

Knowledge, attitude, and practice of Family Planning among women of selected institutions of Peshawar

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ABSTRACT

Introduction: There is a significant absence of qualitative and quantitative data in the literature about knowledge, attitude and practices of Family Planning among married women of Peshawar. There is a need to fill the gap in knowledge and to obtain relevant data that will provide necessary improvements.

Objective: To evaluate knowledge, attitude, and practice of Family Planning among females attending the Outpatients clinics of selected institutions of Peshawar.

Materials & Methods: A cross-sectional descriptive study was carried out in outpatient Department of Lady Reading Hospital (LRH), Peshawar, from September 2005 to December 2005. All married women having at least one child were included through convenience sampling. A structured questionnaire about knowledge, attitude, and practice of Family Planning was used to collect data by direct interview in local languages after informed consent. Data were analyzed for descriptive statistics by MS Excel.

Results: Awareness regarding different aspects of Family Planning was about 95%, requisite attitude towards Family Planning was about 81%, while practice of Family Planning was 58%.

Conclusion: Married women sampled in this study had adequate knowledge and positive attitude about Family Planning but they were lacking in practice.

Keywords: Contraceptives, Family Planning, KAP, side effects.

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INTRODUCTION

Family Planning has been an efficient method for development of wellbeing of mother and child and empowers couples to sensibly choose the number and spacing of their children. Family Planning has also significant implications in global population dynamics.^{1,2} It has been felt that beside religious/cultural/socioeconomic barriers, absence of knowledge, attitude, and practices of Family Planning in married women has been an obstacle to large-scale acceptance of Family Planning programs. Studies have shown that a serious challenge is widespread awareness but little consumption of contraceptives. Insufficient or improper information about Family Planning approaches in majority of females of reproductive age is a known issue. Even when they know the name of the contraceptives, they do not know from where to buy them or how to use them.

Family Planning (FP) is defined as a mode of thinking and existing that is embraced intentionally upon the bases of knowledge, attitude, and practice with answerable choices by persons and pairs.³ Family Planning refers to use of contraceptive approaches to limit or space the number of children.⁴ It plays a major role in reproductive health of the mother, having sufficient birth gaps, shunning undesired pregnancies and abortions, and preventing sexually transmitted diseases. A sensible effort by a pair to control or space the number of offspring they have through the use of contraception denotes to Family Planning.⁵ By avoiding accidental pregnancies and insecure miscarriages and also shield against sexually transmitted infections,⁶ use of contraceptives can avoid at least 25% of all maternal mortalities. In developing countries lack of knowledge of contraception, source of supply, cost, or deprived availability are the obstacles.⁷ Presently, short-term up-to-date Family Planning approaches are accessible at all points of governmental and private health setups, whereas long-term methods are being delivered in health centers, hospitals, and private setups.⁷

Good knowledge about contraceptives does not essentially equate with high contraceptive practice as shown by the study done in Jimma, Ethiopia.⁹

WHO has established recommendations on which different forms of health personnel can carefully and efficiently deliver precise Family Planning techniques. Training of healthcare workers on a regular basis through experience-based drills and continued instructive support benefit them to do a better job at delivering Family Planning.¹⁰ The recognition level and compliance of Family Planning facilities by their receivers from those healthcare personnel will be compromised if healthcare personnel do not have appropriate knowledge and a promising attitude to practice Family Planning. General Physicians need to know the level of knowledge and attitude of their team staff, thus having awareness about their training, and eventually the effect of their counseling drive on motivation of receivers to understand the strategy that would be essential to endorse Family Planning facilities. According to diverse scholars, the serious challenge facing effective Family Planning is high awareness but low consumption of contraceptives.^{3,11} The primary care human resource, especially physicians, do not have appropriate knowledge and favorable attitude toward Family Planning, so the goal is to promote Family Planning among them.¹²

A cross-sectional survey in Gaza reported lack of knowledge and fear of side effects in 68% and husband's opposition among 31% of the respondents as the main factors for not using planning methods.¹³ The main determinants of use of family planning methods among married women in Morocco were the number of living children and the number of children who died before age five years.¹⁴ Similarly, the prevalence of use of family planning methods in Bangladesh was 48% in rural areas being highest among women with three or more children.¹⁵

With a population of 212.82 million in 2018, Pakistan is the sixth most populous country in the world and continues to grow by 2.4% annually.¹⁶ Currently Pakistan is experiencing high rates of maternal and infant mortality. According to the Pakistan Fertility and Family Planning Survey 1997, the contraceptive prevalence rate in the country is only 24% although 94% have heard of at least one method of Family Planning.¹⁷ The Khyber Pakhtunkhwa (KP) province had an estimated population of roughly 30.52 million in 2017 compared to 17.74 million in 1998.¹⁸ This study was conducted to assess the knowledge, attitude, and practice (KAP) of Family Planning among women of selected institutions of Peshawar.

MATERIALS & METHODS

A cross sectional survey was carried out in the Outpatient Department (OPD) of Lady Reading Hospital (LRH), Peshawar, from September 2005 to December 2005 on all married women having at least one child. This major tertiary care hospital of Peshawar caters to about 300 married women visiting the LRH OPD on a daily basis.

On average, 10 women were interviewed daily using Convenience Sampling, keeping diversity by selecting them from each of the five specialties (Medicine, Surgery, Obstetrics & Gynecology, Pediatrics, and Dermatology). A final sample of 200 married women visiting LRH OPD for any purpose was taken after informed consent. Other than demographic data, questions were asked in local languages with relevance to

various aspects of knowledge, attitude, and practice regarding Family Planning. The primary data collected were analyzed for descriptive statistics using Microsoft Excel.

RESULTS

Data of women's responses to knowledge about Family Planning are given in Table 1. Media was the source of information for 51% of the study subjects while 41% of the women got information regarding Family Planning from friends, relatives, etc.; 60 out of 116(51.7%) women got information regarding non-permissibility of Family Planning in Islam from their relatives, whereas religious persons were responsible in 40.5% of the cases. 71 of 190(37%) women considered 3 children to be the ideal and 51(27%) thought the number to be 4-5. The majority of women in this study, 114 (60%) considered 1-2 years as the ideal gap between two children, whereas 32% considered the ideal space to 2-3 years.

Table 1: Knowledge based questions about Family Planning.

Questions on knowledge about Family Planning	Responses f (%)
Source of Information about Family Planning (n=190)	
Media (TV, Radio, Print media)	100 (51)
People (Friends, Relatives, etc.)	78 (41)
Family (Planning Center)	07 (05)
Other (Magazines, Literature, Pamphlets)	05 (03)
Source of information about non permissibility (n=116)	
Religious persons	47 (40.5)
Relatives	60 (51.7)
Other sources	09 (07.8)
Ideal number of children (n=190)	
Two	34 (18)
Three	71 (37)
Four-Five	51 (27)
More than Five	34 (18)
Ideal space b/w two children (n=190)	
1-2 Years	114 (60)
2-3 Years	61 (32)
More than 3 Years	15 (08)

Data regarding the attitudes of females about Family Planning is given in Table 2.

Family Planning was considered important for both mother and child by 94% of women included in this study. Among the women having awareness about Family Planning, 87% were in favor of it, whereas only 13% were against it. One of the aspects included in the questionnaire was the attitude of husbands towards Family Planning. In this study, the attitude of husbands regarding Family Planning was positive; 118 women (62%) replied that their husbands were in favor of Family Planning, but 38% husbands did not allow their wives to practice Family Planning.

The attitudes of in-laws were also included in the questions. In contrast to the attitudes of husbands, the majority of in-laws were non-cooperative; in this study, 67% of them were non-cooperative. When asked about the reasons of non-cooperative attitude of in-laws, 57% women replied that it was due to the in-laws' desire for having a male child for the couple.

Table 2: Attitude of female subjects towards various aspects of Family Planning.

Questions about attitude towards Family Planning	Responses f (%)
Importance of Family Planning (n=190)	
Better for mother health	07 (04)
Better for the child health	04 (02)
Better for both	179 (94)
Attitude regarding Family Planning (n=190)	
In favor of Family Planning	165 (87)
Not in favor of Family Planning	25 (13)
Don't know	0
Attitude of husband towards Family Planning (n=190)	
Allow to practice	118 (62)
Does not allow	72 (38)
Attitude of in-laws regarding Family Planning (n=190)	
Co-operative	63 (33)
Non co-operative	127 (67)
Reasons for non-cooperative attitude of in-laws (n=127)	
Desire for son	72 (57)
Religious reasons	31 (24)
Other (Cultural, Social, Traditional, etc.)	24 (19)

Table 3 provides data regarding the practice of Family Planning by females. Of 190 subjects having awareness of Family Planning, 110(55%) were practicing it and 80(42%) were not practicing it despite the fact that they knew about it. The most commonly used method for Family Planning in this study was oral contraceptive pills (OCP). However, only 35% women were using OCP; 22% were using intra uterine contraceptive device (IUCD), 12% were using injectable forms of contraception, and 44% were using other means.

Table 3: Practices of female subjects regarding Family Planning.

Questions about practice of Family Planning	Responses f (%)
Females practicing Family Planning (n=190)	
Yes	110 (58)
No	80 (42)
Methods commonly used for Family Planning (n=139)	
Pills	49 (35)
IUCD	30 (22)
Injections	16 (12)
Other	44 (31)
Side effects of contraceptives (n=139)	
Weight gain	35 (25)
Headache	07 (05)
Nausea and vomiting	14 (10)
Other	31 (22)
No specific effects	53 (38)
Females visiting Family Planning centers (n=139)	
Yes	72 (52)
No	67 (48)
Frequency of visits to Family Planning centers (n=72)	
Once a month	17 (24)
Once in 3 months	26 (36)
Once in a year	29 (40)

Regarding the side effects of contraceptives, 38% women were facing no specific side effects. The reported side effects included weight gain (25%), nausea and vomiting (10%), headache (05%), and others (22%).

In this study 52% women were visiting Family Planning centers, most commonly once a year (40%), followed by once in 3 months (36%), and once a month (24%).

Feedback regarding problems faced by women during their interaction with the Family Planning program is listed in Table 4.

Problems were faced by 58% of the women in this study during their visit to Family Planning centers. Majority of women (53%) were facing transportation problems, while 21% complained of poor staff service. Free services were being provided to 65% of women and 35% were paying for Family Planning services; 71% females considered Family Planning services to be affordable, but for 29% they were expensive.

Table 4: Feedback from females regarding the Family Planning program.

Feedback Questions	Responses f (%)
Females facing problems during their visits (n=72)	
Yes	42 (58)
No	30 (42)
Problems faced during visits to Family Planning center (n=19)	
Transportation/ distance	10 (53)
Poor staff services	4 (21)
Expensive	1 (05)
Other	4 (21)
Females paying for Family Planning services (n=139)	
Yes	48 (35)
No	91 (65)
Affordability of Family Planning services (n=48)	
Yes	34 (71)
No	14 (29)

DISCUSSION

In this study 200 married women of every age group visiting a major public tertiary care hospital of Peshawar were assessed about their awareness of Family Planning.

According to this study, 95% were having awareness about diverse aspects of Family Planning; 51% awareness in married females were generated by mass media, however 41% got information through family members and other people regarding Family Planning.

In Bangladesh,¹⁵ where the most effective Family Planning program has been carried out and which is working successfully since 1975, Family Planning awareness through mass media messages rose considerably over the two-year period from 1983 to 1985 (from 39.7% to 51.4%). Main source of information was radio. The Knowledge of precise message content like pills and use of condom had also increased in the rural areas from 77.1% to 84% in 1985 and 52 to 64% respectively. It also has to be highlighted that 17.3% of respondents sought information

from someone about Family Planning in 1985 as compared to 11.3% of respondents in 1983. Although respondents from the main target audience were more likely to have discussed Family Planning with a spouse in 1985 than in 1983 (37.5% vs 33.8% respectively), these respondents were less likely to have discussed Family Planning with order relatives (8.1% vs 17.6%) or with neighbors and friends (20.7 vs 25.5%).

In our study, 81% females were in favor of Family Planning which shows the generally positive attitudes towards the concept of Family Planning. Most (94%) of females' feedback was positive regarding whether Family Planning was good for the health of mother and child. The attitudes of husband were positive, with 62% in favor of Family Planning; 67% of the in-laws of married females were reported to be non-cooperative, in 57% this behavior being due to religious misunderstanding of Family Planning being acceptable in Islam.

In Bangladesh,¹⁵ the overall attitude towards idea of Family Planning was positive (90% said it was "a good idea") during the study period of 1983-85; the awareness and gratitude of the various benefits of Family Planning had increased significantly, most particularly so in the appreciation of maternal and child health benefits, approximately 15% in 1983, as compared to over 70% in 1985.

In our study, 61% females visiting LRH gave feedback that Family Planning is impermissible in Islam and 60% were receiving knowledge from family members, whereas 47% were getting knowledge from the religious leaders of their area. Couples commonly cite religious concerns as their reason for not practicing contraception as the organized religious party in

Pakistan officially opposes Family Planning as "un-Islamic". Many native religious experts are in support of Family Planning efforts at the same time.

Family Planning workers have initiated discussions about birth control with religious leaders as a means of improving the health of mother and children in villages and communities where service providers are unwelcome. In Bangladesh the opposite is true, where Family Planning providers had been designed to act with the conservative Islamic society. Major role in promoting the various Family Planning services is played by religious leaders.

In our study, 58% couples reported that they were practicing available methods of contraception.

CONCLUSION

Though the knowledge and attitude of married women selected for this study was encouraging, practice of Family Planning remained less than desirable because of reasons like desire to produce sons, or other social / religious factors. Hence the utilization of Family Planning services is not up to the mark.

RECOMMENDATIONS

Based on the main hurdles facing married women in utilization of Family Planning services, which are Illiteracy, Non-cooperative behavior of in-laws, and Religious beliefs, it is recommended that the Family Planning program direct its efforts towards addressing these issues through public awareness campaigns with the help of local social and religious reformers to remove the current misapprehensions and wrong concepts relating to its practice.

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