

A PREFARABLE CHOICE OF FAMILY PLANNING METHODS IN WOMEN OF HYDERABAD PAKISTAN

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Abstract:

To see prevalence of different methods of contraception in women of Sindh province of Pakistan. This is a Comparative cross sectional study study carried out at Reproductive Health Services Center A , Liaquat university of medical sciences Jamshoro which includes 300 participants of Hyderabad, Sindh. Oral and Written consent was taken from participants. Detailed history was taken followed by filling up of structured questionnaire for socio demographic characteristics .The Females ranging from 20 to 40years and were on single

method of contraception were selected. The sample data was analyzed and entered using the version 22 of SPSS (Statistical Package for the Social Sciences). For this study; 300 females were recruited. Out of them, 138 (46.0%) belonged to rural Sindh and 162 (54.0%) were urban residents. Among 138(46.0%) rural participants, 42 (40.4%) were controls who were not using any method of contraception whereas 96 were using family planning methods, out of them 23 (42.6%) were using depot medroxy progesterone acetate (DMPA), 47 (51.1%) were on jadelle, Intra uterine contraceptive device (IUCD) users were 12 (38.7%), oral pill users were 8 (88.9%), none of them underwent tubal ligation and 6 (75.0%) were condom users. Among 162 (54.0%) Urban participants, 62(59.6%) were controls whereas 100 females were using family planning methods, among them 31 (57.4%) were using DMPA, 45 (48.9%) were on jadelle, IUCD users were 19 (61.3%), oral pill users were 1 (11.1%), 2 (100.0%) females underwent tubal ligation and 2 (25.0%) were condom users. The method of choice of family planning in rural/urban population was observed. Among the urban residents, use of Jadelle was found to be more prevalent compared to other groups. In rural residents, use of jadelle found to be more prevalent comparatively.

Key words: Implant, IUCD (intra uterine contraceptive device), Oral Pills, tubal ligation, DMPA (depot- medroxy progesterone acetate).

Introduction:

Amongst 1.9 billion women of fertile age globally, 1.1 billion have necessities of planning a family; 840 million are consuming contraceptive methods, nevertheless 270 million have an ultimate need for contraception universally [1]. In low- and middle-income nations (LMICs), 218 million ladies are projected to have an unmet want for intentional family planning (FP), and approximately half (49 percent) of gestations are unintended [2]. Pakistan

is one example. With a raised total fertility rate (i.e. 3.6 childbirths each woman) Pakistan stands as fifth most populous country. [3] And its population will escalate from the current 208 to 310 million by 2050 as can be predicted by its current growth rate of population (2.4 %) [4]. It will have profound influence on socio –economic status and environment of Pakistan and impacts its credibility to achieve its Sustainable Development Goals, specifically SDG-3 (Good health plus well-being) [5]. The demographic needs of Pakistan are clearly unbalanced now [6]. Due to the small gap in family planning, maternal health is damaged [7]. Long acting reversible contraceptives (LARCs) consists of Intrauterine Contraceptive devices (IUCD) , DMPA plus Implants which are very competent means of transitory contraception for a prolonged period ,which does not require consumer act.[8,9] thus this study was conducted to see prevalence of different methods of contraception and preferable choices of contraceptives in women of Hyderabad Sindh .Hence the objective of the study is to find out the prevalence of choice of family planning method in rural as well as urban population of Hyderabad Sindh.

METHODS:

This comparative cross sectional study was conducted at Reproductive Health Services Center “A” Liaquat University of medical sciences Jamshoro. Duration of study is 2 years (approximately) after approval of synopsis. Sample size is 300 as calculated by Rao software. Sampling technique is Non-Probability purposive sampling. Women aged 20 to 40yrs, Participants from Sindh Province, Females using single method of contraception were included. Whereas Women who were not willing for participation, Women suffering from any disease, Women taking any medications. Women aged less than 20yrs and more than 40yrs, pregnant women, Menopausal women, Unmarried Females and female using multiple methods of contraception were excluded. Vocal and on paper consent was taken from

contributing individuals. Organized questionnaire was used for finding data associated with socio demographic features. Data was collected using self-structured Questionnaire and detailed history was taken.

Statistical Methods: The sample data was analyzed and entered using the version 22 of SPSS (Statistical Package for the Social Sciences). Data normality was checked by Shapiro–Wilk test. Suitable percentages were calculated for qualitative variables by Chi-square test. Statistically p value of < 0.05 was considered to be significant.

RESULTS:

Total of 300 participants who met the inclusion criteria were enrolled, aged between 20 years to 40years, the mainstream of participant were in the group of age more than 30 years $n=155$ (51.70%), followed by between 21 to 30 years $n= 132$ (44.0%) and less than 20 years were $n=13$ (4.3%) . Among the participants aged more than 30 years, 58 (55.8%) were controls whereas 25 (46.3%) were on DMPA, 48(52.2%) were on jadelle implant, 19(61.3%) were on IUCD, 2 (22.2%) were on oral pills, 1 (0.0%) underwent tubal ligation and 2(25.0%) were on condom. The participants between 21-30 years of age included 132(44.0%), out of them 43(41.3%) were controls, 25(46.3%) were on DMPA, 39(42.4%) were on jadelle, 11(35.5%) were on IUCD, 7 (77.8%) were on pills, 1 (50.0%) underwent tubal ligation, 6 (75.0%) used condoms. Participants aged less than 20years were 13(4.3%) ,among them 3 (2.9%) were controls, 4(7.4%) used DMPA, 5(5.4% used jadelle, 1(3.2 %) used IUCD, oral pill users were 0, none of the participants underwent tubal ligation, none of the participants used condom. Table 1 presents Age wise (in years) distribution of the study populace.

Out of 300 participants, 138 (46.0%) belonged to rural Sindh and 162 (54.0%) were urban residents. Among the 138 rural participants, 42 (40.4%) were controls that were not using

any method of contraception whereas 96 were using family planning methods ,out of them 23 (42.6%) were using DMPA,47 (51.1%) were on jadelle , IUCD users were 12 (38.7%) , oral pill users were 8 (88.9%), none of them underwent tubal ligation and 6 (75.0%) were condom users respectively . Among the 162 (54.0%) Urban participants, 62(59.6%) were controls that were not using any method of contraception whereas 100 were using family planning methods, among them 31(57.4%) were using DMPA ,45 (48.9%) were on jadelle , IUCD users were 19 (61.3%), oral pill users were 1 (11.1 %), 2 (100.0%) underwent tubal ligation and 2 (25.0%) were condom users respectively. Table 2 Location wise distribution of the study populace.

Discussions:

Long term as well as short term family planning means recover maternal well-being by avoiding unintentional pregnancies in order to safeguard healthy scheduling and spacing of child birth. Amongst Total fertility rate (TFR) (3.8 %) of Pakistan ,1 child birth is accidental [10] . Country's contraceptive prevalence rate (CPR) is merely at 30% however Twenty percent of wedded women of fertile age have an unmet necessity for contraception in Pakistan. Cumulatively, in Pakistan, the practice of contemporary and effective family planning modes accounts for merely 26% of population. Socio-cultural (Longing of male child, in-laws and peer pressure, shyness), apparent spiritual unacceptability of contraception, illiteracy as well as insufficient consciousness of contraception, pricing of contraceptives and contraceptive services' access are among the hurdles that prevent use of contraceptives in women of reproductive age (WRA) .[11,12,13 ,14]. Consistent results were shown in 2015 Pakistan, by a rural setup study .Mainstream of the population was accustomed with some contemporary contraceptive choices, although they were used seldom. Comprising IUDs, incidence of any practice of contraception, was particularly low.

However, 81.3% of ladies in fertile age were consuming a modern technique of contraception as reported by a study conducted in Nepal. According to educational attainment, 95.1% of male spouses were well-educated and 89.5% of ladies, and 91.6 percent of females were active in executing and have operational inter-spousal communication that accounts for 93.3 percent [15]. In Sub-Saharan Africa according to a research in 2015-2016, 30.9% of women used contraception. At Bahawalpur, investigators found the related results. As a consequence, they found that city dweller have at ease access. Teaching the public through mass media will promote access to contraception and healthcare providers in contraception-related issue [16]. In Pakistan, there is a variation in rural and urban zones motherly mortality which is 319 versus 175 per 100,000 [17]. 27% of womenfolk do not get pre-birth care and 40% do not obtain post-birth care after delivery are among the basic cause [17]. In Pakistan contraceptive approaches in rural regions are used fewer 31% as related to 45% in urban regions [17]. This might be accredited to the upshot of education which inclines to women empowerment through occupation that in turns effects their health-seeking conduct [18]. Factors accountable for not performing contraception are dearth of knowledge 31.4% and 14% were prepared to start contraception [19]. Nevertheless unmet want of family scheduling is more predominant in women belonging to rural areas than urban areas [20]

Conclusion:

In Rural / Urban population, preferable method of family planning was observed. Women's age, region, wealth index, education, place of residence, and occupational standing of females, and disclosure to family scheduling knowledge on social or mass media significantly influences use of contraceptives. Contraceptive use was more prevalent in urban participants as compared to rural. Among the urban residents, use of Jadelle was found

to be more prevalent comparative to other groups 45 (48.9%) participants out of 100 urban family planning method users were on jadelle followed by DMPA n=31 (57.4%), IUCD n=19(61.3%), oral pill users n = 1(11.1%), females under went tubal ligation n =2 (100.0%) and condom users were 2 (25.0 %) . In rural residents, use of jadelle 47 (51.1%) found to be more prevalent comparatively followed by DMPA n= 23 (42.6%), IUCD n=12(38.7%) and Oral pill users n=8 (88.9%), females underwent tubal ligation were 0 and condom users were 6 (75.0%). Contraceptive practice was more trending in educated stratum besides upper socioeconomic class. Difficulties with availability, pricing, and access must be addressed, in order for ladies and couples to reach their fertility and childbirth well-being objectives. Contraception practice rate can be enhanced by literating the community through media [21].

Conflict of interest:

Authors affirm that they have no opposing interests.

Disclosure of funds:

Not applicable.

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Table 1. Age wise (in years) distribution of the study populace.

Age	Groups for Method of Family Planning							Total	P-value
	Control (n = 104)	DMPA (n = 54)	Jadelle (n = 92)	IUCD (n = 31)	Oral (n = 9)	Tubal ligation (n = 2)	Condom (n = 8)		
<20 years	3(2.9%)	4(7.4%)	5(5.4%)	1(3.2%)	0	0	0	13 (4.3%)	0.482
21-30 years	43(41.3%)	25(46.3%)	39(42.4%)	11(35.5%)	7(77.8%)	1(50.0%)	6(75.0%)	132 (44.0)	
>30 years	58(55.8%)	25(46.3%)	48(52.2%)	19(61.3%)	2(22.2%)	1(0.0%)	2(25.0%)	155 (51.7)	
Total	104	54	92	31	9	2	8	300	

Table 2: Location wise distribution of the study populace.

Location	Groups for Method of Family Planning							Total	P-value
	Control (n = 104)	Injection (n = 54)	Jadelle (n = 92)	IUCD (n = 31)	Oral (n = 9)	Tubal ligation (n = 2)	Condom (n = 8)		
Rural	42 (40.4%)	23 (42.6%)	47 (51.1%)	12 (38.7%)	8 (88.9%)	0	6 (75.0%)	138 (46.0%)	0.027*
Urban	62 (59.6%)	31 (57.4%)	45 (48.9%)	19 (61.3%)	1 (11.1%)	2 (100.0%)	2 (25.0%)	162 (54.0%)	
Total	104	54	92	31	9	2	8	300	