

## Effects of Social Barriers on the Contraceptive Use among Males and Females in PNS-SHIFA Hospital Karachi

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### ABSTRACT:

**Objective:** To evaluate the social barrier that influence males and females for using contraception and to evaluate the association of educational status and age with the use of contraceptives.

**Materials and Methods:** This cross sectional study was conducted at PNS SHIFA hospital, Bahria University Medical & Dental College (BUMDC) from 1<sup>st</sup> July 2015 till 1<sup>st</sup> September 2015. A predesigned questionnaire was used for the study. 350 participants were included and sampling technique of non-probability convenient sampling was followed. Data was analyzed on SPSS version 23.

**Results:** Out of 96 males, 18 used contraceptives while in females out of 254 only 84 were using it. When assessed the relationship between education and contraceptive use, p-value for males was 0.026 which was highly significant whereas, in females it was non-significant. The top most reasons among non-users were desire to have children, lack of knowledge in males and in females' husband's opposition and non interest. Maximum use of contraception was observed between 34-41 years of age among both males and females.

**Conclusion:** The social barriers that influenced males from using contraception were: wanted to have children, lack of knowledge, religious views whereas, in females they were husband's opposition, lack of interest and fear of side effects. There is need to improve the education status of females. Religious scholars must play their role to increase use of contraception.

**Keywords:** Contraception, Family planning, Use, Prevalence, Social barriers, Education, Age

### INTRODUCTION:

Pakistan's estimated population is over 184.5 million.<sup>1</sup> Karachi is the largest city of Pakistan with an estimated population of around 13 million people.<sup>2</sup> In making contraceptive choices, couples balance their sexual lives, their reproductive goals, and each partner's health and safety. The search for a choice that satisfies all three objectives presents significant challenges for women and men throughout the world.<sup>3</sup>

According to WHO, family planning is defined as "a way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitude and responsible decisions by individuals and couple, in order to promote the health and welfare of family group and thus contribute effectively to the social development of a country."<sup>4</sup> Family planning has the potential to reduce maternal and child mortality and contribute to poverty reduction and social and economic development, particularly in countries with high fertility.<sup>5</sup> The most popular methods of family planning are condom, IUD, withdrawal and rhythm.<sup>6</sup> To achieve the family size a fertile woman today must practice birth control throughout most of

her potential reproductive years—as many as 30 of the roughly 36 years between menarche and menopause.<sup>7</sup> Globally as of 2012 approximately 57% of women of childbearing age used contraceptives. Whereas, in Pakistan it is up to 35%.<sup>8,9</sup> Population control has always remained a challenge for Pakistan and rate of contraceptives use has always been lowered. The social set up and the developing nature of Pakistan's economy, together with a high desired family size, provide the traditional scenario where it becomes difficult to motivate couples to adopt contraception.<sup>10,11</sup> As many of the family planning activities are concentrated in urban localities, the access to the family planning services is inadequate for a majority of rural population.<sup>12</sup> In this context we theorize that the main factors potentially affecting the contraceptive use include the extent of communication between spouses, son preference, religious beliefs, female autonomy, and family planning service supply variables.<sup>13</sup>

With this background present study was designed to evaluate the social barrier that influences males and females for using contraception and to evaluate the association of educational status and age with the use of contraceptives.

### MATERIALS AND METHODS:

This cross-sectional study was conducted after approval from Community Health Sciences department, in PNS SHIFA hospital, Bahria University Medical & Dental College, Karachi. Non probability, convenient sampling technique was adopted. A sample size of 350 was calculated by using Epi Info version 7.3 Stat. There were 254 females and 96 male patients and their attendants present in OPD and ward. Inclusion criteria involved females from 15years to 49 years of age and males from 18 years to 60 years of age. Exclusion Criteria involved males below 18 and above 60 years

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and females below 15 and above 49 years and those who had carcinoma of breast and genitals, liver disease, present history of thrombo-embolism and abnormal uterine bleeding.<sup>14</sup> Data was collected through a questionnaire by a team of trained interviewers which covered different aspects of our topic “Effects of social barriers on the prevalence of contraceptive use among males and females” like use of contraception, reasons for not using contraception, education status etc. The questionnaire was designed in English but was translated in Urdu language so that participants can understand the questionnaire. Duration of data collection was from 1<sup>st</sup> July to 1<sup>st</sup> September 2015. Data was analyzed on SPSS version 23. Pilot testing was conducted and minor changes were done in the final questionnaire.

**RESULTS:**

In a total of 350 participants 96(27.4%) were males and 254(72.6%) were females.18.8% in males and 33.1% in females have used contraception. Mean age of participants was 32.43 in females and 40.01 in males. Major reasons for not using contraception are wanted to have children (24%), lack of knowledge (17.7%) in males and Husband’s opposition (14.6%), Not interested (14.6%) in females (Table 1). In relation to age with the use of contraception, highest use of contraception was seen in 30.4 % males and 50.8% females of age 34-41 years (Table 2, Figure 1). Educational status was significantly associated with the use of contraception among males (p value=0.026).

Table: 1  
Social barriers and Contraceptive Use  
N=350

Variable	Male (n)%	Female (n)%
Wanted to have children	(23) 24%	-
Lack of knowledge	(17) 17.7%	-
Religious views	(14)14.6%	(23) 9.1%
Not interested	(09) 09.9%	(37) 14.6%
Husband’s opposition	-	(37) 14.6%
Fear of side effects	-	(30) 11.8%

Table: 2  
Relationship between age of males and females and contraceptive use  
N=350

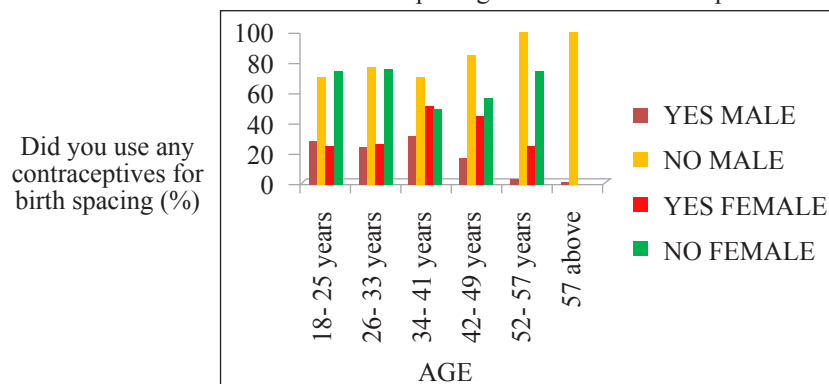
Age (in years)	Did you use any contraception?		Total %
	Yes%	No%	
18-25	Male=28.5	Male=71.5	100
	Female=24.5	Female= 75.5	
26-33	Male=24.1	Male= 75.9	100
	Female= 25.2	Female= 74.8	
34-41	Male=30.4	Male= 69.6	100
	Female= 50.8	Female= 49.2	
42-49	Male = 16.6	Male= 83.4	100
	Female= 44	Female= 56	
50-57	Male = 00	Male = 100	100
	Female =25	Female =75	
58 above	Male =00	Male = 100	100
	Female =27	Female =73	

Table: 3  
Relationship between educational status and contraceptive use

Did you use contraceptives for birth spacing	Education						P-Value
	Primary	Matric	Intermediate	Graduation	Post-graduation	Others (Nil)	
Yes							
Gender of Respondent							
Male	00	08	07	02	01	00	Male=0.026 Female=0.325
Female	13	23	13	11	05	19	
NO							
Gender of respondent							
Male	09	43	08	04	07	07	
Female	27	54	29	26	02	32	

P-value is calculated by chi square test which is significant 0.026 (male educational status is significantly associated with the couple’s current use of contraceptives)

Figure: 1  
Relationship of age and use of contraception



**DISCUSSION:**

Despite being one of the first countries to start a national family planning program, Pakistan has had limited success in achieving desired results in this area as only 35% couples use contraceptive methods as mentioned above. Most respondents in our study were aware of contraceptives and generally knowledge of contraceptives was high. The barriers that adolescents face in obtaining and using contraception are common across country. Our findings concur with evidence derived from a national study in Pakistan showing a positive association between males' education and contraceptive use. Men with middle (odds ratio = 1.74), secondary (odds ratio = 2.42) or matriculate and higher (odds ratio = 2.80) education were more likely to use withdrawal than men with no education<sup>15, 16</sup> while our study had p-value of 0.026 and was significant statistically for association between educational status and use of contraceptives. With this our findings also contradict with the same research stating that the stronger a man's sense that family planning use is a responsible behavior because it improves his wife's health and his family's economic well-being, the more likely he is to intend using a condom or another modern contraceptive methods<sup>17</sup> while in our results it was found that they wanted to have more children<sup>14</sup> thus discouraging the use. The findings that Pakistani women are more reliant on their husbands for the use of family planning methods<sup>18,19,20</sup> is the same as what we have found that husband's opposition was the most common factor hindering 14.6% of women out of 33.1%. In the 2006-07 Pakistan Demographic and Health Survey (PDHS), about 10% of women not intending to use contraceptives in the future reported health concerns or side-effects as the reason for not intending to use contraception<sup>21</sup> while presently our study showed the percentage of 11.8. PDHS also showed that 6% of women were restrained from using any family planning methods because of religious reasons propagating family planning as a sin. Our results also highlight the percentages of 14.6 in men and 9.1 in women avoiding contraception due to this aspect. Social pressure by family members may prevent the use of the contraceptives. The low usage of contraception in the rural areas

of Pakistan correlates with the level of isolation, poverty, illiteracy, and to a large extent, the religious misinterpretations/misconceptions.<sup>22,23,24</sup> Knowledge of method, use and side effects varied among individuals.<sup>25</sup> Overall 18.8% males and 33.1% females were using contraceptives. The findings of this study showed that the psychosocial factors influencing men and women intended to use contraceptive methods were different. Wanted to have children remained the most popular answer among males followed by lack of knowledge and religious views that prevented them from using contraception. While in women, they were opposed by their husbands followed by lack of interests and fear of side effects like weight gain, infertility, headaches due to which they didn't use these methods. Limitations of this study were that firstly it was carried out on a small scale so results cannot be applied on a broad group. Secondly, we were not able to record husband's opposition to confirm whether it truly existed or not.

**CONCLUSION:**

The main barriers hindering use of contraceptives are different among males and females. Awareness and knowledge are not necessary for using contraception. Our study showed that males' educational status is significantly associated with the couple's current use of contraceptives. The social barriers that influenced males from using contraception were: wanted to have children, lack of knowledge, religious views whereas, in females they were husband's opposition, lack of interest and fear of side effects.

**Recommendations:**

There is a need to improve the educational status of the males as well as females to improve their understanding and up-take of modern contraceptives. Religious scholars must play their role in classifying social aspects regarding contraceptives.

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#### REFERENCES:

1. Khaula N, Nadia K, Imran S, Tahira Z, Marium S, Azka S et al. Socio Cultural Determinants Of Low Contraceptive Use & High Unmet Needs in Married Females Of Urban Karachi. JBUMDC 2016; 6(2):116-20.
2. Zahidie A, Altaf A, Ahsan A, Jamali T. Research fatigue among injecting drug users in Karachi, Pakistan. Harm reduction journal. 2013; 10(1):1-10.
3. Jil LS, Henry LG. Current Contraceptive Research. J Perspectives on Sexual and Reproductive Health. 2002; 34(6):310-16.
4. K Park. Chapter 9. In: K. Park, eds. Textbook of Preventive and Social Medicine. 21st ed. Jabalpur: Banarasidas Bhanot; 2011: 445.
5. Forrest JD. Timing of reproductive life stages. Obstetrics & Gynecology 1993; 82(1):105-11.
6. Hannah T, Anis K, Waqas H, Zaib D, Anayat A, Sohail A. The role of quality health services and discussion about birth spacing in postpartum contraceptive use in Sindh, Pakistan: A multilevel analysis. PLoS One 2015; 10(10):7-14
7. Khurram SA , Ghulam M , Waqas H , Muhammad A, Aftab A, Mohsina B. Barriers and perceptions regarding different contraceptives and family planning practices amongst men and women of reproductive age in rural Pakistan: a qualitative study. Pak J Public Health 2012; 2(1):2-8.
8. Cleland J, Bernstein S, Ezech A, Faundes A, Glasier A, Innis J. Family planning: the unfinished agenda. The Lancet. 2006; 368(9549):1810-27.
9. Khan AA, Khan A, Javed W, Hamza HB, Orakzai M, Ansari A et al. Family Planning in Pakistan: applying what we have learned. J Pak Med Assoc. 2013; 63(4 Suppl 3):S3-10
10. Shattuck D, Kerner B, Kate Gilles, HartmannM, Ng'ombe T, Guest G. Encouraging contraceptive uptake by motivating men to communicate about family planning: The Malawi Male Motivator Project. Am J Public Health 2011; 101(6): 1089-95.
11. Mustafa R, Afreen U, Hashmi HA. Contraceptive knowledge, attitude and practice among rural women. J Coll Physicians Surg Pak 2008;18(9):542-5.
12. John BC, Zeba AS, Minhaj H. Obstacles to Contraceptive Use in Pakistan: A study in Punjab. Stud Fam Plann. 2001; 32(2):95-110.
13. Naushin M, Karin R. Factors Affecting Contraceptive Use in Pakistan. The Pakistan Development Review 35:1 (Spring 1996) .p. 1-22.
14. Hameed W, Azmat SK, Ali M, Sheikh MI, Abbas G, Temmerman M et al. Women's empowerment and contraceptive use: the role of independent versus couples' decision-making, from a lower middle income country perspective. PloS one. 2014; 9(8):e104633.
15. Agha S. Intentions to use contraceptives in Pakistan: implications for behavior change campaigns. BMC Public Health 2010; 10:450-5.
16. Jamal AN, Tahir MH, Arif A Z. Contraceptive attitude and behaviour among university men: a study from Punjab, Pakistan. J Ayub Med Coll Abbottabad 2010; 22(1)125-8.
17. Sirageldin I, Norris D, Hardee G: Family planning in Pakistan: an analysis of some factors constraining use. Studies in Family Planning. 1975; 7 (5): 144-54.
18. Ayub A, Kibria Z, Khan F. Assessment of Knowledge, Attitude and Contraceptive use in Married Women of Peshawar. Journal of Dow University of Health Sciences 2015; 9(1):1-2.
19. Mahmood N, Ringheim Karin: Factors affecting contraceptive use in Pakistan. The Pakistan Development Review. 1996, 35 (1): 1-22.
20. Kamal N. The influence of husbands on contraceptive use by Bangladeshi women. Health Policy Plan. 2000; 15(1):43-51.
21. Joesoef MR, Baughman AL, Utomo B. Husband's Approval of Contraceptive use in metropolitan Indonesia: program implications. Stud Fam Plann. 1988; 19(3):162-8.
22. Pakistan Demographic and Health Survey 2006-07. Islamabad, Pakistan, National Institute of Population Studies and Macro International Inc.; National Institute of Population Studies (NIPS) and Macro International, Inc. 2008
23. Shaikh BT, Azmat SK, Mazhar A. Family planning and contraception in Islamic countries: a critical review of the literature. J Pak Med Assoc. 2013;63(4 Suppl 3):S67-72.
24. Megan L L, Amos C, Ying C, Claire B. Breaking down cultural barriers to modern contraceptive use: A review of targeted interventions. uaps2011.princeton.edu/papers/110177.
25. Raza H, Sehzar A, Zafar R, Khan N, Ali H. Effect of islamic perception on family planning practices. Oida IntJ Sust Dev 2012; 5(3): 85-96.

