

FREQUENCY OF CONTRACEPTIVE PRACTICE AMONGST DOCTORS OF PAKISTAN ARMED FORCES

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ABSTRACT

Objective: This study was undertaken on the exponents of motivation and implementation of family planning measures in Armed Forces i.e., doctors, with emphasis on finding their contraceptive prevalence rate.

Design: Cross-sectional prospective study.

Place and Duration of Study: Armed Forces Postgraduate Institute Rawalpindi from March 2003 to June 2004.

Methods: A comprehensively structured open and closed ended questionnaire was mailed to selected married medical officers of Pakistan Army, Air Force and Navy. Based on their responses the data was prepared, analysed and interpreted.

Results: Seventy seven percent of military doctors were practising some contraceptive method at the time of study. Most of the doctors were using condoms for contraception. Sixteen percentage of all respondents have never used any contraceptive in their life. More than 70% believe that the religion of Islam is not a barrier in family planning.

Conclusions: Most of doctors were not satisfied with the performance of family planning centres functioning in the Army. There is a dire need to improve the female literacy, awareness about contraceptive methods and their accessibility among military masses of Pakistan.

Keywords: Family planning, safe periods, contraceptive practice, prevalence

INTRODUCTION

The world population increase is a single important factor that is responsible for all other catastrophic determinants. No problem is more urgently important to the well being of humanity than to limit the population growth. [1]. The existence of millions of human beings is threatened every day by their inability to feed and clothe themselves, shelter themselves tolerably and to see any future for their children. Social and economic conditions in the third world have resulted in poverty where the problems of the poorest people, 40% of the developing countries, are concentrated on basic needs. These hungry,

impoverished people are desperate for the chance to improve their own lives and to provide a better existence for their children [2].

Family planning is a basic tool to improve the health status of the people, particularly in developing countries. If we could limit the pregnancies to between the ages of twenty and thirty-five so that teenagers do not get pregnant and women aged over 35 do not have children. And if pregnancies were so spaced that there were two or three years of gap between each birth. And if the number of children could be limited to, let's say to a maximum of five -if we put all these things together we can immediately produce a striking decrease in mortality, both of mother and child in most of the developing countries [3].

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Pakistan's population growth rate 2.1% is very high as compared to 0.1% for more developed and 1.6% for less developed countries [4]. Because of high fertility, the age structure of our population is young comprising 41% of children under age fifteen years. Because of rapid population growth, poverty is widespread in the country, with poorest 40% of the households spending US \$100 or less per year [5]. Although fertility rates have declined somewhat, the decline has been slow, especially among the poor, relative to that in other South Asian countries [6]. The impact of 37 million people, which is below the poverty line, makes the task of improving health of women and children difficult [7]. The need of family planning in this country can hardly be over-emphasised. Although Pakistan was one of the first developing countries to have a national population policy and programme, successive population programmes have had little impact on fertility. Demographic targets were set but not met, largely because political commitment was low, under funding sometimes became a serious problem, weak management and changes in leadership and management also played major roles. The family planning programme receives minimum share in the overall government budget i.e. only 1% of the total funding, if it is compared with other public sector programmes [8].

The actual contraceptive prevalence rate in Pakistan is not known. Different agencies have contradictory estimates about it. Doctors must use their knowledge and expertise for practical application in meeting the number one challenge of the times, i.e. our exploding population. Doctors can thus be instrumental in the formation of norms and the shaping of positive attitudes towards family planning which is not antagonistic to Islam. This would not only improve the well being of men, women and children today, but also have far-reaching benefits for future generations [9].

Prima facie, family planning services receive perfunctory treatment in Army; this study will serve to provide a baseline for

future studies that will benefit the planners and decision-makers of Army in designing and formulating an appropriate delivery of family planning services in the Armed Forces.

METHODOLOGY

This cross-sectional study was conducted at Armed Forces Postgraduate Institute Rawalpindi in March 2003 and was completed in Jan 2004. Five hundred and fifty two serving married military doctors were randomly selected and were asked to fill the mailed questionnaire regarding their personal data and contraceptive practices, to which 516 doctors responded. In addition to replying the close-ended questions the participants were also asked to write down the benefits of family planning, and reasons of not practising family planning (in case of non-practising), the role of religion, expenditure on contraceptives, reasons for dissatisfaction about contraceptives supplied in Army and measures to promote family planning.

Inclusion Criteria

Only married medical officers were included in the study.

Exclusion Criteria

All those doctors who were married during last one year were excluded.

Informed consent was obtained from the study participants and no ethical issues were involved.

STATISTICAL ANALYSIS

All data was collected and processed with full confidentiality. Statistical analysis was performed using Statistical Software Package SPSS 10.0 (SPSS Chicago, Illinois, USA). Descriptive statistics was used to describe the data i.e mean \pm SD for numerical variables and percentages for categorical variables.

RESULTS

Five hundred and sixteen medical officers responded to our questionnaire. There were 116 (22%) captains, 287 (56%)

Majors, 84 (16%) Lieutenant Colonels and 6% were above Colonels (22 Colonels and 7 Brigadiers). Four hundred and twenty seven (83%) male and 89 (17%) female doctors responded to our questionnaire. Hundred percent were Muslims. The place of origin was Urban in 61% cases, while 39% belonged to rural areas. Age of respondents ranged from 22 years to 49 years, whereas the age of spouse at marriage was from 16-39 years, with mean age of 24 years. All the respondents were MBBS doctors, 17% were postgraduates. About 40% of the spouses were graduate, 20% were doctors, while 1.6% had less qualification than Matriculation. 67% of the spouses were housewives and 33% were working ladies. Forty three (8%) doctors had no children, 90 (17%) had one child, 146 (28%) had two, 137 (27%) had three, 69 (13%) had four, 26 (5%) had five and 5 (1%) doctors had six or more children. Most of the doctors had same concepts about benefits of Family Planning. Majority were in favour of a small family. 84% of the respondents had ever used a contraceptive method, and 77% are still using it (table-1-3).

Figure shows that maximum doctors 45% were using condoms for contraception, while 38% were relying on safe Period method out of which 29% were using some other method alongwith it. Twenty four percent of the respondents were experiencing coitus interrupts and only 16% were using IUDs. 16% of all married medical officers in this study had never used any method of contraception. Most of never users were the doctors who came from rural areas. Majority of non-users of contraception narrated that the desire to have more children was the main reason for not using any form of contraception. Some were of the opinion that this whole exercise is against religion. A few mentioned that children are gift of God, and it is Allah's will to whom He wants to bestow upon.

Seventy percent respondents opined that religion allows family planning. Eighty two percent of the respondents claimed that they

had at least once discussed with their spouses about the family size they should have. Nevertheless, 18% males thought there was no need of discussing that (table-4).

According to 80% of respondents the ideal family size is three children. 48% of the doctors claimed that they get the contraceptive material from the chemist's shop.

All the respondents were asked whether they had ever used breast feeding as a method of contraception. Overall only 8% couples had used breast-feeding as a method. However, 85% considered breast-feeding as a method of contraception.

Thirty one percent of military doctors are shy of getting contraceptive materials from the counter of a shop. 55% of doctors think that there is no harm in supplying emergency contraceptive means on the counters. 37% of the respondents are satisfied from the family planning services provided in the armed forces, while 43% are not satisfied. 20% of the military doctors do not know what sort of family planning services exists in the army.

The responses of doctors have been illustrated in (tables 1-4). Maximum doctors think that if literacy rate in our country is improved, we can see improvement in all the fields and in family planning practices. Others think that creating awareness about family planning in the masses is very important, while the health education is also emphasised by few.

DISCUSSION

The trend of population disaster is well articulated in the world. Most developing countries, including Pakistan have been identified as having a maximum growth rate on the surface of the globe. There is no strong concerns shown by our scholars, leaders and literates besides a debate have been started about the validity of contraception in religious context [10].

The health care providers who are backbone of health care delivery system seem

Table-1: Military doctors' perceptions of benefits of family planning (n = 516).

Perceived Benefits	Numbers (n)	Percentage %
Raising too many children is expensive and difficult	144	28
quality of life is compromised	136	26
Small family is better	135	26
Want spacing between children	132	25
Better health of mother	129	25
Better health of child	126	24
Better education of children	119	23
Better bringing up of kids	102	20
Husband and wife both can work easily	27	5
Better care available for children	20	4
More time with mother to train the child	12	2

Table-2: Reasons stated for not practising family planning (n = 516).

Reasons Given	No. of Doctors	Percentage
We want more children	86	17
We want first child	43	8
Family Planning is against religion	42	8
We intend to use after second child	41	8
We intend to use after third child	36	7
It seems programmatic	30	6
We practice breastfeeding	25	5
<i>Want to avoid medical complications</i>	10	2
My family opposes	10	2

Table-3: Why family planning is not successful in Pakistan.

Reasons Given	Number of Doctors	Percentage
Lack of coordinated efforts at Govt level	180	35
Low literacy rate	170	33
Misinterpretation by religious scholars	155	30
Lack of knowledge about contraceptives as part of health education	129	25
Lack of motivation	103	20
Ambitions of having more male offspring	93	18
Contraceptive methods neither freely accessible, nor available to females.	67	13
Lack of consideration by male spouses	60	12
Lack of proper counselling	52	10

well equipped with knowledge. Over the years, the national figure of contraceptive prevalence rate has increased but if compared to other countries of the region, there is no room for complacency [11].

Contraceptive Prevalence Rate increases markedly by level of education, these trends were observed in a study conducted in Bangladesh [12]. Another study conducted and data from the demographic and health surveys for 26 countries confirm that education enhances women's ability to make reproductive choice [13]. This study also

confirms that where contraceptive prevalence rate is 77%. And if it is compared with the only other study carried out on contraceptive usage among married medical students in Pakistan in 1992, where the contraceptive prevalence rate was 25% [14], a major difference, identified between these two groups is better education and better access to material and knowledge.

Breast-feeding has been considered nature's contraceptive for decades that provided enormous health benefits for the child. A demographic study [15] in Pakistan

Table-4: Ideal family size with gender preference.

Ideal No. of Children	Male	Female	No. of Respondents	Percentage
1	-	-	10	2%
2	1	1	52	10%
3	2	1	413	80%
4	2	2	18	3.5%
5	3	2	10	2%
More than 5	-	-	13	2.5%
Total:			516 (n)	100%

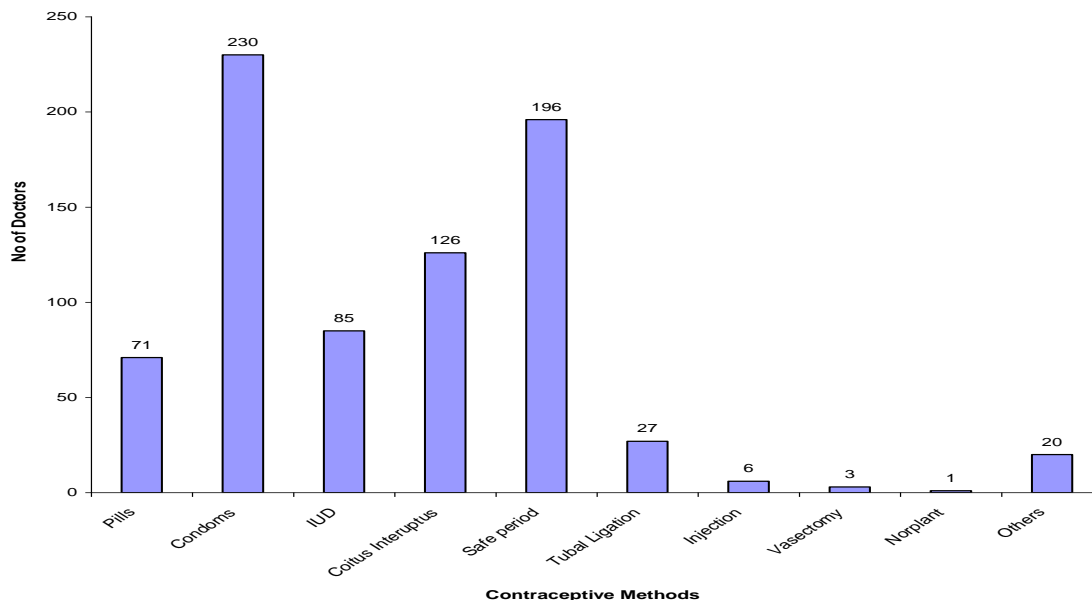


Figure: Use of Various Contraceptive Methods among Military Doctors.

indicated breast-feeding as major contributor to child spacing. Thus breast-feeding appears as one of the natural constraints on our fertility practice, though unplanned, but seemingly practicable and acceptable particularly in predominantly Muslim society, which suggests prolongation for two full years. Respondents who had used breast-feeding as a method of contraception are 8%. This is lower than another study done on breast-feeding as a method of contraception in Asia, published in 1999 [16].

Religious taboos and husband/families disapproval of contraceptive use are the primary causes of unmet needs for contraception in this study. These findings are supported by a study in Philippines [17]. A study, which was completed in 1995, found that fear of side effects and husbands' opposition to contraceptive use were the

primary causes of unmet needs in the Philippines. More than seventy-percent respondents cited that religion allows family planning. It is widely propagated in Pakistan that people use safe period method and coitus interrupts because of religious constraints but our study shows that only 9% believe that family planning is against religion. In a study conducted in Bangladesh [18] it was stated that the CPR was depressingly low in a community where more than two thirds of religious leaders were against family planning. In Muslim countries like Indonesia, Malaysia and Turkey, the contraceptive prevalence rate is more than fifty percent as per World Data Sheet 1990 [19]. Religious scholars in these countries supported the idea that increase in population at all costs is based on wrong interpretation of religious teachings. This study also shows that 28% of the respondents are still ignorant of the fact

that their religion does not stop family planning.

This study has identified base-line information in terms of fertility and contraception in the armed forces. The factors identified in this regard, are improper planning of delivery of family planning services and different types of social pressures such as the disapproval of the husband/family and lack of education. Although the majority of the couples decide together about their family size in this study, yet 16% of the doctors have never talked to their spouses in this regard.

Eighty four percent doctors had ever used any contraceptive method, while such rate for public is 30%. In another study carried out in Karachi and Hyderabad on general physicians [20], the CPR was 26.7%, while this figure was 28% for married medical students of different medical colleges in another UNICEF study completed in 1992 [21].

The use of condoms was the preferred contraceptive and it was consistent with the findings of the other two studies mentioned above carried out in Pakistan with other medical professionals. In 1993, survey conducted by the National Institute of Population Studies found that IUCDs was the most commonly used method among females of general population [22]. However, in the latest Pakistan Contraceptive Prevalence Survey in 1995, the use of IUCDs dropped to the fourth position [23].

While medical care of highest quality is provided free in the Armed Forces to the troops and their families it is strange to observe that there are very few family planning centres and families feel hesitant to seek family planning advice. It is strange to find out that more than 62% of the doctors are depending on the two conventional methods of safe period and coitus interrupts, which are not 100% safe [24]. Whatever they practice may diffuse to the lower ranks in general. It is important to identify the reasons why this

group of highly professional acumen prefers these methods.

RECOMMENDATIONS

An effective family planning programme matching with cultural and religious needs of the military community should be implemented through full participation of all ranks with the help of available appropriate technology. Empowerment of women is the most important factor in this country. It has to be undertaken at all appropriate levels so that the females are given fair chances to adopt any contraceptive method they feel like. Doctors and paramedical staff in armed forces must change their attitude towards the clients i.e., the recipients of family planning advice and adequate training should be given to medical staff to improve their performance and produce better results. Religious teachers of Pakistan Armed Forces already available at each unit can play a vital role in this regard at army schools and mosques. An effective family planning programme matching with cultural and religious needs of the military community is a must. The highest priority should be given to address the family planning needs by expanding access to family planning information and services to those who want to delay space or limit their children but are not currently practising contraception.

Counselling programmes in troops need to be strengthened. Family planning services should be made available to army troops and their families as near to their doorsteps as possible. Religious teachers of Pakistan Armed Forces can play a vital role in this regard. They can disseminate true religious beliefs to other ranks in terms of family planning. All measures to raise the level of literacy in armed forces especially female literacy should be undertaken. There should be continuous health education, may be in form of health education talks, pamphlets, family planning days, awareness walks etc.

CONCLUSION

Lack of religious knowledge Family Planning is important factor identified for min-use of contraceptives. Most of the doctors were not satisfied with the performance of Family Planning centers functioning in the Army. There is a dire need to improve the female literacy, awareness about contraceptive methods and their accessibility among military masses of Pakistan.

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