

People's perceptions about family planning and contraceptive methods in Gujrat, Pakistan

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Objective: To analyze the prevalence of different contraceptive methods used by married individuals, to assess their perceptions about family planning, and to identify the nature of relationship between perceived family planning and use of contraceptives.

Methodology: Correlational Research Design was used and data were collected from different urban and rural setups of Gujrat. In Step I, Family Planning Scale (FPS) was developed on the basis of literature review and in-depth semi structured interviews of 10 participants randomly selected from Gujrat. The Step II dealt with the translation of Knowledge of Contraceptive Methods Questionnaire (KCMQ). Forward-backward translation method was applied to scrutinize Urdu version of KCMQ. In Step III, FPS and KCMQ along with demographic sheet and informed consent form were administered on 120 married

individuals (age range 20 to 50) with at least one child, purposively selected.

Results: The condom was most common method (85%) followed by the rhythm (81.5%) and withdrawal (80%). Family planning mean scores were significantly higher than the population mean scores indicating positive attitude of people toward this issue. A significant moderate positive relationship between family planning and use of contraceptives existed and former significantly predicted later.

Conclusion: Perceived family planning significantly predicted the use of different contraceptive methods in positive direction among married individuals. (Rawal Med J 202;45:179-183).

Keywords: Family studies, fertility, contraceptive uses, psychological assessment of attitudes.

INTRODUCTION

The population of the world has exceeded 7.5 billion figure. The population of Pakistan is 207,774,000 with continuing growth with burden imposed on infrastructures, resources, and jobs.¹ Family planning referred to accomplishment of desired number of children and determines the spacing of pregnancies. It is achieved through use of contraceptive methods and the treatment of infertility.^{2,3} The modern methods included female sterilization, male sterilization, the pill, intrauterine device [IUD], injectables, implants, male condoms, and emergency contraception. The traditional methods included rhythm or calendar method and withdrawal.⁴

The things that make family planning acceptable are the very things that make it ineffective for population control.⁵ Family planning makes a substantial contribution to maternal health by making it possible for women to avoid high-risk pregnancies.⁶ Family planning has contribution toward diminishing poverty and hunger.^{7,8}

Unwanted pregnancy yielded both immediate and long-term antagonistic health problems for baby and mother.⁹ The use of modern contraception has resulted in lowering economic hardship, maintaining mental peace, and helping people have satisfactory life.¹⁰ The desire for many children, and many sons, is a rational response to the unfavorable attitude towards family planning in Pakistan.¹¹

The primary objective of the present study is to assess; a) the prevalence of contraceptive methods used by people and b) their general attitude towards family planning. And secondarily, c) to explore relational association between the two study variables. The implications would be helpful in raising awareness imparting them education about reducing family size at individual level. The service providers can develop effective communication pattern and strategies to directly deal with the factors that are playing important role in the formation and maintenance of the attitude and bringing a change in the behavior.

METHODOLOGY

In this Correlational Research, data were collected from different urban and rural setups of Gujrat. The sample comprised of 120 individuals (50% males and 50 % females) purposively being selected with inclusion criteria of being married and having at least one child. Their age ranged between 20 to 50 years. Married individuals were categorized into three groups; young adults (20 to 30 years, f=47, 39.2%), adults (31 to 40 years, f=48, 40%) and old adults (41 to 50 years, f=25, 20.8%). Only 11.7% participants were uneducated whereas rest of the participants has acquired qualification from primary to master degree. Informed consent was taken from all participants.

Demographic sheet exploring categorical variables related with age, gender, area, family system, monthly income, education, employment status, and number of children was used.

Family Planning Scale (FPS) comprised of 42 items that was developed to assess the perception of people about different factors effecting attitude towards family planning. The construed Urdu Version of FPS was found to be the reliable instrument with 0.97 Cronbach Alpha (α) on the present sample. These factors are related with family issues (10 items, $\alpha= 0.89$), societal pressures (9 items, $\alpha= 0.91$), economic status (10 items, $\alpha= 0.94$), religious inclination (3 items, $\alpha= 0.82$), health (3 items, $\alpha= 0.79$), and sex roles (7 items, $\alpha= 0.85$). It consisted of four response categories that ranged from strongly agree (scored 4) to strongly disagree (scored 1). High level of scores indicated a positive attitude of the people towards the concept of family planning.

Knowledge of Contraceptive Methods (KCMQ) questionnaire was translated in Urdu to make it applicable on the people of Gujrat. It comprised of 10 items with yes and no response categories scored as 1 and 0 respectively. There are two subscales to measure the knowledge about the contraceptive methods namely, modern methods and traditional methods. The modern method subscale comprised of eight items that deal with sterilization (male, female), pills, intrauterine device (IUD), injections, implants, emergency contraception and condoms. The traditional method subscale

comprised of two items of rhythm and withdrawal. KCMQ has 0.88 Cronbach alpha reliability coefficient on the present sample and 0.87 and 0.63 are the values of modern methods and traditional methods respectively. High score indicated fairly good know how about the contraception usage and vice versa.

In Step I, Family Planning Scale (FPS) was developed on the basis of the literature review and in-depth semi structured interviews of 10 participants randomly selected from residences of Gujrat. **In Step II**, already developed English version of Knowledge of Contraceptive Methods Questionnaire (KCMQ) was translated in Urdu through forward-backward translation technique. Urdu translations were acquired from three bilingual experts holding Masters level qualification in English and Psychology. The best translation was selected through committee approach and was given to another naive bilingual expert for back translation into English. The content similarity validation was conducted by two experts (M. Phil in Psychology) and the Urdu version was found to be suitable for administration on the present sample of the study. **In Step III**, the data on 120 married participants was collected by administration of FPS and KCM questionnaire along with the demographic sheet. It took approximately 20 minutes to fill the questionnaires.

Statistical Analysis: One Sample t-Test was applied to compare sample mean difference with the hypothetical population mean for perceived family planning. Pearson Product Moment Correlation Coefficient and Linear Regression Analysis were used to see the relationship between the two study variables. Data were analyzed through SPSS version 21.

RESULTS

The most common methods used for contraception were condom, sterilization, pill, IUD, rhythm and withdrawal (Table 1). The least preferred method is male sterilization. Table 2 shows that the family planning mean score was significantly higher than the population mean score, $t(119) = 28.57, p < 0.01$. This indicated positive attitude of participants toward family planning.

Table 1. Frequencies and Percentages of Contraceptive Methods used.

		Yes Number (%)	No Number (%)
Modern Methods (MM)			
1	Female Sterilization	84 (70)	36 (30)
2	Male Sterilization	61 (50.8)	59 (49.2)
3	Pills	88 (73.3)	32 (26.7)
4	Intrauterine Device (IUD)	81 (67.5)	39 (32.5)
5	Injectable	81 (67.5)	39 (32.5)
6	Implants	80 (66.7)	40 (33.3)
7	Condom	102 (85)	18 (15)
8	Emergency Contraception	88 (73.3)	32 (26.7)
Traditional Methods (TM)			
9	Rhythm	98 (81.7)	22 (18.3)
10	Withdrawal	96 (80)	24 (20)

Table 2. One Sample t-Test for Attitude of participants toward Family Planning Scale.

Test Value = 63							
M	SD	t	df	Sig. (2-tailed)	Mean Difference	95% CI of the Difference	
						Lower	Upper
126.87	24.48	28.57	119	.000	63.86	59.44	68.29

Table 3. Pearson Product Moment Correlation Coefficients of scales and subscales of FPS and KCMQ.

Subscales/scales	2	3	4	5	6	7	8	9	10
1. Family	.77**	.69**	.58**	.65**	.68**	.88**	.55**	.48**	.58**
2. Society	-	.79**	.63**	.64**	.73**	.92**	.57**	.46**	.60**
3. Economic		-	.59**	.71**	.74**	.91**	.52**	.44**	.55**
4. Religion			-	.57**	.66**	.74**	.41**	.36**	.43**
5. Health				-	.63**	.78**	.41**	.38**	.44**
6. Sex Role					-	.86**	.51**	.52**	.55**
7. Family Planning						-	.60**	.52**	.63**
8. modern methods							-	.55**	.98**
9. traditional methods								-	.69**

Note: **p<0.01; 10= Total Contraception use

Table 3. Linear Regression analysis for FPS and KCMQ (n=120).

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	-2.81	1.156		-2.430	.017
Family Planning	.08	.009	.629	8.781	.000
R	.63				
R ²	.40				
F	77.11**				

Table 3 shows the Pearson Product Moment Correlation Coefficient to be significant at p<0.01

among inter-scales and subscales of FPS and KCMQ. Table 4 shows that family planning is the significant positive predictor of contraceptive methods used by the participants (R² = .40, F (1, 119)=77.11, p<.01).

DISCUSSION

We found that condom was most frequently used method followed by rhythm and withdrawal. Condom had been found to be the commonest method used.^{12,13} The majority of the people are aware of condoms, as a modern method of controlling birth rate. Birth rate is also additionally controlled among married women by traditional mechanisms such as self-restraint, absence of spouse, occasional abstention and rhythm.¹⁰ In Gujrat, married men and women are more comfortable in using traditional methods, unlike survey report indicating 9% use of these methods in the year of 2017 to 2018 in Pakistan.¹⁴ The reason might be that females are aware of the side effects of modern methods and considered rhythm and withdrawal to be more safe practice. Or else these methods required no expenditures and as cost free.

The people in general hold negative attitude toward the concept of family planning on realistic grounds. Therefore, the hypothetical mean value of population for withholding their attitude in issues of family planning is assumed to be 63 on FPS.¹⁵ Table 2 shows that the sample mean is significantly higher than the populations mean. This implied positive attitude of married men and women either due to social desirability facet or else these are the genuine feelings expressed indicating a dire need to dig into the matter more stanchly. Although positive attitude toward family planning is consistent with the findings of a study from Lahore,¹⁶ the growing population rate signifies negative attitude toward the issue.

The reasons for negative attitude might be that families desired to increase the family size due to personal desires or provocation from the in-laws to have more children. Religiously, people feel obliged to give birth to large number of off springs. They are reluctant to use contraception because of the side effects and unavailability of the quality services to cater their medical needs in this aspect.¹⁷ Moreover,

decision making in family planning is considered to be the sole responsibility of the husbands in Pakistani patriarchal society. They do not allow females to visit hospitals alone and do not encourage communication with regard to family size and spacing within the children birth.¹⁸ Therefore, family planning is thought to be a failed project in Pakistan. However, the positive attitude in findings of present study have instigated a hope to carry psycho-educational programs to effectively deal with the barriers.

We explored relational association between the two study variables. It has been hypothesized that 1) there will be a positive relationship between family planning and contraceptive use. 2) Perceived family planning will predict the contraceptive use in married men and women. The results of Table 3 and 4 confirmed both hypotheses of the study to be true. The findings showed a moderate positive relationship of various factors of family planning such as religion, society, family economic, health and sex role with the use of different contraceptive methods. Moreover, family planning has positively predicted the use of contraception in married individuals.

The results of the present research are consistent with the findings of the previous researches that have focused on the association between different factors of family planning with use of contraceptive methods.¹⁹⁻²³ The implications of the findings suggested a dire need of launching educational intervention strategies targeting these factors to persuade people for effective use of contraceptives aiming at achievement of reduced family size in Gujrat.

Some limitations of the present study pertained to the small sample size (n=120), restricted to the areas of Gujrat only for selection of sample, privation of exploratory and confirmatory factor analyses to measure the strength of the family planning construct as emerged in the present study. For future studies, the sample size should be increased, targeting different urban and rural areas of Punjab to make the results generalizable on larger population of Pakistan. The validation studies for FPS should be conducted to make the psychometric properties of the scale sounder and precise.

CONCLUSION

The results showed high prevalence of condom, rhythm and withdrawal methods being used by married people residing in Gujrat. Family planning scores indicated positive attitude in general. A significant relationship between family planning and use of contraceptives existed and former significantly predicted later. There is a dire need to launch a psycho-educational program moderated by Cognitive Behavior Therapy to bring changes in the attitude of people with a constructive vision of lowering the population growth rate, in District Gujrat, Pakistan.

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REFERENCES

1. Indexmundi. Pakistan Population Growth Rate. 2017. Retrieved from http://www.indexmundi.com/pakistan/population_growth_rate.html.
2. World Health Organization. Family Planning/Contraception. 2017. Retrieved from <http://www.who.int/mediacentre/factsheets/fs351/en/s>. 2017
3. Population Welfare Department: Government of Punjab. Family Planning and contraception. Pakistan: Population Welfare Department; 2016.
4. Ahmad I, Eskar M. Family Planning In Pakistan: Demographic and health survey 2006-07. Islamabad: National Institute of Population Studies & Macro International, Inc; 2008.
5. Davis K. Population policy: Will current programs succeed? In Chaplin, D., (ed.). Population policies and Latin America. Lexington: Mass Health; 1971.
6. Maine D. Family Planning: Its Impact on the Health of Women and Children. New York: Columbia University, Center for Population and Family Health; 1981.
7. Bolam A, Manandhar D S, Shrestha P, Ellis M, Anthony MDL. The effects of postnatal health education for mothers on infant care and family planning practices in Nepal: a randomised controlled trial. *Biomed J* 1998;316:805-811.
8. Cleland J, Bernstein S, Ezeh A, Faundes A, Glasier A, Innis J. Family planning: the unfinished agenda. *The*

- Lancet 2006;368(9549):1810-27.
9. Greenberg GM, Ursu A, Hertz MI. Family planning and contraception. *Family Medicine: Principles and Practice*. 2014;1-15.
 10. Aziz KM, Maloney C. (1985). Life stages, gender and fertility in Bangladesh. *Popline*. 1985. Retrieved from <http://www.popline.org/node/423992>.
 11. Mamdani M. *The myth of population control: family caste and class in an Indian village*. New York, Monthly Review Press; 1972.
 12. Kazmi K, Naz S. Fertility and choice of family planning practices in rural Islamabad. *Pak J Med Res* 2005;44:149-52.
 13. Zuberi SK, Salman SH, Virji RN, Sana S, Kumari S, Zehra N. A hospital-based comparative study of the knowledge, attitudes and practices of family planning among women belonging to different socio-economic status. *J Pak Med Assoc* 2015;65:579-84.
 14. National Institute of Population Studies (NIPS) [Pakistan] and ICF. 2019. *Pakistan Demographic and Health Survey 2017-18*. Islamabad, Pakistan, and Rockville, Maryland, USA: NIPS and ICF. 2019.
 15. Kent State University. SPSS tutorials: one sample t test. 2019. Available from: <https://libguides.library.kent.edu/SPSS/OneSampletTest>
 16. Chaudhry MA, Khan I, Ashraf M. Knowledge, attitude and practice about family planning in low income employees of CMH Lahore medical College, Lahore-Pakistan. *Biomedica* 2015;31:42-5.
 17. Mustafa G, Azmat SK, Hameed W, Ali S, Ishaque M, Hussain W, et al. Family planning knowledge, attitudes, and practices among married men and women in rural areas of Pakistan: Findings from a qualitative need assessment study. *Int J Reprod Med* 2015. DOI: <http://dx.doi.org/10.1155/2015/190520>
 18. Sultana A, Qazilbash AA. Factors associated with failure of family planning methods in Pakistan: Burhan village case study. Sustainable Development Policy Institute; 2004.
 19. Pinter B, Hakim M, Seidman DS, Kubba A, Kishen M, Di Carlo C. Religion and family planning. *Eur J Contraceptives Reprod Health Care* 2016;21:486-95.
 20. Hajason JZ, Piña K, Raveloharimisy JL. *The Influence of Family Dynamics on Contraceptive Use in Madagascar and the Ensuing Impact on Family Well-Being*. North Carolina: University of North Carolina; 2013.
 21. Diczfalusy E. Contraception and society. *Eur J Contraceptives Reprod Health Care* 2002;7:199-209.
 22. Sai FT. Political and economic factors influencing contraceptive uptake. *Br Med Bull* 1993;49:200-209.
 23. Nanda G, Schuler SR, Lenzi R. The influence of gender attitudes on contraceptive use in Tanzania: new evidence using husbands' and wives' survey data. *J Biosocial Sci* 2013;45:331-44.