INTRODUCTION

Pakistan is the 7th most populous country in the world, with a very high fertility rate and very low contraceptive prevalence rate, which needs to be controlled because it can adversely affect the health and economy of the country. In 1947, the population of Pakistan was 31 million, which increased to 177.10 million in 2011, with an increasing rate of 1.57%. Not only does this population growth threaten the prosperity of our nation, but it also poses a risk to individuals elsewhere in the globe. The report predicts that 2050, the world's population will have doubled if it continues to grow at its current pace.

Private and public institutions began implementing family planning programs in the 1950s and 60s.
The Pakistani government also welcomed the World Bank and the UN for their financial support of family planning initiatives. These organizations only catered to women, teaching them that family planning was a woman’s domain. Because family planning may lower the incidence of mother and newborn mortality, it is crucial for the stability of a nation.

Dr. Marie Stoops started the family planning movement in 1918. It is predicted that by 2050, there will be 8918 million people on Earth, up from 6301 million in 2003. The prediction is created based on an average population growth ratio of 1.2% evaluated between 2000 and 2005. Asia’s 3823 million people are expected to expand at a 1.3% annual pace to reach 5222 million throughout that time.4

Pakistan’s population has quadrupled to 153.5 million since 1950. It is predicted to reach 350 million by 2050, making it one of the countries with the fastest rates of population increase in the world.

The ideal setting for a child’s entire growth is a planned family. According to studies, unwelcome children may experience intentional or unintentional neglect. Fewer children allow parents to spend more time and resources providing each kid with the proper nutrition, medical attention, and education. Family planning helps ensure that children survive and have the opportunity to reach their full potential and mature into healthy, contributing people.

The birth control pill and intrauterine contraceptive device (IUCD) were widely accessible in the 1960s, marking the beginning of the modern age of contraception. The US’s birth, fertility, and demographic patterns have changed significantly as a consequence of the widely used and practical contraceptive techniques. The average family size in the US decreased from seven to 3.5 children between 1800 and 1900. By 1933, however, the number of children in the household had stabilized at around two, thanks to advancements in the usage, variety, safety, and accessibility of contraceptive methods.5 The average worldwide rate of contraception usage among married women of reproductive age increased from 57% to 60% between 1990 and 1994.6

Ignorance about the large variety of techniques that are now and anticipated to be available in the future among users and providers of contraception exacerbates poor contraceptive usage. The effective and long-term use of contraception needs to provide women with reproductive autonomy by providing them with thorough and current information on all methods.7 Without contraception, almost 85% of couples will get pregnant within a year. Therefore, adopting even the least effective method of contraception is still much preferable than using none at all. The couple has access to many family planning options. These techniques may be categorized according to a number of factors, including male or female, temporary or permanent, artificial versus natural, oral versus injectables, and IUCDs.

Natural family planning refers to not having sex when fertile in order to avoid becoming pregnant. This covers the basal body temperature approach, mucus method, rhythm method (sometimes known as the calendar method), or a mix of these methods. There are no long-term or systemic negative effects from this approach. Even with regular cycles, these treatments rely on the date of the woman’s reproductive phase, which may be very unpredictable. There is even less timing.

Abstinence during the fertile period is the third most popular method of contraception across all ethnic groups in Malaysia. Some couples find it challenging to maintain abstinence throughout their reproductive time since it causes unfavorable conflict in their relationship. Male withdrawal, often known as coitus interruptus, is one of the most ancient forms of contraception. To make sure that every sperm is placed outside the vagina, the spouse withholds the penis immediately before ejaculation. It is a straightforward technique that doesn’t need expert supervision, is generally accepted by motivated and well-adjusted couples, and is only marginally beneficial. It is the most often used traditional technique among Malaysia’s three ethnic groups.11

The lactation amenorrhea method (LAM) can be more than 98% effective in preventing pregnancy. As presently defined, the method is effective for a maximum of six months, yet many women remain protected from pregnancy beyond this time. Only about 5% (3-10%) of breastfeeding women have been...
known to conceive during amenorrhea during the first year postpartum.

Female education plays an important role in increasing awareness and contraceptive use\textsuperscript{13}. One new child may increase the use of contraception by 7%\textsuperscript{14}, but the most common reason for not using contraceptive methods in our setup is the desire for a male child, and as a result, the number of children increases many folds. Contraceptive use can be increased by educating our females, making them aware through media the role of women in decision-making, and easy access to contraceptive techniques and tools.\textsuperscript{15}

The government of Pakistan is struggling to achieve the country’s commitment to the global MDGs to lower the fertility rate and reduce maternal, neonatal, and child morbidity and mortality; as a signatory to the International Conference on Population and Development (ICPD), the Pakistani government has committed to increase the contraceptive prevalence rate to 55% by 2015\textsuperscript{16} from which we lag far behind.

RESULTS

Since the majority of the women in my study lacked formal education, it was necessary to determine their age indirectly by asking them whether they were married before or after menarche. Merely 2% of women were married before menarche, whereas 98% married after menarche. This is a good answer since, contrary to what I found in my study, the early marriage trend is typical in Pashtun culture.

According to the following graph, most serving women (54%) have one to four children, followed by those with five to seven children. 13% of women had no children, whereas 22%, 11%, and 17% had more than seven children. This is also encouraging because most of the women in this community had one to four children.

The education level and employment position of women in the reproductive age group are shown in this graph. Most respondents (more than 72%) lack formal education, but 28% of women have some education. Only 8% of women work, and 92% stay home.
To Determine the Knowledge, Attitude and........

forms of contraceptive methods. 81% of women in a different rural Pakistani study knew something about family planning techniques.

In a different study conducted in the gynecology and oncology unit of a tertiary care hospital in KPK, it was found that approximately 97% of Pakistani women are aware of at least one form of contraception, but the contraceptive prevalence was only 29% In my study, most respondents (88%) knew about family planning, but the contraceptive prevalence was only 40%. The findings of our investigation agreed with those of other studies conducted across Pakistan.

According to 52% of respondents in my survey, there is no issue from a religious perspective. This is in line with a Peshawar study that found 24% of married women opposed taking contraception due to religious convictions. In my study, 52% of respondents replied that religion does not affect contraceptive use, which is not consistent with another study in which 17% of the women considered it anti religion.

CONCLUSION

Based on this study, we conclude that 88% of women, including those with no education, those from rural and urban areas, and those with education, know enough about family planning to use it. However, only 40% of women use contraceptives, indicating a significant knowledge and attitude gap that needs to be closed. Through numerous programs and educational initiatives aimed at promoting contraception and raising public understanding of family planning, the government should make every effort to slow down the population increase. Because most individuals, particularly those from lower socioeconomic backgrounds and those living in rural regions, have limited access to information and struggle with family and religious matters, they are unable to use contraceptive techniques fully. Although most of the women, 88%, were aware of family planning, they still refused to take advantage of it based on the fear of the side effects of the use of contraceptive methods.

Recommendations

Considering the findings of the present study, the recommendations are as follows:

- Mass awareness should be made of the benefits of small families, and the use of modern contraceptive methods should be encouraged.
- All health facilities should be equipped with educational and motivational facilities.
- Religious scholars must help in clarifying the aspects...
related to non-use of contraceptives.

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