KNOWLEDGE, ATTITUDE AND PRACTICES OF WOMEN TOWARDS CONTRACEPTION

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ABSTRACT

OBJECTIVE: To find out the frequency of knowledge, attitude and practices of women regarding contraception.

METHODS: This cross-sectional study was conducted on 1000 randomly selected females of reproductive age ranging from 14-50 years at Gynaecology and Obstetrics OPD of Moulvi Ameer Shah Memorial Hospital, Peshawar from January to December 2014. Data was collected by interviewing the subjects using a predesigned proforma and analyzed by SPSS version 12.

RESULTS: Out of 1000 women, only 256 (25.6%) were using contraception. Majority of contraceptive users (n=137/256; 53.5%) were from >35 years old and 72.85% (n=542/744) of non-users of contraception were ranging in age from 20-35 years. Majority of contraceptive users (n=202/256; 78.9%) and nonusers (n=538/744; 72.3%) were Illiterate. Majority of contraceptive users (n=110/256; 43%) were from middle-class while most of non-users of contraceptives (n=633/744; 85.1%) were poor. The contraceptive use was 68.4% among working women than 31.6 % of the house wives. Coitus interruptus was more common method (n=135; 35.5%) followed by intrauterine contraceptive device (n=35; 13.7%). Reasons for not using contraception included "wishing no interference in nature" (n=371/744; 49.9%), "want more children" (n=362/744; 48.6%) and "pressure of husband/ in-laws" (n=301/744; 40.5%). Common reasons for contraceptive use were "want less children" (n=164/256; 64.1%) and "husband Demand" (n=156/256; 60.9%). There was lack of proper knowledge regarding contraceptive methods.

CONCLUSION: Majority of women under study were not using any family planning method. Those who were using it were lacking proper knowledge and awareness. The role of health care professionals needs to be implemented.

KEY WORDS: Contraception (MeSH), Health Knowledge, Attitudes, Practice (MeSH), Birth Control (MeSH), Family Planning Services (MeSH).

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INTRODUCTION

pakistan with an estimated population of around 20 million is the sixth most populous country in the world. The high fertility rate leading to the rapid growth of country's population is a major hindrance towards the development of a

nation. Family planning basically, refers to the practices that help individuals or couples to avoid unwanted births, bring about wanted births, regulate the intervals between pregnancies, control the time at which births occurs in relation to the age of parents and determines the number of children in the family.²

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Family planning is the fourth pillar of the safe motherhood initiative.³ Maternal and infant mortality rates can be decreased by reducing unwanted pregnancies which is an outcome of family planning. A successful family planning programme prevents unwanted pregnancies and thus saves and improves lives of women.⁴ To achieve Millennium Development Goals

(MDGs) target 5-A and 5-B efforts have to be made for providing effective family planning services to the community. Family planning can also help to achieve all MDGs.5 Fertility control has been used for thousands of years in different forms. Coitus interruptus is the oldest known methods.6 Demographic surveys indicate that at least 120 million couples like to limit their family size and means that they regard satisfactory to their need,7-10 but are not currently using any form of contraception due to lack of information knowledge and use of contraceptives are the indicators most frequently used by the national and international organizations to assess family planning. 11

The aim of the study was to find out the knowledge, attitude and practice regarding the use of various family planning methods among the married women and to associate the findings with their socio-demographic profile.

METHODS

This cross sectional study was conducted in the out patients department of Moulvi Ameer Shah Memorial Hospital, Peshawar from January 2014 to December 2014. One thousand married women of reproductive age of 14-50 years were randomly selected for the study. Data was collected from the study participants on a predesigned performa by interviewing after obtaining written informed consent. The performa includ-

ed the demographic features like age, education, socioeconomic condition, occupation and parity. Patients not willing for the interview due to personal reasons were excluded from the study.

A separate questionnaire was formulated regarding knowledge about the family planning, source of knowledge, concepts of other women's experience, attitude and practices regarding types and frequency of family planning methods.

The data obtained was organized and frequencies and percentages were determined. Data was analyzed using Statistical Package for Social Sciences (SPSS) version 12.0 (Chicago, USA). Z test and x² test were used to associate findings.

RESULTS

Out of 1000 women studied 744 (74.4%) were not using contraceptive methods while 256 (25.6%) were using some form of family planning method.

Socio-demographic Characteristics

Majority of contraceptive users (n=137/256; 53.5%) were >35 years old and 72.85% (n=542/744) of non-users of contraception were ranging in age from 20 to 35 years.

Among 120 teen age women, 21 (8.2%) were contraceptive users and 99 (13.3%) were non users (Table I).

Overall 74% of women were illiterate. Majority of contraceptive users (n=202/256; 78.9%) and nonusers (n=538/744; 72.3%) were Illiterate. Overall poor socioeconomic status was observed in 73.8% of women. Majority of contraceptive users (n=110/256; 43%) were from middle-class while most of non-users of contraceptives (n=633/744; 85.1%) were poor. The contraceptive use was 68.4% among working women than 31.6% of the house wives. This association was statistically significant chi square 162.97; DF-5; P=<0.001; 95%Cl=1.99-2.24 (Table I).

TABLE I: SOCIO-DEMOGRAPHIC PROFILE OF WOMEN

	Variable	Total (%) (n=1000)	Contraceptive users (%) (n=256)	Contraceptive non users (%) (n=744)
Age (years)	14-19	120 (12%)	21 (8.2%)	99 (13.3%)
	20-35	640 (64%)	98 (38.3%)	542 (72.9%)
	36-50	240 (24%)	137 (53.5%)	103 (13.8%)
Education	Primary	126 (12.6%)	9 (3.5%)	117 (15.8%)
	Secondary	112(11.12%)	27 (10.5%)	85 (11.4%)
	Higher	22 (2.2%)	18 (7%)	4 (0.5%)
	Illiterate	740 (74.0%)	202 (78.9%)	538 (72.3%)
Socio- economic Status	Poor	738 (73.8%)	105 (41%)	633 (85.1%)
	Middle	212 (21.1%)	110 (43%)	102 (13.7%)
	Upper	50 (5%)	41 (16%)	9 (1.2%)
Occupation	House wife	722 (72.2%)	81 (31.6%)	641 (86.2%)
	Working	278 (27.8%)	175 (68.4%)	103 (13.8%)
Parity	Primipara	420 (42%)	46 (18%)	374 (50.3%)
	Multipara	398 (39.8%)	133 (52%)	265 (35.6%)
	Grand multipara	182 (18.2%)	77 (30%)	105 (14.1%)

Chi square=162.97; DF=5; 95%CI=0.99-2.24 showing statistically significant.

TABLE II: REASONS FOR NOT USING ANY CONTRACEPTIVE METHOD

Variable	Frequency (n=744)	(%)
Left to ALLAH's will	371	49.9
Want more children	362	48.6
Husband + in-laws oppose	301	40.5
Consider it against religion	148	19.5
Fear of side effects of methods	84	11.3
Want baby boy	26	3.5
Husband is abroad	10	1.3
Infrequent sex	09	1.2
Infertility	06	0.8

Chi square = 439; DF=8; P<0.001; 95%Cl=1.77-3.06 showing statistically significant.

TABLE III: REASONS FOR USING CONTRACEPTIVE METHODS

Variable	Frequency (n=1000)	%age
Want less children	164	64.1
Husband Demand	156	60.9
Health issues	44	17.2
Job problems	30	11.17
Poverty	18	7
In laws demand	16	6.3

 $X^2=101$; DF=5; P<0.001

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TABLE IV: SOURCE OF INFORMATION REGARDING FAMILY PLANNING METHODS

Variable	Frequency (n=1000)	%age
Other women	460	46
Lady health visitors	142	14.2
Doctors	80	8
Media	106	10.6
No knowledge	212	21.2

TABLE V: KNOWLEDGE, ATTITUDE AND PRACTICES OF WOMEN TO CONTRACEPTION (N=1000)

		Frequency (%)			
I. What is family planning?					
a.	Spacing	297 (29.7%)			
b.	Limited family size	90 (9%)			
c.	Don't know	613 (61.3%)			
2. Maximum no	of children desired				
a.	1	25 (2.5%)			
b.	2	60 (6%)			
c.	3-4	204 (20.4%)			
d.	No limit	711 (71.1%)			
3. Do you use any family planning method (N=1000)					
a.	Yes	256 (25.6%)			
b.	No	744 (74.4%)			
4. What type of	4. What type of method do you use (N=256)				
a.	Contuse interruptus	90 (35.1%)			
b.	intrauterine contraceptive device	35 (13.7%)			
c.	Oral Contraceptive pills	29 (11.3%)			
d.	Condoms	27 (10.54%)			
e.	Breast feeding	21 (8.2%)			
f.	Induced abortion	17 (6.6%)			
g.	Hormonal injectors	16 (6.25%)			
h.	Emergency plus	12 (4.68%)			
i.	Bilateral Tubal Ligation	5 (1.9%)			
j.	Vasectomy	02 (0.78%)			
k.	Abstinence	02 (0.78%)			

 X^2 =137; DF-3; P<0.001; 95% CI=1.87-3.23 showing statistically significant.

Attitude and Practices

The reasons for not using any contraceptive methods were analyzed in Table II.

Reasons for not using contraception included "wishing no interference in nature" (n=371/744; 49.9%), "want more children" (n=362/744;

48.6%) and "pressure of husband/ in-laws" (n=301/744; 40.5%). The association was statistically significant, chi square=439; DF=8, P < 0.001, 95% CI=1.77-3.06.

Table III highlights main reasons for using family planning methods in study subjects.

Common reasons for contraceptive use were "want less children" (n=164/256; 64.1%) and "husband demand" (n=156/256; 60.9%). The association was statistically significant with chi square=101; DF=5; P<0.001, 95%C|=1.88-1.99.

Table IV shows the source of information regarding the family planning methods. Majority of women (46%) have some knowledge due to other women, and 21.2% women had no knowledge about the contraceptive methods.

Table V shows the attitude and practices of women to contraceptive methods. Out of 1000 women 29.7% women believe in spacing or some type of family planning while 34% women believe in no limits to the number of children required. Coitus interruptus was most commonly used method by women (35.1%), followed by intrauterine contraceptive device (IUCD) by 13.7% and oral contraceptive pills (11.3%). The association was statistically significant with chi square=137; DF=3; P<0.001, 95%CI=1.87-3.23.

DISCUSSION

Population explosion is one of the major obstacles in providing proper health services in developing countries. Pakistan is sixth regarding population all over the world. There is lack of awareness regarding the use of family planning methods. Our study strongly highlights the lack of proper knowledge attitude and practices regarding the contraceptive use. Majority of women attending the outpatients department were illiterate belonging to rural area so that poverty and illiteracy were the two main factors for lack of proper utilization of the family planning methods. 12

Improvement of existing birth control methods are needed as around half of those who get pregnant unintentionally are using birth control at the time. ¹³ A

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number of alteration of existing contraceptive methods are being studied including a better female condom, an improved diaphragm, a patch containing only progestin and a vaginal ring containing long acting progesterone. 14 A number of methods to perform sterilization via the cervix are being studied. One involves putting quinacrine in the uterus which causes scarring and infertility. 15 A device called Essure which expands when placed in the fallopian tubes and blocks them, was approved in the United States in 2002.15 A number of hormonal and non hormonal methods are in trial and there is some research looking at the possibility of contraceptive vaccines.15

The couple protection rate was 25.6% in our study which was much lower than other studies (88.3%11, $51\%^{16}$ and $52.7\%^2$). The majority of women in this study were between the age of 14-35 years with mean age was 28 years but maximum users of contraceptive methods were between the age of 35-50 years showing natural trend that these women already are multigravida or grand multigravida. This finding was comparable to another local study where use of contraceptive was more common in grand multipara women and women aging more than 35 years. 17 However other studies showed that more younger women were using contraception because of more awareness about the benefits of family planning at early age.2,11,18,19

There were also misconceptions regarding not using contraception as 48% of women in the present study wanted more children as compared to other studies (34.5%). B Opposition of family planning by the husband was 40% which is much higher as compared to the other studies where role of husband was 11.4% and 1.9%. Fear of side effects of family planning method was observed in 11% of women as compared to other studies where this was 24.1% and 84.4%. Family planning was considered

against religion in 1.9% of women in our study as compared to other studies $(5\%)^{18}$.

The main reasons for using any family planning method was wanting less children by 64.4% women, which is comparable to other studies (65.5%)¹⁸, followed by poor health status (17%) in this study which is much higher as compared to other studies (1.8%)2. When the type of family planning method was analyzed, 35.1% women were using coitus interruptus which is much higher in present study as compared to 16% in study by Najla. 11 Oral contraceptive pills were used as a contraceptive method by 11.3% women as compared to 15.19% in study by Patel et al¹⁶ and 17.1%⁴. Male condoms were used by 10.54% partners of women which is comparable to 8.6%4 and 11.85%16 by other studies. IUCD was used as a family planning method by 13.7% women as compared to 10.5%⁴, 26.44%¹⁶, 38%¹¹. Abortion was induced by 6.6% women in the present study which was different than other studies where more reliable methods were used^{2,19} such as IUCD were used again showing lack of proper knowledge in our study population.

Information from other women was the most common (46%) source of information regarding use of any family planning methods. Doctors and other health personnel had minimal role 8% and 14.2% respectively compared to other studies^{2,11,18,19} where the role of health professionals was more effective.

CONCLUSION

Majority of women were not using any family planning method while coitus interruptus and IUCD are commonly used methods of contraception. Illiteracy and poverty were main reasons for the lack of knowledge and awareness. But the role of doctors and health personal was not proper. So the family planning services need to be organized in a dif-

ferent way. The existing services need to be improved to prevent population explosion in our country. The role of health professionals is a short cut to the problem.

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CONFLICT OF INTEREST

Authors declared no conflict of interest

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AUTHOR'S CONTRIBUTION

The sole author DK has made substantial contributions to the manuscript in terms of concept & study design, acquisition and analysis of data, drafting the manuscript & final approval of the version to be published.

Author agrees to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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