AWARENESS REGARDING FAMILY PLANNING METHODS AMONG FINAL YEAR STUDENTS OF A MEDICAL UNIVERSITY OF HYDERABAD

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ABSTRACT

Objectives: To determine the level of awareness regarding family planning methods among final year students of a medical university in Hyderabad. **Study Design**: Cross Sectional Study **Place & Duration**: ISRA University, Hyderabad. **Material &Method:** After taking approval, an awareness survey was conducted among 100 final year MBBS students of ISRA University, Hyderabad. After taking their verbal informed consent, participants were interviewed using a self-administered questionnaire designed especially for the study. The questionnaire was circulated and collected from participants on the same day after being filled out by them. Data were entered and analyzed on SPSS version 21. Chi square test was applied to perform inferential analysis whereas the significance level was set at 0.05.

Result: The study results revealed that only 17% of the participants had adequate awareness regarding family planning methods. Moreover, the study results also showed that none of the demographic characteristics were significantly associated with adequateness of awareness ($p>0.05$ for all).**Conclusion:** The study findings revealed that only 17% of the students had adequate awareness regarding family planning methods. Moreover, none of the demographic variables studied were associated with adequateness of awareness of the students.

Keywords: Awareness, Family Planning Methods, Final Year Students, Medical University.

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INTRODUCTION

Like other countries going through demographic transition, Pakistan is facing a period of rapid population growth which has become a huge burden on the limited resources available to our population. According to the figures released by the Federal Bureau of Statistics for 2017 census, the current population of Pakistan is about 19.6 million, which makes Pakistan the 6th most populous country of the world. [1]

Since 1951, the annual population growth rate of Pakistan has gradually declined from 4.0 to 2.1. [2] The reasons behind thisconstant trend could be many and may include increased literacy level, enhanced awareness regarding family planning and greater access to family planning services. Had the population of Pakistan grown with the same rate as that of 1951, there would have been almost 50 million more people in this country.[3] According to United Nations projections, the population of Pakistan will grow to over 364 million by the year 2050, surpassing that of United States, Indonesia, Nigeria, and Russia to become world's third most populous country behind India and China, with the highest population growth rate for any large Asian nation[4]. China introduced few smart strategies to overcome population explosion by implementing one child one family policy as response to potential social and economic consequences of continued rapid population growth and it is estimated that it resulted in a decrease of at least 250 million people.[5]

Despite these projections, the contraceptive prevalence rate in Pakistan is currently only 34%, which is very low compared to those of other South Asian nations such as India (56.30%), Bangladesh (61.20%), Nepal (49.70%) and Srilanka (68.40%).[6]

This largely unchecked population growth is resulting in many undesirable outcomes with regards to the burden on healthcare system and the wellbeing of the population such as increased inability of health infrastructure to meet the population needs thereby contributing towards the persistently high mortality rates among the most vulnerable of the population groups. Pakistan is one of few South Asian

countries where maternal mortality ratio and neonatal mortality ratehaveremainedmore or less constant over time.

The Pakistan Demographic and Health Survey (PDHS) 2012-13 reported a perinatal mortality rate of 75 per 1000 pregnancies and neonatal mortality rate of 55 per 1000 live births.Moreover, the neonatal mortality rate was not substantially different between PDHS 1990-91 and PDHS 2012-13 and over the same period there was only a 19% reduction in infant mortality and a 24% reduction in under-5 mortalities in Pakistan.[6]

Although both government and private organizations are constantly putting in resources to boost up family planning awareness and to ensure provision of family planning services with increased ease of access, the need to disseminate the relevant information to the general population still persists as reflected by the lower contraceptive prevalence rate in Pakistan.[7]

The role of the counseling by healthcare providers as the method of choice in this regard is has been documented earlier and literature shows that counseling by healthcare professionals, especially doctors, results in greater acceptance of family planning services by their patients.[6] It is therefore imperative that the healthcare providers, both current and future, of this country have adequate relevant awareness so that they can play their role in removing misconceptions regarding family planning services and in increasing their usage.

MATERIAL METHOD

This study was carried out in Isra university Hyderabad, 100 students From sampling list consisting of all final year MBBS students of were approached using systematic random sampling i.e. using a random start by means of a random number table and then selecting every 2nd student for interview after checking their eligibility. A structured questionnaire was designed specifically for the study which consisted of 24 closed ended questions. These questions were developed after a through literature review and were modified to the study requirement. The questionnaire was divided into two sections. The first section included 5 questions about demographics features of the participants while second section included 24questions regarding awareness of the participants regarding family planning methods.

RESULTS

Out of 100 participants, 51% were female, 58% aged 23-24 years in shows (table 1).

Table 1: Participants Profile

Variable (n=100)		Frequency (%)
Gender		
	Male	49(49.0)
	Female	51(51.0)
Age Groups		
	23-24 years	58(58.0)
	25-26 years	42(42.0)

Table 2: Awareness Profile

Variable (n=100)		Frequency (%)
Do you know about family planning?		
	Yes	100(100.0)
	No	Nil
Do you think this topic is covered appropriately in your course?		
	Yes	21(21.0)
	No	79(79.0)
Other than your course books, from which of the fallowing sources did you learn about it?		
	Conference, meetings and events	20(20.0)
	Health providers	29(29.0)
	Media	27(27.0)
	Social circle	21(21.0)
Do you think appropriate counseling by health provider can lead to better acceptance of family planning method by their patients?		
	Yes	64(64.0)
	No	36(36.0)
Do you think using family planning methods can result in decreased maternal mortality rate?		
	Yes	78(78.0)
	No	22(22.0)
Which of the following are permanent family planning methods?		

	Tubal ligation only	6(6.0)
	Tubal ligation and vasectomy	42(42.0)
	Tubal ligation,vasectomy & IUCD	16(16.0)
	Tubal ligation,vasectomy & implant	11(11.0)
	Tubal ligation and IUCD	8(8.0)
	Tubal ligation and implant	6(6.0)
	Vasectomy only	11(11.0)
Which of the following are temporary family planning methods?		
	Oralpills,injection,IUCD, implant, condoms	65(65.0)
	Oralpills,injection, condoms	3(3.0)
	Oralpills, implant,IUCD	1(1.0)
	Oralpills, condoms	5(5.0)
	Oralpills, IUCD, implant, condoms	8(8.0)
	Oralpills,IUCD, condoms	10(10.0)
	Oralpills, implant, condoms	8(8.0)
Which of the following are short term family planning methods?		
	Oralpills,IUCD, implant	9(9.0)
	Oralpills,injection, condoms	47(47.0)
	Injection, condoms	10(10.0)
	Condoms only	34(34.0)
Which of the following are Long term family planning methods?		
	Oralpills,IUCD, implant	6(6.0)
	Injection,IUCD, implant.	16(16.0)
	IUCD, implant.	54(54.0)
	Implant only	13(13.0)
	IUCD only	11(11.0)
After unprotected intercourse IUCD is most effective in giving resultsif inserted within?		
	12 hours	21(21.0)
	36 hours	31(31.0)
	72 hours	21(21.0)
	120 hours	27(27.0)
How many oral pills should be taken per day?		
	Half tab/day	28(28.0)
	1 Tab/day	56(56.0)
	2 Tabs/day	11(11.0)
	4 Tabs/day	5(5.0)
After unprotected intercourse,within how many hours can emergency contraceptivepills be taken?		
	12 hours	30(30.0)
	36 hours	20(20.0)
	48 hours	19(19.0)
	72 hours	31(31.0)
How many times emergency contraceptive pills can be taken within a month?		
	Once	40(40.0)
	Twice	27(27.0)
	More than twice	33(33.0)
For how long single hormone injection preventspregnancy?		
	One month	44(44.0)
	Two months	26(26.0)
	Three months	22(22.0)
	Four months	8(8.0)
For how long double hormone injection preventspregnancy?		
	One month	6(6.0)

	Two months	20(20.0)
	Three months	26(26.0)
	Four months	48(48.0)
Which of the following temporary family planning method are non-hormonal?		
	Condoms	34(34.0)
	Condom,IUCD.	51(51.0)
	IUCD	15(15.0)
Which of the following family planning methods can be used by both genders?		
	Condom	37(37.0)
	Injection	7(7.0)
	Injection, condom & implant	20(22.0)
	Implant only	7(.0)
	Injection & implant	7(7.0)
	Injection, condom	22(22.0)
Do you know the meaning of the term CPR?		
	Contraceptiveprevalence rate	63(63.0)
	Contraceptive patch removal	10(10.0)
	Cardiac pulmonary resuscitation	27(27.0)
Do you know about post-partum intra-uterine contraceptive device?		
	Yes	87(87.0)
	No	13(13.0)
After how long following a normal vaginal delivery, post-partum intra-uterine contraceptive device isinserted?		
	24 Hours	29(29.0)
	36 Hours	10(10.0)
	72 Hours	9(9.0)
	120 Hours	52(52.0)
After how long following a C-section, post-partum intra-uterine contraceptive device is inserted?		
	Within 1 week	19(19.0)
	24 To 36 Hours	31(31.0)
	not more than 48 hours	20(20.0)
	Up to 72 hours	30(30.0)
Do you know from where a rural woman can access comprehensive family planningservices?		
	Rural health center	24(24.0)
	Basic health center	22(22.0)
	Clinic of any general physician	19(19.0)
	Population welfare center	35(35.0)
Which of the organization are responsible for providing family planning services in Pakistan?		
	Family planning association of Pakistan	20(20.0)
	World health organization	32(32.0)
	Population welfare department	43(42.0)
	United nations children's fund	5(5.0)
Which of the following arepotential barriers to family planning?		
	Religious prohibition & family practices	48(48.0)
	Difficulty in access	19(19.0)
	Family practices only	22(22.0)
	Fear of side effect	11(11.0)
	Fear of side effect	

DISCUSSION

The study results showed that majority of study participants correctly knew about family planning, temporary family planning methods, long term acting family planning methods, maximum number of oral pills taken /day, family planning methods resulting in decreased maternal mortality rate, post-partum intra-uterine contraceptive device, non-hormonal family planning methods and contraceptive prevalence rate.

The study results further revealed that overall 17% participant had adequate awareness regarding family planning methods. Moreover, none of the demographic characteristics were found to be significantly associated with adequateness of awareness.

The study findings revealed that about family methods, 27% got the information through media. Kakani A and Jaiswal A in 2012reported that 72% of individualswere get information through mass media/internet about awareness of family planning.[15] The study results further revealed that 29% of the respondents got this information through health care providers. Sonia PuriS et al., in 2007 though reported that 89% of the respondents got the informationabout family planning methods through health providers.[9]This difference in findings could be attributed to differences in sample size, gender of the study population and different settings of both the studies. The study results further revealed that 21% got this information through social circle. Abdul-Zahra NHin 2016 58% of individuals got awareness of family planning through social circle.[12]

31% of participants in our study knew correct use of emergency contraceptive pills whereas Hoque MEet al., in 2014 reported that 10% of the participants had accurate knowledge regarding use of emergency contraceptive pills.[16]Kongnyuyet al., in 2007 reported that 5.7% of the participants had accurate knowledge regarding use of emergency contraceptive pills.[17]Giri PAet al., in2013 reported that 83.4% of the participants had accurate knowledge regarding use of emergency contraceptive pills.[13]This difference in findings could be attributed to difference in the study population of above studies.

In our study 65% of the participants correctly knew regarding temporary methods. Sadiq S et al., in 2017 reported that 78% of the participants had accurate knowledge about temporary methods.[18]

46% of the study participants were found to have correct knowledge about availability of contraceptive methods. Another study by PuriS et al., in 2007 reported that 89% had correct knowledge about availability of contraceptive methods.[9]

The study findings revealed that 42% of the participants were knew about permanent methods family planning. Prachi Renjhen in 2010 reported that 12% of the participants were knew about permanent methods of family planning.[10]Another study Sonia Puri reported that 2.4% of the participants were knew about permanent methods of family planning.[9]This difference in findings could be attributed to difference in the study population of above studies as the later study was conducted in Chandigarh and on female students.

The study findings revealed that overall 17% participant had adequate awareness regarding family planning methods. Tejineh el-al in 2015 reported that 54.4% of participant had adequate awareness regarding family planning methods.[19] Sonia Puri reported that 49.9% of participant had adequate awareness regarding family planning methods.[9] This difference in findings could be attributed to difference in the study population of above studies.

The ethnicity of the respondents was determined in order to assess whether different educational background and brought up of the students have any influence on their level of awareness regarding family planning methods. The study findings did not though showed students of any ethnicity to have significantly better awareness than others.

With regard to the study findings regarding absence of association of studied demographic variables with awareness regarding family planning, a meaningful comparison could not be made due to unavailability of relevant published literature.

CONCLUSION

The study findings revealed that only 17% of the students had adequate awareness regarding family planning methods. Moreover, none of the demographic variables studied were associated with adequateness of awareness of the students.

RECOMMENDATIONS

In the light of study findings, it is recommended that efforts should be made by all stakeholders to enhance awareness regarding family planning in medical students by using different means of communication available to them.This may be achieved by making appropriate changes to course material, by conducting seminars, workshops and field visits and by effectively communicating during lectures.Moreover, further capacity building of the relevant teachers through continued medical education should also be made a priority.

ETHICS APPROVAL: The ERC gave ethical review approval

CONSENT TO PARTICIPATE: written and verbal consent was taken from subjects and next of kin

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