

## Assessment of knowledge practices and barriers in family planning services in Korangi Industrial Area Karachi

Farzana Aamir, Sheena

### Abstract:

**Objective:** To assess the knowledge, practices and barriers in utilization of family planning services in women coming from Korangi industrial area at jinnah Medical College Hospital Karachi.

**Design:** Descriptive cross sectional study.

**Setting and duration:** Out-patients departments of Gynecology and obstetrics Jinnah Medical Hospital Korangi industrial area Karachi from February, 2014 to May, 2014.

**Patients:** Total 400 married women of reproductive age group between 20 – 40 years of age from out patients departments of Gynecology and obstetrics.

**Methodology:** Data was collected on a preformed questionnaire. Results were compiled and compared with national and international literature.

**Results:** During this study period 400 females visited in out patient's department the study participants were asked about the existing knowledge of different family planning methods. Regarding level of education (74%) was illiterate & majority of them belongs to low socioeconomic class. Middle aged women with high parity were comparatively more aware & practicing contraception than younger age group.

It was observed that out of 400 women (34.2%) had knowledge about injectables & (15.5%) were practicing, (29.5) were aware about the OCPs and (12.5%) were using this method of contraception. Likewise (26%) women were aware about Barrier method & (14.2%) knew about IUCD but (10.7%) & (4.2%) were practicing this method respectively.

Few alarming things found in this study that (46%) participants were not aware and were not practicing any method. The main reason for not practicing contraception was husband's disapproval (25.5%), in-laws disapproval (22%), followed by fear of side effects (16.2%), religious prohibition (11.7%) & need more children (9.5%).

**Conclusion:** The main reason behind poor knowledge & hindrances in practice in this area was illiteracy, and low socioeconomic status.

**Keywords:** Knowledge, Practice, Barriers, IUCD, OCP.

Jinnah Medical College  
and Teaching Hospitals,  
Karachi

F Aamir  
Sheena

### Correspondence:

Dr. Farzana Aamir  
Assistant Professor  
Obs & Gynae department  
Jinnah medical & dental  
college hospital  
Korangi industrial area  
Karachi  
Pakistan.  
Cell no: 03333471438  
dr.farzanaaamir@gmail.  
com

### Introduction:

Unintended pregnancy, safe abortion and sexually transmitted diseases including HIV infection continue to be a major reproductive health problem globally. 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.<sup>1</sup>

Use of contraceptives is the main concern for

the government of Pakistan in order to keep pace between population and socioeconomic growth<sup>2</sup>. In south Asia Pakistan has the highest growth rate and it continues on the way to rapid expansion.<sup>3</sup>

Pakistan is the seventh most populous country in the world and fourth in Asia with a population 130.6 million in 1998, with growth rate of 2.45%. The population of Pakistan will double to

260 million by the year 2035. The economic implication of this rapid growth is enormous and translates in to poor quality of life and health for an average Pakistani.<sup>3,4</sup>

Family planning can improve women's health in child bearing years. Regulating fertility is as important as controlling mortality and morbidity and is an essential component of personal, social, and economic development.<sup>5</sup>

The Pakistan demographic and Health survey 2006 and 2007 described that approximately 22% of married women of reproductive ages (MWRA) in Pakistan use a modern contraceptive method and 8% use a traditional method, while 24% of MWRA would like to use family planning but are unable to avail the means to do so and therefore have an unmet need for family planning.<sup>6</sup>

Infinite numbers of Pakistani women are familiar with contraceptives, but practice remains low<sup>7</sup>

Lack of detailed and accurate information on contraceptives has resulted in reluctance to adopt family planning methods, as soon some potential users want to know their side effects and contraindications.<sup>8,9,10,11</sup>

This article focuses on knowledge, practices and barriers in utilization of family planning services in women coming from slum area of Korangi in Jinnah Medical College Hospital Karachi.

**Material and Methods:** This cross sectional study was designed to assess the knowledge, utilization and barriers to different contraceptive methods in a women attending out patients department of Obstetrics and Gynecology at Jinnah Medical College Hospital Korangi Industrial area Karachi from February, 2014 to May, 2014.

Total 400 married women of reproductive age group (20 – 40yrs) were interviewed by Performa questioner which includes age, parity, socio-economic status, educational level. Information was also gathered about knowledge, practices

and barriers to the utilization of different types of contraceptive methods.

Unmarried, nulliparous and women aged less than 20 and more than 40 years were excluded. Information was collected on predesigned questionnaire relating to knowledge and attitude towards contraception, apart from collecting demographic data: the Information was recorded on the Performa, and the data compiled and analyzed.

### Results:

Sociodemographic characteristics of the women along with their awareness & practice of the family planning methods are presented in Table 1. Out of 400 women of reproductive age ( 62.7% ) were aged 31- 40 years, ( 37.2 % ) were aged 20- 30 years, among the responders (30.5%) had parity 4-5, ( 57% ) had parity >5. Regarding level of education (74%) was illiterate & majority of them belongs to low socioeconomic class. As shown in table 1 middle aged women with high parity were comparatively more aware & practicing contraception than younger age group.

The study participants were asked about the existing knowledge of family planning methods like oral contraceptives , injectables , barrier and permanent methods & it was observed that out of 400 women (46%) were not aware of any method of contraception so they were not practicing any method , while rest of the women were knowing either one or two methods of contraception. Out of them (34.2%) had knowledge about injectables & (15.5%) were practicing, (29.5) were aware about the OCPs and (12.5%) were using this method of contraception. Likewise (26%) women were aware about Barrier method & (14.2%) knew about IUCD but (10.7%) & (4.2%) were practicing this method respectively as Shown in Table 2.

Where the permanent methods are concerned (19%) women were knew and only (3%) had Tubal ligation, while the corresponding figures for male sterilization was nil.

Family planning awareness & practice was found

**Table 1: Socio-demographic characteristics of the study population with family planning awareness and practice**

Characteristics	Numbers	%	FP Awareness	FP Current practice
Age groups (Yrs)				
20 – 30	149	37.2%	97	16
31 – 40	251	62.7%	135	49
Parity				
1 – 3	77	19.2%	23	9
4 – 5	122	30.5%	91	32
>5	201	57%	103	45
Level of Education				
Illiterate	296	74%	96	33
Primary	35	8.7%	28	03
Secondary	43	10.7%	22	12
Intermediate	26	6.5%	23	15

**Table 2: Awareness and practice of the family planning Methods**

Methods	Awareness	Practices
Not practiced any method	184(46%)	184(46%)
Injectable	137 (34.2%)	62(15.5%)
OCPs	118 (29.5%)	50 (12.5%)
Barrier methods	105 (26%)	43(10.7)
Intrauterine contraceptive device	53 (14.2%)	17(4.2%)
Withdrawal	84 (21%)	21(5.2%)
Female sterilization	76 (19%)	12(3%)
Rhythm	40 (10%)	11(2%)
Male sterilization	18 (4.5%)	00
Implants	00	00

**Table 3: Barrier to Effective access & use of Family Planning Services**

Variables	Number	Percentage
Husband disapproval	102	25.5%
In laws disapproval	88	22%
Fear of side effect	65	16.2 %
Religious prohibition	47	11.7%

to be very squat in both aspects.

As shown in Table 3 the main reason for not practicing contraception was husband's disapproval (25.5%) , in-laws disapproval (22%) , followed by fear of side effects (16.2%) , religious prohibition (11.7%) & need more children (9.5%). The main reason behind all these hindrances was illiteracy, as we found that current practice of family planning was declined because of low educational attainments of both partners and socioeconomic status.

## Discussion:

Family planning, one of the greatest public health advances of the past century, is enabling women to make informed decisions about whether and when to have children.<sup>12</sup> It is achieved through use of contraceptive methods. Promotion of family planning and ensuring access to preferred contraceptive methods for women and couples is essential to securing the well-being and autonomy of women, while supporting the health and development of communities.<sup>13</sup>

In this study majority of study population was aware about the methods of contraception, but fewer of them were practicing different contraceptive methods. However it is similar reported in study conducted at Liaquat National Medical College and Hospital Karachi.<sup>14</sup>

Contraception prevalence rate in our study is (54%) and in Nepal it is 33.5%, as compare to 28.5% in National study. But high prevalence rate seen in Sikkim.<sup>15</sup>

It is also seen that intention of contraception increases with increased age & parity as it is also suggested by Gajanayake that the age & contraceptive use follows a typical curvilinear relationship in which contraceptive use increases with increase of age reaches maximum around 30's and then declines.<sup>16</sup> Similar to study of North West Ethiopia (17) injectables were the most popular method (34.2%) followed by the pills (29.5%), Barrier (26%), IUCD (14%), Female sterilization (19%), Withdrawal (21%), Rhythm (10%), male sterilization (4.5%), were among the least known methods. The findings are different in study done by Renjhenctal as maximum awareness was seen OCP (95.8%) followed by condom (74.2%) and IUCD (72%).<sup>15</sup>

Above findings showed that awareness is still low because the majority of study population were illiterate and belongs to low socioeconomic group.

As for as use of contraception is concern injectables (15.5%) ranked first followed by pills (12.5%), barrier (10.7%) and IUCD (9.2%).

While other studies barrier is the most common methods followed by injectables than pills.<sup>18</sup>

The rate of contraception use is seen to be directly proportional to the women's education & socioeconomic status<sup>19</sup> as we also observe this relationship in our study population.

The main hindrance in practice that was noted in this study behind refusal from husband and in-laws was illiteracy of both partners; it is the education and counseling which makes mind clear. Other factor such as religious believes, fears of the side effects all are the part and parcel of misconceptions which can be covered and cleared by education and counseling. Women's autonomy and decision making plays a vital role in fertility control. It is hypothesized that in household decision making greater involvement will place in women in better position to exert influence over reproductive behavior including uptake of contraception.<sup>20</sup>

### Conclusion:

Family planning counseling needs to be universally included into routine antenatal activities. Besides improving formal female education is certain to raise the existing knowledge and also to dispel the prevailing misinformation and misperception about family planning methods. There is also a need to review the family planning program with particular emphasis on contraceptive needs of adolescent and to improve accessibility and availability of all family planning services.

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