

Family Planning Awareness & Attitude among Female Medical Students

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ABSTRACT

Objective: To determine the frequency of premarital family planning awareness and attitude among female medical students. 2) To determine the frequency of premarital family planning counseling by health professionals.

Study Design: Cross-sectional study

Place and Duration of Study: This study was conducted at the Obstetrics and Gynecology Department, Sir Syed College of Medical Sciences for Girls (SSCMS) Karachi from 1st October 2021 to 31st December 2021.

Materials and Methods: Non-probability, convenient sampling. Sample size: 100 students. A questionnaire was utilized to collect relevant information. Inclusion criteria: unmarried Muslim, 4th year and final year medical students between 21–25 years. Exclusion criteria: married students. Statistical analysis: SPSS version 21. Ethical approval: 019/ 2021.

Results: Mean age: 23 years +_2 SD, students. Premarital family planning thought: n=23(23 %) students. Myths: 20 (20%) students. Fear: 45 (45%) students. Cultural restriction: 15 (15 %) students. Religious belief: 33 (33%) students. Responsibility: n=90(90 %) thought that both the partners are responsible. Premarital counseling by health professional: Only 22, (22%) students. Easily accessible: n=51 (51%) students thought, Affordable: n=61 (61%) students.

Conclusion: This study especially addressed unmarried Muslim female medical students who showed their good knowledge about contraception, with very few myths, having minimal religious or cultural restrictions but even then only about a quarter of the students had premarital family planning thought. This study also showed paucity of counseling by health professionals.

Key Words: Premarital family planning contraception awareness attitude

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INTRODUCTION

According to the Pakistan Demographic and Health Survey (PDHS) 2012-2013, Pakistan is the sixth most populous country in the world¹. According to the United Nation projections, there has been rapid population growth in Pakistan and it will soon become world's third most populous country behind India and China². The concern about rapid population growth and high fertility, directed us to implement contraceptive practices. Currently, the developed world has curtailed the population growth by contraception.

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In the developed world, the number of women desiring to use family planning has increased markedly over the past two decades, from 900 million in 2000, to nearly 1.1 billion in 2020.³

Family planning is a way of thinking and living that is adopted voluntarily upon the bases of knowledge, attitude and responsible decisions by couples and individuals⁴. Family planning allows individuals and couples to anticipate and attain their desired number of children, their spacing and timing of births⁵. Family planning deals with reproductive health by adequate birth spacing, avoiding undesired pregnancies, preventing induced abortions and thus improves the quality of life of the whole family.⁶

In order to increase the quality of contraceptive services, health care providers should have adequate knowledge and training in counseling skills so that reliable information can be given when they counsel their patients. The lack of training and inadequate number of health care providers may cause barriers for women to access contraceptives.⁷ Knowledge of future health care professionals and their attitude towards contraception should also be assessed in order to improve the quality of healthcare system.⁷ Young couples need to plan ahead and think about family

planning for future marriage in order to delay their first conception and to avoid the adverse pregnancy outcome of unintended pregnancy.

MATERIALS AND METHODS

This study was conducted in obstetrics and gynecology department of Sir Syed hospital, Karachi, Pakistan. Sir Syed Hospital is affiliated with Sir Syed College of Medical Sciences for girls (SSCMS), which is a private medical college in Karachi. The duration of study was three months from 1st October 2021 to 31st December 2021. It was a cross sectional, prospective study. Sampling technique was non probability, convenient sampling. Inclusion criteria was fourth year and final year, unmarried, Muslim, female medical students of a private medical college between 21 to 25 years of age. Exclusion criteria were married students.

A self-designed structured questionnaire was utilized to collect relevant information from medical students. The questionnaire included bio data and 10 relevant questions related with different aspects of family planning to assess their attitude and perception regarding family planning and contraception. These were: thinking about family planning for future marriage, myths about contraceptives, fears about contraception, like contraceptives have harmful effects. Other questions were about cultural restrictions and religious belief. Students attitude towards family planning, like responsibility of husband, wife or both were assessed through questionnaire. The questionnaire also included whether premarital counseling was received from any family member, friend or health professional. In addition availability and affordability of contraceptives were assessed through the questionnaire.

Contraception and family planning was included in their curriculum and both theory and practical were taught thoroughly in their lectures as well as clinical postings. Participants were asked to circle their answers as positive or negative on the response sheet. The questionnaire papers were distributed among fourth year and final year medical students to be filled and collected on the same day after their pre-prof. examination.

Operational Definitions: Attitude is the way you feel or think about family planning, thinking about family planning for future marriage, is a way to plan pregnancy so as to avoid the chances of unplanned pregnancy. Myths mean misconception.

Statistical Analysis:

With a 95 % confidence interval and a 5% degree of precision, a sample size of 101 students was calculated using the Open Epi, Version 3 open source calculator based on previous contraception awareness (93 percent) reported in a study conducted by Divya et al at Kasturba Medical College in India.⁸ Total number of students included in the study were 110. Ten students

were excluded from the study because they did not fulfill the inclusion criteria. The information collected from the questionnaires was filled into master sheet using the statistical Package for Social Sciences (SPSS) version 21⁹. After data entry, data transformation and data analysis were carried out. Descriptive characteristics such as mean, frequency and percentage were calculated

Ethical consideration: This study was approved from the ethical committee for research from Sir Syed College of Medical Sciences for girls (SSCMS). The reference number is 019 SSCMS- Ethics/ 2021.

RESULTS

Out of the 100 medical students, the mean age of the participants was 23 years +_ 2 standard deviation. All of them were unmarried, Muslim, female, medical students belonging to high socioeconomic status, therefore their socio-demographic characteristics were similar except for ethnic origin. All of them have sufficient knowledge about contraceptives learned through their curriculum.

Table No.1: Attitude towards family planning and contraception among Female Medical Students (n=100)

Variable	Yes n(%)	No n(%)
Attitude		
Premarital family planning thought	23	77
Myths about contraception	20	80
Fears about contraceptives	45	55
Religious belief regarding contraception	33	67
Cultural restrictions for contraception	15	85

Table No.2: Responsibility for family planning: n=100

Wife	05
Husband	05
Both	90

Table No.3: Premarital family planning counseling n=100

None	73
Family Member	02
Friend	03
Health Professional	22

Out of the 100 unmarried, female medical students, only a quarter, n=23 (23%) female medical students had premarital family planning thought. Less than quarter number=20 (20 %) girls had misconceptions about contraception. Less than half, n=45 (45%) students thought that contraceptive methods have harmful effects. Only one fifth n=15 (15 %) of students had cultural restrictions about family planning. Only one

third students, n=33 (33%) thought that; contraception is prohibited in Islam. Results shown in Tables 1. Most of the students, n=90(90 %) thought that both the partners were responsible for family planning. See Table 2. Less than quarter, n= 22 (22%) girls received premarital contraceptive counseling from health professionals. See Pie chart. Majority, n=72 (72%) did not receive any premarital counseling.

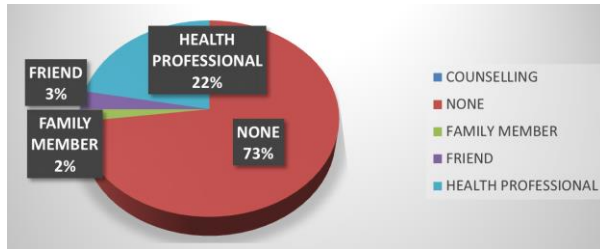


Figure No.1: Premarital Family Planning Counseling

DISCUSSION

In this study premarital family planning awareness and attitude among female medical students were assessed. All students were unmarried Muslims, girls studying in a private medical college and their socio-demographic characteristics were almost similar. This study selected fourth year and final year medical students who have gained sufficient knowledge about contraceptives, through their curriculum.

Educated women, especially health professionals can act as role models in bringing down a country's fertility rate by contraceptive practices [3]. In the developed world, the number of women using a modern contraceptive method increased from 663 million to 851 million and the contraceptive prevalence rate increased from 47.7 to 49.0 per cent [3]. A study done by Adrian Raftery in Washington, explored the impact of education on contraceptive usage and hence population control. That study found a direct correlation between educated women and contraceptive prevalence rate [10]. Ziba Toghizedeh and et al, conducted a study in Northern Iran, in which she emphasized the importance of upbringing the education level of women at the time of marriage, as direct correlation for increased contraceptive usage [11]. Thus in Iran, there was a rapid decline in fertility during the years 1985 to 2000 from 6 children to 2 children, by significant implementation of education and increased contraceptive prevalence rate [11]. In my study it is quite disappointing that, inspite of good knowledge about contraceptives, only a quarter, 23% female medical students had premarital family planning thought.

In my study, all the students belonged to high social class, living in Karachi, but inspite of that only a quarter had premarital family planning thought. In Pakistan the contraceptive prevalence rate, (CPR) is higher in urban (29 percent) than in rural (23 percent)

areas of Pakistan [12]. One of the study conducted by Tope Olubodun and et al in Nigeria, showed that there is a statistically significant association of family planning with age, education, occupation and monthly income. [13]. My study showed that in spite of good knowledge about contraceptives and belonging to high socio-economic class, majority young medical students did not want to plan their future pregnancies. Similar findings were shown in one of the study conducted in North west Ethiopia, where inspite of good knowledge low utilization of contraceptives were noticed. [14]. On the contrary a study conducted by Wani & et al on health care workers in Kashmir showed, that majority (80.1%) of the respondents had a favorable attitude toward family planning. [15]

This study highlighted that less than half, 45 % students thought that contraceptives are harmful. A study conducted by Mila Nu & et al in Malaysia showed misconception about contraceptives like, increased risk of cancer and infertility in the future. [16]. My study highlighted that only 20 % students had myths about contraceptives. These findings were consistent with the study conducted by Semachew & et al in Northwest Ethiopia, where only about 24.5% of the participants reported miss concept about contraceptives causing infertility [14]. My study showed that only 15 % students experienced cultural restrictions. On the contrary, the study conducted in Malaysia, showed social and cultural barriers as the most hindering factor for the utilization of contraceptives among women [16]. In my study, only 33 % students had religious belief against family planning. These findings were consistent with one of the study conducted in Karachi, Pakistan, by Maheen Siddiqui and et al showing 23 (22.8%) participants had religious and cultural restrictions. [17]. Maheen showed increase in the prevalence of contraceptive usage, 49.7 % [17]. Maheen and et al also showed positive attitude of women, fear about side effects of contraceptive usage (10%), thought of difficulty getting pregnant (4.6%), and religious prohibition (4.2%) noticed. [17]

In my study majority, (90 %) of the female medical students mentioned that according to them family planning is the responsibility of both the partners. These findings were consistent with a study conducted by Wani & et al in Kashmir, where around 80% of the respondents had discussed adoption of family planning methods with their husbands. [15]. The recommendation to include men in Family planning programs in Pakistan by accelerating the contraceptive prevalence rate is now part of international best practices and is included in the CCI 2018 Decisions. [18]. My study highlighted the fact that only 22 students received premarital counseling by health professionals and family planning services did not show significant efforts towards contraceptive counseling. Similar findings were noted in a study conducted by Hogmark & et al, in India

where contraceptive counseling by health professional were lacking.¹⁹ These findings were consistent with another study conducted by Wani & et al, in Kashmir who showed deficiency in counseling skills by family planning services.¹⁵ A study conducted in Southern Vietnam by Nhi Ngoc Yen and et al showed the importance of counseling skills among medical professionals to disseminate factual information regarding contraception.²⁰ Ma Saung & et al, conducted a study among Malaysian students, in which she emphasized the proper knowledge of medical students for future role as family planning counselors²¹

White K and et al, in a study conducted in Texas, emphasized the role of appropriate knowledge and counseling skills of health care providers in family planning services²². They further mentioned that health professional should have favorable attitude towards family planning in upbringing a country's contraceptive prevalence rate.²² Ma Saung & et al in the Malaysian study emphasized the importance of updated training of medical students²¹. As mentioned by World Health Organization, Specific Competency-based Training and continuous educational support could help all types of healthcare providers do a better job at family planning centers²³.

CONCLUSION

This study especially addressed unmarried Muslim female medical students who showed their good knowledge about contraception, with very few myths, having minimal religious or cultural restrictions, but in spite of that, only about a quarter of the students had premarital family planning thought. This study emphasized the paucity of counseling by health professionals.

Author's Contribution:

Concept & Design of Study: Nazia Hashim
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 Revisiting Critically: Nazia Hashim, Neelam Saba
 Final Approval of version: Nazia Hashim

Conflict of Interest: The study has no conflict of interest to declare by any author.

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