

Utilization of family planning Methods in Kabul

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ABSTRACT

Background: Aim of the current study is to find out the prevalence rate of family planning users in 6 districts in (Kabul province) and factors associated with low utilization of family planning methods. And also to find out what percentage of women at reproductive age (15-49 years) using Family planning methods and to identify the passable barriers to wards utilization of the FP at targeted area .

Methods: A cross sectional study was conducted in 6 districts (4, 6, 8, 12, 13, 16) of Kabul city and 360 married women aged between 15-49 years were included in this study. Along with the socio demographic characteristics of the women, their knowledge, attitude and practices on contraception were evaluated with the help of predesigned questionnaire.

Results: It was observed that out of 360 women, majority of them had the knowledge about family planning methods 326 (90%), and 263(73%) were currently using modern family planning methods. Intra Uterine device was commonly used among the participants 74(28%) followed by condom and OCP. None of the participants reported of any permanent methods if they have used. The main source of obtaining contraceptives has been reported by the participants to be pharmacies followed by Government and Marie Stopes Clinics. Husband's opposition is one of the main reason behind women not using any contraceptive methods.

Conclusions: In spite of having good knowledge about family planning methods & positive attitude there are some factors like desire for large family, pressure from husband, religious concern etc, lead to non-use of contraceptives. So this is important to improve educational status of the female and their husbands to overcome these barriers and increase the uptake of modern contraceptive methods.

Introduction

It is estimated that globally 222 million women in developing countries would like to delay or stop childbearing but do not use any method of contraception. The main reasons for this difference include limited choice of methods, limited access to contraception, fear or experience of side effects, cultural or religious opposition, poor quality of available services, and gender-based barriers. As a result, 21 million unsafe abortions are carried out every year, mostly in developing countries. This shocking figure causes 47,000 maternal deaths

annually. Many of these deaths could be prevented if information on family planning and contraceptives was available and put into practice. Promotion of contraception and ensuring access to contraceptive methods for women and couples is essential to securing the well-being and autonomy of women, while supporting the health and development of communities. Contraception has direct health benefits on maternal and child health such as prevention of unintended pregnancy and subsequent decreased maternal mortality and morbidity

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Decades of conflict and political uncertainty in Afghanistan virtually ruined all sectors of the country, and Afghanistan's health sector has widely suffered from the country's unstable situation. The Ministry of Public Health (MoPH) decided to increase equitable distribution of healthcare services throughout the country. Therefore, the MoPH introduced a comprehensive strategic package: the Basic Package of Health Services (BPHS). The main purpose of the BPHS is to provide a standardized package for delivering basic healthcare with greater focus on reproductive and child healthcare services. Fortunately, introduction of this package has considerably increased coverage and accessibility. Later on in 2005, another package was introduced as complementary to BPHS: the Essential Package of Hospital Services (EPHS). In a general sense, the BPHS provides primary healthcare services throughout the country while EPHS covers secondary and tertiary healthcare services. However, they are interrelated through district hospitals.

The MoPH of Afghanistan made considerable achievements in terms of healthcare services distribution and coverage by implementing the BPHS and EPHS. For instance, to compare trends in maternal and child health coverage over time in Afghanistan, ANC (antenatal care) coverage has been generally increasing since 2003, when it was 9%, while the most recent estimate for rural Afghanistan was 48.5%. In the same way, skilled birth attendance and institutional deliveries were both rising from 9.0% and 6.0% to 40.5% and 32.4% respectively, but the level of contraceptive prevalence remained very low, with only 11.3% of rural women using modern contraception in 2012. This is despite family planning services, including counseling on various methods of

contraception and distribution of modern methods (condom, oral pill, injection, intrauterine devices and female sterilization), have been provided free of charge by most BPHS and EPHS health facilities since 2003. At the same time, family planning continues to be a priority for the MoPH, with objectives of reducing the population growth rate, promoting concept of a small family norm, increasing the availability of and demand for family planning services, providing quality care of family planning services, reducing unmet need, expanding and sustaining adequate family planning services at the community level by utilizing all health facilities, and encouraging the private sector and NGOs to promote family services. Despite all these efforts in the last decade, Afghanistan still has the lowest contraceptive prevalence rate compared to other countries in the region such as Pakistan, Iran, Bangladesh, and India. This is also one of the leading causes of Afghanistan's fertility rate (5.2 per women) the highest in southern Asia.

In the last two decades, studies in developing countries have shown that contraceptive use is influenced by various factors. A number of these factors include demographic characteristics, economic factors, religious beliefs, and knowledge of contraception. Other factors are social factors such as education of couples, gender preference among children, the quality of the information given by health professionals, family planning service and supply variables, influence of mass media, extent of communication between husbands and wives on family planning, and reproductive factors.

In order to increase the level of contraceptive use and accelerate fertility decline in Afghanistan it is necessary to understand what socio-economic,

demographic and reproductive factors significantly influence contraceptive use there.

This study aim is to examine the prevalence of Family planning utilization in (District 4 (Karti pawan), District 6 (Dashti Barchi), District 8 (Kartin now), District12 (Ahmad shah BaBa Mena), District 13 (Chahar Qala Chahar dhi) District 15 (Khair Khana Mena) of Kabul province and barriers for low utilization of family planning methods.

Objectives of this research:

Primary

1. To find out the prevalence rate of family planning users in district name (Kabul province)

Secondary

2. To determine which methods of FP are mostly used within the aforementioned districts
3. And to find out factors associated with low utilization of family planning methods.

2. Methods:

2.1 Setting/ location:

4. This is a cross-sectional study conducted in (District 4 Karti pawan, District 6 Dashti Barchi, District 8 Kartin now, District12 Ahmad shah BaBa Mena, District 13 Chahar Qala Chahar dhi District 15 Khair Khana Mena) of Kabul city between January-March 2017.

2.2. Participants:

All women in reproductive age (15-49) who could speak at least one of the two main languages of Afghanistan (Dari, Pashtu) and provide verbal or written informed consent.

2.3. Sample size:

Total population of Kabul province is 3,950,300 of which about 80 percent live in the urban areas

(mainly in the Kabul metropolitan area) while the remaining 20 percent are rural residents. There are 22 districts in Kabul and in each districts there are approximately 35,454 women of reproductive age. Only in six districts, where this research was carried out 248,181 women of reproductive age lives, using the above figure, 360 women were selected through a Cluster sampling technique.

2.4. Data Collection:

The data were collected between January- March 2017 from the seven mentioned districts which used a structured questionnaire (apendex -1). The questionnaire was translated from English into two main languages spoken in Afghanistan (Dari and Pashto) and was pretested for face validity and reliability (internal consistency). Based on the results of the pre-test, modifications were made to the wording and translation of the questionnaire for better understanding of the participants. Data was collected by female community health workers who were trained and provided guidance on how to administer the questionnaire. The community health workers visited each household in the aforementioned districts on a daily basis during the study period. The data were collected through face-to-face interview for participants who had no formal education or had the very basic and the questionnaire was self-administered for those who had higher education.

Photo from survey



2.5. Measures:

The questionnaire included questions on demographic characteristics of the participants, contents of contraceptive knowledge and practice on utilization of Family Planning methods and its barriers. The dependent variable for this analysis was modern contraceptive use. As per the AHS 2012 women's questionnaire, modern contraceptive methods were defined as use of the pill, contraceptive injection, condom, intrauterine devices (IUD), implant and female sterilization. The demographic variables included in the study were age of the participants at the time of survey, parity, number of living children, place of residence and region.

2.7. Ethical issue:

Ethical approval for the study was obtained from the Ethical Review Board of JSPH university. Women who met the inclusion criteria were provided with information about the study and were asked for informed consents. All the questionnaires were locked after the data entry and to maintain the confidentiality of the participants, codes were used instead of their names.

2.7. Statistical Analysis:

All statistical analysis were performed using SPSS (version 20.0). Univariate analysis was used to obtain descriptive statistics of demographic variables including frequencies, means and standard deviations (SD) respectively for categorical and continuous variables. chi-square test and binary or multiple logistic regression analysis (reported as odds ratio [OR] and 95% confidence interval). A p value less than 0.05 was considered significant.

Results:

The total number of participants from the 6 districts were 360. All participants recruited in this study were married. The mean ages of the participants were 31 years old, their mean duration of marriage was 11 years and the average number of their children were 4. The maximum years for contraceptive utilization reported by the participants was 5 years.

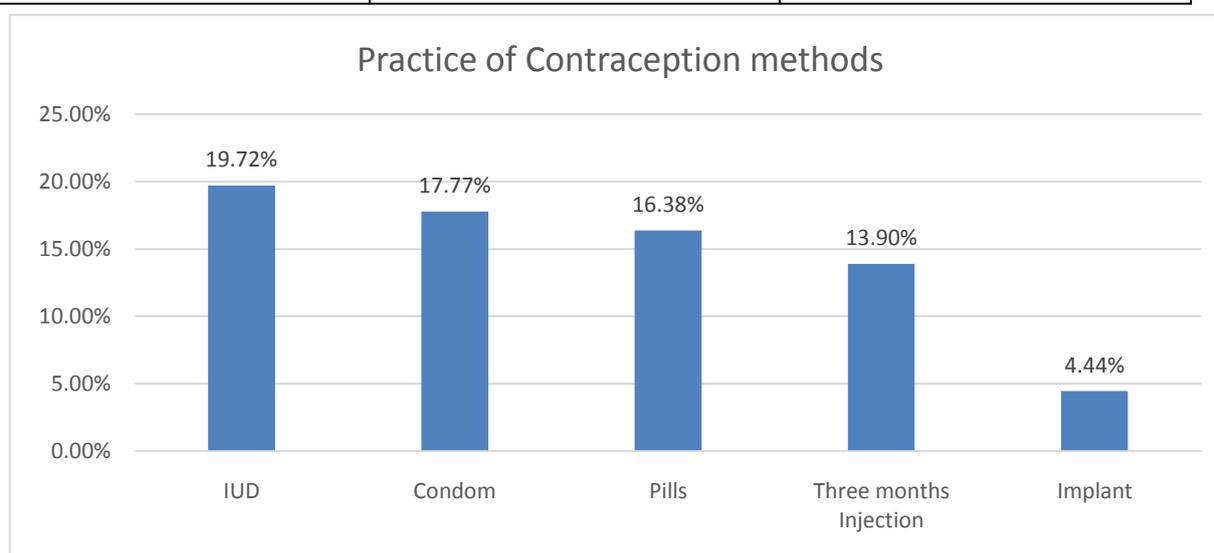
Regarding Family planning knowledge, out of 360 women 343 (95.2%) had knowledge about family planning methods. Majority of them 260 (72.2%) knew about modern methods while 63 (17.5%) only knew about traditional methods. Of those who had knowledge about family planning methods, 37 women (10,3%) doesn't have knowledge of FP methods. 326 women (90.5%) were currently using contraception and majority of them were using long term family planning methods such that Intra Uterine device(IUD). Out of all the different methods of contraception commonly practicing method was IUD followed by condom and OCPs, three months injection & others.

Table 1 shows background Characteristics and Frequency distribution of contraceptive use among married women aged 12–49 years.

Age	Subject Number (%)	Contraceptive use number(%)	P-value
15-19	7(1.9)	6(1.8)	<0.05
20-24	149(41.4)	135(41.4)	
25-29	147(40.8)	130(39.8)	
30-34	52(14.4)	48(14.7)	
35>	5(1.4)	7(2.1)	

Table 2 shows practices of different contraceptive methods. The minimum duration participants were using contraception was 1 year and the maximum was 10 years.

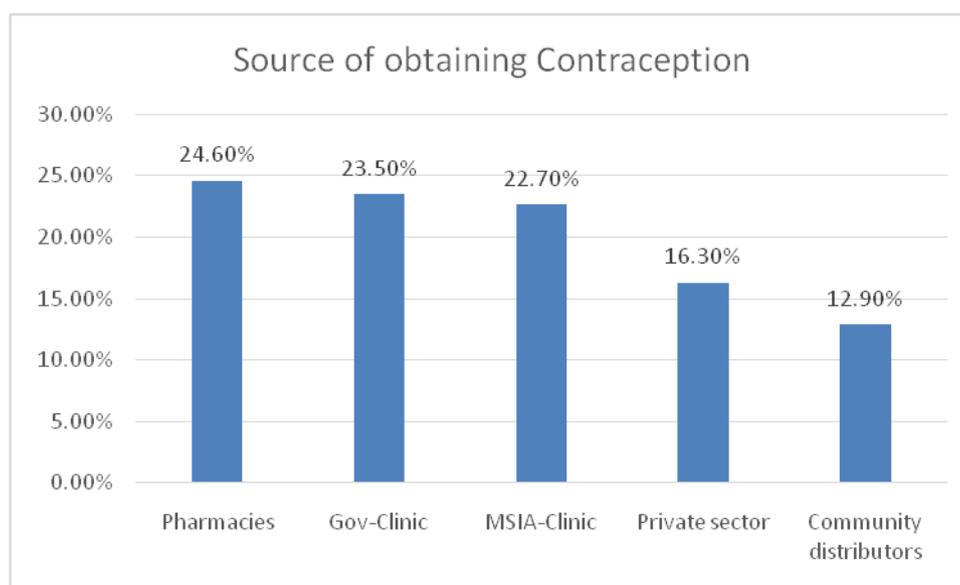
Method	Number	Percentage
IUD	71	19.72 %
Condom	64	17.77 %
Pills	59	16.38 %
Three months Injection	50	13.9 %
Implant	16	4.44 %



Women who had knowledge about contraceptive methods and were practicing, they mainly obtained from pharmacies followed by Government and Marie Stopes health facilities. :

Distribution of source of obtaining different methods is shown in Table 3

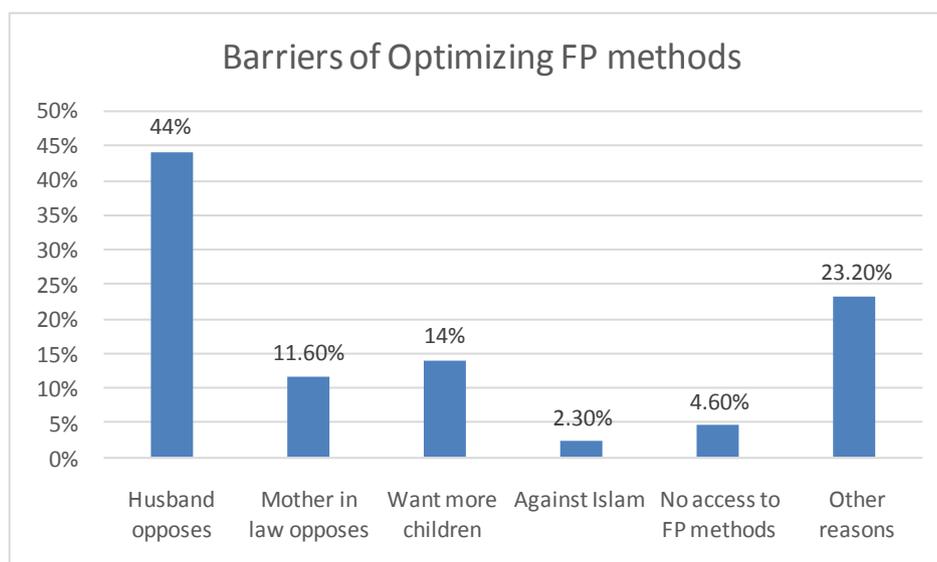
Source	Number	Percentage
Pharmacies	65	24.6 %
Gov-Clinic	62	23.5 %
MSIA-Clinic	60	22.7 %
Private sector	43	16.3 %
Community distributors	34	12.9 %



The participants who did not have knowledge about family planning methods were 34 persons. The main reasons they indicated as a barriers of family planning utilization was their husband opposition followed by other reasons.

Table 4 summarizes reasons for not using family planning methods.

Reason	Number	percentage
Husband opposes	19	44%
Mother in law opposes	5	11.6%
Want more children	6	14%
Against Islam	1	2.3%
No access to FP methods	2	4.6%
Other reasons	10	23.2%



Discussion

This study aimed to examine the prevalence of contraception use among afghan women in 6 districts age 15-49 years married women and what are the barriers for utilization of family planning methods.

Strategies to increase contraceptive use must include improving delivery of correct and adequate information about the availability of contraceptive methods. Education of men and women is considered to be a most important factor in decision making. For contraceptive usage, couple's will and motivation is necessary. Awareness and knowledge is the key to

choose the right method for contraception. In our study, result showed that 90% women had knowledge about contraception whereas 97.4 & 99% is seen in other studies conducted at Lahore. Similar study was conducted in 2014 at Karachi Pakistan and 92% had knowledge on different contraceptive methods. Major source of knowledge regarding contraceptives were health worker (58.6%) followed by media 24.1%, social circle 15.5% and others. From India in 2005,

social circle was found to be the main source of knowledge & followed by health worker.

In present study, Majority of them 263 women (73%) knew and using modern methods while 63 women (17.5%) are using traditional methods. Of those who had knowledge about family planning methods, 34 women (9.4%) did use any methods. From Chi square, the odds ratio for age and contraceptive use showed statistically significant associations. The strongest adjusted association was also observed in the age group factor. As shown in Table 1, adjusted or for contraceptive use significantly increased with the age of the respondent. The low contraceptive use among women aged less than 20 years may be due to the fact that most of women in this age group are newly married and have interest in having children. On the other hand, in Afghanistan social setting families culturally encourage newly married couples to have children within the first year of marriage. Considerable increase of contraceptive use from age of 24 to 29 years indicated that majority of women reached their desired number of children and then chose to avoid pregnancy by using modern contraceptive methods. The reduction of contraceptive use among the oldest age group (>35 years) may be related to the fact that they rely on traditional methods like calendar base, or using some herbs, and due to social barriers they were afraid to talk about these issues when interviewed. In addition, a number of few older women among our participants might be not sexually active.

The possible causes for low use of contraception may include, but are not limited to, the area's worse security situation affecting access to and coverage of health care services, shortage of female doctors and midwives in most health facilities that provide maternal and child health care services, strong misconceptions about family planning in the community.

LIMITATION:

First, cross sectional data was used, which allowed to examine the associations between variables but not to show causality. Second, due to limitation of the study period only few selected districts were included in this study which cannot be representative of the whole country. This might arise from the fact that in Afghanistan traditional setting any discussion on sex and sex-related subjects is regarded, as a taboo particular in rural areas where literacy levels are low and traditional believes are in place.

Conclusion:

Inspite of having good knowledge about family planning methods & positive attitude there are some factors like desire for large family, pressure from husband, religious concern etc. lead to non-use of contraceptives. So this is important to improve educational status of the female to overcome these barriers and increase the uptake of modern contraceptive methods.

RECOMMENDATION:

Firstly, the national family planning program should initiate family planning campaigns in rural areas aimed at increasing knowledge of contraception among young age groups. **Secondly**, efforts should be made to continue improving girls and women access to education in the country. This would be effective not only for increasing their reproductive health awareness and use of modern contraceptives, but also important for empowering women in the family and community. Strategies such as engaging religious leaders husbands, mother in laws in the national family planning program, and encouraging the sustainable outreach of maternal services by the staff of comprehensive health centers and district hospitals in the rural areas may achieve more immediate improvements in

contraceptive prevalence. **Thirdly**, contraceptive awareness should be delivered through mass media. The electronic mass media plays an important role in educating women on the benefits of small families and providing them with information on contraception. Radio and television information, education and communication programs and messages specific to family planning and birth spacing will likely have considerable effect on use of contraceptive particularly in a country like Afghanistan where the literacy rate is very low.

Reference:

- 1) World Health Organization. *The Family Planning Fact Sheet 2013*. WHO, Geneva.
- 2) Afghanistan Central Statistics Office. *Afghanistan Multiple Cluster Indicators Survey 2013*. Kabul, Afghanistan.
- 3) Monitoring and Evaluation Department of Ministry of Public Health, John Hopkins University, Indian Institute of Health Management Research. *Afghanistan Health Survey 2012*. Kabul, Afghanistan.
- 4) Ministry of Public Health of Afghanistan. *Health and Nutrition Sector Strategy 2008–2015*. Kabul, Afghanistan.
- 5) Ministry of Public Health of Afghanistan. *National Reproductive Health Strategy 2006–2009*. Kabul, Afghanistan.
- 6) United Nation, Department of Economic and Social Affairs, Population Division. *World Contraceptive Patterns 2013*. Unit Nation, New York.
- 7) Casterline JB, Sathar ZA, ul Haque M. Obstacles to contraceptive use in Pakistan, a study in Punjab 1996. *Stud Fam Plann*, 2001; 32: 95–110. [PubMed]
- 8) Mahmood N, Ringheim K. Factors affecting contraceptive use in Pakistan. *Pak Dev Rev*, 1996; 35: 1–22. [PubMed]
- 9) Ali AA, Okud A. Factors affecting unmet need for family planning in Eastern Sudan. *BMC Public Health*, 2011; 13: 102. [PMC free article] [PubMed]
- 10) Fikree F, Amanullah Khan, Kadir M, Fatima, Rahbar M. What influences contraceptive use among young women in urban squatter settlements of Karachi, Pakistan. *Int Fam Plann Perspect*, 2000; 27(3): 130–136.
- 11) Beekle AT, McCabe C. Awareness and determinants of family planning practice in Jimma, Ethiopia. *Int Nurs Rev*, 2006; 53: 269–273. [PubMed]
- 12) Hailemariam A, Haddis F. Factors affecting unmet need for family planning in southern nations, nationalities and people region of Ethiopia. *Ethiop J Health Sci*, 2011; 121: 121–125. [PMC free article] [PubMed]
- 13) Martin E, Palamuleni. Socioeconomic and demographic factors affecting contraceptive use in Malawi. *Afr J Reprod Health*, 2013; 17: 91–104. [PubMed]
- 14) Saleem A, Pasha GR. Women's reproductive autonomy and barriers to contraceptive use in Pakistan. *Eur J Contracept Reprod Health Care*, 2008; 13: 83–89. [PubMed]
- 15) Taiwan ET. Factor affecting contraceptive use in Ghana. *J Biosoc Sci*, 1997; 29: 141–149. [PubMed]
- 16) Tehrani FR, Farahani FK, Hashemi M. Factor's influencing contraceptive use in Teheran. *Fam Pract*, 2002; 18: 204–208. [PubMed]
- 17) Hakim A, Sultan M, Ahmed F. Pakistan reproductive health and family planning survey 2001. In: Hakim A, Sultan M, Ahmed F, eds. The Institute. Islamabad: The Institute; 2001: 60-62.

18). Humayun S. Knowledge and practices of family planning in grandmultiparas. *J Coll Physicians Surg Pak.* 2002;12:522-5.

19). Fikree FF., et al. "What influences contraceptive use among young women in urban squatter settlements of Karachi, Pakistan?" *International Family Planning Perspectives* 27.3 (2011): 130-136

20). Kaushal SK, Saxena SC, Srivastava VK, Gupta SC, Nigam S. KAP study on contraceptive methods in Kanpur district of UP. *Indian J Commun Health.* 2009-2010;21(2):33-8.