Available Online at www.jddt.in

ISSN: 2320 - 4230

Journal of Drug Discovery and Therapeutics 2 (24) 2014, 38-41

RESEARCH ARTICLE

Knowledge, attitude and practice of medicated contraception among females of reproductive age group

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Received 14 December 2014; Accepted 21 December 2014

ABSTRACT

Background & objectives: Lack of knowledge of contraception has lead to increased maternal mortality, morbidity due to unsafe abortion. Hence our study was aimed to determine knowledge, attitude and practice of contraception and impact of socio-economic status on knowledge of contraceptive methods among women of reproductive age group.

Methodology: A descriptive cross-sectional questionnaire based study was conducted in antenatal clinic and postpartum unit of tertiary care hospital. Patients were interviewed regarding knowledge, attitude and practice of contraceptive use. Socio-economic status was calculated using modified Kuppuswamy's socio-economic scale.

Results: Total 1312 women aged around 23 years were interviewed. Majority (84.29%) were aware of contraceptive methods, only 25.86% had ever used contraceptives. Among users 72.05% used oral combined contraceptive pill, 27.95% used intra uterine contraceptive device. Those who didn't have knowledge about contraception, 61.22% belong to upper-lower class, 24.48% to lower class and 14.28% to lower-middle class. Those having knowledge, 51.33% belong to lower-middle class, 32.32% to upper-lower class, 14.83% to lower class and 1.52% to upper-middle class. Only 1.28% had knowledge about emergency contraception among which no one had ever used.

Discussion: Majority had high level of contraceptive awareness but contraceptive usage is shockingly low, especially among people of lower socioeconomic status. Knowledge regarding emergency contraception was negligible. We need to take measures to raise awareness regarding proper usage of the conventional contraceptive methods and also to make people aware about emergency contraception to prevent increased maternal mortality and morbidity due to unsafe abortion.

KEYWORDS: Emergency contraception, Kuppuswamy's socio-economic scale, Oral contraceptive pill, Intra uterine contraceptive device

INTRODUCTION:

Unwanted pregnancy leading to unsafe abortion is one of the most important causes of maternal morbidity and mortality. Around 80 million unwanted pregnancies occur each year worldwide, resulting in 42 million induced abortions and 34 million unintended births.[1] These unintended pregnancies affect health and well-being of women and families, particularly in developing countries leading to high maternal mortality and unsafe abortions. According to WHO, > 3.85 lakhs women die of pregnancy-related causes every year[2], mostly due to unintended pregnancies that were unsafely aborted.[3] Women carrying unintended pregnancies to term were less likely to seek antenatal care and delivery assistance[4], resulting in additional maternal deaths, and contributing to more than one million preventable stillbirths[5] and 3.6 million neonatal deaths annually[6] that may have been prevented with proper care. Unintended pregnancy can result from non-use of contraception, or from contraceptive failure.

India has the highest number of unsafe abortions in the world. According to government estimates, 8.9% of maternal deaths in India every year - around 15,000 - are caused by unsafe abortion.[7]Contraceptive prevalence in India is only 56% as per the WHO Global Health Statistics 2012 and this also holds true for the entire WHO South-East Asia region.[8] In India, contraceptive prevalence in low-income group is only 35%, while it increases to 52% and 80% in lower-, middle-and upper-middle-income

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groups.[8] Most couples in India do not want to use a contraceptive method on a long-term basis for fear of side-effects, especially oral contraceptive pill (OCP) and intrauterine contraceptive devices (IUCDs), or do not like to use a method linked with coitus (barrier methods). Hence, unwanted and unplanned pregnancies are common.

Unwanted pregnancy followed by unsafe abortion can be avoided by using different contraceptive methods, including emergency contraception. Majority studies regarding contraceptive uses were done with urban population. There is paucity in knowledge about studies in rural population. Hence we aimed to determine awareness, use and knowledge of contraception, including emergency contraception by women of reproductive age group and also impact of socio-economic status on knowledge of contraception in rural and suburban population.

METHODS:

A descriptive, cross-sectional and questionnaire based study was carried out in antenatal clinic (scheduled 7 days a week) and post-partum unit (scheduled 2 days a week) of a tertiary care teaching hospital situated in a suburban area.Approvalof Institutional Ethics Committee was obtained for this study. Women of reproductive age group attending antenatal clinic and post-partum unit were taken as participants of the study.Study was performed during a period of three months. All the patients attending the clinic during that period were included in the study. Data were collected in a predesigned case report form with structured questions as annexed in Annexure-I.

Annexure-1

Case Report Form

Name:

Age:

Residence: Rural/Urban (Suburban)

Occupational status:

Educational Status:

Family income:

Knowledge about contraceptives: Yes/No

Use of contraceptives: Yes/No, if yes, type of contraception and knowledge about its regimen:

Patients were interviewed regarding knowledge, attitude and practice of contraceptive use by questionnaire method. Patients were also questioned about their education, occupation and family income. Modified Kuppuswamy's socio-economic scale was used.

RESULTS:

Total number of women interviewed was 1312. Mean age of the interviewed women was 23 ± 4yrs. Most of the patientswere of urban/ suburban in residence, completed secondary education and workers.

Table 1: Demographic profile of patients (N=1312)

Variables		No. of patients	Percentage of patients
Age	< 20 yrs	121	9.25%
	) yrs	902	68.73%
	>30 yrs	289	22.02%
Residence	Rural	585	44.59%
	Urban/Suburban	727	55.41%
Educational status	Primary	219	16.68%
	Secondary	568	43.26%
	Tertiary	92	7.05%
	Illiterate	433	33.01%
Occupational status	Housewife	492	37.5%
	Worker	820	62.5%

84.29% had knowledge about contraception, but only 25.86% had ever used contraception.

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Table 2 showed knowledge & use of contraception among females of reproductive age group. (N=1312)

Variables		No. of patients	Percentage of patients
Knowledge of contraceptives N=1312	Yes	1106	84.29%
	No	206	15.71%
Use of contraception n_1=1106	Used (Medicated)	286	25.86%
	Not used (Medicated/ barrier)	820	74.14%
Types of contraception used n_2=286	OCP	207	72.25%
	IUCD	79	27.75%
Knowledge about regimen of OCP n_3=207	Correct	141	68%
	Incorrect	66	32%

Table 3 showed socio-economic status as per modified Kuppuswamy's scale.

Socio-economic status	Upper Number (%)	Upper-middle Number (%)	Lower-middle Number (%)	Upper-lower Number (%)	Lower Number (%)
No knowledge about contraception (n=206)	0	0	29 (14.28%)	126 (61.24%)	51 (24.48%)
Knowledge about contraception (n=1106)	0	17 (1.52%)	568 (51.33%)	357 (32.32%)	164 (14.83%)

Only a few i.e., 1.28% had knowledge of emergency contraception but none had ever used it.

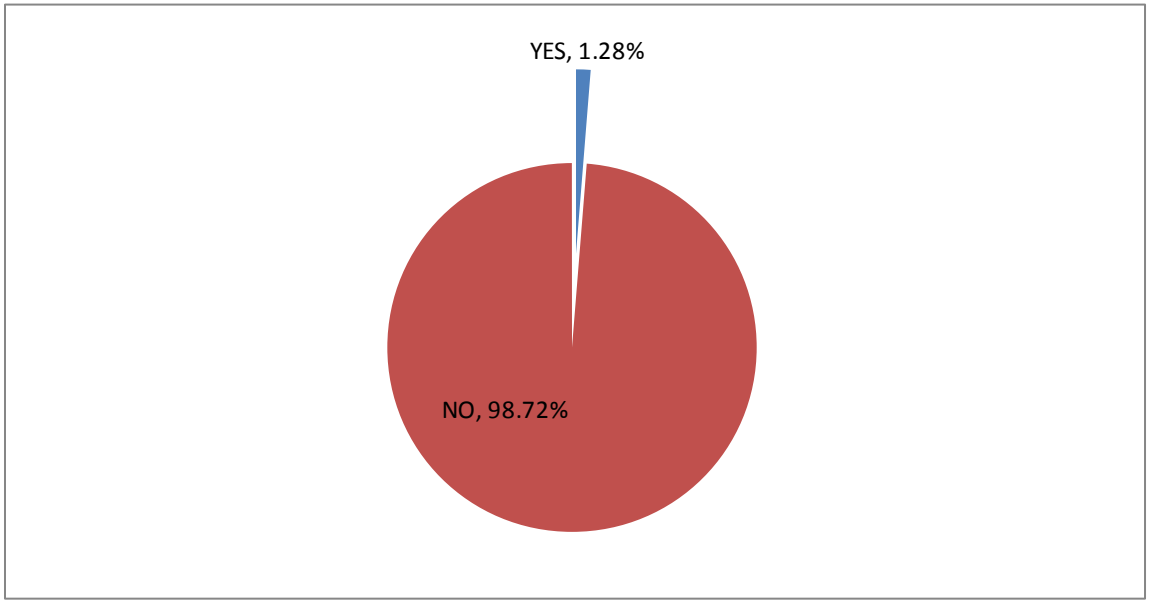

Figure 1: showed knowledge of emergency contraception among females of reproductive age group.

DISCUSSION:

A descriptive, cross-sectional and questionnaire based study was carried out in antenatal clinic and post-partum unit of a tertiary care teaching hospital. It is a descriptive study as no intervention had been done, cross-sectional as patients were interviewed only once over a period of three months. Reproductive age group females were chosen as they would be more prone to use contraceptives. Most studies regarding contraception had been carried out in urban population, so we had chosen

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to carry out this study in suburban and rural population. Knowledge and use of contraceptives among women of reproductive age group have been important to reduce unwanted pregnancy, maternal morbidity and mortality due to unsafe abortion. Hence we planned to carry out this study. Mean age of females included in the study i.e., 23 ± 4 years was at par with Adhinma et.al study.[9] According to WHO Global Health Statistics 2012, contraceptive prevalence in India is 56% [8]. In this study contraceptive knowledge was prevalent among 84.29% females, but only 25.86% had ever used contraceptives. In Adinma et.al study, majority of respondents (73%) were aware of contraceptives while only 10% had ever used any method. This is at par with this study. In Adinma et.al study, the commonest contraceptive method used was male condom, but in this study it was oral contraceptive pills.[9] In Tamire et.al study, 43.5% had heard about emergency contraception which is in contrast to this study, as here only 1.28% had heard about this. It might be because we had done this study on suburban and rural people while Tamire et.al study was carried out among students.

Majority has the high level of contraceptive awareness but contraceptive usage is shockingly low, especially among people of lower socioeconomic status. Knowledge regarding emergency contraception is negligible. We need to take measures to raise awareness regarding proper usage of the conventional contraceptive methods and also to make people aware about emergency contraception to prevent increased maternal mortality and morbidity due to unsafe abortion.

ACKNOWLEDGEMENT:

To all technical staffs of Department of Pharmacology and Medicine of our institution.

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