

A comparative study to assess the level of knowledge, attitude and practice regarding contraceptive measures among eligible couples in selected urban and rural areas of East Khasi Hills, Meghalaya

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Abstract

Contraception, in human physiology is birth control through the deliberate prevention of conception or impregnation¹. India as a whole has a modern contraceptive prevalence rate of 52.2%.² A key factor for unwanted pregnancies is lack of access to and use of modern contraceptive measures. Effective contraception provides both health and social benefits to mothers and their children by reducing unintended pregnancies and abortions and facilitating spacing of births.³ A non-experimental comparative study was conducted to assess the knowledge, attitude and practice regarding contraceptive measures among eligible couples where the age of the female is 15-49 years residing in selected

urban and rural areas of East Khasi Hills, Meghalaya. The study was conducted at Nongmensong and Diengpasoh, East Khasi Hills by using convenient sampling technique among 128 participants. The data was collected by using a semi structured questionnaire. The study revealed that out of 64 participants in urban area, 17 (26.56%) participants had good knowledge regarding contraceptive measures while out of 64 participants in rural area, 7(10.94%) participants had good knowledge. The study also revealed that there is an association between the age of participants and knowledge regarding contraceptive measures in urban area whereas in rural area, there is an association

between gender of the participants and knowledge regarding contraceptive measures.

The study also showed that 59.38% of the population in urban area and 42.18% of the population in rural area practice contraceptive measures. The study concluded that, majority of the participants from urban area had better knowledge regarding contraceptive measures as compared to rural area. The study also showed that participants from the urban area had more favorable attitude as well as practice more contraceptive measures than rural area.

Keywords: Knowledge, Attitude, Practice, Contraceptive Measures, Eligible Couples.

Introduction

Background of the study

Contraception is defined as the intentional prevention of conception through the use of various devices, sexual practices, chemicals, drugs, or surgical procedures. Thus, any device or act whose purpose is to prevent a woman from becoming pregnant can be considered as a contraceptive. In any social context effective contraception allows a couple to enjoy a physical relationship without fear of an unwanted pregnancy and ensures enough freedom to have children when desired. The aim is to achieve this with maximum comfort and privacy, at the same time minimum cost and side effects. Some barrier methods, like male and female condoms, also provide twin advantage of protection from sexually transmitted diseases (STDs).⁴ Known methods of contraception include temporary and permanent method. Temporary methods of contraception include barrier method, natural contraception, intrauterine contraceptive devices and steroidal contraception. Permanent methods of contraception include tubal occlusion for female and vasectomy for male.⁵ Hence, this study was carried out to evaluate the level of knowledge, attitude and practice and

to find the association of knowledge with selected demographic variables regarding contraceptive measures among eligible couples in selected urban and rural areas of East Khasi Hills, Meghalaya.

Need of the study

India has become a country of 1.486 billion of populations.⁶ One of the main reasons behind this growing population is not using any kind of contraceptive measures. An estimated 222 million women in developing countries would like to delay or stop child bearing but are not using any method of contraception, which has led to 218 million unintended pregnancies in developing countries in 2012 and averting 55 million unplanned births.⁷ At least 200,000 of maternal deaths are attributable to the failure or lack of contraceptive measures. In addition to preventing mortality, effective contraception improves maternal health.⁸ Use of contraception advances the human right of people to determine the number and spacing of their children.⁹

Also, family planning decreases the physical and mental exhaustion resulting from large families and poorly timed pregnancies and women would have more time for education, vocational development, income production, care of existing children, recreation and other activities.¹⁰ The current trends in family planning in India shows high level of knowledge among eligible couples, yet the acceptance remains low, especially for spacing method. The NFHS-2 data shows that current use of any method is considerably higher in urban areas (58%) than in rural areas (45%).¹¹

So, this study aims to assess the level of knowledge, attitude and practice regarding contraceptive measures among eligible couples in selected urban and rural areas and to find the association with the selected demographic variables.

Objectives of the study

Primary objective

To assess the level of knowledge, attitude and practice regarding the contraceptive measures among eligible couples residing in selected urban and rural areas of East Khasi Hills, Meghalaya.

Secondary objective

To assess the association between knowledge regarding contraceptive measures used by eligible couples with their selected demographic variables.

Operational definitions

Knowledge: It refers to the level of understanding regarding contraceptive measures among eligible couples which is assessed by self-administered questionnaires.

Attitude: Attitude refers to the belief and opinion of eligible couples about what they have learned regarding measures of contraception.

Practice: The application or use of contraceptive measures by eligible couples.

Contraceptive measures: Any device or act whose purpose is to prevent a woman from unwanted pregnancies.

Urban: An urban area is characterized by higher population density and vast human features in comparison to its surrounding areas. Urban areas may be cities or towns but do not include rural settlements such as villages.

Rural: A rural area is a geographical area that is located outside cities or towns.

Eligible couple: Married man and woman living together and in which the wife's age is between 15-49 years.

Research methodology

Research methodology refers to the methods and techniques used to portray the research effectively. It concerns the systematic design of a study to guarantee result that meets the aims and objectives of the study. It

includes steps, procedure and strategies for gathering and analyzing the data in a study²⁹.

Research approach

In this study, a quantitative research approach was finalized to assess the level of knowledge, attitude and practices regarding contraceptive measures among eligible couples.

Research design

A research design is a detailed plan of action or the blue print for the collection, measurement and analysis of data. It is the conceptual structure within which research is conducted.²⁹

In our study, semi-structured questionnaire method was used to assess the level of knowledge, attitude and practices regarding contraceptive measures among eligible couples.

Variables in the study

Variables are characteristics, events or responses that represent the elements of research question in manner that is easily recognizable.²⁹

Study settings

A pilot study was conducted among eligible couples in Lapalang, Rynjah (urban area) and Pomlum (rural area), East Khasi Hills.

A final study was conducted among eligible couples in Nongmensong (urban area) and Diengpasoh (rural area), East Khasi Hills.

Study population

In the pilot study, the population comprised of 13 participants of eligible couples residing in Lapalang, Rynjah (urban area) and 13 participants residing in Pomlum (rural area), East Khasi Hills.

In the final study, the population comprised of 64 participants of eligible couples residing in Nongmensong

(urban area) and 64 participants residing in Diengpasoh (rural area), East Khasi Hills.

Sampling design

A research design is a detailed plan of action or the blue print for the collection, measurement and analysis of data. It is the conceptual structure within which research is conducted.²⁹

In our study, sampling design is non-experimental, comparative study design.

Sample size

Sample size is 128.

Sampling technique

Convenient sampling technique.

Data collection procedure:

The final data collection was done from 10th April to 22nd April 2023 in Nongmensong, East Khasi Hills and Diengpasoh, East Khasi Hills. Permission was obtained from the principal of College of Nursing, NEIGRIHMS.

After obtaining permission, the study was conducted. Prior to the data collection, informed consent was taken from the participants to explain the procedure and the purpose of the study which also stated the confidentiality and anonymity of the results.

Thereafter, the participants were allowed to proceed with the semi-structured questionnaire and were given approximately 10-15 minutes to complete it.

Scoring of the tool

Section I: It consists of demographic characteristics and was not scored.

Section II: It consists knowledge-based questionnaire to assess the level of knowledge. It consists of 10 items given in such a way that for each correct response 1 mark is given. There is no negative marking for an negative response. The maximum score is 10 and the minimum score is 0.

Section III: It consists of likert scale to assess the level of attitude. It consists of 10 items, out of which 5 are positive and 5 are negative statements given in such a way that the maximum score for each statement is 5 and the minimum score is 1.

Section IV: It consists of practice-based questionnaire to assess the practice of contraceptive measures. It consists of 7 questions.

Interpretation of score

Knowledge items

Good knowledge: score (<7)

Average knowledge: score (5-7)

Poor knowledge: score (<5).

Attitude items

Favourable (>25)

Unfavorable (≤25)

Analysis & interpretation

This chapter deals with the statistical analysis of the collected data. The data collected from the subjects were analyzed by using descriptive statistics (frequency, percentage) and inferential statistics (chi square test). The data was presented in the form of tables and graphs as illustrated below.

Organization of findings

The data has been organized into five parts as adduced below:

- Section I: Findings related to the demographic data of the participants.
- Section II: Findings related to the knowledge score of participants regarding contraceptive measures.
- Section III: Findings related to the attitude of participants regarding contraceptive measures.
- Section IV: Findings related to the practice of contraceptive measures of the participants.
- Section V: Findings related to association of the knowledge of the participants with the selected

demographic variables.

Section – I: Findings related to the demographic data of the participants

Table 1: Frequency and percentage distribution of the participants residing in urban and rural areas according to demographic data. n =128

Variables	Urban		Rural	
	F	%	f	%
Age (in years)				
18-28	6	9.38%	8	12.5%
29-39	41	64.06%	42	65.61=3%
40-49	17	26.56%	14	21.87%
Gender				
Male	14	21.87%	29	45.31%
Female	50	78.13%	35	54.69%
Educational Level				
Primary	10	15.63%	34	53.13%
Secondary	30	46.87%	11	17.19%
Higher secondary	14	21.87%	13	20.31%
Undergraduate	8	12.5%	6	9.37%
Postgraduate	2	3.13%	0	0%

Occupation				
Homemaker	42	65.63%	21	32.81%
Farmer	0	0	18	28.13%
Employee	6	9.37%	3	4.68%
Business	9	14.06%	15	23.44%
Others	7	10.94%	7	10.94%
Income(Rs.)				
Below 10000	4	6.25%	38	59.38%
10000-29000	44	68.75%	23	35.93%
>29000-49000	13	20.31%	2	3.13%
>49000	3	4.69%	1	1.56%
Children				
≤2	51	79.69%	27	42.19%
3-5	13	20.31%	34	53.13%
≥6	0	0	3	4.68%

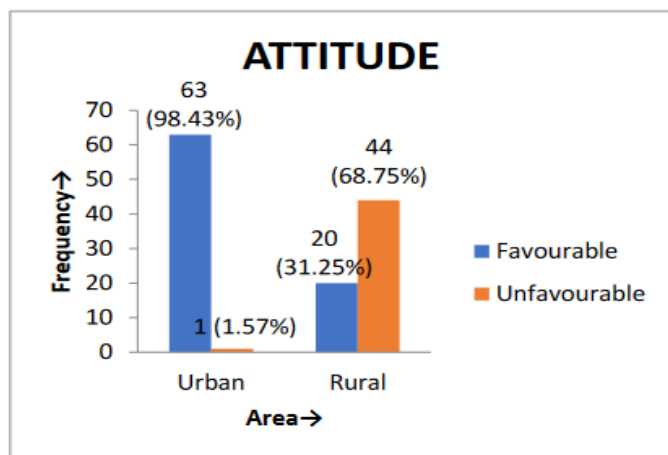
Table 1: Shows that majority of the participants from both the urban and rural areas belong to the age group of 29-39 years and are female and homemaker. In the urban area majority of the participants have secondary educational level while in the rural area most of the participants have primary educational level. The income of majority of the participants in urban area ranges from Rs.10, 000-20,000 whereas in rural area it ranges below Rs.10, 000. Majority of the participants of the urban area have children less than or equal to 2 whereas the participants of rural area have 3-5 children.

Section II: Findings related to the knowledge of the participants on contraceptive measures Table 2- Frequency and percentage distribution of the participants regarding knowledge on contraceptive measures residing in urban and rural areas. n =128

Knowledge score	Urban		Rural	
	F	%	F	%
Good (score >7)	17	26.56	7	10.94
Average (score 5-7)	43	67.19	31	48.44
Poor (score <5)	4	6.25	26	40.62

Table 2: Shows that majority of the participants of urban area have average knowledge i.e 67.19% (43) followed by 26.56% (17) good knowledge and 6.25% (4) have poor knowledge. Whereas in rural area the majority of participants have average knowledge i.e 48.44% (31) followed by 40.62% (26) poor knowledge and 10.94% (7) have good knowledge.

Section III: Findings related to the attitude of participants regarding contraceptive measures Fig 1: A bar diagram depicting frequency and percentage distribution of attitude of the participants towards contraceptive measures among the eligible couples residing in urban and rural areas. n =128



The above figure shows that participants of urban area have more favorable attitude i.e 98.43% (63) towards contraceptive measures compared to rural area i.e 31.25% (20).

Section IV Findings related to the practice of contraceptive measures of the participants.

Table 3: Frequency and percentage distribution of practice regarding contraceptive measures in urban area. n =64.

ITEMS	YES		NO	
	f	%	f	%
Use of contraceptive measure	38	59.38%	26	40.62%
Types of contraceptives use				
a)Condom	20	52.63%	0	0
b)Copper T	2	5.26%	0	0
c)Others	16	42.11%	0	0
Reasons for not using				
a)Never heard of it	0	0	5	19.23%
b)Family does not allow	0	0	9	34.61%
c)I want more child	0	0	12	46.16%
Duration of contraceptive use				
a)≤1 year	8	21.05%	0	0
b)2-3 years	10	26.31%	0	0
c)≥4 years	20	52.64%	0	0

Types of contraceptives used till now	26	40.62%	0	0
a)None	20	31.25%	0	0
b)One	18	28.13%	0	0
c)More than one				
Ever visited health facility to receive services and information on contraception	43	67.18%	21	32.82%
Partner remind you to purchase contraceptive measures				
a)Yes	18	47.37%	0	0
b)No	20	52.63%	0	0
Use of contraceptives				
a)Willingly	36	94.74%	0	0
b)By force	2	5.26%	0	0
Experience of any failure of contraceptive measure				
a) Yes	7	18.42%	0	0
b) No	31	81.58%	0	0

Types of contraceptives used till now				
a)None	37	57.82%	0	0
b)One	25	39.05%	0	0
c)More than one	2	3.13%	0	0
Ever visited health facility to receive services and information on contraception	16	25%	48	75%
Partner remind you to purchase contraceptive measures				
a)Yes	11	40.74%	0	0
b)No	16	59.26%	0	0
Use of contraceptives				
a)Willingly	27	100%	0	0
b)By force	0	0%	0	0
Experience of any failure of contraceptive measure				
a) Yes	0	0%	0	0
b) No	27	100%	0	0

Table 4: Frequency and percentage distribution of practice regarding contraceptive measures in rural area. n = 64

Table 5(a): Findings related to practice of participants regarding contraceptive measure. (People who are using contraceptive measure) n=65

ITEMS	YES		NO	
	F	%	F	%
Use of contraceptive measure	27	42.18%	37	57.82%
Types of contraceptives use				
a)Condom	21	77.77%	0	0
b)Copper T	2	7.41%	0	0
c)Others	4	14.82%	0	0
Reasons for not using				
a)Never heard of it	0	0	4	10.81%
b)Family does not allow	0	0	2	5.41%
c)I want more child	0	0	31	83.78%
Duration of contraceptive use				
a)≤1 year	5	18.52%	0	0
b)2-3 years	16	59.26%	0	0
c)≥4 years	6	22.22%	0	0

NON-USAGE OF CONTRACEPTIVE MEASURES	URBAN N=26	RURAL N=37
WANT MORE CHILD	12(46.16%)	31(83.78%)
OTHER REASON	14(43.84%)	6(16.22%)

Table 5(a): Shows that the practice of contraceptive measures is more in urban area compared to rural area and majority of the participants prefer usage of condom over other methods. 94.74% of participants of urban area practice contraceptive measures willingly where in only 5.26% (2) uses forcefully.

Table 5(b): Findings related to practice of participants regarding contraceptive measure. (People who are not using contraceptive measure) n= 63

NON-USAGE OF CONTRACEPTIVE MEASURES	URBAN N=26	RURAL N=37
WANT MORE CHILD	12(46.16%)	31(83.78%)
OTHER REASON	14(43.84%)	6(16.22%)

Table 5(b): Shows that in rural area most of the participants who does not use contraceptive measures are because they want more child.

Table 6: Chi square value to indicate the significant variables in selected urban area. n=64

Demographic Variables	Good	Average	Poor	Tabulated Value	df	Chi Square
Age (in years)						
18-28	4	2	0	9.49	4	26.4 (S)*
29-39	4	34	3			
40-49	1	7	9			
Gender						
Male	5	8	2	5.99	2	2.46 (NS)
Female	12	35	2			
Educational Level						
Primary	3	6	1	15.5	8	5.10(NS)
Secondary	8	20	3			
Higher Secondary	3	10	0			
Undergraduate	3	5	0			
Postgraduate	0	2	0			
No. of living children						
≤2	14	34	3	9.49	4	0.14 (NS)
03-May	3	9	1			
≥6	0	0	0			

Table 6: Shows that the computed chi square value of gender, educational level, and number of children were

Section V: Findings related to association of the knowledge of the participants with the related demographic variables

found to be statistically not significant, whereas age (in years) (χ^2 -26.4) was found to be statistically significant.

Hence there is association between age of the participants selected urban area. and knowledge regarding contraceptive measures in

Table 7: Chi square value to indicate the significant variables in selected rural area. n=64

Demographic Variables	Good	Average	Poor	Tabulated value	df	Chi Square
Age (in years)						
18-28	2	4	3	9.49	4	2.27 (NS)
29-39	3	21	17			
40-49	2	6	6			
Gender						
Male	7	13	9	5.99	2	9.66(S)*
Female	0	18	17			
Educational Level						
Primary	1	5	5	15.5	8	0.6 (NS)
Secondary	4	16	14			
Higher secondary	1	7	5			
Undergraduate	1	3	2			
Postgraduate	0	0	0			
No. of living children						
≤2	5	15	7	9.49	4	8.75 (NS)
03-May	2	16	16			
≥6	0	0	3			

Table 7 shows that the computed chi square value of age (in years), educational level, and number of children were found to be statistically not significant, whereas gender (χ^2 -9.66) was found to be statistically significant. Hence there is association between gender and knowledge regarding contraceptive measures in selected rural area.

Discussion

- In this section the major findings of the present study have been discussed with references to results obtained by other investigators in the same aspect.

Section I: Socio-demographic characteristics of the participants

In this study out of 128 participants maximum i.e 41(64.06%) in urban area and 42 (65.63%) in rural area belongs to the age group of 29-39 years which is similar to the study conducted by Laili Irani et. al. (Kenya), 2010, where out of 5774 participants, 48.02% were from the age group of 29-39 years.

Section II: Knowledge regarding contraceptive measures

In this study out of 128 participants maximum i.e 67.19% from urban area and 48.44% from rural area have average knowledge regarding contraceptive measures and in a similar study conducted by Rajwant Kaur Randhawa, 2016, revealed that 68% of married women had average knowledge in rural area while 82% of the married women in urban area had good knowledge about contraceptive measures.

Section III: Attitude towards contraceptive measures

In this study out of 128 participants maximum i.e 63 (98.43%) from urban area and 44 (68.75%) from rural

area have more favorable attitude towards contraceptive measures which is similar to the study conducted by Katrina Heisler et. al., 2012, where out of 400 participants, most of the participants had positive attitude towards contraception.

Section IV: Practice of contraceptive measures

In this study out of 128 participants maximum in urban area i.e 38 (59.03%) practice contraceptive measures while maximum in rural area i.e 37 (57.82%) do not practice contraceptive measures, whereas in a similar study was conducted by Niranjana V Gummaraj et. al. revealed that out of 600 eligible couples in the urban and rural area of Karnataka, 40.67% were not using the family planning methods.

Section V: Association of knowledge regarding contraceptive measures with selected demographic variables:

In this study there is association between age of the participants and knowledge regarding contraceptive measures in urban area while in rural area there is association between gender of the participants and knowledge regarding contraceptive measures.

Conclusion

From this study we conclude that the participants from urban area have more good knowledge and more favourable attitude than the participants of rural area. The number of usage of contraceptive measures is more in participants residing in urban area than that of the rural area.

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