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Awareness, attitude and practice on contraception among the clients attending abortion service at a zonal hospital

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Abstract

Introduction: Contraceptive methods are important components to reduce unwanted pregnancy, abortion, maternal and child morbidity mortality. This study aim to identify awareness, attitude and practice on contraception among women attending abortion services at Seti Zonal Hospital, Nepal.

Method: Cross-sectional enumeration sampling techniques from Safe abortion Unit of Seti Zonal Hospital, Nepal, from August to September 2018 was taken for structured face to face interview using questionnaire to find out awareness, attitude and practice on contraception among women. Ethical approval was obtained. The SPSS version 16 was used to analyze data.

Result: Out of total 94 women, 59 (73.8%) had adequate awareness, 78 (83%) had positive attitude for use of contraception, 44 (46.8%) had inadequate practice of contraception and 19 (20.2%) had adequate practice. There was a significant association between types of family and level of awareness ($P < 0.001$). There was no correlation between awareness, attitude and practice.

Conclusion: Two thirds of women attending abortion clinic were aware of and had positive attitude in regard to contraception, but less than half practiced it.

Keyword: attitude, awareness, clients, contraception, practice

Introduction

Globally, 214 million women of reproductive age are not using modern contraceptive in developing countries to avoid unwanted pregnancy.¹ However, unmet needs for modern contraceptives was still very high, especially in south Asia at 34% and western Asia 50%.²

The contraceptive prevalence rate (CPR) among women aged 15-49 years is 53% whereas 24% reproductive age woman have an unmet need for family planning.³ In the Far Western Development Region (FWDR) of Nepal the use of modern CPR decreased from 42% to 38%.⁴

Each year 25 million women around the world have unsafe abortion, among them 44,000 die or suffer serious injuries from unsafe abortion.⁵ Center for Research on Environment, Health and Population Activities (CREPHA) Nepal, estimated 42 abortions per 1,000 were performed in Nepal in 2014.⁶ The positive impact of family planning can avoid unwanted pregnancies.⁷

The aim of the study was to identify awareness, attitude and practice on contraception among clients attending abortions services.

Method

A cross-sectional research was conducted in the abortion unit of Seti Zonal hospital, Nepal, from 12th August 2018 to 7th September 2018. All woman who attended abortion services during this period were included in the study. Health professionals were excluded from the study. Enumerative sampling technique was used to collect data.

A self-developed questionnaire was used. The interview tool was developed by reviewing pertinent literature, consulting with a research advisor and subject faculties.^{8,9,11,13}

Data was collected by using structured face to face interview schedule in Nepali version.

The data was collected by the researcher herself. Separate counseling room was used to collect data. The time selected for data collection was 10 am to 4 pm, after the abortion when their pain relieved (half an hour to one hour after abortion). The average time required to complete the interview was about 20 to 25 minutes, 3-6 respondents were included in the study per day. The data was collected 6 days a week excluding public holidays.

The data were processed using the Statistical Package for Social Science software (SPSS version 16). The data were analyzed using descriptive statistics such as frequency, percentage, mean, standard deviation, and quartile. The Inferential statistics, Chi-square and Pearson's correlation test was used.

Ethical approval was obtained from the Institutional review committee (IRC) of Patan Academy of health Sciences (PAHS). Permission was obtained from the Administrative Department and safe abortion service unit of Seti Zonal Hospital, Nepal, before data collection. Verbal Informed consent was taken from every woman by explaining the objectives of the study. Confidentiality of all the data was maintained.

Result

There were 94 participants who visited for abortion, 72 (76.6%) were in age group of 21-30 years, mean age 27.4 ± 4.7 years, range 18-40 years, 64 (68%) had less than two children and 62 (66%) a homemaker.

Majority of respondents 78 (82.9%) were literate, 1 (1%) was unmarried, 54 (57%) had nuclear family, 67 (71%). Two third got married before the age of 20 years, mean age was of marriage 19.3 ± 3.12 years, minimum 12 years first pregnancy was 20.4 ± 3.03 years.

Table 1. Awareness and meaning regarding contraception among the clients attending abortion services, N=94

Variables	Frequency	Percent
known about contraception		
Yes	80	85.1
No	14	14.9
Meaning of Contraception (n= 80)		
Prevents unwanted pregnancy	75	79.8
Prevents disease	2	2.1
Makes family happy	3	3.2
Availability of Contraception^a		
Health Post	37	46.30
Medical	35	43.80
Hospital	32	40.00
FCHV	7	8.80

Note: ^amultiple response**Table 2. Awareness about methods of contraception among the clients attending abortion services, N=80**

Variables	Frequency	Percent
Methods of Contraception^a		
Condom	80	100
Depo	78	97.5
Norplant	77	96.25
Copper T	72	90.0
Pills	72	87.5
Emergency contraceptives	13	16.3
Natural methods	8	10.0
Female Permanent	53	66.3
Male Permanent	55	68.8
Advantages of condoms		
Prevents STI/HIV	75	79.8
Intended pregnancy	4	4.3
Barriers	1	1.1
Appropriate time interval for using Depo		
Monthly	6	6.4
Two months interval	2	2.1
Three months interval	72	76.6

Note: ^aMultiple Response

Nearly half of them 44 (55.7%) had learned about contraceptive from the study. Likewise, 37 (46.8%) heard from media while 44 (55%) heard from health personnel, 25 (31%) from friends.

There is an association between types of family and level of awareness ($p < 0.001$). There is no relationship between awareness, attitude and practice, Table 5.

Table 3. Overall level of awareness on contraception among the clients attending abortion services, N=80

Level of Awareness	Frequency	Percent
Adequate awareness (mean score ≥ 13.5)	59	73.8
Inadequate awareness (mean score < 13.5)	21	26.3

Table 4. Attitude regarding contraception among the clients attending abortion services, N=94

Attitude Statements	Attitude Scale					Mean ± SD
	SD	D	N	A	SA	
	N (%)	N (%)	N (%)	N (%)	N (%)	
I would use contraception for the betterment of health	1 (1.1)	16 (17.0)	4 (4.3)	59 (62.8)	14 (14.9)	3.73±.952
I believe temporary contraception is safe and effective	3 (3.2)	14 (14.9)	4 (4.3)	65 (69.1)	8 (8.5)	3.64±.947
I think temporary contraception have fewer side effects	2 (2.1)	27 (28.7)	9 (9.6)	54 (57.4)	2 (2.1)	3.28±.979
I believe that the contraceptive methods were not assumed to affect the ability to become pregnant after terminating its use	1 (1.1)	26 (27.7)	9 (9.6)	52 (55.3)	6 (6.4)	3.38±.995
I feel it is better to use contraception than unintended pregnancy	0 (0)	2 (2.1)	2 (2.1)	31 (33.0)	59 (62.8)	4.56±.648
I think a permanent family planning method cannot make a person weak.	11 (11.7)	25 (26.6)	12 (12.8)	44 (46.8)	2 (2.1)	3.01±1.14

Note 1:- Strongly Disagree 2:- Disagree 3:- Neutral 4:- Agree 5:- Strongly Agree

Table 5. Practice regarding Contraception among the clients attending abortion services, N=94

Variables	Frequency	z%
Ever had Abortion		
Yes	39	41.5
No	55	58.5
Reason for previous abortion (n=39)		
Completed family	27	28.7
Bleeding due to incomplete	8	8.5
Congenital anomalies	4	4.3
Ever use of Contraception after abortion		
Yes	27	28.7
No	12	12.8
If yes method used (n=27)		
Condom	10	10.6
Depo	9	9.5
Pills	5	5.3
Norplant	1	1.1
copper T	1	1.1
Withdrawal	1	1.1
Suggestion to use Contraception (n=27)		
Health person	15	48.4
Husband	11	35.5
Friends	4	12.9
Others	3	9.7
Reasons to discontinue the contraception (n=27)		
Side effects	9	9.6
Ignorance	7	7.4
Spouse separation	5	5.3
Others	5	5.3
Discomfort	1	1.1

Note: ^aMultiple Response

Discussion

The present study shows majority 80 (85.1%) were aware of contraception. Similar findings of majority (98%) having knowledge of modern contraception has been reported.⁸

In present study all (100%) had knowledge about Condom, 78 (97.50%) of Depo, 77 (96%) Norplant, 72 (90%) Copper T and 71 (87%) of pills respectively. Similarly, findings have been reported as of best-known method as Depo (89.5%), followed by condom (88.8%) and oral pills (81.7%).⁹ This may be due to more government family planning initiatives.

The current study shows 69 (73%) of respondents had no idea about the meaning of emergency contraception. Similar finding is reported with only few (2%) being aware of emergency contraception.¹⁰

The present study found 59 (73.8%) had adequate awareness. In contrast the reported 32% having knowledge of contraception, among them 6% had good Knowledge.¹¹

Among the participants, 52 (55.3%) agreed that the contraceptive methods were not assumed to affect the ability to become pregnant after terminating its use. In contrast to the study that many concerns were expressed about effects on future fertility.¹²

The current study showed a positive attitude towards contraception among the clients attending abortion services. Similar finding that all respondents had a positive attitude was found in other study.¹³

The current study shows that the reasons for previous abortion were due to completed family, bleeding and congenital anomalies respectively. Similarly, 20.68% clients reported history of abortion and the main reason was complete family.⁸

The current study shows, 84% had the intention to use contraception after terminating the pregnancy, similar to the findings reporting 84% woman had the

intention to use contraception after terminating the pregnancy.¹⁴

The present study shows woman in nuclear family had a high level of awareness, in contrast to the findings reporting association of knowledge of emergency contraception with the place of origin, religion, occupational status and education.¹⁵

This study shows that there is no relationship between awareness and practice, similar to other reported study.¹⁵ The current study shows that there is no relationship between awareness, attitude and practice. Similarly, there was no relationship between awareness and attitude.⁹

The possible implication of outcomes of the present study could be the management committee of Seti Zonal hospital to improve and strengthen the awareness program regarding contraception that helps to reduce unwanted pregnancies.

The possible limitation of the study includes the use of tool that has not maintained reliability, and may affect the understanding and thinking about contraception.

Conclusion

The findings of the study show that one-third of the women who attended abortion clinic had adequate level of awareness of contraception, and more than one-third had positive attitude towards contraception.

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Conflict of Interest

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Author Contribution

Initiation and design of research, Data collection, analysis and writing the report and poster presentation done at National Family Planning Conference

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Supplements

Questionnaire

Part I

Demographic information

1. Age in years
2. Number of living children
 - a. One
 - b. Two
 - c. Three & above
 - d. None
3. Occupation
 - a. Homemaker
 - b. Student
 - c. Employee
 - d. Agriculture
 - e. Business
4. Level of Education
 - a. Illiterate
 - b. If literate (can read and write)
 - c. Primary
 - d. Secondary
 - e. Higher secondary
 - f. University Degree
5. Marital Status
 - a. Married
 - b. Unmarried
6. Types of family
 - a. Nuclear
 - b. Joint
7. Age at first marriage.....
8. Age at first pregnancy.....

Part II

Question related to Awareness regarding contraception

9. Do you know about contraception?
 - a. Yes
 - b. No
10. What is Contraception?
 - a. Methods that prevent unwanted pregnancy
 - b. Methods that prevent disease
 - c. Methods that used for entertainment
 - d. Methods that makes family small and happy
11. Where is the facility of contraception available?
12. What type of family planning methods do you know? (Multiple Response)
 - a. List of Method
 - i. Temporary
 - ii. Permanent
 - iii. Don't know
 - iv. Condom
 - v. Depo provera
 - vi. Pills
 - vii. IUCD
 - viii. Norplant
 - ix. Emergency Contraception
 - x. Natural methods
 - xi. Minilap
 - xii. Vasectomy
13. What are the advantages of Condom?
 - a. Protects STI HIV/AIDS
 - b. Prevents intended Pregnancy
 - c. Barriers

- d. Side-effects
- 14. What is the appropriate time interval for using Depo?
 - a. Monthly
 - b. 2 months
 - c. 3 monthly
 - d. Always
- 15. How long the IUCD is effective for?
 - a. 6 yrs
 - b. 8yrs
 - c. 12 yrs
 - d. 10yrs
- 16. How long Jadelle protect the unwanted pregnancy?
 - a. 5 yrs
 - b. 7 yrs
 - c. 3 yrs
 - d. 1 yrs
- 17. What is emergency contraception?
 - a. Methods that prevents unwanted pregnancy after unprotected sexual intercourse
 - b. Reduce abortion rate
 - c. Sexually transmitted disease
 - d. Don't know
- 18. When is the best time to use emergency contraception?
 - a. Within 24 hours of unprotected sexual relationship
 - b. Within 48 hours
 - c. Within 72 hours
 - d. Don't know
- 19. What are the Sources of information? (Multiple Response)
 - a. Health facilities
 - b. Friends
 - c. Media
 - d. Study
 - e. Health worker

Part III

Likert Scale related to Attitude towards contraception

SN	Variables	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
20.	I would use contraception for betterment of health					
21.	I believe temporary contraception are safe and effective					
22.	I think temporary contraception have less side effects					
23.	I believe that the contraceptive methods were not assumed to affect ability to become pregnant after terminating its use					
24.	I feel it is better to use contraception than unintended pregnancy					
25.	I think permanent family planning method cannot make a person weak					

Part IV

Questions related to Practice

26. Have you ever had an abortion?
 - a. Yes
 - b. No
27. What are the reasons for previous termination?
28. Did you take any contraception after abortion?
 - a. Yes, If yes which methods used.....
 - b. No
29. Who suggested you to take contraception? (Multiple Response)
 - a. Health Personnel
 - b. Husband
 - c. friends
 - d. Others
30. Why did you discontinue the contraceptive methods?
 - a. Discomfort
 - b. Ignorance
 - c. Unavailability
 - d. Side effects
 - e. Spouse separation
 - f. Others
31. Do you have any intention to use contraception after abortion?
 - a. Yes, If yes which method you would like to use.....
 - b. No