

# Perceptions, Preferences and Demographic Profile of Females Regarding Contraception Choices in an Urban Setting

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## ABSTRACT

**Background:** Being a developing country, fertility rates are high in our country while contraception use is sub-optimal.

**Aim:** To assess the factors and perceptions of women of reproductive age influencing their choice of contraceptive method as well as the prevalence of contraception.

**Duration & place of study:** Mohi-ud-Din Islamic Medical College, Mirpur, AJK from January to June 2021

**Methods:** In this cross-sectional study, females of child-bearing age were selected. They were divided into various groups based on different parameters. Pre-structured and a pre-validated proforma was used to collect data.

**Results:** Most of the females, 74.88%, were between the ages of 21-40 years. Most of the women were literate and 50.51% had completed their matriculation. Majority of them, about 49.69%, have 2-4 children. The working status revealed that 74.95% women were house wives while only 25% were doing a job and 85.06% were Muslims. The proportion of women belonging to low-income group was only 8.76% while the average was almost similar for women belonging to middle- and high-income group. Media exposure was quite high in the study subjects with about 92.60% reported to have had media exposure.

**Conclusion:** There is restricted and reduced use of contraceptive methods among our study subjects. Among those who use contraception, preferred methods are short acting ones.

**Keywords:** Contraception, women, method choice, family, planning

## INTRODUCTION

The death rate among women due to pregnancy and its related causes is 600,000 internationally. Unsafe abortions contribute to 75,000 deaths and mostly this happens in developing nations. These unplanned parturitions also lead to physical debility, feeling of worthlessness and depression among affected women<sup>1</sup>. One of the major reasons for this morbidity and mortality is lack or unavailability of contraception. Major barriers include lack of awareness about contraception and associated methods, cultural and social norms<sup>2,3</sup>.

There are various types of contraceptive methods available these days. These methods include; i) long-acting methods (LARC) which are reversible, for example hormonal implants and intra-uterine contraceptive devices (IUCD), ii) short acting methods which include condoms, spermicides, injectable and oral contraceptive pills (OCPs), ii) permanent methods which comprises of vasectomy or tubal ligation leading to sterility<sup>4,5</sup>. Availability of wide range of these methods ensure that the needs of women should be met in terms of affordability, family planning who wants to space births and limit family size as well as to protect themselves from sexually transmitted diseases (STDs)<sup>6</sup>. Long acting methods are more acceptable, cost-effective, efficacious as compare to short acting contraceptive methods but short acting contraceptive methods are mostly preferred over the other methods of contraception<sup>4,7</sup>. On the other hand, it is believed that limited availability of contraceptive choices lead to low usage and prevalence<sup>8</sup>.

In this study, the main aim was to assess the factors and perceptions of women of reproductive age influencing their choice of contraceptive method, whether it was short or long acting or permanent one and to determine its prevalence.

## MATERIALS & METHODS

This study was conducted at Mohi-ud-Din Islamic Medical College, Mirpur, AJK from January to June 2021 after approval from Institutional Ethical Review Board. It was a convenience sampling. Eligible respondents were all females of child bearing age who were married, using or ever used contraception and who were willing to participate in this study. Unmarried, post-menopausal and those failing to give consent were excluded. A pre-structured and pre-validated questionnaire was used to collect the responses from study subjects after obtaining informed written consent. Socio-demographic data was

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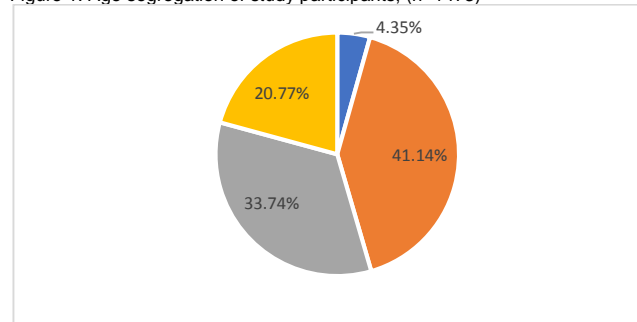
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recorded and knowledge and factors affecting contraceptive choices were assessed using both open and close ended questions. A list of contraceptive methods was provided to the participants and then questions were asked about whether they were familiar with the method and its use. Then, they were asked to group these methods into short- or long-term ones. The study participants were grouped into three categories based on their education level. Those who have completed primary education were designated as low, with matric as medium and with bachelor's degree as high. Data was organized, arranged and analyzed using Microsoft Excel 2020.

## RESULTS

There were 1473 female participants in the study. Their segregation, according to the age, was given in Figure 1.

Figure 1: Age segregation of study participants, (n=1473)



Most of them, 74.88%, were between the ages of 21-40 years of age. The education level of both partner's is given in Figure 2. Most of the women were literate and 50.51% had completed their matriculation. On the other hand, majority of males, 61.03% have completed their bachelor's degree having higher education level as compared to their wives. Epidemiological and demographic profile of study participants is given in Table 1. Majority of them, about 49.69%, have 2-4 children. Approximately 25% have  $\geq 05$  children. The working status revealed that 74.95% women were house wives while only 25% were doing a job. 85.06% were Muslims while 14.94% were practicing religions other than Islam. The proportion of women belonging to low-income group was only 8.76% while the average was almost similar for women

belonging to middle- and high-income group. Media exposure was quite high in the study subjects. About 92.60% reported to have had media exposure while only 7.40% reported that they didn't have any media exposure. Majority of women, 42.70%, were not using any contraceptive method at all. Only 22.61% preferred a long-acting contraceptive method as compared to 34.69% who preferred a short-acting contraceptive method.

Figure 2: Level of education of study participants, (n=1473)

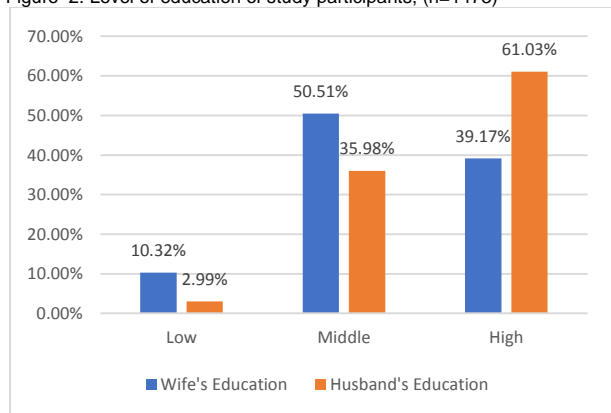


Table 1: Epidemiological & demographic profile of study participants (n=1473)

Number of children	n	Percentage
< 2:	373	25.33%
2-4:	732	49.69%
≥ 5:	368	24.98%
Total:	1473	100%
<b>Wife Work Status:</b>		
Working:	369	25.05%
House wives:	1104	74.95%
Total:	1473	100%
<b>Wife's Religion:</b>		
Islam:	1253	85.06%
Other:	220	14.94%
Total:	1473	100%
<b>Standard-of-living:</b>		
Low:	129	8.76%
Middle:	660	44.81%
High:	684	46.43%
Total:	1473	100%
<b>Media Exposure:</b>		
Yes:	1364	92.60%
No:	109	7.40%
Total:	1473	100%
<b>Choice of Contraceptive Method:</b>		
No:	629	42.70%
Long term:	333	22.61%
Short term:	511	34.69%
Total:	1473	100%

## DISCUSSION

There is a rapid population growth in developing countries due to increased fertility rates coupled with reduced access and usage of contraception<sup>4,5</sup>. Larger families pose a lot of challenges. These challenges include competition for already scarce resources and increased infant and maternal mortality.<sup>1</sup> Family planning, using contraception, is life saving and improves human health significantly. It not only prevents un-intended pregnancies but also help limit family size by providing adequate spacing among children as well as avoidance of transmission of STDs<sup>9</sup>.

In our study, 10.32% of women had completed their primary education while 50.51% had completed their matriculation and 39.17% had completed their bachelor's degree. On the other hand, majority of males, 61.03%, have completed their bachelor's degree having higher education level as compared to their wives. In another study conducted

by Tibajuka et al, they have also reported that the level of education in their study population was 47.5% were primary, 36.4% were secondary and 16.7% had received tertiary level education<sup>4</sup>.

Majority of our study population, about 49.69%, had 2-4 children while 25% have ≥ 05 children. There were 85.06% who were Muslims while 14.94% practiced religion other than Islam. The working status revealed that 74.95% women were house wives while only 25% were doing a job. This finding corroborated with other studies. In another study conducted in Africa, it was reported that 23.6% of their women were self-employed.<sup>1</sup> In our study, the proportion of women belonging to low-income group was only 8.76% while 44.81% and 46.43% belonged to middle- and high-income group respectively. Ochako et al also reported that the 34.1%, 32.9% and 33% women, in their study, belonged to low, medium and high income group respectively<sup>1</sup>.

In our study, majority of women, 42.70%, were not using any contraceptive method at all. Short term methods were adopted by 34.69% of women while only 22.61% preferred a long-acting contraceptive method. Tibajuka et al also reported that usage of long acting method in their study was 23.3%.<sup>4</sup> Similarly, Ochako et al also reported that 28.2% women in their study were not using any form of contraception while 31.25% were using short term method as compared to 6.4% who preferred long term one.<sup>1</sup> Likewise, Sanchez et al, in their study which was conducted in Nigeria, also reported low usage of long term methods of contraception in their study population.<sup>2</sup> This low rate of usage of long term contraception could be due to the fact that long term methods require intervention by a doctor for their insertion and removal which could be problematic for some women especially for those who belong to rural areas where resources are already limited. Secondly, short term methods were preferred because they were found to be more accessible and affordable as compared to long term methods.

Our study has some limitations. Sample size should be much larger and it should include both rural and urban areas. Furthermore, male participants should be included. Hence, there is a need to conduct large scale multi-center studies targeting more young population to glean further information about their knowledge of methods of contraception and their usage.

## CONCLUSION

This study concluded that usage of contraception is quite low. Mass media campaigns coupled with easy availability of contraceptive method choices should be done to encourage and increase rate of contraception so as to limit population size and improve maternal wellbeing. LARC methods should be promoted in this regard as they provide cost-effective of preventing unwanted pregnancies, limit family size and reduce maternal mortality particularly in resource limited settings.

**Conflict of interest:** Nil

## REFERENCES

- Ochako R, Izugbara C, Okal J, Askew I, Temmerman M. Contraceptive method choice among women in slum and non-slum communities in Nairobi, Kenya. *BMC Womens Health*. 2016 Jul 12;16(1):35.
- Sanchez EK, McGuire C, Calhoun LM, Hainsworth G, Speizer IS. Influences on contraceptive method choice among adolescent women across urban centers in Nigeria: a qualitative study. *Contracept Reprod Med*. 2021 Feb 16;6(1):8.
- Schwandt HM, Speizer IS, Corroon M. Contraceptive service provider imposed restrictions to contraceptive access in urban Nigeria. *BMC Health Serv Res*. 2017 Apr 12;17(1):268.
- Tibajuka L, Odongo R, Welikhe E, Mukisa W, Kugonza L, Busingye I, et al. Factors influencing use of long-acting versus short-acting contraceptive methods among reproductive-age women in a resource-limited setting. *BMC Womens Health*. 2017 Apr 4;17(1):25.
- Creanga AA, Gillespie D, Karklins S, Tsui AO. Low use of contraception among poor women in Africa: an equity issue. *Bull World Health Organ*. 2011;89:258–66.
- Barrett J, Buckley C. Constrained contraceptive choice: IUD prevalence in Uzbekistan. *Int Fam Plan Perspect*. 2007 Jun;33(2):50–7.
- Secura GM, Allsworth JE, Madden T, Mullersman JL, Peipert JF. The Contraceptive CHOICE Project: reducing barriers to long-acting reversible contraception. *Am J Obstet Gynecol*. 2010 Aug 1;203(2):115.e1-115.e7.
- Ross J, Keesbury J, Hardee K. Trends in the contraceptive method mix in low- and middle-income countries: analysis using a new "average deviation" measure. *Glob Health Sci Pract*. 2015 Feb 25;3(1):34–55.
- Speizer IS, Corroon M, Calhoun L, Lance P, Montana L, Nanda P, et al. Demand generation activities and modern contraceptive use in urban areas of four countries: a longitudinal evaluation. *Glob Health Sci Pract*. 2014 Nov 6;2(4):410–26