



Attitudes of Adolescent Girls Towards Contraceptive Methods

Dr. Chinmay Shah¹, Solanki Vipul², Dr. H.B. Mehta³

1. Asst. Prof., Physiology, 2. Third Year MBBS Student, 3. Professor & Head,

Department of Physiology, Medical College, Bhavnagar, Gujarat, INDIA

RESEARCH

Shah C. J., Solanki V, Mehta H.B. , Attitudes Of Adolescent Girls Towards Contraceptive Methods. AMJ 2011, 4, 1, 43-48.

Doi <http://doi.org/10.21767/AMJ.2011.499>

Corresponding Author:

Dr. Chinmay Shah, Assistant Professor

Department of Physiology,

Govt. Medical College, Bhavnagar

Gujarat - 364001 INDIA_

Email: cjshah79@yahoo.co.in

Abstract

Background

There has been a growing interest in patterns of contraceptive use among adolescents, due, in particular, to the social relevance attached to pregnancy in this age group. Therefore, the objective of the study was to investigate factors associated with the use of contraceptive methods among female adolescent students.

Method

A cross-sectional study was conducted, by means of self-applied questionnaires, among 500 adolescent girls ranging from 15 to 19 years of age. Prevalence with respect to the knowledge of contraceptive methods, condom use, and AIDS was calculated.

Results

Among the 500 students who participated in study only one was sexually active. The factors associated with knowledge lack and misconception are less discussion at home or at school or college level. There were many negative beliefs like impotence after condom use, weakness after sterilization, fear of becoming obese as reasons for choosing different contraceptive methods.

Conclusion

These results confirm that there is a need for reproductive health education in school and college as well as robust research to determine the contraceptive needs of adolescents.

Key Words

Knowledge, attitudes, Contraception, Adolescent

Background

Family planning is a pillar of safe motherhood and is now seen as a human right. It is a cost effective method of reducing maternal morbidity and mortality. Contraceptive methods have had a considerable positive impact on maternal and infant health and population growth. It is however unfortunate that unwanted pregnancies and unsafe terminations of pregnancy still occur in large numbers¹.

The World Health Organization (WHO) estimates that there are approximately 20 million of unsafe abortions every year, and estimates of maternal death as a result of abortion ranged between 60,000 to 100,000 per year². Therefore, family planning programmes are very important and should be readily accessible to the community³.

In India, as elsewhere, adolescent pregnancy presents a serious social and public health problem. Early childbearing is often associated with a young woman's failure to complete her education, thus limiting her future job prospects and her own and her child's economic well-being. Among adolescent females in India who gave birth before their fourth year of secondary school, less than one-third returned to school after the birth of their child^{4,5}.

In India, government plans to standardize and strengthen family life education programs and, among other activities, improve access to reproductive and family planning services for adolescents by RCH and other programme.

One in ten pregnancies ends in an unsafe abortion, with Asia, Africa and Latin America accounting for the highest numbers. Each year, 19 million abortions are carried out under unsanitary or medically unfit conditions resulting in some 68,000 deaths⁶.

Maternal death is practically nonexistent in developed nations. Primarily due to poverty and gender inequity in reproductive health matters there is death of one woman every minute in developing countries due to pregnancy related causes⁷.

Contraceptive prevalence is a key to improved reproductive health and environmental health, and also to demographic and economic development. The heightened demand for effective family planning services for safeguarding reproductive health of women and her children clearly asks for a multilevel model approach so that available contraceptive technology is disseminated to the 'user' in a



manner that it is understood and at the same time it is also available to the 'user'

There is a marked increase in sexual activity in the adolescent population. Adolescents need access to information about sexual and reproductive health and contraceptive choices. They must be able to make their choice to prevent unwanted pregnancies based on informed knowledge of the health concerns and side effects of such contraceptives. Very often adolescents have wrong perceptions of reproductive health matters and consider that there is little risk of pregnancy following sexual activity, and exhibit at the same time an apparent ambivalence towards contraceptive practices that result in unplanned pregnancy⁸

While most people today look forward to the increase in human freedom provided by contraception, many have mixed feelings about the other side of the coin: There may be more sexual intercourse between unmarried couples, including the very young. For this reason, official sex education classes in schools, churches, and youth organizations often shy away from the subject. Furthermore, while most educators have little difficulty explaining the facts of human reproduction, they are usually ill at ease describing the various contraceptive methods because they then have to discuss the details of sexual activity^{9, 10, 11, 12}

In terms of attitudes, a high proportion (39%) considers that women have a more responsible attitude to contraception than men, perhaps a predictable response. Nearly a third of respondents (32%) also consider that contraceptives should be easier for those aged under 16 to get hold of, without parental knowledge. This reflects growing concerns about teenage pregnancies and the number of teenagers having unprotected sex through ignorance or fear of going to a family doctor to obtain contraceptives.

The World Health Organization¹⁴ defines adolescents as people ranging from 10 to 19 years of age. In light of the growing interest in adolescents lives in developing countries, surprisingly little attention has been paid to attitude among adolescent people. Within national and foreign investigations focusing on this age group, predominant themes include, amongst others, those related to fecundity, to the use of contraceptives and pregnancy, as well as the prevention of STD/Aids. However, it is interesting to note that there are few Indian studies specifically centered on the determinants of the use of contraceptive methods, besides those focused predominantly on female clients of health services¹³

There are multiple factors that will influence the practice of family planning in a community. Among them are: lack of knowledge, negative attitude towards family planning and last but not least lack of family planning services¹⁴.

The problem of low income, minority status and poorly educated girls leads to teens having abortions later in

pregnancy than older women, when risks and costs are higher. Pregnancies in adolescence also frequently result in preterm labour and low-birth weight infants. Thus, from social and economic as well as health perspective, unplanned births among teenager's results in major negative consequences. The current study evaluate the impact in the acquisition of knowledge as well as on changes in attitudes and behaviour among adolescents and it focus on health education rather than moral issue which encourages responsible behaviour and improve health outcome in this important group of subjects keeping in mind following objectives.

- To investigate the knowledge about different contraceptive method.
- To investigate reason for liking of particular contraceptive method
- To provide proper knowledge about contraception to high risk group that is youth.

Method

In this Epidemiological (cross - sectional) study, we have selected 500 subjects by choosing adolescent girls from different colleges, high schools and some sample from rural and urban area not attending any school or college. We had randomly selected 1 girl out of 10 girls from the group.

Data was collected from a pre designed self-administered questionnaire composed of sets of questions on general information, knowledge concerning sexuality, conception, contraception, and STD/AIDS, attitudes towards pregnancy and AIDS.

The questionnaires containing 25 questions were applied in 50 minutes at most, which corresponds to the period of time of one class. Teachers were asked to leave the classroom while the questionnaire was being applied. Data was collected simultaneously in all classes and grades within the sample during each school period, so as to guarantee that those responding would not be aware of the contents of the questionnaire beforehand.

The project was approved by the institutional ethical Committee of Govt. Medical Collage, Bhavnagar. We have got written permission from particular head of institute from where we collected our data. We also obtained informed consent from participants. Confidentiality of the information obtained was assured by the fact that questionnaires were self-administered, being identified exclusively by an identification number, without any nominal reference to the person who filled it out. The right to refuse to participate in the study was guaranteed to the voluntary participants.

After taking all data we arranged it in table by using Epi info 6 statistical software.

Results

Table 1 shows educational characteristics of the sample. There were 500 adolescent girls between the ages of 15 to 19 years old who agreed to participate in this survey. The



majority of the respondents were from collage commerce stream (30.00%) while the rest were from arts stream (13.6%), science stream (22.2%), high school (20.26%) and other (14.00%) are from rural area of Bhavnagar not attending any school or college and are at home and having formal education. Out of all only one participant was married and all other were unmarried.

Table 1: Educational status of participants

Educational status of participants	Number	Percentage
Science college	111	22.2
Commerce college	150	30.0
Arts college	68	13.6
High school student	101	20.2
Other(only formal education)	70	14.0
Total	500	100

Table 2 shows in correct answer to questions (question no. 1, 2, 4, 5, 6, 23, 24) about attitude and knowledge of contraception in general. Surprisingly highest no of correct knowledge and positive attitude was obtain from arts stream students while student with only formal education having least correct knowledge.

Table 2: In general knowledge about contraception

In general knowledge about contraception	Number	Percentage
Science college	53.63	48.43
Commerce college	74.6	49.45
Arts college	34.01	50.48
High school student	44.9	44.43
Other(only formal education)	25.1	35.88
Total	203.83	40.76

Table 3 shows wrong belief about routine contraceptive method which was included in question no 8,9,11,14,15,19.

Table 3: Wrong belief about contraceptive method

Educational status of participants	Number	Percentage
Science college	35.17	34.38
Commerce college	47.8	31.88
Arts college	22	32.35
High school student	37.3	36.96
Other(only formal education)	37.2	53.9
Total	182.7	36.54

Table 4 shows knowledge of emergency contraception. Respondents with science background were aware more about emergency contraception.

Table 4: Awareness of emergency contraception

Educational status of participants	Number	Percentage
Science college	15	13.5
Commerce college	19	12.67
Arts college	08	11.76
High school student	08	7.92
Other(only formal education)	02	2.8
Total	52	10.4

Table 5 shows curiosity to know more about contraception and the belief that such type of education should be given to increase health awareness in women and to decreases unwanted pregnancy. They are encouraging such type of research project which will guide in planning health programme for community. Result shows highest interest of subjects who are not in the college or school and having only formal education.

Table 5: Interested in gaining more knowledge

Educational status of participants	Number	Percentage
Science college	78	70.3
Commerce college	91	60.67
Arts college	43	63.24
High school student	55	54.46
Other(only formal education)	60	85.71
Total	327	65.4

Table 6 shows the persons who have wrong concept about negative effect or adverse effect due to contraceptive use i.e. male sterilisation leads to impotence. They were asked in question no 10, 12, and 13,16,17,18.

Table 6: Having wrong impression of adverse effect of contraceptive use

Educational status of participants	Number	Percentage
Science college	28	25.23
Commerce college	43.3	28.88
Arts college	24.3	35.78
High school student	26.3	26.07
Other(only formal education)	30.4	36.19
Total	152.3	30.46



Table 7 shows the knowledge resources for type of contraception and detail of contraceptive method or have particularly mention about durdarshan a government TV Channel) and newspaper. Surprisingly no one mentioned radio as a source of information.

Table 8 shows opinions of the respondents towards superiority of contraceptive method among all method. Over and above major response, some had described either abortion or copper T while two or three had mentioned sterilization method as best method of contraception.

Discussion

Our study highlights cross-sectional associations between adolescents' contraceptive-related cognitions and their levels of contraceptive knowledge. Due to the nature of the issues involved, it is not possible to validate the answers given by the students, although, in general, there has been internal consistency among the questions. From this study it was clear that majority (60.36%) of the respondents had inadequate knowledge of contraception. Those respondents having correct knowledge had acquired knowledge of contraception through various sources. Majority of them got their information from television particularly durdarshan channel and news paper. While other sources include a clinic or hospital, husband, friends, relatives or magazines.

The education level of respondents was also significant in determining their level of knowledge towards contraception. As lowest knowledge was observed in respondent with only formal education while strikingly highest knowledge was there in arts stream student. (50.48 %). Many wrong beliefs like balloons are good condom, spray act as good contraceptive agent were existed with only formal education respondent. This suggests need of more and more information giving programme and campaign to increase awareness about contraceptive method. While regarding belief about to adverse effect of contraceptive method, science stream student had least negative belief or attitude about use of contraception which again showed Effect of education on attitude towards contraceptive use.

Many incorrect information related to condom use were prevalent in the study group which was highest in commerce stream student. This may be due to several factors which include respondent's or family's religious, cultural or personal beliefs. There was least (10.4%) information about emergency contraception as it is not so popular in India. Participants knew about emergency contraception only due to recent advertisement increased on emergency contraception.

Correct information regarding AIDS was present highest in science student as it is taught to them in their curriculum during science education at school level or in college while it was lowest in arts and high school student. Respondent

with formal education also had second highest correct information about AIDS, these may be due to information given by media and TV.

Even though overall knowledge about contraceptive method was only 40.76%, only 65.4% were interested in gaining further knowledge while remaining had the belief that this type of education will increase adverse sexual practice. Out of all five groups, subjects with formal education were more interested to learn about contraceptive methods as they had least knowledge about it, which increased curiosity in them.

Study found that the difference in preference for OCP and condom was 25.8% and 19.3% respectively. In general, the choice of contraception among all the respondents, both working and non-working, showed that OCP is still the most preferred method, followed by safe method and condom. It is also interesting to note that condom is one of the top 3 preferred methods of contraception.

As a whole, the respondents were aware of the need for family planning. Their formal education, surrounding, family and environment contributed to their awareness. However their family planning practise did not always reflect their awareness. This could be due to their family, religious and culture background. As health care providers, we need to tap into this pool of awareness and bridge the gap between awareness and practise. A more effective strategy will be to disseminate actively more positive knowledge on family planning, particularly from the perspective of religion and cultural, besides a more vigorous counselling to guide better attitude and practice of contraception in the population¹⁵

The results of this study indicate the need for new investigations which would make it possible to obtain a greater comprehension of this and other aspects such as the role of the family in sexual and reproductive behaviour of adolescents; the relation between schooling and sexuality; contraceptive choices in different kinds of affective and sexual relationships and the role played by different contexts on gender relations.

More research is needed to augment our knowledge of adolescents' sexual attitudes and the factors that motivate or deter them from having sexual intercourse and using contraceptives. While a 1997 survey included youth aged 15 and older in its sample,¹⁴ a national-level survey of adolescents younger than 15 is needed to gather representative data from this age-group. With a large sample, inferences could be made about the behaviour of sexually experienced girls, few of whom were surveyed in this study. However, the role of survey response errors should be carefully considered. Given the questionable reliability of self-reported data on sexual behaviour, especially among adolescents, studies using qualitative methods may be particularly helpful in identifying the subgroups most at risk of risky sexual behaviours and in suggesting effective means of intervention.



Conclusion

Study show wide gap between reality and actual knowledge regarding contraceptive use, contraceptive method and its implication and also having more fear of negative effect related with contraception.

More research needed because in our study only one married subject who is married was taken, so study can be done with equal number of married and unmarried adolescent girl and also can be done with taking equal no of male and female in the study group can be done.

References

1. Diaz J et al. Evaluation of a strategy for improving the quality of services and contraceptive acceptance in the post-abortion period in three public sector hospitals in Bolivia. In: Huntington D. Advances and challenges in postabortion care operations research: summary report of a global meeting, 19–21 January 1998. New York, NY, Population Council, 1998.
2. Bernstein PS, Rosenfield A. Abortion and maternal health. *Int J Gynaecol Obstet.* 1998 Dec;63 Suppl 1:S115-22.
3. Singh S et al. Adding it Up: The Benefits of Investing in Sexual and Reproductive Health Care. Washington, D.C., and New York: The Alan Guttmacher Institute and UNFPA 2004
4. Dreze J, Murthi M. Fertility, education and development: evidence from India. *Popult Develop Rev* 2001; 27: 33–64.
5. Sarin AR. Gender apartheid and its impact n Indian women’s reproductive health. *Indian J Matern Child Health* 1992; 3: 33–35.
6. World Health Organization Unsafe Abortion: Global and Regional Estimates of Unsafe Abortion and Associated Mortality in 2000, 4th Edition. 2004 Geneva.
7. UNFPA and University of Aberdeen. Maternal Mortality Update 2004: Delivering into Good Hands. New York: UNFPA; and UN Millennium Project. 2005c. Who’s Got the Power: Transforming Health Systems for Women and Children. Task Force on Child Health and Maternal Health. 2005 London and Sterling, Virginia.
8. Shah I, Ahman E. Age patterns of unsafe abortion in developing country regions. *Reproductive Health Matters* 2004; 12: 9–17
9. E., Patel D., Greydanus D. Contraception in the adolescent: preparation for the 1990's. *Med Clin North Am* (1990) 74 : pp 1205-1224.
10. Matytsina L.A., Contraception and sexual activity among teenagers in Ukraine. Fourth Congress of the European Society of Contraception, Barcelona. *Eur J Contracept Reprod Health Care* (1996) 2 : pp 121-122.
11. Zite N.B., Shulman L.P., New options in contraception for teenagers. *Curr Opin Obstet Gynecol* (2003) 15 : pp 385-389.
12. Rimsza M.E., Contraception in adolescents. Greydanus D.E. Patel D.R. Pratt H.D. *Essentials of adolescent medicine* 2005 New York: McGraw-Hill : pp

27-28.

13. Greydanus D.E., Patel D.R., Rimsza M.E., Contraception in the adolescent: an update. *Pediatrics* (2001) 107 : pp 562-573.
14. Jayasree sengupta, accessing modern contraceptive technologies in india; *Indian J Physiol Pharmacol* 2006; 50 (4) : 327–340
15. Steiner MJ. Contraceptive effectiveness: What should the counselling message be? *JAMA* 1999;282:1405-7.

ACKNOWLEDGEMENTS

We highly obliged to INDIAN COUNCIL OF MEDICAL RESEARCH for selecting this project under STS-2007. We are sincerely thankful to our dean for allowing us to do this project in our institute and we are grateful to teachers of physiology Department & Pharmacology Department for their help and co-operation.

PEER REVIEW

Not commissioned. Externally peer reviewed.

CONFLICTS OF INTEREST

no competing interests

FUNDING

Nil



Table 7 :Knowledge resources

	Science	%	Arts	%	Commerce	%	school	%	Other	%
News paper	16	14.41	1	1.471	0	0	0	0	2	2.857
TV	10	9.009	0	0	7	4.667	19	18.81	25	35.71
both	9	8.108	5	7.353	19	12.67	12	11.88	14	20
Other	28	25.23	39	57.35	63	42	35	34.65	5	7.143
All resources	11	9.91	6	8.824	29	19.33	7	6.931	3	4.286
none	30	27.03	17	25	32	21.33	30	29.7	21	30
	p value is not significant									

Table 8 shows opinions of the respondents towards superiority of contraceptive method among all method.

	Science	%	Arts	%	Commerce	%	school	%	Other	%
condom	14	12.61	6	8.824	8	5.333	25	24.75	30	42.86
O.C.pills	18	16.22	3	4.412	12	8	5	4.95	2	2.857
both	5	4.505	11	16.18	29	19.33	15	14.85	4	5.714
none	74	66.67	48	70.59	101	67.33	56	55.45	34	48.57
	p value is not significant									