

FACTORS AFFECTING FAMILY PLANNING LITERACY AMONG WOMEN OF CHILD-BEARING AGE IN A SEMI-URBAN POPULATION OF LAHORE, PAKISTAN

AUTHORS: BATCH 22 – RUTAAB KAREEM, RUBA IRFAN, SABA GHAFAR, SABA MUMTAZ, SABA SATTAR, MUHAMMAD SHABAN, MUHAMMAD SHAHEER JAWAD, MUHAMMAD SHAYAN WAHEED, MUHAMMAD SOBAN NISAR, MUHAMMAD TAJAMMAL HUSSAIN
SUPERVISOR: DR. SAIRA TARIQ CO SUPERVISOR: DR. FATMEE WAQAR

INTRODUCTION

Family planning (FP) allows individuals to decide if and when to have children. It includes information and services related to contraceptives i.e. pills, implants, IUDs, surgical procedures and also provides information on how to become pregnant for individuals who are ready to have children.¹ Health literacy is the capacity to obtain, process, and understand basic health information and services.² If we combine these 2 aspects we obtain the concept of family planning literacy. 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.³ Family planning literacy has been shown to positively affect the uptake of family planning among women, thus it can help decrease unwanted pregnancies, maternal and newborn deaths.⁴ Pakistan is the world's 5th most populous country with a current population of 229.5 million people and an 1.8 % annual growth rate.⁵ Furthermore, only 25% of women reported using modern contraception in 2017–18, the lowest amongst Asian and neighboring Muslim countries, despite the presence of family planning programs since the 1960s.⁶ 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 to all women. Thus family planning literacy may play a vital role in decreasing Pakistan's rapidly rising populatin and meeting the targets set forth by the UN.

METHODOLOGY

- **STUDY DESIGN:** exploratory qualitative research approach
- **SETTING and POPULATION:** This study was conducted in Mayo hospital Lahore on married females of childbearing age.
- **DURATION OF STUDY:** March 2022 to September 2022
- **DATA COLLECTION PROCEDURE:** We interviewed 50 women of childbearing age in a series of mini-focus group discussions consisting of 4 to 6 women per group.
- **DATA COLLECTION TOOL:** Interviews were based on a guide adapted from previously conducted studies.

DATA ANALYSIS PROCEDURE:

- Comprehensive transcripts were developed from interview recordings and field notes. Transcribing involved a repeated review of transcripts and listening to the audiotapes.
- Quality control was done by cross-checking information for completeness and consistency before and during data processing
- Transcribed data was analyzed using content analysis
- Content analysis is a research method for the subjective interpretation of the content of textual data through a systematic classification process of coding and identifying themes or patterns
- Codes were then clustered together and sub-categories followed by categories were created. Categories were merged, and the main theme was identified.

RESULTS

SOCIODEMOGRAPHICS

- Religion:** God is the decider of how many children they should have, and they shouldn't "interfere"
- 'Believed FP is a sin.
 - Feared others would judge them as immoral.
- Lack of education:** Education would provide an
- outlet for free communication
 - opportunities to engage in meaningful discussions that are embarrassing to have with family members.
 - increased FP knowledge
- Age:**
- Old aged participants believed FP was unneeded despite being in the child bearing age
 - Younger ages were considered the prime time to provide children making participants hesitant
- Rural settings:**
- People in rural villages hesitate to talk about family planning
 - No reliable sources of gaining awareness
 - Fear of being judged and shamed by their society for talking about and using family planning,
- Employment:** Employment was also associated with having
- more freedom to acquire knowledge
 - confidence and a more assertive attitude.
 - Unemployed participants expressed that they thought they would be more confident, worldly, and knowledgeable if they were employed.
 - Employment provides more power in the household regarding decision-making

ROLE of HUSBANDS and IN-LAWS

Negative attitudes of husbands and in-laws

- Husbands or in-laws unhappiness with them for trying to learn about family planning methods was a source of discouragement.
- Many attributed this to their husbands belonging to rural areas or having less education.
- In-laws, disliked family planning due to the desire to have more grandchildren.
- In contrast sister in laws or mother in laws that had used or are currently using family planning methods were sources of encouragement and imparted family planning knowledge.

Lack of spousal discussions

- The majority of the women don't discuss family planning with their husbands.
- Felt embarrassed to bring up family planning in their homes and open the discussion.
- Spending more time with their husbands talking about family planning made their partners more accepting of family planning

FEAR of SIDE EFFECTS

- knowledge of side effects was mostly limited to those suffered by relatives or neighbors
- sometimes just rumors of random women that live in their village that had suffered some unfortunate side effects
- The sources of these rumors were usually older female family members
- The side effects details were brief but usually related to infertility.
- Even though some of them were aware that these rumors were baseless still felt uneasy about family planning, not wanting to take any risks.

CONCLUSION

Women still face a plethora of obstacles to the acquisition of family planning knowledge, including both 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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