

Awareness about Contraceptives, their Benefits and Side Effects among Indian Armed Forces Married Individuals

SK Kathpalia*

HOD (Obstetrics and Gynaecology), Andaman Nicobar Islands Institute of Medical Sciences, Port Blair, India

***Corresponding Author:** SK Kathpalia, HOD (Obstetrics and Gynaecology), Andaman Nicobar Islands Institute of Medical Sciences,

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Abstract

Background: Indian Armed Forces personnel represent a cross section of true Indian population. Family welfare activities including family planning have been there for many years. The aim of the study was to find out the knowledge and practices of contraception among women and men both.

Material and Methods: The proposed cross sectional study was conducted wherein both partners were included; but they replied to the questionnaire independently, without consulting each other. They had to answer questions regarding their knowledge, practice and beliefs about contraceptives.

Results and Observations: 900 women and 560 men were enrolled for the study. Almost all the individuals had mentioned some information about contraception, male condom was the most common contraceptive mentioned. 2.1% of women and 1.2% of men did not mention any contraceptive. 87% of women and 91% of men had mentioned two contraceptives. Past use of contraceptive was reasonably high, 61.6% of women and 57.4% of men had used contraception in the past. 50.8% women and 26.3% men were either undecided or were not keen to use any contraceptive in future. 82% believed that the contraceptives had some benefits.

Conclusion: It has been found that, despite unwillingness to conceive, most of the couples do not use any method of contraception. Lack of knowledge and fear of side effects are important reasons for non-acceptance. There is a need to allay the fears and also provide them with wider choice of contraceptives.

Keywords: Contraceptives; Awareness; Practice

Introduction

Family planning (FP) is defined by WHO as, “a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes and responsible decisions by individuals and couples, in order to promote the health and welfare of family groups and thus contribute effectively to the social development of a country” [1]. Family planning has many advantages and all these contribute to the health of mother and child. Controlling both the number and timing of births through utilization of contraception is associated with improved maternal and neonatal health outcomes [2,3]. FP serves to reduce child and maternal morbidity and mortality by preventing unintended pregnancies and unsafe termination of pregnancy [4,5]. Apart from preventing unintended and unwanted pregnancies; contraception prevents sexually transmitted diseases and HIV.

India was the first country in the world to formulate the national family planning program in the year 1952 with the objective of “reducing the birth rate of the extent necessary to stabilize the population at a level consistent with requirement of national economy” [6]. India’s family planning program was probably one of the most ambitious one in the world. One of the main objectives of the programme is to spread the knowledge of family planning methods and develop among the people an attitude so that the knowledge acquired is put to practice. Many couples do not use contraception due to fear of side effects and complications [7]; this too contributes to the unmet needs of FP. The study by Malulu PK, *et al.* [3] revealed that knowledge on the various methods, fear of harmful effects, and approval of use by self and partner were the major predictors of uptake of modern contraceptive methods. Fear of side effects is a main concern while deciding the method of contraception; more so among those who are going to use it for the first time. At times the couples have knowledge about family planning but this is not put to practice because of attitude which is at times determined by fear of side effects and complications [8].

Indian Armed Forces personnel come from all over the country and have different and varied social background. They represent a cross section of true Indian population. Family welfare activities including FP have been in practice for many years. This observational study was conducted in one of the service hospitals on the OPD patients and their spouses. The aim of the study was to find out the knowledge and practices of contraception among women and men both; and suggest measures if any to improve the acceptance of contraception.

Material and Methods

The proposed cross sectional study was conducted for a period of six months in the outpatient department of Obstetrics and Gynecology. All the cases who reported for registration were enquired if they were willing for the study. Infertility cases were excluded from the study. Both the partners were included in the study but they replied to the questionnaire independently, without consulting each other. This questionnaire was prepared in two parts; first part consisted of general information and second part had open ended questions. There were no choices. They had to mention following:

- Two methods of contraception known to them
- Two advantages and two side effects of each method
- Name one contraceptive which was used in the past
- Name one contraceptive which would be used in future
- Benefits of induced abortion if any
- Side effects of induced abortion if any.

The interns working in the department were briefed about the project and they collected the information. Confidentiality was maintained, information could be provided in the language the responder was comfortable at. Infertility cases and where the age of woman was more than 40 were excluded from the study. Men whose spouse’s age was more than 40 too were not included in the study. All those who were unwilling to participate were excluded. The data collected was collated and analyzed and compared with the data available in literature. All the responses were spontaneous; without being asked any leading questions. Since this was an observational study there were no controls.

Results and Observations

The study was conducted for a period of six months, total of 1642 women were registered in the outpatient as new cases during this period. 900 were enrolled for the study; others were not enrolled as they were either unwilling or had some exclusion criteria. 626 cases in the study group were accompanied by their spouses, they were asked about their willingness for the study. 560 were willing and were enrolled for the study, rest were either unwilling or they had some exclusion criteria.

Age at the time marriage of the participants is shown in table 1, most of them were in the age group of 20 to 30 years when the fertility is at its peak. Almost all the individuals had mentioned some information about contraception (Table 2). Only 26; 19 women (2.1%) and 7 men (1.2%) did not mention any contraceptive. A large number, 87% of women and 91% of men had mentioned two contraceptives. The names of contraceptives mentioned are shown in table 3, barrier contraceptive; male condom was the most common contraceptive mentioned. Table 4 depicts past use of contraception by participants, more than fifty percent had mentioned past use of some contraceptive and some had mentioned more than one method. All the participants were enquired about their planning regarding use of contraception in future.

Age	Women (900)	Men (560)
Less than 20	123	14
20 to 30 years	538	376
30 to 40 years	239	170

Table 1: Age of participant at time of marriage.

Contraceptive methods mentioned	Number 900 (Women)	Number 560 (Men)
Two methods	784 (87.1%)	502 (89.6%)
One method	97 (10.7%)	51 (9.1%)
No method	19 (2.1%)	7 (1.2%)

Table 2: Contraceptive mentioned.

Name of contraceptive mentioned	Number of responses (by women) 1665	Number of responses (by men) 1055
Condom	732	466
Oral pills	389	315
Lactation	65	12
Natural (withdrawal)	98	89
Safe period	60	49
Progesterone injection	26	14
Copper T	269	96
Tubectomy	14	6
Vasectomy	12	6
None	19	7

Table 3: Names of Contraceptive.

Contraceptive	Women	Men
None	355	239
Condom	286	156
IUCD	34	21
Oral contraceptive	65	32
Tubectomy	132	87
Vasectomy	03	02
Natural methods	73	38

Table 4: Past usage of contraceptive.

Contraceptive	Women - 900	Men - 560
None	239 (26.5%)	141 (25.1%)
Not yet decided	117 (13.0%)	122 (21.7%)
No response	102 (11.3%)	56 (10.0%)
Tubectomy	71 (7.8%)	43 (7.6%) Spouse
Vasectomy	04 (0.4%) Spouse	05 (0.8%)
Condom	176 (19.5%)	113 (20.1%)
IUCD	81 (9.0 %)	24 (4.2%)
Not required	26 (2.8%)	12 (2.1%)
Others	29 (3.2%)	20 (3.5%)
Oral pills	45 (5.0%)	21 (3.7%)
Injections	00	03 (0.5%)

Table 5: Future contraceptive being contemplated.

All the responders were asked about two benefits and side effects of the contraceptives which they had mentioned as known to them. These benefits and side effects are shown in table 6 and 7. All the participants had to state the benefits, side effects and complications of induced abortion which are shown in table 8. 83 women admitted to having undergone induced abortion in the past. Men were not enquired about the abortions their spouses had undergone.

Contraceptive	Responses	Number
Condom	Cheap	798
	Easy to use	455
	Prevention of pregnancy	193
	Prevention of sexually transmitted diseases	21
	HIV prevention	53
	Spacing	108
	Self-managed	84
Tubectomy	Easy	41
	Permanent method	14
Vasectomy	Permanent method	28
Oral contraceptives	Easily available	164
	Cheap	98
	Rise of hemoglobin	4
	Painless	3
Natural methods	Easy	23
Breast feeding	Easy	39
IUCD	Spacing of children	197
	No need for repeated use	56
	Does not affect the child	7
	Not permanent	2
	No visit to hospital	5

Table 6: Benefits of different contraceptives (Total 2391 responses).

Contraceptive	Side effect	Number
Condom	Dermatitis	219
	Reduced pleasure	189
	Regular use	282
	Rupture of condom	67
	Failure	29
	Allergies	109
	May affect the child	2
	Reduced pleasure	182
Tubectomy	Excessive periods	24
	Weight gain	152
	Failure	59
	Permanent	4
Vasectomy	Impotence	21
	Swelling	11
	Failure	23
	Permanent	1
Oral pills	Headache	123
	Burning over body	21
	Weight gain	267
	Vomiting	29
	Not safe	188
	Cancer	9
	Fibroid	2
Natural methods	Lack of pleasure	11
Breast feeding	Failure	26
IUCD	Infection	187
	Cancer	12
	Bleeding	117
	Not safe	87
	Pain	43
	Rupture	12
	Failure	9

Table 7: Side effects of different contraceptives (Total 2517 responses).

Benefits	Number	Side effects	Number
Don't know	412	Don't know	619
Prevention of early pregnancy	214	Lack of calcium	2
None	78	Sepsis	32
Population control	92	None	167
Family planning	317	May affect future pregnancy	41
		May affect periods and health	113
		Future health	37

Table 8: Benefits and side effects of induced abortion.

Discussion

The single most important problem that developing countries like India are facing today is uncontrolled growth of population [9]. FP is one of the fundamental pillars of population control, safe motherhood and reproductive rights [7]. Contraception is an important and significant part of FP. Whether contraceptives will be put to use or not is dependent on the knowledge and beliefs of both women and men. The study was conducted to find out the knowledge and awareness about contraception, their perceived benefits, side effects and complications. Study aimed to find out the practice of contraception like past usage and future planning for contraception and FP. Advantages and disadvantages if any of induced abortion too were enquired into, as abortion is linked to lack of contraception.

Almost all the individuals had mentioned some contraceptive; only 26; 19 women (2.1%) and 7 men (1.2%) did not mention any contraceptive. A large number, 87% of women and 91% of men had mentioned two contraceptives. This information indicates good basic information about contraceptives. Study conducted by Uma K [1] in Tamilnadu too mentioned similar figures of overall knowledge of 98.4% in men and 96.0% in women. Similar results have been quoted by Lwelamira J., *et al.* who mentioned in their study that 98.8% of the respondents were aware of modern contraceptives and 80% were able to tell at least three methods [10,11].

The commonest contraceptive cited by both women and men was barrier contraceptive, male condom as mentioned in table 3. Oral pills were the second commonest contraceptive of choice. Tubectomy and vasectomy both together accounted for a small percentage (2.4%) as a method of contraception; probably the individuals considered contraception only for temporary purposes. In one study [3] injectable contraceptives were the most favored choice but in our study only 40 (both women and men) of 1460 (2.7%) had mentioned about progesterone injections as a contraceptive. Many individuals (223) had undergone sterilization but it was not mentioned as a method of contraception. Since the spontaneous responses only were recorded, the information provided was of general nature and not specific to the individual.

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All the respondents were enquired about past usage of contraception and the contraceptive planned for future. Past use of contraceptive was very high, 61.6% of women and 57.4% of men had used contraception in the past. Malalu, *et al.* had reported that fifty percent of all the participants had or partner had ever used FP methods [3]; the injectable progesterone was the most commonly used contraceptive. In another study [12], 44.8% of women were using or had used a contraceptive method continuously for at least one year. In this study oral contraceptive was mentioned as the first choice, followed by IUCD, female sterilization and male condom. In our study we did not enquire into duration of use of contraceptive. All these studies indicate a reasonable use of contraception in past.

Regarding planning for future contraceptive, all the participants were asked about their planning for contraception in future. Since the study included all the cases; both obstetrics and gynecology; 224 had already undergone permanent methods hence this was not applicable to them. A large number (50.8% women and 26.3% men) were either undecided or were not keen to use any contraceptive in future. These individuals are most vulnerable; hence they should be targeted for providing concentrated and focused knowledge about contraception. It is well known that FP reduces the number of unintended and unwanted pregnancies [13] and thereby saving women from high risk pregnancies and unsafe termination of pregnancy [4]. Hence; these individuals who are undecided about future contraception should be the focused group. The most sought after contraceptive for future use was condom; this was the common choice by both the groups; women and men. About seven percent in both the groups had planned tubectomy for future contraception. Vasectomy and injectable contraceptives were the least preferred methods.

Most of the studies have tried to find out the reasons for non-usage of contraceptives but in this study an attempt was made to find out the perceived positive aspects of contraception (Table 6). Each one was to mention two benefits of the contraceptive known to them, 2408 positive responses in the form of benefits were received, meaning that 82% believed that the contraceptives had some benefits. Barrier contraceptives and oral contraceptives were mentioned as easy to use and easily available. Though contraceptives are provided free of cost yet the cost factor as 'cheap' was mentioned. Spacing too was mentioned as a benefit. Some benefits like oral contraceptive increasing hemoglobin and IUCD not affecting the child were mentioned though very infrequently. 193 had mentioned 'Prevention of Pregnancy' as a benefit of contraception. There is need to stress on the benefits of contraceptives; both contraceptive and non-contraceptive benefits like prevention of HIV etc. There are not many studies to find out about the awareness of benefits of contraceptives. Study conducted by Mutombo N., *et al.* [5] enquired about the knowledge about FP, benefits for the child and mother. Knowledge levels about the impact of FP are generally low, as less than 40% of women in Western Kenya reported high knowledge about the impact of FP on the child, while approximately 16% were highly knowledgeable about the impact on the mother. In our study open ended questions were asked hence direct benefit on mother and child health was not mentioned by anyone. It is important that the health care providers should highlight the benefits of FP and contraception. As it has been seen that women's level of knowledge about benefits of FP is quite low [12]; hence there is need to stress on benefits of contraceptives. Couples with correct information and beliefs about contraceptives and the benefits of FP have more chances of using contraceptives and adhering to their regular use.

Chuang CH., *et al.* [14] did a survey to find out about awareness regarding insurance coverage of contraception both temporary and permanent. It was also mentioned that there is need to increase the awareness about financial implications. Our country has very well planned "Family Planning Indemnity Scheme" for family planning acceptors. All acceptors should be made aware of these schemes. The low utilization of modern contraceptives despite a near universal awareness through various forums confirms that the women need more knowledge on FP methods that will focus on available options and their effects on health [2]. It has always been believed that fear of side effects and safety issues are a big hurdle in putting knowledge to practice [4].

Several studies have assessed women's and couples' knowledge and use of contraceptives, in addition to barriers to the uptake of FP services [8]. Fatemeh SA., *et al.* [15] had conducted a study to find out the barriers which prevented the acceptance and practice of contraception, concern for the health and side effects was an important barrier.

One of the information to be collected in this study was the belief about side effects and myths about contraceptives. The participants were to name two side effects of the contraceptive (Table 7). Most of the side effects mentioned were minor and non-serious ones, and many were aware about the failure of contraceptives. A large number mentioned about the usual side effects like weight gain and nausea. In one study [16] it was mentioned that even medical and dental students lack adequate knowledge about oral contraceptive pills.

It has been found that, despite unwillingness to conceive, most of the couples do not use any method of contraception. Health concerns, side effects, failure of the method and some socio-demographic issues such as education, age, residential region, number of living children, status of women and religion play a major role in the use of contraception [17,18]. Side effects or safety concerns are the main factors for women and men not using any modern family planning methods. Reasons included were perceived side effects; such as prolonged menstruation, men's concerns about impotence and genital sores, weight gain or loss, and subsequent infertility [4,19]. Our study too showed similar results.

Half of the pregnancies in the United States are unintended [20]. The same is happening all over the world. Lack of family planning measures results in many unwanted and unintended pregnancies which may result in induced termination [13]. One of the aspects of this study was to find out the beliefs about advantages and side effects of the abortion. The information about this is recorded in table 8. Most of the responses regarding benefits had either included no benefit or pregnancy prevention. Similar results were recorded regarding side effects and complications of abortion; many had mentioned that future health and pregnancy may be affected. Men were not enquired about knowledge about abortion. 83 women had undergone induced abortion in the past. It should always be reiterated that health risks associated with contraception are less compared with risks associated with unintended and pregnancy complications in general, unsafe abortion in particular.

Conclusion

To understand the dynamics of contraceptive use, it is important to study current contraceptive use, preference and problems of different methods as well as their intention to use contraceptive methods in the future. One of the greatest obstacles to family planning in developing countries is knowledge. An individual can only accept to take contraceptives if she has an in-depth knowledge of contraception, their side effects and above all the benefits accruing to the individual for using it. Evidence from a number of studies around the world reveal a near universal knowledge on family planning among the women of the reproductive age group, this has not translated into increased utilization of these methods [21].

There are many reasons for not using contraceptives, lack of knowledge and fear of side effects is an important reason for non-acceptance. There is a need to allay the fears and also provide them with wider choices of contraceptives. This was one of the few studies where we tried to find out the positive beliefs about contraceptives, there is need to highlight the benefits of contraceptives, both contraceptive and non-contraceptive benefits. The risks of 'No Contraception' is much more than the risks of contraception. It would be more beneficial and productive if men too are involved in all FP campaigns. Campaigns to raise awareness [22] on importance of modern contraceptives among males (husbands) should be emphasized and should go along with those involving women. It is prudent not only to highlight the safety of contraceptives but focus should be on improving the knowledge about benefits of contraception and contraceptives.

Disclosure

Authors disclose no conflict of interest.

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