

Family planning practices and its awareness among multiparous women

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Objective

To determine the contraceptive knowledge and practice of multiparous women towards contraception and reasons for having a large family.

Methods

A total of 176 multiparous women were selected randomly for this study which was conducted over period of 5 months from March 2008 to August 2008 at Isra University, Hyderabad. Information was collected on self made questionnaire regarding age, actual number of children, desired number of children, educational status, knowledge and pattern of utilization of contraception. Informed consent was taken. Data was analyzed on SPSS version 11.

Results

Out of 176 women, 126 (71.5%) women had used contraception, while 50 (28.4%) had never used it. About 135 (76.7%) women knew about injectable contraceptives, 89 (50.5%) knew about sterilization and 86 (48.8%) knew about oral contraceptive pills (OCP). Only 71 (40.3%) women knew about IUCD and 81 (46.0%) knew

about condoms. Regarding side effects, only 48 (27.2%) knew about side effects of injectable contraceptives, 41 (23.2%) knew about side effects of condoms, 36 (20.4%) about OCP and 15 (8.5%) knew about side effects of vasectomy. Most common method of contraception used by these women was condom, which was used by 61 (34.6%) women. Most common reason for not using contraception was because of husband disapproval in 131 (74.4%) women. Most common reason of large family size was unplanned pregnancies seen in 90 (51.16%) women, desire of male child in 15 (8.5%) women and method failure in 10 (5.6%) women.

Conclusion

There is a knowledge/practice gap in the use of family planning methods. Some awareness about contraception is present but social factors affect the practice. Instead of female only, effective couple counseling should be done. (Rawal Med J 2009; 34:183-186).

Key words

Contraception, multiparous, condoms, women.

INTRODUCTION

No problem is more urgently important to the well being of human than to limit the population growth.¹ The hungry and impoverished people of underdeveloped countries are desperate for the chance to improve their own lives and to provide a better existence for their children.² Family planning is a basic tool to improve the health status of the people. It would be desirable if we could limit the pregnancies to between the ages of twenty and thirty-five, if pregnancies were so spaced that there were two or three years of gap between each birth and if the number of children could be limited to three. Pakistan's population growth rate 2.1% is very high as compared to 0.1% for more developed and 1.6% for less developed countries.⁴

Pakistan has low prevalence of contraception practice of only 27.6%, being 39.7% in urban and 21.7% in rural areas.⁵ According to Pakistan

Reproductive Health and Family Planning Survey⁵ 2000-2001, 33% of all currently married women do not want another child immediately or in near future but are not using a contraceptive method. International Planned Parenthood Federation (IPPF) defines right to information, access, choice, safety, privacy, confidentiality, dignity, comfort, continuity and opinion as fundamental right of every individual receiving family planning services. The aim of this study was to determine the contraceptive knowledge and practice of multiparous women towards the contraception as well as the reasons for having a large family.

PATIENTS AND METHODS

This descriptive study was conducted in out patient department of gynecology and obstetrics department of Isra University Hospital Hyderabad. A total 176 multiparous women were selected

randomly. Study was conducted over period of 5 months from March 2008 to August 2008. Married women of reproductive age group (15-44 year) were included in the study while women who were recently married were excluded from study. The women were divided into low, middle and upper socioeconomic class, if family income was upto Rs/= 5000 per month, upto Rs/= 15000 per month or more than Rs/= 15,000 per month respectively.

Information was collected on self made questionnaire regarding sociodemographic characteristics like age, actual number of children, desired number of children, educational status, knowledge and pattern of utilizing contraception. Inquiries were made about the methods practiced by them in past and various reasons resulting in large family size, besides, reasons for not practicing the available contraceptive methods. Informed consent was taken from all study participants. Data was analyzed using SPSS version 11.

RESULTS

Out of 176 women 103 (58.5%) were multiparous and 73 (41.4%) were grandmultiparous. Regarding socioeconomic condition 112 (63.6%) women belonged to poor class, 55 (31.2%) to middle class while 9 (5.1%) women belonged to upper class. Sixty eight (38.6%) women were illiterate, 61 (89.7%) had primary education, 41 (60.2%) had secondary and 6 (8.8%) had higher secondary education (Table 1).

Table 1. Socio demographic data.

Variable	Number of Patient	Percentage %
Age		
15-24	15	8.5
25-34	87	49.4
35-44	74	42
Parity	61	34.6
P2-5		
P6-8	94	53.4
P9-11	21	11.9
Socioeconomic Condition		
Poor	112	63.6
Middle	55	31.2
Upper	9	5.1

Out of 176 women, 126 (71.5%) women had used contraception, while 50 (28.4%) women had never used contraception.

Table 2 shows knowledge of women regarding contraception and its side effects. About 135 (76.7%) women had knowledge about injectable contraceptives, 89 (50.5%) knew about sterilization and 86 (48.8%) women knew about oral contraceptive pills (Table 2).

Table 2. Awareness about contraceptive methods & its side effects (n =176).

VARIABLES	NUMBER	PERCENTAGE
(a) Knowledge about contraception		
Oral contraceptive pills	86	48.8
Injectable contraception	135	76.7
IUCD	71	40.3
condoms	81	46.0
sterlization	89	50.5
withdrawl	76	43.1
Rhythm method	61	34.6
vasectomy	69	39.2
(b) Knowledge about side effects		
S/E of condoms	41	23.2
S/E of ocp	36	20.4
S/E of injections	48	27.2
S/E of IUCD	61	34.6
S/E of vasectomy	15	8.5

Most common method of contraception used by these women was condom and decision making person for using contraception was husband

(Table 3).

Table 3. Method of contraception ever practiced & reasons

VARIABLES	NUMBER	PERCENTAGE
(a) Method ever practiced	Total 126	71.5
Condoms	24	13.6
Oral contraceptive pills	21	11.9
Injectable contraception	21	11.9
IUCD	20	11.3
Sterilization	18	10.2
Withdrawal	16	9.0
Breast feeding	6	3.4
Vasectomy	00	00
(b) Reason of not using contraception	Total 50	28.4
Husband disapproval	18	10.2
Cost problem	7	3.9
Need more children	6	3.4
Inlaws disapproval	9	5.1
Religious prohibition	6	3.4
No idea regarding contraception	4	2.2

of not using contraception (n=176).

Table 4 shows reasons of more children among these women. Most common reason was unplanned. Source of information was media in 73 (41.4%) women, relatives in 19 (10.7%) women, health care providers in 69 (39.2%), others in 23 (13.0%) while 15 (8.5%) were not informed by any source.

DISCUSSION

According to Pakistan fertility and family planning survey, the Contraception Prevalence Rate (CPR) in the country is only 24% in spite of the fact that 94 per cent have heard of at-least one method of Family Planning.⁵ The findings of our study showed that 50% of women had never used family planning methods. In our study, out of these women, 18 women stated that reason of not using contraception was husband disapproval. Husband's approval in selection of contraceptive method is an important

REASONS	NUMBER	PERCENTAGE
Unplanned	90	51.1
Husbands will	21	11.9
desire of male child	15	8.5
Method failure	10	5.6
Inlaws pressure	12	5.1
Desire of female child	04	2.2
No alive issue	09	5.1
God gifted	08	4.5
No answer	07	3.9

factor.

Table 4. Reasons of more children (n=176).

Our studies showed that majority of decisions regarding number of children and contraceptive practices were made by husbands. Similar findings have been reported from a study conducted in Bangladesh that about 85% women require husband approval for practicing contraception.⁹ Studies have reported fear of side effects and husbands opposition were the main factor for not using family planning method.⁷ On the contrary a recent study at tertiary care hospital at Lahore found that nearly 74% of men had positive attitude towards contraception.⁸ A demographic study¹² in Pakistan indicated breast-feeding as major contributor to child spacing.⁹ Thus breast-feeding appears as one of the natural constraints on our fertility practice, though unplanned, but seemingly practicable and acceptable particularly in predominantly Muslim society, which suggests prolongation for two full years. Respondents who had used breast-feeding as a method of contraception were 3.4% which is lower than another study in Asia.⁴

We found condoms to be commonest method use, where OCP was the pre-dominant method in a study from Khairpur followed by 88.3% female sterilization and injectable contraceptive 87.6%.⁹

A survey conducted in UK has shown that over 95% of sexually active women, who wish to avoid pregnancy, are using at least one method of contraception.¹⁰ Despite the apparently high prevalence of contraceptive use in UK, ineffective use of contraceptives and failure of the methods

account for a large fraction of unplanned pregnancies.¹¹ Number of living children, followed by number of living sons and attitude of husbands were found to be the important predictor for contraceptive use in a study carried out in Bangladesh.¹² In our study, one of the reason for large family size was desire for a living son as an important socially derived determinant. Male child being a symbol and cultural pride is a dominant factor in determining the family size in Asian society. Same trend has been observed in Turkey.¹³ The rate of contraceptive use is seen to be directly proportional to the women education and socioeconomic status.¹⁴ The women included in present study were from lower social class with little education, which itself explains the poor use of effective contraceptive methods.

CONCLUSION

Our study showed that there is a knowledge/practice gap in the use of family planning methods.

Instead of female only, effective couple counseling should be done. Steps should be taken to provide

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appropriate knowledge about contraceptives to the newly wed couples and in the antenatal clinics.

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