# Undergraduate student's knowledge regarding benefits of using contraceptives

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# **ABSTRACT**

**Background:** Over the last 20 years, teenagers have gained access to a wide variety of sources of sexual information and misinformation. Adolescent sexuality is leading to adolescent pregnancy, unsafe abortion, reproductive tract infections, and sexually transmitted infections. **Objective:** The objective is assessed the knowledge regarding benefits of contraceptives among the undergraduate students. **Materials and Methods:** A quantitative research approach with non-experimental research design was used to measure the knowledge about contraceptives among the students. 100 B. Ed students were conveniently selected from the population. Structured questionnaire was used to measure the knowledge of students about contraceptives. B. Ed students those are willing to participate can understand English and present during time of data collection were included in the study. Ethical Committee permission was obtained and informed consent was taken from all the study participants. **Results:** One-third (33%) students had adequate knowledge, 46% had moderate knowledge, and every fifth (21%) of them had inadequate knowledge regarding the reproductive aspects, general information, methods, and benefits of contraceptives. Almost all the areas of contraceptives, the students had shown more or less equal knowledge. **Conclusion:** The study results highlighted the need to motivate the adolescent students for effective and appropriate use of contraceptives when required like to prevent unwanted pregnancy and preventing the sexually transmitted diseases.

**KEY WORDS:** Benefits; Contraceptives; Knowledge; Students

# INTRODUCTION

India's economic status is greatly affected by the continued increase in population even though it has its own national family planning program since 1952.<sup>[1]</sup> Adolescent sexual behavior has been recognized as an important health, social and demographic concern in the developing world.<sup>[2]</sup> The proportion of young women reporting unintended pregnancy and unmet need for contraception remains high in developing countries.<sup>[3]</sup>

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Unintended pregnancies are associated with increased risk of unsafe abortions, maternal morbidity, and mortality.<sup>[4]</sup> To avert the unintended pregnancies and consequent adverse outcomes, contraceptive use has been prioritized as a key intervention.<sup>[5]</sup>

Contraceptive technology has undergone a tremendous revolution with the expansion of method of choice for millions of male and female throughout the globe. The contraceptives not only controlling the population but it also prevents from certain sexually transmitted diseases like AIDS and helps to decrease the mortality and morbidity rate. [6] In developing countries, one in three women give birth before the age of 20 and pregnancy-related death during childbirth is 2 times higher compared to women older than 20 years. [7]

The high population growth rate in India is a threat to its developmental plans, and the unlimited urbanization

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has caused various problems such as unemployment overcrowding and environmental pollution. India is being the second populous country which adds huge increment in its annual population. As study conducted on contraceptive used in India state that current contraceptive use was 41%, 6% of which was represented by modern temporary method. Contraceptive prevalence varied by state and ranged from 13% in Nagaland to 63% in Kerala. Logistic analysis reveals that urban people use higher than rural because of the higher levels of education among urban. In National Population Policy advocated a holistic, multisectoral approach toward population stabilization, with no targets for specific contraceptive methods except for achieving a national average total fertility rate.

A research study was conducted in Tanzania among university students in 2014 in that researcher found the rate of premarital sexual activity, unwanted pregnancies, and illegal abortions remain higher among university students. It is due to less knowledge of contraceptive and sexual behaviors among students. [11]

A cross-sectional study conducted by the World Health Organization to assess the reproductive needs of the population found unexpected discrepancy between the young people's familiarity with modern contraception. It was also found that most young people experienced high levels of unwanted pregnancy and unsafe abortion. [12]

A study was explored in University of Ghana Business School diploma student's knowledge of contraceptives and attitudes toward contraceptive users in that researcher found that detailed knowledge about contraceptives is low. There is a little gap of information on contraception.<sup>[13]</sup>

With the global concern about increasing population growth, knowledge about reproductive health issues has assumed central focus in most health sectors compared to previous decades. Such widespread knowledge is now predominant that it should be uncommon for young adults to engage in risky sexual behaviors.

### MATERIALS AND METHODS

A quantitative research approach with non-experimental research design was used to measure the knowledge about contraceptives among the students.  $100~\rm B$ . Ed students were conveniently selected from the population. Internal consistency (r=0.90) measured structured questionnaire was used to measure the knowledge of students about contraceptives. B. Ed students those are willing to participate can understand English and present during the time of data collection were included in the study. Ethical Committee permission was obtained and informed consent was taken from all the study participants.

#### **RESULTS**

Table 1 summarizes that majority (80%) of study participants were in the age group between 20 and 30 years, almost three-fourth (73%) of the study participants were female, two-third (69%) of them were in Hindu religion. More than half (59%) of study participants were living in rural area, 48% of the study participants were reported that they were got information through health personal, and two-third (69%) of the study participants were attended seminar.

Table 2 summarizes that one-third (33%) students had adequate knowledge, 46% of them had moderate knowledge, and every fifth (21%) of the student reported inadequate knowledge regarding the reproductive aspects, general information temporary, permanent, and benefits of contraceptives.

Table: 3 summarizes that almost all the areas of contraceptives the students had shown more or less equal knowledge.

Table 4 summarizes that association between demographic variables and knowledge score of study participants.

**Table 1:** Percentage wise distribution of study participants according to their demographic variables n=100

Demographic variables	Frequency (%)
Age (years)	
20–30	80 (80)
31–35	16 (16)
>36	4 (4)
Gender	
Male	27 (27)
Female	73 (73)
Religion	
Hindu	69 (69)
Muslim	22 (22)
Christian	9 (9)
Area of residence	
Rural	41 (41)
Urban	59 (59)
Marital status	
Married	39 (39)
Unmarried	55 (55)
Widow	6 (6)
Source of information	
Print media	20 (20)
Electronic media	15 (15)
Friends and relatives	17 (17)
Health personal	48 (48)
Attended seminar	
Yes	69 (69)
No	31 (31)

The results show that only those attended seminar about contraceptives had significantly higher knowledge about contraceptives at the significant level  $P \le 0.05$ .

## DISCUSSION

The study findings highlighted that most of the students had fairly adequate knowledge regarding benefits contraceptive methods. These findings are consistent with Nansseu *et al.*'s (1996) study results that students had quite satisfactory knowledge of contraceptive methods but the level of contraceptive use is not optimal stage.<sup>[14]</sup>

The present study results were also supported by Ramadan M. Elkalmi, Muhammad Umair Khan, and Akram Ahmad (2015) study findings that the majority of the students had good knowledge and awareness about contraception.<sup>[15]</sup>

In this study, students have shown more or less identical knowledge regarding all the areas of contraceptives methods. This finding is supported by Renjhen *et al.* (2015) study results show that 98% of the students had knowledge about family planning and 86% of them had heard about contraceptives. Most of them knew about condoms (85%) and contraceptive pills (40%), but knowledge about permanent methods and Cu-T was poor (average 12%). Most students thought contraceptives were to be used to prevent unwanted pregnancy (35%) and for birth spacing (30%). 11% of students had used some form of contraceptive in the past and 7% were currently users. [16]

This study also supported by A. Virtala *et al.* conducted studies on sexual intercourse and current contraceptives use among university students in Finland. The result shows that 80% students were sexually active, half of the male students were used a condom, hormonal contraceptives methods were the most popular.<sup>[17]</sup> In the present study, students who had attended seminar or had previous information showed significantly adequate knowledge about the contraceptives and its implications.

This study is not without limitations. The conclusions were drawn from a convenience sample representing a private sector university in southern part of India. These findings might not be generalizable for all non-medical students all over India. However, this study provides a valuable insight about knowledge and perception about contraception among B. Ed students. Further, research is required to establish the results of this study on a national level.

The study highlights that the knowledge, awareness, and perception of B. Ed students were moderate. They lack the in-depth knowledge, importance, and effectiveness of contraceptive measures. This study can become a basis for

a nationwide study evaluating the knowledge, awareness, and perception of B. Ed students about contraception and the possible inclusion of advanced contraceptive education in the B. Ed curriculum subsequently.

#### **CONCLUSION**

Overall, findings reflect that the almost half of the students shown fairly knowledge, every fifth of the students demonstrated inadequate, and two-third of them exhibited adequate knowledge, perception, and awareness about contraception. The study results highlighted the need to motivate the adolescent students for effective and appropriate use of contraceptives when required like to prevent unwanted pregnancy and preventing the sexually transmitted diseases. The study recommends future studies to be conducted covering different B. Ed schools across the country to further establish the results.

**Table 2:** Level of knowledge regarding benefits of contraceptives among graduate students n=100

Knowledge score (%)	Knowledge regarding reproductive aspects, general information temporary, permanent, and benefits of contraceptives		
	n (%)		
Inadequate knowledge (<50)	21 (21)		
Moderately knowledge (51–75)	46 (46)		
Adequate knowledge (>75)	33 (33)		
Overall total score	100 (100)		

**Table 3:** Area wise distributions of graduate student's knowledge score about contraceptives *n*=100

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Areas	Number of	Mean±SD	Mean (%)				
	items						
Reproductive aspects of human life	4	2.51±0.70	62.8				
General information of contraceptive methods	4	2.55±0.70	63.8				
Temporary contraceptive methods	20	12.55±2.92	62.8				
Permanent contraceptive methods	8	4.87±1.18	60.9				
Benefits of contraceptive methods	6	3.69±1.16	61.5				
Total	42	26.29±5.21	62.6				

SD: Standard deviation

**Table 4:** Association between undergraduate students knowledge score of contraceptive methods with their demographic variables n=100

Demographic variables	Knowledge score			P value
	Inadequate	Moderately adequate	Adequate	
Age (years)				
20–25	10 (16.4)	29 (47.5)	22 (36.1)	0.078+
26–30	4 (21.1)	9 (47.4)	6 (31.6)	
31–35	3 (18.8)	8 (50)	5 (31.3)	
35 & above	4 (100)	0 (0)	0 (0)	
Gender				
Male	7 (25.9)	14 (51.9)	6 (22.2)	0.067
Female	14 (19.2)	32 (43.8)	27 (37)	
Religion				
Hindu	15 (22.4)	30 (44.8)	22 (32.8)	0.491
Muslim	4 (18.2)	13 (59.1)	5 (22.7)	
Christian	2 (22.2)	3 (33.3)	4 (44.4)	
Others	0 (0)	0 (0)	2 (100)	
Area of residence				
Rural	10 (16.9)	32 (54.2)	17 (28.8)	0.145
Urban	11 (26.8)	14 (34.1)	16 (39)	
Marital status				
Single	11 (20.8)	24 (45.3)	18 (34)	0.437
Married	10 (25.6)	19 (48.7)	10 (25.6)	
Widow	0 (0)	3 (50)	3 (50)	
Separated	0 (0)	0 (0)	2 (100)	
Type of Family				
Nuclear	15 (18.3)	42 (51.2)	25 (30.5)	0.064+
Joint	6 (33.3)	4 (22.2)	8 (44.4)	
Source of information				
Print media	4 (20)	10 (50)	6 (30)	0.154
Electronic media	2 (13.3)	6 (40)	7 (46.7)	
Friends	6 (35.3)	10 (58.8)	1 (5.9)	
Health personal	9 (18.8)	20 (41.7)	19 (39.6)	
Seminar attended				
Yes	12 (17.39)	18 (26.08)	39 (56.52)	0.048*
No	6 (19.35)	8 (25.08)	18 (58.06)	

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