

TO ACCESS THE DIFFERENT REASONS AND METHODS OF CONTRACEPTION USE IN THE URBAN AND RURAL AREA OF RAWALPINDI AND TO DETERMINE THE FACTORS AFFECTING ITS USE AND NON USE

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*Received: 25 February 2013, Revised and Accepted: 21 March 2013***ABSTRACT**

In this study we analysed the different methods of contraception use in the Urban and Rural Areas of Rawalpindi and to determine the factors affecting its use and non-use. We analysed the safety factors and the results that showed the most of the women in the Rural area responded to the question regarding the safety of contraception in a positive way and use it because than thought that it use is safe, same is the case in the women of Urban area but the positive response is comparatively less than that from the Rural area this can be because of the fact that women in the Rural area are not aware of the side effects and even if they experience it they don't consider it a major reason to discontinue the use of contraception. While the 2nd objective was the comparison of factors affecting use and non-use of contraception. The percentage of safety factors among rural area was 62% and urban area was 50%. In last we analysed the use of contraceptives under control or wish by husband's. The result was 40.50% by husbands under control, 31% by wife, and 28.50% by both. The study was a house hold survey and was also conducted with conveniently available teachers and lady office employee in the urban area.

Keywords: Contraceptives, Use and Non-Use, Factors affecting of Contraceptives, Role influenced by

INTRODUCTION

Different regions have different rates of Population growth. The growth in population of the different regions from 2000 to 2005 was 237.771 million in Asia ,92.293 million in Africa ,38.052 million in Latin America ,16.241 million in Northern America ,1.955 million in Oceania.-3.264 million in Europe ,383.047 billion in the whole world [1]. In the 20th century ,the world saw the biggest increase in its population in human history due to lessening of the mortality rate in many countries due to medical advances and massive increase in agriculture productivity attributed to the Green Revolution[2,3,4]

Pakistan has a multicultural and multi-ethnic society and hosts one of the largest refugee populations in the world as well as a young Population [5] Population of Pakistan is 172,800,000 (July 2008 best estimation), Growth rate :2.2% (2008 estimation), Birth rate : "31 births/1,000 population (2008 est.), Net migration rate :- 1.0 migrants(s)/1,000 population (2008 est.) [6].

The Millennium goals, particularly the eradication of extreme poverty and hunger ,cannot be achieved if question of population and reproductive health are not squarely addresses and that means stronger efforts to promote women rights and greater investment in education and health, including reproductive health and family planning [7]. Reproductive health services are not just desirable in and of themselves which they have certainly are -but are absolutely critical tools for alleviating poverty, and in particular for achieving the millennium development goals, which are the overarching international framework for trying to alleviate the suffering of the poorest people in the world [8]. A women's ability to space and limit her pregnancies has a direct impact on her health and well being as well as on the outcome of each pregnancy [9].

Although Pakistan has had a national family planning program since 1955, its population growth rate is 3.3% a year and without effective interventions ,the population can be expected to double by the year 2005 [10]. Now a days the Green star Network is one of the largest developing country ,private reproductive health networks in the world. Green star clinics and Pharmacies deliver comprehensive, affordable, quality reproductive health products and services to millions of low income people throughout Pakistan [11].

In Pakistan despite the government programme supporting family planning and despite the improvements over the last few decades, total fertility rate remain high (4.8 in 2000) and current

contraception use remain relatively low (20% in 2000) [12]. In 2004 ,Pakistan had lower contraception use than most other Muslim countries [13]. Fertility and contraception use in developing countries is associated with various markers of socioeconomic status and other related factors [14]. Where there is a gap between contraceptive use and the promotion of individuals expressing a desire to space or limit their families, countries should attempt to cost this gap by at least 50% by 2005, 75% by 2010 and 100% by 2050. In attempting to reach this benchmark, demographic goals while legitimately the subject of government development strategies, should not be imposed on family planning provides in the form of targets or quotas for the recruitment of clients [15].

As one of the study states that identifying factors that affect family planning behaviours helps in understanding effective ways of promoting such behaviour. It is widely accepted that simply providing information to the people does not make them change their behaviour. Information is only one of the factors that contribute to the behaviour change. Particularly in complex area of family planning, where there is tremendous influence exerted by the culture ,tradition and a reluctance to discuss these matters, it is important to understand the contributing factors and block healthy family planning behaviours [16]

A study conducted by John B. Casterline, Zeba A. Sasthar and Minhaj ul Haque in Punjab specified six major obstacles to the contraceptive use [17].

MATERIALS AND METHOD

The Main objective of the study is to access the different methods of contraception in the urban and rural area of Rawalpindi and to determine the factors affecting its use and non-use. While The specific objective is to identify the reason of use and non use between rural and urban areas and to access the factors which factors contributes the most in its non use.

It was a cross sectional study in which data was collected in the month of March 2012. This study was conducted in the rural area Kallar Sayedan Rawalpindi and Urban areas of Rawalpindi. Total population was about 1600,000 and of Rawalpindi city is 30,50,000 while literacy rate of Kallar Sayedan is 90%. The number of Vasic health unit in Rawalpindi is 98, and only 1 family planning centre (Behbood Association of Pakistan).

Then develop a tool to carry out the study and the tool was Questionnaire. The Questionnaire was developed with the help of existing literature and with discussion. The total number of item was 18 ,7 items were added to access the use,2 items were added to access the knowledge ,3 items were added to access the belief of the masses,2 items were added to access the attitude towards the cost regarding its use,1 item was added to know about the professional mostly visited to seek help or opinion regarding its use.1 item was added to access the method most commonly used by the women of that area and the last item was used to identify the reason of use and non-use. The questionnaire was then validated. The face validity of the tool was done after it was developed the academic researchers, patients, doctor, and lady health workers were approached for the face validity. The content validity was done to ensure that the each content is monitoring the factor or not.

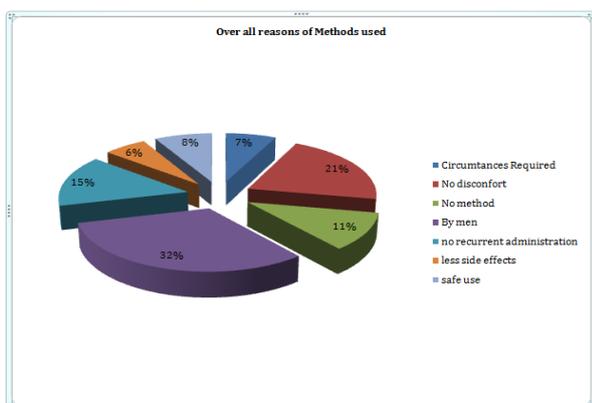
Then after validation we planned the field visit the data was also collected in schools from female teachers.

Then pilot testing was done to ensure the validity .After pilot testing modification was done by excluding name and marital status. The tool was developed in urdu, English and Pashto.

The data was numerical and collected using convenient sampling .In this house hold survey an ethical criterion was followed by verbally talking the consent and confidentiality was assured. The data was analysed by SPSS version 19.

RESULTS

Women were asked about the reasons for the preference of different methods i.e. IUCD, Injection , pills, tubal ligation and others. The reason includes the scales which were safe use, less side effects, no recurrent administration, preference of method used by men,no discomfort, don't prefer any method, circumstances required .The overall percentage of reasons are demonstrated below

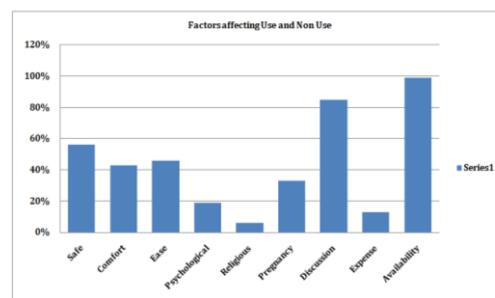


The highest Percentage of the method used was IUCD and the reason encountered in 28% women was no discomfort and convenience.

The reason referring to the non-use include the use of methods used by men and no preference of any method due to religious barriers. Among these two reasons the highest percentage was of the methods used by men i.e. 32% and that of no method due to religious barrier was the lowest i.e. 11% .Whereas the reason for method use by men the higher percentage was in urban area i.e. 41% however in rural area it was 21% and the reason of religious barrier the highest percentages was in rural area i.e. 21% where in urban it is only 1% .So the factors contributing for non-use in urban area was that women prefer to use methods by men and in rural area due to religious barrier.

Comparison of factors affecting use and non-use of contraception

The percentages of each factor among two hundred correspondents are given below



The women of rural and Urban areas were asked about the safely factor and it was analyses that the use and non use of contraception is associated with the safely factor or not and the results were obtained. The significance of association of use with safety was calculated to be .000 which means that the use of contraceptives is more in women who consider contraceptives to be safe. The percentage of safety factor among rural area was 62% and urban area was 50%.

The significance value of use with comfort was calculated to be .000.This means that the women who use contraceptive, consider contraceptives to be comfortable. The percentages of comfort factors among rural area was 39% and urban area was 46%.

The significance for the ease factor was also found to be .000 which means that the women using contraceptives also consider them that they are easy to use. The percentage of ease factor among rural area was 46% and was 46%.

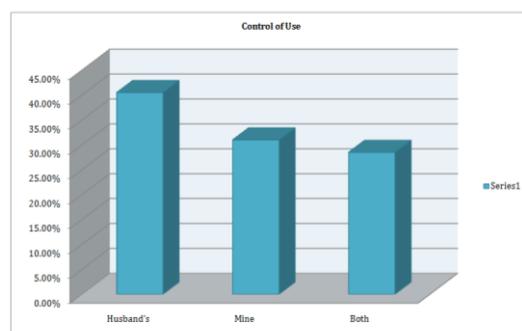
The women were asked about the question that even after the use of contraceptives there are chances of Pregnancy or not and the P value was found to be .857.This means that there is no affect of this factor on use of contraceptives. The percentages of this factor among rural area were 27% and urban area was 38%.

The affect the factor of discussion with Spouse on use was assessed. The P value was found to be .010.This means that the women who discuss with spouse have higher rate of use. The percentage of this factor among rural area was 81% and urban was 88%.

The significance of expance factor on use was checked .The P value was found to be .650.This means that there is no affect of this factor on use.

The availability of contraceptives is another factor so it was checked that whether the availability of contraceptive had an impact on its use or not. The affect of this factor on use was not significant as the P value was found to be .134.

The control of contraceptive use over all among two areas and the results are as follows



CONCLUSION

After the completion of analyses and documentation of the results, by keeping in view the objectives of the topic we conclude that the Knowledge about Contraception and the factor which contributes

mostly in its non-use is that different women have different beliefs some don't want to use any method at all which has the most percentage in rural area and some prefer to use the Male contraception.

RESULT

The topic selected for the Project was "To access the different reason of methods of contraception use in the urban and rural area of Rawalpindi and to determine the factors affecting its use and Non-Use.

Now before going in detail of the discussion the term contraception is defined as follows:

"Contraception is the use of artificial or natural means to prevent contraception, or pregnancy".

Now the factors of ease and comfortability is discussed the women in the urban area are mostly comfortable with its use and the women in both the areas consider its use to be easy equally. The rural area women are not that comfortable with its use because they have to perform difficult chores as compare to women in the rural areas and they have to face harsh climatic conditions so they don't feel the use of contraception to be comfortable. The women of both the area consider its use to be easy because most of the common methods used for contraception apart from the surgical method is easy to use and adopt, with no serious complication apart from the side effects if occurred. Both these factors are significant with the use which means who ever thinks its use is easy and comfortable is encouraged to use it.

Now come to Psychological and religious barrier. The religious barrier were not common in both the areas and the women who did not use the contraception also replied that she had no religious barrier while the psychological effect is not significant with its use meaning both the use and non use was not affected by this factor. Next factor was chances of pregnancy and discussion the urban was freely to conversation while the rural was not. Mostly the barrier was education. While the availability of contraceptive in both the areas were very feasible

The control of its use result documented that in rural area the control is in the men hands whether he will allow the women to use contraception or not and in urban area the use of contraception is in the women hands, the reason can be that even now after so much development and awareness the rural areas are still male dominating societies so the decision is also of their to make.

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