

FACTORS AFFECTING CONTRACEPTION IN MARRIED WOMEN OF RAWALPINDI, PAKISTAN

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ABSTRACT

Objective: To determine the use of contraception and factors affecting it in the married women attending a tertiary healthcare facility of Rawalpindi, Pakistan.

Methodology: This hospital based cross-sectional study was carried out among the married women of Rawalpindi from January to September 2014 in a tertiary healthcare facility. The study was conducted on a sample of 331 married women of reproductive age selected with convenience sampling. Data were collected through a structured questionnaire translated into both Urdu & English after getting informed consent. Data were analyzed with SPSS version 17.

Results: Majority (71.9%) were in the age range 31-45 years. It was found that 98.5% women had knowledge of contraceptives but among them only 55.3% were using them. About female autonomy, majority were allowed to make decisions about contraception (77%) and the number of children (81.6%). Overall, 84% considered contraception beneficial, 67.3% had family planning discussion and 64% reported that they had no fear of side effects.

Conclusion: Although the level of knowledge about contraception was good but contraceptive use and practice was comparatively low.

Key Words: Contraceptives, Pakistan, Women

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INTRODUCTION

Birth control or fertility control methods, also known as contraception methods, are the means to prevent pregnancy¹. Family planning is associated with contraception which involves planning, provision and use of birth control methods². Contraceptive methods are usually for married or in-union women of child bearing age, 15 to 49 years³. Globally approximately 60% and in Pakistan 29% married women prefer to use contraception⁴.

Contraceptive methods vary among countries. Condoms and oral contraceptives are most commonly practiced methods in the developed world. On the contrary, situation is different for developing countries. Female sterilization makes 35%, intra uterine device (IUD) stands at 30%, oral contraceptive pills account for 12%, condoms make 11% and male sterilization is 4%⁵. Contraceptive prevalence rate (CPR) is an indicator of womens' health, development and empowerment. Access to reproductive health services is also measured through contraceptive prevalence as a proxy indicator⁶. Unfortunately, in Pakistan, though there is demand for

family planning but this demand has been suppressed by government neglect, misconception of users and lack of services. There always remain certain barriers and doubts about the use of contraceptives like fear of side effects that reflects poor knowledge regarding the safety and use of contraceptives⁷.

This study not only determines the contraceptives use among married women but also highlights the factors and barriers associated with the use of contraceptives. Factors behind poor availability and other barriers of contraceptive services will help our policy makers to design such programs where they take all the main stakeholders on board to create awareness regarding the misconceptions related to these services. Such services will enhance the acceptability among the target population so that they will be able to make informed decision regarding the use of these services. This would lead to control of the rapid increase in our population.

METHODOLOGY

This cross sectional study was conducted in Rawalpindi city from January to September 2014. Approval

of the study was taken from ethical review committee of the Foundation Medical University Islamabad. An informed consent was taken from each patient after explaining the purpose of the study for their inclusion.

Sample size was 331 and it was calculated by using Epi Info software keeping an anticipated prevalence of 29% of contraceptive use⁷, 95% confidence level and 5% margin of error. Three hundred and thirty one married women of child bearing age (15-49), visiting the outpatient department (OPD) either as a patient or their attendant/s and willing to participate in the study were included. The anonymity and confidentiality of information was ensured. Unmarried women and otherwise having major illness were excluded. Convenience sampling technique was done for selection of participants.

Data were collected through pre-tested questionnaire (Urdu & English) consisted of questions regarding demographic profile (age, race, ethnicity, parity, education, occupation, socioeconomic-status) and questions regarding contraceptives knowledge, practices, adverse effects, religious beliefs, female autonomy and husband-wife communication. Initially the tool was validated by pilot testing which was done on 10% of the sample size. The tool was modified as per requirement after the pilot testing. Reliability of the tool was checked with SPSS version 17 and Cronbach's alpha was found to be

0.7 which showed its good internal consistency and reliability. Data were analyzed using statistical package for social science (SPSS) version 17.

RESULTS

Total 331 women responded to the questionnaire with a response rate of 99.9%. Sixty percent of respondents had parity of 3 or more. Majority (71.9%) were in the age range 31-45 years. Age at marriage was 15-30 years in 93.4% cases. Socio-demographic details are shown in Table 1.

Three hundred and twenty six participants (98.5%) gave positive response about the knowledge of contraceptives. Lady health worker (37%) was major source of knowledge. Knowledge of respondents regarding contraception is shown in Table 2.

About female autonomy, majority were allowed to make decisions about contraception (77%) and the number of children (81.6%), as shown in Table 3.

Access to contraceptives was 93.7% and 55% of them found contraception useful. Overall, 84% considered contraception beneficial. When any associated fear with contraceptive use was enquired, 213 (64%) reported that they had no fear of side effects. Practices of respondents about contraceptives is shown in Table 4.

Table 1: Socio-demographic characteristics of the respondents (n=331)

Characteristics		Frequency	Percentage
Age (Years)	15-30	93	28.1
	31-45	238	71.9
Age at Marriage	<15 years	20	6
	15-30 years	309	93.4
	>30 years	2	0.6
Locality	Urban	173	52%
	Rural	158	48%
Education	Illiterate	64	19.3
	5 years of School	105	31.7
	Matric	86	26.0
	Graduation and Higher Studies	75	22.7
Occupation	Housewife	287	86.7
	Working	44	13.3

Table 2: Knowledge of respondents regarding contraception (n=331)

Characteristics		Frequency	Percentage
Knowledge about Contraception	Yes	326	98.5
	No	5	1.5
Source of Knowledge	Internet/TV	97	29.3
	Doctor	97	29.3
	Paper	4	1.2
	Lady Health Worker	121	36.6
	Relatives	12	3.6
Contraceptive Method	Condoms	99	29.9
	Injection	38	11.5
	IUD	36	10.9
	Pills	27	8.2
	Don't Know	130	39.3
Religious Beliefs about Number of Children	Up to God's will	154	46.5
	In our Control	138	41.7
	Don't Know	39	11.8
Views about Contraception	Good	278	84
	Bad	25	7.6
	Don't Know	28	8.5
Husband's Views	Good	191	58
	Bad	77	23.3
	Don't Know	63	19
Discussion with Spouse regarding Family Planning	Often	164	49.5
	Rarely	59	17.7
	Never	108	32.6

Table 3: Female autonomy (n=331)

Characteristics		Frequency	Percentage
Decision regarding Use of Contraceptives	Yes	255	77
	No	76	23
Number of Children	Yes	270	81.6
	No	61	18.4
Permission to Visit Hospital Alone	Yes	306	92.4
	No	25	7.6

Table 4: Practices of respondents about contraceptives (n=331)

Characteristics		Frequency	Percentage
Contraceptive Use	Users	183	55.3
	Non-users	148	44.7
Accessibility of Contraceptives	Yes	310	93.7
	No	21	6.3
Sources for Contraceptive Supply	Market	152	46
	Lady Health Worker	149	45
	Don't Know	30	09
Time to Start Using Contraceptives	After Birth of 1 st Child	82	24.8
	Immediate after Marriage	15	4.5
	After 2 or more Years	97	29.3
	Never	137	41.4
Person Using Contraceptives	Me	103	31.1
	Husband	96	29.0
	None	132	39.9
Barriers for Using Contraceptives	Poor socioeconomic status	153	46.2
	On your Own Will	140	42.3
	Family pressure	16	4.8
	None	22	6.6
Fear of Using Contraceptives	Yes	118	36
	No	213	64
Side Effects Experienced	Not any	232	70
	Weight Gain	41	12.4
	Headache	10	3
	Increased Blood Pressure	10	3
	Nausea	9	2.7
	Any Other	29	8.8
Advice Contraceptives to Others	Yes	252	76.1
	No	34	10.3
	Don't Know	45	13.6

DISCUSSION

This study showed that 98.5% of respondents had knowledge about the use of contraceptives and according to another study done at Peshawar, the knowledge of contraception was 90% which is similar to our results⁸. Another study showed similar findings with 87% knowledge about contraceptives⁹. In our study, the role of lady health workers (37%) was prominent to give knowledge regarding contraceptives. However, an Indian study showed that health workers contribute 59% towards raising awareness about contraception⁹. This can be attributed to the effective health education system in the region. In our study, frequency of use of contraceptives use was 55% among women of childbearing age. Another study conducted in Sindh, Pakistan showed contraceptives use of only 29% of females and mass media as the source of knowledge, while another study reported 83% females as users of contraceptives which shows wide variation in the use of contraceptives within a country^{7,8}.

A study conducted in the two rural districts of Sindh showed 28% use of contraceptives among study population. This again explains that even within Pakistan the rate of contraceptive use is not consistent and uniform^{7,10}. The current study showed that 94% women had accessibility to contraceptives which is quite a large percentage in comparison with other studies in remote areas which clearly shows the discrepancy of services between urban and rural areas^{7,11}. Source of contraceptives supply was 46% from market and 45% via lady health workers. It shows that the role of lady health workers in providing contraceptives is uniform throughout the country with no urban-rural difference. However, our results were different than the results of another study which showed 24% of the contraceptive supply from the market⁹ which might be due to differences and delivery of health programs.

A dialogue regarding contraception between spouses may lead to a better understanding and awareness which can be a motivating factor for couples to adopt contraception and to decide about number of children. Our findings showed that 49% couples discussed family planning. This is quite different from another study which reported that 70% couples discussed this matter¹². Usefulness of contraceptives was reported by 84% females which indicates positive thinking about contraception and 76% respondents were ready for the advocacy of contraceptive use.

It is generally stated that religious beliefs in Pakistan are not in favor of practicing family planning and thus it leads to a lack of self-efficacy in limiting family size. There are many religious and social barriers and constraints which are considered responsible for low contraceptive prevalence rate in Pakistan. Believing in des-

tiny and fate or "up to God" responses to the question on the ideal number of children were nearly 46.5% and is similar to another study which depicted it as 40%⁸. Our results revealed condoms as the most used type of contraceptive (29%) which is in accordance to the findings of Pakistan demographic and health survey of 2012-13¹³.

We found that, in addition to a number of socio-demographic factors, women autonomy was 81.6% regarding decision of number of children, 77% women had power to decide use of contraceptives and 92.4% women had permission to visit hospital alone which indicates good autonomy regarding female mobility. This is in contrast to a recent study conducted in Pakistan which found a very limited role of women's mobility and decision regarding the use of reproductive health care services⁴. This difference might be due to the reason that current study is done in an urban setting where women probably enjoy a better status as compared to our women residing in rural areas. But this factor needs to be explored further.

Our findings depicted 64% females using contraceptives without any fear. A significant barrier for using contraceptive was identified as poor socioeconomic condition (46%) followed by lack of own will (46%) and fear of side effects, in contrast to another study which showed fear of side effects as the main barrier for contraceptives⁷. Though it is evident from this study that our current contraceptive practices are not up to the expected levels, however community health workforce and media are playing a pivotal role in the promotion of contraception.

CONCLUSION

Contraceptive use was comparatively low despite high level of awareness. Main factors that hindered the practice of contraceptives use were low socio-economic status and lack of own will.

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CONTRIBUTORS

US conceived the idea, wrote the proposal, collected and analyzed the data and wrote final draft. MI helped in writing initial manuscript, reviewed it critically and carried out proof reading. Both authors contributed significantly to the submitted manuscript.