KNOWLEDGE, ATTITUDE AND PRACTICE OF FAMILY PLANNING AMONG PAKISTANI WOMEN ATTENDING A TERTIARY CARE HOSPITAL
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ABSTRACT

Objective: To determine the knowledge, attitude and practices of family planning methods among Pakistani women attending a tertiary care hospital.

Study Design: Cross sectional study.

Place and Duration of Study: Outpatient department of Obstetrics and Gynaecology, Combined Military Hospital Lahore, from Jul to Dec 2018.

Material and Methods: A total of 200 patients attending the OPD of CMH Lahore were enrolled in the study. After explaining the rationale of the study and taking verbal consent, a predesigned questionnaire was filled by the researcher. Based on their responses data was prepared, analyzed and interpreted.

Results: The patients were between the ages of 19 to 48 years while the mean age of the patients was 28.41 ± 4.909. Ninety four percent being housewives. Awareness about contraception was 89% in women but only 66% knew about the benefits of contraception. Barrier method was found to be most popular (66%).

Conclusion: Awareness among women regarding contraception is very high but actual contraceptive practice is very low. Mostly it is due to lack of knowledge regarding its benefits, limited sources and inadequate information about various methods.

Keywords: Awareness, Contraception, Contraceptive practice, Knowledge.

INTRODUCTION

Pakistan is the sixth most populous nation in the world, with an annual growth rate which is 2.1% higher than the regional developing nations1. The Pakistan Reproductive Health and Family Planning Survey highlighted the wide gap between knowledge (97%) and use of contraceptives (28%) among currently married women2. Contraceptive knowledge and practice and proper implementation are the major tools for improving the health of the family. Birth spacing not only reduces fertility but also improves the health of mother3. It puts less pressure on the financial status of the family with better care of providing basic food and clothing. If mother is well and healthy she will take good care of her children4.

Awareness and need for birth spacing knowledge among women in underdeveloped countries is low. As a result the number of unwanted and unattended pregnancies remains high in developing countries5. It has long since been realized that our actual need is to enhance contraceptive practice and birth spacing in our country6. The decline in the fertility rate especially among the poor has been quite slow over the years as compared to other South Asian countries7. The actual contraceptive rate in Pakistan is yet to be determined as different agencies quote it differently8. This study was therefore designed to investigate contraceptive knowledge, awareness and practices in Pakistani women attending a tertiary care hospital with an aim to identify the gaps which may help in planning and providing targeted family planning services.

PATIENTS AND METHOD

This cross sectional study was conducted in the OPD of Obs & gynae department, Combined Military Hospital, Lahore from 1st July 2018 to 31 December 2018. After approval from the ethical committee, married women coming to Obs & Gynae clinic OPD were included in the study.
Sub fertile women and those married within the last year were excluded from the study.

Two hundred married women were enrolled in the study between 19-48 years. Rationale of the study was explained to all the participants and verbal consent was taken. Confidentiality was maintained by ensuring anonymity of the participants in the questionnaire.

A predesigned questionnaire with closed-ended questions was used for the study. It was pre-tested on 10 patients to identify the gaps and modifications were made accordingly. Their data was not included in the study. The questionnaire contained sections on demographic characteristics of the women and their knowledge, attitude and practices of contraception. Questionnaire also enquired about the source of information whether they obtained it from social media, health facility workers, printed material, parents, friends or husband. Women were also questioned about the various reasons for not using contraception e.g., being unaware of contraceptive methods, unaware about benefits of birth spacing, partner or family objection, fear of side effects etc.

Data Analysis

Data was collected and processed with full confidentiality and entered in SPSS 21. Descriptive statistics were used for numerical variables in the form of mean ± SD while frequencies and percentages were used for categorical data.

RESULTS

The study shows that the age of the women were between 19 to 48 years with mean age of 28.41 years (SD ± 4.9 years). Majority of the women were multigravida 170 (85%) followed by primigravida 28 (14%) and only 2 (1%) were nulliparous.

Majority of the women were housewives 188 (94%) remaining 12 (6%) were working women. As shown in fig-1 only 28 (14%) of the women were illiterate and the rest had some sort of formal education.

Most of the women 102 (51%) had been married for 6-10 years, 60 (30%) being married more than 10 years and 38 (19%) up to 5 years.

Main source of information were health facilities as shown in figure 2 and was closely followed by friends. Other sources of information being television, printed material, parents and husbands. Only 10 (5%) had no source of information.

As shown in table-I, awareness about contraception was very high but only 132 (66%) had knowledge about the benefits of contraception. Only 2 patients had never heard about contraception.

In fig-3 the attitude of women regarding different contraceptive methods are shown. A large number of women were aware of different methods of contraception in one form or another but the trend of practicing contraception was very low.
One of the main reasons for not using contraception as shown in Table 2 was willingness to conceive. More than one quarter of the women had used some form of contraception over the years with only a few being afraid of its side effects. Other reasons for not using contraception being partner objection, family objection, not aware about need and benefit of birth spacing.

**DISCUSSION**

The study aims to investigate awareness about need, benefits and practices among Pakistani married women. Due to the rapid growth rate in Pakistan and limited resources, the need for contraception and dissemination of correct information should be our focus.

In our study 89% of the women were aware about various methods of contraception with similar results seen in other studies conducted in India and Sudan where 82% and 87% women were aware about contraception. Studies conducted in Srinagar and Uganda suggested even higher level of awareness being 91% and 99.6% knowledge and favorable attitude towards family planning but practice of using contraception was poor. Higher rate of contraceptive knowledge does not translate into actual use. This is probably due to the fact that awareness about benefits of family planning is lacking as seen in our study in which 34% of women were not aware about the benefits of family planning,

Table-I: Awareness about contraception.

<table>
<thead>
<tr>
<th>Awareness Regarding Contraception</th>
<th>Aware (%) (n=200)</th>
<th>Not aware (%) (n=200)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness about the need of family planning</td>
<td>156 (78%)</td>
<td>44 (22%)</td>
</tr>
<tr>
<td>Awareness about the benefits of family planning</td>
<td>132 (66%)</td>
<td>68 (34%)</td>
</tr>
<tr>
<td>Aware/heard of contraceptive methods</td>
<td>178 (89%)</td>
<td>22 (11%)</td>
</tr>
</tbody>
</table>

Table-II: Reason for not using contraception.

<table>
<thead>
<tr>
<th>Reason for not using contraception</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Not aware of contraceptive method</td>
<td>22 (11%)</td>
</tr>
<tr>
<td>Not aware about need and benefit of birth spacing</td>
<td>18 (9%)</td>
</tr>
<tr>
<td>Partner objection</td>
<td>12 (6%)</td>
</tr>
<tr>
<td>Willing to conceive</td>
<td>42 (21%)</td>
</tr>
<tr>
<td>Fear of side effects</td>
<td>20 (10%)</td>
</tr>
<tr>
<td>Practicing contraception</td>
<td>82 (41%)</td>
</tr>
<tr>
<td>No source of information</td>
<td>04 (2%)</td>
</tr>
</tbody>
</table>

In India and Sudan where 82% and 87% women were aware about contraception. Studies conducted in Srinagar and Uganda suggested even higher level of awareness being 91% and 99.6% knowledge and favorable attitude towards family planning but practice of using contraception was poor. Higher rate of contraceptive knowledge does not translate into actual use. This is probably due to the fact that awareness about benefits of family planning is lacking as seen in our study in which 34% of women were not aware about the benefits of family planning,
planning is strongly related to higher level of education\textsuperscript{12}. The higher the level of education the better choices are made by women in deciding and practicing contraception.

In our study 35% of the women, the main source of information was health facilities. In a study conducted in Darfur\textsuperscript{13}, the use of family planning services was 34.2% almost similar to our study and suggestion to increase publicity of contraception by both the State and Federal Ministry of health was made. Similar steps can be taken in our country to improve the practices of contraception.

In other countries like India\textsuperscript{14} and Ethiopia\textsuperscript{15} health worker provided 58.6% and 80.3% of information which was much higher than seen in our study. Health facilities can improve the practice among women by providing a range of quality methods that can allow women to either space birth or limit the number of children\textsuperscript{16}. Media in the form of printed material and television only contributed 9% and 11% of information in our study. Higher rates 22% are seen in Sudan\textsuperscript{17} and in Nepal\textsuperscript{18} electronic media was used to disseminate information. Media being available to the whole population can play a significant role in providing information. In our study women source of information from friends, parents and husband was 25%, 6% and 9% respectively. As media is available to everyone and women communicate with their friends and relatives for information regarding contraception, educating the community through media will increase practice rate. Attitudes are influenced by experiences and culturally gained during socialization.

Barrier methods were the most commonly practiced contraceptives in our study with 32% of the couples using them. Slightly higher percentages were seen in South Nigeria where contraceptive practice of condoms was 40.4%\textsuperscript{19}. A study conducted in Pakistan on practices among doctors of armed forces, condoms was the preferred method with 45% using it as contraception\textsuperscript{20}. The studies suggest that husband attitude significantly impacts on the use of contraceptive choice. Couple counselling in the form of verbal and written information by properly trained staff and doctors will help adopt methods suited to couples need. The next most widely practiced form of contraception was withdrawal method being practiced by 16% of the couples. According to Pakistan demographic health survey 2017-18\textsuperscript{21} couple practicing withdrawal were 9% but higher percentage is seen in our study. In Armed forces where our study was conducted women are provided with free medical care along with all forms of contraceptive choices. Still women were dependent upon their husbands to make decisions about practices of contraception. Cultural barriers and fear of husband and family objection and lack of communication between the couples may contribute not to try other options.

Oral contraceptive pills were practiced by 9% of the women in our study. In another study conducted in rural area in Pakistan\textsuperscript{22} only 6% of the women practiced pills. Although 50% were aware about it but fear of side effects made it a less popular choice. In developed European countries it was the most practiced method along with condoms\textsuperscript{23}. Contraceptive pill use varied between 35% in Spain and 63% in Germany\textsuperscript{23}. The reason for using pill was reliability, recommended by doctors, easy to use and comfortable for the women. Again we see that cultural and education level plays a role in making women decide upon contraceptive methods.

In our study injectable hormonal contraceptives were used by 8% of the women, this method was popular in breastfeeding women for birth spacing. Similar trends were seen in a study conducted by Singhal et al where injectable depot medroxy progesterone acetate (DMPA) was used as a contraceptive in the immediate post-partum period and was found to be safe and effective alternate method with no deleterious effect on mothers milk and infant growth\textsuperscript{24}. Intrauterine contraceptive device was only practiced by 3% of the women. Only 2% were
using implanon or emergency contraceptive methods. In our study fear of side effects and willingness to conceive were the reasons for not using them.

Permanent methods such as tubal ligation and vasectomy were only practiced by 2% of the couple in our study. Sixty nine percent of the women were aware about tubal ligation but actual practice is very low. A meta-analysis of women done in Ethiopia has recommended that long acting and permanent method of contraception must be made available and accessible for those women who are in need of it at the lower health services delivery level.

Women who have completed their families can be motivated by dedicated skilled health care workers and doctors even in the antenatal period so that they can make decisions once family size is completed.

CONCLUSION

Our study concludes that the awareness among women regarding contraception is very high but actually practicing it is very low. Mostly it is due to lack of knowledge regarding its benefits, limited sources and inadequate information about various methods. Women education through health facilities can help increase knowledge about contraceptive methods enabling women to make better decisions best suited to their needs.

CONFLICT OF INTEREST

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

REFERENCES