

Contraceptive Knowledge, Attitude and Practice Among Rural Women

Rozina Mustafa, Uzma Afreen and Haleema A. Hashmi

ABSTRACT

Objective: To assess the knowledge, attitude regarding family planning and the practice of contraceptives among rural women.

Study Design: A cross-sectional observational study.

Place and Duration of Study: The gynaecological outpatient clinic of Fatima Hospital, Baqai Medical University, Karachi, from July to December 2005.

Methodology: One-hundred women between the ages 15-45, living with their husbands and coming from rural area (villages) were interviewed. Women who were pregnant, had a child younger than 2 years, or had any medical disorder were excluded. Their knowledge, attitude and practice on contraceptives were evaluated with the help of a predesigned questionnaire. The other variables used were the age of women, parity and educational status. Descriptive analysis was conducted to obtain percentages.

Results: Out of 100 interviewed women with mean age of 29.7 years, 81(81%) had some knowledge about family planning methods. The media provided information of contraceptives in 52 out of 81 (64%) women. Regarding the usage of contraceptive methods, only 53 (53%) of the respondents were using some sort of contraception. Barrier method (condoms) was in practice by 18 (33.9%) and 12 (22.6%) of women had already undergone tubal ligation. The women using injectables and intrauterine contraceptive devices were 10 (18.8%) and 7 (13.2%) respectively. Six were using oral contraceptive pills (11.3%). Positive attitude towards contraception was shown by 76 (76%) of them, while 41(41%) stated their husbands' positive attitude towards contraception.

Conclusion: In the present study, there was a low contraceptive use among women of rural origin despite good knowledge. Motivation of couples through media and health personnel can help to achieve positive attitude of husbands for effective use of contraceptives.

Key words: Knowledge. Practice. Contraception. Methods. Rural. Women.

INTRODUCTION

Pakistan, with an estimated population of 145-149 million, is the seventh most populous country in the world with over 40% of its citizens under the age of 15 years.¹ Pakistan's population was growing at the rate of 2.7% per annum at around 1960. The Total Fertility Rate (TFR) continued to hover between six and seven births per woman throughout the 1970s and 1980s, and the population growth rate approached 3% per annum.² According to UN projections, Pakistan will become the fourth most populous country by the year 2050. It is one of the only eight countries as in the mid 1990s with a population in excess of 25 million in combination and a total fertility rate in excess of five births per woman.¹

An important factor, which affects the fertility of any population, is Contraceptive Prevalence Rate (CPR)

defined as the percentage of married women, aged 15-49 years, using modern and traditional methods of contraception. In Pakistan, the contraceptive prevalence rate is increasing rather slowly. National surveys carried out in 1974-75 (Pakistan Fertility Survey) and 1990-91 (Pakistan Demographic and Health Survey) documented essentially unchanging contraceptive prevalence less than 12%.^{3,4} Contraceptive prevalence increased from 12% to 24% in the 1996-97 Pakistan Fertility and Family Planning Survey,⁵ (a rise of roughly 2 percentage points per annum) followed by a reported CPR of 27.6%.⁶ Pakistan's statistics given by UNFPA in 2002 showed contraceptive prevalence of any method as 28% and of modern methods as 20%.⁷ In 2004, Pakistan had a lower contraception use than most other Muslim countries.⁸

This study was carried out to assess the knowledge, attitude and practice of contraceptive methods in the rural women of reproductive age group.

METHODOLOGY

This cross-sectional, observational study was carried out at Fatima Hospital, a community-based hospital in Karachi.

Department of Gynaecology and Obstetrics, Fatima Hospital, Baqai Medical University, Karachi.

Correspondence: Dr. Rozina Mustafa, 91-A, Street 23, Main Rashid Minhas Road, Askari-IV, Karachi.

E-mail: roz_mustafa@yahoo.com

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The study was conducted in the outpatient clinic of Gynaecology Unit-1, from July to December 2005. The functional definition of rural was women residing in the interior of Sindh (Goths/villages). The selection criterion was married women between the ages of 15-45 years, living with their husbands at the time of interview. Women who were pregnant, had a child younger than 2 years or had any medical disorder were excluded from the study. After taking an informed consent, women who fulfilled the inclusion criterion were interviewed by the postgraduate trainees. The questionnaire elicited information regarding their age, educational status, number of children, knowledge and source of contraceptive methods, practicing of either male or female family planning methods. The attitude of females towards contraception was asked, while the attitude of husbands was assessed what their females perceived. To assess the knowledge, the following 8 methods were separately asked: pills, injectables, Intra-uterine Contraceptive Devices (IUCDs), condoms, tubal ligation, vasectomy, Norplant and withdrawal method. The practice defines the usage of contraceptive methods by either partner. Descriptive analysis was conducted to describe the results in percentages.

RESULTS

The socio-demographic characteristics are shown in Table I. The mean age was 29.7 ± 7.2 years. Ninety (90%) women were completely illiterate, and only 10% had primary education.

Table II shows the spectrum of knowledge in the 81 (81%) women who had heard about family planning methods.

Out of 81 women, who had knowledge and awareness of family planning methods, about 52 (64.1%) of women got information from mass media. The importance and use of contraception had been explained by a health personnel to 17 (20.9%) of respondents and 12 (14.8%) heard it from their social circle.

Of 100 interviewed women, 53 (53%) were practicing different contraceptive methods as shown in Table III.

Table I: Sociodemographic characteristics of the interviewed rural women.

Characteristics	n = 100	Percentage
Age in years		
< 20	8	8%
21 – 30	53	53%
31 – 40	31	31%
41 – 45	8	8%
Parity		
< 3	15	15%
3 – 5	25	25%
> 5	60	60%
Educational status		
Illiterate	90	90%
Primary	10	10%

Positive attitude for contraception was shown by 76 (76%) females. The patterns of either partner's attitude is described in Table IV.

Table II: Knowledge and awareness regarding contraception.

	n (100)	%
Heard/aware of contraceptives	81	81
Methods		
Pills, injectables, IUCD, condoms, norplant, tubal ligation vasectomy and withdrawal method	21	26
Pills, injectables, IUCD, condoms, norplant, tubal ligation and withdrawal method	17	21
Pills, injectables, IUCD, condoms, tubal ligation and withdrawal method	27	33
Pills, injectables, condoms, tubal ligation and withdrawal method	14	17
Pills, injectables, IUCD, condoms, tubal ligation, vasectomy and withdrawal method	02	2.4
Source of knowledge		
Media	52	64.1
Health personnel	17	20.9
Social circle	12	14.8

Table III: Practices of contraception.

Contraceptive methods in users	n (53)	%
Barrier method (condom)	18	33.9
Tubal ligation	12	22.6
Injectables	10	18.8
Intrauterine devices	07	13.2
Oral pills	06	11.3
Reasons for using contraceptives		
Completed their families	20	37.7
Spacing of birth	16	30.0
Improvement of health	05	09.4
Economical problems	12	22.6
Reasons for not using contraceptives		
Lack of knowledge	19	40.4
Partner opposition	28	59.5

Table IV: Attitude towards contraception.

Attitude for contraception	Total =100 n (%)	Users = 53 n (%)	Non-users = 47 n (%)
Females			
Approval	76 (76)	45 (84.9)	31 (65.9)
Disapproval	24 (24)	8 (15.1)	16 (34.1)
Males			
Approval	41 (41)	31 (58.4)	10 (21.2)
Disapproval	59 (59)	22 (41.5)	37 (78.7)

DISCUSSION

Family planning is defined by WHO as, "a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes and responsible decisions by individuals and couples, in order to promote the health and welfare of family groups and thus contribute effectively to the social development of a country".

The increasing growth of population has become an urgent global problem. Between 1951 and 2004, Pakistan's population grew from 34 million to 167 million, a 400% increase in approximately two generations.⁹ Although its total fertility rate (4.8) has begun to decline,² Pakistan still has the highest rate in South Asia and

continues to experience rapid population growth. The widespread adoption of family planning, in a society, is an integral component of modern development and is essential for the integration of women into social and economic life. In spite of efforts exerted by the Government of Pakistan, the family planning program is not yet as successful as in some neighbouring countries.

The present study aimed to assess the knowledge, attitude and practice of family planning methods to enhance the contraceptive practice in the rural community in future. Results showed that the knowledge for contraception was 81% as compared to 97.4% and 99% in studies conducted at Lahore.^{6,10} However, similar awareness rate of 82.2% was found in an Indian study.¹¹ Women illiteracy is one of the factor that affects the knowledge regarding contraception. Pakistan has low literacy rate, even lower in rural areas. This is also reflected in the present study where illiteracy level was 90% in contrast to 78% in India and 62% in another study of same province.^{11,12} Literacy level among the women emphasizes the need for education as a key component to combat overpopulation and will encourage the use of contraceptives.

Another factor responsible for knowledge of family planning methods are the exposure of messages through media. Electronic media play an important role in a society where literacy level is low. Fikree *et al.* stated that women were more likely to use contraceptives when messages of family planning were delivered through media.¹³ In the present study, media (64.1%) followed by health personnel (20.9%) and social circle (14.8%) have contributed to impart knowledge for contraception. In India, where social circle (70%) and media (39%) were the main sources.¹¹ Similarly, study from rural Nepal also reported an exposure to electronic media messages as the main factor for use of family planning methods among women.¹⁴ An Ethiopian study showed that 80.3% of health personnel contributed in providing information regarding contraception, which is opposite to the results.¹⁵

Only 53% of the interviewed women were practicing family planning methods, whereas other studies in different provinces of Pakistan showed lower contraceptive prevalence rates of 27%, 8.5% and 27.9% respectively.^{12,16,17} The positive aspect is that the presently reported contraceptive prevalence rate is high with regard to knowledge, as opposed to Jordan and Nigeria where it was 31.7% and 8.7% with awareness rate of 91% and 85% respectively.^{18,19} Regarding the usage of family planning methods, an important dimension is the type of contraception used. Condom was the most common chosen method used by 33.9% of couples as shown in other studies as well.^{20,21,22} Oral pills were used by 11.3% of women in comparison with 32% and 10% in other areas of Pakistan.^{12,20}

Women not practicing contraception were 47% and was lower as compared to other studies of Pakistan that showed a non-users proportions of 72.3% and 91.5% respectively.^{16,17} Two Indian studies showed 55% and 44.6% of non-users, which are close to the results of this study.^{11,23} Partner's opposition and lack of knowledge were the reasons as found in other studies.^{19,24} According to Pakistan Reproductive Health and Family Planning Survey 2000-2001 and Eastern Turkey, husband's disapproval was the main factor for not using any family planning method among married women.^{6,25}

Approval of family planning was shown by 41% of males, as perceived by their wives in contrast to other studies of Sindh and Punjab, where 78% and 74% of husbands approved the use of contraceptive methods at the time of survey.^{12,20} In the present study, 59% of respondent's husband disapproved family planning, similar to 54% of results in a study conducted by Etuk *et al.*¹⁹ A similar pattern was also found in Eastern Turkey, where husband's disapproval was the main factor for not using any family planning method among married women.²⁵ However, husband support for family planning was significantly higher in a Jordanian study.¹⁸ Attitude of husband was found to be an important predictor for contraception use. In rural areas, husband being the dominant member plays the pivotal role in approving the family size and contraceptive practices. Education is, therefore, considered to improve the ability of women to resist subjugation and to acquire greater power in decision-making. Family Planning services thus need to provide a range of quality methods for family planning that can allow women to either limit or space births, and to focus services to the individual needs of women with differing sociodemographic characteristics.

This study had several limitations. The sample size was small. Secondly, the women came alone so male partners were not directly involved in the study. A low response may be found to question the use of methods and husband's attitude. Although every possible effort was made to obtain the correct information, the possibility of misreporting can not be ruled out keeping in mind the low level of female literacy also. Further studies should be done with proper involvement of couples to obtain more accurate knowledge on the subject in rural population.

CONCLUSION

The study reveals good knowledge and favourable attitude of rural women towards contraception. Contraceptive knowledge and practice was influenced by media exposure and partner opposition. Women education and counseling of couples can play an important role to adopt family planning methods. Electronic media, health personnel and government's organizations can play a positive role to provide knowledge and overcome the knowledge/practice gap.

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