



“A STUDY ON KNOWLEDGE, ATTITUDE AND PRACTICE REGARDING CONTRACEPTIVE METHODS AMONG TEENAGE PREGNANCIES IN A TERTIARY CARE CENTRE”

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ABSTRACT

Background:

Teenage pregnancy continues to be a major public health concern globally, particularly in developing countries like India. The World Health Organization (WHO) defines adolescence as the period between 10 and 19 years of age. During this phase, individuals undergo significant physical, psychological, and social changes. However, lack of proper sexual education, limited access to reproductive health services, and socio-cultural taboos surrounding contraception often leave adolescents vulnerable to unplanned and unwanted pregnancies.

Teenage pregnancy is associated with increased risks for both the mother and the baby, including preterm delivery, low birth weight, anemia, pre-eclampsia, and higher maternal and perinatal morbidity and mortality. These outcomes are often compounded by poor awareness and low utilization of contraceptive methods among adolescents. Despite various national programs promoting family planning, misconceptions, fear of side effects, lack of autonomy, and social stigma continue to hinder effective contraceptive use in this age group

Aim and Objective:

1. To evaluate and asses the level of knowledge and attitude of teenage pregnant women regarding different contraceptive methods.

2. To study the contraceptive practices adopted by teenage pregnancies prior to conception. And identify the factors influencing the use or non-use of contraceptive methods among teenage pregnancies.
3. To suggest measures for improving awareness and utilization of contraceptive methods among adolescent mothers.

Methods:

The study was conducted among 120 teenage pregnancies who visited Maternal and Child Health Building of Jorhat Medical College Department of Obstetrics and Gynaecology, for a period of one year with a provisional diagnosis of Teenage pregnancy. Inclusion criteria Pregnancy below 19 years of age who are present at the time of data collection and willing to participate in the study. Exclusion criteria. Pregnancy below 28 weeks of gestation

Results:

A total of 120 teenage pregnant women participated in the study. The majority (42.5%) were 18 years old, and most (68.3%) belonged to rural areas. Nearly 42.5% had secondary-level education, while 54.2% were from lower socioeconomic status groups.

Regarding knowledge, 76.7% had heard about contraception, with condoms (62.5%) and oral pills (56.7%) being the most known methods. Awareness about IUCDs and emergency contraception was poor (33.3% and 12.5% respectively). Overall, only 25% demonstrated good knowledge, while 33.3% had poor knowledge.

In terms of attitude, 75% agreed that contraception is necessary to prevent unplanned pregnancies, and 83.3% believed that contraceptive decisions should be mutual between partners. However, 58.3% reported fear of side effects as a major deterrent.

As for practice, only 33.3% had ever used any contraceptive method, and a mere 16.7% had used one prior to their current pregnancy. Condom use (20.8%) was the most common. A statistically significant association was found between educational status and knowledge ($p < 0.05$), as well as between knowledge level and contraceptive practice ($p < 0.001$).

Overall, the study revealed a considerable gap between awareness and actual practice, underscoring the need for effective adolescent reproductive health education and counselling interventions.

Conclusion:

This study highlights that while a majority of teenage pregnant women had heard about contraception, their depth of knowledge and actual use of contraceptive methods were considerably low. Misconceptions, fear of side effects, social stigma, and inadequate counselling were major barriers to effective contraceptive practice. A positive attitude toward family planning was observed among many participants, but this was not translated into practice, indicating a gap between awareness and utilization. Education level and exposure to health services showed a significant association with better knowledge and practice.

Strengthening adolescent reproductive health education, improving access to youth-friendly health services, and involving both partners in counselling can greatly enhance contraceptive adoption. Focused interventions at the community and school levels are needed to empower adolescents to make informed reproductive choices, thereby reducing teenage pregnancies and improving maternal and child health outcomes.

Introduction:

Teenage pregnancy remains a global public health concern with significant implications for maternal and child health, education, and socioeconomic development. While rates have declined in developed nations due to improved sex education and contraceptive access, they remain high in developing regions where poverty, limited healthcare, and cultural norms drive early childbearing. Adolescent mothers face increased risks of preterm birth, low birth weight, and maternal complications, largely due to inadequate healthcare rather than age alone. Teenage pregnancy also contributes to poor infant outcomes, reduced educational attainment, and a cycle of poverty. Evidence shows that quality

maternity care and comprehensive sexuality education can improve outcomes and reduce adolescent pregnancies. Effective interventions include education, access to contraception, and community involvement. Addressing structural barriers such as gender inequality and limited healthcare is essential to promote healthier futures for teenage mothers and their children.

Need for the Study:

Understanding the knowledge, attitude, and practice (KAP) regarding contraceptive methods among teenage pregnant women is essential to identify gaps between awareness and actual use. Such studies help in recognizing the misconceptions and barriers that prevent adolescents from adopting safe and effective contraception. The findings will aid healthcare providers and policymakers in strengthening adolescent reproductive health programs, designing effective counseling strategies, and ultimately reducing the incidence of teenage pregnancies and their associated complications

Materials and methods:

The study was conducted among 120 teenage pregnancies who visited Maternal and Child Health Building of Jorhat Medical College Department of Obstetrics and Gynecology, Jorhat medical college and hospital for one year with a provisional diagnosis of teenage pregnancy. Inclusion criteria: Pregnancy below 18 years of age who are present at the time of data collection and willing to participate in the study. Exclusion criteria: Pregnancy below 28 weeks of gestation

Data were collected using a pretested, structured questionnaire consisting of four sections:

1. Sociodemographic details
2. Knowledge about different contraceptive methods.
3. Attitude toward the use of contraception.
4. Practice and previous use of contraceptive methods

Participants were interviewed in their local language after obtaining informed consent. Privacy and confidentiality were maintained throughout the process. Majority (68.3%) were 18 years old, making this the predominant age group.

RESULTS:

TABLE 1: AGE DISTRIBUTION OF STUDY GROUP

AGE	NUMBER	PERCENTAGE
15 YEARS	2	1.66%
16 YEARS	4	3.33%
17 YEARS	63	52.5%
18 YEARS	51	42.5%
TOTAL	120	100%

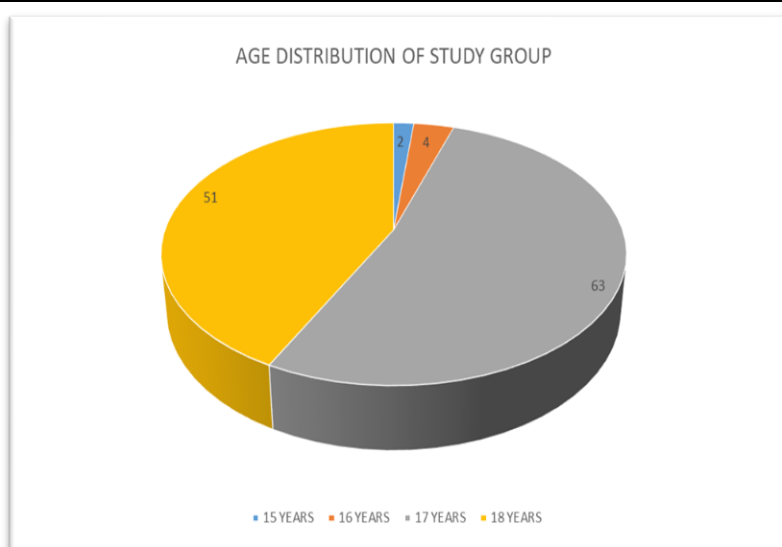


Figure 1-Age distribution

TABLE 2: GRAVIDA-PARITY

PARITY	NUMBER	PERCENTAGE
PRIMIGRAVIDA	119	99.16%
GRAVIDA II	1	0.83%
TOTAL	120	100%

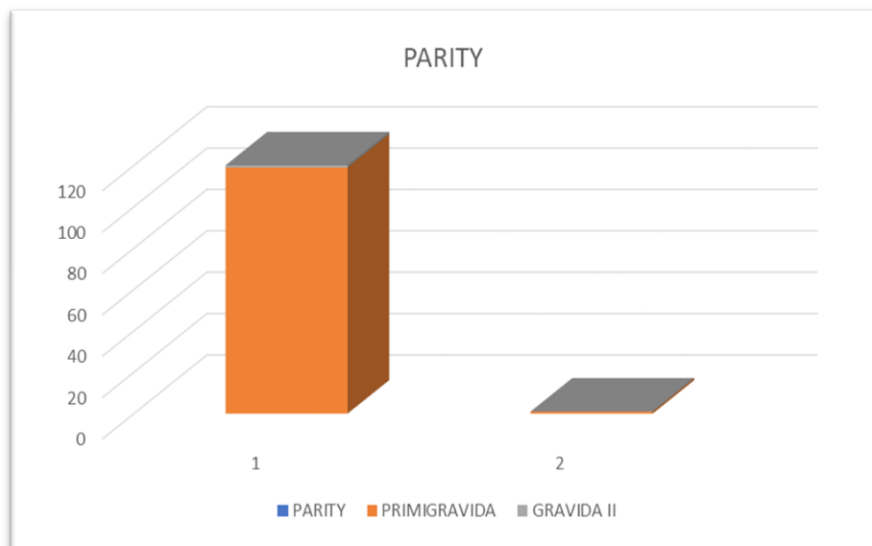


Figure 2-Gravida and Parity

Majority were primigravida, with 119 out of 120 individuals (99.16%) falling into this category, it indicates that first-time pregnancies are the predominant participants in the study

TABLE 3: MARRIAGE AND CONCEPTION INTERVAL

MARRIAGE DURATION	NUMBER OF PREGNANT TEENAGERS	PERCENTAGE
LESS THEN 6 MONTHS	41	34.16%
LESS THEN 1 YEAR	45	37.5%
MORE THEN ONE YEAR BUT LESS THEN 1.5 YEARS	25	20.83%
MORE THEN 1.5 YEARS	8	6.66%
2 YEARS	1	0.83%
TOTAL	120	100%

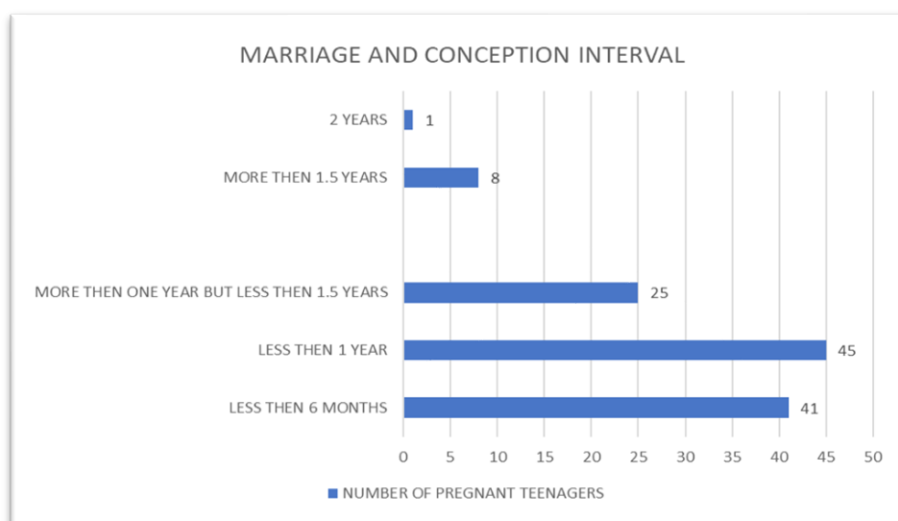


Figure 3 -Marriage and conception interval

A significant proportion, 37.5% (45 individuals), conceived in less than one year of pregnancy interval. 34.16% (41 individuals) have been married for less than six months, before conception, suggesting that a substantial portion of pregnant teenagers experience relatively short durations of marriage before becoming pregnant. The percentages decrease for those with longer marriage durations: only 6.66% .

TABLE 4: ANTENATAL VISITS

VISITS	PREGNANT FEMALES	PERCENTAGE
0	24	20%
1	88	73.33%
2	8	6.66%
TOTAL	120	100%

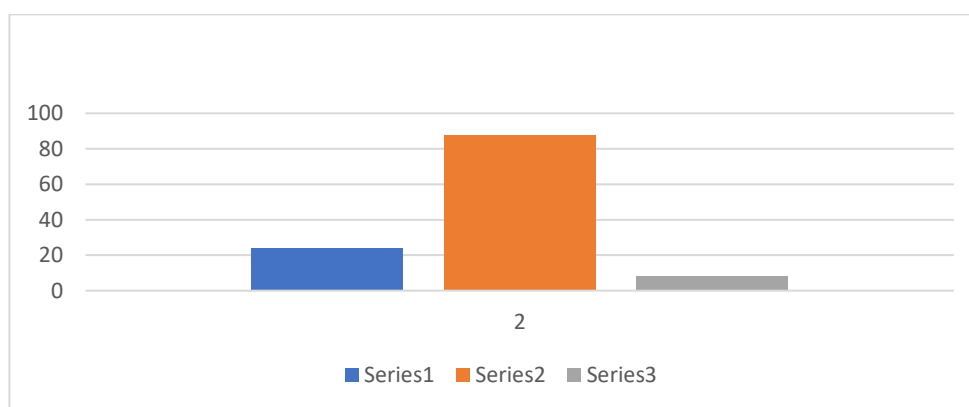


Figure 4 -Number of Antenatal Visits

A significant majority, 73.33% (88 individuals), reported making only one visit, indicating that many pregnant women did not seek frequent prenatal care. Twenty percent (24 individuals) reported no visits at all. Only a small percentage, 6.66% (8 individuals), made two visits

TABLE 5: EDUCATIONAL STATUS

EDUCATION	NUMBER	PERCENTAGE
Illiterate	15	12.5%
1 st -5 th std	20	16.6%
6 th -8 th std	51	42.5%
9 th -10 th std	34	28.3%

Patient distribution based on Educational Status

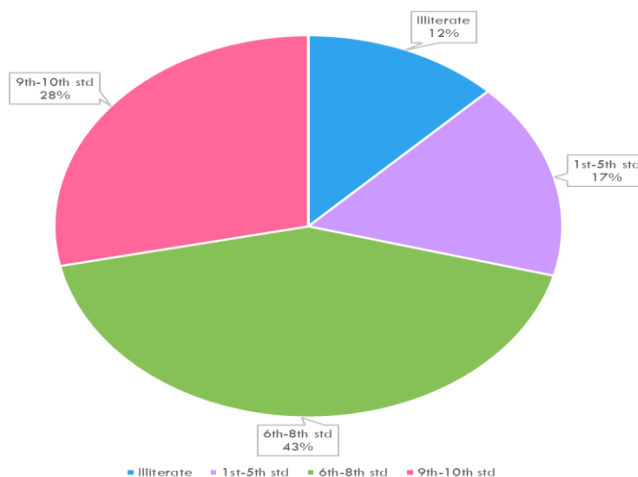
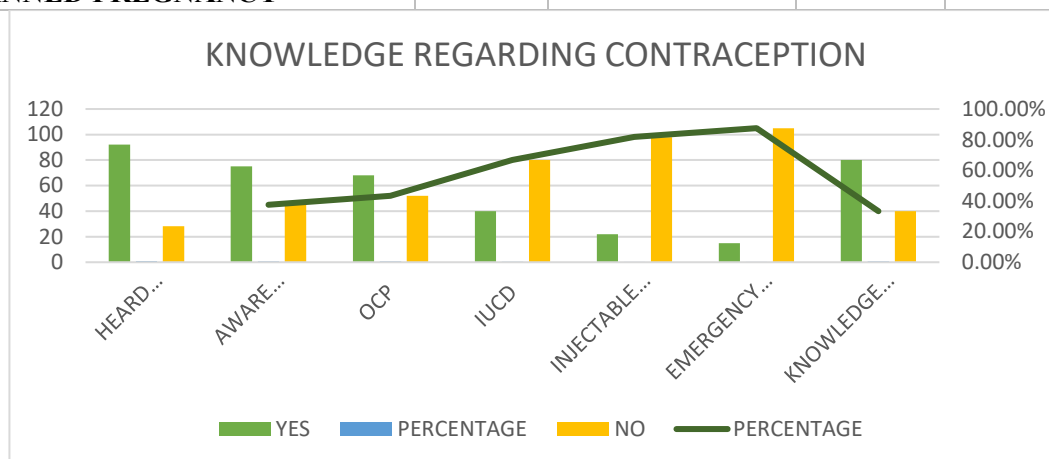


TABLE 6: KNOWLEDGE REGARDING CONTRACEPTION

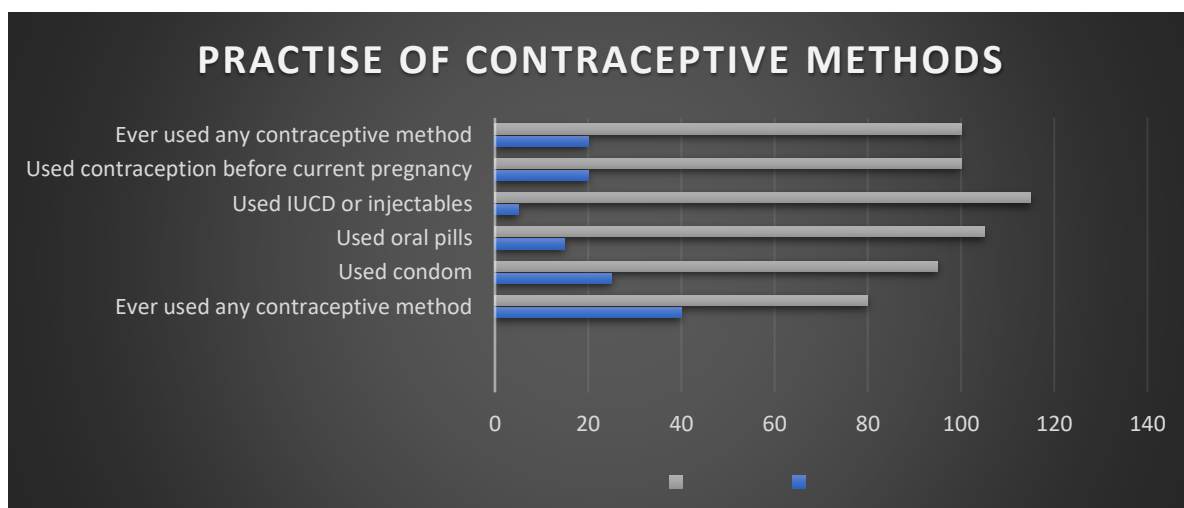
KNOWLEDGE	YES	PERCENTAGE	NO	PERCENTAGE
HEARD ABOUT CONTRACEPTION	92	76.7%	28	23.3%
AWARE ABOUT CONDOMS	75	62.5%	45	37.5%
OCP	68	56.7%	52	43.3%
IUCD	40	33.3%	80	66.7%
INJECTABLE CONTRACEPTIVES	22	18.3%	98	81.7%
EMERGENCY CONTRACEPTION	15	12.5%	105	87.5%
KNOWLEDGE TO PREVENT UNPLANNED PREGNANCY	80	66.7%	40	33.3%



Amongst teenage pregnancies, 76.7% had heard about contraception, with condoms (62.5%) and oral pills (56.7%) being the most known methods. Awareness about IUCDs and emergency contraception was poor (33.3% and 12.5% respectively). Overall, only 25% demonstrated good knowledge, while 33.3% had poor knowledge

TABLE 7: PRACTISE OF CONTRACEPTIVE METHODS

PARAMETERS	YES	PERCENTAGE	NO	PERCENTAGE
EVER USED CONTRACEPTION	40	33.3%	80	66.7%
USED CONDOM	25	20.8%	95	79.2%
USED OCP	15	12.5%	105	87.5%
USED IUCD	5	4.2%	115	95.8%
USED CONTRACEPTION BEFORE CURRENT PREGNANCY	20	16.7%	100	83.3%
EVER USED ANY CONTRACEPTION	20	16.7%	100	83.3%



As for practice, only 33.3% had ever used any contraceptive method, and a mere 16.7% had used one prior to their current pregnancy. Condom use (20.8%) was the most common. A statistically significant association was found between educational status and knowledge ($p < 0.05$), as well as between knowledge level and contraceptive practice ($p < 0.001$).

CONCLUSION:

In conclusion, This study highlights that while a majority of teenage pregnant women had heard about contraception, their depth of knowledge and actual use of contraceptive methods were considerably low. Misconceptions, fear of side effects, social stigma, and inadequate counselling were major barriers to effective contraceptive practice. A positive attitude toward family planning was observed among many participants, but this was not translated into practice, indicating a gap between awareness and utilization. Education level and exposure to health services showed a significant association with better knowledge and practice.

Strengthening adolescent reproductive health education, improving access to youth-friendly health services, and involving both partners in counselling can greatly enhance contraceptive adoption. Focused interventions at the community and school levels are needed to empower adolescents to make informed reproductive choices, thereby reducing teenage pregnancies and improving maternal and child health outcomes.

Improved awareness, positive attitude, and increased adoption of contraceptive methods among teenage mothers, leading to reduced repeat pregnancies and better maternal–child health outcomes.

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