

Knowledge, Attitude, and Practice regarding Contraception among Women Coming to Tertiary Care Hospital

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ABSTRACT

Background: Family planning is defined as planning birth timing, number of children, and spacing between successive births with family planning methods. Two main functions of Family planning are the proper spacing between two pregnancies and birth control of further pregnancies. Knowledge, attitude, and practices are the main components that are used to achieve these functions, and any imbalance between any of these components will affect family planning results.

Objective: To determine the knowledge, attitude, and practice of contraception among the married women visiting tertiary care hospital in Faisalabad. **Study Design:** This was a quantitative study using a cross-sectional design. **Settings:** Tertiary care hospital in Faisalabad Pakistan (Allied Hospital). **Duration:** January to July 2019. **Methods:** The sample size was 200 married women. Data was collected through a predesigned questionnaire and analysed using SPSS version 23. Questions were asked regarding knowledge, attitudes, and practices regarding contraception. **Results:** This study comprised 200 married females with a mean age of 31.29 ± 6.039 . 156 (78%) knew about contraceptives, predominantly condoms, with a percentage of 43.5%, and 66 (33%) got information from doctors. 118 (59%) did not know the correct use of contraceptives. 115 (57.5%) are using contraceptives for spacing of birth. 97 (48.5%) are self-motivated for using contraceptives. 64 (32%) were intended to use condoms as contraceptives. But only 58 (29%) are using contraceptives. **Conclusion:** This study's findings, which reveal a significant gap between knowledge, attitudes, and practices regarding contraceptive methods, have the potential to influence future healthcare strategies significantly. While most women demonstrate good knowledge and positive attitudes, the low practice of contraceptive methods is a clear area for improvement and intervention.

Keywords: Family planning, Contraception, Knowledge, Attitude, Practice.

INTRODUCTION

The ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births through the use of contraceptive methods and the treatment of involuntary infertility.¹ WHO emphasizes that family planning enables people to make informed reproductive choices, improves maternal and child health, and contributes to economic and social well-being. It includes access to contraception, fertility treatments, and reproductive health education while respecting individual rights and cultural considerations.²

Today's global population stands at 8.2 billion and is expected to reach 9 billion by 2045.³ Pakistan shares the highest population growth rate, i.e., 2% per year in South Asia. Progress towards accomplishing the United Nations' Sustainable Development Goal (SDG) contraceptive prevalence rate (CPR) is 48.5% for Pakistan. One of the pivotal reasons for Pakistan's high population growth rate is the 'unmet need for family planning,' which refers to the proportion of women who wish to avoid a pregnancy but are not using any method of contraception.⁴

Several studies have been carried out that show that education levels are critical factors in influencing the

knowledge, attitude, and practice of family planning. Utilisation of contraceptive methods varies according to the individual's attitudes. Lack of awareness, religious beliefs, and fear of side effects are the barriers affecting contraceptive usage.²

According to the World Bank report (2022), the average CPR in South Asian countries is 53%, and Pakistan has the lowest rate of 35%.³ Low CPR increases the risk of unplanned pregnancies, teenage pregnancies, abortions, and thereby resulting in poor maternal and child health outcomes.⁵ Moreover, the low CPR also drastically affects a nation's economy. Currently, Pakistan is facing issues related to inflation, poverty, unemployment, and other related economic crises.⁴

Family planning encompasses a variety of methods tailored to the needs of couples. These methods can be categorized based on different criteria: by format, as traditional or modern; by nature, as natural or artificial; by duration, as temporary or permanent; and by target user, as male- or female-specific. This diversity allows individuals to choose the most suitable option based on their health, personal preferences, and reproductive goals; or the mode of usage could be oral/injectable/IUCDs.⁶

Recently, family planning is one of the significant areas of interest that must be addressed. Since more explicit knowledge can be attained relating to the factors that determine the knowledge, attitude, and practice of family planning. Consecutively, this can be useful for organizing suitable programs for the society. The objective of this study was to assess the knowledge, attitude, and practice of family planning methods among married women.

METHODS

Using a cross-sectional design, this quantitative study was conducted in a tertiary care hospital in Faisalabad from January to July 2019 after approval from the institutional research committee, and it had no IEC/203-22. Sample size was calculated with a confidence level of 95% and a margin of error of 5%; the required sample size was estimated to be 200. The sample size was 200 married women. Married women served as inclusion criteria, while infertile, non-reproductive age (49 and above), widows, and widowers separated and divorced individuals were excluded from the study. After obtaining informed consent, data was collected through a predesigned questionnaire and analysed using SPSS version 23. Quantitative variables were presented as a mean and standard deviation, and qualitative variables were presented as frequencies and percentages using the descriptive statistical method. Questions were asked regarding knowledge, attitudes, and practices towards contraception.

RESULTS

This study comprised 200 married females with a mean age of 31.29 ± 6.039 . Of the 200 participants, 160 (80%) were homemakers, and 40 (20%) were job holders. 51 (25.5%) were from rural and 149 (74.5%) were from urban population. 80 (40%) of the married women had more than two children, and 113 (56.5%) had no history of miscarriage in their lives. 70 (35%) were from the age group 28-32 years, and 71 (35%) had a monthly income of 10,000 to 15000. Table 2 showed that 156 (78%) knew about contraceptives, predominantly condoms, with a percentage of 43.5%, and 66 (33%) got information from doctors. 118 (59%) had no knowledge of the correct use of contraceptives, 75 (37.5%) believed that they affect menstrual regularity, and 146 (73%) did not know any type of emergency contraception.

Table 1: Descriptive statistics of age and residency of the participants (n = 200)

Variables		Frequency	Percentages
Age in years	18-22	11	5.5%
	23-27	43	21.5%
	28-32	70	35%
	33-37	40	20%
	38-42	27	13.5%
	43-47	9	4.5%
Residency	Rural	51	25.5%
	Urban	149	74.5%

Table 2: Knowledge of participants about Contraceptives (n = 200)

Variables		Frequency	Percentage
Knowledge about contraceptives	Yes	156	78%
	No	44	22%
Got information from	Doctor	66	33%
	Media	61	30.5%
	Relatives	51	25.5%
	Friends	15	7.5%
	Others	07	3.5%
Knowledge about types of contraceptives	Female sterilization	21	10.5%
	Oral contraceptive pills	43	21.5%
	Condoms	87	43.5%
	IUCD	6	3.0%
	Injections	25	12.5%
	No	18	9.0%
Knowledge about correct use	Yes	82	41%
	No	118	59%
Knowledge about side effects	Affecting fertility	25	12.5%
	Affecting menstrual cycle regularity	75	37.5%
	Risk of weight gain	35	17.5%
	Nausea/vomiting	17	8.5%
	No side effects	48	24.0%
Knowledge about emergency contraception methods	Levonorgestrel tab	23	11.5%
	Mifepristone	06	3.0%
	Intrauterine device	13	6.5%
	Vaginal douching	12	6.0%
	Don't know	146	73.0%

Table 3 shows that most of the participants, 115 (57.5%), are using contraceptives for spacing of birth. 97 (48.5%) are self-motivated for using contraceptives. 64 (32%) were intended to use condoms as contraceptives.

Table 3: Attitudes of participants about contraceptives (n = 200)

Variable		Frequency	Percentage
Reasons for using contraceptives	Completed their family	49	24.5%
	Spacing of birth	115	57.5%
	Improvement of health	22	11%
	Economical problem	04	7%
Reasons for not using contraceptives	Fear of side effects	98	49%
	Reluctant husband	50	25%
	Affordability problem	8	4%
	Availability problem	12	6%
	Religious beliefs	32	16%
Encouragement for using contraceptives	Self-motivated	97	48.5%
	Husband	28	14%
	In-laws	14	7%
	Doctor	61	30.5%
Who should have responsibility?	Men	73	36.5%
	Women	37	18.5%
	Both	84	42%
	Neither	6	3%
Intention to use contraceptives	Female sterilization	52	26%
	Oral contraceptive pills	33	16.5%
	Condoms	64	32%
	IUCD	18	9%
	Injections	14	7%
	No	19	9.5%

Table 4 shows that only 58 (29%) are using contraceptives.

Table 4: Practices of participants in contraceptives (n=200)

Variable		Frequency	Percentages
Frequency of use of contraceptives	Always	15	7.5%
	Often	58	29%
	Sometimes	40	20%
	Occasionally	34	17%
	Never	53	26.5%
Complicated to use unnatural means	Agree	98	49%
	Disagree	31	15.5%
	Not sure	71	35.5%

DISCUSSION

Several studies have been carried out that show that education levels are key factors in influencing the knowledge, attitude, and practice of family planning.

Utilisation of contraceptive methods varies according to the individual's attitudes. Lack of awareness, religious beliefs, and fear of side effects are the barriers affecting contraceptive usage.²

A cross-sectional study was conducted among 200 married females using a predesigned questionnaire and assessing knowledge, attitude, and practices towards contraceptive methods. The mean age of participants was 31.29 ± 6.039 compared to a study with a mean age of 30 ± 3 years.² In this study, 160 (80%) were homemakers, and 40 (20%) were job holders in comparison to a study conducted in Mosul city, where more than half of them (58.7%) were homemakers.⁷

In this study, 156 (78%) knew about contraceptives and got this information from doctors, which is in contrast to a study where respondents obtained information from trainers (78.8%) and self-study (9.8%).³ This was comparable to a study where 88% of females knew about contraceptives that were mainly obtained from doctors (59%), followed by media (23.8%) and social circle (14.7%).⁸ This study showed that other than condoms, there were differences in the knowledge of different types of contraceptives, which is comparable to the study where there were also significant differences among different types of contraceptives.⁹

In this study, 146 (73%) did not know about emergency contraception, in contrast to a study conducted in Ludhiana, India, where 68% knew about emergency contraception.¹⁰ while a study conducted in Nepal stated that 64% of their participants had good knowledge, 90% had a positive attitude, and 63% have used emergency contraceptives.¹¹ This finding is comparable to a study where subjects were using four times regular contraception than the emergency contraception.¹² Another found that more than half of the participants had good knowledge of EC and majority of them had a positive attitude towards using contraception.¹³ Another study in Uttar Pradesh observed that 73.3% of women knew at least one method of contraception, but only 54.4% were using some sort of contraception, the primary source of knowledge being social interactions with friends/relatives.¹⁴

This study showed that 115 (57.5%) were using contraceptives for spacing of birth, which is in contrast to a study where they used contraceptives for the prevention of childbirth.¹⁵ Study results showed that 97 (48.5%) were self-motivated for using any kind of contraceptives, which is in contrast to the study where 57.4% had positive attitudes from their husbands towards contraceptive usage.³ Study showed that 73 (36.5%) believed that it is the responsibility of men for contraception, in contrast to the study where the majority of the men and women believe that it is only women's

responsibility.¹⁶ This study showed the reasons for not using contraceptives were fear of side effects 49%, which is similar to a study.²

This study showed the poor practice of contraceptives among married females, where only 58 (29%) were practising contraceptives often, which is comparable to a study where 49% of women were using contraceptives.¹⁷ In contrast to this, another study showed that 79.3% of women were practising contraceptives.¹⁸ Another study conducted in India showed that knowledge, attitude, and practices of contraception among mothers are highly inadequate.^{19, 20}

CONCLUSION

This study concludes that the majority of women have good knowledge and decisive attitudes regarding contraceptive methods. However, the practice of contraceptive methods is deficient.

LIMITATIONS

This study's limitations included a limited sample size and non-probability sampling. The results cannot be generalised as it was a single-centered study.

SUGGESTIONS / RECOMMENDATIONS

More attention must be paid to the target group of low education to improve their attitude towards the importance of family planning. Also, health practitioners should do more to improve their awareness and control their practice to avoid complications.

CONFLICT OF INTEREST / DISCLOSURE

All authors disclose no conflict of interest.

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