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Original Research Article

Knowledge, attitudes and practice of condom use among the married women in Mirpur area of Dhaka city, Bangladesh

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ABSTRACT

Background: Condom is an important method of family planning and prevention of sexually transmitted infections. Condom is the only contraceptive method that can protect against both pregnancy and sexually transmitted infections. Unprotected sex leads to many unintended pregnancies and sexually transmitted infections (STIs). The family planning saves lives of women and children and improves the quality of life. This study was aimed to assess the knowledge, attitudes and practice of condom use among the married women in Mirpur area of Dhaka city in Bangladesh.

Methods: A descriptive cross-sectional study was conducted among the randomly selected sample of 101 women aged 15-49 years from selected areas of Mirpur in Dhaka city of Bangladesh. Pre-designed and pre-tested questionnaire was used to elicit the required information from the study participants using face to face interview. The collected data was analyzed using SPSS 21.0 version.

Results: Only 5.9% of the study participants had ever used condom. Most of the study participants (93.1%) considered a condom as an effective method for birth control and prevention of sexually transmitted infections (10.9%). However, 36.6% of them believed that condom use had some harmful effects. The main reason for condom use among the users was for family planning (83.3%) and the rest (16.7%) mentioned that it was due to STIs prevention and family planning. The condom use was found significantly associated with age, educational level, partner's educational level, socio-economic status, and perceived risk of STIs.

Conclusions: The study revealed that the rate of condom use was very low among the study participants. This might be due to lack of knowledge about proper and effective use of condoms, low perception of risk of STIs, misperception about harmful effects of condoms and the use of other family planning methods by respondents.

Keywords: Attitude, Condom, Knowledge, Perception, Practices, Sexually transmitted infections

INTRODUCTION

Condom is an important method of family planning and prevention of sexually transmitted infections (STIs). Using condom is the only contraceptive method that can protect against both pregnancy and sexually transmitted infections (STIs). Family planning saves lives of women

and children and it also improves the quality of life.¹ The use of the condoms was traced back to several thousand years ago. Condoms were invented in the fifteenth century in response to syphilis epidemic in Europe.² Unprotected sex causes many unintended pregnancies and sexually transmitted infections (STIs). Nevertheless, the condom use for dual protection is important and

women need counseling on the correct and consistent use of condom. Condom is among the most popular forms of mechanical barriers as it gives protection for the genital tract from sexually transmitted infections (STIs). It also prevents pregnancy by acting as a barrier stopping semen from passing into the vagina.³

It was estimated that about 44 million couple use condom for family planning while as many as 60% of all condoms are used outside marriage.⁴ The effectiveness of condoms in preventing pregnancy or STIs depends on the user. Previous studies showed that pregnancy rate among correct condom users is about 2% per year. The risk of pregnancy or STI is greater when condoms are not used correctly and consistently with every sexual act. Nevertheless, when it's used every time and in the approved manner it could prevent up to about 95% of HIV transmission.⁵

Family planning save lives of women and children and improves quality of life.⁶ Men seem to play a vital role in the reproductive decisions; their actions can have unhealthy and even dangerous outcomes on family planning.⁷ There were many studies that reported the low rate of condom use across the world and it was due to lack of knowledge about proper and effective use of condoms.

In BDHS surveys, current use of contraception is defined as the proportion of currently married women who report that they are using a family planning method at the time of the survey. About 62% of currently married Bangladeshi women age 15-49 are currently using a contraceptive method, and 54% use modern methods. The pill is by far the most widely used method (27%), followed by injectable (12%). About 8% of currently married women use a long-acting or permanent method such as female or male sterilization, implants, and IUDs. Traditional methods are used by 8% of women, of which the majority (6%) use periodic abstinence and 6.4% use condoms.⁸ Condom uses rate of Bangladesh in rural area is 4.4 percent, and in urban area is 11.7 percent.⁸ A latest round of Bangladesh Behavioural Surveillance Survey (2006–07), reported that 13% and 28% of the brothel and hotel based FSWs used condom consistently with their regular clients respectively.^{9,10} Family planning is considered as one of the four pillars of safe motherhood program for reducing high maternal mortality in developing countries. There are at least four causal mechanisms through which family planning can directly reduce maternal deaths: reduce exposure to incidence of pregnancy, reduce vulnerability to abortion risks, postpone pregnancies during prematurity of pelvis development by delaying the first birth, and reduce the hazards of frailty from high parity pregnancies. Condom is shown to reduce most infectious diseases and other gynecological morbidities. This study was aimed to assess the knowledge, attitudes and practice of condom use among the married women in Mirpur area of Dhaka city in Bangladesh.

METHODS

A descriptive type of cross-sectional study was conducted in selected area of Mirpur in Dhaka city. The study was conducted for a period of 6 months (April to October 2017) and the study populations were all the married women in the selected area of Mirpur in Dhaka City.

A total of 101 married women residing in selected area of Mirpur during the study period were selected using simple random sampling technique (probability sampling) which was applied to determine the sample size. The study participants aged between 15-49 years old were included and the respondents who were sick or not available at the time of data collection were excluded. A pre-tested semi-structured questionnaire was used in the present study and the data was collected by face to face interview. The raw data was checked twice and coded in the same day of data collection with the view to simplifying the data- entry. Data were entered into statistical package for social sciences (SPSS) 21.0 version for analysis.

Ethical considerations

Formal approval was obtained from Research Review Committee of American International University-Bangladesh (AIUB). A verbal informed consent was taken from the study participant before interview and objectives of the research were clarified to them. Respondents were compelled to answer the question, they could leave independently on their wish, and questions were asked in a simple way that's in the local language. Confidentiality and privacy of the information provided by the participants were maintained.

RESULTS

Socio-demographic characteristics of the respondents

Table 1 showed that among the study participants the highest percentage (58.4%) were in the age group 24 years and below, followed by 25-31 years (31.7%). Most of the study participants (83.0%) were Muslims and the rest of them were non-Muslims (17.0%). Close to six-tenths (59.0%) of the study participants were from nuclear family and the rest were from joint family. The majority (48.5%) of the study participants had 0-1 living children, followed by 2-3 living children (37.6%).

Among the study participants the majority of them were illiterate (29.7%) and about 29.7% had Secondary level of education, followed by primary level of education (25.7%) and the rest had pre-university education. Most of the respondent's partners had primary level of education (31.7%) and about 28.7% were illiterate. About 28.7% of the respondent's partners had secondary level of education and the rest had pre-university course (10.9%). Among the respondent the highest percentage of

the respondent were housewife (59.4%) and the rest were employed (40.6%).

Table 1: Socio-demographic characteristics of the respondents (n=101).

Variables	Frequency	Percentage
Age (years)		
≤24	59	58.4
25-31	32	31.7
32-38	7	6.9
39-49	2	3.0
Mean±SD	22.01±9.32	
Religion		
Muslim	83	82.2
Non-Muslim	18	17.8
Family type		
Nuclear	41	40.6
Joint	60	59.4
Number of children		
0-1	49	48.5
2-3	38	37.6
≥4	14	13.9
Educational Status of the respondents		
Illiterate	30	29.7
Primary	26	25.7
Secondary	30	29.7
Pre-University Course	15	14.9
Educational status of the respondent's partner		
Illiterate	29	28.7
Primary	32	31.7
Secondary	29	28.7
Pre-University Course	11	10.9
Occupation of respondents		
House wife	60	59.4
Employed	41	40.6

Knowledge and Attitudes towards condom use

Table 2 shows that more than nine-tenths (93.1%) of the study participants stated that the condoms are used for birth control and about 24.8% of the respondents had knowledge about proper condom use.

Table 2: Knowledge and attitudes towards condom use (n=101).

Items	Yes	No
Condom are used for birth control	94 (93.1)	7 (6.9)
Knowledge about proper condom use	25 (24.8)	76 (75.2)
Condom prevent STIs	11 (10.9)	90 (89.1)
Condom use has some side effects	37 (36.6)	64 (63.4)
Feels shy to purchase condom	55 (54.5)	46 (45.5)

Only about 10.9% of the study participants considered STIs transmission can be reduced through condom use

and about 36.6% of the study participants mentioned that condom use has some side effects. More than half (54.5%) of the study participants feels shy to purchase condom.

Distribution of the respondents by condom practicing

Table 3 showed that the rate of condom use among the study participants was 5.9%, while about 94.1% never used condoms in their life.

Table 3: Distribution of the respondents by condom practicing (n=101).

Item	Frequency	Percentage
Condom practicing		
Condom user	6	5.9
Non-condom user	95	94.1
Reason for condom use		
Birth control/family planning	5	83.3
STIs Prevention	0	0.0
Both	1	16.7
Reason for non-condom use		
Refuse condom use	17	17.9
Desire for conception	14	14.7
Use of other method by female	20	21.1
Use of coitus interrupts	2	2.1
Rejection by partner	15	15.8
Decreased sexual pleasure	24	25.2
Religious reason	3	3.2

The main reason for condom use among the condom users was for family planning (83.3%).

The reasons for non-condom use among the respondents, includes: decrease in sexual pleasure (25.2%), use of other method (21.1%), refuse condom use (17.9%), rejection by partner (15.8%), desire for conception (14.7%), religious reason (3.2%) and the rest mentioned use of coitus interrupts.

Associations between condom use and socio-demographic characteristics

Table 4 shows that among condom users (5.9%) of different age groups, the highest level of condom use was among the study participants of age group of 25-31 years, which was significantly higher than other age group.

It was also found that the age of the study participants was statistically significant (P=0.048) with condom use. It also reported that the lowest percentage of condom use was among the illiterate study participants, while the highest percentage of condom use was among the study participants with secondary and pre-university course (P<0.003). At the same time there was statistically

significant association between condom use and educational state of the partner (P=0.010). The highest level of condom use was among higher socioeconomic status study participants with statistically significant association (P=0.031) of previous variable with condom use.

Table 4: Associations between Socio-demographic Variables and Condom Use (n=101).

Variables	Condom		Total	χ^2	P-value
	User	Non-user			
Age group					
≤24	1	58	59		
25-31	5	27	32	0.906	0.048
32-38	0	7	7		
39-49	0	3	3		
Educational level of respondents					
Illiterate	0	30	30		
Primary	1	25	26	3.996	0.003
Secondary	1	29	30		
Pre-university course	4	11	15		
Partner educational level					
Illiterate	0	29	29		
Primary	1	31	32	1.291	0.010
Secondary	2	27	29		
Pre-university course	3	8	11		
Socio-economic status					
Low	1	63	64		
Medium	2	18	20	0.955	0.031
High	3	14	17		
Respondents occupation					
Housewife	3	57	60		
Employed	3	38	41	0.234	0.629
Number of living child					
0-1	4	45	49		
2-3	2	36	38	0.349	0.510
≥ 4	0	14	14		
Perceived risk of STIs					
Yes	3	8	11		
No	3	87	90	0.053	0.002
Total	6	95	101		

There was no statistically significant association (P=0.629) between respondent occupation, number of living child (P=0.510) and condom use.

The highest level of condom use was found among the study participants who perceived risk of STIs while the lowest level of condom use was among the study participants who did not perceive risk of STIs.

However, the perceiving risk of STIs was found to be significantly associated with the condom use (P=0.002).

DISCUSSION

It is essential to study the pattern of condom use which is now not only important for family planning and reducing fertility indices but also a life saver by preventing HIV infection. When properly used, male condoms represent a proven and effective means for family planning and preventing transmission of HIV/AIDS and other STIs.¹¹ Men play a powerful and even dominant role in the reproductive decisions sometimes regardless of their partner wishes or health.

Therefore, it is important to direct the focus of health programs to advocate for a healthy male sexual behavior.¹²

Among all respondents, condoms were considered as an effective method of contraception and prevention of transmission of sexually transmitted infections by 93.1% and 10.9% respectively.

The finding of this study reported that the knowledge and attitude of condom use was very low. A similar study was conducted in Rajshahi district of Bangladesh which showed that knowledge and use of contraception were low. Condoms were only used in 17% of the cases.¹³

The present study showed that the rate of condom use among the study participants was only 5.9%, while 94.1% never used condoms in their life. The main reason for condom use among the condom users was for family planning 5.0% and 0.9% used condom for both of family planning and prevention of STIs.

This finding is similar to that of a study conducted in Iraq which reported that Condoms were considered by respondents as an effective method of contraception and prevention of sexually transmitted infections 33.2% and 28.3% respectively.¹

There was a significant association between condom use and respondents age group by having a higher rate of use among 25-31 years age group. This result was consistent with that of a study conducted in Turkey.¹⁴ This may be due to fact that younger age groups are more sexually active and by using condoms they could avoid unwanted pregnancy and eliminate STD transmission.

There was significant association between both of educational and marital state of respondent with condom use; this result is in line with the findings of the studies conducted in Nigeria and Mexico City.^{15,16} There was higher level of condom use 17.6% among higher socioeconomic status, this result was consistent with a study conducted in Pakistan.¹⁷

The result may be due to a better accessibility to family planning services and an easier access to information about awareness and prevention from STIs by people from higher socio-economic class. The present study

found a statistically significant difference among Knowledge Attitude and Practice of condom use with age, educational level of respondents, educational level of the partner, perceived risk of STIs and socio-economic class whereas there was no any relationship among KAP of condom use with type of family, occupation, and number of living children.

Another study found a statistically significant association among condom use with age, socio-economic status, respondent and wife educational level.¹⁸

CONCLUSION

The findings reported that the rate of condom use was very low among the study participants. The study participant's level of knowledge about proper and effective use of condom for family planning and protection from STIs were also very low. The study participant's level of awareness about STIs was low in addition to misperceptions about harmful effects of condom. The association was found to be existing between age, educational level of the respondents, partner's level of education, perceived risk of STIs and socio-economic status with condom use. KAP of the study participants significantly outlines the steps needed to improve their knowledge and rate of condom use through periodic health education programs.

Recommendations

Continuous health education campaigns should be organized on sexuality, proper usage and advantages of condoms aiming at changing the negative attitude. This can be done through IEC (Information Education and Communication)/BCC (Behavior Change Communication) materials.

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