

Research Article

Knowledge, Attitude and Practice of Postnatal Mothers Regarding the use of Contraception at Maternity Hospital SKIMS Soura, Srinagar

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A B S T R A C T

Background: Birth control has been used since ancient times, but safe and effective methods became widely available only in the 20th century. Family planning helps reduce maternal mortality by preventing unintended pregnancies and high-risk births. This study aimed to assess the knowledge, attitude, and practice of contraception among postnatal mothers and to find associations with selected demographic variables.

Methodology: A non-experimental descriptive design was used to study 100 postnatal mothers in the maternity wards of SKIMS, Soura, Srinagar, using a convenient sampling technique. A self-structured interview assessed knowledge and practice, while a 3-point Likert scale evaluated attitudes. A photo-exhibition on contraception methods was conducted post-data collection.

Results: More than half (54%) of the participants had moderate knowledge, 38% had adequate knowledge, and 8% had inadequate knowledge about contraception. Nearly all (97%) had a positive attitude, while 3% had a negative attitude. However, 83% had not practiced any contraception method. Among the 17% who did, oral contraceptive pills were the most common (88.2%), followed by emergency contraceptive pills and Copper T (5.8% each). Additionally, 35% reported that their husbands used contraception, with withdrawal (60%) and condoms (40%) being the preferred methods.

Conclusion: While postnatal mothers had moderate knowledge and a positive attitude toward contraception, actual practice was minimal, likely due to limited awareness of available methods, benefits, and safety.

Keywords: Knowledge, Attitude, Practice, Contraception, Postnatal Mothers, Photo-Exhibition

Introduction

The world's population is more than threefold since the mid-twentieth century.¹ United Nations (UN) estimates, India surpassed China as the world's most populous nation with a population of 1.4286 billion at the end of April 2023.²

The detailed analysis of Population Census 2011, published by Government of India for Jammu and Kashmir state, reveals that population of Jammu and Kashmir has increased by 23.64% in the decade 2001-2011 compared to past decade (1991-2001). The population density of Jammu and Kashmir in the current decade is 146 per square mile.³

Birth control, or contraception, has been used since ancient times to prevent unintended pregnancies.⁴

Family planning is defined by World Health Organization (WHO) as "a way of thinking and living that is adopted voluntarily upon the basis of Knowledge, attitude and responsible decision by individuals and couples in order to promote health and welfare of family groups and thus contribute effectively to the social development of a country", planning of parenthood is an important and most significant aspect of it.⁵

WHO develops quality standards, provides pre-qualification of contraceptive commodities and assists countries in adapting and implementing these tools to strengthen contraceptive policies and programs. WHO also participates in developing new contraceptive technologies and leads implementation research for expanding access to and strengthen the delivery of contraceptive information and services.⁶

India was the first country in the world to formulate a national family planning program in 1952, aiming to reduce the birth rate sufficiently to stabilize the population at a level consistent with national economic requirements.⁷

The majority of women resume sexual activity within several weeks after delivery. The period following delivery during which a woman is infertile is highly variable and dependent on multiple factors, including breastfeeding status. Unmet needs could lead to unplanned and unintentional pregnancies, increasing the risk of adverse maternal and neonatal health outcomes.⁸

Need for the study

The fertility rate of India is higher than any other country in world (2.139 per women as of 2023). The family planning department is functioning at a high level, turning every stone and maximizing efforts.⁹

Even though India was the first country in the world to implement a national population control program in 1952,

the country is still struggling to control the baby boom.¹⁰

India alone accounts for 6.4 million induced abortions and approximately 4 million spontaneous abortions each year, most performed in unsafe conditions and often without any contraceptive counselling or services. Termination of pregnancy itself provides evidence of unintended pregnancy and unmet need for contraception. Integrating contraceptive services into other health services provides a unique opportunity to reduce unmet need for contraception.¹¹

Wodaynew and Bekele (2021)⁸ conducted a facility based cross sectional study at Jimma University Medical Centre, South West Ethiopia on 106 postnatal mothers using systematic random sampling to assess their knowledge attitude and practice of contraception use. Results revealed that 92.5% of the respondents had heard about contraception; about 65.7% of respondents have good knowledge, 34.3% have poor knowledge. 69.8% respondents have positive attitude and remaining 30.2% had negative attitude towards contraception use. 58.5% had safe practice and remaining 41.5% had unsafe practice towards contraception. It was concluded that only two-third of respondents were knowledgeable and more than four-fifth of respondents mostly know injectable contraceptive rather than others; only one third of respondents had positive attitude towards contraception.

As per the findings of the research studies and the investigator's own experiences during clinical posting, it was found that there is inadequate knowledge among mothers regarding the use of contraception. Investigator found that the acceptance of contraception is influenced by many socio-cultural and demographical factors; majority of women do not prefer to use contraception because of irrational beliefs, fear of side effects and misconceptions regarding its effectiveness. Keeping this in mind, this study was carried out to assess the knowledge, attitude and practices of postnatal mothers regarding the use of contraception with a view to conduct photo-exhibition regarding various methods of contraception, its safety, duration of effectiveness.

Methodology

A quantitative research approach with descriptive design was selected to carry out this study. Permission was obtained from the concerned authorities of Maternity Hospital SKIMS, Soura, Srinagar to conduct the final study. Ethical clearance was obtained from Institutional Ethical Committee (IEC), to conduct the study on conveniently selected 100 postnatal mothers admitted in postnatal

wards at Maternity Hospital SKIMS Soura. Permission was also obtained by taking informed consent individually from each postnatal mother, prior to their inclusion as sample in the study. Privacy, confidentiality, and anonymity were being guarded. Data was collected through self-structured interview schedule and 3-point Likert scale from 100 postnatal mothers admitted in postnatal wards at Maternity Hospital SKIMS, Soura 17th April 2024 to 15th May 2024.

Assessment of knowledge score was categorized into various levels based on the criteria developed by Kokila (2012)¹². If the score was > 75%, it was considered adequate knowledge, if the score was 50-75%, it was considered moderate knowledge, and if the score was < 50%, it was considered inadequate knowledge.

For assessment of practice, the scoring was done based on the study conducted by Smitha, Mamata, Kajal, Prachi, Vidya, Chhaya at AIIMS Bhubaneswar, India.¹³ A score of (1) was assigned to practicing any method and a score of (0) was assigned to non-practicing. The reason for practicing and non-practicing was specified using different categories mentioned in the tool.

Assessment of attitude using 3-point Likert scale, each item has given options agree, uncertain and disagree with a score of 3,2,1 respectively for positive statements and 1,2,3 respectively for negative statements. The attitude score was categorized into two levels based on the study conducted by Wodaynew and Bekele.⁸ If the score was \geq 70%, it was considered positive attitude, if the score was < 70%, it was considered negative attitude.

Results and Discussion

More than half of the study subjects (53%) were in the age group of 18-30 years. Maximum number of study subjects (38%) were illiterate. Majority of study subjects (88%) were non-working. Three-fourth of study subjects (75%) of study subjects belonged to rural areas. More than two third of study subjects (69%) belonged to joint families. Almost all of the study subjects (97%) were Muslims. Maximum number of the study subjects (53%) had monthly family income of Rs 20000-40000. Majority of the study subjects (79%) were multipara. Majority of the study subjects (76%) had undergone cesarean delivery. Almost half of the study subjects (45%) had previous information about contraception from health professionals as depicted in table 1. A similar study was conducted at Outpatient Department of AIIMS Bhubaneswar, Odhisa, India by Smitha, Mamata, Kajal,

Prachi, Chhaya, Vidya (2021)¹³. Another similar study was conducted at OBG Department of SIMS Shivamogga, India by Vindhyaashree and Kruthika (2020)¹⁴. Another similar study was conducted at Jimma University Medical Centre, South West Ethiopia by Wodaynew and Bekele (2021).⁸

The findings of the present study revealed that, more than half of study subjects (54%) had moderate knowledge, whereas 38% had adequate knowledge and least number of study subjects (8%) had inadequate knowledge regarding the use of contraception. as depicted table 2 and figure 1. A similar study was conducted at Rama Krishna Sarada Mission Mantri Bhavan Hospital Kolkata, West Bengal by Ozukum and Bishnu (2022)¹⁵. Another similar study was conducted at Gynae OPD CHC of block Bishnah Jammu by Sharma, Dogra, Bavoria (2022).¹⁶

The findings of the present study revealed that almost all of the study subjects (97%) had positive attitude and very few (3%) had negative attitude regarding the use of contraception, as depicted in table 3 and figure 2. A similar study was conducted at rural and urban area of Makrana Rajasthan, India by Veg, Pareek, Dhandargi (2019)⁹. The findings of the study revealed that, 16% had unfavorable attitude, 38.5% had neutral attitude and 45.5% had favorable attitude.

The finding of present study revealed that that majority of the study subjects (83%) had not practiced any method of contraception and only 17% of study subjects had practiced among which the most common method was oral contraceptive pills (88.2%) followed by emergency contraceptive pills (5.8%) and Copper T (5.8%).

35% of all study subjects reported that their husband used contraception, the most common method used by them was withdrawal (60%) and (40%).

The most common reason for practicing contraception was welfare of the child (67.3%) followed by health reason (34.6%), husband's/family's willingness (3.8%), economic consideration (3.8%) and reversibility to fertility (3.8%).

The most common reason for not practicing any method of contraception was desire to have child (52.0%) followed by lack of awareness (35.4%) harmful effects (14.5%) and unavailability (2.08%) as depicted in table 4. A similar study was conducted by Reena, Maheshwari, Nirja, Patel, Sethi (2022)¹⁷. The results of the study revealed that, most prevalent method among participants were natural methods (78.3%) followed by barrier methods (32.2%), oral contraceptive pills 6%. Although most 79.8% knew

about contraception, less than half of them adopted family planning methods in past.

The findings of the present study showed that there was a significant association of the level of knowledge of study subjects with educational status, occupation, residence, monthly family income, parity and any previous information about contraception at ($p < 0.05$) and there was non-significant association of the knowledge level for other demographic variables e.g.; age, type of family, religion and mode of delivery at $p < 0.05$ level of significance, as depicted in table 5. A similar study was conducted by Smitha, Mamata, Kajal, Prachi, Chhaya, Vidya (2021)¹³. The findings of the study revealed that, there was significant association of knowledge level of the study subjects with occupation at $p = 0.05$ level of significance.

The findings of the present study showed that there was non-significant association of the level of attitude of study subjects with demographic variables (age, educational status, occupation, residence, type of family, monthly

family income, religion, parity, mode of delivery, any previous information about contraception) at $p < 0.05$ level of significance, as depicted in table 6. A similar study was conducted by Santoso and Surya (2017)¹⁸. The findings of the study revealed that, there was significant association of attitude of the study subjects with education, parity and occupation at $p = 0.05$ level of significance.

The findings of the present study showed that there was a significant association of the practice of study subjects with education, occupation, parity and any previous information about contraception at $p < 0.05$ level of significance and there was non-significant association of the practice for other demographic variables e.g; age, residence, type of family, religion, monthly family income and mode of delivery at $p < 0.05$ level of significance as depicted in table 7. A similar study was conducted by Vindhyaashree and Kruthika (2020)¹⁹. The findings of the study revealed that, there was significant association of practice of the study subjects with education and occupation at $p = 0.05$ level of significance.

Table I. Frequency and percentage distribution of study subjects according to demographic variables

N= 100

Demographic Variables	Categories	Frequency (f)	Percentage (%)
Age in years	18-30 years	53	53%
	31-42 years	47	47%
Educational status	Illiterate	38	38%
	Primary/middle	14	14%
	Secondary/higher secondary	23	23%
	Graduate or above	25	25%
Occupation	Working	12	12%
	Non-working	88	88%
Residence	Urban	25	25%
	Rural	75	75%
Type of family	Nuclear	31	31%
	Joint	69	69%
Religion	Muslim	97	97%
	Others	3	3%
Monthly family income	Below Rs 20,000	30	30%
	Rs 20,000-40,000	53	53%
	Above Rs 40,000	17	17%
Parity	Primipara	21	21%
	Multipara	79	79%
Mode of delivery	Normal vaginal delivery	21	21%
	Assisted vaginal delivery	3	3%
	Caesarean delivery	76	76%

Any previous information about contraception	No	12	12%
	Friends	10	10%
	Health professional	45	45%
	Husband	01	1.0%
	Relatives	26	26%
	Mass media	06	6.0%

Table 2. Frequency and percentage distribution of study subjects according to their knowledge level.
 N=100

Knowledge levels (0-22)	Frequency	Percentage
Inadequate knowledge. (0-10)	8	8%
Moderate knowledge. (11-16)	54	54%
Adequate knowledge. (17-22)	38	38%

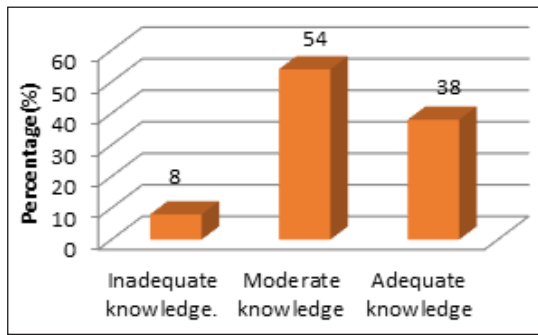


Figure 1. Bar diagram showing percentage distribution of study subjects according to their level of knowledge.

Table 3. Frequency and percentage distribution of study subjects according to their level of attitude
 N=100

Attitude levels (9-27)	Frequency	Percentage
Negative attitude (<19)	3	3%
Positive attitude (19-27)	97	97%

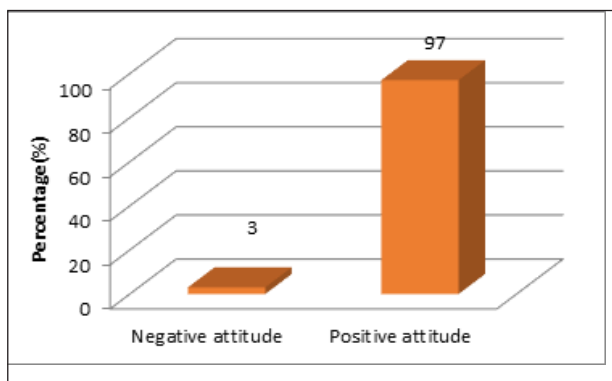


Figure 2. Bar Diagram Showing Percentage Distribution of Study Subjects According to their Level of Attitude

Table 4. Frequency and percentage distribution of study subjects according to their practice of contraception
 N=100

Assessment of Practice			
Questions	Response	n	%
Have you ever used any contraceptive method.	No	83	83.0%
	Yes	17	17.0%
	copper T	1	5.8%
	ECP	1	5.8%
	OCP	15	88.2%
Have your partner ever used any contraceptive method.	No	65	65.0%
	Yes	35	35.0%
	Condom	14	40.0%
	Withdrawal	21	60.0%
If you or your husband has used any contraceptive method, what was the most important reason for practicing it:	Welfare of the child	35	67.3%
	Health reason	18	34.6%
	Husband's/ family's willingness	2	3.8%
	Economic consideration	2	3.8%
	Reversibility to fertility	2	3.8%
	Any other	0	0%
	If not used, what was the most important reason for not practicing it:	Desire to have child	25
Lack of awareness		17	35.4%
Unavailability		1	2.08%
Harmful effects		7	14.5%
Any other		0	0%

Table 5. Association of knowledge level of study subjects with their selected Demographic variables

N=100

Knowledge Association with demographic variables										
Demographic variables	Categories	levels of knowledge						Chi square	df	p-value
		Inadequate knowledge.		Moderate knowledge		Adequate knowledge				
		n	%	n	%	n	%			
Age In years	18-30 years	6	11.3%	23	43.4%	24	45.3%	5.74	2	0.065 NS
	31-42 years	2	4.3%	31	66.0%	14	29.8%			
Educational status	Illiterate	3	7.9%	34	89.5%	1	2.6%	59.02	6	0.001S**
	Primary/ middle	1	7.1%	12	85.7%	1	7.1%			
	Secondary/ higher secondary	2	8.7%	6	26.1%	15	65.2%			
	Graduate or above	2	8.0%	2	8.0%	21	84.0%			
Occupation	Working	0	.0%	0	.0%	12	100.0%	22.24	2	0.001 S**
	Non-Working	8	9.1%	54	61.4%	26	29.5%			
Residence	Urban	1	4.0%	8	32.0%	16	64.0%	9.58	2	0.008 S*
	Rural	7	9.3%	46	61.3%	22	29.3%			
Type of family	Nuclear	2	6.5%	14	45.2%	15	48.4%	2.06	2	0.357 NS
	Joint	6	8.7%	40	58.0%	23	33.3%			
Religion	Muslim	8	8.2%	51	52.6%	38	39.2%	2.63	2	0.268 NS
	others	0	.0%	3	100.0%	0	.0%			
Monthly family Income	below Rs 20,000	6	20.0%	22	73.3%	2	6.7%	28.99	4	0.001 S**
	Rs 20,000-40000	1	1.9%	29	54.7%	23	43.4%			
	above Rs 40,000	1	5.9%	3	17.6%	13	76.5%			
Parity	Primipara	4	19.0%	3	14.3%	14	66.7%	17.56	2	0.001 S**
	Multipara	4	5.1%	51	64.6%	24	30.4%			
Mode of Delivery	Normal vaginal delivery	2	9.5%	13	61.9%	6	28.6%	3.91	4	0.418 NS
	Assisted vaginal delivery	0	0%	3	100.0%	0	0%			
	Caesarean delivery	6	7.9%	38	50.0%	32	42.1%			

Any previous information about contraception	No	4	33.3%	8	66.7%	0	.0%	26.33	10	0.001 S**
	Friends	0	.0%	6	60.0%	4	40.0%			
	health professional	2	4.5%	25	54.5%	18	40.9%			
	husband	0	0%	0	.0%	1	100.0%			
	relatives	1	3.8%	15	57.7%	10	38.5%			
	Mass media	1	16.7%	0	.0%	5	83.3%			

(*) significant at 0.05 level.

(**) significant at 0.01 level.

NS= non-significant

Table 6. Association of level of attitude of study subjects with their selected Demographic variables

N=100

Demographic variables	Categories	Attitude levels				Chi square	df	p-value
		Negative attitude		Positive attitude				
		n	%	n	%			
Age In years	18-30 years	2	3.8%	51	96.2%	0.232	1	0.630 NS
	30-42 years	1	2.1%	46	97.9%			
Educational status	Illiterate	2	5.3%	36	94.7%	2.97	3	0.395 NS
	Primary/ middle	1	7.1%	13	92.9%			
	Secondary/ higher secondary	0	.0%	23	100.0%			
	Graduate or above	0	.0%	25	100.0%			
Occupation	Working	0	.0%	12	100.0%	0.422	1	0.516 NS
	Non-Working	3	3.4%	85	96.6%			
Residence	Urban	0	.0%	25	100.0%	1.03	1	0.310 NS
	Rural	3	4.0%	72	96.0%			
Type of family	Nuclear	1	3.2%	30	96.8%	0.008	1	0.929 NS
	Joint	2	2.9%	67	97.1%			
Religion	Muslim	3	3.1%	94	96.9%	0.096	1	0.757 NS
	others	0	.0%	3	100.0%			
Monthly family Income	below Rs 20,000	1	3.3%	29	96.7%	0.646	2	0.724 NS
	Rs 20,000-40000	2	3.8%	51	96.2%			
	above Rs 40,000	0	.0%	17	100.0%			
Parity	Primipara	0	.0%	21	100.0%	0.822	1	0.365 NS
	Multipara	3	3.8%	76	96.2%			
Mode of delivery	Normal vaginal delivery	0	.0%	21	100.0%	0.977	2	0.614 NS
	Assisted vaginal delivery	0	.0%	3	100.0%			
	Caesarean delivery	3	3.9%	73	96.1%			

Any previous information about contraception	No	0	.0%	12	100.0%	3.936	5	0.685 NS
	Friends	0	.0%	10	100.0%			
	health professional	3	6.8%	42	93.2%			
	husband	0	.0%	1	100.0%			
	relatives	0	.0%	26	100.0%			
	Mass media	0	.0%	6	100.0%			

NS= non-significant

Table 7. Association of practice of study subjects with their selected Demographic variables.

N=100

Demographic variables	Categories	Practicing		Non-practicing		chi-square	df	p-value
		n	%	n	%			
Age in years	18-30 years	9	52.90%	44	53.00%	2.84	1	0.996 NS
	30-42 years	8	47.10%	39	47.00%			
Educational status	Illiterate	2	11.80%	36	43.40%	15.42	3	0.001 S**
	Primary/middle	0	0.00%	14	16.90%			
	Secondary/higher secondary	9	52.90%	14	16.90%			
	Graduate or above	6	35.30%	19	22.90%			
Occupation	Working	7	41.20%	5	6.00%	16.51	1	0.001 S**
	Non-Working	10	58.80%	78	94.00%			
Residence	Urban	6	35.30%	19	22.90%	1.15	1	0.282 NS
	Rural	11	64.70%	64	77.10%			
Type of family	Nuclear	5	29.40%	26	31.30%	0.024	1	0.876 NS
	Joint	12	70.60%	57	68.70%			
Religion	Muslim	17	100.00%	80	96.40%	0.633	1	0.426 NS
	others	0	0.00%	3	3.60%			
Monthly family Income	below Rs 20,000	3	17.60%	27	32.50%	2.89	2	0.235 NS
	Rs 20,000-40000	9	52.90%	44	53.00%			
	above Rs 40,000	5	29.40%	12	14.50%			
Parity	Primipara	0	0.00%	21	25.30%	5.44	1	0.020 S*
	Multipara	17	100.00%	62	74.70%			
Mode of delivery	Normal vaginal delivery	1	5.90%	20	24.10%	3.72	2	0.155 NS
	Assisted vaginal delivery	0	0%	3	3.60%			
	Caesarean delivery	16	94.10%	60	72.30%			

Any previous information about contraception	No	0	0.00%	12	14.50%	13.25	5	0.039 S*
	Friends	1	5.90%	9	10.80%			
	health professional	14	82.40%	31	37.80%			
	husband	0	0.00%	1	1.20%			
	relatives	1	5.90%	25	30.10%			
	Mass media	1	5.90%	5	6.00%			

(*) significant at 0.05 level.

(**) significant at 0.01 level.

NS= non-significant

Conclusion

The study subjects had moderate knowledge, positive attitude and minimum practice regarding the use of contraception. It may be due to lack of previous information about availability of different methods, benefits and safety of contraception. There was a profound effect of educational status, occupation, residence, monthly family income, parity and previous information about contraception of study subjects on their knowledge level.

The findings highlight the need to improve the ways of communicating information about various methods of contraception, their safety, duration of effectiveness, availability and benefits to the women in the reproductive age group. The antenatal and postnatal wards should have self-explanatory posters and charts regarding contraceptive methods.

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Conflicts of Interest: None

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