KNOWLEDGE AND PRACTICE OF REPRODUCTIVE HEALTH RELATED SERVICES AMONG MARRIED WOMEN IN PUNJAB, PAKISTAN

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ABSTRACT: It is an admitted fact that reproductive health is an integral part of the women's health. The objective of the study was to assess the level of knowledge and practice towards reproductive health related service among married women in Punjab, Pakistan. The study was cross-sectional and descriptive in nature. The target population of the study was married women visited the Outpatient Department of Obstetrics & Gynaecology, Mayo Hospital, Lahore. The study was conducted during the period of March 15, 2023 to April 10, 2023. The convenient sampling technique was used to draw the sample size. A representative sample of 200 married women were selected from the Outpatient Department of Obstetrics & Gynaecology, Mayo Hospital, Lahore. The ethical approval was accorded from the Medical Superintendent of Mayo Hospital, Lahore. A well-structured and administered research instrument was used to collect the data. The collected data was cleaned, organized, coded and entered in the SPSS version 26. The descriptive analysis was employed to measure the level of knowledge and practice of reproductive health related services. The findings show that female was well equipped with the knowledge and practice of reproductive health related services. It was also found that median age at first marriage and first birth was low in both urban and rural areas. Most importantly, the level of practice of reproductive health related services was low as compared to knowledge. It is recommended that it is high time concerned authorities come up with a comprehensive action plan to improve the reproductive health of married women in Punjab, Pakistan.

Index Terms: Family Planning, Reproductive Health, Knowledge and Practice, Married Women

1. INTRODUCTION

Reproductive health denotes the ability to have a pleasant and safe sexual life, as well as the ability to reproduce and the freedom to choose if, when, and how frequently to do so. Family planning is one of the most important indicators of the reproductive health (Salisbury et al., 2016). Family planning refers to couples making informed decisions about having children, such as spacing pregnancies and the amount of children they will have through the use of contraception (Khan, 2021). Over 200 million women in underdeveloped nations do not want children and do not use contemporary contraception methods (George et al., 2018).

Despite the fact that some contraceptive techniques, such as condoms, help to reduce the spread of sexually transmitted infections (STIs) as well as the dangers, discomfort, and expenses associated with abortions, this is still the case. Notably, abortions are responsible for a substantial number of pregnancy-related mortality among mothers and infants in underdeveloped countries (Sridharan and Smith, 2018).

Clearly, most underdeveloped countries do not practice family planning, despite the fact that it has numerous benefits. The WHO cites various causes for a lack of motivation in family planning, including: a lack of access to contraceptive techniques; a fear of side effects and approval based on social and religious beliefs; and a lack of quality teaching on the subject, which can also be attributed to provider bias (Skinner et al., 2021).

Actions are proposed in the family planning component to assist couples and individuals in meeting their reproductive objectives, as well as to promote men's participation and sharing of responsibility in the actual practice of family planning (Ali, Azmat and Hamza, 2018). It is not suitable to focus solely on women in comprehending the process of family planning use because the program is designed to evaluate family planning and reproductive health, and men must be involved. It is critical to incorporate males in reproductive health because various aspects of reproductive health (including sexuality, STD/AIDS prevention, and infertility) necessitate the active participation of both men and women (Kamran et al., 2019).

Sex and reproduction account for more than 20% of the disease burden among women of reproductive age. A woman's lifetime risk of death from maternal causes is 33 times higher in underdeveloped nations than in industrialized countries (Najmi et al., 2018). It is also acknowledged that women suffer silently from a wide range of reproductive disorders, dubbed the "silent emergency." As a result of this awareness, women's health academics and advocates are focusing more on women's health, particularly reproductive health (Khan and Shujaat, 2021).

An estimated 105 million married women in the developing world face an unmet need for contraception [. The fear of weight gain affects the uptake and continuation of hormonal contraceptives, although existing trials indicate that any such effects are small (Khan and Khan, 2019). For all methods of hormonal contraception, weight above 70 kg is associated with increased failure rates. Evidence suggests that excess insulin levels lead to high androgens level, which suppresses ovulation and causes excessive hair growth and acne, two important signs of PCOS (Imran and Yasmeen, 2020).

2. OBJECTIVE OF THE STUDY

The objective of the study was to assess the level of knowledge and practice towards reproductive health related service among married women in Punjab, Pakistan.

3. MATERIALS AND METHODS

3.1 Research Design and Setting

The study was cross-sectional and descriptive in nature. The study was conducted in the Outpatient Department of Obstetrics and Gynaecology, Mayo Hospital, Lahore.

3.2 Target Population

The target population of the study was married women who visited the Outpatient Department of Obstetrics and Gynaecology, Mayo Hospital, Lahore. The inclusion criteria was (i) Mentally and physically healthy women, (ii) Women of reproductive age 15-49 and (iii) Should be married and living with husband. The exclusion criteria was (i) Mentally retarded and physically handicapped women, (ii) Women with 50 years or above age, (iii) Un-married and (iv) Separated, divorced and widowed.

3.3 Sample Size and Technique

The convenient sampling technique was used to draw the representative sample of the married women of reproductive age from the Outpatient Department of Obstetrics and Gynaecology, Mayo Hospital, Lahore. A sample of 200 married women with inclusion criteria was selected for the data collection.

3.4 Data Collection tool

The self-structured and administered questionnaire was used to collect the data. The questionnaires was comprised of demographic information, knowledge related questions and practice related questions.

3.5 Data Analysis

The collected data was cleaned, organized, coded and entered in the SPSS version 26. The descriptive analysis i.e. Frequency, percentage and cross-tabulation was employed to measure the level of knowledge, attitude and practice of reproductive health related services in Punjab, Pakistan.

3.6 Ethical Consideration

Firstly, ethical approval was accorded from the Medical Superintendent of Mayo Hospital, Lahore. Secondly, respondents were briefed about the purpose of research study. Their consent to participate in this study was also obtained on a consent form and it was assured that confidentiality will be maintained at every level.

4. RESULTS AND DISCUSSIONS

The collected data was analyzed by using SPSS Software Version 26 to measure the level of knowledge and practice of reproductive health related services such as background characteristics of the respondents, age at first marriage, age at first birth, knowledge about different contraceptive methods, desired and unwanted pregnancy, ante-natal visits, ideal family size, perception about the time period of birth spacing, future intention to use contraceptive methods and decision making to use the reproductive health related services.

Table 4.1: Background Characteristics of the Respondents

Background Characteristics	Married Women	
	Percentage	Frequency
Residential Area		
Urban	70	140
Rural	30	60
Age		
15-19	-	-
20-24	5.5	11
25-29	21.5	43
30-34	30.5	61
35-39	35.5	71
40-44	7	14
45-49	-	-
Educational Attainment		
No Education	40.5	81
Primary	20.0	40
Middle	11.5	23
Secondary	22.5	45
Higher	5.5	11
Ethnicity		
Muslim	82	164
Christian	10	20
Hindu	8	16
Number of Living Children		
1-2	21	42
3-4	61.5	123
5+	17.5	35
Exposure to Mass Media		
Television	85.0	170
Mobile phone	58.0	116
Newspaper/magazine	33.0	66
Radio	17.5	35

The above table 4.1 presents information on the demographic and socioeconomic characteristics of the survey respondents such as residential area, age, educational status, number of living children and exposure to mass media.

In the present research, 200 married women (15-49) were interviewed. 70% of the respondents were from urban areas and 30% of the respondents were from the rural areas.

The median age of the respondents at the time of interview was 32 years. The age of the most of the respondents (66%) was between 30-39 years, 21.5% of the respondents were aged 25-29 years, 7% of the respondents were aged 40-44 years and only 5.5% of the respondents were aged 20-24 years.

Regarding educational attainment, 59.5% of the married women (15-49) were literate and 40.5% of the married women (15-49) were illiterate. 22.5% of the respondents had attained secondary education, 20% of the respondents had attained primary education and only 5.5% of the respondents had attained higher education. Most of the participants were Muslims (82%), followed by Christians (10%) and Hindus (8%). Most of the respondents (61.5%) have 3 to 4 living children, 21% of the respondents have 1 to 2 living children and 17.5% of the respondents have 5+ living children at the time of interview. Most of the respondents (85%) have exposure and access to television for information, 58% of the respondents have exposure to mobile phone for information and communication, 33% of the respondents have exposure to newspaper/magazine for information and only 17.5% of the respondents have exposure to radio for the information.

Table 4.2: Age at First Marriage according to Background Characteristics

Background Characteristics	Age at First Marriage (Years)
Residential Area	
Urban	20.2
Rural	19.8
Educational Attainment	
No Education	18.4
Primary	18.8
Middle	19.4
Secondary	21.5
Higher	22.6
Median Age at First Marriage	20.1

The above table 4.2 reveals that median age of the respondents at the time of marriage was 20.1 years. Median age at the time of marriage is low in rural areas than urban areas (19.8 years versus 20.2 years). Median age at the time of marriage is quite low (18.4 years) among illiterate women.

Table 4.3: Age at First Birth according to Background Characteristics

Background Characteristics	Age at First Birth (Years)
Residential Area	
Urban	21.3
Rural	21.7
Educational Attainment	
No Education	20.2
Primary	21.2
Middle	21.5
Secondary	21.8
Higher	22.4
Mean Age at First Birth	21.4

The above table 4.3 shows that age at first birth defines the onset of reproductive health. In Punjab, there is a tradition of starting childbearing soon after marriage. If initiated at an early age, childbearing contributes to population momentum apart from its direct relationship with exposure to pregnancy and other health risks. The median age at first birth was 21.4 Years. The median age at first birth is approximately higher in urban areas than in rural areas (21.7 years versus 21.3 years). Median age at first birth increases with increasing education, from 20.2 years among mothers with no education to 22.4 years among mothers with higher education.

Table 4.4: Knowledge of Reproductive Health Related Services

Contraceptive Methods	Married Women	
	Percentage	Frequency
Any Method	**93.5**	**187**
Any Modern Method	**61.1**	**122**
Oral Pills	95	190
Condom	88	176
Injectable	86	172
Female Sterilization	82.5	165
IUD	73	146
LAM	62	124
Implants	56	112
Male Sterilization	32	64
ECP	22	44
SDM	14.5	29
Any Traditional Method	**58.5**	**117**
Rhythm method	42	84
Withdrawal	75	150

The above table 4.4 provides the knowledge about contraceptive methods is almost universal in Punjab, with 93.5% of married women age 15-49 knowing at least one method of family planning. Oral pills (95%) and condom (88%) are widely known contraceptive methods among married women in Punjab. Respondents have least knowledge about withdrawal (42%) and Emergency Contraception Pills (22%).

Table 4.5: Practice of Reproductive Health Related Services

Practice of Reproductive Health Related Services	Married Women	
	Percentage	Frequency
Wanted Last Pregnancy		
Yes	68	136
No	32	64
Ante-Natal Visits during Last Pregnancy		
1-2	25.5	51
3-4	48	96
5-6	18	36
7-8	1.5	3
9+	7	14
Ideal Family Size		
1-2	12	24
3-4	75	150
5+	13	26
Perception about Birth-Spacing		
12 Months	2.5	5
Minimum 2 Years	43.5	87
Minimum 3 Years	41.0	82
Maximum 5 Years	13	26
Future use of Modern Contraceptive Methods		
Yes	68	136
No	32	64

The above table 4.5 stated that most of the respondents (68%) stated that last pregnancy was wanted and desired and 32% of the respondents expressed that last pregnancy was unwanted

and undesired. Most of the respondents (48) shared that they made 3 to 4 ante-natal visits to any health facility for check-up. 25.5% of the respondents stated that they made 1 to 2 visits to any health facility during pregnancy. 18% of the respondents said that they made 5-6 visits to any health facility during pregnancy. 1.5% of the respondents shared that they made 7-8 visits to any health facility during pregnancy. 7% of the respondents stated that they made 9+ visits to any health facility during pregnancy. Most of the respondents (75%) shared that their ideal family size is 3 to 4 children, 13% of the respondents expressed that their ideal family size is 5+ and 12% of the respondents stated that their ideal family size is 1 to 2 children. Most of the respondents (43.5%) shared that birth-spacing should be observed for minimum two years, 41% of the respondents expressed that birth-spacing should be observed for minimum three years, 13% of the respondents stated that birth-spacing should be observed for maximum five years and only 2.5% of the respondents shared that birth-spacing should be observed only for twelve months. Most of the respondents (68%) have strong intention to use modern contraceptive methods in future and 32% of the respondents have no intention to use modern contraceptive methods in future.

Table 4.6: Decision Making About Reproductive Health Related Services

Decision-making about FP	Married Women	
	Percentage	Frequency
Decision-making about Using Reproductive Health related Services		
Husband	7	14
Wife	12	24
Joint	81	162

The above table reveals that most of the respondents (81%) shared that joint decision was made to use the reproductive health related services, 12% of the respondents stated that decision to use reproductive health related services was taken by them independently and 7% of the respondents revealed that decision to use reproductive health related services.

5. CONCLUSION

All the above findings and discussions can be concluded that there was a significant relationship of the background characteristics of the respondents with knowledge and practice of reproductive health related services among married women in Punjab, Pakistan. It was also found that married women were highly equipped with the knowledge of reproductive health related services such as knowledge of contraceptive methods, effect of age at first marriage and birth on mother's health, ante-natal visits, and benefits of birth-spacing and future use of modern contraceptive methods. There was a visible gap between the knowledge and practice of reproductive health related services among married women in Punjab. In the light of conclusion, it is recommended that concerned departments and authorities come up with an organized and

coherent strategic framework to enhance the reproductive health related services. It is also need of the hour that media and civil society should play collective role to disseminate the awareness regarding the facilities and services of the reproductive health in Punjab. It will bring desired results in terms of improving reproductive health of married women by increasing contraceptive use, birth-spacing and ante-natal visits.

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