

Contraceptive Knowledge, Attitude & Practice among Parous Women attending Gynae Outdoor of Shaikh Zayed Hospital, Rahim Yar Khan

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ABSTRACT

Background: Pakistan is the 6th most populous country of the world while contraceptive prevalence rate is only 30%. Unintended pregnancy, hepatitis and other sexually transmitted diseases are an important public health issue because they are related with maternal, foetal, neonatal and other poor outcome. Therefore preventing unintended and unmet pregnancy is the important concern.

Aim: To evaluate the knowledge, attitude and practices of contraceptive among married reproductive females.

Methods: The present cross sectional study was carried out in the OPD of Obstetrics and Gynaecology, Shaikh Zayed Hospital, Rahim Yar Khan, from January, 2014 to June, 2014. Total 500 married parous females were enrolled in the study.

Result: In the study 68.40% females had awareness regarding any method of contraception. Knowledge about emergency contraceptive was quite low (8.60%). The most common ground for non use of family planning methods was fear of side effects. The main source of information of the respondents regarding contraception were relatives /friends followed by health workers.

Conclusion: There is a need to improve the educational status of the females to improve their understanding and uptake of modern contraceptives. Teen-age contraception should be encouraged.

Keywords: Attitude, Contraceptives, Knowledge, Practices, Parous females.

INTRODUCTION

It was anticipated in 2005 that Pakistan's population totaled 151 million, growing at the rate of 1.9 percent per annum, resulting in 2.9 million population growth yearly¹. Though Pakistan's fertility rates still exceed those of neighboring South Asian countries with a total fertility rate at 4.1 percent (3.3 children in urban areas and 4.5 children in rural settings) and contraception use is lower than 35 percent, roughly one-fourth of Pakistani women wish to either wait the birth of their next child or end childbearing altogether².

In 1950, Pakistan's population reached 37 million people, attaining the world's 13th most populous country². Although Pakistan was one of the first Asian countries to begin a family planning program with some cooperation from international donors, the decline of fertility was slower as compared to the nearby countries. Pakistan had gained world population ranking to 6th in 2007, with over 164 million people and the United Nations (UN) has projected that in 2050 it will move into 5th place with around 292 million people².

Family planning has important implications in population dynamics as unregulated fertility counteracts the economic stabilization of Pakistan³. Family planning has been considered an effective

way to improve the health of the mother and the child and reducing maternal and peri-natal mortality⁴.

One of the main objectives of the program is to increase the knowledge of family planning methods and develop among the people an attitude favorable for implementation of contraceptive methods. The progress obtained in this field is normally assessed from the result of Knowledge, Attitude and Practice (KAP) Survey⁷. In spite of the fact that contraceptive usage has increased over a period of time, a wide gap is still present between the knowledge, attitude and practices regarding contraception^{8,9}. A large majority, 97%, of Pakistani women know at least one method of contraception⁵. The total contraceptive prevalence rate (CPR) of Pakistan is 29%⁶. Thus a wide gap is observed between knowledge of contraception and its usage.

The extent of contraceptive usage varies according to cultural factors, age, parity, education, occupation, family attitude, motivation, availability and acceptability of contraception. Religion and tradition has an undeniable impact on social and cultural structure of the society. Obstacles to contraceptive use are lack of awareness, negative attitudes and fear of side effects. It has been estimated that 27% of women are at risk of

unplanned pregnancy and therefore, proper counseling for family planning is required⁴.

One of the most important determinants of contraceptive use is woman's knowledge and attitude towards family planning.

MATERIAL AND METHODS;

This cross-sectional study was conducted in the Out-patient Department of Obstetrics and Gynaecology, Shaikh Zayed Hospital, Rahim Yar Khan, from January, 2014 to June, 2014. A total of 500 married females of reproductive age were enrolled in the study. A self maintained, structured questionnaire was used. Married women between 15-45 years were used as inclusion criteria, while unmarried & infertile females were excluded. The women were informed of the study and consent was taken. The participation was on voluntary basis. Questions concerning factors responsible for non use of contraception were also asked.

RESULTS

A total of 500 married females of reproductive age were enrolled in the study. Among the respondents, 64% had parity between 3-5, while 36% had parity higher than 5. Most of the study subjects were illiterate (59.6%), (Table 6). According to National Readership Survey (NRS) social grade, 45% of the study subjects belonged to lower class, 35% belong to working class and 20% belong to lower middle class.

Table 1 shows that 68.40% were aware of at least one of family planning methods. Dr. Ambareen Khan et al. (2011)¹⁰ mentioned that 81% had awareness regarding any method of contraception. The best known method of contraception was condoms (82.80%) followed by IUCD (72.80%) and OCP (43.20%). When the 68.40% respondents that had knowledge of contraception were asked about their source of information about contraception, majority indicated that main sources of information were relatives/friends followed by health workers, 32.80% & 28.40% respectively (Table 1). In the present study, knowledge about emergency contraception was quite low (8.60%).

Table 2 shows that 76.80% respondent thought that contraceptives were used to prevent pregnancy and about 16.40% thought that they could be used to prevent infections like hepatitis etc. Only 3.40% thought that they could be used to control birth interval. Contraceptive usage in our study was 41.6%. The gap between awareness and practices are seen to be prevalent across different reasons, where people are aware but reluctant to practices.

The most common reason for non practice of contraception was desire for children. Other reasons for non practice were non access to health facility, pressure from husband or mother-in-law and fear of side effects. Some respondent also felt that the process of acquiring contraceptive is often embarrassing (Table 4).

It has been observed from Table 5 that as the education increased, awareness of contraceptive also increased. Statistically it was also significant. Among the 208 contraceptive users, 106 (50.96%) experienced side effects with the use of contraceptives. The most common side effects were menstrual irregularities 50 (24.04%), followed by change in weight 22 (10.58%), (Table 6).

Table 1: Awareness and source of knowledge of contraception (n=500)

Awareness of source	n	%age
Awareness of contraception		
Yes	342	68.40
No	158	31.60
*Methods known		
Condoms	414	82.80
Coitus Interruptus	112	22.40
IUCD	364	72.80
OCP	216	43.20
Sterilization	132	26.40
Injectables	94	18.80
Awareness of emergency contraception		
Yes	43	8.60
No	457	91.40
*Source of information on contraceptive		
Health Professional.	142	28.40
Brother/Sister/Friend	164	32.80
TV/Radio/Newspaper etc	47	9.40
Parents	12	2.40
*Total is not 100%, as multiple responses were allowed		

Table 2: Attitude towards use of contraception

Attitude	n	%
Used to prevent pregnancy	384	76.80
Used to prevent hepatitis & STDs	82	16.40
Used to control birth interval	17	3.40

Total is not 100%, as multiple responses were allowed

Table 3: Contraceptive practice among respondents

	n	%
Not practiced any method	292	58.4
Coitus Interruptus	93	18.6
Barrier	191	38.2
Oral contraceptive pills	201	40.2
IUCDS	233	46.6
Sterilization	22	4.4
Injectables	7	1.4

Total is not 100%, as multiple responses were allowed

Table 4: Causes for the non-use of contraceptives (n=500).

Reason	Frequency	%
Desire for children	172	34.40
Pressure from husband	51	10.20
Prohibition by religion	48	9.60
Desire for son	50	10.00
Lack of awareness	34	6.80
Did not think about it	21	4.20
Pressure from mother in law	19	3.80
Herself didn't want	19	3.80
Fear of side effects	19	3.80
Husband is abroad	19	3.80
Lactational ammenorrhoea	16	3.20
Non availability	32	6.40

Table 5: Association between contraceptive practices and educational status of women

Educational status	Contra-ception practicing	Contra-ception not practicing	Total
Illiterate	84	214	298
Below matric	37	73	110
Matric	20	28	48
Intermediate	8	11	19
Bachelor	6	9	15
Master/post graduate/ professionals	5	5	10

Table 6: Frequency of side effects with the use of contraceptives

Side effects	Frequency	%
No side effects	102	49.04
Menstrual disturbances	50	24.04
Change in weight	22	10.58
Other effects(infections, backache, feeling of guilt, etc	20	9.62
Behavioral disturbances	14	6.72

DISCUSSION

Family planning is defined by World Health Organization as, "a mode of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes and responsible decisions by individuals and couples, in order to promote the health and welfare of family groups and thus contribute effectively to the social development of a country". The widespread adoption of family planning in a society is a fundamental part of present developmental era and is crucial for the integration of women into social and economic life. In spite of the fact that more than 3000 family planning centers are working in the country, population growth rate is still 1.57¹³. According to Pakistan Demographic & Health Survey, maternal mortality can be reduced by 36% if CPR goes up to 55%¹⁴. Despite almost 3 folds increase of contraceptive use since last 20 years,

25% of the currently married women have an unmet need of family planning services¹⁵.

The present study was designed to assess the knowledge, attitude and practice of family planning methods to enhance the contraceptive practice. Literacy rate in this study was very low. About 59.6% respondents were totally uneducated and another 20% had only primary and middle education. This figure is contradictory to study by Inam Ullah *et al.*¹⁶ and this level of illiteracy may not reflects the true situation because our study was conducted in government hospital where usually poor people seek medical treatments who are mostly uneducated.

Awareness and knowledge of different contraceptive methods is the key to choose different contraceptives and to practice them. Although most of the respondent of this study knew about at least single method but there is a wide gap between the knowledge and practices. Commonly used methods were traditional, injectable and female sterilization which is different from the work of Bibi *et al.*¹⁷ while supported the work of Avidime *et al.*¹⁸ The use of emergency contraception in our study is very low, 8.6% (n=43) which reflects their literacy level and their knowledge regarding this method. In contrast, 32% practices of this method have been reported from Ethiopia¹⁹.

The main source of information of the respondents regarding contraceptive were relatives/friends followed by health workers. Same were the findings of Omo-Aghoja *et al.* from Nigeria in 2009 while another local study claimed media as the main source of information^{20,21}.

While enquiring regarding their religious opinion, more than 80% declared it a sinful act. This fact may prevent them from the use of modern contraceptives. In the continuation, the 3rd major side effect after menstrual irregularities and weight changes was the feeling of guilt with the use of contraceptives which reflects their religious opinion regarding contraception. Learned and authentic scholars should play their role to clarify the minds.

Multipara, working and educated woman of this study practiced contraceptives mostly, which is in the line of other study²². Current contraceptive use in this study is 41.6% which is comparable to other Pakistani studies^{15, 17}, but lesser than the rate reported by Shirmeen *et al.* from Karachi²³. Relationship of low CPR with poverty and illiteracy is a well documented fact. Our results confirmed this fact which further supported the work of Shabana and Martin Bobak²⁴. Desire for more children, pressure from the husband and religion were the main reasons for the non users reflecting the culture, historical background and typical male dominant society. Sunita Ghike¹² also mentioned various reasons for

non-use of contraceptive methods; the main reasons (59%) were pressure from family i.e. from husband & in-laws and son preference.

Desire for sons was another important cause for the non-users as also reported by others¹⁰. Religion has been identified to play a significant role in decision to use contraception. Muslims tend to have higher disapproval rate for contraception²⁵. Therefore religious scholars should be involved to make it clear that family planning is not sinful and rather beneficial to them.

The disappointing finding of the survey was that the commonest method of contraception was traditional, further supporting the report of PDHS¹⁴ which observed condom and tradition methods as the commonest. Community practices and cultural beliefs play significant role in decision making vital to women's reproductive health. For example, certain aspects of our culture strongly discourage the use of modern contraceptives. They believe that those who use modern family planning methods are interfering with nature and they may be punished with infertility on re-incarnation. Same has been reported by Lawrence in 2009 from Nigeria²⁰.

CONCLUSION

In our setup contraceptive use is comparatively low in spite of high level of awareness. The main reasons for non-use of contraceptives are desire for larger family, pressure from the husband, religious concerns and fear of side effects. There is a need to improve the educational status of the females to improve their understanding and uptake of modern contraceptives. Teen-age contraception should be encouraged. Religious scholars must play their responsibility in clarifying many aspects regarding contraceptives.

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