

Original Article

An Assessment of Knowledge and Attitude of Beneficiaries Attending Tertiary Care Hospital regarding Temporary Family Planning Methods and to Determine their Experienced Side Effects of Temporary Contraceptive Methods in Ahmedabad City, Gujarat, India

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Background : Despite the fact that contraception usage has increased over a period of time, there exist a Knowledge, Attitude and Practice-gap of Contraceptives.

Aims and Objectives : (1) To study the Knowledge and Attitude about temporary methods of contraception. (2) To determine the side effects of temporary family planning methods.

Material and Methods : This was a hospital based prospective study carried out at Tertiary Care Centre during the year 2020. Selection of participants (150) was done through stratified sampling those patients who had received temporary family planning services. The interview was taken of beneficiaries attending the Tertiary Care Centre.

Results : Majority of the women belonged to young age (70%). Most common source of information was a doctor at their antenatal clinic (50.67%). Women (82%) were aware of condoms, 70% of IUCD and only 31% aware of injectable contraception. Among users of Oral Contraceptive (OC) Pills, 40% had complaint of irregular bleeding, 36% overweight, 30% nausea. Among IUCD users, 18% had problem of bleeding p/v, 6% patients had string problem like discomfort while intercourse and expulsion of IUCD (2%). Amenorrhea (72%) was side effects observed in Injection DMPA users.

Conclusion : Most of the participants were aware of various temporary methods except injectable. Women users were experienced mild side effects and no major complications.

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Key words : Family Planning Methods, Primipara, Irregular Bleeding, Amenorrhoea.

Family planning is outlined by World Health Organization (WHO) as “a way of thinking and living that is adapted voluntarily, upon the basis of knowledge, attitudes and responsible decisions taken by person and couples, in objective of promotion of health and welfare of family group and this contribute effectively to the social development of the Nations”.

Globally, India was the 1st Nation to launch national family planning programme in 1952 with the goal of reduction in the birth rate of extent necessary to stabilize the population at a level consistent with requirement of national economical vision. One of the important objectives of the programme is to space the knowledge of family planning methods and develop

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Editor's Comment :

- The use of temporary contraceptives is growing day by day due to fact of avoiding unwanted pregnancy.
- The successful outcome of family planning program can only be attained by increasing the awareness of various temporary contraceptives available.

among the people an attitude favourable for adoption of contraceptive methods. The progress achieved in this sphere is normally assessed form the result of Knowledge, Attitude and Practice survey. Despite the fact that contraception usage has increased over a period of time, there exist a Knowledge, Attitude and Practice-gap. That is a gap between Knowledge, Attitude and Practice regarding contraception¹.

Among the 1.9 billion reproductive age group females (15-49 years) globally in 2019, 1.1 billion have a need for family planning; of these, 842 million are using contraceptive methods and 270 million have an unmet need for contraception².

There has been a substantial decline in traditional methods by 2.1% which can be well correlated with the provision for quality family planning services. National Family Health Survey-3 data, 10.1% of female non-users reported that health workers had talked to

their patients about FP methods. This has improved to 17.7% in National Family Health Survey-4³.

In developing country like India, over population is an important concern. Despite development resulting from making contraceptive methods widely available in the country, there is poor acceptance of family planning methods. This was either due to ignorance or fear of complications using them⁴.

Inadequate Knowledge, Attitude and Practice about contraception method and incomplete or enormous information about their use or where to procure them are the main reason for not accepting formula planning.

AIMS AND OBJECTIVES

- To study the Knowledge and Attitude about temporary methods of contraception.
- To describe the factors associated with acceptability of temporary contraceptive methods in women according to their socio-demographic and obstetrics characteristics and future pregnancy desire.
- To determine the side effects of temporary methods of contraception [Oral Contraceptive (OC) Pills, Injection DMPA, Intra Uterine Contraceptive Device].

MATERIALS AND METHODS

This was a hospital based prospective study carried out in the Department of Obstetrics and Gynaecology at tertiary care institute during the year 2020. Selection of participants (150) was done through stratified sampling those patients who had received temporary family planning services. [Oral Contraceptive (OC) Pills (50), Injection DMPA (50) and Copper T (50)]. The interview was taken of 150 patients attending the tertiary care centre through pre-tested and pre-structured questionnaire. That includes socio-demographic information, parity status, complication developed following use of temporary family planning methods.

Inclusion Criteria :

Women belonging to the age group of 20-40 years, women of any parity delivered vaginally, by caesarean section or aborted, desired to have any contraceptive method, no infection, Haemoglobin \geq 8g/dl.

Exclusion Criteria :

Women with significant medical disorders like Diabetes Mellitus, Heart Diseases, Severe Anaemia, Coagulation Disorders, having active STD or other lower genital tract infection or high risk for STD, women with mental disorders, having HIV and not on anti-retroviral therapy, known uterine abnormalities-bicornuate, septate uterus, fever during labour and delivery or

immediate postabortion period, An allergy to copper, women with age <20 and >40, women not willing to respond even after requesting and ensuring confidentiality.

OBSERVATIONS

In present study, majority of the women belonged to the age group of 20-29 years (70%) which is the peak reproductive age group. Less acceptance among women with increasing age suggest their preference for permanent method of contraception. Majority of the subject in the study group were housewives (74%). Temporary contraceptive methods are very safe and easy to administer. These are the reasons for higher acceptance among housewives. Majority of participants were from urban area (68%).

In current study of the 150 women, 32.67% women were illiterate and 42.67% women possessed primary education, 14% women possessed secondary education and up to 10.66% women possessed higher secondary level and above. Hence, higher the literacy, higher the awareness and acceptance of contraceptive methods.

Majority of the subjects belong to class IV (upper lower) (46%), class II (upper middle) (19.33%) and class III(lower middle) (14.67%) socio-economic class. Requirement of less follow-up, its reversibility and feasibility in using them may be the reason for higher acceptance among middle and lower socio-economic class (Table 1).

Contraceptive acceptance is more among Hindu community (82.7%). Location of hospital in which study was carried out having more Hindu community and religious restrictions in Muslim community may be the reason for this result.

Table1— *Socio-demographic characteristic of the participants (n=150)*

No of patients (%)	
Locality :	
Urban	102 (68%)
Rural	48 (32%)
Age (in Years) :	
<20	5 (3.33%)
20-29	105 (70%)
30-39	40 (26.67%)
>40	0 (0%)
Occupation :	
Housewife	111(74%)
Labourer	26(17.33%)
Employed	13(8.67%)
Education :	
Illiterate	49(32.67%)
Primary	64(42.67%)
Secondary	21(14%)
Higher Secondary & Above	16(10.66%)
Socio-economic status (Modified kuppuswamy socio-economic scale 2020)³⁶:	
I	3(2%)
II	29(19.33%)
III	22(14.67%)
IV	69(46%)
V	27(18%)
Religion :	
Hindu	124(82.67%)
Muslim	25(16.67%)
Christian	1 (0.66%)

Contraceptive Methods	Percentage (%)
Condom	123 (82%)
Intra Uterine Contraceptive Devices (IUCD)	105 (70%)
Hormonal Pills	93 (62%)
Emergency Contraceptives	63 (42%)
Injectables	48 (31%)
Implant	09(6%)

Table 2 showed that 82% of the women were aware of condoms, 70% were aware of IUCD while only 31% of women were aware of injectable contraception.

Table 3 shows women who are utilizing contraceptive methods are primipara (32.67%) and 2nd para (43.33%) which may be because of its easy reversibility.

In present study majority of the patients had a doctor at their antenatal clinic as their source of information (50.67%). After introduction of Government schemes like Janani Suraksha Yojana (JSY) & Janani Shishu Surksha Karykram (JSSK), majority of the deliveries are conducted in institutions, which is giving more opportunity to counsel and motivate patients to adopt contraceptive methods. Other sources of information are relatives, media, husbands, etc (Table 4).

In present study 40% women had complaint of irregular bleeding, 36% women had complaint of over-weight, 30% women had nausea. These side effects are attributed to oestrogen content of the OC pills. As low dose OC pills were prescribed to the patients, in this study group above mentioned side effects are seen commonly (Fig 1).

As shown in the Fig 2, 18% women had problem of bleeding p/v. It may be because of subclinical endometritis or PID. Three patients (6%) had string problem like discomfort while having intercourse and irritation. One patient (2%) had complaint of expulsion of IUCD (Fig 2).

In current study, most common side effects observed in Injection DMPA users was amenorrhea in 72%. This is because of the chronic effect of High progesterone and decreased oestrogen on endometrium causing thinning of the endometrium. Second most common side effect observed was weight gain (34%) (Fig 3).

DISCUSSION

In present study, 70% women were in the peak reproductive age group. In current study of the 150

Parity status	No of Patients and Percentage
Primi para	49(32.67%)
2 nd para	65(43.33%)
3 rd para	31(20.67%)
>3 rd para	5 (3.33%)

Source	No of patients and Percentage
Health personnel	76(50.67%)
Husband	31(20.67%)
Relative / Social circle	20(13.33%)
Media	14(9.33%)
Others	9(6%)

women, 32.67% women were illiterate. Majority of the subjects belong to class IV (upper lower) (46%). Majority of the patients had a doctor at their antenatal

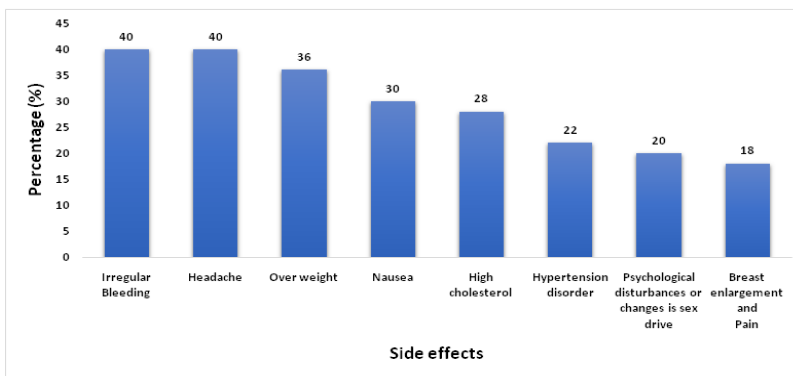


Fig 1 — Side effects of OC pills (n=50)

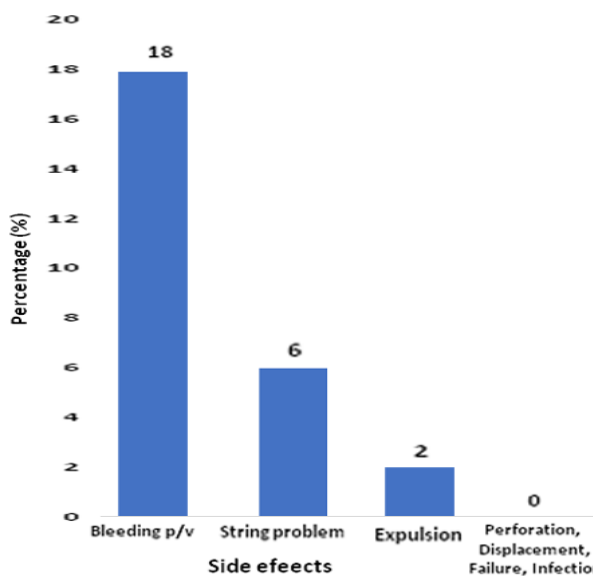


Fig 2 — Complications of IUCDs (n=50)

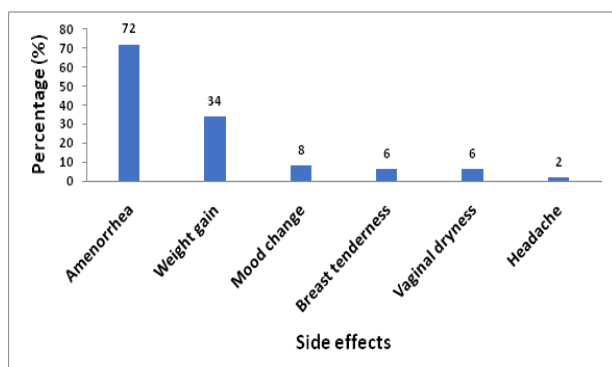


Fig 3 — Side effects of DMPA injections (n=50)

clinic as their source of information (50.67%). Most women who are utilizing contraceptive methods are primipara (32.67%) and 2nd para (43.33%) which may be because of its easy reversibility. Among users of OC pills, 40% women had complaint of irregular bleeding, 36% over-weight, 30% had nausea. Among IUCD users, 18% women had problem of bleeding p/v, 6% patients had string problem like discomfort while having intercourse and irritation. And 2% patient had complaint of expulsion of IUCD. In present study, most common side effects observed in Injection DMPA users was amenorrhea in 72%.

In other similar research study, the prevalence of temporary contraception usage varies very little by geographic address (urban area or rural area) and educational status, and have positive correlation with high socio-economic status. Females belonging to highest wealth quintile are more likely to use contraceptive methods than other females and Scheduled Tribe (ST) female are less likely to use Family Planning Methods than most other female. Consistent with son preference, which too play a major factor for acceptance of contraception⁵.

Other research study showed that the overall proper Knowledge, Attitude and Practice of female towards contraception was 42.3%, 58.8% and 50.4% respectively. The average age of patients was 29.7 ± 6.4 . Two hundred forty six (64.6%) and 133 (34.9%) were house wife's and farmers respectively by their occupation. Almost all patients, two-third (65.4%) were married, 24.9% were divorced by their marital status. All (100%) patients ever heard about contraceptive methods. The major sources of information were from health care workers (57.5%) and radio (41.5%). Regarding perceived adverse effects of usage of Family Planning, 13.1%, 24.9%, 9.7% and 52.2% of participants were responded heavy blood loss, irregular bleeding, missed menstrual cycle and abdominal

cramps respectively were mentioned as common side effects. Almost 88.5% of the beneficiaries ever talked on contraceptive related problems with their spouse and wants to use it in the subsequently. About 24.5% of the patients self-reported that they believed that contraceptives exposes to infertility. Three fourth (75.3%) beneficiaries ever used any of the contraceptive methods. The various types of Family Planning Methods were oral contraceptive pills (7.4%) and injectable contraceptives (77.2%)⁶.

Ninety eight percent of the female had heard about family planning methods and only very few (2%) were unaware about the same. About 54.4% of women received information about Family Planning Methods form mass media. 44.6% women were not using any contraceptive method, but were willing to adopt contraception in future and over 98% women thought that contraception was helpful to them and 93.2% reported that they would like to motivate their friends, colleagues and relatives to use the contraceptive methods. Of 215 women who had used contraceptives, 85% were satisfied with contraceptives that they had used in the past and 62% were still using contraceptives⁷.

Knowledge of contraception was maximum for Sterilization 99%, Abstinence 98%, Barrier 97.4%; and less for OCPs, safe period and LAM. Para1 and 2 had better knowledge of Oral Contraceptive Pills, Intrauterine Contraceptive Devices and Depot-Medroxy-Progesterone Acetate (DMPA) than multipara who know more about permanent methods (100%). Most of the beneficiaries obtained information from mass media (54.4%). 68% obtained Family Planning Services from Government facility. Majority (60.8%) had positive attitude. 22.4% women discussed contraception with their husband. 55.6% women used some method of contraception, barrier (66.1%) being most common. 71.8% women had myths or other barriers to use contraceptives⁸.

Major information sources about contraceptive methods were Health Workers (68.88%), Husband (68.46%), Television (42.06%). The leading motivators for family planning in women were Health Professionals in 66.9% participants⁹. Forty eight percentage of the females received information about contraceptives from Health Care Workers¹⁰.

Women explained their perceptions of how the heating effects of contraceptives could cause unwanted side effects including menstrual irregularities, weight gain and weakness, leading to disease¹¹.

Various complications like gain in weight, irregular and painful menses with excessive blood loss exists as adverse effects of various control mechanism¹².

CONCLUSION

Temporary contraceptive methods have few side effects and with no major complications. Beside the role of contraceptive, there are different minor and major side effects associated with. There is a need of proper promotion and follow up on as well as information on contraceptives focusing particularly on its side effects. The successful outcome of family planning programs can only be attained by increasing the awareness of various temporary contraceptives available. Contraceptive methods play a vital role in preventing unwanted births and proper gap in between two successive pregnancy.

REFERENCES

- 1 National Programme for Family Planning | National Health Portal Of India n.d. https://www.nhp.gov.in/national-programme-for-family-planning_pg (accessed January 6, 2022).
- 2 Kantorová V, Wheldon MC, Ueffing P, Dasgupta ANZ — Estimating progress towards meeting women's contraceptive needs in 185 countries: A Bayesian hierarchical modelling study. *PLoS Medicine* 2020;17. <https://doi.org/10.1371/JOURNAL.PMED.1003026>.
- 3 Annual Report 2018-19 | Ministry of Health and Family Welfare | GOI n.d. <https://main.mohfw.gov.in/basicpage/annual-report-2018-19> (accessed January 24, 2022).
- 4 Sedgh G, Ashford LS, Hussain R — Unmet Need for Contraception in Developing Countries: Examining Women's Reasons for Not Using a Method 2016.
- 5 Family Planning | Reproductive Health | RMNCHA | Programmes | gujhealth n.d. <https://gujhealth.gujarat.gov.in/family-planning-rch.htm> (accessed January 25, 2022).
- 6 Semachew Kasa A, Tarekegn M, Embiale N — Knowledge, attitude and practice towards family planning among reproductive age women in a resource limited settings of Northwest Ethiopia. *BMC Research Notes* 2018; 11: 1-6. <https://doi.org/10.1186/S13104-018-3689-7/TABLES/2>.
- 7 (PDF) A study of knowledge, attitude and practice of family planning among the women of reproductive age group in Sikkim n.d. https://www.researchgate.net/publication/228480182_A_study_of_knowledge_attitude_and_practice_of_family_planning_among_the_wome_n_of_reproductive_age_group_in_Sikkim (accessed January 23, 2022).
- 8 Vishwakarma K, Yadav K, Bhargava M — A study of awareness and attitude of postnatal and post abortal women towards family planning methods and their use, at rural tertiary care centre. *Journal of Evolution of Medical and Dental Sciences* 2014; 3: 5849-59.
- 9 Koringa H, Joshi K, Mehta J — A study on various factors affecting family planning practices among eligible couples in urban slums of municipal corporation area in Jamnagar, Gujarat, India. *International Journal of Medical Science and Public Health* 2015; 4: 1675. <https://doi.org/10.5455/IJMSPH.2015.11042015343>.
- 10 Karthikeyan SK, Kalimuthu K — A study on awareness about temporary contraceptive methods among women in reproductive age group. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology* 2019; 8: 4414. <https://doi.org/10.18203/2320-1770.IJRCOG20194866>.
- 11 Marvi K, Howard N — Objects of temporary contraception: an exploratory study of women's perspectives in Karachi, Pakistan. *BMJ Open* 2013; 3: e003279. <https://doi.org/10.1136/BMJOPEN-2013-003279>.
- 12 Female Temporary Contraceptive Method: Availability and Its Effects n.d. <https://austinpublishinggroup.com/community-medicine/fulltext/jcmhc-v2-id1005.php> (accessed January 26, 2022).



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— Hony Editor