

Original Article

KAP STUDY OF CONTRACEPTION IN MARRIED WOMEN AND ROLE OF MALES IN DECISION MAKING

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The economy, services, and society of Pakistan are all being crushed by the country's explosive population increase. In 2012, there were 178.9 million people living in Pakistan, up from 45.9 million in 1960—a change of 290% in the previous 50 years. Given that Pakistan has 2.56 percent of the world's population, it is reasonable to assume that one in every 39 persons on the earth calls Pakistan home.¹ Beginning in the middle of the 1960s, Pakistan's family planning programs have attempted several programs and projects. However, the contraceptive prevalence rate (CPR) is now at 30%, showing an average yearly growth of 0.5% since the beginning of family planning programs in 1964.

About 30% of women say they use family planning in some way. 8% employ a conventional strategy, whereas 22% use a contemporary approach. As a result, among the over 24 million married women of reproductive age (MWRA)¹ in this country, around 5 million utilize contemporary methods, close to 2 million use traditional methods, and an astounding 17 million use no family planning at all! Of these 17 million, around 6 million women have unmet family planning needs because they would want to utilize FP but don't currently do so. Family planning is a historical category that, in its most basic sense, refers to a multitude of techniques and treatments designed to affect the frequency and spacing of births.³ Appropriate policies are needed to guarantee a continuous and quick fall in fertility, as well as improvements in youth education and skill levels and job development.⁴ In the 1960s, President Ayub Khan launched a robust

family planning program that was widely hailed as a role model for other Islamic nations. In addition to financial incentives for customers and service providers, it largely depended on the intrauterine device. It lost credibility when Ayub Khan lost his position of authority. Family planning was given little attention over the next 20 years. Various strategies were explored throughout this time, however they weren't implemented well. Zia-ul-Haq was hesitant to openly advocate for family planning since he received a large portion of his political support from conservative religious groups.⁶

The advancement of social marketing of contraceptives, efforts to involve private medical practitioners more closely in service delivery, and the use of specially trained literate women to provide contraceptive information and basic services in their own villages and those nearby are all examples of how successive regimes have consistently supported family planning. Numerous worldwide studies have been conducted to promote the use of contraceptives^{7, 8}, and Pakistan's small-scale programs have shown encouraging results⁹. This strategy has been especially successful in Bangladesh, where it is believed to be substantially to blame for the country's surprisingly huge decrease in fertility.¹⁰

The many forms of birth control include: 11, 12.

- 1) Barrier techniques
- 2) Hormonal techniques
- 3) Adequate emergency protection.
- 4) Techniques
- 5) Sanitation.

Emergency contraception is administered before or during sexual activity, and it works for up to a few

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days following. Another key element in the acceptability of contraceptives is age. Effectiveness is often stated as the proportion of women who fall pregnant with a certain method during the first year¹³. The results of this study revealed that the younger age range of 15 to 20 uses contraception fairly seldom. Because husbands and in-laws want children and women are not permitted to use contraception, it shows that there is no trend of contraceptive usage right after marriage.¹⁴

Al-Ghazzali, the revered founder of the Shafi'i School of Judaism (1058–1111), provided a thorough study of the Islamic prohibition on contraception. In the chapter on biology in religion in his outstanding book, *Ihya' ulum al-Din*, he addressed this subject.

OBJECTIVES

1. To study the knowledge, attitude and practices of contraception in married women and the role of males in decision making.
2. To evaluate the role of Media and LHVs in the KAP study of contraception.
3. To assess the effect of literacy and socioeconomic factors on both male and female KAP study of contraception.
4. To assess the influence of males on the eventual use of contraception.

OBJECTIVES

1. To research men’s influence on decision-making and married women’s knowledge, attitudes, and behaviors about contraception.
2. To assess how media and LHVs contribute to the KAP of contraception
3. To evaluate the impact of socioeconomic variables and literacy on both male and female KAP of contraception
4. To evaluate how men’s attitudes on using contraception may change in the future

METHODOLOGY

1. To investigate married women’s knowledge, attitudes, and practices about contraception as well as the role of males on decision-making.
2. To evaluate the contribution of the media and LHVs to the KAP of contraception

3. To assess the effect of literacy and socio-economic factors on both male and female KAP of contraception

4. To assess potential future changes in men’s views on utilizing contraception.

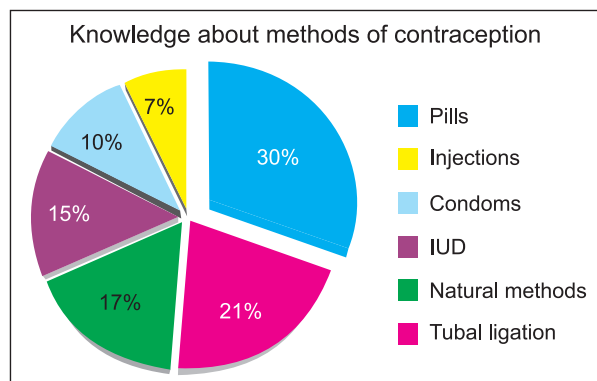
Inclusion Criteria: Women who were of sound mind and aged 15 to 45.

Exclusion Criteria: Females who were ill, under the age of 15, above the age of 45, or for whom language challenges made contact impossible.

Data collecting technique: Following the receipt of informed consent, participants were interviewed. Information on socioeconomic and reproductive characteristics, including women’s ages, education levels of the couple, employment position, and monthly income as well as their knowledge attitudes and usage of contraceptive techniques, was gathered using a semi-structured questionnaire. The responder was also questioned about the causes of non-use.

Time frame: On February 4th, 2013, the research was presented to our clinical batch. The project was started gradually over the course of four months, and the surveys were completed between June and August. The project was finished on September 20, 2013.

Age of respondents	Range 15-49.
Residence	Rural 64.7%
	Urban 35.3%
Occupation of wife	House wives 88.7%
Illiteracy among wives	53.3%
Illiteracy among husband	17.3%
Occupation of husband	Labourers 38.7%
Monthly income	Less than 10,000 (48.7%)
	10,000-20,000 (29.3%)
	More than 20,000 (22.0%)



Data processing and analysis: data processing was carried out manually by using SPSS version

CONCLUSION

The KAP (Knowledge, Attitudes, and Practises) research sought to evaluate married women's knowledge of contraception and the participation of men in contraceptive decision-making. The study's results provide important light on the mechanics of contraceptive use in married partnerships.

Keywords: Knowledge, Attitudes, Practises

RESULTS

The results of the study showed that the ratio of urban population had more knowledge of contraceptives methods as compared to rural population. The data collected showed that there was clear cut relation between literacy of the respondents with the knowledge of contraception. Those with higher education and who were working had 100% knowledge, and this percentage decreased with the level of education. Husbands who had higher education were more open to discussion about contraceptives and also encouraged their wives. Among the 75 men who encouraged their wives, 34 men also used some method of contraception. 20.9% respondents said that their in-laws, specifically mother in law influenced their decision regarding contraception.

To determine husband's response towards use of contraceptives, respondents were asked if they had discussion with their spouses about its use. 89 (80.9%) women answered positively and 21 (19.1%) said they had no discussion. Out of those 89 husbands, 75 encouraged their wives to use contraceptives. Husbands with negative attitude towards contraceptives either wanted more kids or were of the opinion that its not permissible in religion.

DISCUSSION

Education plays a major role in the development of an individual as well as the society. Our study concludes that literacy of women had a positive impact on knowledge as well as practice of contraceptives. Also men with higher education had more positive attitude towards contraceptives as compared to illiterate men. Since we live in a male dominated society, this important decision for a female also requires approval from her husband. Therefore it is important to educate

males with regards to this topic and remove religious misconceptions which are a hindrance in the practice of contraceptives.

We also concluded from our survey that husbands encouragement was the most important factor in the wives' use of contraceptives, however once getting support from their spouse, the decision as to which method to use was their own.

Bulk of our population comes from rural areas, where LHVs are given the task of spreading awareness about family planning. However our survey showed otherwise. Thus, LHVs should be given incentives to play more efficient role.

Even though awareness of contraceptives was greater among the urban population, the prevalence ratio was more in rural respondents. The discrepancy can be due to age factor, years of marriage and number of children. However, this is indicative that rural women can be easily convinced about use of contraception if given proper education.

CONCLUSION

The KAP (Knowledge, Attitudes, and Practices) study aimed to assess the understanding of contraception among married women and the involvement of males in decision-making related to contraception. The findings of the study provide valuable insights into the dynamics of contraception usage within marital relationships.

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