



KNOWLEDGE AND ATTITUDE ON ORAL CONTRACEPTIVES PILL AMONG ELIGIBLE MARRIED WOMEN

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ABSTRACT

Background: Oral Contraceptive Pill (OCP) abuse and withdrawal result unattended pregnancies amongst young women. There are multiple health benefits of OCP use, including protection against dysmenorrhea, menorrhagia, iron insufficiency anemia, ectopic gestation, pelvic inflammatory condition, ovarian cysts, benign bone disease, endometrial cancer, and ovarian cancer. **Materials and Methods:** It was a cross sectional study conducted at Sat Tala Slum, Mohakhali, Dhaka. A total of 99 purposively selected participants took part in the study. The study was conducted from July 2019 to January 2020. Data were collected by face-to-face interview with the help of a semi-structured questionnaire. **Results:** The overall knowledge level regarding oral contraceptive pill were 15.15% respondents had excellent knowledge, 12.12% had very good knowledge, 28.28% had good knowledge, 30.30% had average knowledge and 14.14% had below average knowledge. Overall attitude level regarding oral contraceptive pill were 48.48% respondents had strongly positive attitude, 25.25% had positive attitude and 26.26% had negative attitude about oral contraceptive pill. **Conclusion:** Develop awareness, proper motivation, strengthening of family planning services are essential and follow up service is needed to increase oral contraceptive pill acceptance rate.

KEYWORD: Birth spacing, birth control, unwanted pregnancy, knowledge, and attitude.

I. INTRODUCTION

The oral contraceptive pill (OCP) is one contraceptive method, and it is the most used method of contraception.^[1] OCP effectiveness is user-dependent and relies upon the individual woman to comprehend how it works and how to take it correctly.^[2] OCP abuse and withdrawal result in more than 750 million unattended pregnancies amongst young women in the U.S. every year.^[3] There are multiple health benefits of OCP use, including protection against dysmenorrhea, menorrhagia, iron insufficiency anemia, ectopic gestation, pelvic inflammatory condition, ovarian cysts, benign bone disease, endometrial cancer, and ovarian cancer.^[4] However, there are also health risks related to OCP usage, which can differ depending on the type of OCP used, either progestin-only pills or pills that are combined with estrogen. These risks can include but are not limited to increased risks of thromboembolism, cervical cancer, breast cancer, stroke, and cardiovascular events among smokers who use the OCP. In addition, OCP use may cause adverse effects, such as body weight change, nausea, breast tenderness, abdominal bloating, skin problems, and menstrual period disturbance.^[5-7]

With a population of 125 million within an area of 150 000 km², Bangladesh is one of the most densely populated countries in the world. Since independence in 1971, the Government of Bangladesh (GOB) has viewed rapid population growth as a high priority problem, and decided to launch the national family planning (FP) program in the mid-1970s. Since then, GOB has attempted to strengthen the FP program through increased resource allocation, multi-sectoral collaboration, use of mass media campaigns, the introduction of field staff to provide domiciliary FP services, and the promotion of involvement of voluntary and private agencies.^[8] These efforts have enabled Bangladesh to achieve remarkable increases in use of contraceptive methods, resulting in a dramatic decline in the Total Fertility Rates (TFR). The contraceptive prevalence rate (CPR) has increased from 9.6% of married couples in 1975 to 54% in 2000, and the TFR has declined in this same period from 6.3 children per woman to 3.3.6.^[9-12]

Evidence from several countries suggests that the rates of discontinuation were lower among women who received high quality FP services in terms of more counseling or information from reliable sources, and early management

of side-effects.^[13,14] Furthermore, social and economical variables also affect the decision making process for method choice and use pattern of contraceptives.^{5,6,12} Some studies showed that misconceptions about continued use of OCP, pregnancy resulting from missing pills and poor counseling of providers also influenced discontinuation of OCP.^[15] The big challenge for the family planning program is to reduce the high levels of contraceptive discontinuation as a strategy for health promotion and maternal mortality reduction, and in order to reach national demographic goals.

The purpose of the present study was, therefore, to determine the knowledge and attitudes on Oral Contraceptives Pill among Eligible Married Women.

II. MATERIALS AND METHOD

Study Design: Cross sectional with quantitative study was carried out.

Study place: The study had been conducted at Sat Tala Slum, Mohakhali, Dhaka.

Study period: The study was conducted from July 2019 to January 2020.

Study population: Eligible married women ages within 15-49 years were study population.

Sampling Method: Purposive sampling was done to collect data. Sample size of the study was 99.

Eligibility criteria: The married women within reproductive age.

Research Approach: Data were collected by face-to-face interview with the help of a semi-structured questionnaire.

Data processing and analyses: All the data were checked and edited after collection. Data were then entered into computer, with the help of SPSS for Windows (IBM SPSS Statistics for Windows, version 28). An analysis plan was developed keeping in view with the objectives of the study. Statistical analyses were be done by using appropriate statistical tool.

Data quality management: Data quality was strictly maintained in every stages of data collection, interpretation, analysis. Tools and instruments were

checked every day. At the end of each day of data collection, each questionnaire was checked to see whether it was filled up completely and consistently.

Scoring system: Level of knowledge were categories in to - Excellent - 80-100%, Very good - 60-79%, Good - 40-59%, Average - 20-39% and Bellow average - <20%. Vice versa, Overall attitude were categories in to strongly positive - 80-100%, Positive - 66.67-80%, Negative - <66.67%.

Ethical issues: The study was done through collection of data using questionnaire and neither any intervention nor any invasive procedures was be undertaken. However, prior to initiation of the study ethical clearance was taken from appropriate Ethical Committee.

III. RESULT

This section includes the findings of the socio-demographic characteristics, knowledge, attitude and practices of oral contraceptive pill among the eligible married women at Sat tala Slum Mohakhali Dhaka.

Table-1 shows the socio-demographic distribution of the respondents. The mean age of the urban respondents was 27.78 (± 3.79) years and nearly half (45.45%) of the respondents were within 20 - 25 years age, 49.49% respondents educational qualification were JSC level. From the total respondents, 73.74% were housewife and their husband's occupation were 35.35% business, 24.24% service holder 18.18% day laborers and 22.22% were rickshaw puller. Here, 22.22% represents monthly family income were within 4000-8000 taka, 48.48% were within 8001-12000, 18.18% were within 12001-16000 and 11.11% were within 16001-20000 taka. Among the total respondents, 26.26% duration of married life had within 1-5 years, 37.37% had within 6-10, 24.24% had within 11-15 years, 8.8% had within 16-20 years, and only 2.02% had within 26-30 years. Maximum duration of married life was within 6-10 years and minimum within 26-30 years and 27.27% of the respondents had 1 children, 36.36% had 2 children, 23.23% had 3 children, 9.09% had 4 children and only 4.04% had >4 children.

Table-1: Distribution of the respondents by socio-demographic information (n=99).

Age group	Frequency	Percent (%)
20 - 25 years	45	45.45
26 - 30 years	33	33.33
31 - 35 years	11	11.11
36-40 years	6	6.06
40-45 years.	4	4.04
Mean age 27.78 (± 3.79)		
Educational Status		
primary level	40	40.40
Up to JSC	49	49.49
S.S.C passed	6	6.06
H.S.C passed	3	3.03
above H.S.C.	1	01.01
occupation		
House wife	73	73.74

Service	21	21.21
Business	05	5.05
Husband's occupation		
Business	35	35.35
Service holder	24	24.24
day laborers	18	18.18
Rickshaw puller.	22	22.22
Monthly family income		
4000-8000 taka	22	22.22
8001-12000 taka	48	48.48
12001-16000 taka	18	18.18
16001-20,000 taka	11	11.11
Duration of married life		
1-5 years	26	26.26
6-10 years	37	37.37
11-15 years	24	24.24
16-20 years	08	8.08
21-25 years	02	02.02
26-30 years	2	2.02
Number of children		
1	27	27.27
2	36	36.36
3	23	23.23
4	09	9.09
>4	04	4.04
Total	99	100

Table-2 shows the respondents by knowledge regarding oral contraceptive pill. Here, most of the respondents 97.98% answered they know about the name of oral contraceptive pill and 91.92% of respondents understand the importance of oral contraceptive pill as to prevents pregnancy, Out of total respondents, 97.98% were collect oral contraceptive pill and above them 61.62% respondents were collect oral contraceptive pill from

family planning center, More than half of the respondents (54.55%) mentions that first day of menstruation were starting time of oral contraceptive pill. Majority (95.96%) respondents mentioned about taking time of oral contraceptive pill is at night and 58.53% respondents answered the most common side effects of oral contraceptive pill is nausea.

Table 2: Distribution of the respondents by knowledge regarding oral contraceptive pill (n=99).

Know the name of oral contraceptive Pill	Frequency	Percent
Yes	97	97.98
No	2	2.02
Importance of oral contraceptive pill		
To prevent pregnancy	86	91.92%
To keep the desired number of children	05	5.05%
It is easy and available method	68	68.69%
Simple to use than other methods	67	.68%
Collect of oral contraceptive pill		
Yes	97	97.98
No	02	2.02
Place for collecting of oral contraceptive pill		
From family planning center	61	61.62
From hospital outdoor	46	46.46
From pharmacy	69	69.70
Starting time of oral contraceptive pill		
First day of menstruation	54	54.55
Third day of menstruation	74	74.75
Taking time		
At night	95	95.96
Others Specify	04	4.04

Kinds of side effects		
Nausea	24	58.53
Dizziness	19	46.34
Weight gain	23	56.09
Irregular menstruation	15	36.58
Total	99	100

Table-3 shows the respondents by overall knowledge level regarding oral contraceptive pill. Here, 15.15% respondents had excellent knowledge, 12.12% had very good knowledge, 28.28% had good knowledge, 30.30% had average knowledge and 14.14% had below average knowledge.

Table 3: Overall knowledge of the respondents on oral contraceptive pill (n=99).

Level of knowledge score	frequency	Percentage
Excellent	15	15.15%
Very good	12	12.12%
Good	28	28.28%
Average	30	30.30%
Below average	14	14.14%
Total	99	100%

Table-4 shows the respondents by overall knowledge level regarding oral contraceptive pill. Most of the respondents (79.80%) were strongly agreeing that; Oral contraceptive pill is cheap, easy to intake and available. Regarding safeness of oral contraceptive pill 58.59% respondents were strongly agree, 55.56% respondents were strongly agree about the 100% effectiveness on oral contraceptive pill. Regarding mostly helpful method is oral contraceptive pill to prevent unwanted birth 60.61% respondents were strongly agree and 68.69% respondents were strongly agree regarding suitability of oral contraceptive pill for birth spacing.

Table 4: Distribution of the respondents by attitude on oral contraceptive pill (n=99)

Traits	Strongly Agree		Agree		Neutral		Disagree		Strongly disagree	
	(f)	(%)	(f)	(%)	(f)	(%)	(f)	(%)	(f)	(%)
Oral contraceptive pill is cheap, easy to intake and available	79	79.80	14	17.17	2	2.03	2	2.02	1	1.01
Oral contraceptive is a safe contraceptive method	56	56.57	34	34.34	3	3.03	4	4.04	2	2.02
Oral contraceptive is 100% effective.	55	55.56	25	25.25	10	10.10	5	5.05	4	4.04
Oral contraceptive pill is mostly helpful method to prevent unwanted birth.	60	60.61	27	27.27	4	4.04	5	5.05	3	3.03
Oral contraceptive pills are suitable for birth spacing.	68	68.69	17	17.17	6	6.06	7	7.07	2	2.02

Table-5 shows the respondents by overall attitude level regarding oral contraceptive pill. From the total respondents, 48.48% respondents had strongly positive attitude, 25.25% had positive attitude and 26.26% had negative attitude about oral contraceptive pill.

Table 5: Overall attitude level of the respondents on oral contraceptive pill (n=99).

Attitude	Frequency	Percentage
Strongly positive	48	48.48%
Positive	25	25.25%
Negative	26	26.26%
Total	99	100.00%

IV. DISCUSSION

Among the modern contraceptive methods, oral contraceptive pill has assumed an important place. It acceptance and subsequent adverse effects deserve serious attention among the women in Bangladesh. This study was designed to determine the knowledge and attitude on oral contraceptive pills among the eligible

married women. It was descriptive cross sectional study, conducted among 99 respondents. The significant findings of the study in the area on oral contraceptive pills are discussed according to the analysis.

The major findings of the socio demographic information indicate that the maximum 45.45% respondents were in between 20-25 years and the minimum 4.04% were in the age group in between 41-45 years. The mean age were 27.78 (±3.79) years.

Our study on oral contraceptive pill represent that the overall 15.15 respondents had excellent knowledge, 12.12% had very good knowledge, 28.28% had good knowledge, 30.30% had average knowledge and 14.14% had below average knowledge and 48.48% respondents had strongly positive attitude, 25.25% had positive attitude and 26.26% had negative attitude about oral contraceptive pill.

It is till now truth that most of the women thought family planning methods should not be used without their husband's approval. In our society, patriarchy prevails and women mostly obey their husbands as they regard it as a sin to do anything without their husband's permission. Therefore, some of respondents said that they should continue childbearing until the birth of a son. Besides, few respondents said that having a son is a matter of pride, whereas one-fifth attributed having daughters as a burden. Parents also have a similar feeling as arranging the marriage of a daughter costs a lot, and daughters would not be responsible for taking care of their parents in the future. On the contrary, a male child is highly desired by the couples, as they think that boys can earn money and will be responsible for taking care of their parents later in life.

Bangladesh is a country characterized by poverty, illiteracy, high population density and technologically backwardness. Women population forms a great bulk of total population in Bangladesh. Individual women may prefer to have the opportunity to choose among variety of available contraceptives method. Knowledge on oral contraceptive use and its side effects needs to be informed to the users. Majority of the respondents were willing to take pills. Effectiveness of the acceptance depends on regular taking pills and preferable after the birth of first child.

Women who can make their own decisions about their health have better family planning-Knowledge, Attitude. Generally, these women are more aware and self-reliant. They also have a better attitude and perspective since their husbands and families allow them to express their views independently.

In case, the women's interest in FP plays a significant role in listening carefully to the information provided by health care providers and applying it in real life. Health care providers have been able to talk to them, change their attitudes and make them regard FP in a more positive way. According to the Department of Family Planning, besides raising awareness of birth control attitudes among the men and women, doctors and nurses working in clinics and health facilities also provide various suggestions and medicines for pregnancy, maternity, child health, and general health services that can be supportive to achieve SDGs by the Government.

V. CONCLUSION & RECOMMENDATION

Develop awareness, proper motivation, strengthening of family planning services are essential and follow up service is needed to increase oral contraceptive pill acceptance rate. It is widely recognized that, in a developing country like Bangladesh, an increasing greater use of oral contraceptives is needed, which is effective, reversible and acceptable contraceptive methods.

The number of using rate of oral contraceptive pills can be increased by taking a number of following effective steps:

- Proper information, education and motivation to the couple by the family planning service providers.
- Clients should be informed about the probable side effects of oral contraceptive pills and assurance should be given for all those problems.
- After supply of oral contraceptive pill, the clients should follow up at a regular interval to find out any problem experience by the acceptors and to take appropriate measure.
- Provision of awards for the best family planning workers.

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