

## Research Article

### Factors Affecting Family Planning Literacy Among Childbearing Women in the Semi-Urban Areas of Lahore, Pakistan

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#### Abstract:

**Background:** Family planning literacy has been proven to be a major factor affecting family planning uptake. Considering Pakistan's rapidly increasing population, the need to understand and study determinants of family planning literacy is imperative.

**Objective:** To determine the factors affecting the knowledge and attitude of women regarding the acquisition of family planning knowledge in semi-urban areas of Lahore, Pakistan.

**Method:** Focus group discussions were conducted, with interviewers asking questions regarding family planning literacy and factors affecting family planning literacy among women of childbearing age present within the premises of Mayo Hospital Lahore, Pakistan. These sessions were recorded, translated, and transcribed. The transcriptions were analyzed for themes, which were compiled.

**Results:** A total of 50 women participated in our study. We found major factors affecting family planning literacy were sociodemographic factors including religion, education, rural living area, spousal attitude, and discussion, fear of side effects of family planning, and lack of awareness of the importance of family planning.

**Conclusion:** Women still face numerous obstacles to the acquisition of family planning knowledge due to personal and societal factors. Pakistan needs to make major improvements to increase family planning awareness and knowledge, especially among women of childbearing age.

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## **INTRODUCTION:**

**F**amily planning is one of the most significant tools for human progress. The decision to have a child has an enormous impact on the family and the country's policies and status. The rapid rise in the population has socioeconomic, health, and demographic consequences, such as diminishing resources and increased pressure on urban areas<sup>1</sup>.

Pakistan is the world's fifth most populous country, with a population of 229.5 million people and a 1.8 percent annual growth rate<sup>2</sup>. Analysts also forecast Pakistan to be one of the nine countries that will make up over half the projected total increase in population by 2050. Amid this population explosion, even the smallest improvement in family planning holds immense importance for regaining control of the deteriorating socioeconomic state.

Pakistan pledged in 2015 to meet the Sustainable Development Goals set forth by the United Nations. Goal 3.7 is ensuring access to reproductive health services, including family planning for all women. Despite Pakistan's rapidly expanding population, couples seldom use family planning services. Only 25% of women reported using modern contraception in 2017-18, the lowest among Asian and neighboring Muslim countries, despite the presence of family planning programs since the 1960s<sup>3</sup>. Various studies have linked a lack of awareness and lower health literacy to aversion to family planning<sup>4</sup>. Given Pakistan's low health literacy, especially among women, it is pertinent to address its determinants<sup>5</sup>. Subsequently, improving health literacy regarding family planning or family planning literacy is

imperative for changing women's attitudes toward family planning<sup>6</sup>.

Despite the sudden rise in the research culture in Pakistan, we have not found similar research on family planning literacy in women of childbearing age to be conducted on the semi-urban population like that of the cultural capital of Punjab, that is, Lahore. In this analysis, we assess the current state of family planning literacy in the semi-urban areas of Lahore, as well as the challenges that it faces and the factors affecting family planning literacy. This study aims to shed light on the relationship between family planning literacy, educational and economic status, and other presumably undiscovered factors and to add qualitative knowledge about less-explored factors in the semi-urban areas of Lahore, Pakistan.

## **METHODS AND MEASURES:**

The study was conducted at Mayo Hospital Lahore between March 2022 and September 2022 and employed an exploratory descriptive qualitative research approach in which 50 women of childbearing age were interviewed through mini-focus group discussions. Nonprobability convenience sampling was used, with each group consisting of 4 to 6 women. The study included only female participants who were married, aged between 15 and 49 years, fertile, and able to speak English or Urdu. Participants who were postmenopausal, younger than 15 years of age, or unmarried were excluded from the study.

### **Data Collection Procedure:**

The interviewers utilized a guide adapted from previous studies to ask questions during the mini-focus group discussions.<sup>7</sup> The guide was divided into

three sections, namely sociodemographic, family planning attitude, and family planning literacy. Family planning was defined according to UNFPA Pakistan's definition, which emphasized an individual's ability to choose if and when to have children and covers contraceptive information and services<sup>8</sup>. We define family planning literacy as the capacity to obtain, process, and understand basic health information and services related to family planning, which is a significant social determinant of health and essential in changing people's attitudes towards accepting and taking various recommended family planning methods.<sup>6</sup>

#### **Ethical Consideration:**

The Institutional Review Board of King Edward Medical University Lahore approved the study, and informed consent was taken from all participants. Participants were assured that their identities would remain private.

#### **Data Analysis Procedure:**

Comprehensive transcripts were created using recordings and field notes, which were then analyzed using content analysis. The study team ensured the accuracy and consistency of the information by conducting double checks before and during the data processing. The transcribed data was then examined using content analysis to identify the patterns and themes that met the study's questions and objectives. Codes were selected, distilled, and developed to condense the data while retaining the essential message. Subcategories and subsequent categories were established after grouping the codes. The overarching theme was obtained by merging the

categories.

## **RESULTS:**

Fifty women of childbearing age present within the premises of Mayo Hospital, Lahore, participated in the FGDs. These discussions highlighted several factors that affected family planning literacy.

### **1. Sociodemographic Factors:**

Numerous sociodemographic factors were found to affect the family planning literacy of the participating women. These were mostly self-reported, with the women themselves expressing some factor that was why they did not have sufficient knowledge of family planning. Sociodemographic factors included religion, education level, age, employment, and belonging to rural areas, which negatively affected family planning literacy.

#### **a. Religion:**

Religion was the main barrier for Muslim participants in considering family planning. They viewed it as opposing the belief that God decides the number of children they should have, as stated in the Quran. Some participants held personal convictions about family planning. Others felt societal pressure to conform to religious views and avoid criticism or ostracization. Women in rural areas felt particularly pressured to maintain a religious image.

“Children are given by God as a gift. Who are we to control such matters.... I don't think learning about family planning is necessary. Why would I want to learn more of these matters when they are not mine to interfere in?”

#### **b. Lack of education:**

Lack of education was identified as a barrier to

obtaining knowledge about family planning by numerous women and their husbands. They believed that education would increase exposure to society and provide opportunities for meaningful discussions on the topic, as they felt trapped in their homes and unable to engage with others outside their families. Education was seen as crucial for promoting open communication and increasing knowledge of family planning. Husbands' education was also important, as a lack of education was seen as a reason for their disapproval of family planning or disagreements with their wives.

**c. Rural Areas:**

Numerous women in rural areas lacked knowledge of family planning, attributing it to their rural background or the rural background of their husbands/in-laws. Rural areas were seen as being religious and conservative, with a lack of formal means for acquiring information about family planning. The only sources of information were family members and in-laws, despite unreliable information. Women in rural areas felt isolated with no one to discuss these matters with and feared being judged or shamed by their society for using family planning. They also heard negative rumors of side effects and curses associated with its use.

“Well, I suppose it’s just our culture. We are Pathans living so far up north in our villages and it’s just become part of our setting. We live in these rural areas where no one tells, and no one asks”.

**d. Employment:**

Employment and education were found to affect family planning literacy. Healthcare workers and

employed women were more knowledgeable about family planning and more open to learning. Employment was also linked to greater freedom and decision-making power in households. On the other hand, unemployment made some women feel less confident, worldly, and knowledgeable.

**e. Age:**

Both older and younger ages negatively impacted family planning literacy. Older women in their 40s felt too old to have children and did not consider family planning necessary, while younger women felt that they were in their prime childbearing years and were not interested in family planning. Other participants often attributed young women’s lack of FP knowledge to their youth, with vague answers such as “they’ll find out” or “you learn as you get older.”

**2. Role of Husbands and in-laws:**

Disagreements with husbands and in-laws and the lack of discussions regarding family planning also emerged as factors affecting family planning.

**a. Disagreements with husbands regarding family planning:**

Numerous participants said that their husbands or in-laws were against family planning, discouraging them from learning more about it. This was often due to their husbands coming from rural areas or having less education. Women who had more supportive sisters-in-law or mothers-in-law as sources of family planning knowledge felt encouraged.

**b. Lack of discussion on family planning:**

Most of the women interviewed said that they did not discuss family planning with their husbands. They mentioned feeling embarrassed to bring up family planning in their homes and to open the discussion. A

few said that spending more time with their accepting of family planning and thus made the women more comfortable.

“My husband used to stay out of the house all day. We did not have the opportunity to discuss family planning. Currently, he is at home for longer periods, so we have been able to discuss this more; when we talked, I was able to convince him to change his mind about family planning”.

### **3: Fear of side effects due to misinformation:**

Many women had limited knowledge of family planning and were wary of potential side effects. This was due to rumors and limited information about side effects heard from neighbors, relatives, and women in their village. Some of these rumors were about infertility, while others were baseless myths. Despite being aware that these rumors were untrue, some women still felt uneasy about using family planning. Older female family members were often the source of these rumors. Women who had close relatives who suffered from the side effects of family planning were more afraid.

## **DISCUSSION:**

In our study, we used a qualitative approach to study the perspectives of women of childbearing age on factors affecting their family planning literacy.

Previous studies demonstrate that family planning literacy increases the uptake of family planning among women 9. We identified multiple factors affecting the family planning literacy of our participants. Among sociodemographic determinants, religion emerged as one of the major players in shaping the perceptions of women regarding the

importance and morality of using family planning. As discussed by Sundararajan et al., religious people that consider family planning to be against their religious values are less likely to accept it 10. Women in our study also stated that they held similar sentiments and considered the number of children they have as a fact that is essentially out of their control. This served as a deterrent for initiating their acquisition of FP knowledge. It is imperative to involve religious leaders in disseminating family planning messages 11.

Most women included in our study had primary-level education, and they felt that their lack of education was a barrier to learning about family planning. Previous studies show

that better education helps increase understanding of the medical aspect of FP effectively decreasing misconceptions 12. Quality education also grants women more confidence, autonomy, and exposure to the outside world, allowing them to communicate more effectively and play a more active part in decision-making in the household. 13

Participants from rural households tended to believe that belonging to rural villages decreased their FP knowledge. This was because amalgam of various factors such as not having access to modern health facilities, less internet and media access, and a general lack of reliable FP learning resources. Indeed, women living in rural areas all over the world tend to have less family planning uptake and poorer information sources when compared to their urban counterparts 14, 15. Previous studies have also shown that women in rural areas tend to be more easily embarrassed and

afraid of being stigmatized by others 16. Lady healthcare workers can be utilized as an effective source of reliable FP knowledge for women in rural areas<sup>17</sup>.

The roles of husbands and male partners in the making of family planning decisions have also been well documented 18. Women in our study with husbands that had negative attitudes towards their acquisition of FP knowledge thought their spouses having lower education, more religious backgrounds, and belonging to rural areas were potential reasons for their dislike of FP. This is congruent with previous studies that associate these demographic factors with husbands disapproving and making one-sided decisions regarding FP. 19 This ties into women feeling a lack of agency and exclusion from family planning discussions and decision-making. Many women in our sample said they had not had a candid discussion with their partner regarding family planning and this lack of communication left them confused regarding their partner's preference and thoughts on these matters. Many studies have shown spousal discussions increase the tendency of females to have more family planning knowledge, seek out family planning services, and be more accepting of family planning<sup>20</sup>. Counseling sessions<sup>21</sup>, group discussions, and mass media messaging<sup>22</sup> involving males are effective in promoting joint decision-making and good spousal communication regarding FP

## **CONCLUSION:**

We found various sociodemographic factors, i.e. religion, lack of education, rural living environment,

spousal attitude, lack of spousal discussion, fear of side effects, and lack of awareness of the importance of family planning to be determinants of low family planning literacy. We need to address these problems quickly and effectively to lower Pakistan's rapidly rising population. There needs to be more high-powered, quantitative studies assessing family planning literacy and its determinants to contribute to the literature and achieve a greater understanding of women's hesitancy to acquire family planning knowledge.

## **LIMITATIONS:**

Our study has some limitations. We only interviewed women, making it difficult to accurately assess the views of husbands and in-laws regarding FP without bias. We had a relatively small sample size and there is a potential for social desirability bias.

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