
Knowledge, Attitude and Practices of Contraception and Intergenerational Differences among Married Women in Rural Islamabad

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Abstract

Objective: determine Knowledge, Attitude and Practices (KAP) of Contraception among married women in rural Islamabad and compare intergenerational changes in KAP.

Study Design: cross sectional survey.

Place and Duration: the study was conduct at Nurpur Shahan, Islamabad, from November to December 2011.

Methodology: cross sectional survey undertaken at Basic Health Unit (BHU), Nurpur Shahan, Islamabad, from November to December 2011. Ever married women, 18 to 50 years age visiting the BHU were interviewed, using convenience sampling. SPSS 20 was used for statistical analyses.

Results: among the 155 reproductive age women, the mean age was 29.2 years. Illiterate women were 29.7%, while 37.4% had high school education. Education level greater than 10 years was found to be 40.4% in the 18-28 years group, 36.9% in the 28-38 years group and 28% in the >38 years group. 91% knew about contraceptive methods while 37% were currently using contraception and 34 % considered contraception a sin. Women aged 18-38 considered two to be the ideal number of children, while woman > 38 thought 4 as ideal. The modal value of siblings in 18-28 years group was 4 while for the other two

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age groups it was 6. Son was preferred by 38%. Despite availability of contraceptives at BHU, 47.1 % women were unaware of it.

Conclusion: contraceptive use was 37% and younger women preferred smaller families. Younger women in the age group 18-28 had higher educational status and fewer numbers of siblings suggesting a trend towards smaller families.

Key Words: contraception, Knowledge, Attitude, Practice.

Introduction

Contraceptive methods have been used by the ancient civilizations of Egypt and Greece.¹ Contraception is planning, provision and use of birth control² to prevent health risks related to closely spaced pregnancies, reducing infant mortality, preventing spread of sexually transmitted diseases and controlling population growth.

The maternal mortality rate in Pakistan in the year 2007 is 276 per 100,000 births³, compared to 190 for India and 170 for Bangladesh.⁴ The infant mortality rate in Pakistan is 74 per 1000 births⁵ versus 41 per 1000 in India and 33 per 1000 in Bangladesh.⁴ Pakistan is the 6th most populous country in the world having a population of 182 million⁶, with a birth rate of 26 per 1000.⁷ This rapid uncontrolled population growth has hindered its development. In the year 2000, out of the 41 indicators, Pakistan pledged to achieve the targets set by the MDGs by the year 2015, only nine have been met.

According to the latest Pakistan Demographics Health Survey (PDHS) in the year 2013 only 35% of Pakistani married women were practicing contraception.⁷ The contraceptive prevalence in Urban Iran is 81.5%⁸, India 54.8%⁹, Bangladesh

61% and Afghanistan 21.8%.¹⁰ In Pakistan there are marked differences in the use of contraception with Islamabad federal capital rate of 59%, Punjab 41%, Sindh 30% and Khyber Pakhtunkhwa 28%.⁷ Moreover there are also differences between the urban (45%) and rural (31%) populations. This study was therefore designed in the rural federal capital territory of Islamabad to assess the factors contributing towards the stagnant use of contraception among women.

Methodology

After receiving approval from the Shifa International Hospital Ethics committee, a pilot study was conducted by medical students at the Basic health Unit (BHU) in Nurpur Shahan. Following the pilot study, a cross sectional survey was conducted for six weeks from 12th October to 23rd November 2011. Inclusion criteria were ever married females between the age of 18 and 50 years. A total of 155 women were interviewed by 4th year M.B.B.S students through a predesigned questionnaire, using convenience sampling. (Appendix I) After obtaining a verbal consent, responses related to the demographics as well as Knowledge, Attitude and Practices related to contraception were recorded. The data was further analyzed by sub dividing the samples into 3 age groups i.e., 18-28 years, 28-38 years and >38

years. A chi-square test was used to see the associations between education and use of contraception. SPSS version 20 was used to analyze the data. P-value of <0.05 was considered significant.

Results

A total of 155 women were interviewed. The mean age of these women was 29.2 ± 7.4 years with a range between 18-50 years (Table I). House wives were 144 (92.9%) and 11 (7.1%) were working women. Among these 153 (98.7%) were married women and 2 (1.3%) were divorced. The average number of pregnancies per woman was 3.0. The mean number of siblings was 6 (Table I).

Table I. Age Distribution of Participating Females

Age	No of Cases	Percentage
18-28	84	54.2
28-38	46	29.7
> 38	45	16.1
Total	155	100

On comparing the 3 different age groups, the modal value of siblings in 18-28 years group was 4 while for the other two age groups it was 6. Regarding the education level, illiterate women were 46 (29.7%), while 58 (37.4%) had an education of high school and above. The relationship between education and contraception use was analyzed using a chi-square test with a P-value of 0.548. (Table II) Lack of formal education was highest 40% in the >38 years group compared to 19.6% in the 28-38 years group and 7.1% in the 18-28 years group. Similarly education level greater than 10 years was found to be 40.4%

in the 18-28 years group, 36.9% in the 28-38 years group and 28% in the >38 years group.

Table II. Education level of Participating Females

Education Status	Number of Cases	Percentage
Illiterate	46	29.7
Middle School	51	32.9
High School and Above	58	37.4
Total	155	100

There were 92 (59.4%) women of Punjabi origin, 34 (21.9%) were Pathans, 16 (10.3%) were Urdu speaking, 4 (2.6%) were from Sindh and the remaining 8 (5%) were from other regions. As regards religion, 2(1.29%) were of Christian faith and the rest 153 (98.3%) females were Muslims.

Among these women, 141 (91.0%) knew about contraceptive methods while 14 (9.0%) did not. The main source of information regarding family planning was media for 38 (26.8%) women while 37 (26.1%) learnt from Lady Health Workers and 32 (22.5%) from family members. On inquiring if their faith allowed use of contraception, 84 (54.2%) responded in affirmative, 54 (34.8%) said it was a sin while 17 (11.0%) were unsure. Shops and Hospitals were the main source of contraceptives with 78 (50.3%) women choosing to go the shops whereas 68 (43.9%) elected to go to the hospitals. At the BHU where interviews were conducted, modern contraceptive facilities were available. However, only 72 (46.5%) knew about their availability, 73(47.1%) were unaware of this, and 7 (4.5%) were under the wrong impression that it was not available at all.

On inquiring about the factors influencing their choice of contraception 51 (36.7%) said their contraception choice was influenced by the availability of the product, 49 (35.3%) decided on the basis of side effects while 27 (19.4%) decided on cost. Forty nine (31.2%) and 47 (30.0%) women considered the ideal number of children to be 2 & 4 respectively with a gender preference of 1:1 in both groups. Twenty Four (15.5%) women had 3 children as the ideal family size with gender preference for sons of 2:1. When this question was analyzed between 3 different age groups, 18-28 years group as well as 28-38 years group considered 2 children and >38 years group considered 4 children, to be an ideal number of children in the family. For the decision regarding the number of children a couple should plan, in 97 (62.6%) cases the husband was the decision maker, in 24 (15.5%) it was both spouses and 19 (12.3%) women would make the decision themselves (Figure I).

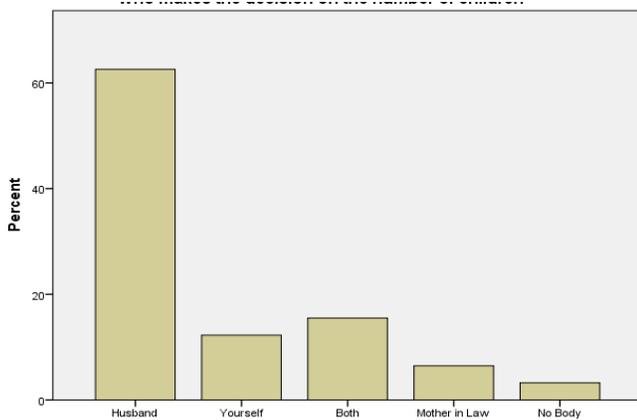


Figure I. Decision Maker regarding number of children a couple will have.

Family planning was considered to be a good practice by 110 (71.0%) women. Regarding the

use of contraception in the future 107 (69.0%) were willing to do so, while only 58 (37.4%) were actually using contraception at the time of. Moreover 72 (46.5%) had used contraception at least once in their life.

Discussion

The average age of women was 29.2 ± 7.4 years which was similar to other national KAP studies.¹¹ The latest PDHS survey indicates a literacy rate of 41% in the rural areas of Punjab and 47% overall nationwide.⁷ This compared to the results of our study with 70.3% literacy rate underlines the fact that education level is much higher in the vicinity of Islamabad, as compared to the rest of the country. The majority of the women in this study were of Punjabi origin as Punjabis are predominant in the Islamabad region and our study reflects the Knowledge, Attitude and Practices of mainly Punjabi women.

Knowledge of contraception was high with up to 91.0% aware of contraceptive methods. This is compared to 81% in a National study seen in the area of Sindh¹¹ and 91.4% seen in International study conducted in Jordan.¹² This encouraging statistic does not reflect the use of contraception. Only 58 (37%) were using any sort of contraception which is similar to the national average of 35%.⁷ It is also a little higher as seen in National study with CPR of 30.8¹³ and a study in Nigeria where contraceptive prevalence was 12.5%.¹⁴ A study in the slums of Mumbai showed a CPR of 68.4%¹⁵ and another study in India showed a CPR of 53.2%.⁷ This raises the question of just how much of an impact does education

have on contraception use. Our study found no relationship between level of education and usage of contraception. Although the relationship between education and contraception use has been shown before by other studies^{16,17}, this was not the case in our study. This is a cause for concern as to why these educated females are not using contraception more frequently.

Total of 38% women had male gender preference in our study compared to 52.5% of Iranian women¹⁸ whereas among European countries, there is no gender preference.¹⁴ These are very encouraging results and should be studied further. The decision regarding the number of children a couple will have been with the husband in majority of the cases and only 12.3% of the women were the decision makers. As Pakistan is a Patriarchal society, it is important to raise awareness about family planning among men just as much as women. In a study conducted among the Afghan refugees in Pakistan, 89% of women receiving subsidized health care group reported to be having discussions about family planning with their spouse.¹⁹

One third of the females in this present study considered the use of contraception to be forbidden in Islam with the majority of the females calling contraception to be a sin (Haram). This is compared to a National study where up to 80% considered use of contraception to be a sin.¹³ This misconception about contraception being a sin has contributed to the lack of contraceptive use in Pakistan. In a fundamentalist Islamic country such as Iran improved government policies saw the

total fertility rate halved and contraceptive prevalence was raised from 55% to 70% in less than a decade.¹⁶ Other studies have also shown that Muslims in Nigeria were reluctant to use contraception.¹⁴ It is important to educate people about good health and concept of birth spacing as opposed to directly advertising methods of contraception.

At the government health care center where this study was conducted, contraceptive facilities were available yet only half of the respondents were aware of this fact. This raises concern about how the primary health care facilities are successful in making the local population aware about the availability of contraception at their centers.

An encouraging finding was the intergenerational difference in the ideal number of children per couple to have. Women below 38 years considered an ideal number of children to be two. While the females older than 38 years believed the right number was four. This indicates a step in the right direction towards Pakistani families reducing their size to a smaller number.

Conclusion

Contraceptive use was only 37% and younger women preferred smaller families. Younger women in the age group 18-28 had higher educational status and fewer numbers of siblings, suggesting a trend towards smaller families. Education of women had no correlation with the contraception use of the couple.

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