

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

Humaira Osman Jaffery, Shazia Tufail, Pakeeza Aslam, Saima Qamar, Qurratulain Mushtaq, Rehana Kanwal

Combined Military Hospital Lahore Medical College/National University of Medical Sciences (NUMS) Pakistan

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.

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

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.

Correspondence: Dr Humaira Osman Jaffery, Combined Military Hospital Lahore Medical College, Lahore Pakistan
Email: humairajaffery@hotmail.com

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%)

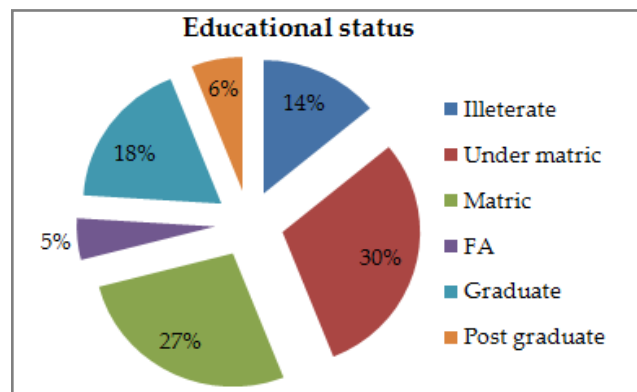


Figure-1: Educational status of patients.

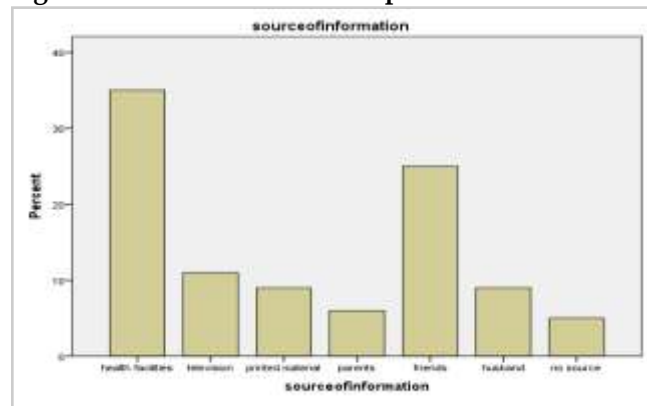


Figure-2: Source of information about contraception.

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 reason 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

in India⁸ and Sudan⁹ where 82% and 87% women were aware about contraception. Studies conducted in Srinagar¹⁰ and Uganda¹¹ 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

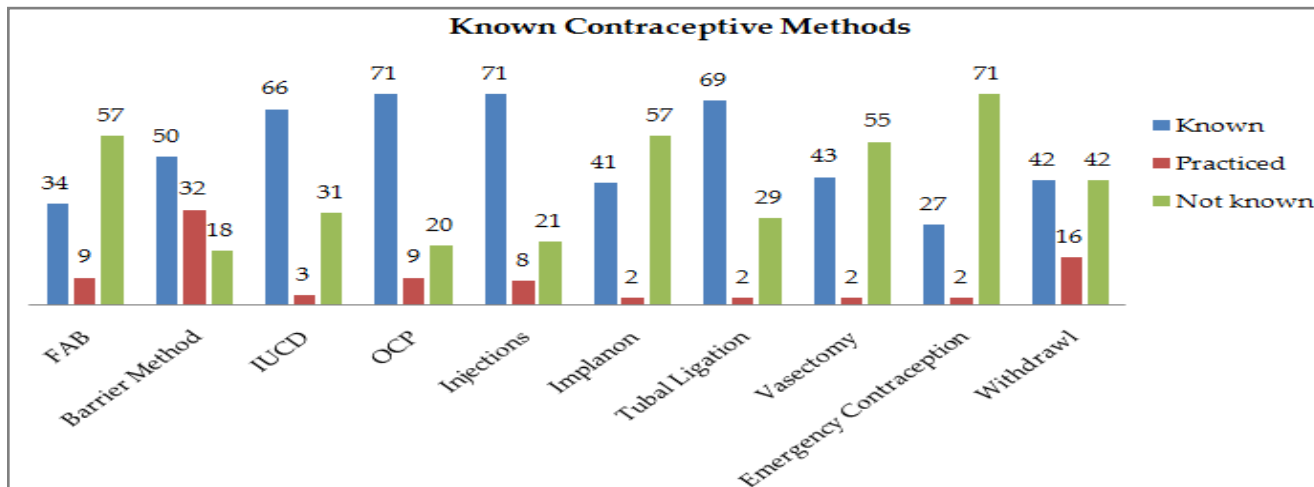


Figure-3: Contraceptive methods, frequency of usage.

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

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.

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

Table-II: Reason for not using contraception.

Not aware of contraceptive method	22(11%)
Not aware about need and benefit of birth spacing	18(9%)
Partner objection	12(6%)
Willing to conceive	42(21%)
Fear of side effects	20(10%)
Practicing contraception	82(41%)
No source of information	04(2%)

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

probably because of lack of education about available contraceptive methods. Educational status also plays a role as seen in our study only 14% of the women were illiterate and the rest had some form of formal education. Other studies suggest that knowledge and practice of family

planning is strongly related to higher level of education¹². 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 Darfur¹³, 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 India¹⁴ and Ethiopia¹⁵ 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 children¹⁶. 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 Sudan¹⁷ and in Nepal¹⁸ 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%¹⁹. A study conducted in Pakistan on practices among doctors of armed forces, condoms was the preferred method with 45% using it as contraception²⁰. 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 2017-18²¹ 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 Pakistan²² 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 condoms²³. Contraceptive pill use varied between 35% in Spain and 63% in Germany²³. 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 growth²⁴.

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 ware 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 level²⁵.

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

1. Pakistan Population. (2018-09-24). Retrieved 2019-02-05, from [http:// worldpopulationreview.com/countries/pakistan/](http://worldpopulationreview.com/countries/pakistan/)
2. Hakim A, Sultan M, Ahmed F. Pakistan reproductive health and family survey 2001. In: Hakim A, Sultan M, Ahmed F, eds. The Institute. Islamabad: The Institute; 2001: 60-62.
3. National Institute of Population Studies. Pakistan Demographic and Health Survey (PDHS) 2000-01. Islamabad: The institute 2002; 173-82.
4. National Institute of Population Studies. Effects of Rapid Population Growth on socioeconomic Development in Pakistan Islamabad: The Institute; 2002. p. 13-4.
5. Hoque ME, Ntsipe T, Mokgatle-Nthabu M. Awareness and practices of contraceptive use among university students in Botswana M.E. J des Aspects Sociaux du VIH/SIDA 2013; 10: 83-88.
6. Ministry of Population Welfare. Pakistan Contraceptive Prevalence Survey (PCPS). Islamabad: The ministry 1998; 9-17.
7. Mahmood MA, Hashmi SM, Thomas I. Family Welfare Centres: vicinity Study. Islamabad: Ministry of Population Welfare, Government of Pakistan; 2003: 92.
8. Srivastava R, Srivastava DK, Jina R, Srivastava K, Sharma N, Sana S. Contraceptive knowledge, attitude and practice (KAP Survey). J Obstet Gynecol India 2005; 55: 546-50.
9. Handady SO, Naseralla K, Sakin HH, Alawad ALM. Knowledge, attitude and practice of family planning among married women attending primary health center in Sudan 2015; 3(5): 243-47.
10. Doma Y, Nazki SG. A Study to assess the Knowledge, Attitude and practice of contraception among women in a urban slum of District Srinagar, Jammu and Kashmir. Indian J Appl Res 2016; 6: 6-9.
11. Nsubuga H, Sekandi JN, Sempeera H, Makumbi FE. Contraceptive use, knowledge, attitude, perceptions and sexual behavior among female University students in Uganda: A cross-sectional survey. BMC Womens Health 2016; 16: 6.
12. Gautam AC, Seth PK. Appraisal of the knowledge, attitude and practices (KAP) of family control devices among rural Rajputs and scheduled caste of Hatwar area of Bilaspur district, Himachal Pradesh. Anthro-pologist 2001; 4: 282-92.
13. Haggaz A, Ahmed S, Adam I. Use of family planning services in Darfur Sudan. Int J Gynecol Obstet 2009, 104: 247-8.
14. Pegu B, Gaur BPS, Sharma N, Singh AS. Knowledge, attitude and practices of contraception among married women. Int J Reprod Contracept Obstet Gynaecol 2014; 3(2): 385-88.
15. Senbeto E. A study on knowledge, attitude, practice and quality of care in family planning at Dessie Zuria district. J Ethiop Med Pract 2001; 3: 70-6.
16. Rozina M, Uzma A, Haleema AH. Contraceptive knowledge, attitude and practice among rural women. J Coll Phy Surg Pak 2008; 18(9): 542-5.
17. Brair S, Eltayeb. Barriers to family planning service utilization among Sudanese women in Khartoum locality. Al Neelain Med J 2013; 2(3): 21-5.
18. Boulay M, Storey JD, Sood S. Indirect exposure to a family planning mass media campaign in Nepal. J Health Commun 2002; 7: 379-99.
19. Abasiattai AM, Etukumana E, Utuk NM, Umoiyoho A. Contraceptive awareness and Practice among antenatal attendees in a tertiary hospital in South -South Nigeria. TAF Preventive Medicine Bulletin 2011; 10(1): 29-34.
20. Rehman M, Khan IA, Haider MA. Frequency of contraceptive practice amongst doctors of Pakistan Armed Forces. Pak Armed Forces Med J 2008; 58(2): 177-84.
21. Pakistan demographic and health survey 2017-18.
22. Mustafa R, Afreen U, Hashmi HA. Contraceptive Knowledge, Attitude and Practice Among Rural Women. J Coll Phy Surg Pak 2008; 18(9): 542-45.
23. Johnson S, Pion C, Jennings V. Current methods and attitudes of women towards contraception in Europe and America. Reprod Health 2013; 10: 7.
24. Singhal S, Sarda N, Gupta S, Goel S. Impact of injectable progestogen contraception in early puerperium on lactation and infant health. J Clin Diagn Res 2014; 8(3): 69-72.
25. Mesfin YM, Kibret KT. Practice and Intention to use long acting and permanent contraceptive methods among married women in Ethiopia: Systematic meta-analysis. Reprod Health 2016; 13(1): 78.