Original Article

Knowledge, Attitude and Practice of Contraception in the Women of Reproductive Age in Civil Hospital Karachi

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ABSTRACT

Objective: To determine the knowledge, attitude and practice of contraception among married women of reproductive age group at a tertiary care centre.

Study Design: Cross-Sectional Study.

Place and Duration of Study: This study was conducted at the Department of Obstetric and Gynecology, The Civil Hospital Karachi from September 2021 to March 2022.

Materials and Methods: All patients who fulfilled the inclusion criteria and visited to Department of Obstetrics and Gynecology, Dow University of Health Sciences/ civil hospital, Karachi were included in the study. Informed consent was taken after explaining the risks and benefits of the study. All married women of age 18-45 years attending outpatient department were recruited for study including pregnant women. The outcome variables included knowledge, attitude and practice of contraception at the time of presentation. All the collected data was entered into the proforma and used electronically for research purpose.

Results: Mean age of patients in this study was 28.19±5.95 years. Majority of patient belonged to rural areas i.e 59.9%. However the adequate knowledge and appropriate practice of contraception was observed in 59.9% women. The positive attitude regarding contraception was 46.3%.

Conclusion: Majority of women have adequate knowledge and appropriate practice of contraception. However the positive attitudes towards contraception was low in married women of reproductive age.

Key Words: Contraception, knowledge, attitude, practice, reproductive age.

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INTRODUCTION

Contraception is defined as the intentional prevention of cpregnancy by various natural, medical and surgical procedures. Family planning improves the life of the women by reducing the rate of unwanted pregnancies, which in turns reduces the morbidity related to unsafe abortions, thus ensures a better maternal outcome.(1)

Pakistan is the fifth most populated country with an estimated population of more than 200millions with an average fertility rate of 2.68 births per woman and population growth rate is 2.4% per annum as shown by recent demographic studies(2) . As increasing population is a global problem, the economically sound nations have adopted policies to keep their population growth in control to enhance the economic growth of the country(3). The Pakistan Reproductive Health and Family Planning Survey highlighted that there is a wide gap between the knowledge (97%) of contraceptive methods and their use (28%)among the married women. Contraceptive knowledge and practice are considered very important in women health. Contraception not only reduces population rate but also play s an important part in improving women's health and nutritional status.· It reduces the financial pressure on the family leading to improvement in basic needs of food, health ,clothing and living . A healthy mother can take good care of her children leading to reduced infant and childhood morbidity and mortality. The awareness and need for birth spacing knowledge among women in developing countries like Pakistan is low resulting in high number of unwanted and unattended pregnancie in developing countries(4). Therefore there is a definite need to enhance contraceptive practice and birth spacing in our country. It has been noted that there is low decline in the fertility rate especially among the poor in our country when compared to other South Asian countries(5). The actual contraceptive rate in

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Pakistan is not known as different agencies quote it differently[6]. Though much work has been done to assess the actual knowledge and attitude of women towards contraception but comparatively much less studies have been conducted in public setups of Karachi, which is the most populous city of Sindh province. In the tertiary clinics, the major population belongs to poor socio-economic group of the city. These are the women who mainly face the challenges of poverty, illiteracy, malnutrition and chronic illness.

An important factor which affects the fertility is contraceptive prevalence rate which is defined as number of married men and women using any kind of contraception[7]. The current contraceptive prevalence in pakistan is 26 % which is very low. Pakistan fertility survey showed a wide gap between the knowledge and practice of contraception. The need is to fill this gap and promote the practice of contraception across the country, for which it is required to assess the factors which lead to the decline in the use of contraceptive methods and address them. The main objective of this study is to assess the current knowledge, attitude and practice of contraception among the women of reproductive age who mainly belongs to lower socio economic group as there is no recent data regarding this important issue on majority of our local population. This could highlight the hindrances in the way of family planning in this group of women and hence we can guide them regarding the significance of this important issue

MATERIALS AND METHODS

The study was conducted at Department of Obstetrics and Gynecology of Civil Hospital Karachi from September 2021 till March 2022. Sample size was calculated by Non-probability consecutive sampling. The study included 242 women calculated by using Open epi sample size calculator version keeping hypothesized frequency of knowledge to be 4%[3] , margin of error is 2% and confidence interval is 95%.Married pregnant women were included in the study with the gestational age more than 28 weeks till term. Women of any parity with age between 18 to 4years were included. Women having aving complicated pregnancy, Women who had language barrier,Women who did not gave consent or having any kind of complicated pregnancywere excluded.

Data Collection Procedure: The antenatal patients who were presented to study setting that is Civil Hospital Karachi for the routine obstetric care were enrolled in the study based on the inclusion and exclusion criteria. Data was collected after obtaining an informed written consent on a questionnaire designed after taking ethical approval .The components of questionnaire included sociodemographic data, obstetric history, details regarding the previous use of contraceptive methods, details of their intentions regarding contraception after the termination of current pregnancy, any concerns related to contraception like religion, harmful effects and lack of autonomy and their views regarding the use of family planning in order to assess their knowledge of contraception. The attitude towards contraception was assessed with the help of questions related to their views regarding the use of family planning methods. Its side effects, its usefulness in avoiding the unwanted pregnancies and its role in improving the quality of life. The respondents were also be assessed about the practice by asking about the usage of any contraceptive methods by either partner and if not the reasons for non- utilization of contraceptive methods were also asked.

Data Analysis Procedure: The data was analyzed by using SPSS version 24. All the quantitative variables such as age, gestational age, parity, number of children, age of their last born child, gap between last two children was calculated as mean and standard deviation. Frequency and percentages of all the qualitative variables was calculated including educational status, area of residence, religion, socio economic status, occupation were presented as frequency and percentages. Effect modifier such as age, parity, gestational age, education, occupation, residence were controlled through stratification. Post stratification chi square test was applied P-value less than or equal to 0.05 counted as significant

RESULTS

In this study 242 pregnant women of age 18 – 40years were enrolled after taking informed consent..

Table No. 1: Descriptive Statistics of study Quantitative variables
N = 242

VARIABLE	Mean ± SD
Age in Years 28.19 ± 5.95	28.19 ± 5.95
Gestational Age in weeks	36.52 ± 1.54
Parity	1.67 ± 0.88
Age of last Child in years	2.11 ± 0.92
Gap between 2 children in years	2.0 ± 0.85

Table No. 2: Frequency Distribution of Knowledge, Attitude and Practice of Contraceptive methods N=242

Variable	Frequency	Percentage
Knowledge		
Adequate	145	59.9%
inadequate	97	40.1%
Attitude		
Positive	112	46.3%
negative	130	53.7 %
Practice		
Appropriate	145	59.9%
Inappropriate	97	40.1%

Table No. 3: Effect of different Factors on knowledge, attitude and practice of contraception

Associated Factors	Knowledge % & P value	Attitude % & P value	Practice % & P value
Age			
<30	Adequate 52.4%	Positive 42.4 %	52.4 %
>30	Adequate 77.8%%	Positive 55.6%	77.8 %
	P value < .001	P value .08	P value <0.001
Gestational age			
<37 WEEKS	Adequate 45.7%	Positive 37.5%	49.0 %
>37WEEKS	Adequate 70.8%	Positive 52.1%	67.1 %
	P value < .001	P value .03	P value .007
Parity			
<2	Adequate 49.0%	Positive 37.5 %	45.7 %
>2	Adequate 67.1%	Positive 52.1 %	70.8 %
	P value .007	P value 0.03	P value <0.001
Residence			
Rural	Adequate 60.7%	Positive 44.1 %	60.7 %
Urban	Adequate 58.8%	Positive 49.5 %	58.8 %
	P value .868	P value .49	P value .868
Education			
Illiterate	Adequate 50.0%	Positive 33.3%	50%
Primary	Adequate 70.4^	Positive 49.4 %	70.4%
Secondary	Adequate 70.7%	Positive 65.8%	76.7%
Metric or more	Adequate 80%	Positive 80%	80%
	P value < .001	P value < .001	P value < 0.001

The mean age, parity and gestational age of study participants were 28.19 ± 5.95 years, 1.67 ± 0.88 and 36.52 ± 1.54 weeks respectively. Details distribution of quantitative variables are shown in table 1. In this study majority of women belongs to rural area(59.9%). Moreover most of the women in our study were belong to poor socioeconomic status(66.9%). In the study 83.5% women were housewife and 70.2% women living in joint family. All women in our study were muslim. Table 2 shows the distribution of knowledge, attitude and practice of contraceptive among married women of reproductive age. In the study adequate knowledge was found in 59.9%, positive attitude in 49.9% and appropriate practice of contraceptive was found in 59.9% of women. Further it was observed that knowledge , attitude and practice of contraception was significantly associated with age, parity,gestational age and education (p-value ≤ 0.05) while residence was non-significant as shown in table 3.

DISCUSSION

WHO defines family planning as a way of thinking and living on the basis of knowledge, attitude, and taking responsible decisions by individuals and couples to promote health and welfare of society. this study was conducted to observe the knowledge attitude and practice of contraception in women of reproductive age group. In an indian study Majority 71% had the favorable attitude and 14.4% had an unfavorable attitude toward contraceptive methods. In this study majority of 59.9% had adequate had low knowledge on contraceptive methods.[1] The findings are contradicting with the study previously conducted study in 2011 on Contraceptive knowledge, attitude and practice, where results showed poor contraceptive knowledge among females([8]). An another study conducted in 2009 on knowledge and use of contraception among women observed that 81% had a high level of knowledge on different methods of contraception among the 252 women[9] . Study conducted in Pakistan also supported the results of our study which shows 60% of women had knowledge of contraceptive[10]. In another study amongst Delhi slum dwellers two third of the respondents were aware about one or more contraceptive methods. 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 77 this population. High level of awareness has also been reported from Kanpur and Calcutta[7].

In this study it was observed that 59.9% women acquired basic knowledge of contraception and 46.3% of them showed positive attitude for using contraception whereas 59.9% were practicing contraception. It was observed that majority of women were using either withdrawl or barrier method for contraception. The reason was mostly due to fear of side effects, economic and social reasons . A previous study conducted at Peshawar observed that 90% of married women had some knowledge of the common

contraceptives methods. Knowledge of these women about barrier method was 35.9%, oral pills was 27.7% and 26.2% knew about injectable contraceptives. Their study concluded that 87.8% showed a positive attitude towards family planning. Most married women were currently practicing oral pills and their husbands were currently practicing condoms[11]. An another study noted that 500 (99.4%) had knowledge about contraception and family planning, four hundred and ninety two (98.8%) believed that use of family planning methods is beneficial, while (85.5%) cases were using family planning services[12]. Sherpa SZ, et al reported in their study that 38.23% women did not use any contraceptive methods, and rest of the 61.8% used some form of contraception. Sait, et al in their study reported that the majority of the participants were aware about contraception (79%). However, only 54% of them reported use of at least one method of contraception.[13] A high percentage of the participants wanted a limited number of children with longer birth intervalseption including OCPs in 19.85% and only 1.47% used injectable contraceptive method[14]. Another recent study revealed that 500 (99.4%) had knowledge about contraception and family planning, four hundred and ninety two (98.8%) believed that use of family planning methods is beneficial, while (85.5%) cases were using family planning services[15]

In this study, there was a significant association between age, parity, gestational age and educational status with the knowledge status. the knowledge of contraception was better in women who were older than 30 years, multiparous and were educated. similarly the positive attitude and practice of reliable methods was also observed in these women. It was also noted that most of the women though aware of different contraceptive methods but were reluctant to use due to safety concerns and fear of complications. Therefore more women were inclined towards natural metods or barrier contraception

The limitations of the study includes small sample size and inclusion of only pregnant women. This high frequency of knowledge and positive attitude in pregnant women could be the result of counselling in antenatal clinics. Similar study may also be conducted in non pregnant women to check their knowledge so as to make proper strategies to enhance contraceptive prevalence in our country to control our population growth. With the use of this data department of family planning may devise a better awareness campaign to improve knowledge and false beliefs regarding contraception.

CONCLUSION

There is need to develop awareness campaign in order to further improve the knowledge and attitude of married women in our community. There is need to increase awareness about safety and use of different methods of reliable contraception to avoid failure. Moreover further studies should be planned in order to identify the possible barriers regarding use of contraception in our local population. The women should be encouradged to make well-informed decisions about contraceptive methods to improve their quality of life.

Author's Contribution:

Concept & Design of Study:	Umm e Kulsoom
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