

Motivational Factor and Adoption of Family Planning Methods by Married Women

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Abstract: The Family Planning (FP) program in Pakistan has sought to identify factors enable health personnel to provide reproductive health and contraceptive services to clients to the fullest extent possible. It also sought to understand the factors that specifically impede clients from availing of contraceptive methods and continuing contraceptive use. Program experiences and family planning research and studies have revealed that certain aspects of provider practice pose a barrier to clients' extent of utilization and to the technical quality of care clients are entitled to. So it is necessary to understand why provider-related problems exist to enhance service provision. Moreover, important reasons underlying clients' behavior and how these affect FP service provision to respond better to clients' needs. The aim of study was to check the motivational factors and use of contraception among women of reproductive ages in Gujrat City both urban and rural areas. The study was analyzed by taking a purposive sample of 200 married women in their reproductive ages. The conclusion and recommendations were followed on the basis of the obtained results. The present study confirms that contraceptive commercials effect on the use of contraceptive method. This study opened new rooms for further research. This research is sensitized the people to mull in new direction.

Key words: Motivational Factor • Media • Relations • Health Professionals

INTRODUCTION

Family planning is way of families to having desired number of children at desired time of family. In the other hand, family is eradicating the undesired birth, arranging the two periods between two pregnancies, choosing the right age for pregnancy and the right number of children for a family. The most important reason of these works is to provide to the children and mother higher health [1].

In the post 2nd world war due to sharp decline in mortality rates and fertility has been successfully modified in Pakistan. Due to sharp decline in mortality the growth rate of children in Pakistan reached to 2.7% per annum around 1960 [2].

Pakistan growth rate is very high as compared to developed countries, which are why Pakistan is still struggles with the control of the fast growing population. Population Reference Bureau 2005 estimated population of Pakistan is expected to be 295 million in the year 2050. It is difficult for the state to provide basic human facilities

to its people i.e. food, clothing, housing, health and education. Family planning promotion is the priority for the government of Pakistan in order to keep pace between socio-economic growth and population expansion [3].

Significance of the Study: Pakistan is traditional society and there is a lot of culture pressure on women regarding number of children. Decision making to determine family size is not in the hand of women. Researcher wants to conduct this study in order to know the level of motivational factors of adaptation of family planning among working women. Researcher wants to know that the reason to adaptation family planning methods. This is very useful for the policy maker of family planning programme.

Objectives:

- To explore the level of motivational factor towards family planning among married women.

- To find the level of adoption of family planning methods by married women.
- To find out the relationship if any between motivational factors and adoption of family planning method among the married women.

Review Literature: Ahmad [3] revealed that family planning program has not achieved uniform success in motivating both the rural and the urban population toward small family norms. Urban respondents showed greater knowledge and usage of contraceptive methods than did rural inhabitants. Urban attitudes towards family planning were favorite because of higher level of education and better communication between spouse and exposure to mass media such as newspapers radio.

Theoretical Frame: The present study conducted in the theoretical frame work of Rogers [4] Rogers's theory 1995 about the diffusion of innovation. In the theory roger argued that "diffusion is the process by which in innovation is communicated through certain channels over time among a social system. Give the discussion are not authoritative each member of the social system faces his/her own innovation that following five step.

Propositions:

- Knowledge- a person become aware of an innovation and has some idea of how it functions,
- Persuasion- person from a favorable or unfavorable attitude towards the innovation.
- Discussion- person engage in activities that led to a choice to adopt or reject the innovation
- Implementation- person put an innovation into use.
- Confirmation-Person evaluates the result of an invocation decision already made.

In this theory the first step was knowledge "individuals become aware of an innovation and have some idea how it function" based on their knowledge they from attitude towards certain innovation. Therefore according to this theory knowledge plays a crucial role in development for further stages of adoption. Similarly when a women gets knowledge about various methods contraception through motivational factors. She became aware about the contraceptive methods and its stages.

At the second steps individual develops favorable attitude towards the innovation based on kind of knowledge that is imparted him or her. This stage is called

Persuasion. It is assumed that contraceptive motivation factor impart knowledge and information about contraceptive sin such as attractive away. That woman may develop favorable attitude to.

Wards contraceptive it is observed that most family planning motivation factors are now family oriented it which some time an elderly. In some cases musical advertisements are advised to make contraceptive motivational factor more attractive and assured individuals towards the product. All these ways help in persuading women towards the use of contraceptive.

Once the individual persuade by the kind of message and develop favorable attitude towards the innovation he or she may engage in activities that lead to a choice to adopted or reject the innovation. At the implementation stage individual puts an innovation into use. Women at this stage after passing through last three stages may incline to use Family planning methods. It is assumed that after awareness contraceptive methods discussing its advantages or disadvantages with friends or some professional they may start using contraceptive.

At last stage i.e. conformation stage, individuals may evaluate the results of innovation and continue its use. Similarly women may evaluate the result of Family planning methods and on the basis of their evaluation may try different methods and limit their fertility.

Based on this theory, following propositions were made:

- Contraceptive motivation factors may impart knowledge of contraceptive.
- Contraceptive may led to favorable attitude towards Family planning methods.
- Favorable attitude may lead towards having more clarity on Family planning methods through discussions on use of contraceptive, which in turn to decision making
- Decision making may lead to use of contraception.

Hypothesis: There is an association between motivation factor of contraceptive and the use of contraceptive among the women reproductive ages.

MATERIALS AND METHODS

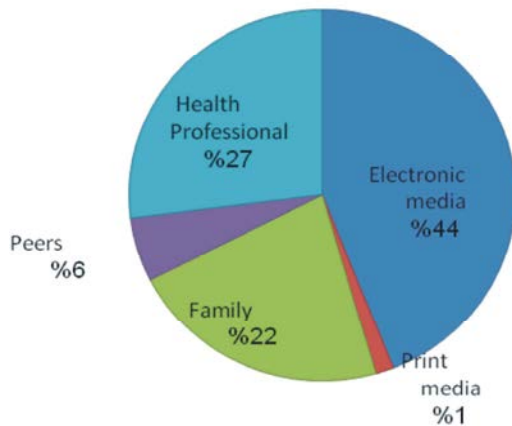
The study has Survey research method with quantitative approach. Data was collected by using a well-structured questionnaire. A semi structured interview schedule was used as a tool of data collection conducted

from respondents. Women have age of 15-49 (reproductive age) and exposure of at least one method of family planning. Non probability sampling was used for sample selection. Purposive sampling method was as a technique of data collection a sample size of 200 was drawn for study for both urban and rural.

Data Analysis and Interpretation

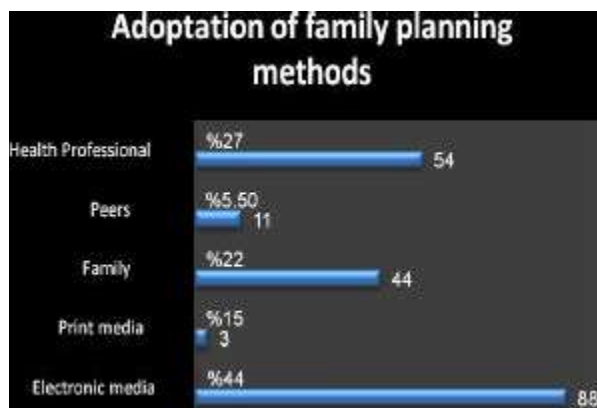
Motivation Factors of Family Planning Method

Adoptation of family planning methods



This shows that majority of the female 44% respond that most Motivation Factors is electronic media. 15% respondents say that most preferred source is print media, 22% are family, 5.5% are peers and 27% female are considered that social workers are most preferred source for contraceptive method.

Family Planning Method Respondents Prefer



In this Graph shows 31% respondents prefer to the condoms, 17% are oral pills, 18.5% are injections, 21% are intra uterine device and 12.5% respondents prefer to the other methods of contraceptives.

Analysis

Descriptive Statistics:

	Minimum	Maximum	Mean	Std.Deviation
Age of respondents	20	45	31.80	4.383
Monthly income	5000	70000	20720.0	11649.039
Husband's education level	0	16	9.59	3.306
Female education level	0	14	8.42	3.468
Marriage period	2	24	10.06	4.758
Total # of children	1	8	3.3	1.625

Total number of observations is 200

Age of Respondents: This table shows that 20 is a minimum age of respondents and 45 year is maximum. Age of respondents have 31.80 years mean and 4.383 years standard deviation.

Monthly Income: According to this table respondent's family income is minimum 5000 rupees and maximum 70000 rupees. Average monthly income is 20720 rupees and 11649.039 is a standard deviation.

Husband's Years of Education: The above given table tells about level of husband's education which is that minimum respondent's husbands have 0 years of education but maximum years of education is 16. The mean of husband's education level is 9.59 and standard deviation is 3.306.

Female Years of Education: The above given table tells about level of females years of education which is that minimum 0 years of education but maximum years of education level is 14. The mean of female years of education is 8.42 and standard deviation is 3.468.

Marriage Period: In this table shows that 2 year is a minimum marriage period of respondent and 24 is a maximum marriage period of respondent. Mean of marriage period is 10.06 and standard deviation is 4.758 years.

Total # of Children: According to this table minimum children of respondent is only one and maximum children are 8. Average value of total number of children is 3.39 and standard deviation is 1.625.

The test statistic is given by:

$$K = (N - 1) \frac{\sum_{i=1}^g n_i (\bar{r}_i - \bar{r})^2}{\sum_{i=1}^g \sum_{j=1}^{n_i} (r_{ij} - \bar{r})^2},$$

where:

- n_i is the number of observations in group i
- r_{ij} is the rank (among all observations) of observation j from group i
- N is the total number of observations across all groups
- $\bar{r}_{i.} = \frac{\sum_{j=1}^{n_i} r_{ij}}{n_i}$,
- $\bar{r} = \frac{1}{2}(N+1)$ is the average of all the r_{ij} .

Hypothesis Testing:

H_0 = There is no difference between contraceptive usage in different levels of education.

H_1 = There is difference between contraceptive usage in different levels of education.

Level of Significance:

$$\alpha = 0.05$$

Test Statistics:

Kruskal wallis H-test

Computation: Kruskal-Wallis Test:

Level of contraceptive usage	N	Mean rank
Education level		
Low	47	80.57
Medium	71	92.73
High	82	118.65
Total	200	

Chi-Square value 15.620

d.f 2

P-value.000

Critical Region: If p value is less than 0.05 then we reject null hypothesis.

Conclusion: In analysis, the calculated test statistics value of Kruskal-Willis is 15.620 with 2 degree of freedom. Our obtained p-value is smaller than level of significance so we reject our null hypothesis. So we can say that contraceptive usage varies in different groups of education. It can be observed that higher the level of education higher will be the contraceptive usage.

Hypothesis:

H_0 = There is no difference between contraceptive usage in different levels of husbands education.

H_1 = There is difference between contraceptive usage in different levels of husbands education.

Level of Significance:

$$\alpha = 0.05$$

Test Statistics:

Kruskal wallis H-test

Computation: Kruskal-Wallis Test:

Level of contraceptive usage	N	Mean Rank
HEL		
Low	47	79.00
Medium	71	100.73
High	82	112.62
Total	200	

Chi-Square 10.791

d.f 2

p-value .005

Critical Region: If p value is less than 0.05 then we reject null hypothesis.

Conclusion: In analysis, the calculated test statistics value of Kruskal-Willis is 10.791 with 2 degree of freedom. Our obtained p-value is smaller than level of significance so we reject our null hypothesis. This table shows that husband's education matters because level of contraceptive usage is different in different groups.

Hypothesis:

H_0 = There is no relationship between level of contraceptive usage and residential area.

H_1 = There is a relationship between level of contraceptive usage and residential area.

Level of Significance:

$$\alpha = 0.05$$

Test Statistics:

Chi-Square test of association

Computation:

		Residential area		
		Urban	Rural	Total
Level of contraceptive usage	Low	8	39	47
	Medium	40	31	71
	High	52	30	82
	Total	100	100	200

P-value .025

Critical Region: We reject the null hypothesis if p-value is less than 0.05.

Conclusion: Our calculated p-value is less than level of significance, so we reject our null hypothesis. Above given table indicates that the level of contraceptive usage and residential area have strong relationship with each other. This calculation tells that urban and rural areas have different usage of contraceptives. In urban areas have high level of contraceptive usage as compared to rural areas. That's why we can say that residential area have significant association with the usage of contraceptive. It's a factor of contraceptive usage.

Hypothesis:

Ho = There is no association between motivational factors and adaptation of family planning methods among women

H1 = There is association between motivational factors and adaptation of family planning methods among women

Level of Significance:

 $\alpha = 0.05$

Test Statistics to Be Use:

Chi-Square test of association

Chi-Square Tests			Sig. (2-sided)
	Value	df	
Pearson Chi-Square	1.667E2a	36	.000
Likelihood Ratio	130.007	36	.000
Respondents	200		

- 50 cells (100.0%) have expected count less than 5. The minimum expected count is .22.

Symmetric Measures		Value	Sig.
Nominal by Nominal	Phi	1.925	.000
	Cramer's V	.962	.000
Respondents	200		

Critical Region:

 $P\text{-value} < \alpha$

Researcher's p-value is less than α so researcher rejects Ho which indicates that there is no association between motivational factors and adaptation of family planning methods among women the phi-squares value shows that there is positive relationship between motivational factors and adaptation of family planning methods among women. There is association between motivational factor and adaptation of family planning method among women

CONCLUSION

The findings of this study have several important policy implications and suggest future research directions. Family planning programs need to consider the wife's educational status relative to that of her husband when trying to understand why specific methods are being used or not, especially at a time when education levels and contraceptive use are increasing. Female education needs to be improved. More media campaign should be intensified particularly in regional languages. More intensive training of community health workers is essential to improve provider-client interaction. Mass media may play an important role to inspire couples to use modern contraceptive methods. The findings of this study have several important policy implications and suggest future research directions.

ACKNOWLEDGMENT

We are very thankful to my ALLAH Almighty for giving me the health and strength to do this project. Who is very merciful and beneficial to us? We are extremely thank to for his kind support and unremitting guidance we would wish to offer our sincere and affectionate thanks to our loving and great parents who enabled us to reach at such highest seat of learning who are the symbols of guidance in our life.. We are intimately indebted to my parents who spared no effort to cherish and provide peaceful atmosphere at the time of research work.

At last, our friends who were doing this project with us and sharing our ideas. They were helpful that when we combined and discussed together, we had this task done.

REFERENCES

1. Greenacre, Z.A., A. Alper Bekki and K.O. Peker, 2013. Analyzing Family Planning by Logistic Regression, *World Applied Sciences Journal*, 22(5): 625-627.
2. Sathar, A., 2001. Workshop on prospects for fertility decline in high fertility countries. Fertility in Pakistan. Department of Economic and Social Affairs United Nations Secretariat.
3. Bibi, S., A. Meman and Z. Meman, 2003. Contraceptive knowledge and practices in two Districts of Sind.
4. Ahmad, T., 1994. Contraceptive Method Choice in Pakistan, Determined and Predetermined.
5. Rogers, E.M., 1995. Diffusion of innovations (4th edition). The Free Press. New York.