

## EDUCATION AND UTILIZATION OF CONTRACEPTIVE METHODS AMONG RURAL MARRIED WOMEN IN GUJRAT, PAKISTAN

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### ABSTRACT

The main objective of the present study was to find out the association between the level of education and the utilization of contraceptive methods among rural married women in Jalal Pur Jattan, Dist. Gujrat. A survey method was used as a technique of data collection, semi-structured interview schedule was developed to collect data and it was pre-tested form five respondents. Purposive sampling technique was used to draw 66 rural married women form three hospitals of Jalal Pur Jattan, Dist. Gujrat. Statistical test was used to test the hypothesis. Major findings of the study showed that higher the level of education leads towards higher the level of utilization of contraceptive methods among rural married women of Dist. Gujrat, Pakistan.

*Keywords:* Education, Contraceptive Methods, Married Women, Gujrat

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### 1. INTRODUCTION

Education has an impact on women's reproductive desires and behaviors. Traditionally, it has been argued that women's schooling may affect contraceptive use in a number of ways. First, it typically delays the age of cohabitation. Secondly, literate women can learn about and use of contraceptives more effectively than uneducated women, thus reducing the number of unanticipated pregnancies. Thirdly, highly educated women are likely to be more effective in producing healthy children. Contraception is one of the needs of today's age.

Contraceptives are the birth control methods or techniques which are used to avoid pregnancy. This is not a newly emerged phenomenon. In the history some natural methods were used to avoid the pregnancy like withdrawal methods or calendar estimation methods. Currently all over the world contraceptive practices prevalence is high. There has been a worldwide rise in the knowledge and use of contraception during the last thirty years. It has been estimated by the World Health Organization that some 120 million women in developing countries, who do not wish to become pregnant, are unable to use contraception for a variety of reasons (WHO, 1994).

Contraception is an effective measure for spacing or limiting births. It is directly linked with woman reproductive and physical health. Contraceptives influence health outcomes for spacing, pregnancy or controlling the number of births. All oral contraceptives are composed of synthetic hormones. The discovery of progesterone and estrogen in the 1930s and the synthesis of these hormones in the 1950s led to the development of this hormonal method. In many developing countries, contraceptive social marketing programs have become a central part of efforts to reduce

unwanted pregnancies. In 2005, social marketing programs were active in 73 countries, serving an estimated 37 million couples (Harvey, 2008).

Contraception is the very important need of the world now. The rate of contraceptive use according to 1998 in Pakistan was 27.6% representing 30% in Punjab, 15.9% in Baluchistan, 26.8% in Sindh and 23.5% in NWFP (NIPS, 2001). Although the family planning population welfare program was started in 1960, use of contraceptives was yet negligible (Hakim, 2001).

In response to population growth, the Pakistani government initiated a national family planning program in the 1950s. In 1965, president Ayub Khan launched an ambitious family planning scheme as part of the third five year plan that was considered a model for other Islamic countries (Hakim, 2001). The eighth five year plan (1993) included an important addition to the Multi – Sectorial Strategy. The plan established a cadre of 12000 village-based family planning workers and 33,000 lady health workers, both responsible for bringing messages of family planning to women in rural areas (Hakim, 2001). In 1998, there were about 1800 clinics with female MDs and lady health visitors trained to provide clinical family planning services, including the IUD, in urban Pakistan (McBride and Ahmed, 2001).

The total fertility rate declined from 6.5 in 1979-80 to 5.4 in 1990-91 and 4.1 in 2006-07 and contraceptive use rose from 6% in 1969 to 11.8% in 1990-91 to 29.6% in 2006-07 (national institute of population studies and Macro International Inc., 2008). The gap between knowledge of contraceptive methods and contraceptive use is extremely high. Despite 98% of the population knowing of modern methods, only 29.6% are currently using a method. (National institute of population Studies and Macro International Inc., 2008); 13% of married women living in rural LHW areas were reversible modern method, compared with just 7% in control areas. Overall, 30% of married women were using a form of family planning in LHW areas compared with 21% in control areas. This compares with a national prevalence of 22% in rural Pakistan (Hakim et al, 2001).

### 1.1 OBJECTIVES OF THE STUDY

- To explore socio-economic characteristics of the respondents
- To find out the level of education among married women of Jalal Pur Jattan, District Gujrat
- To find out the level of utilization of contraceptive methods among married women of Jalal Pur Jattan, District Gujrat
- To find out the association (if any) between the level of education and the utilization of contraceptive methods among married women of Jalal Pur Jattan, District Gujrat

### 2. MATERIAL AND METHODS

For the present study 66 respondents were selected through Purposive sampling method from three rural hospitals of Jalal Pur Jattan, District Gujrat, Pakistan. Because the sampling frame of the married women was not available to the researchers. A Semi-structured interview schedule was developed to collect information from the respondents which contain different parts a) Demographic Profile of the Respondents b) Level of Education c) Utilization of Contraceptive Method. Further the data were analysed by using SPSS version 16.0.

### 3. RESULTS AND DISCUSSIONS

Table 1.1 depicts the age of the respondents. According to the results, 29 (43.93%) respondents were the age group of 25-29, 14 (21.22%) were the age group of 20-24 and 13 (19.69%) were the age group of 30-34. Table 1.2 shows the family size of the respondents. According to the data, 32 (48.49%) respondents had 4-6 members, 23 (34.85%) had 7-9 family members. Table 1.3 describes the educational status of married women. According to the data, 16 (24.23%) women got an education up to intermediate and 15 (22.73%) got an education up to matriculation. It showed that the majority of the respondents had middle level of education. Table 1.4 describes that family structure of the respondents. According to this table, 33(50%) respondents belong to nuclear, 32(48.5%) belong to joint and only 1(1.5%) belongs to extended family system. This shows half of the respondents had belonged to nuclear family system. Table 1.5 shows that the current living status of the respondents. According to the results, 57 (86.4%) respondents were living with husbands, 5 (7.6%) with parents and only 4 (6.1%) with relatives. It shows that majority of the respondents were living with husbands.

Table 1: Demographic Characteristics of the Respondents

1.1 Age of the Respondents			Masters	03	04.55
Categories	Frequency	Percentage	Total	66	100.00
20-24	14	21.22	1.4 Family Structure of the Respondents		
25-29	29	43.93	Categories	Frequency	Percentage
30-34	13	19.69	Nuclear	33	50.0
53-39	06	9.09	Joint	32	48.5
Total	66	100.0	Extended	1	1.5
1.2 Family Size of the Respondents			Total	66	100.0
Categories	Frequency	Percentage	Categories	Frequency	Percentage
Up to 3	03	4.54	1.5 Current Living Status of the Respondents		
4-6	32	48.49	Categories	Frequency	Percentage
7-9	23	34.85	Husband	57	86.4
10 & above	08	12.12	Parents	4	6.1
Total	66	100	Relatives	5	7.6
1.3 Educational Status of the Respondents			Total	66	100.0
Categories	Frequency	Percentage	1.6 Occupation of the Respondents		
Primary	10	15.15	Categories	Frequency	Percentage
Middle	13	19.70	Govt. Job	4	6.1
Metric	15	22.73	Private Job	4	6.1
Intermediate	16	24.23	Housewife	58	88.08
Bachelor	09	13.64	Total	66	100.0

Table 1.6 reveals the occupation of the respondents. According to data, 57(86.4%) respondents were housewives, 4(6.1%) were govt. employers and 4(6.1%) were private employers. Table 2.4 reveals to consult about the danger signs of pregnancy with practitioner during the utilization of contraceptive methods. According to this table, 61 (92.4%) respondents said that they consult about danger sign of pregnancy with practitioner during the utilization of contraceptive methods and only 5 (7.6%) said that they do not consult with a practitioner. It is concluded that more than half of the respondents consult with a practitioner about the danger signs of pregnancy during the utilization of contraceptive methods. Table 2.5 depicts to consult

about delivery care practices with practitioner during the utilization of contraceptive methods. According to this table, 58 (87.9%) respondents said that they consult about delivery care practices with practitioner during the utilization of contraceptive methods and only 8 (12.1%) said that they did not consult with a practitioner. It showed that more than half of the respondents consult with a practitioner about delivery care practices.

Table 2: Level of Utilization of Contraceptive methods of the Respondents

2.1 Mode of Getting Awareness about contraceptive methods			2.7 Mother Health during utilization of contraceptive methods		
Categories	Frequency	Percentage	Categories	Frequency	Percentage
LHV	2	3.0	Yes	63	95.5
LHW	17	25.8	No	3	4.5
Hospital	23	34.8	Total	66	100.0
Friends	1	1.5	2.8 Newborn Cares during utilization of contraceptive methods		
Media	22	33.3	Categories	Frequency	Percentage
Relatives	1	1.5	Yes	60	90.9
Total	66	100.0	No	6	9.1
2.2 Visit to Consult about Family Planning			Total	66	100.0
Categories	Frequency	Percent age	2.9 Birth Control during utilization of contraceptive methods		
LHV	2	3.0	Categories	Frequency	Percentage
LHW	27	40.9	Yes	63	95.5
Hospital	36	54.5	No	3	4.5
Friends/Relatives	1	1.5	Total	66	100.0
Total	66	100.0	2.10 Utilization of Condoms		
2.3 Mother Diet during utilization of contraceptive methods			Categories	Frequency	Percentage
Categories	Frequency	Percent age	To Some Extent	2	3.0
Yes	63	95.5	To Great Extent	64	97.0
No	3	4.5	Total	66	100.0
Total	66	100.0	2.11 Utilization of Anti Pregnancy Tablets & Injections		
2.4 Danger Signs of Pregnancy utilization of contraceptive methods			Categories	Frequency	Percentage
Categories	Frequency	Percent age	Not At All	1	1.5
Yes	61	92.4	To Some Extent	16	24.2
No	5	7.6	To Great Extent	49	74.2
Total	66	100.0	2.12 Utilization of IUDs		
2.5 Delivery Care Practices during utilization of contraceptive methods			Categories	Frequency	Percentage
Categories	Frequency	Percent age	Not At All	19	28.8
Yes	58	87.9	To Some Extent	30	45.5
No	8	12.1	To Great Extent	17	25.8
Total	66	100.0	Total	66	100.0
2.6 Satisfaction about the Performance of Contraceptive Methods			2.13 Utilization of female sterilization		
Categories	Frequency	Percent age	Categories	Frequency	Percentage
Not At All	2	3.0	Not At All	21	31.8
To Some Extent	13	19.7	To Some Extent	30	45.5
To Great Extent	51	77.3	To Great Extent	15	22.7
Total	66	100.0	Total	66	100.0

Table 2.6 depicts satisfaction about the performance of contraceptive methods. According to this table, 51 (77.3%) respondents are to great extent satisfied about the performance of contraceptive methods and 13 (19.7%) are to some extent satisfied about the performance of contraceptive methods. They said that contraceptive methods are best to avoid pregnancy, these methods are best for long birth spacing and these methods have no side effects.

Table 2.7 shows to consult about the mother's health with practitioner during the utilization of contraceptive methods. According to this table, 63 (95.5%) respondents said that they consult about the mother's health with practitioner during the utilization of contraceptive methods and only 3 (4.5%) said that they do not consult with a practitioner. It is concluded that more than half of the respondents consult with a practitioner about the mother's health.

Table 2.8 reveals to consult about newborn care with practitioner during the utilization of contraceptive methods. According to this table, 60 (90.9%) respondents said that they consult about newborn care with practitioner during the utilization of contraceptive methods and only 6 (9.1%) said that they do not consult with a practitioner. It is concluded that more than half of the respondents consult with a practitioner about newborn care.

Table 2.9 describes to consult about birth control with practitioner during the utilization of contraceptive methods. According to this table, 63 (95.5%) respondents said that they consult about birth control with practitioner during the utilization of contraceptive methods and only 3 (4.5%) said that they do not consult with a practitioner. It is concluded that more than half of the respondents consult with a practitioner about birth control.

Table 2.10 reveals about utilization of condoms. According to this table, 64 (97%) respondents to great extent use condoms and 2 (3%) to some extent use condoms. It is concluded that almost every respondent uses condoms as contraceptive methods. Table 2.11 represents about utilization of anti pregnancy tablets. According to this table, 49 (74.2%) respondents to great extent use anti pregnancy tablets and 16 (24.2%) to some extent use anti pregnancy tablets. It is concluded that more than half of the respondents use anti pregnancy tablets as contraceptive methods.

Table 2.12 shows about utilization of IUDs. According to this table, 30 (45.5%) respondents to some extent use IUDs, 19 (28.8%) do not use IUDs and 17 (25.8%) to great extent use IUDs. It is concluded that half of the respondents use IUDs as contraceptive methods. Table 2.13 shows about utilization of female sterilization. According to this table, 30(45.5%) respondents to some extent use female sterilization as contraceptive method, 21(31.8%) do not use female sterilization and 15(22.7%) to great extent use female sterilization as contraceptive method. It is concluded that half of the respondents to some extent use as contraceptive methods. The use of the intravenous medicines, the pill and the IUD only increased from about 1% in 1990-91 to 2% in 2006-07. Condom use increased from 3% to 7%. The use of female sterilization increased from 3% to 8% (NIPS, 1990-91 & 2006-07).

Table 3 describes the educational level of married women and utilization of contraceptive methods. According to this table 43 (65.15%) respondents have high level of education and only 23(34.85%) married women have low level of education. Married women who utilize contraceptive methods at high level are 46(69.70%) and only 20(30.30%) respondents have low level of contraceptive methods utilization. It showed that that level of education and utilization of contraceptive methods among married women have a positive relationship.

Table 3: Level of Education and Utilization of Contraceptive Methods

Utilization of Contraceptive Methods	Education of the Respondents		
	Low	High	Total
Low	6 (9.09%)	14 (21.21%)	20 (30.30%)
High	17 (25.76%)	29 (43.94%)	46 (69.70%)
Total	23 (34.85%)	43 (65.15%)	66 (100%)

### 3.1 HYPOTHESIS TESTING

H<sub>0</sub>: There is no association between level of education and the utilization of contraceptive methods

H<sub>1</sub>: There is an association between level of education and the utilization of contraceptive methods

Table 4: Statistical Test

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.297(b)	1	0.586	0.779	0.4
Continuity Correction(a)	0.07	1	0.792		
Likelihood Ratio	0.301	1	0.583	0.779	0.4
Fisher's Exact Test				0.779	0.4
N of Valid Cases	66				

Note: Level of Significance ( $\alpha = 0.05$ ); a = Computed only for a 2x2 table; b= 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.97.

Table 4 describes the statistical results. The chi square test is used to test the hypothesis. According to the results, the p value is used to determine the significance of a hypothetical test here it is found to be 0.400 which shows that it is less than the level of significance value therefore the H<sub>0</sub> is rejected and H<sub>1</sub> is accepted and it is concluded that the level of Education and the level of utilization of contraceptive methods are statistically associated. Education is a very important aspect to discuss here because Okezie et al. (2010) found that education is a strong determinant of use of contraceptive methods. High education is usually associated with lower fertility because education tends to delay marriage, increase the value of women's time and increase the likelihood that they engage in paid employment.

### 4. CONCLUSION

The present study findings indicated that education plays a vital role to create awareness among female about the utilization of contraceptive methods among married women. This study, as well as other recent work in the region, suggests that interventions to improve husband-wife communication and strengthen women powers within households. Researchers recommend that female education needs to be improved, sustained efforts to raise awareness

and motivation for proper contraceptive use and there should be facilitating access to more information, education and communication with the couples in the reproductive age.

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