

# Awareness and Practice of Contraception in Child Bearing Age Women

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## Abstract

**Background:** To assess the awareness and usage of various methods of family planning among the child bearing age married women .

**Methods:** In this cross sectional study married females (n=524) between 15-45 years of age were selected .Information was obtained regarding knowledge and pattern of utilizing family planning (FP) services. The source of knowledge either from media, family members or friends was noted. Information regarding contraceptive methods like natural, barrier, pills, injectable hormones, intrauterine contraceptive device (IUCD), or permanent method like vasectomy and tubal ligation was assessed. The reason for selection of the contraceptive method was asked. The reason for non-practice FP was also asked.

**Results** Mean age of the female was 34.12±7.43 years. Majority (89%) of the women had awareness about contraception and is practised by 51%.. Barrier method was the most practiced (37.8%) followed by pills (18%) and intra-uterine contraceptive device (17%). Health professionals were the major source of information (64%) while media had least role (7%). About 43% were those who never used any contraceptive method and those who stopped method later was due to husband disagreement (33%) or due to fear of side effects (>29%).

**Conclusion.** Despite having knowledge, there is a wide gap between awareness and practice of contraception. One of the major factors among reasons of non-use of contraception is husband disagreement and fear of side effects. Role of media should be encouraged by government to increase the practice of contraception.

**Key Words:** Awareness, Practice, Contraception

## Introduction

Pakistan was ranked the 13<sup>th</sup> most populous country with a population of 37 million in 1950, while in 2016-17, its population ranking increased to 6<sup>th</sup> position with over 200 million population excluding Azad Jammu

Kashmir and GilgitBaltistan.<sup>1, 2</sup> According to United Nations, Pakistan will move to 5<sup>th</sup> populous country in 2050 with 292 million people after India, China, United States, and Indonesia.<sup>3</sup>

According to "Demographics of Pakistan 2016" Pakistan's fertility rate is 3.3 children born / woman in urban and 4.5 children born/woman in rural areas which is still on the higher side than neighboring SAARC countries. The total fertility rate (TFR) in Pakistan is in excess of 5 births/woman and ranking it 56/196 countries worldwide, while the birth ratio is 30/1000, and 7 death/1000 population.<sup>4</sup>

Globally 80 million wanted pregnancies are recorded annually , a serious global health problem, which be prevented by various contraceptive methods, like condoms, pills, hormonal injections, or surgical procedures(tubal ligation or vasectomy),while emergency contraceptives can prevent unplanned pregnancies within 72 hours after an unprotected sexual intercourse.<sup>5,6</sup> Although emergency contraceptive pills have not been shown to reduce unintended pregnancy or abortion rates at the population level, they are an important option for women who have experienced a failure of their regular method, have not used a method, or are sexually assaulted<sup>7</sup>.In Pakistan about 24 percent of recent births are reported to be unwanted or unplanned and this rate is higher among poor women and those living in rural environments.<sup>8,9</sup> It has been estimated that 27% of women are at risk of unplanned pregnancy and therefore, proper counselling for family planning is required.<sup>10</sup>

For a developing country like Pakistan, population assessment and its control through family planning programs is of prime importance to overcome the country problems. It is pertinent to mention that Pakistan was one of the first Asian countries to start family planning program by the name of Family Planning Association of Pakistan, (now renamed "Rahnuma") in Lahore in 1953.<sup>2,8</sup>

According to the Pakistan Demographic Health Survey (PDHS) 2006-7, only 30% of the married women were using some methods of Family Planning (FP), 8% (2

million) used traditional methods while 22% (5 million) used modern methods. The PDHS reported that about 6 million (25%) women had no access to FP services, out of which 70% was for limiting and 30% for spacing. In 2013 the Contraceptive Prevalence Rate (CPR) improved to 33.4%, and out of 8.8 million FP users, 5.5 million used modern methods and 3.65 million used other forms of FP, thereby indicating that 14% of all married women were using FP services/year. The PDHS 2016-17, reported that contraceptive use is 40%.<sup>11</sup>

The failure to adopt family planning is due to misconceptions and false and baseless beliefs. Government neglect and political upheavals have further played their part in the non-availability of services. Most married women believe that artificial contraception is against nature and also against Islam and that the fertility is determined by God, while others have concepts that use of contraception would make them infertile permanently, has bad effects on health and the procedure is costly (12%).<sup>12</sup> However, the International Planned Parenthood Federation (IPPF) had defined the right of every individual who is receiving family planning services regarding safety, dignity, choice, confidentiality, privacy and comfort. A relevant study on contraception quantitatively assessed the effect of opposition by different family members on women's contraceptive intent in Pakistan. Our results indicate that of all family members, husband's opposition has the strongest effect on women's intention to use contraception, even when the women have knowledge of and physical access to family planning services<sup>13</sup>.

As Pakistan is already facing challenges for education, quality of health care and unemployment, it should not be burdened by rapidly growing population which can be controlled by awareness and utilizing family planning services in rural as well as urban areas. <sup>14</sup>It has been reported that coverage of family planning was high in AJK and Northern Areas though contraceptive use was directly linked to the LHW (Lady Health Worker) program.<sup>5,16-18</sup>

## Subjects and Methods

This cross sectional study was conducted from May to Nov 2017 at Mohi-ud-din Islamic Medical College and Hospital in the Obstetrics and Gynecology department after approval from the college ethical committee. A total of 524 married females between 15-45 years of age were selected by convenient sampling. Information were obtained after filling informed consent proforma. Questionnaire consisted of socio-

demographic characteristics including age, parity, educational status of women and husband, occupation, income and the economic status. Information was obtained regarding knowledge and pattern of utilizing FP services. The source of knowledge either from media, family members or friends was noted. Information regarding contraceptive methods like natural, barrier, pills, injectable hormones, intrauterine contraceptive device (IUCD), or permanent method like vasectomy and tubal ligation was assessed. The reason for selection of the contraceptive method was asked like self-reference, easy availability, partner's will, cost effectiveness, or effects on coital activity. The decision for practice of FP was either of husband, self or mother in law, while the stoppage of FP practice was due to side effects, failure of contraception, or desire to conceive. The reason for non-practice FP was also asked. Data was entered and descriptive analysis was done using SPSS version 16. The results are given as percentages.

## Results

The decision to stop FP was driven mainly by a husband's will to stop, followed by the perceived risk of side effects and lastly to enable conception for the need to have a large family (Table 1). Majority (50%) of the population had 2-3 children (Table 2). A predominant majority (90%) had some information regarding the family planning methods which most of them (65%) had obtained from the local LHV or other health professional (Table 1). Condoms have come out to be the most preferred method (38%) for FP, followed by oral contraceptive pills. Only 10% use the withdrawal method and 1% resorting to ECP (Table 3).

**Table 1. Data regarding population that stopped or never practiced any method of FP**

| Reason for stoppage of FP method (n-48) |    |       |
|---|----|-------|
| Failure                                 | 12 | 12.5% |
| Want to conceive                        | 24 | 25%   |
| Side effect                             | 28 | 29.2% |
| Husband decision                        | 32 | 33.3% |
| Never practiced any Method (n-86)       |    |       |
| Myth                                    | 02 | 1.2%  |
| Side effects                            | 46 | 26.7% |
| Need larger family                      | 48 | 27.9% |
| Not allowed by decision maker           | 42 | 24.4% |
| Want male baby                          | 16 | 9.3%  |
| Religious barrier                       | 18 | 10.5% |

**Table 2. Socio-demographic Data**

|                         |            |       |
|-------------------------|------------|-------|
| Age                     | 34.12±7.34 |       |
| Parity                  | 3.44±1.68  |       |
| Male Education          |            |       |
| Primary school          | 42         | 8%    |
| Secondary school        | 258        | 49.2% |
| Higher secondary school | 186        | 35.5% |
| Graduation              | 34         | 6.5%  |
| Post-graduation         | 04         | 0.8%  |
| Female Education        |            |       |
| Illiterate              | 52         | 9.9%  |
| Primary                 | 268        | 51.1% |
| Secondary school        | 148        | 28.2% |
| Higher secondary        | 40         | 7.8%  |
| Graduation              | 12         | 2.1%  |
| Post-graduation         | 4          | 0.8%  |
| Socio-economic class    |            |       |
| Poor                    | 162        | 30.9% |
| Middle class            | 250        | 47.7% |
| Upper class             | 112        | 21.4% |
| Husband Nature of job   |            |       |
| Govt job                | 166        | 31.7% |
| Business man            | 276        | 52.7% |
| Un-employed             | 82         | 15.6% |
| Wife Employment         |            |       |
| Yes                     | 208        | 39.7% |
| No                      | 316        | 60.3% |
| Number of children      |            |       |
| One                     | 40         | 7.6%  |
| Two to three            | 262        | 50%   |
| Four to five            | 156        | 29.7% |
| More than five          | 66         | 12.7% |

### Discussion

Mirpur, Azad Kashmir although has the topmost literacy rate as compared to other areas of Pakistan.<sup>19</sup> however published literature informs of the areas of Kashmir having rigid believe against family planning program.<sup>20</sup> About 37% of the female practiced barrier method. IUCD was used by 18.2%, followed by pills 17.6%. These results are consistent with many studies that showed 'barrier' as the major method of contraception as well as reported a gap between the awareness and the practice of family planning.<sup>21,22,23</sup> Contraception is only one method to control the exponential growth. Family planning provides a good

way to improve and take care of the child and mother's health

**Table 3. Contraceptive awareness among the females**

|  |     |       |
|--|-----|-------|
| Knowledge about Family Planning                  |     |       |
| Yes  | 468 | 89.3% |
| No   | 56  | 10.9% |
| Source of Information who have knowledge (n-234) |     |       |
| Media - TV\ Radio\ Newspaper                     | 34  | 7.3%  |
| Family member \ friend                           | 132 | 28.2% |
| Health Professional - Doctor \ LHV               | 302 | 64.5% |
| Method ever used                                 |     |       |
| Yes  | 296 | 56.5% |
| No   | 228 | 43.5% |
| Method used (n-148)                              |     |       |
| Natural (withdrawal)                             | 28  | 9.4%  |
| Barrier - condoms                                | 112 | 37.8% |
| Oral contraceptive pills                         | 54  | 18.2% |
| Injectable Hormones                              | 38  | 12.8% |
| IUCD   | 52  | 17.6% |
| Permanent sterilization                          | 08  | 2.7%  |
| ECP  | 04  | 1.3%  |
| Reason for using method (n-148)                  |     |       |
| Self-preference                                  | 146 | 49.3% |
| Cost effective                                   | 40  | 13.5% |
| Easy availability                                | 28  | 9.4%  |
| Partners will                                    | 64  | 21.6% |
| No effect on coital activity                     | 02  | 0.7%  |
| Need shorter duration of Family Planning         | 10  | 3.3%  |
| Other reason                                     | 6   | 2%    |
| Decision making authority (n-148)                |     |       |
| Self   | 102 | 34.4% |
| Husband  | 168 | 56.7% |
| Mother in law                                    | 24  | 8.2%  |
| Other  | 02  | 0.7%  |

Our results showed that about 50% of females had never used FP methods who had the knowledge about the Family Planning, while 48/148 (32.4%) females discontinued it due to traditional decision making power of the husband in our society. The females who left family planning practice was either due to fear or fear shared by women who experienced the side effects (29.2%), or due to husband's disapproval (33.3%), or a desire to conceive (25%). These results are in agreement with Islam et al and showed that a major

portion of the women (85%) required husband approval for practicing contraception, while Shahin et al concluded that about 68% of the females never used contraceptive measures due to fear of side effects.<sup>24,25</sup> A study conducted in Turkey concluded that the discontinuation was based on husband's disapproval; however, a study in Pakistan showed a good male attitude towards contraception.<sup>25,26</sup>

Our study showed that a good number of females (32%) still desire to have more children inspite of the fact that >50% of the females have 2-3, and >25% have 4-5 kids. The total fertility rate (TFR) in Pakistan is in excess of 5 birth/woman and is probably due to the resistance to family planning practice. The method most used by the study group was barrier (>37%), followed by pills (>17%) while only a few members (2.7%) underwent sterilization. To make the people more knowledgeable regarding family planning methods media and health professionals can play a great role. In our study 7.3% of the sample population got information about family planning from media, while the remaining good majority received information from the health professionals.

## Conclusion

1. Medical health professionals are still the major factor in disseminating the awareness to people regarding family planning. The media can play a great role to improve the overall women status by broadcasting specialist discussions regarding significance and side effects of various contraceptive methods, health awareness and importance of family planning procedures in the community.

2. Family planning is a joint decision and as husband is the main person in decision making couple counselling should be adopted for increasing the prevalence of contraceptive methods.

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