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Public Awareness, Practices and Attitudes Towards Contraception Among Urban Versus Rural Population of Lahore

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SUMMARY

Objective: To see the difference in contraceptive awareness and its actual use among urban versus rural population and to find out a reason for low contraceptive prevalence. **Study design**: Comparative study. **Place of study**: Gynae OPD, Shaikh Zayed Hospital, Lahore (Urban group) and Shahdara DHQ, Hospital (Rural group). **Population:** Total 200 females with 100 in each group. **Main outcome**: Awareness about different methods of contraception and source of information in both groups. Frequency of contraceptive use and attitude of male partner towards its usage. **Conclusion:** Awareness about contraception is quite high even in rural females but actual practice is low. Half of husbands of rural population were non-cooperative. Family planning services / should target the non-cooperative husbands to make CPR high.

INTRODUCTION

Contraception means any tool or procedure which interfere with normal sequence of events in the process of reproduction leading to failure in conception[1].

Pakistan is the 6th most populous country in the world with total population exceeding 183 million[2]. Population growth rate is 1.8.[3] Fertility rate in urban areas is 3.2 and in rural areas is 4.2, whereas contraception usage in urban versus rural population is 44.8% and 30.7%, respectively.[4]

National Family Planning Programme of Pakistan started in 1950 and its expanded phase 4 was put, into effect in 1965 and it was extended up to district level. Main methods introduced were condoms and intrauterine contraceptive devices.

Unlike, neighboring Islamic Republic of Iran,[3] the unstable political and government environment of Pakistan in last 30 years has affected many National Health Programmes and Family Planning is one of those.[5,6]

Contraceptive awareness and its actual use is pivotal in reducing maternal mortality and improving women's and child health.

Contraception is a voluntary procedure and choice of contraception varies according to people's different socio-cultural, educational, religious and occupational status.[7,8] It also varies among urban and rural population.[9]

The level of awareness about contraceptive methods is high in most of the developing countries, but practice of contraception is still low.[10]

Reasons behind are inadequate information about different methods, fear of side effects, religious controversies and the most importantly non-cooperative behaviour of husbands, which has not been previously pointed out.

The success of any contraception use depends upon the equal involvement and acceptance by the spouse.[11]

PATIENTS AND METHODS

Total 200 married women of reproductive age attending Gynae OPD for different reasons were randomly selected. Each group *i.e.*, urban and rural comprises of 100 women.

Women who were nulli-paraous or having primary or secondary infertility were not included in the study.

Following information were collected on a pre-tested questionnaire after taking consent.

1. Demographic profile including age, parity, education and profession
2. Contraceptive methods known to female and source of getting that information.
3. Frequency of contraception used by the couple and attitude of both partners towards contraception use, especially that of husband.

RESULTS

Both study group *i.e.*, urban and rural, comprises mostly of young females between the age of 20-30 years (Table 1).

Table 1: Age distribution of subjects.

Age (Year)	Group-A (Urban)		Group-B (Rural)	
	No.	%	No.	%
20-30	64	64.0	68	68.0
31-40	27	27.0	28	28.0
41-50	09	09.0	04	04.0
Total	**100**	**100.0**	**100**	**100.0**
Mean±SD	**30.24±6.83**		**29.82±5.85**	

Knowledge about contraceptive methods, available in the area, is very good *i.e.*, almost 99% urban females have information about condom use, whereas rural females are comparatively less informed about barrier method (Table 2).

Table 2: Contraceptive methods known to female.

Contraceptive method	Group-A (Urban)		Group-B (Rural)		P value
	No.	%	No.	%	
Barrier method	59	99.0	83	83.0	< 0.001
Contraceptive pills	50	98.0	87	87.0	< 0.001
IUCD	39	90.0	84	84.0	< 0.001
Induced abortion	10	87.0	85	85.0	< 0.001
BTL	22	90.0	84	84.0	< 0.001

Interestingly, source of information about contraception in urban women is largely from hospital and attending doctor. But, in rural population, main source of information is "peer group" and TV / media (Table 3).

Table 3: Source of information about contraception.

Contraceptive method	Group-A (Urban)		Group-B (Rural)		P value
	No.	%	No.	%	
Peer groups	21	21.0	87	87.0	< 0.001
TV	24	24.0	74	74.0	< 0.001
Health workers	12	12.0	39	39.0	< 0.001
Doctors/hospital	49	49.0	46	46.0	0.671
NGOs	01	01.0	02	02.0	0.561

Frequency of contraception used by couple of urban population either occasionally or frequently remains 30% and 34%, respectively. Whereas, 50% population in rural areas are using contraception, atleast occasionally and 23% among them have frequently used one of the contraceptive method (Table 4).

Table 4: Contraception used by the couple.

Contraception	Group-A (Urban)		Group-B (Rural)	
	No.	%	No.	%
Never used	36	36.0	27	27.0
Occasionally used	30	30.0	50	50.0
Frequently used	34	34.0	23	23.0
Total	**100**	**100.0**	**100**	**100.0**
Chi Square = 8.409,		**P = 0.015**		

Husband's attitude towards contraception usage in both groups came out as a big difference. As, 50% husbands of rural females are non-cooperative in choosing and implementing any contraceptive method (Table 5).

Table 5: Husband's attitude towards contraception.

Attitude	Group-A (Urban)		Group-B (Rural)	
	No.	%	No.	%
Cooperative	88	88.0	48	48.0
Non-cooperative	06	06.0	50	50.0
Strongly against	06	06.0	02	02.0
Total	**100**	**100.0**	**100**	**100.0**
Chi Square = 48.336,		**P < 0.001**		

DISCUSSION

In the present study, knowledge about

different contraceptive methods remain high among urban and rural population (92.8% vs. 84.6%). But actual practice of contraception is still low *i.e.* only 34% of urban and 23% of rural couples are frequently using some contraception. Results are comparable to a study done in Rawalpindi in which knowledge about contraception was estimated to be 96%[12], but knowledge and practice remains wide apart.[13]

Source of information for rural women remains mostly through Mass media (television, radio) and peer group.[14] Health workers are also playing a role (*i.e.*, 39%) which is not upto the mark. It needs to improve the role of LHW for creating contraceptive awareness and making referrals where needed in the rural areas.

The present study clearly shows that awareness is not an issue for not using contraception. But it come out to be the attitude and willingness of "husbands" which is of major concern.[15]

Uptil now, family planning services by Government and NGOs only targeted the "female population" in our country.

Inspite of female education and empowerment, main decision maker of home is "Husband". So, it is immensely desired to educate and motivate the "husband" for contraception use, especially in rural areas where females are dependant upon their spouses for everything.

As our study shows willingness of females in rural areas for contraception use is high, but they cannot make it because of non-cooperative behaviour of their spouses. 50% of non-willing husbands should be the target for improving the actual contraception prevalence in rural areas.

CONCLUSION

To make Pakistan, really progressing on positive grounds with sound economy, the population explosion has to be controlled. Family planning services already being provided need to change the strategies and fill up the gaps between high awareness but low practice. Main aim should be to involve the "husbands" in education and implementation of contraception. This will work in male dominating society of Pakistan.

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