Amongst the problems facing healthcare professionals in Pakistan, one of the biggest presents itself as having to overcome the hurdle put forward by misconceptions and unawareness regarding basic issues such as birth control, pregnancy, childbirth and immunization. Therefore, it is important that the factors promoting misconceptions be identified so that they may be combated using an adequate approach.

For instance, the stigma associated with the use of birth control prevents family planning programs from being put into action. Amongst other things, this may have a detrimental effect on the health of the mother and subsequently, the wellbeing of the entire family. Under nutrition for girls, early marriage, and high fertility rates coupled with unmet needs for contraception are important determinants of maternal ill health in Pakistan.1

In conservative societies where women are seldom allowed to leave the house, antenatal care and the delivery being conducted in a well equipped hospital by a qualified doctor may present itself as yet another issue, as most of the deliveries are conducted at home by untrained birthing attendants using unsterilized equipment. When the effect on maternal mortality of community-based maternal care program in rural Bangladesh was assessed, it was found that maternal survival can be improved by the posting of midwives at village level, if they are given proper training, means, supervision, and back-up.2

The administration of vaccines is yet another issue and complete immunization may be compromised due to little awareness of the importance of vaccination. There has been some resistance offered to the administration of the polio vaccine in rural areas of Pakistan due to certain misconceptions that arose against it. In order to overcome this resistance, efforts need to be made to educate the general public regarding the importance of the vaccine. There is evidence of 12% to 20% or more increase in the absolute level of immunization coverage and 33% to 100% increase in relative coverage compared to baselines when communication is included as a key component of immunization strengthening.3

This study was conducted in order to gain an understanding of the prevalence of misconceptions in areas of low socioeconomic status, to discover which misconceptions were most prevalent and why and to seek ways with which to eliminate them. The study sought to make data regarding these misconceptions available to health care providers so that they may use their resources efficiently and pay due attention to areas most in need of it.

The study was conducted in two different areas of Karachi, both being of low socioeconomic status; Sultanabad and Rehri Goth, with residents of Rehri Goth comparatively having lower socioeconomic status. A sample size of 75 interviewees from each settlement was taken and data collected over the time period of one month. The results indicated that a high frequency of misconceptions is prevalent in societies of low socioeconomic status, where the literacy rates were low.

Key words: Misconceptions. Literacy rates. Awareness. Low socioeconomic status.
percentage of woman who ensured that their children were fully immunized.

A comparison of the general statistics found in both areas is given in Table I.

Table I

<table>
<thead>
<tr>
<th>General information</th>
<th>Sultanabad (n=75)</th>
<th>Rehri Goth (n=75)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average age of interviewee</td>
<td>29 ± 3</td>
<td>29 ± 4</td>
</tr>
<tr>
<td>Percentage of *educated men</td>
<td>n=53 (70.67%)</td>
<td>n=19 (25.33%)</td>
</tr>
<tr>
<td>Percentage of *educated women</td>
<td>n=41 (54.67%)</td>
<td>n=12 (16%)</td>
</tr>
<tr>
<td>Percentage aware of family planning</td>
<td>n=65 (86.67%)</td>
<td>n=53 (70.67%)</td>
</tr>
<tr>
<td>Percentage who use birth control</td>
<td>n=49 (65.33%)</td>
<td>n=35 (46.67%)</td>
</tr>
<tr>
<td>Percentage receiving antenatal care</td>
<td>n=62 (82.67%)</td>
<td>n=47 (62.67%)</td>
</tr>
<tr>
<td>Percentage of children vaccinated</td>
<td>n=72 (96%)</td>
<td>n=63 (84%)</td>
</tr>
</tbody>
</table>

* For the purpose of this study, a person was considered to be educated if they had studied at least till the fifth grade.

When asked how many children they thought there should be per household, 33 women in Sultanabad and 17 in Rehri Goth felt that the fewer the children (2-3), the better as it was uneconomical to have large families and that it was easier to fulfill the needs of a smaller family. Despite this finding, many women still hesitated to employ methods of family planning for lack of knowledge regarding their use. The rest of the women felt that they had little say in the matter and that God would decide how many children they were to have.

Only 47% of the women interviewed in Rehri Goth used birth control, whereas 71% were aware of the methods used for family planning. In Sultanabad, 87% of the women interviewed were aware of the methods of family planning, whilst 65% used methods of birth control. The foremost reason for not using birth control was a lack of complete understanding as to the exact method applied and a fear of possible side effects.

Antenatal care can potentially serve as a platform to deliver interventions to improve maternal nutrition, promote behavior change to reduce harmful exposures and risk of infections, screen for and treat risk factors, and encourage skilled attendance at birth.

In a study conducted in October, 2009, it was found that children were more likely to receive measles vaccination if the household was less vulnerable, if their mother had any formal education, if she knew at least one vaccine preventable disease, and if she had not heard of any bad effects of vaccination. All of those interviewed in Sultanabad felt that vaccinating their children was important, in comparison to 85% of the women of Rehri Goth, who felt that vaccination was a necessary measure. The foremost reason for not having their children vaccinated was unawareness regarding the importance of vaccination. These rates can be co-related to the literacy rates in the different areas. In Rehri Goth, where the literacy rate was low, the number of vaccinated children was found to be proportionately low. In Sultanabad, where there was a greater awareness, the number of vaccinated children was also higher.

The foremost conclusion to be made from this research is that education and literacy are powerful forces that promote awareness and play a substantial role in eradicating harmful misconceptions. It can be seen that in areas with a low literacy rate, there was little or no awareness of the importance of proper healthcare, vaccination, family planning and personal hygiene among other things. These misconceptions may be eradicated by improving the network of lady healthcare workers, introducing adult literacy schemes and making healthcare more affordable and easily accessible.

REFERENCES