

Frequency of Barriers for Non-Using of Contraception in Multigravida Women Attending A Tertiary Care Hospital

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ABSTRACT

Aims: To determine the frequency of barriers for non use of contraception in multigravidas attending a tertiary care hospital.

Study design: It was cross sectional survey.

Duration: The study was conducted from May 2013 to November 2013.

Settings: Department of Obstetrics and Gynaecology, Lady Aitchison Hospital, Lahore.

Methods: A total of 640 multigravidas between 20-40 years coming for delivery of the live baby who have never use any contraception in their lives were included in the study while women having 2 or 1 living kids and those who not willing to participate in the study were excluded.

Results: In our study, 242(37.81%) were between 20-30 years and 398(62.19%) were between 31-40 years, mean \pm sd was calculated as 30.10 \pm 4.89 years, and frequency of barriers of contraception reveals 172(26.88%) had fear of side effects, 112(17.5%) had religious constraint, 126(21.25%) had intention to have a baby boy, 47(7.34%) had lack of knowledge of contraception, 436(68.13%) had illiteracy, 19(2.97%) cannot afford the desired method while 67(10.47%) had husband influence.

Conclusion: We concluded that active management of third stage of labour is associated with fewer cases of postpartum hemorrhage, lower incidence of prolonged third stage of labour, retained placenta, short duration of postpartum hospitalization with slight increased incidence of maternal side effects.

Keywords: Multigravidas, contraception, knowledge, attitudes, frequency.

INTRODUCTION

The reproductive health of young people is a matter of public concern and has not received its desired attention in many nations. Unintended pregnancy and sexually transmitted diseases continues to be a major reproductive health problem as a result of increasing levels of sexual activity and unsafe sex¹.

About 80 million unintended pregnancies are estimated to occur worldwide annually. In developing countries more than one-third of all pregnancies are considered unintended and about 19% end up in abortion, which are most often unsafe accounting for 13% of all maternal death globally².

The recent data on unmet need in the Pakistan Demographic and Health Survey (PDHS) reveals a contraceptive prevalence rate (CPR) of 29.6% in which the use of modern methods is only 21.7%. On the demand side, 55% of women want to practice family planning; however, the services and programs fail to meet the demand and leave an unmet need of 25%. This includes women who want to space out their children as well as those who want to restrict their family size³. The survey further shows that the unmet need is attributed to a variety of reasons.⁴ Religious opposition and misinterpretation of family

planning impedes the adoption of contraceptives even among those who want desperately to space out their children. Difficulty of use, concerns about side effects or long-term health effects, and barriers to access may deter use of contraceptives⁵⁻⁷.

In order to improve the contraception prevalence, it is important to understand the needs and knowledge along with preferences of client and it is imperative to investigate the components of contraceptive dynamics such as contraceptive non use and discontinuation.

Most women face important cognitive barriers in that they lack knowledge and understanding of conception and contraception⁸. Women illiteracy is one of the factors that affect the knowledge regarding contraception. Pakistan has low literacy rate, even lower in rural areas^{9,10}.

The current study was planned as the previous studies have variant frequencies of barriers for non use of contraception. So a study in our population was required to find out the frequency of the important barriers which are hurdles for non use of contraception in multigravidas. Another significance of this study is that previous studies in our population are done four years back but now in tertiary cares the recent methods e.g., Implanon and post placental IUCD are available and are getting more acceptance due to fewer side effects.

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MATERIAL AND METHODS

A total of 640 multigravidas between 20-40 years coming for delivery of the live baby who have never use any contraception in their lives were included in the study while women having 2 or 1 living kids and those who not willing to participate in the study were excluded. The study was conducted at out patients Department of Obstetrics & Gynaecology, Lady Aitchison Hospital, Lahore. An informed consent was taken from the participants to include their data in research work with the assurance to keep their information confidential. The multigravidas were enquired about barriers for non use of contraception including fear of side effects, religious constrain, intention to have baby boy, lack of knowledge of contraception, illiteracy, cannot afford the desired method, husband influence all this information was recorded on a pre-designed Performa by the researcher herself.

The collected data was entered in computer software SPSS software (version 13.0). The demographic data (age) was presented as mean and standard deviation. Frequency and percentages were calculated for barriers for contraception i.e. fear of side effects, religious constraint, intention to have baby boy, lack of knowledge of contraception, illiteracy, cannot afford the desired method, and husband influence.

RESULTS

In our study, age distribution of the patients was done which shows that 37.81%(n=242) were between 20-30 years and 62.19%(n=398) were between 31-40 years, mean±sd was calculated as 30.10±4.89 years. (Table No. 1)

Table 1: Age Distribution (n=640)

Age(years)	n	%age
20-30	242	37.81
31-40	398	62.19

Mean±SD: 30.10±4.89

Table 2: Frequency Of Barriers For Contraception (n=640)

Barriers	n	%
Fear of side effects	172	26.88
Religious constraint	112	17.5
Intention to have a baby	126	21.25
Lack of knowledge of contraception	47	7.34
Illiteracy	436	68.13
Cannot afford the desired method	19	2.97
Husband influence	67	10.47

Frequency of barriers of contraception reveals 172(26.88%) had fear of side effects, 112(17.5%)

had religious constraint, 126(21.25%) had intention to have a baby boy, 47(7.34%) had lack of knowledge of contraception, 436(68.13%) had illiteracy, 19(2.97%) cannot afford the desired method while 67(10.47%) had husband influence (Table 2).

DISCUSSION

As the previous studies have variant frequencies of barriers for non use of contraception. So a study in our population was required to find out the frequency of these important barriers which are hurdles for non use of contraception in multigravidas.

In our study, 242(37.81%) were between 20-30 years and 398(62.19%) were between 31-40 years, mean±sd was calculated as 30.10±4.89 years, and frequency of barriers of contraception reveals 172(26.88%) had fear of side effects, 112(17.5%) had religious constraint, 126(21.25%) had intention to have a baby boy, 47(7.34%) had lack of knowledge of contraception, 436(68.13%) had illiteracy, 19(2.97%) cannot afford the desired method while 67(10.47%) had husband influence.

Our findings are in agreement with a study⁷ reveals that the major reasons for never use of any contraceptive method were fear of side effects 92(21.4%), religious constraint 56(13%). While another study conducted in Indian Muslims with the view to assess strength and obstacles to practicing contraception by Tayyaba S⁶ shows intention to have baby boy in 33.1%.

Most women face important cognitive barriers in that they lack knowledge and understanding of conception and contraception.⁸ Women illiteracy is one of the factors that affects the knowledge regarding contraception. Another trial reveals that 1.67% only had a problem with the affordability while 8.33% opposed to family planning because of their husbands influence in choosing contraceptive method.¹¹

The attitude towards pregnancy is very strong indicator in the use or non use of contraception among Muslims. Women who are just happy with the number of pregnancy or children show significantly higher contraceptive acceptance than those who were very happy with number pregnancy and children. Also it has found women who can take decision for family planning are highly significant than those women who are depend on husband for the use of contraception. It means women who take decision about family planning are more likely to use contraception than those whose husband take decision for family planning.

The literature illustrates that women with single parity and women having more than four children are less likely to use contraception than the women who

have 2-3 children. Husband's secondary and more than secondary level education also show the significant relation with the use of contraception among Muslims, the effect modifier was not used in our study being the limitation of the study.

Although the influence of a preference for sons has not been shown to have a pronounced effect on contraceptive use or fertility in most countries, Pakistan is one of the few where son preference is still evident in excess female mortality among female infants and children both historically and in the present.¹² In a review of the survey data on sex preference, Nag found that a preference for sons was higher in Pakistan than in neighbouring India and Bangladesh, based on the evidence that the number desiring no more children was higher for those with more sons, as well as the higher mortality for female than male children of 1 to 4 years old. The results of a study in Bangladesh showed that the mortality of sons, and not daughters, was associated with a lower rate of female contraceptive use and a higher rate of discontinuation¹³.

However, the reasons for not using and discontinuation of contraceptive methods in multigravidas can be eliminated by regular and earlier follow up, an effective counseling, earlier management of side effects and elimination of misbelieves regarding religion and contraceptive use for family planning.

CONCLUSION

Awareness of contraceptive methods is very high but the contraceptive prevalence is very low, however, the reasons for not using and discontinuation of contraceptive methods in multigravidas can be eliminated by regular and earlier follow up, an effective counseling, earlier management of side

effects and elimination of misbelieves regarding religion and contraceptive use for family planning.

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