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Contraceptive Awareness And Practice Among Women Seeking Medical Termination Of Pregnancy In Rural Areas

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ABSTRACT
Background: Family planning is a critical aspect of reproductive health, enabling individuals to make informed decisions about childbearing. Despite widespread awareness campaigns, contraceptive use remains low in rural areas due to social, cultural, and accessibility barriers. Medical Termination of Pregnancy (MTP) provides a unique opportunity for healthcare professionals to counsel women on contraceptive methods, yet many women continue to experience unintended pregnancies.
Objective: This study aims to assess the knowledge, attitude, and practice (KAP) regarding contraception among women seeking MTP in rural areas and identify the barriers to contraceptive adoption.
Methods: A questionnaire based cross sectional study was conducted at Adichunchangiri Institute of Medical Sciences, B.G. Nagara, from January 2024 to June 2024. The study included 50 women aged 18–35 years undergoing MTP. Data was collected on contraceptive awareness, sources of information, preferred methods, and reasons for non-use.
Results: Among the participants, 56% had some knowledge of contraception, yet only 40% had a positive attitude toward its use. Despite awareness, only 52% had used contraception before, and 54% of pregnancies were due to contraceptive non-use. The most commonly known methods were intrauterine contraceptive devices (24%) and male condoms (22%). Healthcare providers (30%) were the most trusted source of information, followed by family members (20%). Major barriers included myths (30% of participants) and fear of side effects.
Conclusion: Despite moderate awareness, contraceptive utilization remains suboptimal due to misconceptions, fear of side effects, and societal norms. Strengthening healthcare-based counseling and addressing misinformation through targeted educational interventions can improve contraceptive adoption and reduce unintended pregnancies in rural areas.
Keywords: Contraception, Medical Termination of Pregnancy, Family Planning, Rural Healthcare, Reproductive Health, Contraceptive Barriers

INTRODUCTION

Family planning is an essential aspect of reproductive healthcare, enabling individuals and couples to make informed decisions about childbearing. The World Health Organization (WHO) defines family planning as a means to promote maternal and child health while contributing to socio-economic development【1】. Despite global advancements in contraceptive methods, access and awareness remain significant challenges, especially in rural settings【2】.Contraceptive use is crucial in preventing unintended pregnancies and sexually transmitted infections (STIs), including HIV/AIDS【3】. However, barriers such as misinformation, myths, societal stigma, and limited access to healthcare facilities hinder widespread adoption【4】. Despite constant efforts by the government, the unmet needs of contraception still remain. The reasons for these unmet needs have to be studied in detail for a better understanding of the situation and in the formulation of appropriate policies and approaches.The present study aims to evaluate the knowledge, attitudes, and practices (KAP) regarding contraception among women seeking medical termination of pregnancy (MTP) in rural areas and to identify obstacles to contraceptive uptake.

OBJECTIVES

The study aims to explore the knowledge, attitudes, and practices (KAP) regarding contraception among women seeking medical termination of pregnancy (MTP) in rural areas. The specific objectives of this study are outlined below:

1.To assess the impact of MTP on contraceptive acceptance:

MTP provides an important opportunity to educate women about contraceptive methods and encourage their adoption. Women undergoing MTP are at a high risk of future unintended pregnancies if effective contraception is not used post-procedure. This study aims to measure whether MTP increases the willingness and motivation among women to use contraceptive methods, including short-term (condoms, oral contraceptive pills, injectables) and long-term methods (intrauterine devices, implants, sterilization). Understanding the impact of MTP on contraceptive acceptance will help identify gaps in post-abortion counseling and improve the quality of family planning services.

2.To identify the most preferred contraceptive methods among women undergoing MTP:

Despite the availability of various contraceptive options, certain methods are more widely accepted than others due to personal preferences, ease of use, perceived effectiveness, and fear of side effects. This study seeks to identify the contraceptive methods that women are most likely to adopt after MTP. By analyzing the preferences for barrier methods (e.g., condoms), hormonal methods (e.g., oral pills, injectables), long-acting reversible contraceptives (e.g., intrauterine devices, implants), and permanent methods (e.g., sterilization), the study will provide insights into how contraceptive counseling can be tailored to individual needs and preferences.

3.To evaluate the level of awareness and knowledge regarding different contraceptive methods:

Knowledge about contraception significantly influences its adoption and continued use. Many women are aware of common contraceptive methods such as condoms and oral pills, but their understanding of long-acting methods and emergency contraception may be limited. This study will assess the extent to which women are informed about the different contraceptive options, their mechanisms of action, advantages, side effects, and availability. Evaluating the knowledge gaps will help healthcare providers design more comprehensive educational programs and improve the delivery of accurate and practical information.

4.To determine the sources of contraceptive information and their influence on decision-making:

The source of contraceptive information plays a vital role in shaping perceptions and influencing behavior. Women may obtain information about contraception from healthcare providers, family members, friends, media, and social networks. This study aims to identify the primary sources of contraceptive information and assess the reliability and accuracy of the information provided. The study will also analyze the influence of healthcare workers in promoting contraceptive use and whether family or societal attitudes encourage or discourage contraceptive adoption.

5.To analyze the barriers and challenges in accessing and using contraceptive methods:

Despite awareness of contraception, several barriers may prevent women from using it effectively. These barriers may include misconceptions about side effects, religious or cultural opposition, lack of access to healthcare facilities, cost, and partner resistance. This study will explore the specific challenges faced by women in rural areas and identify strategies to overcome these barriers. Understanding these obstacles will help policymakers and healthcare providers implement targeted interventions to improve contraceptive uptake and reduce the rates of unintended pregnancies.

6.To assess the role of healthcare providers in improving contraceptive use:

Healthcare providers are often the first point of contact for women seeking reproductive health services. Their role in providing accurate information, addressing concerns, and offering appropriate contraceptive options is crucial in improving contraceptive adoption. This study aims to evaluate the quality and effectiveness of contraceptive counseling provided during MTP consultations. Identifying gaps in healthcare provider knowledge and communication will help improve the quality of contraceptive services offered to women in rural areas.

METHODOLOGY

The following sections provide a comprehensive overview of the research methodology:

1. **Study Design**

This study was conducted as a questionnaire based cross-sectional study to evaluate the contraceptive knowledge, attitudes, and practices among women undergoing MTP. A cross-sectional design was chosen because it allows for the collection of data at a single point in time, making it suitable for assessing the existing status of contraceptive use and associated factors among the study population.

2. **Study Setting**

The study was conducted at the Adichunchangiri Institute of Medical Sciences (AIMS), B.G. Nagara, a well-established medical institution located in a rural part of Karnataka, India. AIMS serves as a referral center for neighboring rural communities, providing a wide range of healthcare services, including reproductive health and family planning services. The rural setting of the study ensured that the participants were representative of women from underserved communities, where access to contraceptive information and services is often limited.

3. **Study Population**

The target population included women of reproductive age (18–35 years) attending the health center for MTP. This age group was selected because it represents the most sexually active and fertile phase of a woman's life, where contraceptive needs and decisions have significant implications on reproductive health outcomes.

Inclusion Criteria

- Women aged 18 to 35 years.
- Women seeking voluntary MTP at the health center.
- Women willing to provide informed consent to participate in the study.

Exclusion Criteria

- Women with known contraindications to contraceptive use.
- Women with medical or psychological conditions preventing them from participating in the study.
- Women who declined to provide informed consent.

4. **Sample Size**

The sample size was calculated based on previous studies on contraceptive knowledge and use among women in rural India. A sample size of 50 women was determined to be adequate to provide statistically meaningful results while considering logistical feasibility and resource availability.

- Sample Size Calculation:

A minimum sample size of 50 was calculated using the formula:

$$n = \frac{Z^2 .p.q}{d^2}$$

Where:

- n = required sample size
- Z = Z value for 95% confidence level (1.96)
- p = anticipated prevalence of contraceptive awareness (50%)
- q = 1 – p
- d = margin of error (0.14)

5. **Study Period**

The study was conducted over a six-month period from January 2024 to June 2024.

6. Data Collection

Data collection was conducted using a structured questionnaire developed based on validated tools used in previous studies on contraceptive awareness and practices. The questionnaire was pre-tested in a pilot study involving 10 participants to ensure clarity, relevance, and cultural appropriateness. Feedback from the pilot study was incorporated to refine the final questionnaire.

7. **Ethical Considerations**

The study was conducted in compliance with ethical standards outlined by the Institutional Ethics Committee (IEC) of the Adichunchangiri Institute of Medical Sciences.

- Participants were assured of confidentiality and anonymity of their responses.
- No identifying information was recorded to protect participant privacy.
- Participants were provided with the option to withdraw from the study at any point without consequences.
- Counseling on contraceptive options was provided to participants after the interview, particularly to those who expressed interest or had misconceptions about contraception.

RESULTS

Demographics

Among the 50 participants, the majority (48%) were aged 25–30 years, followed by 36% in the 20–25 years age group.

TABLE 1.Demographics

Characteristics	Number of Participants (n=50)	Percentage (%)
Age group		
18-20years	4	8%
21-25years	18	36%
26-30years	24	48%
31-35years	4	8%
Education level		
No formal education	6	12%
Primary school	12	24%
Secondary school	22	44%
Higher education	10	20%
Parity		
Nulliparous	8	16%
One child	24	48%
Two or more children	18	36%

Knowledge, Attitude, and Practice (KAP) of Contraception

- Knowledge: 56% of participants had some awareness of contraceptive methods.
- Attitude: Only 40% had a positive attitude toward contraceptive use.
- Practice: 52% had previously used contraception, but only 43.8% had a history of regular contraceptive use.

These findings are consistent with studies conducted in India, which indicate that while contraceptive awareness is relatively high, actual utilization remains low due to cultural and accessibility barriers 【5】【6】.

TABLE 2 . Knowledge,attitude and Practice about various contraceptives

KNOWLEDGE		
Contraceptive Method	Number of participants(n=50)	Percentage (%)
Intrauterine contraceptive device (IUCD)	12	24%
Male condoms	11	22%
Oral contraceptive pills	6	12%
Injectable contraceptives	3	6%
Implants	2	4%
Emergency contraception	4	8%
Sterilization	2	4%
No knowledge	16	32%

ATTITUDE		
Positive attitude	20	40%
Concerned about side effects	18	36%
Believed contraception is unnatural	8	16%
Believed contraception could cause sterility	4	8%
PRACTICE		
Currently using	18	36%
Previously used contraception	26	52%
Never used contraception	24	48%
Discontinued	14	28%
Partner opposed to contraception	6	12%
Unaware of contraceptives	16	32%

Commonly Known Contraceptive Methods

- Intrauterine contraceptive device (IUCD): 24%
- Male condoms: 22%
- Oral contraceptive pills (OCPs): 12%
- Injectable implants: 6%
- Sterilization: 4%
- No knowledge of contraception: 32%

TABLE 3. Preferred methods

Contraceptive Method	Nunber of participants (n=50)	Percentage (%)
IUCD	12	24%
Male condoms	11	22%
OCP'S	6	12%
Injcectable implants	3	6%
Sterilization	2	4%
No knowledge	16	32%
Total	50	100 %

According to a report by the National Family Health Survey (NFHS-5), IUCDs and male condoms are among the most commonly known contraceptive methods in India, though usage rates remain inconsistent【7】.

Sources of Information

- Healthcare providers: 30% (most trusted source)
- Family members: 20%
- Social networks and media: 15%

The role of healthcare providers in educating women about contraception has been emphasized in multiple studies, highlighting their importance in improving contraceptive adoption【8】.

Barriers to Contraceptive Use

- 30% of women believed in myths such as:
- Contraception is unnatural.
- IUCDs cause excessive bleeding or displacement.
- Contraceptives lead to sterility.
- Fear of side effects and lack of awareness prevented many from adopting contraceptive methods.

TABLE 4 .Barriers to contraception

Barrier	Number (n=50)	Percentage (%)
Fear of side effects	18	36%
Lack of information	16	32%
Partner opposition	8	16%
Religious or cultural reasons	6	12%

Myths	15	30%

Myths and misconceptions about contraception remain one of the biggest obstacles to contraceptive use in India, particularly in rural and underserved communities【9】【10】.

DISCUSSION

India was the first country to introduce a national family planning program in 1952【11】. However, despite ongoing efforts, contraception adoption remains inconsistent due to socio-cultural factors, gender norms, and misinformation【12】.

This study revealed that while knowledge about contraception exists, actual usage remains low due to various barriers. The non-use rate of contraception at the time of conception was 54%, aligning with previous studies conducted in similar settings【13】.

Healthcare providers played a key role in contraceptive education, yet many women still lacked a clear understanding of available methods. Addressing these gaps through structured education programs can significantly enhance contraceptive acceptance and reduce unintended pregnancies【14】.

CONCLUSION

Studying the contraceptive behaviors of women undergoing MTP helps identify key barriers to family planning adoption. Despite significant awareness, utilization of reversible contraception remains lower than expected due to myths and fears surrounding side effects. Providing clear, evidence-based information through healthcare professionals can help dispel misconceptions and encourage informed decision-making. Family planning policies must address socio-demographic factors, contraceptive hesitations, and accessibility issues to improve reproductive health outcomes in rural areas.

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