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Original Research Article

Prospective study of contraceptive knowledge among the patients seeking medical termination of pregnancy in 1st and 2nd trimester in a tertiary health care

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ABSTRACT

Background: A rapid population growth is a burden on the resources of many developing countries. Unregulated fertility, which contributes to such situations compromise the economic development and political stability.

Methods: It was a prospective, observational study over a period of 12 months at Vani Vilas hospital, attached to Bangalore Medical College and Research Institute. All patients seeking medical termination of pregnancy in I and II trimester in tertiary health care were evaluated for contraceptive knowledge.

Results: Majority of the patients were from 25 – 30 years, educated, and had married life of 5 years, multipara, with no relationship with religion. The major reason for seeking termination of pregnancy was V i.e. failure of contraception. Intrauterine devices are the most popular method of contraception. There were various sources for knowledge.

Conclusions: This study concludes that there is considerable level of knowledge and awareness about contraception in the above studied women but actual practice of those methods is low.

Keywords: Contraception, Knowledge, MTP

INTRODUCTION

The world population may likely increase by 2.5 billion over the next 43 years. A rapid population growth is a burden on the resources of many developing countries.

Unregulated fertility, which contributes to such situations compromise the economic development and political stability. Therefore, many countries consider limiting population growth as an important component of their overall developmental goal to improve living standards and the quality of life of the people. This strategy is now

enhanced by the availability of effective contraceptive methods since the 1960s.

Even though there is wide availability of various types of contraceptives, the rate of population growth and unplanned pregnancies is still high.

Use of contraceptives can prevent at least 25% of all maternal deaths by allowing women to prevent unintended pregnancies and unsafe abortions, and protect themselves from sexually transmitting diseases including HIV. One fifth of the maternal death in the world occur in India, which is estimated as 4 per 1000 live births, and

about 15% of the maternal deaths are due to unsafe abortions.¹

Programs to increase young adults' knowledge about contraceptive methods and use are urgently needed. Given the demonstrated link between method knowledge and contraceptive behaviours, such programs may be useful in addressing risky behaviour in this population.²

In India lack of information, or misinformation, about different methods can confuse and discourage people from using any contraception. Some women are prevented from using contraception by a partner or are unable to access services because of their youth or unmarried status. In many cases, these obstacles can be overcome through contraceptive education and social marketing programs.³

The purpose of family planning counselling is to help the client make informed choices about reproductive health and family planning issues. Informed choice, which should cover knowledge about the mode of action of the chosen method, has been shown to improve efficiency and compliance to contraceptive method use. Thus, correct knowledge about the mode of action of the method chosen, can be considered an efficacy outcome for family planning counselling.

METHODS

It was a prospective, observational study done over a period of 12 months at Vani Vilas hospital, attached to Bangalore Medical College and Research Institute, Bangalore.

Inclusion criteria

All the patient seeking medical termination of pregnancy in I and II trimester in tertiary health care.

Exclusion criteria

Patients refusing to participate in the study.

The study is a questionnaire-based prospective study, conducted over a period of 12 months at Vani Vilas hospital, attached to Bangalore Medical College and Research Institute. All patients seeking medical termination of pregnancy in I and II trimester in tertiary health care were evaluated for contraceptive knowledge.

The interview for this study was conducted by a trained medical practitioner and involved a face-to-face interview using pre-tested, structured questionnaire. The women under the study were counselled and had given their informed consent prior to the interview. The questionnaire schedule elicited information on the biosocial characteristics of the women-age, occupation, educational status, and gestational age at time of study; number of previous pregnancies, and deliveries; number

of previous miscarriages; awareness of contraceptives, usage of contraception, type of contraception ever used. Data were collected from patients who fulfil the inclusion criteria with the help of predesigned questionnaire. Data collected also included symptomatology, detailed history of current pregnancy and previous pregnancies and other relevant past history and drug history. The obtained data were entered into the computer and analyzed using SPSS 13.0 for windows software.

RESULTS

Among 200 participants, 60 (30%) of them were in the age group of 20-25yrs, 52 (26%) of them were in the age group of 25-30yrs, 42 (21%) of them were in the age group of 15-20yrs, 28 (14%) of them were in the age group of 30-35yrs, 14 (7%) were in the age group of 35-40yrs, 4 (2%) were in the age group of >40yrs.

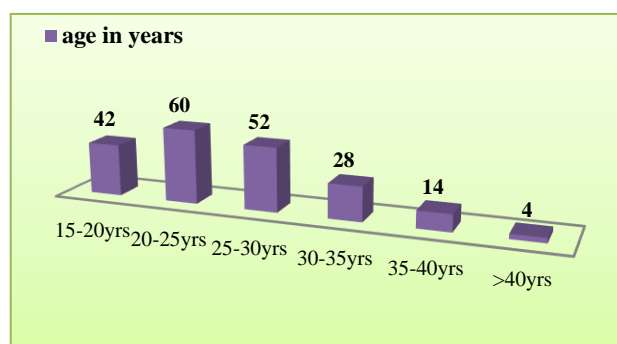


Figure 1: Age distribution.

Among the 200 participants, 96 (48%) of them were Hindus, 94 (47%) of them were Muslims, 10 (5%) of them were Christians.

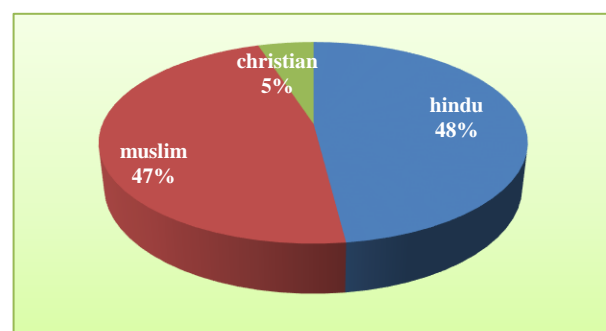


Figure 2: Religion distribution.

Among the 200 participants, 26 (13%) were illiterate, 20 (10%) studied 1st-5th std, 38 (19%) studied 6th-7th std, 92 (46%) studied 8th-10th std, 16 (8%) studied till preuniversity and 8 (4%) were graduates.

Among 200 participants, 158 (79%) of them V was the reason for termination, 22 (11%) of them II was the reason for termination, 14 (7%) of them III was the

reason for termination, 6 (3%) of them IV was the reason for termination.

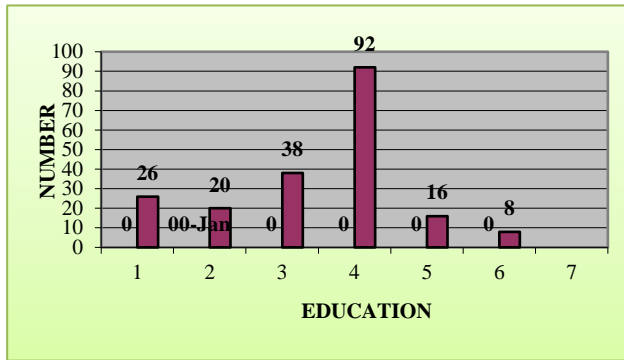


Figure 3: Educational distribution.

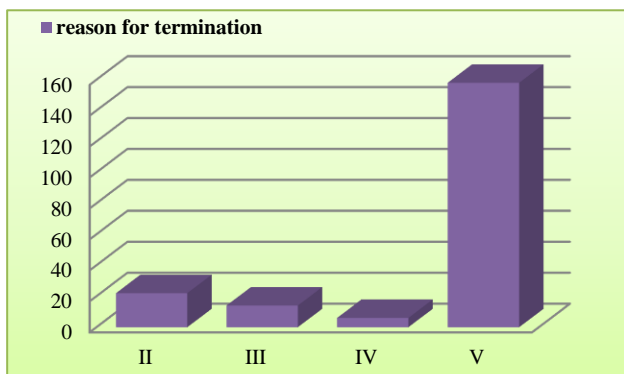


Figure 4: Reason for termination.

Among 200 participants, 82 (41%) of them had got married at the 19-25yrs of age, 80 (40%) of them had got married before 18yrs of age and 12 (6%) of them had got married after 26yrs of age.

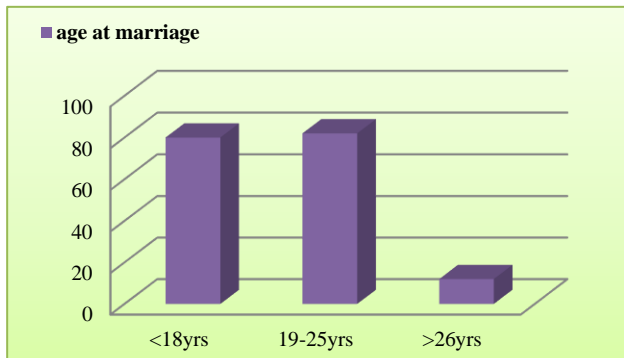


Figure 5: Marital history.

Among 200 participants, 92 (46%) of them had a married life of more than 5yrs, 40 (20%) of them had a married life of 4-5yrs, 34 (17%) of them had a married life of 2-3yrs, 10 (5%) of them had a married life of less than 1yr and 24 (14%) of them were unmarried.

Among 200 participants, 60 (30%) of them had 2 previous pregnancy, 48 (24%) of them had 1 previous

pregnancy, 42 (21%) of them had 3 previous pregnancy, 16 (8%) of them had more than 3 previous pregnancy and 34 (17%) had no previous pregnancy.

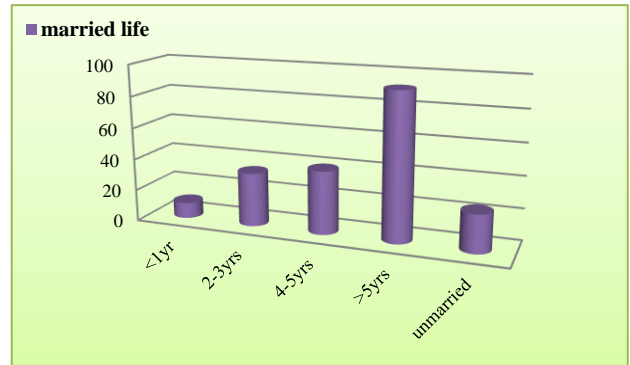


Figure 6: distribution according to married life.

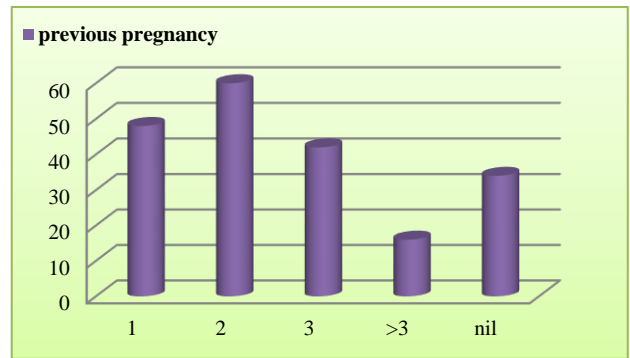


Figure 7: Distribution according to previous pregnancy.

Among 200 participants, 54 (27%) of them had 1 living child, 62 (31%) of them had 2 living children, 36 (18%) of them had 3 living children, 32 (16%) of them had more than 3 living children, 34 (17%) of them had no living children.

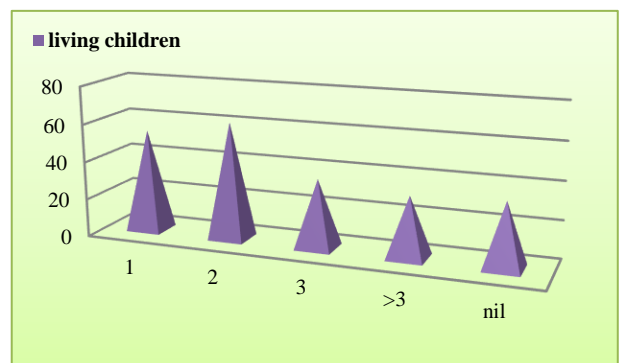


Figure 8: Gravidity and parity distribution.

Among 200 participants, 32 (16%) of them had used contraceptive methods following their previous deliveries/ abortion. Among the 32, 20 (62%) of them used CuT, 8 (25%) of them used condoms, 4 (13%) of them used OCP.

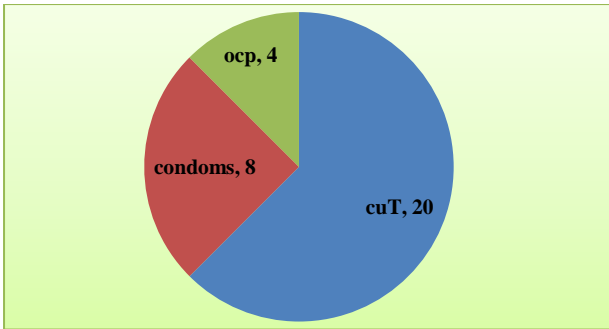


Figure 9: Distribution according to contraceptive use history.

Among the 200 participants, 44 of them were using contraceptive method before the current pregnancy, 20 (45.5%) of them were using CuT, 20 (45.5%) of them were using OCP, 4 (9%) of them were using condoms.

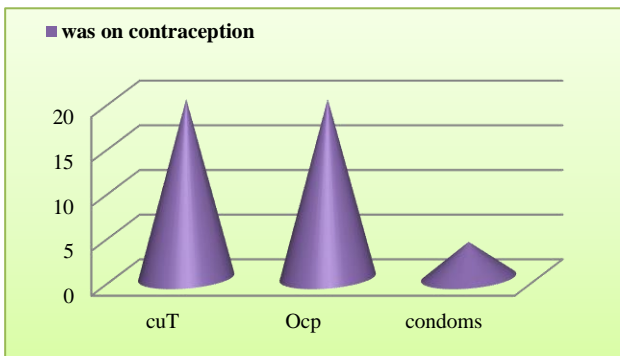


Figure 10: Type of contraception used.

Among 200 participants, 90 (45%) of them acquired the knowledge from mass media, 82 (41%) of them acquired the knowledge from health personnel, 46 (23%) of them acquired the knowledge from their relatives, 44 (22%) of them acquired their knowledge from neighbours, 40 (20%) of them acquired their knowledge from friends, 11 (5.5%) acquired knowledge from thai card, 1 (0.5%) person acquired knowledge from internet.

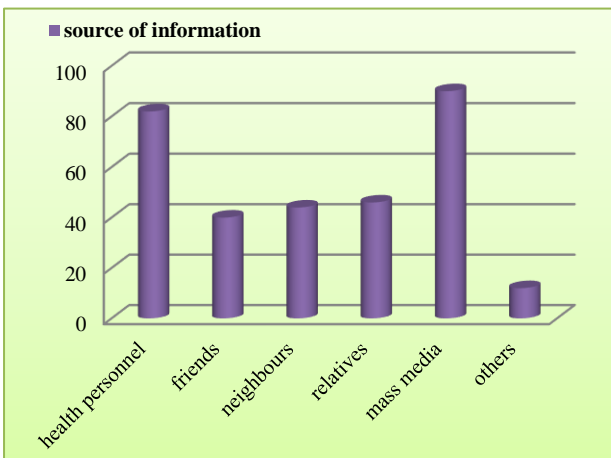


Figure 11: Source of contraception information.

Among 200 participants, 76 of them had knowledge about condoms and 54 among them knew it was available free in government hospital, 94 of them had knowledge about IUCD and 60 among them knew it was available free in government hospital, 104 of them had knowledge about tubectomy and 76 among them knew its free availability in government hospital.

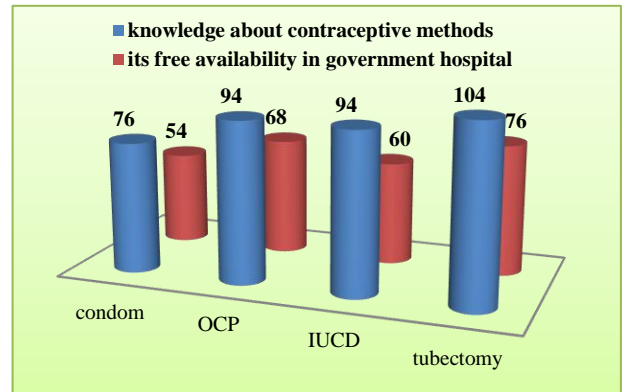


Figure 12: Knowledge distribution about type of contraception.

Participant who had knowledge about all 4 contraceptive method were grouped as high knowledge group, who had knowledge about more than 1 but not all were grouped as moderate knowledge group, and who had no knowledge about any of them were grouped as low knowledge group.

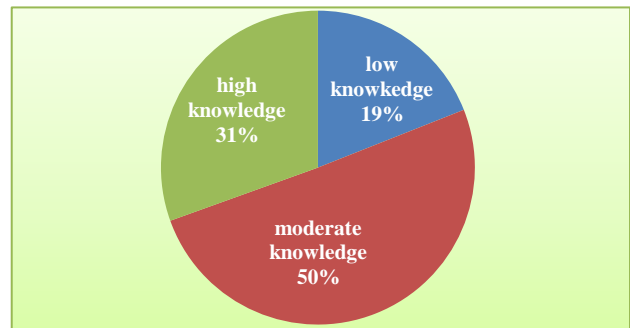


Figure 13: Frequency of knowledge on contraceptive method.

Among 200 participants, 61 (31%) belonged to high knowledge group, 101 (50%) belonged to moderate knowledge group, 38 (19%) belonged to low knowledge group.

Table 1: Marital history.

Marital status	Number
Married	176
Unmarried	24

Among 200 participants, 176 (88%) were married and 24 (12%) were unmarried.

Among 200 participants, 176 (88%) of them seek for MTP in I trimester and 24(12%) of them in II trimester.

Table 2: Trimester distribution.

Trimester	Number
I trimester	176
II trimester	24

Among 200 participants, 26 (13%) of them were from rural area, 174 (87%) of them were from urban area.

Table 3: Residence distribution.

Residency	Number
Rural	26
Urban	174

DISCUSSION

In the study conducted by Sherpa SZ et al, majority of 92 (67.60%) had moderate knowledge, 20 (14.70%) had high knowledge and 24 (17.60%) had low knowledge on contraceptive methods.¹ In a study conducted by Jennifer Frost J et al, it was found that more than half of young men and a quarter of young women received low scores on contraceptive knowledge, and six in 10 underestimated the effectiveness of oral contraceptives.²

In a study conducted by Anjum S et al, nearly 66% of women had seen family planning messages on television within the past month; exposure to family planning messages through this medium was greater than through radio (55%).³

In study conducted by Topsever P et al, 41.9% of the women of reproductive age in Degirmendere were using a modern contraceptive method.⁴ The condom method was favoured by most of participants of the present study (49.1%).

In a study conducted by Mustafa R et al, out of 100 interviewed women with mean age of 29.7 years, 81(81%) had some knowledge about family planning methods.⁵ The media provided information of contraceptives in 52 out of 81 (64%) women.

Contraception is an important aspect of reproductive health and plays a major role in the prevention of unwanted pregnancy. It is therefore a significant factor in reduction of induced abortion rates and improvement in maternal health care.⁶ Majority of the abortion seekers, in our study are young persons aged below 30 years. This represents a highly sexually vulnerable segment of the society. The high contraceptive awareness and low usage observed in this study is similar to that reported by Adinma et al.⁶ Nigerian studies have also made similar observation.⁷ It is not clear as to the reason for the wide disparity between contraceptive awareness and usage which seems to cut across age, parity, and social class.

Education about contraception and reproduction are not elaborated in secondary schools in India which contributes to the ignorance. Information for young people on sexuality and contraception are therefore mostly from peer groups which are often distorted or outrightly wrong.⁸ In India, factors like the role of religion, culture, and accessibility of contraceptives also has wide disparity. Induced abortion of whatever form, legal or illegal, is generally believed to be a consequence of an unmet need for contraception.⁹ Post abortion contraception and family planning has been identified as a major tool towards the reduction of abortion related maternal morbidity and mortality for its cost effectiveness in preventing repeat unwanted pregnancy and induced unsafe abortion.¹⁰ In this study, the commonest method of contraception used by the respondents was permanent sterilization method. Counseling on contraception will undoubtedly dispel ignorance and improve contraceptive acceptability.¹¹

CONCLUSION

This study concludes that there is considerable level of knowledge and awareness about contraception in the above studied women but actual practice of those methods is low. This attitude towards contraception can be improved by better family planning services, better education, motivation and improving the availability of contraception methods.

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Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

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