



CHOICE OF CONTRACEPTION; ARE WOMEN AWARE & INDEPENDENT ABOUT THEIR, A STUDY CONDUCTED AT KASUR

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ABSTRACT... Objective: To observe the relationship of parity with awareness & liberty of use of contraception among married women. **Study design:** Descriptive study. **Period:** 1.02.2014 to 30.09.2014. **Settings:** Department of Obstetrics & Gynecology, Bhatti International Hospital, Affiliated Central Park Medical College, LHR. **Methods:** All Primipara & multipara women delivering at Bhatti Hospital were included. The women opting for permanent method (Tubal Ligation) were excluded. A total of 100 women participated in the study. **Results:** P1=44, P2-7=56, & out of total 100 women only 50 (50%) had simple awareness about contraception. Only 27% (all of group 2 i.e P2-7) had used some form of contraception. Among Group 2, 30% used Barrier (male condoms), 7% withdrawal, IUCD 5%, Pills 3%, Injections 1%. Multipara were more aware than primiparas with p value 0.043 (significant). Both groups were equally dependent on their husbands &/or in laws directly or indirectly about their decision & choice of contraception with p value 0.49 (not significant). The decision of contraceptives use depended on couples 36%, Only Husbands 34%, only women 27% & in laws 3%. The Group 2 had a low tendency to use contraception despite a general expectation with p value 0.36 (not significant) indicating that the probability of use in Group 2 was not very high. **Conclusions:** Both men & women need to be aware of the benefits of contraception & women's role in contraception decision making is still low in Pakistan

Key words:

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INTRODUCTION

The use of contraception & its effects on human body as well as on the society have always been an important aspect of women's health. Pakistan has a growth rate of 2.1% & a population of 184.35 millions with almost two-thirds of the population in reproductive age group. The population of Pakistan was 37 million in 1950 & it was the 13th most populous country in the world & now with 164 million, it is the 6th most populous country & further expected to rise to 292 million (5th) in the year 2020. The annual report published by the government of Pakistan reveals that over all contraceptive performance for the year 2012-2013 in terms of CYP (couple year of protection) is decreased to 2.2% in comparison with last year. Despite the fact that Pakistan has been the first country to start the Family Planning program among the Asian countries, the effect on growth rate reduction has been quite slow. According to statistics, the CPR i.e contraceptive prevalence

rate in Pakistan is only 23¹. Pregnancies & births are projected to almost double among adolescent Pakistani girls (10-19 years of age) in next 20 years². The question arises as why despite national efforts & international funding, there has been such a discouraging response to the use of contraception. The reason may start from having no knowledge at all about contraception among women to incorrect knowledge & not having the facility to use it or even denying the right to use contraceptive methods by women. Religious & cultural issues are also important as most of our religious scholars spread this idea among the masses that it is God's responsibility to feed & nourish every human being³.

The independence & liberty to use contraceptive agents among women even reflects the status of women in society & their empowerment. If the women are given the liberty & independent to use the method of contraceptives by their husbands

& families, they may prove more effective in controlling their family sizes & birth interval between their pregnancy. Although the affectivity & decision taking role of women in their home may be raised with increasing number of children & years but does their role also becomes more independent in contraceptive use will reflect their empowerment.

In developed countries, the women have easy access & freedom to the choice of contraceptives.

Aims & Objectives

To find out whether the increasing parity affects the contraceptive knowledge & the liberty to use the chosen method by women.

MATERIALS & METHODS

Study Design

Descriptive Study analyzing data using chi square & p-value calculation

Study objective

The Hypothesis to be tested was “women with single parity are not aware of the benefits of contraception & do not have the right to choose themselves about contraceptive facility as compared to multipara & contraception usage increases with awareness of contraception”

METHODS

To find out whether the hypothesis was correct or not a study was conducted at Bhatti International Hospital, Kasur, affiliated with Central Park Medical College. The study was conducted during February 2014 till September 2014 & about 100 post delivered women were divided into two groups with Group 1 including women with single parity & group 2 included women with 2 or more parity. The mode of delivery was not considered but those women who had opted for bilateral tubal ligation during cesarean section as a permanent method of contraception were excluded. They were either asked to fill a questionnaire in written in Urdu or a staff member helped them in case they were unable to read. The questionnaire included an information in simple words about contraception, its health

and social benefits to women & her family. It also included the information that the women have the right to choose & use contraceptive facilities independently & also in consent with their husbands. The results were then compiled using appropriate statistical tests chi square & p value was then calculated using SPSS.

RESULTS

A total of 100 women who delivered at Bhatti International Hospital, Kasur between 1st February 2014 to 30th September 2014 were included. The age group of the women were between 20 -40 yrs old. The primipara women were 44 (44%) & Para 2 -7 were 56(56%). Both the groups answered the questionnaire Group 1 (primiparas) results revealed that only 17/44 (38.6%) women had some basic idea that planning of family is possible with contraceptive usage & they can even change the type of contraception according to their needs & suitability. Group 2(Para2-7) included 56 women & out of these only 33/56(59%) women were aware while 23/56(41%) still had no basic information about contraceptive use & benefits let alone the actual use of contraception. The Group 2 were asked whether they had ever used any contraception before & out of 33 who had prior knowledge about only 25 had used any kind of contraception. Barrier method was the dominant method, while use of pills, IUCD & injections was minimal i.e pills (2/33=6%), Inj (1/33=3%), IUCD (3/33=9%), barrier (17/33=51%), withdrawal (4/33=12%). Interestingly 3/33(9%) women reported of using a contraceptive method (barriers in all three) while they themselves had no idea about use & benefits of contraceptives as their husbands were the deciding factor. The results were statistically analyzed using chi square & p-value was calculated. Awareness of contraception among Primiparas was less than the Paras 2-7 with a chi square of 4.068 & p-value 0.043 (significant). The women's role in making independent decisions about contraception was only 27% with mutual consent to about 36%. In actual practice, the role of husband & in laws combined was 63% which means almost 2/3rd couples need opinions from other family members. The statistical application evaluating

if the role difference in decision making after at least one child birth had shown no such change. The privilege of taking Independent decision in using interval method of contraceptives was no difference between primi & multi paras with chi square = 0.0728 & p-value 0.49 (t-test) was not significant. Chi-square value for determining the relationship of contraceptive use with level of awareness showed chi square = 0.832 & p-value = 0.36 which is not significant.

	Group 1	Group 2
Parity	1	2-7
Number of women	44	56
Previous use of contraception	Nil	27
Awareness of contraception	17/44	33/56

Table-I. Demographic Data

Contraceptive type	Group 2	%age
Barrier	17	30%
Withdrawal	4	7%
IUCD	3	5%
Pills	2	3%
Injections	1	1%

Table-II. Type of contraceptive usage among Group 2

	Aware	Not aware
P1	17	27
P2-7	33	23

Table-III.

*A 2x2 table showing aware vs non aware (contraception)
Chi square=4.068, p-value=0.043
which is significant*

	Independent	not independent
P1	10	34
P2-7	17	39

Table-IV.

*A 2x2 table showing independent vs dependent (women decision makers)
Chi square=0.0728, p-value= 0.49,
which is not significant*

Awareness	Contraceptives	
Present	36	Used 21
Not present	21	Not used 18

Table-V.

*2X2 Table showing relationship between awareness & use of contraception among Group 2
Chi square=0.832, P-value=0.36
which is not significant*

Decision Maker	Actual number	% age
Couple	36	36%
Men(independent)	34	34%
Women(independent)	27	27%
Inlaws	3	3%

Table-VI. Distribution of decision makers about contraception

DISCUSSION

Increasing Population in a country like Pakistan has always been a difficult issue to tackle. The country has increasing growth rate at one hand & decreasing resources on the other hand. Health & education facilities are meager & with increasing population both these sectors are on decline creating a vicious circle. The knowledge of contraception & its beneficial effects were 87.5% in a study conducted by A. Chohan about 15 years back & in that only 32.7% had the experience of using some form of contraception⁴ while in the my study, only 50% had some knowledge of contraception & out of these only half of them had ever used some form of contraception. As compared to this, in our neighboring country India, the awareness even among the youths was much better 89.1% of youth were aware of at least one type of contraception while 81.5% had heard about condoms⁵.

Although the emphasis has been shifted more on the use & awareness of Intra uterine contraceptive devices, the use in multipara is still very low. In another study conducted by S.Ghike, it was found that among Indian rural women, 100% had knowledge of one or another method of contraception & 67.5% knew about IUCDs⁶ whereas in a study conducted in Pakistan, barrier method is still the most practicing method in Pakistan⁷. This study also shows a predominant trend towards barrier methods. Although barrier methods (condoms) prove to be effective & preventive for Sexually Transmitted Diseases but their efficacy is mainly user (husband) dependent & the failure rate is also high. In a populous country like Pakistan, such methods may add to the issues of failure to achieve contraceptive targets. The type of contraceptive method may have an important impact in estimating the seriousness of a couple about family planning. Barrier method though effective in compliant couples but as are user dependent, the husbands may not be well compliant. In a country like Nigeria, the awareness of contraceptive benefits & methods was found to be 93.4% with use of male condoms was (95.5%), injectibles (87.4%) & contraceptive pills use was 85.9%⁸. One has to correlate the type of contraceptive used with

growth rate to get a better idea of effects & influences. The use of contraception was almost absent in women who were just married or before their first conception. This may indicate the child bearing is the main role or expectation from a newly wedded woman. This also indicates that cultural, religious & social issues predominate in our country as compared those countries where religious beliefs are different⁹. Similar results were observed in a study conducted by Mounira Al Sheeha in Saudi Arabia where the contraceptive awareness was found in 50% of women¹⁰.

The decision making & the authority to implement the decisions needs to be addressed when decision of contraception is concerned. In this study, more than half of women (63%) have no independent say in making family planning decisions. The role of husbands is utmost important because they can either be a support to their wives or may get influenced by their own family pressures & the pressure of having one or more sons, as we know that this is a male dominated society. This is comparable to a study conducted in India where the contraceptive usage was studied in married women in slums of Mumbai. It was found out that mutual decision was taken in 41.45%, husband independent decision 30.77%, women independent decision 26.07% & in-laws 1.7%¹¹.

As a general observation the younger married women are more restricted than older women in their mobility & access to health care services, including family planning & contraceptive services¹². Same was the perception & hypothesis to be tested in this study. However, the results showed no significant difference between the younger Primipara Vs older multipara women showing that over the years no attitude change has occurred in the society. Even the women with more than one children are as much as dependent on their husbands & families to make choices about the size of their family & the type of contraceptive usage as the younger newlywed women. Women, & especially poorly educated women, are in general brought up in a society with pronounced gender inequalities, with serious restriction of autonomy & poor possibilities to the access any health services without permission from the husbands, resulting in poor health status¹³. This is also a discouraging evidence in achieving our future goals. The reasons for not a prompt readiness to adopt contraceptive methods need to be addressed. The educational & motivational level of women, their husbands & the entire society needs to be upgraded. The religious issues also play an important part in it. Most religious preachers & leaders oppose

contraceptive use which was noted in a study by NIPS¹⁴ & they are of the belief that use of contraceptive agents is un-Islamic. The relationship of decision autonomy is strongly related to women's education & their role in their homes. One such study revealed comparable results where it was found that both life time & current contraception use for the highest as well as the lowest quintile was significantly associated with decision autonomy, further the contraception use was strongly associated with women's education level¹⁵.

Awareness becomes the first step of contraception. The women's awareness is directly related to the use of contraception & this study shows a significant value indicating that the women who were aware had better inclination towards contraception. In our society, there is reluctance to discuss reproductive health & contraceptive issues with their elders & there is hardly any such education offered at schools & hence they are left with misconception & ignorance¹⁶. In my study, it was discouraging to find out that even among Group 2 (P2-P7) who were aware of benefits & types of contraception, the usage was still low with p-value Not significant which may imply that the religious, cultural & socio-economic factors may also play an important role in accepting a positive role of contraception by our society.

CONCLUSIONS

The usage & acceptability of contraception can only be raised by creating a better awareness not only among women but husbands also. Although, the sexual & reproductive health concept implies that people are to be able to have a responsible, satisfying & safe sex life, including the capability to reproduce & the freedom to decide if, when & how often to do so¹⁷, our society is still far behind reaching these goals as defined in ICPD, 1994.

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“Over enthusiastic reunions could be productive.”

Shuja Tahir



AUTHORSHIP AND CONTRIBUTION DECLARATION

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