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FAMILY PLANNING DEPARTMENT INITIATIVE AND FAMILY PLANNING PROGRAM IN PAKISTAN

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*Email of the corresponding author: mailto: ibrarshabjani@yahoo.com **ABSTRACT**

The current study was carried out in three villages of Tehsil Dargai, District Malakand, Pakistan. The study moved forward with the objectives of defining the family planning (FP) department initiative and public perception of the family planning program. A total of 169 married male respondents were chosen randomly. At the bi-variate level, a highly significant association was discovered between family planning program and well-trained and educated family planning staff. Additionally, a highly significant association was also discovered between family planning program and high-quality contraceptives..

Keywords: FP Department Initiative, FP Program. Contraceptives, Overpopulation

INTRODUCTION

Many serious social issues today confront Pakistan. There is a strong desire on the part of the general public to help alleviate these societal challenges, regardless of whether or not they have the financial resources to do so. Manpower is an essential component in fixing any of these issues.

Overcrowding is a major social issue in Pakistan. Pakistan is the fifth most populous country in the world, with a population of more than 221 million. With an annual growth rate of 2.8%, Pakistan's population is expected to expand by around 3 million people each year. According to predictions, Pakistan's population will quadruple from 221 million to 440 million by 2055. Consequently, the population is growing at a rapid pace. As the world's most populous country continues to grow, Pakistan faces an ever-increasing shortage of resources, which in turn exacerbates the country's many socioeconomic issues. At the same time, Pakistan is seeking to break the cycle of scarcity; it is only marginally able to provide a large increase in the amount of food, clothing, and education available to young people, as well as to young adults. Accordingly, demography and population study are crucial in light of the aforementioned predicament (IBRAR et al.).

Over the course of six decades, the United Nations estimates that the world's population grew from 2.5 billion to 7 billion (Lee, 2011). Since the end of Globe War II, Pakistan and the rest of the world have been concerned about the difficulties posed by population growth at an unprecedented rate. In the industrialized countries, rapid population growth was met by rapid industry, urbanization, and educational advancement. BRICKS and One-Belt-One-Road schemes show that emerging nations prefer to form economic alliances with their closest allies, regardless (Ali, Daud, & Ibrar, 2021; Ibrar et al., 2018; Ibrar, Mi, Rafiq, & Ali, 2019). However, in certain cases, the plight of the poor in developing countries was unaffected (Moultrie et al., 2013).

Achieving a desired number of children, as well as the time and spacing of births can be accomplished through family planning. Using contraception and treating unintentional infertility is how this is accomplished. In terms of her health and well-being, as well as the outcome of each pregnancy, a woman's capacity to space and limit her pregnancies has a direct impact. The availability of family planning services differs between urban and rural locations (IBRAR et al.). Disappointingly, rural areas have a higher percentage of the impoverished population, resulting in a lack of contraception use and unnecessary pregnancies (Ibrar, Mi, Shah, & Rafiq, 2020)

In rural places like Malakand, population welfare and family planning programmes can play a complementary role in population control. Initiatives by the family planning department are important to keep the population in check. As a result, the research would proceed with the goal of identifying the specific initiatives of the local family planning offices.

METHODOLOGY

A total of 169 participants were selected from a population of 700 in three villages in Tehsil Dargai District Malakand, and the sample size was dispersed using a proportional allocation approach based on norms established by (Sekaran & Bougie, 2016).

The data needed for the study was gathered through the use of a pre-planned, closed-ended interview process. The Likert scale and criteria used to establish the interview schedule were used in the process (Nachmias & Nachmias, 1976). Analytical software was used to examine the data (SPSS-20). A Chi-square test was used to determine if there was a bivariate connection between the dependent and independent variables, which were provided as frequencies and percentages. In order to calculate chi-square, the method provided by Tai (Tai, 1978) was followed.

Three tiers of data were gathered, as shown in Table-2. Because the data was qualitative and afterwards turned into an ordinal scale, the only trustworthy statistical instrument, chi-squared test in a contingency table, was more acceptable for testing (Din, Shah, Jamal, & Bilal, 2015).

RESULTS AND DISCUSSIONS

The "agree, disagree, and neutral" scale is commonly used to assess the initiative of the family planning department. Table-1 shows that 62.7 percent of the respondents stated that family planning staff was available in the area, 8.9 percent stated that family planning staff was not available, and 28.4 percent stated that they were unsure about the availability of family planning personnel.

30.2 percent said yes/agree, 30.2 percent said no/disagree, and 39.6 percent were undecided on the issue of family planning staff visits in their neighborhood. Although most respondents believe that family planning is beneficial, they do not do it at the same rate, according to (Srivastava, 1989). Illiteracy and a lack of motivation are to blame. According to this evidence, family planning personnel is available, but they do not encourage their clients to use it and they do not visit them on a frequent basis. Only 24.9 percent of those polled said that the family planning staff is well-trained and educated, while 19.5 percent said that the personnel is not educated and trained. Similarly, 20.7% of respondents believe that family planning providers have all the tools they need, while just 18.9% disagree. While 60.4 percent stated that they were "neutral" in this regard. Furthermore, 20.1 percent of respondents agreed that the employees were offering contraceptives and drugs, while 18.3 percent said that they were not, and the remaining 61.5 percent selected the "neutral" option. According to the survey's findings, 14.2% of the total respondents said that yes, the family planning department's contraceptives and medicines are of good quality, compared to 8.9% who said they were against it, and 76.9% who said they didn't know. (Brown et al., 1995) used the Bruce framework to evaluate the quality of care provided by FP services in five Moroccan provinces. Shortfalls in materials used in counseling for female reproductive health were the most common among the facilities evaluated. The assertion that contraceptives offered are effective in limiting births is supported by 14.8% of respondents who agree with the statement, 8.3% of whom disagree, and the remaining 76.9% who choose "neutral" as their response because it does not generate any ambiguity. (Hesse, 2007), examined these human resource problems can't be solved due to a lack of funds, worker disinterest, and an outdated system of centralized HR management. As a result of these issues, it is more difficult to hold healthcare providers accountable for their actions, which in turn leads to higher expenses and a less effective HR information system.

Table 1 – Percentage and Frequency distribution of respondents showing Department Initiative about family planning (FP)

Statements	Agree	Disagree	Neutral
FP staff is available in the area	106(62.7)	15(8.9)	48(28.4)
FP staff is regularly visiting your family	51(30.2)	51(30.2)	67(39.6)
FP staff is well trained and educated	42(24.9)	33(19.5)	94(56.6)
FP staff is well equipped with all required instruments / facilities	35(20.7)	32(18.9)	102(60.4)
FP staff provides you with the facilities like contraceptives and medicines	34(20.1)	31(18.3)	104(61.5)
The contraceptives provided are of good quality	24(14.2)	15(8.9)	130(76.9)
The contraceptives provided are effective in controlling births	25(14.8)	14(8.3)	130(76.9)

BI-VARIATE ANALYSIS

Family planning department actions were shown to be linked to the family planning programme in Table 2. The results demonstrate a strong correlation (P=0.016) between the perception of a family planning programme and the availability of family planning personnel in the area. Family planning staff often visits your families was found to have a significant (P=0.002) association with a perception of family planning programme. There is a strong (P=0.007) correlation between a well-trained and well-educated family planning staff and a successful family planning programme. As a result, a substantial (P=0.001) correlation was established between a family planning programme and well-equipped family planning professionals. It has been observed that having a family planning programme and having family planning staff who can supply you with contraceptives and medicines is linked (P=0.011). A highly significant (P=0.000) correlation was established between the family planning program's provision of high-quality contraceptives and the claim that these contraceptives are effective in preventing pregnancy.

Table 2 - Association between perception of Department Initiative and Family Planning Program

Attributes	Family	planning	Chi-square
	program		(χ2) (P value)
FP staff is available in the area	Family	planning	χ2=12.203
	program		(P=0.016)
FP staff is regularly visiting your family	Family	planning	χ2=17.132
	program		(P=0.002)
FP staff is well trained and educated	Family	planning	χ2=14.067
	program		(P=0.007)
FP staff is well equipped with all required	Family	planning	χ2=18.556
instruments / facilities	program		(P=0.001)
FP staff provides you with the facilities like	Family	planning	χ2=13.136
contraceptives and medicines	program		(P=0.011)
The contraceptives provided are of good	Family	planning	χ2=31.467
quality	program		(P=0.000)
The contraceptives provided are effective in	Family	planning	χ2=25.777
controlling births	program		(P=0.000)

CONCLUSION

Research shows that many women believe family planning workers are readily available, but neutral unless they are properly trained and equipped. They also don't offer birth control or medicine because they didn't get any great response on it. Even though most people desire to take contraceptives, they choose natural options because

they are less likely to have negative side effects. Family planning centers are popular with the general population, but they're not happy with the employees.

The use of a minor population in the questionnaire survey may have impacted the dependability of the findings, which should be acknowledged as a limitation of the study. It is possible that the author was skewed by using a self-reported measure of family planning (Podsakoff, MacKenzie, Lee, & Podsakoff, 2003). Further research is still required in this area.

RECOMMENDATIONS

- Family planning is extremely underutilized in Pakistan. Fear of contraceptive side effects is a contributing issue. In order to increase service provider knowledge and technical competence, it is recommended that the government and non-governmental organizations (NGO) address the problem.
- To address the unmet need for family planning and to increase the use of contraceptives, quality services must be guaranteed. A system of technical oversight and monitoring must be put in place to provide high-quality services with uniform standards throughout all service locations. In order to move the family planning programme forward, it is necessary that the government take an active role.
- Ineffective family planning efforts are being managed by inexperienced and incompetent staff. Ample resources should be made available to the employees so that they can increase their understanding of family planning methods.
- Reducing the fertility rate requires the involvement of opinion leaders, family planning staff, and doctors. Media must be used to raise awareness and disseminate information to the general population.
- Many people and societies will benefit from religious researchers' efforts to educate them about population dynamics. In order to promote mother and child health, they must encourage their communities to follow family norms.
- Madares, which are now being assigned funds, must be required to impart a positive attitude about family planning. Islamic family planning should be adopted by each individual based on his or her religious position.

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