

ORIGINAL ARTICLE

FREQUENCY OF CONTRACEPTIVE USAGE AMONG PAROUS WOMEN ATTENDING TERTIARY CARE HOSPITAL IN HYDERABAD

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ABSTRACT

Objective: To determine the frequency of total contraceptive usage and various contraceptive methods usage among parous women attending Isra University Hospital Hyderabad.

Material & Methods: A cross-sectional study was conducted at Isra University Hospital Hyderabad from 1st January 2023 to 31st May 2024. Total 375 women were included fulfilling the inclusion and exclusion criteria. Informed consent was taken from all women. History regarding contraception was taken and all the data regarding demographic variables & contraceptive usage among parous women were entered in the predesigned Questionnaire. The data was filled out by face-to-face interview. Data was analyzed using SPSS version 28.

Results: Mean age of participants was 36.5±5.15 years. 197 (52.53%) women were using contraception, while 178 (47.47%) were not using any contraceptive. Women residing in rural locality were significantly found associated with non-usage of contraception (p-value 0.001). Non usage of contraception was significantly found in Illiterate and lower educational status women (p-value 0.001). It was found that contraceptive usage was more in Multiparous 111 (56.34%) and grand -multiparous women 71(36.04%), while only few primiparous women 15(7.62%) had history of contraceptive usage.

Conclusion: It is concluded that more than half of women had history of contraceptive usage. Poor socioeconomic status and lower educational level were resulting in non-usage of contraceptives.

Key Words: Awareness, Contraception, Gynae, Knowledge, Women.

This article may be cited as: Aslam A, Zaki N, Samoon H, Shams N. Frequency of contraceptive usage among parous women attending tertiary care hospital in Hyderabad. Ann Allied Health Sci. 2025;11(1):13-18.

INTRODUCTION

Contraception is method to prevent pregnancy by interfering with the normal process of ovulation, fertilization, and implantation without abstinence of coitus.¹ Counseling and advice regarding contraception are essential components of good preventative healthcare. Population stabilization and conservation of natural resource for upcoming generation is much essential. Pakistan continues to be the sixth most populous country in the world with 207.77 million in year 2017.² The Population expansion is the main problem for limited resources

of underdeveloped countries.^{2,3} Family planning has significant inferences in dynamics of populace as non-regulated fertility hinders economic stability in Pakistan.^{3,4} Family planning is believed to be a useful means of improving the well-being of the child & mother and decreasing perinatal & maternal mortality. In Pakistan 98.9% females are aware of at least 1 technique of birth control, which makes a large majority, but the CPR of Pakistan is 35.4%. Therefore, an extensive gap is perceived among awareness of contraception and its usage.^{5,6,7}

Parous women are those who have produced offspring, Primiparous are those who have given birth for the first time, multiparous are those who have given birth more than once and grand multiparous are those who has already delivered five or more infants. Family planning means choosing the rate of child births within a family as well as the time period between their births. Presently, only 30.3% of females report healthcounseling.⁸

Advancement of family planning that will improve quality of life & secure it; has larger involvement in accomplishing Millenium Development Goals (MDGs) via maternal wellbeing improvement, child mortality reduction, universal key education achievement, sustainability of environment; and preventing malaria, HIV/AIDS and further infections as a role of MDGs. Reduction in the size of population mean a reduced burden over national payments outflow for health, education as well as further social services in addition to reduction in burden over national & environment resource. In Sudan, FP & reproductive health facilities are much limited across various States & areas particularly in low developing & rural population, lack of adequate precise data, false rumors, religious & traditional believes, lack of strategies & financial considerations, are the key partaking elements preventing application of contraceptive approaches as in “eastern Sudan”. Review exhibited low application of FP extremely low rates of contraceptives use along with high infant & maternal rates indicating that Family Planning services are extremely required.⁹ Spouses’ education remained the major predictor of contraceptive application after the husband not supported & religious faith. Spouses are required to be educated in detail regarding contraception and their fertility. For underdeveloped nations, in the course of the previous thirty years, behavior regarding contraception has changed noticeably. The incidence of contraceptives application has risen sharply, from approximately 0% to 60% in the years from 1960 to 2000.^{10,11}

Three key factors which partake to differences in FP outcome are behavior & patient preferences, system of healthcare and provider correlated aspects. The degree of contraceptives application varies as per cultural factors, occupation, education, parity, age, family attitude, availability, motivation and acceptability of contraceptive methods.⁹

The question arises that why in spite of international funding and national efforts, such disappointing response to application of contraceptives occurred. The cause can possibly initiate from being unaware of contraception among females to inaccurate information & having no service for its application or even disagreeing the privilege to apply the contraceptive approaches by females.¹² Cultural & religious concerns are as well significant as majority of scholars of our religion spread this knowledge among the communities that it is the responsibility of God to feed & nourish each person. Religion and tradition have an undeniable impact on social and cultural structure of the society. Obstacles to contraceptive use are lack of awareness, negative attitudes and fear of side effects. An unwanted pregnancy may lead to an induced abortion. From the health point of view, abortion outside the medical setting is one of the most dangerous consequences of unwanted pregnancy. Therefore, current study was designed to determine the frequency of total contraceptive usage & various contraceptive methods usage among parous women attending Isra University Hospital Hyderabad.

MATERIAL AND METHODS

This cross-sectional study conducted among outdoor and indoor patients attending Isra University Hospital Hyderabad from 1st January 2021 to 31st May 2021. Total 375 women were included fulfilling the inclusion and exclusion criteria. Inclusion Criteria were all married women, aged ≥ 16 and ≤ 50 years, which consent to participate. Women of age < 16 and > 50 years and those who do not consent to participate and also unmarried women were excluded. Informed consent was taken from all the women. History regarding contraception was taken and all the data regarding demographic variables & contraceptive usage among parous women were entered in the predesigned Questionnaire.

The sample size calculation is done through Rao soft software; by using the proportion (54% of the participants supported contraceptive usage)⁹ with 95% confidential interval and 5% margin of error, the sample size stands to be $n=375$. Data was analyzed by using SPSS version 28.0. Chi-square test was applied on various demographic variables with practice of contraception. P value < 0.05 was considered as significant.

RESULTS

A total of 375 women were included in our study after fulfilling the inclusion and exclusion criteria. Mean age of women was 36.5 ± 5.15 years and most common age group was 26-35 years (56.5%). Elder age group women and women residing in rural locality were significantly found associated with non-usage of contraception as compared to younger age group and urban women with p-value 0.001; Illiterate and lower educational status was found significantly associated with non-usage of contraceptive methods as; majority of secondary and graduation level educated women were found

with positive history of contraceptive usage as compared to illiterate and primary level educated women p-value 0.001. While no significant association was found between socioeconomic status and contraceptive usage with p-value 0.08. It was found that parity has significant association with usage of contraceptives (p-value 0.001). (**Table 1**). Out of 197 women, 45(22.84%) women had no any particular reason for not preferring other methods, 40(20.30%) women had Religious reasons, while 35(17.76%) women were not comfortable with any other method. (**Figure 1**)

Table 2: Association of contraceptive usage with different independent variables

Variables	Used n=197	Not used n=178	p-value
Age groups			
16 to 25	20	50	0.001
26 to 35	122	90	
36 to 50	55	38	
Residential status			
Rural	51	99	0.001
Urban	146	79	
Educational status			
Illiterate	40	75	0.001
Primary	42	55	
Secondary	71	32	
Graduation	44	16	
Socioeconomic status			
Poor class	115	95	0.08
Middle class	42	58	
Upper class	40	25	
Parity			
Primiparous	15	67	0.001
Multipara	111	68	
Grand multipara	71	43	

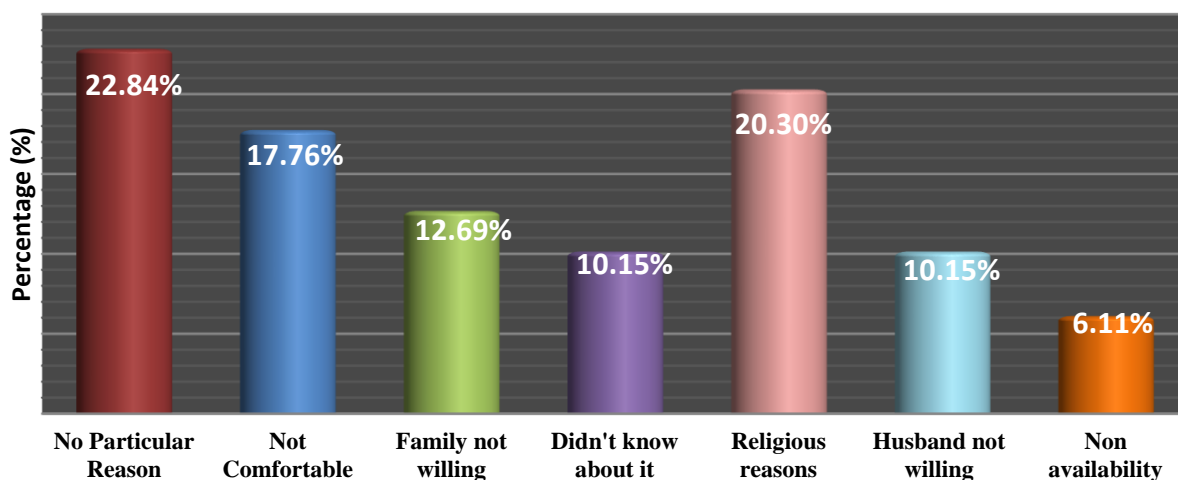


Figure 1: Reasons for not choosing other contraceptive methods

DISCUSSION

This study aimed to assess the frequency of various contraceptive methods used by parous women attending Isra University Hospital, Hyderabad. Preventing unwanted pregnancies through effective contraceptive practices is essential to avoid reliance on abortion. Reproductive health services can significantly enhance women's health and quality of life. Family planning is crucial to prevent unnecessary deaths and suffering. It is a medical term addressing health concerns related to pregnancy and maternity, not a political one. Countries failing to allocate adequate resources in this area face risks of shattered families, needless deaths, and avoidable hardships.

In Pakistan, challenges such as access to education, employment, and healthcare are exacerbated by the country's rapid population growth. In 2005, Pakistan's population was estimated at 151 million, growing at an annual rate of 1.9%, equating to a yearly increase of 2.9 million people.¹⁰ Despite an increase in the national contraceptive prevalence rate (CPR) over the years, Pakistan's fertility rates remain higher than those of neighboring South Asian countries, with a total fertility rate of 4.1 (3.3 children in urban areas and 4.5 in rural areas), and contraception usage is below 35%. Approximately one-fourth of Pakistani women wish to either delay their next childbirth or stop childbearing entirely.¹¹ In this study, 60% of participants resided in urban areas, whereas 40% lived in rural settings. Urban low-income populations demonstrated awareness about the importance of small family size but exhibited low contraceptive use due to limited education, discontinuation of methods, and inadequate knowledge.¹² Of the 375 women surveyed, 52.53% had a history of contraceptive use, while 47.47% had never used any contraceptive method. Similar findings were observed in a Bangladeshi study, where CPR increased significantly with the level of education.¹³ Religious beliefs also influence contraceptive practices in Pakistan, with many relying on the safe period method and coitus interruptus. In a Bangladeshi study, CPR was notably low in communities where two-thirds of religious leaders opposed family planning.¹⁴ Contraceptive use is linked to factors such as women's age, education, income, number of living children, age at marriage, duration of marriage, child mortality, knowledge, and contraceptive availability.¹⁵

In this study, 29.4% of women reported using multiple contraceptive methods at different times. The other methods included withdrawal (11.2%), condoms (9.6%), oral pills (10.7%), injectables (8.1%), subdermal implants (11.2%), IUCDs (11.7%) and tubal ligation (6.1%). Male vasectomy

was the least utilized method, with only 2% of women reporting its use. These findings align with a study by Harper et al.¹⁶, where condoms were the most commonly used method, followed by coitus interruptus and the safe period method. Interestingly, more than 62% of participants in Harper's study relied on these traditional methods. Another study by Khan et al.¹⁷ reported that 77% of women were practicing some contraceptive method, with condoms being the most common. Only 16% of respondents had never used contraception, and 70% believed Islam does not restrict family planning.

In a study by Hussain et al.¹⁸, contraceptive use among married men was 15%, their wives 6%, and among couples 16%. The mean age of respondents was 38.3 ± 9.0 , while their wives' mean age was 32.7 ± 8.4 . Condoms and oral pills were the most commonly used contraceptives among men and women, respectively.

Education levels strongly influenced contraceptive use in this study. Illiterate women constituted 30.7% of the participants, while 25.9% had primary education, 27.5% secondary education, and only 16% were graduates. Women with secondary or graduate-level education were significantly more likely to use contraceptives than illiterate or primary-educated women ($p = 0.001$). However, socioeconomic status had no significant association with contraceptive use ($p = 0.08$). In contrast, Ayub et al.¹⁹ reported that 50.5% of participants in their study were illiterate. Their findings suggested that educated women, particularly those in their late youth, were more likely to use contraception.^{21,22}

Multiparous and grand multiparous women in this study were significantly associated with contraceptive use, while primiparous women were less likely to use contraceptives. This aligns with findings by AM Panel et al.²², who observed that grand multiparous women often belonged to lower socioeconomic strata, had lower literacy rates, and experienced higher mortality rates. Similar findings were reported in studies by Ozumba and colleagues²³⁻²⁵ and others.²⁶⁻³¹

CONCLUSION

It is concluded that 52.53% of women had history of contraceptive usage. Changing contraception method was frequently occurring for a variety of reasons in our study population. The practices of contraception can be improved in the population by giving sound knowledge regarding various Contraceptive methods as we found that awareness regarding contraception was inadequate in our study population. Other factors like poor socioeconomic status and lower educational level were also resulting in non-usage of contraceptives.

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