

# Determinants of Service Provider's Perceptions of Success of the Family Planning Program in Pakistan

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## ABSTRACT

The study was carried out to assess the determinants of service providers' perceptions of success of the family planning program at Family Welfare Centers (FWCs) in Faisalabad district of Pakistan. A sample of 177 providers was interviewed. Bivariate and multivariate analyses were carried out. The results show that perceptions of permissibility of contraceptive use, quality of program supervision and women's rights were the three most important determinants of success of the program.

**Key Words:** Determinants; Service providers; Family planning; Perceptions

## INTRODUCTION

Social research to delineate the influences of people's perceptions and beliefs on their reproductive behavior and contraceptive use has been of increasing interest to scholars in recent years. This is because previous work in this area has looked primarily at the economic and structural determinants of fertility and contraceptive use. This approach, however, has not addressed questions concerning high fertility and low contraceptive use which may be related to the contexts and processes of the provision of relevant services (Retherford & Palmer, 1983; Cleland, 1985; Simons, 1986; Koeing *et al.*, 2000; Mann & Rehman, 2000). Cleland *et al.* (1990) and Mann (1999, 2000) while discussing the practical considerations for social science research in human reproduction, state that ideational factors such as ideas, beliefs, values, conceptions and perceptions of both the user and the service provider are important determinants of performance of family planning programs. Further, social science research can provide useful information by concentrating on the implications of these human characteristics for behavior relating to reproduction and for the use of fertility regulating technology.

In the light of the above views, this study is designed to look at the determinants of service providers' perceptions of success of family planning program in Faisalabad district of Pakistan.

## MATERIALS AND METHODS

A survey study was conducted in all the Family Welfare Centers to investigate the program factors and service providers' perception in Faisalabad district of Pakistan. The immediate objective of this survey was to gather information on service provider's perceptions

about program factors (training and supervision), general perceptions (family size preference, sex of child preference and status of women) and perceptions about success of the program.

**The sample.** It was decided to include all centers present in the district at the time of survey in the study. All staff members at every FWC covering the whole district were considered for questioning. All centers in the district were visited to collect information but the staff of one of these centers could not be located and the center was found locked on three consecutive visits, so, this center was dropped from the study. From among the service providers available at centers on the day of the visit, 30 were unmarried and were not interviewed. Again, one provider, on average, was not available at each of the centers on the day of data collection due to personal or program activities despite the staff member in charge of each center being informed by the district office that the survey was to take place on a particular day. The dates of the visits by the survey team were also announced during the monthly meeting of staff in charge of the centers held at the head office in Faisalabad city. However, in spite of such official assistance, some procedural and organizational problems could not be eliminated. For example, certain centers did not receive the posted circulars and some of those in charge were not present at the head office meeting. As a result, the sample size of the service providers was reduced by a further 68 staff yielding a final total of 177 total available for interview.

**Data collection.** A well-designed interview schedule was used for data collection from the service providers on background variables and their individual level and program-related perceptions. Three married female post-graduate students from the Department of Rural Sociology, University of Agriculture, Faisalabad, were recruited for conducting interviews. The reason for selecting post-graduate students is because of their

knowledge in research methods and population studies. The use of all female interviewers helps to avoid charges of bias in responses due to the sex of the interviewer.

The interviewers were given special training through lectures, group discussions and practice for seven days (2-3 hours a day) on how to conduct the interviews/surveys. They were asked to participate in mock interviews as part of their training.

**Data analysis.** The SPSS + 4.0 statistical package was used for analysing the data. Frequency distributions of the variables were first obtained and where appropriate, cross tabulated. The chi-square test of significance was used. Multivariate analysis was also carried out for assessing the relative importance of each of the independent variables in relation to the dependent variable.

**RESULTS AND DISCUSSION**

**Correlation analysis.** Correlation is one of the most important and useful statistical techniques for exploring relationships between different variables in social science research. The correlation does not only elaborate upon the direction of the relationship between two variables but it also indicates the strength of that relationship. Keeping in view the statistical literature, Linear Correlation was used to find out the associations between variables included in the analysis. Correlation Coefficients were calculated by using SPSS and are shown in the Pearson's Correlation Matrix in Table II.

**Exploring relationships.** An underlying objective of this study is to determine the relationship between the characteristics of service providers working at Family Welfare Centers and their perceptions of the family planning program. Bivariate and multivariate level analyses for this purpose have been carried out and are reported below. The phi and chi square tests were used for levels of association and significance. However, as both measures provide similar results, only the chi square values are presented.

**Dependent Variable: Perceptions of Success of the Program.** The data presented in Table I reveal that there was no association between service providers' age and their perceptions about success of the program. Although no statistically significant relationship was found between service providers' number of living children and their perceptions about success of the family planning program, the percentage of the service providers who perceived the program as successful decreased as service providers' number of living children increased. The rationale behind this trend may be found in the way service providers with a small number of living children

**Table I. Success of the program by service providers' characteristics**

Characteristics	Success of program			
	Succeeded		Not succeeded	
	%	%	N	P
Age (years)				
20-29	75.9	24.1	29	-
30-39	83.3	16.7	66	-
> 40	75.6	24.4	82	-
				n.s.
Number of living children				
0-3	80.8	19.2	104	
4	78.2	21.8	55	
>5	66.7	33.3	18	
				n.s.
Number of boys				
0-1	80.0	20.0	80	
>2	77.3	22.7	97	
				n.s.
Years of schooling				
None	57.1	42.9	14	
1-5	75.0	25.0	20	
6-10	81.6	18.4	114	
11-16	79.3	20.7	29	
				n.s.
Training				
Low	61.5	38.5	26	
High	84.4	15.6	96	
Supervision				0.01
Low	59.5	40.5	37	050
High	84.7	15.3	137	
				0.00
				078
Familism				
Agree	70.6	29.4	17	
Disagree	79.4	20.6	160	
				n.s.
Value of son				
Agree	78.1	21.9	146	
Disagree	80.6	19.4	31	
				n.s.
Daughter's neglect				
Agree	78.9	21.1	152	
Disagree	76.0	24.0	25	
				n.s.
Fatalism				
Favour	91.8	8.2	61	
Against	71.6	28.4	116	
				0.00
				182
Women's rights				
Favour	75.0	25.0	132	
Against	88.9	11.1	45	
				0.05
				005
Women's roles				
Approve	80.0	20.0	155	
Disapprove	68.2	31.1	22	
				n.s.
Need for the program				
Needed	81.6	18.4	141	
Nor needed	66.7	33.3	36	
				0.05
				208

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Characteristics	Success of program		
	Succeeded		Not succeeded
Satisfaction with job			
Satisfied	79.5	20.5	122
Not satisfied	76.4	23.6	55
			n.s.
Effects of contraception			
Positive	82.0	18.0	122
Negative	70.9	29.1	55
Permissibility of contraception			
Permissible	88.6	11.4	123
Not permissible	55.6	44.4	54
			0.00
			000

NFP:need for program; SWJ:satisfaction with job; POC:permissibility of contraception; EOC:effects of contraception

believe in family planning and have favorable perceptions towards its success. Neither was a relationship found between service provider's number of living sons and their perceptions towards success of the program. Table II further indicates that as the service provider's years of schooling increased, the percentage of service providers who perceived the family planning program as successful also increased but the relationship was not statistically significant. The explanation for this finding may be that schooling is important to the service providers' perceptions towards the program's success.

The information given in Table I shows a positive and significant association between the reported quality of the service providers' training/supervision and their perceptions concerning the success of the family planning program. The relationship was significant at the

0.01 level (using Pearson's correlation described in Table II). Fourth-fifths of service providers who perceived the quality of their training and supervision as high also perceived the program as successful as compared to less than one-fifth of service providers who perceived the program as not successful. The interpretation of this finding may be that high quality training and supervision enables service providers to raise their self-esteem and have positive perceptions of their own program. High quality supervision encourages problem-solving and enthusiastic support which encourages those involved to be more satisfied with the success of the program. An alternative interpretation is that the bias present in one of these variables is likely to be present in the other. However, training and supervision also showed their independent effect on the perceived success of the program (see Table III).

As can be seen from Table I, there is no significant relationship between service provider's perceptions of the program's success and their perceptions of familism, value of sons and daughters' neglect. However, the data show that the percentage of service providers who disagreed with the value of large families and perceived the program as successful was higher (79.4%) than for service providers (70.6%) who agreed with the value of large families. It suggests that 'large families are not prestigious' acts as a motive to perceive the family planning program more positively.

The data presented in Table I also indicate a positive and statistically significant association between service provider's perceptions of success of the program and fatalism. However, the relationship was a negative

**Table II. Pearson's (pair wise) correlation matrix and standard deviations of key predictor and outcome variables in bivariate analysis**

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	NMean	SD
Age	1.0	-0.08	0.49**	0.47**	0.37**	14.0	-0.09	-0.00	-0.07	-0.13	0.07	-0.08	-0.00	-0.04	0.02	0.03	-0.05	0.01	177	38.208.48
Education		1.0	-0.20*	-0.13	-0.12	0.29**	0.13	-0.22*	-0.18*	-0.09	-0.08	0.27**	0.08	0.10	0.29**	0.04	0.05	-0.01	177	8.633.34
CEB			1.0	0.93**	0.69**	-0.02	-0.13	0.08	0.04	0.06	-0.06	-0.06	-0.07	-0.09	0.02	-0.06	-0.04	-0.02	177	3.642.09
Parity				1.0	0.75**	0.04	-0.12	0.06	0.04	0.05	-0.09	-0.09	-0.11	-0.07	0.03	-0.07	0.00	-0.04	177	3.191.85
NOB					1.0	-0.00	-0.08	0.14	0.08	0.04	-0.05	-0.18	-0.06	-0.04	-0.05	-0.04	0.02	-0.08	177	1.721.51
Training						1.0	0.33**	-0.44**	0.13	-0.07	-0.25*	0.14	0.27*	0.29**	0.22*	0.26*	-0.12	0.27*	122	12.752.45
Supervision							1.0	-0.17	-0.08	-0.03	-0.18*	-0.05	-0.09	0.32**	0.20*	0.38**	0.04	0.33**	174	6.201.21
Familism								1.0	-0.02	0.03	0.19*	-0.19*	-0.37**	-0.24**	-0.26**	-0.21*	0.08	-0.26**	177	6.792.18
VOS									1.0	0.18*	0.05	0.06	-0.01	-0.03	-0.11	-0.06	-0.23*	0.01	177	14.952.84
DN										1.0	-0.13	-0.12	0.04	0.07	-0.06	-0.04	-0.01	0.05	177	5.761.351
Fatalism											1.0	0.19*	0.03	-0.29**	-0.13	-0.16	-0.10	-0.28**	177	7.181.091
WR												1.0	0.16	-0.24**	0.09	0.00	-0.17	0.05	177	7.841.331
Wro													1.0	0.02	0.24**	-0.03	-0.01	0.04	177	8.501.041
SOP														1.0	0.17	0.37**	0.28**	0.37**	177	21.692.941
NFP															1.0	0.15	0.09	0.24**	177	13.641.071
SWJ																1.0	-0.15	0.50**	177	12.333.361
POC																	1.0	0.12	177	9.412.481
EOC																		1.0	177	16.182.481

\*\* Significant at the 0.01 level; \* Significant at the 0.05 level; CEB:children ever born; NOB:number of boys; VOS:value of son; DN:daughter's neglect; WR:women's rights; WRO:women's Roles; SOP:success

one and significance was obtained by means of correlation (Table II). Furthermore, fatalism had an independent influence on success of the program. A statistically significant but negative association was found between women's rights and the perceived success of the program. Although the relationship between service provider's perceptions of women's roles and success of the program was not statistically significant, 80 percent of service providers who approved of women's modern roles perceived that family planning program was successful compared with 68.2% of service providers who disapproved of women's roles. The reasons may be that service providers who approved of women's modern roles are more open-minded and perceive the program in a positive manner.

From Table I, it can be seen that 81.6% of service providers who perceived that the family planning program was needed also perceived the program as successful as compared to 66.7% of service providers who perceived that the program was not needed. The reason for this relationship may be that felt need for the program among service providers causes a felt success of the program. The relationship was statistically significant. Furthermore, no relationship was found between service providers' satisfaction with a work in the family planning field and perceptions of success of the of program. In other words, satisfaction with one's work is not a necessary element of success of the program.

Finally, Table I indicates a non-significant

association between perceptions of the potential side-effects of contraception and success of the program. However, the percentage of service providers who perceived that contraception had positive side-effects for the user and perceived the program as successful was higher (82.0%) than for service providers (70.9%) who perceived that contraception had negative effects. A statistically significant association was found between service providers' perceptions of permissibility of contraceptive availability and success of the program. It would seem that the perception that contraception is allowed socially and culturally has an important link with service provider's perceptions concerning the success of the family planning program.

**Multivariate Analysis (Multiple Linear Regression Model).** The regression equation shown in Table III indicates that service providers' perceptions of permissibility of contraceptive availability was the most important factor in relation to their perceptions of success of the program. In other words, providers' perceptions that contraception is permissible is the most important contributory factor in determining their perceptions on whether the family planning program is successful or not. It can be said that social and cultural attributes of service providers' perceptions were most important in affecting their perceptions of the success of the program. The second important factor in determining reports that the program is successful was the perceived quality of service supervision. High quality supervision is crucial to service providers if the program is to be

**Table III. Standardised partial regression coefficients (beta values) for success of the program regressed on control and independent variables**

VARIABLES	STANDARDISED COEFFICIENTS (BETA VALUES) IN EACH STEP															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Control variables																
Age	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns
Education		ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns
Parity			ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns
Number of Boys				ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns
Dependent variables																
Training					.23**	.16*	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns
Supervision						.26***	.25***	.25**	.25**	.22**	.21**	.21**	.19**	ns	ns	ns
Familism							-.16*	-.16*	-.16*	ns	-.18*	-.20**	-.19**	-.16*	ns	-.16*
Value of Son								ns	ns	ns	ns	ns	ns	ns	ns	ns
Daughter's Neglect									ns	ns	ns	ns	ns	ns	ns	ns
Fatalism										-.20**	-.15*	-.14*	ns	ns	ns	ns
Women's Rights											-.24**	-.23**	-.24**	-.24***	-.25***	-.21**
Women's Roles												ns	ns	ns	ns	ns
Need of Program													ns	ns	ns	ns
Satisfaction with Job														.24**	.17*	.25**
Effects of															.17*	ns
Contra-ception																
Permissibility																
of Contra-ception																.29***
Adj. R2	.004	.004	.006	.004	.04	.10	.11	.11	.12	.15	.20	.20	.20	.24	.26	.33

\*\*\*Significant at the .001 level; \*\* Significant at the .01 level; \* Significant at the .05 level

perceived as successful. The quality of supervision provided six percent of the total variation in the dependent variable.

Table III further reveals that perceptions of women's rights were the third most important factor obtained in the regression model to affect perceptions on whether or not the program was successful. However, this link was a negative one and needs to be interpreted carefully. Satisfaction with one's work provided four percent of variation in the model. One explanation is that satisfaction with the work is an important factor in predicting service providers' perceptions that the family planning program is successful. Satisfaction with the work encourages the service providers' psychological motivation to respect the program and to work hard for it. Fatalism among service providers was also a significant variable in relation to their perceptions of the success of the program. However, its effect was moderated when the variable 'perceptions of women's rights' was introduced into the model and totally contaminated when the variable 'need for the program' was entered into the regression equation. This means that positive perceptions of the need for the family planning program are important to reduce the impact of fatalistic perceptions of the success of the program. The negative impact of fatalistic perceptions did not appear again until the last step of the introduction of the exploratory variables. Indeed, all the indicators of perceptions of the program (like satisfaction with work, permissibility of contraception, etc.) were important in reducing the negative implications of fatalism on the perceptions of program success.

Quality of training was an important variable but its effect was suppressed by the quality of supervision. In other words, quality of supervision was more important than quality of training in shaping service providers' perceptions of success of the program. The positive impact of quality supervision disappeared when the variable on satisfaction with the work was introduced into the model. It can be said that satisfaction with the work is a more powerful determinant of perceptions of success of the program than the presence of quality supervision. Perceptions of the effects of contraception were significant but became non-significant with the introduction of the 'permissibility of contraception' variable into the equation. These findings be interpreted as indicating that social and cultural factors were more important than the perceptions of potential side-effects

of contraceptive use in determining service provider's perceptions of the success of the family planning program.

Furthermore, none of the background variables had an independent effect on the dependent variable. Age, number of living children, number of living sons and education were not important in modeling service providers' perceptions of the success of the family planning program.

## CONCLUSION

The multiple linear regression technique was applied to assess the effect of independent variables on the dependent variable at different steps. In the regression model, perceptions' towards success of the program were regressed on control and independent variables. Perceptions of the permissibility of contraceptive availability, quality of supervision and women's right were first, second and third as variables in the hierarchy of relative importance of the independent variables.

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