pregnancy	10	1.0
None	29	3.0

*natural methods – breast feeding , withdrawal and calendar method.

Table 3: Current use of different contraceptive methods

Method	Number(n)	Percentage(%)
Condoms	69	23.71
Oral contraceptive pills	35	12.03
IUCDS	28	9.62
Male sterilization	2	0.70
Female sterilization	157	54.00
Total	291	100.00

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tuted 42.40%. Majority of them i.e. 30% were illiterate followed by 28.04% and 25% who were educated upto high school and higher secondary levels respectively. About 89.96% women were housewives with only 13.04% employed in government or private sector.

Some were aware of more than one contra-ceptive method.

Most of the women (85%) were aware of female sterili-zation whereas only 70% where aware of male sterilization as shown in table 2. The most known temporary method of contrace-ption was oral contraceptive pills (80%) followed by condoms (70%) and intrauterine contracep-tive device (40%).

Table 3 shows that among the current use of different contraceptives, the most common method was Female Sterilization (53.9%) followed by Condoms (23.7%) and then Oral contraceptives (12.1%), IUCD's (9.6%) and Male Sterilization (0.7%). The important source of knowledge about Contraceptive methods were family members and friends, doctors and paramedics and television as shown in table 4.

Discussion & Conclusion

In our study, the maximum awareness was for female sterilization (85%) and only 2% had knowledge of emergency contraception. Majority of the population here is well aware of female sterilization as a method of contracep-tion but has relatively lesser knowledge of the various temporary methods . Similar results were found by Srivastava et al³ in their study but in other studies^{4,6} the majority were aware of most of the contraceptives includ-ing emergency contraception .

In our study, 3% women had no knowledge of contraceptives whereas Srivastava *et al*² reported that 17.8% had no such knowledge. Family members and friends were the main source of knowledge of contracep-tives (70%) as is shown in other studies too.^{3,5}

The study highlights a low knowledge/ awareness and usage of various contraceptive methods especially the temporary ones. Among the permanent methods, male sterilization was least practiced. The various reasons for

this were illiteracy, ignorance, social taboos and inadequate social provision of accessible health services.

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