Survey women educational needs about routine O.C.P.s

Simin Hojjatoleslami a1, Zahra Ghodsi b
a Department of nursing, Hamedan Branch, Islamic Azad University, Hamedan, Iran
b Department of midwifery, Toyserkan Branch, Islamic Azad University, Toyserkan, Iran

Abstract

Developing countries have a high population growth rate with a dearth of resources. Despite widespread use of contraceptive methods, the rate of unwanted pregnancies is high. Oral contraceptive pills use is one of the suitable contraceptive methods in young couples to prepare to admit maternal and paternal responsibilities. This was a descriptive cross-sectional study that 310 women in Hamedan city were selected by simple randomly and assessed with interview form including demographic data and educational needs about OCPs, (LD, tri phasic & mini pill) with content validity and Test re test reliability. Data analyzed with SPSS software. To evaluate relationships used X² test. Maximum sample of research 36.4% had 2 children, 35.4% had unwanted pregnancy, and 13.5% had abortion history. Educational needs 60% about OCP were high, only 40% were moderate. There were significant statistic relationship in educational needs and female education level (PV<0.0005), their job (FP<0.0005), husband education level and his job (PV: 0.003). There was not significant statistic relationship in another variable with their knowledge about OCPs. Poor knowledge of contraceptive methods is due to lack of contraceptive medical counseling. Lack of knowledge is a major contributing factor to contraceptive failures and to about 50% of unwanted pregnancies. Lack of patient knowledge, ineffective contraceptive methods, and inconsistent use of contraception are among the most important factors resulting in contraceptive failure.

Key words: OCP, educational needs, users

1. Introduction

Seven billion people will inhabit the earth on 31 October 2011. In other words, the world's population has been added of 40 percent since 1987. Nearly all of this population growth (97 of every 100 people) is occurring in less developed countries, some of which already struggle to meet their citizens’ needs. A world of 7 billion has implications for sustainability, urbanization, access to health services and youth empowerment (UNFPA, 2011). When it comes to population growth, the United Nations has three primary projections. The medium projection, the one most commonly used, has world population reaching 9.2 billion by 2050. The high one reaches 10.5 billion. The low projection, which assumes that the world will quickly move below replacement-level fertility, has population peaking at 8 billion in 2042 and then declining. If the goal is to eradicate poverty, hunger, and illiteracy, then we have little choice but to strive for the lower projection (Lester, 2011). Population control is one of important aims in today's world and family planning using appropriate contraceptives is especially important. Among family planning methods, oral contraceptive pills (OCP) due to high efficacy, are currently used by more than 100 million women worldwide (Trussell, 2007). Unfortunately, 215 million women around the world who want to plan their families have not access to family planning information and services. The United Nations Population Fund and the...

Guttmacher Institute estimate that meeting the needs of these 215 million women who lack reproductive health care and effective contraception could each year prevent 53 million unwanted pregnancies, 24 million induced abortions, and 1.6 million infant deaths (UNFPA, 2009).

Based on latest information, population growth rate of Iran among developing countries is 1.6%. Although in recent years, Iran's birth rate has dropped significantly, studies project that Iran's rate of population growth will continue to slow until it stabilizes above 90 million by 2050. An elaborate system of health care network provides primary health care (PHC) to the vast majority of the Iranian public. Many of the initiatives for improving reproductive health are designed to build national capacity by, for instance, upgrading protocols for family planning, and strengthening management of reproductive health commodities into the health system more widely (UNFPA, 2011). Despite extensive family planning services and a variety of 11 methods of contraception in Iran, 17 percent of all pregnancies in the country are unintended (Eslami, 2011). Unintended pregnancy is associated with an increased risk of morbidity for women, and with health behaviors during pregnancy that are associated with adverse effects and most of them lead to unsafe abortion (Button, 2010). According to a new study one in six married women of reproductive age in Tehran will have an abortion in their lifetime (Erfani, 2011).

One of the most important of unintended pregnancy is lock of effective training and sufficient information about contraceptives. UNFPA promotes a holistic approach to reproductive health care that two important factors of it are includes universal access to accurate information and sensitive counseling of family planning methods. 4th output of third millennium development goals in Iran is increased awareness and capacity in reproductive health (UNFPA, 2011). In fact, health education is an intervention important in all environments, health services, which aim to change behaviors and health conditions (Lundy & Janes, 2001). In a survey in Iran there was a meaningful different after training in reduce of oral contraceptive side-effects and unwanted pregnancies (Peyman et al, 2009). Rezaeian in his research achieved this result that develop and provide educational programs have more positive effect on correct use of OCPs than other variable (Rezaeian, 2006). For information, appropriate training, proportion with people assessed needs is essential. The starting point of any educational program is to determine the educational needs and developing educational programs are subject to measurement and recognition requirements. It is expected through enriched family planning education to women, be stronger bridge of families with the community health system. Rigorous training of family planning methods through choose an appropriate contraceptive method, correct use, continuation of method prevents of unintended pregnancy and unsafe abortion and finally leads to Improving maternal and newborn health and Community health. Therefore, present study was aimed to assess of women educational needs about OCPs.

2. Methods

This was a descriptive cross sectional survey. The samples under study include 310 women in Hamedan city (a city in west of Iran). By using simple random method samples were selected and assessed with an interview form. Before the participants completed interviewing form, oral consent to participate in the study was obtained. The data collection form was generally two-part interview: The first part was include some social and demographic characteristics (age of sample, employment, education, etc.) and the second part was included educational needs about O.C.Ps (LD, three phase, and minipill). Validity of the questionnaire was reviewed by 10 experts in this field. Also the reliability was determined by measuring the two researchers.

Components was divided based on suitable and unsuitable, so that if sample ticked "correct" it was scored 1 and if she selected "incorrect" and "I do not know "columns, it was scored 0. Mean of scores was unsuitable (high educational needs) for less than 0.5 and was suitable (low educational need) for more than 0.5. Statistical analysis was performed using SPSS software. To set the frequency distribution tables in the data analysis, descriptive statistics were used. Chi-square test was used to examine educational needs.
3. Results

Demographic characteristics have shown in table 1. Regarding to obstetric history, 33.9% of samples mentioned 2 pregnancy’s history (Mean and SD: 1.9 ± 1.3), 34.8% of samples had 2 delivery at the past with an average delivery number of 1.74 ± 1.23, 13.5% had 1 history of abortion, 36.4% had 2 alive children, however mean and SD for the number of alive children was 2.04 ± 1.06. Mean of young child was 4.26 ± 5.2, however 55.3% of them were 1-5 years old. 64.6% of samples had not any of unintended experience.

Table 1. Parturient demographic details

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<th>demographic factors</th>
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<tr>
<td>Age(years) (Mean and SD)</td>
<td>28 ± 7.1</td>
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<tr>
<td>Education (%)</td>
<td>Guidance (38.1)</td>
</tr>
<tr>
<td>Occupation (%)</td>
<td>Household (75.6)</td>
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<tr>
<td>Spouse age (years)</td>
<td>33.8 ± 8.3</td>
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<tr>
<td>Spouse education (%)</td>
<td>Diploma (44.1)</td>
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<tr>
<td>Spouse Job (%)</td>
<td>Business (57.9)</td>
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43.6% (most) of information recourse getting were health stuff. 49.7% of women used minipill correctly. However 28.7% of them correctly used minipill when forgotten one pill or more. About use of three phasic pills, 29% of samples used it correctly when remember less of 12 hours and 31% used it correctly when remember more of 12 hours. And about LD, 69% of women used it correctly, 29.4% used it correctly when forgot 1 pill, 34.2% after remember 2 pills and 49.7% after 3 pill forgetting. 28.7% of all samples award starting time of new pill blister.

At all, 59.5% of samples had unsuitable awareness about OCPs use and 40.6% had suitable awareness. On the other hand, more than half of women needed a high education about OCPs. There was a significant statistical relationship between women or spouse education level and awareness rate of OCPs (chi-square: 37.2, V-Cramer: 0.34 and chi-square: 15.01, V-Cramer: 0.22), women or spouse job (PV<0.0005 and PV<0.001). There was not any meaningful relationship between awareness rate and other factors.

4. Discussion

The findings suggest that about 60 percent of participants in this study had unsuitable or insufficient knowledge about OCPs use. Reports from studies in other parts of Iran have shown a low awareness about contraceptive methods among women (Peyman et al 2009, Pakseresht et al 2005, Davazdahemami et al 2004). Thus, there were a high percentage of women who were at risk of unplanned pregnancy since they were not using contraception correctly or even did not plan to use of OCPs. The women's knowledge about family planning has an important role in planning the use of contraceptive. Mexico's national results in 1998 showed that among 9% of poor urban women and 19% of rural women, insufficient knowledge was the main cause of failure to use contraceptive (Gómez & Hernández, 1998). Other studies have shown that providing of necessary information and understandable for women, can help them in appropriate deciding and correct choice of a method (Khan et al, 2002). The results of Peyman and colleagues found that provided training to the test group creates an effective role on increasing people's behavioral intent in the proper use of contraceptive pill. Additionally, significant reduction in oral contraceptive side-effects and unwanted pregnancies were seen in the experimental group following the intervention (Peyman et al, 2009). In Pakseresht et al survey results of women educational need about hormonal methods of contraception showed that only 41.8% of women had the necessary information about contraceptives (Pakseresht et al, 2005). Foster and colleagues showed that women at higher risk for unintended pregnancy or whom that did not use any method had the least knowledge about contraception methods. It requires more training and greater in high-risk groups, particularly women of reproductive age to be emphasized (Foster et al, 2004). In another study in Nigeria on 600 samples, the fair of side effects was the main reason for low contraceptive prevalence among young female students (Omoniyi & Olayinka, 2009). Fear of side effects of modern contraceptives is often fueled by
misconceptions and misinformation about modern contraceptives (Otoide et al, 2001). These misconceptions need to be corrected by programs that purposely provide correct information to women. Reproductive health services should focus more on delivery of adequate and accurate information about contraceptives to improve use among women. Therefore, based on research results, have acknowledged that in addition to access to services, provide appropriate counseling and education to reducing negative opinions and is certainly having a positive opinion of contraceptive usage (Romero-Gutiérrez et al, 2003). Provide training and support for women can increase their support for family planning and to be successful in providing areas for improving the use of effective contraceptive methods.

This is also demonstrated in the present study as 43.6% of samples obtained information about contraceptives from health workers and the rest obtained the information from other sources such as friends or relatives. Similar present study, in a study in Nigeria only 3% of the respondents obtained their information from health workers. Information provided by such groups has often been found to be either incomplete or inaccurate (Oye-Adeniran et al, 2005). More reliable information is expected to be provided by health workers at family planning clinics.

In conclusion, almost a high level of sexual activity was not covered by the correct use of OCPs resulted from accurate information among women in Iran. This resulted in a high rate of unintended pregnancy and reliance on abortion to prevent unwanted births. Strategies to increase awareness about contraceptive usage are essential. Dedicated educational programs on contraception through seminars, television talk shows, radio programs, school-based magazines and printed media will improve the knowledge and ability of women to prevent unintended pregnancy. There is also a need to encourage the establishment of women-friendly centers where people can go for counseling, as well as to obtain accurate information about contraceptive methods. Health care providers play an effective role in teaching the correct use of contraceptive methods, therefore it is expected the government attempt to create courses about family planning, it seems to be a considerable help for planning and promoting of mothers health plans. In this study male education level played an important role in women’s awareness rate of OCPs, therefore it is recommended that the government creates programs in order to male engaging. These programs referred to as male involvement projects, are typically led by men and include education on male responsibility in contraception.

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References


