

Different Contraceptive Choices among Married Couples: A Study in a Tertiary Care Hospital of Lahore

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ABSTRACT

Objective: To assess the different contraceptive choices among married couples visiting the Gynecology & Obstetrics Outpatient Department in a tertiary care hospital, Lahore.

Methodology: It was a descriptive cross-sectional study conducted in Hayat Memorial Hospital, Lahore. The study analysis was performed among married couples who attended Gynaecology and Obstetrics OPD of the hospital from January to September 2021. A total of 362 married couples were enrolled in the study by non-probability purposive sampling technique. The study population included couples of reproductive age between 15-45 years who gave informed consent. Women with a history of hysterectomy and those with suspected cases of infertility were excluded from the present study. After informed consent, data was collected from married couples using a preformed questionnaire. The questionnaire had questions regarding practices of couples for different contraceptive choices and reasons.

Results: The mean age of the study population was 28±1.5 years. Knowledge of contraception practices was found in 347(96%) women whereas 15(4%) were not aware of the use of contraceptives. Three hundred and twenty six (90%) couples were practicing contraceptives and 36(10%) were not using any contraceptives. The most common reasons to avoid contraceptives were pressure from family members or husbands in 19(5.3%), unawareness about contraceptives was found in 11(3%), and religious beliefs were the reason in 6(1.7%) women. One hundred and ninety five (53.9%) couples were using male condoms, 21(5.8%) hormonal injections, 32(8.8%) contraceptive pills, 50(13.8%) intrauterine contraceptive devices, and 20(5.5%) were with bilateral tubal ligation.

Conclusion: Knowledge and awareness regarding contraceptive use was 95% in females. The most common method of contraception was male condoms.

Keywords: Contraceptives. Family planning. Condoms.

INTRODUCTION

There is an alarming situation in developing countries due to the increasing population. Many countries have controlled the growth rate and some of them have negative growth rate now. India is expected to leave China behind in the growth rate by 2050.¹ Pakistan has significant challenges in terms of population growth.² Fertility rate and prevalence of contraception have remained unremarkable with very ineffective and slow improvements during the last two decades.³ Pakistan is the 5th most populated country in the world. The current population of Pakistan is almost 220 million and the growth rate of the country is around 1.9%.⁴

The total fertility can be reduced in Pakistan up to 3.0 births per woman by controlling 15% of unwanted births. The required level of family planning in Pakistan is 55.5% with a 35% contraceptive prevalence rate and 20% unmet need. For reproductive health and maternal services, the government has set up a population welfare program in Pakistan.⁵ Fertility is an

essential element that defines better health and economic recovery. The reduction in fertility, child, and maternal mortality has a remarkable association. South Asia has a 54% mean contraceptive prevalence rate whereas Pakistan has 35%. The awareness of family planning and counseling is a major task suggested to lady health workers of the National Programme for Family Planning and Primary Health care. These lady health workers are serving almost 66-73% of women of the remote and rural population.⁶

The family planning practices guide married couples about various definite objectives like maintaining birth spacing, proposing wanted birth, preventing unwanted birth, and determining the number of children in the family. Oral contraceptives and condoms are the most commonly used methods in developed countries.⁷ The situation is somewhat different for developing countries. Among the contraceptive methods used, condoms are 11%, intrauterine contraceptive devices (IUCDs) stand at 30%, male sterilization is 4%, oral contraceptives pills account for 12%, and female sterilization makes 36% in developing countries. There are always certain doubts and barriers regarding the use of contraceptive choices such as fear of side effects, which reflects a lack of knowledge for safety and use of contraceptive choices.⁸

The population pyramid in Pakistan gives a broad base and there is a need to work on contraceptive usage with family planning, and to improve policymaking for

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health planning. The present study was conducted to assess the different contraceptive choices among married couples visiting the Gynecology & Obstetrics Outpatient Department in a tertiary care hospital, Lahore.

METHODOLOGY

It was a descriptive cross-sectional study conducted at Hayat Memorial Hospital, Lahore. The study included married couples attending the Gynecology and Obstetrics patients' outdoor of the hospital for a period of 9 months, from January to September 2021 (Letter No: IRB-UOL-FAHS/747/2020, 25-09-2020). Non-probability purposive sampling technique was used to select a total of 362 married couples visiting the outdoor department of the hospital. The study population included couples of reproductive age between 15-45 years who gave informed consent. Women with a history of hysterectomy and those with suspected cases of infertility were excluded from the present study. After informed consent, data was collected from married couples using a preformed questionnaire. The questionnaire included demographic information, knowledge regarding contraception, questions regarding practices by couples for different contraceptive choices, and also the reasons for not using contraceptives. The questionnaire was validated by a pilot study conducted on 20 participants.

STATISTICAL ANALYSIS

Statistical Package for the Social Sciences (SPSS) version 25 was used to analyze the data. Categorical data was presented as frequency & percentage. A p-value ≤ 0.05 was taken as significant.

RESULTS

The mean age of the study population was 28 ± 1.5 years

and age ranged from 26 to 30 years. Knowledge of contraception practices was found in 347(96%) women whereas 15(4%) were not aware of the use of contraceptives (Figure 1). Two hundred and fifty (69.1%) women got awareness and knowledge from doctors, 47(13%) from relatives, 44(12.2%) got from lady health workers, and 6(1.7%) from local health care centers.

Three hundred and twenty six (90%) couples were practicing contraceptives and 36(10%) were not using any contraceptives. The most common reason to avoid contraceptives was pressure from family members or husbands in 19(5.3%), unawareness about contraceptives was found in 11(3%) and religious beliefs were the reason in 6(1.7%) women. The most favorable method was a male condom. Table 1 shows that 195(53.9%) couples were using male condoms, 21(5.8%) hormonal injections, 32(8.8%) contraceptive pills, 50(13.8%) intrauterine contraceptive devices, and 20(5.5%) were with bilateral tubal ligation. Regarding reasons to choose a specific contraceptive method, couples who were using contraceptives on doctor's instructions were 103(32%) and 99(30%) chose a particular contraceptive just because of its cost. Reasons to choose a specific contraceptive method are tabulated in Table 2.

DISCUSSION

Pakistan has the second-highest fertility rate in South Asia and its increasing population growth presents a significant challenge for the country's path to progress and development.⁹ Modern contraceptive methods only account for a slow-rising (26%) use in Pakistan which is further lowest in the underserved areas (<20%), with a high unmet need for family planning (20%).¹⁰

This study was carried out to assess the different contraceptive choices among married couples visiting the Gynecology & Obstetrics Outpatient Department

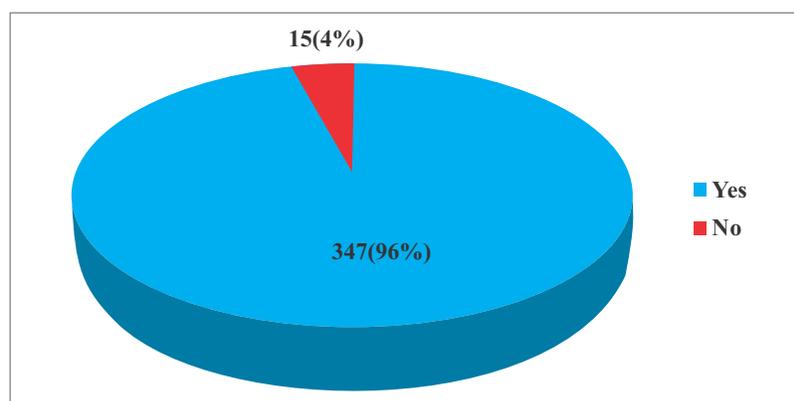


Figure 1: Knowledge regarding Contraceptive Methods among Study Subjects

Table 1: Distribution regarding Types of Contraception Usage

Types of Contraception	Frequency	Percentage
Male Condom	195	53.9%
IUCDs	50	13.8%
Oral Contraceptive Pills	32	8.8%
Hormonal Injections	21	5.8%
Bilateral Tube Ligation	20	5.5%
Implant	3	0.8%
Withdrawal Method	3	0.8%
Emergency Contraceptive Pills	2	0.6%
Not Using any Contraceptive	36	9.9%
Total	362	100%

Table 2: Reasons to Choose a Specific Contraceptive Method

Choice of Specific Contraceptive Method	Frequency	Percentage
Easy to Use	38	12%
Preference of Husband	56	17 %
Preference of Doctor	103	32%
Cost of Contraceptive	99	30%
Availability	6	2%
Family Complete	3	1%
Preference of Wife	20	6 %
Any Other	1	0%
Total	326	100%

in a tertiary care hospital, Lahore. In this study, the mean age of the study population was 28 ± 1.5 years. In our study, 96% of couples had knowledge regarding contraceptives and 90% adopted contraception methods. Practice for barrier method was highest. The majority of the study subjects i.e. 195(53.9%) were using male condoms, 50(13.8%) were with IUCDs, 32(8.8%) contraceptive pills, 21(5.8%) were using hormonal injections, 20(5.5%) had a bilateral tubal ligation, whereas implants 3(0.8%), withdrawal method 3(0.8%), and emergency contraceptive pills 2(0.6%) were the least commonly used methods. Similar results were reported in a study by Siddiqui et al. They found that 93.4% had knowledge of contraception and 49.7% were using different contraceptive methods. Contraception is more common in educated couples. The most common

choice of contraceptives was condoms (65.5%) followed by withdrawal (28.5%) and oral contraceptive pills (24.9%).¹¹

The family planning is linked to Sustainable Development Goal program and a key to national and international health. Irrespective of the significance of increased use of contraceptives among married couples of reproductive age, the concern about women's reproductive health is still an issue.¹² In this study, with respect to contraception decision, the majority adopted contraceptives with the advice by their doctors (28.5%) and 27.3% due to the factor of cost, 15.5% due to husbands preference, 10.5% due to easiness, 5.5% due to wife preference, 1.7% due to the availability, and 0.3% due to other reasons. It is important to understand who promotes the information about contraception. The unawareness of contraception has a significantly

bad effect. In this study, the common sources were relatives and doctors. Two hundred and fifty (69.1%) of the women got awareness from doctors, 13% from relatives, 12.2% got from lady health workers, and 1.7% from local health care centers. In another study that was conducted in Punjab, Pakistan revealed that the common sources are the relatives, hospital/clinics, and private sectors.¹³ A cross-sectional study on assessing the eligible couple's perception about family planning and contraceptive methods in Gujarat, Pakistan was conducted by Shafiq et al. The results showed that there was a positive attitude toward contraceptive usage, and the male condom was the most widely used method (85%) followed by rhythm (82%). Most of the women (90%) had awareness about contraception. The main sources were the clinic/doctors that accounted for 30%.¹⁴ An analysis of data based on the Egypt demographic Health survey 2000 and 2008 was carried by Hamza et al. The results showed that contraceptive prevalence rates in 2000 and 2008 were 48.5% and 51.6%, respectively.¹⁵

In this study, the most common reason to avoid contraceptives was pressure from family members or husbands in 19(5.3%), unawareness about contraceptives was found in 11(3%), and religious beliefs were the reason in 6(1.7%) women. Another study that was conducted in a hospital in Karachi showed that the most common reasons for avoiding the usage of contraceptives were pressure from the family and religious beliefs.¹⁶

CONCLUSION

Knowledge and awareness regarding contraceptive use was 95% in females. The most common method of contraception was male condoms. Pressure from family members or husbands, religious beliefs, and lack of awareness regarding family planning and contraception are major factors for non-adoption of contraception.

LIMITATIONS

Respondents were selected only from one hospital, and the study included a sample size of 362 patients. Time constraints and resources were limited. Further research in different hospitals and with a larger sample size is required. Due to the prevailing scenario of COVID-19, comparison between public/private settings was not admissible.

RECOMMENDATIONS

- Motivation and communication to create awareness among couples about family planning and pregnancy spacing should be part of campaigns to

encourage decision-making between eligible couples.

- Involving community leaders, religious clergyperson, and lady health workers in raising campaigns about traditional and modern methods can help address socio-cultural and religious concerns. Contraception can result in better family planning and cause an improvement in society by reducing the burden of population explosion in this part of the world.

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