

Contraceptive Awareness in Female Population in District Mardan Khyber Pakhtunkhwa (KPK)

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ABSTRACT

Objective: To assess the level of awareness about contraceptive use in female population and its long-lasting advantages.

Study Design: Observational / cross-sectional study

Place and Duration of Study: This study was conducted at the Gynecology OPD Mardan Medical Complex, Mardan from 1st July 2016 to June 2017.

Materials and Methods: A total of 150 patients and spouse attendants were surveyed for this study. The exclusion criteria included people with age below 18 years, females with chronic illness history, The inclusion criteria married couple aged 18-50 years of age were included in this study.

Results: The study constituted a total 150 females with their spouse mean age of 30 ± 15.1 years ranging from 18 to 50 years. 27(18)% female were of age 18-25, 60 (40%) females were of age range 26-30 years, 33 (22%) were of age 31-35 years, 18 (12%) were of age 36-40 years and 12(8%) were of age above 40.60% out of the 150 patients, 70% of the females were with more than one pregnancy.

Conclusion: We conclude in our study that the community is moderately aware of the use of contraceptives and the acceptance of new contraceptive methods was less.

Key Words: Pregnancy, contraceptive methods, awareness, socio-demographic factors, child spacing

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INTRODUCTION

The biggest concern of all the developing countries is the increase in population. The desire for a bigger family is more common and prevailed in the local population. The birth and fertility rates are high of those of developed countries. These rates have been dropped in the previous decade with the increase in awareness of contraceptives.¹ Reducing the unnecessary fertility for all age groups is due to the use of contraceptives.^{2,3} The high fertility rate is linked with underdevelopment of the countries.⁴ One of the aims of the World Health Organization (WHO) is to achieve safe motherhood by proper birth spacing.⁴ Literature highlights the advantages of proper birth spacing as enormous.⁴ There exist an inverse relationship between the prevalence of contraceptive rate and total fertility rate.⁶ The socio-demographic factors and pattern among the community are changing over the female population.

Specifically, the education of females is a big factor for changing the fertility believes and behaviors towards child spacing. The raising of awareness for contraceptive use and the identification of women perceptions towards it use is very crucial and needed. Moreover, the evaluation of the socio-demographic values over above-stated perception will create a positive difference.

MATERIALS AND METHODS

It was an observational cross-sectional study, conducted at outpatients department (OPD), Medical Complex Mardan district Mardan from 1st July 2016 to June 2017. A total of 150 patients and attendants were surveyed for this study. The exclusion criteria include all males, females with age below 18 years and unmarried, females with chronic illness history, whereas females of aged 18-50 years of age and married were included in this study. Patients detailed the medical history, physical examination and demographics were noted and stored electronically, moreover. The questionnaire consists of two major parts, Knowledge of contraceptives and Source of knowledge for modern methods of contraceptives. All the collected data was stored electronically & analyzed later by using SPSS version 20. Descriptive statistics were applied to calculate mean and standard deviation. Frequency distribution and percentages were calculated for qualitative variables like gender, socioeconomic

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status etc. Overall a P values less than 0.05 was considered statistically significant.

RESULTS

The study constitutes a total 150 females with the mean age of 30 ± 15.1 years ranging from 18 to 50 years. 27(18)% females were of age 18-25, 60 (40%) females

Table No.1: Demographics of respondents

Demographics	(n)	(%)
Living area		
Rural	99	66%
Urban	51	34%
Religion		
Muslim	120	80%
Non-Muslim	30	20%
Educational status		
cannot read and write	45	30%
Primary	30	20%
Matriculation	24	16%
Intermediate	21	14%
Graduate and above	30	20%
Socioeconomic status		
Low income	66	44%
Medium income	48	32%
High income	36	24%

Table No.2: Awareness and source of contraceptives.

Awareness & Source of Contraceptives	(n)	(%)
Births can be controlled		
Yes	105	70%
No	45	30%
known to contraceptives		
yes	120	80%
no	30	20%
Use of contraceptives		
Yes	90	60%
No	60	40%
Methods to control birth		
Modern contraceptives	48	40%
safe periods	12	10%
other	60	50%
Contraceptive methods known to responder		
injectable	30	20%
pills	54	36%
Norplant	21	14%
Condom	39	26%
Other	6	4%
Source of modern contraceptives		
TV	33	22%
Health worker	21	14%
Neighbors	21	14%
Family/Friends	66	44%
Other	9	6%

were of age range 26-30 years, 33 (22%) were of age 31-35 years and 18 (12%) were of age range 36-40 years and 12(8%) were of age above 40. More the demographics were summarized in Table 1. 60% of the females have the history of pregnancy, out of which 70% of the females with more than one pregnancy. The information in regards to awareness of contraceptives and its major sources were given below in Table 2.

DISCUSSION

For the past decade, knowledge and use of contraceptive have been increased for almost all countries of the world except with very low income.² the scenario in Asian developing countries is always of interest. We explore the perception/awareness of contraceptives and its usage to a local population in district Mardan. In our study, we observe a wider portion of the population aware of the contraceptives, but in actual they utilize very less. This is similar to various studies found in the literature.^{7,8,16} In spite of the Government implementations of health worker and awareness program throughout the country, the goals have not been achieved to control the population. The knowledge about the simple methods of contraceptives was less to the understudy population. To whom it is known, the most common method is others which includes the use of condoms. Another common method reported in our study was the use of oral pills; this is due to the most approachable availability and simple to practice and well known one of the safe methods. This finding is consistent with other published studies.^{9,10} The awareness of the modern contraceptives is limited. This could be attributed to the source of knowledge. We observe the main source of knowing the contraceptives was family and friends.^{14,15} The personal experiences and practices among family women were majorly affecting the current use. The conservation of the community does not allow health workers to provide information of the use and contraceptives. The knowledge of modern contraceptive method was though less in our findings as recent studies observed almost 95% of the married women known to at least one modern method of contraceptive.^{11, 25} we have observed the lack of awareness is due to the living area, education level and socioeconomic status of the family. The less education and with low-income families the awareness of the use of contraceptives were less. Another reason was the gap in births, which is less common and not with the acceptance of the women. The society is mainly dominated and cooperation to the wives was reported less from husbands.¹⁷ Previously few studies based on birth intervals have concluded the similar results. One of the studies were conducted in Riyadh in a rural area, the existing mean interval of almost 3 years with increasing age of women.¹³ This impacted the women and child health. The gap interval is only possible with the use of contraceptive. The

present study was an effort to highlight the need of awareness and use of contraceptives. The advantages of the common practices for its use should be highlighted on community and household level.

CONCLUSION

We conclude in our study that the community is moderately aware of the use of contraceptives and the acceptance of new contraceptive methods was less. This needs more attention at community and household level.

Author's Contribution:

Concept & Design of Study: Hemasa Gul
 Drafting: Nuzhat Amin, Naila Noor
 Data Analysis: Nuzhat Amin, Naila Noor
 Revisiting Critically: Hemasa Gul, Nuzhat Amin
 Final Approval of version: Hemasa Gul

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