



**DETERMINANTS OF CONTRACEPTIVE USE
AMONG MARRIED ADOLESCENT GIRLS IN
NEPAL**

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(p value 0.01), age at marriage >17yrs (OR 0.25, 95% CI 0.1-0.6) and parity (p value < 0.001). In multivariate analysis only parity (OR 12, 95% CI 7.7-133.6 for single para and OR 42.6, 95% CI 2.7-155.3 for multiple para).

ABSTRACT

Adolescent pregnancy is considered as a high risk pregnancy leading to increased maternal as well as perinatal mortality and morbidity. Early marriage of Nepali girls exposes them to child bearing when they are physiologically immature. Failure to use contraception after marriage will lead to pregnancy at a younger age exposing them to the risks associated with it. Previous studies on contraceptive behavior of adolescents in other countries show that there is low acceptability among them. Since there is little information about contraceptive behavior among married Nepalese adolescent females, this study aimed at finding out the contraceptive prevalence rate, factors influencing contraceptive use and current level of knowledge, attitude and practice of contraception among them. It was a community based cross-sectional study consisting of a descriptive and an analytic component. Data collection was done for 6 months in the 4 districts of Bagmati zone in Nepal. The study subjects were married adolescent females aged 13-19 years. The sample size was 497 for the study of contraceptive prevalence and

socio-demographic factors. For determining the current level of knowledge, attitude and practice of contraception, 116 current users and 133 never users were studied. Pre-determined structured and semi-structured questionnaires were administered by trained interviewers. The study showed a 23% contraceptive prevalence rate, 50% of the girls were illiterate and engaged in farming and 71% had no income. Nearly 50% of the girls already had one child and 89% after excluding nullipara were lactating. From univariate analysis predictors of contraceptive use were the age >17yrs (OR 3.1, 95% CI 1.7-5.8), the girl's income (p value 0.003), the husband's income (p value 0.01), age at marriage >17yrs (OR 0.25, 95% CI 0.1-0.6) and parity (p value < 0.001). From multivariate analysis only parity (OR 32, 95% CI 7.7-133.6 for single para and OR 42.6, 95% CI 9.7-186.3 for multipara) and girl's income (OR 1.9, 95% CI 1.2-3.0) had an independent effect on practice of contraception. Depot medroxyprogesterone acetate was the most commonly heard of (84.7%) and currently used (76.7%) method. The proportion of girls who had knowledge about contraceptives was higher among the current users. Most of the girls had a favourable attitude regarding the ideal age at marriage as ≥ 20 yrs (56%), the ideal age at first child birth as ≥ 20 yrs (71.5%), the ideal number of children as 2 (80%) and the ideal birth interval as ≥ 4 yrs (61%). The findings of the study suggest that contraceptive use among married adolescent girls is low especially among nullipara. Parity and the income of the girls are important determining factors for using contraceptives. Though the attitude of the girls favoured family planning, their practice was different.