

**A DESCRIPTIVE STUDY TO ASSESS THE PERCEPTION AND PRACTICE
OF SELECTED CONTRACEPTIVE METHODS AMONG TARGET
POPULATION IN SELECTED AREAS OF MUMBAI.**

**A RESEARCH PROJECT BY
4th YEAR BASIC B.Sc. NURSING**

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ABSTRACT

STATEMENT OF THE PROBLEM:

A DESCRIPTIVE STUDY ON THE PERCEPTION AND PRACTICE OF SELECTED CONTRACEPTIVE METHODS AMONG TARGET POPULATION IN THE SELECTED AREAS OF MUMBAI.

OBJECTIVES:

- To assess the perception of the target population regarding the selected contraceptive methods.
- To analyse the practises of the target population regarding the use of contraceptive methods in them.
- To associate the scores of practices of the target population regarding the use of selected contraceptive method with their perception score.

RESEARCH DESIGN

The study aims at finding out the perception & practices of selected contraceptives among the target population, hence the descriptive design was considered to be appropriate & therefore accepted.

SAMPLING TECHNIQUE AND SAMPLE SIZE:-

Convenient Purposive sampling technique was used. Sample size was 40.

SETTING :-

Bhandup and Mulund, Mumbai.

TOOLS &TECHNIQUE

Technique Used:- Interview technique is used.

Tool :- Tool consists of three sections.

Section 1:- Demographic Data

Section 2:- Perception related questions.

Section 3:- Practice related questions.

FINDINGS OF THE STUDY.

Demographic data:

- In our study 70% respondents are female & 30% respondents are males.
- Majority belongs to Hindu religion & only 20% belongs to Christian religion.
- Majority of the respondents falls in the age group of 33 – 38yrs i.e.37.5%.
- Majority of respondents have completed their secondary education i.e. 27%.
- Most of the respondents are married for more than 14yrs.

Findings about perception

- Overall, 64% people have positive perception towards contraceptions.
- It shows that 71.5% agree, that religion is not a barrier for contraception use . However, 58.5% respondents think that contraceptives are expensive.
- It also shows that 85.5% respondents approve use of contraception & 89% respondents agree that contraceptives are effective for avoiding pregnancy.

Findings about practice:

In regard to practice, study shows that condoms are used 100% effectively, 69.23% for Oral Pills and 42.85% for IUD's.

Correlation coefficient between perception and practice is positively correlated i.e., $r= 0.2$ and $P<0.0001$. It is statistically significant at 0.05% .

CONCLUSION

Being the second most populous country in the world, India has strategies to stabilise population which in turn hinders the socio economic development of the country. In this current situation contraceptives have emerged as the widely used method to stabilise the population. According to this study the respondents have positive perception towards contraception which reflects in their practice. But still the aim of stabilising population is not yet attained.

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“They may forget your name but they will never forget how you made them feel.

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The creation for this manuscript was not a small feat. We were a team of five members. Though there were tussles and disagreements the friendship and partnership that we forged over the research period is something we will cherish forever. The rewards and blessings are too numerous to count. It was indeed a once in a life time experience and definitely a very satisfying teamwork

Last, but not the least we extend our gratitude to, our families who show pride in our accomplishments and lightened our burden through support and prayers, throughout this enterprise.

We are thankful to Mr Swapnesh Sawant for editing the content.

CHAPTER NOS.	CONTENT	PAGE NOS.
	Every ceilin g, when reach ed, beco mes a floor, upon which one walks as a matte r of cours	

e and prescriptive right. We wish to make more and more floors to tread on professionally again and again.

TABLE OF CONTENT

1.	INTRODUCTION Need of the study Conceptual framework Statement of the problem Specific objectives Hypothesis Operational definitions Delimitations Assumptions Scope of the study	1 – 7
2.	REVIEW OF LITERATURE	
3.	RESEARCH METHODOLOGY <ul style="list-style-type: none"> • Research approach • Variables of the study • Settings of the study • Population • Sample and sample size • Criteria for sample selection • Sampling technique • Technique and tool • Validity and reliability of the tools • Pilot study • Data gathering process • Plan for data analysis 	
4.	ANALYSIS,INTERPRETATION AND DISCUSSION	
5.	SUMMARY,FINDINGS,CONCLUSION AND RECOMMENDATIONS	

6.	REFERENCES AND BIBLIOGRAPHY	
7.	APPENDICES	

CHAPTER 1

I. INTRODUCTION

“We have been God-like in our planned breeding of our domesticated plants and animals, but we have been rabbit-like in our unplanned breeding of ourselves.”

-Arnold Toynbee, economic historian

India is the second most populous country in the world, with over 1.271 billion people (2015), more than a sixth of the world's population. Already containing 17.5% of the world's population India adds

more people to its population every year than any other country, and in fact the individual population of some of its states is equal to the total population of many countries. For example, Population of Uttar Pradesh (state in India) almost equals to the population of Brazil. It, as per 2001 Population Census of India, has 190 million people and the growth rate is 16.16%. The population of the second most populous state Maharashtra, which has a growth rate of 9.42%, is equal to that of Mexico's population. Bihar, with 8.07%, is the third most populous state in India and its population is more than Germany's. West Bengal with 7.79% growth rate, Andhra Pradesh (7.41%) and Tamil Nadu (6.07%) are at fourth, fifth and sixth positions respectively which must have increased significantly by now. The sex ratio of India stands at 940. More than 50% of India's current population is below the age of 25 and over 65% below the age of 35. About 72.2% of the population lives in some 638,000 villages and the rest 27.8% in about 5,480 towns and urban agglomerations.

Between the 2001 and 2011 censuses India grew by 181 million people, nearly the entire population of Pakistan. India will have overtaken China as the world's largest country by 2025, when it is projected to have a population of 1.44 billion. By 2050, the population will have swelled to 1.65 billion. India has a Total fertility rate: 2.51 children born/woman (2014 est.), though that is an encouraging figure, the unmet need for contraception, among young married women, both for child spacing and termination, is still higher.

India was the first country in the world to adopt an official population policy and launch official family planning programme way back in 1952 which remains the mainstay of family planning efforts. During its early years, the programme focussed on the health rationale of family planning. Family planning as a strategy for population stabilisation received attention only after 1971 population census. This strategy resulted in an increase in the proportion of couples effectively protected from 12.4 percent during 1971-72 to 46.5 percent during 1995-96 but remained stagnant during 1995-96 through 2003-04 and decreased to 40.4 during 2010-11. The efforts did produce positive results, however, failed to achieve the ultimate goal and the population of India since getting independence from Britain in 1947 increased almost three times. After the launch of the National Rural Health Mission in 2005, the official family planning programme has been subsumed in the reproductive and child health component of the Mission. However, universal adoption of small family norm still remains a distant dream in India. During 2007-08, only about 54 percent of the currently married women aged 15–49 years or their husbands were using a contraceptive method to regulate their fertility and the contraceptive prevalence rate appears to have stagnated after 2004. Moreover, contraceptive practice in India is known to be very heavily skewed towards terminal

methods which means that contraception in India is practised primarily for birth limitation rather than birth planning.

Keeping all these facts in view this study is carried out to assess the perception and practice of contraceptive methods among targeted population of selected places in Mumbai.

II. NEED OF THE STUDY

Total fertility rate of the world has declined to 2.6 children in 2005-2010. Smaller families are slowly becoming the norm in India too.

Unintended pregnancies also contributes to the rapid population growth that impairs desperately needed social and economic progress. If family planning programs are not strengthened and nor successful, and if current fertility were to remain unchanged, world population would increase in size from the current 6.2 billion-13 billion in 2050, rather than to the 8.9 billion estimated by the UN.

The reasons for high fertility in developing countries are complex but past experience makes it clear that improve contraceptive technology and improve delivery of family planning information and services can help lower fertility and make an important contribution to reproductive health in all countries.

Many women and men will not use contraception because of their fears about contraceptive safety or side effects. Many others discontinue use because they did not find a method suitable-often because of unpleasant side effect and many others have an unintended pregnancy because of contraceptive failure relating to difficulty of proper use or unreliability of the method.

Development of new and improved contraceptives that are more effective, safer and free from undesirable side effects would make an important contribution to helping individuals gain full control over the number and timing of childbearing. Experience shows that each new contraceptive method increases overall use because a greater variety of options increases the odds that an every individual will find a method that meets his/her needs.

The role of contraceptive delivery systems is to evaluate an extensive body of research to evaluate family planning service delivery systems has brought about improvements in both the efficiency and effectiveness of family planning and reproductive health programs

Birth rate in India according to 2014 results is 2births per women.

Inspite of this, India is yet above the replacement level, with contraceptive prevalence rate for married women being only 56%. Recent study done on study of contraceptive use among married women in a slum in Mumbai, and it concluded with the following data analysis.

Considering the above factors and statistics, a study to assess the awareness and perception towards contraceptive methods is needed so that the unmet needs can be targeted.

CONCEPTUAL FRAMEWORK

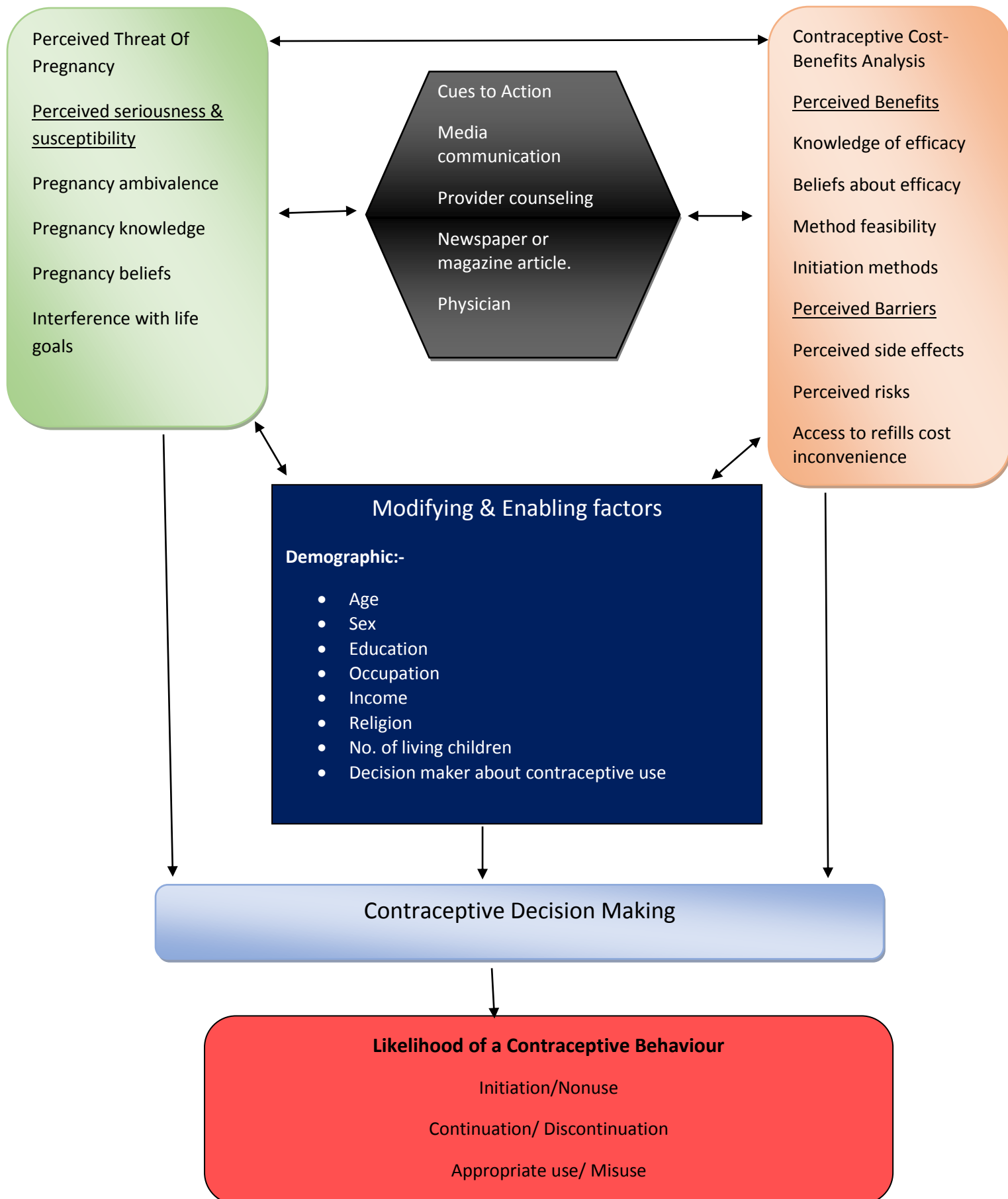
A frame work is the conceptual underpinnings of a study. Not every study is based on a theory or conceptual model, but every study has a frame work. Charter (1975) has stated that the conceptual framework formalizes the thinking process, so that others may read and know the frame of reference, basic to the research problem. It also gives direction for relevant question on the phenomenon under study.

The conceptual framework of the study is based on Health Belief Model.

The HBM is a cognitive, interpersonal framework that views humans as rational beings who use a multidimensional approach to decision-making regarding whether to perform a health behavior. The model is appropriate for complex preventive and sick-role health behaviors such as contraceptive behavior. Its dimensions are derived from an established body of social psychology theory that relies heavily on cognitive factors oriented towards goal attainment (i.e. motivation to prevent pregnancy). Its constructs emphasize modifiable factors, rather than fixed variables, which enable feasible interventions to reduce public health problems (i.e. unintended pregnancy and sequelae).

Overall, the HBM's adaptability and holistic nature facilitate applications in diverse contexts like family planning and with complex behaviors like contraceptive behavior. Family planning is a dynamic and complex set of services, programs and behaviors towards regulating the number and spacing of children within a family. Contraceptive behavior, one form of family planning, refers to activities involved in the process of identifying and using a contraceptive method to prevent pregnancy and can include specific actions such as contraceptive initiation (to begin using a contraceptive method), continuation or discontinuation (to maintain or stop use of a contraceptive method), misuse (interrupted, omitted or mistimed use of a contraceptive method), nonuse, and more broadly compliance and adherence.

MOTIVATION TO PREVENT PREGNANCY



PROBLEM STATEMENT

A descriptive study on the perception and practice of selected contraceptive methods among target population in selected areas of Mumbai.

OBJECTIVES OF THE STUDY

To assess the perception of the target population regarding the selected contraceptive methods.

To analyse the practises of the target population regarding the use of contraceptive methods in them.

To associate the scores of practices of the target population regarding the use of selected contraceptive method with their perception score.

OPERATIONAL DEFINITIONS

1) PRACTICE:-

According to Oxford dictionary, it means “Repeated exercise to improve skills”.

In this study practice refers to use of the contraceptive methods.

2) PERCEPTION:-

The way in which something is regarded, Understood/ interpreted.

-oxford

In this study, perception means understanding or opinion about contraceptive methods.

3) CONTRACEPTIVE METHODS:-

The deliberate use of methods or techniques to prevent pregnancy as a consequence of sexual intercourse.

In this study, three major contraception are involved i.e. Condom, IUD, OCD.

4) STUDY VARIABLES:-

Perception & Practice.

DEMOGRAPHIC:-

Age,

Gender,

Education,

Religion,

Monthly Income,

Occupation,

Duration of marriage,

No. Of living children

Decision maker

ASSUMPTIONS

- Target population have some inappropriate perception regarding contraceptive methods.
- Most of them don't use contraceptive methods.
- They have misconceptions regarding the use of contraceptive methods.

DELIMITATIONS

- Study is restricted to target population.
- Study is restricted in selected areas of Mumbai.

SCOPE OF THE STUDY:-

The study will provide information regarding awareness & perception which is useful from community perspective.

The result of this research can be used by nursing students to clear the misconceptions.

The experience of conducting this study will enhance the confidence of the students regarding research methodology.

CHAPTER II

REVIEW OF LITERATURE

“A Researcher cannot perform significant research without

First understanding the literature in the field”

Boote and Beile (2005)

A research literature review is a written summary of the state of evidence of research problem. The major step in preparing a written research review include formulating a question , devising a research strategy, concluding a search, retrieving relevant sources and abstracting encoding information critiquing studies, analyzing the aggregated information and preparing a written synthesis.

The review of literature is defined as a broad, comprehensive, in depth, systematic and critical review of scholarly publications, unpublished print materials, audiovisual materials and personal communications. The purpose of review of literature is to generate question to identify what is known and not known about the topic, to identify a conceptual and traditional within the bodies of literature and to describe method of inquiry used in earlier work including their success and shortcomings.

Literature review usually precedes a research proposal and results section. Its ultimate goal is to bring the reader up to date with current literature on a topic and forms the basis for another goal, such as future research that may be needed in the area.

The related literature has been organized and presented under the following heading:-

- Literature related to perception and practice of contraceptions.
- Literature related to perception towards contraception.
- Literature related to practice of contraceptives.

1.Literature related to perception towards contraception:-

A study was conducted to assess the levels of awareness and perceptions of condom use among secondary school students in the prevention of STDs in Bahati division of Nakuru North District, Kenya. This study adopted an ex post facto survey research design because the research design does not influence the cause or the effect of the current status of the phenomenon under study. The target population included 12,319 students and 52 teacher counsellors in the 52 secondary schools. A sample of 372 students and six teacher counsellors was selected from six schools. The study utilised 36 mixed secondary schools. Proportionate-stratified random sampling was used to draw the sample of 372 students from six schools. Data was collected through the administration of questionnaires. Data collected was analyzed using descriptive and inferential statistics with the aid of SPSS version 11.5 for windows. One of the findings was that the students expected the Guidance and Counselling departments in their schools to play an assertive role in creating awareness on sexuality issues affecting them. Following the finding, the study recommended that the Guidance and Counselling programme be strengthened in the schools to enhance the awareness of sexual behaviour and its related consequences.

Data from the 1991 National Survey of Men examine men's perceptions about their roles in relation to those of women in a couple's decision-making about sex, contraception and the rearing of children. A majority of men (61%) perceive that there is gender equality in sexual decision-making, and more than three-quarters (78%) believe that men and women share equal responsibility for decisions about contraception. However, men are three times as likely

to say that women play a greater role in a couple's decisions about sex as they are to believe that men have the greater voice (30% compared with 9%). In contrast, men are more than twice as likely to perceive that men have a greater responsibility in contraceptive decisions as they are to say that women do (15% compared with 7%).

The study aimed to identify the perception of Saudi women regarding the use of contraceptives. A cross-sectional study was conducted among Saudi women attending primary care centers of Al- Qassim Region. A structured questionnaire was developed to cover the research objectives. The dependant variable was the utilization of contraceptive methods and the socioeconomic variables were the independent variables. The results identified the low knowledge level of the participant women regarding the variety of contraceptive methods. Most participants and their husbands showed acceptance to the use of contraceptives for birth spacing. They preferred birth interval of 2-3 years. They intended to have from 5 to 10 children. There was a significant increase in contraceptive use among working women, 30 years and older, with a higher level of education, and those having a large number of children. Multiple regression models revealed that the significant determinants of the use of contraceptives were women's working and education. The study recommended sustained efforts to increase awareness and motivation for proper contraceptive use.

2.Literature related to practice of contraception :-

To assess the awareness and practice of contraception among child bearing women attending tertiary care hospital. Study design used is Cross-sectional. It was conducted at the outpatient department of Gynecology and Obstetrics Liaquat National Medical College and Hospital Karachi, from May 2008 to July 2008. Two hundred women of child bearing age were interviewed regarding their awareness, attitude and practices of contraception. The inquiries were recorded by pre designed questionnaire. Questions regarding methods of contraception known and source of knowledge and their practices were recorded. Convenient sampling was used to distribute questionnaire. Mean age of the patients was 29.88 years (SD 6.38 years). 73% of the women were educated, and majority of them were Muslims. Awareness was seen regarding contraception in 81% of the women interviewed but only 49% practiced any method. Barrier method of contraception was the most popular method known and practiced.

Media seemed to be the major source of information (64.5%). In response to the reason for non use, majority feared side effects (56.8%). Major reason for use of contraception was spacing (47.9%). Majority (77.5%) of women had assertive attitude towards contraception study concluded that there is a gap between awareness and practice of contraception. Despite having knowledge the compliance is low. One of the major factors among reasons of non use of contraception is fear of side effects.

A survey of 332 women, ages 15-49 years, was carried out in the Ga East district of Ghana to identify community knowledge, perceptions, and factors associated with ever using modern family planning (FP). Knowledge of modern FP was almost universal (97 percent) although knowledge of more than three methods was 56 percent. About 60 percent of all and 65 percent of married respondents reported ever use of a modern method. Among ever users, 82 percent thought contraceptives were effective for birth control. However, one-third did not consider modern FP safe. About 20 percent indicated their male partner as a barrier, and 65 percent of users reported at least one side effect. In a multivariate model that controlled for age, education, religion, and occupation, being married remained significantly associated (OR=2.14; $p=0.01$) with ever use of a modern contraceptive method. Interventions are needed to address service- and knowledge related barriers to use.

A cross-sectional study on contraceptive methods use was conducted among 314 women and 20 service providers in ten wards from ten health facilities. Data were collected using structured and in-depth interview questionnaires. Information gathered included socio-demographic, socio – cultural characteristics, accessibility of contraceptive methods, current use and access to information. Thirty five percent of women in stable marital relations reported to be using contraceptive methods. Highest (58%) use of contraceptives was reported among women in formal employment. Factors found to be significantly associated with contraceptive use were: education level, occupation, traditional cultural beliefs, and support from husband/partners and access to information while religion, decision maker on desired number of children in the family were not found to be significantly associated with the use of contraceptive methods. Prevalence of contraceptive use among women in stable marital relations is 34.5% than that in the general population of women with the age of 15 -49 years in Kahama district . Socio-demographic factors like education level and occupation were found to influence the use of contraceptive methods among women in stable marital relations. Moreover,

socio-cultural factors like religious beliefs and husband/partner support were also crucial in influencing the use of contraceptive methods.

The study examined the awareness and utilisation of family planning among married women in the traditional core areas of Ibadan, Oyo State. Data was collected through the administration of 136 copies of structure questionnaire to married women in five selected traditional core areas. Result showed that the utilisation of family planning methods was low among married women in Opo Yiosa (9%) and Ayeye (11.2%), but high in Mapo, Oja Oba and Inalende with utilisation rates of 31.5%, 29.2% and 19.1% respectively. Oral contraceptive pills, injectable contraceptives and IUCD were mostly used, while implant was not widely used. Fear of infertility, associated side effects and husband's influence were major barriers to women use of family planning measures. Logistic regression result showed that the socioeconomic characteristics of married women were responsible for 12.6 per cent of the use of family planning. The Wald criterion showed that monthly income of N10,000 – N20, 000 ($X^2 = 5.317$, $p < 0.05$) exerted significant influence on the prediction of the use of family planning, while other socioeconomic variables did not exert significant influence on the prediction of the use of family planning ($p > 0.05$). EXP (B) value further indicated that the monthly income (N10, 000 – N20, 000) of married women in the traditional core areas of Ibadan was 3 more times likely to predict the use of family planning. The study recommends the need to increase the campaign on the use of family planning methods in the traditional core areas of Ibadan mostly in Opo Yiosa and Ayeye where the level of utilisation is still low.

A study was conducted to determine pattern of contraceptives use among female undergraduates in the University of Ibadan, Nigeria. A descriptive cross- sectional study was conducted among female undergraduates resident on campus using self administered questionnaires Overall, 425 female undergraduates between the ages of 15 and 30 years were interviewed. Only 28.7% of the respondents were sexually active and mean age at sexual debut was 19 years ± 2.31 years. About 63.9% of the sexually active respondents had ever used some form of contraceptives mainly the condom and pills. Only (26.7%) of the sexually active respondents used a contraceptive at their last sexual encounter and contraceptive use was significantly higher ($p < .05$) among the older females. Contraceptive use among the sexually active female undergraduates of the University of Ibadan was

not optimal although knowledge of various methods was high. Appropriate interventions are needed to encourage contraceptive use among sexually active female undergraduates.

A survey of 1500 students in post-secondary institutions in southwest Nigeria showed that the concept of emergency contraception (EC) was well known. Respectively, 32.4%, 20.4% and 19.8% knew that combined pills, progesterone only pills and intrauterine contraceptive device (IUCD) were usable for EC, while 56.7% mentioned the use of traditional methods. Only 11.8% had ever used either pills or IUCD and 10.7% had used a traditional method. Few students (11.5% and 2.3% respectively) knew the correct timing of EC pills and IUCD. The respondents reported varying circumstances under which EC was indicated but the majority cited condom breakage and sexual assault. The popular media represent the commonest source of information while hospitals/clinics were the commonest sources of procurement. About 37% of the respondents planned to use EC in future while 58% would not and 4.7% were uncertain. Reasons for these responses were explored.

The aim of the study was to assess the knowledge, attitude and practice of emergency contraceptives among young females. A cross-sectional survey was conducted among 774 female students at Addis Ababa University and Unity University College from January to September 2005. About 43.5% (95% CI 40.0 - 47.0%) of the students said that they have heard about emergency contraceptives. When asked about specific types of emergency contraceptives, among those who have ever heard of emergency contraceptives, 279 (82.8%) mentioned pills and 115 (34.1%) mentioned intrauterine contraceptive devices (IUCDs). About 53% (95% CI 49.1-56.1%) of the students had positive attitude towards emergency contraceptives and only 4.9% (95% CI 3.4-6.4%) respondents reported that they had used emergency contraceptive methods previously. The study has shown that there is low level of knowledge and practice of emergency contraceptives among female university students.

A study was conducted to investigate the knowledge, attitude and practices of contraception in women of reproductive age. This descriptive cross-sectional survey was carried out from January to June 2011, at Gynae/Obs Unit, Women & Children Hospital, Kohat. A convenient sample of 900 was selected from reproductive age group (15-49 years), attending the outdoor. Data was collected on a questionnaire. Likert 3 point and 5 point scale was used about the knowledge and attitude of

contraceptive respectively. SPSS version 16 and Statistic 9 were used to analyze the data. The mean age of respondents was 30.76 ± 7.641 years. The mean age at marriage was 18.19 ± 2.982 years, literacy rate 37.8%, 95.2% women were house wives and 56.2% respondents had heard of some method. While enquiring their own attitude, 589(65.4%) gave positive response regarding the use of contraceptives and 734(81.6%) declared family planning as prohibited in the religion. Use of contraceptive was (30.8%). However, it was more common in grand multipara p35 years old ladies $p < 0.001$. Husband education did not show significant difference on contraceptive use $p = 0.162$. Frequency of contraceptive use is comparatively low in our set-up despite high level of awareness. Desire for larger family, pressure from husband, religious concerns and fear of side effects are the main factors responsible.

.A study was conducted with the objective to determine the prevalence of emergency contraceptive use among students of tertiary institutions in Osun State and to assess the knowledge and attitude towards emergency contraception. It was a descriptive cross-sectional study using self administered, structured questionnaire. The study population was students of State Polytechnic Iree and Obafemi Awolowo University, Ile Ife. Data were entered and validated, and statistical analysis was performed using SPSS version 11 software. The Study revealed that majority of the respondents 241 (80.3%) had poor knowledge of emergency contraception. Majority of them 160 (55.3%) were sexually active while 32.6% of the sexually active respondents used contraceptives. Condom was the most used contraceptive. Among those using contraception, 86 (28.7%) were current users. Among the people surveyed, only 47 (15.7%) of them had used emergency contraception. Overall, there was a limited knowledge and use of emergency contraception by the students in this study. Evidently, there is a need for carefully designed educational programmes and promotion of EC in existent student health care centres on campuses.

To study awareness, practices, preferred method of contraception, emergency contraceptive and Medical Termination of Pregnancy (MTP), Awareness of family planning services in the vicinity & the Decision making regarding contraceptive use. The study is a community based cross sectional observational study. The study was conducted among married women in reproductive age group. 342 married women were interviewed

in the local language using a pre-tested questionnaire. Data was analyzed using SPSS version 17.87.7% of women were aware of at least one method of contraception. 68.4% women were using a contraceptive at the time of study. 14% women were unaware of any health care facility providing contraceptives in the vicinity. Knowledge and practice of Emergency Contraceptive was very low. Although there is high level of awareness, contraceptive use is not very high. New methods of motivating people to adopt and sustain Family Planning methods should be considered

A qualitative study using focus group discussions and in-depth interview of women having two or more children was conducted in an urban area of Central Delhi to explore the perception and attitude of women towards family planning and barriers to use currently available contraceptives. The findings reveal that majority of the women in the current study did not favour early age marriage and prefer smaller family size. However, attitude of husband and family was mostly considered to be unfavourable for the use of contraception and to limit the family size. Religious beliefs were the most commonly cited barrier to use contraceptives especially surgical sterilization. Other barriers include fear of side-effects about IUDs and prejudiced behaviour of health care providers. These women are in need of a contraceptive which they can use confidentially and is devoid of adverse effects. Education of women can help a lot in the long-term for improving women's reproductive health.

3. Literature related to perception and practice of contraceptions.

A study was conducted in an urban slum of Delhi to highlight the contraception perception & practices of the women. Data were gathered from a total of 201 pregnant women (belonging to lower income group) enrolled from a government run maternity clinic by the interview technique . Data revealed that, at the time of conception, as high as 34% of the pregnancies were unwanted. Although the subjects had knowledge of contraception, the usage was very low (33%); and they

considered contraception only as a means of limiting the family size which should be adopted once the family is complete'. Son preference, ignorance regarding importance of child spacing, limited control over personal lives and inhibitions/ fallacies regarding contraception were the main reasons behind far lower usage of the contraceptives. Also, lack of knowledge regarding the appropriate methods of contraception, their side-effects (if any), and the authentic source of obtaining also emerged as the hindering factors. It seems that education, even the basic family life education, is the key to solve many of the problems relating to reproductive behaviour of women as it will empower them to make decisions governing their lives. Efforts to change the behaviour, knowledge and attitude of men are also integral to the reproductive health status of women.

A study was conducted with the objective to collect evidence with respect to perception and practice of unmarried women toward the use of emergency contraceptive pills (ECPs). Non-probability purposive sampling was used to select respondents. A total of 250 respondents were administered the tools for the study, of which 228 were considered for analysis. Descriptive statistics showed that nearly 87% of the respondents were aware of ECPs and there was a significant difference in the knowledge of ECP of the respondents by type of the institution they had studied. More than half of the (52%) respondents admitted to have boyfriends of which 16% were sexually involved and were using some form of contraception. Nearly 84% of the respondents used ECP, which superseded the use of other contraceptives. It was further found that around two-third respondents were using ECP regularly. The reason that "ECP did not hinder pleasure" and that it was handy in case of "unplanned contact" were the most cited reasons for using ECP as a regular contraceptive. The fact that ECPs was preferred over condom and was used regularly shows that the respondents were at a risk of sexually transmitted infection/human immunodeficiency virus. Health-care providers could be the most authentic source of information for orienting young women toward the use of safe sexual practices.

A study was conducted to assess contraceptive knowledge, perceptions and use among adolescents in selected Senior High Schools in the Central Region of Ghana. A cross-sectional study was carried out in the Cosmopolitan city of Cape Coast of the Central Region of Ghana. Three mixed, one female and one male senior high school were conveniently identified for the study. A self-administered questionnaire was given to 350 students in the schools out of which 300 were retrieved and used, representing a response rate of 85.7%. The Statistical Package for the Social Sciences (SPSS) programme software (version 15.0) was used for data entry, and descriptive statistics tests were conducted for the items which were summarised by frequencies and percentages. Results

showed that almost 21% of 244 students with knowledge of contraception are users, 82% of sexually active respondents were non-users while condom is the most common contraceptive method used. Also, 60% and 30% of respondents obtained knowledge about contraception from the media (TV/Radio) and peers (friends) respectively. However, almost 32% of the study participants thought contraceptives are for only adult married persons. They believe that there is a need for aggressive advocacy and dissemination of information on Adolescent Reproductive Health (ARH) and family planning methods before initiation of sexual activity among the adolescent population in Ghana.

CHAPTER 3

RESEARCH METHODOLOGY

This chapter deals with the description of research methodology adopted by the investigator. The methodology of research indicates the general pattern of organizing the procedure for the purpose of investigation.

The steps taken for gathering and organizing the data collection where research design, variable of the study, setting of the study, population, sample, sampling technique, criteria for sample collection, development and description of the tool, pilot study, data collection procedure, plan for data analysis.

RESEARCH APPROACH

The research approach in this study is survey approach.

RESEARCH DESIGN

The study aims at finding out the perception & practices of selected contraceptives among the target population, hence the descriptive design was considered to be appropriate & therefore accepted.

VARIABLE OF THE STUDY

According to John best variables are the conditions or characteristics that the investigator manipulates, controls or observes. The investigators has intended the following variables of the study.

STUDY VARIABLE: The study variables are perception & practice.

EXTRANEIOUS VARIABLE: Knowledge regarding use of contraceptives.

SETTING OF THE STUDY

Setting refers to the area where the study is conducted

The study was conducted in the selected areas of Mumbai (Mulund&Bhandup).

POPULATION

According to Polit&Hungler, “A population is the aggregate of cases that meet a designated set of criterias that the researcher introduce in study.” In this study population consist of individuals who are using selected contraceptives (condom, pill & IUDs)

SAMPLE & SAMPLE SIZE

A subgroup of population is called sample. The sample is chosen to a population & is used to make generalization about the population. In this study, sample size is 40.

CRITERIA FOR SAMPLE SELECTION

Inclusion criteria:

1. Married individuals aged between 18-40 years.
2. Individuals who have used & have been using the selected contraceptives (condom, pills & IUDs)
3. Individuals who are willing to participate in the study.
4. Individuals who are present during the time of data collection.

Exclusion criteria:

1. Individuals who do not fall under the age group of 18- 40 years.
2. Individuals who have never used the selected contraceptives.
3. Unmarried individuals.

SAMPLING TECHNIQUES

In this study the researcher used the convenient purposive sampling, the individuals who are using contraceptives.

TOOL & TECHNIQUE

SECTION 1: Consist of demographic data to elicit the personal information of the respondent including:

- Age
- Gender
- Education

- Occupation
- Religion
- No. of living children
- Duration of marriage
- Decision maker about using contraception.

SECTION 2: Consist of Likert scale questionnaire. It was devised by RenisisLikert. A Likert scale questionnaire is the one in which the subjects are asked to mark how much they agree with the point of view in the item (statement).in this study it is used to assess the perception regarding use of contraceptives.

It includes 10 statements related to use of contraceptives patterned after a 5 point Likert scale as follow;

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

There are positive statements & negative statements so the scoring will be different.

For positive statements the scoring will be :-

- Strongly agree- 5
- Agree- 4
- Neither agree nor disagree- 3
- Disagree- 2
- Strongly disagree- 1

For negative statements the scoring will be :-

- Strongly agree- 1
- Agree- 2
- Neither agree nor disagree- 3

- Disagree- 4
- Strongly disagree- 5

- Total possible score is 50 for each respondent

The respondents scoring more than 30 out of 50 are considered to have a positive perception towards contraception.

SECTION 3: Consist of questions on practice of specified contraceptives. It includes 3 parts (3A, 3B, 3C) & each part has 4 questions with options. In this, respondents are expected to select the most appropriate option & the correct option will be marked as 1.

The parts of the questionnaire are as follow:

3A:- questions on practice of condoms

3B:- questions on practice of pills

3C:-questions on practice of IUDs

- The respondents having scores more than half questions correct are considered to have effective practice.

DEVELOPMENT OF THE TOOL

The development of the tool was a step by step procedure for which the investigators adopted a practical & theoretical approach.

Prior to the preparation of the tool the investigators reviewed various literatures, on books, journals and websites to find out the various studies related to use of contraceptions. Opinions and guidance regarding questionnaire is taken from our research guide.

VALIDITY

The content validity of the tool is concerned with the extent to which a tool reflects the variables it seeks to measure.

To determine the content and construct validity of the tool was prepared & given to experts from the nursing fields. An individualized evaluation from 13 MSc. Teachers were obtained. Significant suggestions were incorporated in the tool in consultation with our guide.

RELIABILITY

For reliability, test was conducted on 4 respondents at Mulund colony. From that we concluded our tool is reliable for study. Reliability was tested by Split Half technique ($r \sim 0.7$).

PILOT STUDY

A pilot study is a small preliminary investigation of the same general character as the major study, which is designed to acquaint the researcher with problems that can be corrected in preparation for the last research project or is done to provide the researcher with an opportunity to try out the procedures for collecting data.

After taking permission from the concerned authorities, pilot studies were carried out in the Mulund colony. It was conducted on February, 27, 2015. 10% of the samples were taken for pilot study. These subjects were excluded from the main study. Criteria for sample selection were observed. It was found that the respondents understood the questions well, they were able to comprehend the interview schedule and furnished needed information. It took 20 mins to complete the interview of each subject.

DATA COLLECTION PROCESS

The data was collected from 12th March to 14th March'15. The purpose of the study was explained to the subjects, the confidentiality of the data was ensured. The data was collected by the investigators.

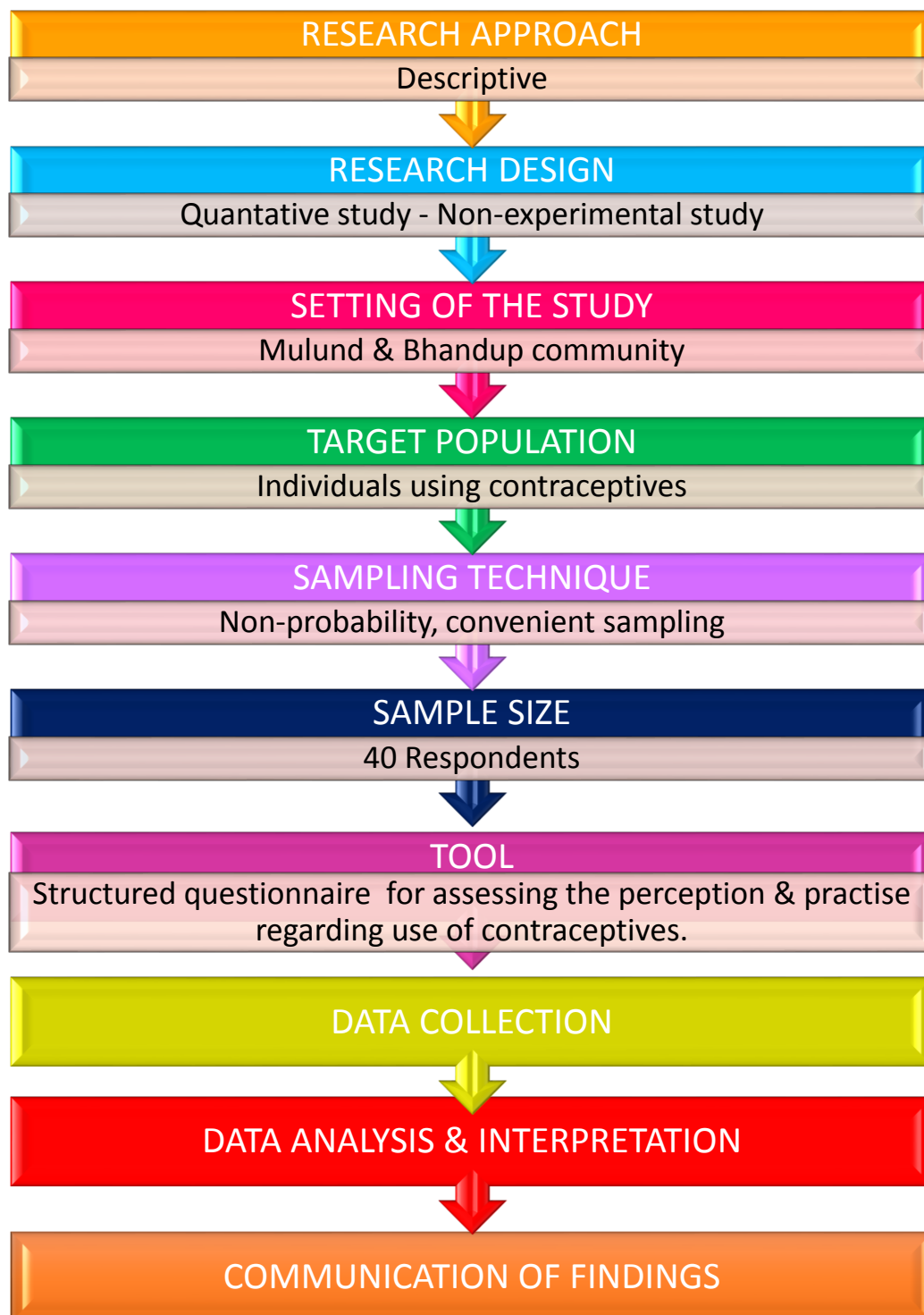
The demographic data & the data related to perception and practices prevalent among the respondents regarding use of contraceptions was collected by interview technique using questionnaire. Respondents were given necessary instructions & consent was taken. Average time

taken by the respondents to answer the questions was 15 minutes. After data collection investigators gave scoring.

PLAN FOR DATA ANALYSIS

The data analysis was planned to include descriptive & inferential statistics. The following plan was developed with the opinion of experts. The analysis was based on the objectives.

- Organize the data on a master sheet
- Calculate the frequencies and percentages to show the distribution of subjects according to demographic variables
- Determine the perception about contraception among the respondents
- Determine the practice of respondents about contraception among the respondents
- Determine the correlation between perception and practice of respondents regarding contraception.



Schematic presentation of study design

CHAPTER 4

ANALYSIS & INTERPRETATION

This chapter deals with the analysis & interpretation of data collected from the respondents. The result of the study is computed using descriptive & inferential statistics based on the following objectives of the study:-

- To assess the perception of the target population regarding the selected contraceptive methods.
- To analyze the practises of the target population regarding the use of contraceptive methods in them.
- To correlate the scores of practices of the target population regarding the use of selected contraceptive method with their perception score.

ORGANIZATION & PRESENTATION OF DATA:-

SECTION 1: Consist of findings related to demographic data to elicit the personal information of the respondents.

SECTION 2: Consist of findings related to respondent's perception.

SECTION 3: Consist of findings related to practice of specified contraceptives.

SECTION 4: Consist of findings related to correlation between perception & practice.

SECTION 1: DEMOGRAPHIC DATA

I) AGE:-

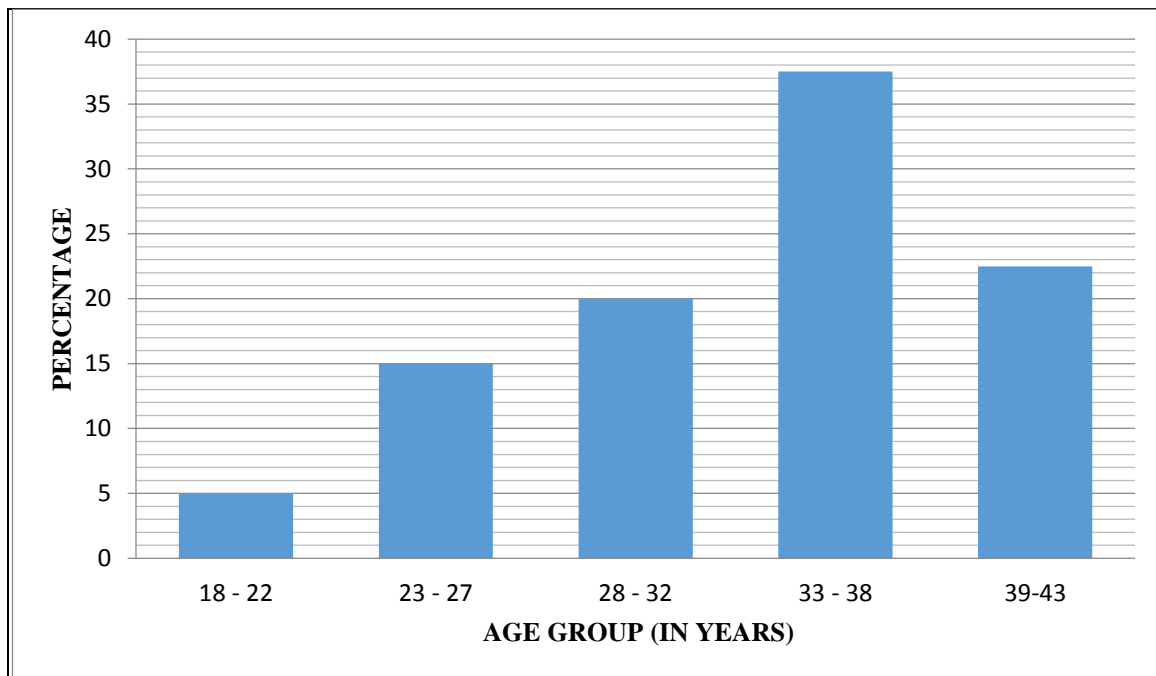


Figure 1.1:- Age wise distribution of respondents in relation to their age in years.

It shows that majority of the respondents fall in the age group of 33 – 38 and 39 – 43 i.e. 37.5% and 22.5% respectively.

II) GENDER:-

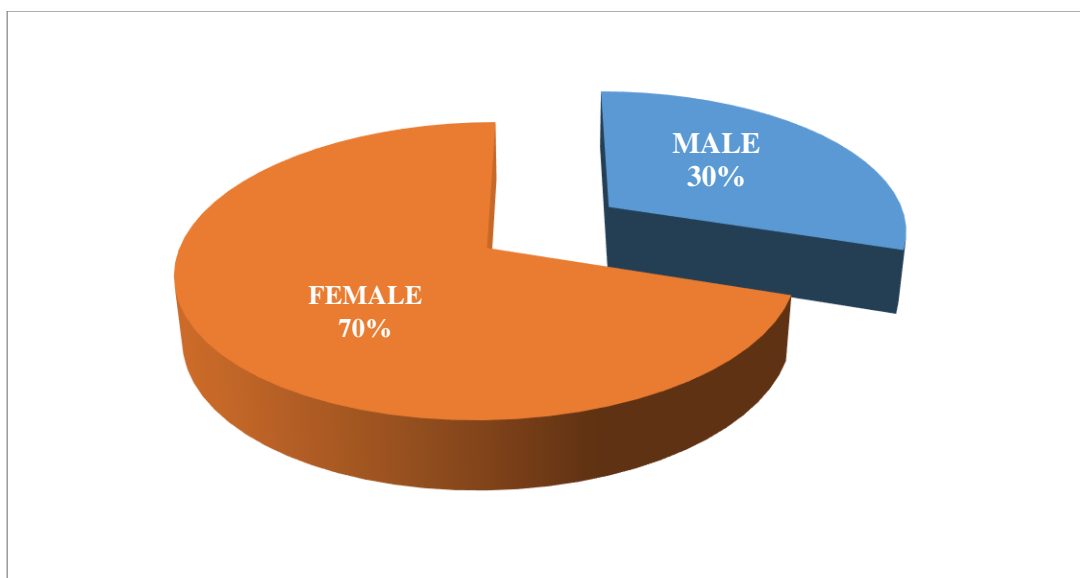


Figure 1.2 :- Distribution of respondents according to gender.

In our study 30% respondents are male & 70% respondents are female.

III) EDUCATION:

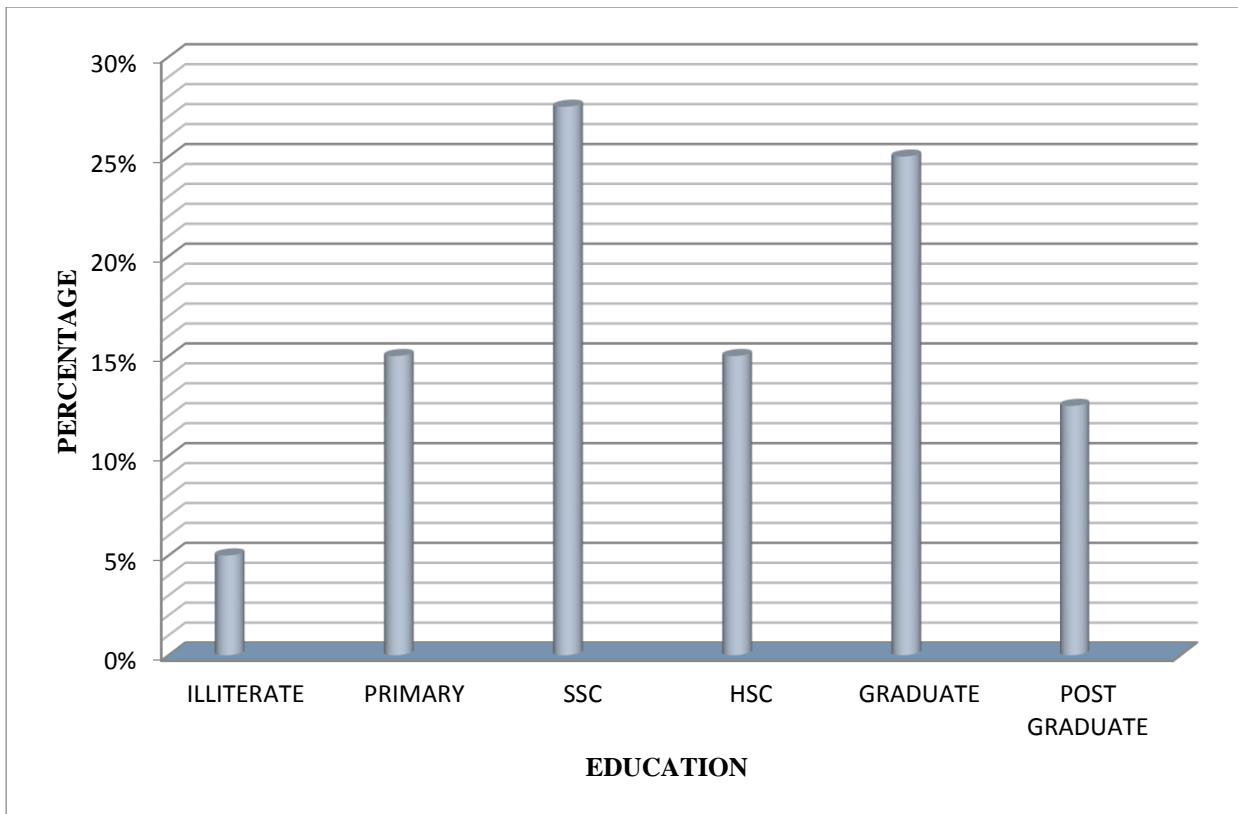


Figure 1.3: Distribution of respondents in relation to their education.

It shows that only 5% of the respondents are illiterate & maximum have completed secondary education i.e. 27.5%

IV. OCCUPATION:

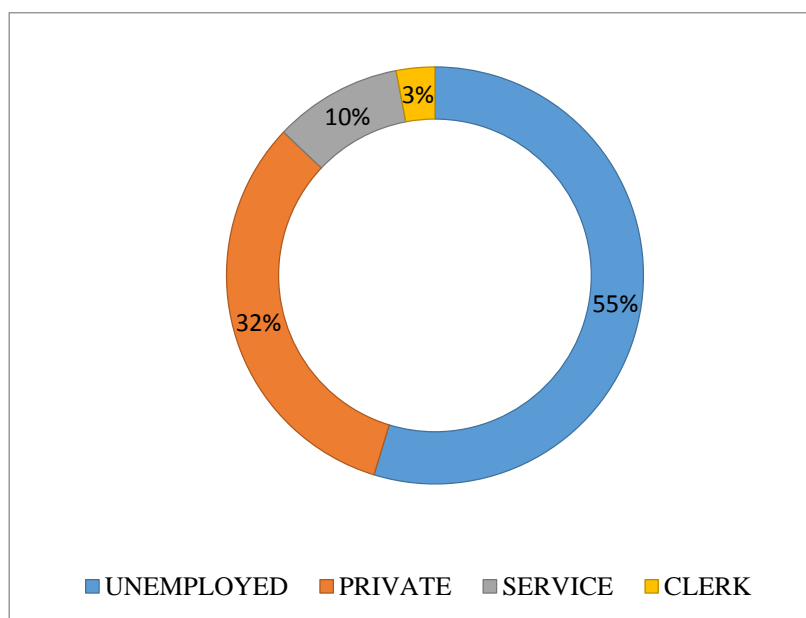


Figure 1.4 shows percentage wise distribution of respondents in relation to their occupation. It shows that majority of them are unemployed i.e. 55% while 32.5% work in the private sector.

V) RELIGION:

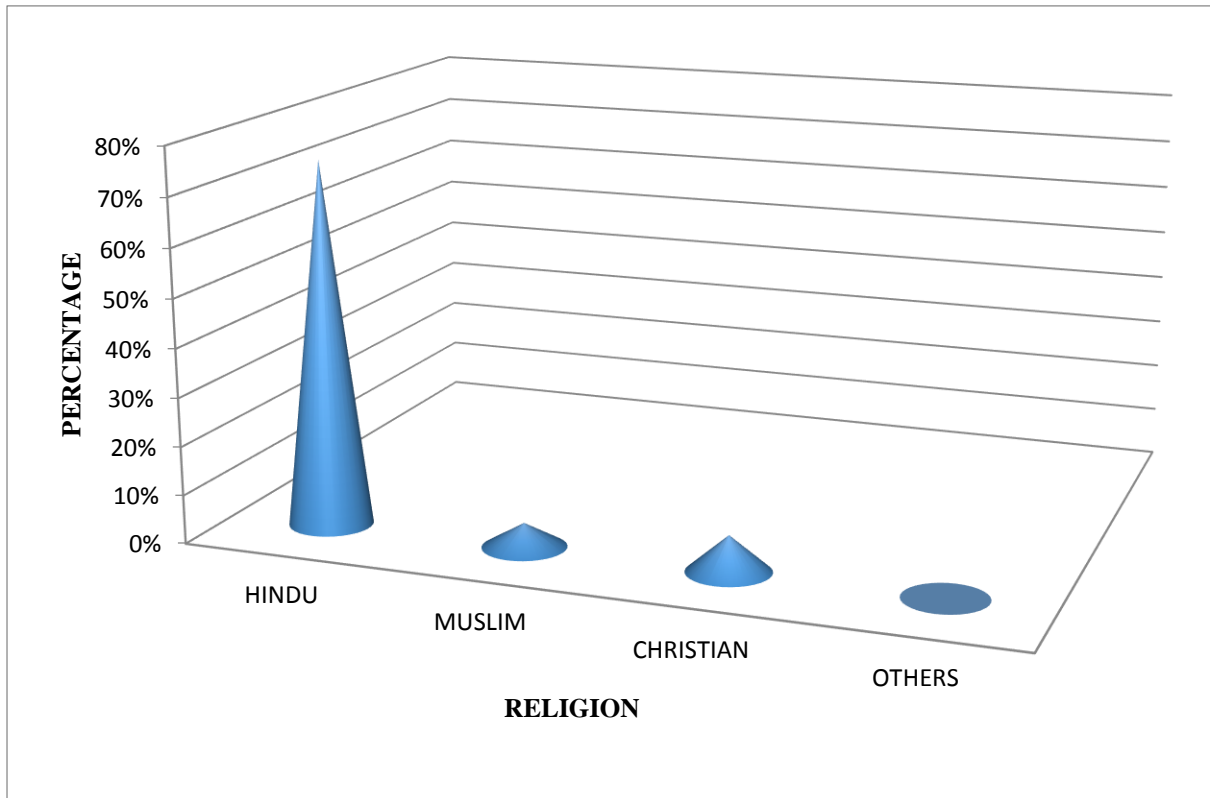


Figure 1.5 shows percentage wise distribution of respondents in relation their religion. It shows that 75% of the respondents belong to Hindu religion, 20% belong to Christian and only 5% belong to Muslim.

IV) DECISION MAKER:-

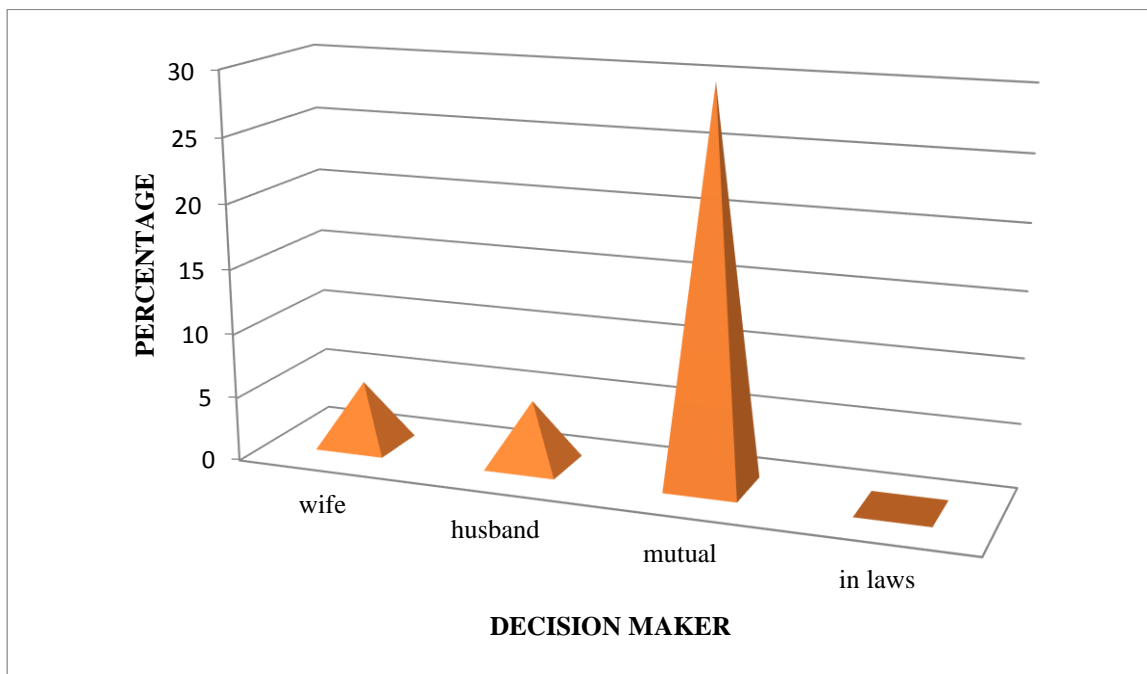


Figure 1.6 shows percentage wise distribution of respondents in relation to decision maker in use of contraceptives.

It shows that 75% of decision is made by both husband and wife mutually.

VI) DURATION OF MARRIAGE:

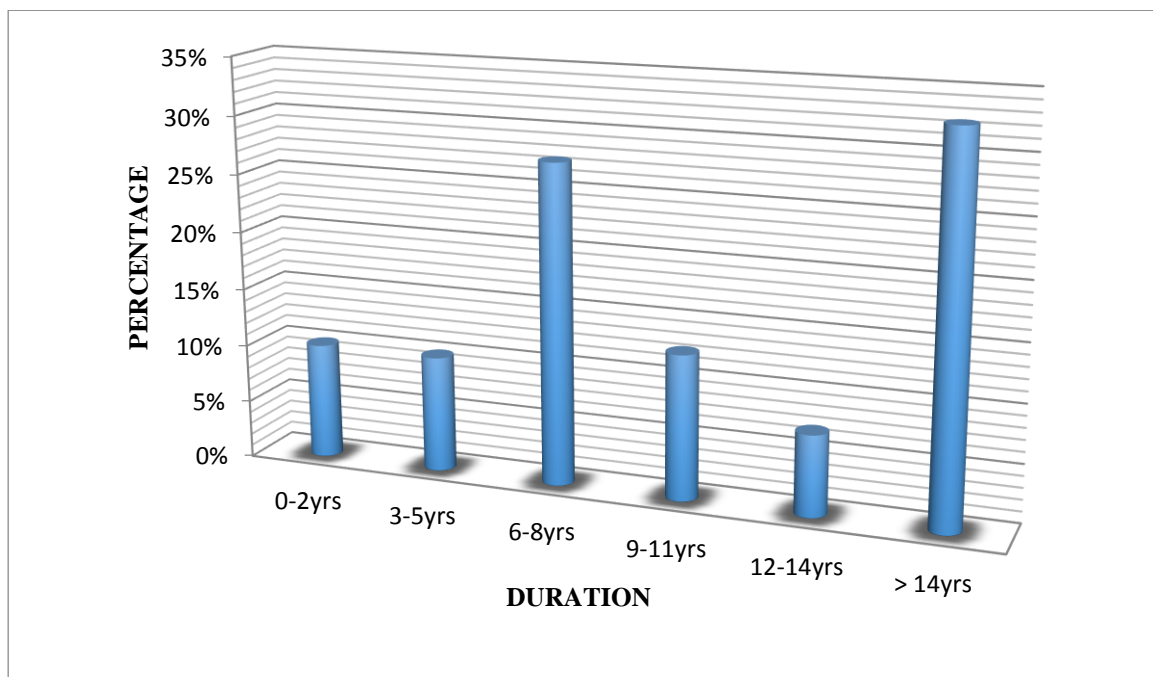


Fig 1.7 shows percentage distribution of respondents using contraceptives according to their decision maker.

It shows that 32.5% respondents have been married for more than 14 years.

SECTION 2: Distribution of data related to perception towards use of contraceptives.

Table 2.1: Negative remark: Strongly/Disagree

Sr. no	Statements	Maximum score	Total score	Percentage
1.	Contraceptives are only for adult married persons.	200	72	36%
2.	Contraceptives are expensive.	200	117	58.5%
3.	Adolescents who use contraceptives are bad.	200	63	31.5%
4.	Contraceptive use leads to infertility.	200	106	53%
5.	The process of acquiring contraceptive is often embarrassing.	200	92	46%
6.	Advertisement and information about contraceptive use is immoral.	200	101	50.5%
7.	Contraceptives have significant side effects.	200	84	42%

8.	Religion prohibits the use of contraception.	200	143	71.5%
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Table 2.1 shows that more than 48% of respondents disagreed the negative statements, so they have positive perception towards contraception

Table 2.2:- Positive Remark: Strongly/Agree

Sr no.	Statements	Maximum Score	Total Score	Percentage
1.	I approve use of contraceptives	200	171	85.5%
2.	Contraceptives are effective in avoiding pregnancy.	200	178	89%

Table 2.2 shows that more than 87% i.e. more than 3/4th of the group has positive perception regarding certain aspect of contraception.

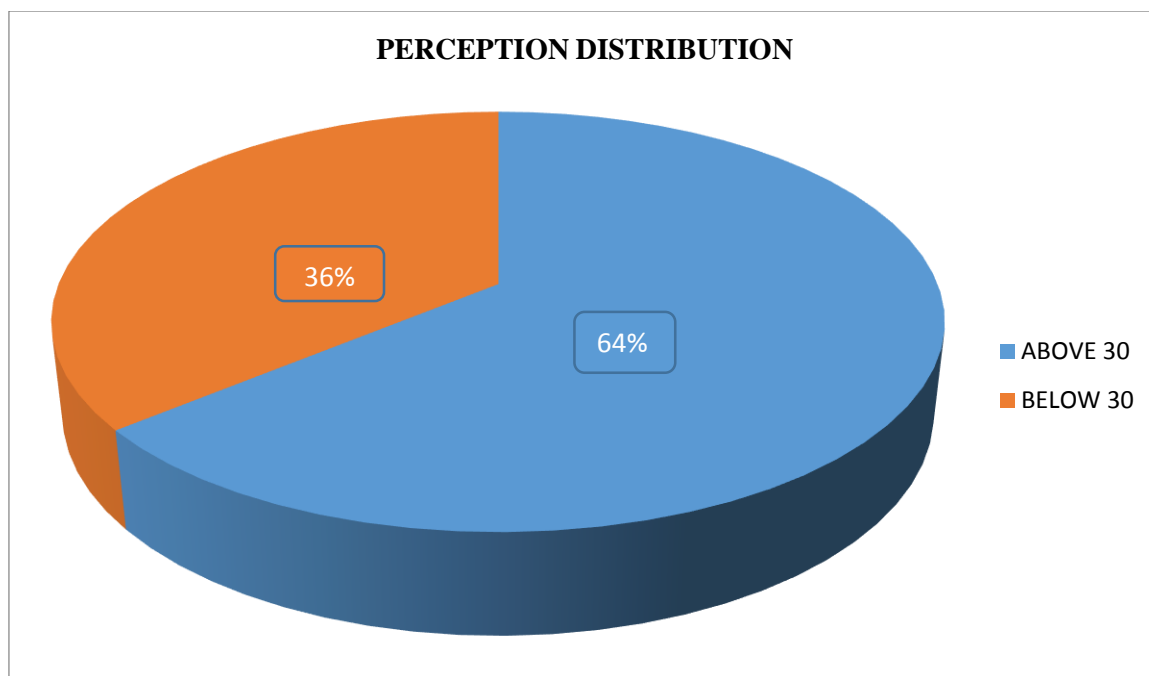


Figure 2.1: perception of respondents regarding contraception.

This figure shows that majority of the respondents (64%) have positive perception towards contraception.

Section 3:- Distribution of data related to practice of contraceptives.

3A:- Questions regarding practice of condoms:-

Sr. no	Statements	Maximum score	Total score	Percentage
1	When do you use condom	52	6	11.53%
2	What technique you use while wearing	52	12	23.07%
3	When will you remove the condom	52	13	25%
4	How many times do you use a same condom	52	13	25%

3B:- Questions regarding practice of oral pills:-

Sr. no	Statements	Maximum score	Total score	Percentage
1	Do you consult your doctor before taking pills	52	12	23.07%
2	When will you start the pill	52	3	5.76%
3	How often will you take a pill	52	12	23.07%
4	What will you do if you forget to take a pill	52	7	13.46%

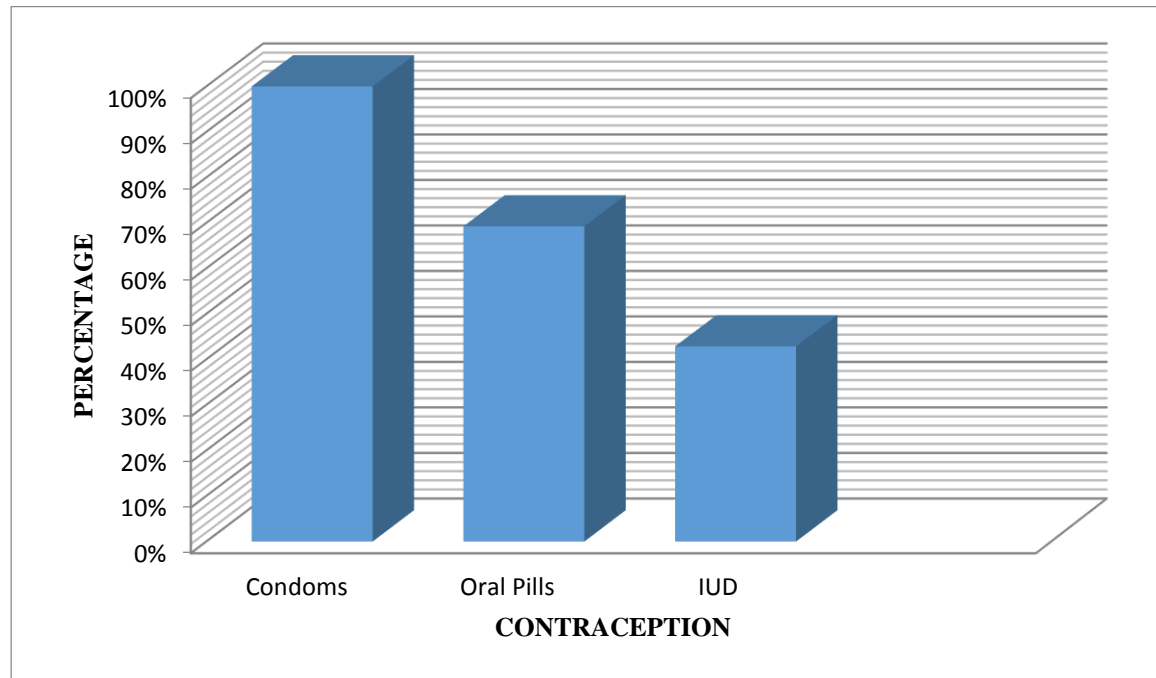
3C:- Questions regarding practice of IUD's:-

Sr. no	Statements	Maximum score	Total score	Percentage
1	What is the ideal time of insertion	56	12	21.42%
2	How will you determine the proper position of IUD	56	4	7.14%
3	How long an IUD can be used	56	12	21.42%
4	When do you seek immediate care	56	6	10.71%

Table showing the percentage of methods of contraception used appropriately.

Sr.no	Method	Percentage
1	Condoms	100%

2	Oral Pills	69.23%
3	Intra Uterine devices	42.85%



Karl Pearson's correlation coefficient:

It is used to measure the degree of linear relationship between two variables. Data are collected from a single sample, & measures of the two variables to be examined for each subject in the data set.

Formula:

$$r = \frac{\text{COV}(x,y)}{\text{SD}(x) \cdot \text{SD}(y)}$$

$$= \frac{\sum (x - \bar{x})(y - \bar{y})}{\sqrt{\sum (x - \bar{x})^2 \sum (y - \bar{y})^2}}$$

$$\sqrt{\Sigma(x-\bar{x}).\Sigma(y-\bar{y})}$$

Interpretation of results:-

The outcome of the Pearson product moment correlation analysis is a correlation coefficient (r) value between -1 and + 1. This r value indicated the degree of relationship between the two variables. The value 0 indicates no relationship. A value of -1 indicates a perfect negative (inverse) correlation. In a negative relationship, a high score on one variable is related to a low score on the other variable. A value of +1 indicates a perfect positive relationship. In a positive relationship a high score on one variable is related to a high score on the other variable.

Table – Correlation Matrix

PERCEPTION		PRACTICE
	Pearson Correlation	0.2*
	Two tailed	<0.0001
	N	40

*Correlation is significant at the **0.05 level** (2-tailed).

Table shows that correlation coefficient between perception and practice is positive correlated i.e., r= 0.2 and P<0.0001. It is statistically significant at 0.05% . So that the perception of respondents are

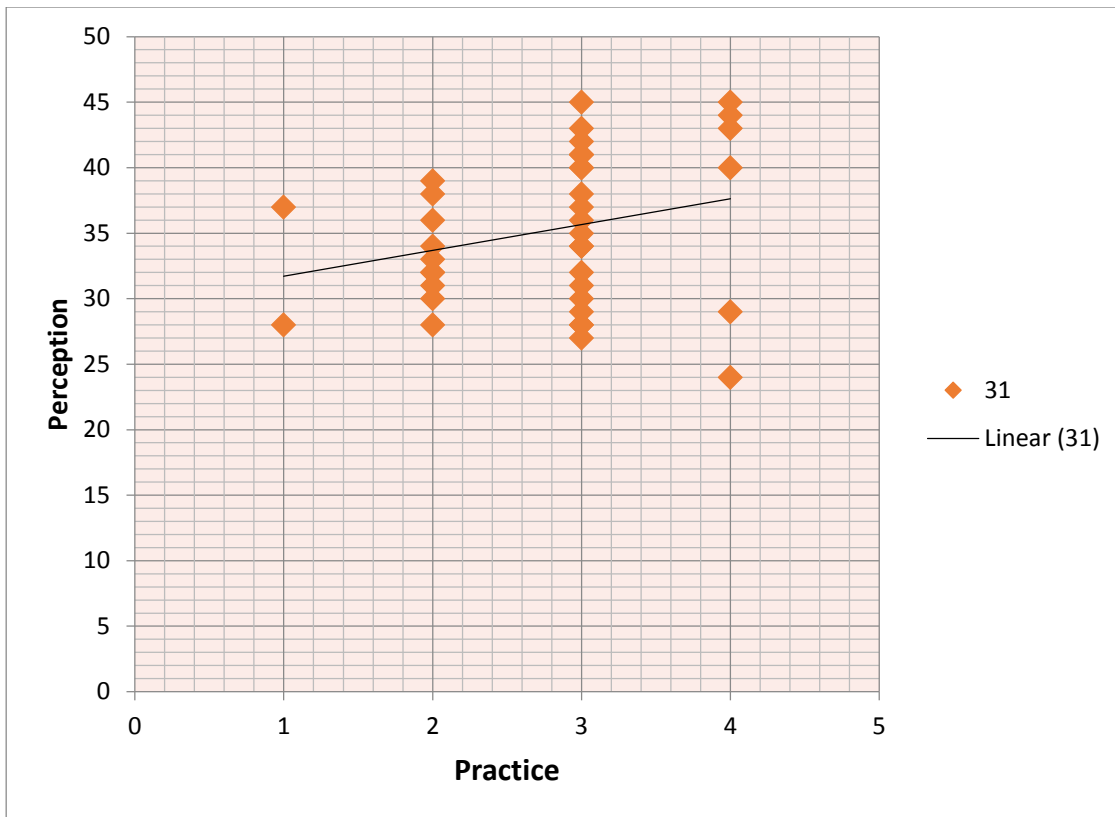


Figure 4.1 Correlation between perception and practice.

It shows that the perception and practice are positively correlated.

CHAPTER-V

SUMMARY

This chapter deals with the summary of the study and major findings along with recommendations. The present study was to assess the perception and practice of selected contraceptive methods among target population in the selected areas of Mumbai.

The present study aim to achieve the following objectives:

- To assess the perception of target population regarding selected contraceptive methods.
- To analyse the practices of target population regarding the use of selected contraceptive methods in them.
- To correlate the scores of practices of the target population regarding the use of selected contraceptive method with their perception score.

The conceptual framework for this study is developed from health belief model. It provides the comprehensive outlook for the study. The review of related research and non-research literature helped the investigator to develop the conceptual framework and questions. A survey approach was adopted. Descriptive design was used to determine the perception and practice towards selected contraceptive methods among target population.

The study was conducted at Mulund and Bhandup colony, Mumbai. The sample consisted of 40 respondents and the convenient purposive sampling technique was used to select the samples.

The tool used in data collection consists of the following sections:

- Section 1- selected demographic data consisting of 9 items.

- Section 2- questions based on perception on use of contraceptives by using Likert scale.
- Section 3- multiple choice questions on practice of selected contraceptives consisting of 3 parts.

A pilot study was conducted for 6 samples and those were excluded from the main study. The main study was conducted on 40 respondents. Questionnaire was given on basis of practice and perception towards selected contraceptive methods among target population. The data collected was analysed and interpreted in terms of objectives.

MAJOR FINDINGS OF THE STUDY

The study shows that 71.5% agree that religion is not a barrier for contraception use . however 58.5% respondents think that contraceptives are expensive.

This study shows that 85.5% respondents approve use of contraception & 89% respondents agree that contraceptives are effective for avoiding pregnancy. Overall, 64% people have positive perception towards contraceptions. In regard to practice, study shows that condoms are used 100% effectively, 69.23% for Oral Pills and 42.85% for IUD's.

Recommendations:-

- Similar studies can be conducted for a larger group of population.
- Studies can be conducted to find barriers for contraceptive use.
- Health education can be given to reinforce the use of contraceptives.
- Studies to find the extent of use of contraceptives.

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LETTER SEEKING EXPERT OPINION IN VALIDATING THE CONTENT AND CONSTRUCT OF THE TOOL

FROM

Research Group - 2

FIN, Mumbai.

TO,

SUB:- CONTENT VALIDITY OF THE TOOL

Respected Madam/Sir,

We the undersigned students have undertaken the following research topic of our research project in partial fulfillment of the Fourth Year Basic Bsc Nursing Programme.

"A descriptive study on the perception and practice of selected contraceptive methods among target population in selected areas of Mumbai."

May we kindly request you to validate the content & construct of the tool & give your valuable suggestions.

Yours sincerely,

Johnscy Johnson

Reshma Raju

Rachel Joseph

Pratidnya Kasekar

Clifford Elia

Objectives of our study :-

- To assess the perception of the target population regarding the selected contraceptive methods.
- To analyze the practices of the target population regarding the use of contraceptive methods in them.
- To associate the scores of practices of the target population regarding the use of selected contraceptive methods with their perception scores.

AIM OF THE TOOL :-

To evaluate the perception and practices of selected contraceptive methods (condoms, pills) among target population (age group: - 18 – 35years) of Mumbai.

INSTRUCTIONS:-

- Please read and follow the instructions specified in the tool.
- This tool consists of three sections
- You have a choice to tick any option mentioned in the questionnaire.

SECTION 1:-This section consist of demographic data of the respondents.

SECTION 2:- This section consist five point Likert scale related to perception regarding selected contraceptive method.

SECTION 3:- This section consist of questions related to practices of specified contraceptives.

INFORMED CONSENT FORM

The title of our research project is "**A descriptive study on the perception and practice of selected contraceptive methods among target population in selected areas of Mumbai.** "

This Informed Consent Form has two parts:

- **Information Sheet (to share information about the research with you)**
- **Certificate of Consent (for signatures if you agree to take part)**

PART I: Information Sheet

- **Introduction**

We are the students of Fortis Institute of Nursing and we are doing research on perception and practice of contraceptives, which is important in regard to the country's rapid population growth. I am going to give you information and invite you to be part of this research. Before you decide, you can talk to anyone you feel comfortable with about the research.

There may be some words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. If you have questions later, you can ask them of me.

- **Purpose of the research:-**

Population explosion is the greatest obstacle to the country's economical & social development. India is second largest country in terms of population. The contraceptive prevalence in India is 56.3% and in urban population it is 64.0%. The reason we are doing this research is to find out the perception and practice of contraceptives among target individuals despite the available facilities.

- **Type of Research Intervention:-**

The research involves an interview where you will be asked a series of questions in regard to perception and practice of contraceptives.

- **Voluntary Participation:-**

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. You may change your mind later and stop participating even if you agreed earlier.

- **Confidentiality:-**

With this research, something out of the ordinary is being done in your community. It is possible that if others in the community are aware that you are participating, they may ask you questions. We will not be sharing the identity of those participating in the research.

The information that we collect from this research project will be kept confidential. Information about you that will be collected during the research will be put away and no-one but the researchers will be able to see it. Any information about you will have a number on it instead of your name. Only the researchers will know what your number is.

- **Sharing the Results:-**

The knowledge that we get from doing this research will be shared with you if needed before it is made widely available to the public. Confidential information will not be shared. After completion of the research, we will publish the results in order that other interested people may learn from our research.

- **Right to Refuse or Withdraw:-**

You do not have to take part in this research if you do not wish to do so. You may stop participating in the research at any time that you wish. It is your choice and all of your rights will still be respected.

- **Who to Contact:-**

If you have any questions you may ask them now or later, even after the study has started. If you wish to ask questions later, you may contact-

Name:-

Number:-

Email:-

PART II: Certificate of Consent

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily to participate as a participant in this research.

Print Name of Participant_____

Signature of Participant _____

Date _____

Day/month/year

Statement by the researcher taking consent:-

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the explained interview will be done.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I

confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Print Name of Researcher taking the consent_____

Signature of Researcher taking the consent_____

Date _____

Day/month/year

TOOL:

Problem Statement:-

A descriptive study on the perception and practice of selected contraceptive methods among target population in selected areas of Mumbai.

Objectives of the study:-

- To assess the perception of the target population regarding the selected contraceptive methods.

- To analyze the practises of the target population regarding the use of contraceptive methods in them.
- To associate the scores of practices of the target population regarding the use of contraceptive method with their perception score.

Section 1:-

Demographic Data

Respondents No:-

Age:-

Gender:-

Education:-

Occupation:-

Religion:-

No. Of living children:-

Male:-

Female:-

Decision maker about use of contraception:-

Mutual (Husband & Wife) :-

Husband/Wife:-

In-Laws:-

Section 2:-

5 POINT LIKERT SCALE TO IDENTIFY PERCEPTION ON USE OF CONTRACEPTIVES

Instructions:- Please read the following statements & rate how much you personally agree or disagree with these statements by ticking in appropriate columns.

Sr No.	Perception	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree

1)	Contraceptives are only for adult married persons					
2)	Contraceptives are expensive					
3)	Adolescents who use contraceptives are bad					
4)	Contraceptive use leads to infertility					
5)	The process of acquiring contraceptive is often embarrassing					
6)	I approve use of contraceptives					
7)	Contraceptives are effective in avoiding pregnancy					
8)	Advertisement and information about contraceptive use is immoral					
9)	Contraceptives have significant side effects					
10)	Religion prohibits the use of contraception					

SECTION 3:-

Instructions :- Respondents are requested to tick the suitable option.

1. Do you use any contraceptives?

a) Yes b) No

If yes then, please specify

Sr No.	Contraceptives	Tick the Appropriate	Duration of usage
1	Oral Contraceptive Pills		
2	Condoms		
3	Cu – T		
4	Male sterilization		
5	Female sterilization		
6	Other (Injectables, Natural method & Emergency Contraceptives)		

If no, then please tick the appropriate.

Sr .No	Reason For Non Usage / Discontinuing The Contraceptive Method	Tick The Appropriate
1	Method failure	
2	Desire to become pregnant	
3	Side effects / Health concerns	
4	Costly	
5	Infrequent sex / Partner away	
6	Inconvenient to use	

7	Religion prohibition	
8	Lack of knowledge regarding method and source	
9	Switch to other method	
10	Other reasons	

3A.CONDOMS:-

- 1) When do you use condom?
 - a) Before erection
 - b) After erection
 - c) During erection
- 2) What technique you use while wearing?
 - a) Rolling over erect penis
 - b) Unroll it before wearing
 - c) Other technique
- 3) When will you remove the condom?
 - a) Before ejaculation
 - b) Soon after ejaculation
- 4) How many times do you use a same condom?
 - a) Single use
 - b) Multiple use

3B.PILLS:-

- 1) Do you consult your doctor before taking pills?
 - a) Yes
 - b) No
- 2) How often will you take a pill?
 - a) Once a month
 - b) Once a day
 - c) Before having sex
 - d) Don't know
- 3) What will you do if you forget to take a pill?
 - a) Take two the next day
 - b) Stop taking the pills until she gets her period
 - c) Whenever you will remember & continue taking pills nextday
- 4) When will you start the pill?
 - a) First day of menstrual period
 - b) Last day of menstrual period
 - c) Any day of the cycle.

3C. IUD:-

- 1) What is the ideal time of insertion?
 - a. During or just after the menstrual cycle
 - b. When you are pregnant
 - c. None of the above
- 2) How will you determine the proper position of IUD?
 - a. Thread stays
 - b. Thread hangs outside
 - c. None of the above
- 3) How long an IUD can be used?
 - a. Five to ten years
 - b. More then ten years
 - c. Lifetsyle
- 4) When do you seek immediate care?
 - a. Experience severe pain or bleeding during periods
 - b. Fever with abdominal pain
 - c. Both a and b

