

International Journal of Clinical Obstetrics and Gynaecology

ISSN (P): 2522-6614
ISSN (E): 2522-6622
© Gynaecology Journal
www.gynaecologyjournal.com
2022; 6(1): 14-17
Received: 09-11-2021
Accepted: 13-12-2021

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Knowledge, attitude, perception and utilization of contraceptive amongst reproductive aged adults at the Ghent University Summer School, Belgium: A cross- sectional study

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DOI: <https://doi.org/10.33545/gynae.2022.v6.i1.a.1107>

Abstract

Aim: The aim was to study the knowledge, attitude, perception and utilization of contraceptives amongst reproductive aged adults at the Ghent University Summer School, Belgium.

Methodology: A randomized descriptive cross-sectional study was carried out at the Ghent University Summer School, where there were two summer school programs; SRHR and Globalization faculties. Through simple balloting, the SRHR program was selected. Participants at the summer school came from different countries and continents around the world. Then randomized cluster sampling technique was then used to study all 60 participants under the SRHR program. Data on variables of interest were obtained using a validated data collection tool that was distributed on a google online platform. Analysis was done using google spread sheet analyzer.

Results: 100% of participants had knowledge on contraceptives. 73.3% got theirs from health facilities or formal lectures, while 6.7%, 13.3% and 6.7% got theirs from social media, friends and family respectively. All respondents supported their sexual partners using any form of contraceptive they intended to use. 93.3% used contraceptives for pregnancy and STD preventions, while 6.7% used contraceptives for pregnancy prevention alone. The most readily available contraceptive were condoms (60%), while pills (40%) were the second most common.

Conclusion: There was good and positive knowledge, attitude, perception and utilization of modern contraceptives.

Keywords: Belgium, reproductive age group, knowledge of contraception, perspectives

Introduction

Contraception is the utilization of artificial methods, techniques, procedures or equipment to prevent unintended pregnancy as a consequence of sexual intercourse. This contraception may be achieved either by the male or female, however should be aimed towards comfort, privacy and the freedom to choose and plan for intended pregnancies^[1].

In all said and done, the importance of contraceptives cannot be over emphasized. It does not just reduce the prevalence of unsafe abortion; it also reduces the need for abortion in general. Furthermore, it prevents transmission of HIV from mother to child as well as confer some level of protection on the sexual couples^[2]. On a larger scale, it can also be seen as an effort in the positive direction in the war against over population. From natural (lactation amenorrhea, beads, rhythm and withdrawal), IUDs, condoms and emergency pills to hormonal contraceptives, there is now almost a contraceptive method for every situation. Each with different levels of efficiency to failure rates. However, natural methods have the highest failure rates^[3]. This is followed by condoms and short-term use methods, as against the implants and IUDs^{[2][4]}.

Even though there is a universal knowledge on contraceptive indications for use, there is often a discord between knowledge, perception and its use. In a study amongst by Nsugba H, *et al.* 2015, they discovered that though the participants showed a very high (99.9%) on contraception, less than 50% were using any form of contraceptives. Furthermore, only 22.1% of knew about female contraceptives. In all, due to the fact that the study was conducted in an evangelical university, contraceptive use being immoral and sinful was the major reason for low contraceptive uptake^[5]. Another study on contraceptive uptake in Africa found that although the knowledge, perception and acceptance of contraception is improving, there was an increase in discontinuation of use.

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That said, there were very palpable regional and national variations. The study also noted that injectables and implantable were now the most common forms of contraceptives used by women. This goes to say that women are now taking charge of their inception and contraception. Finally, the use of contraceptives was more amongst the unmarried women in Africa. As most married women did not see the need in contraception, as the advocacy for family planning continues [6]. On another note, studies also found out that students in tertiary institutions who had early sexual debut (16 years or younger) and those who were not in a relationship had higher odds of not using a contraceptive during sexual intercourse [7]. Hence, this can be thought to suggest that unmarried women who are in relationships are more sexually careful than those who are not in a relationship. Globally, some of the lowest contraceptive uptakes are in Africa. With a lot of variations. While in West Africa, countries like Nigeria and Ghana have less than 12% (in 2018) and 21.53% (in 2014) of modern contraceptive uptake, respectively; in Eastern Africa, Kenya has about 42.6% (in 2014) of modern contraceptive uptake and utilization [8-10]. But, in most western countries than talks on contraceptives is no longer about acceptance or uptake, but about the pattern of modern contraceptives preferred. It is often most comfortably referred to as birth control, as against contraceptives or family planning, as is in Africa. Fertility care is a male and female issue and hence when one is seeking a pattern of contraception to use, the partners preference is also taken in to account. Especially if that partner is going to be participating in the contraceptive process. An international study amongst Germany, UK, France, Sweden and Romania showed that Oral contraceptives were most preferred in Germany (54.3%), France (50.5%) and Sweden (34.6%) and condoms in the UK (29.6%) and Romania (22.9%). Sweden went further to show the highest use of intrauterine devices (IUD, 19%). Romania had the lowest use of contraception, generally [11]. Hence, the aim is to study the knowledge, attitude, perception and utilization of contraceptives amongst reproductive aged adults at the Ghent University Summer School, Belgium.

Methodology

A randomized descriptive cross-sectional study was carried out at the Ghent University Summer School, where there were two summer school programs; SRHR and Globalization faculties. Through simple balloting, the SRHR program was selected. Participants at the summer school came from different countries and continents around the world. Then randomized cluster sampling technique was then used to study all 60 participants under the SRHR program. Data on variables of interest were obtained using a validated data collection tool that was distributed on a google online platform. Analysis was done using google spread sheet analyzer. Written consent was sought from each participant before commencing with the questionnaires. Ethical clearance was granted by the Bingham University Teaching Hospital Ethical Committee.

Results

All participants were sexually active. With 50% of them having their sexual debut between the ages of 11-15 years of age. The others had their debut between the ages of 6-10 and 16-20,

respectively. (Figure 1)

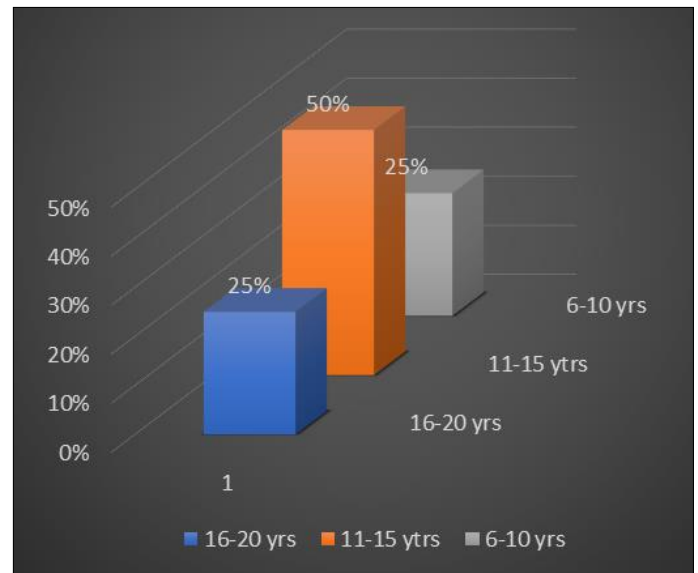


Fig 1: Showing the age of sexual debut of respondents

Knowledge of contraceptives

100% of participants had knowledge on contraceptives 73.3% got theirs from health facilities or formal lectures, while 6.7%, 13.3% and 6.7% got theirs from social media, friends and family respectively (Figure 2).

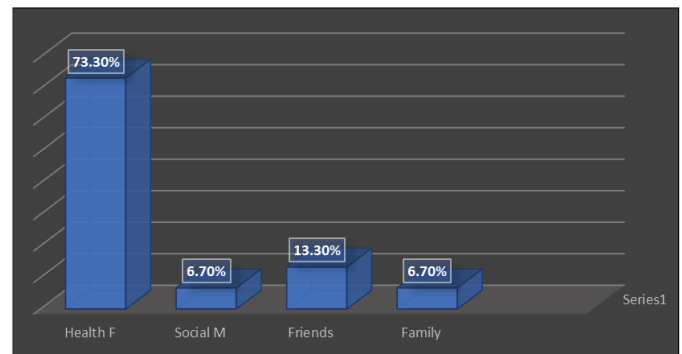


Fig 2: Route via which knowledge on Contraceptives was acquired

Attitude towards contraceptives

All respondents supported their sexual partners using any form of contraceptive they intended to use.

They all had partners that supported their use of contraceptives.

Perception of contraceptives

93.3% used contraceptives for pregnancy and STD preventions, while 6.7% used contraceptives for pregnancy prevention alone.

Utilization of contraceptives

The most readily available contraceptive were condoms (60%), while pills (40%) were the second most common. However, the preferred means of contraception amongst participants were Condoms (50%), Pills (25%) and implants (25%) (Figure 3).

26.7% of participants had unintendedly gotten pregnant. Of these, 66.7% terminated the pregnancies, while 33.3% carried the pregnancy to term.

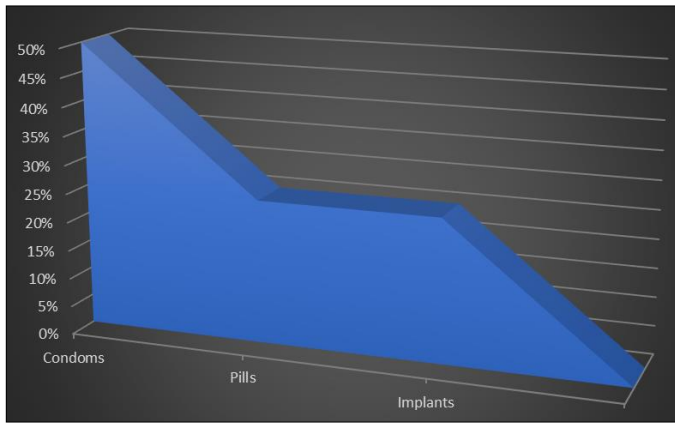


Fig 3: Preferred means of contraception amongst respondents

Discussion

The aim of the research was to study the knowledge, attitude, perception and utilization of contraceptives amongst reproductive aged adults at the Ghent University Summer School, Belgium. Which was achieved using a single blinded questionnaire so as to rule out any response bias.

Although the study questionnaire did not ask nor elicit specific questions about gender, sexuality and roles, all participants in this study attested to being sexually active. Impressively too was the fact that, they all supported their partners choices to use contraceptives if they intended and in turn, they all had supportive partners.

Studies have associated early age of sexual debut with tendencies to having multiple sexual partners and also a reduced likelihood of utilization of contraceptives during intercourse [7] [12-13]. Although, there are studies that have argued that decisions on multiple sexual partners and choice/not to use contraceptives are individual or couples based, and in Africa, usually decided by the men [14-15]. However, the argument for early sexual debut and its association is the fact that at an early age, most teenagers do not have knowledge on contraception and are very sexually curious [13]. In this study, we found out that most respondents had their sexual debut between the ages of 11 and 15 years, with others being between 16-20 and 6-10 (Fig 1). This is in alignment with other studies conducted on ages of sexual debut [12].

The study showed that knowledge on contraceptives was well spread and understood by all participants in the study. This must have been associated with the fact that the study was conducted amongst summer school students who were in a Sexual and Reproductive Health and Rights (SRHR) program. As supported by the results that showed that 73.3% of respondents acquired this knowledge on contraceptives from lectures. However, the corresponding high prevalence of knowledge that was gotten from friends on the route of acquisition of knowledge of contraceptives shows the importance that peer pressure has on reproductive life and knowledge (Fig 2).

As regards perception to contraception, majority of the respondents viewed it as a means for prevention of both unintended pregnancy and sexually transmitted diseases (STDs). This is often the job of barrier contraceptives. Which was the most available and preferred method of contraception in this study amongst respondents. However, the other preferred methods were implants and pills, both which could be called hormonal contraceptives (Fig 3).

However, with such applaudable knowledge, attitude, perception and utilization of contraceptives amongst the respondents, we sought to also understand the prevalence of unintended pregnancies amongst them. We found that 26.7% of them had

either been responsible for or have had experienced an unintended pregnancy, with majority of them ending in medical termination of pregnancy (TOP).

The major shortcomings of this study is the small sample size, the non-differentiation of genders and the fact that it was not region focused. Hence, hiding a lot of serializable specifics.

Conclusion

The study showed that the respondents had good knowledge of contraceptives. They had a positive attitude towards contraceptives. With good utilization, they perceived contraceptives as a technique for prevention of both pregnancies and sexually transmitted infections.

There was a high prevalence of early sexual debut amongst the participants.

Finally, there was a low prevalence of unintended pregnancies. Majority of which were terminated, medically.

Abbreviations

CSE – Comprehensive Sexual Education

STD – Sexually Transmitted Infection

TOP – Termination of Pregnancy

HIV – Human Immunodeficiency Virus

UK – United Kingdom

Conflict Of Interest

The Authors Declare No conflict of Interest

Funding

Authors received no form of funding from any Non-Governmental or Governmental organization for any part of this work.

Acknowledgement

I will like to acknowledge the help of the Summer School Ghent for permitting me to carry out this study. I will also like to acknowledge their most outstanding program that does way more than just equip the next generation on the required knowledge to Sexual and Reproductive Health and Rights (SRHR). Also, the most amazing Banki Moon Medical Centre (BMC), for the scholarship that availed me the opportunity to participate in the summer school Ghent.

I am forever grateful. – Daniel OTOBO, 2021.

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