

CONTRACEPTIVE USE AND UNMET NEED OF FAMILY PLANNING AMONG ILLITERATE FEMALES OF WORKING CLASS IN RAWALPINDI

Humaira Mahmood, Assad Hafeez, Sumaira Masood*, Tayyaba Faisal**, Nayab Ramzan***

Health Services Academy, Chak Shehzad Islamabad Pakistan, *Army Medical College/ National University of Medical Sciences (NUMS) Rawalpindi Pakistan, **College of Physicians & Surgeons Pakistan Islamabad Pakistan, ***Ayub Medical College Abbottabad Pakistan

ABSTRACT

Objective: To determine the frequency of contraceptive use among illiterate employed females and to determine the frequency and causes of unmet need of family planning.

Study Design: Descriptive cross sectional study.

Place and Duration of Study: Rawalpindi city from Jun to Nov 2015.

Material and Methods: Three hundred and sixty six illiterate and employed married women in the reproductive age group were approached using non probability purposive sampling. They were interviewed by the researchers through a pretested questionnaire. SPSS version 20 was used for data entry and analysis.

Results: Frequency of respondents using contraception was found to be 56%, 48.9% for the modern and 7.1% for traditional methods. Unmet need of contraception was 17.6%. The main causes of unmet need were unwillingness of husband and fear of side effect. Un met need was found to be significantly lower in the couples where spouses mutually discussed the family planning, where females were high earners, or where women were having their own business while no significant association of unmet need was found with family type.

Conclusion: Although there is high unmet need of family planning and low contraceptive prevalence rate (CPR) among illiterate working women, having a paid job seems to improve female's control on family planning issues when compared to CPR of illiterate women in general.

Keywords: Contraceptive use, Family planning, Unmet need.

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

The world population of 7.2 billion in 2013 is projected to increase by almost one billion people within the next twelve years¹. This rapid growth in population has resulted in a massive increase in the number of people living in poverty. Pakistan, with a population of 172,800,000¹ is ranking as the 6th most populous country of the world. Its human development index (HDI) is 146 out of 18 countries².

In Pakistan reproductive health services are lagging behind, with maternal mortality rate (MMR) of 276/100,000 live births³. High MMR is the result of ineffective reproductive health services³ as well as social and cultural norms contributing to unmet need of family planning⁴.

Family planning can reduce maternal mortality by reducing the number of pregnancies, abortions, and high-risk births^{4,5}. The problem has long been identified in Pakistan but despite government's commitment, contraceptive prevalence rate (CPR) of 35%⁶, is still lowest in South East Asia^{7,8}.

Women do not think that they have enough resources to choose their family size^{9,10,11}. Pakistan and India have the highest figure for unmet need of family planning in the region^{12,13}. The 1994 Cairo Conference on Population and Development (ICPD) focused attention on the role of women's empowerment in influencing reproductive behavior¹⁴. Identified plans of action for this purpose were improved educational and employment opportunities^{12,14,15}. Education appears to influence reproductive behavior^{16,17}, contraceptive prevalence in illiterate women was 38.5%, as compared to 61% in literate group in a study conducted in Punjab¹². Few studies

Correspondence: Dr Humaira Mahmood, H # 1156, St # 45, Phase 3, Bahria Town Islamabad Pakistan
Email: humairatalha@hotmail.com

Received: 06 Jan 2016; revised received: 04 Mar 2016; accepted: 28 Apr 2016

exist to describe the effect of female employment on fertility decisions, especially in the developing countries.

The current study was designed to identify the family planning practices of illiterate, working women. This group is unique, as we can see whether personal income of a female has some effect on its contraceptive decision making, when we control the effect of literacy. It is just a step towards understanding the complex cultural and gender issues which possibly contribute to a high figure of unmet need of family planning and low contraceptive prevalence rate. The study was conducted to determine the frequency of contraceptive use among illiterate employed females and to determine the frequency and causes of unmet need of family planning.

employed married women in the reproductive age group (15–49 years old) residing in the study area, were interviewed excluding the nulliparous and pregnant females. WHO calculator was used to calculate the sample size taking contraceptive prevalence rate in illiterate women in Punjab i.e. 38.5%¹⁴, confidence level at 95%, and required precision as 5%. Data were collected by the researchers through a pretested questionnaire after ethical approval from internal review board of Pakistan Institute of Medical Sciences (PIMS) hospital, and verbal informed consent. SPSS version 20 was used for analysis of data. Descriptive statistics have been used to describe age of females, age at marriage, duration of marriage (mean and standard deviation), contraceptive use (frequency of females using

Table-I: Characteristics of the respondents (n=366).

Variable	No of cases	Percentage
Occupation		
House maid	166	45.4%
Sweepress	72	19.7%
Hospital maids	41	11.2%
School Ayas	25	6.8%
Worked at parlor	16	4.4%
Others	46	12.6%
Income		
Less than/equal to Rs 6000	173	47.3%
Rs 7000 to 15,000	171	46.7%
Rs 16,000 and above	22	6%
Contraceptive use		
Ever Used Contraception	256	69.9%
Using modern methods of Contraception	179	48.9%
Using Traditional methods of contraception	26	7.1%
Unmet need of Family Planning	65	17.76%
Induced abortion ever	46	12.5%

SUBJECTS AND METHODS

It was a descriptive cross sectional study conducted in Rawalpindi city in six months duration, from Jun to Nov 2015. Different schools, colleges and hospitals and offices, households and business centers were approached to interview the relevant subjects on the basis of non probability purposive sampling. Three hundred and sixty six (366) illiterate and

modern and traditional methods), type of family (percentage age of females living in nuclear or joint family), un-met need of family planning (frequency and percentages) and their underlying causes (frequency and percentages). Chi square test of significance was applied to see the relationship of respondent's income, family type and mutual discussion on family planning issues with unmet need of family planning.

RESULTS

A total of 366 respondents were included in the study. Mean age of the respondents was 32.28 ± 7.31 years, mean age of marriage was 18.7 ± 4.12 years, minimum age of marriage was 10 years. Mean number of children was 3.78 ± 1.87 . Out of 366 respondents, 249 (68%) lived in nuclear family and 117 (32%) lived in joint family, and 331 (90.3%) had knowledge about at least one modern contraceptive method. Detailed profile regarding income and occupation is given in table-I.

Out of 366 respondents, 179 (48.9%) had 3 or less issues and 187 (51.1%) had 4 or more issues. The biggest reason for having large families, i.e. more than 3 issues, was non use of contraceptives or contraceptive failure reported by 80 (42.8%) of the 187 respondents, the other reported reasons were, desire of a son in 65 (34.8%), husband's desire or husbands not permitting to use the contraception in 32 (17.1%), mother in laws' desire in 4 (2.1), wish for more children in 4 (2.1%) and religious beliefs in 2 (1.1%) large families.

When respondents were asked about the desired family size, 241 (65.8%) were in favor

anything as ideal family size, family size should be determined by the will of God.

The most strong reason for preferring smaller family was financial concerns reported by 188 (78%) females. The other reasons being the concerns for the health of mother given by 35 (14.5%) and for better attention to less children by 18 (7.5%) respondents. Among those who preferred large families, 45 (36.6%) thought that children were the support in old age, while 32 (26%) wanted to have more sons. Other reasons were religious beliefs reported by 29 (23.6%), husband's desire 11 (9%) and miscellaneous reasons in 6 (4.9%) respondents.

Out of 187 respondents not using modern contraception, 122 (65.24%) were doing so on their own will, which was mainly desire for children in 57 (30.48%), want of a son in 54 (28.87%) respondents and religious beliefs in 11 (5.9%) respondents, while 65 (34.76%) respondents were not using contraception due to reasons given in figure, making the overall figure of unmet need to be 17.6% i.e. 9.65 % for limitation and 8.11% for spacing. Unmet need for limitation was seen mostly in women with large families and for spacing in younger ones having

Table-II: Use of contraceptive methods (n=366).

Method	Frequency	Percentage
Modern		
Condoms	75	20.5%
IUCD	32	8.7%
Pills	22	6.0%
Injections	24	6.6%
Tubal ligation	26	7.1%
Total	179	48.9%
Traditional		
Lactation	13	3.6%
Withdrawl	11	3.0%
Safe period	2	0.50%
Total	26	7.1%
Total(Modern + Traditional)	205	56%
Not using contraception	161	43.98%

of less than three issues, while 123 (33.6%) were in favor of large families, i.e. 4 or more while 2(0.5%) of the respondents said that there was not

smaller families.

Out of 366 respondents, 331 (90.3%) had knowledge about modern contraceptives,

LHV/nurse was major source of information, reported by 108 (29.5%) respondents, while mass media helped in the awareness of 68 (18.5%) respondents. Surprisingly, husband was the main source of information in quite a lot number of respondents, i.e. 58 (15.8%), while in remaining cases, friends in 37 (10.1%), and doctors in 31 (8.5%) were the source of contraceptive awareness. Table-II shows the contraceptive methods used by the respondents, while figure shows the main reasons of unmet need of family planning.

When inquired about the decisions regarding family planning 198 (54.1%) respondents told that they discussed these issues with their spouses and decisions were taken with mutual consent, while 168 (45.9%) told that decision was not mutual.

In our survey contraceptive prevalence was 56% among females, 48.9% for the modern and 7.1% for traditional methods. Unmet need of family planning was 17.6%. The main causes of unmet need were unwillingness of husband and fear of side effect.

DISCUSSION

Mean number of children per woman was 3.78 (± 1.87), this is less than which was found in a study conducted in Peshawar, where it was 4.5 ± 2.1¹⁸, but according to our national survey mean number of live children per married woman is 3.226⁶. It is interesting to note that though ideal family size of 3 or less children was approved by 241 (65.8%) females (as compared to 30%⁶, reported in PDHS 2012-13, only 179 (48.9%) had 3 or less issues⁶.

In our study modern methods were used more frequently than traditional methods, same has been reported by all national and international surveys^{6,19}. The most preferred method for contraception was condom used by 20.5% of the respondents, the findings are similar to those issued by United Nation^{10,20,21}

When inquired about the decisions regarding family planning 198 (54.1%)

respondents told that they discussed these issues with their spouses and decisions were taken with mutual consent, while 168 (45.9%) told that decision was not mutual, similar findings reported in many studies^{19,22,23}.

Unmet need of family planning, in our study was found to be 17.76% overall, 9.65% for limitation and 8.11 for spacing, same as reported by Multiple Indicator Cluster Survey²⁰, but lower than 21.9% reported for illiterate women in National survey⁶ and 24% reported in another study¹⁷. A big survey conducted in 49 districts of Pakistan reports the figure to be 23.5%, overall and 22.1% in Punjab¹², but again it doesn't specifically tell about the unmet need of illiterate, earning women.

In our study main reasons of not using contraception were want of more children, especially sons, opposition or non approval from the family, fear of side effects, unavailability or unavailability of methods and religious beliefs

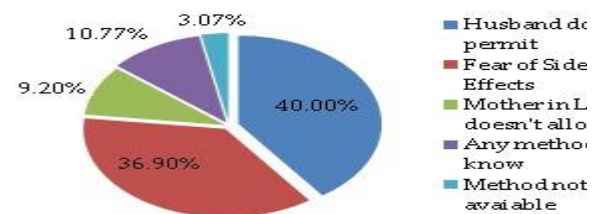


Figure: Reasons for unmet need of family planning.

of respondents, findings are similar to many national and international studies^{15,21,22}.

Unplanned and unwanted pregnancies have been identified as the main cause of induced abortion²¹, 12.5% of the respondents reported to have an induced abortion, several studies in the region report the relationship of unmet need and induced abortion²⁴⁻²⁷.

It is a small scaled study, carried out in a single city with non probability purposive sampling, so the results are not generalizable. Quantitative methodology is used in the study, a

more extensive study with mixed methods will be helpful to probe the issue in detail.

CONCLUSION

Though there is high unmet need of family planning and low use of contraceptives among illiterate working women, still having a paid job seems to improve female's control on family planning issues.

RECOMMENDATION

In light of findings in the study, it is recommended that jobs should be available for the illiterate or women who have low educational status. Vocational training of illiterate females can help them to acquire skilled job and can be a step towards empowerment in fertility decisions.

CONFLICT OF INTEREST

This study has no conflict of interest to declare by any author.

REFERENCES

- United Nations, Department of Economic and Social Affairs, Population Division (2013). World Population Prospects: The 2012 Revision, Highlights and Advance Table. Working Paper No. ESA/P/WP.228. [Internet]. [Cited 2014 Sep 3]. Available from: <http://www.unfpa.org/pds/trends.html>.
- Economic Survey Government of Pakistan, 2008-2009. [Internet]. [Cited 2014 Sep 3]. Available from: <http://www.cidapsu.org.pk>
- Human development reports. UNDP New York. [Internet] Cited Sep, 2014. Available from :<http://hdr.undp.org/en/country-reports>
- Demographic and Health Survey 2012-13. [Internet], Cited Dec 14, 2015. Available from <http://www.nips.org.pk/>
- Ahmed S, Li Q, Liu L, Tsui AO. Maternal deaths averted by contraceptive use: an analysis of 172 countries. *Lancet*. 2012; 380 (9837):111-25.
- National Institute of Population Studies (NIPS) [Pakistan], and Macro International Inc. Pakistan Demographic and Health Survey 2012-13. Islamabad, Pakistan: NIPS and Macro International Inc 2008.
- Alkema L, Kantorova V, Menozzi C, Biddlecom A. National, regional, and global rates and trends in contraceptive prevalence and unmet need for family planning between 1990 and 2015: a systematic and comprehensive analysis. *Lancet*. 2013; 11:381(9878):1642-52.
- Levine R, Langer A, Birdsall N, Matheny G, Wright, M, Bayer A. Contraception. In: Jamison DT, Breman, JG, Measham AR, et al., eds. *Disease Control. Priorities in Developing Countries*. 2nd ed: 2nd edition. Washington (DC): World Bank; 2006. Chapter 57:1075-90.
- Motlaq ME, Eslami M, Yazdanpanah M, Nakhaee N. Contraceptive use and unmet need for family planning in Iran. *Int J Gynaecol Obstet*. 2013;121(2):157-61.
- United Nations Population Division, <http://data.un.org/Data.aspx?d=SOWC&f=inID%3A34>.
- Murarkar SK, Soundale SG. Epidemiological correlates of contraceptive prevalence in married women of reproductive age group in rural area. *National J of Community Med* 2011; 2(1):
- Hameed W, Azmat S, Bilgrami M, Ishaq M. Determining the factors associated with unmet need for family planning: a cross-sectional survey in 49 districts of Pakistan. *Pak J of Public Health*. 2011;1(1):21-7.
- UNDP, World Contraceptive Use 2015, Contraceptive prevalence Country Data Survey, Available on line at <http://www.un.org/en/development/desa/population/publications/dataset/contraception/wcu2015.shtml>.
- United Nations. Report of the International Conference on Population and Development. New York: United Nations; 1995 [Cited 2014; 4]. Available from: <http://www.unfpa.org/pds/trends>.
- Ali AA, Okud A. Factors affecting unmet need for family planning in Eastern Sudan. *BMC Public Health*. 2013;13(1):102.
- Carr B, Gates MF, Mitchell A, Shah R. Giving women the power to plan their families. *Lancet*. 2012;380(9837):80-2.
- Sarmad R, Aakhtar S, Manzoor S. Relationship of female literacy to contraceptive use in urban slums of Khushab (Punjab): *Biomedica*. 2007; 23:21-3.
- Amin R. Choice of contraceptive method among females attending family planning center in Hayat Abad Medical Complex, Peshawar, *J Pak Med Assoc*. 2012;62(10):1023-8.
- Mahmood A, Naz SS. Contraceptive Use Dynamics in Pakistan 2008-09. Islamabad. Population Council: 2012. [cited 2015 Dec 10].
- MICS Punjab, 2014. Bureau of Statistics, Government of Punjab. Available online at <http://www.bos.gop.pk/mics2014>; Accessed September, 2015.
- Ahmed S, Khan A, Khan AA. Policy and Programme Implications of Unmet Need for Family Planning in Pakistan, *J Pak Med Assoc*. 2013;63(4 Suppl 3):S16-20.
- Kumar A, Singh A. Trends and Determinants of Unmet Need for Family Planning in Bihar (India): Evidence from National Family Health Surveys. in *Applied Sociology*, 2013; 3(2):157-63.
- Dejenu G, Ayichiluhm M, Abajobir AA. Prevalence and associated factors of unmet need for family planning among married women in enemay district, Northwest Ethiopia: A Comparative Cross-Sectional Study; *Glob J Med Res*. 2013;13(4): 23-27.
- Choudhary S., Saluja N, Sharma S., Gaur D., Pandey S. The extent and reasons of unmet need for family planning among women of reproductive age group in rural area of Haryana. *The Internet J Health* 2011; 12 (1). Doi:10.5580/1bc2.
- Shah I, Ahman E. Unsafe abortion: global and regional incidence, trends, consequences, and challenges. *J Obstet Gynaecol Can*. 2009;31(12):1149-58.
- Rasch V. Unsafe abortion and postabortion care - an overview. *Acta Obstet Gynecol Scand*. 2011;90(7):692-700.
- Sathar ZA, Singh S, Fikree FF Estimating the incidence of abortion in Pakistan. *Stud Fam Plann*. 2007;38(1):11-22.