

Knowledge, Attitude and Practice of Contraception Among Multiparous Women at Lady Aitchison Hospital, Lahore

Sajid A.,¹ Malik S.²

Address for Correspondence: Lady Aitchison Hospital, Lahore

To determine the level of awareness among multigravida regarding family planning methods and contraception coming to gynae outdoor of Lady Aitchison Hospital. This study was conducted at King Edward Medical University Lahore in one year (August, 2008 to July, 2009). This is a cross sectional survey of 600 women selected through systematic random sampling. This study included women 25 – 45 years of age in Para 4. Specific issues explored were the attitude towards family planning, method preference, the level of contraceptive knowledge, awareness and perceived availability of methods, the current use of contraception, source of supply and the husbands influence on choosing contraceptive method. Among 600 women, 60% were aware of some contraceptive method. The most frequently used method was bilateral tubal ligation (BTL) (125) 20.83%. The use of intrauterine contraceptive device 83 13.08% was the second most common method followed by oral contraceptive pills (OCP) (37) 6.17%. (160) 26.67% women do not use any contraceptive method. The major reason for not using any method was the belief of being sterile, fear of side effects and to have more children. Educated women were (360) 60% more aware as compared to illiterate women (125) 20%. Green star and family planning centers remain the largest source of contraceptive services for Pakistani women.

Key Words: Contraceptive use, multiparous women, family planning awareness, Knowledge Attitude and Practice – gap (knowledge attitude and practice – gap).

Introduction

Despite the fact that contraceptive usage has increased over a period of time, there exists a Knowledge Attitude and Practice -gap regarding contraception.^{1,2} The reasons for not using any family planning methods are lack of knowledge and education, religious belief and fear of side effects.

Family planning has two main objectives; firstly, to have only the desired number of children and secondly, proper spacing of pregnancies.³

Since the inception of the programme several knowledge, attitude and practice studies have been conducted. Earlier Knowledge Attitude and Practice studies were conducted on small sample of specific population and were more descriptive in character. In the late 1960s, scales were developed and utilized in Knowledge Attitude and Practice surveys, sample size increased and studies were done correlating knowledge, attitude and practice of family planning.

Knowledge and practice of family planning is strongly related to higher level of education, to labour force participation, to fertility.² In most of the studies it was found that education is the prime influencing factor. It may have a direct influence on fertility, since education affects the attitudinal and behavioral patterns of the individuals. A number of Knowledge Attitude and Practice survey has been carried out covering different population groups.^{4,7}

Total population of Pakistan is more than 180 million. Growth rate of Pakistan was 2.7 / per annum in 1960 and around 3.2 / per annum in 1980 – 1990²⁰ according to last population census conducted in 1998. The current growth rate of Pakistan is 2.56 / per annum. The target growth rate of Pakistan is 2 / per annum.

Nausheen et al⁸ conducted a telephone survey among general practitioners for knowledge, attitude and practices of general practitioners toward contraception from different localities of the Lahore city, which has population of more than 6 millions.

In recent years, the need of such kind of studies was very important. Because more specific knowledge can be acquired about factor that determines the fertility and family acceptance. This in turn can be used to develop suitable program for them.⁹

The present paper is an attempt to assess the knowledge, attitude and practice of family planning among para 4 or more women coming to Lady Aitchison Hospital Lahore.

Objective

To determine the level of awareness among multigravida regarding family planning methods and contraception coming to gynae outdoor of Lady Aitchison Hospital Lahore.

Material and Methods

This study was conducted at Lady Aitchison Hospital / King Edward Medical University Lahore. This is a cross sectional survey. A probabilistic sample of 600 women 25 – 45 age were selected by systematic random sampling technique form the target population of Lady Aitchison Hospital, Lahore (wall city and catchment areas). A questionnaire was designed according to Knowledge Attitude and Practice methodology. Questions were closed ended, precoded and time for administration was 20 – 30 minutes. Questions were locally coded. This study was carried out in one year (August 2008 to July 2009).

Specific issues explored were the attitude of P₄ population towards family planning and specific methods preference, the level of contraceptive knowledge, awareness and perceived availability of methods, the current level of contraception use, method preference and source of supply and the husbands influence on choosing contraceptive method.

Data Analysis: Data was entered into SPSS version 12 and analyzed accordingly. The quantitative variables were presented in mean and standard deviation and qualitative variables were presented in frequency and percentages.

Results

A look at the various socio-demographic variables shows that 140 (23.33%) of women were in the age group of 25 – 29 years, 280 (46.66%) were in the age group of 30 – 34 years, 120 (20%) were in the age group of 35-39 years and 60 (10%) were in the age group of 40-45 years respectively. The mean ages was 33.03 ± 4.55 years. Most of them were married for more than 8 years.

As far as the level of education is concerned, the results showed that 258 (43%) of the women were illiterate, 84 (16%) were primary, 132 (22%) were Matric, 66 (11%) intermediate, 36 (6%) were graduate and 12 (2%) were post-graduate. The maximum education level they attained was Matriculation.

Table 1 shows the respondents with knowledge of different contraceptive method, it indicates that knowledge of different contraceptive method was present and all the women were aware of at least one method.

Table 1: Awareness of contraceptive method (n = 600).

Methods	Number	Percentage
Natural (withdrawal method)	360	60.0
Condoms	355	58.0
Oral contraceptive pills	300	50.0
Progesteron only pills	72	12.0
Injectables	80	13.33
IUCD	384	64.0
Emergency contraception	42	7.0
Bilateral tubal ligation	425	73.0
Vasectomy	168	28.0
None	60	10.0

Levels of awareness were assessed on a scoring system as mentioned in proforma. Majority (40% to 45%) of them had average knowledge about various methods and some proportion (10% to 20%) of sample population had above average knowledge about contraceptive methods. Female

sterilization was more popular method among the women who reported knowledge of contraceptive methods.

Out of 600 women 125 (20.83%) were already sterilized at the time of interview and practice of other methods were shown in Table 2.

Table 2: Contraceptive method previously used (n = 600).

Methods	Number	Percentage
Natural (withdrawal method)	95	15.83
Condoms	60	10.0
Oral contraceptive pills	37	6.17
Progesteron only pills	6	1.0
Injectables	20	3.33
IUCD	83	13.83
Emergency contraception	4	0.60
Bilateral tubal ligation	125	20.83
Vasectomy	10	1.67
None	160	26.67

Regarding attitude towards family planning, 54% had positive attitude and approved contraception, 32% disapproved it and 14% do not know. This shows that majority of women are in favour of contraception.

Table 3: Reasons for not using contraceptives (n = 600).

Reasons	Number	Percentage
Tubal Ligation	125	20
Husband away	23	3.83
Not having sex	20	3.33
Infrequent sex	5	0.83
Breast feedings	60	10.0
Wants more children	70	11.67
Opposed to family planning	50	8.33
Anti religion	100	16.67
No knowledge about source	40	6.67
Worry about side effects	125	20.83
Cost too much	10	1.67
Inconvenient	45	7.50
Menopausal	5	0.83
Hysterectomy	10	1.67
Others	37	6.17

Discussion

In our study, the mean age of the women was 33.03 ± 4.55 years. As compared with the study of Donati et al¹⁰ who carried out a family planning KNOWLEDGE ATTITUDE AND PRACTICE survey in Manipur state India, the mean age of the women was 33.60 years, which is same and comparable with our study.

Regarding the educational level, 43% of the women were illiterate, 16% were primary, 22% Matric and 19% were intermediate / university, so the maximum education level achieved by the women was Matriculation. As compared with the study of Donati et al¹⁰ there were also 45.8% women illiterate, 25.86% were primary and 23.13% women were Matric / university, which is similar and comparable with our study. Primary, secondary and higher education levels as well as having four or more children increase the prevalence of contraceptive usage among females.

In our study the awareness of contraceptive use is 60% in women. In another study amongst Delhi slum dwellers two third of the respondents were aware about one or more contraceptive methods.¹¹ This is almost same and comparable with our study the reason could be that all areas surveyed are well served by MCH and family planning services and GPs and most of these areas are just adjoining Lady Aitchison Hospital Lahore which is a referral hospital for this population. High level of awareness has also been reported from Kanpur¹² and Calcutta.^{13,23}

Lack of knowledge about contraceptive methods can be a major obstacle in their use. In this survey the percentage of contraceptive methods known by the women was lower compared to the NFHS – 2 report,¹⁴ probably because women were asked to actively remember which family planning methods they knew (active memory) while in the NFHS – 2 survey they were asked whether they had heard any of the mentioned methods (recall memory). In this study bilateral tubal ligation (21%) was the commonest method followed by IUCD while in NFHS – 2 survey IUCD was the commonest method followed by bilateral tubal ligation.

20.83% women already had used bilateral tubal ligation, 13.83% were using IUCD's, 10% were using condoms, and 6.17% were using oral contraceptive pills.^{17,18,19} As compared with the study of Bhasin et al¹⁵ bilateral tubal ligation was being used by 27.3% women, IUCD 15.7%, condoms 33.4% and oral pills 16.6%. Different studies have shown different preferences for methods of contraception used.

In present study the reason for not using contraceptives, 20.83% women were worried about side effects, 16.67% considered it anti religion, 11.67% wanted more children, 6.67% had no knowledge about source, 8.33% opposed to family planning because of their husbands influence in choosing contraceptive method (Table 3). As compared with the study of Powell,^{16,21,22} the reasons given for non use were fear of side effects and personal or husband attitudes about contraception and women wanting more children.

Attitude towards family planning, 54% of the women

have positive attitude and approve contraception, 32% disapprove it and 14% do not know. This shows that women are in favour of contraception which is almost same and comparable to a study in Tezu village India.⁹

In urban areas the awareness of contraception according to our study is 60%. The reason is that these areas are adequately served by different family planning services. Our rural population needs to be evaluated so that our growth rate can be reduced to the target level e.i target growth rate is 2 / per annum.

Conclusion

It is concluded from the present study that 60% women have awareness of the contraceptive methods and they have positive attitude about contraception.

45% women are using contraceptive methods on regular basis and 33% are using it irregularly. The reason for not using contraception was fear of side effects lack of knowledge and wish to have a male child.

40% of population still have no awareness and need our attention so that by improving awareness and practices of contraception we can reduce our growth rate.

A population policy can be proposed with better infrastructure and adequate access to family planning and quality health services.

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