

Assessment of Family planning services utilization among women of Union Council Bangoin (Rawalakot) Azad Jammu and Kashmir

Mehwish Fayaz, Qandeel Tahir, Tehmina Zafar, Muhammad Usman Tayyab Butt

ABSTRACT

Objectives: To determine the percentage of women in Union Council Bangoin (Rawalakot) Azad Jammu and Kashmir who use family planning services, and to determine the relationship between demographic characteristics and family planning service use (AJ&K).

Study design and setting: A cross-sectional study was conducted in UC Bangoin (Rawalakot) Azad Jammu and Kashmir over the duration of 6 months, from 5 January to 5 July 2021.

Methodology: A sample of 344 married women with the age range 18 to 45 was obtained. The study's assessment instrument was developed from an existing assessment tool (Reproductive health knowledge and services utilization among rural adolescence in Ethiopia 2014). It included 14 questions on demographics and 13 questions about the use of family planning services.

Results: High utilization was 52% (n=179) while low utilization was 48% (n=165). Most of them had fear of side effects of using contraception (n=170, 48.9%). Chi-square test showed significant association (p-val =0.05) between fear of side effects of using contraception, decision of using contraception, education level, distance from home to hospital, number of children, exposure to mass media and utilization of family planning services.

Conclusion: There was low family planning services utilization in that area. Study showed that there was a strong association between fear of side effects of using contraception, low education and low exposure to mass media with utilization of family planning services in Union Council Bangoin (Rawalakot) Azad Jammu and Kashmir (AJ&K).

Keywords: Contraception, Contraception behavior, Family Planning services, Family planning policy, Sex education.

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INTRODUCTION:

To control population and improve mother and child health, family planning is broadly acknowledged. Family planning has the potential to save 30% of maternal fatalities and 10% of infant deaths, making it one of the most health-promoting and cost-effective public health efforts. By decreasing the maternal mortality and morbidity and improving space between pregnancies, family planning assists in achieving

the Millennium Development Goals (MDGs).¹

The government of Pakistan has been striving to enhance access to family planning services. However, as in many nations across the globe, there is still a need for family planning that has not been fulfilled. In the last 60 years, Pakistan's population has grown. Pakistan has grown from 44 million to 221 million people since 1960, and it is estimated that by 2050, the country would have a population of over 330 million. The country's growth rate of 3.00 percent is quite generous. "Overall, 34% of the married women employed some form of family planning, with 25% using modern methods and 9% using traditional methods. The most common modern techniques are male condoms and female sterilization (each used 9 percent). The contraceptive prevalence rate (CPR) among married women varies by age, rising from 7% among women aged 15-19 to 48% among women aged 40-45 before dropping to 37% among women aged 45-49".²

Women in urban areas are more likely to use a contraceptive method than women in rural areas (43 percent and 29 percent, respectively). With knowledge and money, the use of contraceptive treatments, both contemporary and traditional, rises.³

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For example, compared to 30 percent of married women with a secondary or higher level of education, 22 percent of married women with no education used modern contraception. Similarly, 7 percent of married women with no education used conventional practices, compared to 14 percent of married women with a higher level of education who did. The population of Azad Jammu and Kashmir (AJ&K) is growing at a pace of 2.41 percent each year, with an average family size of 6.7 members.⁴

A total of 57 Family Welfare Centers are currently providing family planning services in ten districts in the state. These include Family Welfare Centers (FWCs) in the districts of Neelum, Bagh, Haveli, Poonch and Muzaffarabad as well as RHSC-A Centers in the districts, RHSC-A Centers in the tehsils, and 120 Social Mobilizers. In AJ&K, the demographic pyramid also shows the usual youthful hump, and rising urbanization trends are providing an even larger difficulty for our policymakers. ⁵

As a non-industrialized state with a limited private sector, we will have a major challenge in the years to come when it comes to finding jobs for our people. ⁶

The unmet need for family planning services in AJ&K is reaching 46 percent, which is intolerable. ⁷

Because of the dispersed population over such a large hilly area, impoverished people's access to services is severely restricted. Women's mobility is restricted outside the home due to poor economic conditions and a lower social status".⁸

This study was conducted to find out the percentage of women utilizing family planning services, to find out the association between demographic factors and utilization of family planning services in the Union Council Bangoin (Rawalakot) Azad Jammu and Kashmir (AJ&K).

METHODOLOGY:

In Bangoin (Rawalakot), Azad Jammu and Kashmir, a cross-sectional research was undertaken (AJ&K), over a period of six months from 5 January to 5 July 2021. It consist of 21 village, having 9456 household with the population of 1509 (census 2017).A sample of 344 married women with the age range 18 to 45 was obtained. Nonprobability convenient sampling was used. Informed Consent was taken from participants taking part in study. Confidentiality of participants was ensured. Data was collected by using questionnaire from door to door 34% prevalence was taken from (PDHS 2017-2018).²⁰ By using formula $n = Z^2(pq)/e^2$ e is the margin of error and Z is the z-score of the number of the standard deviation. At Margin of error of 5%, 95% confidence interval and 34% prevalence the sample size was 344 and after summing up 10% possible non-response final sample size was 390.Data was collected using a semi-structured questionnaire derived from a prior research on the usage of family planning services (Reproductive health knowledge and services utilization among rural adolescence

in Ethiopia 2014).

It consisted of two section A and B.

Section A (Demographic profile); Age of respondent, Education level of respondent, Respondent Profession, Husband education, Husband Profession, Family type, Total family income, Total family members, Distance from home to hospital, Number of children, Fear of side effects of using contraception, Exposure to mass media, which family member decide to use contraception, Birth interval between last two children.

Section B (Utilization of Family Planning Services); It consists of 13 questions to assess the utilization of family planning services.

Contraception use, use in last 12 months, Contraception method, health worker service, health facility visit, health center, family planning poster, brochure, Discussion, Consultation, Doctor reviews, comfort, Availability.

Inclusion criteria was married women with one or more children. Women who were resident of Union council Bangoin (Rawalakot) AJ&K.

Exclusion criteria was women who were not willing to participate. Women who were not available at the time of data collection.

Reliability was tested by calculating Cronbach's alpha by using SPSS that was 17.0. Cronbach's alpha was 0.7. Statistical significance was set up to $p = 0.05$.

Questionnaire was translated into Urdu and a pilot study carried out to ensure its validity before the main study could begin.

SPSS version 17.0 was used to conduct the analysis. Through frequency generation and sorting, all the initial data was thoroughly cleaned. For categorical variables, frequency and percentage were used to conduct descriptive analysis. Statistical significance was established using a Chi-square test for independence and a 95% level of confidence was used to find the relationship between independent and dependent variables, respectively.

Research was approved by institutional review board of Al-Shifa School of public health Rawalpindi Pakistan IRB number was MSPH-IRB/10-27.

RESULTS:

Demographic Characteristics of Respondents: Total sample of 344 women of age 18-45 was included in the study. About age of respondent 8.9% were with the age of 18-24, 39.7% were with the age of 25-31, 32.5% were with the age of 32-38, 17.5% were with the age of 39-45.

Concerning respondent profession; 83% were housewife, 10% were teachers, 0.6% were health workers, 2% were Tailor, 3% were with other profession. Out of 344; 16% husbands were illiterate, 41% were with primary education, 17% were with Matric education, 10% were intermediate,

and 13% were graduates. 11% husbands were unemployed, 8% were government employees, 34% were business man, 5% were private employees, 41% were with other profession. About 18% having 3 family members, 10% having 4 family members, 19% having 5 family members, 21% having 6 family members, 28% having more than 6 family members.

Out of 344; 11% with 10,000 monthly income, 16% with 20,000 monthly income, 14% with 30,000 monthly income, 15% with 40,000 monthly income and 42% with more than 40,000 monthly income. 44% women were living in nuclear family and 54% were from joint family.

10% having 1-2km, 26% having 3-4km, 21% having 5-6km, 31% having 7-8km, and 10% have more than 8km from home to hospital. 51% have no fear, 49% have fear of side effects of contraception. Out of total sample 45% have no exposure, 54% have exposure to mass media.

3% having 1 child, 32% having 2 children, 37% having 3 children, 18% having 4 children, 8% having more than 4 children.

44% had husband wife mutual decision, 43% respondent itself decide, 6% only husband involve in decision, 4% mother in law involve, 2% having other to decide.

Concerning birth interval between last two children; 23% have 1 year birth interval, 33% have 2 year birth interval, 21% have 3 year birth interval, 10% have 4 year birth interval, 11% have more than 4 year birth interval between last two children.

Utilization of Family Planning Services: Low utilization was 48% (n=165) while high utilization was 52% (n=176). Regarding utilization of family planning services 16% had never used any contraception to avoid pregnancy, 46% had rarely used, 14% occasionally used, 18% frequently used while 6% used very frequently. Concerning use of contraception in last 12 months; 41% had never used, 40% rarely used, 7% occasionally used, 6% used frequently while 5% used very frequently. About contraception methods; 33% had used natural method, 24% used condoms, 18% used oral contraceptive pills, 15% used injections, 8% used other methods. Concerning information and services by health workers; 43% never get any service or information, 39% were rarely served, 12% were occasionally served, 4% were frequently served while 0.6% were served very frequently. Regarding visit to health facility to get family planning information or services; 36% were never visited, 31% were rarely visited, 16% were occasionally visited, 7% were frequently visited, 9% were very frequently visited. About last visit; 32% were visited to government health centers, 39% had visited to private health center, 12% had visited to trust health centers, 16% had visited to other health centers. About Posters on family planning; 24% had never seen any poster, 41% had rarely seen any poster, 19% had occasionally seen any poster, 4% had frequently seen any poster, and 10% had very frequently seen posters on family

planning. Concerning provision of brochure on family planning; 48% had never got any brochure, 28% had rarely got brochure, 10% occasionally got brochures, 12% frequently got brochures, and 1% very frequently got brochures on family planning. Regarding talk about contraception by doctor during consultation; 41% had never, 31% had rarely, 9% had occasionally, 14% had frequently while 5% had very frequently listen about contraception by doctor. Concerning comfort to ask questions about contraception; 15% were strongly disagreed, 27% were disagreed, 39% were undecided, and 17% were agree while 1% were strongly agreed. Regarding availability of Family planning services; 8% were strongly disagreed, 27% were disagreed, 32% were undecided, and 28% were agreed while 4% were strongly agreed for availability of their required services.

Association of various demographic factors to utilization of family planning services:

The association between demographic factors and the use of family planning services was examined using the Chi-square test. There are two categories of family planning service use: low utilization (18%) and high utilization (72 percent). A strong association between Education level of respondent and utilization of family planning services, 54% of respondents who were graduates had high family planning services utilization as compared to under graduates .898(2), p-value 0.001. χ^2 (df) 18.898(4), p = 0.001. Cross tabs between income and utilization of family planning services showed a significant association 75% of respondents who had monthly income more than 40,000 had high family planning services utilization as compared to respondents who had monthly income less than 40 thousand χ^2 (df) 12.038(4), p 0.017. Detailed results given in table.

DISCUSSION:

The purpose of this research was to determine how often family planning services were used. Contraception is the only tool that can stop this population growth that is

Figure 1: Utilization of Family Planning Services

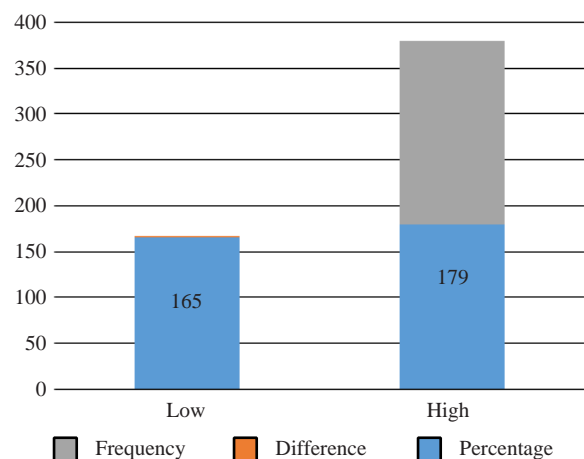


Table 1: Association of demographic factors to utilization of family planning services

| Variables | High | Low | Df | χ^2 | P-value |
|----------------------|-----------|-----------|--------|----------|---------|
| Respondent education | | | | | |
| Illiterate | 31(48.4%) | 33(51.6%) | 18.898 | 4 | 0.001* |
| Primary | 83(61.0%) | 53(39.0%) | | | |
| Matric | 20(29.0%) | 49(71.0%) | | | |
| Intermediate | 20(48.8%) | 21(51.2%) | | | |
| Graduation | 16(54%) | 17(51.5%) | | | |
| Income | | | | | |
| 10000 | 26(63.4%) | 15(36.6%) | 12.038 | 4 | 0.017 |
| 20000 | 35(60.3%) | 23(39.7%) | | | |
| 30000 | 15(31.9%) | 32(68.1%) | | | |
| 40000 | 24(46.2%) | 28(53.8%) | | | |
| More | 70(48.3%) | 75(51.7%) | | | |
| Fear of side effects | | | | | |
| No | 86(49.7%) | 87(50.3%) | 0.003 | 1 | 0.001* |
| Yes | 84(49.4%) | 86(50.6%) | | | |
| Number of children | | | | | |
| 1 | 9(75.0%) | 3(25.0%) | 18.421 | 4 | 0.001* |
| 2 | 69(62.7%) | 41(37.3%) | | | |
| 3 | 59(45.7%) | 70(54.3%) | | | |
| 4 | 23(36.5%) | 40(63.5%) | | | |
| More | 10(34.5%) | 19(65.5%) | | | |
| Decision | | | | | |
| Husband wife | 78(51.3%) | 74(48.7%) | 20.02 | 4 | 0.001* |
| Mutual | 84(56.0%) | 66(44.0%) | | | |
| Respondent itself | 3(13.6%) | 19(86.4%) | | | |
| Husband | 5(35.7%) | 9(64.3%) | | | |
| Mother in law | 0(0%) | 5(100.0%) | | | |
| Other | | | | | |

*Significant at 95 CI, alpha, or p-value < 0.05

exponential. Since it gives parents the freedom and responsibility to decide how many and how far apart to their children, family planning out space has long been seen as an effective tool for enhancing the health of both mother and child. In the district of Poonch in Azad Jammu and Kashmir, this research discovered that education, monthly income, fear of side effects, contraceptive usage, and the number of children are the most significant variables impacting women's use of family planning services (AJ&K).

According to a fertility and family planning study, just 24 percent of Pakistanis use contraception, despite the fact that 94 percent of Pakistanis are aware of at least one kind of family planning. According to this study's findings, 40% of women had never used family planning procedures but had stopped due to fear of adverse effects, and several women had also reported side effects, while the remaining 40% had never used contraception.⁹ Husband dissatisfaction was expressed by about 43% of respondents. When it comes to using family planning services, man permission and decision-making are critical.¹⁰

The majority of decision makers in this study were husbands when it came to the number of children and contraceptive use. Research conducted in Bangladesh found that about 85

percent of women need their husband's permission to use contraception.¹¹ Fear of negative effects was noted by 68 percent of women in a cross-sectional survey in GAZA, with husbands' opposition accounting for 31% of those who didn't use family planning techniques. According to another survey conducted in Turkey, the top reason for married women not using any Family Planning (FP) methods was their husband's disapproval.¹²

In contrast, research conducted at a tertiary care hospital in Lahore indicated that roughly 74% of men had a favorable attitude toward contraception.¹³ Education plays a vital role in the lives of women and helps them make decisions. Pakistan has a low literacy rate, with rural areas having a higher rate. According to the research, 15% of women were illiterate, while 39% had only received primary education.¹⁴

In a cross-sectional research was out in the Khairpur district, oral pills were found to be the most popular option, with 90 percent of respondents knowing about them, followed by female sterilization at 88.3 percent and injectable contraceptives at 87.6 percent.¹⁵ Although it is believed that the media is a significant source of public information^{16,17}, only 6% of women in this study received family planning information from the media, with health care providers

remaining the most common source of information. While this is encouraging, the media must demonstrate its role in combating resistance to fertility decline in Pakistan¹⁸. In our country, increasing the use of family planning services is a major challenge.^{19,20} Over half of presently married contraceptive users (53%) acquire their supplies from public hospitals, whereas 45 percent get their supplies from the private sector.

CONCLUSION:

Finding suggested that low utilization was 48% while high utilization was 52%. This study found association between family planning use and education, monthly income, fear of side effects, exposure to mass media, interval between last two children and distance from home to hospital. Fear of side effects for using contraceptives has been identified as the major cause of unmet need for family planning in Pakistan.

Authors Contribution:

Mehwish Fayaz: Conduct whole research, (including research design, data collection, data analysis), paper writing
Qandeel Tahir: Supervisor
Tehmina Zafar: Contribution in data collection
Muhammad Usman Tayyab Butt: Data collection & paper writing

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