ORIGINAL ARTICLE

KAP Study

Awareness and Practice of Contraception Among Child Bearing Age Women

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ABSTRACT

Objective — *To assess the awareness and practice of contraception among child bearing women attending tertiary care hospital.*

Study design — *Cross-sectional.*

Place & Duration of study — *This study was conducted at the outpatient department of Gynecology and Obstetrics Liaquat National Medical College and Hospital Karachi, from May 2008 to July 2008.*

Methodology — *Two hundred women of child bearing age were interviewed regarding their awareness, attitude and practices of contraception. The inquiries were recorded by pre designed questionnaire. Questions regarding methods of contraception known and source of knowledge and their practices were recorded. Convenient sampling was used to distribute questionnaire.*

Results — *Mean age of the patients was 29.88 years (SD 6.38 years). 73% of the women were educated, and majority of them were Muslims. Awareness was seen regarding contraception in 81% of the women interviewed but only 49% practiced any method. Barrier method of contraception was the most popular method known and practiced. Media seemed to be the major source of information (64.5%). In response to the reason for non use, majority feared side effects (56.8%). Major reason for use of contraception was spacing (47.9%). Majority (77.5%) of women had assertive attitude towards contraception.*

Conclusions — *There is a gap between awareness and practice of contraception. Despite having knowledge the compliance is low. One of the major factors among reasons of non use of contraception is fear of side effects.*

Key words — *Contraception, Practice, Knowledge, Attitude.*

INTRODUCTION:

For any country's productive capacity the size and assessment of its population is important. The total population in Pakistan was 163.76 million in 2008-09 and lately estimated population is of around 180 million, making it the seventh most populous country in the world.[1] Pakistan is projected by the United Nations to move to fifth place in 2050 with 292 million people, after India, China, the United States, and Indonesia.[2] Pakistan's fertility rate has remained persistently high as from the results of the 2006-2007 Demographic and Health Survey (DHS). The total fertility rate (TFR) in Pakistan is now 4.1 children per woman.[3] It is one of only eight countries as of the mid-1990 with a population in excess of 25 million in combination with a TFR in excess of five births per woman.[4] Initially Pakistan was successful in increasing the contraception use in 1980-1990s, but in recent years a plateau has reached, from 12% CPR in 1990-91 to an increase at 28% in 2000-01 but since then has remained around 30% only.[5]

At the time of the 2006-07 survey, 96% of the currently married women were aware of at least one method of contraception but only half of the Pakistani women said to have ever practiced it, despite nearly 50 years of family planning programs in the country.[3] The social cultural values that favor high fertility and

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religious values which hinders the moral acceptability to practicing contraception, remains an added challenge to successful family planning program.[6] The rapidly growing population has further burdened Pakistan in facing challenges in provision of opportunities for education, employment and access to quality health care. Recently there has been rapid urbanization, proportion of Pakistanis living in urban areas have risen from 18% in 1951 to 28% in 1981 and to 32% in 1998; very recently the urban fertility was recorded to be lower than rural fertility unlike other developing countries.[5] The objective of this study was to assess the awareness, attitude and practices of child bearing women attending tertiary care hospital.

METHODOLOGY:

A cross sectional study was conducted from May 2008 to July 2008 in Liaquat National Hospital and Medical College in the Obstetrics and Gynecology outpatient department. The ethical requirements were fulfilled and the study was pretested in 20 individuals. Sample size was calculated to be 200, convenient sampling was used to distribute the questionnaire. Married women between the age 15-49 year and having the ability to communicate in local language served as inclusion criteria, while unmarried women were excluded due to cultural reasons. The data was collected through interview by trained obstetrics and gynecology registrar. The women interviewed were informed of the study and consent was taken. The participation was on voluntary basis. Interview with each women lasted for 20-25 minutes. Data was recorded on a predesigned questionnaire. The questionnaire consisted of demographic characteristics including age, marital status, level of education, and employment. Questions were asked regarding previous pregnancies and family planning method used, knowledge about contraceptive methods like condoms, combined oral contraceptive pills (COC), injectible hormones, intrauterine contraceptive device (IUCD), and withdrawal method. The knowledge of permanent method of contraception like tubal ligation and vasectomy was also assessed. The source of knowledge and the women's attitude towards the contraception in the form of motivation, involvement of spouse and/or self and acceptability of contraception were recorded. Questions regarding factors responsible for non use of contraception were also asked. Descriptive analysis was done and the results were given in percentages. SPSS 11.0 was used to analyze the data.

RESULTS:

A total of 200 women of reproductive age (15-49 year) were included in the study. The mean age was 29.88 + 6.38 year. Among the respondents (n=110) 55% had parity between 3-5, while 18.5% had parity higher than 5. Formal education was received by 73% (n=147) women. Among those educated, 56% (n=83) were matriculate and below, 13.6% were intermediate pass, 13.6% were graduates and 8.8% had done masters. Muslims were 83 % (n=166) while 12.5% (n=25) were Christians and 9 (4.5%) were Hindus.

Table I shows the knowledge and awareness of contraception and the source of information among women interviewed. In this study 81% had awareness regarding any method of contraception. Table II shows the practice of contraception. The women interviewed showed that 51% did not practice any method of contraception.

Among women interviewed there were multiple responses to the reason for non use. Majority feared side effects (56.8%), followed by husband's disapproval (47%), desire for more children (25%) and social, cultural and religious reasons (21.5%). Major reason for use of contraception was spacing (47.9%). Husbands were involved in decision making in 29.5% of cases. In majority (59.5%) of cases both husband and wife were involved in decision making while in 11% cases only women were involved in decision making regarding contraception. Majority (77%) of the women believed it is both husband and

Table I: Awareness and Source of Knowledge of Contraception

Awareness of Contraception		
Yes	162	81%
No	38	19%
Method Known*		
Withdrawal	41	25%
Barrier	155	95%
Oral contraceptive pills	113	69%
Injectibles	88	54%
IUCD	98	60%
Sterilization	52	32%
Implants	02	1.2%
Source of Information*		
Health professionals	74	37%
TV, radio, newspaper	129	64.5%
Social circle	91	45.5%

** Total is not 100% as women knew of multiple methods of contraception and several sources of information.*

wife's responsibility while only 10.5% thought it to be the responsibility of women alone. Majorityof women (77.5%) had a positive attitude towards contraception.

Table II: Practice of Contraception

Not practiced any method	102	51%
Withdrawal	09	9.1%
Barrier	48	48.9%
Oral pills	19	19.3%
IUCD	12	12%
Injectibles	05	5%
Sterilization	04	4%

**Total is not 100% as there were multiple responses.*

DISCUSSION:

In our study mean age was 29.88 years (SD 6.38 years). Majority (81%) had knowledge of some method of contraception but only 49% practiced any method of contraception. Awareness regarding barrier method was highest but only 48.9% practiced the method. This suggests gap between awareness and practice. Similarly 60% had awareness of IUCD but only 12 % had ever used IUCD, and 69% had knowledge of oral contraceptive pills but strikingly only 19.3% ever used it. This corroborates with a local study where barrier method of contraceptive use was highest followed by injectibles and then pills.[7] In a study conducted in Lahore 68% had some knowledge of contraception while only 47% had ever practiced any contraceptive method. In the study maximum awareness was about oral contraceptive pills (68%), followed by IUCD and then condoms (38%).[8] In New Delhi awareness was more than 90% but practice was 59.8%; awareness of barrier method was reported high (33%).[9]

The contraceptive usage in our study was 49%. In Nepal contraceptive prevalence rate was 33.5%,[10] in India 45%,[9] in Saudi Arabia 74%,[11] and in Qatar 47.8%.[12] The gap between awareness and practices are seen to be prevalent across different regions, where people are aware but reluctant to practice. Several factors remain responsible for low compliance, from lack of knowledge, non access to health facility, religious beliefs, and fear of side effects of contraception to low autonomy of women. Fear of side effects of contraceptives was one of the major reasons for non practice of contraception observed and seen in other studies as well.[13] In a local study comparing two districts of Sindh Pakistan, similar findings were observed where 38% feared the side effects of contraception when contraceptive use was 29%.[14]

Women's autonomy and decision making plays a vital role in fertility control. In our study only 11% of women took decision regarding contraception, while majority felt decision should be taken by both husband and wife. It is hypothesized that in a house hold decision-making, greater involvement will place women in a better position to exert influence over reproductive behavior, including uptake of contraception.[15] It is important as well to see who provides information regarding contraception. The lack of knowledge about contraception has the potential to dramatically affect providers' ability to extend quality contraceptive care to their patients.[16] It is important for contraceptive providers to have sound knowledge of various methods of contraception and their proper usage to allay fears about contraception. The government is stressing on proper family planning provision but access to quality health care and family planning provision should be met with, to make the family planning program more successful.

Media like television and newspaper played a major role in awareness, as 64.5% responded as getting information through media. Similar findings were reported by other studiers.[8] In contrast another study reported as relatives and friends being the major source of information.[14,17] Media seems to play a major role in providing information regarding contraception and could do more by spreading practical information. Efforts should be made to strengthen the media for providing accurate knowledge and government should take initiatives to support such programs.

In present study majority (77.5%) of women showed positive attitude towards contraception. Similar findings are noted in other studies,[6] but factors like fear of side effects, economic constraints, cultural and religious belief, low motivation and non access to providers, hinders the use of contraception.

This study had several limitations, the sample size was small, and women answered to the questions as to what they perceived. This could affect the responses although every possible effort was made to obtain correct information. Further studies with larger sample size should be done to get more accurate knowledge on the use and awareness of contraception.

CONCLUSIONS:

There is a gap between awareness and practice of

contraception despite having knowledge of contraception, compliance is low. Fear of side effects of contraception is one significant reason for low compliance.

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