

# CONTRACEPTIVE METHODS;

## PREVALENCE AND FACTORS ASSOCIATED WITH PRACTICE AMONG MARRIED MALES IN SOLDIER BAZAAR KARACHI PAKISTAN

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**ABSTRACT... Objective:** To estimate the knowledge, prevalence and factors associated with practice of modern contraceptive methods among currently married males of reproductive age group (20-49years) in soldier bazaar Karachi Pakistan. **Period and Setting:** The study was carried out in Karachi in 2010 in area of soldier bazaar. **Methods:** In person interviews were carried out with 150 males (Aged 20-49) from different areas of Soldier Bazaar which were taken randomly. Data was collected regarding socio-demographic features, reproductive profile, family size, knowledge, and practices of family planning services and reasons for non-use of contraception. **Results:** The half of respondents has knowledge about condom (52%), IUCD (44.6%), Oral pills (43.7%), injection (41.3%) and tubal ligation (32.6%). Knowledge about withdrawal and male sterilization (vasectomy) which are male contraceptive methods is low. Only 19.3% respondents know about all the methods and another 9.3% do not know about any method. 32% respondents showed willingness to undergo vasectomy as compared to 68% who are not willing for the procedure. 8% of the respondents use some of family planning methods 30% of respondents (and their wives) did not use any contraceptive method because they want more children. Surprisingly 3.5% respondents among non-users did not know about the family planning methods. Educational level has shown direct relationship with knowledge and practice of family planning. **Conclusions:** Prevalence of male contraceptive methods along with knowledge of other methods is found very low and has direct relation with attitude and practice of family planning, not only among themselves but also on the adoption of contraceptive measures of their wives.

**Key words:** Contraceptive Methods, IUCD, Vasectomy.

## INTRODUCTION

The world population has been stabilized in the developed world but Pakistan, which is the 6th most populous country of world<sup>1</sup>, still grapples with the control of the fast growing population According to the Population.

Reference Bureau 2006<sup>2</sup>, the estimated population of Pakistan is 162.4 million and is expected to be 295 million in the year 2050<sup>3</sup>. Pakistan faces many health problems and family Planning is still one of the major problem of Pakistan. Millions of rupees have been spent on Family Planning programme with no major achievement<sup>4</sup>. The most important reason for the failure of population planning programme is improper implementation of Family Planning programme which didn't take into account the cultural and lifestyle of the peoples<sup>5</sup>. Males are decision-maker and ruling authority in our culture, the males influence every decision, and a woman cannot take any stand without the permission of her husband<sup>6</sup>. Pakistan is male dominating society and most of the decisions are taken by the man<sup>7</sup>. It has been

observed that behaviour and attitude modification is time taking process but without knowing actual situation, one can not pursue to achieve this target. This study may provide some fruitful information regarding knowledge, attitude and practice of males in family planning and may help to formulate the strategies for their effective involvement in family planning program in particular area.

## PATIENTS AND METHODS

This community based cross-sectional study was conducted from June to September 2010 in the area of soldier bazaar in Karachi. Soldier Bazaar is a busy and thickly populated area with majority of people belonging to low socio-economic strata. A non probability, convenience sample of 150 was selected from men of reproductive age group (20-49) from different parts of the area. Interviews were conducted, after obtaining an informed consent. A structured questionnaire designed in the local languages was used to obtain information on socio-demographic features, reproductive profile, contraceptive knowledge, attitude and practices of family planning services. Reasons for non-utilization of

contraceptive services were also asked from the respondents. The data was entered and analyzed on SPSS version 11.

**RESULTS**

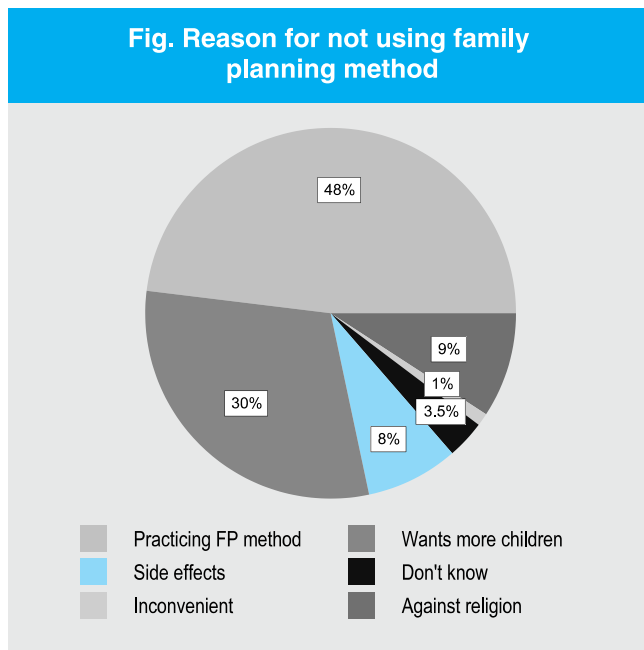
About 150 males of reproductive age group (20-49) were interviewed .Current contraceptive practice of male methods was very low with condom (6%), vasectomy (0.7%) and withdrawal (0.7%) The socio-demographic features of men are shown in Table I. Half (50.0%) of the men were in age group of 21-30 years while the mean age at marriage is 26.15 + 4.38 years ranging from 18 to 38 years. It is found that majority of respondents i.e. 49.3% got married at the ages 18 – 25 years, 38% got married at the ages 26 – 30 years. It means that 87% respondents got married before reaching 30 years of age while only 13% got married at the age 30 years and above. It is noted that 90.7% respondents level formed schooling with 20.% primary, 16.0% secondary and 54.7% having college education, only 9.3% is reported be illiterate.

The knowledge of respondents about various contraceptive methods reveal that less than half of them have knowledge about condom (32.7%), IUCD (25.3%), Oral pills (24.7%), injection (22%) and tubal ligation (13.3%). Knowledge about withdrawal and male sterilization (vasectomy) which are male contraceptive methods is low . Only 19.3% respondents know about all the methods and another 9.3% do not know about any method. 32% respondents showed willingness to undergo vasectomy as compared to 68% who are not willing to undergo the procedure. Majority of the respondents started family planning practice after birth of one child i.e. 56%, 35% started practicing family planning after second child. So 91 percent respondents started practicing family planning after 1 – 2 children.

Generally at the time of survey, 48% of the respondents and their wives use some of family planning methods The most common family planning methods used are by the wives of respondents which are IUCD (27.4%) oral pills (12.1%), injections (14.7%) and then tubal ligation (3.4%).The male family planning methods are least used which are condom (20%) vasectomy (0.7%) and withdrawal (0.7%).

Table-I. Selected social and demographic characteristics of the men		
Characteristics	Frequency	%age
<b>Current age</b>		
20-24	4	2.7
25-29	26	17.3
30-34	34	20.7
35-39	39	26
40-44	36	24
44-49	11	7.3
Mean	34.99	-
SD	5.99	-
<b>Age at effective marriage</b>		
18-25	74	49.3
26-30	57	38
>30	19	12.7
Mean		
SD		
<b>Educational level</b>		
Primary	30	20
Secondary	24	16
Intermediate	31	20.7
Graduate	40	26.7
Post graduate	11	7.3
Illiterate	14	9.3
<b>Knowledge about FP methods</b>		
IUCD	38	25.3
Pills	37	24.7
Injection	33	22
Tubal ligation	20	13.3
Condom	49	32.7
Withdrawal	25	16.7
Vasectomy	17	11
All Methods	29	19.3
No Method	14	9.3
<b>Permit wife to practice FP</b>		
Permit wife to use FP	119	79.3
Don't permit wife to use FP	28	18.7
<b>Willingness to undergo vasectomy</b>		
Yes	48	32
No	100	66.7
<b>Current use of FP method</b>		
IUCD	41	27.4
Pills	18	12.1
Injection	22	14.7
Tubal ligation	5	3.4
Condom	30	20
Withdrawal	1	0.7
Vasectomy	2	1.3

30% of the respondents told that they (and their wives) did not use any contraceptive method because they want more children. About 9% did not practice family planning as they consider its use against Islam. Those who avoided using contraceptive methods due to fear of side effects and misconception were 8%. Surprisingly 3.5% respondents among non-users did not know about the family planning methods.(figure).



**DISCUSSION**

Pakistan was among the vanguard countries in Asia in starting a family planning program more than five decades ago, despite this fertility has declined more slowly in Pakistan than in most other Asian countries<sup>3</sup>.The Total fertility rate in India is 2.7, Bangladesh has 2.8, Srilanka 1.9, Iran 2.0, and Pakistan’s total fertility rate is 3.9, which is highest among South Asian Region<sup>2</sup>. Current contraceptive use in this study was 48%, comparable to CPR of 28% in district Khairpur<sup>8</sup> and 28% in Lahore<sup>9</sup>. This study points towards literacy rate which is over90% respondents having at least primary education and 54.7%having college education, which could be the reasons for the high CPR. Relationship of CPR with illiteracy is a well-acknowledged fact<sup>10</sup>.

Reported singulate mean age of marriage in Pakistan

was 27.1 years for males<sup>11</sup>. Results of our study were different where mean age at marriage for male was low with 26.15 + 4.38 years ranging from 18 to 38 years. It was found that majority of respondents i.e. 49.3% got married at the ages 18 – 25 year. Unfortunately contraceptives in teenagers was less in contrast to advanced countries<sup>12</sup>.

A point worthy to note is Majority of the respondents started family planning practice after birth of one child i.e. 56%, 35% started practicing family planning after second child. So 91 percent respondents started practicing family planning after 1 – 2 children. It signify positive male attitude towards family planning, who were always dominant in decision making pertaining to women's fertility and birth spacing in Pakistan<sup>13</sup>.

Wish to have more children was the most common reason given by the non-users, Fear of side effects(8%),on religious grounds(9%)is the second common cause of non-use reflecting gap in information education and communication (IEC) component of family planning program. Regarding, use, efficacy and safety of contraceptives, a weakness highlighted in a recent study from Karachi<sup>14</sup>.

The actual use of modern male contraceptive method is low in this study. Certain socio-demographic factors such as respondents’ education, occupation, number of living children and husband approval for his wife have a considerable impact on the practice of modern family planning methods<sup>15</sup>.

In this study, respondents’ education and approval were found important for the practice of contraceptive methods. Therefore, male and female schooling should be an essential strategy in our country. In Soldier Bazaar and other similar localities, group discussion on various issues related to family planning and reproductive health, which may be helpful in creating awareness.

**CONCLUSIONS**

It is evident that the current male contraceptive practices are not at the expected levels. If family planning programmes are to have any success in Pakistan then men must be considered as an active participant in the

process of planning, designing and implementing family planning policies. Population planning programme will have to promote the family planning by couple involvement.

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