

Assessment Of Family Planning Methods In Karachi, Pakistan

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Abstract

This study offers the results of a qualitative investigation into family planning knowledge, attitudes, and practises, as well as the factors that influence the need for and use of modern contraceptives. Descriptive research was undertaken with married women's and males between the ages of 18 and more than 40. Male and female participants were recruited from three different tertiary hospitals and public venues in Karachi. Most respondents were aware of some modern contraceptive methods, yet contraceptive pill use was quite low overall due to side effects. Knowledge and utilisation of other kind of contraception were also low. The study indicated that there is a demand for qualified female healthcare professionals, particularly for long-term family planning services in health institutions. Addressing concerns, availability, and knowledge about contemporary contraception, as well as incorporating men, will assist in meeting the needs and ensuring that women and couples achieve their childbearing and reproductive health objectives through family planning.

Keywords: Family Planning, Contraceptive pills, Condom, Intrauterine Contraceptive Device.

Introduction

Despite the fact that the country is the sixth most populous in the world, with a population of over 184 million people (Bureau, 2010). Approximately 45% of its population has inadequate access to public and private health care, particularly in rural areas where 65% of its population dwells (NIPS, 2013). The country falls substantially behind virtually all development metrics, especially in terms of maternal and child health. In 2008, Pakistan was among the six nations responsible for more than fifty percent of maternal fatalities worldwide (UNDP, 2014).

Maternal and newborn health are intricately related. Approximately 33% of new-borns in Pakistan perish due to maternal infections and other birth-related complications (Bhutta et al., 2003). The extremely low health of Pakistani women contributes to both maternal and infant morbidity and mortality. Recent studies have estimated that the lifetime risk of maternal mortality for Pakistani women is one in 93 (Anthony, 2011). In addition to maternal health,

improving neonatal health and survival is also a top objective. According to the Pakistan Demographic and Health Survey (PDHS) 2006-7, the newborn mortality rate (NMR) has remained almost stable over the past fifteen years. In this sense, research emphasised regional inequalities (Mahmood, and Sultan, 2006). For instance, the 10-year NMR in Punjab (58 per 1,000) and Sindh (53 per 1,000) is significantly higher than in NWFP and Baluchistan (41 and 30 per 1,000, resp.).

Modern family planning (FP) methods, which have been shown to be very effective in improving maternal health by preventing unplanned pregnancies to maintain healthy timing and spacing of births, account for only 26% of FP use in Pakistan. In addition, the total prevalence of family planning in rural areas (about 31%) continues to be substantially lower than in metropolitan areas (approximately 45%). In addition, the PDHS 2012-13 identifies a substantial unmet need for contraception at 20% (NIPS, 2013). An estimated 890,000 induced abortions occur annually in Pakistan, with one in seven pregnancies terminated by induced abortion, which is frequently conducted in secret with abortion being used to regulate fertility and as a result of ineffective contraception (Sathar et al., 2007).

Additionally, the dynamics of decision-making between a husband and wife create additional access hurdles. Numerous research has investigated the impact of social and cultural factors on contraceptive use in Pakistan (Sirageldin et al., 1976). These studies have underlined the impact of the Wife and the husband on family planning decisions (Pasha et al., 2001; Kadir et al., 2003) and the significance of communication between spouses regarding contraception use (Salem et al., 2008; Mahmood and Ringheim, 1996). Family planning is one of the most difficult and least discussed topics, particularly among men in a traditional and patriarchal society where men have the final say on most issues, including reproductive health. Nonetheless, there have been a few attempts to reach men through advocacy or behavioural change treatments, although with limited success.

Material and Method

Descriptive cross-sectional research was designed to evaluate the procedure and outcome of family planning. Randomize selection was performed in three tertiary care hospitals Karachi and public places. A total of 200 participants were questioned to assess their understanding of their chosen method related to family planning and all of them filled out forms. Observational checklists and questionnaires were used to collect data, which was then analyzed using MS Excel version 2010 and was described using frequencies and percentages. A variety of graphs, such as bar charts, were also employed to clearly concentrate the situation were included in the study.

Results

The social - demographic characteristics of the sampled patients are presented in Table 1. In terms of gender, 50% were females and 50% were males. Regarding In relation to age, about 21.5% of the respondents were aged 18-29 years, 59% were aged between 30-39 years and 19.5% were aged above 40 years. Highest ratio of Respondents education level was

matriculation 27%, 19.5% had Intermediate education, and only 6.5% had graduation level of education. Majority of the participants were Housewife (28%), Labour (31%) and skilled workers (24%).

Table: 1. Demographic and Social Profiles of Respondents

| Variables | Categories | Respondents | Percentage |
|----------------------------|-------------------|--------------------|-------------------|
| Gender | Male | 100 | 50% |
| | Female | 100 | 50% |
| Age | 18 – 29 Years | 43 | 21.5% |
| | 30-39 Years | 118 | 59% |
| | Above 40 Years | 39 | 19.5% |
| Educational Details | Illiterate | 20 | 10% |
| | Primary | 39 | 19.5% |
| | Secondary | 33 | 16.5% |
| | Matriculation | 54 | 27% |
| | Intermediate | 39 | 19.5% |
| | Graduate | 13 | 6.5% |
| | Master | 2 | 1% |
| Occupation | Working Lady | 16 | 8% |
| | Housewife | 56 | 28% |
| | Labour | 62 | 31% |
| | Skilled Worker | 48 | 24% |
| | Teaching | 19 | 9.5% |
| | Lab Technician | 1 | 0.5% |

More than 70% of the participant know about the family planning and consider proper family planning reduced population. 35% of participant indicates that contraceptive pills have side effects (Figure: 1).

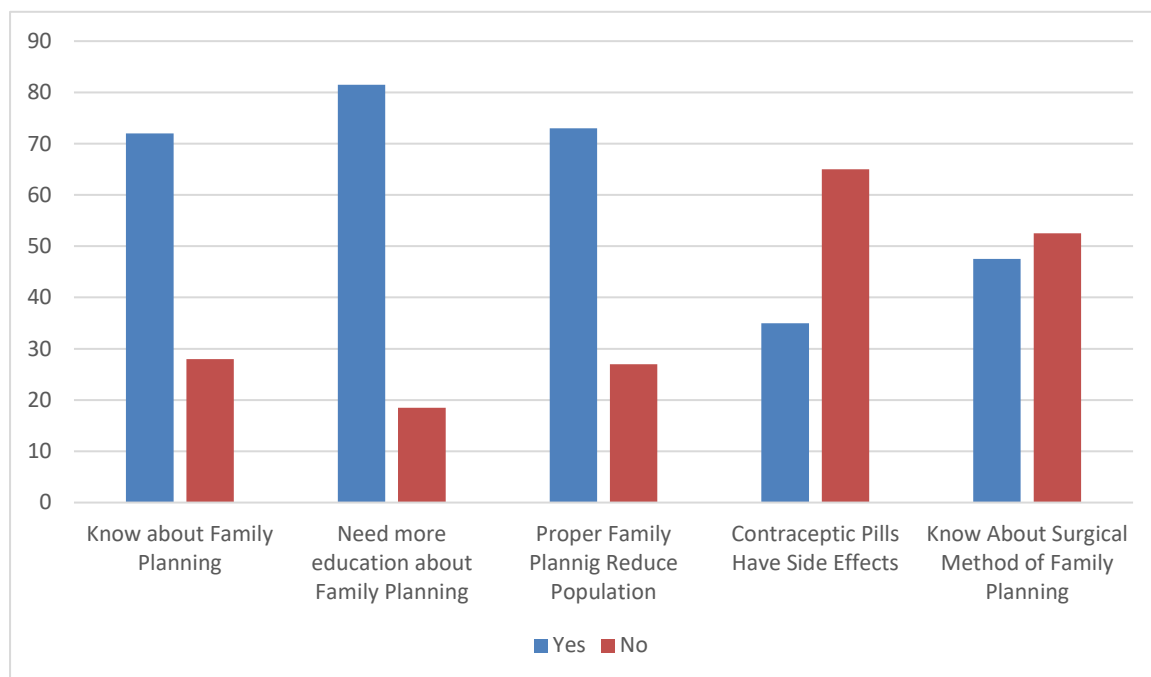


Figure: 1. Knowledge of a Participant Regarding Family Planning.

From the total participants 60% wants to perform family planning and 53% currently using contraceptive methods for family planning. Only 25% were not allowed by their husbands (Figure: 2).

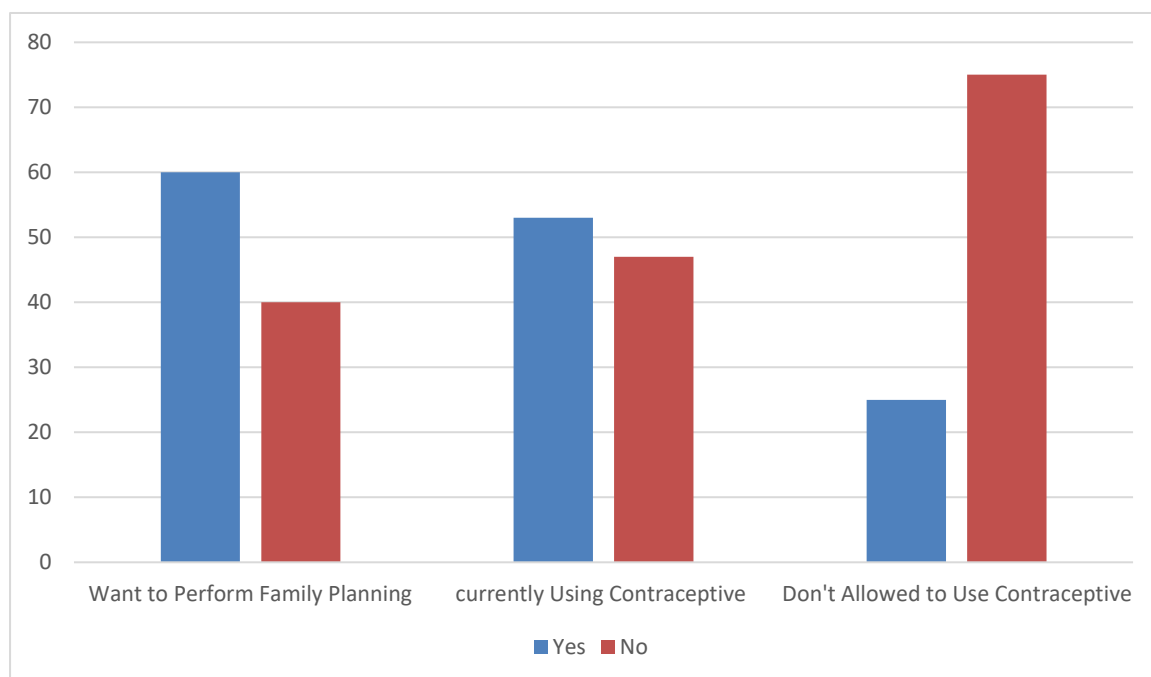


Figure: 2. Attitude of Participants Regarding Family Planning.

From the total participants 94% used condom and 44% used oral contraceptive pills. The percentage of surgical procedure for family planning were less than 20% (Figure: 3).

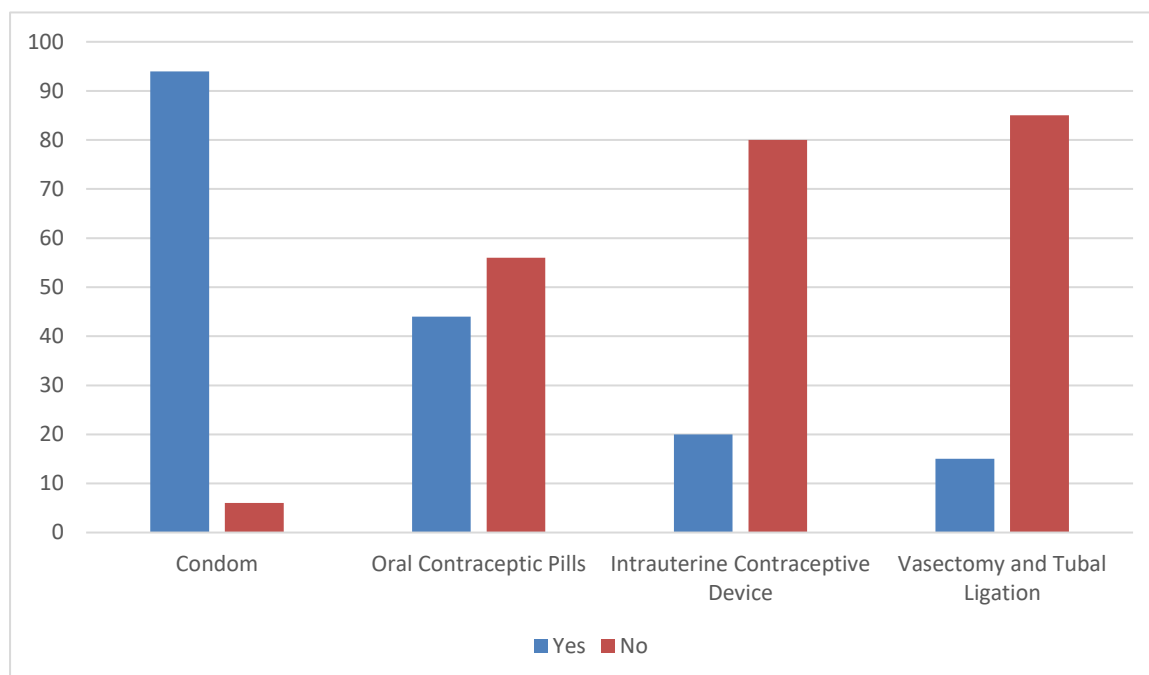


Figure: 3. Used of Contraceptive Methods.

Discussion

Involvement of the spouse (husband) in the decision to adopt a family planning method and in determining the number of children a couple will have appears to be a crucial aspect (Stover and Ross, 2010). Rarely do both spouses make joint decisions regarding the number of children or the adoption of an FP technique. Most participants were aware of at least one modern contraception technique, with the condom being the most generally known method, consistent with the Pakistan DHS 2012-13 findings (NIPS, 2013). In contrast to the current national data, the long-acting Intrauterine Device (IUD) was the most widely known contraceptive after the condom and female sterilisation and was seen by women as safer and having fewer side-effects than short-term methods such as injectables and pills. Fear of side effects also appeared as a significant barrier to contraceptive use, a repeated issue in other research undertaken in developing nations, including Pakistan (Azmat et al., 2012).

In addition, the study indicated a strong need to involve men in healthcare initiatives meant to enhance the health of women and babies, as they primarily impact household-level decision-making, and this will also result in active male engagement and community ownership. Young fathers, especially first-time fathers, require assistance and empowerment. Encouragement of communication between wife and husband regarding family planning and birth spacing should also be included in such campaigns to promote mutual decision-making between wife and husband, make husbands responsible partners in family planning/birth spacing decisions, and reduce the burden of decision-making on women.

In addition, family planning and birth spacing interventions must focus on reducing men and women's anxieties of side effects through effective counselling and the provision of adequate information regarding method-related side effects and how to manage them. Involving community leaders, religious clergy, and health professionals in awareness campaigns can also help address sociocultural and religious issues.

Conclusion

The study highlights the need for contraceptives, particularly long acting and reversible contraceptives, and sheds light on the local circumstances associated with family planning knowledge, attitudes, perceptions, and practises. As a result of shifting attitudes on family planning and intended family size, an increasing number of women and couples will seek out family planning services. To ensure that women and couples may achieve their childbearing and reproductive health objectives, addressing obstacles such as access, affordability, and availability will aid in meeting their needs.

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