



**RESEARCH PAPER**

**Effects of the Social Media on Family Planning among Nursing Mothers in Punjab, Pakistan**

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**ABSTRACT**

This study aims to assess the effect of social media on family planning among nursing mothers in Punjab. There is no denying the fact that social media has a positive role in increasing contraception. The survey design and in-depth interview were conducted from the target population of nursing mothers in Jinnah Hospital, Lahore, Pakistan. The sample used for this study is 120 nursing mothers. The technique used in this study is the random sampling technique. A descriptive analysis was conducted. 81% of the nursing mothers had ever used contraceptives. The widely used contraceptive methods were injectable (28%) and IUD (28%). The majority of the nursing mothers (59%) were highly influenced by social media. The incumbent government should focus on social media-centric campaigns to raise the contraceptive prevalence rate in Punjab, Pakistan. The digital divide should be curtailed at the gross root level for the result-oriented effect of social media on family planning.

**Keywords:** Contraception, Family Planning, Nursing Mothers, Social Media

**Introduction**

Millions of women in the developing world die each year during pregnancy or childbirth. One woman dies every minute due to pregnancy and childbirth complications (Bishwjit et al., 2017). Another million women suffer permanent pregnancy-related disabilities. Many assertions on family planning are that this suffering and death could be prevented through the effective use of modern family planning (FP) methods. Family planning use can protect women from the health risks of unplanned pregnancies and disabilities (Bakht et al., 2013). Family planning use continues to be low, especially in developing countries where the use of any method is only 34%. In Pakistan, many obstacles impede people from using contraceptives ranging from cultural, social factors, and structural factors like less access, availability, and affordability of contraceptives (Naz and Saqib, 2013).

As a result, unintended pregnancy arises when family planning or contraceptive-active women do not use contraceptives or use them incorrectly. The tendency for adolescents and young adults to engage in family planning or contraceptive activity without the use of contraception. These studies have indicated that multiple factors influence contraceptive decision—making, among them are perceived risk and benefits, values, and personality factors (Kagurusi, 2013).

The inadequate contraceptive coverage is a multifaceted social, ethical, and cost issue that is focused on the consequence of unintended pregnancy; long-term consequences of unintended pregnancy are far-reaching. For example, teenage pregnancy, out-of-wedlock birth, welfare dependency, child abuse, domestic violence, and abortion are some of the major social ramifications of unintended pregnancy (Nazzer et al., 1995).

In Punjab, studies have demonstrated that a large proportion of young women are exposed to the risk of conception, receive poor or no family planning or contraceptives and contraceptive education and experience a high incidence of adolescent childbirth (Ahmed and Seid, 2016).

### **Literature Review**

The influence of social media is crucial to informed choice (Muzaffar et. al 2019 & Muzaffar et al. 2020). Most people seek the approval of others and modify their behavior to please others or to meet others' expectations. In Nigeria and other West African countries, for example, some women said it was difficult for them to use family planning because their relatives or friends were not using it. These women were reluctant to be the first in their social group to use family planning. People choose contraceptive methods that are commonly used in their community because they know that it is socially acceptable to do so, and they tend to know more about these methods.

Welch et al. (2016) underscored the importance of communication within the conjugal unit and the gossip media of women in Nigeria on family planning use. Low contraceptive prevalence rate prevails in a situation where women have low education, low socio-economic status, and live in extended patriarchal families.

Hassan et al. (2021) found that ancestral customs in sub-Saharan Africa give men rights over women's proactive power. In such situations, the husband's approval may often be a precondition for a woman to use family planning.

Das and Sarkar (2014) examined the effect of husband and wife communication on contraceptive use. They found a significant association between couples' communication and their contraceptive use. Also, Wazir et al. (2013) found that spousal communication predicts contraceptive behavior, even when other factors were controlled.

Jain et al. (2014) found that a wife's perception of her husband's approval of family planning was highly associated with the current use of contraceptives. They found out that dialogue appears to increase the effectiveness of communication. Specifically, one spouse's perception of the other spouse's approval is more likely to be correct if they have discussed family planning than if they have not.

Waqar et al. (2015) found that the informal social media of women are important in contraception use. They further found that both the structure and attitudinal properties of one's interpersonal media are associated with contraception use.

Alfred (2006) asserts that social media support the democratization of knowledge and information and transform people from content consumers to producers. The concept started many years ago but has evolved into a more sophisticated technology. It can be dated back to using the analog telephone for social interaction. The use of social media has changed the way individuals communicate and shape mindsets.

### **Material and Methods**

The Research design adopted for this study is the survey design and in-depth interview. The population for this study is the nursing mothers who attend immunization programs in Lahore, Punjab. The sample used for this study is 120 nursing mothers whose children are still considered young and would not want to get pregnant at the time of this study. The technique used in this study is the random sampling technique.

The instrument used for this study is a questionnaire. The self-administered questionnaire which was divided into two (2) sections contained twenty-four (24)

questions. Section A contained the personal information of respondents such as gender, and age. Section B contained questions on the effect of social media on family planning. The copies of the questionnaire were self-administered to the respondents on Tuesday and Thursday during the immunization program at the immunization unit in the teaching Jinnah Hospital and were retrieved almost immediately. Key officers were interviewed too.

The data collected were analyzed using the frequency counts in distribution tables. And interviews were interpreted. The analysis is based on the 108 retrieved questionnaires.

## Results and Discussion

The findings of this study revealed that the respondents agreed that social media has been highly effective in spreading the practices of family planning especially among nursing mothers. The age of the majority of the respondents was 31-35 years old and 37% of the respondents reported that they found it difficult to discuss with the partners about the family planning or contraceptives. Regarding the frequency of discussion, 67% of the respondents claimed that they often discussed with their husbands on the topic of contraceptive use or family planning.

These findings, therefore, correspond with the various views and opinions of the interviewees. The fact that abstinence and prolonged breastfeeding were the most popular methods may be due to the rural nature of the study area. It might also be because of the poor educational background of most of the respondents and lack of awareness of the efficiency of these devices.

**Table 1**  
**Background Characteristics of the Respondents (N=108)**

| Background Characteristics  |                     | Frequency | Percentage |
|---|---------------------|-----------|------------|
| Age of the Respondents  | 20-25               | 24        | 22         |
|   | 26-30               | 30        | 28         |
|   | 31-35               | 46        | 43         |
|   | 36-40               | 8         | 7          |
| Easy to talk with your spouse about important things for you?                               | Very Easy           | 14        | 13         |
|   | Easy                | 18        | 17         |
|   | Difficult           | 40        | 37         |
|   | Very Difficult      | 20        | 18         |
|   | Not at All          | 16        | 15         |
| How often do you discuss family planning or contraceptive-related matters with your spouse? | Often               | 72        | 67         |
|   | Occasionally        | 4         | 3          |
| Have you heard of any contraceptives?   | Yes                 | 40        | 37         |
|   | No                  | 68        | 63         |
| How do you know about contraceptives?   | Parents             | 12        | 11         |
|   | Friends             | 22        | 21         |
|   | Health Professional | 10        | 9          |
|   | Social Media        | 64        | 59         |

**Table 2**  
**Social Media and Contraceptive Use (N=108)**

| Indicators                 |          | Frequency | Percentage |
|----------------------------|----------|-----------|------------|
| Your favorite social media | Twitter  | 10        | 9          |
|                            | Facebook | 20        | 19         |

|  |                  |    |    |
|--|------------------|----|----|
|  | Google           | 20 | 19 |
|  | Electronics Mail | 18 | 16 |
|  | WhatsApp         | 40 | 37 |
| Have you ever used any Contraceptive Methods | Yes              | 88 | 81 |
|  | No               | 20 | 19 |
| Name of used methods                         | Condom           | 20 | 19 |
|  | Pills            | 23 | 21 |
|  | Injectable       | 30 | 28 |
|  | IUD              | 30 | 28 |
|  | Implants         | 5  | 4  |

Table 2 reveals that WhatsApp is the most favorite social media channel of the respondents (37%), 19% favored Facebook and 19% of the respondents emphasized Google for information. Most importantly, 81% of the respondents have ever used contraceptive methods. The most widely used contraceptive methods were Injectable (28%) and IUD (28%).

In conclusion, the qualitative data generated from in-depth interviews with the key officers and nursing mothers confirmed the fact that social media is relevant and responsible for guidance about family planning or contraceptives made the opportunity to have family planning or contraceptives to relieve their internal tension. According to some of the respondents and interviewees the social media of Twitter, and search engines – google, Facebook, chatrooms, etc. help most of them patronize family planning or contraceptives hawkers.

It was also, discovered during the interview that there are various barriers both at the level of accessing and using contraceptives considering the reasons for non-use especially embarrassment to buy, lack of knowledge, fear of side effects and religious opposition could imply that even youth who have the knowledge and want to use contraceptives, factors like fear of sharing sensitive personal matters and fear of facing side effect could also be a challenge to youth decision to use contraceptives.

## Conclusion

Family planning is real. Although a 100% use of modern methods has not been achieved, with the current ongoing awareness programs, women's education, and free medical care for pregnant and lactating mothers in districts of Punjab, the use of modern methods will be used considerably.

## Recommendations

The study recommends that health-related social media interventions should be grounded in a theory of change, enhance meaningful participation of critical actors in the development process, and address the problem of inequities. In addition, health communication programmers need to ensure the strategic harmonization of social media interventions in line with specific national health agendas and programs for synergistic implementation, and not as fragmentary and uncoordinated branded interventions of individual aid agencies. Finally, increased attention is needed for the sustainability of the flurry of social media interventions to avoid a situation where the development landscape in Punjab, Pakistan is dotted with unsustainable 'white elephant' E-Health communication projects.

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