

Descriptive Study to Assess the Knowledge about Usage of Contraceptive Pills among Eligible Couples Post Pone Pregnancy, Kilachery Village

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Abstract

The population in the world is currently growing at a rate of over 1% per year. Contraceptive use is an effective primary prevention strategy for reducing maternal mortality. It has been estimated that the use of effective contraception could avert 90% of abortion-related and more than 20% of postponing the birth of a first child or spacing births. Contraceptive use is one of the major factors in stabilizing population growth. The study aims to assess the level of knowledge and skill in the usage of contraceptive pills to postpone pregnancy among eligible couples. The quantitative research approach descriptive research design total of 60 women who were residing at Kilachery village participated in this study and they were selected by non-probability convenient sampling technique. The demographic data and knowledge and skills regarding contraceptive usage to postpone pregnancy assessment were collected by using the self-questionnaire checklist. The outcome result showed that in the pretest 8(13.3%) of women had adequate knowledge, 22(36.6%) of women had moderately adequate knowledge and 30(50%) women had inadequate knowledge whereas in post test 39(65%) of women had adequate knowledge, 15(21%) of women had moderately adequate knowledge and 6(10%) women had inadequate knowledge.

Keywords: Eligible Couples, Knowledge, Oral Contraceptive Pills, Post Pone Pregnancy.

Introduction

India has the second-largest population in the world. The higher fertility in India is attributed to the universality of marriage, low level of literacy, limited use of contraceptives and traditional way of life. Family planning is also essential to improve the quality of life [1]. Modern contraception can be broken down into barrier methods (condoms or cervical caps), hormonal methods (the pill), intrauterine devices (IUD) and sterilization. The method chosen depends on the woman's general health, lifestyle and relationships [2].

There is also a lack of knowledge and awareness of women regarding the method of family planning gives rise to a problem for the

mother as well as the child and the family. Education gives a better understanding and makes the person think scientifically [3]. The adoption of any contraceptive method requires prior knowledge of the method. A good knowledge of the use of family planning methods and their benefits/side effects depends on the effectiveness of the counselling and sensitization of the risk population [4]. The term "family planning" has been used synonymously with contraceptive practice, although the ability to decide the number and timing of births can be achieved by a range of means, including contraception and assisted reproductive technologies [5]. Postponed childbearing implies a higher rate of

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involuntary childlessness, smaller families than desired and declining fertility rates [6].

Contraceptive use is an effective primary prevention strategy for reducing maternal mortality. It has been estimated that the use of effective contraception could avert 90% of abortion-related and more than 20% of postponing the birth of a first child or spacing births is infrequent. A related issue is the increased risk of unintended pregnancy when adolescent couples switch between contraceptive methods such as condoms to the Oral Contraceptive Pill [7].

Family planning services are defined as “educational, comprehensive medical or social activities which enable individuals, including minors, to determine freely the number and spacing of their children and to select how this may be achieved”. Family planning may involve consideration of the number of children a woman wishes to have, including the choice to have no children, as well as the age at which she wishes to have them. These matters are influenced by external factors such as marital situation, career considerations, financial position, and any disabilities that may affect their ability to have children and raise them, among many other considerations. If sexually active, family planning may involve the use of contraception and other techniques to control the timing of reproduction. Family planning as defined by the United Nations and the World Health Organization encompasses services leading up to conception and does not promote abortion as a family planning method, although levels of contraceptive use reduce the need for abortion [8]. A rapid population growth resulting from the non-use of modern contraception is a burden on the resources of many developing countries, where unregulated fertility, compromises economic development and political stability [9].

It was projected in 2004 that Ghana would achieve a modern contraception prevalence rate of 28% by 2010 and 50% by 2020. However, the records available indicate that the current

modern contraception acceptance rate in Ghana is 23%, five percentage points below the expected projection for 2010 [10]. Family planning will help to control the population growth and keep the family healthy and happy [11]. India has experienced remarkable growth over the past two decades and is ranked third globally in terms of purchasing power parity [12]. Globally, knowledge as well as practice of contraceptives in women are used by health organizations to assess family planning because of the lack of effective contraceptive options for men (only condoms, withdrawal methods and vasectomy), women nearly have all the responsibility for fertility regulation [13]. Contraceptive counselling during the postpartum period may improve knowledge, attitude and intention regarding the use of modern contraception methods and may help to prevent or delay a subsequent pregnancy after a live birth [14].

India is the second most populous country in the world, with half of its citizens being of reproductive age. Despite the presence of a long-standing national FP program, India has a high unmet contraceptive need and a high rate of maternal morbidity and mortality [15]. About one in six married women still has an unmet need for family planning that is she wants to postpone her next pregnancy or stop having children altogether but, for whatever reason, is not using contraception. As a result, each year 76 million women in developing countries still bump into unintended pregnancies and 19 million resort to unsafe abortions [16]. Contraceptive methods can be grouped into modern contraceptives which include hormonal, sterilization and barrier methods while the traditional ones include withdrawal, rhythm and cycle methods [17]. Unwanted pregnancies are a major public health problem for both developing and developed nations. Unplanned /mistimed pregnancies generally result from ineffective use of contraceptives and result in induced abortions [18, 19]. The study aims to assess the

level of knowledge and skill in the usage of contraceptive pills to postpone pregnancy among eligible couples.

Methods and Materials

Study Design: The quantitative approach with descriptive research design was adopted for the current study to assess the level of knowledge and skill in the usage of contraceptive pills to postpone pregnancy among eligible couples. **Study Setting:** The study was conducted for 1 week from 10th May 2023 till May 17th 2023 the survey was undertaken by the women who were residing at Kilachery Village. **Ethical Approval:** After obtaining an ethical clearance from the institutional ethical committee (IEC) of Saveetha Institute of Medical and Technical Sciences and also formal permission from the community head from the selected community area, the study was conducted. **Study Participants:** A total of 60 women (n=60) who met the inclusion criteria were recruited as study participants. The inclusion criteria for the study participants were women in the age group of 18-35 years, who can read and write Tamil and English, mothers who are willing to participate, who were eligible couples, who postponed pregnancy **Sampling Technique:** A total of 60 women were recruited based on the inclusion criteria using a non-probability convenient sampling technique. **Informed Consent:** The purpose of the study was explained clearly in depth to each of the study

participants and written informed consent was obtained from them. **Pre-Assessment:** The demographic data and knowledge and skill of contraceptive usage were collected using a self-structured questionnaire. **Post-Assessment:** after that, the level of knowledge in the usage of contraceptive pills was assessed was analysed using descriptive and inferential statistics.

Results and Discussion

Description of the Demographic Variables for Women in Rural Community Areas

With regards to demographic and clinical characteristics, it shows that most of the women, 20(33.3%) were aged between 18-25 years, 2 (3.33%) were aged above the age of 35 years, 14(23.3%) were secondary school, 34 (56.6%) graduated and 12 (20%) were post graduated. Occupational status 23 (38.3%) were secondary workers, 12 (20%) were moderate workers and 25 (41.6%) were heavy workers. According to religion 38(63.3%) were Hindu, 12 (20%) were Muslim and 6 (10%) were Christian. According to the residential area, 17 (28.3%) lived in the village, 24(40%) lived in town and 19(31.6%) lived in the city. marital status 47 (78.3%) were married, 13 (36.6%) were single parents, 23(38.8%) had 2 children and 15 (25%) had more than 2 children as shown in Fig 1.

Percentage distribution of educational status for the women

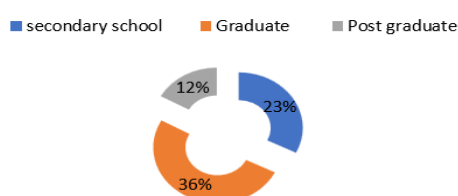


Fig 1. Percentage Distribution of Educational Status among Eligible Couples

Table 1. Level of Knowledge and Skill Regarding Usage of Contraceptives Among Eligible Couples. N=60

Level of knowledge and skill in contraception	Pre-test		Post-test	
	Frequency	Percentage	Frequency	Percentage
Adequate	8	13.3%	39	65%
Moderate	22	36.6%	15	25%
Inadequate	30	60%	6	10%

Assessment of Level of Knowledge and Skill on Contraceptive Usage Among Eligible Couples

Table 1 & fig 2 show that the level of knowledge regarding the usage of contraceptives in frequency and percentage of

pre-test as adequate 8(13.3%) Moderately 22(36.6%) inadequate 30 (60%). Whereas in the post-test level of knowledge regarding the usage of contraceptives was adequate as 39(65%) Moderate was 15(25%) and inadequate was 6 (10%).

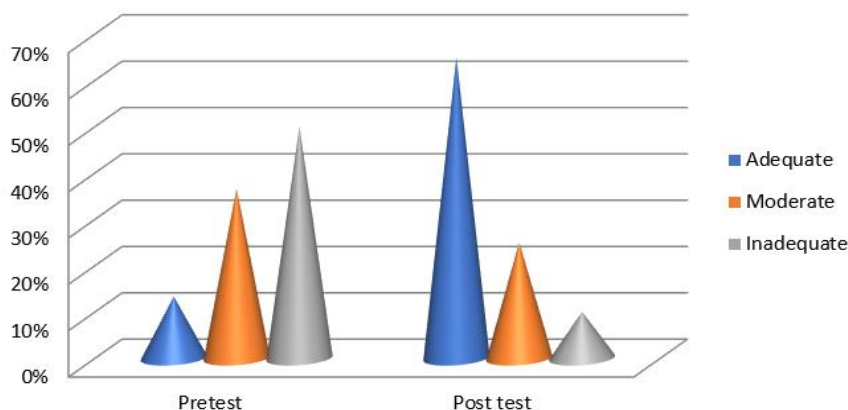


Fig. 2. Level of Knowledge and Skill Regarding Usage of Contraceptives among Eligible Couples

Present study findings supported with cross-sectional study conducted by N Saluja et al., (2022) conducted a study to assess the knowledge, and attitudes regarding family planning and the practice of contraceptives among eligible couples in rural Haryana. In this study, 250 eligible participants were given self-structured questionnaires. The study findings revealed that the knowledge about one or more methods of contraception, particularly modern contraceptive methods was 95.0%, 95.6% among males and 94.4% among females. The knowledge about traditional methods of

contraception was 72.0% in males and 46.4% in females [20].

Present study findings supported with cross-sectional study conducted by Renjhen Prachi, et al., (2008) conducted a study to assess the knowledge and attitude regarding family planning and the practice of contraceptives among the women of reproductive age group in east Sikkim and to determine the barriers to contraceptive use among them. A cross-sectional descriptive study was done in the Obstetrics and Gynaecology Department of the STNM Hospital and Central Referral Hospital,

both attached to the Sikkim Manipal Institute of Medical Sciences. The study group included 443 women of reproductive age group (15-44 years) attending the two hospitals. Results It was found that 98% of the women knew about family planning and 94.2% of them knew about contraceptives. Over 50% had gained information from the media. The majority (98%) thought that contraceptive use was beneficial but only 55.2% had used

contraceptives and 84% of them were satisfied. Sixty-two per cent were currently using contraceptives, 37.9% of them were using oral contraceptives, 37.9% of them were using oral contraceptive pills and 31% were using condoms [21].

Effectiveness of Level of Knowledge and Skill Regarding Oral Contraceptive Pills Among Post Pone Pregnancy Mothers

Table 2. Level of Knowledge in Pretest and Posttest Contraceptive Usage

Level of Knowledge and Skill	Mean	S. D	Mean Difference & percentage %	Paired 't' test & p-value
Pretest	16.78	9.68	11.94 (19.9%)	t=-6.72507 P<0.001, S***
Posttest	28.72	9.76		

***p<0.001, S- Significant

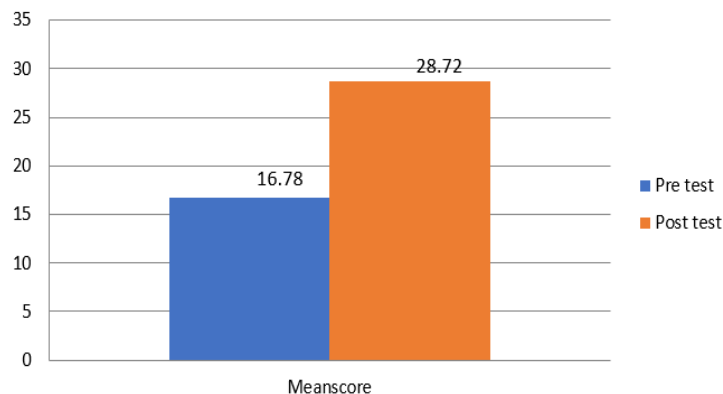


Fig 3. Comparison of Pre-Test and Post-Test of Knowledge of Usage of Oral Contraceptive Pills Among Eligible Couples

Table 2 & fig 3 depicts that the pretest mean score of level of knowledge and skill regarding usage of Oral contraceptive pills among eligible couples was 16.78 ± 9.68 and the posttest mean score was 28.72 ± 9.76 . The mean difference score was 11.94 and the mean difference percentage was 19.9%. The calculated paired t-test value of $t=-6.72507$ was found to be statistically significant at $p<0.001$ level. This clearly shows that the level of knowledge and skill among eligible couples was found to be effective in gaining knowledge regarding oral

contraceptive pills in the post-test.

The present study findings supported a cross-sectional study conducted by Mansi Shukla et al performed a study on knowledge, attitude and practices (KAP) regarding contraceptive use among the reproductive age group attending a tertiary care hospital in Mumbai and were interviewed with a predesigned validated questionnaire. A total of 547 women were interviewed using a semi-structured questionnaire. The proforma included questions related to knowledge,

attitude and practices (KAP) regarding contraceptive use. The result was that 498 (i.e. 91%) had displayed an awareness of family planning methods (permanent/temporary). 78% had procured the information from family and friends. 13% got their information through mass media. 62.5% were using contraception, 26.8% used barrier contraception, and 17% of women used oral contraceptive pills as a contraceptive method though 66% of women knew about them. Though 59.4% of the women knew about IUCDs only 3.5% were using IUCDs [22].

Association of Level of Knowledge and Skill Regarding Oral Contraceptive Pills Among Eligible Couples Postpone Pregnancy

The demographic variable level of knowledge on contraceptive usage among women with age above 30 years is significant association between education and occupation (p -value <0.05) level respectively and the other demographic variables had not shown statistically significant association with the level of knowledge and skill regarding contraceptive usage among women.

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Limitations

The study was collected for only one week. A larger sample size will improve generalization. It is exclusively done on women. Similar research with a larger sample size can be conducted. A longer time data collection can be conducted.

Conclusion

The present study assessed the knowledge regarding contraceptive usage among eligible couples who reside in rural community areas. The study concluded that the majority of the women had inadequate to adequate knowledge and hence health education on the usage of all types of contraceptives was given in the community area.

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Conflict of Interest

Nil.

Source of Funding

Nil.

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