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Research Article

**KNOWLEDGE, ATTITUDE AND PRACTICE REGARDING  
CHILD SPACING AMONG PARENTS PRESENTING AT  
PEDIATRIC DEPARTMENT LUH****Muhammad Muneeb<sup>1\*</sup>, Muhammad Zain-Ul-Abdean<sup>2</sup> and Aatir H. Rajput<sup>3</sup>**<sup>1</sup>Indus Medical College, Tando Muhammad Khan.<sup>2</sup>Liaquat University of Medical & Health Sciences.<sup>3</sup>Virtual University of Pakistan.**Abstract:**

**Objective:** This study evaluates the knowledge, attitude and practice of parents presenting at the pediatric department of the Liaquat University Hospital regarding child spacing.

**Methodology:** This observational, cross-sectional analysis comprised of a conveniently chosen, non-probable sample of 100 individuals that presented at the Liaquat University Hospital. Data was collected using a structured, interview based questionnaire after taking verbal informed consent. The data collected was analyzed using Microsoft Excel 2013 and SPSS v. 19.0.

**Results:** The data was diverse since the study setting played host to patients from nearly all possible sociodemographic backgrounds available in the vicinity. 72% of the respondents were Sindhi and 27% were from Urdu linguistic background. 90% belonged to lower socioeconomic class and 10% to middle socioeconomic class. The parental education was low and no significant conclusions could be drawn from it. 54% of the parents deemed child spacing as un-important and 31% considered it best to not practice child spacing. Views regarding contraception were not positive either and 89% of the fathers did not consider contraception important despite their poor economic status and ailing children.

**Conclusion:** It is evident from the results that the society attaches less or no importance to child spacing and contraception. The prime reason being lack of knowledge and education. 83% of the parents had never received any counselling on this matter.

**Key words:** Child Spacing, Contraception, KAP, Pediatric Health.

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**INTRODUCTION:**

Family planning services have the potential to improve the quality of the lives of people and also their economic welfare. Increasing population growth is a worldwide problem today and Pakistan is no exception. A variety of different methods of contraception are available, which are generally extremely safe compared with the risks associated with pregnancy and childbirth. Not all methods are suitable for everyone. Expanding the number of family planning options available to women is a critical part of increasing contraceptive coverage, decreasing unintended pregnancies and reducing maternal morbidity and mortality around the globe [1,2].

Family planning through contraception tries to achieve two main objectives; firstly, to have only the desired number of children and secondly, to have these children by proper spacing of pregnancies [3]. A lack of knowledge of contraceptive methods or a source of supply, cost and poor accessibility are the barriers that exist in developing countries. Side effects perceived or real are major factors for the abandoning of modern methods. Mass media also plays an important role in promotion and acceptability of contraception [4,5.]

Maternal mortality ratio for Pakistan is high as 281 deaths per 100,000 live births [6]. In the effort to reduce maternal deaths in developing nations, family planning can be an important and effective first step. Fewer unwanted pregnancies mean fewer pregnancy related deaths, making family planning a vital way to improve maternal health. Unmet need for contraception has been one of the most widely discussed family planning concepts in recent years. It is a disparity between woman's fertility preferences/needs and her family planning practices. It has been found that most of the women of reproductive age who do not want to have a child soon or ever are not using any contraception. According to Bongaarts the knowledge, attitude, practice surveys revealed no complete correspondence between knowledge and attitudes and between attitude and practice of family planning methods [7]. Fawcett has also reported that

respondents usually exhibit considerable knowledge and attitude change over time, but they do not always exhibit corresponding changes in contraceptive practice [8].

Low use of family planning methods may be the byproduct of, the fear of side effects, weak motivation for fertility control and societal/familial disapproval of family planning. The ideal contraceptive would be 100.0% effective, with no health risks or side effects, independent of intercourse, easily and completely reversible easily administered and used independently of the medical profession. However such a method does not yet and may never exist. This could be the reason for the gap between knowledge and practice.

The non-contraceptive health benefits of different methods (such as prevention of sexually transmitted diseases and HIV with use of condom, the reduction in menstrual dysfunction and ovarian, colorectal and endometrial cancer associated with the combined pill) have potentially enormous consequences for public health.

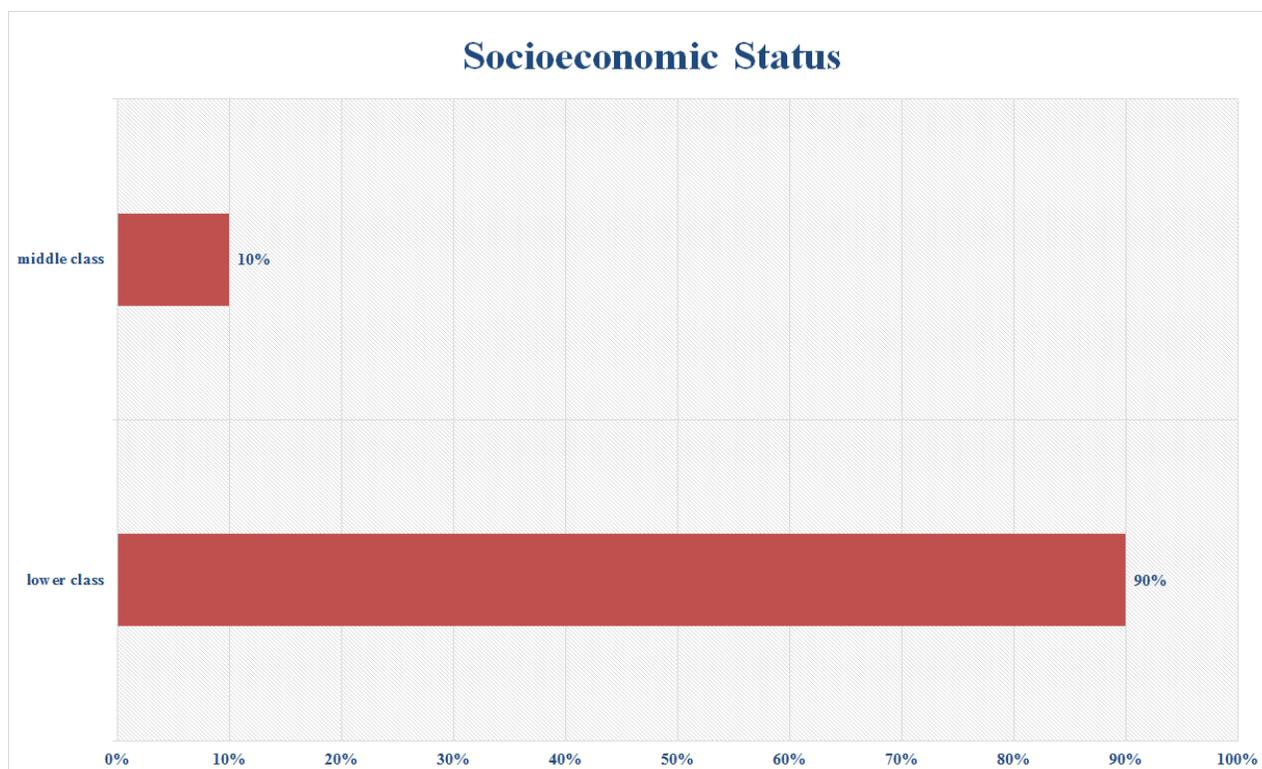
This study was undertaken with the objective to assess the knowledge, attitude and practice of parents regarding child spacing. In recent years, the need for such kind of studies is very important.

**METHODOLOGY:**

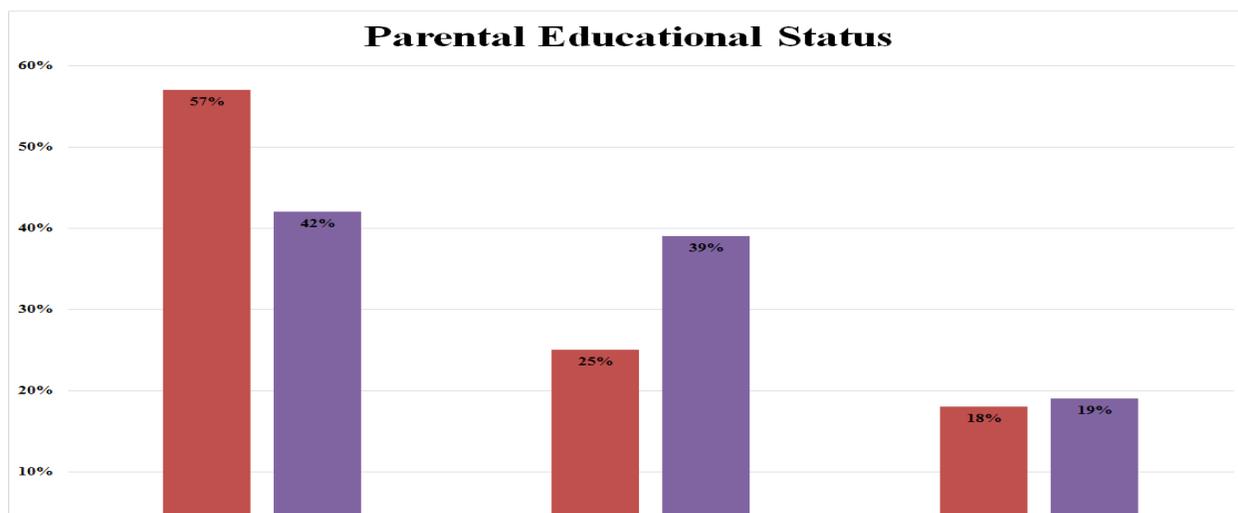
This observational, cross-sectional analysis comprised of a conveniently chosen, non-probable sample of 100 individuals that presented at the Liaquat University Hospital. Data was collected using a structured, interview based questionnaire after taking verbal informed consent. The data collected was analyzed using Microsoft Excel 2013 and SPSS v. 19.0.

**RESULTS:**

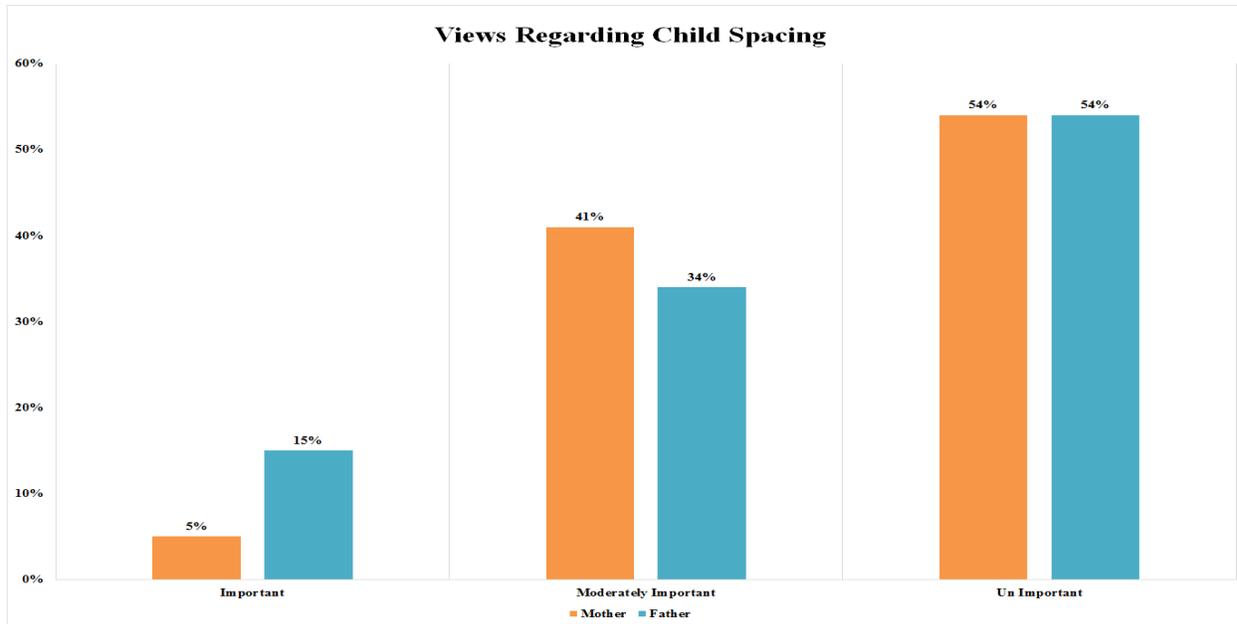
The data was diverse since the study setting played host to patients from nearly all possible sociodemographic backgrounds available in the vicinity. 72% of the respondents were Sindhi and 27% were from Urdu linguistic background. 90% belonged to lower socioeconomic class and 10% to middle socioeconomic class.



**Fig 1:** The study setting plays hosts largely to an economically underprivileged community, The parental education was low and no significant conclusions could be drawn from it.

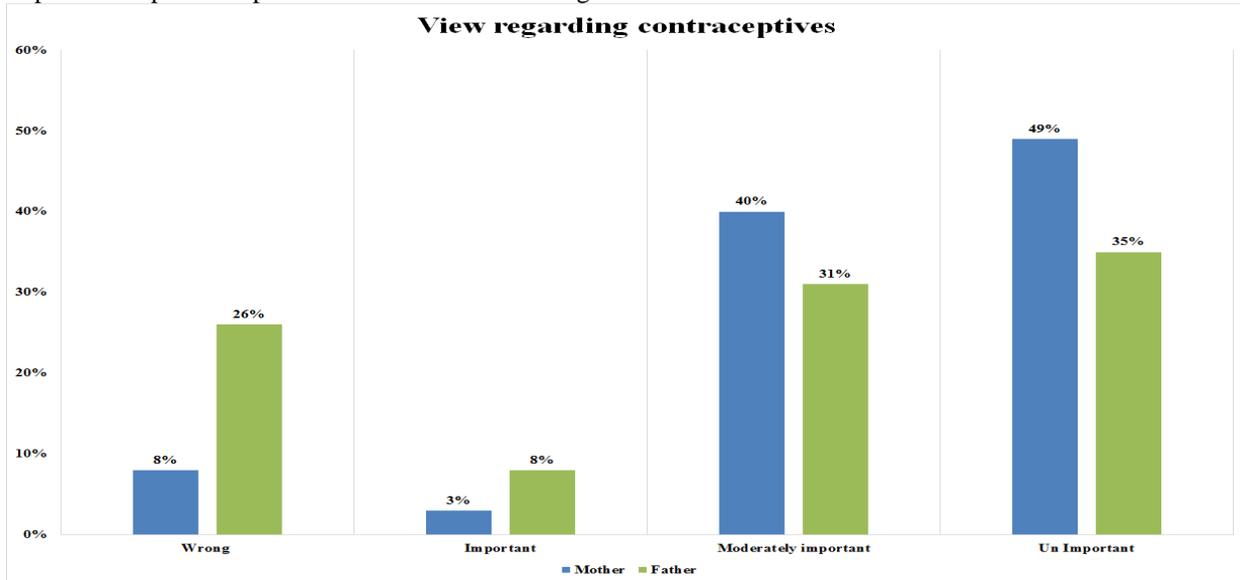


**Fig 2:** The educational status did not cast any noticeable effects on knowledge, attitude or practice of child spacing  
54% of the parents deemed child spacing as un-important and 31% considered it best to not practice child spacing.



**Fig 3: The results were saddening and worryingly bad. A great percentage of parents attached less or no importance to child spacing and paternal views were even bad than the mothers. Since males hold more power over this matter in our society it only makes the situation more worrying.**

Views regarding contraception were not positive either and 89% of the fathers did not consider contraception important despite their poor economic status and ailing children.



**Fig 4: this result too fit into the negative trend observed throughout the study and parents did not hold contraception in any higher regard than the rest of the matters explored above.**

### DISCUSSION:

Various studies have been carried out till date in different parts of the world exploring the knowledge, attitude and practices of family planning methods with different results. Present study revealed a high percentage of awareness in family planning methods,

93.0% of the respondents knew about at least one method. In other studies, the percentage of awareness varied from 94% in Pakistan, 10 94.2% in Sikkim [11] 95.8% in Korea<sup>12</sup> and even up to 100.0% in a study done in Bangladesh.<sup>13</sup> But the studies in

Nigeria have shown quite low awareness as 54.3%.14 In Srivastav's study[ 15] 17.0% were not aware of any form of contraception as compared to 7.0% in present study.

Awareness about different methods of family planning methods: Most of the women (54.0%) had knowledge about more than five methods in our study. This percentage is lower than that in Korea where 85.0100.0% women had heard about five different methods [12]. Among ten contraceptive methods named, depo provera ranked the topmost (78.0%) followed by oral contraceptive pills (74.0%) and condom (71.0%). Natural method (16.0%) and emergency contraception (12.0%) were among the least known methods. According to Bangladesh Demographic Health Survey in 1993-94, 97.0% knew about depo provera followed by IUCD (90.0%) and condom (87.0%) [13]. The finding is different in study done by Renjhen *et al* as maximum awareness was seen for oral contraceptive pills (95.8%) followed by condom (74.2%) and IUCD (72.0%)[11] Srivastava *et al* observed, IUCD was the most known (61%) temporary method followed by oral contraceptive pills (60%) and condom (50%) [15].

Awareness about EC was similarly low as 11.2% in another study in India[16] but higher as 30.0% in South African study [17] Among permanent methods, our results showed that most of the women (81.0%) had heard about female sterilization as compared to only 77.0% for male sterilization. In Sikkim also tubectomy was more well known (67.0%) than vasectomy (34%) [11]. Study done in Bangladesh similarly reported 99% of the women having knowledge of female sterilization and only 83.0% for male sterilization [13]. The reason behind this disparity of knowledge between female and male sterilization remains unexplained, maybe it is because of the general concept of the laymen that reproduction is mainly the function of women.

Source of information: The main source of knowledge was mass media as reported by more than half (55.5%) of the respondents. Most of other studies also have stated print and electronic media to be the common source of public awareness, 57.7%16 and 50.0% [11]. In contrast, Korean study[12] revealed the main source of information to be health center or relatives and neighbors, one more study done in Manipur, India18 also reported that main source of knowledge was friends (44.0%) followed by mass media (22.0%), relatives (18.0%) and neighbors (16.0%).

Awareness by age group: Present study showed the awareness to be lowest among the adolescents

(92.3%) and best among 20-34 years age group (96.9%). According to Park *et al*, the older the women and lower their educational level, the more frequently they were exposed to family planning messages through meeting, home visits and neighborhood communication [19].

Awareness by education: In most of the studies, it was found that education is the prime influencing factor on fertility. Our study also observed that when women's education was of secondary or higher level, awareness was 100.0%. This finding is in accordance with those of studies done in Pakistan with 95.0% awareness in educated women as compared with 73.0% in illiterate women [10]. Another study conducted in Bombay also concluded that education was the main variable and prime influencing factor in the decisions regarding family size and contraceptive awareness [20]. In their study among rural Indians, Gautam *et al* found that raise in education helps in improving acceptance of contraceptive devices [21]. Awareness by area of residence: Women with urban background had slightly better level of awareness than rural women.

In Pakistan DHS survey, there were large differences in knowledge between the urban and rural women, 94.0% of the currently married women residing in major cities knew of at least one modern method of contraception whereas among rural women only 71% knew of a modern method [10].

Knowledge of non contraceptive benefits and adverse effects: This study revealed a low (34.5%) level of knowledge of non contraceptive benefits of family planning methods. In contrast, the knowledge about adverse effects was quite widespread as 63.0% of women knew about various effects.

Past and current use of family planning methods: Present study showed a very low use of FP methods in contrast to the high level of awareness. 65.0% of the women had never used any methods, whereas only 33.5% were currently using one of the FP methods, among which depo provera was the most commonly used one and female sterilization was more common than male. The practice was highest among the age group 20-34 yrs, urban women, business occupation, Lama/ Sherpa Tamang , women educated more than secondary level and in women with living issue more than two. According to The Nigerian Demographic Health Survey [9] only 6.0% were currently using a method while only 3.5% were using a modern method [22].

In Pakistani study, only 16.0% of married women had used a modern method, condom was most commonly used, in their study also proportion of female sterilization (4.0%) was higher than male sterilization (1%)[10]. Study done by Shah also reported women's education to be a significant variable, as the use increased from 43% in the primary educated women to 70.0% in secondary and higher educated women.23 Kanoja also concluded that education was the main variable in the decisions regarding family size and contraceptive awareness as they found that after the birth of the first child 80.0% of the educated couples were using spacing methods whereas even after the birth of the third child more than 55.0% of the uneducated couples did not [20]. Lasee . et al. had similar results with women 4-5 times more likely to use contraception if they had 3 or more living children than if they had 2 or less [24]. These results strongly suggest that the number of children and the women's education are the key determinants in the decision making about contraceptive use. A prospective study done in Bihar, India noted that reversible forms of contraception were used only by 6.8% of the women and tubal sterilization (20.6%) was the most popular method of contraception [25].

The contraceptive prevalence rate of Baltistan is 8.5% only, which is much low from rest of Pakistan and important reasons for not using contraceptive measures were that family planning was considered against religious, besides illiteracy, poverty and poor communication [25]. Our study showed slightly higher contraceptive prevalence rate of 33.5% as compared to 28.5% in national study.9 A high rate of 62% was reported in study of Sikkim [11].

Adverse effect and reasons for discontinuation of FP methods: The most common adverse effects experienced by past and current users in this study was irregular bleeding , amenorrhea and weight gain/loss due to depo provera. Side effect is the major reason for discontinuation of the pill (44.0%) IUCD (68.0%) and injectables (54.0%) in Sylvia's study [14]. These data indicate that improved counseling is needed about possible side effects and correct method use.

Contraceptive continuation rates increase with age and experience. With reversible methods, continuation rates have been shown to be highest with long-acting methods of contraception. The causes of discontinuation are not well understood but side effects, perceived or real, play a major part. Evidence is emerging of a beneficial effect of high quality information and advice on continuation rates.

It was observed that knowledge and awareness does not always lead to the use of contraceptives. There is still a need to educate and motivate the couples and improve family planning services to achieve more effective and appropriate use of contraceptives and to arrest the trend towards increase in population.

Contraceptive method counseling should include sexually transmitted infection prevention messages too. More research is urgently needed to understand patterns of contraceptive use, the reasons for these patterns and the effectiveness of interventions designed to enhance use. Further research is needed on reasons of premature discontinuation, with particular attention to the meaning of significant side effects of specific methods. Efforts should be made to educate the public about the safety and convenience of modern, long-term, reversible methods of contraception among both healthcare professionals and the public.

Family planning counseling needs to be universally included into routine antenatal clinic activities. Besides, improving formal female education is certain to raise the existing knowledge and also to dispel the prevailing misinformation and misperceptions about FP methods. Providers must know how to communicate with clients such that they are facilitating care rather than just prescribing the FP methods. There is also a need to review the national FP program with particular emphasis on contraceptive needs of adolescents and to improve accessibility and availability of all FP services.

### CONCLUSION:

It is evident from the results that the society attaches less or no importance to child spacing and contraception. The prime reason being lack of knowledge and education. 83% of the parents had never received any counselling on this matter.

### Conflict of Interest

All the authors disclose that there is no conflict of interest associated in the preparation of this article.

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