



Knowledge, Attitude and Practices (KAP) Regarding Family Planning Services among Married Women of Quetta Pakistan

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Authors' contributions

This work was carried out in collaboration among all authors. Authors SH, MSZ and MT prepared initial draft of manuscript and drafting the manuscript in all sections. Authors NH and SR designed the methodology as supervised by author NH. Author AN performed statistical analysis. Author NH supervised complete study. Authors MS and RY involved in drafting the manuscript, conception and design of the study. All authors contributed to the interpretation of the results, and revision and correction of the final manuscript.

Article Information

Editor(s):

(1) Dr. Sevgul Donmez, Faculty of Health Sciences, Gaziantep University, Turkey.

Reviewers:

(1) Heba Abubakr Mohamed Salama, Mansoura University, Egypt.

(2) Shereen Ahmed ahmed Qalawa, Portsaid University, Egypt.

Complete Peer review History: <http://www.sdiarticle3.com/review-history/48080>

Original Research Article

Received 05 January 2019

Accepted 14 March 2019

Published 30 March 2019

ABSTRACT

Aims: This study was conducted to investigate the knowledge, attitude and practices (KAP) regarding family planning services among married women of Quetta Pakistan.

Methodology: A cross sectional study was conducted in obstetrics & gynecology department from public sector hospitals of Quetta. Data was collected from February-September 2016 from 503

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Females who were sexually active, willing to participate and able to understand Urdu and local languages. Knowledge, attitude and practices on family planning were assessed with the help of predesigned questionnaire. Statistical analysis was done by using SPSS version 20. Result showed that out of 503 women, less than fifty percent (41.2%) were uneducated, house wife (79.1%), Pashtun 40.6%, 89.7% were belongs to urban area and 43.7% were have married life span of 6-10 years. 500 (99.4%) had knowledge about family planning and their methods and it was mainly obtained from TV/Radio (28.8%) followed by health care personal (22.7%). For hundred and ninety two (98.8%) believed that use of family planning methods is beneficial, while (62.0%) health care providers encourage them on the use of family planning services. For hundred and thirty (85.5%) women were practicing family planning methods out of which they were using condom (39.4%) followed by Oral Contraceptive (20.3%). The relationship between Knowledge and Attitude was investigated using Pearson product-moment correlation coefficient. There was a small, positive correlation between Knowledge-Attitude [$r=0.83$, $p=0.064$], Knowledge-Practice [$r=0.119$, $p=0.008$] and Attitude-Practice [$r=0.119$, $p=0.001$] was observed. Study concluded that overall knowledge attitude and practice was good among women towards contraception. Husband being the dominant member plays the pivotal role in approving the family size and contraceptive practices. Contraceptive knowledge and practice was influenced by media exposure and partner opposition. Women education and counseling of couples can play an important role to adopt family planning methods. There is a need to improve the educational status of the females to improve their understanding and uptake of modern contraceptives.

Keywords: Family planning; methods of contraceptives; knowledge; attitude; practice.

1. INTRODUCTION

Reproduction is a mutual commitment where the contribution of men is equivalent to the contribution of women, but it is so often considered to be completely a women's responsibility [1]. Among the worries of a poor, one of them is a large number of children who will be dependent on them [2]. In the matters of family planning and reproduction, women are always influenced by the opinions of her husband [3]. The opinions of the woman are never taken into consideration [3].

The communication between the spouses on the matters of reproduction and family planning is absolutely vital in having a prosperous family and individual life [4].

The best way to ensure the optimal growth of each family member and achieve the number of children desired is surely proper family planning [5]. The basic purpose of family planning is to help couples avoid the unwanted births and let the wanted births occur, regulate the intervals between pregnancies, for controlling the birth of a child in relation to the age of parents or determining the number of children a family wants [6]. Family planning education is considered to have a great effect on the spouses in case of family planning acceptance and fertility [7].

Family planning is not based on a single method, there are a number of methods available for the willing couples. These methods are divided on the bases of their criteria, such like the format, could be traditional/modern, it may be natural/artificial, in terms of duration it could be temporary/permanent, specific for male/female or the mode of usage could be oral/injectable/IUCDs [8].

The objective of the concept of deliberate prevention of impregnation is; firstly, to have the desired number of children and secondly, to have proper spacing between pregnancies [9]. By saying that family planning is a mutual commitment, it is meant that the men's participation in family planning should not be limited to periodic abstinence or usage of condoms, but it is meant to have a better understanding with their wives to allow them to use other methods too [10]. The concept of deliberate prevention of impregnation among the currently married women varies clearly by education, religion, caste, socioeconomic status, the type of family [11].

Being one of the populous countries of the world Pakistan is currently declining in case of providing land, water and food resources to its citizens [12]. The population growth of Pakistan is increasing drastically and has reached to 3% per year which is eating away the economic gain of the country [12]. An alarm for the country is

that, the ratio of avoiding the concept of family planning in families is increasing rapidly rather than slowing [13].

It is recommended that for improving the concept of family planning and the concept of deliberate prevention of impregnation in Pakistan we need to use different media resources [14]. It is also noted that health of males is better than females, which is alarming situations for the female in Pakistan [15]. The need of the hour is to educate all the couples and their parents about the benefits of family planning, and try to create awareness among women that they also have rights to have their own opinions about the size of family [14]. Therefore this study aimed to assess knowledge, attitude and practices (KAP) regarding family planning services among married women of Quetta Pakistan.

2. METHODOLOGY

2.1 Study Design, Setting and Duration

The cross-sectional study was designed to analyze the knowledge, attitude and practice (KAP) of family planning among married women attending tertiary care hospitals in Quetta, Balochistan, Pakistan. This study was conducted in Sandeman Provisional Hospital and Bolan Medical Complex Hospital, which are public-sector hospitals in Quetta, Pakistan.

2.2 Participants

2.2.1 Inclusion criteria

Females who were sexually active, willing to participate in this study and able to understand national language of Pakistan (Urdu) and local languages (Pashto, Balochi).

2.2.2 Exclusion criteria

Females who were widow, menopausal and were not willing to participate in this study.

2.3 Study Tool

The knowledge, attitude and practice on family planning assessed by using questionnaire, the primary version of questionnaire was developed by Danget [16]. It underwent some modifications according to the population from which data had to be collected under the process of validation in which the questionnaire went through a face and content validation by experts from Department of Pharmacy Practice, Faculty of Pharmacy,

University of Baluchistan, Quetta. The English version was later translated into Urdu by using standard forward backward-forward translating method [17] and approved by Faculty of Pharmacy expert committee. The questionnaire was composed of five domains:

1. Demographics
2. Knowledge
3. Attitude
4. Practice
5. Source of knowledge

2.4 Procedure

The questionnaire was distributed for data collection. Patients who were educated filled the questionnaire by their own but as majority respondents were uneducated so patients were interviewed from questionnaire in their local languages. Sampling population was all those sexually active female patients attending different tertiary care hospitals. During 3 months of data collection 503 questionnaires were filled. Duration of whole study was from February to September 2016 however, convenient sampling technique was used based on availability of female patients attended gynecology department of Sandeman provisional Hospital and Bolan Medical Complex Quetta during April to July 2016.

The translated questionnaire was then piloted with 30 participants. Their comments and understanding of the questionnaires were also taken into consideration which were later discussed and updated by the research team. The respondents took 15-18 minutes to complete the questionnaires. Responses of the pilot phase were not included in the final study results. The finalized Urdu versions were made available for the reliability and validity study.

2.5 Ethical Consideration

The study was performed according to National Bioethics Committee Pakistan's guidelines [18] and study approved by Department of Pharmacy Practice, Faculty of Pharmacy, University of Balochistan, Quetta, Pakistan. According to the standards, written consent was taken from patients prior to data collection. Before conducting the survey proper permission from Medical superintendent (MS) of each hospital was taken in the form of approval letters. Informed consent was presented to the patient and their willingness was given priority prior to data collection.

Cronbach's alpha test was used to measure the internal consistency and reliability for the study instruments. Cronbach's alpha value for KAP questionnaire was 0.81 overall and 0.78, 0.79 and 0.78 were for knowledge, attitude and practice sections respectively.

2.6 Data Analysis

Collected data was entered in SPSS (PSW) version 20. Descriptive statistics were used to demonstrate the characteristics of the study population. Categorical variables were measured as frequency and percentage where continuous variables were expressed as mean \pm standard deviation. Inferential statistics (Mann-Whitney U test and Kruskal Wallis tests $p < 0.05$) were used to assess significance among study variables. Correlations among Knowledge-Attitude, Knowledge-Practice and Attitude-Practice were interpreted using the following criteria [19]. $r = 0.10$ to 0.29 or $r = -0.10$ to -0.29 small correlation, $r = 0.30$ to 0.49 or $r = -0.30$ to -0.49 medium correlation and $r = 0.50$ to 1.0 or $r = -0.50$ to -1.0 large correlation.

3. RESULTS

3.1 Demographics

Demographic characteristics are shown in Table 1, in which 136 (27.0%) of patients have age ranges between 28 to 32 years. Two-hundred seven (41.2%) were uneducated. More than half of respondents 398 (79.1%) were house wife. Two-hundred four (40.6%) were Pashtun. Mainstream of respondents 451 (89.7%) were belongs from urban area. Two-hundred twenty (43.7%) had married life span of 6-10 years. Two hundred fifty two (50.1%) had 1-3 children.

3.2 Knowledge Attitude and Practice of Family Planning Services

Knowledge attitude and practice of the family planning services shown in Table 2. Majority of respondents 500 (99.4%) heard about family planning. Majority of respondents 500 (99.4%) knew about family planning methods. Majority of respondents 480 (95.4%) think natural family planning is an appropriate method. Mainstream of respondents 430 (85.5%) were used condom to prevent from sexually transmitted diseases. Four hundred ninety seven (98.8%) agreed family planning is beneficial. Majority of respondents 453 (90.1%) were encourage by elder people in their community about family planning services Four hundred thirty (85.5%)

used family planning methods. Majority of respondents 430 (85.5%) had attend family planning services in their life time.

3.3 Family Planning Services Taken

Table 3 showed family planning services taken. Majority of respondents 429 (85.5%) were taken family planning. Majority of respondents 204 (40.6%) get services from hospital. Most of respondents 186 (36.7%) frequently seek the family planning services every time when they want to have sex with their partner.

3.4 Methods of Family Planning

Table 4 showed methods used for family planning. There are 12 methods of family planning but 39.4% have used male condom and more than half of respondents used contraceptive method for the purpose to prevent the unwanted birth.

3.5 Source of Knowledge

Table 5 showed the source of knowledge. Two hundred sixty seven (31.5%) get knowledge from Family Planning Services.

3.6 Knowledge Attitude and Practice Level of Family Planning

Table 6 showed Knowledge attitude and practice level. Majority of respondents 498 (99.0) have adequate knowledge about family planning. Three hundred eighty one (75.7%) have adequate attitude about family planning. Most of respondents 431 (85.7%) were used the family planning services.

3.7 Mean Comparison of Knowledge, Attitude and Practice Score

In Table 7 mean comparison of individual demographics characteristics were taken and mean comparison is calculated and determining of p-value have been done which shows that some of the p-values are exceeding than 0.05 that show no significance over study particularly there is no statistical significant difference in the knowledge score of Age groups, Number of children, Married life span, Occupation, Ethnicity and locality. Comparison Of Mean Attitude Score, the individual demographics characteristics were taken and mean comparison is calculated and determining of p-value have been done which shows that some of the p-values are exceeding than 0.05

that show no significance over study particularly there is no statistical significant difference in the attitude score of number of children ,married life span, Ethnicity and locality while some of demographics shows there is statistically significant difference among age group (p <0.026), Education (p <0.003) which shows statistically significant difference in the attitude score. Comparison of mean practice, the individual demographics characteristics were taken and mean comparison is calculated and

determining of p- value have been done which shows that some of the p-values are exceeding than 0.05 that show no significance over study particularly there is no statistical significant difference in the practice of Age groups ,number of children ,education ,occupation and locality while some of demographics shows there is statistically significant difference among married life span (p<.000) and Ethnicity (p<0.025), which shows statistically significant difference in the practice.

Table 1. Demographic characteristics of respondents

Description	Frequency (n=503)	Percentage %
Age		
13-17 years	08	1.6
18-22 years	54	10.7
23-27 years	130	25.8
28-32 years	136	27.0
33-37 years	86	17.1
38-42 years	89	17.7
Number of children		
1-3 children	252	50.1
4-6 children	173	34.4
7-9 children	55	10.9
10-12 children	22	4.4
13- 15 children	1	0.2
Married life span		
1-5 years	175	34.8
6-10 years	220	43.7
11-15 years	60	11.9
16-20 years	22	4.4
21-25 years	26	5.2
Education		
Uneducated	207	41.2
Primary	68	13.5
Secondary	35	7.0
Matric	69	13.7
Intermediate	65	12.9
Graduate	22	4.4
other	37	7.4
Occupation		
Student	11	2.2
Employee	91	18.1
House wife	398	79.1
Other	3	.6
Ethnicity		
Pashtun	204	40.6
Baloch	144	28.6
Panjabi	62	12.3
Urdu	47	9.3
Sindhi	27	5.4
Other	19	3.8
Locality		
Rural	52	10.3
Urban	451	89.7

Table 2. Knowledge, attitude and practice of family planning service

Questions	Yes	No	Don't know
Knowledge			
Have you heard about family planning	500(99.4%)	3(.6%)	0 (0%)
Do you know methods of family planning	500(99.4%)	3(.6%)	0(0%)
Natural family planning is one method which is used without using any pills. Do you think it is appropriate method for family planning	480(95.4%)	11(2.2%)	12(2.4%)
Condom is used for prevention of HIV/AIDS. Do you think it can prevent you from getting pregnant	430(85.5%)	47(9.3%)	26(5.2%)
Attitude			
Use of family planning methods is beneficial	497(98.8%)	5(1.0%)	1(.2%)
Do elderly people in your community encourage you on the use of family planning services	453(90.1%)	50(9.9%)	0(0%)
Do your parents encourage you on the use of family planning services	426(84.7%)	77(15.3%)	0((0%)
Do your friends encourage you on the use of family planning services	374(74.4%)	129(25.6%)	0(0%)
Do your religious leader encourage you on the use of family planning services	67(13.3%)	436(86.7%)	0(0%)
Do your health care providers encourage you on the use of family planning services	312(62.0%)	191(38.0%)	0(0%)
Practice			
Have you ever used family planning methods	430(85.5%)	73(14.5%)	0(0%)
Have you ever attended family planning services in your lifetime	430(85.5%)	73(14.5%)	0(0%)

3.8 Correlation between Knowledge, Attitude and Practice

Correlations were interpreted using the following criteria [19]. $r = 0.10$ to 0.29 or $r = -0.10$ to -0.29 small correlation, $r = 0.30$ to 0.49 or $r = -0.30$ to -0.49 medium correlation and $r = 0.50$ to 1.0 or $r = -0.50$ to -1.0 large correlation.

The relationship between Knowledge and Attitude was investigated using Pearson product-moment correlation coefficient shown in Table 8. There was a small, positive correlation between Knowledge-Attitude [$r = 0.83$, $p = 0.064$], Knowledge-Practice [$r = 0.119$, $p = 0.008$] and Attitude-Practice [$r = 0.119$, $p = 0.001$] was observed.

4. DISCUSSION

The adoption of modern contraceptives in recent decades and the use of safer and more effective

preventive measures of preventing pregnancy have helped people around the world choose and make decisions. They are responsible for reproducing and benefiting from family planning services and methods.

Knowledge of any modern contraceptive method among respondents was found to be extremely high in this study as shown in results. It is showed that methods of family planning such as Oral contraceptives, Male condom, Injectable contraceptives, Loop contraceptives, Tube ligation all are known to married females and showed their practices towards family planning services this is parallel with The Cambodia Demographic and Health Survey 2005 which showed similar results that 99% of married women knew of at least one method of modern contraceptive [20].

Table 3. Family planning services taken

Questions	Frequency	Percentage
Family planning services taken		
Yes	429	85.5%
No	74	14.7%
Family planning services taken from		
Hospital	204	40.6%
Health center	113	22.5%
Dispensary	8	1.6%
Pharmacy	26	5.2%
Others	83	16.5%
Frequency of family planning services		
Every time I want to sex with my partner		
Yes	185	36.8%
No	249	49.5%
Every week		
Yes	128	25.4%
No	306	60.8%
Every 2 weeks		
Yes	32	6.4%
No	402	79.9%
Monthly		
Yes	104	20.7%
No	330	65.6%
Yearly		
Yes	5	1.0%
No	429	85.3%
5-10 years		
Yes	37	7.4%
No	397	78.9%
In future		
Yes	5	1.0%
No	429	85.3%
Long lasting		
Yes	16	3.2%
No	418	83.1%

Table 4. Methods of family planning

Question	Frequency	Percentage
Methods Used for Family Planning		
Oral contraceptives	103	20.3%
Male condom	200	39.4%
Injectable contraceptives	87	17.2%
Loop contraceptives	34	6.7%
Tube ligation	18	3.6%
Other	65	12.8%
Reason for Using Contraceptives		
Having a child when required	75	15.2%
Spacing of birth	136	27.6%
Prevention of unwanted birth	177	35.9%
Prevention of sexually transmitted disease	37	7.5%
Improvement of health	68	13.5%

Table 5. Source of knowledge

Source	Frequency	Percentage
T.V/radio	244	28.8%
Friends/relatives	144	17.0%
Health personnel	192	22.7%
Family Planning Services	267	31.5%

Table 6. Knowledge, attitude and practice level of family planning

	Frequency	Percentage
Knowledge level		
Adequate knowledge	498	99.0%
Poor knowledge	5	1.0%
Attitude level		
Adequate attitude	381	75.7%
Poor attitude	122	24.3%
Practice level		
People who are using these services	431	85.7%

Family planning is observed in all ethnic classes. Most of people are practicing family planning services all over the groups. Study finding showed that family planning is proceeding similar results were obtained in a study conducted in Karachi [13]. Family planning services are used by respondents which is similar with study conducted by Handady et al., they highlighted that Family planning services in country are still developing [21].

It is showed in this study that Condom is used for prevention of HIV/AIDS and can prevent respondents on getting pregnant which is supported by the argument that evidence shows that more than half of the respondents understand that condom usage can be an effective contraceptive, this is consistent with study findings, whereas previously condoms were viewed only as a method for preventing HIV transmission [20].

It is shown in results, the respondents who take family planning services from any means is high among respondents and they know various means of getting family planning services, which is similar to findings of study that respondents know where to receive family planning information and services was high among respondents, and they knew at least one place to obtain family planning information and one place to access family planning services [20].

Similarly, this study also reported that Women illiteracy is one of the factor that affects the knowledge regarding contraception their effects and consequences. However, knowledge was

found greatly high and it showed the need and practice of all groups of respondents. Pakistan has low literacy rate, even lower in rural areas [13]. This is also reflected in the study where illiteracy level was 41.2% in contrast to 90% in Karachi 78% in India and 62% in another study of same province [13]. Literacy level among the women emphasizes the need for education as a key component to combat overpopulation and will encourage the use of contraceptive [13]. It was also reported that illiteracy rate was same in the previous study [22]. Similarly, study was reported that knowledge of family planning methods are the exposure of messages through media. Electronic media play an important role in a society where literacy level is low. Fikree et al. stated that women were more likely to use contraceptives when messages of family planning were delivered through media [23-26].

Similarly, study also reported an exposure to electronic media messages as the main factor for use of family planning methods among women [27]. Similarly, a study was reported that majority of respondents had gained information from media [24,28]. In contrast another study reported as relatives and friends being the major source of information [29]. An Ethiopian study showed that health personnel contributed in providing information regarding contraception, which is opposite to the results [30]. In the present study majority of the interviewed women were practicing family planning methods, whereas other studies in different provinces of Pakistan showed lower contraceptive prevalence rates [31,32]. High level of awareness about contraceptive use has also been reported in

previous study [21]. It is also shown in study that family planning facilities had increased twofold. knowledge relating to sources of information had The local health center is the main source of increased by 29% and knowledge relating to family planning services and information [20].

Table 7. Comparison of mean knowledge, attitude, and practice score

Description	Frequency n=503	Mean knowledge +SD	P value	Mean attitude+ SD	P value	Mean practice +SD	P value
Age *							
13-17 years	08	3.75±0.707	0.703	3.75±0.707		3.75±0.707	
18-22 years	54	3.80±0.407		3.87±1.229		0.81±0.392	0.816
23-27 years	130	3.82±0.445		4.11±1.259	0.026	0.85±0.355	
28-32 years	136	3.74±0.609		4.45±1.191		0.84±0.370	
33-37 years	86	3.86±0.349		4.29±1.291		0.90±0.308	
38-42 years	89	3.85±0.386		4.27±1.250		0.87±0.343	
Number of children *							
1-3 children	252	3.80±0.473		4.21±1.260		0.80±0.403	
4-6 children	173	3.80±0.427	0.741	4.23±1.230	0.801	0.91±0.282	0.008
7-9 children	55	3.84±0.601		4.33±1.218		0.93±0.262	
10-12children	22	3.82±0.501		4.45±1.226		0.86±0.351	
13-15children	1	4.00±.		4.00±.		1.00±.	
Married life span *							
1-5 years	175	3.80±0.467		3.99±1.320		0.76±0.428	
6-10 years	220	3.80±0.499		4.35±1.175	0.201	0.93±0.260	.001
11-15 years	60	3.73±0.516	0.203	4.42±1.239		0.88±0.324	
16-20 years	22	3.95±0.213		4.41±1.141		0.77±0.429	
21-25 years	26	3.92±0.272		4.38±1.169		0.88±0.326	
Education *							
Primary	68	3.68±0.609		4.46±1.12		0.84±0.371	
Secondary	35	3.77±0.426		4.51±1.222	0.003	0.89±0.323	
Matric	69	3.80±0.405	0.108	4.30±1.154		0.87±0.339	0.707
Intermediate	65	3.89±0.312		4.15±1.215		0.78±0.414	
Graduate	22	3.86±0.351		4.09±1.192		0.86±0.351	
Uneducated	207	3.83±0.496		4.03±1.334		0.87±0.333	
other	37	3.76±0.490		4.84±.916		0.84±0.370	
Occupation							
Student	11	3.82±0.405		3.91±1.044		0.73±0.467	
Employee	91	3.82±0.411		4.45±1.186	0.225	0.81±0.392	0.237
House wife	398	3.80±0.490	0.866	4.20±1.256		0.87±0.337	
Other	3	4.00±0.000		4.33±1.528		0.67±0.577	
Ethnicity *							
Pashtun	204	3.81±0.501		4.05±1.367		0.85±0.360	
Baloch	144	3.80±0.452		4.37±1.102		0.86±0.347	0.025
Panjabi	62	3.77±0.422		4.19±1.265	0.160	0.74±0.441	
Urdu	47	3.74±0.607	0.497	4.49±1.140		0.89±0.312	
Sindhi	27	3.89±0.320		4.44±1.050		0.96±0.192	
Other	19	3.95±0.229		4.53±1.020		1.00±0.000	
Locality **							
Rural	52	3.60±0.799		4.15±1.513		0.77±0.425	0.064
Urban	451	3.83±0.414	0.11	4.25±1.202	0.886	0.86±0.342	

* Kruskal Wallis Test; ** Mann-Whitney U test

Sig <0.05

Table 8. Correlation between knowledge, attitude and practice

Variable	Correlation coefficient	P Value
Knowledge-Attitude	0.083	0.064
Knowledge-Practice	0.119	0.008
Attitude-Practice	0.235	0.001

It is showed in results that reason for using contraceptives was for the purpose to prevent the unwanted birth this is in line with findings that It is likely that family planning programs increased respondents' awareness about being able to have control over their own fertility, spacing out the births of their children and reducing the chance of unwanted pregnancies. It can be inferred from this study's findings that women are likely to desire a smaller family size in order to stay healthy, with more time to look after their children and to participate in the workforce [20].

Regarding the usage of family planning methods, an important dimension is the type of contraception used. Condom was the most common chosen method used by couples as shown in other studies as well [21, 24, 28, 33-36]. Women not practicing contraception was lower as compared to other studies of Pakistan [13]. Fear of side-effects also emerged as an important impediment to contraceptive use which is also a recurrent theme in many studies conducted in developing countries including Pakistan, India, Bangladesh, and Ethiopia [21, 37,38].

5. CONCLUSION

Study concluded that overall knowledge attitude and practice was good among women towards contraception. Husband being the dominant member plays the pivotal role in approving the family size and contraceptive practices. Contraceptive knowledge and practice was influenced by media exposure and partner opposition. Women education and counseling of couples can play an important role to adopt family planning methods. There is a need to improve the educational status of the females to improve their understanding and uptake of modern contraceptives.

6. LIMITATION

This study had several limitations, the sample size was small, and women answered to the questions as to what they perceived. This could affect the responses although every possible

effort was made to obtain correct information. Further studies with larger sample size should be done to get more accurate knowledge on the use and awareness of Contraception.

CONSENT

According to the standards, written consent was taken from patients prior to data collection.

ETHICAL APPROVAL

The study was performed according to National Bioethics Committee Pakistan's guidelines. and study approved by Department of Pharmacy Practice, Faculty of Pharmacy, University of Balochistan, Quetta, Pakistan.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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