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Original Article

Factors Affecting Contraceptive Behavior among Young Married Couples

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ABSTRACT

Improving reproductive health is central to achieving the Millennium Development Goals on improving maternal health, reducing child mortality and eradicating extreme poverty. This requires that married couples should understand and adopt safe and effective methods of fertility control. **Objective:** To study the contraceptive behavior of young married couples presenting to fertility and contraceptive clinic – Dept. of Obstetrics & Gynecology, Liaquat University Hospital, Hyderabad. **Methods:** 100 young married couples with age in between 18 to 25 years were enrolled (chosen via non-probability - consecutive sampling) for this cross-sectional analysis. After taking written informed consent, data was collected using an anonymous, self-structured, interview based questionnaire comprising of inquiring regarding basic biodata and sociodemographic details. Detailed history of marital relations, contraceptive knowledge and behavior along with complaints regarding self-perceived barriers to contraceptive use were noted. The data obtained was analyzed using SPSS version.21 & Microsoft Excel 360. **Results:** Active contraceptive practice at the time of survey was 31.5% and the only known contraceptive behavior among the couples were either oral contraceptive pills, condoms or abstinence method. Contraceptive practice was more common among more educated individuals, with higher socioeconomic status and those living in a nuclear family and already having at least 1 male child. Contraceptive use was less reported in couples early after their marriage and use was more frequent in later years. **Conclusions:** There is a dearth of knowledge among young married couples regarding more modern methods of contraception and the contraceptive practice is rather limited. The perception towards contraceptive too can be improved through proper education.

INTRODUCTION

Despite being "the sixth most populous country on the planet with the population exceeding 184 million, Pakistan is facing a huge challenge of poverty where 61% of its population is living below US$2 a day [1, 2]. About 45% of its population has limited access to health services both public and private, especially in rural areas where 65% of its population resides [3]. The country lags far behind on almost all development indicators, particularly with regard to maternal and child health [4]. It has been estimated that approximately 28,000 women die annually in Pakistan due to preventable pregnancy-related complications. In 2008, Pakistan was included amongst the six countries that contributed to more than 50% of maternal deaths happening worldwide. Maternal and neonatal health are strongly interlinked. Around 33% of neonates in Pakistan die due to maternal infections and other problems related to pregnancy and delivery [5, 6]. The level of health among Pakistani women is alarmingly poor and contributes to both maternal and child morbidity and mortality. Some estimates from recent studies suggest that the lifetime risk of maternal death for Pakistani women is one in 93 [7]. Only half of the deliveries in Pakistan take place in the presence of skilled health provider and rural and less educated women are less likely to revive skilled delivery

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care. Antenatal care coverage is far from optimal; 27% of pregnant women in Pakistan still receive no antenatal care and 40% do not receive postnatal care after delivery. In addition to maternal health, the dismal state of newborn health (as identified by neonatal mortality rate) has remained virtually unchanged over the past 15 years [8]. Modern contraceptive methods, which have been documented to be highly effective means of improving maternal health by preventing unintended pregnancies in order to ensure healthy timing and spacing of births, only account for 26% of contraceptive use in Pakistan. Moreover, the overall levels of contraceptive use in rural areas continue to remain very low (around 31%), compared to 45% in urban areas. An estimated 890,000 induced abortions occur annually in Pakistan whereby one in seven pregnancies is terminated by induced abortion often performed in clandestine conditions and abortion being used as means to control fertility and an outcome of failed contraception [9, 10]. Out of the total fertility rate (TFR) of 3.8 in Pakistan, one birth is unwanted. There are a number of structural and sociocultural factors that pose a challenge to improving maternal and newborn health (MNH) status in Pakistan. Lack of money, transportation, denial of family permission, or/and distance from health facility are some of the critical problems" [11, 12]. The fact that a majority of the population residing in the country comprises of young adults with peak fertility levels, and many fertile years up ahead of them, further necessitates the need to study the contraceptive behavior in our set-up if we hope to curtail the high population growth rate and meet the sustainable development goals.

METHODS

100 young married couples with age in between 18 to 25 years were approved (chosen via non-probability - consecutive sampling) for this cross-sectional analysis. After taking written informed consent, data was collected using an anonymous, self-structured, interview based questionnaire comprising of inquiring regarding basic biodata and sociodemographic details. Detailed history of marital relations, contraceptive knowledge and behavior along with complaints regarding self-perceived barriers to contraceptive use were noted. The data obtained was analyzed using SPSS version.21 & Microsoft Excel 360.

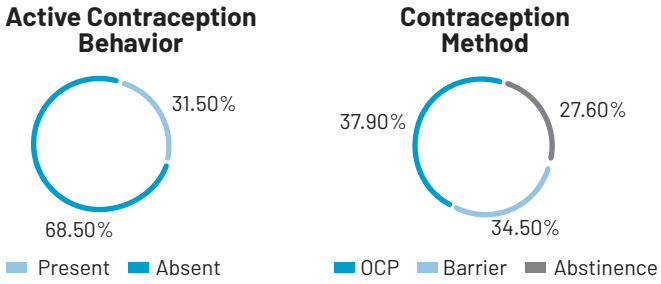
RESULTS

Among the 100 couples participating in the study, we achieved a 92% response rate. The remaining responses were discarded owing to incomplete data. The mean age male partners stood at 23 (SD ± 0.54) while the mean age of the female partners was 20 (SD ± 1.2).

Age (Years)	Males; n (%)	Females; n (%)
18 – 19	04 (4.35%)	09 (9.78%)
20 – 21	15 (16.30%)	74 (80.43%)
22 – 23	61 (66.30%)	06 (6.53%)
24 – 25	12 (13.05%)	03 (3.26%)

Table 1: Age-group Distribution

It was the first marriage for the entire sample of female partners while 15.2% of male spouses had been married before (with 35.7% of them still in wedlock with their first partners 64.3% being separated due to death or divorce). The mean number of children borne to the study couples were 3 (SD ± 2) and 58.7% were expecting more (female spouse presently pregnant). Active contraceptive practice at the time of survey was 31.5% and the only known contraceptive behavior among the said couples were either oral contraceptive pills, condoms or abstinence method.



Contraceptive practice was more common among literate individuals, with higher socio-economic status and those living in nuclear family and already having at least 1 male child. Contraceptive use was less reported in couples early after their marriage and use was more frequent in later years.

Age (Years)		Active Contraceptive Practice	n (92)
Literacy Status	Literate	Present	24
		Absent	12
	Illiterate	Present	05
		Absent	51
Socioeconomic Status	Low	Present	04
		Absent	31
	Middle	Present	09
		Absent	22
	High	Present	16
		Absent	10
Family Type	Joint	Present	08
		Absent	31
	Nuclear	Present	21
		Absent	32
Male Child	Present	Present	27
		Absent	13
	Absent	Present	02
		Absent	50
Marital Time (Years)	up to 2	Present	03
		Absent	21
	3 to 4	Present	07
		Absent	24
	5 or more	Present	19
		Absent	18

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Table 2: Factors related to Contraceptive Practice

DISCUSSION

Pakistan incorporated "family planning program in public sector in 1960s realizing its importance in population growth control. Despite far-sightedness of Pakistani government, population control is still a dream to come true. Contraceptive prevalence rate (CPR) of 31.5% is very discouraging, if we compare it with active contraception behavior of neighboring countries as 48% in India, 58% in Bangladesh and 70% in Srilanka [13]. This study points towards many factors that may be associated with poor contraceptive status including low literacy rate and poor socio-economic status of couples. Relationship of low contraceptive rate (CPR) with poverty and illiteracy is a well-acknowledged fact. Low income was found as a barrier for modern contraceptive method use in Pakistan contraceptive demands survey [14]. Similarly, Saleem and Bobak in the secondary analysis of national reproductive health and family planning survey 2000, found that women's education was the key factor in raising family planning practices. Women's economical and educational status in Karachi was reported to be associated with rapid fertility decline [15, 16]. Reported singulate mean age of marriage in Pakistan was 27.1 years for males and 22.7 years for females. Results of our study were different where mean age at marriage for both male and female was low. Thus, there is need to promote family planning measures in youngsters to decrease birth rate [17, 18]. A positive correlation was observed between contraceptive uptakes, rise in parity and number of living male children, in line with other Pakistani studies. Awareness and knowledge of different contraceptive methods is the key point in the adaptation of family planning and making a choice for a particular method. Although nearly all the respondents knew at least a single method of contraception, current contraceptive practice was far from the ideal". Commonly used methods were oral contraceptive pills, condoms and abstinence [19, 20].

CONCLUSION

There is a dearth of knowledge among young married couples regarding more modern methods of contraception and the contraceptive practice is rather limited. The perception towards contraceptive too can be improved through proper education.

REFERENCES

[1] Espiau R. The true origins of psychology and the influence of Euro-American ethnocentrism (Doctoral dissertation, Master's thesis). Available from ProQuest Dissertations and Theses database.(UMI No. 1524864)).

[2] Mustafa G, Azmat SK, Hameed W, Ali S, Ishaque M, Hussain W et al. Family Planning Knowledge, Attitudes, and Practices among Married Men and Women in Rural Areas of Pakistan: Findings from a Qualitative Need Assessment Study. Int J Reprod Med. 2015;2015:190520. doi: 10.1155/2015/190520.

[3] National Institute of Population Studies (Pakistan), Macro International. Institute for Resource Development. Demographic, Health Surveys. Pakistan Demographic and Health Survey. National Institute of Population Studies; 2018.

[4] United Nations. Development Programme. The real wealth of nations: Pathways to human development. Palgrave Macmillan; 2010.

[5] UNDP. The Real Wealth of the Nations: Pathways to Human Development. 2014.

[6] Bhutta Z, Darmstadt G, Ransom EI, Starrs AM, Tinker A. Basing newborn and maternal health policies on evidence. Shaping policy for maternal and newborn health: a compendium of case studies. Baltimore: USAID, Bill and Melinda Gates Foundation, JHPIEGO. 2003:5-12.

[7] Anthony D. The State of the World's Children 2011: Adolescence: An Age of Opportunity. New York, NY, USA: United Nations Children's Fund (UNICEF); 2011.

[8] UNICEF Staff. The state of the world's children 2011-executive summary: Adolescence an age of opportunity. Unicef; 2011.

[9] Hardee K, Leahy E. Population, fertility and family planning in Pakistan: a program in stagnation. Population Action International. 2008 Oct;3(3):1-2.

[10] Sathar ZA, Singh S, Fikree FF. Estimating the incidence of abortion in Pakistan. Studies in family planning. 2007 Mar;38(1):11-22. doi: 10.1111/j.1728-4465.2007.00112.x.

[11] Sirageldin I, Norris D, Hardee JG. Family planning in Pakistan: an analysis of some factors constraining use. Stud Fam Plann. 1976 May;7(5):144-54.

[12] Pritchett L, Summers LH. Desired fertility and the impact of population policies. Population and Development Review. 1994;20(1):1-55. doi.org/10.2307/2137629.

[13] Bibi S, Memon A, Memon Z, Bibi M. Contraceptive knowledge and practices in two districts of Sindh, Pakistan: a hospital based study. J Pak Med Assoc. 2008 May;58(5):254-8.

[14] Agha S. Is low income a constraint to contraceptive use among the Pakistani poor? J Biosoc Sci. 2000 Apr;32(2):161-75. doi: 10.1017/s0021932000001619.

[15] Saleem S, Bobak M. Women's autonomy, education and contraception use in Pakistan: a national study. Reprod Health. 2005 Oct 21;2:8. doi: 10.1186/1742-

DOI: https://doi.org/10.54393/pbmj.v5i5.491

4755-2-8.

[16] Karim MS. Fertility transition in Karachi and its determinants. Pakistan's population issues in the 21st century. InConference proceedings. Oct 24th-26th 2000:597-609.

[17] National Institute of Population Studies (NIPS). Pakistan Reproductive Health and Family Planning Survey 2000–2001: Preliminary Report. NIPS.

[18] Saxena S, Oakeshott P, Hilton S. Contraceptive use among South Asian women attending general practices in southwest London. Br J Gen Pract. 2002 May;52(478):392-4.

[19] Azmat SK, Mustafa G, Hameed W, Ali M, Ahmed A, Bilgrami M. Barriers and perceptions regarding different contraceptives and family planning practices amongst men and women of reproductive age in rural Pakistan: a qualitative study. Pakistan Journal of Public Health. 2012;2(1):17.

[20] Tilahun T, Coene G, Luchters S, Kassahun W, Leye E, Temmerman M et al. Family planning knowledge, attitude and practice among married couples in Jimma Zone, Ethiopia. PLoS One. 2013 Apr 23;8(4):e61335. doi: 10.1371/journal.pone.0061335