



Research Article

Impact of knowledge & attitude on contraceptive practice: a case study of Manipuri women

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ABSTRACT:

Background: The role of socio-educational traits, and knowledge and attitude of women towards contraceptive practice becomes a vital driving force towards the health management and population control of the society. The pattern of contraceptive practice in Manipur state is also attributed with several predictors to a great extent and eventually the situation still remains a nagging problem and continuous to perplex the society.

Aims & objective: To identify some of the important predictors of contraceptive practice among the couples of Manipur, from the viewpoint of woman's perception.

Materials & methods: The present study is based on a primary data of 820 eligible couples and its size was estimated on the prior information i.e., percentage of effectively practice of contraceptive (63.76%) with an allowable error of 3.5 at 95% degree of precision and an attrition rate of 8.5%. The pattern of contraceptive practice ascribed by some of the important predictors is analyzed and illustrated through c2 -test.

Results: Out of the six predictors considered the three viz., type of family, knowledge and attitude of woman towards contraceptive are found indispensable role towards the regulation of contraceptive practice in Manipur. The first is just significant while remaining two are very highly significant statistically.

Conclusion: Out of the six predictors considered, three are identified as the invaluable ones that have a positive impact on contraceptive practice. They are attitude, knowledge, and type of family respectively.

Key words: Contraceptive practice, Socio-educational traits, Knowledge & Attitude.

INTRODUCTION

The government of India is recognized as the first country in the world to adopt Family Planning as an integral part of its socio-economic development plans in 1952^{1,2,3,4}. But still no state has achieved the targets or near targets of Reproductive and Child Health (RCH) Programme of the country^{2,3}. It is mainly due to the fact that the knowledge and attitude on contraceptive practice are quite differing within and between societies and also among the individuals concerned. Again, one of the most important components like



attitude towards the procedure is also depending on several socio-economic, religious and cultural milieu of the society⁵. Besides the attitude towards the effective practice is also depending on personal needs and desires as the couple usually practice only after achieving their desire number of children which is very much contradict to the National Population Policy (NPP) that targets couples should be effectively protected⁵.

Keeping these diverse manifestations of knowledge, attitude and socio-educational traits on contraceptive practices in view, the present study is initiated based on the data of Manipuri women (India). The finding may be interesting and fascinating ones as it is a new piece of work explored from where little work has so far been taken up, and secondly the society has somewhat different social and behavioral structures from the mainland societies of the country.

RESULTS AND OBSERVATIONS:

Urban dwellers have better contraceptive practice than that of their rural counterpart as the percentage of occasional and effective contraceptive used among them are found to high and to low in never used in comparison with the corresponding figures of the rural counterpart. However, the variation is not significant ($P=0.364$) and thus place of residence doesn't have any role towards the contraceptive practice. A significant P -value (0.016) for type of family indicates the women from nuclear family have certainly better contraceptive practice than those from joint family as those women from nuclear family have higher percentage in both occasional used and effective used, and lesser in never used than that of those from joint family.

Education and occupation of woman have hardly any task on her adoption of contraceptive practice as evident by the respective insignificant P -values (0.252 and 0.169). Nevertheless, the percentage of effective used of contraceptive increases as education enhances from illiterate to graduate and above educational qualification. And house wife has most effectively used contraceptive followed by government employee and business women, and skill worker woman has less effectively used contraceptive.

Having knowledge of contraceptive ($P=0.001$) as well as attitude of contraceptive ($P<0.001$) has certain impact on the adoption of contraceptive practice. The woman with poor knowledge of contraceptive has less chance of effective used while good and very good, has very significantly higher percentage of effective used. On the contrary, woman with poor knowledge has higher percentage of never used and occasional used in comparison with other types of knowledge. A clear relationship of attitude of contraceptive and mode of contraceptive practice is established in the present study due to the fact that as attitude enhances from negative to normal then to positive, percentage of contraceptive progresses vividly. This is true in each mode of contraceptive practice adopted.



Table-1
Contraceptive practice-wise cases over place of residence
& type of family

Parameters		Contraceptive practice			Total	t ²	P
		Never used	Occasional used	Effective used			
Place of residence	Rural	18(5.2)	196(56.2)	135(38.7)	349(100)	2.020	.364
	Urban	15(3.2)	270(57.3)	186(39.5)	471(100)		
Type of family	Joint	21(6.5)	181(55.7)	123(37.8)	325(100)	8.301	.016
	Nuclear	12(2.4)	285(57.6)	198(40.0)	495(100)		
Total		33(4.0)	466(56.8)	321(39.1)	820(100)		

Figures within parenthesis indicate percentage.

Table-2
Contraceptive practice-wise cases over education
& occupation of wife

Parameters		Contraceptive practice			Total	t ²	P
		Never used	Occasional used	Effective used			
Education of wife	Illiterate	3(4.5)	42(63.6)	21(31.8)	66(100)	10.193	.252
	Under matric	3(1.4)	124(58.2)	86(40.4)	213(100)		
	Matric	9(5.7)	95(60.5)	53(33.8)	157(100)		
	Under graduate	6(4.3)	77(55.0)	57(40.7)	140(100)		
	Graduate & above	12(4.9)	128(52.5)	104(42.6)	244(100)		
Occupation of wife	Govt. employee	9(7.2)	75(60.0)	41(32.8)	125(100)	9.076	.169
	Business	1(1.1)	57(60.0)	37(38.9)	95(100)		
	Skill worker	2(5.1)	25(64.1)	12(30.8)	39(100)		
	House wife	21(3.7)	309(55.1)	231(41.2)	561(100)		
Total		33(4.0)	466(56.8)	321(39.1)	820(100)		

Figures within parenthesis indicate percentage.



Table-3
Contraceptive practice-wise cases over knowledge
& attitude of contraceptive

Parameters	Contraceptive practice			Total	t ²	P
	Never used	Occasional used	Effective used			
Knowledge of contraceptive	Poor	7(8.0)	63(71.6)	18(20.5)	18.198	.001
	Good	10(5.0)	105(52.5)	85(42.5)		
	Very good	16(3.0)	298(56.0)	218(41.0)		
Attitude of contraceptive	Negative	22(13.7)	87(54.0)	52(32.3)	52.890	<.001
	Normal	10(3.3)	170(56.7)	120(40.0)		
	Positive	1(0.3)	209(58.2)	149(41.5)		
Total	33(4.0)	466(56.8)	321(39.1)	820(100)		

DISCUSSION:

The present study assessed the socio-educational traits, knowledge and attitude of Manipuri women towards their contraceptive practices. Good knowledge on contraceptive and its advantages certainly enhances the women to adopt contraceptive effectively which is documented in the present study is in agreement with a huge literatures^{6,7,8,9,10,11}. Without the proper knowledge, it is hard to take such a delicate decision on the human behavior to adopt contraceptive practices judiciously and effectively. More furtherance, the attitude of a person especially womenfolk on the such flimsy practice becomes the prime heighten effect. Even a woman who has a proper knowledge on the matter is not necessary to adopt contraceptive practice if she has negative attitude on the procedure. Henceforth, with a good knowledge as well as a good attitude on the contraceptive practice, one may implement the procedure successfully.

From the socio-educational traits, some of the past literatures^{6,7,8,10} cited that education as well as occupation of the women has certain impact on their mode of contraceptive practices that contradict to the present finding. Perhaps, it might be due to the fact that particularly in Manipuri society, the educated girls married lately because they are supposed to marry after achieving higher education and then after getting jobs. So does usually they marry at the late age, near to menopause and therefore they wish to compensate the lost childbearing period to achieve desire number children without interrupting the physiology process of child bearing.

Unlikely to others, there is a narrow gap between urban and rural in terms of social aspects in valley districts of Manipur as all rural areas of each valley district are



clustering around urban, within a few km. of radius. Thus the women of rural dwellers have nothing much less in terms of socio-economic activities than that of their counterpart urban dwellers and as a result insignificant contraceptive practice might attribute in the present finding. Nonetheless, the women of nuclear family have adopted the procedure significantly than the women of joint family. As the latter have fewer problems, due to the support of family members, for bearing and rearing of their children in comparison with the former. And therefore women of nuclear family are compelled to adopt the method to restrict the number of children while less compulsion is upon women of joint family.

CONCLUSION:

Despite a wide basket of choices of contraceptive devices provided by the government, the contraceptive prevalence rate (CPV) is still very low in our country as practice of such device depends mainly on the individual knowledge and attitude on the procedure. And it is delicate enough to deal. Through the interpretative analysis on the matter based on Manipuri women it is endorsed further that out of the six predictors considered, three are identified as the invaluable ones that have a significant positive impact on contraceptive practice. They are attitude, knowledge, and type of family respectively. Towards the end, it is quite suggestible that the authority should make people especially womenfolk to be aware of and inculcate them to create a good attitude towards the Reproductive and Child Health (RCH) Programme in order to ensure effective contraceptive practice so as to achieve Millennium Development Goals.

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