

SOCIAL RECOGNITION OF FAMILY PLANNING PROGRAM IN TEHSIL DARGAI DISTRICT MALAKAND, PAKISTAN

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ABSTRACT

The current study was conducted in the three-selected village's i.e Sarogai, Wazirabad and Hijab killy of Tehsil Dargai of District Malakand to assess the family Planning Program. The study proceeded with the objectives to measure the relationship of population control and people attitude towards family planning programs. The data indicated that the relationship between family planning was highly significant ($P=0.010$) with perception on family planning program. Moreover, a highly significant ($P=0.000$) linked was established between family planning and people preference of natural method because contraceptives had side effects. Furthermore, a highly significant ($P=0.000$) relationship was found between family planning program and the effect, of family planning is positive. Moreover, a significant ($P=0.004$) relationship was observed between family planning program and people willingness to visit family planning centers. A highly significant ($P=0.000$) relationship was analyzed between family planning program and the spouse is in favor of family planning. Also a highly significant ($P=0.000$) relationship was found between family planning program and People do not oppose family planning but oppose family planning staff. Finally a highly significant ($P=0.000$) relationship was found between family planning program and you want to aware community about Family Planning.

Key words. Social recognition, Family planning program, Contraceptives

INTRODUCTION

Family planning is sometimes used as a synonym for the use of birth control, however, it often includes a wide variety of methods, and practices that are not birth control. It is most usually applied to a female-male who wishes to limit the number of children they have and/or to control the timing of pregnancy (also known as spacing children). Family planning may encompass sterilization, as well as abortion (Elsevier, 2007). The developed countries soon overcome the problems created by rapid population growth and utilized their human and material resources towards industrialization, urbanization and education. But the scenario was totally unchanged in developing countries (United Nation, 1989). In over populated countries like Pakistan its mean planning for smaller families & planned effects to create conditions for well-being of the individual, families by helping it to produce a number of children suitable for its particular circumstances it's also included camping for health education and for late marriage & monogamy. (Akhtar, 2008). Rapid growth of population is not caused by any single reason, but it is obvious that how crucial the demographic factor can be in the political stability and the socio-economic development of country. It has been now universally recognized that a massive population size, its rapid growth rate, and its uncontrolled transfer of population from rural areas to the cities can create pressure on the resources of a country, adversely affecting its economic prosperity. Population growth is not the only problem dividing rich and poor countries, it is one important variable that has widened the gap in growth in per capita income between developed and developing nations. (Encyclopedia Britannica, 2003). In 1947, united Pakistan i.e., earlier East Pakistan and West Pakistan, was the 13th a large amount crowded nation in the earth with a inhabitants of 32.5 million. These days, Pakistan is the sixth a large amount crowded state on the globe with an inhabitants of about 180 million. By 2020, Pakistan's population is projected to reach the 210 million mark a condition that will burden its inadequate resources making it difficult for the country to meet the necessities of its citizens. Pakistan's population growth rate is 2.05 percent per year, which is the highest in Asia. (Elahi, 2012). The sixth most populous country in the world, with a population of more than 160 million in a growth rate of around 1.73 percent per annum in 2009, representing in annual addition of almost three million people. It is estimated that the current growth rate, the population of Pakistan will touch 217 million by 2020. Based on these growth patterns and trends, the economy will be unable to sustain the growing population with hardly any scope for improvement in the quality of life, even under the most favourable circumstances. (USAID, 2009). Family planning was first implemented in the 1950s and 1960s as a development initiative in response to concerns of development agencies about the relationship between poverty and high birth rates. Three organizations from the United States, the Ford and Rockefeller Foundations and the Population Council, were the first to initiate international conversations on the effects of high birth rates. (Seltzer, 2002). Accordingly, family planning and modern methods of contraception have been identified by development agencies as critical in developing 'third world' countries and eradicating poverty (Moser, 1993; Leftwich, 2000; and Seltzer, 2002). Rule ministry, the Ministry of Health (MOH) and the Ministry of Population Welfare (MOPW), administers contraceptive use in Pakistan's family planning program, which contains every incompetence in execution. In mutually ministry, release of family planning services has been overwhelmed by feeble logistics system and be short of contraceptive technique at service point as well as employees unwell skilled and badly equipped to offer excellence services to customers. (Sultan et al, 2002). Family planning is approved in Islam. In this regard a research on the name of "A study of Knowledge, Attitudes and practice of family planning among women of rural Karachi" depicts that Contraception was acceptable practice in Islam from the days of holy prophet (PBUH), and great physicians of Islamic world gave extensive attention to contraceptive method during the middle ages. Moreover, under Islamic law the fetus is not considered a human being until its form is distinctly human, and early abortion was not forbidden. The study found that 78% of the men associate large family with hardship in bringing up

children and educated them. Even a large proportion i.e. 83 % believe that family is large there would be health problems to mothers and children. (National Institute of Population Studies, 1996). The majority shortfall amongst the services assess were a not have resources used in counsel for FP and require of a precise type of oral contraceptive tablets about the eminence of contraceptives (Brown et al, 1995).

MATERIALS AND METHODS

Tehsil Dargai constituted universe of the study. Union council Mehrdai was selected perposively for this study, Mehradi union council consists of 18 villages, in which three villages were selected randomly i.e. Hijab killy, Wazir Abad and Sarogai respectively. A sample size of 169 was taken from the population of 700 as criteria set by Sekaran (2003) on simple random basis. A comprehensive Interview schedule, comprises of almost every aspect of the study was designed The data was analyzed with the help of suitable software (SPSS) 20. Chi-square (χ^2) test was used to test the hypothetical association between independent and dependent variables. Following procedure was adopted to calculate chi-square as outlined by Tai (1978)

$$(\chi^2) = x^2 = \sum_{j=1}^j \sum_{i=1}^k \frac{(o_{ij} - e_{ij})^2}{e_{ij}}$$

Where

(χ^2) = Chi-square for two categorical variables

o_{ij} = the observed frequencies in the cross-classified category at i th row and j th column

e_{ij} = the expected frequency for the same category, assuming no association between variables under investigation.

RESULTS AND DISCUSSION

The result explained recognition and acceptance of family planning methods, contraceptives and medicines etc, large number i.e. 69.8% respondents were in favor of family planning and 30.2% respondents were against. Similarly 54.4% respondents adopted family planning methods while the remaining i.e. 45.6% respondents replied that they did not adopt family planning methods. Moreover 74.0% respondent disclosed that they prefer natural method of family planning because contraceptives had side effects while 6.5% respondents said that contraceptives had no side effects while 19.5% didn't respond on the issue. In addition 48.5% respondents disclosed that family planning was acceptable to our culture whereas 29.6% respondents stated otherwise with 21.9% did not answer. Similarly 73.4% respondents pointed the effects of family planning is positive and 13.6% respondents negated it while 13.0% did not respond either. 62.1% respondents wanted to visits family planning centers while 24.9% respondents not with standing were not willing and 13.0% did not show any response about visit to family planning centers. Mostly 75.7% respondents replied that their spouse were in favor of family planning while 18.3% give negative response and the remaining 5.9% respondents did not gave any idea in this regard. One of the important statement that family planning is not opposed in our society but people oppose family planning staff i.e. 70.4% respondent said yes people were opposed to the family planning staff while minimum responses i.e. 3.0% were negative in this regard and the remaining i.e. 26.6% respondents did not show any response. Maximum percentage i.e. 52.1% respondents disclosed to aware community about family planning while 26.6% respondents did not want to aware community and limited number i.e. 21.3% respondents did not provide with their views Srivastava, (1989) that the majority of the respondents believed that family planning is useful, but they are not practicing it in the same ratio. Reasons behind it are illiteracy, lack of motivation and dissatisfactory methods of family planning.

Table 1. Frequency and percentage distribution of the respondents to their perception about showing Social Recognition of Family Planning

STATEMENT	Yes	No	Don't know
Do you in favor of family planning	118(69.8%)	51(30.2%)	0(0.0%)
You have adopted family planning methods	92(54.4%)	77(45.6%)	0(0.0%)
You prefer natural method because contraceptives have side effects	125(74.0%)	11(6.5%)	33(19.5%)
Do you consider Family Planning acceptable to our culture	82(48.5%)	50(29.6%)	37(21.9%)
The effect of family planning is positive	124(73.4%)	23(13.6%)	22(13%)
You want to visit family planning center	105(62.1%)	42(24.9%)	22(13%)
Your spouse is in favor of family planning	128(75.7%)	31(18.3%)	10(5.9%)
People not oppose family planning but oppose family planning staff	119(70.4%)	5(3.0%)	45(26.6%)
You want to aware community about Family Planning	88(52.1%)	45(26.6%)	36(21.3%)

BI-VARIATE ANALYSIS

Association Between Perception of Family Planning Program and Social Recognition

To test the association between family planning program with recognition, the perception of recognition was limited to few statements as given in table 4.3.3. The result showed that the relationship between family planning was highly significant ($P=0.010$) with perception on family planning program. Moreover, a non-significant relationship was discovered between family planning program and adopted family planning methods. Moreover the same way a highly significant ($P=0.000$) linked was established between family planning and people preference of natural method because contraceptives had side effects. Also a non-significant ($P=0.21$) relationship was assessed among family planning program and people consideration that Family Planning is acceptable to our culture. Furthermore, a highly significant ($P=0.000$) relationship was found between family planning program and the effect, of family planning is positive. Moreover, a significant ($P=0.004$) relationship was observed between family planning program and people willingness to visit family planning centers. A highly significant ($P=0.000$) relationship was analyzed between family planning program and the spouse is in favor of family planning. Also a highly significant ($P=0.000$) relationship was found between family planning program and People do not oppose family planning but oppose family planning staff. Finally a highly significant ($P=0.000$) relationship was found between family planning program and you want to aware community about Family Planning.

Table 2. Association Between Perception of Family Planning Program and Social Recognition.

Statements	Attitude	Family planning program			Total	Chi square (χ^2) (P value)
		Yes	No	Don't know		
Do you in favor of family planning	Yes	29(24.6%)	67(56.8%)	22(18.6)	118(69.8%)	$\chi^2=29.269$ (P=0.000)
	No	0(0.0%)	23(45.1%)	28(54.9%)	51(30.2%)	
	Don't know	0(0.0%)	0(0.0%)	0(0.0%)	0(0.0%)	
	Total	29(17.2%)	90(53.3%)	50(29.6%)	169(100.0%)	
You have adopted family planning methods	Yes	18(19.6%)	47(51.1%)	27(29.3%)	92(54.4%)	$\chi^2=0.863$ (P=0.650)
	No	11(14.3%)	43(55.8%)	23(29.9%)	77(45.6%)	
	Don't know	0(0.0%)	0(0.0%)	0(0.0%)	0(0.0%)	
	Total	29(17.2%)	90(53.3%)	50(29.6%)	169(100.0%)	
You prefer natural method because contraceptives have side effects	Yes	15(12.0%)	73(58.4%)	37(29.6%)	125(74.0%)	$\chi^2=20.888$ (P=0.000)
	No	2(18.2%)	9(81.8%)	0(0.0%)	11(6.5%)	
	Don't know	12(36.4%)	8(24.2%)	13(39.4%)	33(19.5%)	
	Total	29(17.2%)	90(53.3%)	50(29.6%)	169(100.0%)	
Do you consider Family Planning acceptable to our culture	Yes	19(23.2%)	43(52.4%)	20(24.4%)	82(48.5%)	$\chi^2=11.544$ (P=0.21)
	No	10(20.0%)	26(52.0%)	14(28.0%)	50(29.6%)	
	Don't know	0(0.0%)	21(56.8%)	16(43.2%)	37(21.9%)	
	Total	29(17.2%)	90(53.3%)	50(29.6%)	169(100.0%)	
The effect of family planning is positive	Yes	29(23.4%)	69(55.6%)	26(21.0%)	124(73.4%)	$\chi^2=41.077$ (P=0.000)
	No	0(0.0%)	17(73.9%)	6(26.1%)	23(13.6%)	
	Don't know	0(0.0)	4(18.2)	18(81.8)	22(13.0)	
	Total	29(17.2)	90(53.3)	50(29.6)	169(100.0)	
You want to visit family planning center	Yes	18(17.1)	63(60.0)	24(22.9)	105(62.1)	$\chi^2=15.268$ (P=0.004)
	No	5(11.9)	15(35.7)	22(52.4)	42(24.9)	
	Don't know	6(27.3)	12(54.5)	4(18.2)	22(13.0)	
	Total	29(17.2)	90(53.3)	50(29.6)	169(100.0)	
Your spouse is in favor of family planning	Yes	29(22.7)	72(56.2)	27(21.1)	128(75.7)	$\chi^2=23.297$ (P=0.000)
	No	0(0.0)	13(41.9)	18(58.1)	31(18.3)	
	Don't know	0(0.0)	5(50.0)	5(50.0)	5(50.0)	
	Total	29(17.2)	90(53.3)	50(29.6)	169(100.0)	
People not oppose family planning but oppose family planning staff	Yes	22(18.5)	73(61.3)	24(20.2)	119(70.4)	$\chi^2=23.581$ (P=0.000)
	No	0(0.0)	0(0.0)	5(100.0)	5(100.0)	
	Don't know	7(15.6)	17(37.8)	21(46.7)	45(26.6)	
	Total	29(17.2)	90(53.3)	50(29.6)	169(100.0)	
You want to aware community about Family Planning	Yes	29(33.0)	54(61.4)	5(5.7)	88(52.1)	$\chi^2=66.786$ (P=0.000)
	No	0(0.0)	23(51.1)	22(48.9)	45(26.6)	
	Don't know	0(0.0)	13(36.1)	23(63.9)	36(21.3)	
	Total	29(17.2)	90(53.3)	50(29.6)	169(100.0)	

SUMMARY, CONCLUSION AND RECOMINDATIONS

The result showed that a highly significance relation was found between social recognition and family planning program, People has a fair vision of its contribution towards birth spacing, birth control and ideal family size. The study found that family planning services were in abundance, however the staff attitudes towards people was not friendly which was negatively affecting the phenomena. Moreover it further disclose that staff was not fully train and well equipped. Some sort of fears with respect their uses were also cropped up during the study. Provision of quality services need to be ensured to address unmet need for family planning and improving contraceptives use rate. For ensuring high quality services of uniform standards at all services outlets a system of technical supervision and monitoring needs to be institutionalized. In this regard government interest is required to accelerate the family planning program. It is suggested that opinion leaders, family planning workers and Doctor must be involved in the task of mobilizing the people to reduce the fertility rate. Awareness must be created through media and information should be given to the masses through media. Religious scholars can and are expected to play an important role in enlightening people and societies on the issue related to population and development. They must mobilize their communities for adoption of family norms to improve maternal and child health.

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