Awareness about contraception among pregnant adolescents in a district in South India

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Abstract

Context: In recent decades adolescent pregnancy has become an important health issue in a great number of countries both developed and developing. Pregnancy in young women occurs as a result of early marriages and most importantly due to lack of awareness about contraception or its inappropriate usage.

Aims: 1.To assess the contraceptive knowledge among pregnant adolescents and; 2.To study the factors influencing contraceptive knowledge.

Settings and Design: A cross sectional study in a rural field practice area of a medical college which is resettlement area. The study was conducted in a period of 6 months

Methods and Materials: Study was conducted in 144 rural adolescent pregnant girls to know about their awareness about contraception and its socio-demographic drivers through a semi structured pretested questionnaire.

Statistical Analysis Used: Numerical variables were analyzed by means and standard deviations and categorical data were summarized using percentages. Chi square test was used to find the association between various socio demographic variables and awareness about contraception.

Results: Mean age of the participants was 17.8 years, were housewives and belonged to lower socio-economic status. Half of them were aware about some method of contraception and television was the most common source of awareness. However, none used any method of contraception.

Conclusions: Contraceptive awareness among married adolescent pregnant girls is very low and is majorly through television. Further mass media and health educational activities targeting adolescents in difficult areas are required to enhance contraceptive awareness.

Keywords: Contraception, Pregnant adolescents, India.

Introduction

'Adolescence' or 'Teenage' is the transition from childhood to adulthood. It is defined by the World Health Organisation (WHO) as period between 10-19 years of age. In recent decades adolescent pregnancy has become an important health issue in a great number of countries, both developed and developing. The latest international estimates indicate that worldwide more than 60 million women aged 20-24 years were married before the age of 18 years and about 16 million women 15-19 years old give birth each year, representing 11.0% of all births worldwide. In India, 16.0% of adolescent girls had started the process of childbearing and that in Karnataka were 18.0%, suggesting that adolescent fertility is quite high in India.

Pregnancy in young women occurs as a result of early marriages and most importantly due to lack of awareness about contraception or its inappropriate usage. While there is growing recognition of the need for action to promote adolescent reproductive health, work done in this regard is often piecemeal. Most of the studies about adolescent contraception presume that adolescents are unmarried and are carried out among them and hence married adolescents are not identified by most of the scientists and thus are not a part of planning and implementation of many national programmes and their specific needs are not addressed. This study attempts to outline the knowledge and usage of contraception among teenage mothers.

Objectives

- To assess the contraceptive knowledge among pregnant adolescents.
- To study the factors influencing contraceptive knowledge.

Materials and Methods

The study was conducted in a Primary Health centre, a rural field practice area of Medical College. Approximate pregnant women in that area were 655 and considering teenage pregnant women to be 20.9% (National Family Health Survey-3), a total of 144 adolescent pregnant women, aged between 15-19 years were selected for the study and the duration of the study was for 6 months from 1st January 2012 to 31st May 2012.

Participants were administered a pre tested, semi-structured questionnaire to collect information about their basic sociodemographic details, knowledge about contraception and sources of information.

The study has been approved by the institutional ethical committee.

Statistics

Numerical socio-demographic variables were analyzed by means and standard deviations and categorical data were summarized using percentages. Chi square test was used to find the association between various socio demographic variables and awareness about contraception. SPSS version 18.0 software was used for data analysis.

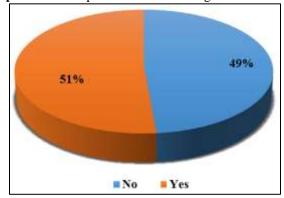
Results

In the current study majority, 95(66.0%) participants were between 18-19 years age, with their mean age being 17.8+1.1 years, and 127(88.2%) were Hindus by religion. As many as 130(90.3%) teens were housewives and 48(33.3%) of their husbands were factory workers. A large number of teenagers and their husbands had studied up to high school and above (53.5% and 50.7% respectively). Most, 65(45.1%) of the teens belonged to class IV socioeconomic status as per modified B G Prasad classification and 110(76.4%) were living in a joint family. A great number of study participants, 90.9% had married in the age group of 15-19 years and the mean age of marriage was 16 years.

Contraceptive knowledge: About half (51%) of the teenagers had some knowledge about contraception and the most commonest source of their knowledge was cited to be television (45.9%) followed by information from multiple sources like TV, from neighbors and from health care workers. (Fig. 1& 2). Most of them knew about IUDs a method of contraception (87.2%) and only about 12.8 % knew about condom and none knew about emergency contraception. However, all of them recognized tubectomy as a permanent method of contraception. Despite the fact that half of them knew about contraception, none of them had used any method.

Contraceptive knowledge increased along with the age and was highest among Hindu participants. It was significantly associated with education level of the participants as well as their husbands' level of education. However, there was no statistical significance found between the socio economic status and family composition and their knowledge on contraception. (Table 1).

Graph 1: Contraceptive awareness among adolescents



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Graph 2: Contraceptive awareness among adolescents

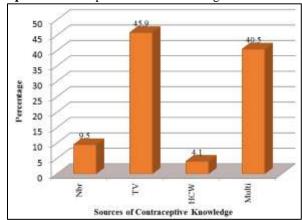


Table 1: Association between various socio-demographic variables and contraception knowledge

Variables		Total		Contraceptive knowledge		X2 test p value
		N	%	N	%	
Age	15	3	2.1	0	0.0	<0.001 (Sig)
	16	15	10.4	2	2.7	
	17	31	21.5	9	12.2	
	18	46	31.9	25	33.8	
	19	49	34	38	51.4	
Religion	Hindu	127	88.2	58	78.4	<0.001 (Sig)
	Muslim	17	11.8	16	21.6	
Participant's	Housewife	130	90.3	69	93.2	0.206
Occupation	Agriculturist	12	8.3	4	5.4	
	Daily wage workers	1	0.7	0	0.0	
	Others	1	0.7	1	1.4	
Husband's Occupation	Agriculturist	42	29.2	14	18.9	0.026 (Sig)
	Laborer	39	27.1	20	27.0	
	Factory worker	48	33.3	31	41.9]
	Others	15	10.4	9	12.2	

Participants Education	Illiterate	29	20.1	3	4.1	<0.001 (Sig)
	Primary school	38	26.4	15	20.3	(1.6)
	High school	70	48.6	49	66.2	
	PUC/Diploma	7	4.9	7	9.5	
Husband's Education	Illiterate		23.6	9	12.2	0.01 (Sig)
	Primary school	37	25.7	25	33.8	
	High school	60	41.7	32	43.2	
	PUC/Diploma	9	6.2	6	8.1	
	Graduate	4	2.8	2	2.7	
Family	Nuclear	34	23.6	18	24.3	0.836
	Joint	110	76.4	56	75.7	
Socio-Economic Status	Class II	15	10.4	7	9.5	0.254
	Class III	38	26.4	22	29.7	
	Class IV	65	45.1	36	48.6	
	Class V	26	18.1	9	12.2	

Discussion

Many studies have been conducted to know about the contraceptive knowledge of adolescents. In our study, mean age of adolescents was 17.8 years and majority were Hindus as seen similarly in various studies conducted by Rajat Kapoor et al,⁴ Prachi et al⁵ and Manish et al.⁶ Most of the participants had studied upto high school and belonged to lower income class. These findings were consistent with studies conducted by Paramasalu et al⁷ and Sharma et al.⁸

Half of the participants knew about contraception and cited television as the commonest source as seen in study conducted at Manipal by Prachi et al,⁵ at Gujarat by Shah et al⁹ followed by multiple sources like friends, neighbours etc as in Mendes et al, ¹⁰ Coll et al. ¹¹Very few participants knew about condom in the present study as opposed to studies by Prachi et al,⁵ Jain et al¹² and Adamson Muula.¹³ This could be due to the fact that the education level of the participants was low and they had very conservative attitude towards contraception. However, since tubectomy is a very wellfunctioning, incentivised Government programme, its popularity is high among rural areas. Although, half of them were aware of contraception, none of them used them at all. This is because the study area is rural resettlement area with very traditional concepts about childbearing. People there believe that girls should get married early and the next logical step would be to have progenies. There is no scope for use of contraception with these beliefs existing between

The contraceptive knowledge was significantly associated with age and education status of the participants and their husbands/ education and occupational status. This was similar to studies conducted by Shah et al, Rehman et al. 14 This shows that as age advances, probably due to more exposure to various sources, awareness about any type of contraception would increase and like for all other social problems, education is vital for awareness about contraception methods. Housewives were the majority with some awareness about birth control methods, however, participants' occupation did not have any statistical significance. This is probably due to large number of housewives in our study. Participants from lower socio-

economic class had more awareness than higher classes and is mostly because people from lower strata tend to take benefit from most of the national programmes and are more likely to use government health services where they get information about government schemes like contraception.

Conclusion

Contraceptive awareness among married adolescent pregnant girls is very low and is majorly through television. It is significantly associated with their age, religion and education. Despite many years of family welfare programme in our country, the awareness has not penetrated to remote and rural areas. Further mass media and health educational activities targeting adolescents in difficult areas are required to enhance contraceptive awareness.

Conflict of Interest: None.

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How to cite this article: Doddihal C, Katli SM. Awareness about contraception among pregnant adolescents in a district in South India. *J Community Health Manag* 2019;6(2):55-8.