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ORIGINAL ARTICLE

Barriers of Contraception Uptake in South Punjab, Pakistan

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ABSTRACT
Objective: To determine the frequency of barriers to contraception uptake in women visiting outpatient department of a tertiary care hospital of South Punjab, Pakistan.
Study Design: A cross-sectional study.
Place and Duration: Department of Obstetrics & Gynecology, Nishtar Medical University Hospital, Multan Pakistan from September 2021 February 2022.
Methodology: A total of 249 pregnant women between 18-35 years having parity >2 and willing to be part of this research were included. Basic demographic features like age, weight, parity, socioeconomic status, education status, rural/urban residential status, willingness or barriers about various contraceptive measures were recorded and analyzed by SPSS 23.
Results: In a total of 249 women, mean age was 30.56±4.74 years. Residential status of 204 (81.9%) women was urban. Mean parity was 3.85±1.07. Educational level was illiterate in 125 (50.2%) women. There were 114 (45.8%) women who belonged to low socio-economic class. There were 36 (14.5%) women who were willing to use contraceptive measures while remaining 213 (85.5%) women had some sort of barriers about contraception uptake. Husband's disapproval accounted for the most frequent barrier to contraception uptake noted in 73 (29.3%) women while ignorance, 'against culture', side effects and misinformation was reported by 54 (21.7%), 34 (13.7%), 34 (13.7%) and 18 (7.2%) women respectively. Educational level (p=0.008) and socio-economic class (p<0.001) were found to have significant association with barriers to contraception uptake.
Conclusion: Very high proportion of women was unwilling to contraception. Husband's disapproval for contraception was the biggest barrier behind unwillingness to contraception uptake while ignorance and 'against culture' were the other most frequent barriers behind unwillingness to contraception uptake. Illiteracy and low socio-economic status were found to have significant association with barriers to contraception uptake.
Keywords: Culture, contraception, illiteracy, misinformation, side effects.

INTRODUCTION
Family planning and contraceptive programs are considered important in facilitating population regulation so that poverty level, gender inequality and illiteracy rates are reduced.[1] Family planning and contraceptive programs also assist improvement in maternal and child well-being as these programs help to prevent sexually transmitted diseases, undesired pregnancy and insecure abortions.[2] Researches have proposed family planning and contraceptive programs to be cost-effective developmental investment as these directly impact improvement without influencing national security and affiliated financial constraints of the societies.[3,4] The United nation has aimed to attain universal access to sexual and reproductive health services like family planning, information and education by 2030 through investment in various services and programs at national and community levels in many parts of the world.[4,5]

Even when the awareness is high, poor knowledge of contraceptive methods and their side effects has been associated with poor uptake. This finding may be related to the myths and misconception that many women hold about potential side effects and negative outcomes. Another key barrier is lack of physical and financial access to family planning commodities. Studies have shown that heath facilities offering family planning are not equally distributed throughout the country.[6] Women complain of frequent stock outs and the associated cost of lost wages, transport and other financial challenges. Studies have shown that, among youth, lower socioeconomic status has been associated less condom use.[6]

In a study by Durowade KA, et al. has shown that frequency of husband's disapproval was 25.5%, fear of side effects 14.6% and against my culture was 7% as barriers of contraception uptake.[7] In another study by Asekun OE et al. has identified barriers like the fear of side effects 44%, ignorance 32%, misinformation 25.1% and against my culture 20.3%.[8]

The study will be attempted to gain a better insight about the different barriers of contraception uptake in our local population. This evidence can help in increasing the use of methods of contraception through community based strategies and awareness. Furthermore, results of this study are thought to help for availing fears about side effects among women through effective counselling and providing adequate information to women about method related side effects and how to manage them. Objective of this study was to determine the frequency of barriers to contraception uptake among women visiting OPD of a tertiary care hospital of South Punjab, Pakistan.

METHODOLOGY
This cross sectional study was conducted at the Department of Obstetrics & Gynecology, Nishtar Medical University Hospital, Multan, Pakistan, September 2021 February 2022 after approval from Institutional Ethical Review Board. Non-probability consecutive sampling technique was used. A sample size of 249 women was calculated considering 95% confidence level, margin of error as 5% and expected proportion of women as 20.3%[8] who were not using contraception because it was against their culture. Inclusion criteria were pregnant women between 18-35 years having parity >2 and willing to be part of this research. Females already using contraceptive measures were excluded.

Basic demographic features like age, weight, parity, socioeconomic status, education status, rural/urban residential status, knowledge about various contraceptive measures were recorded. Frequencies and percentage were calculated for socioeconomic status, education status, residential status, knowledge about contraceptive measures and various barriers including unawareness, against my culture, fear of side effects, misinformation. Mean and standard deviation were calculated for age and weight. Data was stratified for age, education status, socioeconomic status and residential status against willingness to uptake contraceptions. Post stratification, chi-square test was applied and p-value ≤ 0.5 was considered significant.

RESULTS
In a total of 249 women, mean age was 30.56±4.74 years while 209 (83.9%) women were aged between 26-35 years. Residential status of 204 (81.9%) women was urban. Mean parity was 3.85±1.07 while 202 (81.1%) women had parity status between 3-

4. Educational level was illiterate in 125 (50.2%) women. There were 114 (45.8%) women who belonged to low socio-economic class. Table-1 is showing characteristics of all women participated in the study.

Table-1: Characteristics of Study Participants (n=249)

Characteristics		Number (%)
Age (years)	18-25	40 (16.1%)
	26-35	209 (83.9%)
Residential status	Urban	204 (81.9%)
	Rural	45 (18.1%)
Parity status	3-4	202 (81.1%)
	>4	47 (18.9%)
Educational Level	Illiterate	125 (50.2%)
	Up to Matriculation	100 (40.2%)
	Above Matriculation	24 (9.6%)
Socio-Economic Class	Low	114 (45.8%)
	Middle	81 (32.5%0
	High	54 (21.7%)

There were 36 (14.5%) women who were willing to use contraceptive measures while remaining 213 (85.5%) women had some sort of barriers about contraception uptake. Husband's disapproval accounted for the most frequent barrier to contraception uptake noted in 73 (29.3%) women while ignorance, 'against culture', side effects and misinformation was reported by 54 (21.7%), 34 (13.7%), 34 (13.7%) and 18 (7.2%) women respectively (figure-1).

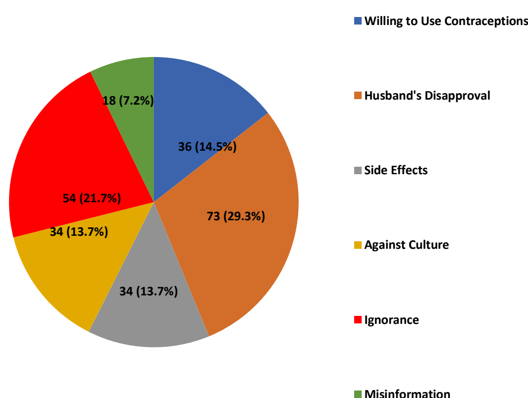

Figure-1: Barriers to Contraception Uptake among Study Participants (n=249)

Table 1:

Characteristics		Willing to Contraception Uptake		P-value
		Yes (n=36)	No (n=213)	
Age (years)	18-25	4 (11.1%)	36 (16.9%)	0.382
	26-35	32 (88.9%)	177 (83.1%)	
Residential status	Urban	28 (77.8%)	176 (82.6%)	0.484
	Rural	8 (22.2%)	37 (17.4%)	
Parity status	3-4	26 (72.2%)	176 (82.6%)	0.140
	>4	10 (27.8%)	37 (17.4%)	
Educational Level	Illiterate	14 (38.9%)	111 (52.1%)	0.008
	Up to Matriculation	22 (61.1%)	78 (36.6%)	
	Above Matriculation	-	24 (11.3%)	
Socio-Economic Class	Low	12 (33.3%)	102 (47.9%)	<0.001
	Middle	24 (66.7%)	57 (26.8%)	
	High	-	54 (25.4%)	

All women were further divided into 2 groups as 36 (14.5%) women were willing to use contraceptive measures while remaining 213 (85.5%) had barriers to contraception uptake. Both these groups were compared for various characteristics and it was found educational level (p=0.008) and socio-economic class (p<0.001) were found to have significant association with barriers to contraception uptake while all remaining study variables had no statistically significant relationship with barriers to contraception uptake (p>0.05).

DISCUSSION

In 1965, Pakistan was among the 1st Asian countries who adopted National Population Policy but several decades following introduction to modern family planning programs, Pakistan's population is still growing at a rapid pace.[9,10] In the past few decades, research addressing most common issues behind family have shown that factors like acceptability on religious or cultural grounds, fear of possible side effects, unwillingness of the husband or inaccessibility to proper family planning education or measures have been the common reasons. The present research was aimed to address most common barriers behind unwillingness to contraception uptake and it was found that only 14.5% women were willing to adopt contraceptive measure in the future. Most common barrier of contraception uptake was noted to be husband's disapproval accounting for 29.3% women while ignorance was reported by 21.7%, 'against culture' in 13.7%, side effects by 13.7% while misinformation was the barrier behind contraception uptake unwilling in 7.2% women. A local study done by Khan MS et al revealed that husband's unwillingness (p<0.001) was the biggest barrier to contraception use which is quite consistent with the present findings.[13] Khan MS et al also reported that mother-in-law's opposition (p<0.001) was the 2nd leading barrier behind unwillingness to contraceptive measures but we did not evaluate mother-in-law's or other family members unwillingness in our study.[13] Factors like opposition of the family members could prove to be one of the strongest barriers as was shown in our study even in the presence of awareness and access family planning facilities. It would have interesting to interview the husband about his possible concerns regarding the use of contraceptive measures but we could do not do that.

Data from other developing parts of the world has shown that about 20% women are not willing to use modern contraception measures.[14] We found that only 14.5% women were willing to use contraceptive measures which relatively lower that what has been reported previously from the developing world. We also noted ignorance and misinformation to be important contributors to contraception unwillingness. Some studies showed that many women perceived that contraception use may be ineffective in controlling new births.[15-17] Literature establishes that barriers behind contraception uptake are real in the minds of women and families involved. The developed countries have shown a steady decrease or sustain in the fertility rates in the last few decades which shows that modern methods of contraception can be utilized to good effect if relevant awareness and education is provided to women and their families involved.[18,19] The present study is the first from South Punjab elaborating possible barriers can be identified about the unwillingness to uptake contraception. The authorities and stake holders can look in the findings of the present study for future planning about improvement in the family planning programs.

Study Limitations: Being a single center study conducted on a relatively small sample size, our findings cannot be generalized. Further community based trials needs to be conducted to verify what was found in this study. We were unable to interview family members of the women involved which would have given us better insights. As we only supposed by the answers provided by the women involved about their willingness to use contraception so similar women needs to be followed up in the future studies with their and their families consents to observed how many of these women go on to use contraceptive measures in the future.

CONCLUSION

Very high proportion of women was unwilling to contraception uptake. Husband's disapproval for contraception was the biggest barrier behind unwillingness to contraception uptake while ignorance and 'against culture' were the other most frequent barriers behind unwillingness to contraception uptake. Illiteracy low socio-economic status was found to have significant association with barriers to contraception uptake.

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