

Assess The Knowledge and Practice of Married Women Regarding Family Planning Methods and Its Contributing Factors in A Tertiary Care Hospital, Faisalabad

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Abstract: Population growth is the most fundamental problem in our times. Population growth is rising due to low use of contraceptives. Low use of Contraceptives can also lead to maternal and neonatal mortality and morbidity. So, it is very critical to understand that awareness of family planning and proper utilization of contraceptives is an important indicator for reducing population growth and maternal and neonatal mortality and morbidity. This study aimed to assess the knowledge and practice of married women regarding family planning method and its contributing factors. a community based descriptive cross sectional study was conducted among 61 married women of reproductive age 15-49 years in Madinah Teaching Hospital Faisalabad. A consecutive sampling technique was used. Self-prepared structured questionnaire was used as a tool to collect data. Data analysis was done by using SPSS software version 20. Most (47.5%) of the respondents were of the age group 26-35 years. Majority (88.5%) of the respondent were heard of contraceptives. Only (11.5%) of respondent were known about standard duration of birth spacing. (32.8%) of the respondents were known about exact years of IUD use to prevent pregnancy. Only (44.3%) of the respondents having sufficient knowledge about contraceptives. Only (37.7%) of respondents were used contraceptives. 23.0% of the respondents were not using contraceptives due to religious prohibition. The result shows that the level of knowledge toward family planning is relatively low and level of family planning utilization was quite low. So it is evident that the current contraceptive practices are not at the expected level. Our findings indicated that improving education and providing training to family planning providers are essential to increasing contraceptive use. Thus, projects aiming at increasing contraceptive use should contemplate and establish better counseling about contraceptive side effects and method switch. Furthermore, in all family planning activities both wives' and husbands' participation should be considered.

Keyword: Family Planning, Contraceptives, Married Women.

1. INTRODUCTION:

Now a day human beings faced multiple challenges, on the top of list is population not infectious diseases. Family planning is a practice by which a couple space the number of years between each child they want to give birth to through the use of contraceptive methods. Contraception is intentionally use of artificial ways or other procedures to inhibit pregnancy. The significant types of artificial contraception are barrier methods which includes condom, contraceptive pill, male or female sterilization method and intrauterine devices (Pokharel, Shrestha, & Thapa, 2018). Generally, prevalence rate of contraceptive use is more in developed countries as compared to developing countries. Ethiopian Demographic and Health Survey reported prevalence rates of contraceptive use is 2.6%, 8%, 14% and 29% in 1990, 2000, 2005, and 2011 respectively. In Ethiopia the main causes of less prevalence rate of contraceptive use are gender inequity and less accessibility to family planning program. There are various factors which affect the use of contraceptive methods which are religion of women, education, media exposure, number of children and age. A survey conducted in Pakistan reveals that educated women show greater intention to contraceptive use than uneducated women (Chuang, Chuang, Ntenda, & Tiruneh, 2016).

Pakistan is on the 6th rank with the population more than 184 million on the planet. Pakistan is suffering from a huge crisis of poverty, in which 61% of its population is living below US\$2 a day. Almost 45% of population has poor access to health services. Maternal and neonatal health is strongly interconnected. In Pakistan, due to maternal infections and other pregnancy related problems approximately 33% neonate deaths occur. In Pakistan the health of women is very poor which leads to high mortality and morbidity rate of both maternal and neonate (Mustafa et al., 2015). The couple protection rate (CPR) is still very low in developing countries. According to national family welfare statistics 2011 CPR in India is 40.4%, in Pakistan was 30%. While in most developed country like USA has 71% CPR for all methods. In developed countries, by using family planning method fertility rate has been settled down. While in some developing countries like Pakistan and India has still very low practice of contraception method due to religion, lack of awareness,

cultural factors, education, economic and political barriers. 27% of women are at risk of un-planned pregnancy. Therefore, a proper counseling method is requiring for family planning (Gaur, Pegu, Sharma, & Santa Singh, 2017).

In Southeast Asia, Bangladesh is highly populated country. Bangladesh has had unexpected health accomplishment. In 2010 United Nation (UN) identified the country for its ideal progress towards Millennium Development Goal (MDG) 4 in child mortality and accomplishes the maternal mortality reduction goals of (MDG) 5. Maternal mortality was reduced from 574 deaths per 100,000 live births in 1991, to 194 deaths per 100,000 live births in 2010 (Islam et al., 2016). In Nigeria, family planning is one of the pillars of protective motherhood where women can prevent unwanted pregnancies through easy access to services. Family planning saves lives and can enhance the health of women, children and a society as a whole (Odejim et al., 2018.).

We conducted a community based study to determine contraceptive knowledge and practice of married women regarding family planning methods and it contributing factors.

2. Objective: To assess the knowledge and practice of married women regarding family planning methods and it contributing factors.

3. Research Question:

- What is the knowledge and practice of married women regarding family planning methods?

4. Material and Methodology:

A community based descriptive cross-sectional research design was utilized to achieve the aim of this study because, this study design was best for our study, after permission was taken from AMS for conducting research. Written consent was taken from participants to get permission to be a part of research.

This study was commenced from August 2019 to December 2019. This study was conducted at Madinah Teaching Hospital Faisalabad, Pakistan. Data was directly collected from participants by using structured questionnaire. The target population of study was married women between ages of 15 to 49. Based on total target population, sample size was calculated by using Raosoft calculator which was 61 by having margin error =10%, confidence interval =90%, total population =587. A consecutive sampling technique was used due to short time period.

- **Inclusion Criteria**

This study included, married women between the 15 to 49 years of age.

- **Exclusion Criteria**

Those women who have no kids.

5. Statistical analysis

Data analysis was done by using the software SPSS (Statistical Package for the Social Sciences) version 20. Descriptive and inferential statistics was calculated, such as mean, standard deviation and percentage.

Study variable

Dependent variable

- Knowledge
- Practice

Independent variable

- Gender
- Income
- Education
- Age

6. Discussion:

A descriptive cross-sectional research design was utilized on the sample size of 61 to assess the knowledge and practice of married woman regarding family planning methods and its contributing factors. A self-administer questionnaire was used to collect the data from participants. The result of this study revealed that (44.3%) participants have sufficient knowledge and (37.7%) participants have good practice. It is acknowledged that family planning in developing countries is a way that can not only improve the health of the mother or the baby but also control the

population size and issues. However, the use of family planning in Pakistan is still very low and most of the women have no understanding about contraceptive methods.

Present study showed that, knowledge of contraceptive is (44.3%), and practice is (37.7%) as compared to other studies which were conducted among married women in Sudan and Lucknow and both studies revealed that majority of the participants heard and had knowledge about family planning. In Sudan knowledge about contraceptive was (87%) and practice was (40%). Lucknow study also revealed high level of knowledge about contraceptives (99.2%) and practice was (46.7) the present study results are in sharp contrast to the results of study conducted in Sudan and Lucknow. (Alawad, Handady, Naseralla, & Sakin, 2015 & Mohan, Rizvi, Singh, & Singh, 2013).

Similar findings were observed in two studies conducted in India and Northwest Ethiopia. Both studies showed that women had insufficient knowledge and practice regarding family planning. In India (70.5%) women were not having any knowledge and only (32.2%) women were using contraceptives. In Ethiopia (42.3%) participant had good knowledge, (50.4%) participant use family planning methods and the cause behind not using any contraceptive were educational status, age, occupation, number of children, residence and monthly income. (Embiale, Kasa, Tarekegn, & 2018 & Prateek, Saurabh, 2012) In this study, a total of (37.7%) females were currently practicing family planning methods. The most common cause behind not using any contraception is lack of awareness (44.3%). Another study conducted in India, among women of reproductive age which was quite similar to the findings of present study and it reported that practice of contraceptive methods was (62.9%). revealed that the most common reason of not using any method was also lack of awareness (18.3%). In present study (9.8%) participants using condoms every time, (9.8%) of the time and (32.8%) sometimes. While in other study use of condoms was (28.2%). (Khan, Mahmood, & Verma, 2012). In present study, (23.0%) participants not using condoms due to religious prohibition, (1.6%) participants due to lack of assess, (13.1%) have husband's opposition, (13.1%) participants have fear of side effects, (1.6%) have lack of knowledge, (1.6%) are not able to buy and (44.3%) have no reason behind not using any contraception method. While another study which was conducted in two districts of Sindh Pakistan revealed that the major reasons for no use of family planning were fear of side effects (38.0%) other reasons were religious constraints (7.0%), pressure from husband (3.0%) whereas (13.0%) of participant gave no reason. (Bibi, Bibi, Memon, & Memon, 2008)

7. Result:

it shows the demographic data of participants. Socio-demographic data consist of 5 questions. In these 13 participant of 15-25 years' age group and 29 participants of 26-35 years' age group participated while 19 were of 36-49 years of age group. All participants were married female in which 50(82.0) were housewife and 11(18%) were worker. 25(41.0%) participants were illiterate while 75(59%) participants were literate (**Table 1.**). It shows the knowledge of the married women regarding family planning in Madinah Teaching Hospital (MTH) Faisalabad. Overall knowledge showed that knowledge of married women was insufficient. 35(57.4 %) women were aware about 1-3 family planning methods and 23(37.7%) were aware about 4-6 methods while only 3(4.9) women were aware about all methods. Only 7(11.5%) women were aware of standard duration of family planning. (**Table 2.**) It showed that practice of participants regarding family planning was low. 20(32.8%) women who visited family planning center and 41(67.2) women who had not visit any family planning center. 17(27.9%) women were using contraception while 44(72.1) women were not using any contraception. 16 (26.2) faced different problems when they used contraception methods while 45 (73.8) women hadn't no problem. 6 (9.8) of women used condoms every time during sexual intercourse to prevent pregnancy. 20 (32.8) women rarely used condoms. 29 (47.5) women were never used condoms. (**Table 3.**)

Showed that the factor affecting on family planning methods. 14(23.0%) women admitted that they were not using family planning method due to religious prohibition. 56 (91.8%) of women were using family planning methods with the permission of their husband while 5(8.2%) of women were not using family planning method with the permission of their husband. Fear of side effects was the greatest factor which women face while choosing contraception method. 28 (45.9) women have fear of side effects while choosing contraception method. 18(29.5) women have lack of knowledge they don't know methods of family planning. 6 (9.8) of women haven't family support for contraception use. 9 (14.8) of women not using any contraception method without any reason (**Table 4.**)

Table 1. Socio-demographic characteristics of participant

Variables		Frequencies	Percentages
		(n)	(n)%
1.	Age of participant		
a.	15-25 years	13	21.3
b.	26-35 years	29	47.5
c.	36-39	19	31.1

2.	Religion of participant			
a.	Christian		3	4.9
b.	Muslim		58	95.1
3.	Participant education			
a.	Illiterate		25	41.0
b.	Primary		7	11.5
c.	Middle		8	13.1
d.	Metric		13	21.3
e.	Intermediate		4	6.6
f.	Graduation		4	6.6
4.	Participant's husband education			
1	Illiterate		15	24.6
2	Primary		7	11.5
3	Middle		7	11.5
4	Metric		21	34.4
5	Intermediate		1	1.6
6	Graduation		9	14.8
7	Others		1	1.6
5.	Occupation of participant			
1	House wife		50	82.0
2	Worker		11	18.0

Table 2. Knowledge of married women regarding family planning

	Variable		frequency	Percent
1.	Awareness about family planning			
a.	Yes		54	88.5
b.	No		7	11.5
2.	Methods of Family Planning			
a.	1-3		35	57.4
b.	4-6		23	37.7
c.	7-9		3	4.9
3	Standard duration of birth spacing			
a.	12-18 months		7	11.5
b.	2 years		28	45.9
c.	3 years		19	31.1
d.	Don't know		7	11.5
4	IUD duration			
a.	5-10 years		20	32.8
b.	12 years		1	1.6
c.	15 years		1	1.6
d.	Don't know		39	63.9
5	Injectable contraception protects from Pregnancy			
a.	3 months		10	16.4
b.	1 year		12	19.7
c.	Don't know		39	63.9
6	Injectable contraception association with bleeding problem			
a.	Yes		20	32.8
b.	No		3	4.9
c.	Don't know		38	62.3
7	Family planning services assess			
a.	Yes		32	52.5

b.	Somewhat	18	29.5
c.	No	5	8.2
d.	don't know	6	9.8
8 Contraception knowledge is necessary			
a.	Necessary	56	91.8
b.	Unnecessary	4	6.6
c.	Don't know	1	1.6
9. Responsible for contraception			
a.	Man	6	9.8
b.	women	3	4.9
c.	Both of them	51	83.6
d.	No one	1	1.6

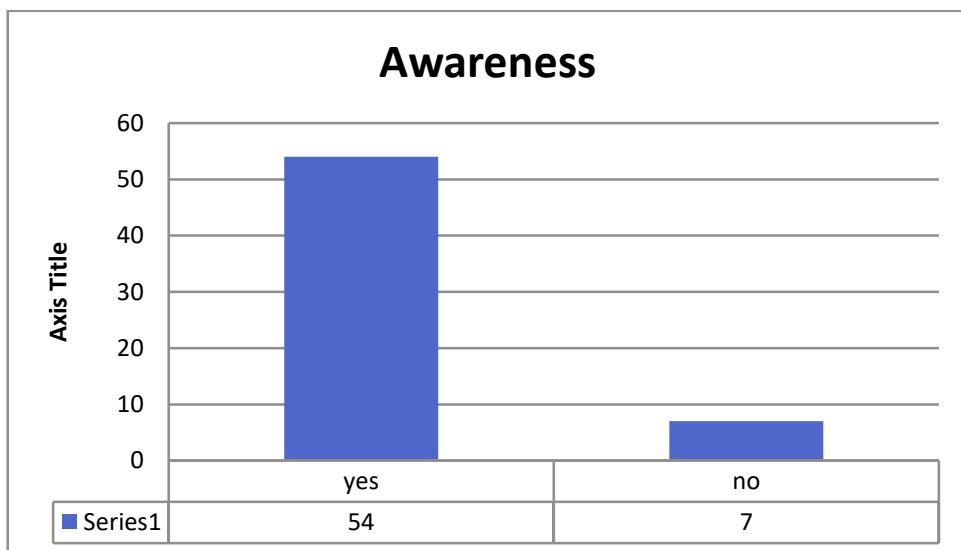


Fig1: Shows the awareness of married women regarding family planning

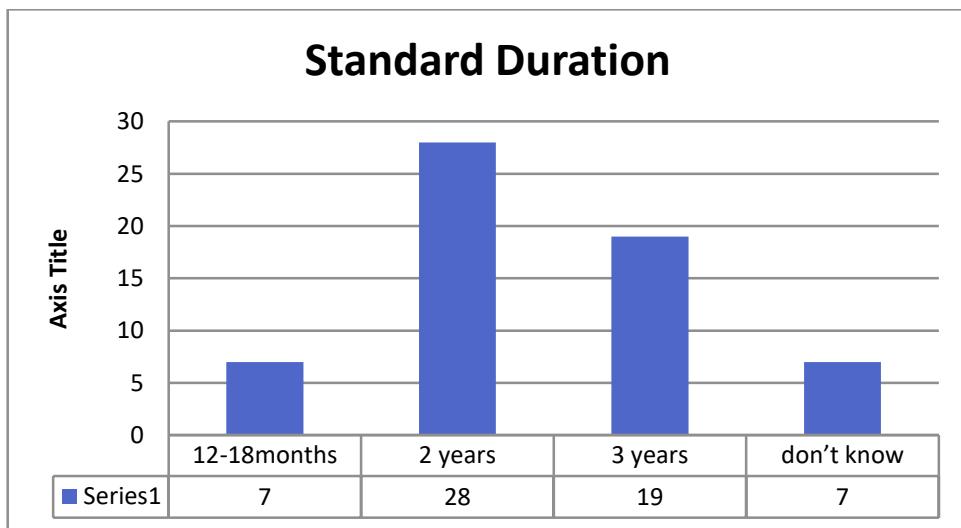


Fig 2:- Standard duration of family planning

Table 3. Practice of participant regarding family planning

Variable	Frequencies	Percent
1. Visit any family planning Centre		

	a.	Yes		20	32.8
	b.	No		41	67.2
2.	Use any contraception				
	a.	Yes		17	27.9
	b.	No		44	72.1
3.	Experience any problem with contraception				
	a.	Yes		16	26.2
	b.	No		45	73.8
4.	Use of condom				
	a.	Every time		6	9.8
	b.	Most of the time		6	9.8
	c.	Sometime		20	32.8
	d.	Never		29	47.5
5.	Reasons to use contraceptive measures				
	a.	Want to improve child and own health		44	72.1
	b.	Want to give distance		11	18.0
	c.	Preventing unwanted pregnancies		5	8.2
	d.	Preventing STDs		1	1.6

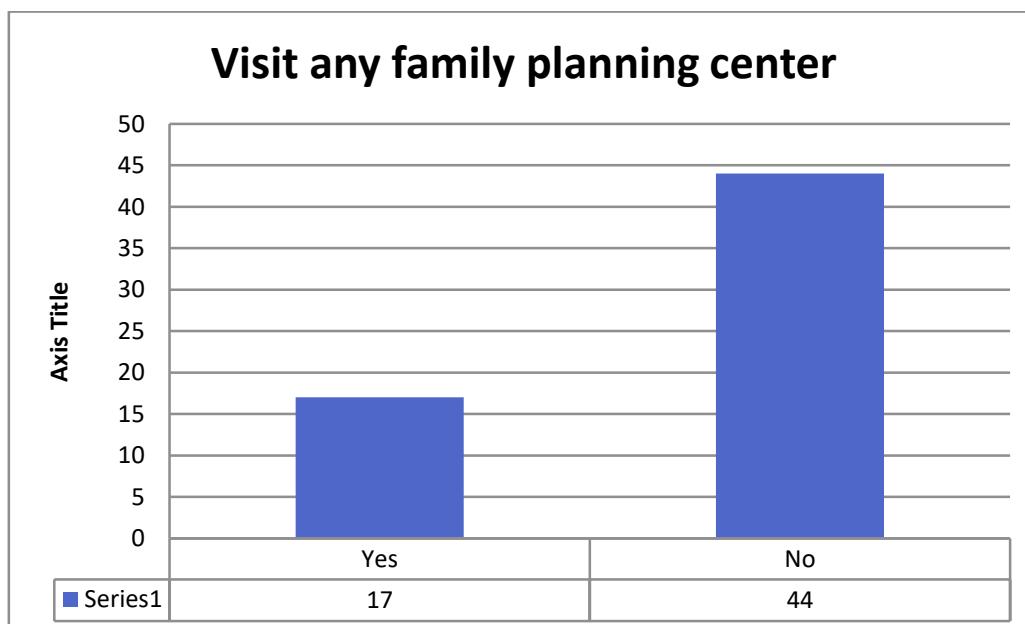


Fig:-3:- Visit any family planning centre.

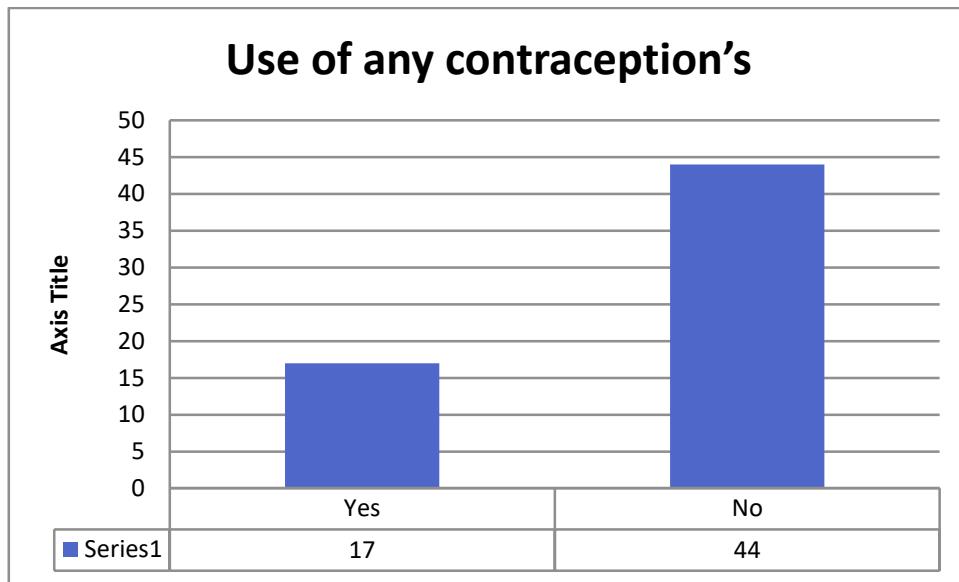


Fig:- 4. Use of Contraception

Table 4. factors affecting on family planning

variable		f	%
1. Cause behind not using contraception			
a.	Religion prohibition	14	23.0
b.	Lack of assess	1	1.6
c.	Too costly	2	3.3
d.	Husband opposed	8	13.1
e.	Fear of side effect	8	13.1
f.	Education	1	1.6
g.	Others	27	44.3
2. Using family planning with the permission of your husband			
a.	Yes	56	91.8
b.	No	5	8.2
3. Hindrance you face while choosing contraception			
a.	Lack of knowledge	18	29.5
b.	Family support	6	9.8
c.	Fear of side effects	28	45.9
d.	Others	9	14.8

7. Recommendations

- Female education need to be improved
- More intensive training of community health workers is essential to improve provider-client interaction.
- Every health worker should teach the community on family planning holistically to increase the awareness so that family planning utilization will be enhanced.
- Besides, more studies are needed in a thorough investigation of the different reasons affecting the non-utilizing of family planning and how these can be addressed.

8. Strengths:

- This study provides a springboard for next research.
- Not costly to perform and does not require a lot of time.

9. Limitations:

- The sample size was small.
 - The results of this study were limited to this community and care must be taken not to generalize them in an indiscriminate way.
 - The data was only collected from females so male partner was not directly involved in the study.

10. CONCLUSION:

This study examines the knowledge and practice of married women regarding family planning and its contributing factors. The level of knowledge toward family planning is relatively low and level of family planning utilization was quite low in comparison with many studies. So it is evident that the current contraceptive practices are not at the expected level. Fear of side effects of contraception and lack of awareness are significant reasons for poor practice. Socio-demographic factors like education level, income, religious prohibition, husband's opposition and family support are found to influence the use of contraceptives methods among respondent.

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