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# CONTRACEPTIVE USAGE BETWEEN PUBLIC AND PRIVATE HEALTH FACILITIES IN RURAL AREAS OF DISTRICT CHINIOT

**Iqra Habib[1]*, Hajra Sarwar[2], Iqra Shahzadi[3]**

[1]MSN Student, Lahore School of Nursing, The University of Lahore - Pakistan
[2]Assistant Professor, Lahore School of Nursing, The University of Lahore - Pakistan
[3]MSN Student, Lahore School of Nursing, The University of Lahore - Pakistan

***Corresponding Author:** Iqra Habib,
MSN Student, Lahore School of Nursing, The University of Lahore – Pakistan,
Email: I.butt2500@gmail.com

## ABSTRACT

**OBJECTIVE*:*** The purpose of this study was to evaluate contraceptive usage between public and private health facilities in rural areas of district Chiniot.
**Study Design:** Comparative cross-sectional Study Design.
**Place and duration of study:** Lahore School of Nursing, University of Lahore, from August 2022 – August 2023.
**Patients and Methods:** The study included 640 individuals 320 from rural area and 320 from urban population. Multistage cluster sampling technique was used to select rural areas with same characteristics. In first stage, the rural areas of three tehsils of district Chiniot were purposively selected. In second stage, DKT health facility served villages and adjacent public health facility villages with same demographic characteristics were selected and marked as a cluster. These are 14 clusters of private and 14 clusters of public health facility. In third stage, convenient sampling technique was used to select sample from each cluster. Structured questionnaire adopted from Pakistan Demographic Health Survey (2017-18) instrument to obtain information from the Study participants. The questionnaire comprises on three sections, the first section document the basic demographics of the respondents, including age, level of education, religion, occupation, duration of marriage, number of children, type of family and monthly husband income. The second section evaluates the knowledge and usage of contraception amongst the study participants. The third section assesses the availability of family planning services whether the study participants they received.
**Results:** Results showed that in rural population illiterate 92, Primary 52, Middle 87, Matriculation 54, Intermediate 23, Bachelor were 11. The Urban Population included illiterate 18, Primary 24, Middle 30, Matriculation 90, Intermediate 68, Bachelor were 90. Result demonstrated that in rural population 18-25 years old subjects were 89, 26-33 years were 123, 34-41 years were 61 and 47 subjects were 42-49 years old. In Urban population 18-25 years old subjects were 70, 26-33 were 120, 34-41 years were 85 and 45 subjects were 42-49 years old. In Rural Areas the Muslim were 267 and Christian were 53, when we compare it with Urban than Muslim were 219 and Christian Were 101. That 290 subjects have ever received health education and 289 subjects from urban population received health education about family planning. 30 subjects in rural area and 31 subjects in urban population have never received health education about Family Planning. The majority in rural area

220 subjects and in urban population majority 252 subjects get currently using family planning method and consultation from Private DKT-Facility.
**Conclusion:** This study demonstrates the need to support DKT all private health facilities with policies and supplies to expand access to all FP services, especially for adolescents in rural and urban population.

**Keywords:** Rural Area, Urban Area, Family Planning, DKT

## 1. INTRODUCTION

Pakistan is as of now the fifth most crowded nation within the world, and at its current 2.4% populace development rate, it is anticipated to reach 310 million individuals by 2050. This would have a significant effect on Pakistan's environment, financial conditions, and capacity to meet the Maintainable Improvement Objectives (SDGs), especially SDG-3 (Great wellbeing and prosperity) (Ackerson & Zielinski, 2017).
Pakistan has committed to accomplishing a across the nation prophylactic predominance rate (CPR) of 55% by the year 2020 as portion of the Family Arranging (FP) initiative. That appears troublesome to achieve, in spite of the fact that, given the 2017–18 Pakistan Statistic Wellbeing Study (PDHS) appears that the nation's generally CPR is 34% (Imran & Yasmeen, 2020).
This commitment has since been institutionalized nationally in accordance with the Chamber of Common Interface (CCI) suggestions and reexamined to 50% by 2025. Pakistan's contraceptive prevalence rate (CPR) has been static in the 30-35% range since 2007 despite political commitment, allocated budget, and extended family planning (FP) campaigns.(Azmat, 2017).
Latest data from multiple indicator cluster survey (MICS) confirms that the total fertility rate at 3.36 in 2021 remains high, with the rate highest among poorer women living in the rural heartland and with the lowest levels of education. CPR remains very low. (Imran & Yasmeen, 2020).
Sexual and reproductive health is a basic right that is essential for alleviating poverty and long-term health improvement. With high maternal mortality rates, adolescent birth rates, and unmet contraception needs, Pakistan faces unique challenges. In terms of maternal, fetal, and child mortality, the country ranks third in the world.(Sohail & Pakistan, 2017).
Pakistan has approved the Maintainable Advancement Objectives (SDGs) as well. The two essential SDGs that bargain with regenerative wellbeing are Objective 3 (objective 3.7) and Objective 5 (target 5.6). "By 2030, guarantee all inclusive get to to sexual and regenerative wellbeing care administrations, counting family arranging, information and instruction, and the joining of regenerative wellbeing into national arrangements and activities.," as expressed in Target 3.7.(Starrs, 2015).

## 2. MATERIAL AND METHODS

This was a comparative Study that conduct for a year, from August 2021 to August 2023, after receiving permission. Following the permission of signed informed consent, the following data was collected for 640 Subjects. The study included 640 individuals 320 from rural area and 320 from urban population.

### Study Design

A comparative cross sectional study design will be used to compare private and public health facility for contraceptive usage in specific timeline with specific geographic characteristics.

### Study Setting

Married Women of reproductive age are the study population in rural areas of district Chiniot. Study area will be district Chiniot and three tehsils (Chiniot, Lalian, and Bohwana) than health facilities will be selected from each tehsil among private health facility and public health facility in a same catchment area.

**Duration of Study**
Nine months after the approval of synopsis from the Research Ethical Committee (REC) University of Lahore.

**Sample Size**
Sample size of (640) 320 cases in each group is calculated with 95% confidence level, 80% power of test and expected percentage of contraceptive usage in group 1 as 63% and in group 2 as 53%.(Gore & Katkuri, 2016).

**Sampling Technique**
Multistage cluster sampling technique will be used to select rural areas with same characteristics. In first stage, the rural areas of three tehsils of district Chiniot will be purposively selected. In second stage, DKT health facility served villages and adjacent public health facility villages with same demographic characteristics will be selected and marked as a cluster. These are 14 clusters of private and 14 clusters of public health facility. In third stage, convenient sampling technique will be used to select sample from each cluster.

**Inclusion Criteria**
- Married female
- child bearing age (18-49 years) female
- multi para females

**Exclusion Criteria**
- Pregnant females
- Psychiatric / Mentally retorted female

**Data Analysis**
The data collected will be entered to SPSS version 22.0 for statistical analysis. Demographic characteristics of study participants will be expressed in frequency and percentage (Mean, standard deviation).Chi-square test will be applied to test association between public health facility and private health facility with their demographic variables. Data will be presented in the form of tables, graphs, frequency and percentage.

## 3. RESULTS

**Table 1. Relationship Between the Area of Residency and Education Level of the Respondents**

| | | Education Level | | | | | | Total |
|---|---|---|---|---|---|---|---|---|
| | | Illiterate | Primary | Middle | Matriculation | Intermediate | Bachelor | |
| AREA.OF.RESIDENCY | RURAL | 92 | 52 | 87 | 54 | 23 | 12 | 320 |
| | URBAN | 18 | 24 | 30 | 90 | 68 | 90 | 320 |
| Total | | 110 | 76 | 146 | 144 | 91 | 112 | 640 |

The above table showed that in rural population illiterate 92, Primary 52, Middle 87, Matriculation 54, Intermediate 23, Bachelor were 12. The Urban Population included illiterate 18, Primary 24, Middle 30, Matriculation 90, Intermediate 68 and Bachelor were 90.

**Table 2. Relationship Between the Area of Residency and Age of the Respondents**

| | | AGE | | | | |
|---|---|---|---|---|---|---|
| | | 18-25 YEARS | 26-33 YEARS | 34--41 YEARS | 42-49 YEARS | Total |
| AREA.OF.RESIDENCY | RURAL | 89 | 123 | 61 | 47 | 320 |
| | URBAN | 70 | 120 | 85 | 45 | 320 |
| Total | | 159 | 243 | 146 | 92 | 640 |

The Above table showed that in rural population 18-25 years old subjects were 89, 26-33 were 123, 34-41 years were 61 and 47 subjects were 42-49 years old. In Urban population 18-25 years old subjects were 70, 26-33 were 120, 34-41 years were 85 and 45 subjects were 42-49 years old.

**Table 3. Relationship Between the Area of Residency and Current Occupation**

| | | CURRENT.OCCUPATION | | | |
|---|---|---|---|---|---|
| | | EMPLOYED | SELF EMPOLYED | HOUSE WIFE | Total |
| AREA.OF.RESIDENCY | RURAL | 68 | 97 | 155 | 320 |
| | URBAN | 144 | 93 | 83 | 320 |
| Total | | 212 | 190 | 238 | 640 |

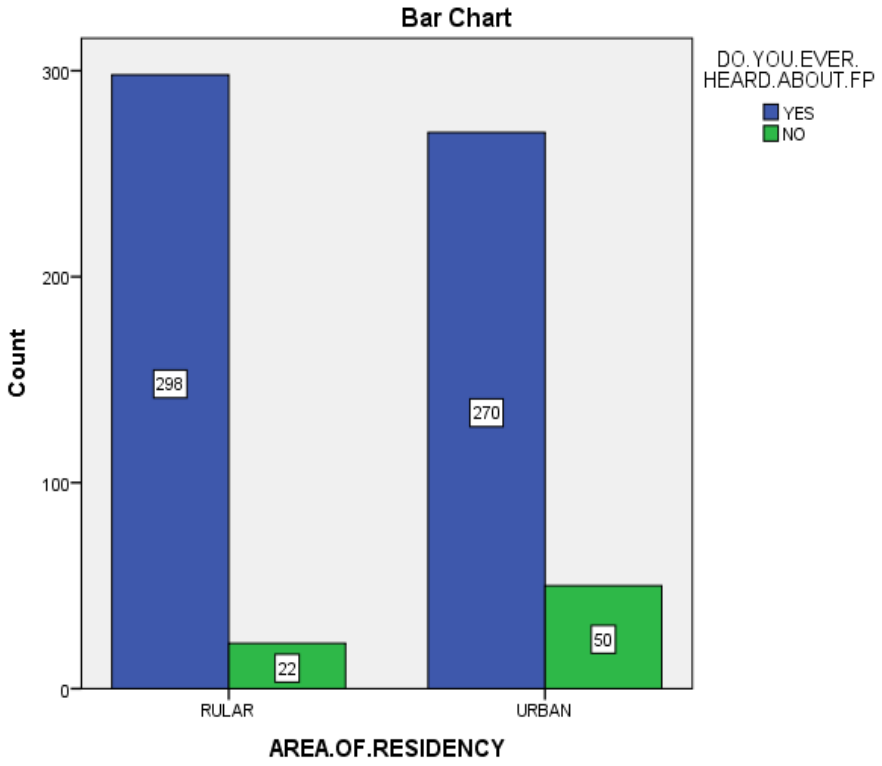
The above Table showed that in rural area the employed were 68, self-employed were 97 and house wife were 155 but when we compare it with urban population the employed were 144,self-employed were 93 and house wife were 83.

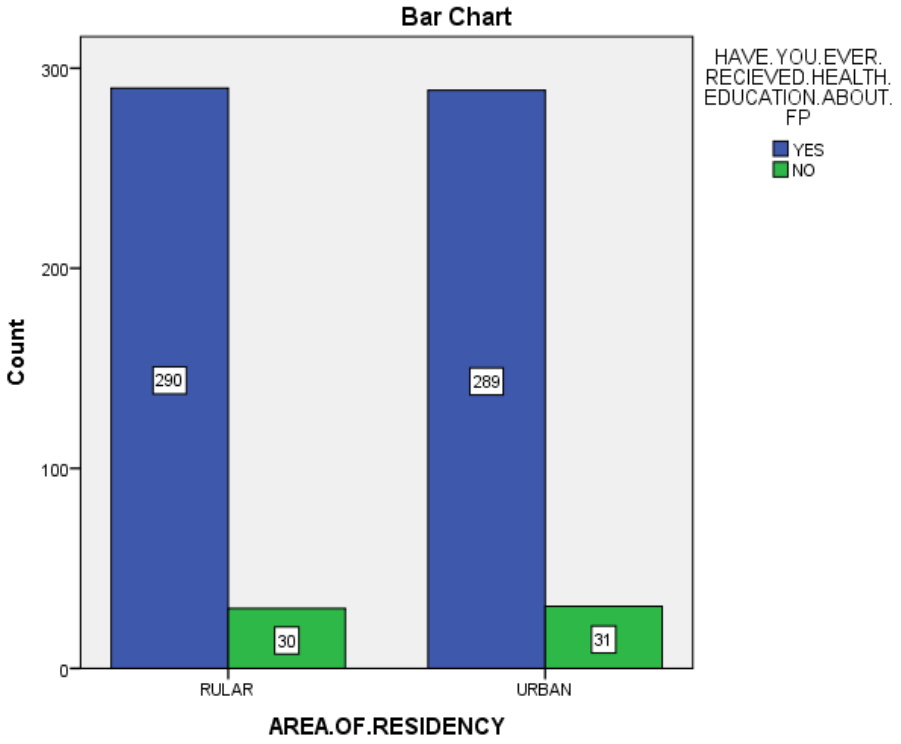
**Table 4. The Relationship Between Area of Residency and Duration of Age**

Count

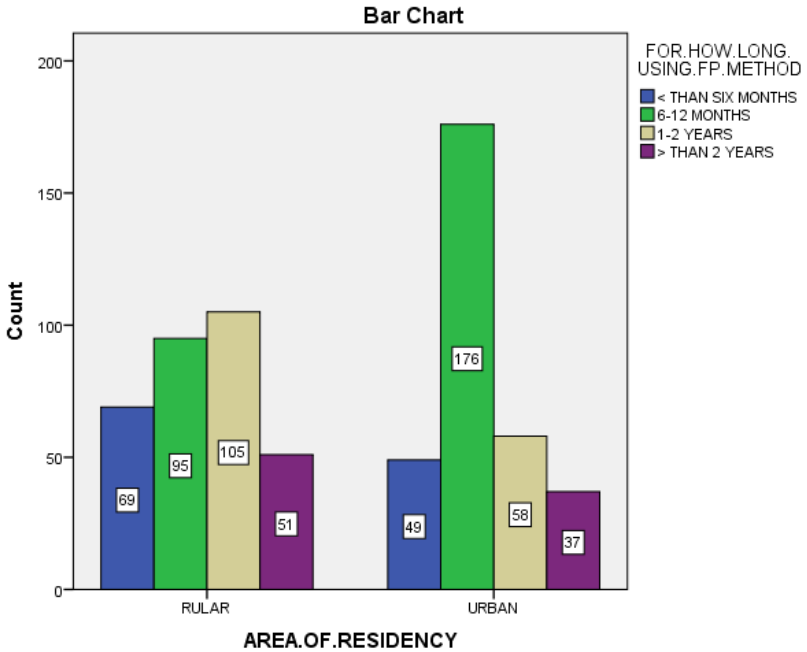
| | | DURATION.OF.MARRIAGE | | | | |
|---|---|---|---|---|---|---|
| | | >1 YEAR | 2-5 YEARS | 6-10 YEARS | > THAN 10 YEARS | Total |
| AREA.OF.RESIDENCY | RURAL | 96 | 55 | 85 | 84 | 320 |
| | URBAN | 125 | 86 | 57 | 52 | 320 |
| Total | | 221 | 141 | 142 | 136 | 640 |

The above table showed that in rural area 96 were > than 1 years duration of marriage, 55 subjects were 2-5 years duration of marriage, 85 subjects were 6-10 years duration of marriage. When we compare it with Urban area 125 were > than 1 years duration of marriage, 86 subjects were 2-5 years duration of marriage, 57 subjects were 6-10 years duration of marriage.

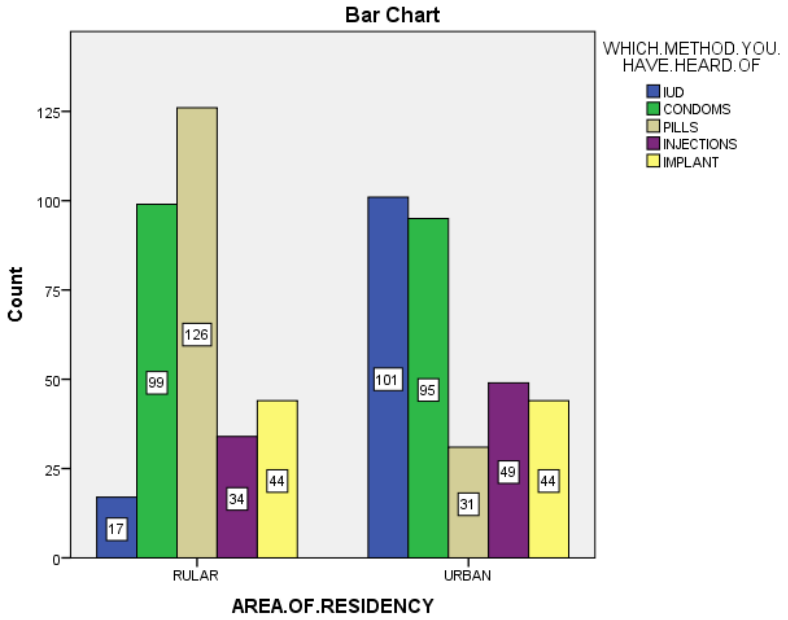




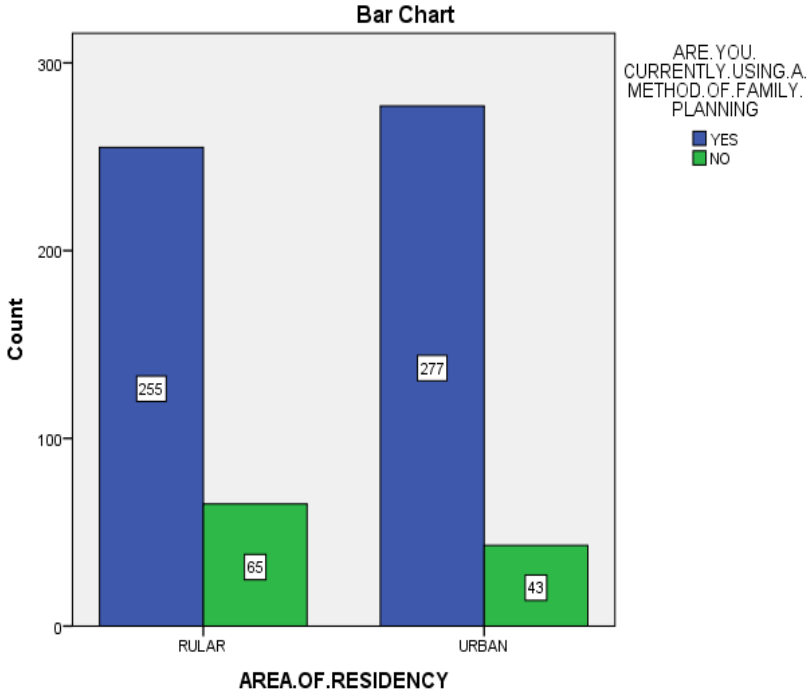

The Bar chart illustrated that 290 subjects have ever received health education and 289 subjects from urban population received health education about family planning. 30 subjects in rural area and 31 subjects in urban population have never received health education about Family Planning.



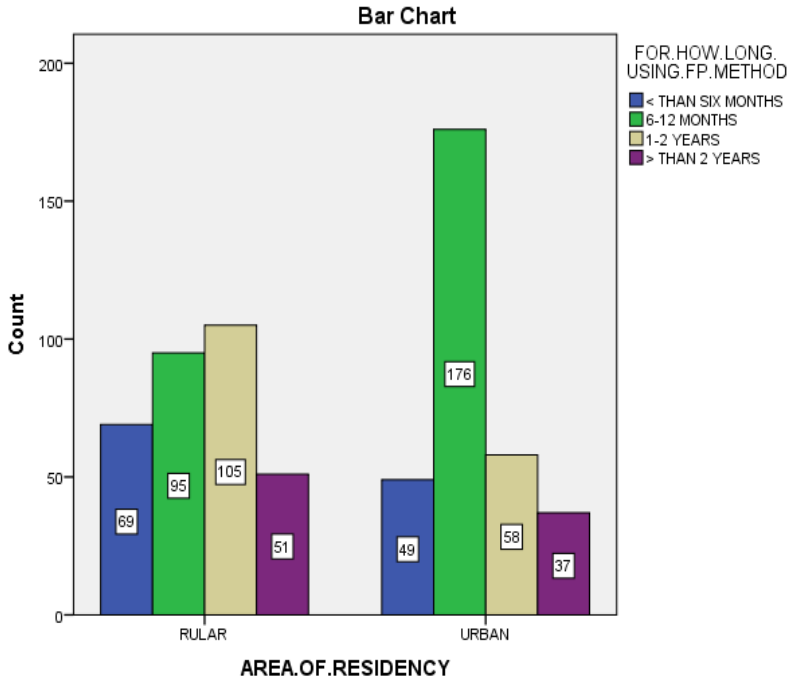

The above bar chart illustrated that the in rural population majority 105 of the population using Family planning method from 1-2 years and in urban population the majority 176 population using family planning from 6-12 months.



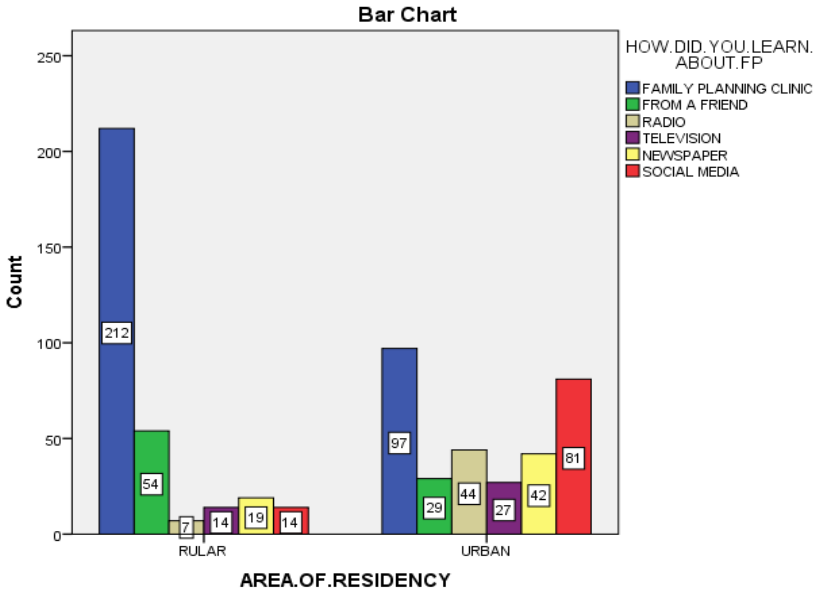

The above chart illustrated that in rural population the 17 subjects using IUD,99 subjects using Condoms,126 subjects using pills,34 subjects using injections and 44 subjects using implant. When we compare it with urban population than the 101 subjects using IUD, 95 subjects using Condoms, 31 subjects using pills, 49 subjects using injections and 44 subjects using implant.



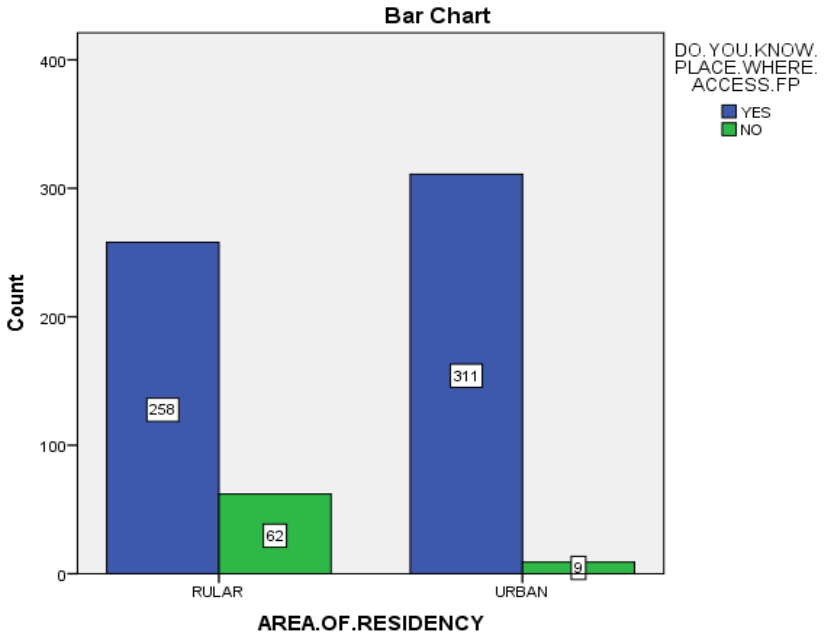

The Bar chart illustrated that 255 subjects have currently using method of family planning and 277 subjects from urban population have currently using method of family planning received. 65 subjects in rural area and 43 subjects in urban population have not currently using method of family planning.



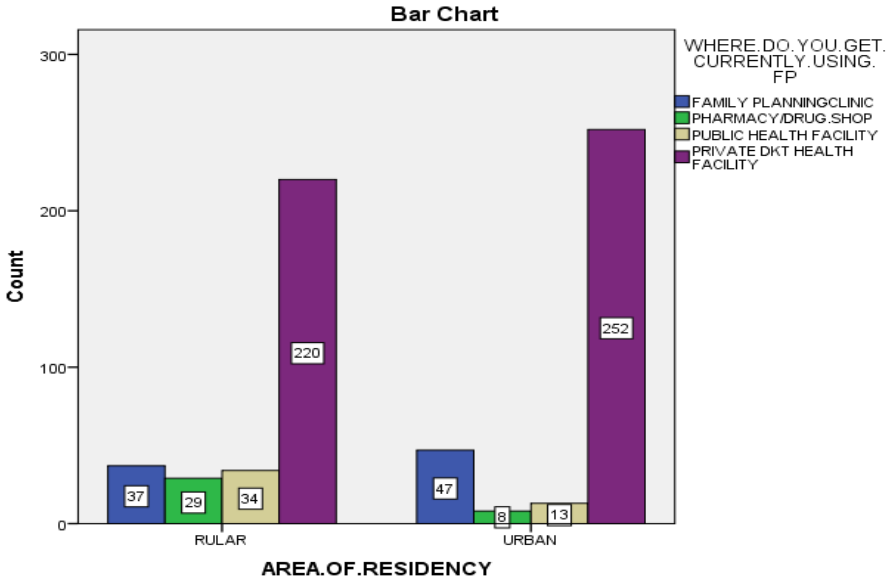

The above chart illustrated that in rural population the 69 subjects using Family planning method for < than six months ,95 subjects using family planning method for 6-12 months,105 subjects using family planning 1-2 years and remaining 51 subjects using family planning method > than 2 years. In urban population the 49 subjects using Family planning method for < than six months ,176 subjects using family planning method for 6-12 months,58 subjects using family planning 1-2 years and remaining 37 subjects using family planning method > than 2 years.




In rural and urban area majority of the population learn about family planning through Family Planning clinic.




The above bar chart illustrated that in rural and urban areas majority of the population access the Family planning.




The above Bar chart illustrated that majority in rural area 220 subjects and in urban population majority 252 subjects get currently using family planning method and consultation from Private DKT-Facility.

## 4. DISCUSSION

In Punjab Province, Chinot, this think about pointed to discover and differentiate the accessibility of FP administrations in private DKT services and Public Family Planning Center. The age of the understanding may be a vital basis in regenerative wellbeing care and impacts the utilization of FP administrations. Agreeing to this survey, share of FP clients were within 24-33 years age. The biggest rate of clients coordinated the discoveries of the foremost later, which appeared that the mean age ranges for female using family planning were 30-34 Yargawa, J. (2019) and for sexually dynamic but single ladies were 25-29 but in our study majority population were 24-31years old.

In East Africa, young females between the ages of 15 and 19 had the least rates of prophylactic

utilization of contraceptive and the greatest neglected request for FP, concurring to a ponder on FP utilize in this statistic .These results are quite similar to our study. Ravindran, T. S., & Govender, V. (2020).

The comes about are steady with the national overview, which found that early marriage and utilize of Contraceptive (10.1%) were the essential causes of tall rates of pre-adult pregnancy, which stood at 18% in 2014. Senderowicz, L., & Maloney, N. (2014).

It was anticipated that the clients utilizing FP administrations would have certain highlights. In this study, the endless larger part of FP customers had satisfied the prerequisites for fundamental instruction from family planning center. The degree of instruction of the clients has been favorably connected with the work of modern FP strategies. Our study demonstrated the need to extend youthful people's get to higher instruction in arrange to move forward the arrangement of contraceptives to this statistic.

The selection and continuation of services are unexpected upon the accessibility of the complete range of FP approaches. This result compares favorably to the 2010 national agent Kenya benefit arrangement evaluation overview which found that at slightest four modern FP strategies are accessible in 75% of other private workplaces and 44% of Public sector family planning center and these results support our study. Sohail, R. J. J. o. T. S. o. O., & Pakistan, G. o. (2017).

Since the larger part of the suppliers expressed that they depend on government-provided contraception, the subjective discoveries of this think about too highlighted that deficiencies of FP contraceptives speak to a noteworthy get to deterrent. This is often one of the most challenges ION; that the country must overcome in arrange to permit for more get to. Subjective information too affirmed the lion's share of the clients' choice to utilize short-term contraception. Starrs, A. J. T. L. (2015). The social diversifying healthcare offices were performing better when visual helps were accessible to demonstrate the application of FP strategies. Yargawa, J. (2019), Get to FP approach rules and hones can encourage wellbeing professionals in conveying the essential care. The accessibility of FP strategies has been emphatically related with client fulfillment and the utilization of contraceptives, agreeing to other inquire about A restricted test of the other private non-franchised wellbeing offices was utilized to guarantee a comparable examination since the essential imperative of this ponder was the little number of social diversifying wellbeing facilities.

## 5. CONCLUSION

This study demonstrates the need to support DKT all private health facilities with policies and supplies to expand access to all FP services, especially for adolescents in rural and urban population.

**Limitation:** Single District Study

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**Conflict of interest:** None.
**Source of Funding:** None.

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