



STUMBLING BLOCKS IN POPULATION CONTROL.

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INTRODUCTION

Pakistan is the 6th most populous country in the world and according to Pakistan Bureau of Statistics 2017, population of Pakistan is 220 million. Pakistan faced massive population explosion since its existence. Our population increased from 33million in 1947 to 207 million in 2017.¹ Pakistan is also second highest densely populated country in the world after India.

In the year 2000, United Nations worked on Millennium Development Goals (MDGs) and defined 8 goals to be achieved by 2015. Goal no 5 was to improve maternal and reproductive health.^{2,3} In 2015, United Nations worked on Sustainable Development Goals (SDGs) and it also included an essential component of family planning.⁴

ABSTRACT... Objectives: This study was conducted to determine frequency of contraceptive use, reason for not using any method and complications of various methods among low socioeconomic section of society. **Study Design:** Cross Sectional Observational study. **Setting:** Department of Obstetrics and Gynecology, Farooq Hospital, Westwood Branch, Lahore. **Period:** From 1st July 2019 to 31st December 2019. **Material & Method:** All married women between 18-40 years of age, having at least one child, presenting to gynae outdoor, were included in the study. Sample size was 408. Mean and standard deviation calculated for age and parity. Frequency and percentage of remaining variables calculated by using SPSS version 16. **Results:** Out of total 408 participants, 48.3% were in age range of 21-30 years and 86.5% were having parity of ≥ 2 . 47.5% participants were illiterate and 52.5% were having different level of education. 53% participants were not using any contraception and only 47% were practicing contraception. Most commonly used method among users were interval IUCD (32.3%) and barrier method (30.2%). Least common method used was Implanon (1.04%). Most common reasons among nonusers were lack of knowledge (30.5%) and fear of side effects (21.7%). Least common reasons were myths and false beliefs (8.8%). Common complications among users were menstrual irregularity (29.6%), vaginal discharge (12%) and failure of method leading to conception (7.8%). **Conclusion:** There is need for strong implementation of government family planning policies and motivation of couples through media and health personnel to achieve effective use of contraceptives.

Key words: Contraception Prevalence Rate, Family Planning, Millennium Development Goals (MDGs), Sustainable Development Goals (SDGs).

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The history of family planning in Pakistan is complex. The family planning programme was first initiated in 1953 in private sector. Late, in 1966 it was made part of state policy. Family planning was declared as independent ministry in 1990. Contraception prevalence rate of Pakistan was 5% in 1960 and 12% in 1990. As results were not encouraging so family planning programme was upgraded with public private partnership and involvement of lady health workers (LHWs) and it lead to better performance and CPR increased to 30% in 2000.⁵ CPR remained static afterwards.

Worldwide 214 million women of reproductive age have unmet need for contraception.⁶ Globally contraceptive prevalence rate is 64% and in developing country it is as low as 40%. So poor countries need another 120 million users by 2020

to attain health related Millennium Development Goals (MDGs).⁷

Currently total fertility rate in Pakistan is 3.6 children / women and CPR is 34.2% according to 2018 report. This CPR is lowest in South East Asian countries, except for Afghanistan.⁸ So, Pakistan has to go a long way to improve CPR.

There are multiple benefits of family planning including birth spacing, avoiding unwanted pregnancies and hence reducing illegal and unsafe abortions and deciding family size. Unintended pregnancies and termination by untrained personnel in poor environment is a major contributory factor to maternal deaths and malnutrition in mothers and children. Poverty, illiteracy, poor health services especially in rural areas where majority reside are the main issues waiting to be addressed. Other benefits of family planning are prevention of anemia in women, improved nutrition of mother and children, prevention of STDs and reduction of maternal and perinatal mortality thus leading to economic development of the country.^{6,9}

Many factors influence use and preference of contraceptive methods. These include socioeconomic status, awareness and access to contraceptive services, education of the couple, religious beliefs and demographic features. Other factors include availability, cost and side effects of contraceptives, knowledge about various methods, media support, gender preference of couple, and most importantly support from husband and in-laws.^{10,11}

The aim of study was to look into frequency of contraceptive use, side effects of various methods and reason for not practicing contraception among participants attending gynaecology outdoor of our hospital.

MATERIAL & METHODS

The study is cross sectional study and conducted in Department of Gynae/Obs Farooq Hospital, Westwood Branch, Lahore from 1st July 2019 to 31st December 2019. Total 408 patients presenting to gynae outpatient department of our hospital

during study period were included in the study. Informed consent from all patients taken before enrolment in study. Ethical approval obtained from hospital administration.

Non probability convenient sampling done to collect data. All married women between 18-45 years of age and having at least one child were included in the study. Those women who already had sterilisation and those women not living with their husband for more than 6 months were excluded from study. All women were interviewed in gynae outdoor and all informations entered on a proforma.

Data analysis done by using SPSS version 16. Age and parity expressed as mean and standard deviation. Education, contraceptive choices, factors affecting use of contraception and complications of various contraceptive methods were expressed as frequency and percentages.

RESULTS

Demographic variables are shown in Table-I. Majority of women were in age range of 21-30 years. (n=197, 48.3%) and 86.5% women were having parity of ≥ 2 .

Education of female participants is shown in Table-II. 47.5% women were illiterate while 52.5% were having different levels of education.

Figure-1 is showing various contraceptive methods used by participants. Out of total 408 participants, 216 (53%) were not using any form of contraception. Only 192 (47%) were using contraception. Most preferred choice among users were interval intrauterine contraceptive device (IUCD) (n=62, 32.3%) and Barrier methods (n=58, 30.2%). Least commonly used method was Implanon (n=2, 1.04%).

Reasons for not practising contraception among nonusers (n=216, 53%) were shown in Table-III. Most common reason turned out to be lack of knowledge (n= 66, 30.5%) and least common reason was myths and false beliefs (n=19, 8.8%)

Side effects of various methods are shown

in Table-IV. Most common side effect was menstrual irregularity (n=57, 29.6%), vaginal discharge(n=23,12%) and failure of method leading to conception (n=15, 7.8%).

Variables	Number (n)	Percentage (%)
Age in years		
18-20 years	62	15.2
21-30 years	197	48.3
31-40 years	149	36.5
Parity		
Para 1	55	13.5
Para 2-4	177	43.4
Para 5-6	84	20.6
Para ≥ 6	92	22.5

Table-I. Demographics of participants (n=408)

Literacy Status	Number (n)	Percentage (%)
Illetrate	194	47.5
Primary	38	9.3
Middle	22	5.4
Matric	56	13.7
Intermediate	34	8.3
Graduation	36	8.8
Postgraduation	28	6.8

Table-II. Educational status of participants (n=408)

Reasons	Number (n)	Percentage (%)
Lack of knowledge	66	30.5
Lack of access	21	9.7
Non cooperation by family	43	20
Myths and false belief	19	8.8
Religious constraints	20	9.3
Fear of side effects	47	21.7

Table-III. Reasons for not using contraception (n=216)

Side Effects	Number (n)	Percentage (%)
Menstrual irregularity	57	29.6%
Vaginal discharge	23	12%
Failure of method	15	7.8%

Table-IV. Side effects of various contraceptives among users (n= 192)

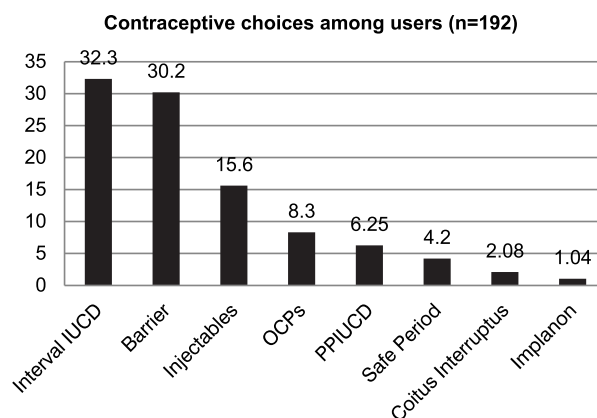


Figure-1. Contraceptive choices among users (n= 192)

DISCUSSION

Good reproductive health and effective family planning services is a key factor for strong economy of a nation. Contraception prevalence rate of Pakistan is very low (34.2%) according to 2018 report.⁸ and there is disparity of contraceptive practices among rural and urban areas. This study was conducted in a tertiary care teaching hospital to assess frequency of women using different methods of contraceptions, side effects of various methods and reasons for not using any method.

Majority of women seeking contraception in our study were in age range of 21-30 years (48.3%), and it is considered peak age range of pregnancy in Pakistan. Similar results depicted in study by Qadir. S¹² in 2018 where 49% women were in age range of 15-30 years and Sohail. N¹³ in 2015 where 52.4% women were in age range of 21-30 years. Contrasting results shown by an Indian study in 2018 where 81.2% women seeking contraception were in age range of 21-30 years.⁹

In our study, 86.5% women seeking contraception were having parity of ≥2. Similar results shown by other studies.^{9,13} However contrasting results were shown by study in Nepal in 2013 where only 11.2% women were having parity of ≥2.¹⁴

The education status of women even in rural area is unsatisfactory. 47.5% women were illetrate and 52.5% women were having different level of education from primary to postgraduation.

An Indian study showed illiteracy rate of 61% among study participants.⁹ However two local studies showed illiteracy rate of 39% and 11.4% respectively.^{12,13} Another study by M.H.Khan done in 2007 in D.I. Khan showed illiteracy rate of 1.6%.¹⁵

The most commonly used method in our study were interval IUCD (32.3%) and barrier method (30.2%). In a study by Begum KS, 33.3% were using barrier method¹⁶ and another study done in Lucknow¹⁷ also showed that 34 % couple were using barrier method for contraception. However contrasting results were shown by study in Nepal¹⁴ where preferred method of contraception were injectables. The reason of popularity of barrier method was easy availability, low cost, least side effects and protection against STDs. Most of the couples were well aware of this option. Furthermore it showed active male participation for contraception which improve the acceptance and practice of contraceptives.

The least preferred method in our study was Implanon (1.04%). Its hormonal implant inserted subdermally in upper arm. The reason behind is limited availability and knowledge about it. Another reason was reluctance to have it inserted subdermally and fear of difficulty in removal. Although oral contraceptive pills are well known and old method of contraception but our study showed that only 8.3% women were using it. Most women thought that it is associated with weight gain. Another reason was non compliance and hence reluctance of this method. Nigar A⁹ and Sohail N¹³ also showed low prevalence of use of OCPs in their studies.

Out of total 408 participants in our study, 53% (n=216) were not using any method of contraception and this is comparable to 58.8% nonusers in Nigar. A study.⁹ The etiology was multifactorial. Most common reasons were lack of knowledge (30%) and fear of side effects (21.7%). At this point role of print and electronic media and lady health visitors is very important. As most of our population is residing in rural areas so imparting knowledge to them is most important step in increasing contraception prevalence rate.

Another important factor among nonusers was lack of support of husband and in laws regarding contraception. This also involved desire for a male offspring. Although women were willing for birth spacing but they lacked support from family and access to family planning services. So, again counselling of husband and family is equally important. Non cooperation from family members and husbands was also evident in other studies.^{9,12-13} 9.3% women were having religious constraint about not using any contraceptive method. One of the main hurdles to acceptance of family planning is religious beliefs which are in most cases wrongly interpreted. Here, we would like highlight the role of mass education and active involvement of religious leader and mosque muezzin to promote contraceptive practices. Fear of side effects had been reported as recurring factors for not practicing contraception in many studies.¹⁸ According to Pakistan Demographic and health Survey, 2006-2007, 10% women were not using contraception due to fear of health issues.¹⁹ A study by Khan. AW also showed that religious barrier was main reason among nonusers.²⁰ Another study also showed that 27% couples were not willing to use contraception owing to religious constraints.¹²

Complications of different methods among users were also noted in our study. Most common side effects among users were menstrual irregularity, vaginal discharge and contraceptive failure leading to conception. The results were comparable to a study done in Nepal¹⁴ showing 25.3% cases of menstrual irregularity and a local study showed 16% cases suffering from irregular menstruation.¹⁶ Weight gain was observed by 2.08% cases in our study as compared to 15% in a local study.¹⁶ In our study 38.5% users were happy with the method used and wanted to continue it. Contrasting results shown by another study where only 8.3% users were happy with method used.

Rapid population growth is a serious problem for the world especially for developing countries. Although electronic media, social media, religious scholars, healthcare professionals and government is working in collaboration to impart

knowledge and education and for making family planning services available and acceptable to all, still contraception prevalence rate is static since many decades.

Easy access and free availability of family planning services for both rural and urban areas is need of the day. As 70% population is residing in villages, so use of mobile teams and door to door family planning service provision by lead health workers is most important. All BHUs (basic health units) and RHCs (rural health centres) must have family planning services with ample availability of variety of contraceptives.

Constant motivation by ministry, health care workers, LHVs and religious scholars is needed. Counselling of family members, alleviating of fear of side effects and easy and free access to family planning services are key factors to improve contraceptive prevalence rate of Pakistan. If we want healthier and strong Pakistan to live in years to come, then effective population control should be our main aim.

CONCLUSION

There is need for strong implementation of government family planning policies and motivation of couples through media and health personnel to achieve effective use of contraceptives.

RECOMMENDATIONS

The challenges posed by a burgeoning population will be intense in future; hence meticulous family planning is the need of the hour.

1. An urgent need to reform policies pertaining to population control.
2. Creating awareness, dispelling myths; motivation through electronic and print media.
3. Involvement of the prominent individuals and clerics of the targeted population.
4. Setting up of family planning clinics at BHU, RHC and district hospitals.
5. Effective counseling during antenatal period, preferably in partner's presence.
6. Earmarking time for reaffirmation in postnatal clinics
7. Training of health workers and easy

accessibility to facilities

8. Involvement and availability of committed medical professionals for follow ups.
9. At secondary education, awareness should be created among students regarding the seriousness of this population explosion and its adverse effects on society.


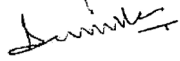
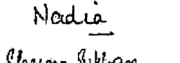
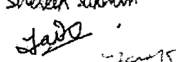
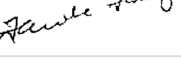
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2	Drakhshan Nauman	Manuscript writing and literature review.	
3	Nadia Saif	Data analysis.	
4	Shereen Sukhan	Data collection.	
5	Faiza Saghir	Data collection & calculation.	
6	Fariha Farooq	Final review of article.	