INTRODUCTION

Pakistan is the 6th most populous country in the world, with a population of about 190 million. Peshawar is the capital of the Pakistani province of Khyber Pakhtunkhwa. It lies in a broad valley near the border of Afghanistan. Pakistan's first family planning scheme was a part of the country's third five-year plan (1965–1970). The Ministry of Health Pakistan started a program in 1994 called "lady health workers." This program emphasized maternal and child health and delivered family planning services 1.

The program's study revealed that the communities it served had little improvement in FP across health metrics (about 5-6%).

KPK has a population of 25 million as of 2013 is expected to reach 34 million by 2030. According to the Pakistan Demographic and Health Survey, Khyber Pakhtunkhwa had a 28% contraceptive prevalence rate...
The efficiency of family planning programs and...

in 2012–13. Birth control is a technique or equipment used to prevent conception. It is often referred to as family planning or contraception. Approximately 222 million women in poor nations who want to prevent becoming pregnant do not use contemporary birth control techniques. Birth control has significantly decreased maternal and infant mortality by 40% throughout childbirth. By implementing family planning, it is possible to minimize these fatalities by 70%. In addition, family planning gives women a greater sense of independence and empowers them to make their own choices. There are several forms of birth control available, such as hormonal, barrier, long-acting reversible, emergency, and permanent techniques. The United Nations estimated in 2015 that 64% of married or in-union women globally use contraceptives. In developing nations, the use of contraceptives was lower (at 40%), and in Africa, it was much lower. Approximately 10% of women do not get the family planning they need. Families’ attitudes and levels of knowledge about family planning differ around the globe. A Turkish survey found that around 73.3% of women were aware of contraception and that 53% had used an effective technique. A different research in Malawi revealed that while most people are aware of family planning techniques, they are hesitant to use them due to concerns about potential adverse effects. According to Ethiopian research, family planning was chosen by 91% of households. The assistance a woman receives for family planning from her spouse and in-laws is a significant problem. According to research done in Jordan, 78.2% of women’s assistance came from their spouses. Another South Asian research revealed that pressure from husbands and in-laws to have more children was the main obstacle for women utilizing contraception. A study conducted in Cairo showed that 77% of the families appreciated the family planning services. However, 57% thought that the family planning staff lacked technical competence.

This study aimed to assess the satisfaction among women attending Family Planning services at public health facilities and their attitude toward family planning.

MATERIALS & METHODS

In 2017, a cross-sectional survey was carried out between January and June. It was held at the family planning outpatient departments of Khyber Teaching Hospital and Hayatabad Medical Complex. The research had 140 individuals in total. In the study, a semi-structured questionnaire was used. There were few open-ended questions, and the majority were closed-ended ones. Interviews were used to gather data for almost all of the individuals. Every patient who visited the family planning outpatient departments of the hospitals above was selected using a sample approach, and they were all interviewed. The research did not include any family planning OPD participants who refused to be interviewed. Excel was used to input and evaluate the data.

RESULTS

In the case of 22 (16%) subjects, there was the influence of family on the use of contraception. In the case of 118 (84%) subjects, there wasn’t any influence of family on the use of contraception.

According to the data gathered, 133 (95%) of the respondents had received the appropriate information regarding the technique of contraception they were using, while 7 (5%) had yet to.

For 125 participants (89.28%), the staff’s conduct was deemed good; nevertheless, 5 subjects (3.57%) thought the staff’s behavior was inadequate, and 10 subjects (7.14%) had no notion. (Table Number One)

One hundred and twenty participants (85.7%) thought the staff was talented, two subjects (1.42%) thought the staff was unskilled, and eighteen subjects (12.86%) needed to have a notion.

Additionally, the data gathered indicated that 127 (90.71%) of the respondents received unpaid services, whereas 13 (9.28%) of the subjects received payment for the services rendered. For 136 subjects (97%) the services were delivered on time; for 4 topics (3%), the services were not delivered on time. (Fig. No. 1)

Table 1: Behavior and cooperation of partner

<table>
<thead>
<tr>
<th>Behavior of partner</th>
<th>Subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sample</td>
<td>140</td>
</tr>
<tr>
<td>Partner aware</td>
<td>137</td>
</tr>
<tr>
<td>Partner not aware</td>
<td>3</td>
</tr>
<tr>
<td>Partner Co-operative</td>
<td>135</td>
</tr>
<tr>
<td>Partner not Co-operative</td>
<td>5</td>
</tr>
<tr>
<td>Partner Practicing F.P</td>
<td>75</td>
</tr>
<tr>
<td>Partner not Practicing F.P</td>
<td>65</td>
</tr>
</tbody>
</table>
DISCUSSION

Their families didn’t influence the majority (84%) of the subjects on the use of contraception. A study conducted in Ethiopia showed that 82% of the families of both partners were on board regarding family planning decisions. Another study carried out in Oman revealed that the spouse chose to use contraceptives in 50% of the households. Since women are expected to have children shortly after marriage, the usage rate before the first child was 1%. Of the women in this research, 97.8% had husbands who were aware that their wives were taking contraception, and 96.4% of those husbands were cooperative. According to a Kenyan survey, 98% of couples were aware of the various forms of contraception, and 85% of those couples had both spouses who supported family planning. Approximately 53.57% of the male participants in this survey use coitus interruptus or the male condom as a method of family planning. Conversely, 46.4% of women use contraception in one way or another. Raising both genders’ levels of education may lead to an increase in the proportion of households using family planning. A Sukkur research revealed that 40% of the wives’ husbands disapproved of their use of contraception. Of the families using family planning services, 95% got informational briefings. A different research in Peshawar in 2003 revealed that 78% of the men agreed that their spouses should get family planning counsel from medical professionals, and 76% said they should let their wives choose the technique. In the current survey, 89.2% of the participants said the staff members’ attitudes toward them were acceptable. 60% of participants in comparable research in Sukkur, Punjab, expressed satisfaction with the family planning providers. In this study, 85.7% of the family planning services staff was highly skilled. The family planning services were provided free of cost to 90.7% of the families and were timely most (97%) of the time. 44% of the subjects preferred the provision of services by the Population Welfare Department, 41% from the Reproductive Health Service Centre, and the rest from Green Star and NGOs. About 53% of married couples attain family planning services through public sector hospitals, and 45% get them from the private sector. Hence, the prompt and affordable provision of facilities is a big challenge for the government.

CONCLUSION

There is a positive trend in Peshawar regarding family planning practices. The attitude of couples, especially the husband, is improving. Family planning services are also developing when compared to the past few decades. There is a need to recruit more qualified and technically trained staff and mobilize them for provision to rural areas.

REFERENCES


