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Social and Programmatic Issues Influencing Perceptions of Pakistani Service Providers for Contraceptive Side Effects

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ABSTRACT

A study was carried out to look into the social and programmatic issues influencing service providers' perceptions for side effects of contraception working at family welfare centers (FWCs) in Faisalabad district of Pakistan. A sample of 177 service providers was selected from all FWCs in the district. A well-designed interview-schedule was used to interview the service providers. The collected data were analysed at bivariate and multivariate levels and the findings are presented in this paper. The study findings reveal that perception on satisfaction with the program (success and need of the program), quality of supervision and satisfaction with job were the three most important programmatic issues influencing service providers' perceptions on side effects of contraception.

Key Words: Service providers; Contraceptive; Side effects; Family planning

INTRODUCTION

The availability of contraceptives and the range of contraceptive methods have both been recognised as important program factors relating to higher acceptability and continuity of contraceptive use (Hoodfar & Assadpour, 2000). The logic behind this association may be interpreted through a mechanism, which enables family planning clients to select the method which they feel is more suitable to their desires and needs. Service providers are also believed to win the approval of potential clients by offering them to choose from a variety of methods. Another factor that affects contraceptive choice and use is the service providers' ability to counsel the clients properly. The clients may not be warned about potential side effects and their remedies and moreover, may not be given adequate instruction on how to use contraceptive method being supplied.

One of the most crucial and difficult aspects of provider-client transactions regarding contraceptive choice is how to cope with side effects. Neglect of this has been found to be one of the important determinants of non-adoption and non-continuation of family planning (Wasserheit *et al.,* 1989; Mann, 2000a, 2000b). Providers on many family planning programs do not describe the side effects of contraceptive methods (Beeson *et al.*, 1987; Mann & Rehman, 2000). This may have negative consequences for contraceptive continuance. If the acceptors do not encounter serious problems or difficulties in contraceptive use, then they may continue. If unforeseen and unexpected side effects occur then the client is more likely to discontinue use of this particular contraceptive and any other provided in the program. The lack of information on potential side effects from the service provider introduces the element of mistrust in the provider-client relationship and may ultimately affect the success of the family planning program. Therefore, it seems sensible to encourage workers to be more competent and skillful in the art of communication in order to tackle the problem of side effects in a more positive way.

Keeping in view the situation, this study was designed to explore the social and programmatic issues influencing service providers' perceptions for side effects of contraception in Faisalabad district of Pakistan.

MATERIALS AND METHODS

A survey study was conducted in all the Family Welfare Centres 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 providers' 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 55 centres present in the district at the time of survey in the study. All 5 staff members at every FWC covering the whole district were considered for questioning. This made a potential sample of 275 workers. All 55 centres in the district were visited to collect information but the staff of one of these centres could not be located and the centre was found locked on three consecutive visits, so, this centre was dropped from the study. From among the service providers available at centres 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 centres on the day of data collection due to personal or program activities despite the staff

member in charge of each centre 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 steam were also announced during the monthly meeting of staff in charge of the centres 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 centres 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 or 72% of the eligible 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 7 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.

Dependent variable (perceptions of effects of contraceptive use). To investigate service providers' perceptions of the possibility of side effects of contraceptive use is an important measure of their perceptions about the value of the family planning program.

RESULTS AND DISCUSSION

The data presented in Table I indicate that the relationship between sex of the service providers and their perceptions about the side effects of contraceptive use was not statistically significant. However the proportion of female providers who perceived that contraception has positive side effects was higher (73.2%) than for males (61.5%). This means that male service providers tended to have more negative perceptions of the side effects of contraception than female service providers at centres. The reasons may be found in the actual experiences of the female service providers. For example serious problems associated with repeated pregnancies and child-bearing and rearing processes may encourage a less negative attitude

Table I. Effects of contraception (dependent variable) by some characteristics of service providers

Characteristics	Effects of contraception			
	Positive (%)	Negative (%)	N	P
Sex				
Male	61.5	38.5	65	
Female	73.2	26.8	112	ns
Age (years)				
20-29	72.4	27.6	29	
30-39	60.6	39.4	66	
40-49	75.8	24.2	76	
50-60	68.8	31.3	16	ns
Children ever born				
0-3	70	30	90	
4-5	65.5	34.5	55	
6+	71.9	28.1	32	ns
Number of living children				
0-3	69.2	30.8	104	
4+	68.5	31.5	73	ns
Number of boys				
None	66.7	33.3	24	
1-2	70.8	29.2	113	
3+	65	35	40	ns
Designation				
Family Welfare Worker	73.7	26.3	38	
Family Welfare Assistant	67.2	32.8	67	
Female Helper	67.7	32.3	31	
Male Helper	68.3	31.7	41	ns
Years of schooling				
0-5	76.5	23.5	34	
6-10	64.9	35.1	114	
11-16	75.9	24.1	29	ns
Training				
Low	65.4	34.6	26	
High	69.8	30.2	96	ns
Supervision				
Low	43.2	56.8	37	
High	75.2	24.8	137	0.00021
Familism				
Agree	70.6	29.4	17	
Disagree	68.8	31.3	160	ns
Value of son				
Agree	67.8	32.2	146	
Disagree	74.2	25.8	31	ns
Daughters' neglect				
Agree	68.4	31.6	152	
Disagree	72	28	25	ns
Fatalism				
Favour	83.6	16.4	61	
Against	61.2	38.8	116	0.00221
Women's rights				
Favour	68	32	153	
Not in Favour	75	25	24	ns
Women's roles				
Approve	68.4	31.6	155	
Disapprove	72.7	27.3	22	ns
Success of the programme				
Succeeded	71.9	28.1	139	
Not succeeded	57.9	42.1	38	ns
Need for the programme				
Needed	73	27	141	
Not needed	52.8	47.2	36	0.01899
Satisfaction with job				
Satisfied	77	23	122	
Not satisfied	50.9	49.1	55	0.00051
Permissibility of contraception				
Permissible	74.8	25.2	123	
Not permissible	55.6	44.4	54	0.01087

about contraceptive use. Another explanation lies in the socio-cultural set-up where males often have negative attitudes concerning the use of family planning. No association was found between perceptions of the side effects of contraception and other demographic characteristics such as age, number of children ever born, number of living children and number of boys.

No significant relationship was found between the work status of service providers and perceptions of the implications of contraceptive use. The same appears to be true for the association between years of schooling and perceptions of the side effects of contraception. Looking at the association between perceptions of the quality of training and perceptions of the effects of contraceptive use, a positive association was found. A perceived high quality of training is associated with perceptions about positive effects of contraceptive use. Although the chi-square and phi values were not significantly different, significance of the relationship was demonstrated through Pearson's correlation (table not given), partially explained by the small sample size. The underlying reason may be that training encourages service provider's to be more positive towards the family planning program and to lessen misconceptions about the negative effects of contraceptive methods.

A clear positive association between quality of supervision and the effects of contraceptive use can be seen in Table I. The higher the level of supervision of service providers at centres, the more favourable were their perceptions of the positive effects of contraceptive use. A total of 75.2% of service providers who perceived the level of their supervision as high also perceived the effects of contraceptive use as positive. This compares with 43.2% of service providers who perceived the quality of their supervision as low. The logic is that the supervisor guides the workers and convinces them by explaining the benefits of contraceptive use and the ways by which performance of the centres can be improved.

The data presented in Table I also show no significant relationship between perceptions of the values attached to the large family ideal and the effects of contraceptive use but Pearson's correlation (table not given) shows a negative and significant relationship at the 0.01 level. The hypothesis that the stronger the perceptions in favour of a large family, the less favourable the perceptions of side effects was supported. The value of sons and neglect of daughters did not show an association with the effects of contraceptive use. However, service providers who disagreed with the value of sons had relatively more favourable perceptions of

Table II. Standardized partial regression coefficients (beta values) for effects of contraception regressed on control and independent variables Family Welfare Centers Faisalabad, Pakistan

Control variables	**Standardized coefficients (betas) in each step**															
↓	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**
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
No. of boys				ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns
Independent variables																
Training	0.31 @	0.20 *	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns				
Supervision		0.34 #	0.35 #	0.35 #	0.34 #	0.32 #	0.33 #	0.33 #	0.25 @	0.25 @	0.18 *	0.17 *				
Familism			-0.27 @	-0.28 @	-0.28 @	-0.25 *	-0.23 *	-0.22 *	ns	ns	ns	ns				
Value of son				ns	ns	ns	ns	ns	ns	ns	ns	ns				
Daughter's neglect					ns	ns	ns	ns	ns	ns	ns	ns				
Fatalism						-0.18 *	-0.20 *	-0.20 *	-0.17 *	ns	ns	ns				
Women's rights							ns	Ns	0.18 *	0.17 *	ns	ns				
Women's roles								Ns	ns	ns	ns	ns				
Success of the program									0.35 #	0.33 #	0.25 @	0.17 *				
Need of the program										0.19*	0.18*	0.17 *				
Satisfaction with the job											0.29 #	0.35 #				
Permissibility of contraception												0.20 *				
Adjusted R^2	0.06	0.01	0.02	0.03	0.05	0.14	0.20	0.19	0.19	0.21	0.22	0.21	0.31	0.33	0.40	0.43

#=Significant at the 0.001 level; @=Significant at the 0.01 level; *Significant at the 0.05 level

the effects of contraceptive use than those who held that sons were particularly desirable. The same was true for the association between the perceptions of daughters' neglect and contraceptive effects. The information given in Table I reveals a statistically significant relationship between fatalism and perceptions of the effects of contraceptive use. Surprisingly, service providers who support fatalism were more inclined towards the positive effects of contraceptive use than those who were against fatalism. However, the correlation matrix (table not given) and regression model (Table II) show that the relationship was negative. However, women's rights and women's roles, two other indicators of the status of women, did not reveal a relationship with perceptions of the effects of contraception.

A non-significant but positive association was found between perception about the success of the family planning program and the perceived effects of contraception. The percentage of service providers who perceived the program as successful and had positive perceptions of the effects of contraceptive use was higher (71.9%) compared with those who considered the program to be unsuccessful (57.9%). However, a positive relationship between perceptions about success of the program and the side effects of contraception was demonstrated at the 0.01 level of significance using Pearson's correlation (table not given). The data further indicates a positive and statistically significant relationship between perceptions on the need for the family planning program in Pakistani society and the perceived effects of contraception. A little less than three-quarters (73.0%) of service providers who favoured the need for the program perceived the effects of contraceptive use as positive compared with a little more than a half (52.8%) of service providers who stated that the program was not needed. It is reasonable to argue that service providers who are in favour of the need for family planning support also tend to report the positive effects of contraceptive use.

There was a positive and statistically significant association between perceptions of work satisfaction and the effects of contraceptive use. Satisfaction with the work indicates that service providers may not be taking the negative effects of contraceptive use seriously. Furthermore, perceptions of service providers that contraception is permissible and contraception has positive effects had a statistically significant relationship. Service providers who perceive that there are no cultural obstacles to contraceptive use are less likely to oppose the availability of these same contraceptives owing to the presence of unwanted side effects.

Multivariate analysis (multiple linear regression model). The data presented in the regression model in Table II indicate the strength and independent influence of each of the independent variables on the dependent variable. The model shows that none of the socio-demographic variables shows an independent effect on perceptions about the effects of contraceptive use. It can be said that the service providers' perceptions of these effects are not determined by their socio-demographic characteristics.

The most important independent variable was perceptions on success of the program which attained the R^2 value of 0.31 with a R^2 change of 0.10 from 0.21 to 0.31 when entered at step 13. The beta value was 0.35 significant at the 0.001 level. However, the effect of the "success of the program" variable was moderated at each step when other variables on perceptions on the program (need for the program, satisfaction with work and permissibility of contraceptive availability) were included in the model. The second most important variable was quality of supervision with a R^2 change of 0.09 from 0.05 to 0.14. The beta value was 0.34, which was significant at the 0.001 level. However, its significance was moderated when the variable "success of the program" was introduced into the model at step 13. It may thus be interpreted that the importance of supervision is less for service providers who are satisfied with the success of the program.

The third most important variable was satisfaction with the work. It seems that satisfaction with the work is important in shaping service providers' favourable perceptions about the effects of contraceptive use. In other words, dissatisfied service providers can work as agents against contraceptive use. The influence of satisfaction with the work becomes more significant if service providers also perceive that contraceptive availability is permitted in Pakistani culture.

Familism showed a negative affect on the perception about effects of contraception. The R^2 value was 0.20 with a change of 0.06 from 0.14 to 0.20. In other words, familism negates the idea of the positive side effects of contraception. Fatalism also showed a negative association with the side effects of contraception. It can be interpreted that fatalism among service providers contributes to shaping their negative perceptions of contraceptive effects. However, this effect disappears by introducing the variable 'need for the program' into the model.

Perceptions about the need for the family planning program show an independent positive influence on perceptions about the effects of contraception. The value of R^2 was 0.23 with a change of 0.02 from 0.21 to 0.23. Service providers, who perceive that contraception is permissible, also perceive that contraceptive use has positive effects. Furthermore, positive perceptions on permissibility of contraception appear to strengthen the service providers' satisfaction with their work. A favourable perception that contraceptive availability is permissible is more important than positive perceptions of the need for the family planning program.

Training also showed an independent impact (significant at the 0.001 level) for contraceptive effects that was moderated by the supervision variable. Supervision seems more crucial than training in its effect on service provider's favourable perception of contraceptive use. The

influence of training disappeared when familism is introduced into the regression equation. In other words, the large family norm among service providers eliminates the influence of training in favour of a positive perception of contraceptive use.

CONCLUSION

It appears that perceptions about satisfaction with the program (need for the program and success of the program), perceptions about work satisfaction and the quality of supervision, were the most important factors for promoting belief in the positive effects of contraceptive use. Lowering fatalism and familism were also important in reducing negative perceptions of contraceptive use among the service providers at the Family Welfare Centres in the Faisalabad district.

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