ISSN (Print): 2617-0817 ISSN (Online): 2789-5912

Original Article

A study on knowledge and practice of OCP among Young adolescent girls- A cross sectional hospital based study

DOI: dx.doi.org

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Received: 08 Aug 2022
Accepted: 13 Aug 2022
Published: 15 Aug 2022

Published by:
Sher-E-Bangla Medical College, Barishal

ABSTRACT

Introduction: *Adolescents account for almost one-fourth (23%) of the Bangladeshi population. The government has designated adolescent health as a priority concern in the Health, Nutrition, and Population Sector Program (HNPSP), yet access to reproductive health information and services is extremely restricted. The current study focused on 98 teenagers' health seeking behaviors and reproductive knowledge, with a particular emphasis on contraceptive information.* ***Aim of the study:*** *The aim of the study was to understand the knowledge and practice of oral contraceptive pills among adolescent girls who visited the study hospital.* ***Methods:*** *This cross-sectional descriptive study was conducted at the Department of Obstetrics Gynecology, Institute of child and Mother Health, Matuail, Bangladesh. The study duration was 6 months, from July 2007 to December 2007.* ***Result:*** *The study was conducted with a total of 98 adolescent females, where mean age was 15.95 years, and majority (68.4%) were unmarried. Lower abdominal pain was the most common problem, followed by menstrual problems. Knowledge regarding health clinic came mostly from family or relatives. Very few had a history of OCP usage, and although the basic knowledge of contraceptives was high among the adolescent females, practice rate was relatively low. Majority of the participants had received knowledge regarding contraceptives primarily from friends and newspapers.* ***Conclusion:*** *The study observed that even among married participants, use of OCP is very small. Although many adolescents know about contraceptives, the knowledge is not available to the whole adolescent population as it should be. Even among those who know about contraceptives, most of their knowledge comes from*

(The Planet 2022; 6(1): 219-225)

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friends and newspapers, instead of medical programs of professionals.

Keywords: *Reproductive, Adolescents, Contraceptives, OCD*

INTRODUCTION

The World Health Organization (WHO) defines adolescence as the phase of human growth and development that occurs after childhood and before adulthood, spanning the ages of 10 to 19 years.[1] This adolescent phase is further divided into three stages: early adolescence (10-13 years), mid-adolescence (14-15 years), and late adolescence (15-21 years).[2] For a female, adolescence is a time of physical and psychological preparation for healthy parenthood.[3] Adolescent reproductive health (RH) encompasses all areas of adolescent health. The World Health Organization defines RH as "a condition of total physical, mental, and social well-being, rather than just the absence of sickness or debility, in all circumstances relevant to the reproductive system and its activities and processes."[4] It is a significant part of the global health milestones for female adolescents. Menarche is one of these turning points. The impression of menarche during adolescence, beliefs and attitudes about menstruation, and, most significantly, conduct during this era all have a significant impact on a female's RH status.[5] The age of marriage is another part of the RH. Early marriage is commonly linked to early pregnancy and high fertility, both of which pose health concerns to mothers and their children.[6] Adolescent girls are perhaps the most susceptible population in terms of family planning since they are victims of early marriage and early and frequent births, all of which contribute to high morbidity and death.[7],[8] Adolescent development is influenced by a variety of complicated elements such as socioeconomic situations, the environment in which they live and grow, the quality of connections with their families, communities, and peer groups, and possibilities for education and work, among others. However, the current literature indicates that, particularly in impoverished countries such as Bangladesh, awareness of adolescents' reproductive health requirements is quite limited, making this a neglected field of research and intervention. Adolescents cannot protect themselves or avoid reproductive ill health unless they have some understanding of the unmet needs for Information, Education, and Communication (IEC). It is implicit in reproductive health conditions that men and women are informed and have access to safe, effective, affordable, and acceptable methods of family planning of their choice, as well as other methods of fertility regulation of their choice that are not against the law, and have the right to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chances of having children.[9] Adolescents frequently lack fundamental reproductive health information, sexual relationship negotiation skills, and access to inexpensive, confidential reproductive health treatments. Concerns about privacy or financial capabilities, as well as real or perceived disapproval by service providers, further restrict access to services when they exist. Many teenagers may not have strong, stable ties with their parents or other adults with whom they can discuss reproductive health problems.[10] Around 40% of teenage female fatalities are attributable to maternal factors due to early childbirth.[11]-[14] To combat such problems, knowledge regarding proper family planning and birth control methods are a necessity for all adolescents. Among the various birth control methods, oral contraceptive pills (OCP) are the most commonly available ones used by mane adolescents and adults. But this method carries with it its own set of risks and side effects, and adolescents

who do not have proper knowledge regarding the topic often face these side effects with horrifying imaginations. So, proper knowledge is a necessity for all adolescent females on this topic. The present study was conducted to observe the knowledge and practice of such OCP's among adolescent females.

OBJECTIVE

General Objective

- To observe the knowledge of oral contraceptive pills among adolescent girls
- To observe the practice of oral contraceptive pills among adolescent females

METHODS

This cross-sectional descriptive study was conducted at the Department of Obstetrics Gynecology, Institute of child and Mother Health, Matuail, Bangladesh. The study duration was 6 months, from July 2007 to December 2007. A total of 98 adolescent females were selected for this study from all the adolescent girls visiting the study hospital. Informed written consent was obtained from either the girls or their legal guardian regarding their participation in the study. Ethical approval was obtained from the ethical review committee of the study hospital. All the date were collected by face-to face interview with the adolescents girls attending the Adolescent's clinic in ICMH, OPD by using a semi- structured questionnaire developed in English. Collected data was then analyzed using the SPSS software.

Inclusion Criteria

- Adolescents attending the study hospital
- Patients who had given consent to participate in the study.
- Adolescent women facing any form of reproductive problems
- Did not receive any previous medical treatment for their reproductive health problems.

Exclusion Criteria

- Unable to answer the criteria question.
- Exclude those affected with other chronic diseases like heart disease, tuberculosis etc.

RESULTS

Table 1: Distribution of participants by social Characteristics of the participants (n=98)

Characteristics	Frequency	Percentage
Age group		
< 14 years	20	20.4
14-16 years	33	33.7
>16 years	45	45.9
Mean ± SD	15.95± 1.824	
Marital Status		
Married	31	31.6
Unmarried	67	68.4

Among the participants majority (45.9%) was of more than 16 years, 33.7% was in between 14 to 16 years and the rest 20.4% was of less than 14 years, Mean ±SD is 15.95±1.824. 31.6% was married and 68.4% was unmarried.

Table 2: Distribution of participants by cause of seeking help at the clinic (n=98)

Cause	Frequen	Percenta
Lower abdominal pain	36	36.7
Menstrual problem	30	30.6
Vaginal discharge	20	20.4
Lower abdominal pain & Menstrual problem	8	8.3
Lower abdominal pain & Vaginal discharge	2	2
Menstrual problem &Vaginal discharge, Others	2	2

Of all the participants 36.7% had only lower abdominal pain, 30.6% had only menstrual problem, 20.4% had complaints of only vaginal discharge, 8.3% had both lower abdominal pain and menstrual problem, 2% complained of both lower abdominal pain and vaginal discharge and the rest 2% had menstrual problem, vaginal discharge and other problems as well.

Table 3: Distribution of the participants by source of knowledge regarding clinic (n=98)

Information of the clinic	Frequency	Percentage
From a relative	72	73.5
From a leaflet	18	18.4
From a health camp	8	8.2

Majority of the participants that is 73.5% got the information about the clinic from a relative and rest of them 18.4% and 8.2% got from leaflets and health camp respectively.

Table 4: Distribution of participants by factors related to menstrual problems (n=40)

Characteristics	Frequency	Percentage
Duration of menstrual problem		
1-6 months	21	52.5
7-12 months	8	20
>12months	11	27.5
Regularity of Cycles		
Yes	21	52.5
No	19	47.5
Duration of Menstrual period		
<3 days	7	17.5
3-5 days	10	25
5-7 days	9	22.5
>7 days	14	35
Menstrual flow		
Heavy	24	60
Average	14	35
Scanty	2	5
History of using OCP		
Yes	5	24
No	35	76
Age of menarche		
11 years	4	10
12 years	11	27.5
13 years	16	40
14 years	9	22.5

52.5% participants had 1 to 6 months duration of menstrual problem, 20% had the problem for 7 to 12 months and rest 27.5% had more than 12 months duration of menstrual problem. Among all participants only 52.5% had regular menstrual cycle. Among the participants 35% had more than 7 days duration of menstrual period 25% had 3 to 5 days, 22.5% had 5 to 7 days and the rest 17.5% had less than 3 days duration. 60% had heavy menstrual flow, 35% had an average flow and the rest 5% had scanty flow. Majority that is 76% participants gave no history of using OCP. 40% girls had menarche on 13 years of age, 27.5% had on 12 years of age, 22.5% had on 14 years of age and the rest 10% had on 11 years of age.

Table 5: Distribution of participants by their knowledge and practice of contraceptives among participants (n=98)

Knowledge	Frequency	Percentage
Yes	81	82.7
No	17	17.3
Practice	**Frequency**	**Percentage**
Yes	18	18.4
No	80	81.6

Among the participants 82.7% had knowledge about contraceptives and 18.4% had practice of contraceptives.

Table 6: Distribution of participants by the source of knowledge regarding contraception (n=81)

Source	Frequency	Percentage
Friends	36	44.4
Relatives	5	6.2
Newspaper	21	25.9
Friends, Relatives	16	19.8
Friends, Newspaper	3	3.7

Most of the participants that is 44.4% got the knowledge about contraceptives only from friends, 25.9% got from newspaper, 19.8% got from both friends and relatives.6.2% got from relatives only and rest 3.7% got from both friends and newspaper.

DISCUSSION

The primary goal of this study was to analyze teenage girls' health seeking behavior related reproductive health concerns, with a particular emphasis on their understanding and use of oral contraceptive pills. As a result, data about their reason for visiting the clinic and their source of information about the clinic were also recorded. The average age of the participants in this research was 15.95 years, with the bulk of them being older than 16 years. This age dispersion is acceptable given that this study only included teenage females. Similar studies on reproductive health knowledge targeted people aged 15 to 19, therefore there was a significant percentage of participants above the age of 16.[15],[16] In the study population, over 68.4 % of the participants were unmarried. This was also logical given that child marriage has declined dramatically in Bangladesh over the years. Because the study was conducted with young women, who are more likely to discuss their physical changes and problems with their family members first, before anyone else, the majority of the participants (73.5 %) learned about the health clinic from their relatives, which is a common occurrence. Among the 98 participants, 12 had attended the clinic for more than one problem, whereas the majority (36.7 %) had visited the clinic for severe lower abdomen discomfort. Similarly, 30.6 % had menstruation issues, while the remaining 20.4 % reported vaginal discharge. This differed from the overall findings of similar research in that most teenage girls attend the hospital only when they have abnormal vaginal discharge or menstruation issues.[17] This disparity might be explained by the research site, as our study was done in an urban setting, but other similar studies were generally conducted in rural settings, where health-related advantages were sparse.[16],[18] Over half of the participants who had attended the hospital for menstruation-related disorders had menstrual problems for 1-6 months, 20% experienced monthly problems for 7-12 months, and 27.5 % had suffered for more than a year before attending the hospital. 52.5 % of the 40 individuals, however, had normal menstrual periods. Menstrual periods lasted between 5-7 days for 22.5 % of women and more than 7 days for 35 percent. Although the average menstrual cycle lasts around 3-5 days, it can last up to 7 days throughout adolescence, according to the findings of a research by Hillard et al.[19] Sixty % of the subjects experienced heavy menstrual flow, whereas 35 % had normal menstrual flow. Heavy menstrual bleeding is a relatively frequent condition among adolescents that happens practically everywhere in the world.[20] Contraceptive medications frequently affect the menstrual period and flow. Because the usage of oral contraceptives can commonly alter a woman's menstrual cycle,[21],[22] a history of OCP use was obtained from individuals experiencing menstruation problems. It was shown that only 24% of current research participants had a history of using OCP. This low incidence of OCP usage was unsurprising given that the majority of the

individuals were unmarried. Among those facing menstruation problem, 40% of the participants had age of menarche at 13 years, while another 27.5% had age of menarche at 12 years. This was similar to various other Bangladeshi studies, where mean age of menarche among participants ranged from 13.0-13.4 years.[16],[23] Among the total 98 participants, 82.7% had at least basic knowledge regarding contraceptives. However, the practice of contraceptives was very low, at 18.4%. This low practice of contraceptives can be explained by the age and marital status of the participants, where all the participant were adolescents and only 31 participants were married, and pre-marital sexual intercourse at such an early age is quite rare in our society. This finding was different from few other studies, where practice of contraceptives was higher. It should be noted that in such studies, majority of the participants were sexually active at an early age, which was different from our study sample.[24],[25] Among the 81 participants who had basic knowledge of contraception, majority (44.4%) had come to learn about such facts from their friends, which was different compared to their source of information regarding the hospital. This might be because while menstrual problems and physical changes can be discussed with family members, the topic of contraceptives include the topic of sexual relations, which is not easily discussed in many families openly, either by adolescent girls or by family elders. It was observed that only 6.2% of the participants had come to know about contraceptives from their relatives, while 19.8% learned about contraceptives partially from relatives, and partially from friends.

Limitations of The Study

The study was conducted in a single hospital with a small sample size. So, the results may not represent the whole community.

CONCLUSION

The study observed that even among married participants, use of OCP is very small. Although many adolescents know about contraceptives, the knowledge is not available to the whole adolescent population as it should be. Even among those who know about contraceptives, most of their knowledge comes from friends and newspapers, instead of medical programs of professionals.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

RECOMMENDATION

The topic of adolescence and physical changes should be wholly discussed among family members. Discussion regarding such topics should not be stigmatized against, and young adolescents should be encouraged to seek help regarding such problems as soon as possible, instead of waiting for a long period of time before visiting a doctor.

REFERENCES

1. *World Health Organization (WHO). Adolescent development. 2017 [cited 2022]; Available from: http://www.who.int/maternal_child_adolescent/topics/adolescence/dev/en*
2. *Khanal P. Adolescents Knowledge and Perception of Sexual and Reproductive Health and Services–A study from Nepal [Master's thesis]: University of Eastern Finland, Kuopio; 2016 [cited 2022 June 12].*
3. *Dube S, Sharma K. Knowledge, Attitude and Practice Regarding Reproductive Health among Urban and Rural Girls: A Comparative Study. Ethno-Med. 2012; 6(2): 85-94. https://doi.org/10.1080/09735070.2012.11886424*
4. *Spielberg LA. Introduction to Reproductive Health & Safe Mother-hood. Global Health Education Consortium and collaborating part- ners [presentation] Dartmouth Medical School. December 2007.*
5. *Fetohy EM. Impact of a Health Education Program for Secondary School Saudi*

Girls About Menstruation at Riyadh City. J Egypt Public Health Assoc. 2007; 82(1-2): 105-26. PMid:18217327

6. *Rashad H, Osman M, Fahimi FR. Marriage In The Arab World.Washington: Population Reference Bureau; 2005. Avail- able from: http://www.prb.org/pdf05/marriageinarabwo rld_eng.pdf*
7. *Hunshal SC, Pujar LL, Netravati HS. Reproductive health knowl- edge among rural adolescent girls. Karnataka Journal of Agricultural Sciences. 2010; 23(3): 544-46. PMid:26591669*
8. *Dangat CM, Njau B. Knowledge, attitudes and practices on family planning services among adolescents in secondary schools in Hai District, northern Tanzania. Tanzan J Health Res. 2013 Jan; 15(1): 19-25.*
9. *Robertson AS. Current Status of Sexual and Reproductive Health: Prospects for Achieving the Programme of Action of the International Conference on Population and Development and the Millennium Development Goals in the Pacific. Asia-Pacific Population Journal. 2007 Dec 1;22(3).*
10. *Hindin MJ, Fatusi AO. Adolescent sexual and reproductive health in developing countries: an overview of trends and interventions. International perspectives on sexual and reproductive health. 2009 Jun 1;35(2):58-62.*
11. *Adolescence, The critical phase, The challenges and the potential, WHO, Regional office for South-east Asia, New Delhi,200.*
12. *Khan AR, Jahan FA, Begum SF: Maternal mortality in rural Bangladesh: the Jamalpur district. Stud fam plan 2001; 17(1): 7-12.*
13. *Koenig MA, Fauveau V, Clowdhury AL Chakraborty J, khan MA. Maternal mortality in Matlab, Bangladesh: 116-2000. Stud fam plan 2001; 19(2): 69-80.*
14. *Shampa RM. Adolescent Reproductive Health: A Challenge For The Millennium. Bangladesh Medical Journal. 2010;39(2):45-9.*
15. *Mittal K, Goel MK. Knowledge regarding reproductive health among urban adolescent girls of Haryana. Indian journal of community medicine: official publication of Indian Association of Preventive & Social Medicine. 2010 Oct;35(4):529.*
16. *Dube S, Sharma K. Knowledge, attitude and practice regarding reproductive health among urban and rural girls: A comparative study. Studies on Ethno-medicine. 2012 Aug 1;6(2):85-94.*
17. *Oh MK, Richey CM, Pate MS, Brown PR, Hook III EW. High prevalence of Chlamydia trachomatis infections in adolescent females not having pelvic examinations: utility of PCR-based urine screening in urban adolescent clinic setting. Journal of adolescent health. 1997 Aug 1;21(2):80-6.*
18. *Kyilleh JM, Tabong PT, Konlaan BB. Adolescents' reproductive health knowledge, choices and factors affecting reproductive health choices: a qualitative study in the West Gonja District in Northern region, Ghana. BMC international health and human rights. 2018 Dec;18(1):1-2.*
19. *Hillard PJ. Menstruation in young girls: a clinical perspective. Obstetrics & Gynecology. 2002 Apr 1;99(4):655-62.*
20. *Sokkary N, Dietrich JE. Management of heavy menstrual bleeding in adolescents. Current Opinion in Obstetrics and Gynecology. 2012 Oct 1;24(5):275-80.*
21. *Redman LM, Weatherby RP. Measuring performance during the menstrual cycle: a model using oral contraceptives. Medicine & science in sports & exercise. 2004 Jan 1;36(1):130-6.*
22. *Kirschbaum C, Kudielka BM, Gaab J, Schommer NC, Hellhammer DH. Impact of gender, menstrual cycle phase, and oral contraceptives on the activity of the hypothalamus-pituitary-adrenal axis. Psychosomatic medicine. 1999 Mar 1;61(2):154-62.*
23. *Chowdhury S, Shahabuddin AM, Seal AJ, Talukder KK, Hassan Q, Begum RA, Rahman Q, Tomkins A, Costello A, Talukder MQ. Nutritional status and age at menarche in a rural area of Bangladesh. Annals of human biology. 2000 Jan 1;27(3):249-56.*
24. *Shu C, Fu A, Lu J, Yin M, Chen Y, Qin T, Shang X, Wang X, Zhang M, Xiong C, Yin P. Association between age at first sexual intercourse and knowledge, attitudes and practices regarding reproductive health and unplanned pregnancy: a cross-sectional study. Public Health. 2016 Jun 1;135:104-13.*
25. *Bobhate PS, Shrivastava SR. A cross sectional study of knowledge and practices about reproductive health among female adolescents in an urban slum of Mumbai.*