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Male Involvement in Family Planning among Squatter Settlement Residents of Karachi

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Abstract

Background: Worldwide, the Contraceptive Prevalence Rate (CPR) increased from 54.8% to 63.3%. However, Pakistan's current CPR is estimated to be 35%. Men can play an important role in increasing CPR by providing support to their partners, yet their role has been overlooked in targeted reproductive health strategies. The aim of this study was to assess the awareness and practices of married men regarding Family Planning (FP).

Material and Method: This cross-sectional study was conducted among 419 married men, residing in an urban squatter settlement of Karachi. Participants were selected through non-probability convenience sampling and a structured questionnaire was used to collect data. Data were analyzed using SPSS 23.

Results: The mean age of the male respondents was 29.74±4.66 years. Almost 95% of participants were aware of the purpose of 'Family Planning' whereas only 44.6% participants (or their wives) were current users of FP. Condoms were the most frequently used FP method (50.8%). The most common reason for using FP methods was financial hardship (46.5%) whereas religious beliefs were the main reason for not using a FP method (50%). Over 80% of participants believed that the husband should make the decision regarding FP and almost 64% thought the wife should be using the FP method.

Over 40% of men using FP were 31-35 years old. Almost 60% of participants included in the study were Urdu speakers. Men and their wives who had either primary or secondary education were more frequent users of FP ($p < 0.01$). In addition, employees in the private sector had the highest percentage (68.4 %) of FP use ($p < 0.012$), compared with government job employees (8%), labourers (7.5%) and shopkeepers (7.5%).

Conclusion: Strategies should be designed to educate men about the importance of FP and the crucial role that they hold in making decisions about women's reproductive health.

Key Words: *Reproductive health, Contraceptives, Family planning, decision making*

Introduction

The current population of the world is about 7 billion, and it rises another 75-78 million yearly.⁽¹⁾ The main factor contributing to this is the high birth rate, which is due to the lack of utilization of Family Planning (FP) methods.⁽²⁾ There are different reasons for the poor utilization of FP methods including negative attitudes of health care providers, financial constraints and unavailability of FP methods.⁽²⁾

The estimated population of Pakistan in 2013 was more than 180 million. The 3.8 fertility rate results in an annual growth rate of 2.03%, leading to an estimated population of 210 million by 2020.⁽³⁾ This increase in population is also known as "Human overpopulation", which is one of the most important environmental issues as it leads to various harmful consequences such as global warming, habitat loss and unemployment. Lack of FP is a major cause for an increased birth rate and results in a high-unmet need for FP. According to the Pakistan Demographic Health Survey (PDHS) one out of five Pakistani married women experience such unmet need.⁽⁴⁾ The PDHS showed also that 39% of the women do not participate in FP decisions.⁽⁴⁾ Therefore, knowledge of and access to contraception and reduction of the unmet need for FP to improve the reproductive health of women requires the involvement of the decision-makers.⁽⁵⁾

FP programmes generally have focused on women, and men were considered the silent partner in FP services. Thus, very limited research has been conducted regarding men's

involvement in FP.⁽⁶⁾ Their involvement in FP is particularly important in lower income countries with urban slum areas where most women have limited control over their lives. They completely depend on their spouses for decisions regarding their health. Therefore, the present study aims to assess the role of married men in FP decision-making and its association with their socio-demographic characteristics. The findings may help design strategies to improve male involvement as a means of increasing the uptake of FP services by married couples.

Methodology

This cross-sectional study was conducted in a squatter settlement of Korangi district, Karachi from April to July 2017. A total of 419 married men were selected through non-probability convenience sampling. A structured questionnaire was used to collect detailed information on socio-demographic characteristics, practices and awareness regarding FP methods, availability and accessibility of FP services and the role of men in decision making about the use of FP methods. These questions were adapted from PDHS Survey 2012-13 and Bruce.^(7,8) The questionnaire was pre-tested, modified, and included 43 questions. The English version of the questionnaire was translated into Urdu so that the study participants easily understand it.

Due to the sensitivity of the study topic, married males who had completed their secondary school were selected and trained as data collectors. Approval from Institutional Review Board (IRB) Jinnah Sind Medical University (JSMU) was obtained prior to data collection. A consent form was signed by each participant to ensure that the respondents freely agreed to participate in the research. Once participants filled and submitted the questionnaire to the data collectors, they were then counseled about the importance of FP and disadvantages of not using FP methods.

The data were analyzed by using SPSS 23.0. Descriptive statistics of socio-demographic variables were computed as mean, standard deviation and frequency percentages. The prevalence of FP usage was estimated by frequency (%) and the associations of socio-demographic characteristics with dependent variables were tested using chi-square. A p-value of 0.05 or less was considered a statistically significant finding.

Results

Socio-demographic characteristics of participants

Table 1 displays the characteristics of the 419 participants. Nearly all (413, 98.6%) were Muslims. The mean age was 29.74 ± 4.66 years. Slightly more than one third (36%) of the participants had no formal education and 40% of the participants' wives were uneducated. The monthly household income of the majority (67.6%) of the participants was between 11,000 and 20,000 PKR. Regarding family size of participants, 70.1% had ≤ 6 family members and 47.2% had three children. Almost 44% participants were Urdu speaking. The employment status of 62.5% was private employment; others were labourers (11.2%), shopkeepers (11.7%), daily wage earners (7.4%), and government employees (4.5%), some were unemployed (2.6%).

Table 1: Socio-demographic characteristics of participants (n=419)

Socio-demographic characteristics	Frequency (%)
Age	29.74 ± 4.66
20-25 years	93(22.2)
26-30 years	143(34.1)
31-35 years	146(34.8)
36-40 years	37(8.8)
Number of Family members	
≤ 6	294 (70.1)
7-9	105 (25.1)
10-12	14 (3.4)
≥ 13	6 (1.3)
Religion	
Islam	413 (98.6)
Christian	5 (1.2)
Hinduism	1 (0.2)
Language spoken	
Urdu	184 (43.95)
Sindhi	106 (25.3)
Pashto	48 (11.5)
Punjabi	45 (10.7)
Balochi	35 (8.3)
Hindu	1 (0.2)

Table 1 Continued

Number of children	
2	35(8.4)
3	198(47.2)
4	113 (26.9)
≥5	73 (17.4)
Education of men	
No formal education	151 (36.0)
Primary School	130 (31.0)
Secondary School	108 (25.8)
Intermediate and above	30 (7.2)
Education of Wife	
No formal education	168 (40.1)
Primary School	113 (27.0)
Secondary School	105 (25.1)
Intermediate and above	33 (7.9)
Occupation	
Private job	262 (62.5)
Labourer	47 (11.2)
Shopkeeper	49 (11.7)
Daily wage worker	31 (7.4)
Government worker	19 (4.5)
Unemployed	11 (2.6)
Monthly Income (PKR)	
1000-10000	79 (18.9)
11000-20000	283 (67.6)
>21000	46 (10.9)
Unemployed	11 (2.6)

Knowledge of men regarding FP

As shown in Table 2, a large majority (398, 95%) of participants had heard about FP with media being the most popular source of information (n=132; 31.5%), and health facilities the next most popular source (n=122, 29.1%). Almost all men (398, 95%) were aware of the purpose of FP. Regarding contraceptive methods, 282 (67.3%) men knew about condoms, 79 (18.9%) had heard of withdrawal and 4 (1%) were aware of male sterilization. Awareness of women's FP methods varied: 140(33.4%) men knew about the contraceptive pill, 100(23.9%) were aware of injections and 48 (11.4%) knew about Intrauterine Contraceptive Devices (IUCD). A high number (n=284, 67.8%) of men reported that they knew of no source of FP information

that solely focused on informing men, and 370 (88.3%) acknowledged the need to provide such information.

Table 2: Awareness about FP and type of FP methods used (n=419)

Have you ever heard the word FP?	Frequency (%)
Yes	398 (95)
No	21 (5)
From where have you heard about FP?	
Media	132 (31.5)
Health Facility	122 (29.1)
Social circle	81 (19.3)
Home	63 (15.0)
Don't know	21 (5.0)
What is the purpose of FP?	
Having small number of children	200 (47.7)
Planning for pregnancies	107 (25.5)
Using birth spacing methods	91 (21.7)
Don't Know	21 (5.0)
Men's knowledge about male FP methods	
Condom	282(67.3)
Withdrawal	79(18.9)
Male sterilization	4 (1)
Don' know	54 (12.8)
Men's knowledge about female FP methods	
Contraceptive pill	140 (33.4)
Injections	100 (23.9)
IUCD	48 (11.4)
Norplant	22 (5.3)
Breastfeeding	12 (2.9)
Home remedies	11 (2.6)
Female sterilization	10 (2.4)
Safe Period	3 (0.7)
Don't Know	73 (17.4)
Are there sources of information that focus on men?	
No	284 (67.8)
Yes	135 (32.2)

Table 2 Continued

Is there a need to focus on FP awareness for men?	
Yes	370 (88.3)
No	49 (11.7)
What should be done to increase FP usage?	
More Awareness session for men	203 (48.4)
Support from government for facility	85 (20.3)
Individual counseling	84 (20.0)
Media sources	47 (11.2)

Practice of FP methods

One-hundred and eighty-seven (44.6%) participants or their wives were current users of FP at the time of data collection, the majority of whom (n=95, 50.8%) were condom users, 5 (2.6%) were using withdrawal whilst 87 (46.3%) reported their wives were using a FP method.

A large majority of participants (n=142, 76%) considered their FP method to be convenient and 128(68.4%) were satisfied with their current method. Of the 187 current users of FP, 63(33.7%) preferred their method because they considered it safe for them, whereas 54 (28.8%) preferred it because of its affordability. The duration of use of the current FP method for six months or less was reported by 47 men (25.1%). Even fewer (n=38, 20.3%) men reported using the same method for 6-24 months, and very few (n=19, 10%) used the same method for more than two years. Most (n=83, 44%) did not know the duration of contraceptive use see Table 3.

Table 3: Practice of contraceptive methods

Are you / your wife currently using any FP? (n= 419)	Frequency (%)
Yes	187 (44.6)
No	232 (55.4)
Which method are you/your wife currently using? (n=187)	
Condoms	95 (50.8)
Contraceptive pill	35 (18.7)
Injections	26 (13.9)
IUCD	11(5.9)
Emergency contraceptives	10(5.3)
Withdrawal	5(2.6)
Female sterilization	2(1)
Breast feeding	1(0.5)

Table 3 continued

Norplant	1(0.5)
Safe period	1(0.5)
Is your current FP method convenient for you to use? (n=187)	
Yes	142 (75.9)
No	45 (24.1)
Are you satisfied with your current FP method? (n=187)	
Yes	128 (68.4)
No	59 (31.5)
Why do you like your preferred FP method? (n=187)	
Safe	63 (33.7)
Affordable	54 (28.8)
Easily available	28 (15)
Effective	26 (13.9)
What wife wants	16 (8.5)
For how long have you been using your current FP method? (n=187)	
<6 month	47 (25.1)
6 months-2 years	38 (20.3)
More than 2 years	19 (10.1)
Don't know	83 (44.3)

One hundred and one (54.1%) respondents did not have contraceptive methods easily available to them: and the reason was lack of supply of contraceptives in 41(21.9%) participants, distance from clinics where contraceptive were available in 32 (17.1%) and distance from pharmacies selling contraceptives in 28 (14.9%) participants. Moreover, 115 (61.4%) of the respondents were getting FP supplies (for themselves or their wives) from shops and 72 (38.5%) were receiving it through other sources. Regarding provision of FP services which included FP supplies and counseling, 36 (19.2%) participants were getting it from clinics, 34 (18.1%) from hospitals, 22 (11.7%) from general practitioners (GPs) and 95 (22.7%) were getting FP services from other sources such as female Community Health Workers (CHWs).

Reasons for using or not using contraceptives

Reasons for using contraception included not being able to afford a large family (87; 46.5%), 36(19.2%) because they were conscious regarding their partner's health, 34(18.1%) because they considered their family complete, and 30 (16%) for birth spacing.

Among the 232 non-users, half said religious beliefs were the main reason for not using contraception (Table 4). The next most common reason was not liking any method (n=57, 24.5%) as they were considered unsafe and/or ineffective. A smaller number (n=34, 14.6%) said their grandparents did not approve of using FP methods and 25 (10.7%) said they were not aware of any FP method. Among the users of contraception, two-thirds (n=125, 66.8%) considered contraceptives to be expensive and 113(90.4%) of them said contraceptives were affordable but with difficulty.

The reason for not using contraceptives was reported to be religious beliefs by 198 (47.3%) participants, desire for more children by 136 (32.5%), expense of contraceptives by 32 (7.6%) and unavailability of FP methods by 30 (7.2%) participants (see Table4).

Table 4: Reasons for use or non-use of contraception

Why do you prefer to use contraceptives? (n=187)	Frequency (%)
Economic problems	87 (46.5)
Health concerns (for partner)	36 (19.2)
Family complete	34 (18.1)
Birth spacing	30 (16)
Why don't you use FP methods? (n=232)	
Religious beliefs	116 (50)
Don't like any method	57 (24.5)
Grandparents refuse	34 (14.6)
Don't know about any method	25 (10.7)
Are contraceptives expensive? (n=187)	
Yes	125 (66.8)
No	62 (33.1)
How expensive are contraceptives? (n=125)	
Affordable but with difficulties	113 (90.4)
Not affordable	12 (9.6)
Reasons for not using contraceptive in our country (n=419)	
Religious limitations	198 (47.3)
Want more children	136 (32.5)
Expensive	32 (7.6)
Unavailability	30 (7.2)
Don't know	23 (5.4)

Making decisions about FP

In this study, 349 (83.3%) participants reported that the husband should make FP decisions, whereas only 25 (6%) men said there should be joint decision-making. A large number of men (n=266, 63.5%) said FP methods should be used by women only, while 84 (20%) said that they should be used by the husband only. Furthermore, 267 (63.7%) men reported they had never discussed FP with their wives (Table 5).

Table 5: Discussion and decision about FP (n=419)

Who should take the decision regarding FP?	Frequency (%)
Husband	349(83.3)
Both husband and wife	25 (6)
Grand parents	24 (5.7)
Wife	21 (5)
Who should use FP method?	
Wife	266(63.5)
Husband	84 (20)
Both husband and wife	69 (16.5)
Have you ever discussed FP methods with your wife?	
No	267(63.7)
Yes	152 (36.3)

Association of FP and socio-demographic characteristics:

Table 6 shows the socio-demographic variables and their relationship to use of FP. There was a statistically significant relationship of FP use with age ($p < 0.01$) with higher use in the age brackets from 26-35 years old. Both the youngest and oldest groups were less likely to use FP. Language and FP use were significantly related ($p < 0.01$). Urdu speakers were much more likely to use FP (58% vs 33%) than those who spoke other languages.

The education level of the men was significantly associated with FP use ($p < 0.01$). Those with no formal education were far more likely to be non-users (48% vs. 21%) whereas those with secondary education were twice as likely to be users (36% vs. 18%). The same relationship of FP use with education level was found for the wives of respondents.

The type of work was also significantly ($p= 0.012$) associated with FP use. Labourers and shopkeepers were about twice as likely to be non-users (15% vs. 8%), whereas those privately employed were more likely to be users (68% vs. 58%). The number of family members, number of children and religion of participants were not significantly associated with FP use ($p > 0.05$).

Table 6: Socio-demographic Characteristics associated with FP use

Socio-demographic Characteristics	Yes <i>n</i> (%)	No <i>n</i> (%)	<i>p</i>-value
Age			
20-25 years	24 (12.8)	69 (29.7)	<0.01
26-30 years	69 (36.8)	74 (31.8)	
31-35 years	80 (42.7)	66 (28.4)	
36-40 years	14 (7.4)	23 (9.9)	
Language Spoken			
Urdu	108 (57.7)	76 (32.7)	<0.01
Sindhi	39 (20.8)	67 (28.8)	
Punjabi	20 (10.6)	25 (10.7)	
Pashto	14 (7.4)	34 (14.6)	
Balochi	6 (3.2)	29 (12.5)	
Hindu	0	1 (0.4)	
Education of men			
No formal education	40 (21.4)	111 (47.8)	<0.01
Primary School	67 (35.8)	63 (27.2)	
Secondary School	67 (35.8)	41 (17.6)	
Intermediate and above	13 (6.9)	17 (7.3)	
Education of women (wives)			
No formal education	52 (27.8)	116 (50)	<0.01
Primary School	54 (28.8)	59 (25.4)	
Secondary School	66 (35.3)	39 (16.8)	
Intermediate and above	15 (8.1)	18 (7.8)	
Employment Status			
Labour	14(7.5)	33 (14.2)	.012
Shopkeeper	14(7.5)	36 (15.5)	
Private job	128 (68.4)	134 (57.7)	
Daily wage earners	12 (6.4)	7 (3)	
Government worker	15 (8)	16 (6.8)	
Unemployed	4(2.1)	6 (2.5)	

Discussion

This study focused on married men to determine their role in decision making regarding FP. In male dominated societies, the role of men in reproductive health care including the use of contraceptives is crucial. Early marriage, low CPR and short inter pregnancy intervals are reasons for high fertility rates and high maternal mortality ratio and infant mortality rate in Pakistan.⁽⁹⁾

In this study, 95% participants had heard the word FP which is consistent with findings reported by PDHS (2012-2013) percentage of married men who had heard of any FP method⁽¹⁰⁾ and the knowledge of FP among newly married women.⁽¹¹⁾ Almost two-thirds of the participants had heard about FP from media and health facilities, which is similar to findings from a study conducted on patients attending the out-patients department at Nepal Medical College.⁽¹²⁾ Similarly, a study conducted in rural Nigeria found that 84% of the respondents learned about FP concepts and methods through radio and television.⁽¹³⁾ Given the literacy level in Pakistan, television should continue to be utilized as a successful medium for providing FP messages and increasing the participation of men in FP programmes.

Our study finding that 44.6% of the participants were current users of FP methods is very similar to a 2010 study conducted in Bahawalpur, Pakistan that found 42% used FP methods.⁽¹⁴⁾ A further similarity was use of condoms as the most prevalent FP method in this study and the study from Bahawalpur.⁽¹⁴⁾ None of the male respondents in this study was sterilized, which is in line with the results of a PDHS survey that showed a 0.3% male sterilization (vasectomy) rate.⁽¹¹⁾ This may be due to socio-cultural norms that do not favour male sterilization.⁽¹⁵⁾

One important factor that keeps men from using FP methods is a lack of understanding of the safety of FP methods. Nearly half the respondents considered FP methods as unsafe for them. A similar finding was reported in a rural Punjab study where the side effects of contraceptives were the major reason for non-use of FP methods.⁽¹⁶⁾ In addition, a study from the slums of Karachi reported that the most common myth about male contraceptive methods was that condom use and vasectomy decrease male sexual power and cause impotence and infections.⁽¹⁷⁾ Thus to ensure the success of FP programmes and strategies it is crucial that men and women

understand how contraceptives work, their safety, how to use them and how to manage common side effects.

This study showed that over 80% of men believed that they should make the decision regarding the use of FP methods. Similar results were obtained from studies where males often dominate in making important decisions in the family, including those concerned with reproduction, family size and contraceptive use.^(14, 18) The majority of Pakistani women are not allowed to make FP decisions independently. They are required to have permission from the head of the household to obtain a consultation from a service provider or to attend at a health facility for any reason.⁽¹⁹⁾ This further emphasizes the need to design FP programmes that target men, which can directly help to influence their wives to use contraceptives.

Our findings show that almost two-thirds of the respondents have never discussed FP with their wives. Men play a dominant role in decision making for the family and women may feel fearful when making a decision or when discussing FP with their partner.⁽²⁰⁾ Opposition from the husband about FP or the lack of spousal communication significantly contributes to the unmet need for contraception, even when women desire to limit their family size. In contrast, couples who discuss FP, have a lower unmet FP need.⁽²¹⁾

Our findings also show a significant number of men were non-users of FP because of disapproval by their grandparents. In Pakistan, a joint family culture is prevalent where life decisions are not just taken by husband and wife but the whole family participates in matters related to the couple's personal life including their FP practices.⁽²²⁾

The major reason why men were not using FP methods was religious limitations. A study conducted in 2013 also concluded that though religious leaders understand the negative impact of overpopulation, they do not support FP methods nor do they counsel their followers about FP use.⁽²³⁾ This suggests that religious leaders need counselling so they disseminate accurate information and give the right impression about FP to families through flyers in local languages and through television.⁽²⁴⁾

The study findings showed that use of FP increases with increasing age which is similar to a study conducted in Peshawar in 2012.⁽²⁵⁾ Also, similar to a study from Uganda,⁽²⁶⁾ our

findings show that education directly affects the understanding and use of FP, as half of the non-users and their wives had no formal education. In addition, other socio-demographic characteristics of the participants including their language spoken and occupation are related to the usage and acceptance level of FP methods and should be kept under consideration when designing interventions to increase FP use. However, the present study did not analyze the relationship among multiple variables as a univariate Chi-square test was used for data analysis, which is one of the study limitations.

Moreover, the study findings showed that two-thirds of the participants reported the lack of any source of information that focus on creating FP awareness amongst men and suggested awareness sessions for men. This was in line with suggestions from another study that highlighted the need to focus FP educational interventions on men.⁽²⁷⁾ For a long time, the focus of FP interventions has been on women, as FP was thought to be their responsibility, however, promoting gender equality and including both men and women in reproductive health may influence change and considerably increase FP uptake.

The sampling method, non-probability convenience sampling, is a study limitation as it can lead to under-representation or over-representation of particular groups within the sample.

Conclusion

The study highlights the knowledge, practices and role of men, especially in the decision-making process for the usage of FP methods. The findings also indicated that the knowledge regarding FP was high, while the practice was low. This was mainly based on religious reasons and a lack of understanding its advantages. Thus, in a male-dominated society where decisions are imposed on women which may directly affect their health and where women's rights are undermined, there is a need to design FP-related awareness programmes, especially for men, through different resources such as media, panel discussions and involving male nurses in different FP programmes. Reducing high fertility rates not only improves the general health of women but also improves the health status of families and benefits society.

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Conflict of Interest

None declared by authors.

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