

FAMILY PLANNING METHODS AND GENDER DISTRIBUTION OF CHILDREN IN A DEFINED RURAL COMMUNITY OF PESHAWAR

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ABSTRACT

Objectives: To determine frequency of different family planning methods in rural community of Peshawar and to determine gender composition of children in women practicing family planning.

Methodology: Data was collected from family planning program started with health education and motivation in the model community of Pakistan Medical Research Council at the village Budhni, Peshawar. The family planning method along with age of women, numbers of male and female children were recorded.

Results: Injection was a method of choice used by majority (59%) of the women. Most of the women 157 (28.3 %) started family planning practice were in the age group of 26-30 years. Number of women having up to 04 children was greater (54.4%) than women (45.6%) having more than 04 children. Most (54%) of them had two male children at the time of starting of family planning. Out of 40 women with one child, 70% had one male child and 30% had a female child.

Conclusion: Women having more male children were more likely to adopt family planning practices.

Key words: Family planning practices, Oral pills, Rural community.

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INTRODUCTION

Family planning or birth control also called contraception is any method used to prevent pregnancy. It allows some one to choose whether or when to have a child. The women fertility period starts from their menstrual periods until their late 40s and early 50s.

Pakistan is one of those developing countries where the population growth rate is high¹

and is characterized among the high-fertility countries in the world having highest fertility, as 4-6 children per woman in the region of South Asia². According to the Population Reference Bureau 2005 (Population Reference Bureau 2006)² the estimated population of Pakistan is 162.4 million and is expected to be 295 million in the year 2050.

Pakistan incorporated family planning program in public sector in 1960s realizing its importance in population growth control. This programme was badly affected and was given little attention between 1970- 1990. During this period the country's population growth rate increased enormously. The political climate improved in 1990s and the government started to deploy specially trained literate women to provide contraceptive information and basic services in their own surrounding villages³. Family planning practice depends mainly the gender composition of children⁴. It was argued in a study from Vietnam that the position of women in Pakistan is highly dependent on the production of male children⁵.

The past efforts to promote family planning in Pakistan have been disappointing, but between 1990-91 and 2000-2001, contraceptive use has more than doubled. This rise has conceded with concreted efforts on the part of the Pakistan

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government to increase access to contraceptive services particularly in rural areas⁶.

Various family planning methods usually adopted in modern countries are hormonal methods: like pills, shot, skin patch, mirena IUD intrauterine device and vaginal ring. Barrier methods: such as condoms, diaphragms cervical caps, leas shield, sponges and spermicides. Moreover, fertility awareness program and permanent birth control such as vasectomy or tubligation are the methods used for family planning.

Family planning methods and devices usually adopted in Pakistan are contraceptive injections, Oral pills, Foam, Copper-T/IUD, Multi load, etc. By suing these contraceptives up to 1991 only 12% of the Pakistani couples were attempting to limit pregnancies and 8% were using modern family planning tools. By 1994-95, these rates had increased to 18% and 13% respectively^{7,8}.

This study is aimed at attaining a better understanding of factors which influence the behavior of married couples to adopt or avoid family planning practices. These results will help health planners to built future strategy to promote and improve family planning in order to reduce fertility rate.

METHODOLOGY

This descriptive study was conducted in a Model Research Community of Pakistan Medical Research Council (PMRC) Peshawar. This community is established in 1984 in village Budhni with an aim to conduct epidemiological/ community based surveys and Health System Research longitudinal/cohort studies. The community centre is situated at a distance of about 25 km from Peshawar. Total population of village is 8243. The whole village is divided into 09 blocks to know the exact number of households, each house in every block is allotted a house number. Each block consists of 176, 105, 131, 227, 103, 128, 124, 114 and 96 families. In village Budhni, family planning program was started in 1990 with the help and coordination of Population Welfare Department of District Peshawar. Married women having 03 or more children were motivated to use family planning device, particularly for child spacing. Contraceptive devices which were introduced to control births in the village were injectables, oral pills, condoms, copper-T (IUD), foam and surgery (tubal ligation).

A total of 555 women visiting community centre for seeking family planning assistance were interviewed by our trained Lady Health Visitors. Their age, number of male / female children and

type of family planning device were recorded. Data was analyzed by using computer software package Epi Info version 6.0.

RESULTS

A total of 555 married women were interviewed. Mean age of the women practicing family planning was 30.20+(5.63) Age distribution shows that majority of the women 157 (28.3 %) started family planning between the age group of 26 –30 years whereas, 17% started family planning at the age of 21-25 years and only 01 women (0.2%) started family planning after the age of 45 years (Table 1).

The Injectable contraceptive was a leading and reportable device used by 408 (59%) of women. 18% of women were taking pills, while 09 % of women used IUD/Copper-T (Table 2).

When the number of total children and number of mothers was observed , it was found that the number of women (54.4%) practicing family planning having up to 04 children was greater than women (45.6%) having more than 04 children (Table 3).

At the time of starting family planning practices, women with a single child were 40, out of which, (70% were those having one male child and 30% had one female child. Women having 02 children were 82, 31.7% of women had both male children, 12.2% both female children and more interestingly majority of women (56%) had an equal gender composition of children i.e., one male and one female child. As regard women with 03 children most of the women (41.2%) had 02 male children and one female child followed by women (38.8%) who had one male child and two female children. In case of women with 04 children, most of the women (53.7%) were those who had an equal number of male and female children.

DISCUSSION

The global expansion of population had become a major topic of concern and if mankind does not check population growth, it may increase at an exponential rate and exceeds the means of provisions, leaving war, starvation and disease as the only means of control⁹. Over population has implication for economic political and health dynamics at national and international level. The Planned Parenthood with small family size can limit the rapid population growth and contraceptive usage is the integral part of family planning¹⁰.

The necessity of controlling the growth of population in Pakistan was seriously recognized in

Table 1: Age of Clients at Starting Family Planning Practices (n=555)

Age Group (Years)	Frequency	Percentage
15-20	16	3.0
21-25	96	17.3
26-30	157	28.3
31-35	127	22.8
36-40	130	23.4
41-45	28	5.0
46+	01	0.2
Total	555	100

Table 2: Various Types of Contraceptive Methods used by the Clients (n=555)

Contraceptive methods	Number of Clients	%age
Injection	327	59
Pills	100	18
Condom	56	10
Surgery	22	4
IUD/Copper	50	9
Total	555	100

Table 3: Mothers Having Total Number of Children at the time of Starting of Family Planning Practices (n=555)

Total number of children	Number of mothers	%age
1	40	7.2
2	82	14.8
3	85	15.3
4	95	17.1
5	68	12.3
6	70	12.6
7	54	9.8
8	26	4.7
9	14	2.5
10	10	1.8
11	8	1.4
12	3	0.5
Total	555	100%

Table 4: Women with Total Number of Children and Gender Wise Composition at The Time of Starting Family Planning Practices (n=555)

Children	Mothers	Percentage
Mother having 01 child		
1 male	28	70
1 female	12	30
Mother having 02 children		
All male	26	31.7
All female	10	12.2
1 male 1 female	46	56.0
Mother having 03 children		
All male	11	12.9
All female	6	7.0
2 male 1 female	35	41.2
1 male 2 female	33	38.8
Mother having 04 children		
All male	7	7.4
All female	2	2.1
3 male 1 female	19	20
2 male 2 female	51	53.7
1 male 3 female	16	16.8
Mother having 05 children		
All male	1	1.5
All female	0	0
4 male 1 female	14	20.6
3 male 2 female	23	33.8
2 male 3 female	27	39.7
1 male 4 female	3	4.4
Mother having 06 children		
All male	3	4.3
All female	1	1.4
5 male 1 female	6	8.6
4 male 2 female	13	18.6
3 male 3 female	28	2.9
2 male 4 female	13	18.6
1 male 5 female	6	8.6
Mother having 07 children		
All male	0	0
All female	0	0
6 male 1 female	3	5.6
5 male 2 female	5	9.3
4 male 3 female	14	25.9
3 male 4 female	20	37.0
2 male 5 female	9	16.6
1 male 6 female	3	5.6

1965 when a large scale national family planning program was initiated but it could not meet the same success as in some neighboring countries. The overall prevalence of contraceptives was low i.e. 27.6 % as compare to 35 % in India, 50% in Indonesia and 69 % in China¹¹.

The present study is descriptive in nature having no control group. We observed that most of the women at the time of starting family planning practices were in the age range of 26-30 years which is in accordance with a hospital base study in Karachi¹² where most of the women attending the clinic were between 21-30 years of age.

Our results depict that majority of women used injection followed by pills as contraceptives devices. These results are not comparable to the study results by Kazmi et al¹³ where condom was the most common device used for family planning. Injectable contraception has few benefits like long term contraception, low cost and most importantly confidentiality, in cases where husband is not willing to use condom.

Total number of children in a family strikingly affects the behavior of married couples either to adopt or avoid family planning. Increasing trend was observed in the number of women having up to 04 children at the time of starting family planning practices and then this number declined gradually with more children. This is due to age of the client because fertility decreases with increasing age.

One of the most important factors which affect family planning is the number of male children¹⁴. Our results show that the number of women at the time of starting family planning practices having one or more male children or equal composition of both sexes is greater in every group. Such women seem more satisfied than those mothers having no male child or a greater number of female children. Sex preference for the next child is highly dependent on the number of existing sons and daughters among the family's living children. However, sons are generally preferred over daughters in traditional societies like Pakistan, as daughters usually have limited role in economic-generating activities. There is no safety net for care of the elderly in Pakistan; they are either on their own or dependent on their children.

Therefore, parents consider sons to be social as well as economic security in their old age. The desire for sons is based on the socioeconomic benefits they may bring to their parents, while the desire for daughters is based on their ability to help their mothers with daily household responsibilities¹⁴ and on the perception

that females are naturally more caring. Pakistani culture, traditions and values associated with children favor a large number of children composed of a majority of sons¹³. This attitude may be altered by educating women about the potential value of each and every child. In sum, there is a persistent preference for boys in Pakistan, which can be associated with parents seeing more socioeconomic value in having sons than daughters. This preference may be reduced if the Pakistani government develops policies that are consistent with valuing sons and daughters equally, by providing equal opportunities for both in practical life, including equality in provision of health facilities, educational attainment and employment.

CONCLUSION

Women having more male children are more likely to adopt family planning practices.

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CONTRIBUTORS

TA was the principal investigator of the study. MSK helped in literature search. IA helped in compilation of data and pursuit of publication. IH did statistical analysis.

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None Declared