

CONTRACEPTIVES KNOWLEDGE AND PRACTICES IN DISTRICT RAWALPINDI: A HOSPITAL BASE STUDY.

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ABSTRACT

Objectives: To assess the knowledge and practices of contraception and reasons for non utilization of family planning services at Rawalpindi, Pakistan.

Study Design: A cross sectional survey.

Place and duration of study: Fauji Foundation Hospital Rawalpindi from January 2007 to September 2007.

Subjects and Methods: This study was designed to investigate contraceptive knowledge and practice in Pakistani women attending a tertiary care hospital. A sample of 200 married women of reproductive age were interviewed to record their age, educational status, relatives practicing contraception, knowledge about contraceptive methods, source of the information and family support for contraception. Simple convenience sampling technique was used in this study. Close ended questionnaire was used to record the information.

Results: Subjects (99%) of study population were aware of currently available contraceptives and among them (48%) were practicing these methods. Educated females were (71%) and 93% practiced contraception while (29%) were uneducated and among them (47%) practiced contraception. (51%) of Females were supported by their families for practicing contraception. Source of information for (53%) was health service providers and for (39%) female was mass media. Most of (67%) female relatives also practiced contraception. Only (3%) of the subject's did not practiced because of fear of Allah and (32%) had some other reasons.

Conclusion: Level of Knowledge in study population was high but there was a huge gap of practice of contraception. Reasons for not practicing was not religious rather it was social pressure.

Key words: Awareness, Contraception, Practice.

INTRODUCTION

Infinite numbers of Pakistani women are familiar with contraceptives, but practice remains low¹. Use of contraceptives is the main concern for the government of Pakistan in order to keep pace between population expansion and socio-economic growth². In South Asia Pakistan has the highest growth rate and it continues on the way to rapid expansion³. The country's fertility rate is expected to go beyond the required fertility rate that is single child indicating lack of family planning⁴. This unmet need is the result of a lack of availability of enough family planning services centers and hostile attitude of society towards contraception⁵. The rate of use contraceptive in Pakistan has doubled from 12% to 28% between

1990 and 2000⁶. Knowledge of contraception in Pakistan was high in 2000-2001, an estimated 96% of currently married women are aware of at least one contraceptive method⁷. Married women (76%) reported knowing a place where women could obtain a tubal ligation, they know the source of family planning services⁸. The Pakistani population's has high level of awareness of family planning services but its practice is limited, it may be valuable to recognize the factors that have stalled Pakistanis from translating their comprehension about avoiding pregnancy and regular contraceptive use. This article focuses on client knowledge and influence that hinders adoption of family planning in a sample of women of reproductive age who are seeking health services in Rawalpindi. Government of Pakistan initiated five year plan since 1955 and to date family planning program is part of every five year plan⁹. The provision of family planning services in rural communities now

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rest with the Ministry of Health; lady health workers supply clients with oral contraceptives and condoms, while rest of contraceptives are available through health centers. In urban areas, all family planning methods are assessable through the public sector. However, the excellence of care provided by the public sector is not yet up to mark; the combination of family planning services within basic and essential health services still needs improvement also a continuous supply of contraceptives has been an ongoing problem. NGOs are trying their best to fill in the gaps by providing services in marginalized group of people¹⁰. Family planning association welfare has 540 service outlets providing 10-12% of contraception to nation with holistic approach¹¹. The Ministry of Population Welfare is encouraging the private sector to deliver family planning services more than 70% of all health care in Pakistan is provided by private sector but family planning services has been limited¹². Public sector is providing highest contraceptive coverage of (54%) than NGO s (26%) and private sector (20%)¹³. Private sector is using social marketing tactics to provide contraceptives to low-income groups at low cost¹⁴. Different countries are showing multiple factors that influence contraceptive usage¹⁵. Socioeconomic factors are generally of greater importance for Pakistani women mostly after having five births they start contraception¹⁶.

SUBJECTS AND METHODS

Hospital based cross sectional survey were included in the Gynaecology and Obstetrics outpatient clinics of Fauji Foundation Hospital Rawalpindi. Women of reproductive age group, attending the OPD either as patients or their attendants having children and living with their husband. Sample size was 200. Non-probability, convenience sampling. A pretested structured questionnaire designed in the local language was used to obtain information after consent regarding socio-demographic features, reproductive profile, contraceptive practices, availability, age, educational status, and relatives of subjects practicing contraception,

and source of knowledge of contraception, family support for contraception and reasons for not practicing contraception.

Statistical analysis was performed using Statistical Software Package SPSS 10.0 (SPSS). Descriptive statistics was used to describe the data.

RESULTS

Women of reproductive age group (15-49 years) were interviewed. There is a huge gap between level of awareness (99%) and practice (48.0%) of contraception. Practices of contraceptives increased with increasing age of mother maximum females practicing were near 35 years and mean age was 32.8 years with standard deviation of ± 4.99 .

Practice of contraceptives by females residing in urban areas was more (55%) as compared to those that residing in rural areas (45%).as shown in table 1.

Educated females were more (71%) and among them many (93%) were practicing contraception in contrast to uneducated (29%) who were practicing contraception only (47%) as shown in Table 2. About (51%) of female using contraceptives were supported by their families while (20%) were having no family support. Twenty eight percent was having no idea about family reaction towards this issue, results are shown in Table 3.

Most of the population (53.3%) gathered information from health service providers while media was also playing important role (39%) of subjects got it from mass media. Most of (67%) subjects relatives were practicing contraception while (30%) of relatives were not practicing as shown in Table 5

Social pressure (52%) was the main cause for not practicing contraception, some (21%) desire more children, some (13%) were not allowed by their husbands, and few (4%) took contraception as a sin and very little number (9%) were not aware of contraceptives.

DISCUSSION

A study conducted in urban area of Pakistan by Stephenson and Hennink concluded that women faced major economic, social and administrative barriers to obtaining

Table 1: Practices of Contraception in Rural and Urban Areas of Rawalpindi

Practice Contraception	Yes	No	Total
Rural area	68(45%)	83(55%)	151
Urban area	27(55%)	22(45%)	49
Total	96	104	200

Table 2: Practice of Contraceptives among educated and uneducated females.

Level of education	Do u practice YES	Do u practice No	Total	%	% practiced Contraception
uneducated	27	30	57	29%	47%
Educated	69	74	143	71%	93%
Total	96	104	200	100%	

Table3: Family Support for Using Contraceptives

Family support	Frequency	Percent	Valid Percent	Cumulative Percent
Don't know	57	28.5	28.5	28.5
Yes	102	51.0	51.0	79.5
No	41	20.5	20.5	100.0
Total	200	100.0	100.0	

Table 4: Sources of Information about Contraceptives

Source of information	Frequency	Percent	Valid Percent	Cumulative Percent
Hospital/Doctor/LHV	107	53.5	53.50	53.5
Peer Group	8	4.0	4.0	57.5
Media(T.V/Radio)	79	39.5	39.5	97.0
Other	6	3.0	3.0	100.0
Total	200	100.0	100.0	

Table 5 Relatives of Subject Practicing Contraception

Relatives practice Of contraceptives	Frequency	Percent	Valid%	Cumulative %
Don't know	5	2.5	2.5	2.5
Yes	135	67.5	67.5	70.0
No	60	30.0	30.0	100.0
Total	200	100.0	100.0	

Table 6 Reasons for Not Practicing Of Contraception

Reason For Not Practicing	Not practicing	%
Social pressure	55	52%
Desire For more children	23	21%
Husband/in-laws not willing	13	13%
Religious point	4	4%
Unawareness	9	9%
Total	104	100%

family planning services¹⁵. The use of contraceptives were highly promoted by government polices with help of multiple

public and private family planning services center but the result were still poor and targets to reach replacement were far away ^{13, 16}. The reason in this study found was not that they

were deficient in knowledge but it was their attitude as they wanted to have less number of children and still use of contraceptives was scarce. Most of the studies show that knowledge was not the problem it was unwillingness of family including spouse and mother-in-law. Similar to our study, a survey conducted in Sindh results showed that level of knowledge and practice were wide apart¹⁶.

Lack of family support was also one of the immense problems as those interested could not approach the facilities for services. This was in contrast with other surveys showing that under developed countries only offers limited techniques of contraception. In contrast to Shaheena study when we inquired the source of information it was not their husbands rather it was health professionals and media. The gap between knowledge and practice was because of social pressures towards the subject and lack of family support. Lack of women empowerment is also a common problem of Pakistani women¹⁷.

This cross sectional survey was conducted in low income group. It does not therefore depict the situation about women in the middle and upper socioeconomic classes. Including the data about aforementioned two strata would reveal the actual magnitude of the problem. This study was having some limitations like it should be repeated after imparting health education therefore response of women could be different in that situation.

Recommendations

Health education programs should be started at early stage at least in matric and intermediate student's. There should be no gender discrimination in education Women empowerment should be promoted. Services center for contraceptives should be present in easy approach for rural and urban areas of

Pakistan. There should be regular follow-up of women who use contraceptives to see any failures and complications.

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