INTRODUCTION

Pakistan, with an estimated population of around 180 million, is the seventh most populous country in the world. According to UN projections, Pakistan will become the fourth most populous country by the year 2030. Population explosion is a major burden on the limited resources of developing nations. Family planning has important implications in population dynamics as unregulated fertility counteract the economic stabilization of Pakistan. Family planning has been considered an effective way to improve the health of the mother and the child and reducing maternal and perinatal mortality. A large majority 97%, of Pakistani women know at least one method of contraception. The total contraceptive prevalence rate (CPR) of Pakistan is 29%. Thus a wide gap is observed between knowledge of contraception and its usage.

The three main factors that contribute to disparities in family planning outcome are patient preferences and behavior, health care system factors and provider related factors. The extent of contraceptive usage varies according to cultural factors, age, parity, education, occupation, family attitude, motivation, availability and acceptability of contraception. Religion and tradition has an undeniable impact on social and cultural structure of the society. Obstacles to contraceptive use are lack of awareness, negative attitudes and fear of side effects. It has been estimated that 27% of women are at risk of unplanned pregnancy and therefore, proper counselling for family planning is required. One of the most important determinants of contraceptive use is woman’s knowledge and attitude towards family planning.

The objective of this study was to determine the frequency of knowledge, attitude and practice regarding contraception among parous women.

METHODOLOGY

This cross-sectional study was conducted in the Out-Patient Department of Obstetrics and Gynaecology, Sir Syed Hospital, a tertiary care hospital in Karachi, from October 2008 to March 2009.

A self maintained, structured questionnaire was used to conduct interviews only after obtaining informed consent. Hundred parous women of reproductive age were interviewed by a Senior Registrar of the department. The proforma included sociodemographic
characteristics, contraceptive knowledge and attitude towards contraception. Exclusion criteria was primigravida, nulliparous, subfertile women and women who had never used any contraceptive.

Sociodemographic characteristics included full name and address, age, parity, ethnicity, religion, qualification, profession and socioeconomic status. Knowledge and use of different contraceptive methods including combined oral contraceptive pills (COCP), condom, intrauterine contraceptive device (IUCD), injectable hormones, safe period and withdraw method were assessed. Knowledge of permanent methods of contraception tubal ligation for females and vasectomy for males was also assessed. The questionnaire also elicited source of information for family planning, whether from family members or friends, electronic media or health professional.

Attitude towards contraception included motivation whether by herself or by family members and decision making whether her own / her husband / other family members. The proforma also covered myths and misconceptions about contraception whether it is permitted in religion or not permitted in religion. Health related issues and side effects of different contraceptive methods for example menstrual irregularities, weight gain and subfertility were also evaluated. Women’s attitude towards contraception as whether she considered her duty to practice contraception was also assessed in the questionnaire. Women were interviewed whether their husbands willing to practice contraception. Age was presented by mean±SD (standard deviation). Results of knowledge, attitude and practice were presented in terms of frequencies and percentages.

RESULTS

One hundred women were included in the study. The mean age was 29.7 ± 7.2 years. Out of the hundred women studied, majority were Punjabis i.e. 50%; Urdu speaking were 25%, 11% were Pathan and 9% were Sindhi. Remaining 5% were Balochi, Haripur and Gilgiti. Majority (88%) of the patients were Muslim, 10% were Christian and 2% were Hindu.

In this study majority of the women were educated i.e. 72% and only 28% were illiterate. Out of the 72% educated women 25% were primary passed, 35% were metric passed, 10% were graduate and 2% had Masters degree. Majority belonged to the lower middle class i.e. 55% while the rest belonged to low-socioeconomic class i.e. 45%. Majority of the women were housewives i.e. 88% and only 12% were working women.

Of the 100 women interviewed, 57% had used barrier method (condom) as contraception at some time in their life. Injectable contraceptives were used by 43% of the women. Pills were used by 33% of the women while 30% had intra uterine contraceptive device (IUCD). Withdrawl method as family planning was observed in 28% of the women at sometime in their life. Only 6 women had used safe period as a method of contraception, majority (94%) had no knowledge of safe period. Majority of the women (68%) had knowledge of tubal ligation as permanent method of contraception. Only 22% women had knowledge of vasectomy as permanent method of contraception in men. Majority of the women received information about family planning from health professionals i.e. (70%), 9% from media, while 33% from family members or friends.

Most of the women were self-motivated for contraception i.e. 78%. About a quarter i.e. 22% were motivated by family members. Husbands were involved in decision making in less than half 42% of the cases. In majority i.e. 67% of the cases women were involved in decision making. In 5% of the cases in-laws were involved in decision making. Majority i.e. 65% of the women believed that contraception is prohibited in religion while 35% believed that contraception is permitted in religion in view of providing better resources for the child.

More than half i.e. 57% of the women thought that contraceptive use affects their health considerably. Health was not considered affected by contraceptive use in 43% of cases. Weight gain was experienced by 41% of the women mostly with injectable Progestogens and OCPs (oral contraceptive pills). Menstrual irregularities were observed by 60% of the women, out of whom 31% experienced amenorrhea and 30% experienced amenorrhagia. Some (18%) experienced subfertility. One woman had displaced IUCD requiring laparotomy.

Majority (67%) of the women believed that it is the responsibility of the woman to practice contraception. Husband was willing for contraception in 66% of cases.

DISCUSSION

In Islam, abortion and sterilization are prohibited except on medical grounds. However, religious scholars unanimously agree that any permanent method of family planning, or even abortion, can be done if the life of the mother is in danger. The concept of family planning has raised some concerns regarding its acceptability within Muslim population. The present study showed that women had positive attitude and awareness of the different methods of contraception. This may be due to economic constraints and awareness of the benefits of small families.

Awareness for contraceptive usage is valuable only if the information obtained is correct and utilized. Strategies to increase contraceptive use must include improving delivery of correct and adequate information about the available contraceptive methods.
Knowledge, attitude and practice of parous women regarding contraception

... the transient nature of most side effects in order to achieve compliance.12 World Health Organization (WHO) eligibility criteria can be utilized while prescribing OCPs.13 Health professionals should counsel that the benefits of OCPs are striking in comparison with the health risk posed by unintended pregnancies that pill use prevents.14 Menstrual irregularities are observed in 50% of women on injectable Progestogens.15 This figure is slightly lower than found in this study. Many women may gain weight by up to 6 pounds during the first year of use of injectable Progestogens. Injectable Progestogens are associated with delay in the resumption of fertility by up to 1 year even after discontinued. The risk of pelvic inflammatory disease (PID) among IUD users is 0.6-1.6 / 1000 women. Woman's will and motivation is the most important factor (PID) among IUD users is 0.6-1.6 / 1000 women. Woman's will and motivation is the most important factor for contraceptive usage. Education is considered to acquire greater power in decision-making.16 The use of contraception is higher in urban areas and among women with higher level of education. Contraceptive use increases from 16% of currently married women in the lowest wealth quintile to 43% of those in the highest quintile.6 This study substantiates this fact where majority of women were educated, self motivated and made their own decisions for contraceptive use.

Majority of women, in this survey considered that contraceptive practice is primarily the woman's responsibility. Such a belief can make women less assertive on insisting the use of male-controlled methods. In this study husband's involvement in decision making was shown in less than half of the cases although majority, around 66% husbands were willing to practice contraception. Family planning programs are increasingly focusing on men's influence on contraceptive use. Male partners are an integral part of contraceptive decision making.17 Men had less positive attitudes than did women towards male sterilization, female sterilization, the pill, and injectables.18

This study has some limitations. The sample size was small. Secondly, women came alone so male partners were not directly involved in the study. Knowledge of the correct use of the contraceptive method, for example pills taken daily was not assessed. Although possible efforts were made to obtain the correct information, the possibility of misreporting can not be ruled out keeping in mind the low female literacy rate.

CONCLUSION

This study highlights contraceptive usage by majority of Pakistani women. Barrier method was the commonly used contraceptive method. Health professionals played a major role in providing contraceptive counselling. Positive attitude was shown by majority of women. Majority were self-motivated and played an important role in decision making.

REFERENCES