



## KNOWLEDGE AND PRACTICE OF CONTRACEPTIVE METHODS IN RURAL ELIGIBLE COUPLES, MORADABAD, U.P.

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**Abstract:** India was the first country in the world that recognized the need of population stabilization. Family planning is a basic human right and all the couples have right to decide freely and responsibly the number and spacing of their children and to have information and education regarding family planning. The objective of the study was to assess the level of knowledge & practice regarding contraceptive methods among eligible couples of rural area. **Materials and Methods:** Descriptive survey design was adapted. The study was conducted at rural area of Moradabad. 110 eligible couples were surveyed by convenient sampling technique. The tool designed to collect the data were socio demographic Performa, Self-structured knowledge questionnaire and practice checklist on contraceptive methods. The finding of the study showed that out of 110 sample, 3% sample had adequate knowledge, 30% sample had moderate knowledge and 67% sample had inadequate knowledge towards contraceptive methods, while only 45 (40.90%) sample had practice and 65 (59.09%) sample had not practicing of contraception methods. Oral pill and male condom most common contraceptive methods that was practicing among eligible couples in rural area. **Conclusion:** Overall knowledge regarding contraception was inadequate but practice of use was lagging behind and efforts need to be made to improve family planning practices.

**Keywords:** Knowledge, Practice of contraception method, Rural area, Eligible couple

**Introduction:** Family planning can be refers as to use of various contraceptives methods for either limiting or spacing pregnancies. Modern

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methods of contraception are oral pills, male and female condoms, intrauterine device, implants, male and female sterilization, injectables, diaphragm and emergency contraception. Periodic abstinence, withdrawal and folk methods are traditional methods. It is required for individuals and couples to decide number of children, spacing between children and timing of their births. It effects women's

health and well-being as well as on pregnancy outcomes<sup>1</sup>.

Worldwide 200 million couples in developing country would like to delay or stop childbearing for that are not using any methods of family planning<sup>2</sup>. India has population explosion issues, which have not been solve to yield the desired results through policy and programs. In the world population numbers India is on 2<sup>nd</sup> ranks. Very soon India is overtake China, which at present is most populous country in world<sup>3</sup>.

Current Indian Population is 1.31 billion and 50% of India's population is 0-25 years of age group. In India, fertility is declining because of contraceptive uptake by illiterate women, and outpacing educational transition by that fertility decline. Planners should be actively considered the effects of very early sterilization on women's lives<sup>4</sup>. In India education and closing the educational gap between the genders would surely be required<sup>5</sup>.

According to Census 2011, Moradabad total population was around 4.8 million, out of them 3.2 million population live in rural area of Moradabad district, U.P. Use of long-acting and permanent methods of family planning, can substantially in developing countries reduce the high levels of unwanted pregnancies, abortion, maternal mortality and morbidity<sup>6</sup>.

In India education and closing the educational gap between the genders would surely be required. In India the extra population growth caused by an early childbearing strategy. There is a need to increase awareness and literate families to attain their reproductive goals in harmony with the national goals.

**Materials and Methods:** A descriptive study was conducted on eligible couples of selected rural area, Moradabad, U.P. to check the knowledge and practice regarding contraceptive methods. Purposive sampling technique was used to select 110 eligible couples between the age group of 20-40 years. Permission for the study was obtained from Gram Pradhan of Pakwada, Mangupura, Manoharpur, Lodhipur Rajput and Ginnor Dehmafi villages of Moradabad district for data collection process in Jan., 2016.

Data collections were conduct in three sections. In section first, 11 structured interview questionnaire of demographic characteristics, in section second 36 questionnaires to assess the knowledge regarding contraception methods and in section third practice checklist regarding contraceptive methods that contain 10 items were used for data collection. A score of 1 was awarded for each correct response and a score of 0 was awarded for each incorrect response in knowledge questionnaire. A score of 1 was awarded for each practice response and a score of 0 was awarded for each not practicing response. In data analysis knowledge score was categorized in three level as adequate knowledge (28-36), moderate knowledge (19-27) and inadequate knowledge (0-18) regarding contraception methods. "Karl Pearson correlation formula" was applied to find out correlation between level of knowledge & practice regarding contraceptive methods. Chi-square formula was used to determine the association between level of knowledge & practice regarding contraceptive methods with their selected demographical variables as age of male spouse, age of female spouse, education status, duration of marriage, religion, no. of live children, monthly income, occupation of male spouse and female spouse, type of family and source of information regarding family planning.

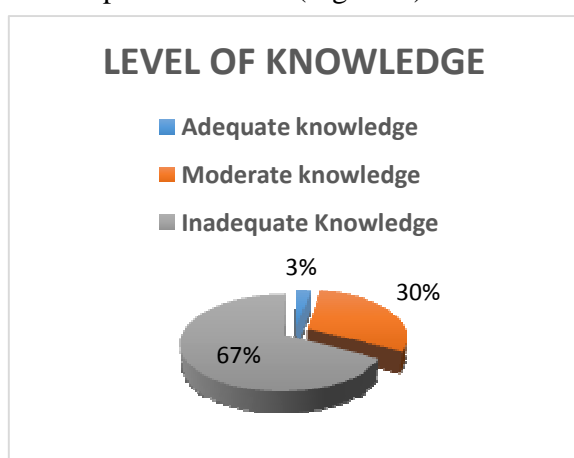
**Results:** Among the 110 eligible couples in the study, 32.73% of males belonged to 31-35 years of age group, 29.09% of the females belonged to 20-25 years of age group, 33.64% of eligible couples were primary education, 52.73% of eligible couples were Hindu and 41.82% of eligible couples were Muslim, 31.82% of the eligible couples were married for 6-8 years, 30% of the male spouse were farmer, 69.09% of the female spouse were housewife, 42.72% of eligible couple were monthly income between 10,001-20,000 rupees, 34.55% of eligible couple were having 2 children, 70% of eligible couples belonged to joint family, friends were the source of information in 34.55% of eligible couples regarding contraceptive methods. (Table-1)

**Table 1: Percentage distribution of samples according to their demographic characteristics**  
N=110

S. NO.	DEMOGRAPHIC VARIABLE	FREQUENCY	%
<b>1.</b>	<b>Male – Age in year</b>		
	a) 20-25	18	16.36
	b) 26-30	27	24.55
	c) 31-35	36	32.73
	d) 36-40	29	26.36
<b>2.</b>	<b>Female- Age in years.</b>		
	a) 20-25	32	29.09
	b) 26-30	27	24.55
	c) 31-35	30	27.27
	d) 36-40	21	19.09
<b>3.</b>	<b>Education status</b>		
	a) Primary	37	33.64
	b) Secondary	32	29.09
	c) High secondary	12	10.91
	d) Graduate	29	26.36
<b>4.</b>	<b>Religion</b>		
	a) Hindu	58	52.73
	b) Muslim	46	41.82
	c) Sikh	4	3.63
	d) Christian	2	1.81
<b>5.</b>	<b>Duration of marriage(in years)</b>		
	a) 0-2	28	25.45
	b) 3-5	20	18.18
	c) 6-8	35	31.82
	d) More than 8	27	24.55
<b>6.</b>	<b>Occupation status of male spouse</b>		
	a) Govt. employee	16	14.55
	b) Private employee	31	28.18
	c) Business	30	27.27
	d) Farmer	33	30
<b>7.</b>	<b>Occupation status of female spouse</b>		
	a) Govt. employee	7	6.36
	b) Private employee	25	22.73
	c) Business	2	1.81
	d) Housewife	76	69.09
<b>8.</b>	<b>Monthly income (in rupees)</b>		
	a) < 5,000	4	3.63
	b) 5,001- 10,000	42	38.18
	c) 10,001- 20,000	47	42.72
	d) > 20,000	17	15.45
<b>9.</b>	<b>No. of living children</b>		
	a) 0	14	12.73
	b) 1	25	22.73
	c) 2	38	34.55
	d) > 2	33	30

<b>10.</b>	<b>Type of family</b>		
	a) Joint	77	70
	b) Nuclear	33	30
<b>11.</b>	<b>Source of information regarding family planning</b>		
	a) Mass media	28	25.45
	b) Family / relatives	9	8.18
	c) Friends	38	34.55
	d) Health personnel	35	31.81

Out of 110 eligible couples, 3% eligible couples have adequate knowledge, 30% eligible couples have moderate knowledge and 67% eligible couples have inadequate knowledge regarding contraception methods. (Figure-1)



**Figure 1: Pie diagram showing percentage distribution of eligible couples according to level of knowledge.**

Out of 110 eligible couple, 45 (41%) eligible couples were found to practicing of contraception methods and 65 (59%) eligible couples were found to not practicing of contraception methods. (Figure-2)



**Figure 2: Pie diagram showing percentage distribution of eligible couples according to level of practice.**

In this study, Majority of eligible couples 13 (28.88%) used oral pills and 12 (26.66%) used male condom as contraceptive methods. (Table-2)

**Table 2 : Percentage distribution of various contraception methods in eligible couples. N=110**

S. No.	CONTRACEPTION METHODS	FREQUENCY	%
1.	Oral pill	13	28.88
2.	Male condom	12	26.66
3.	Female condom	1	2.22
4.	Withdrawal	2	4.44
5.	I.U.D. (Cu-T)	2	4.44
6.	Tubectomy	5	11.11
7.	Vasectomy	1	2.22
8.	Injectables	6	13.33
9.	Emergency contraceptive	1	2.22
10.	Other	2	4.44

In this study 109 (99.09%) eligible couples had knowledge of male and female condom, 79 (71.81%) eligible couples had knowledge of I.U.D., 76 (69.09%) eligible couples had

knowledge of oral pill and 71 (64.54%) eligible couples had knowledge of emergency contraception. (Table-3)

**Table 3 : Distribution of eligible couple by knowledge of contraceptive methods**  
N=110

CONTRACEPTIVE METHODS	Knowledge	
	n	%
Oral pill	76	69.09
Emergency contraception	71	64.54
I.U.D.	79	71.81
Male & Female condom	109	99.09
Spermicides/ Diaphragm	33	30
Withdrawal	40	36.36
Vaginal ring	17	15.45
Natural methods	18	16.36
Male & Female Sterilization	95	86.36
Injectables	59	53.63

In this present study there was no correlation between level of knowledge & practice regarding contraceptive methods.

The factors associated with level of knowledge regarding contraception method were investigated for which the chi-square was performed. Religion and occupation of female spouse were associate with level of knowledge ( $P < 0.05$ ).

**Discussion:** Current study conducted on eligible couples of selected rural area of Moradabad. Investigator found that 33% couples have adequate and moderate knowledge of contraceptive methods and 67% couples have inadequate knowledge. The practice of contraceptive methods by eligible couples was only 41%. In this study there was no any correlation between level of knowledge and level of practice. Most commonly used contraceptive was oral pill and condom.

Similar findings were shown in a study was conducted on 400 women on family planning in Sudan. The majority of women 87.0% heard and had knowledge about family planning, while 13.0% said did not know anything about family planning. 40% women practiced family planning, while 60% women did not<sup>7</sup>. Assessment of knowledge of contraceptives and its practice among married women in urban slums of Lucknow District, was found that

99.2% married women had the knowledge of contraceptives but its use was only 46.7% .most commonly used contraceptive was condom. Among women who had ever used contraceptives, about 56.3% women were current users. Fear of side effects/health concern was the main reason for discontinuing contraceptive use<sup>8</sup>.

**Conclusions:** The study concludes that knowledge and practice towards contraceptive methods was poor in eligible couples in selected rural area in Moradabad. Practicing family planning and to choose the correct contraceptives is very much essential. The health care personnel have to spread the awareness regarding knowledge and practice of contraceptive methods widely in rural area.

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