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# FAMILY PLANNING SERVICES; ROLE OF SOCIO-ECONOMIC FACTORS IN UTILIZATION



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**ABSTRACT... Objective:** To identify the role of some socio-economic factors on the utilization of Family Planning services. **Design:** Cross-sectional, descriptive study. **Place & Duration of Study:** A defined urban community of District Lahore, - from February 2004 to May 2004. **Materials & Methods:** 375 reproductive age married women residing with their husband were interviewed with the help of a semi structured data collection instrument. **Results:** The study showed that contraceptive use was 45.6% amongst the illiterates; it rose to 61.3% for the respondents with education up to matric and 71.3% in those with education above matric. It was 43.2% in respondents belonging to families with income less than Rs.3000; and 68.6% with income level of Rs.6000+. It was also found that contraceptive use amongst working women was 82.8%, whereas 54.3% housewives were using contraception. **Conclusion:** The study was able to establish positive influence of some important socio-economic factors on the utilization of family planning services.

**Key words:** Family planning services; Socio-economic factors

## INTRODUCTION

With estimated population of 151.1 million in mid 2004, Pakistan is the sixth most populous country in the world<sup>1</sup>. Population is one of the basic resources of a country, and is essential for its over-all socio-economic development, particularly in relation to its natural resources, environment and development. Maintenance of balance in population is essential for the national development, and this balance is dependent, inter alia, upon use of family planning services<sup>2</sup>.

Although the awareness about Family Planning in Pakistan is about 97 percent, the rate of contraceptive

use is only 37 percent. There is still a wide gap between knowledge and practice with an unmet need for family planning of 33 percent<sup>3</sup>.

There is a wide range of factors responsible for low contraceptive prevalence in our country, and these can be classified as<sup>4</sup>.

- a Service Related Problems:
1. Poor follow up
  2. Inadequate/inconsistent supplies
  3. Inadequate health education

#### b. Acceptance Problems:

1. Socio-economic factors i.e., poverty, illiteracy, high family norm, low woman status.
2. Medical factors i.e., high infant mortality rate, fear of side effects.
3. Religious factors.
4. Lack of community participation; people take FP as an imposed program.

There is an imminent need for analyzing the current trends in fertility behaviour and identification of factors affecting fertility preferences in order to formulate strategies for increasing contraceptive prevalence and decreasing the birth rate. Various international and national studies confirm close association between contraceptive use and socio-economic variables i.e., female education, women's work, and rising age at marriage<sup>5,6,7</sup>.

This cross-sectional, descriptive study was conducted to assess the effects of socio-economic status on contraceptive usage. The term Socioeconomic Status (SES) is a complex one and it is determined by the combined effects of many factors which may be social as well as economic. SES is a multidimensional concept and there is no consensus on the number and definition of the major socioeconomic groups in Pakistan. Nevertheless, factors frequently used to measure socioeconomic status including education, income, and occupation, etc. are obviously related to important social distinctions in Pakistan, and so will be considered in this study.

## MATERIALS AND METHODS

It was an interview based cross-sectional, descriptive study, conducted in an urban slum area (Jeewan Hana) of Lahore. People of different socioeconomic strata inhabit the area. Population of the area is about 8300 souls, belonging to 1,480 families. Study population consisted of all married women of reproductive age (MWRAs) group (15-49 years) living with their husbands. Those women were excluded who were pregnant at the time of interview, who were married for the second time, and whose husbands had another wife.

Sample size was calculated with the help of computer program Epi-info 6 to allow for a number of variables to be studied simultaneously. Expected frequency was presumed to be 50% (to ensure the maximum sample size for the given population), taking worst acceptable at 45 at confidence limit of 95%. Calculated sample size was 375. Systematic random sampling method was used for drawing sample. The first family was selected randomly and then every 4<sup>th</sup> family was included in the study till the sample of 375 was completed.

A semi structured data collection instrument based on open and close-ended questions was designed to collect information. A total of 375 respondents were interviewed at their homes. In case of non-response or if any respondent was not available re-visit was made or next house was included in the study. Filled questionnaires were re-checked by the researcher. In case of any quarries/ mistakes observed, amendments were made on the next visiting day. After completion of the survey all the questionnaires were numbered in a serial order manually. 5-6 families were interviewed per day. The data was collected in 13 weeks time.

For computerization of data, a data entry program was developed on Epi-info 6; all the data was entered and cleaning was done. Analysis was performed with the help of the same computer software. Study variables were described by frequency distribution tables, then cross tables were made to study the relationship between different dependent and independent variables. Chi square test was used as a test of statistical significance and  $p < 0.05$  was used as a cut off point.

## RESULTS

This cross-sectional, descriptive study was carried out with the main objective of exploring the role of socio-economic factors on the utilization of family planning services in the 375 women of reproductive age who were included in the study. It was observed that contraceptive utilization increased with rise in levels of education amongst the respondents and their husbands. Contraceptive use was 45.6% amongst the illiterates; it rose to 61.3% for the respondents with education up to

matric and 71.3% in those with education above matric. The difference observed was statistically significant ( $p=0.0005$ ). (table-I).

Contraceptive use was 45% amongst the illiterate husbands; it rose to 52.4% for the husbands with education up to matric and 73.6% in those with education above matric (table II). The difference observed was statistically significant ( $p=0.0001$ ). Contraceptive use was 43.2% in respondents belonging to families with income less than Rs. 3000; it rose to 53.2% with total family income of Rs.3000-6000, and 68.6% with income level of Rs. 6000+ ( $p = 0.0012$ ) (table III). It was also found that contraceptive prevalence amongst working women was 82.8%, whereas 54.3% housewives were using contraception (table IV). This difference is statistically significant ( $p < 0.0001$ ).

Respondent's Education	Current Users		Non-Users		Total
	No.	% age	No.	% age	
Illiterate	52	45.6	62	54.4	114
Upto matric	98	61.3	62	38.8	160
Post matric	109	73.6	39	26.4	148
Total	222	59.2	153	40.8	375

*Chi square = 15.10* *p value = 0.0005*

Husband's Education	Current Users		Non-Users		Total
	No.	% age	No.	% age	
Illiterate	36	45.0	44	55.0	80
Upto matric	77	52.4	70	47.6	147
Post matric	109	73.6	39	26.4	148
Total	222	59.2	153	40.8	375

*Chi square = 22.30* *p value = 0.0001*

Income Group	Current Users		Non-Users		Total
	No.	% age	No.	% age	
less than 3000	19	43.2	25	56.8	44
3000-6000	83	53.2	73	46.8	156
6000+	120	68.6	55	31.4	175
Total	222	59.2	153	40.8	375

*Chi square = 13.36* *p value = 0.0012*

Respondent's Occupation	Current Users		Non-Users		Total
	No.	% age	No.	% age	
House Wife	169	54.3	142	45.7	311
Working	53	82.8	11	17.2	64
Total	222	59.2	153	40.8	375

*Chi square = 17.81* *p value = 0.0001*

## DISCUSSION

In this study significant association was found between contraceptive use and level of education. Contraceptive use increased with the rising level of education. These findings are in line with the results of PIHS 1996 and PCPS 1998<sup>8,9</sup>. Numerous studies conducted in different countries also confirm the positive relationship between literacy and the use of contraceptives; some important studies included are the ones conducted by Fikree et al<sup>(10)</sup>, Sultan<sup>11</sup>, and Bahar et al<sup>12</sup>.

The use of contraceptives also increased with the rising levels of education amongst the respondents' husbands. Men who are literate are aware of advantages of small family and its impact on standard of living. Manzoor<sup>13</sup> also proved the positive influence of husband's education on the use of contraceptives.

The economically better-off in the community were having higher contraceptive prevalence, thus exhibiting

a direct relationship between family income and contraceptive prevalence. In an assessment of contraceptive use among poor in Indonesia, Shoemaker<sup>14</sup> also came to the conclusion that moderately or extremely poor women had a lesser prevalence of contraceptive use. Begum<sup>15</sup> also showed a significant association between average monthly income and use of contraception in her assessment of factors affecting family size in Bangladesh.

It was also observed that the working women were much more likely to use contraception than the housewives. A study conducted by Schuler et al<sup>16</sup> in rural Bangladesh, where the Grameen Bank has provided small loans to women's group for economic activities found all women to have more power of decision than women in similar villages without these opportunities; as a consequence, they were also more likely to use contraception. Shapiro and Tambashe<sup>17</sup> highlighted the importance of women's employment to their contraceptive behavior. They concluded that amongst the working women of Zaire, the probability of contraceptive use was much higher than the women who were not employed. Use of contraceptive methods was also noted to increase with the rising levels of family income. Other operational research studies support the hypothesis that economic status bears an inverse relationship with fertility. The world population conference at Bucharest stressed that economic development is the best contraceptive<sup>18</sup>.

## CONCLUSION

The study was able to establish positive influence of some important socio-economic factors on the utilization of family planning services. A comprehensive vision should be adopted by the government for addressing important socio-economic issues to effectively target the uncontrolled population growth.

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