

Psychosocial Characteristics of Urban Youth in Pakistan: Gender-related Attitudes, Self-efficacy and Interpersonal Support

Background

Pakistan is one of the fastest growing Islamic countries in the world with a population of about 165 million (World Fact Book, 2006). Currently, Pakistan has one of the largest cohorts of young people in its history. Adolescents and young adults (15-24 years) make up 19% of its population and subsequent cohorts in the near future are projected to be even larger. The minimum legal age of marriage in Pakistan is 16 years for females and 18 years for males however, 14% of females and 7% of males get married before they reach the legal age. Most women in Pakistan by age twenty will have given birth to one child and women in their early 30's have an average of 4 births (NIPS, 2001¹). The use of contraceptives in the country is very low. Only 28% of currently married women report currently using any method of contraception. Among young married women, (15-19 years old) only 4.8 % report ever using any contraceptive method and only 2% report ever using any modern method (NIPS, 2001). Current estimates indicate that about 61% of women have a need for family planning, which includes a 33% with an unmet need. The reproductive health, family planning information and service needs of youth and young adults in Pakistan is great.

Introduction

Supported by the David and Lucile Packard Foundation, Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (CCP) recently undertook an impact evaluation to measure the effect of multi-media program undertaken as part of the Youth First Project², a project aimed at empowering young people to make positive, well-informed life choices on such issues as family planning, marriage, and education and to give young people hope for the future. Contech International Consultants based in Pakistan led the evaluation research with technical assistance from CCP. Focused on females between the ages of 16-24 and males between the ages of 18-29, the evaluation examined various aspects of urban youth, including self-efficacy, gender-related attitudes, pro-active attitudes and interpersonal communication and support. An analysis of these various characteristics has been done independent of exposure to the media program. The purpose of the analysis is to better understand the changing characteristics of urban youth in Pakistan. The purpose of this paper is provide program planners, managers and researchers, a better understanding of contemporary psychosocial characteristics of urban youth in Pakistan. It is the hope of this paper that youth-focused programs, particularly those interested in addressing reproductive health and life planning related issues, gain a deeper understanding of the psyche, attitudes and self-efficacy that shape the ever changing landscape among in Pakistan.

Specifically, this paper will explore four psychosocial elements among Pakistani youth:

- (1) Self-efficacy;
- (2) Gender attitudes;

¹ National Institute of Population Studies (NIPS) (July 2001). Pakistan Reproductive Health and Family Planning Survey, 2000-01 - Preliminary Report. Ministry of Family Welfare (MOPW): Islamabad, Pakistan.

² For more information on the Youth First Project, please see the World Wide Web
<http://www.jhuccp.org/asia/pakistan/youth.shtml>

- (3) Proactive attitudes among Pakistani youth; and,
- (4) Interpersonal Support seeking.

Methodology

CCP³ hired Contech International Health Associates, a local research institution to conduct an evaluation for the Youth First project, with its primary intention to assess the effectiveness of the mass media program including the drama serial, TV and radio spots and music video. A post-only household survey was conducted in the cities of Karachi and Lahore. The survey consisted of face to face interviews with females between the ages of 16-24 and males between the ages of 18-29. Additional criteria for selection of respondents included marital status (selected respondents were either unmarried or married with no more than one child) and a positive response to a question pertaining to exposure to ARY Digital (the channel on which the drama serial was aired) within the past three months. Contech conducted the field work for the survey in February 2006.

Survey sample size was based on a statistical analysis of power using a proportions method⁴. CCP/Contech included a series of outcomes in the sample size calculations ranging from access to television, utilization of services at Greenstar clinics. The estimated sample sizes and the actual sample sizes for both Karachi and Karachi are provided in Table 1:

Table 1: Estimated and Achieved Sample Sizes

	Lahore		Karachi	
	Estimated	Achieved	Estimated	Achieved
Male	266	282	426	444
Female	532	518	851	844
	692	800	1277	1288

A two-stage sampling area technique was used to select the sample population. In the first stage, 25 GS clinics each in Karachi and Lahore were randomly selected following systematic random sampling procedures with the starting point provided by a random number table. Next, blocks around the selected GS facilities were identified and a random sample of clusters drawn. The list of blocks (Primary Sampling Units - PSUs) was provided by the FBS (Federal Bureau of Statistics). There were approximately 200 households/shops and other units in one PSU. A numbered list of households within the selected clusters was obtained from Greenstar who had obtained these from FBS for use in an earlier survey FBS Households were randomly selected from the lists through systematic sampling, starting with a number selected from a random number table.

In the second stage, a total of $(1,277 / 25) = 52$ respondents (households) were selected from the household listing around each of the 25 selected clinics in Karachi and a total of $(798 / 25) = 32$ respondents (households) were selected from the listed households around each of the selected 25 clinics in Lahore. At the household level the interviewers used a household listing form to first note all the members of a specific household, from which eligible male or female members were then selected using a random number procedure.

³ The Committee on Human Subjects Research (CHR) at the Johns Hopkins Bloomberg School of Public Health approved the ethical procedures for this study.

⁴ Sample Size Power - 80%, alpha .05. 5% change over time.

The questionnaires were thoroughly pretested prior to field work and appropriate revisions made based on feedback from the field, the interviewers undertaking the study underwent a 3 day training to ensure that they were familiar with the questionnaires as well as the interviewing procedures. Field supervisors checked the questionnaires once they were filled in to ensure quality. An additional quality check was ensured through a consultant working with CCP who attended the training for field staff as well as conducted spot-checks on the data collection during field work. In addition to performing the analysis on the data for specific effects related to exposure to the media program, CCP took the opportunity to analyze the data, on various psychosocial aspects of urban youth. This analysis is blind to exposure and includes the entire sample.

(1) Self Efficacy among Pakistani Youth

The concept of perceived self-efficacy reflects an optimistic self-belief that one can perform novel or difficult tasks, or cope with adversity -- in various domains of human functioning. Bandura (1995)ⁱ defines self-efficacy as peoples' beliefs about their capabilities to exercise control over events that effect their lives. Self-efficacy does not refer to the actual performance but focuses on beliefs about skills and actions. These beliefs translate into motivation, cognitive responses, and courses of action needed to effect control or to change one's life. Perceived self-efficacy is an operative construct, i.e., it is related to subsequent behavior and, therefore, is relevant for behavior change (Schwarzer, 1992; Bandura, 1997)ⁱⁱ. The questionnaire used in the research included 10 measures related to self-efficacy, each of which are designed to assess self-efficacy, and all combined constitute a composite measure of a general sense of perceived self-efficacyⁱⁱⁱ. The scale items are derived from a measure originally developed in 1979 by Matthias Jerusalem and Ralf Schwarzer and has since then been used internationally with success for two decades and adapted into 26 different languages^{iv}.

A factor analysis with varimax rotation of the 10 item scale using respondent answers revealed a single factor solution (Eigenvalue 4.8; Alpha .90), as would be expected, for this scale. The internal reliability of the scale in measuring self-efficacy is therefore confirmed among this sample of urban youth, and an analysis using the composite measure reliable. An additive index, using each of the items combined, was created to measure the general sense of self-efficacy among this sample of youth. The fact that the Alpha in this case (.9) is so high, provides further indication that there is a strong correlation between each of these factors against one another and in correlation to self-efficacy. The range of the index was from 0 - 30 with 0 indicating low and 30 indicating high self-efficacy. A three point scale for self-efficacy was created corresponding to low, medium and high self-efficacy. Results obtained by cross-tabulating the self-efficacy measure with gender and city of residence revealed statistically significant differences by gender and residence (Figure 1).

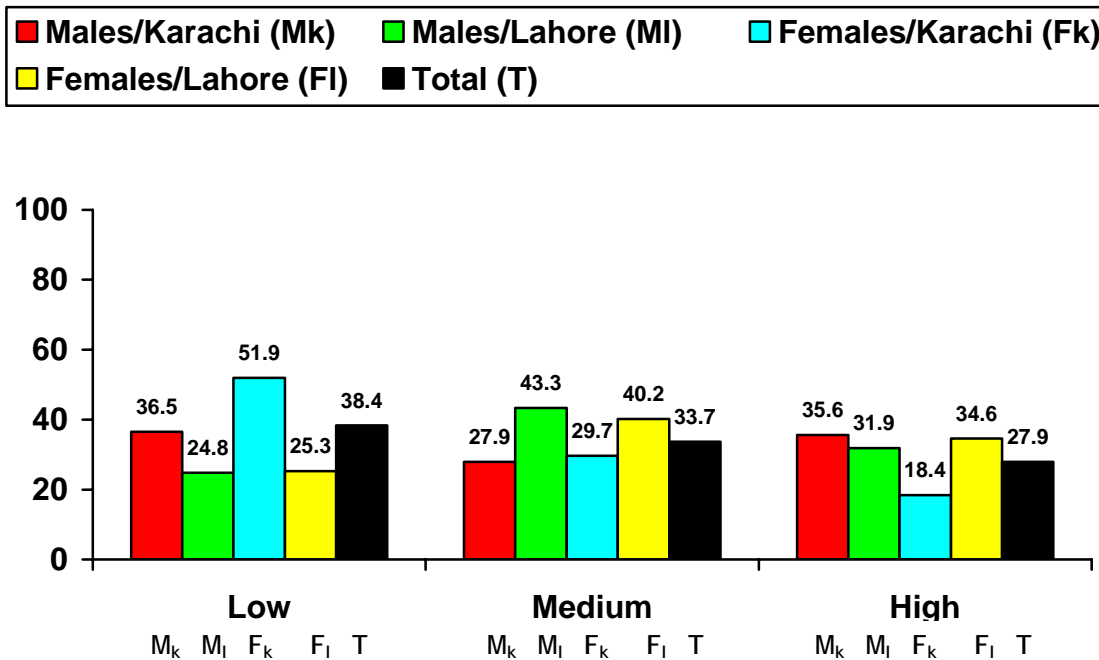


Figure 1. Self-efficacy Among Youth by Gender and Residence Using Additive Index

Overall, the respondents do not report high levels of self-efficacy with less than a third of the respondents in the high category (27.9 percent). Respondents in Karachi are likely to report significantly lower levels of self-efficacy in comparison to their counterparts in Lahore. In particular females in Karachi display the lowest levels of self-efficacy in comparison to the other groups (51.9 percent low self-efficacy). Among males in Karachi approximately a third of the males display low levels of self-efficacy and a third display high levels of self-efficacy. On the other hand less than 2 out of 10 female respondents in Karachi score high on the self-efficacy scale. Interestingly the gender based differences with regards to self-efficacy in Lahore are not significant.

(2) Gender Attitudes

This evaluation included several items related to gender attitudes. These items are borrowed from previous research on gender norms, roles and attitudes. The questions were structured to measure agreement-disagreement to gender-stereotyped opinions and behaviors. A total of 9 items were included in the questionnaire^v.

Factor analysis with varimax rotation of the 9 item scale revealed a two factor solution in this case. Factor 2 revealed a higher alpha than Factor 1 (.8 versus .6) and therefore may be considered as a more statistically reliable (with less variability) than Factor 1. Table 2 provides details on the items included in the two factors and the overall gender attitude that each factor represents. One question "The decision on how many children a couple should have should be made based on the whole families' wishes" did not load on either of the two factors and hence is not included in this analysis.

Table 2: Two Factor Solution for Gender Attitudes

Item	Factor Loading	Item	Factor Loading
Boys should be allowed to follow whatever profession they chose*	.59	Once a girl gets married she should obey her in-laws wishes regardless of the cost to her own health*	.74
Women can do the same work as men can at the workplace	.61	Marriage is the ultimate destiny for all girls*	.73
Parents should encourage their daughters to aspire for professional positions in life.	.39	A man should have a final say in all the family matters*.	.61
Women should have the same opportunities as men to hold leadership positions in the country.	.33	A male child is preferable to a female child*.	.68
Attitudes towards gender equality in the economic sphere		Attitudes towards sex and family roles	
Factor 1: Eigenvalue 2.2;Alpha .6		Factor 2: Eigenvalue 1.0 ; Alpha .8	

* Item recoded prior to factor analysis.

An additive index was created to measure the attitudes towards gender equality in the economic sphere (Factor 1). The range of the index was from 0 - 16 with 0 indicating negative and 16 indicating positive attitudes towards gender equality in the economic sphere. A five point agreement-disagreement scale for attitudes towards gender equality in the economic sphere was created corresponding to strong disagreement (0), disagreement (1) neutral (2), agreement (3) and strong agreement (4) with the attitudes towards gender equality in the economic sphere. Results obtained by cross-tabulating the measure of attitudes towards gender equality in the economic sphere with gender and city of residence revealed significant differences by gender and residence (Figure 2).

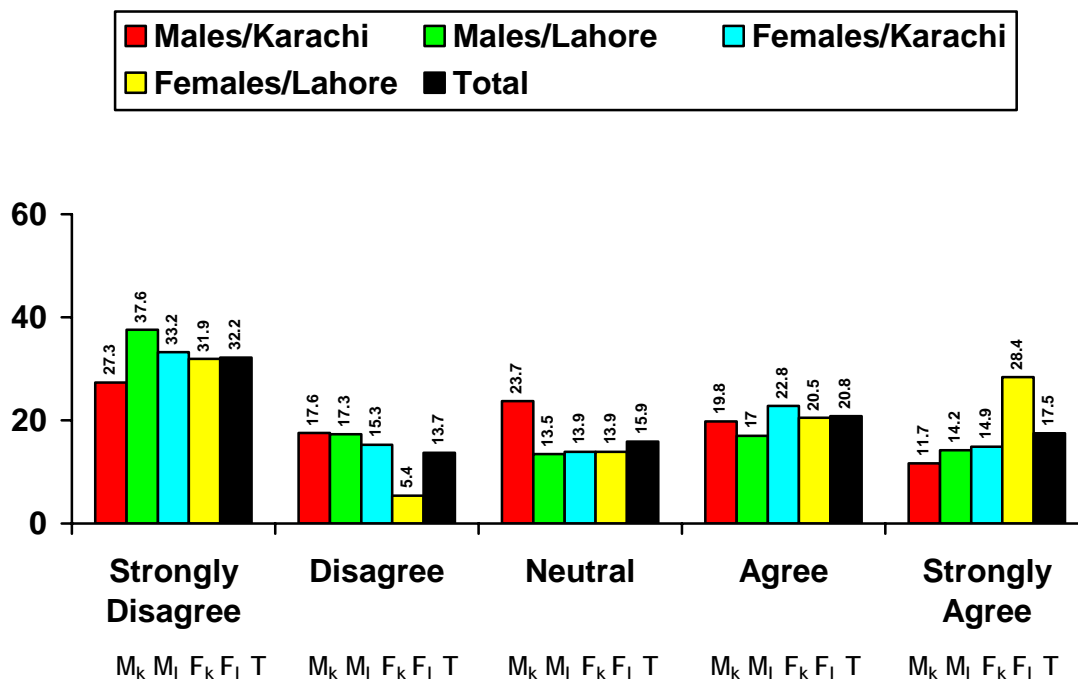


Figure 2. Gender attitudes on Equality in the Economic Sphere by Sex and Residence⁵

As Figure 2 reveals, overall all respondents tend to have fairly negative attitudes with regards to the participation of women in the economic sphere. A third of the respondents (32.2 percent) express strong disagreement on items in the scale such as ‘boys should be allowed to follow whatever profession they chose’; ‘women should be able to do the same work as men can at the workplace’; ‘parents should encourage their daughters to aspire for professional positions in life’; and, ‘women should have the same opportunities as men and even hold leadership positions in the country’. Interestingly, male respondents from Karachi exhibited the most negative attitudes on the scale and female respondents from Lahore exhibited the most positive attitudes, with regards to the participation of women in the economic sphere (37.6 strongly disagreed and 28.4 percent - strongly agreed respectively).

To analyze Factor 2, an additive index was created in order to measure ‘attitudes towards sex and family roles’. The range of this index is from 0 - 16 with 0 indicating negative and 16 indicating positive attitudes towards sex and family roles. A five point agreement-disagreement scale for attitudes towards sex and family roles was created which corresponds to *strong disagreement* (0); *disagreement* (1); *neutral* (2); *agreement*; (3) and *strong agreement* (4). Results obtained by cross-tabulating the measure of attitudes towards sex and

⁵ Maximum value on the x-axis is 100 percent; however for the purpose of comparing values, a scale to 60 is shown in order to more clearly view differences across groups.

family roles with gender and city of residence revealed statistically significant differences by gender and residence (Figure 3).

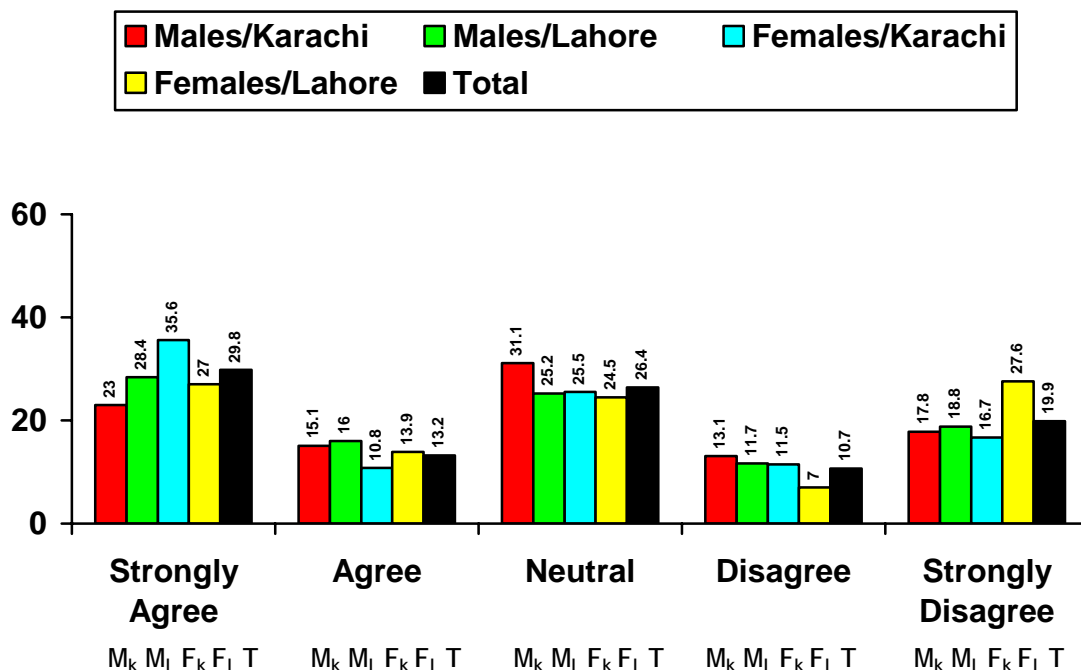


Figure 3. Attitudes Toward Sex and Family Roles by Sex and Residence⁶

Figure 3 reveals that all respondents report having fairly negative attitudes toward sex and family roles. Interestingly, females in Karachi exhibited the most negative attitudes with regards to sex and family roles with over a third of them (35.6 percent) strongly agreeing with these statements. Females from Lahore, on the other hand, reported the most positive attitudes with over a quarter of them (27.6 percent) strongly disagreeing with the statements related to stereotypical sex and gender roles. Across all categories, approximately a quarter of the respondents (26.4 percent) appear to neither agree nor disagree with the various statements such as:

- (1) Once a girl gets married she should obey her in-laws wishes regardless of the cost to her own health;
- (2) Marriage is the ultimate destiny for all girls;
- (3) A man should have a final say in all the family matters; and,
- (4) A male child is preferable to a female child.

In addition to examining attitudes toward sex, family roles, and gender equality in the economic sphere, the evaluation also measured preference for male children. Respondents

⁶ Maximum value on the x-axis is 100 percent; however for the purpose of comparing values, a scale to 60 is shown in order to more clearly view differences across groups.

were asked to report on a 4-point likert scale on how important (ranging from not at all, not, somewhat and very) the issue of having a male child was for them. Not surprisingly, females and married respondents were significantly more likely to report that the issue of having a male child was very important for them. On the other hand, a surprising finding, given the results presented above, is that respondents from Lahore (both males and females) were significantly more likely than respondents from Karachi to report that this issue was very important for them. The percentage of respondents by various categories who indicate that the issue of having a male child was very important for them is reported in Table 3.

Table 3: Reporting on issue of having a male child as “very important” by gender

	Percentage of Respondents
Gender	
Male	27.0
Female	29.4
Residence	
Karachi	26.2
Lahore	32.5
Marital Status	
Married	33.5
Never married	27.5

(3) Proactive Attitudes

Proactive Attitude (PA) is defined as a personality characteristic which has implications for motivation and action. It is a belief in the rich potential of changes that can be made to improve oneself and one's environment. This includes various facets such as resourcefulness, responsibility, values, and vision^{vi}. The evaluation included 8 items from the proactive attitude scale^{vii} developed in 1999 by Dr. Ralf Rchwarzer at the Freie University Berlin, Department of Health Psychology.

Factor analysis with varimax rotation of the 8 item scale measure of proactive attitudes revealed a one factor solution (Eigenvalue 3.1; Alpha.83), suggesting a strong internal reliability of this scale in the urban youth sample. As such, an additive index was created to measure proactive attitudes, using the items within the scale. The range of the index was from 0 - 24 with 0 indicating negative and 24 indicating positive proactive attitudes. A three point scale for proactive attitudes was created corresponding to low, medium and high proactive attitudes. Results obtained by cross-tabulating the proactive attitude measure with gender and city of residence revealed significant differences by gender and residence (Figure 4).

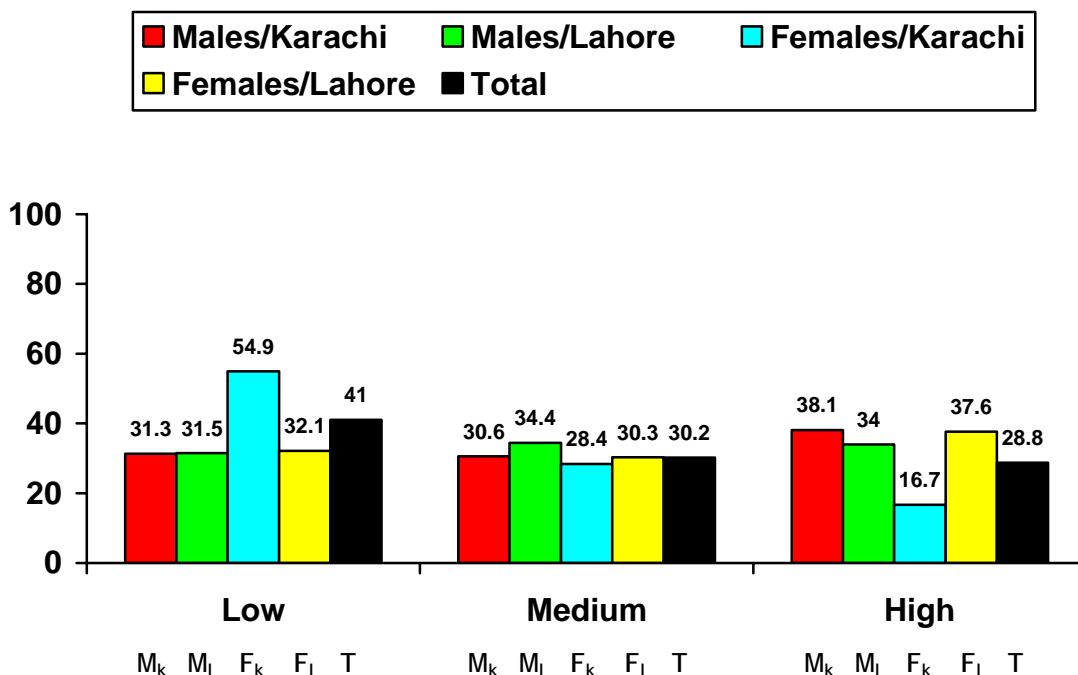


Figure 4 Proactive Attitudes by Gender and Residence

Figure 4 reveals that the majority of respondents display fairly low levels of proactive attitudes as measured through specific items such as:

- (1) I spend time identifying long-range goals for myself;
- (2) I feel in charge of making things happen;
- (3) I feel responsible for my own life;
- (4) I feel driven by my personal values;
- (5) I am driven by a sense of purpose;
- (6) I am able to choose my own actions;
- (7) I focus my efforts on things that I can control; and,
- (8) There are abundant opportunities that await me.

Across all the categories over 40 percent of the respondents exhibited low levels of proactive attitudes. As evident from the results reported earlier, females in Karachi exhibited the most negative levels of proactive attitudes responses, with more than a half of them falling in the low category of the scale. On the flipside, female respondents from Lahore were most likely in comparison to all the other groups to exhibit positive proactive attitudes (37.6 percent). There were no significant differences with regards to the proactive attitudes among the male respondents regardless of their city of residence. Some 38 percent of males in Karachi and 34 percent males in Lahore reported highly positive levels of proactive attitudes.

(4) Interpersonal Support Among Youth

The evaluation included a series of 10 questions designed to study interpersonal support seeking by the respondents. The items related to interpersonal support seeking consisted of both instrumental and emotional support seeking measures. The interpersonal support

measures were adapted from a proactive coping inventory (PCI). The two sub-scales from the PCI included in this evaluation included: (1) **Instrumental Support Seeking**. This scale focuses on obtaining advice, information and feedback from people in one's social network when dealing with stressful situations. (2) **Emotional Support Seeking**. This scale is aimed at self-regulation of temporary emotional distress by disclosing to others one's feelings, evoking empathy and seeking companionship from one's social network.^{viii}

Although the 10 questions included in this evaluation were adapted from 2 subscales, factor analysis of these 10 questions revealed a single factor solution (Eigenvalue 3.9, alpha .86), which indicates strong internal reliability of this scale among urban youth correlating to interpersonal support. Therefore, a single additive index was created to examine interpersonal support seeking. The range of the index was from 0 - 30 with 0 indicating negative and 30 indicating positive interpersonal support seeking. A three point scale for interpersonal support seeking was created corresponding to low, medium and high interpersonal support seeking. Results obtained by cross-tabulating the interpersonal support seeking measure with gender and city of residence revealed significant differences by gender and residence (Figure 5).

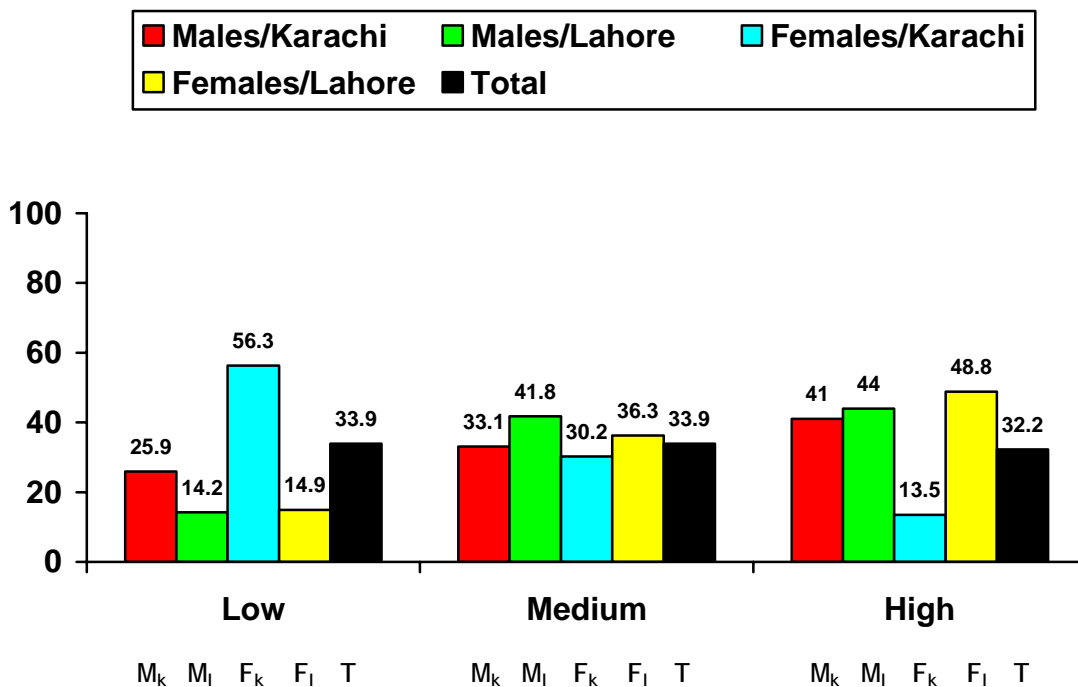


Figure 5 Interpersonal Support Seeking Among Youth by Gender and Residence

Figure 5 reveals low levels of perceived interpersonal support available to female respondents from Karachi. In contrast, female respondents from Lahore indicate the highest level of perceived interpersonal support in comparison to all the groups. There were no significant differences with regards to the perceived interpersonal support among the male respondents regardless of their city of residence. Some 41 percent of males in Karachi and 44 percent males in Lahore perceived that they had high levels of interpersonal support available to them in times of need.

Summary

Overall, there appears to be significant differences in psychosocial characteristics according to residence. Young females in Karachi exhibit lower levels of self-efficacy, more negative gender attitudes, lower levels of proactive attitudes and perceive that they have fewer interpersonal support networks in comparison than their female counterparts in Lahore. Furthermore, these women report lower levels on each of the scales than their male counterparts in both cities. In contrast, young female respondents from in some cases Lahore display more positive psychosocial characteristics than even their male counterparts. Along these lines, the appearance of a possible correlation between self-efficacy, interpersonal support, gender and pro-active attitudes should be further explored. It appears that there may be a strong correlation between each of these factors, as is evidenced through the consistent low levels of all three among women in Karachi, versus high levels among women in Lahore. It appears that there may be a triangular confluence across each of these composite measures. Understandably, if one's social network is limited, self-efficacy may also be low and pro-active attitudes may also be low. Further exploration of the relationship between social interconnectedness and support-seeking among Pakistani women in both cities and also rural areas is suggested in order to better delineate the relationship between social networks and pro-active and gender attitudes as well as self-efficacy.

One other interesting finding came from responses on the personalized question regarding gender norms, the extent to which the respondents feel having a male child is important for them. Contrary to what one might expect, female respondents from Lahore provide more stereotypical and patriarchal responses by attaching a greater level of importance to having a male child for themselves in comparison to their counterparts in Karachi.

Overall, the fairly negative gender attitudes that prevail among this relatively young population with regards to female participation in the economic sphere as well as stereotypical sex and family roles, is somewhat disheartening. Likewise, the relatively low levels of self-efficacy and pro-active attitudes exhibited by the young respondents, while not surprising given prevailing social and cultural norms in Pakistan, is distressing. It is ever-more important to bear these characteristics in mind when designing interventions aimed at promoting individual and social change. The psychosocial characteristics of contemporary urban youth as examined in this paper are pertinent for youth based interventions in Pakistan, and as such, it is apparent that the need to strengthen self-efficacy, life skills, social support, gender-related positive attitudes, as well as to provide them strong mentors continues.

ⁱ Bandura, A. (1995). Exercise of personal and collective-efficacy. In A. Bandura (Ed.), Self-efficacy in changing societies (pp. 1-45). New York: Cambridge University Press.

ⁱⁱ Schwarzer, R. (Ed.) (1992). Self-efficacy: Thought control of action. Washington, DC: Hemisphere.
Bandura, A. (1997). Self-Efficacy: The exercise of control. New York: W.H. Freedman.

ⁱⁱⁱ The respondents were provided the following instructions before administering the individual items "I would like to ask you some questions on your ability to do things. There are no right or wrong answers. The response format ranged from 1 "not at all true", 2 "barely true", 3 "moderately true", 4 "exactly true". The 10 items included the following:

1. I can always manage to solve difficult problems if I try hard enough.
2. If someone opposes me, I can find the ways and means to get what I want.
3. I am certain that I can accomplish my goals.
4. I am confident that I could deal efficiently with unexpected events.
5. Thanks to my resourcefulness, I can handle unforeseen situations.
6. I can solve most problems if I invest the necessary effort.
7. I can remain calm when facing difficulties because I can rely on my coping abilities.
8. When I am confronted with a problem, I can find several solutions.
9. If I am in trouble, I can think of a good solution.
10. I can handle whatever comes my way.

^{iv} The scale is available at: <http://userpage.fu-berlin.de/~health/engscal.htm>

^v The respondents were provided the following instructions before administering the individual items "I will ask you questions on your attitudes towards specific things Please tell me whether you agree or disagree with the following statements. There are no right or wrong answers. The response format ranged from 1 "strongly disagree", 2 "disagree", 3 "neutral", 4 "agree" and 5 "strongly agree" The 9 items included the following:

1. Boys should be allowed to follow whatever profession they chose
2. Women can do the same work as men can at the workplace
3. Once a girl gets married she should obey her in-laws wishes regardless of the cost to her own health
4. Marriage is the ultimate destiny for all girls
5. Parents should encourage their daughters to aspire for professional positions in life.
6. A man should have a final say in all the family matters.
7. A male child is preferable to a female child.
8. Women should have the same opportunities as men to hold leadership positions in the country.
9. The decision on how many children a couple should have should be made based on the whole families wishes

^{vi} Description available at: http://web.fu-berlin.de/gesund/skalen/Language_Selection/Turkish/Proactive_Attitude/proactive_attitude.htm. The proactive individual believes in the existence of sufficient resources which can be external or internal and can be influenced to support goal attainment. The proactive individual takes responsibility for his or her own growth, faces reality and adopts a balanced view of self-blame and other-blame in the case of negative events. However, two kinds of responsibilities have to be distinguished: Responsibility for past events and responsibility for making things happen. The latter is the crucial one here. The proactive individual focuses on solutions for problems, no matter whether the problems have been caused by himself or herself or by others. The proactive individual is driven by values and choose their path of action accordingly. Although values are influenced by others during the socialization process, people differ in the degree to which their life depends on these values. Once the socially mediated values are internalized they become the leading force to guide the proactive individual's striving. The proactive individual has a vision. He or she creates meaning in life by striving for ambitious goals and a mission, imposed by themselves.

^{vii} The respondents were provided the following instructions before administering the individual items "I would like to ask you some questions on your attitudes to achieving goals. There are no right or wrong answers. The response format ranged from 1 "not at all true", 2 "barely true", 3 "moderately true", 4 "exactly true". The 8 items included the following:

1. I spend time identifying long-range goals for myself.
2. I feel in charge of making things happen.

3. I feel responsible for my own life.
4. I feel driven by my personal values.
5. I am driven by a sense of purpose.
6. I am able to choose my own actions.
7. I focus my efforts on things that I can control.
8. There are abundant opportunities that await me.

^{viii} Greenglass, E., Schwarzer, R., Jakubiec, D., Fiksenbaum, L., and Taubert, S. The Proactive Coping Inventory (PCI): A Multidimensional Research Instrument. Available at: http://web.fu-berlin.de/gesund/skalen/Language_Selection/Turkish/Proactive_Coping_Inventory/proactive_coping_inventory.htm. The inventory consists of 7 sub-scales: 2 of which were adapted for use in this evaluation.

Additional Sources

World Fact Book 2006, used of population estimate of Pakistan, found on the World Wide Web:
<https://www.cia.gov/cia/publications/factbook/geos/pk.html>