

Factors Affecting Service Providers' Perceptions of Need for the Family Planning Program in Pakistan

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ABSTRACT

A survey of family welfare centres (FWCs) in Faisalabad district of Pakistan was carried out to delineate service providers' perceptions on family planning program. The main objective of this paper is to identify the determinant of service providers' perceptions of need for the program in the society. A sample of 177 service providers was interviewed. The data collected were analysed and the findings are presented in this paper. The study findings show that years of schooling of service providers, familism and perceptions of potential side-effects of contraception were the first, second and third most important factors in determining service providers' favourable perceptions towards the need for family planning in Pakistan.

Key Words: Service providers; Family planning; Pakistan

INTRODUCTION

In developing the framework for this study, a conceptual relationship between service providers' perceptions of program factors, providers' general perceptions and providers' perceptions about the program has been assumed. In Pakistan, most people are members of a close social network, where primary relationships are important to both individuals and to society in general. The family is prestigious because it is the only institution, which provides the basic personal and social needs for its members; close kinship bonds prevail. Because of these close bonds, there is usually little or no individual decision-making about reproductive and fertility-regulating behaviour in Pakistan (Mann, 2000a, 2000b; Mann & Rehman, 2000). Reproductive behaviour is strongly influenced by the social pressure of senior family members such as parents, grandparents, and in-laws. As in other countries primary groups, peers, reference groups, and neighbours are also important determinants of individual behaviour (Koenig *et al.*, 2000). Therefore, even as concentration is focused on the service providers' perceptions we cannot separate them from the existing values in the normative milieu of the Pakistani culture. Cleland *et al.* (1990) state that social science research must appreciate the need for information from the user and the service provider, especially with reference to their socio-cultural and economic circumstances. The significance of social factors in determining reproductive and contraceptive behaviour in Pakistan cannot be exaggerated (Semple & Mitha, 1986),

The main assumption underlying this study is that programmatic factors and general social values have a strong influence upon service providers' perceptions of their

role in providing efficient family planning services. It should be noted that the link between these general programmatic and social value factors and the specific perceptions of individual service providers is affected through the creation of an environment which can have either positive or negative features.

MATERIALS AND METHODS

The materials and methods for this paper were similar to that reported by Mann and Salik (2002) except the change in dependable variable.

Dependent variable (perceptions of need for the program). Perceptions of the need for the program is one of the indicators of the service providers' perceptions of the program. It is important for service providers to perceive that family planning is needed in Pakistan if they are to be committed to the service they provide.

RESULTS AND DISCUSSION

The data presented in Table I reveal no statistically significant association between service providers' perceptions of the need for the program and their age and number of living children. However, there was a significant relationship between service providers' number of living sons and perceptions of the need for the program. A higher proportion of service providers who had sons perceived the program as needed compared with service providers without sons. In other words, the need for family planning programs is not felt, until a son is born. Service providers without sons do not favour the need for family planning. They believe that sons are important for parents for social reasons and for economic

security. Furthermore, there was a positive linear association between service providers' years of schooling and their perceptions of need for the program. The relationship also proved significant at the 0.01 level through correlation analysis (table not shown). As the years of education increased, the felt need for the program also increased. Service providers with high education were more in favour of the need for the family planning program in Pakistani society than service providers with less or no education. The reasons may be that service providers with high education like a small family in order to better feed and educate them. They cannot adopt the small family norm in the absence of a family planning program. The other reason is that education enables a person to think of national problems and solutions for them. Population is one of the crucial problems of Pakistan. Educated service providers believe in the need to control its size through the use of family planning services. Therefore, education is an important factor in encouraging a felt need for the family planning program.

As can be seen from Table I that no significant relationship was found between the reported quality of training of service providers and their perceptions of the need for the program. However the proportion of service providers who perceived the quality of their training as high, reported they believed the program was needed. A similar pattern was found for the association between the reported quality of supervision and the need for the program. This relationship was significant at the 0.05 level (Pearson's correlation - table not shown). It can be said that quality of training and supervision has a positive impact on the perceptions concerning the need for the program.

The information given in Table I reveal no significant relationship between perceptions of the need for the program and any of the following: familism, value of sons and daughters' neglect. However, the proportion of service providers who disagreed with the high value of sons and perceived that the family planning program is needed was higher than for those service providers who agreed with the high value of sons. The same was true for the association between reports of daughters neglect and for the need for the program. In other words, it is the importance of having sons (due to probably social and economic reasons), which negates the perceived need for the program. The relationship between familism and need for the program was negative and significant at the 0.01 level through correlation analysis (table not shown) and familism had an independent impact on the perceived need for the program (Table II).

Table I also shows a significant but negative association between fatalism among service providers and perceptions of the need for the program. Although the relationship between service providers' perceptions of women's rights and need for the program was not significant, service providers who favoured women's

modern rights were more likely to report a felt need for the program than service providers who were not as

Table I. Need for the programme (dependent variable) by some characteristics of service providers

Characteristics	Effects of contraception			
	Positive (%)	Negative (%)	N	P
Age (years)				
20-29	75.9	24.1	29	
30-39	75.8	24.2	66	
40-49	87.9	12.1	66	
50-60	68.8	31.3	16	ns
Number of living children				
0-2	79.4	20.6	63	
3-4	79.2	20.8	77	
5+	81.1	18.9	37	ns
Number of boys				
None	66.7	33.3	24	
1-2	86.7	13.3	113	
3+	67.5	32.5	40	0.00809
Years of schooling				
0-4	55	45	20	
5-9	75.5	24.5	49	
10+	86.1	13.9	108	0.00451
Training				
Low	73.1	26.9	26	
High	85.4	14.6	96	ns
Supervision				
Low	75.7	24.3	37	
High	80.3	19.7	137	ns
Familism				
Agree	78.1	21.9	32	
Disagree	80	20	145	ns
Value of son				
Agree	78.8	21.2	146	
Disagree	83.9	16.1	31	ns
Daughters' neglect				
Agree	76.7	23.3	120	
Disagree	86	14	57	ns
Fatalism				
Favour	88.5	11.5	61	
Against	75	25	116	0.03363
Women's rights				
Favour	81.8	18.2	132	
Not in Favour	73.3	26.7	45	ns
Women's roles				
Approve	80.6	19.4	155	
Disapprove	72.7	27.3	22	ns
Success of the programme				
Succeeded	82.7	17.3	139	
Not succeeded	68.4	31.6	38	0.05208
Satisfaction with job				
Satisfied	82	18	122	
Not satisfied	74.5	25.5	55	ns
Effects of contraception				
Positive	84.4	15.6	122	
Negative	69.1	30.9	55	0.01899
Permissibility of contraception				
Permissible	82.1	17.9	123	
Not permissible	74.1	25.9	54	ns

sympathetic to women's rights. A similar trend was found for the association between perceptions on women's modern

roles and the need for the program. The relationship was significant at the 0.01 level through correlation analysis (table not shown). It can be said that approval of modern lifestyles leads to a perceived need for the provision of family planning. It would appear that these service providers believe in equality between husband and wife and are concerned about women's activities other than childbearing and rearing. Therefore, they support the need for family planning program to enable women to plan their family and to enjoy outdoor activities.

The data shown in Table I further show a significant positive relationship between perceptions of the success of the program and the need for the program. Service providers who perceived that the program is successful were more likely to perceive that the program is needed. It can be interpreted that success of the program confirms the need for the program in the society. Furthermore, the relationship between perceptions of satisfaction with the work and need for the program was statistically non-significant. However, the percentage of service providers who were satisfied with their work and perceived the need for the program was higher (82.0%) than for service providers (74.5%) who were dissatisfied with their work in family planning. The reason for this pattern seems to be that service providers who are satisfied with the environment, facilities and rewards for their work wish to support the need for the program. This

means that satisfaction with their work and perceived favourable cultural perceptions about contraception are important in determining service provider's views that the provision of family planning services is needed and should be encouraged.

As is evident from Table I, a positive significant relationship was found between perceptions of potential side effects of contraceptive use and the need for the program. Perceptions of side effects showed an independent prediction for the need for the program (see Table II). Service providers who perceived that contraception is beneficial for the health of users were more likely to perceive a need for the program. The reasons may be traced to the beliefs about the negative effects of contraception for the user, which may create a feeling against family planning. Furthermore, the relationship between service providers' perceptions on the permissibility of contraceptive availability and the need for the program was not significant. However, most of the service providers who perceived that contraception is permissible socially and culturally also felt the need for the family planning program. The reasons can be understood in the societal context. The favourable perceptions of the permission of family planning provision support the view that it is helpful to have the program in the country.

Multivariate analysis (multiple linear regression model).

Table II. Standardized partial regression coefficients (beta values) for need for the programme regressed on control and independent variables, Family Welfare Centres, Faisalabad district, Pakistan

Control variables	Standardised 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		0.32	0.33	0.32	0.28	0.28	0.22	0.22	0.22	0.22	0.22	0.22	0.19	0.22	0.24	0.24
		#	#	#	@	@	@	*	*	@	@	@	*	*	@	@
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					ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns
Supervision						ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns
Familism							-0.30	-0.30	-0.30	-0.28	-0.28	-0.24	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										ns	ns	ns	ns	ns	ns	ns
Women's rights											ns	ns	ns	ns	ns	ns
Women's roles												ns	ns	ns	ns	ns
Success of the program													ns	ns	ns	ns
Satisfaction with the job														ns	ns	ns
Effects of contraception															0.25	0.25
Permissibility of contraception																ns
Adjusted R ²	0.00	0.10	0.10	0.10	0.10	0.11	0.16	0.15	0.14	0.15	0.14	0.14	0.15	0.14	0.17	0.16

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

The regression model presented in Table II reveals that years of schooling of service providers was the most important predictor in determining their perceptions about the need for the family planning program for Pakistani couples. Education contributed ten percent of the variation in the dependent variable. It is interesting to note that its effect was suppressed by the prevalence of familism among service providers but there was again a rise with the introduction of the perceptions about the effects of the contraception variable into the equation. It can be deduced that the importance of large families moderates the positive influence of education on service providers' perceptions about need for the program. Furthermore, providers' perceptions that contraception has positive implications for users contributes little to reducing the moderating affect of familism.

The present analysis identifies familism as the second most important factor in shaping service providers' perceptions of the need for family planning provision in Pakistan. However, the negative influence of familism disappears when the variable described as 'success of the program' was introduced and did not become significant again until the last step in the regression. As can be seen from the table, perceptions about the program (success of the program, satisfaction with the work, effects and permissibility of contraception) severely reduced the negative implications of familism in relation to the perceived need for the family planning program.

Perceptions of the potential side-effects of contraception is the third most important factor in determining service providers' favourable perceptions towards the need for family planning in Pakistan. This means that service providers' perceptions that contraception has positive side effects for users make their perceptions more positive for the prevalence of family planning. In practice, service providers' thoughts and actions are likely to be more in favour of the availability of a family planning program if the contraceptives provided are free from side-effects.

CONCLUSION

The major findings of the study reveal that years of schooling of service providers was the most important predictor in determining their perceptions about the need for family planning program for Pakistani couples. The analysis of data identifies familism as the second most important factor in shaping service providers' perceptions of the need for family planning provision in Pakistan. Perceptions of the potential side-effects of contraception is the third most important factor in determining service providers' favourable perceptions towards the need for family planning in Pakistan.

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(Received 06 November 2001; Accepted 14 December 2001)