ORIGINAL ARTICLE

Socio Cultural Determinants of Low Contraceptive Use and High Unmet Needs in Married Females of Urban Karachi

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ABSTRACT:
Objective: To explore knowledge, attitudes and practices regarding contraceptive use in females and to determine the socio cultural barriers that influence contraceptive uptake and contribute to significant unmet needs of family planning.
Materials and Methods: This hospital based cross sectional survey was carried out from March 2015 to September 2015 at the Gynaecology and Obstetrics outpatient clinics (OPD) of two hospitals of Karachi, Liaquat National Hospital and PNS SHIFA Hospital. 383 females of age 18-49 years were enrolled after taking informed written consent. Knowledge, attitude and practices on contraception were evaluated with the help of predesigned questionnaire.
Results: Mean age of participants was 30.12+ 3.05, youngest being 18 years old, while the eldest was 49 years old. Majority (64%) of the participants were housewives.Knowledge about contraceptive methods was found in 97.1%. Media was found to be main source of information. Regarding contraceptive practices, 48% women were currently using some method of contraception. Among these the most widely used method was condoms (46%). 52% women were not currently using any method of contraception. Husband and mother in law opposition were found to be the strongest reason for not using any contraception.
Conclusion: Inspite of having good knowledge, utilization of contraceptives were less because of preference for a large family norm, religious myths, cultural barriers and family opposition
Keywords: Socio- cultural determinants, Contraceptive use, Married females, Urban areas, Karachi

INTRODUCTION:

Pakistan is the sixth most populous country in the world with an estimated population of 184.5 million. In 1951, Pakistan ranked as the 14th most populous country with a population of about 32.5 million, since then the population has increased approximately 5.5 fold. The current population growth rate is 1.7 percent. It is estimated that with this rate of population growth, Pakistan will become fifth most populous country in 2050.[1] This scenario presents a picture that could be devastating for the country where 61% of its population is living below US$2 a day.[2] Such a high growth rate is a matter of serious concern for country's economy stability, health, environment and food security. According to WHO, family planning is defined as "a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitude and responsible decisions by individuals and couples, in order to promote the health and welfare of family group and thus contribute effectively to the social development of a country."[3]In Pakistan, Family planning program was launched in the private sector in 1953 and in the public sector in 1960 with the aim to stabilize the rapidly expanding population. Despite of all these efforts of Government of Pakistan, population control is still a debatable issue.[4]Family planning is considered as one of the four pillars of safe motherhood program for reducing high maternal mortality in developing countries.[5]Neglect of this sector has contributed to Pakistan's failure in achieving its Millennium Developmental Goal (MDGs) 3, 4 and 5.[6]It has been estimated that approximately 28,000 women die annually in Pakistan due to preventable pregnancy-related complications.[1]

Contraception, which has been documented to be the most effective process that can improve maternal health by reducing fertility and ensuring healthy timing and spacing of birth in a country.[7]Healthy timing and spacing of pregnancy (HTSP)[8]is a family planning intervention that delays pregnancy by lengthening the inter-pregnancy interval.It deals with healthy spacing between the successive pregnancies for healthier outcomes for neonate, infant and child.[9]Contraceptive prevalence rate (CPR) is defined as the percentage of married women, aged 15-49 years, using modern and traditional methods

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of contraception.[1]In Pakistan, contraceptive prevalence was 24% in the 1996-97.[10]Pakistan's statistics given by United Nation's Population Fund(UNFPA) in 2002 showed total contraceptive prevalence rate of 28% and of modern methods as 20%.[11]

According to Pakistan Demographic and Health Survey(PDHS), 2012-13, contraceptive prevalence rates were 35 percent. 26 percent women were using modern methods, and traditional methods were used by 9 percent of married women while if we compare it with CPR of neighboring countries,they have achieved almost double CPR with 56% in India, 58% in Bangladesh.[12]This study aims to explore knowledge, attitudes and practices concerning family planning and birth spacing; health seeking behavior; community need assessment; and various socio-cultural barriers that influence contraceptive uptake and thus contributing to significant unmet needs of family planning.

MATERIALS AND METHODS:

This hospital based cross sectional survey was carried out from March 2015 to September 2015 at the Gynaecology and Obstetrics outpatient clinics (OPD) of two hospitals of Karachi that is Liaquat National Hospital and PNS SHIFA Hospital. Study participants were enrolled by non-probability, convenient sampling method.Sample size was calculated by taking the prevalence of contraceptive usage as 35%[1], margin of error 5%. Estimated sample size was 349. By adding 10% for non response, sample size came out to be 383.Inclusion criteria included married women of age 18-49 years, attending the OPD either as patients or their attendants. Exclusion criteria included unmarried, postmenopausal, diseased, infertile women or those unwilling to take part in the research study. 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 practices, availability and accessibility 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 21. Chi-square test was applied where necessary for significance testing.

RESULTS:

Mean age of participants was 30.12+ 3.05, youngest being 18 years old, while the oldest was 49 years old. Majority (63%) of the participants were housewives while 36% were working women (Table 1). Knowledge about contraceptive methods was found in 97.1%. On inquiring about the sources of knowledge regarding different contraceptive methods, media was found to be main source of information (Figure 1). Knowledge, attitude and practices regarding contraceptive use are mentioned in Table 2a, 2b & 2c. 52% women were not currently using any method of contraception. The most common reason was found to be family opposition from both husband and mother in law (Table 2b).Regarding contraceptive practices, 48% women said that they are currently using some method of contraception. Among these, the most widely used method was condoms (46%) (Table 2c). On finding association of socio demographic factors with contraceptive practices, female and husband education was found to be strongly associated with contraceptive practices in couples (Table 3).

Table: 1
Socio demographic profile of study participants

Variable	n= 357	Percentage (%)
Age of respondent (years)		
≤20	86	24
21-30	107	29.9
31-40	98	27.4
41-50	66	18.4
Occupation		
Housewife	225	63
Employed	132	36.9
Education status of (female)respondent		
Illiterate	68	19
Below Matric	71	19.8
Matric	46	12.8
Intermediate	49	13.7
Graduation	45	12.6
Masters	55	15.4
Post graduation	23	6.4
Family Structure		
Nuclear	225	63
Joint	133	37.2
Monthly income		
≤20,000	101	28.2
20,000 -50,000	98	27.4
≥50,000	159	44.5
Education status of (spouse)husband		
Illiterate	18	5
Below Matric	51	14.2
Matric	56	15.6
Intermediate	49	13.7
Graduation	75	21
Masters	78	21.8
Post graduation	30	84

Figure: 1
Source of knowledge about contraception

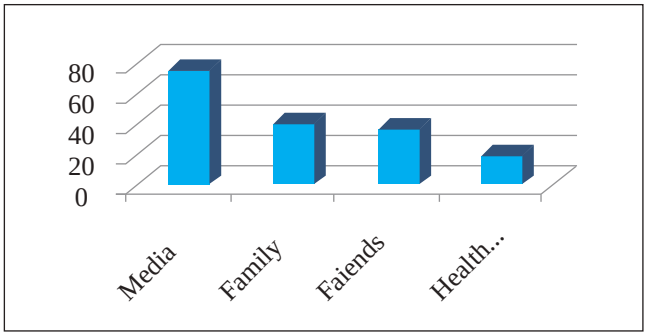

Table: 2a
Knowledge regarding contraceptives

Variable	n=357	Percentage (%)
Have you ever heard about contraception		
Yes	347	97.1
No	10	2.9
Types of contraceptives		
Oral Pills	64	18.4
Injectables	25	7.2
Norplant	6	1.7
Intra uterine device	50	14.4
Tubal ligation	2	0.5
Male Condoms	179	51.5
Withdrawal Method	20	5.7
Vasectomy	1	0.2

Table: 2b
Attitude regarding contraception

Variable	n=357	%
Decision for contraceptive use		
Husband	165	46.2
Wife	18	5
Couple	65	18.2
Mother in law	109	30.5
Husband's approval for contraceptive use		
Yes	287	80.3
No	70	19.6
Reason for not using any contraception		
Lack of Knowledge	60	16.8
Husband's opposition	110	30.8
Mother in law opposition	77	21.5
Inaccessibility	26	7.2
Affordability	33	9.2
Religious beliefs	20	5.6
Fear of side effects	31	8.6

Table: 2c
Practice regarding contraception

Variable	n=357	%
Currently using contraceptive method	n=171	48
Oral Pills	11	6.4
Injectables	14	8.1
Norplant	1	0.5
Intra uterine device	59	34.5
Tubal ligation	1	0.5
Male Condoms	79	46.1
Withdrawal Method	5	2.9
Vasectomy	1	0.5

Table: 3
Association of socio demographic factors with contraceptive practices

Variable	n=357	%	Chi square	p value
Age				
< 30 years	193	54	11.21	0.095
> 30 years	164	45.9		
Income				
20,000 -50,000	199	55.7	6.17	0.513
≥50,000	159	44.5		
	279	78.1		
Education status of female			23.31	0.001
Graduation& Post graduation	78	21.8		
Education status of husband	249	69.7	27.32	0.001
Graduation& Post graduation	108	30.2		

DISCUSSION:

The widespread adoption of family planning in a society is an integral component of modern development and is essential for the integration of women into social and economic life. In spite of efforts of the Government of Pakistan, the family planning program is not yet successful. Reduction in population growth is one of the top most priorities of the government of Pakistan in order to maintain balance between country's resources and population. The present study aimed to assess the knowledge, attitude and practice of family planning methods in order to highlight the neglected areas in this regard. Almost all the study participants knew at least one method of contraception but actual contraceptive practice was far less then level of knowledge.

Awareness and knowledge of different contraceptive methods is the key point in the adaptation of family planning and making a choice for a particular method. Regarding knowledge, the most commonly known method of contraception was condom. These results were consistent with the findings of Pakistan fertility and family planning survey[13]. These results are also in accordance with the results of PDHS 2012-13 which report condom as the most known contraceptive method. In a recent study Mustafa has also reported condom being most known method however, in contrast long acting Intrauterine Device (IUD) is reported as most commonly known safer method with least side effects.[14] In our study, result showed that 97.1% women had knowledge about at least one method of contraception. Results of previous studies were in line with our results with reported level of knowledge as 97%.[15] Result of another study conducted in rural women showed level of knowledge as 81%.[16]

On finding association between socio demographic variables with contraceptive practices, it was found that contraceptive practices were significantly associated with female and husband's education.Females with higher education were found to be more aware as compared to illiterate females. The result of recent study also emphasizes that level of female education is the

key element that affects the knowledge regarding contraception.[17]Moreover, improving the female education status can be an effective strategy that can be helpful in combating the problem of overpopulation by increasing the contraceptive usage in our country. The Contraceptive Prevalence Rate (CPR)[1]is the most widely employed and valuable measure of the success of family planning programs. The Contraceptive Prevalence Rate (CPR) is inversely associated with Total Fertility Rate (TFR). The decline in TFR could be more substantial if there is a greater use of contraceptives in the country. Female literacy cannot only improve the level of knowledge but also enhance the decision making power regarding the contraceptive usage.This evidence is also proved by previous studies.[18, 19]

This trend is also evident from Pakistan National Demographic and Health survey 2012-13, TFR decreases consis-tently from 4.4 among women with no education to 2.5 among women with a higher education.Factors associated with better education are higher status of women, better access to health and family planning information and services and later marriage.[1]

Different sources can impart the knowledge of family planning methods. Factor responsible for enhancing knowledge includes exposure of messages through media, discussion with family, friends and health care provider. In present study media contributed to 72%, followed by family 41% then 39% attributed to discussion with friends and 15% of knowledge is provided by health care provider. This shows that electronic media can play an effective role in creating awareness regarding contrace-ptivese specially in developing countries like ours where illiteracy is high. Moreover, there is easy accessibility of this source to a wide range of population. These results were also in line with previous studies, where main source of knowledge was media which contributed (64.1%) but in another study, on contrary to our results health personnel provide (20.9%) and friends and family circle impart (14.8%) knowledge for contraception.[16] Fikree has stated that women were more receptive when messages of family planning were delivered through media.[20]

Our study showed that 80% of husbands had authority regarding decision of contraceptive usage. The result of our study are similar to a previous survey conducted on reproductive goals and family planning[17] which showed that male has an authority in decision regarding family size and fertility outcome. Most probable reason for large family size is that a male wants to be economically strong by having large family size. These findings are consistent with PDHS 2012-13[1], which also demonstrated that males are more in favour of large family size as compared to females and percentage of joint decision making was very low while spouse (husband) decision is considered as influential in deciding the choice of contraceptive method as well as size of family. Several studies have highlighted the impact of various socio cultural factors on contraceptive knowledge and practices in Pakistan.[21, 22]

In addition, dynamics of decision making between couples is also greatly influenced by interference of mother in law. Mother in law opposition in our study was found to be 21%. Previous studies have also highlighted that in our culture, mother in law is considered to be in a position that strongly affects decision-making spheres. This inhibits a couple to make choices about their family size as well as family planning.[23]This is due to a high level of illiteracy and underprivileged status of females in our society. Several researches have supported that females do not practice family planning without their husbands and mothers-in-law approval. This is the most pivotal restriction to cope within Pakistan which is at times linked with sociocultural and health issues.[24, 25]

Study findings also draw attention to other factors contributing significantly to unmet needs of family planning. These factors include affordability, accessibility, fear of side effects, economic constraint and most importantly religious beliefs and taboos. Religious constraints and restriction to practice family planning is an important impediment to contraceptive use in many other Islamic countries also.[26, 27]Such findings are also documented in national representative survey of Pakistan.[1]These factors contribute to significant unmet needs for family planning. According to Pakistan demographic and health survey 2012-13, 20% of currently married women have an unmet need for family planning, 9% have an unmet need for spacing, and 11% have an unmet need for limiting births.[1]These are main issues behind the failure of family planning program in Pakistan. If all these factors contributing to significant unmet needs are effectively addressed and all currently married women who want to space or limit their children will become able to use family planning methods, the CPR can be increase to 56 percent.[27]Our study fairly highlighted the reasons behind the unmet need and low contraceptive prevalence rate in Pakistanbut results cannot be generalized as it may not represent the true picture of the general population of Pakistan. In order to enhance generalizibility, further representative studies are needed with large sample size especially involving women from underprivileged and underserved areas of country.

CONCLUSION:

Inspite of having good knowledge, utilization of contraceptives were found to be less because of large family norm, religious myth, cultural barriers and family opposition. Number of females actually using contraceptives was almost half of those having knowledge about contraceptives.

Suggestions:

As family planning is a component of four pillars of Safe Motherhood Initiative, promotion of contraceptive usage should be a major tenet in improving maternal and child health as a public health agenda. Females with unmet needs for family planning services should be dealt on priority basis. Sociocultural issues including husband opposition, cultural taboos, in laws opposition, low esteem of female in our society, myths and health

issues which are a barrier in the way of contraceptive usage should be addressed on priority. Intensified media campaigns in regional languages, continuous supply of commodities to enhance the affordability and accessibility issues can prove to be an effective strategy in reducing the significant unmet needsof family planning.There is a dire need of integration of all concerned stake holders including both public and private health care sectors and health education to integrate and make effective strategies to halt this problem. Training of community health workers is essential with an aim to achieve maximum benefit with cost effectiveness.

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