# A Study on Knowledge, Awareness and Perc Eption of Oral Contraceptiv E Use and Risk among Women in Few Areas O F South Bengaluru

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Abstract: In socio-cultural politico setting like India, access to or promotion of contraception among young adult is very limited. Educating young women about emergency contraception may help to prevent unwanted pregnancies. Unwanted pregnancy continues to be a significant public health issue and poses a major challenge to the reproductive health of women, and particularly among young adults in developing countries. Pregnancies that are unintended, at highest instance occurs between 18-24 years of age, because of which education to women about the contraceptive practices and about the risks associated with contraceptive use become important. Many women using oral contraceptives are unaware of the serious side effects produced by them, which actually have a greater impact in the later life, this study suggest the strategies on promotion regarding serious side effects associated with oral contraceptive usage should be focused by we pharmacists. During the course of the study questionnaires were used to obtain and conclude the results. However, risk associated with the use of (Oral Contraceptive Pills) OCP's can't be eliminated. Instead the reduction of incidence has been achieved when we conducted awareness programmes and educated women regarding the long term and short term risks associated with the use of oral contraceptive method.

Keywords: awareness programmes, contraceptive methods, Oral contraceptive pills, risks of OCP's,

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## I. Introduction

Awareness is the ability to directly know and perceive, to feel, or to be conscious of events, objects, thoughts, emotions, or sensory patterns. In this level of consciousness, sense data can be confirmed by an observer without necessarily implying understanding. Contraception is any method used to prevent pregnancy. There are many different methods of birth control including condoms, IUDs, birth control pills, the rhythm method, vasectomy, and tubal ligation. Surprisingly, in socio-cultural politico setting like India, access to or promotion of contraception among young adult is very limited. Educating young women about emergency contraception may help to prevent unwanted pregnancies.

In India the population has been increasing gradually due to reasons like :-

- Early marriage
- Poverty and illiteracy
- Age old cultural norm

In socio-cultural politico setting like India, access to or promotion of contraception among young adult is very limited. Educating young women about emergency contraception may help to prevent unwanted pregnancies, Pregnancy is not a disease. But more fundamentally neither is human fertility. Rather, our fertility is a completely normal part of the physiology of the sexually mature person and is the only normal physiologic function medical providers treat as if it were a disease by chemical suppression, manipulation, or surgical elimination. Unwanted pregnancy continues to be a significant public health issues among adolescents and young women, posses a major challenge to the reproductive health of women in most of the developing countries. Some teenagers with unintended pregnancies resort to abortions, which are often performed under unhygienic and potentially life threatening conditions and others bear their pregnancies to term, incurring the risk of morbidity and mortality related to pregnancy and delivery, together with serious social risks. [9] Contraception has been a single most important intervention to reduce burden of unwanted pregnancy and promote healthy living among young women. Sexarche is happening earlier in now a days resulting in younger adolescence engaging in sexual habits. However, majority of college students without science background lack

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awareness of the harms of unsafe sexual encounters. <sup>[10]</sup> In India, the mostly known and used contraceptive is condom for males and I-pill for women which contains of levo-norgesterol. Rarely foams, pessaries, female condoms, intra uterine devices are used. Addressing the issue of unintended pregnancy is a national priority. One proposed strategy to reduce unintended pregnancy is to improve access to oral contraceptives by changing them to over-the-counter (OTC) status. Which was less effective strategy due to lack of awareness. <sup>[12]</sup> Oral contraceptives (birth control pills) are used to prevent pregnancies, oestrogen and progestin are two female sex hormones usually given in combination or progestin alone which act by preventing ovulation. <sup>[14]</sup> Despite numerous "pill scares" concerning its medical complications, the pill has remained the contraceptive method of choice among fertile women independent of marital status. <sup>[25]</sup> The use of contraceptives has been recognized as a key element in reducing fertility for all age groups in many developing countries. Birth spacing has been identified by the World Health Organization as one of the six essential health interventions needed to achieve safe motherhood. Studies indicate that the total fertility rate of a nation is inversely related to the prevalence rate of contraceptive use. <sup>[39]</sup>

## II. Methodology

It is descriptive cross-sectional study conducted in few areas of south Bengaluru. A self-administered questionnaire was used to collect data from the participants. It is comprised of close ended and open ended questions on awareness and practices regarding oral contraception. The questionnaire from the pre-session comprised of various details like demographics i.e. age, marital status, age of menarche, knowledge regarding the contraceptives, side effect seen when used the oral contraceptives etc. the other questions regarding the effects of OCPs on menstruation, risks, time of usage of oral contraceptives etc. were asked.

## III. Results

A total of 381 subjects participated in the awareness programme which was conducted for a period of six months from October 2015 to March 2016.

	Table.1: Age distribution of the subjects			
Age groups		Total number of people		
18-21		175		
22-25		119		
26-29		35		
30-33		28		
34 and above		24		
Total		381		

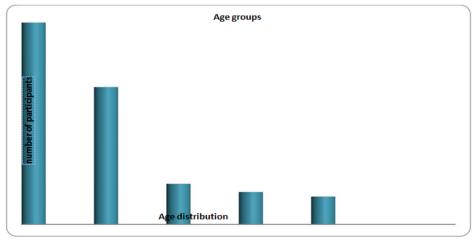
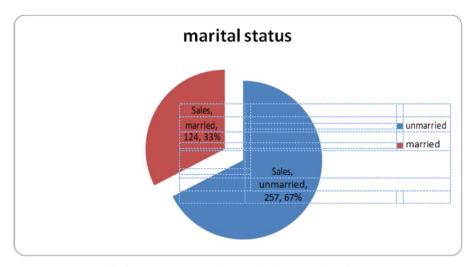


Fig.1: graph representing age distribution among the subjects

	Table.2: marital status of the subjects		
Marital status		Number of participants	
Married		124[33%]	
Unmarried		257[67%]	
Total		381	



**Fig.2**: Chart representing marital status of subjects Majority (n=257, 67%) of the subjects were unmarried and (n=124, 33%) were married.

A STUDY **Table.3:** Educational background of the subjects

Educational background	Number of participants
Science	104 [27%]
Non science	277 [73%]

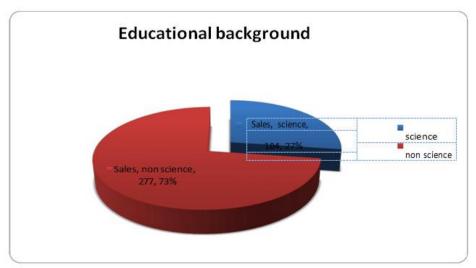


Fig.3: Describes the educational background of the participants

Majority(n= 277,73%) of the participants were from science background, and (n= 104,27%) of the participants were from non-science background.

Table.4: knowledge about contraceptives

Contraceptives	Number of participants
Pills	128
Others	93
none	160

Among the participants, (n= 198, 33.5%) were aware of oral contraceptive pills, (n= 93,24.4%) were aware about the other contraceptives methods like condoms, copper T, hormonal patches etc. and (n=160, 41.9%) were not aware of any contracept methods. Other than the pills, majority of the participants (n=83, 21.7%) in the study knew about the condoms.

Table.5: pre and post session quessionarie asked to assess the knowledge of the participants

		Pre-session		Post-session	
SL.NO	Questions asked to assess the knowledge of participants	correct	wrong	correct	Wrong
1	If a woman has been taking oral contraceptive pills, is it necessary to use any other forms of contraception?	98	283	366	15
2	Can a woman safely take ocps throughout her lifetime?	129	252	362	19
3	Is it important for a woman to take the ocps everyday at the same time?	281	100	358	23
4	The women who use ocps can smoke?	231	150	355	26
5	Does OCP cause birth defects?	75	306	372	9
6	Will the fetus be harmed if a woman accidentally takes OCP while she is pregnant?	203	178	351	30
7	Does usage of OCP result in abortion?	40	341	370	11
8	If a woman has been taking OCP for a long time, will she still be protected from pregnancy after she stops taking OCP ?	100	281	379	2
9	Should a woman take a "rest" from OCP after taking them for a time?	80	301	376	5
10	Does OCP protect against against sexually transmitted diseases?	26	355	360	21
11	Does the OCP increases the risk for breast cancer?	259	122	380	1
12	Is there any difficulty in becoming pregnant after stopping the use of OCP?	229	152	356	25

# POST-SESSION QUESTIONNARE POST-SESSION (NO) PRE-SESSION (NO) PRE-SESSION (YES)

Fig.5: Representing the pre and post session quessionare

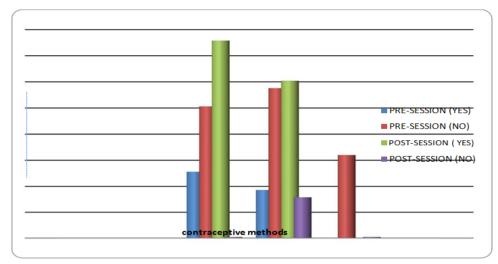
NUMBER OF PARTICIPANTS

Table .6: Comparison of knowledge regarding different methods of contraception pre and post the session

	Pre-session	Pre-session		Post –session	
Awareness of different contraceptive methods	YES	NO	YES	NO	
Pills	128 (33.5%)	253 (66.4%)	379 (99.4%)	2 (0.52%)	
Others	93 (24.4%)	288 (75.5%)	302 (79.2%)	79 (20.7%)	
None	160 (41.9%)		2 (0.52%)		
TOTAL	381 (100%)		1		

Out of 381 participants, majority (n=128,33.5%) of them were aware about the oral contraceptive pills presession as well as post – session i.e., (n=379,99.4%).

The below graph describes the awareness of different contraceptive methods among women.



**Fig.6:** Representing the comparison of knowledge regarding different methods of contraception pre and post the session

**Table .7**: Side effects reported by the users among the participants.

Side effects observed	Number of participants	Percentage(%)
Headache	65	54%
Vomiting	52	43%
Weight gain	4	3%

The above table represents the side effects reported by the users among the participants. From our study we observed that among the users (n=74),headache was the major side effect reported by the participants(n=65,54%).

**Table.8:** Post the session people who increased their knowledge

SL.NO	Number Of Participants	YES	NO
1	381	372 [97.6%]	9[2.36%]

## **IV. Discussion**

The present study was focused on identifying the knowledge, awareness and perception of OCP use among women in few areas of south Bengaluru. Contraception allows women the freedom to enjoy the sexual relationship as reported in a qualitative study. The large number of induced abortion in India reflect the unmet need for contraceptive usage. In India, OCP's are available over the counter in the private sector as well as through government supply .Anybody can procure them without the physician advice i.e., without any prescription. So, OCP's are misused among the women to prevent unprotected intercourse ,due to many obstacles to knowledge preventing the same. Understanding current knowledge, perceptions and identifying the awareness among the women with regard to OCP is necessary. Contraceptive use has been increased in nearly every country in recent decades. The study provided us an insight to explore the knowledge, perception and awareness of OCP's among women in few areas of south Bengaluru. Our study highlights students who were aware of OCP, knowledge regarding correct time of use. A Total of 381 participants were followed for a period of 6 months. Among them, 128 participants were aware about OCPs and 93 were aware about other methods and 160 were not aware about any of the contraceptive methods. This study included both married(n=124,33%) as well as unmarried women(n=257,67%). When the participants were interviewed regarding the perception of OCP's married women mentioned that OCP's are used as one of the best method for birth spacing and few mentioned that women's work is strongly linked to the contraceptive use. While, Unmarried women believed that OCP's usage are the safer, easier and best way to prevent unintended pregnancy compared to IUD insertion. Combined pills induced nausea in 30-50% of women and vomiting in 15-25% women. Among the

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participants, number of users who experienced headache (n=65,54%), vomiting (n=52,43%) and weight gain(n=4,3%) as common side effect which was reported as an immediate effect of ocp's. In India, educated women were aware about only 11.2% about OCPs. The study included the participants with different educational background, that included participants from science background (n=104, 75%) like pharmacy, B.S.C etc and participants with non-science background(n=277,73%) i.e., S.S.L.C and below, B.com, MBA etc. Majority of the participants from the science background were aware about OCPs through social media and other print media, but had a little knowledge about benefits and risks. Whereas, non-science background participants were aware of existence of OCPs through advertisements, but had no knowledge regarding benefits and risks. From the present study, it is evident that there is a strong and intensive need to educate about the usage and risks associated with OCPs among young women and adolescents, as they are in high risk of unintended pregnancy. Majority of the participants in the study reported that, the usage of OCPs were found to be higher due to anxiety and fear about unintended intercourse and lack of knowledge when compared to other methods of contraception which are considered to interact with sexual activity. Therefore, educating them about risks( which includes both short term as well as long term risks) is of major concern. The study gave the community a through insight to understanding the risks and benefits and were more educated and open minded to learn newer methods of contraception on contrary to primitive methods of intercourse. And were more aware upon the usage of the same.

## V. Conclusion

Awareness & knowledge regarding the benefit risk ratio of OCP's were found to be increased after educating the women. However, risk associated with the use of OCP's cannot be eliminated; the reduction of incidence rate of risks has been achieved by the conducting our awareness program. This study shows that mere awareness about OCPs is not enough, there is an urgent need to revise and reinforce the ongoing programmes with emphasis on creating awareness with respect to serious side effects associated with the OCPs use. During our course we concluded that the majority of subjects that were exposed to the OCP were very less compared to the amount of subjects that were unexposed.

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