

Met and unmet need of family planning and associated factors in a remote rural area of Sindh, Pakistan

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ABSTRACT

Objectives: To determine the met and unmet need of family planning among married women of Taluka Golarchi, District Badin, Sindh, Pakistan. Secondary objective was to assess the knowledge and practices of modern contraceptive methods and associated factors.

Methodology: It is a cross sectional community based survey done from 1st May to 31st May 2008 in Taluka Golarchi, District Badin, Sindh, Pakistan. A structured questionnaire was used to interview 300 eligible women of reproductive age. Stratified cluster sampling was done to collect information on met and unmet need of family planning, knowledge and practice of modern contraceptive methods and associated factors.

Results: Nearly two third of respondents were housewives and illiterate. Most of them 71% (213) were multiparous having more than four children. Current contraceptive practice was 42%, out of which 39% were using modern methods of contraception. Oral contraceptive pills were commonly used method. Unmet need of Family planning was 19%. Lady Health Workers were the prime source of knowledge and provision of family planning methods. Husbands' co-operation and approval is influential factor for modern contraceptive use. Fear of side effects is the main hurdle for non use of modern contraceptive methods.

Conclusion: Modern methods of contraception are gaining popularity in rural Sindh. In addition to sustained lady health worker programme, involvement of males should be incorporated in future family planning initiatives.

KEY WORDS: Met & Unmet need, Family Planning, Rural Pakistan.

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INTRODUCTION

Family planning is acknowledged world wide as cost effective way of improving the health of women and children, the benefit of which tackles down to their families, community and country over all. It is also considered as an important tool for achieving population equilibrium. Due to its enormous socio-economic, environmental and human rights implications, family planning is considered as crucial development priority for many underdeveloped countries including Pakistan.

Despite Pakistani government policy and support, wide spread adoption of family planning is still a dream to come true. The country is facing the consequences of enormous population explosion with population growth rate of 1.573%. Promotion

of family planning is need of the day for the people of Pakistan for checking rapid population growth and achieving millennium development goal. Therefore there is dire need to explore the existing situation regarding contraception in far flung rural areas with limited resources. The data will help policy makers and programme managers in strengthening family planning programmes in Pakistan in special context to rural areas.

The primary objective of the study was to estimate the met and unmet need of family planning, among the married couples of Taluka Golarchi, District Badin, Sindh, Pakistan. The secondary objectives were to assess the knowledge and practices regarding contraception and associated factors in the study population.

METHODOLOGY

This cross sectional study was conducted in Taluka Golarchi, District Badin from 1st May 2008 to 31st May 2008. Taluka Golarchi consist of eight union councils (UC), consisting of Headquarter town Golarchi and eleven villages with more than 1000 population in each. The multistage stratified systematic sampling technique was used for the identification of the house hold on one house hold and one eligible respondent basis.

Population size comprised of 300 married women, out of 6950 eligible married woman of child bearing age group in Taluka Golarchi, District Badin. All unmarried women and married women who refused for participation were excluded from the study. Informed verbal consent was taken at the time of interview and participants were assured about the confidentiality of their identities and related information. Data was collected on pre-designed proforma by interviewers in local language. Questionnaire was designed to collect the information on demographics, knowledge,

Table-I: n=300

S.#	Variables	Frequency/ percentage
1	Knowledge of Family Planning (FP)	
	Yes	270 (90%)
	No	30 (10%)
2	Source of Knowledge	
	Lady Health Workers (LHW)	178(59%)
	Health Care Provides	54(18%)
	Neighbours, relatives, friends	50(17%)
	Media	18(6%)
3	Decision Maker For Family Size	
	Wife	46(15%)
	Husband	58(19%)
	Combined	121(40%)
	Not known	75(25%)
4	Decision Maker For Contraceptive Use	
	Wife	97(32%)
	Husband	29(10%)
	Combined	117(39%)
	Not known	57(12%)

attitude and practices regarding family planning. Computer software, SPSS version 10.0 was used to enter and analyze the data. Simple frequencies and percentages were withdrawn.

RESULTS

Three hundred women of child bearing age group belonging to Taluka Golarchi District Badin, Sindh, Pakistan were interviewed during the period from 1st May to 31st May 2008.

Current contraceptive users were 126 (42%), out of them nearly two third of population 88 (70%) were practicing contraception for spacing and one third 38 (30%) for limiting family size. Unmet need of contraception was 19% (n=56) while met need was 42% (n=126) thus making total demand as 61% (n=182). Reasons for unmet need of family

Table-II:

S.No	Variable	Frequency & Percentage of Knowledge	Frequency & Percentage of Methods Use
01	Traditional Methods	210 (70%)	9 (3%)
02	Oral combined pills	285 (95%)	24 (8%)
03	Injectables	270 (90%)	14(4.6%)
04	Condoms	250 (83%)	12 (4%)
05	IUCD	261 (87%)	12 (4%)
06	Female sterilization	297 (99%)	14 (4.6%)
07	Male sterilization	90 (30%)	0%

planning include fear of side effects 10%(n=30), non-accessibility 5%(n=15) and non availability 4 %(n=11) of family planning services.

Majority of the participants 72.7%(218) were housewives, 22.7%(68) were engaged in agricultural work and 4.7%(14) worked in offices. Maximum number of respondents 71%(213) were multiparous, having more than 4 children.

Table-I: Shows percentage distribution of respondents by knowledge and attitude of family planning. Table-II: Shows knowledge and method use of different family planning methods.

DISCUSSION

It is an established fact that contraceptive knowledge is almost widespread in Pakistan; however its contraceptive prevalence rate remains around 30% with unmet need of 25% for last two decades. Demographic and Health Survey 2006-2007,¹ highlighted differences in the use of family planning across the country based on provincial, socio-economic and place of residence. It was found that Pakistani women living in rural areas tend to use fewer contraceptive and have more children then their urban counter parts. The fact was also supported by other authors.^{2,3} Many factors were blamed for this inequity between urban and rural women including educational and wealth status, lack and poor quality of services and lack of women's autonomy.

In contrast to National figures, our findings showed unacceptably high rate of current contraceptive use of 42% with use of modern methods reaching 39% in remote rural area of Sindh province. This can be attributed to community based distribution of family planning services through Lady Health Workers (LHWs). Our findings revealed that LHWs were not only prime source of knowledge and motivation in the study area but also provide pills. LHWs are government sponsored community based female workers who provide various services related to maternal and child health at the door step of women. Their family planning responsibilities include motivating woman for family planning, providing pills and condoms and refer for sterilization. Sultan and colleagues in their study on the assessment of community based workers for the promotion of family planning services in rural Pakistan also pinpointed similar figures. They found that woman living within 5 km of community based workers were more likely to be using modern reversible methods then those with no access (Odds ratio 1.74 % CI, 1.11, 2.71).⁴ Similar

figures were also reported from an African county Zambia, where house hold visits by a community health worker significantly increased the likelihood of modern contraceptive use among rural women.⁵ Although current contraceptive use was high but the study does not reveal the duration of their use and moreover the chances of couple discontinuing a contraceptive method is quite high in the initial period as evidenced by researchers. Ali and Cleland analyzed demographic and health survey from nineteen developing countries and found that about one third of couples stopped using their method within one year and half of them within two years.⁶ This was attributed mostly to perceived untoward side effects.

Husband's approval for family planning is strongly associated with contraceptive use in women who do not want further children in male dominating Pakistani society. Our figures underscores the importance of husband in decision making for family size and contraceptive use, as in 40 % of study population it was couple's joint decision rather than individual one. The findings suggested the need of incorporating males in future. Strategies to increase male awareness and promoting the trend of inter-spousal communication on reproductive health issuers will likely to improve the existing situation, as evidence by researchers.^{7,8}

The impact of contraceptives on woman's health is often a barrier for their use. Health concerns include fear of side effects which is based on lack or incorrect information about contraceptive methods. A National Social Marketing Survey 2007 conducted among currently married women 15-49 years found that women's intentions to use contraception was lowered by the fears that it would harm their health particularly with methods requiring procedures, such as IUD and tubal ligation.⁹ Similarly in our study fear of side effects is the main reason for non-use of family planning. One way to address this problem is proper counseling from health care providers regarding appropriate use, efficacy and side effects.¹⁰

Study Limitations: The strength of the study is randomized cluster sampling from rural population of remote area of Sindh province. On the other hand the sample represents only married women from one local area of Sindh province so the results could not be generalized. Also certain potentially influential variables such as prior contraceptive use and duration of their use were not measured; therefore their importance could not be undertaken.

CONCLUSION

Modern methods of contraception are gaining popularity in rural areas of lower Sindh, attributable to the services of Lady Health Workers at the door step of underprivileged women. A positive link was also observed between husband's positive attitude and use of modern methods of contraception. Strategies to expand existing LHW programme and incorporating males in future family planning initiatives will likely to have profound impact on increasing met need of family planning particularly in remote rural areas of Pakistan.

REFERENCES

1. National Institute of Population Studies (NIPS) Pakistan and Macro International Inc. 2008. Pakistan Demographic and Health Survey 2006-07. Islamabad, Pakistan: National Institute of Population Studies and Macro International Inc. <http://www.measuredhs.com/pubs/pdf/FR200/FR200.pdf>
2. Fikree FF, Khan A, Kadir MM, Sajan F, Rahbar MH. What influence contraceptive use among young women in urban squatter settlements of Karachi. Pakistan? International family planning perspectives 2001;27(3):130-136.
3. Haque N. Mothers' aspirations for their daughter's education as correlate of contraceptive use among women of Punjab Pakistan; Pakistan's population issues in the 21st century. Conference proceedings October 24th-26th, 2000 Karachi, [compiled by] Population Association of Pakistan, 2001: 649-662.
4. Sultan M, Cleland JG, Ali MM. Assessment of a New Approach to Family Planning Services in Pakistan. Am J Public Health 2002;92(7):1168-1172.
5. Justin S White, Ilene S. Speizer. Can family planning outreach bridge the urban-rural divide in Zambia? BMC Health Services Research 2007;7:143.
6. Cleland J, Ali MM. Reproductive consequences of contraceptive failure in 19 developing countries. Obstet Gynaecol 2004;104(2):314-320.
7. Saleem S, Isa MA. Facilitating Inter-Spousal communication for birth spacing - a feasibility study of Pakistani couples for policy implications. J Pak Med Assoc 2004;54(4):182-186.
8. Karim MS. Fertility transition in Karachi and its determinants. Pakistan's population issues in the 21st century. Conference proceedings Oct 24th - 26th 2000. [Compiled by] Population Association of Pakistan Islamabad, Pakistan, Population Association of Pakistan, 2001: 597-609.
9. Agha S. Intentions to use contraceptives in Pakistan: implications for behavior change campaigns. BMC Public Health 2010;10:450.
10. Fikree FF, Saleem S, Sami N. A quality of care issue: Appropriate use and efficacy knowledge of five contraceptive methods. Views of men and women living in low socio-economic settlements from Karachi Pakistan. J Pak Med Assoc 2005;55(9):363-368.

Authors contribution:

Dr. Seema Bibi was involved in study conceptualization, data analysis, interpretation of results and drafting of manuscript. Dr. Hurmat Soomro participated in designing the study, data collection and data analysis. Dr. Saima Ghaffar also participated in drafting and critical review of the manuscript. Dr. Mohammad Ali Pir helped in final review of manuscript.