



## Contraception Practice among School Adolescents in Makawanpur District, Nepal

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### 1.4 ABSTRACT

*Adolescence is the period of change and sexual attraction due to the secretion of growth and sex hormones. They should be made aware of the risk of unsafe sexual intercourse and the use of contraception. Contraception is the measure to prevent unwanted pregnancy as well as STIs. The main aim of the study is to assess the contraception practice among school adolescents. The data required for the study was collected from the 400 school adolescents of the age group of 15-19 years in 10 higher secondary sampled schools of Makawanpur districts of Nepal. First of all the district was divided into five strata, where four strata were made on the basis of electoral region and one stratum was separated as Hetauda municipality, because of its different characteristics within electoral region 3. The proportionate stratified random sampling technique was administered to select the required number of school and simple random sampling method was used to select the equal number of boys and girls (200 each) for the survey. The study shows that there is a significant difference between sex of respondents and use of contraception ( $p=0.000$ ), use of contraception and religion ( $p=0.026$ ), use of contraception and marital status ( $p=0.000$ ) of the respondents, whereas there is no significant difference between the use of contraception and caste ( $p=0.202$ ), use of contraception and location ( $p=0.236$ ) and the use of contraception and education level ( $p=0.509$ ) of the respondents. Unsafe sexual intercourse or the sex without using any contraceptive may cause pregnancy in low age and STIs also. So, guidance*

*and counseling is essential in right time and situation about using right contraception, which prevents from unintended pregnancy and various STIs. On the other hand, there is essential to study and research with the prominence on other prospective like accessibility on health services and information technology, economic status and education level of parent.*

**1.5 Key Words:** Contraception; Practice; School Adolescents; Makawanpur District.

### 1.6 INTRODUCTION

Adolescence is the period of change. The child changes into a youth in this period. The (Unicef, 2014) stated that adolescence is a period different from early childhood and maturity. It is a transitional period in which they need the special care and protection. Physically, children experience many changes while they matured. We know at this time that the mind undertakes somewhat considerable developments in early adolescence, which affect physical and mental capabilities along with emotional skills. Similarly, (Wikipedia, 2015) stressed that physical development, as different from puberty, mostly in males, and cognitive development usually seen in adolescence, can similarly encompass into the early twenties. Therefore chronological age can be responsible for simply a rough maker of adolescence, and intellectuals have found it tough to approve upon an accurate definition of adolescence.



In addition, the (American Academy of Pediatrics, 2015) expressed that the adolescence is an age from puberty to adulthood. It can be roughly divided into three phases specifically early adolescence, middle adolescence and late adolescence. Besides physiological growth, seven significant intelligent, psychological as well as social developmental works are included into these years. The main purpose of these works is to form adolescent's personal identity and to make for adulthood.

Contraception is a method or tool used to avoid unwanted pregnancy. The (Wikipedia, 2015) stated that birth control or contraception or family control are the methods or devices used to stop pregnancy. Birth control means have been used from the ancient periods, but efficient and safe devices became accessible in the twentieth century. Similarly, the study of (Ott, 2014) explained that contraception is a mainstay in decreasing the pregnancy rates of adolescents. The American Academy of Pediatrics suggests that pediatricians improve a functioning knowledge of contraception to support adolescents decrease risks of along with negative health significance related to unwanted pregnancy. Several of new contraceptive measures have become accessible to adolescents from a decade. Newer direction has been introduced on prevailing contraceptive methods, and the proof base for contraception for exceptional population has expanded.

The (Better Health Channel, 2015) affirmed that it is important to practice safer sex as well as to avoid an unwanted pregnancy. All the methods of contraception do not protect from STIs. The preeminent way to decrease the risk of STIs is to use male and female condoms and dams. During the period of oral, anal and vaginal sex, condom might be helpful to prevent infections from spreading.

The study of (Bugha GA, 1996) disclosed that the prevalence of contraceptive that had been used forever was only 23 percent amongst sexually practiced girls then, among them, only 19.4 percent had used condoms. Unexpectedly, 62.1 percent of sexually skilled boys had practiced condoms, and among them almost 33 percent liked using them.

The prevalence rate of pregnancy of adolescent school-girl was 31.3 percent. In another study of (Abma JC, 2001) expressed that around 25 percent of adolescents do not use any contraceptives throughout their first sexual contact. The condom persisted the maximum popular method of contraception. Though the use of oral contraceptives among adolescents decreased in between 1988 and 1995, the use of implant and injectable contraceptives initiated. Similarly in the study of (Idonije, 2011), it is stated that the condom was the main accessible contraceptive for the men whereas Andrew Liver salt was used by 29 percent, oral tablets was used by 10.30 percent, 7 Up was used by 7.40 percent females. Around 40 percent of the overall sampled people assumed that contraception is not safe.

The main problem is that most of the teens or adolescents do not use any contraceptive to prevent pregnancy and STIs in underdeveloped and developing countries. The study of (Finer, 2013) affirmed that the use of contraceptive in younger age of 15 as equal to older, among girls. While the girls, who start having sexual intercourse at the age of 14 or less are supposed to use less of contraception measures at first sexual intercourse and start using late. But the study of (Blanc, 1998) in developing countries asserted that recent contraceptive use is greater amongst sexually active, unmarried adolescents than it is amongst married adolescents. The results too show that adolescents are not likely to use any contraceptive when they have sex for the first time and are more possible than elder women to practice a contraceptive failure. So it is satisfactory condition, which showed that the adolescents are being aware of the bad consequences of early pregnancy and the STIs.

Lack of proper knowledge and proper guidance adolescents are misguided by the peer groups. They spend much of the time out side home and involve in different activities with the friends. Sometimes there is possibility to participate unsafe sexual intercourse, which may lead early pregnancy and STIs too. The purpose of the study is to evaluate the use of contraceptive measures among school adolescents. Likewise, it is supposed



that the demographic variables like age, sex, religion, caste, location, education level play the major role to determine the use of contraception among adolescents.

## 1.7 METHODOLOGY AND TECHNIQUES USED

### RESEARCH DESIGN

The descriptive survey was applied as research design for the study.

### SETTING OF THE STUDY

The study was conducted in 9 to 12 classes running 10 sampled higher secondary schools in Makawanpur district, Nepal.

### POPULATION

The population targeted for the study was the adolescent students of 9 to 12 classes, of 15-19 years age group of both male and female.

### SAMPLE SIZE

Among 400 school-going adolescent students, equal number of both boys and girls from each grade of 9 to 12 were selected for the study.

### SAMPLING TECHNIQUE

Makawanpur district is the study area. First of all the district was divided into five strata i.e. four electoral region and one Hetauda municipality, because of its different characteristics within electoral region 3. After the separation of strata, proportionate stratified random sampling technique was used to select the required number of school for 400 respondents. The 10 schools were selected

among 29 higher secondary schools in the district. Simple random sampling method was used to select the equal number of respondents (boys and girls) for the survey. And cross-sectional method was used to gather the data from the selected respondents.

### TOOL FOR THE STUDY

For the finalization of the study tools (questionnaire), language translation and back translation as well as expert opinion was done to check the validity of instrument (questionnaire), after that pilot study was done among 10 percent of respondents.

### DATA ANALYSIS

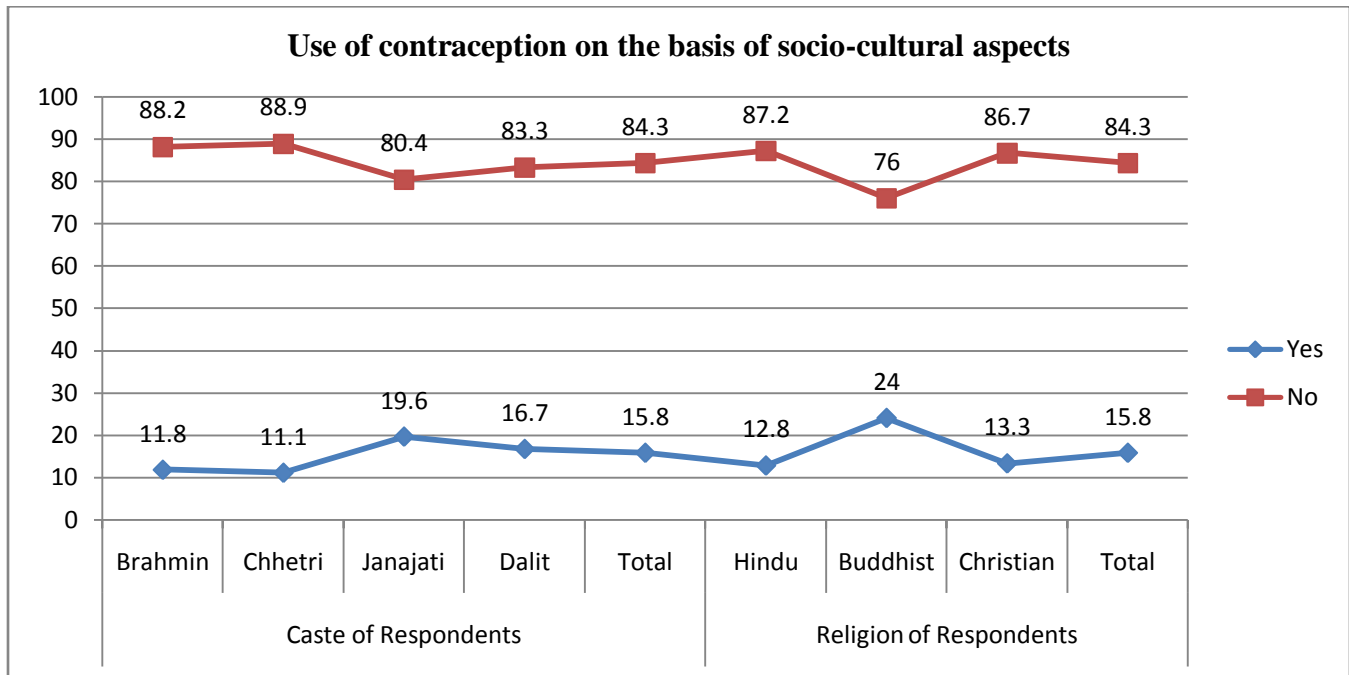
The data collected from the respondents was analysed with the help of SPSS and Chi-square test, as well as presented in frequency table and analytically discussed with secondary data to explore the relationship between variables.

### 1.8 CASE STUDY: Nil

### 1.9 RESULT AND DISCUSSION

The use of contraception is affected by the religion, culture, awareness level of the people towards its devices. The study of (Chandra-Mouli, 2014) expressed that the sexual activities of the adolescents, differs significantly in place of boys contrasted with girls and by religion. Both of the married and unmarried sexually active adolescents required contraception. The data below shows the use of contraception among the school adolescents.

**Use of Contraception on the Basis Socio-cultural Aspects**

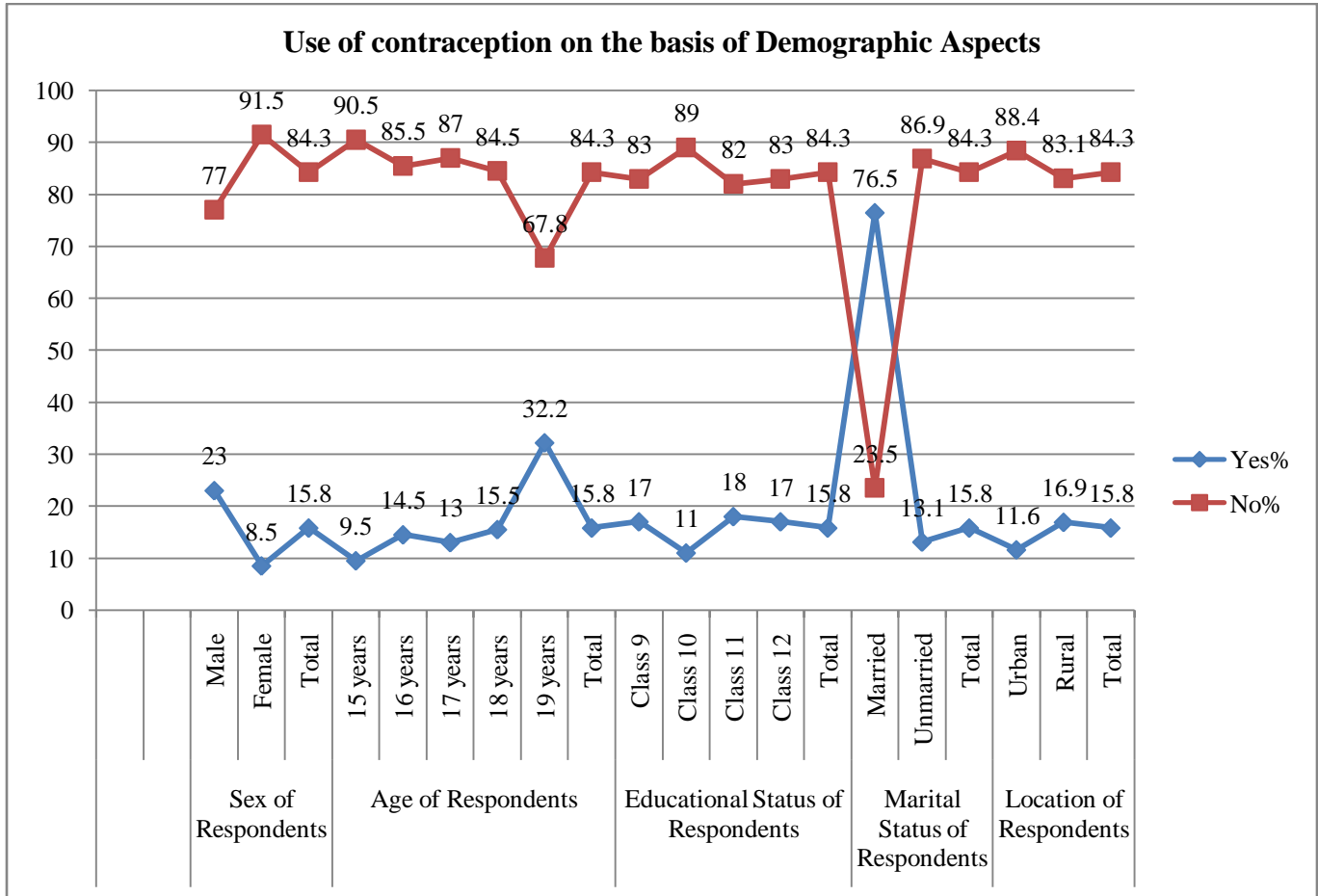


**Figure 1: Use of contraception on the basis of Socio-cultural Aspects**

**Source: Field Survey 2015**

The above figure illustrates that an average percentage (84.3%) of the respondents was not using any contraception where, only 15.8 percent of the respondent were using contraceptives. Among them, the highest percentage (19.6%) of the respondents of Janajati, on the basis of caste, was using contraceptives. Similarly, the highest percentage (24%) of the respondents of Buddhist, on the basis of religion was using contraceptives. There is no significant difference ( $p=0.202$ ) between caste of respondents and use of contraception whereas, there is significant difference ( $p=0.026$ ) between religion of the respondents and the use of contraception. The website (Child Trends Data Bank, 2014) indicated that whites are more expected to use birth control oral pill (26 %) than black (8%) among the sexually active high school students in 2013. Similarly, the report of (BBC, 2009) specified that there are various opinions on contraception in Islam, though 88.89 percent of traditional Islamic law permits it. As well, more traditional Islamic leaders have openly drummed up support against the use of condoms and other contraceptives. Then again the website (Wikipedia, 2015) describes that the artificial contraceptive is considered as essentially evil whereas natural methods of family planning are morally permissible in some situations among Roman Catholic.

**Use of Contraception on the Basis of Demographic Aspects**



**Figure 2: Use of contraception on the basis of Demographic Aspects**  
**Field Survey 2015**

The figure above illustrates that 23 percent of male and 8.5 percent of female respondents said that they were using contraception. Similarly, the highest percentage (32.2%) of the respondents of 19 years, on the basis of age, said that they were using contraceptives. Likewise, the highest percentage (18%) of the respondents of education level 10, on the basis of education level, also said that they were using contraceptives. As well, 76.5 percent of married and 13.1 percent of unmarried respondents agreed that they were using contraceptives. At the same time, 16.9 percent of rural and 11.6 percent of urban respondents also said that they were using contraceptives. There is significant difference (( $p=0.000$ ), ( $p=0.004$ ) and ( $p=.000$ )) between the sex, age and marital status of the respondents respectively and the use of contraception. At the same time, there is no significant difference (( $p=.509$ ) and ( $p=.236$ )) between the educational status and location of the respondents respectively and the use of contraception. The study of (Tripp, 2005) declared that 75 percent of teenagers in early adolescence, 85 percent of mid-adolescence of both the boys and girls have used an effective method of contraception in the past when they had sex. The report of (Fact Sheet, 2014, May) asserted that the mainstream of sexually practiced 78 percent of female and 85 percent of male adolescents used contraception while they had sex for the first time. The report of (Mosher WD, 2010) stated that teenagers aged 15-19 years, 28 percent of unmarried, 39 percent of non-cohabiting women, 44 percent childless women, and 47 percent of women who plan to have children in future used any type of contraception. The study of (Radulović, 2006) affirmed that the most of the interviewees has chosen condom as the most effective method of contraception. The women with primary education use less protection from



unintended pregnancy than the women with secondary and higher degree of education. The women with primary education choose the traditional methods of contraception. Likewise, the website of (children, 2015) stated that 6 percent women are using Depo-Provera, will get pregnant contained by the first year with usual use. In another study of (Payne, 2015), it is asserted that 3 percent of women aged 16-49 years said of using injectable contraception. The majority of women using Depo-Provera are young 18-19 years old. In addition, The study of (Iklaki CU, 2012 ) stated that 6.3 percent of the girls aged 13-19 years reported for the use of oral pills. In another study of (Lurie, 2014) expressed that the important method of contraception in US in 2002 was the oral pill, used by 11.6 million women. Then, the study of (Robertson AA, 2006) stated that in the joint model, condom use was considerably forecasted by male gender, peer impact, optimistic condom attitudes, and condom self-efficiency.

## 1.10 CONCLUSION AND RECOMMENDATION

The purpose of the study is to assess the contraception practice among school adolescents. Based on the result and findings, it is concluded that more male adolescent have used the contraception than the female adolescent students. There is a significant difference between use of contraception and sex, age, marital status and religion of the respondents. Whereas, there is no significant difference between the use of contraception and caste, location and education level of the respondents. The use of contraception during the sexual intercourse is essential to prevent the early and immature pregnancy and the STIs as well. But it is the matter of worry that the adolescents in their early age are using the contraception, which shows the adolescents are practicing sexual intercourse and possibility to have sex without contraception may result the STIs. So, on the basis of the result and finding of the study, following recommendations are given:

1. There is the need of further research with emphasis on other potential influencing factors like accessibility on health services and information technology, economic status and education level of parent.
2. The study can be done on a large sample, which helps to imply the findings for large population.
3. Curriculum Development Centre, policy level, parents and teachers should be responsible to make aware and motivate adolescent students about the easy access, use and importance of contraceptive devices in rural areas too.

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