Knowledge Attitude and Perception about Contraceptives in Females: A Quantitative Insight

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Abstract

Background: In India, the risk of unintended pregnancies and unsafe abortions remain high due to relatively low contraceptive use. There is a deficiency of data on knowledge, attitudes, perceptions, and practices towards modern contraceptives, sexual and reproductive health, especially among young female students.

Methods and Materials: A survey was conducted on females of the Meerut region, Uttar Pradesh, from February–May 2019. The questionnaire was prepared, including knowledge, attitude, and perception-based questions, and data was collected from females who provided data on socio-demographic characteristics, knowledge, perceptions, attitudes, and use of contraceptives, as well as other sexual and reproductive health practices.

Results: A total of 83 females responded to the survey; median (IQR) age was 20–25 years, 51.8% in the first year of study, and nearly three-quarters (79.5%) were of the Hindu faith. Knowledge of any contraceptives was almost universal (99.6 %), but only 22.8 % knew about tubal ligation. In terms of natural methods of contraception known, only (43.3%) were aware of the withdrawal and calendar method of contraception, while (33.7%) knows the Lactational amenorrhea method. 68.6% reported a lack of knowledge for not using contraception. Overall, 20.4 % reported current contraceptive use, with male condoms being the common method. Overall, 61.4% reported pressure by a partner was the reason for the unwanted pregnancy, 18% ever being pregnant. About 9.63 % of ever pregnant respondents reported ever trying to terminate the pregnancy.

Keywords: Contraceptives, Pregnancy, Reproductive Health

Introduction

According to World Health Organization, family planning is to have only desired number of children and pregnancies with proper spacing. As per World Health Organization, family planning is a responsible decision of individuals and couples with proper knowledge of how to promote the health and welfare of the family group and thus contribute to the development of the country’s social economy. In developing nations, the percentage of young women who claim accidental pregnancy and unacknowledged need for contraceptives remains strong.[1] Increased risk of illegal births, maternal and infant mortality is linked with accidental pregnancies.[2]

In the 2020 era, the population of India has risen to the peak, and now it’s necessary to control the same. This government started many awareness programs, but there is still a lack of knowledge among people due to their attitude or perception developed from many years of education. Contraceptive use has become prioritized as a primary strategy to prevent unwanted pregnancies and consequent harmful effects.[3]

The government has tried to control the population of India, and for this, they aware that women and men too use contraceptives for unwanted or unplanned pregnancies. The government provides so many sterilization and contraceptives free of cost, but still couples and individuals are not aware of this or are not adopting this method due to their attitude or perception. A key objective of the millennium was to increase equitable access to sexual and reproductive health care, including contraception.[4,5]

To know the reason behind why couples and individuals are not adopting these methods when things are provided free of cost by the government (because in India, financial problems matters a lot), we had done a KAP (knowledge, attitude, and practice) survey among the girls of Meerut region and to understand the Socio-demographic determinants.

To control the explosion of population of India and to bring the use of contraceptives in the habit of women’s the following points lies:

- to avoid unwanted pregnancies
- to regulate intervening time between pregnancies
- to avoid unplanned pregnancies

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How to cite this article: Sharma M, Tomar P, Sharma P, Singh L, Majhi S, Knowledge Attitude and Perception about Contraceptives in Females: A Quantitative Insight. Journal of Applied Pharmaceutical Sciences and Research. 2021; 4(2):7-12

Source of support: Nil

Conflict of interest: None
to determine the age of the parent in relation to the time of birth occur
• to determine the number of children in family

Now to increase the use of oral contraceptives among females firstly they should what is oral contraceptive, how does it work, when to use, how to use, what are its side effects, what are its pharmacological uses and etc.

The continuing anecdotal stories demonstrates a common incidence of unwanted pregnancies and sexually transmitted diseases among students. There was, however, a lack of data among female students on knowledge, values and perceptions, access to it and usage of contraception. The data produced from this study would enhance the awareness and use of contraception, thus theoretically preventing unwanted pregnancies and the subsequent negative impacts in teaching institutions.[6,7]

Materials and Methods

Study Design

The cross-sectional study was done on the Knowledge, Attitude, and Practice (KAP) of oral contraceptives among females of the Meerut region of urban and rural areas from February 2019 to May 2019. The questionnaire was prepared with knowledge, attitude, and practice-based question. This survey is done to evaluate the knowledge attitude and perception of both urban and rural areas and young candidates and how free they feel to discuss this openly and give their correct information without any hesitation. With the knowledge, attitude, and perception-based question, we also include Socio-demographic details of the individual participants. These Socio-demographic details help our survey to study well. The questionnaire was prepared in the easiest language so that volunteers and participants can understand well.[8,9]

Data Collection Procedure

Data were collected on a structured questionnaire consisting of a total number of questions. We developed three pages questionnaire through considerable data search from similar studies. This questionnaire was prepared on oral contraceptives, including all aspects, i.e., knowledge, attitude, and practice. Total 100 were prepared, and around 90% of females enrolled in this study, and the show the acceptance rest 10% didn’t accept the questionnaire.

Knowledge questions were prepared from the literature that includes questions with the answer type yes/no in contrast, attitude and practice questions show the trend of females. All answers to all questionnaires were analyzed, and the outcomes were listed in the result section. This questionnaire is subjective, and it varies from person to person according to their beliefs, knowledge, attitude, religion, perception, background. While doing this survey, candidates were ensured that this study is confidential and their information will also remain confidential such as names. Still, many participants avoid mentioning their names.[10-12]

Results & Discussion

A total of 100 questionnaires were prepared, out of which only 83 females enrolled in this study. Among 83 females, the participants’ age ranges were 18-25 years, in which the majority was the young group of 18-21 years with an aggregate of 51.8%, 27.7% in the middle age group, and 20.4% in the middle older age group. In the religion section, the majority were Hindu with 79.5%, Muslims with 8.44% and Jains with negligible 2.45%, and others with 9.63%. Mostly the participants enrolled in this study are unmarried candidates with an aggregate of 84.3%, and the rest, 15.6%, are married participants. The majority were from a nuclear family with an aggregate of 57.8% and 42.1% from joint families. 62.6% of females belong to urban areas and 37.3% in rural areas. When coming to the occupational status of candidates, 89.3% were students, 4.81% of assistant professors are seen, and 4.81% as housewife’s and a negligible percentage of females were involved in business activities. (Table 1)

| Table 1: Socio-demographic details of females |
|----------------------------------------------|
| Socio-demographic details | Number | Percent |
| AGE (n = 83) | | |
| 18-21 | 43 | 51.8 |
| 21-23 | 23 | 27.7 |
| > 24 | 17 | 20.4 |
| YEAR OF STUDY (n = 83) | | |
| Year I | 43 | 51.8 |
| Year II, III, IV | 23 | 27.7 |
| Other | 17 | 20.4 |
| RELIGION (n = 83) | | |
| Hindu | 66 | 79.5 |
| Muslim | 7 | 8.44 |
| Jain | 2 | 2.45 |
| Others | 8 | 9.63 |
| MARITAL STATUS (n = 83) | | |
| Unmarried | 70 | 84.3 |
| Married | 13 | 15.6 |
| TYPE OF FAMILY (n = 83) | | |
| Nuclear | 48 | 57.8 |
| Joint | 35 | 42.1 |
| RESIDENCE (n = 83) | | |
| Urban | 52 | 62.6 |
| Rural | 31 | 37.3 |
| OCCUPATION (n = 83) | | |
| Student | 74 | 89.1 |
| Assistant professor | 4 | 4.81 |
| Housewife | 4 | 4.81 |
| Business | 1 | 1.20 |
Table 2: Modern contraceptive method known

| Contraceptive method known (n = 83) | Number | Percentage |
|------------------------------------|--------|------------|
| Tubal ligation                     | 19     | 22.8       |
| Pills                              | 69     | 83.1       |
| Injection                          | 59     | 71.0       |
| Implants                           | 35     | 42.1       |
| Male sterilization                 | 32     | 38.5       |
| Female sterilization               | 38     | 45.7       |
| Diaphragm                          | 33     | 39.7       |
| Foam                               | 25     | 30.1       |
| Condoms                            | 60     | 72.2       |
| Breast feeding                     | 45     | 54.2       |
| None                               | 1      | 1.20       |

Knowledge on Contraceptive Method

The knowledge on Modern contraceptives known among females was studied, and the results were demonstrated in Table 2. Here we found that most of the females (83.1%) were aware of pills, followed by knowledge of condoms (72.2%) and injections (71.0%). Figure 1 shows that the majorities of females opt for the pills contraception method and feel convenient to adopt this method. After pills, the method adopted in the majority is condoms, and the last is an injectable method.

Table 3 data comprises the knowledge of the traditional method of contraceptives among females in which only (43.3%) know the withdrawal and calendar method of contraception while (33.7%) know Lactational amenorrhea method.

Table 3: Traditional (natural) contraceptive method known

| Contraceptive Method known (n = 83) | Number | Percentage |
|------------------------------------|--------|------------|
| Lactational Amenorrhea             | 28     | 33.7       |
| Withdrawal and calendar method     | 36     | 43.3       |

Table 4 comprises the data of STI’s knowledge among the female candidates of Meerut region. In which (77.1%) know about HIV/AIDS, the (73.4%) know that there are so many prevention techniques through which we can prevent HIV/AIDS, (66.2%) females know that the HIV/AIDS treatment is available in the market and can be treated and cured the higher death risk disease.

Table 5 depicts various sources through which we can gain knowledge of contraceptives. To know how many females are active to gain the knowledge related to their health issues, we include the question of the source of knowledge, and we observed that (68.6%) were get to known about contraceptives from hospitals, health centers are the government source of knowledge (53.0%) were aware of this, (46.9%) participants known about the family planning clinic.
Table 5: Source of knowledge of contraceptives-(Government)

| Source of Knowledge      | Number | Percentage |
|-------------------------|--------|------------|
| Hospitals               | 57     | 68.6       |
| Health Centers          | 44     | 53.0       |
| Family Planning Clinic  | 39     | 46.9       |
| Outreach                | 12     | 14.4       |
| Community Distributors  | 15     | 18.0       |

Table 6: Source of knowledge of contraceptives-(Private Providers)

| Source of Knowledge          | Number | Percentage |
|------------------------------|--------|------------|
| Hospital / clinic            | 55     | 66.2       |
| Pharmacy/ drug shop          | 41     | 49.3       |
| Outreach                     | 8      | 9.63       |
| NGO community based          | 24     | 28.9       |
| None                         | 15     | 18.0       |

Table 7: Various trusted sources of contraceptive information

| Source of Knowledge of Contraception(n = 83) | Number | Percentage |
|---------------------------------------------|--------|------------|
| Friends / Family                            | 41     | 49.3       |
| Radio                                       | 24     | 28.9       |
| Television                                  | 54     | 65.0       |
| Newspaper / Magazines                       | 53     | 63.8       |
| School /College                             | 50     | 60.2       |
| Health personnel                            | 31     | 37.3       |
| Neighbors                                   | 21     | 25.3       |
| Books                                       | 42     | 50.6       |
| Teachers                                    | 42     | 50.6       |
| Don't know                                  | 14     | 16.8       |

Table 8: Importance of contraception

| Importance of Contraception | Number | Percentage |
|-----------------------------|--------|------------|
| Prevent unwanted pregnancy  | 56     | 67.4       |
| Prevent sexually transmitted disease | 35 | 42.1 |
| Limit/ space child birth    | 35     | 42.1       |
| Treat menstruation pain     | 33     | 39.7       |
| Prevent abortion complications | 32   | 38.5       |

magazines, school/colleges, health personnel, neighbors, books, teachers etc.

Television is the prominent source of contraception knowledge (65.0%) whereas newspaper/ magazines are the main sources of knowledge among females (63.8%), and education/colleges contribute (60.2%) for health awareness among females.

Table 8 shows how essential contraceptives are for females and how many females are aware of their importance. To estimate this, we calculated the data, and the outcome is that 67.4% of all, know that contraceptives are used to prevent unwanted pregnancy, 42.1% know that contraceptives are used to prevent sexually transmitted disease, 42.1% know that contraceptives are used to limit the childbirth, 39.7% know that contraceptives are used to treat menstruation pain shown in Figure 2.

Table 9 shows the data of attitude or perception of females towards contraceptives and the results state that (68.6%) females think that the main reason behind not using contraception is the lack of knowledge among the females, (61.4%) females think that the main behind the unwanted pregnancy is the pressure exerted by partners to be in sexually intercourse as shown in Figure 3. (60.2%) females think that contraceptives benefits male too and (60.2%) females think that the reason for not using contraceptives is fear of side effects that may occur in a female body.

Perception/ attitude Based on Contraception

Figure 2: Health and social benefits of contraception
Table 9: Perception/ Attitude on contraceptives

| Perception/attitude based question | (n=83) | Number | Percentage |
|-----------------------------------|--------|--------|------------|
| Embarrassing to discuss with parents |        | 30     | 36.1       |
| Oral contraceptives discourage use of condoms |        | 23     | 27.7       |
| ECP reserved for unprotected sex    |        | 15     | 18.0       |
| Should paramedical staff dispense EC |        | 17     | 20.4       |
| Is ECP good for women’s reproductive health |        | 12     | 14.4       |
| Not easy to discuss sexual issues with partner |        | 11     | 13.2       |
| Contraceptives are for female only  |        | 12     | 14.4       |
| Contraceptives benefits males too  |        | 50     | 60.2       |
| Contraceptives is not for the poor |        | 28     | 33.7       |
| Should ECP be administered after every act of forceful sexual intercourse | | 36 | 43.3 |
| Are oral contraceptives being effective for girls who are under 16 years old | | 39 | 46.9 |

Reasons for not using contraception's-
- Lack of knowledge
- Partner refusal
- Fear of side effect
- Religion
- Culture
- Not married
- Others

Reasons of unwanted pregnancy-
- Contraceptives failure
- Pressure by partner
- Rape
- Rupture of condoms
- Forget to take contraceptives
- Lack of knowledge about EC

Contraceptives Use and Sexual Behavior

Table 10. represents that how many females are using contraceptives method and how many females are currently in a sexual relationship and their sexual behavior. The result shows that (34.9%) had sexual intercourse, (26.5%) are currently in a sexual relationship, and (20.4%) are using contraceptives to prevent unwanted pregnancies.

Table 10: Contraceptives use and sexual behavior

| Contraceptives use and Sexual behavior | (n = 83) | Number | Percentage |
|---------------------------------------|----------|--------|------------|
| Current contraceptive use             |          | 17     | 20.4       |
| Currently in sexual relationship      |          | 22     | 26.5       |
| Ever had sexual intercourse           |          | 29     | 34.9       |
| Ever use any method to prevent pregnancy |      | 11     | 13.2       |
| Ever been pregnant                    |          | 15     | 18.0       |
| Ever tried to terminate pregnancy     |          | 8      | 9.63       |
| Current contraceptives method-        |          |        |            |
- None                                    |          | 14     | 16.8       |
- Traditional                             |          | 9      | 10.8       |
- Condoms                                 |          | 11     | 13.2       |

Conclusion

The study concluded that the majority of the age group of females participated, were 18-21 years old. Pills are the most common method of contraception known to them. They have more awareness towards withdrawal and calendar method than Lactational amenorrhea. In the study, it was observed that they have knowledge about HIV/AIDS, but they don’t know that their methods of prevention and even least aware of its treatment. The major sources of knowledge about contraception are televisions, newspaper, and magazines, which show that advertisement play an important role to the aware public. The study also indicates that females are well aware of the importance of contraceptives. The main reason for lack of usage is the lack of knowledge and fear of its side effect. The study also shows that the main reason
behind the unwanted pregnancy is the pressure of the partner as a majority of them had sexual intercourse during their sexual relationship. The majority of females felt convenient and safe to share their information which concludes that education impacts their behavior and perception towards their health. Methods that facilitate awareness transfer and an appropriate approach in sexual and reproductive health are required urgently.

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