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Exponentially growing population: Impact of Healthcare professionals on the typical mindset of rural areas married women

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Abstract

Background: Currently, there are 7.7 billion people on the planet, and by 2045, that number is expected to rise to 9 billion, representing one-fifth of the world's population and a growth rate of 16 million people per year. Family planning refers to information, a way of thinking, and making thoughtful decisions. It is a way of thinking and life that spouses and individuals actively accept.

Methodology: The current descriptive, interview-based study was conducted in Koohi Goth Women Hospital, Karachi-Pakistan. A total of 50 married females attending the gynae OPD between the ages of 15 to 45 years were surveyed in this study. A semi-structured, self-designed questionnaire was used for the interview.

Results: The mean age of the study participants was 23.23 ± 4.6 years. Most of the study participants (36%) have Education till Middle School. Results found that most of the study participants did not use any method of contraception, neither they in favor of it despite the recommendation of their respective doctors.

Conclusion: A growing population will have an impact on the country's economy and will also lower the quality of life for newborns because the majority of families come from low-income backgrounds. Providing a healthy lifestyle and high-quality education to every member of society should be our top goal as educators, socialites, medical professionals, economists, and other authorities.

Keywords

Family planning, Childbirth, Healthcare Professionals, Paramedical Staff.

Introduction

Family planning is a style of understanding and life that couples and people freely embrace refers to knowledge, mindset, and responsible choices[1]. Family planning is the deliberate use of preventive treatments by a couple to reduce or space out the number of children they have[2,3]. Family planning focuses on increasing the quality of life for the mother, fetus, and the entire family by eliminating sexually transmissible illnesses, avoiding unintended pregnancies and abortions, and maintaining appropriate birth spacing[4]. 7.7 billion People live on the planet today, and by 2045, that number is projected to increase to 9 billion, with one-fifth of the world's population and an annual growth rate of 16 million. Population increase is currently a challenge for the world as a whole. According to statistics the population of Pakistan recorded in 2020 was 220.9 million and it is increasing rapidly[5].

Limiting unplanned pregnancies and induced abortion and protecting against sexually transmitted diseases, including Human Immunodeficiency Virus (HIV), Chlamydia, Syphilis, and others, can avert the use of contraceptives at least 25% of all maternal fatalities. The obstacles that prevail in poorer nations include inadequate knowledge about methods of contraception, the availability of supplies, their expense, or their inadequate access[6].

In poorer countries, unawareness and reluctance regarding family planning and contraceptives is a significant problem and understanding the root causes and contributing variables can aid in lowering its occurrence[6]. The researchers have recognized a number of crucial aspects that are linked lack of knowledge and interest in family planning and contraception among women, which include limited availability of an option of birth control methods, suspicion of the adverse effects of using contraceptive intervention, average earnings, the number of existing children, the age of the women, their area of residence (rural/urban), their occupational prestige, the partner's education, restrictions due to religion or culture, and poor quality of reproductive health services[6,7]. In general, younger women, women who live in rural regions, and women who are less knowledgeable about techniques and the accessibility of contraceptives are believed to have greater UMNFP[5,8].

Additionally, it is a much-reduced ratio between women from affluent families and those with greater levels of education. Located in South Asia[9]. Pakistan is a developing nation, and with a population expansion rate of 2%, it is one of the top 10 population-producing nations in the world[10]. The Pakistani government has been striving hard to increase access to family planning facilities in an effort to slow down overpopulation. The rural areas of Karachi are most vulnerable regarding family planning training or promotional programs[11]. This study aims to determine the perception of contraceptive methods and the factors healthcare professionals face while preaching family planning methods.

Methodology

The current descriptive, interview-based study was conducted in Koohi Goth Women Hospital, Karachi-Pakistan. A total of 50 married females attending the gynae OPD, between the age of 15 to 45 years were included in this study. A semi-structured, self-designed questionnaire was used. Interviews of the included female participants were conducted after taking informed consent. Females not willing to participate or those suffering from infertility were excluded from the study. Data was collected and analyzed on SPSS version 22.0. Data was presented in frequency and percentage.

Results

The mean age of the study participants was 23.23 ± 4.6 years. Results of our study show that around 13 (26%) females enrolled in our study were using the contraceptive. At the same time, most study participants (74%) used no method or any kind of protection (Table 1).

The majority of the study participants (36%) have Education till Middle School, while 30% attended primary school and 6% have attained education till matric and above. 22% of the females taking part in this study did not even get admitted to the school and were illiterate. Furthermore, 66% said they were recommended to use contraceptives or protections by their doctor, while 34% said they were not (Table 1)

Table 1: Contraceptive Practices among study participants

Variable		Mean ± Std. Div
Age		23.23 ± 4.6
		n (%)
Use of Contraception	Yes	13 (26)
	No	37 (74)
Education	Illiterate	11 (22)
	Primary	15 (30)
	Middle	18 (36)
	Matric and above	06 (12)
Does your doctor recommend you use protection	Yes	33 (66)
	No	17 (34)

Our results show that out of the protected females, 53.84 % used the spacing method, while 23.07% of the married females used terminal methods and Cu-T, respectively (Table 2).

Table 2: Types of Contraceptive Practices among study participants

Types of Contraception	n (%)
Spacing Methods	07 (53.84)
Terminal Methods	03 (23.07)
Cu-T	03 (23.07)

Table 3 shows the distribution of contraceptive use by our study subject and the number of children they have. It is seen that majority of non-users (30%), who did not use contraceptives or protection have children up to 2-4. While only 12% female subjects have <2 or 2-4 children, and were using contraceptives or protections, respectively (Table 3).

Table 3: Distribution of Contraceptive usage and number of children

Number of Children	Contraceptive User	Non-User
	n (%)	
< 2	06 (12)	14 (28)
2-4	06 (12)	15 (30)
> 4	01 (2)	08 (16)

Discussion

South Asia has a significant increase in fertility, an average young age for marriage, and a lower prevalence rate of contraception[10]. According to reports, many rural women are reticent to use any kind of contraception. Several studies also showed that rural women who rejected approaches to family planning were worried about their children's survival and saw their offspring as a source of assistance in the old life. The cultural and religious norms that underpin some communities impact profoundly, if not entirely, how people see and act concerning reproduction[12,13].

18.9% of the girls in India were under 18 years old at the time of their marriage. The age of a woman's marriage was supposedly one of the key criteria in predicting whether or not she used contraceptives. However, in our study, there was no evidence of a substantial association between this characteristic and contraceptive use[14].

Similar to how other studies had shown an association between literacy and community use of contraceptives, our investigation revealed no evidence of such a relationship. Our results show that only 26% of the study participants use contraceptives[15-18]. However, the majority of their doctors recommend it are non-users and still assume it is unnecessary. This suggests their lack of awareness and knowledge concerning family planning and mother as well as child health[18].

One of the key elements influencing a person's social and personal behavior within the family is their religious beliefs. Numerous additional investigations have established the relationship between religion and contraceptive behavior[19]. In order to determine the impact of religion on contraceptive behavior, we performed our study in a region with a sizeable Muslim population. As a result, we discovered a statistically significant correlation between these two variables in the context of our research. Since almost all study participants were Muslim, they believed that these methods of family planning were religiously not right and were considered a sin[20]. On the contrary to this, in Mewat, India, a rural area with a large

Muslim population, 34.92% of women used contraception. According to a study, the most important factor influencing the use of contraceptives is the total number of children who are alive[21].

Conclusion

Most of the study population did not use contraceptives, nor did they have any intentions to opt for any family planning method. They were not well educated, nor do they have enough awareness about the family planning options. They were also reluctant to do any planning and considered it wrong. Increasing population will affect the economy of the nation and will also reduce the quality of life for newborns as most families belong to low-income backgrounds. As an educationist, socialites, healthcare personnel, economist, and other authorities, it should be our priority to spread awareness and provide healthy life and quality education to every member of society.

Acknowledgement

References

1. Cunningham C, Flynn T, Blake C. Low back pain and occupation among Irish health service workers. Occup. Med. 2006; 56(7): 447-454.

2. Kamper SJ, Apeldoorn AT, Chiarotto A, Smeets RJ, Ostelo RW, Guzman J, Van Tulder MW. Multidisciplinary biopsychosocial rehabilitation for chronic low back pain: Cochrane systematic review and meta-analysis. BMJ. 2015;350: h444.

3. Vos T, Flaxman AD, Naghavi M, Lozano R, Michaud C, Ezzati M, Shibuya K, Salomon JA, Abdalla S, Aboyans V, Abraham J. Years lived with disability (YLDs) for 1160 sequelae of 289 diseases and injuries 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010. Lancet. 2012;380(9859): 2163-2196.

4. Kasa AS, Workineh Y, Ayalew E, Temesgen WA. Low back pain among nurses working in clinical settings of Africa: systematic review and meta-analysis of 19 years of studies. BMC Musculoskelet Disord. 2020;21: 1-1.

5. Meghani ST, Sehar S, Punjani NS. Comparison and analysis of health care delivery system: Pakistan versus China. IJEHSR. 2014;2(1):46-0.

6. Johnson OE, Edward E. Prevalence and risk factors of low back pain among workers in a health facility in South–South Nigeria. J Adv Med Med Res. 2016;11(8):1-8.

7. Dlungwane T, Voce A, Knight S. Prevalence and factors associated with low back pain among nurses at a regional hospital in KwaZulu-Natal, South Africa. Health SA Gesondheid. 2018;23(2018).

8. Tanui BC. Assessment of Work-Related Musculoskeletal Disorders among Nurses in Mombasa County, Kenya. Doctoral dissert COHES, JKUAT. 2016:1-79.

9. Wai EK, Roffey DM, Bishop P, Kwon BK, Dagenais S. Causal assessment of occupational carrying and low back pain: results of a systematic review. Spine J. 2010;10(7):628-638.

10. Al Amer HS. Low back pain prevalence and risk factors among health workers in Saudi Arabia: A systematic review and meta-analysis. J Occup Health. 2020;62(1):e12155.

11. Triolo PK. Occupational Health Hazards of Hospital Staff Nurses Part II: Physical, Chemical, and Biological Stressors. AAOHN J. 1989; 37(7): 274-279.

12. Shah S, Dave B. Prevalence of low back pain and its associated risk factors among doctors in Surat. Int J Health Sci Res. 2012;2(1):1-5.

13. Tanzil S, Jamali T, Inam SN, Abbas A. Frequency and Severity of Low Back Pain among Healthcare Providers and Associated Factors in a Tertiary Care, Public Hospital in Karachi. Occup Med Health Aff. 2019;7(285):1000285.

14. Rasheed H, Rashid J, Javeed RS. Frequency of low back pain among nurses working in Jinnah hospital Lahore. Int J End Health Sci Res. 2017;5(3):44-51.

15. Kadir MM, Khan AA, Sathiakumar N, Coggon D. Musculoskeletal complaints among nurses working at a tertiary care hospital in Karachi, Pakistan. Occup Environ Med. 2011;68(Suppl):A67-A68.

16. Cavdar I, Karaman A, Ozhanli Y, Ozbas A. Low Back Pain in Operating Room Nurses and Its Associated Factors. Pak J Med Sci. 2020;36(6):1291-1296.

17. Akıncı AÇ, Dereli E, Sert H. Low back pain among nurses working in Kirklareli and the associated factors. Acıbadem Üniv Sağlık Bilim Derg. 1930;5(1).

18. Mohammadi M, Raiegani AA, Jalali R, Ghobadi A, Salari N. The Prevalence of low back pain among Iranian hospital nurses: A systematic review and meta-analysis. Nurs Midwifery Stud. 2019;8(1):1-6.

19. Gul A, Ustundag H, Kahraman B, Purisa S. Evaluation of musculoskeletal pain among nurses. J Health Sci Prof. 2014;1(1):1–10.

20. Yılmaz E, Özkan S. Determination of the Prevalence of low back pain among nurses working in hospitals. Turk J Phys Med Rehab. 2008;54(1):8-12.

21. Lin, P. H., Tsai, Y. A., Chen, W. C., & Huang, S. F. (2012). Prevalence, characteristics, and work-related risk factors of low back pain among hospital nurses in Taiwan: a cross-sectional survey. Int J Occup Med Environ Health. 2012;25(1):41-50.