

COMPARATIVE TRENDS IN FAMILY PLANNING: A KAP STUDY IN URBAN AND RURAL AREAS OF KHYBER PAKHTUNKHWA

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ABSTRACT

Objectives: To compare the knowledge, attitude, and practice of family planning in urban and rural areas of Peshawar.

Materials and Methods: This cross sectional study was conducted at Khyber teaching hospital Peshawar, duration of four months taking sample size as 300 (age between 15 and 45) by non-probability convenient sampling technique. The Chi-square test was applied to find out the significant difference between KAP of family planning in urban and rural areas. A p-value of equal to or less than 0.05 was taken as significant.

Results: The results showed that 87% participants had proper knowledge of contraception and among those who had knowledge 42.6 % belonged to urban locality and 40.3 % to rural area. As far as attitude is concerned, 85 % participants were in favour of family planning practices, 44.3% were living in urban and 41% in rural localities. While 63% of participants were practicing some form of contraception or had practiced in the past out of which 33.3% subjects were living in urban areas while 27% subjects were of rural areas. Comparing the KAP of family planning on the basis of urban and rural areas there was no significant association between Knowledge and attitude of family planning ($\chi^2=0.737$, $df=1$, $p=0.258$). As far as practice of family planning is concerned there was a significant association with the areas of living participants showing contraception had been practiced more in urban areas ($\chi^2=5.028$, $df=1$, $p=0.025$).

Conclusion: On the basis of research results we concluded that there is no significant difference in knowledge and attitude of family planning in urban and rural areas while there is significant difference in practice of family planning in urban and rural areas.

Key words: Familyplanning, knowledge, attitude.

INTRODUCTION

Family planning is a detailed concept enables couples to determine freely the number and spacing of children. It is the sole responsibility of parents to plan their family. Family planning is one of the

oldest methods being used since long¹ It is achieved by using several methods of contraception. Family planning gives choice to the couple to plan for future.

Family planning is one of the important and cost-effective aspects of the public health system and provides health benefits for both, parents and the child as well as the whole society². Making families and raising children is a complete package of financial, social and physical exertion, which can't be done efficiently without planning it. Maternal and fetal mortality has a high incidence worldwide

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particularly in low-income countries³⁻⁴. Maintaining a reasonable gap between children allows each child to be provided with more love attention affection time and resources as a result children grow up to be healthier and well-nourished enhancing their quality of life⁵. Family planning also helps to reduce unintended pregnancy in teenagers; the likelihood of preterm delivery and low birth weight infant is far more in teenagers, leading to increased morbidity and mortality⁶. Family planning has also been shown to have a great impact on the economy and growth of a country. It has been shown that family planning slows down population growth thus preventing negative impacts on the economy for example China's effective family planning efforts have resulted in major advancement for the country because of the controlled population.⁷ In Pakistan, an assessment of KAP of multiparous women regarding family planning is done at lady Aitchison hospital Lahore in 2009 showing 26.67% of the 600 women selected for assessment didn't use the family planning method at all⁸. In Pakistan Family planning is available at health facilities but the turn over is less.⁹

Pakistan is one of the developing countries where there is a marked gap between the available resources and the number of individuals availing these resources. To resolve this issue, there is two ways; either it increases resources or it controls the population by promoting family planning practices¹⁰. Specific studies have also been targeted at rural populations (2015) between the ages of 15 and 40 in which 24 Focus Group Discussions were carried out, out of which 16 of the FGDs were with females and 8 were with males¹¹ as well as a cross-sectional study was carried out in Bhana Mari union council Peshawar in 2015¹². All of the above do lack in providing a comparison between the urban and rural populations in addition to not featuring men in most of the studies.

This study provides a comparative analysis of family planning in urban and rural areas; gives insight into the role of education and knowledge in family planning along with taking men into account as they have been often overlooked in previous research.

MATERIALS AND METHODS

It was a cross-sectional study. The study took place in the Gynaecology and obstetrics wards of

Khyber teaching hospital Peshawar KPK Pakistan for a duration of 4 months from 20th November 2019 to 20th March 2020 after approval of the synopsis. We calculated the sample size by the WHO formula ($n = z^2 p (1-p) / d^2$) which was 300. The sampling technique was Non-probability convenient sampling. In this research study, all married men and women between the age of 15 and 45 years were included and all those who were non-cooperative and unwilling to undertake the survey were excluded. Data was collected using a good design questionnaire and after collection data was analyzed using SPSS version 22. All data is presented in the form of tables graphs and pie charts. The Chi-square test was applied to find out the significant difference between KAP of family planning in urban and rural areas. A p-value of equal to or less than 0.05 was taken as significant.

RESULT

Among the participant, 261 had proper knowledge of family planning out of which 128 belonged to urban localities while 133 were from rural areas. Out of 39 participants that did not know about family planning, 22 belonged to urban areas and 17 were from rural areas. Table 1 below shows the statistics.

Out of the 300 participants, 256 were in favor of family planning practices (133 from urban and 123 from rural areas) 25 were against the practice of family planning (10 from urban and 15 from rural areas) and 19 were neither against nor in favor (7 from urban and 12 from rural areas). Table 02 below shows the statistics.

181 of the participants were practicing contraception (100 from urban and 81 from rural areas) while 119 had not practiced contraception (50 from urban and 69 from rural areas). Table 03 below depicts the data.

Comparing the KAP of family planning on the basis of urban and rural areas there was no significant association between Knowledge and attitude of family planning ($\chi^2 = 0.737$, $df = 1$, $p = 0.258$). As far as practice of family planning is concerned there was a significant association with the areas of living participants showing contraception had been practiced more in urban areas ($\chi^2 = 5.028$, $df = 1$, $p = 0.025$).

DISCUSSION

Pakistan's population is increasing exponentially due to uncontrolled population growth. The current

population is 212 million and is predicted to become the 4th most populous country by 2050.⁹

This large number creates socio-economic and health problems. For this reason, it is important to control the growing population through methods of family planning. The main purpose of our study was to acquire KAP of family planning in both urban and rural areas and to find reasons for the difference in prevalence. Different studies were carried out to find the reason for the attitude and lack of practice in family planning. The attitude towards family planning and it is practiced last behind its knowledge specifically where practice comes in due to multiple reasons including religious ignorance, cultural and social values, economic reasons as a child are the source of income and lack of health facilities.

However, according to our study, the prevalence of knowledge was more in rural areas than urban which is quite opposing to what different studies showed such as study by Gautham Ac and Seth Pk which acknowledges the positive correlation of literacy rate and practice of family planning¹³. Another study done in Lahore by Chaudhry MA, Khan IA, Ashraf MZ in 2015 found a positive correlation between education and the use of contraceptive. In general, the more educated a person is more likely they are to be aware of family planning¹². This could be attributed to poverty and lack of other recreational facilities.

Another study carried out in 2015 by Aisha Ayub Zeeshan Kibriya and Farzeen Khan in Peshawar found that 76.4% of married women have proper knowledge about family planning and 92.3% had a

Table 1: Area of living and Knowledge regarding Family planning

Area of living	Have knowledge	Do not have knowledge	Total	p-value
Urban	128	22	150	0.258
Rural	133	17	150	
Total	261	39	300	

Table 2: Area of living and Attitude regarding family planning

Area of living	In favour	Against	No idea	Total	p-value
Urban	133	10	7	150	0.258
Rural	123	15	12	150	
Total	256	25	19	300	

positive attitude towards family planning and 87.3% practiced family planning¹³. These findings closely correlate with our findings.

The limitations of our study were the small sample size and the samples were from only one tertiary care hospital ie. Khyber Teaching Hospital Peshawar.

CONCLUSION

Most people are aware of family planning however contrary to the common belief knowledge of people living in rural areas is slightly over edge those living in urban areas. Most people were in favor of family planning there was a small portion of people that opposed it. People in urban areas favor family planning more than people in rural areas. Compared to knowledge and attitude people practicing family planning were less than expected. Rural areas population was more reluctant to practice family planning than people living in urban areas.

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Table 3: Area of living and Practicing Family planning

Area of living	Do practice	Do not practice	Total	p-value
Urban	100	50	150	0.025
Rural	81	69	150	
Total	181	119	300	

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