

## CONTRACEPTIVE KNOWLEDGE, ATTITUDE AND PRACTICE AMONG RURAL MARRIED WOMEN

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### Introduction

Sri Lanka with an estimated population of 20,217,000 and is one of the most densely populated countries in Asia with a density of 300 people per square kilometers. Sri Lanka's population was growing at the rate of 1.2% per annum at around 1981-2001. In 1953 the government of Sri Lanka launched a family planning was introduced with tries to achieve two main objectives, firstly to have only the desire numbers of children and secondly to have these children by proper spacing of pregnancies(ICPD, 2006).

As important factor, which affects the fertility of any population, is contraceptive prevalence rate (CPR) defined as the percentage of married women aged 15-49 years, using modern and traditional methods of contraception(Humayun, 2005). In Sri Lanka, the contraceptive rate has increased from 61.7 to 70.2 during the 20 years period from 1987 to 2007 (Demographic and health survey, 2006/7). This study was carried out to assess the knowledge attitude and practice of contraceptives methods in the rural area women in reproductive age group of Komari, Batticaloa.

### Methodology

This cross- sectional observational study was carried out at antenatal clinic of Komari in Batticaloa, between the period from July to December 2011. The sample size was one-hundred and the selection criteria were married women between the ages of 15-45 years, living with their husbands at the time of interview. Women who were pregnant, had a child younger than 2 years or had any medical disorder were excluded from this study. After taking informed consent woman who fulfilled the inclusion criteria were interviewed by researcher. The questionnaire elicited information regarding their age educational status, number of children, knowledge, and source of contraceptive methods, practicing of either male or female family planning methods. The attitude of female towards contraception was asked, while the attitude of husbands was assessed what their females perceived. To assess the knowledge, the following of methods were separately asked: pills, injectables, Intra-Uterine Contraceptive Devices (IUCDs), condoms, tubal ligation, vasectomy, Norplant and withdrawal methods. The practice defines the usage of contraceptive methods by either partner. Descriptive analysis was conducted to describe the results in percentages.

**Table 1: Knowledge and awareness regarding contraception**

	n=(100)	%
<b>Heard/awareness of contraceptives</b>	<b>85</b>	
<b>Methods</b>	<b>n(85)</b>	<b>%</b>
• Pills, injectables, IUCD, condoms, norplant, tubal ligation, vasectomy and withdrawal	31	36.4
• Pills, injectables, IUCD, condoms, norplant, tubal ligation, and withdrawal	11	12.9
• Pills, injectables, IUCD, condoms, tubal ligation, and withdrawal	29	34.1
• Pills, injectables, condoms, tubal ligation, and	8	9.4

<ul style="list-style-type: none"> <li>• withdrawal</li> <li>• Pills, injectables, IUCD, condoms, tubal ligation, vasectomy and withdrawal</li> </ul>	6	7
<b>Source of Knowledge</b>		
<ul style="list-style-type: none"> <li>• Media</li> <li>• Health personnel</li> <li>• Social circle</li> </ul>	62 15 8	72.94 17.64 9.4

**Table 2: Practices of Contraception**

<b>Contraceptive methods in users</b>	<b>n(65)</b>	<b>%</b>
<ul style="list-style-type: none"> <li>• Condom</li> <li>• Tubal ligation</li> <li>• Injectables</li> <li>• IUCD</li> <li>• Oral pills</li> </ul>	12 11 25 7 10	18.46 16.92 38.46 10.76 15.38
<b>Reasons for using contraceptives</b>	<b>n(65)</b>	<b>%</b>
<ul style="list-style-type: none"> <li>• Complete their family</li> <li>• Spacing of birth</li> <li>• Improvement of health</li> <li>• Economical problems</li> </ul>	32 8 5 20	49.23 12.30 7.69 30.76
<b>Reason for not using contraceptives</b>	<b>n(35)</b>	<b>%</b>
<ul style="list-style-type: none"> <li>• Lack of knowledge</li> <li>• Partner opposition</li> </ul>	17 18	48.57 51.42

**Table 3: Attitude towards contraception**

Attitude for contraception	Total=100 n (%)	Users = 65 n (%)	Non users = 35 n (%)
<b>Females</b>			
<ul style="list-style-type: none"> <li>• Approval</li> <li>• Disapproval</li> </ul>	79 21	52(80) 13 (20)	27 (77.14) 8 (22.85)
<b>Males</b>			
<ul style="list-style-type: none"> <li>• Approval</li> <li>• Disapproval</li> </ul>	51 49	39 (60) 26 (40)	12 (34.28) 23 (65.7)

### Discussion and Conclusion

Family planning is defined by WHO as “a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes and responsible decisions by individuals and couples, in order to promote the health and welfare of family groups and thus contribute affectively to the social development of a country (Rozina *et al.*, 2008). The increasing growth of population has become an urgent global problem. Between 1981 to 2001, Sri Lanka’s population growth rate is 1.2 %.<sup>(1)</sup> In this study out of 100 interviewed women with mean age of 29.7 years, 85 (85%) had some knowledge about family planning methods. The media provided information of contraceptives in 62 out of 85 (72.94%) women (table 1). Regarding the usage of contraceptive methods in table2, only 65 (65%) of the respondents were using some sort of contraception. Barrier method (condoms) was practice by 12 (18.46%) and 11 (16.92%) of women had already undergone tubal ligation. The women using injectables and intrauterine contraceptive devices were 25 (38.46%) and 7 (10.76%) respectively. Ten were using oral contraceptive pills (15.38%). Positive attitude towards contraception was shown by 79 (79%) of them, while 51 (51%) stated their husbands’ positive attitude towards contraception (table 3). It can conclude, in this present study, there was a low contraception use among women of rural

origin despite good knowledge. Motivation of couples through media and health personnel can help to achieve positive attitude husbands for effective use of contraceptives.

### References

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