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## Knowledge, practices and barriers in family planning.

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### Abstract:

**Objectives:** To assess the knowledge, practices and barriers of family planning in child bearing age women.

**Methodology:** This cross-sectional study was conducted at Department of Obstetrics and Gynecology unit II Dr. Ruth K.M Pfau civil hospital Karachi from April 2019 to June 2019. During this period 399 women after being discharged from hospital were assessed for knowledge, practices of contraception and presumed barriers for using contraception. The responses were documented on self-designed questionnaire.

**Results:** Mean age of candidates was 29.72 ±4.72 years. 66% women were not formally educated. 88.7% of women had knowledge about family planning methods and the major source of information was friends and relatives (42%). Only 40.6% women were practicing contraception and majority of them were using barrier method (24.6%). Any method was not used by 59.4% of women due to multiple reasons. The major barrier was fear of side effects (27.6%).

**Conclusion:** Our study population was well aware about contraceptive methods but underutilized due to family pressures. Women education and counseling along with husband and mother in law can improve family planning measures. The government and media should do active measures in spreading information about various available methods of contraception and their side effects.

**Keywords:** Knowledge, Practices, Barriers, Contraception.

### Introduction:

“WHO defines family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births”.<sup>1</sup> Women’s health and outcome of every pregnancy is directly linked with this.<sup>1</sup> Safe motherhood is introduced in developing countries to reduce maternal mortality. Family planning services constitute one of the four pillars of it.<sup>1</sup> Pakistan has entered into the post MDG period to achieve the targets of SDG and the SDG 3.7 “calls for universal access to family planning services to improve women health and well being”.<sup>2</sup> Vari-

ous studies reported that if couples use family planning methods increase inter pregnancy interval at least 2 years about 35% maternal and 13% of child death can be avoided.<sup>3</sup>

A survey conducted in Jordan estimated that 57% of married women practice family planning methods among them 42% are using modern methods. Family planning reduces the rate and risks of unintended pregnancies and induced abortions.<sup>4</sup> Each year approximately 22 million abortion occur all over the world.<sup>5</sup> According to study published in 2012 (Induced abortion incidence and trend worldwide), 50% women in devel-

oping countries terminate their unplanned pregnancies by using unsafe methods.<sup>5</sup> Unintended pregnancies are also responsible for huge number of fetomaternal death.<sup>6</sup> Women in developing countries do not use modern contraceptive methods in spite of its considerable benefits such as prevention of cancers, avoidance of sexually transmitted diseases (STDs) as well as hazards, pain and cost related with miscarriages.<sup>6,7</sup>

Increase in population not merely affects fetomaternal death rate but also burdens government in distribution of social and health resources to the communities.<sup>8</sup> "The current report of PDHS 2017-2018 estimates that contraception prevalence rate (CPR) is 34%, Unmet need of family planning is 20% and fertility rate is 3.8%".<sup>9</sup> "Unmet need refer to the women who wish to avoid pregnancy but not using any technique of contraception due to problem of access, lack of knowledge and affordability".<sup>1,9</sup> There are several other reasons for not using contraception despite their access includes cultural, personal, religious beliefs, health concerns, inadequate health services delivery and fear of side effects.<sup>1,2,6,8,10</sup>

#### Objective:

To assess knowledge and attitude towards family planning methods and to find out those factors which are obstacles in use of these methods.

#### Methodology:

This cross sectional study was conducted in Obstetrics and Gynecology Unit II, Dr, Ruth K.M Pfau Civil Hospital and Dow Medical College Karachi from April 2019 to June 2019. The annual delivery rate at Unit II is around 5000. The study tool included a questionnaire, which was designed to collect demographic details, information about various methods used by the women, awareness about different methods, and source of information about various available methods. It also included information about decision making powers in the family. The questionnaire was self designed after reading relevant literature. The investigators conducted the interviews at the time of discharge from hospital, after women had given live birth. A verbal consent was taken before the face to face interview. Inclusion criteria included women who had given live birth. Women were excluded from the study, if pregnancy had ended in miscarriage, or experienced an adverse outcome like intrauterine demise, congenital abnormal baby. Data was analyzed by SPSS version 16. Mean, standard deviation and

frequency distribution were calculated.

#### Results:

There were 399 women of childbearing age (20-45 year) irrespective of parity were included in the study as shown in table no 1.

**Table No 1: Socio demographic profile of participants**

Variable	n=399	Percent(%)
<b>Age (years)</b>		
21-30	181	45.4%
31-40	206	51.6%
>40	12	3.0%
<b>Family Structure</b>		
Nuclear	218	55%
Joint	181	45%
<b>Education status of female</b>		
Illiterate	264	66.1%
Primary	38	9.5%
Secondary	86	21.6%
Intermediate	10	2.5%
Graduate	01	0.3%
<b>Education status of Husband</b>		
Illiterate	231	57.9%
Primary	46	11.5%
Secondary	83	20.8%
Intermediate	33	8.3%
Graduate	06	1.5%
<b>Monthly income</b>		
20000	333	83.7%
20000-50000	63	16.1%
>50000	03	0.9%
<b>Occupation of wife</b>		
House wife	399	100%
<b>Occupation of Husband</b>		
Labor	235	58.9%
Shopkeeper	47	11.8%
Driver	40	10.0%
Clerk	10	2.5%
Policeman	09	2.3%
Teacher	07	1.8%
Security guard	04	1.0%
Others	47	11.8%

The mean age of the study participants was 29.72 + 4.72 years. Among the participants 40% (161) had parity between 1-3 while 60% (238) had parity higher than 3. 66% (264) women were not formally educated, 9.5% (38) women had primary, 21.6% (86) secondary, 2.5%

(10) were inter and 0.3% (01) was graduate. 57.9% (231) of husbands were uneducated, 11.5% (46) had primary, 20.8% (83) secondary, 8.3% (33) inter and 1.5% (6) was graduate. 45% (181) belonged to a joint family system and 55% (218) were living in a nuclear family system. All female respondents were housewives. 58.9% (235) men were laborer, 11.8% (47) shopkeeper, 10% (40) driver, 2.5% (10) clerk, 2.3% (9) policeman, 1.8% (7) teacher, 1% (4) security guard and 11.8% (47) were from other profession as shown in table no 1. 88.7% (354) women had knowledge about family planning methods and the major source of information was friends and relatives 42% (168) as shown in table 2

**Table 2** knowledge, awareness and source of information about contraception.

Variable	n=399	Percentage (%)
<b>Have you ever heard about contraception</b>		
Yes	354	88.7%
No	45	11.3%
<b>Source of knowledge</b>		
Friends and relatives	168	42%
LHV	143	35.8%
Television	38	9.5%
Radio	05	1.0%

**Table No 3:** Knowledge regarding contraceptives

Variable	n=399	Percentage (%)
<b>Contraception practiced by women</b>		
Yes	162	40.6%
No	237	59.4%
<b>Decision for contraception</b>		
Themselves	75	18.8%
Husband	54	13.5%
Mother-in-law	30	7.5%
Parents	03	0.8%
<b>Methods for contraception</b>		
Barrier method	98	24.6%
Injectables	28	7%
Oral pills	17	4.3%
Intrauterine device	13	3.3%
Implant	06	1.5%

Table 3 shows practice of contraception. 40.6%(162) women were practicing contraception and the most commonly used method was barrier method 24.6%

(98). Those who were practicing contraception 18.8% (75) decided themselves. (237)59.4% women were not practicing any method of family planning due to multiple reasons. The major barrier was fear of side effects (110)27.6%. The most common side effect was fear of side effects such as weight gain and irregular cycle (53) 13.5%. This was followed by husband’s refusal (47) 11.8%, insufficient information (40)10%, cultural and religious beliefs (33)8.3% and non-availability in their area (8) 2.1%. Table 4 shows barrier of contraception.

**Table 4:** Barriers of contraception

	n=399	Percentage%
Fear of side effects	110	27.6%
Husband against it	47	11.8%
Insufficient knowledge	40	10%
Religion prohibits it	33	8.3%
Non-availability in area	08	2.1%

**Discussion:**

“The population of Pakistan is corresponding to 2.83% of overall global population. Pakistan occupies 5th positions in the list of countries by population”.<sup>9</sup> Karachi has the highest no of population followed by Lahore and Faisalabad. The high growth rate is of serious concern for country’s economy, stability, health and food security.<sup>9</sup> One of the main concerns of the government is restriction in population growth. In our study the mean age of the participants was 29.72. Majority of women (88.7%) knew about different methods of contraception but only 40% of them practiced contraception similar results were reported by K. Ambreen and M Rozina.<sup>11,16</sup> Another study of Ethiopia 86% of participants had knowledge of contraception.<sup>12</sup> Most of our couple was illiterate and belonged to low socioeconomic status which may be the reason of difference in knowledge and utilization of contraception. One important factor influencing contraceptive use is education of women. Our adult literacy rate is 65% with males at 69% and female at 40% (Pakistan demographic data).<sup>9</sup> This is reflected in the present study where 66.1% (n=264) women were uneducated and 57.9% (n=231) of husbands were illiterate. This emphasizes the need of education which will be helpful to combat our population by better understanding of family planning measures. This evidence also proved in S. Saleem and K. Pazol studies.<sup>13,14</sup> Barrier method was the most commonly practiced con-

traception in our study similar results was found in the study by N. Khaula and M.Rozina.<sup>15,16</sup> These results were in contrast to a study done in Ethiopia where injectable contraceptives were the most popular method.<sup>12</sup> Another study conducted in India where intrauterine devices (copper T) were found the commonly used method.<sup>17</sup> Major source of information in our study was Friends and relatives and lady health worker. The similar result also reported in M.Rozina, S. Chopra and Lo. Aghoja studies.<sup>16,18,19</sup> Only 10% of our study population got information from media like television, radio which is contrast to study done by K. Ambreen and NP.Khwaja<sup>11,20</sup>, where media played the prominent role in providing information about different contraceptives via advertisement. The government should make efforts to strengthen the media for spread of information via local languages.

The major barrier which prevented women from using contraception was fear of different side effects such as increase in weight and irregular cycle. A study by Sajid<sup>21</sup> showed that the belief of being sterile with the use of contraception was one of the main explanations for not using contraception in Pakistan. Another local study done in Karachi Pakistan showed fear of side effects is a major hurdle in using contraception.<sup>22</sup> Another hindrance found in our study was refusal from husband and in laws. In our culture women has no autonomy in decision making about her. Dynamics of decision making between couples is significantly affected by interfering of mother in law.<sup>15</sup>The same finding was seen amongst three Asian nations i.e. Nepal, Bangladesh and Indian showed females were usually not involved in household decision making.<sup>1</sup> Another study of Pakistan done by Shah shows that most of household decisions and desire of children are made by husbands.<sup>23</sup> A study on Turkish married women describes husband's opposition as the main factor for refusal of contraceptives.<sup>1</sup> Women in our culture has least power in decision of family planning methods. Approval of husband and mother in law is needed while choosing the contraceptive methods. 8.3% of women could not use contraception due to religious beliefs. Many couples feel that number of children is decided by God.<sup>24</sup> A study by SK.Tayyaba conducted on Indian Muslim to assess strength and obstacles to practicing contraception shows 33.1% of women had

intention to have baby boy.<sup>24,25</sup> Religious beliefs are additional obstacle to use of contraception in several Islamic countries<sup>15</sup>.The National family health surveys done in India showed greater opposition to family planning methods by Muslim women.<sup>1</sup>

Access to contraceptive methods was not of much problem in our study. Women feel embarrassed while seeking contraceptive methods. The family planning services are available in almost all government hospitals of Karachi but situation in rural area is different where contraceptive methods are not easily available. The limitation of our study was that it was a single center study.

#### **Conclusion:**

Because of Our study population was well aware about contraceptive methods but underutilized due to family pressures .Women education and counseling along with husband and mother in law can improve family planning measures. The government and media should do active measures in spreading information about various available methods of contraception and their side effects.

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#### **References:**

1. Najafi F, Yehya SZS, Rehman, HA Hanfiah M, Manaf RA. Barriers of modern contraceptive practices among Asian women. *Global Journal of Health Sciences*; 201, vol5:(1916-9736), 181.
2. Aslam SK, Zaheer S, Qureshi MS, Aslam SN and Shafique K. Socioeconomic Disparities in use of family planning methods among Pakistani women. *PLOS one journal*; 2016, vol 11:(4), doi:10.1371.
3. Esike C, Anozie OB, Ani M, Ekwegidwe K, Onyebuchi AK, Ezeonu P O, Umerora.O. Barriers to family planning acceptance in Abakaliki, Nigeria. *Trop J ObstetGynaeco*; 2017,34:(3), 213-217.
4. Mahadeen A.I, Khalil A.O, Mansaur H.A.M, Sato T, Imoto A. Knowledge, attitudes and practices towards family planning among women in the rural southern region of Jordan. *Eastern Mediteeranean Health journal*; 2012, 18:(6), 568.
5. Ajayi A.I, Nwokocha.E.E, Adeniyi O.V, Goon D.T, Akpan.W. Unplanned pregnancy risks and use of emergency contraception. *BMC Health Services. Research* ;2017, 17:(382), 1
6. lincoin J, Muhammadnezhad M and Khans. Knowledge

- attitudes and practices of family planning among women of reproductive age in Suva, Fiji in 2017. *Journal of women's health care*;2018, vol 7:(431).
7. Alharbi M.M, Alharbi M.S, Alnazzawi A, Albasri R, To-wairqi M.A, Shaikh Sumaya et al. Knowledge, attitudes and practices towards family planning among Saudi Female teachers in Al Madinah Al Munawara. *International Journal of Academic Scientific Research*;2016, 4: (1), 83.
  8. Kabagenyi A, Reid A, Ntozi J, Atuyambe L. Socio cultural inhibitors to use of modern contraceptive technique in rural Uganda. *Pan African Medical Journal*; 2016,25: (78),2.
  9. Pakistan Demographic and Health survey report 2017-2018.
  10. Schultz C, Larrea N, Celada M, Heinrichs G. A qualitative assessment of community attitudes and barriers to family planning use in the Trifino Region of Southwest Guatemala. *Maternal and Child Health Journal* ;2018,22, 462
  11. Khan A, Hashmi HA, Naqvi Z. Awareness and practice of contraception among child bearing age women. *Journal of Surgery Pakistan (International)*. 2011 Oct;16(4):179-82.
  12. Endriyas M, Eshete A, Mekonnen E, Misganaw T, Shiferaw M, Ayele S. Contraceptive utilization and associated factors among women of reproductive age group in Southern Nations Nationalities and Peoples' Region, Ethiopia: cross-sectional survey, mixed-methods. *Contraception and reproductive medicine*. 2017 Dec;2 (1):10.
  13. Saleem S, Bobak M. Women's autonomy, education and contraception use in Pakistan: a national study. *Reproductive health*. 2005 Dec 1;2(1):8.
  14. Pazol K, Zapata LB, Tregear SJ, Mautone-Smith N, Gavin LE. Impact of contraceptive education on contraceptive knowledge and decision making: a systematic review. *American journal of preventive medicine*. 2015 Aug 1;49(2):S46-56.
  15. Noreen K, Khalid N, Shaikh I, Zamir T, Shoaib M, Shahab A, Siddiqua A, Rehman O. Socio Cultural Determinants of Low Contraceptive Use and High Unmet Needs in Married Females of Urban Karachi. *Journal of Bahria university medical and dental college*.2016;6(2):116-120
  16. Mustafa R, Afreen U, Hashmi HA. Contraceptive knowledge, attitude and practice among rural women. *J Coll Physicians Surg Pak*. 2008 Sep 1;18(9):542-5.
  17. Prateek SS, Saurabh RS. Contraceptive practices adopted by women attending an urban health centre. *African health sciences*. 2012;12(4):416-21.
  18. Chopra S, Dhaliwal L. Knowledge, attitude and practices of contraception in urban population of North India. *Archives of gynecology and obstetrics*. 2010 Feb 1;281 (2):273.
  19. Omo-Aghoja LO, Omo-Aghoja VW, Aghoja CO, Okonofua FE, Aghedo O, Umueri C, Otayohwo R, Fe Waboso P, Onowhakpor EA, Inikori KA. Factors associated with the knowledge, practice and perceptions of contraception in rural southern Nigeria. *Ghana medical journal*. 2009;43(3)
  20. Khawaja NP, Tayyeb R, Malik N. Awareness and practices of contraception among Pakistani women attending a tertiary care hospital. *Journal of obstetrics and gynaecology*. 2004 Aug 1;24(5):564-7.
  21. Sajid A, Malik S. Knowledge, attitude and practice of contraception among multiparous women at Lady Aitchison Hospital, Lahore. *Annals of King Edward Medical University*. 2010;16(4):266.
  22. Marvi K, Howard N. Objects of temporary contraception: an exploratory study of women's perspectives in Karachi, Pakistan. *BMJ open*. 2013 Jul 1;3(8).
  23. Shah I, Åhman E. Unsafe abortion: global and regional incidence, trends, consequences, and challenges. *Journal of Obstetrics and Gynaecology Canada*. 2009 Dec 1;31(12):1149-58.
  24. Zuberi SK, Salman SH, Virji RN, Sana S, Kumari S, Zehra N. A hospital-based comparative study of the knowledge, attitudes and practices of family planning among women belonging to different socio-economic status. *JPMA. The Journal of the Pakistan Medical Association*. 2015 May;65(5):579-84
  25. Tayyaba SK, Khairkar VP. Obstacles in the use of contraception among Muslims. *Researchers World*. 2011 Jan 1;2(1):157.