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RELATIONSHIP OF FEMALE LITERACY TO CONTRACEPTIVE USE IN URBAN SLUMS OF KHUSHAB (PUNJAB)

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To determine the effect of education on contraceptive use among married women of reproductive age, this study was conducted in urban slums of Jauharabad, District Khushab, consisting of 3000 inhabitants. Out of 400 married women of reproductive age, 150 women were randomly selected. Women were interviewed using a pretested questionnaire. Eighty eight percent women had knowledge about at least one method of contraception. Among literate women, 61% used a contraceptive method as compared with 38.5% women in illiterate group. A large proportion of women (66.6%) with matric or higher education reported use of contraceptive methods as compared to women with education less than matric (57%).About 43% literate women were using condoms while 21.4% were using injections, whereas 32.5% illiterate women were using pills and 22.5% had tubal ligation. Literate women had 2.7 children on an average whereas illiterate women had 4 children. Female literacy level was relatively low, but there was an appreciable awareness regarding contraceptive methods. The study concluded that higher education level is associated with higher use of contraceptives and lesser number of children.

Pakistan, with a population of 149.1 million in 2003 is the 7th most populous country in the world, being 4th in Asia and 2nd in SAARC countries. At a growth rate of 2.1%, population of Pakistan is expected to grow to almost 300 million in 20 years.[1] Factors related to high fertility rates in Pakistan include low literacy, low educational attainment, low status of women, high mortality, fatalism, and religious beliefs. These factors combine to limit the effectiveness of family planning services.[2] Although many Pakistani women reported being aware of contraceptives, but their contact with the family planning workers is limited. As a result of ineffectiveness of Pakistan's family planning program, social, religious and economic environment, contraceptive prevalence rate (CPR) is only 27%.[3]

Education has long lasting implications for women's lives. It serves as a source of knowledge and cognitive skills that enhances economic opportunities and social mobility and as a socialization process that shapes attitude, values, and aspiration.[4] Education has an impact on women's reproductive desires and behaviors. Traditionally, it has been argued that women's schooling may affect contraceptive use in a number of ways. [5]

First, it typically delays the age of cohabitation. Secondly, literate women can learn about and use of contraceptives more effectively than uneducated women, thus reducing the number of unanticipated pregnancies. Thirdly, highly educated women are likely to be more effective in producing healthy children.

Punjab with 47% literacy rate is the most literate province in Pakistan, while Balochistan with 27% literacy rate is the least literate province in Pakistan[6]. According to Pakistan Fertility and Family Planning (PFFP) survey 1996-97, males as compared to females are almost twice as likely to receive more than 5 years of education[7]. Among 27.8% women who practice family planning, the most commonly used contraceptive methods are female sterilization, condoms, IUCD, contraceptive injections and pills. Traditional methods like withdrawal and periodic abstinence are also quite popular[2]. There is a wide gender literacy gap; male literacy rate is 60% while female literacy rate is 36%[8].

This study aims to determine the effect of female education on reproductive behaviour in the urban slums of Jauharabad city (Khushab).

MATERIALS AND METHODS

A cross sectional study was conducted in urban slums of Jauharabad city of District Khushab, namely Sarfraz Colony having a population of 3000. A sample of 150 married women of reproductive age (15 to 49 years) was randomly selected and intensively interviewed.

A list of all house-holds with married women of reproductive age (15-49 yrs) was obtained from two LHWs of the area. Out of 398 house-holds, a

sample of 150 women was selected from the sampling frame by simple random sampling procedure.

An in person interviews using a pretested structured questionnaire solicited their responses. Information sought included background characteristics, contraceptive knowledge, practices and number of children. Descriptive analyses were performed and Chisquare test was used to assess the association between education level and contraceptive use.

Table 1: *Relationship of educational status to contraceptive use.*

	Total	Women using Contraceptive	Women not using Contraceptive
Education			
Literate	46 (30.66%)	28 (61%) *	18 (39%)
Illiterate	104 (69.33%)	40 (38.5%)	64 (61.5%)
Educational Level (literate women only)			
Under Matric	28 (60.9%)	16 (57.1%)	12 (42.9%)
Matric and above	18 (39.1%)	12 (66.7%)	6 (33.3%)

* Statistically significant, p value < 0.05

Table 2: *Average number of children by literacy and contraceptive use.*

Contraceptive Use	Literate		Illiterate	
	No of women (%)	Average no of children	No of women (%)	Average no of children
Users	28 (66.9%)	2.5	40 (38.40%)	4.15
Non Users	18 (39.1%)	3.00	64 (61.54%)	4.22
Total	46 (100%)	2.7	104 (100%)	4.2

RESULTS

In a total of 150 married women included in the study, 30.6% women were literate (Table 1). Among the literate women, 61% were under matric and 39.1% were matriculate and above.

Majority of women (88%) had knowledge about at least one method of contraception. Sixty one percent literate women reported having ever used any contraceptive method compared with 38.5% illiterate women. A greater proportion of women with matric or above education (66.7%) were practicing contraception (Table 1). Literacy was directly associated with contraceptive use ($p < 0.05$). Literate women had 2.7 children on an average whereas illiterate women had 4.2 children on an average (Table 2).

Table 3 shows different contraceptive methods used by literate / illiterate women, about 43% literate women were using condoms and 21.4% were using contraceptive injections whereas 32.5% illiterate women were taking pills and another 22.5% illiterate women had tubal ligation. Major sources of receiving family planning services were family welfare centre (42.6%) and lady health workers (33.8%) (Table 4). Main constraints for practicing contraception among nonusers were desire to have son (39%), lack of awareness about contraception (22%), religious reasons (20.7%) opposition by husbands (11%), and fear of harmful effects (6.1%) (Table 5).

Table 3: *Contraceptive method use by education.*

Contraceptive method	Literate women (N=28) Percentage	Illiterate women (N=40) Percentage
Condom	42.9	20
Contraceptive-Injections.	21.4	7.5
Pills	14	32.5
IUCD	10.7	12.5
Tubal Ligation	7.4	22.5
Azal & safe period	3.6	5

Table 4: *Source of obtaining contraceptive services.*

Sources of Contraceptive Methods	Number (%)
Family Welfare Center	29 (42.6%)
Lady Health Worker	23 (33.8%)
Medical Store	9 (13.2)
Private Clinic	7 (10.2%)

DISCUSSION

Women access to education has been recognized as a fundamental right. Women education results in improved productivity, socioeconomic development as well as better quality of life. It empowers the women with increased autonomy in every sphere of life. Moreover education affects all kinds of demographic behaviour, mortality, health and

Table 5: *Reasons for not using Contraceptive methods.*

Reasons	Number of Women N=82	Percentage
Wanted son	32	39
Unaware	18	22
Religious reasons	17	20.7
Husband opposed	9	11
Fear of harmful effects	5	6.1
Other reasons	1	1.2

fertility.

Female literacy level in the study area was low; only 30.6% women were literate whereas contraceptive use was higher in literate women (61%). As female education level increased, contraceptive use also increased. An inverse relationship between female education and number of children was observed. The results reveal that education has positive impact on the contraceptive use and in turn reduces the family size along with other factors like socioeconomic status. Similar findings were observed in another study conducted in India, the higher fertility in India was attributed to universality of marriage, lower age at marriage, lower level of literacy, poor level of living, and limited use of contraceptive and traditional ways of life[9].

In almost every setting, regardless of region, culture and level of development, higher education results in fewer children. More educated women bear fewer children than less educated women. Women's education has direct effect on fertility reduction, autonomy, age at marriage and improved infant and child survival[10]. Ali et al (1998) also reported a negative correlation between the family size and female education[11].

This study **Concluded** that the Female literacy level was relatively low but there was an appreciable awareness regarding contraceptive knowledge among the study women. This study highlights that female education has positive impact on contraceptive use and higher the education level, lesser is the number of children.

There is a need to give more emphasis on female education, which has a positive impact on different aspects of life including reproductive health.

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