

TO DETERMINE THE KNOWLEDGE, ATTITUDE, AND PRACTICE OF FAMILY PLANNING IN WOMEN OF REPRODUCTIVE AGE GROUP IN DISTRICT MARDAN

Shahana Nisar¹, Shafi Ullah¹, Hamza Abbas Khan²

Department of Community Medicine, Bacha Khan Medical College, Mardan, Pakistan

Department of Community Medicine, Gajju Khan Medical College, Swabi, Pakistan

ABSTRACT

OBJECTIVES: To ascertain the women in the Mardan district's awareness and prevalence of family planning. To ascertain the causes behind the district of Mardan's non-use of family planning services.

STUDY DESIGN: A Descriptive- Cross-sectional study.

PLACE & DURATION OF STUDY: From July to December 2015, this study was conducted in the Mardan Medical Complex, a teaching hospital.

MATERIAL AND METHODS: an investigation was conducted at the Mardan Medical Complex in Mardan. After the proposal was approved, the study was conducted for a duration of six months. The sample size consisted of 103 women who were randomly chosen and interviewed after giving their permission from the Mardan Medical Complex's gynecological outpatient department. Bar charts were created by entering and analyzing the questionnaire data using SPSS version 20. A thorough discussion was conducted, and conclusions were reached based on these findings.

RESULTS: Since the majority of the women in my study lacked formal education, the age of each was inferred indirectly by inquiring whether they had been married before or after menarche. Merely 2% of women were married before menarche, whereas 98% married after menarche. Most served women (54%) had one to four children, followed by five to seven children. 13% of women had no children, whereas 22%, 11%, and 17% had more than seven children. Most respondents (more than 72%) lack formal education, but 28% of women have some education. Only 8% of women work, and 92% of women stay at home. Just 32% of the women were living individually, while the majority of respondents—68%—were part of mixed families. Most women (48%), after their family, the media, and neighbors, derived their information from health professionals such as doctors, nurses, lady health workers, and lady health visitors. 88% of respondents said they understood and were aware of family planning. More than half of those surveyed said neither the husband's nor the religious perspective presented any issues.

CONCLUSIONS: The results of this study allow us to draw the following conclusions: while 88% of women, educated and not from rural and urban areas, know how to use family planning, there is still a significant knowledge and attitude gap that needs to be addressed. Additionally, only 40% of women use contraceptives.

KEYWORDS: Contraception, Family planning, Contraceptive methods.

INTRODUCTION

Pakistan is the 7th populous country in the world, with a very high fertility rate and very low contra-

ceptive prevalence rate, which needs to be controlled because it can adversely affect the health and economy of the country. In 1947, the population of Pakistan was 31 million, which increased to 177.10 million in 2011, with an increasing rate of 1.57¹. Not only does this population growth threaten the prosperity of our nation, but it also poses a risk to individuals elsewhere in the globe. The report predicts that 2050, the world's population will have doubled if it continues to grow at its current pace ².

Private and public institutions began implementing family planning programs in the 1950s and 60s.

Correspondence:

Dr. Shahana Nisar

Department of Community Medicine, Bacha Khan Medical College, Mardan, Pakistan

Cell: 0301-8197202

Email: shahananisar48@yahoo.com

Date Received: Jan-08-2020

Date Accepted: Feb-17-2020

Date Revised: Mar-38-2020

Available Online: April-02-2020

The Pakistani government also welcomed the World Bank and the UN for their financial support of family planning initiatives. These organizations only catered to women, teaching them that family planning was a woman’s domain. Because family planning may lower the incidence of mother and newborn mortality, it is crucial for the stability of a nation.

Dr. Marie Stoops started the family planning movement in 1918. It is predicted that by 2050, there will be 8918 million people on Earth, up from 6301 million in 2003. The prediction is created based on an average population growth ratio of 1.2% evaluated between 2000 and 2005. Asia’s 3823 million people are expected to expand at a 1.3% annual pace to reach 5222 million throughout that time ⁴.

Pakistan’s population has quadrupled to 153 ⁵ million since 1950. It is predicted to reach 350 million by 2050, making it one of the countries with the fastest rates of population increase in the world.

The ideal setting for a child’s entire growth is a planned family. According to studies, unwelcome children may experience intentional or unintentional neglect. Fewer children allow parents to spend more time and resources providing each kid with the proper nutrition, medical attention, and education. Family planning helps ensure that children survive and have the opportunity to reach their full potential and mature into healthy, contributing people.

The birth control pill and intrauterine contraceptive device (IUCD) were widely accessible in the 1960s, marking the beginning of the modern age of contraception. The US’s birth, fertility, and demographic patterns have changed significantly as a consequence of the widely used and practical contraceptive techniques. The average family size in the US decreased from seven to 3.5 children between 1800 and 1900. By 1933, however, the number of children in the household had stabilized at around two, thanks to advancements in the usage, variety, safety, and accessibility of contraceptive methods ⁵. The average worldwide rate of contraception usage among married women of reproductive age increased from 57% to 60% between 1990 and 1994 ⁶.

Ignorance about the large variety of techniques that are now and anticipated to be available in the future among users and providers of contraception exacerbates poor contraceptive usage. The effective and long-term use of contraception needs to provide women with reproductive autonomy by providing them with thorough and current information on all methods ⁷. Without contraception, almost 85% of

couples will get pregnant within a year. Therefore, adopting even the least effective method of contraception is still much preferable than using none at all. The couple has access to many family planning options. These techniques may be categorized according to a number of factors, including male or female, temporary or permanent, artificial versus natural, oral versus injectables, and IUCDs.

Natural family planning refers to not having sex when fertile in order to avoid becoming pregnant. This covers the basal body temperature approach, mucus method, rhythm method (sometimes known as the calendar method), or a mix of these methods. There are no long-term or systemic negative effects from this approach. Even with regular cycles, these treatments rely on the date of the woman’s reproductive phase, which may be very unpredictable. There is even less timing.

Abstinence during the fertile period is the third most popular method of contraception across all ethnic groups in Malaysia. Some couples find it challenging to maintain abstinence throughout their reproductive time since it causes unfavorable conflict in their relationship. Male withdrawal, often known as coitus interruptus, is one of the most ancient forms of contraception. To make sure that every sperm is placed outside the vagina, the spouse withholds the penis immediately before ejaculation. It is a straightforward technique that doesn’t need expert supervision, is generally accepted by motivated and well-adjusted couples, and is only marginally beneficial. It is the most often used traditional technique among Malaysia’s three ethnic groups ¹¹.

The lactation amenorrhea method (LAM) can be more than 98% effective in preventing pregnancy. As presently defined, the method is effective for a maximum of six months, yet many women remain protected from pregnancy beyond this time. Only about 5% (3-10%) of breastfeeding women have been

Table 1: Most Commonly used contraceptive methods by the countries.12

	Most common	2nd most common	3rd most common
Bangladesh	Pills	Injections	Periodic abstinence
India	Female sterilization	Condoms	Periodic abstinence
Nepal ¹	Female sterilization	Injections	Male sterilization
Pakistan	Condoms	Female sterilization	Withdrawal

known to conceive during amenorrhea during the first year postpartum.

Female education plays an important role in increasing awareness and contraceptive use¹³. One new child may increase the use of contraception by 7%¹⁴, but the most common reason for not using contraceptive methods in our setup is the desire for a male child, and as a result, the number of children increases many folds. Contraceptive use can be increased by educating our females, making them aware through media the role of women in decision-making, and easy access to contraceptive techniques and tools.¹⁵

The government of Pakistan is struggling to achieve the country's commitment to the global MDGs to lower the fertility rate and reduce maternal, neonatal, and child morbidity and mortality; as a signatory to the International Conference on Population and Development (ICPD), the Pakistani government has committed to increase the contraceptive prevalence rate to 55% by 2015¹⁶ from which we lag far behind.

RESULTS

Since the majority of the women in my study lacked formal education, it was necessary to determine their age indirectly by asking them whether they were married before or after menarche. Merely 2% of women were married before menarche, whereas 98% married after menarche. This is a good answer since, contrary to what I found in my study, the early marriage trend is typical in Pashtun culture.

According to the following graph, most serving women (54%) have one to four children, followed by those with five to seven children. 13% of women had no children, whereas 22%, 11%, and 17% had more than seven children. This is also encouraging because most of the women in this community had one to four children.

The education level and employment position of women in the reproductive age group are shown in this

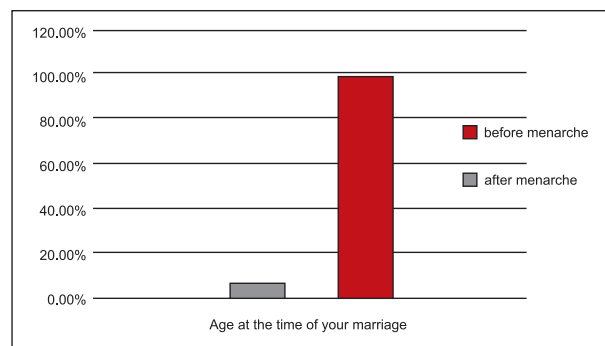


Figure 1: Shows the Age at the time of marriage

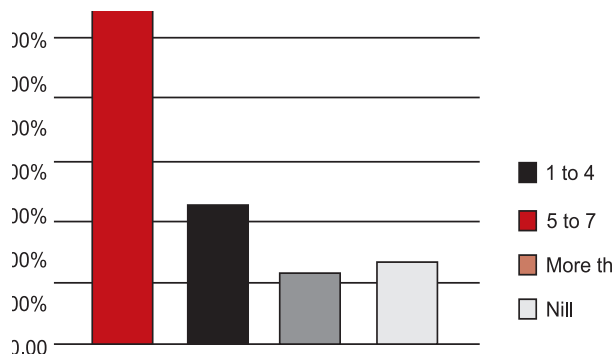


Figure 2: Shows the number of Children

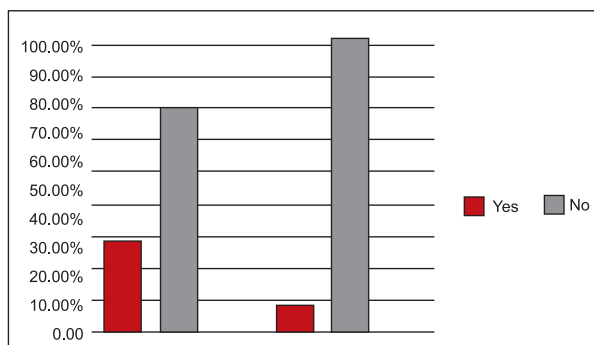


Figure 3: Shows the Education and Job nature of Respondents of Study Area

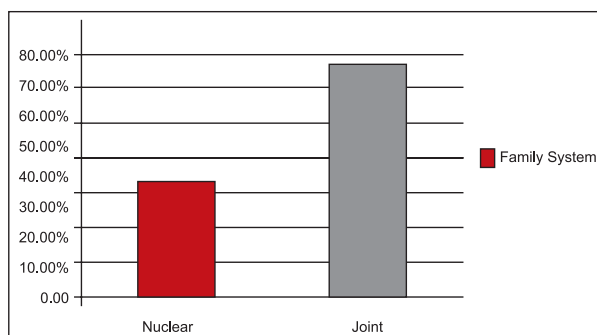


Figure 4: Shows the Respondent's Family System

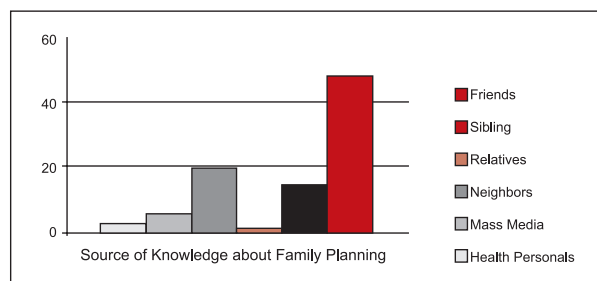


Figure 5: Shows the Source of Knowledge

graph. Most respondents (more than 72%) lack formal education, but 28% of women have some education. Only 8% of women work, and 92% stay home.

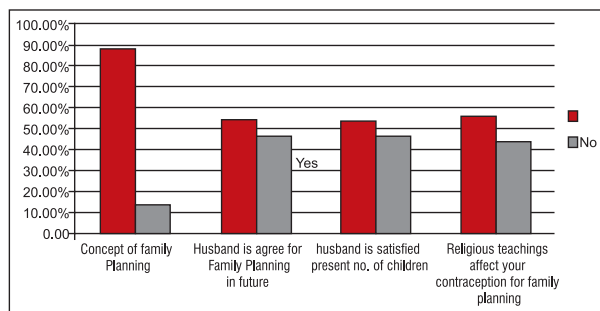


Figure 6: Shows the Social obstacles for Family Planning

Just 32% of the women lived individually, while most respondents—68%—were from mixed families. Because the mother-in-law and other family members participate in decision-making, the family system greatly impacts family planning.

The majority of women (48%), after their family, the media, and their neighbors, derived their information from health professionals such as doctors, nurses, lady health workers, and lady health visitors.

A survey on family planning concepts and expertise was given to the responders. According to the replies, the majority of respondents (88%) had a notion and understanding of family planning, which was promising. In a similar vein, the graph above illustrates the societal barriers to birth control and family planning. More than half of those surveyed said that neither the husband’s nor the religion’s points of view provide any issues.

DISCUSSION

Over 72% of the respondents lacked formal education, while 28% of the women had some education. This contradicted research conducted in the Lady Aitchison Hospital in Lahore, where 43% of the ladies were illiterate¹⁷. In another study, 50% of the married women in Peshawar who participated were illiterate¹⁸.

Just 8% of the women in my poll are working, and 92% are homemakers. These results were consistent with research at a KPK tertiary care hospital’s gynecology and obs unit, which discovered that most respondents were homemakers with joined families. This research shows how most Pathan couples live in joint families, illustrating the social structure of a Pathan family¹⁹.

The majority of respondents in my survey, 88%, had some understanding of and awareness of family planning. This aligns with a study done in Peshawar, where 90% of married women were aware of the main

forms of contraceptive methods¹⁸. 81% of women in a different rural Pakistani study knew something about family planning techniques²⁰.

In a different study conducted in the gynecology and oncology unit of a tertiary care hospital in KPK, it was found that approximately 97% of Pakistani women are aware of at least one form of contraception, but the contraceptive prevalence was only 29%¹⁹. In my study, most respondents (88%) knew about family planning, but the contraceptive prevalence was only 40%. The findings of our investigation agreed with those of other studies conducted across Pakistan.

According to 52% of respondents in my survey, there is no issue from a religious perspective. This is in line with a Peshawar study that found 24% of married women opposed taking contraception due to religious convictions¹⁸. In my study, 52% of respondents replied that religion does not affect contraceptive use, which is not consistent with another study in which 17% of the women considered it anti religion¹⁷.

CONCLUSION

Based on this study, we conclude that 88% of women, including those with no education, those from rural and urban areas, and those with education, know enough about family planning to use it. However, only 40% of women use contraceptives, indicating a significant knowledge and attitude gap that needs to be closed. Through numerous programs and educational initiatives aimed at promoting contraception and raising public understanding of family planning, the government should make every effort to slow down the population increase. Because most individuals, particularly those from lower socioeconomic backgrounds and those living in rural regions, have limited access to information and struggle with family and religious matters, they are unable to use contraceptive techniques fully. Although most of the women, 88%, were aware of family planning, they still refused to take advantage of it based on the fear of the side effects of the use of contraceptive methods.

Recommendations

Considering the findings of the present study, the recommendations are as follows:

- Mass awareness should be made of the benefits of small families, and the use of modern contraceptive methods should be encouraged.
- All health facilities should be equipped with educational and motivational facilities.
- Religious scholars must help in clarifying the aspects

related to non-use of contraceptives.

REFERENCES

1. Longwe A, Huisman J, Smits J; The Effects of Knowledge Acceptance and Use of Contraceptives on Household Wealth in 26 African Countries; Nijmegen Center for Economics (NiCE), Institute for Management Study, Radboud University Nijmegen, NiCE Working; December 2012; Page 12-109.
2. Text book of Community medicine” by Park JE, Volume 22nd, page 450.
3. Black A, Yang Q, Wen S W, André B. L, Guilbert E, Fisher W, et al; Women Health journal JULY JOGC JUILLET CANADA; 2009.
4. Shaikh B.T, Azmat S.K, Mazhar A; The Family Planning and Contraception in Islamic Countries; 2003
5. Study on modern contraceptive prevalence rate and associated factors in the rural settings “Case of Burera District” By Mr. Clement Uwiragiye in Aug 2013.
6. Factors influencing women’s choice of contraception By Ingela Lindh. Department of Obstetrics of Gynecology. The Sahlgrenska Academy Sweden 2011.
7. Amizigo U; International family planning perspectives Nigeria; 1997; Volume 23; Page 28-33.
8. Douthwaite M, Ward P; Centre for Population Studies, London School of Hygiene and Tropical Medicine, London, UK and Oxford Policy Management, Oxford, UK; Health Policy and Planning, Oxford University Press, 2005.
9. Study on modern contraceptive prevalence rate and associated factors in the rural settings “Case of Burera District” By Mr. Clement Uwiragiye in Aug 2013.
10. Factors influencing women’s choice of contraception By Ingela Lindh. Department of Obstetrics of Gynecology. The Sahlgrenska Academy Sweden 2011.
11. Factors affecting contraceptive use in Pakistan by Nausheen Mahmood.
12. Zaidi B and Hussain S. Reasons for low modern contraceptive use .insight from Pakistan and neighboring countries, population council, JANUARY 2015, 3 4 5.http://www.popcouncil.org
13. Khan T, Khan REA, Fertility behavior of women and their household characteristics case study of Punjab Pakistan. Hum Ecol 2010; 30:11-7.
14. Ministry of Health, Government of Pakistan.P-1 document of National Programme for Family Planning and Primary health care(FP and PHC).Islamabad, Pakistan. Ministry of Health, Government of Pakistan;2003.
15. Commission P. Pakistan Millennium Development Goals Report 2010. Islamabad: Planning Commission, Centre for Poverty Reduction and Social Policy Development; 2010.
16. 41.SajidA., Malik S. Knowledge, Attitude and Practice of Contraception Among Multiparous Women at Lady Aitchison Hospital, Lahore. ANNALS VOL 16. NO. 4 OCT. – DEC. 2010 page266- 269).
17. Ayub A, Kibria Z, Khan F. Assessment of knowledge, attitude and contraceptive use in married women of Peshawar. J Dow Uni Health Sci 2015; 9.
18. Jabeen R, Rauf B, Akhtar R and Siddique I. Factors affecting contraceptive practices of women in gynae & obs unit of tertiary care hospital in KPK. KJMS, January- June 2014, vol 7 no.1 37-38.
19. N Saluja, S Sharma, S Choudhary, D Gaur, S Pandey. Contraceptive Knowledge, Attitude and Practice Among Eligible Couples of Rural Haryana. The Internet Journal of Health. 2011 Volume 12 Number 1. DOI: 10.5580/15).
20. Mustafa R, Uzma A, and Hashmi HA Contraceptive Knowledge Attitude and Practice among rural women. Journal of College of Physicians and Surgeons Pakistan. October 2008 18(9):542-5.