

Evaluation of Barriers in Non-Practising Family Planning Women

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ABSTRACT

Objective: To assess the frequency of common barriers in non-practising family planning services among married women.

Background: The greatest problem of our time is the rapid growth of population in developing countries which has enormous impact on human life. The most urgent conflict facing the contemporary world today is not between states or ideologies but between the pace of growth of human race and the inappropriate increase in the production of resources, necessary to support the mankind in peace, prosperity and dignity.

Study Design: Survey report.

Place and Duration of Study: Bhana Mari Union Council Peshawar, Khyber Pakhtunkhwa (KPK) in 2012.

Methodology: Married women were interviewed through structured questionnaires.

Results: This study reveals that about 70.4% of the respondents were in age between 25 to 40 years. The most common barriers for not using contraceptive methods were non-availability of contraceptive services (54.5%), gender inequality issues (43.3%), illiterate husbands (42.8%) and high cost of contraceptive devices (38%) in surveyed area. About 23.9% married women were against using contraception because of religious beliefs.

Conclusion: On the basis of results, it is concluded that husbands of married women, who were illiterate and in young age, did neither use contraception nor did allow their wives to practise family planning and nor even discussed family planning with their wives.

Key words: Barriers, family planning, married women, Peshawar.

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INTRODUCTION

In 1950, Pakistan having a population of 37 million people was world's 13th largest country. Its population expanded more rapidly and thereby made it 6th largest country of the world. As per UNO projection, Pakistan will be at the 5th place in 2050, after India, China, United States and Indonesia.

Rapid growth of population is not caused by a single reason but different demographic factors like political stability and socio-economic development of a country.

It has been universally recognized that a massive population size, rapid growth rate and uncontrolled transfer of population from rural areas to cities can create pressure on the resources of a country thus adversely affecting its economic prosperity.¹ Population growth is an important variable that has widened the gap in growth and in per capita income between developed and developing nations. Advocates of birth control see it as a means to prevent the personal and social pressures that result from rapid population growth.²

Pakistan started family planning program in the 1950. Statistics of knowledge, attitude and practice (KAP) show that after more than 50 years, 96 percent of currently married women are aware of at least one modern method of contraception. Only half of Pakistani women expressed they have ever used contraception by the year 2006-07.³

Family planning programs have traditionally focused on women as the primary beneficiaries and men have been considered as the silent partners of the services.

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In Pakistan, it is generally believed that men are not in favor of family planning and that men want more children particularly more sons.

A family planning survey, conducted in Nigeria in 2005, revealed that the root cause for disapproval of contraceptive adoption by women was consent of their husbands.⁴ Similarly, a KAP survey was conducted in 2005 in Zimbabwe. It also reported that male attitudes were a major facilitating or inhibiting factor in female contraceptive use, nearly 80% females reported prior husband approval.⁵

In 2002, a survey was conducted which revealed that men play a key role in bringing about gender equality and most societies are male dominated. So men exercise preponderate power in nearly every sphere of life, ranging from personal decisions regarding the size of families to the policy and program decisions taken at all levels of government. It is generally believed that men in Pakistan are not in favour of family planning and that men want more children, particularly more sons.⁶

In Pakistan, men are not using male contraceptives more frequently because they do not yet believe that they have a responsibility to do so and that women have a right to expect man also to share contraceptive responsibility. Moreover, family planning programs run through Lady Health Workers, Lady Health Visitors and Community Midwives makes it a barrier in communication with men.⁷

Keeping all above in view, a study was conducted to assess the frequency of common barriers in non-practising family planning services among married women of Peshawar, Pakistan.

MATERIAL & METHODS

A cross sectional study was conducted in Bhana Mari, which is an urban slum of Peshawar. A total of 400 married women were interviewed aged 15-49 years. All married women at union council Bhana Mari were eligible to be enrolled as participants in the study if they were married, multigravida, 15-49 years old and permanent residents of that area. Severally ill patients, mentally ill patients, non-willing person and women who were not permanent resident of District Peshawar were excluded from the study.

A conceptual framework developed to study the frequency of common barriers in non-practicing family planning services among married women. There were certain variables which determined women's attitudes, which in turn were likely to influence women's contraceptive use behaviour. These attitudinal variables

were the approval of family planning and the desire for children and also determined the barriers to use contraceptives methods. All these variables had an independent direct relationship to the use of contraception.

The following questionnaire was formulated to determine the common barriers that a women faced in family planning services.

1. Husband reluctant
Yes NO
2. Illiterate husband
Yes No
3. Gender Inequality (Right of decision making)
Yes No
4. Affordability problem
Yes No
5. Availability problem
Yes No
6. Religious beliefs a barrier that contraception is a sin?
Yes No
7. Do you discuss family planning regarding contraception with husband?
Yes No

Data were collected through systematic sampling technique and each selected person who fulfilled the inclusion criteria and who consented in writing was interviewed in utmost privacy. Before collecting data, purpose of the study was explained and informed written consents were obtained. Data were analyzed using statistical package SPSS for social sciences version 16.0. Continuous variables like age, duration of experience were described as Mean Standard Deviation. Categorical variables were described as frequencies and percentages.

RESULTS

Non-willing and illiterate husbands in a KAP study of married women towards family planning services in Peshawar

According to our study, 17.5% husbands were reluctant and 78% in favour to use family planning services. Similarly, 42.8% of husbands were illiterate while 52.6% were literate (Table 1).

Gender inequality and affordability problems of respondents in a KAP study of married women towards family planning services in Peshawar

According to our results, 43.3% women were facing gender inequality issues while 51.4% were able to take decision. Also, 38% of respondents could not afford to buy contraceptive devices while 57.2% were able to afford (Table 2).

Availability Problems of respondents in a KAP study of married women towards family planning services in Peshawar

The results revealed that 40.7% of respondents were satisfied with contraceptive services availability while 54.5% were having availability problems (Table 3).

Religious beliefs of respondents in a KAP study of married women towards family planning services in Peshawar

Our results showed that only 23.9% believe that family planning is a religious sin while 71.5% were against this opinion (Table 4).

Spousal communication among couples in a KAP study of married women towards family planning services in Peshawar

About 83.3% couples had good communication towards family planning services and only 11.7% never discussed about family planning (Table 5).

DISCUSSION

Our results showed that family size desires and fertility outcome had an important dimension of gender relations, especially in cultures where men rule in family. Men may desire large families because of seeking economic benefits and social prestige and power in having children, while women could have equally high fertility desires due to advantages of old age support.⁸ A study conducted in Bangladesh also revealed that small family size was not accepted for most husbands, one third (33%) of them had desire for more children.⁹

As far as the level of education is concerned, our results indicated that illiteracy was very high amongst the surveyed population. A high number of respondents were illiterate because of low socio-economic condition and lack of awareness. Educated couples were more likely to use contraception as compared to uneducated ones. Due to gender inequality, there was relatively less favourable position of women in the economic and decision-making spheres, which inhibited them to make choices about family size and family planning.

According to our study, a number of respondents were able to afford contraceptive devices but could not get it free because of lack of governmental family planning outlets in their area. Therefore, they had to buy them from other traditional outlets, such as pharmacies or

Table 1. Non-willing and illiterate husbands in a KAP study of married women towards family planning services in Peshawar

Non-willing husbands	Frequency	Percent	Valid %	Cumulative %
Yes	73	17.5	17.5	22
No	326	78	78	100
Illiterate husbands				
Yes	179	42.8	42.8	47.4
No	220	52.6	52.6	100

Table 2. Gender inequality and affordability problems of respondents in a KAP study of married women towards family planning services in Peshawar

Gender inequality	Frequency	Percent	Valid %	Cumulative %
Yes	181	43.3	43.3	48.6
No	215	51.4	51.4	100
Affordability Problems				
Yes	159	38	38	42.8
No	239	57.2	57.2	100

Table 3. Availability problems of respondents in a KAP study of married women towards family planning services in Peshawar

Availability Problems	Frequency	Percent	Valid %	Cumulative %
Yes	170	40.7	40.7	45.5
No	228	54.5	54.5	100

clinics, or grocery stores, and this certainly made it unavailable to a number of respondents in one way or the other.

There were respondents who were against family planning because of religious beliefs that Islam does not allow contraception. Earlier study done in Pakistan regarding contraceptives knowledge and practice in district of Sindh also showed that religious and cultural pressures influence the family planning programs.¹⁰

In Jordan, nearly 40% of married men do not believe in practicing contraception and more than half believe that family size should be left up to God.¹¹

According to our study finding, about 83.3% couples discussed family planning but because men were more dominant and key decision maker about family planning, therefore to practise family planning or not was finalized by husbands. Also, most of the couples were illiterate and were not communicating with each other properly. Our results confirm the findings of a study done in Yemen in 2007, which showed that about 42% of couples did not discuss with their spouses about family planning. Women in the oldest and

youngest cohorts were least likely to have discussed family planning. However, discussion between spouses about family planning contributed significantly to increasing contraceptives use.¹¹

The present study showed that there was a strong relationship of respondent's contraceptive use with literacy, spousal communication, decision making to permit wives for use of contraception and number of children. A study conducted in Pakistan regarding motivation and involvement of men in 2003 showed that there was significant association with important factors that determine men's contraceptive use behaviour are the approval of family planning, the communication with wife on family planning matters, and the desire for children. Those men, desiring no more children, were discussing about family size with their wives.¹²

There was also a strong relationship of contraceptives use with wives' age and spousal communication. In general, women's autonomy in the household decisions is uneven i.e. somewhere between considerable and highly restricted. If women's autonomy in terms of their mobility and decision-making is enhanced through encouraging communication with the spouse, its effects on use to contraception and limitation of family size can be far greater than what it is now.¹² On the basis of results obtained, it is concluded that spousal communication needs special attention, since women are unlikely to bring up the subject for discussion because they may be hesitant before men therefore men should be informed about the advantages of family planning by introducing IEC (Information education communication) tool. There is also need to strengthen and expand family planning services for men. Women should be encouraged to communicate with their husbands regarding contraception. Awareness must be created through media campaigns to convey the message of family planning, information about the availability of contraceptives services to both men and women. The religious misconception regarding family planning must be countered through especial measures, orientation workshops for religious leaders regarding family planning.

According to official sources, the contraceptives prevalence rate (CPR) is 34% among married Pakistani couples, which is lowest in the regional countries. One of the factors for this prevalence is the fear of side effects of contraceptives. Therefore, Ministry of Population Welfare, Ministry of Health, all other Public and Private profit or non-profit organizations should address the issue through adequate counseling, timely follow-up, client's satisfaction and improving

knowledge and technical competence of service providers. The family planning campaigns are currently running in a non-motivational manner with un-skilled and un-capable staff, thus failing to create awareness among the people. Therefore, adequate training should be provided down to the grass-root level.

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