

ORIGINAL RESEARCH

Knowledge, attitudes and practices of contraception among adult females attending tertiary care centre

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ABSTRACT

Introduction: Effective contraception can prevent unplanned pregnancies and unsafe abortions. The extent of acceptance of contraceptive methods still varies within societies and also among different castes and religious groups. The factors responsible for such varied picture operate at the individual, family and community level with their roots in the socio-economic and cultural milieu of Indian Society. **Objectives:** The objective of the present study was to determine and compare the contraceptive practices adopted by educated and uneducated unmarried females attending an urban health center of Bhopal city. **Methodology:** A cross sectional descriptive study of four months duration was conducted among unmarried females (educated & uneducated) attending general out-patient department in Urban Health Centre (UHC) employing convenience sampling method. Participants not willing to respond were excluded. Total of 100 females (50 educated & 50 uneducated) were selected as study participants. Every participant was interviewed face to face with pre-tested questionnaire after taking informed consent. The Statistical software IBM SPSS statistics 20.0 was used for data analysis. **Results:** Mean age of the study participants was 20.46 years in educated group and 20.08 years in uneducated group. All the participants in the educated group (100.0%) knew what contraception was, whereas in uneducated group only 34.0% knew what contraception was and this was found to be statistically significant (P value: <0.001). Around half of the educated females knew about safe period whereas in uneducated group only 20.0% females knew about safe period (P value: <0.001). About 66% of educated females found it easy to acquire contraceptive methods in comparison to only 12% uneducated females who found it easy (P value: <0.001). Around 72.0% of uneducated females felt guilty while using contraceptives in comparison to only 16.0% of educated females who felt guilty while using contraceptives (P value: <0.001). **Conclusion:** The results suggest a significant Knowledge – Application Gap with regards to contraceptives knowledge and their actual usage in study participants. This shows the need for more intense awareness campaigns for promoting contraceptive usage especially among uneducated youths.

Keywords: Contraception, knowledge – application gap, contraceptive practices.

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INTRODUCTION

India remains the second most populous country in the world, despite of the fact that it has already launched its National Family Welfare Programme in 1951 aiming at decreasing the rise in population. The National Population Policy (2000) targeted to stabilize the population by 2045 which could be possible only if the total fertility (TFR) comes down.¹ Use of contraceptive methods can effectively prevent maternal mortality and so as unwanted pregnancies which leads to increase in population.² Unwanted

pregnancy and unsafe abortion are the consequences of unprotected sex and also studies have revealed that the women who undergo the unsafe abortion are usually below 30 years of age.³ Studies have also reported that in the developing countries, one in every three women give birth before the age of 20 and hence, death during child birth among this group is two times higher compared to women older than 20 years. Since the gap between the sexual debut and the age of first marriage is widening, hence it increases the risk of pregnancy.⁴ It is also reported that since the

age of menarche is decreasing among girls, they are getting exposed to unplanned and unprotected sexual intercourses at an early age which in return is increasing the number of unwanted pregnancies and unsafe abortion.⁵

The level of contraceptive use is inversely associated with abortion incidence.² Open discussion regarding the usage of contraceptives is not done among young unmarried women because of cultural and religious beliefs. This in return, exposes these groups to the increased risk of unwanted/unintended pregnancies. In our country, pregnancy before marriage is also seen as an abomination because of which many unmarried females who get unintended pregnancies seek abortion services for fear of societal judgment.⁴ And moreover these kind of abortions are usually performed in an unsafe manner despite of the fact that induced abortion is legal in India since 1971.²

There are various types of contraception methods that can be used to avoid unwanted pregnancy and therefore abortion and they are also freely available at health facilities throughout the country. The utilization of contraception methods among young women, especially unmarried females remains low which increases the rates of unplanned pregnancies and future infertility, spousal miscommunications. Use of contraceptives and fertility pattern differs in the societies because of varied picture at individual, family and community level.^{1,6} The barriers can be also be an inadequately trained healthcare provider, insufficient number of healthcare team and poor supervision of the public awareness.²

The number of maternal death would have been 1.8 times higher than at present without contraceptive use.⁵ The knowledge, attitude and practices of the young women with regards to use of contraceptives can help reduce the number of unintended pregnancies thereby decreasing the pregnancy related morbidity and mortality rates. Various intensified efforts are needed urgently to meet the increasing demand for contraceptives and also to ensure the sexual and reproductive health and rights of women, including the right to planned parenthood.² The present study aims at determining and comparing the contraceptive practices adopted by educated and uneducated unmarried females attending an urban health centre of Bhopal city.

METHODOLOGY

A cross sectional descriptive study was conducted among unmarried females (educated & uneducated) attending general out-patient department in Urban Health Centre (UHC) and were sexually active. The study was spread for a period of four months. Total 256 unmarried women visited the UHC during the stipulated time period, from which 100 participants (50 educated & 50 uneducated) agreed to be interviewed for the study.

All unmarried women in the reproductive age group (18-40 years) who have attended the UHC during the study period were approached for the study and were explained about the questionnaires and the confidentiality of the study. Participants who were pregnant and who were not willing to respond even after requesting and ensuring confidentiality were excluded from the study. 100 unmarried women were selected as study participants and were interviewed face to face with pre-tested questionnaire after taking an informed consent. The questionnaire included sociodemographic details and details regarding contraceptive practices. Privacy and confidentiality were maintained with utmost care.

ETHICAL CONSIDERATIONS

Ethical clearance was obtained from the Institutional Ethics committee prior to the start of the study. Written informed consent was obtained from the study participants before obtaining any information from them. Utmost care was taken to maintain privacy and confidentiality.

DATA ANALYSIS

Descriptive and inferential statistical analyses were carried out in the present study. Results on continuous measurements were presented on Mean \pm SD and results on categorical measurement were presented in number (%). Level of significance was fixed at $p=0.05$ and any value less than or equal to 0.05 was considered to be statistically significant. Chi square analysis was used to find the significance of study parameters on categorical scale. Student t tests (two tailed, unpaired) was used to find the significance of study parameters on continuous scale between two groups. The Statistical software IBM SPSS statistics 20.0 (IBM Corporation, Armonk, NY, USA) was used for the analyses of the data and Microsoft word and Excel were used to generate graphs, tables etc.

RESULTS

Table 1 shows that the study participants were divided equally between the two groups (50% each) and all the participants were sexually active. The mean age of study participants in the educated group was 20.46 ± 1.775 and in the uneducated group it was 20.08 ± 1.536 . Highest number of participants in the educated group had finished their graduation (50%) while the others had finished 12th (32 %) and post-graduation (18%). Similarly 46% of the participants among the educated group were self employed while 32% participants among this group were not doing any job, whereas in the uneducated group maximum participants were not doing any job (40%) and 32% participants were semi skilled workers. From both the groups Hindu participants were more (>40%) and the least participants were from Sikh and Jain religion.

Table 1: Comparison of demographic characteristics among both the groups using chi square test

Variables	Subgroups	Educated		Uneducated		P value
		N	%	N	%	
Education	Less than 10th standard	0	0.00%	50	100.0%	<0.001**
	Upto 12th standard	16	32.00%	0	0.00%	
	Graduation	25	50.00%	0	0.00%	
	Post-graduation	9	18.00%	0	0.00%	
Occupation	Nil	16	32.00%	20	40.00%	<0.001**
	Unskilled worker	0	0.00%	14	28.00%	
	Semiskilled worker	0	0.00%	16	32.00%	
	Self employed	23	46.00%	0	0.00%	
	Professional	11	22.00%	0	0.00%	
Religion	Islam	8	16.00%	15	30.00%	0.175
	Hindu	22	44.00%	21	42.00%	
	Christian	12	24.00%	11	22.00%	
	Sikh	4	8.00%	3	6.00%	
	Jain	4	8.00%	0	0.00%	

Table 2: Comparison of responses to various questions among both the groups using chi square test

Variables	Subgroups	Educated		Uneducated		P value
		N	%	N	%	
Do you know what contraception is?	The measures to have child	0	0.00%	5	10.00%	<0.001**
	The measures to prevent from disease	0	0.00%	19	38.00%	
	The measures to caring the partner	0	0.00%	9	18.00%	
	The measures to Prevent pregnancy	50	100.00%	17	34.00%	
How do you understand the meaning of temporary method of contraception?	Tubal-T	13	26.00%	10	20.00%	<0.001**
	Vasectomy	0	0.00%	12	24.00%	
	Copper-T	37	74.00%	9	18.00%	
	Hysterectomy	0	0.00%	19	38.00%	
Do you know about any complication or side effects of intrauterine device?	Yes	24	48.00%	8	16.00%	<0.001**
	No	26	52.00%	42	84.00%	
What do you know about condom?	It's an ointment used by men/women's contraceptive.	0	0.00%	18	36.00%	<0.001**
	It's a tablet used by men/women as contraceptive	0	0.00%	12	24.00%	
	It's a thin rubber sheath used by men/women as contraceptive	50	100.00%	10	20.00%	
	It's a powder applied on the penis of male partner	0	0.00%	10	20.00%	
Do you know that condom can prevent STI/STD?	Yes	23	46.00%	7	14.00%	<0.001**
	No	27	54.00%	43	86.00%	
Do you know about oral contraception?	These are the tonics taken orally to prevent pregnancy	5	10.00%	10	20.00%	<0.001**
	These are the pills taken orally to prevent pregnancy	45	90.00%	13	26.00%	
	These are the fluids taken orally to prevent pregnancy	0	0.00%	13	26.00%	
	These are the powders	0	0.00%	14	28.00%	

	taken orally to prevent pregnancy					
Do you know any common side-effects of oral contraceptive pills?	Nausea & Vomiting	17	34.00%	12	24.00%	<0.001**
	Greying of hairs	22	44.00%	12	24.00%	
	Less urine output	10	20.00%	11	22.00%	
	Cataract formation	1	2.00%	15	30.00%	
Do you know about safe period	14th day after menses	17	34.00%	9	18.00%	<0.001**
	3 days before and after menses	24	48.00%	10	20.00%	
	14 days before onset of next menses	8	16.00%	17	34.00%	
	12-14 days after menses	1	2.00%	14	28.00%	
Do you think it is easy to acquire contraceptive methods	Yes	33	66.00%	6	12.00%	<0.001**
	No	17	34.00%	44	88.00%	
Hormonal contraception (oral contraception or injectable) affects female health	Yes	35	70.00%	7	14.00%	<0.001**
	No	15	30.00%	43	86.00%	
Have you faced any difficulties with using birth control methods	Yes	33	66.00%	40	80.00%	0.115
	No	17	34.00%	10	20.00%	
Do you feel that it is wrong to use contraception	Yes	4	8.00%	35	70.00%	<0.001**
	No	46	92.00%	15	30.00%	
What will you do if you experience negative side effects from a contraception would you use a different method	Yes	47	94.00%	25	50.00%	<0.001**
	No	3	6.00%	25	50.00%	
Do you feel guilty while using contraceptives	Yes	8	16.00%	36	72.00%	<0.001**
	No	42	84.00%	14	28.00%	

In Table 2, 100% Educated group participants were found to be aware about contraception while in the uneducated group, only 34% agreed that contraception can prevent pregnancy and the difference between these findings were found to be statistically significant (p value <0.001). This finding shows that there is a great need of community based Information Education & Counseling (IEC) activities.

It was seen that among the educated group maximum patients had correct knowledge about the different methods of contraception and regarding its usage, complications associated with it and the various side effects associated with hormonal pills. In contrast the uneducated group was not sure about these details and also they considered it difficult to acquire these methods. Educated participants were reportedly higher in using birth control measures comfortably (66%) while 80% of the uneducated participants reported to have difficulties in using birth control measures. Moreover 92% of the educated participants did not consider contraceptive as wrong and 84% among this group did not feel guilty for using it.

DISCUSSION

Our study findings can be compiled by saying that the educated unmarried women who were sexually active had a good amount of contraceptive knowledge while not all were actively a part of it, in the similar situation there is a need to educate the adolescent girls regarding different methods of contraceptive as these groups were found to have reported very less knowledge regarding the contraceptive methods. In

the present study 66% participants among the educated group had reported to be using different forms of contraceptives whereas only 20% among the uneducated group reported to be using the birth control measures. In a similar study where the study subjects were married women, the use of contraception was reported among 32% of the participants⁷, similarly Gautham et al also reported their study participants awareness to be around 53.8%, whereas a study done in Assam reported 92% of their participants to have knowledge regarding contraceptives.⁸

Studies done among students reported a higher number of awareness regarding contraceptives. In a study done in Ethiopia among students reported that 43% students reported to be aware about contraceptive methods, while 53% students reported a positive attitude towards the contraceptive use. Similarly studies done in Ethiopia, Uganda and Tanzania also reported a 77.4%, 99.6% and 96% awareness regarding the same among students, similar to these results a study done in Maharashtra, India also reported a 88.5% awareness among students.^{9,4,6,2} It can be assumed that the awareness regarding the contraceptives among young women is positively correlated with education, as education helps them to understand the importance and various benefits of contraceptives. In contrast to this the uneducated participants were feeling guilty to use contraceptives. This shows that there is a need to educate the females regarding various benefits of contraceptives so that they do understand that using contraception can save

them from unwanted pregnancies, various sexually transmitted diseases and also help maintain gap between pregnancies.

In our study 80% of uneducated and 66% of educated women reported having difficulties using contraception, this suggests that even if the women are aware what is contraceptives, they do not know how to use it. Health workers need adequate knowledge of contraceptive methods and training in counseling skills in order to provide reliable information and hence can educate the girls regarding these topics at an early age, it can benefit them before they are exposed to any sexual interactions and also the awareness can be spread to a maximum number of people. But the barriers that impede women's access to contraception are sometimes the healthcare providers themselves as they are inadequately trained, insufficient in number and poorly supervised. Hence by improving the quality of care, it can increase and sustain the contraceptive use by women.²

Despite the availability of effective methods of contraception in India, many pregnancies remain unintended. The situation is almost same in other countries too where the individuals have awareness regarding the same but they do not use it because of some reasons.^{3,6,9} If this gap can be shortened then the practice of contraception can increase in a wide range and can help decrease many unwanted pregnancies. There is one more difference between the contraceptive practice that was seen from our results, the married women showed more willingness as compared to unmarried women regarding the contraceptive use. Studies done by Gautham et al, Barman et al and Prateek et al reported that among their participants (married women), 53.8%, 77%, 89.6% showed willingness or were using contraceptives, while studies done among students by Tamire et al, Kara et al and Shiferaw et al reported that 4.9%, 47% and 28.6% used contraceptives while a more number of participants reported a positive attitude for using contraceptives.^{8,5,7,3,6,9}

There is a need for further explorative studies to find out the reasons for non-practice of contraceptives even with a positive attitude and knowledge regarding the same. In our study 70% of the uneducated women said that they felt using contraceptive is wrong and 72% participants said they felt guilty regarding usage of contraceptive, this can be because of various wrong information that they have acquired and the communication gap between them and the healthcare providers. There is a need for further research among the unmarried groups as there are very less studies that have been reported, and there is a need to collect information regarding the loopholes about this issue.

CONCLUSION

Despite of the adequate knowledge regarding contraceptives among the educated group, only 66% accepted using it and the awareness is too low among the uneducated groups, which might be because of the

myths and misconceptions regarding contraceptive methods. Fear of side effects can be one of the dominant reasons for low compliance and to overcome this barrier we need to improve the educational status of the female. Presently, the ASHAs have taken a great role in spreading the knowledge among rural people, so if these workers are trained well they can bridge the gap between the both. User-friendly reproductive and sexual health services should be established to improve uptake of contraception methods among unmarried women. Interventions to promote translation of knowledge into proper sexual and reproductive health practices are urgently needed among the teenagers as they are at high risk. And our study findings shows that more programs are required to combat the influence of various factors on contraception usage.

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