

# Attitude, Knowledge and Practice of Contraceptive Methods in Rural Areas

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## ABSTRACT

**Introduction:** Promotion of family planning has been shown to reduce maternal and neonatal mortality and promotes women empowerment. Contraception is regarded as an important preventive measure against unintended pregnancies. Although contraceptive methods are freely available in Family Planning centers, the utilization is low.

**Aims And Objectives:** To assess the attitude, knowledge and practice of contraceptive methods in rural areas

**Material and Method:** The study was carried in Pak Rd Crescent Medical and Dental College, Dinanath. Duration was 6 months from 1 July 2021 till 31 December 2021. It was a descriptive study. Sample size was 1200. Postoperative patients including caesarean section and spontaneous vaginal delivery and patients coming in outpatient department including antenatal and patients with gynecological problems were included. The women were interviewed regarding knowledge of contraceptive methods and choice to decide these methods. Most of them had knowledge but less number of women agreed to decide family planning method.

**Results:** Usually women who gave interview were between age 31 to 40 years 37.6% and 21 to 30 years 33.1%. Maximum parity 2-4 were 47.1% and P 5 and above were 44.7%. 69.3% of them were illiterate. 86.4% women had knowledge of IUCD, 91.8% regarding COCP and 91.1% about injectable contraceptives. 95.6% knew about male condoms. For the practice of contraceptive methods, maximum demand was of male condoms 13.8%, COCP 9.5%, IUCD 4% and injectables 4.6%. The reasons for not practicing family methods were husband and family pressure 30.1%, different myths about contraception 27.2%, family not complete 17.6%, cultural reasons 14.6%, lack of knowledge 8.8% and need for male gender 4.5%

**Conclusion:** Although most of the ladies had knowledge of contraceptive methods but they were reluctant to practice them. Motivation of husband and mother in law is important factor to achieve positive attitude towards contraception. Counselling against myths and false belief is essential.

**Keywords:** IUCD intra uterine contraceptive device, COCP combined oral contraceptive device

## INTRODUCTION

Pakistan is sixth most populous country with population exceeding 184 million. Limited access to health services both public and private is present in 45% of population.<sup>1</sup> Due to pregnancy related complications 28,000 women die annually in Pakistan.<sup>1</sup> According to Demographic and Health Survey of Pakistan of 2006 and 2013, the reported prevalence of unintended pregnancies is as 16% and 46% respectively. Development indicators related to maternal and neonatal health are still lagging behind.<sup>2</sup> Life time risk of maternal death in Pakistan is 1 in 93.<sup>3</sup> Maternal and neonatal health are linked with each other. In Pakistan 33% of neonates die due to pregnancy and delivery related complications.<sup>4</sup> There is difference in rural and urban areas maternal mortality in Pakistan that is 319 versus 175 per 100,000.<sup>1</sup> Among the basic reasons 27% of women do not receive antenatal care and 40% do not get post-natal care after delivery.<sup>1</sup> Long term and short term family planning methods improve maternal health by preventing unintended pregnancies in order to ensure healthy timing and spacing of birth. In Pakistan contraceptive methods in rural areas are used less 31% as compared to 45% in urban areas.<sup>1</sup> Annually 890,000 induced abortions occur in Pakistan, 1 in 7 pregnancies are terminated by induced abortion.<sup>3</sup> Total fertility rate (TFR) is 3.8 in Pakistan and out of them 1 birth is unintended.<sup>1</sup>

Actually family planning is a conscious effort by a couple to space the number of children by using contraceptive methods. Reproductive health of mother is improved by family planning methods. It reduces abortions and prevents sexually transmitted diseases.<sup>5</sup> Certain factors including family pressure, lack of transportation, myths, desire for male, distance from family planning centers are problems facing by women in Pakistan. Despite the availability of government sector in primary, secondary and tertiary care facilities, 70% of women seek health care and advice for family planning through private sector.<sup>6</sup> There is pressure of cultural factors on woman in Pakistan for using contraceptive methods.<sup>7</sup> It includes mother in law and husband pressure for not deciding contraception.<sup>8</sup> The relationship between husband and wife is also one of the factor for decision of spacing between children.<sup>9</sup> Healthy timing and spacing of pregnancy is

important for decision of adequate space between pregnancies to achieve healthy outcome of mother and child. Spacing less than 18 hours may result in preterm delivery and stillbirths.<sup>10</sup> There is need to support programme for decision making of contraception from community to policy areas of Pakistan.<sup>11</sup> Counselling in antenatal period helps woman to decide the short term or long term contraceptive method and gains time to discuss with family. Insertion and removal of different methods, side effects and follow up should be clear before delivery.

## MATERIAL AND METHOD

The study was conducted in Pak Red Crescent Medical and Dental College, Dina Nath, district Lahore. It was a descriptive study. Duration of study was six months from 1 July 2021 to 31 December 2021. The women enrolled were patients attending outpatient department in gynecology department both antenatal and patients with gynecological problems and delivered patients both by spontaneous vaginal delivery and caesarean sections. The number of women was 1200. The area from where women belonged was Denanath, Phoolnagar, Mangamandi, Jambur, Kot Goimala, Galage, Lambegageer, Nethagageer and Patuki, all rural areas in district Lahore. Interview was taken from each woman regarding knowledge of family planning methods. Most of them had knowledge of all the methods. They were asked to decide any one method especially postoperative patients, at that time only few of them agreed. There were multiple causes given by women for not using contraception. Most of them were in favor of withdrawal method. Some decided condoms. Very less supported injectables, oral contraceptive pills and intra uterine contraceptive device. No one selected implants. The causes they gave for not deciding family planning method was family pressure, negative perception, side effects of various methods, culture restrictions and religious issues. Most of the women were illiterate and belonged to low socio economic group. Few of them were under primary in education. The lactating mothers are given minipills for six months after delivery.

### Exclusion Criteria:

1 Only women were selected, not their husbands

- 2 Nulliparous
- 3 Women with bad obstetrical history with no alive issue

**Inclusion Criteria**

- 1 All the women P1 and above
- 2 History of Previous abortion

**RESULTS**

Table 1: Socio demographic characteristics: Total number of women 1200

Serial No.	Age in years	Number	Percentage
1	15 – 20	187	15.5
	21 – 30	398	33.1
	31 – 40	452	37.6
	40 – 45	163	13.5
2	Parity		
	< 2	97	8.0
	2 -4	566	47.1
3	5 and above	537	44.7
	Educational status		
	Illiterate	832	69.3
	Till primary	368	30.6

Table 2: Risk Factors in women: Total Number of women 1200

Serial Number	Risk Factors	Number	Percentage
1	Diabetes	47	3.9
2	Hypertension	63	5.2
3	Anemia	372	31
4	Cardiac	6	0.5
5	Fibroid uterus with heavy bleeding	21	1.75

Table 3: Knowledge and awareness regarding contraception: Total number of women 1200

Serial number	Contraceptive Method	Number	Percentage
1	IUCD	1037	86.4
2	Implant	512	42.6
3	COCP	1102	91.8
4	Injectable contraception	1094	91.1
5	Emergency contraception	1073	89.4
6	Minipill	1052	87.6
7	Condom	1148	95.6
8	Withdrawal method	1152	96
9	Bilateral tubal ligation	1154	96.1

This table shows that most of the women had knowledge of all the contraceptive methods

Table 4: Practice of contraceptive methods: Total number of women 1200

Serial number	Methods	Number	Percentage
1	IUCD	48	4
2	Implant	0	0
3	Male Condom	166	13.8
4	COCP	114	9.5
5	Injectables contraceptives	56	4.6
6	Minipills	50	4.1
7	Emergency contraception	34	2.8
8	Bilateral tubal ligation	11	0.9

Table 5: Reasons for not using contraception: Total No. of women 1200

Serial No.	Reasons	Number	Percentage
1	Husband/ family pressure	362	30.1
2	Family not complete	212	17.6
3	Lack of knowledge	106	8.8
4	Myths	327	27.2
5	Cultural reasons	176	14.6
6	For male gender	54	4.5
7	Lack of money	62	5.1
8	Transport issues	107	8.9

To promote contraception, all these causes should be removed by proper education and counselling of women.\

**DISCUSSION**

To reduce maternal mortality, promotion of contraception and education of women regarding healthy timing and spacing between children is very important. Counselling should start in antenatal period and choice of contraceptive method should be confirmed. Side effects of different methods, its management and follow up

should also be explained to every woman during pregnancy. There was a qualitative assessment by Ghulam Mustafa to find the attitude, knowledge and practice of contraceptive methods by couples. In the study 24 group discussions were carried out. Most of the couples knew the different family planning methods but use was very less. Most of them preferred private health facility instead of government set up. The study also focused on the availability. Affordability and cultural problems. The need of qualified health worker is highlighted especially for LARC.<sup>12</sup> In our study also the cultural problems, money and transport issues were mentioned.

In another study conducted by Jebert Richii, women enrolled were at least 15 years of age and were sexually active. 101 women were studied, age ranging from 18 – 58 years. To assess the knowledge of contraceptive methods, 96% were aware of these methods. About male condom, 96% had knowledge, safe period in 86.1%, injectables 76.2%, oral pills 75.2%, 66% were practicing at least one contraception. The factors responsible for not practicing contraception are lack of knowledge 31.4% and 14% were ready to start contraception.<sup>13</sup> In our study the knowledge of male condom were 95.6% and 86.4% for intrauterine contraceptive device but to practice IUCD insertion was 4% in particular health facility.

In another study it is said that for decision of contraception, husband decision is most important as compared to wife decision.<sup>14</sup> In our study 30.1% causes of not deciding contraception is pressure from husband or family. In another study fear of side effects of different family planning methods results in not accepting them.<sup>15</sup> Among other causes in one study conducted in Bangladesh, religious concerns were also seen in few couples.<sup>16</sup> In our study in 14.6% cases cultural restrictions were present in not deciding family planning. For healthy timing and spacing positive relationship between husband and wife is important and negative perceptions should be avoided. In Pakistan study was carried out and showed unmet need of family planning is decreasing with increase in wealth state of women and education of women. However unmet need of family planning is more seen in women living in rural areas than in urban areas<sup>17</sup>. Myths against side effects of different contraceptive methods is one of the reason of unmet need for family planning in Pakistan. Government should make policies to handle these fears and myths and media should play a positive role in promoting family planning.

**CONCLUSION**

The study highlights the attitude, knowledge and practice of women of family planning methods in rural areas. Although women have knowledge but they are not opting modern methods of contraception. Well targeted behavior change and communication campaign can change the behavior of couples. Negative perception of spacing in children should be changed in women. Community leaders, religious clerics, health workers and media should play active role in awareness raising campaign.

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