

Assessment of Female's Decision Regarding Family Planning and Associated Factors in Tehsil Sohawa, Punjab, Pakistan

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Received: May 2022 Accepted: June 2022; Published: July 1, 2022.

Citation: Ali Mujtaba et al. Assessment of Female's Decision Regarding Family Planning and Associated Factors in Tehsil Sohawa, Punjab, Pakistan. World Family Medicine. 2022; 20(7): 75-87. DOI: 10.5742/MEWFM.2022.9525096

Abstract

Family planning enables individuals and couples to anticipate and acquire their planned number of children including the spacing and timing of their births. It's achieved by the use of birth control methods and the treatment of involuntary infertility. It demonstrates that the Pakistan family planning program has been unable to work efficiently. To understand the constraints, academics are seeking to focus on reasons behind service delivery failures, cultural restrictions, and other relevant aspects. Furthermore, the Pakistan authorities have serious worries such as the socio-economic consequence of unrestrained population increase. The purpose of the study is to illustrate the factors influencing female's decision regarding family planning. A cross-sectional study was conducted in Tehsil Sohawa, Punjab between August 2020 and December 2020. A data set of 210 individuals was obtained from Tehsil Sohawa, Punjab, Pakistan. The researcher administered questionnaire was adopted for data collection. The study results showed that female's decision on family planning was mostly affected by education

level, household structure, insufficient information about family planning as well and fear of unfavorable impacts of contra conception, and counseling services played a vital part in decision making related family.

Keywords: Counseling services, Education, Family planning, Female's decision

Introduction

Birth control isn't the main aspect of family planning. Pregnancy can be managed with a variety of treatments to avoid conception while maintaining a normal life and protecting oneself from sexually transmitted infections (STDs) through family planning [2]. Changing family size, birth spacing, and education levels of women may all have an effect on children's health, and family planning initiatives have boosted socioeconomic opportunity. Also, unintentional infertility can be treated using contraceptive methods [2, 3]. Women and their families, especially children, benefit from family planning. As a result of better care and education for children, families can dedicate more time, energy and resources to fewer children [4]. Planned parenthood is becoming a vital part of nearly every health program [5] in existence today. One reason for the focus on family planning in developing countries by many non-governmental organization (NGOs) and donor agencies, such as USAID and WHO, is that it is an important public health issue for these countries [6].

There is a strong link between family planning and the growth of a nation, which is why new methods are constantly being created and existing ones are being improved [7]. In the reproductive years, family planning is a widespread and essential service for women. According to the 2002 National Survey of Family Growth, 42 percent of women aged 15–44 received family planning services from a medical practitioner in the prior year. These programs are especially beneficial to young ladies. 63% of women aged 20–24 and 55% of women aged 25–29 had used birth control in the last year [9]. Women who want to become pregnant will need to undergo these procedures in order to get there. Women's reproductive health is dependent on these services. In order to have two children, the average woman must avoid pregnancy for nearly three decades of her reproductive life in order to achieve this low fertility level [10]. Even though family planning is widely used and widely available, little is known about the quality of these services [11], despite their importance and widespread use. There is a pressing need for greater research on the issue of health-care quality in the United States, which is fueled by the public's interest in and attention to this topic. For the family planning industry, it's essential to determine if there are any quality concerns [12] and design ways to fix them. It is essential to learn more about the quality of family planning services since patients have a fundamental right to high-quality care. [3]. Contraception and reproductive outcomes are influenced by how successful family planning services are, according to this research. Study after study has found that the quality of family planning services has long been a subject of inquiry and intervention in a range of international contexts where the quality of family planning services has long been a concern. Unplanned pregnancies and the failure of contraception are both big challenges in the United States. More than half of all pregnancies in the United States each year are unplanned, and almost half of those pregnancies occur among women who were using

some kind of contraception at the time of conception [14]. 9 percent of women who use reversible contraceptive methods had a failure in the first year, and 17 percent in the first 24 months, respectively. There are several contributing reasons to these problems, but the quality of family planning services is one of them [15].

In addition, poor-quality services may prevent clients from acquiring the information or skills they need to adopt and maintain healthy contraceptive practices [16]. Policies and rules have an impact on the quality of service as well. While all providers of family planning services are not governed by the same set of rules, there are some criteria for some providers [17]. When it comes to family planning, those with limited financial resources must adhere to specific guidelines [18]. It is imperative that clients have access to a wide range of safe and effective contraception options, that the services they get are completely voluntary, and that they are treated with respect. Planned Parenthood clinics follow a similar set of quality standards when providing their services to their clients. Due to the expensive cost of raising a child, it is imperative that family size is proportionate to the family's resources so that life can run smoothly. There is evidence to suggest that families are more likely to believe that they are receiving enough assistance for their children than they are for their homes. Customer satisfaction with primary service providers' abilities to meet their child's specific needs and provide information on services is generally high, with lower satisfaction ratings for the providers' ability to meet their child's specific needs and provide information on services. The financial well-being of participants' families was frequently more important to them than their own psychological well-being. To conclude, we discovered that service adequacy ratings predicted family quality of life, with partnerships modulating the impact [19]. Quality standards can also be taught to private businesses by professional organizations. [18] The Association of Reproductive Health Professionals and the American College of Obstetricians and Gynecologists both offer clinical practice and service delivery guidelines and recommendations.

As a result of this focus on women, the bulk of services, including research and communication efforts, have emphasized women [20]. Family planning has been challenged by this new research, which shows that the male is just as important as the female in this process [21]. When it comes to pregnancy, contraception, and abortion, women in underdeveloped countries are typically not the major decision-makers. For example, in patriarchal cultures where sociocultural traditions dictating gender norms, home social expectations and communication styles hinder female decision-making abilities [22]. In terms of reproductive health, men and women appear to make distinct choices, as evidenced by recent studies. They realized that men were the most powerful. Women's ability to achieve their reproductive goals may be hampered by household power imbalances, which are taken into account in family planning programs [23].

Promoting family planning has the ability to reduce poverty and hunger while also saving 32% of all maternal deaths and roughly 10% of all child deaths in countries with high population expansion. Among other things, it would help women's empowerment, universal primary education, and long-term environmental sustainability. There has been a huge increase in contraceptive use from less than 10% to 60% and a decrease in the number of births per woman in poor countries from six to three. In the 75th percentile of the world's poorest countries, the usage of contraception is still low, and fertility rates are high. In addition, guys should be educated on how to discuss reproductive issues with their partners. Couples' reproductive decision-making is uneven, with the spouse predominating, according to the findings. It is possible for women to suffer as a result of unequal gender relations since they have to obey their husbands. Health and social and economic consequences might result from a lack of negotiating power for women. Females' ability to make informed decisions about their sexual and reproductive health is often cited as a major problem in many countries, as is the lack of access to suitable contraception options for many women [24]. Despite the fact that most mothers prefer to have fewer children, it is illegal for them to exercise this choice. There's a long-held belief among mothers that having a son is a prerequisite for having enough children. The number of women who plan their own families is just 18 percent [25], and studies show that factors such as a spouse's educational level, the length of their marriage, and the husband's acceptability all have a role in this decision [26]. Nearly half of Oman's households are headed by men, according to a new survey [20]. Men's participation in family planning programs and women's empowerment is critical, because it is associated to better reproductive healthcare outcomes, such as contraceptive use and healthy living behaviours [27]. Lack of knowledge about contraceptive use and where to obtain contraceptives, medical issues, religious restriction, spouse reluctance, and poor male engagement are all cited as reasons for the low coverage of family planning services [28]. Therefore, it is especially vital in societies where men predominate, where men already have a significant role in the family and in society at large [30]. Women are typically in control of family planning in the majority of cultures around the world. It is not uncommon for them to be deprived of decision-making power and control over their own fertility goals.

The current study is designed to find solutions to several questions based on the described concerns; a brief description of the issues is as follows:

Question 1: How does family planning counseling contribute to family planning decision?

Question 2: What is the mediating role of knowledge between family planning counseling and female's decision-making regarding family planning?

Question 3: What is the moderating role of education between family planning counseling and knowledge about family planning?

Significance of the study

Research in Pakistan's Tehsil Sohawa is focused on determining what factors influence family planning behaviours. Although many studies are conducted in Pakistan, there are relatively few in the region. In order to address the fundamental causes of the problem, it's essential to identify them at the grassroots level first. It is hoped that the findings of this study will help healthcare professionals and researchers devise new approaches to improving access to family planning counselling services and educating women about their options for contraception.

Research Objectives

The study's research objectives are listed below:

1. To evaluate the effect of family planning counseling services and their contribution to the family planning decision.
2. To determine the role of knowledge in moderating the relationship between family planning counseling and female's decision-making regarding family planning.
3. To find out the moderating role of education between family planning counseling and knowledge about family planning.

Family Planning Counseling

Family planning counseling is an important part of preventing unintended pregnancies. Adequate family planning counselling is defined as information offered to women and men of reproductive age regarding the use, application, effectiveness, side effects, and contraindications of various family planning methods [31].

Knowledge about family planning

Acquiring knowledge about family planning is a crucial step toward having access to contraceptive methods and using one that is appropriate for you in an efficient and accurate manner [32].

Female's decision-making regarding family planning

Women's decision-making capacity in family planning is described as a female's aptitude toward independent decisions making or discuss family planning requirements and options with her partner [33].

Level of education

The impact of educational attainment on contraceptive and family planning information, as well as the methods utilized for family planning [34].

Methodology

The goal of this study was to examine the impact of family planning counselling services on women's family planning decisions, with the mediating role of family planning knowledge and the moderating effect of education level. Described above is the procedure to be followed during the course of the investigation. Research design, demographics, sample selection and analysis, as well as data collection methods, equipment development, and data analysis are all addressed.

Research Design

The present study analyses the role of family planning counseling services on female's decision-making regarding family planning. Knowledge's influence on family planning management has also been investigated. In addition, the function of knowledge about family planning in moderating the relationship between family planning counseling services and female family planning decision-making was explored. The moderating role of level of education in the relation between family planning counseling services and of knowledge about family planning also investigates. All the variables are measured through adapted questionnaire. The data was collected from the general public of Tehsil Sohawa, Punjab, Pakistan.

Type of Study

This cross-sectional study is conducted to assess the impact of Family planning counseling on female's decision-making regarding family planning and it has been examined with the mediating role of knowledge about family planning and moderating role of level of education. All variables were measured through self-reported questionnaires from female respondents during August 2020 to December 2020 in Tehsil Sohawa.

Time Horizon

The data collection for this study was conducted in time lags of over a six-month period. The data gathering for this study was done in such a way that, data gathering bolsters the consistency of respondents' input and, as a result, their degree of participation in the study.

Research Interference

There was no or minimal research interference that influenced the study's findings. The research is based on a field study with no or limited research influence. A self-administered questionnaire was used to obtain data from 210 respondents. Self-administered questionnaires are justified as a survey technique because they allow respondents to complete questionnaires more simply and take their time to offer acceptable and well-considered replies. The questionnaire was accompanied by a cover letter stating that the study's objective is purely academic and that it attempts to clarify the role of female decision-making in family planning. To test the mediating and moderating effects, data was obtained from 210 respondents at various time intervals. The responders completed all surveys completely and accurately. No questionnaire was improperly filled and was never discarded.

Population

The population for this study was the married females from the rural area of Tehsil Sohawa, Punjab, Pakistan. Sohawa is in the north-western part of Jhelum district, Punjab, on the subcontinental Grand Trunk Road (GT Road) between Gujjar Khan and Dina.

Sampling techniques

In order to get our data, we employed a straightforward random sampling strategy. On the basis of geographical dispersion, a single site was selected and one residence was selected to begin our sample according to my criteria.

On the other hand, each house was systematically questioned until the sampling was complete and met our inclusion criteria. On the basis of the population's size and convenient sampling, the data collection from married females was carried out using self-reported questionnaires at regular intervals over a period of time. Interviews and questionnaires had to be included in the minimum sample size of 210. When data on female reproductive health decisions, knowledge of family planning, access to family planning services, and educational attainment were collected, it was six months from August 2020 to December 2020. To protect the respondent's privacy, a cover letter was included with the submission. The nonprobability sampling technique was applied in this investigation, allowing for convenient sampling. Individuals, such as married women from middle-class families in District Sohawa, were the focus of this study.

Ethical consideration

Ethical consideration included a consent document was signed following a verbal explanation as an ethical factor. The information gathered was kept confidential. If they did not wish to participate or continue with the research, all of the respondents were offered a free hand. The respondents' names were not required in the questionnaire so that they could freely share their personal information.

Scales and Measures:

Data was collected through self-administered questionnaire. All the study variables except Level of education, was measured on a 5-point Likert scale ranging from Strongly Disagreed=1 to strongly agree=5. There were some demographics such as gender, and level education.

There was only one independent variable in this study which was Family planning counseling services.

Measures of family planning counseling:

Family planning counseling variable was measured using 3-item scales. Sample questions were: "1. Are you facilitated with family planning services? 2. Does the Family planning team visit you? 3. Are you satisfied with family planning counseling services in your area?"

There was only one dependent variable in this study that is female's decision-making regarding family planning.

Measures of female's decision-making regarding family planning:

This variable was also be measured using 3-item scale. The outcome variable was measured categorically as decision made by wife or any other family member [34]. Sample questions were: "1. Do you yourself make most of the decisions of your family? 2. Does other's decisions affect your family planning decision? 3. Does your family structure force you to have more children?"

Mediating variables:

There was one mediating variable in this study that is knowledge about family planning.

Measures of knowledge about family planning:

Knowledge about family planning was measured using 3-item scale. The impact of education on family planning

decision and use of contraceptive methods [36]. Sample questions were: "1. Have you ever heard about family planning? 2. Have you ever practiced any of the family planning methods? 3. Do you know different methods of contraceptives?"

Moderating variables:

The current study had one moderating variable which is level of education.

Measures of level of education:

Measuring scale of the moderator was measured using demographic questions asking the education level. The question was: What is your education? 1. Below Matric 2. Matric 3. Intermediate 4. Bachelors 5. Masters and above.

Data analysis procedure

The SPSS 20.0 program was used to examine the data. The Preacher and Hayez technique were used for mediation analysis. To obtain the findings, an overall analysis such as regression, correlation, reliability, and validity, as well as mediation moderation, was performed.

Control variables:

During regression analysis, demographic factors were adjusted using one-way ANOVA.

Demographics:

The demographics of respondents, such as their qualification or level of education, were also collected in the current study in order to achieve more reliable and exact results. According to [7], demographics are critical while doing regression analysis. In the current study, regression analysis was used for demographics interpretation. Moreover, the results of ONE-WAY ANOVA demonstrates that these variables have no influence on the hypothesized model.

Demographic question:

The summary of demographic variable which includes level of education is explained in the following sections. The qualification distribution of target group revealed that, out of 210 participants, 63(30%) were below matric, 45(21.4%) matric, 19(9%) intermediate, 68(32.4%) bachelor, and only 15(7.1%) were masters and above.

Reliability analysis:

The variables' reliability included in this model are included in the reliability analysis. Where ethical family planning counseling services having .874, knowledge about family planning shows, .935, and female's decision-making regarding family planning shows .878 Cronbach's Alpha reliability.

Data analysis procedure:

The data is first checked for missing values. The data is examined for outlier analysis after ensuring that there are no missing values in the data. Secondly, the data is examined for reverse coded questions. The reliability analysis was then conducted in the following stage to confirm that the scales were consistent. Finally, a frequency distribution analysis was conducted, as well as a review of demographic data. Descriptive statistics, correlation, and regression analysis were utilized to offer a complete picture of the data.

Respondent level of education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Below matric	63	30.0	30.0	30.0
	Matric	45	21.4	21.4	51.4
	Intermediate	19	9.0	9.0	60.5
	Bachelor	68	32.4	32.4	92.9
	Master or above	15	7.1	7.1	100.0
	Total	210	100.0	100.0	

Results

Descriptive Statistics

The analysis includes the summary of demographics, decisions regarding family planning, knowledge/ information about family planning, family planning counseling services/centers and their role, knowledge about contraceptives methods, and level of education.

Table 1: Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Are you facilitated with family planning services?	210	1.00	5.00	4.0762	1.44564
Does the Family planning team visit you?	210	1.00	5.00	3.9381	1.34163
Are you satisfied with family planning counselling services in your area?	210	1.00	5.00	3.8429	1.53089
Have you ever heard about family planning?	210	1.00	5.00	4.1143	1.39935
Have you ever practiced any of the family planning methods?	210	1.00	5.00	4.1095	1.34214
Do you know different methods of contraceptives?	210	1.00	5.00	4.0857	1.31327
Do you yourself make most of the decisions of your family?	210	1.00	5.00	3.9286	1.45083
Do others' decisions affect your family planning decision?	210	1.00	5.00	4.0190	1.38675
Does your family structure force you to have more children?	210	1.00	5.00	3.9857	1.46238
Valid N (listwise)	210				

Correlations Analysis

Correlation analysis is used to determine whether the variables are statistically significantly correlated. The results are listed in the table below.

Table 2. Correlations Analysis

		Female's decision-making regarding family planning	Knowledge about family planning	Family planning counseling services	Respondent level of education
Female's decision- making regarding family planning	Pearson Correlation	1	.878**	.776**	-.230**
	Sig (2-tailed)		.000	.000	.001
	N	210	210	210	210
Knowledge about family planning	Pearson Correlation	.878**	1	.789**	-.234**
	Sig (2-tailed)	.000		.000	.001
	N	210	210	210	210
Family planning counseling services	Pearson Correlation	.776**	.789**	1	-.257**
	Sig (2-tailed)	.000	.000		.000
	N	210	210	210	210
Respondent level of education	Pearson Correlation	-.230**	-.234**	-.257**	1
	Sig (2-tailed)	.001	.001	.000	
	N	210	210	210	210

** . Correlation is significant at the 0.01 level (2-tailed).

4.3. Regression Analysis

Model: 1

Y: A (Family planning counseling services)

X: C (Female's decision-making regarding family planning)

W: Education

Sample

Size: 210

OUTCOME VARIABLE:

A

Model Summary

R	R-sq	MSE	F	df1	df2	p
.7905	.6249	.5721	114.3908	3.0000	206.0000	.0000

Model

	coeff	se	t	p	LLCI	ULCI
constant	2.4527	.4849	5.0585	.0000	1.4968	3.4087
C	.4400	.1118	3.9345	.0001	.2195	.6605
Edu	-.4704	.1402	-3.3550	.0009	-.7468	-.1940
Int_1	.0982	.0333	2.9452	.0036	.0325	.1639

Product terms key:

Int_1: C x Edu

Test(s) of highest order unconditional interaction(s):

	R2-chng	F	df1	df2	p
X*W	.0158	8.6744	1.0000	206.0000	.0036

Focal predict: C (X)

Mod var: Edu (W)

Conditional effects of the focal predictor at values of the moderator(s):

Edu	Effect	se	t	p	LLCI	ULCI
1.0000	.5382	.0821	6.5569	.0000	.3764	.7000
2.0000	.6364	.0565	11.2665	.0000	.5250	.7477
4.0000	.8327	.0526	15.8364	.0000	.7290	.9364

***** ANALYSIS NOTES AND ERRORS *****

Level of confidence for all confidence intervals in output:

95.0000

W values in conditional tables are the 16th, 50th, and 84th percentiles.

----- END MATRIX -----

Run MATRIX procedure:

```
***** PROCESS Procedure for SPSS Version 3.5.3 *****
      Written by Andrew F. Hayes, Ph.D.   www.afhayes.com
      Documentation available in Hayes (2018). www.guilford.com/p/hayes3
      *****
Model: 4
  Y: A (Family planning counseling services)
  X: C (Female's decision-making regarding family planning)
  M: B (Knowledge about family planning)
Sample
Size: 210
      *****
OUTCOME VARIABLE:
B
Model Summary
      R      R-sq      MSE      F      df1      df2      p
      .8781   .7710   .3257  700.4633   1.0000  208.0000   .0000
Model
      coeff      se      t      p      LLCI      ULCI
constant .7728   .1319   5.8612   .0000   .5129   1.0328
C        .8372   .0316  26.4663   .0000   .7749   .8996
      *****
OUTCOME VARIABLE:
A
Model Summary
      R      R-sq      MSE      F      df1      df2      p
      .8079   .6527   .5272  194.4794   2.0000  207.0000   .0000
Model
      coeff      se      t      p      LLCI      ULCI
constant .5460   .1811   3.0153   .0029   .1890   .9030
C        .3591   .0841   4.2695   .0000   .1933   .5250
B        .4820   .0882   5.4641   .0000   .3081   .6560
      ***** DIRECT AND INDIRECT EFFECTS OF X ON Y *****
Direct effect of X on Y
      Effect      se      t      p      LLCI      ULCI
      .3591   .0841   4.2695   .0000   .1933   .5250

Indirect effect(s) of X on Y:
      Effect  BootSE  BootLLCI  BootULCI
B        .4036   .0876   .2390   .5788

      ***** ANALYSIS NOTES AND ERRORS *****
Level of confidence for all confidence intervals in output:
95.0000
Number of bootstrap samples for percentile bootstrap confidence intervals:
5000
----- END MATRIX -----
```

4.4. Summary of Accepted / Rejected Hypothesis:

Hypothesis	Statements	Results
H1	Family planning counseling is positively related with female's decision-making regarding family planning	Accepted
H2	Knowledge about family planning mediates the relationship of family planning counseling with female's decision-making regarding family planning	Accepted
H3	Level of education moderates the relationship of family planning counseling with Knowledge about family planning such that this relationship was strong when education is high	Accepted

Discussion

The Tehsil Sohawa in Punjab, Pakistan, is the setting for this investigation, and we're looking for elements that influence family planning methods. Despite the lack of research in the region, Pakistan hosts a slew of studies [37-39]. Identifying the core issues is essential if we are to effectively address them. In our survey, 57.1 percent of respondents said they have used family planning methods. Those ages 16 to 60 were asked questions. Only a few studies had included male participants prior to mine, despite the fact that most studies had been finished. To a large extent, studies were conducted solely on the basis of data collected from men. A person's location is one of the most important factors in family planning [16]. As emerging countries become more urbanised, contraceptive use is on the rise [40]. Rural residents in Cameroon have been shown to have fewer opportunities than urban residents to be informed about contemporary contraception [41]. I found that urbanization has an effect on people's decisions on family planning, as I uncovered during my investigation. I found that urbanization has an effect on people's decisions on family planning, as I uncovered during my investigation. Women made 47.6 percent of the family planning decisions in urban areas, but only 45.7 percent of the decisions in rural areas were made by women, according to the research. My study found that there was no significant variation in family planning decision-making based on geographic location.

Hypothesis 1:

According to research, extended families are more likely than nuclear families to utilize contraception [26]. Due to a lack of communication between husband and wife, the use of family planning in blended households was much reduced. According to these findings, husband-and-wife communication is critical when it comes to family planning decisions. Communication between the husband and wife is essential for discussing family planning and making better decisions about the size of their family. Families with fewer children and fewer members had better communication and made more decisions as a unit [42]. According to my

research, increased communication between husband and wife can have a good impact on family planning decisions in Bangladeshi couples. Improved husband-wife communication led to a smaller family and better family planning decisions, they concluded [43].

Hypothesis 2:

In my research, I came across a number of factors that have a significant impact on the ability of couples to plan their families. Fear of unfavorable consequences was a major factor in my respondents' decision to utilize family planning. The majority of responders stated that the usage of injectable contraceptives produces obesity and swelling of the body, which is why they stopped using it. For others, the adverse impact of birth control pills was the induction of "stomach problems, including acid reflux and heartburn." These treatments, which have been shown to have numerous side effects, are the least frequently employed and most rarely favored by women [15,44]. Family planning was well-known to 88.6 percent of our participants. 76.3 percent of those polled were aware of birth control and the various methods available, according to our data. There is a high degree of familiarity with family planning among Pakistanis, according to PDHS surveys conducted in 2006 and 2007. 96% of married women between the ages of 15 and 49 were able to do at least two current operations, according to a study. Punjab, Pakistan's Tehsil Sohawa was the source of our study participants' data. Our study also found that 25.8 percent of respondents had difficulty with religious-cultural issues. It was revealed that religious and cultural variables were a substantial obstacle to family planning in a Pakistani study [45]. According to our data, women who have ever used or are now using contraception fall into two distinct categories. Contraception is still being used at the same rate it has been over the past several decades (57.1 percent). Only 47.7 percent of women had ever used any kind of contraception, while the current user rate of any form of contraception was reported to be 48.7 percent.

Hypothesis 3:

Both the decision makers and the respondents were swayed by the respondents' geographic location and educational attainment [46,47]. 90% of educated women make decisions about family planning, compared to only 8% of less educated women, according to our research. In urban areas, 52.4 percent of decision-makers are men, compared to 54.3 percent in rural areas, which is a significant increase. People living in urban areas are more likely to use family planning services than those living in rural areas because they have better access to them. In Bahawalpur, researchers found the same thing. As a result, they found that city people have easy access to contraception and healthcare providers in the event of a contraception-related issue [48], [49].

Conclusion

According to the study, 23.3% of females and 32.8 % of those who are neither wife nor husband make the decision to have children. The study's findings indicated that poor knowledge, family structure, lower level of education, and people's perceptions that family planning side effects all these factors played a role in people's decisions about family planning.

Practical Implications:

The present study has several practical consequences for organizations, including how to improve performance, efficiency, and compassion, as well as serve utilitarian tasks.

- First and foremost, broaden the experiences of family planning and reproductive health clinics' quality improvement initiatives. The goal is to improve healthcare teams' ability to apply suitable quality assurance tools and processes. This demands the creation of a core group of quality improvement specialists whose duty it is to help and guide teams ready to start development programs. Secondly, empower departments and clinics to start training programs, with a focus on creating reward measures such as certification and accreditation.
- Quality assessment strategy by evaluating healthcare professionals' performance and developing and implementing evidence-based protocols for the full range of reproductive and family planning services.
- Encourage patients and medical providers to interact and communicate. Taking a client-centered approach can help with this.
- Encourage the integration of preventive care by concentrating interventions on client needs rather than primary care.
- Encourage and implement future studies on the economic analysis of reproductive health interventions, which will increase health professionals' awareness of the help people use reproductive health services and reduce the cost of treatments more efficiently.
- The research sheds light on local circumstances surrounding, understanding, opinions, and behaviors around family planning, as well as the significance of education. There will be an increase in the number of women and couples seeking family planning services as

attitudes regarding family planning and desired family size change.

- The survey also found a female healthcare practitioner who are competent and trained are especially needed for long-term family planning solutions, as well as well-established health facilities rather are needed for the success of family planning program.
- Interventions in family planning and birth spacing should be focused on reducing men and women's anxieties about side effects by effective counseling and providing enough information about technique side effects and how to handle them.
- Lastly this study highlights the importance of community services, and level of education. Further, how health workers can all play a role in promoting awareness about sociocultural and health issues.

Limitations:

Every research has certain limitations and may benefit from further information in other areas. The current study contains numerous flaws that will need to be addressed by other researchers in the future.

- Firstly, the data obtained from both urban and rural areas to strengthen current study. However, the current study seems not to be generalized due to limited sample and specific population.
- Secondly, the information was gathered directly from married women of specific geographic location i.e; Tehsil Sohawa, Punjab.
- The current study focuses solely on self-report feedback with very limited number of questions on focused areas.
- Finally, the study's subject was extremely delicate and data was gathered in a short amount of time, with few resources, and on a tight budget.

Future Directions:

- Future researchers are required to collect data with an increase in sample size.
- There is a direct need to arrange for health education program sessions for all married couples about contraception and improve counseling services on how it will benefit their socioeconomic and family health.
- The main focus should be given to the importance of family planning and how it helps in preventing social burden and their health.
- More studies should be carried out on the Tehsil level as very few studies had been done earlier to educate communities related to family planning.
- The quality of family planning counseling services needs to be improved so that the rumors and misconceptions can be minimized and it is further needed to educate women about the factor, which were one of the main factors affecting family planning implementation.

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