

Knowledge and Behaviour Regarding Birth Prevention of Healthcare Providers

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Abstract

Introduction Healthcare providers are an important link with the general public to impart knowledge regarding contraception. They are an important source of providing information regarding different methods of contraception, their proper use and removing the myths from the couple's mind. However, their own attitude and practice of contraception are often lacking.

Objective This study was conducted to assess the attitude and practice of contraception over the last 1 year of nurses in a tertiary care hospital in Jaipur.

Methods The study was conducted on 410 nurses in a tertiary care hospital. All were given a questionnaire that

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was duly filled by them, and the data obtained was analysed.

Results All were aware of at least one family planning method. Only 84% knew that contraceptives could space the pregnancy. Very few had correct knowledge about the fertile period or lactational amenorrhoea. Few were aware of emergency contraception and its proper implication (6.83%) The commonest was the barrier method (70%) followed by natural method (41.46%). There was shifting from natural method to barrier method and OC pills for few cycles.

Conclusion Health workers have knowledge regarding contraception yet fail to use it regularly. Proper attitude and practice are essential to prevent unintended pregnancies and prevention of STDs. Their use will enhance counselling skills for general population.

Keywords Attitude · Contraception · Health workers · Knowledge · Practice

Introduction

India is the second most populous country in the world having a rapidly growing population, which has crossed one billion [1]. In spite of the fact that India was the first country in the world to implement a National Population Control Programme in 1952, we are still struggling to contain baby boom. A lot of efforts and resources have gone into the National Family Welfare Programme, but the returns are not commensurate with the inputs to control the population. The natural growth rate of country is still high, Rajasthan, being one of the highest with 18.6 [2].

Table 1 Knowledge of contraception

| Questionnaire | No. (<i>n</i> = 410) | % |
|---|-----------------------|--------|
| Awareness of contraception | 410 | 100% |
| Knowledge of contraceptive method | | |
| Natural | 250 | 61% |
| Barrier | 314 | 76.58% |
| Hormonal | 134 | 32.68% |
| IUCD | 110 | 26.82% |
| Sterilisation | 110 | 26.82% |
| Awareness of emergency contraception | 28 | 6.83% |
| Uses of contraception | | |
| Prevention from HIV/STDs | 300 | 73.1 |
| Spacing of children | 344 | 84 |
| Source of updates of information of contraception | | |
| Health professionals | 110 | 26.8% |
| TV/newspaper/radio/internet | 272 | 66.34% |

Healthcare providers play a key role in providing information regarding different methods of contraception, their proper use and removing the myths from couple's mind. It is important that healthcare providers themselves have correct knowledge. Often their own negative attitude and lack of contraceptive practice influences their counselling. The aim of our study was to assess the knowledge and behaviour towards birth prevention among nursing staff and to identify their reasons for non-use of contraception.

Methodology

A cross-sectional study was conducted from October 2015 to March 2016. Female nursing staff, aged 20–45 years, working in a tertiary care institute were interrogated after a written informed consent. Sample size of 410 was calculated at 95% confidence level, assuming 68% use of family planning methods among healthcare providers as per reference study of Omishakin [3], at an absolute allowable error of 5%. The predesigned structured questionnaire included the type of contraception they knew, had used over the past 2 years, frequency of its use, use of emergency contraception and reasons for not using contraception.

Results

Among the respondents, mean age was 32.4 years, and 62.57% had parity 1–3. Eighty-four percentage of them belonged to social class IV, Prasad classification [4]. Eighty-six percentage were Hindus and were from urban background. Most had newspaper delivered and television in their homes.

All were aware of at least one family planning method. Only 84% knew that contraceptives could space the pregnancy. Most did not know about the failure rates of different methods. None had heard of the medical eligibility criteria laid by World Health Organization.

Very few had correct knowledge about the fertile period or details of lactation amenorrhoea method. Fifteen percentage knew about other uses of intrauterine contraceptive device. Ten percentage had heard of hormonal intrauterine contraceptive device. Only 73% knew that condom could prevent infections like AIDS and sexually transmitted diseases. Sixty-eight percentage did not know about the use of spermicides with barrier method. Only 2% had heard about the female condoms, but they too did not know of its availability.

Sixty-seven percentage knew about missed pills but did not know of its relationship to the menstrual cycle. Only

Table 2 Behaviour regarding contraception

| | No. | % |
|---|-----|-------|
| Contraceptive method used | | |
| Natural method | 60 | 14.63 |
| Barrier | 95 | 23.17 |
| Hormonal | 45 | 10.97 |
| IUCD | 15 | 3.65 |
| Sterilisation | 75 | 18.29 |
| No method | 120 | 29.26 |
| Intention to use contraception in future | 120 | 29.26 |
| Imparting contraceptive counselling | Nil | – |
| | | % |
| Reasons for not using contraceptives | | |
| Personal | | |
| Fear of side effects | | 17 |
| Want for male child | | 8 |
| Religious beliefs | | 18 |
| Lactational amenorrhoea | | 8 |
| Found inconvenient to use | | 9 |
| Apprehension regarding effect on future fertility | | 2 |
| Interpersonal | | |
| Partner/in laws objection | | 16 |
| Family pressure | | 16 |
| Societal/logistic | | |
| Availability | | 3 |
| Cost | | 3 |

8% had knowledge about methods like progestogen-only pills and injectable contraceptives. Fifteen percentage knew about other non-contraceptive uses of oral pills. Only 6.83% knew about emergency contraception and its use.

Besides the teaching during their course, television and radio were the chief sources of reinforcing their information and knowing about newer methods. They had no regular medical education programmes (Table 1).

Contraceptive usage among the health workers was 70.73%. In total, 26.82% had sterilisation done. However, most of the non-users intended to use a contraceptive method in future.

Followed by natural method, 23.17% used barrier method. We found that despite having correct knowledge, only 70% of the barrier method users used them regularly. Many nurses used natural methods of contraception even though they knew it had a high failure rate. The hormonal method was used by 10.97%, in which oral pills were used most commonly (Table 2).

Many women shifted between natural methods and barrier use off and on. Few shifted between oral contraceptive pills for few cycles to barrier method for few.

Fear of side effects including effect on menstrual cycle and partner objection were the most common reasons given for non-use of contraception.

Even though they were posted in obstetric units, most were not counselling the women regarding contraceptives.

Discussion

The knowledge regarding contraception was good; all were aware of at least one family planning method similar to the study by Khan et al. [5] in Pakistan where too the knowledge was 80%.

Very few nurses knew about emergency contraception and its use, whereas in a similar study conducted on college-going girls, 40% knew about them [6].

It was observed that the mass media played an important role in providing and updating information and influencing the use of a contraceptive, whether it was among the health workers as in our study, or collegiate students of Rajasthan [6] and Sikkim [7] or the general population [8, 9], while other studies claimed relatives/friends [10] or health workers as the main source of information [11]. Regular medical educational programmes should be organised to update them about newer methods.

In a study performed by Anjum et al. [12], to assess the role of information imparted the knowledge score improved significantly after education.

Contraceptive usage among the nurses was 70.74%. This was higher than 51% reported in the general population by Patel et al. [13], 59% in rural Haryana by Choudhary et al. [14] or 52.6% by Umoh et al. in a study from Nigeria [9] despite having similar high knowledge scores. Himani et al. evaluated the contraceptive practices of gynaecologist and observed that despite having complete knowledge about contraception, their own attitude and practices were lacking [15]. This bridge needs to be filled to achieve our family planning goals.

The most commonly used method of contraception in most studies including ours was the barrier method followed by natural method [8, 10, 11].

In the present study, we found that despite having correct knowledge, only 14.63% used the barrier method regularly. Many nurses even used natural methods of contraception, even though they knew about its high failure rate. Choi et al. [16] in their study also observed that 50% of the physicians advocated natural methods as a method of contraception.

Completion of family was found to be the most common reason for using contraception rather than for spacing.

Fear of side effects and partner objection were the common reasons given even by the nurses for non-use of contraception. Reasons for non-use have varied in

magnitude in different studies—need more children, opposition by partner and in laws and fear of side effects were the reasons found for non-use of contraception by Saluja et al. [17]. In a study from Raipur, the major reasons cited for non-use besides these were anaemia, weakness and lactational amenorrhoea [18]. Other reasons mentioned for non-practice were non-access to health facility, felt pregnancy was naturally spaced, preference of male child, religious beliefs, inconvenient to use, cost and family pressure. Few said the process of acquiring contraceptive was embarrassing [8, 19]. Religion has been identified to play a significant role in decision to use contraception. Muslims tend to have higher disapproval rate for contraception [10]. Therefore, religious scholars should be involved to make it clear that family planning is not sinful and rather beneficial to them.

Conclusion

Health providers have knowledge regarding contraception yet fail to use it regularly. Efforts should be directed through a lot of educational and motivational activities and improvement in family planning services to bring a change in their practices. This change would help them have a more responsible attitude and improve their counselling skills regarding contraception.

Compliance with Ethical Standards

Conflict of interest Dr. Smriti Bhargava, Dr. Nupur Hooja, Dr. Rajani Nawal, Dr. Bhomraj Kumawat, Dr. Avantika Sharma and Dr. Richa Manish declare that they have no conflict of interest.

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

Informed Consent Informed consent was obtained from all individual participants included in the study.

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