

**CROSS-SECTIONAL RESEARCH ON WOMEN OF CHILDBEARING AGE'S KNOWLEDGE ABOUT CONTRACEPTION****Dr. Supriya B Sud**

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**ABSTRACT**

**Background:** Women and couples must accurately comprehend and be aware of reproductive facts in order to make informed decisions about if, when, and how to conceive. Family planning method use is mostly determined by knowledge and awareness.

**Goals and objectives:** The purpose of the current study was to determine the level of knowledge about contraception among staff nurses and student nurses of childbearing age employed at our hospital.

**Material and Methods:** The current study was a cross-sectional study done on staff nurses and student nurses who were of reproductive age. A proforma that had been pre-designed and pre-tested was used to interview the participants.

**Results:** 450 women were interviewed over the course of the study. The majority of participants (42.7%) were between the ages of 15 and 24; 76.9% were Hindus; 51.6% were married; 63.1% had used birth control; and 58.7% had not yet conceived. In this survey, the condom (62.0%) was the most widely used method of birth control. Oral pills (32.4%), copper-T (22.5%), other (injection) (19.7%), tubectomy (12.0%), and vasectomy (7.7%) were also used as contraceptives. According to study participants, the main justifications for using contraceptives were to prevent unwanted pregnancies (79.6%), prevent sexually transmitted diseases (71.1%), have children when necessary (69.8%), space out births (55.1%), improve health (39.6%), and lessen family financial burden (20.9%). The majority of participants (74.7%), in their opinion, attributed preferential usage of contraceptives to their affordability. Other explanations were other (54.2%), husband's preference (16.0%), pleasant and simple to use (63.6%), easily accessible (60.0%), and other. Participants believed that the main reasons for not using contraceptives were the desire for children (93.8%), ignorance (74.2%), fear of the ill effects (54.2%), lack of availability (45.8%), pressure from the husband or family (34.7%), and religious prohibition (29.8%).

**Conclusion:** Due to superior information, there was better use of contraceptives in the current study. Inadequate use of family planning techniques is frequently caused by a lack of understanding, the big family norm, religious myths, cultural barriers, and ignorance of the uses and negative effects of various contraceptive methods.

**Keywords:** knowledge, contraceptive use, contraceptive methods, family planning, reproductive age.

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**INTRODUCTION**

Women and couples must accurately comprehend and be aware of reproductive facts in order to make informed decisions about if, when, and how to conceive. By reducing unplanned pregnancies, unsafe abortions, and providing protection from HIV and STDs, the use of contraceptives can avert at least 25% of all maternal fatalities<sup>1</sup>. In poorer nations, there are obstacles such as high cost, limited accessibility, and a lack of awareness about contraceptive methods or a source of supply. Growing numbers of people utilise contraception, which has enormous life-saving advantages and allows couples to decide how many and how far apart to have children<sup>2</sup>. Contraceptive use is still low and there remains a large

need for contraception in some of the world's poorest and most populated areas, despite the impressive achievements<sup>3</sup>. Evidence points to a number of reasons why contraceptive services are not being used, including a lack of access to contraceptive methods, a lack of awareness about contraceptive methods, fear of adverse effects, approval based on societal and religious beliefs, and provider prejudice<sup>4</sup>. Family planning method use is mostly determined by knowledge and awareness. The purpose of the current study was to determine the level of knowledge about contraception among staff nurses and student nurses of childbearing age employed at our hospital<sup>5</sup>.

**Aims & objectives:**

The purpose of the current study was to determine the level of knowledge about contraception among staff nurses and student nurses of childbearing age employed at our hospital.

**MATERIAL AND METHODS**

The current study was a cross-sectional investigation carried out in a medical college in central India's department of obstetrics and gynaecology. The study lasted three months (May 2012 to July 2014). The institutional ethical committee gave its clearance for the study. It is a study of staff nurses and student nurses who are of childbearing age (15-45 years). After explaining the study's goals to the respondents, their written agreement was obtained. Interviews were conducted with all the study participants who were

women. A proforma that had been pre-designed and pre-tested was used to interview 450 women in total. Their age, place of birth, religion, caste, socioeconomic standing, level of education, husband's level of education, number of living children, knowledge and use of contraceptive methods, and reasons for not using any contraceptive method were all obtained from the questionnaire. Microsoft Excel was used to collect and compile the data, and SPSS 23.0 was used to analyse it. Descriptive statistics were used in the statistical analysis.

**RESULTS**

450 women were interviewed over the course of the study. The majority of participants (42.7%) were between the ages of 15 and 24; 76.9% were Hindus; 51.6% were married; 63.1% had used birth control; and 58.7% had not yet conceived.

**Table 1: General characteristics.**

Characteristics	Number (n= 450)	Percentage
Age		
15-24 years	192	42.7
25-34 years	164	36.4
35-45 years	94	20.9
Religion		
Hindu	346	76.9
Muslim	36	8.0
Christian	24	5.3
Buddhist	44	9.8
Marital status		
Married	232	51.6
Single	218	48.4
Ever used any contraceptive		
Yes	284	63.1
No	166	36.9
Obstetric Status		
Not conceived yet	264	58.7
Conceived and not using contraception	42	9.3
Conceived and using contraception	88	19.6
Conceived and underwent sterilisation	56	12.4

In this survey, the condom (62.0%) was the most widely used method of birth control. Oral pills (32.4%), copper-T (22.5%), other (injection) (19.7%), tubectomy (12.0%), and vasectomy (7.7%) were also used as contraceptives.

**Table 2: Contraceptive Method Used**

Methods of contraception*	Number (n=284)	Percentage
Condom	176	62.0
Oral pill	92	32.4
Copper-T	64	22.5
Others (Injection)	56	19.7
Tubectomy	34	12.0
Vasectomy	22	7.7

(\* - Multiple responses by some patients)

According to study participants, the main justifications for using contraceptives were to avoid unintended pregnancies (79.6%), prevent sexually transmitted diseases (71.1%), have children when necessary (69.8%), space out births (55.1%), improve health (39.6%), and lessen the financial strain on families (20.9%).

**Table 3: Opinion on reason for using contraceptive**

Reason for using contraceptive	Number (n= 450)	Percentage
Prevention of unwanted births	358	79.6
Prevention of Sexually transmitted disease	320	71.1
Having a child when required	314	69.8
Spacing of birth	248	55.1
Improvement of health	178	39.6
Decrease the economic burden of family	94	20.9

(\* - Multiple responses by some patients)

The majority of participants (74.7%), in their opinion, attributed preferential usage of contraceptives to their affordability. Other explanations were other (54.2%), husband's preference (16.0%), pleasant and simple to use (63.6%), easily accessible (60.0%), and other.

**Table 4: Opinion for using preferential contraception.**

Reason for using	Number (n= 450)	Percentage
Inexpensive	336	74.7
Comfortable and easy to use	286	63.6
Easily available	270	60.0
Other	244	54.2
Husband's choice	72	16.0

(\* - Multiple responses by some patients)

Participants believed that the main reasons for not using contraceptives were the desire for children (93.8%), ignorance (74.2%), fear of the ill effects (54.2%), lack of availability (45.8%), pressure from the husband or family (34.7%), and religious prohibition (29.8%).

**Table 5: Opinion Causes for the non-use of contraceptives**

Causes for the non-use of contraceptives	Number (n= 450)	Percentage
Desire for children	422	93.8
Lack of awareness	334	74.2
Fear of side effects	244	54.2
Non-availability	206	45.8
Pressure from husband /family	156	34.7
Prohibition by religion	134	29.8

(\* - Multiple responses by some patients)

## DISCUSSION

By 2030, governments need to "provide universal access to sexual and reproductive health-care services, including for family planning, information and education, and integration of reproductive health into national plans and programmes," according to one of the Sustainable Development Goals (SDG)<sup>6</sup>. Family planning is a style of thinking and living that individuals or couples freely embrace based on their knowledge, attitude, and responsible choices in order to promote the health and welfare of family groups and so effectively contribute to the social development of a nation. As opposed to being innate, attitudes are learnt, accepted, and culturally acquired through experiences and socialisation<sup>7</sup>. Although education is a crucial determinant in attitudes regarding family planning, other significant aspects include experiences like pregnancy and preconceived notions<sup>8</sup>.

In the study of Nidhi S et al., the majority (96.2%) of respondents had awareness of various contraceptive techniques. At the time of the survey, only 48.2% of respondents used a contraceptive technique. Tubectomy was the preferred permanent sterilisation technique in 31.4% of cases, whereas oral contraceptives (26.1%), condoms (21.4%), intrauterine devices (13.7%), conventional methods (4.3%), injectables (2.1%), emergency contraception (0.7%), and vasectomy (0.3%) were the next most popular procedures. The desire for a male kid was cited by the majority of respondents (25.3%) as the reason they did not use any form of contraception<sup>9</sup>. The use of contraceptive methods increased as people's ages, the number of children they had at home, and their literacy levels rose<sup>10</sup>. The study population revealed a sizable knowledge and adoption gap for contraceptive techniques. Nearly half of the individuals correctly identified several types of barrier methods, hormonal contraceptives, and the most frequent IUCD consequence, according to Devaru JS et al. The majority of women knew that women may be sterilised<sup>11</sup>. These findings broadly concur with those of a study by Devaru et al., in which the majority of the study participants had sufficient knowledge of female sterilisation, IUCD problems, and barrier methods of contraception. It was discovered that when respondents' and spouses' ages, the number of children still alive, and their reading levels rose, so did their use of contraceptive techniques<sup>12</sup>. According to Mohanan P et al., women who adopt permanent methods of contraception are more likely to be older and have more children—70.7% of those who have three or more children do so, compared to 29.3% of those who have

one or two living children. According to Shabana Anjum et al., 42.5% of the population was between the ages of 28 and 37, 64.7% had an age at marriage of 18 to 25, the majority had more than one kid, 53.8% were housewives, and 52.9% had at least a high school diploma. Most women (93.6%) were aware of female sterilisation, which was followed by the chemical approach (oral pills) (72%), and the mechanical method (loops and condoms, 48.3%)<sup>13</sup>.

Following the health education, knowledge of female sterilisation among married women increased to 100%, followed by condoms at 99%, skin implants at 86%, oral pills at 85%, and emergency contraception at 85%. Sociodemographic factors, particularly age at marriage, age at first child, occupation, income, and education, were substantially correlated with knowledge levels and the proportion of married women. Similar results were seen in the current investigation. 1050 married women of reproductive age were investigated by Jahan U et al. The majority of the women (60.1%) were between the ages of 21 and 34 and had only completed elementary school. It was shown that awareness increased (by 77.7%) along with an increase in educational attainment. The mass media (53.2%) was the most popular information source. The prevalence of contraception was 62.9%, greater than the national average of 28.5%. The majority of them (93.1%) knew of at least one type of family planning. OCPs (74.8%), condoms (68.8%), and IUCD (56.6%) were the most well-known. More people (36.4%) were aware of female sterilisation than male sterilisation (25.3%). Three contraceptive methods were most frequently used by 62.9% of the population: condoms (65.1%), OCPs (31.8%), and IUCDs (9.09%). Women were discouraged from using contraception for the following reasons: a wish to have children (60.5%), a lack of information (42.4%), and intolerable side effects (25.5%). 92.4 percent of respondents believed that using contraceptives was good, however just 27.2 percent said they would start using contraception if given more information. In a study by Qazi M et al. of 200 women, the majority of responders (75.6%) were women between the ages of 21 and 25. The majority of contraceptive non-users (62.5%) are under the age of 20. In 45% of those surveyed, the media served as the primary information source. Condoms were the preferred technique of spacing in 85% of cases. Women were aware of female sterilisation in 68% of cases. Most women believe that family planning methods are intended to limit births (43%) and space out births (36%). 80% of women had a favourable view regarding using contraception. The usage of contraceptives

resulted in side effects in 50% of cases. Menstrual abnormalities were the most frequent side effect, occurring in 25% of cases. 50% of non-respondents cited ignorance as their primary excuse for not using contraceptive techniques. The factors that influence the use and acceptance of family planning techniques called barriers<sup>11</sup>. In the current study, the most frequently stated barriers were not knowing about the current approach and fear of the adverse effects, whereas the least frequently reported barriers were high expenses and sexual discomfort. According to a study by Prateek et al., the most frequent barriers to using contraceptive methods are perceived fear of side effects, lack of understanding, and rejection by family, husband, or religion<sup>12</sup>. Family interference, cultural and religious constraints, followed by health concerns and the fear of permanently losing fertility, were cited by Sahasrabuddhe et al. as the main barriers to family planning usage and acceptability. In recent years, there has been a sense of the need for studies to comprehend the factors influencing the acceptance of contraception and practises by specific communities, in order to gain more detailed knowledge about the factors influencing the acceptance of contraception practises by specific communities, which can then be used to develop programmes that are appropriate for them<sup>13</sup>.

### CONCLUSION

Due to superior information, there was better use of contraceptives in the current study. Inadequate use of family planning techniques is frequently caused by a lack of understanding, the big family norm, religious myths, cultural barriers, and ignorance of the uses and negative effects of various contraceptive methods.

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