Original Article

Power of Women regarding Family Planning

Women Empowerment and Family Planning in South Asian Perspective: An Empirical Evidence from the Rural Areas of Pakistan

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ABSTRACT

Objective: To assess the decision making power of women in their married family life specially regarding family planning.

Study Design: Descriptive / cross sectional study

Place and Duration of Study: This study was conducted at the Department of Community Medicine, Foundation University Medical College, Rawalpindi from 1st April to 31st Oct, 2014.

Materials and Methods: Two hundred households were selected through simple random sampling technique and data was collected from women in each house, married at least for two years, using a self- administered structured questionnaire translated in Urdu language, and assessed using SPSS 19.

Results: Women were found to have a little say in decision making about the food preparation (37.5%), household purchase (25%), medical treatment (4.1%), working outside (5.2%), family planning consultation(40%) , number of children (3.7%), contraception techniques(15.4%), tubal ligation(9.4%) , circumcision of sons (1.9%), aqeeqa ceremony (2.2%)deciding about the place of delivery (52.1%).Almost 47.6% were pressurized by in-laws in decision making about family planning techniques.

Conclusion: The study revealed that in-laws, had a major influence on the decision-making of women specially regarding family planning. Hence interventions need to be implemented to raise women empowerment by involving in-laws in health education campaigns.

Key Words::cross-sectional, decision making, empowerment, family planning, influence

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INTRODUCTION

The 'power to' means the ability to complete an action or behavior[1].This power is unequally distributed between the two genders in this world, the females being the sufferers as they are generally considered weak, ignorant and born to obey[2].Low female autonomy affects various aspects of their lives and this disparity clearly stands out in their reproductive health decisions.[3,4]

As the population time bomb is ticking at a fast pace, there is need for an arousal of the densely populated, poor and developing nations of this world for the control of their population growth rate through increased adoption of family planning techniques. The average global birth rate was18.6 births per 1,000 total population in 2014[5].A 2014 paper by demographers from several universities and the United Nations Population Division[6], forecasts that the population of the world will reach about 10.9 billion in 2100 and will continue to grow after that. Pakistan has attained 6th position and will rank 5th in the world by 2050, due to high birth rate[7]. A high birth rate poses a serious threat to the country's economic progress, advancement, health, law and order, food security and environmental stability. The most effective solution of high birth rate is family planning which is a means by which married couples have anticipation and attainment of their desired number of children, the spacing or gap between pregnancies, without having any side effects [8].The whole burden is put on the shoulders of women, assuming that they are responsible. Yet, in poor are as particularly in villages a typical joint family setup, and societal and cultural taboos impose restrictions on daughters-in-law, affecting their decision-making.

So despite the tremendous life saving and economical benefits, the contraceptive prevalence rate is still low, specially in the poorer and densely populated countries of the world, like Pakistan (35.4%).Various researchers have tried to study the reasons behind this contrasting phenomenon. The decisions of women, regarding the adoption of family planning practices are handed over to their control authorities after marriage, i.e., their in-laws. This is evidenced by various researchers like Moghadam[9]. It has resulted in a constant rise in the fertility rate over the years. A study from India reveals that mothers-in-law play a major role in distributing meals portion among household members and in

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matters regarding the need for seeking healthcare[10] A study carried out in Mali explores the intra familial power dynamics on maternal healthcare practices and the relative influence of women, their husbands and mothers-in-law. The study showed that the preferences and opinions of mothers-in-law had strong effects on the maternal health behaviours of their daughters in law[11]. A study from Karachi, Pakistan, shows the influences on contraception use among the young women in Urban Squatter Settlements[12]. According to multivariate analyses, women who were literate, had high economic status, whose mothers-in-law reported discussing family planning with them were 2-3 times more likely to use contraceptives than other women. In most of the developing countries of Asia, like Bangladesh, Pakistan, Afghanistan[13] a newly-wed woman becomes a part of her husband's family and socially and culturally she becomes their property. If she is unable to produce enough children specially sons, life is tough on her.

A study was planned in Basali village, Punjab with the aim of assessing the decision-making level of women in household and reproductive health matters. The village Basali is at a distance of 23 km from Rawalpindi to the North, in the Potohar region, with a population of 1743 people. Union Council Basali is in Tehsil and District Rawalpindi. As no such survey has been conducted in past, the findings of my research will contribute to the understanding of the influential factor of society i.e., the in-laws factor that affects women decision-making, thereby informing the design of the strategic programs and policies to improve the reproductive health of women in rural areas.

MATERIALS AND METHODS

A descriptive cross-sectional study was carried out in 200 households in Basali village,near Rawalpindi using simple random sampling in order to see the level of decision making of women in their married lives.The data was collected from 1st April to 31st Oct 2014.All women married for at least two years and having atleast one child were included in the study. All menopausal, infertile, or mentally or physically incapable women were excluded from the interview .The total number of respondents was 267.

Written informed consent was obtained from all the participants after explaining to them the nature and purpose of the study. Permission was taken from the head of every household interviewed. It was made clear that their names and information obtained would stay confidential and that they were allowed to withdraw from the study at any stage if they desired.

Data was self-collected by interviewing females using a pretested self-administered structured questionnaire, translated in Urdu language. Before entering data into computer, all questions were checked for mistakes and omissions. Data analysis was done by SPSS version 19 and results were mainly presented in frequencies and percentages.

RESULTS

Demographic Profile of the Respondents: Analysis of the demographic data indicated that a dominating majority (88%) of the respondents were house wives whereas 12% were working women.More than half (53%) of the respondents had married life of 2 to 8 years, that is active reproductive life. Majority (83%) of the respondents got married at the age of 18 to 24 yrs.A little more than one fifth (22%) of the respondents were illiterate whereas a majority (59%) of them were matriculate. Almost one fifth (19%) of them went to college after high school education.

The Role of women in Decision Making: Decisions regarding food preparation were taken by the mothers-in-law in exactly one third (33%) of the respondents. About 37.5% of the daughters in law decided themselves regarding the daily food preparation, rest one third was distributed among other family members. So far as purchase of household items was concerned, husbands appeared to be more active (63.7%) in that, only 25% women had their role in it.

Data analysis revealed that medical treatment decisions were taken either by husbands (48%) or mothers-in-law (13.5%) while few daughters in lawhad a role (4.1%) in that. In most of cases (69%), husbands decided whether their wives should work outside the house or not and appeared to be more dominant (76%) in taking decisions regarding the family size.

In decision making regarding family planning consultation, role of women was only 40%, and husbands had 43% role. In majority of the cases (80%), husbands decided about the desired number of sons and daughters females had a very little (3.7%) role in this decision making. Husbands also seemed to be active (73%) in taking decisions regarding the contraception techniques.

Table No. I: Age at Marriage

Age at Marriage (in years)	Frequency	Percentage(%)
< 18	42	15.7
18 - 24	221	82.8
25 - 31	3	1.1
32 - 39	0	0
>40	1	.4
Total	267	100.0

More than half (52.1%) of the women decided themselves about the delivery place, whether at hospital or at home. Husbands did not have much (21%) to say in this issue. Decisions regarding the tubal ligation of females were taken by the husbands in a dominant majority (81%) of the cases. Even mothers-in-law did not influence much (8%) into that. A majority (71%) of

the husbands decided themselves, about the circumcision of their sons, and Aqeeqa Ceremony (64%). Almost half of the respondents (47.6%) were pressurized by the family members as regards to adoption of family planning techniques. Within this, husbands (25%) and mothers in law (19%) played a major role. Co-relation between education of the respondent and having been pressurized by in-laws in decisions regarding adoption of family planning techniques, was significant at $p<0.05$.

Table No.2: Decision-making About Contraception Techniques

Decisions to be Taken by	Frequency	Percentage
Mother in Law	25	9.4
Husband	194	72.7
Sister in Law	3	1.1
I Decide Myself	41	15.4
We All Decide	3	1.1
Any Other	1	.4
Total	267	100.0

Table No.3: Cross tabulation between Type of Family*, Pressurized by In-Laws in decisions regarding adoption of Family Planning Techniques

		Pressurized by In-Laws in decisions regarding adoption of Family Planning Techniques		Total
		Yes	No	
Type of Family	Nuclear	26	84	110
	Joint	101	56	157
Total		127	140	267

Table No. 4: Co- relation between Education of the respondent*, Pressurized by In-Laws in decisions regarding adoption of Family Planning Techniques

Co-relation			
		Education of Respondents	Pressurized by In Laws in decisions regarding adoption of Family Planning Techniques
Education of Respondents	Pearson Correlation	1	.333**
	Sig. (2-tailed)		.000
	N	267	267
Pressurized by In Laws in decisions regarding adoption of Family Planning Techniques	Pearson Correlation	.333**	1
	Sig. (2-tailed)	.000	
	N	267	267
**. Correlation is significant at the 0.01 level (2-tailed).			

DISCUSSION

The study has brought forth important findings from this village. Analysis reveals that 16% of the respondents got married at the age of 16 to 18, which indicates that despite the regulations, people still get their daughters married at very young ages. The age group of 25-35 years in respondents appears to be more influential in decision making in the family. Women married for 5-8 years have a significant say. Daughters in law from nuclear families seem to be in authority as compared to those living in joint families. A study in Nepal showed that woman's autonomy in household purchases was 15.5% for major purchases and 18% for daily purchases[14]whereas it was 25% in our study. This is perhaps due to similar Asian culture. Our study showed women's decision-making in terms of medical consultation was 4%, contrary to a study by Mumtaz done in a village named Pind, in Punjab, where husbands did not participate in any decision making regarding antenatal visits or medical consultation[4]. Mothers in law seemed to be totally in control. Woman's decision-making in our study was directly dependent on her social class and education. In our study, husbands played a major role in decisions regarding working of wife outside the house. This is an issue that has lot to do with the cultural values of male dominated societies. A study in India revealed that acceptance of family planning methods increased with increasing age and literacy of women under study, as well as in a nuclear family setup instead of a joint family setup[10] A similar research by Khokhar also supported the results[15]. A cross-sectional study performed in an urban slum of India showed that 54.42% husbands disapproved family planning as it was thought to cause family disharmony[16]. It also revealed that family planning increased with women educational level, age and occupation. Deeply rooted socio-cultural factors discriminate men and women in many societies. This has a great impact on the health of women and adolescent girls. Our study has brought forth that there is a considerable influence of in-laws, specially husbands on women in Basali. A similar study performed in Nigeria revealed the same[17]. Two urban slums in Nigeria were studied for male partner's influence on family planning adoption. Focus group discussions showed that male partners' influence was positive and the reason was pronatalist tendencies and the prevailing traditional beliefs. Husband's influence is established in most of the poor Asian and African countries of the world specially in rural areas[18], due to a similarity of socio economic conditions, traditions and cultures.

CONCLUSION

Based on the findings of study, it is concluded that decisions taken by women were influenced by other

family members specially their mothers- in-law and husbands. Women don't have a complete say in their families, specially in matters regarding family planning. Their decision making in various aspects is an amalgam of the inter-family influences and final verdict of the authority at home.

Recommendations: With the advent of modernization, access to education and exposure to media, women can realize their rights to health. Stress should be laid on increasing awareness of mothers in law and the male members of the village by involving them in health education campaigns. A family-focused education programme is required, combined with the involvement of the local, and mass media, and the LHWs regarding role, and place of women in society to help change their attitude. There is need for providing incentives to the LHWs in order to boost up their energies, and to ensure that they will approach the in-laws and take them into confidence. Efforts should be made at the government level using mass media, to signify the role of young mothers in the family set up. Increasing educational and employment facilities and counselling in-laws, and specially husbands, the major stakeholders, can bring a change in the status of women in household by empowering them, and making them aware of their fundamental rights.

Author's Contribution:

Concept & Design of Study:	Shumaila Humayun
Drafting:	Shumaila Humayun
Data Analysis:	Shumaila Humayun
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