

Attitude and Practice of Contraception among Gynecologists at a Tertiary Care Hospital

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ABSTRACT

Medical healthcare providers are an important link with the general public to impart knowledge regarding contraception. However, their own attitude and practice of contraception is often lacking.

Objective: This study was conducted to assess the attitude and practice of contraception over the last 5 years of the gynecologists themselves in a tertiary care hospital in Jaipur.

Materials and methods: The study was conducted on 125 female gynecologists in a tertiary care hospital in Jaipur. All were given a questionnaire which was duly filled by them and data obtained was analyzed.

Results: All the doctors used some form of contraception. The mean age was 29.32 years. The commonest was the barrier method (38.4%) followed by OC pills (27.2%). Twenty-one percent of the barrier users used them occasionally. Emergency contraception was used by either those using natural methods of contraception or who were occasional users of OC pills or condoms. Fifty percent of the couples relying on natural methods conceived.

Conclusion: Gynecologists have complete knowledge regarding contraception, yet fail to use it regularly. Proper attitude and practice is essential to prevent unintended pregnancies.

Keywords: Attitude, Practice, Contraception.

How to cite this article: Hemani S, Hooja N, Mital P. Attitude and Practice of Contraception among Gynecologists at a Tertiary Care Hospital. J South Asian Feder Obst Gynae 2013;5(3): 129-131.

Source of support: Nil

Conflict of interest: None declared

INTRODUCTION

India's population is rising at an alarming rate with high maternal mortality and morbidity. Unplanned pregnancies and unsafe abortions are major contributors to these dismal health indices and are themselves direct consequences of failure or nonuse of contraception.^{1,2} Family planning, which can be achieved through contraception, is one of the pillars of the safe motherhood initiatives (SMI) introduced in 1987 to reduce maternal morbidity and mortality while contraceptive

prevalence rate is one of the indices for assessing the achievement of universal access to reproductive health in the Millennium Development Goals.^{3,4}

Medical healthcare providers specially gynecologists are an important link with the general public to impart knowledge regarding contraception. Besides the knowledge, attitude and regular practice is essential for success of contraceptive practice. However, their own attitude and practice of contraception is often lacking. With this objective, this study was conducted to assess the attitude of gynecologists toward contraception and to evaluate the contraceptive practices among themselves.

MATERIALS AND METHODS

The study population consisted of 125 female gynecologists, including consultants and postgraduate students, aging 22 to 45 years and working in a tertiary care institute in Jaipur, Rajasthan, India. After a written informed consent, a close ended questionnaire was used for collecting information. This predesigned and structured questionnaire included the type of contraception they used over the past 5 years, frequency of its use, any use of emergency contraception, the number of unintended pregnancies occurred and the outcome of such pregnancies. Doctors who had undergone sterilization operations or hysterectomy before 5 years were excluded from the study.

OBSERVATIONS

All the 125 doctors used some form of contraception throughout the period of 5 years. 44.8 % of doctors were in the age group 20 to 25 years and the mean age was 29.32 years. 53.6% doctors were nulliparous, 20 and 26.4% were para 1 and 2 respectively. None of the doctors had more than two children (Table 1).

The commonest contraception used was the barrier method (38.4%), 41.6% of whom used them occasionally. One third of the 27.2 % oral contraceptive pills users were taking them occasionally, most of whom were postgraduate students, living away from their husbands (Table 2). The Levonorgestrel IUD user was a consultant, in the age group 35 to 40 years.

Emergency contraception was used mostly by the postgraduate students, 50 times during the study period by either those using natural methods of contraception or who were occasional users of OC pills or condoms. (Table 3).

The number of unintended pregnancies were considered as the failures. Fifty percent of the couples relying on natural methods conceived. Others who conceived were occasional users of either OC pills or condoms (Table 3). Around 82.2% got the unintended pregnancy terminated, 14.2% of whom got tubal ligation done with it.

Table 1: Distribution according to age

Age group (in years)	No. (n = 125)	%
20-25	56	44.8
25-30	24	19.2
30-35	14	11.2
35-40	15	12
40-45	16	12.8

Table 2: Distribution according to the contraceptive use

Types of methods		No.	%	
Barrier method	48 (38.4%)	With spermicide	9	7.2
		Without spermicide	39	31.2
Cu-T IUCD	21 (16.8%)		21	16.8
Hormonal methods	36 (18.4%)	Oral contraceptive pills	34	16.8
		Levonorgestrel IUCD–Mirena	01	0.8
		Depot medroxyprogesterone acetate	01	0.8
Sterilization	4 (3.2%)		04	3.2
Natural methods	16 (12.8%)	Symptothermal	04	3.2
		LAM	04	3.2
		Coitus interruptus	08	6.4

Table 3: Distribution according to number of failures and emergency contraception use

Method of contraception	No.	No. of pregnancies (% of method users)	Use of EC Pills 50 times
Occasional use of OC pills	11	3 (27.2%)	6
Occasional use of barrier methods	20	6 (30%)	16
Natural methods	16	8 (50%)	28

DISCUSSION

World Health Organization⁵ defined family Planning as ‘a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitude 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’.

In our study we have seen that apart from knowledge, a positive attitude and practice is also essential as far as contraception is concerned. Since the study was conducted on gynecologists, all had complete knowledge regarding contraception. Only 58.3% of the barrier method users used them regularly. We also observed that many gynecologists used natural methods of contraception. This may be attributed to the fact that they knew about the safe period and that the partners of many postgraduate doctors were staying in different cities.

Joyce Choi et al⁶ in their study suggest that 50% of physicians advocated natural methods as a method of contraception.

In a study on women in reproductive age group in Surendranagar district, India, Mitali G Patel et al⁷ found a couple protection rate of 51%. 25.5% couples were using terminal methods of contraception. 48.9% couples were not using any method of contraception and this high percentage as compared to none in our study reiterates the importance of literacy in spreading awareness about contraception.

In another study by Choudhary et al⁸ amongst eligible couples in rural Haryana, India, 95% had knowledge but only 59.2% practiced any form of contraception. This bridge needs to be filled if we want to achieve our family planning goals.

A study in Nigeria by Augustine et al,⁹ suggested that there was 92.4% awareness but only 52.6% couples ever used contraception. Condoms were the maximum used (46.7%) and only 13.3% used pills. However, majority of nonusers also intended to use any contraceptive method in future.

Fear of side effects, uncertainty about its need, partner objection and previous side effects were the common reasons

given for unwillingness to use contraception in the future. None of these reasons were seen in our study as our women had proper knowledge about contraception.

A study by Oriji VK et al¹⁰ to assess the knowledge, attitude and practice of emergency contraception (EC) among medical doctors in Port Harcourt suggested that awareness of EC was high among the doctors, however knowledge about its use was poor. Although 98% of them were aware of emergency contraception, 58% could not identify correctly any type. Oral mifepristone was the most recognized form of EC identified by 38% of the doctors. In our study, doctors had knowledge about EC and it was used often.

CONCLUSION

Thus, we can conclude that contraceptive practices by majority of couples will improve maternal health and help us to achieve the Millenium Development Goals. Proper knowledge and attitude is essential for this. Gynecologists, even with all the knowledge regarding contraception fail to use it regularly. Improved contraceptive practices are essential to prevent unintended pregnancies and a more responsible attitude and action is desired from the gynecologists.

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