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ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICE AMONG WOMEN OF CHILD BEARING AGE TOWARDS CONTRACEPTIVE DRUG UTILIZATION IN ADAMA (KEBELE 12)

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ABSTRACT

Background: Population growth is a major concern in developing countries in view of its impact on broader socio-economic development. In Ethiopia, contraceptive prevalence rate is 4.1-39

Objective: To assess knowledge, attitude and practice among women of childbearing age towards contraceptive drug utilization in Adama (kebele 12)

Materials and methods: A community based descriptive cross-sectional study was carried out on a target population of all women age 15 to 49 years and reside for six months in Adama town (Kebele 12). Data collection was accomplished by interviewing using structured questionnaires. 361 women were interviewed during the data collection period who had been living in Adama town for more than 6 months. The data obtained was analyzed using Microsoft office excel 2007.

Results: Educational level of 329(90.9%) of the interviewed population attendees varies from Can read and write to higher education, while 32(8.8%) of them were illiterate. Married women accounts 289(80.1%) and the unmarried accounts 72(19.9%). Out of 361 interviewed women in childbearing ages, 347(96.2%) of them knew about family planning method. The majority of the women in childbearing ages interviewed showed that 330(94.2%) of them were experienced to use contraception methods.

Conclusion: According to the result of this study, the majority of the respondents had good knowledge attitude and practice towards contraception drug utilization. Some of the respondents thought the major factor affecting the utilization of family planning service was inadequate information and education towards family planning service. Long distance of health facility from their home and poor relationship between service provider and consumer are also additional factors affecting contraceptive drug utilization program.

Keywords: Contraception, Women in child bearing age, family planning, combined pill

INTRODUCTION

Population growth is a major concern in developing countries in view of its impact on broader socio-economic development. In Sub-Saharan Africa, including Ethiopia continued high fertility levels, along with declining mortality rates, have resulted in a wide gap between birth and death rates, and subsequently in high annual

population growth rate. Factors contributing to high fertility include low socio-economic development, deeply ingrained cultural values for large family size, and low levels of contraception. The resulting high rate of population growth has led many countries to adopt population policies aimed at reducing the prevailing high birth rate.¹

High fertility rate and hence high population growth rate are among the major economic and social problems facing developing world including Ethiopia. Population growth rate has been associated with increased level of poverty. This rests on inability of governments in these countries to provide social services to the rapidly growing population adequately and shrinkage of resource base. Furthermore, high fertility rate has been associated with poor child and maternal health as well as increased risk of maternal mortality. Despite surprising technological advancements in modern contraception methods, still unintended pregnancy is a worldwide problem that affects women, their families and the society as a whole. Unintended pregnancy can result from contraceptive non-use, contraceptive method failure and less commonly from rape. Induced abortion is a frequent consequence of unintended pregnancy and can cause serious negative health effects, permanent disabilities and even maternal death. One can prevent unintended pregnancy and its negative consequences by accessing to contraceptive services.²

Birth control or contraception is deliberate prevention of pregnancy using any of several methods. Birth control prevents a female sex cell (egg) from fertilization by a male sex cell (sperm) and implanting in the uterus. In the United States, about 64 percent of women aged 15 to 44 years practice some form of birth control. When no birth control is used, about 85 percent of sexually active couples experience a pregnancy within one. There are a variety of birth control methods to choose from, although most options are for women. Selecting a method is a personal decision that involves consideration of many factors, including convenience, reliability, side effects, and reversibility (whether the method is temporary or permanent). For instance, some people may prefer a birth control option that provides continuous protection against pregnancy, while others may prefer a method that only prevents pregnancy during a single act of sexual intercourse. Some

people might have past illnesses or medical conditions that prevent them from using certain types of birth control methods. Some women may find that certain birth control methods cause uncomfortable side effects, such as irregular menstrual bleeding, weight gain, or mood changes. A person with multiple sexual partners may prefer a birth control method that also offers protection from sexually transmitted infections (STIs). Another important consideration is whether a person ever plans to have children. Most birth control methods are reversible—they do not affect a person's ability to reproduce once the person halted the method. However, a person cannot reverse surgical birth control methods; once a man or woman undergoes the surgery, he or she can no longer reverse it.³

For a large and rapidly growing population need an effective family planning program. A large number of family planning centers are working in the country; they spent millions of rupees on family planning services but with no major achievement. Contraceptive prevalence rate (CPR—which is the proportion of women of reproductive age (15-49 years) who are using or whose partner are using a contraceptive method at a given point in time) is 30% which was 29% in 2009 and 2008 while the most developed country like USA has 71% CPR for all the methods.⁴⁻⁷

In different parts of Ethiopia, contraceptive prevalence rates are 4.1-39%. Previously, contraceptive use was seen to be higher among urban residents, people who had permanent jobs, better-educated ones, and among people with larger family size.⁸ Worldwide more than a quarter of women who become pregnant has either an abortion or an unwanted delivery. In developed countries of the 28 million pregnancies occurring every year, an estimated 49% are unplanned and 36% end in abortion. In developing countries of the 182 million pregnancies occurring every year, an estimated 36% are unplanned, and 20% end in abortion.⁹

Trends and Recent Estimates: Contraceptive Use Among U.S. Teens and Young Adults Knowing whether female respondents have used a contraceptive method at least once in their life provides important information on how many women try a particular method of birth control, regardless of whether they continue to use this method as their primary method, change methods, or discontinue use altogether.¹⁰

Even though some investigators have done similar studies in the past, the objective of this study was to see changes in family planning with regard to knowledge, attitude, and practice. We have also assessed the factors associated with contraceptive usage.

METHODS

We carried out a community based descriptive cross-sectional study on a target population of all women childbearing age (15 to 49 years) and reside for six months in Adama town (Kebele 12). The data obtained was analyzed using Microsoft office excel 2007. We computed the descriptive statistical variables: mean, median, relative frequency and standard deviation.

RESULTS AND DISCUSSION

We have interviewed 361 women during the data collection period that had been living in Adama town for More than 6 months. The age of the study subjects range from 15-49 years. Over three fourths of the women (70.9%) age were 15-29 and the remaining 29.1% were in the age range 30-49. Educational level of 329(90.9%) of the interviewed population attendees varies from Can read and write to higher education, while 32(8.8%) of them were illiterate. Ethnic wise, almost half (47%) of the participants were Oromo. Among, the study subjects 304(84.1%) were Christians, 50(13.8%) were Islam and the rest 7(1.9%) other by religion. Married women accounts 289(80.1%) and the unmarried accounts 72(19.9%). House wives 123(34.1%), Servant 7(1.9%), Merchant 84(23.2%), student 31(8.5), office workers

95(26.3%) and unemployed 21(5.8) were the major study subjects occupations. 70(19.3%) reported their income as ≤ 300 birr, 95 (26.3%) as between 300-500 birr, 67(18.5) as between 600-800 birr, 81(22.4) as ≥ 900 birr and 48(13.3%) as no income.

Out of 361 interviewed women in childbearing ages, 347(96.2%) of them knew about family planning method as shown in interview to assess their knowledge, Attitude and practice. The majority of women in childbearing ages knew injectable 245(68%) followed by the combined pill 147 (41.2%) and Norplant 126(35.3%). About 200(55.4%) of them heard information for the first time from health facilities and 113(31.3%) were from schools (Table 2).

From 361 women whose age 15-49 years interviewed, 343(95.1%) responded that using contraception drug methods can improve the living conditions of the family. 347(96.2%) responded that it contributes to the increment of households income. Moreover, 343(95.1%) responded that it ensures to promote the conservation of efficient use of resources (Table 3). The majority of the women in child bearing ages interviewed showed that 330(94.2%) of them were experienced to use contraception methods, the most commonly used contraception methods were the injectable 210 (60%) followed by the combined pill 81(20%) and Norplant 35 (10%).

Among those who had experienced to use any type of contraception methods, 322 (89.2%) of them had experienced to use more than 1 contraceptive method and the remainder 39(10.8) had experienced to use only one type of contraception methods.

The majority of the contraception drug use among women in child bearing ages interviewed began to use contraception methods for the first time from government health institution were 280(77.6 %), from private health institution were 56 (15.5%) and from private pharmacy were 25(6.9%).

Various scholars have conducted studies all over the world to assess the knowledge, attitude and

practice of contraceptive use by women in childbearing age.¹³

The contraceptive acceptance rate of Ethiopia is 56.2% and the contraceptive prevalence rate (CPR) among married women is 13.9% in 2005 and 32% in 2008.¹⁴ In this study 99% of the total respondents believe that family planning is important which is supported by a study by Mitali et al., 2011. In addition to this study, the findings in other parts of the country show most of the teen and young adult women (98% - 99%) aged 15-24 who reported ever having sex (i.e. sexually experienced) used some form of contraception at least once in their life.¹²

Previous studies in U.S. Teens and Young Adults women reported that Condoms, hormonal/long-acting methods, and withdrawal were the most common methods used.¹⁰ In this study, 89.2% of the female respondent knows more than one method of family planning. This could be because of the increased effort in the dissemination of information about family planning methods.

Previously the studies in other parts of the country showed that Almost eight in 10 (79 percent) sexually experienced teen and young adult women had used at least one hormonal/long-acting method—including the Pill, an injectable (such as Depo-Provera), an IUD or implant, the ring, or the patch—at some point prior to the survey. This study showed that almost (90.3 percent) sexually experienced women in childbearing ages had used at least one hormonal/long-acting method—including the Pill, an injectable (such as Depo-Provera), an IUD or implant. According to the study, the most commonly used family planning method (95 percent) among sexually experienced teen and young adult women was condom. Approximately three in five (59 percent) sexually experienced teen and young adult women had used withdrawal. Slightly more than 70 percent of sexually experienced teen and young adult women reported they had used the Pill at some point prior to the survey and slightly more than 20 percent reported they had used an injectable method of

contraception. In this study, the most commonly used family planning methods were injectables 210 (60%) followed by combined pills 81(20%) and Norplants 35(10%). Injectable contraceptives were preferred by a large proportion of the clients (60%). The increased availability of injectables, which one administers less frequently, might have contributed for the increased usage of this method. According this study about 31(5.8%) of the respondents was not experienced to use any contraceptive but in study conducted in *U.S. Teens and Young Adults*¹⁰ and a study done by Yogendra et al., 2012 indicated that female respondents have used a contraceptive method at least once in their life .

CONCLUSION

According to the result of this study, the majority of the respondents had good knowledge attitude and practice towards contraception drug utilization. Some of the respondents thought the major factor affecting the utilization of family planning service was inadequate information and education towards family planning service. Long distance of health facility from their home and poor relationship between service provider and consumer are also additional factors affecting contraceptive drug utilization program.

Hence, the public needs many educational and motivational activities and improvement in family planning services to promote the use of modern contraceptives and reduce high rate of unwanted pregnancies and its consequences.

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Table 1:- Socio demographic characteristics

Age group in years	Frequency	Percentage
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15-19	70	19.4
20-29	186	51.5
30-39	87	24.1
40-49	18	4.9
Total	361	100
Educational status		
Illiterate	32	8.8
Can read and write	42	11.6
1-6 th grade	56	15.5
7-12 th grade	105	29
10+	77	21.3
12+	49	13.5
Total	361	100
Religion		
Orthodox	261	72.2
Muslims	50	13.8
Protestants	43	11.9
Others	7	1.9
Total	361	100
Marital Status		
Single	72	19.9
Married	289	80.1
Total	361	100
Occupational status		
- Merchant	84	23.2
- Government and private employee	95	26.3
- House wife	123	34.1
- Servant	7	1.9
- Student	31	8.5
- unemployed	21	5.8
Total	361	100
Ethnicity		
- Oromo	170	47
- Amhara	119	32.9
- Tigre	35	9.6
- Gurage	30	8.3
- Others	7	1.9
Total	361	100
Healthy income in ETB		
- ≤ 300 Birr	70	19.3
- 300 – 500 Birr	95	26.3
- 600 – 800 birr	67	18.5
- ≥ 900 birr	81	22.4
- No Income	48	13.3
Total	361	100
No of Births		
0	63	17.4
1-3	266	73.6
4-12	32	8.8
Total	361	100

Table 2:- Knowledge of women in child bearing ages towards contraceptives

Variables	Characteristics	Frequency	Percentage
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Knowledge about contraception drug Methods	Yes	347	96.2
	No	14	3.8
	Total	361	100
Types of contraception drug Methods known by clients	Combined pills	147	41.2
	Injectable	245	68.6
	IUCD	28	7.8
	Norplant	126	35.3
	Condom	119	33.3
	Total	665	186
Places of contraceptive drugs methods heard for the 1 st time	TTBA	1	0.3
	Health Institutions	200	55.4
	Mass Media	40	11.1
	Schools	113	31.3
	Others	7	1.9
	Total	361	100
Importance of contraceptive drugs for children	Well being of children	187	52.4
	Reduction of morbidity and mortality of mothers and contributes to dev't	175	49
	Improves infant birth wt and child nutrition	154	43.1
	Total	516	
Importance of using contraception drug for women's health	Reduced maternal deaths by as much as one third	14	3.8
	Protects women by preventing risk factors	203	56.3
	Decreasing risks by decreasing parity	77	21.6
	Decreasing abortion risks	154	43.3
	Protection against STIS and reproductive tract cancers.	49	13.7
	Rapidly increasing population and causing increases attribution with the types available natural resources	112	31.4

Table 3:- Assessment on attitude of women in child bearing ages towards contraceptive drugs use

Characteristics	Alternatives	Frequency	Percentage
Is contraception drug helps to Improve the standard of Living?	Yes	343	95.1
	No	18	4.9
	Total	361	100
Is contraception drug Services Contributes to Increase of house hold income?	Yes	347	96.2
	No	14	3.8
	Total	361	100
Is contraception drug Contributes to promote the observation and efficient use of natural resources?	Yes	343	95.1
	No	18	4.9
	Total	361	100
Is contraception drug Contribution to the redaction of morbidity and Mortality of Mothers and children	Yes	347	96.2
	No	14	3.8
	Total	361	100
Is inadequate information and education about F/P causes HIV/AIDS and other STDS	Yes	343	95.1
	No	18	4.9
	Total	361	100

Table 4:- Assessment on practice of utilization of contraceptives

Characteristics	Alternatives	Frequency	Percentage
Have you practiced any of contraception drugs before?	Yes	330	91.4
	No	31	8.5
	Total	361	100
Most Common contraception drug Used	Inject able	210	60
	Combined Pill	81	20
	Norplant	35	10
	Progestin only pill	21	6
	Others	14	4
	Total	361	100
If you uses only one methods Did You like it	Yes	39	10.8
	no	322	89.2
	total	361	100
The most Commonly preferred contraception methods?	Inject able	210	58.2
	Combined Pill	81	22.4
	Nor plants	35	9.7
	Progestin only pill	21	5.8
	Other	14	3.8
	Total	361	100
Reasons for using only one contraception methods	No Information about Others	82	22.7
	No Others Methods of F/P available	47	13.1
	No more side effects	232	64
	Total	361	100
If more than one types of contraception methods used before, which did you like it	Inject able	56	15.5
	Combined Pill	280	77.6
	Norplant	14	3.9
	others	11	3.1
	total	361	100
Places you got contraception Methods for the first time?	Private health institutions	56	15.5
	Gov't health facility	280	77.6
	Private Pharmacy	25	6.9
	Total	350	100
What are the factors affecting usage contraception drug among women in child bearing ages ?	Distance of health institutions	27	7.5
	Poor handling of care providers	75	20.8
	Knowledge of care providers	45	12.5
	Inadequate information and education among women in childbearing ages	106	29.4
	Limited choices of family planning methods	79	21.9
	Others	29	8.1
	Total	361	100