A STUDY TO ASSESS THE KNOWLEDGE, ATTITUDE AND PRACTICES OF CONTRACEPTION AMONG WOMEN ATTENDING WELL BABY CLINIC IN RMMCH AT CHIDAMBARAM

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ABSTRACT

By 2050, India will displace china from its first place in population growth rate, with an increment of 550 million additional inhabitants to its present population of more than one billion. The present study aimed to assess the knowledge, attitude and practices of women regarding contraception among women attending well baby clinic in RMMCH at Chidambaram. A total of 100 mothers were selected, by convenience sampling technique and semi-structured Interview Method was used to collect the data. A descriptive design was used. The finding showed that10 (10 percent) women had adequate knowledge regarding contraception.24 (24 percent) women had favorable attitude towards contraception.83 (83 percent) women were doing adequate practices of contraception. The relationship between knowledge, attitude and practice of the women on contraception was found. The 'r' value revealed that there was less positive relationship exists between knowledge and practice, there was no relationship between the attitude and practice and there was some negative relationship between practice and knowledge. There was no much influence of demographic variables on knowledge, attitude and practice of women.

KEY WORDS

Attitude, Contraception, Knowledge, Practices and Women

INTRODUCTION

"Delay the first postpone the second and prevent the third" (PARK, 2003)

The population is not static and is always in a dynamic state. According to United Nations projections, India's population will reach 1.53 billion by the year 2050 and will be the highest population in the world. (DUTTA, 2004)The population blast affecting the whole world has been particularly detrimental to the infrastructure of the developing countries, like India. At present India's population is second to that of China. (SUNEET, 2008)

The rampant population growth has been viewed as the greatest obstacle to the economic and social advancement of the majority of the people in India. The family size depends upon numerous factors, vise duration of marriage, education of the couple, the number of live births and living children, preference for male children, the desired family size, etc.

Early marriages of female children are a long established custom in India. It is believed especially in lower social groups that the young girl is a burden over their parents, which provokes the parents to get their daughter married soon, and then the young female child enters into a vicious cycle of early marriage-early sexual life-early production.- (PARK J.E, 2003)

In 1968, world leaders proclaimed that individuals have a basic human right to determine freely and responsibly the number and timing of their children. Evenforty years after the declaration modern contraception remains out of reach for hundreds of millions of women, men and young people. World population day 2008, reaffirmed the right of people to plan their families. If encouraged activities, events and information that will help make this right a reality– especially for those who often have the hardest time getting the information and services they need to plan their families, such as marginalized populations and young people.

If people can plan their families, they can plan their lives. They can plan to beat poverty. They can plan on heal their mothers and children. They can plan to gain equality for women.- (REYNOLD etal, 2008)Every year

more than 81 million people add the word wide population. Every 10 years almost one billion inhabitants are added to the world's population.(NAHLE AND NASIF, 2003)

The voluntary organizations have been playing a major role in population control programmes since the beginning of the concept. In India voluntary organization like family-planning association of India, The family-planning foundation, Lions club, Rotary club, Indian red cross, Indian medical association, Private hospitals and Christian missionaries are aiding the couples in educating and motivating towards family-planning. At the international level, the WHO and UNICEF also have strong supporters and helpers in this programme in the form of finance as well as formation of programs designing to reduce the family size.

MATERIAL AND METHODS

The study was conducted among women attending Well Baby clinic at RMMCH. Annamalai University, Chidambaram was selected as the setting for the study. The rationale for selecting this hospital was the availability of adequate samples. Resent study was aimed at the assessment of knowledge, attitude and practices of women with regard to contraception .After obtaining the ethical clearance from the institutional human ethical committee, permission was also obtained from the medical Superintendent, Nursing Superintendent and from the Heads of the departments of pediatrics unit. The reliability of the tool was established by test/retest method using co-relation co-efficient method. The reliability (r: 0.8) was found to be significant.A written consent was obtained from each of the mothers attending Well Baby clinic in RMMCH at Chidambaram.100 samples were taken according to the sampling criteria Convenient sampling technique was used.The inclusion criteria was Women attending well baby clinic in the age group of 15 – 45 years, willing to participate, understand Tamil or English.

The tool was prepared with the help of various resources, literature and opinions from subject experts to ascertain the effectiveness and to bring out the correct items in the questionnaire: The tool consists of four parts, Part I was Demographic Data. It consists of age, educational status, occupation, monthly income, religion, and year of married life, type of family, residence, mother tongue and number of children. Part II was Assessment of knowledge of women regarding contraception. The knowledge questionnaire consists of 44 questions, the correct answer was scored as '1' and wrong answer was scored as '0'. The total knowledge score was interpreted as ≤ 50% inadequate knowledge, 51 – 75% moderately adequate knowledge, > 75 adequate knowledge. Part III was Assessment of attitude of women regarding contraception. It consists of 12 items. The score was based on the positive and negative statements.

The total score on attitude was 60. The total attitude score was interpreted as 10 – 20 Unfavorable attitude.21 – 40 moderately favorable attitude. 41 – 60 Favorable attitudes.

Part IV was Assessment of practices of women with regard to contraception.

The practice checklist consists of 9 questions. It was interpreted as correct answer was scored as1 and wrong answer was scored as 0. The total score was interpreted as ≤ 4 was Inadequate Practice.5to7 was moderately adequate Practice.≥8was Adequate Practice. The reliability of the tool was established by the test / retest method. The pilot study was conducted in the well baby clinic. Twenty five mothers were selected by using the convenience sampling technique. Informed consent was obtained from the study participants after conducting the pilot study few modifications wasdone.The purpose of the study was explained to every sample.

The study was primarily concerned with the assessment of knowledge, attitude and practices of women with regard to contraception. The researcher collected the information from the women through a semi-structured Interview Method. Participants were selected by using convenient sampling technique on the inclusion criteria. After getting informed consent the women were seated comfortably and provided privacy to maintain the confidentiality.

It taken one month for the researcher to complete the process of this data collection involving 100mothers. The data collected from the subjects were compiled and analyzed by using descriptive statistics. After collecting the data an educational booklet was given to all the study participants.

The data collected from the subjects were compiled and analyzed by using descriptive statistics.

Table1: Distribution of demographic variables related to the knowledge, attitude and practices of contraception among women attending well baby clinic in RMMCH at Chidambaram (N=100)

Demographic Variables	Groups	Number	Percentage
	15 to 25 Years	55	55.0
Women age	26 to 35 Years	33	33.0
	36 to 45 Years	12	12.0
	Illiterate	19	19.0
Educational Status	Primary level	50	50.0
	Secondary level	24	24.0
	Graduate	7	7.0
	House wife	61	61.0
	Private job	22	22.0
Occupation	Government job	10	10.0
	Business	7	7.0
	Below Rs.1000	18	18.0
Monthly Income	Rs.1001 – 2000	19	19.0
	Rs.2001 – 3000	42	42.0
	Above 3000	21	21.0
	Hindu	68	68.0
Religion	Christian	17	17.0
	Muslim	15	15.0
	1 to 5 Years	65	65.0
Year of married life	6 to 10 Years	24	24.0
	11 to 15 Years	6	6.0
	Above 15 Years	5	5.0
Type of family	Joint family	51	51.0
	Nuclear family	49	49.0
Residence	Rural	69	69.0
	Urban	31	31.0
	Tamil	88	88.0
Mother tongue	Hindi	7	7.0
	Others	5	5.0
	One	24	24.0
Number of children	Two	47	47.0
	Three	20	20.0
	Four	9	9.0

N.S – Non significant

The above table shows that 55 (55 %) women were in the age group of 15-22years, Out of 100 subjects 50 (50 %) had primary level. The occupation of women in which 61 (61 %) Were house wife, 42 (42 %) of thewoman's income ranged between Rs2001-3000. With regard to religion 68 of them (68%) were Hindus, year of married life reveals that 65 (65 %)in the1 to5years. Type of family 51 (51 %) of the women were joint family.

A Total of 69 (69 %) belong to rural areas and 31 (31%) belong to urban areas.As far as the mother tongue is concerned 88 (88 %) of them had mother tongue as Tamil. With regard to the number of children 47 (47percent) had two children.

Table2: Analysis of association of demographic variables with knowledge of women on contraception. (N=100)

Demographic Variables	Groups	N	Mean	S.D	t/F value	P Value
women age	15 to 25 Years	55	25.02	8.94		
	26 to 35 Years	33	22.36	8.50	1.678	0.192[N.S]
	36 to 45 Years	12	20.92	6.83		
Educational Status	Illiterate	19	21.37	6.96		
	Primary level	50	24.44	8.86		
	Secondary level	24	23.00	9.35	0.864	0.463[N.S]
	Graduate	7	26.43	8.79		
Occupation	House wife	61	24.82	8.00		
	Private job	22	22.23	8.60		
	Government job	10	19.80	10.38	1.244	0.298[N.S]
	Business	7	23.43	11.21		
Monthly Income	Below Rs.1000	18	21.72	5.88		
	Rs.1001 – 2000	19	24.11	9.51		
	Rs.2001 – 3000	42	24.40	9.06	0.422	0.737[N.S]
	Above 3000	21	23.38	9.25		
Religion	Hindu	68	23.59	8.93		
	Christian	17	25.41	7.97	0.647	0.526[N.S]
	Muslim	15	21.93	8.16		
Year of married life	1 to 5 Years	65	25.05	9.03		
	6 to 10 Years	24	20.58	8.00		
	11 to 15 Years	6	20.83	4.88	1.831	0.147[N.S]
	Above 15 Years	5	23.60	6.69		
Type of family	Joint family	51	24.43	7.72		
	Nuclear family	49	22.84	9.34	0.919	0.361[N.S]
Residence	Rural	69	24.16	8.95		
	Urban	31	22.52	7.92	0.921	0.361[N.S]
Mother tongue	Tamil	88	23.52	8.60		
	Hindi	7	24.71	7.27	0.080	0.923[N.S]
	Others	5	24.40	12.52		

N.S – Non significant

The above table showsthat the mean and standard deviation of the subjects knowledge score depends upon the various demographic variables such as women age, educational status, occupation, monthly income, religion, year of married life, type of family, residence and mother tongue. ThePaired 't' test was applied to find out if

there is any association between the mean knowledge score and the demographic variables. But, it revealed that there was no association between the knowledge score and the above mentioned demographic variables.

Table 3: Association of demographic variables with attitude of women on contraception (N=100)

Demographic Variables	Groups	N	Mean	S.D	t/F value	P Value
Women age	15 to 25 Years	55	37.65	8.69	0.343	0.710[N.S]
	26 to 35 Years	33	36.15	8.81		
	36 to 45 Years	12	36.58	6.04		
Educational Status	Illiterate	19	36.58	8.04	0.169	0.917[N.S]
	Primary level	50	36.66	8.88		
	Secondary level	24	37.75	6.07		
	Graduate	7	38.43	13.54		
Occupation	House wife	61	37.38	8.18	0.546	0.652[N.S]
	Private job	22	35.86	7.87		
	Government job	10	39.10	12.56		
	Business	7	34.71	5.22		
Monthly Income	Below Rs.1000	18	34.00	6.83	1.172	0.324[N.S]
	Rs.1001 – 2000	19	36.95	10.10		
	Rs.2001 – 3000	42	38.43	8.53		
	Above 3000	21	36.90	7.60		
Religion	Hindu	68	36.96	8.51	0.037	0.963[N.S]
	Christian	17	37.53	8.29		
	Muslim	15	36.80	8.67		
Type of family	Joint family	51	35.53	7.37	1.833	0.070[N.S]
	Nuclear family	49	38.59	9.20		
Residence	Rural	69	37.71	8.54	1.236	0.221[N.S]
	Urban	31	35.52	8.06		
Mother tongue	Tamil	88	36.77	8.12	1.378	0.257[N.S]
	Hindi	7	41.86	9.08		
	Others	5	34.80	12.19		
Number of children	One	24	33.96	5.70	2.396	0.073[N.S]
	Two	47	38.94	9.80		
	Three	20	35.35	5.67		
	Four	9	39.00	9.70		

N.S – Non significant

The above table shows that the mean and standard deviation of the subjects attitude score depends upon the various demographic variables such as, women age, education, occupation, monthly income, religion, type of family, residence, mother tongue and number of children. The Paired't' test was applied to find out if there is any

association between the mean attitude score and the demographic variables. But it revealed that there was no association between the attitude score and the above mentioned demographic variables.

Table: 4 Association of demographic variables with practice of women on contraception.(N=100)

Demographic Variables	Groups	N	Mean	S.D	t/F value	P Value
Women age	15 to 25 Years	55	8.36	1.14		
	26 to 35 Years	33	8.15	1.39	0.659	0.520[N.S]
	36 to 45 Years	12	8.58	0.67		
Educational Status	Illiterate	19	8.53	1.17		
	Primary level	50	8.34	1.35	1.058	0.371[N.S]
	Secondary level	24	8.50	0.93		
	Graduate	7	7.71	1.50		
Occupation	House wife	61	8.31	1.18		
	Private job	22	8.45	1.22	0.457	0.713[N.S]
	Government job	10	8.40	0.84		
	Business	7	7.86	1.68		
Monthly Income	Below Rs.1000	18	8.33	1.46		
	Rs.1001 – 2000	19	8.42	1.02	0.211	0.889[N.S]
	Rs.2001 – 3000	42	8.36	1.16		
	Above 3000	21	8.14	1.20		
Religion	Hindu	68	8.24	1.25		
	Christian	17	8.41	1.23	0.635	0.532[N.S]
	Muslim	15	8.60	0.83		
Year of married life	1 to 5 Years	65	8.22	1.26		
	6 to 10 Years	24	8.50	1.18	0.522	0.668[N.S]
	11 to 15 Years	6	8.67	0.52		
	Above 15 Years	5	8.40	0.89		
Type of family	Joint family	51	8.32	1.25	0.282	0.778[N.S]
	Nuclear family	49	8.29	1.14		
Residence	Rural	69	8.30	1.23	0.203	0.840[N.S]
	Urban	31	8.35	1.11		
Mother tongue	Tamil	88	8.35	1.17		
	Hindi	7	8.43	1.13	0.979	0.379[N.S]
	Others	5	7.60	1.67		
Number of children	One	24	8.00	1.38		
	Two	47	8.21	1.30	2.094	0.106[N.S]
	Three	20	8.75	0.64		
	Four	9	8.78	0.44		

N.S – Non significant

The above shows that the mean and standard deviation of the women practice score depends upon the various demographic variables such as women age,educational status, occupation, income, religion, year of married life, type of family, residence,Mother tongue and the number of children. The Paired't' test showed that there was no statistically Significant relationship between the practice score and the above mentioned demographic Variables.

Table: 5 Relationship between knowledge, attitude and practices scores of women with regard to contraception

Item	Pearson's coefficient of correlation 'r' Value
Knowledge and Attitude	0.126
Attitude and Practice	0.002
Practice and Knowledge	-0.228[*]

* - Negative relationship

The above table depicts the 'r' value (0.126) which infers that there was less positive relationship between knowledge and attitude. The 'r' value (0.002) denotes that there was no relationship between attitude and practice and the 'r' between practice and knowledge was about -0.228 which shows that there was some negative relationship exists.

DISCUSSION

The purpose of this study was to know about the knowledge, attitude and practices of contraception among women. The aim of the study was to assess the knowledge, attitude and practices of contraception among women attending well baby clinic in RMMCH at Chidambaram. A total of 100 women at RMMCH, Annamalai Nagar were selected for the study by using the convenience sampling method. Descriptive design has been used for the study. The first objective was to assess the knowledge, attitude and practices of women regarding contraception. In this study the result revealed that 20 percent had inadequate knowledge, 70 percent had moderately adequate knowledge and 10 percent had adequate knowledge. A total of 76 percent of the mothers had moderately favorable attitude and 24 percent had favorable attitude. In practice 2 percent had inadequate practice, 15 percent had moderately adequate practice and 83 percent had adequate practice. The finding was supported by the following studies Chandhick, Dhillon, Kambo and Saxena (2003) conducted a cross-sectional study in 117, 465 women in India. "To obtain information from rural women regarding their contraceptive knowledge, practices and utilization of services. The results revealed that the 53 percent had received counseling and 20.3 percent of the 53 percent got information regarding other methods. The examination was done on 39 percent and most of the women > 97 percent expressed satisfaction with the method, providers and the services. The author conceded that the need to promote spacing methods by policy makers and field workers to motivate couples to accept them. The second objective was to analyze the relationship between the knowledge, attitude and practices of women with regard to contraception and selected variables. There is no statistically significant association between knowledge on contraception with demographic variables. Such as women age, education, occupation, income, religion, year of married life, type of family, residence and mother tongue. There is no statistically significant association between the attitude on contraception with women age, education, occupation, monthly income, religion type of family, residence, mother tongue and the number of children. There is no statistically significant association between practices on contraception and demographic variables. Dabral, Malik (2004) conducted a descriptive study in Tezy village, Manipur (India) To assess the knowledge, attitude and practice of family planning among the Meitei women of Manipur (India). The findings showed that the maximum educational level of the respondent was metric with 48 percent of the respondents had the knowledge of tubectomy. With regards to the family planning method they were using 60 percent were satisfied 44 percent knew about the different contraceptive methods through friends, another 56 percent of the respondents agreed to use.

CONCLUSION

This study demonstrated that the knowledge about contraception was less, but the attitude and practice of the mother regarding contraception were good. So, teaching programmes related to contraception can be carried out routinely in the hospital and community to improve the health of mothers and thereby reducing the population size in the future and to delay or avoid pregnancy.

RECOMMENDATIONS

The following recommendations have been made for further study.

- A similar study can be done on a large sample for generalization
- Comparative study can be done in an urban and rural mothers regarding knowledge of contraceptive methods.
- A similar study can be carried out by using different teaching strategies.
- Counselling can be done and it can be continued as a part of education on safe motherhood.

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