

KNOWLEDGE AND PRACTICES OF FAMILY PLANNING AMONG STAFF NURSES OF LIAQUAT UNIVERSITY HOSPITAL JAMSHORO, SINDH

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ABSTRACT

Objective: To assess the level of knowledge and practices among married nurses of Liaquat University Hospital, Jamshoro/ Hyderabad **Method and Design:** Study design was Descriptive Cross sectional which conducted at Liaquat University of Medical Health Sciences (LUMHS) Jamshoro, Sindh in 08 months (May 2017 to Dec; 2017). Study population was Staff Nurses of LUH through simple random sampling. 88 Sample size was calculated on prevalence rate of Sindh province given in PDHS 2012-15. Structured questionnaire modified and developed in English language. Medical terms simplified into common language, which constituted questions regarding Support and practice towards Family Planning methods. The questionnaire was pre-tested. Data analyzed on SPSS IBM-21.0 version. The descriptive statistics were used to categorize the study population. The frequency and percentage tables were formed and chi square was analyzed. **Results:** Professional education were found as 49(55.7) were having only Diploma in General Nursing whereas 39(44.3) were nursing graduate having degree of Post RN-B. Sc Nursing. Most of the respondents 55(62.5) were that opinion that we should have 3 or less than 3 children while 33(37.5) were responded that they should have 4 or more than 4 children. Job Experience and Number of children have statistically significant association with knowledge, having p-value 0.009 and 0.002 respectively **Conclusion:** Nurses were found good at knowledge on family planning services. But needs Communication behavioral change interventions to overcome promote good method of practices

Keywords: Family planning, Contraceptive, Nurses, Hospital, Health Education

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INTRODUCTION

Family planning is basically for the couples to anticipate and have their children as their desired number of children keeping space and timing difference between their births.¹ In 2013, the maternal mortality rate throughout the globe was estimated as 289,000. Specially the Africa sub Saharan region leading with 62%(179000) mothers' death during 2013 worldwide, followed by the southern Asia at 24%(69000)² in ten centuries 60% of global maternal deaths, India 17%(50000) and Nigeria at 14 %(40000) both countries alone counted as one third of global

maternal deaths. Death can be averted resulting from the unwanted pregnancy ending up unsafe induced abortions.³ Contraceptives plays an important role in reducing maternal mortality.⁴

The survey which is nationwide estimated that from every 100 pregnancies, 14 ended in induced abortions with nearly 6.4 abortions related to hospitalizations per 1000 women aged from 15 to 49 years. This problem needs due and prompt attention.⁵ Nurses have long been major providers of family planning services, and as agencies cut costs, they are increasingly likely to be direct care

providers.⁶ 57% of family planning clinics in the U.S. are operated by public health departments. Health departments or community agencies are the settings where nurses could most commonly be involved with family planning. Nurses in such settings traditionally give preventive care such as health teaching and referral to individuals, families, and groups of childbearing age. Nurses administer or provide direct services in public family planning, STD, prenatal, and well-baby clinics; in school health programs; and/or may carry a caseload of families to which home visits are made.^{7,8} Nurses in hospitals are in direct contact with the female patients hence serving as a medium for communication, communicating with patients is an essential part of nursing care. In family planning, it contributes to sound decision making and can help patients use their chosen contraceptive method appropriately and effectively.⁹ Information about contraception may be provided by health workers or by mass media. With limited access to mass media for the majority of Kenyans, health workers are likely to be important sources of information about contraception. The knowledge and practices of providers and potential providers could significantly limit information and access to contraception.^{10,11} Pakistan is 6th most crowded nation on the planet with the populace more than 185 million; it is confronting a major challenge of poverty where 61% of its people survive under US\$2 every day. Around 45% of its people have restricted access to well being services both public and private, particularly in rustic zones where 65% of its populace lives.¹²

Aim of the study

To discuss appropriateness of knowledge and practice surveys in understanding and exploring health-related knowledge, and to describe some of the major challenges encountered in planning and conducting a Knowledge survey in a specific setting

Objective of the study

To assess the level of knowledge and practices

among married nurses at Liaquat University of Medical and Health Sciences, Jamshoro/ Hyderabad

METHOD AND DESIGN

Study design was Descriptive Cross sectional which conducted at Liaquat University of Medical Health Sciences (LUMHS) Jamshoro, Sindh in four months (May 2017 to Dec; 2017). Study population were Staff Nurses of LUMHS affiliated Hospitals Liaquat University Hospital Jamshoro/ Hyderabad, CJIP Hospital Hyderabad Sindh through Sampling techniques was simple random (samples were selected after balloting from the total population through Kth technique). Sample size calculated on prevalence rate of Sindh province given in PDHS 2012-15 that was 29.5% and adding 10% inflation to it, therefore total sample size was 88. Those married regular employee Staff nurses having working experience of 2 or more than two years, and were in the state of good physical and mental health were included and exclusion were those Trainee Nurses, Student Nurses and those nurses who were not present at the time of data collection. Structured questionnaire modified and developed in English language. Medical terms simplified into common language, which constituted questions regarding Support and practice towards Family Planning methods.

The questionnaire was pre-tested. Data analyzed on SPSS IBM-21.0 version. The descriptive statistics were used to categorize the study population. The frequency and percentage tables were formed. After approval Internal Review Board (IRB) of Health Services Academy (HSA) Islamabad, Ethical clearance was obtained from the concerned university and supporting letter was sought for the concerned Department/ hospital administration. The purpose of the study was clearly explained, informed and consent obtained from all the participants of the research. Confidentiality and privacy were assured and maintained throughout the conduction of the study.

RESULTS

Demographical Statistics

Table 1. Demographical Summary

Variables	Mean
Age	41 Years
Job Experience	7 Years
Monthly Income (PKR)	50000 PKR
Age at marriage time	21 Years
No of children	3

Age

Respondents having age of 25-35 years old were 42(47.7) whereas 46(52.3) were in between the age of 36-45 years as shown in Table 02

Table 2. Age

Age (years)	Frequency	Percentage
25-35	42	47.7
36-45	46	52.3

Professional Education

Respondents having professional education as per given table 03, in which they were found as 49(55.7) were having only Diploma in General Nursing whereas 39(44.3) were nursing graduate having degree of Post RN-B. Sc Nursing.

Table 3. Professional Education

Education	Frequency	Percentage
Diploma in Nursing	49	55.7
B. Sc Nursing	39	44.3

Job Experience

All the respondents were well experienced to their job among them having experience of 6-10 years were the highest 40(45.5) and the most senior respondents were the least in number 12(13.6) as shown in table 04.

Table 4. Job Experience

Experience (years)	Frequency	Percentage
1-5	17	19.3
6-10	40	45.5
11-15	19	21.6
16 and above	12	13.6

Monthly Income

Monthly income of the respondents was shown in

the table 5, having 50001-60000 PKR rupees were the maximum in number 42(47.7), having 40000-50000 PKR rupees were 25(28.4) and 21(23.9) were the least in number having minimum monthly income 60001 and above PKR rupees.

Table 5. Monthly Income

Monthly Income (PKR)	Frequency	Percentage
40000-50000	25	28.4
50001-60000	42	47.7
60001 and above	21	23.9

Age at the time of Marriage

In table 6, it is shown that 38(43.2) respondents were those who were having their age 15-25 years old at the time of marriage whereas 50(56.8) respondents were having 26-35 years old at the time of their marriage

Table 6. Age at the time of marriage

No of children	Frequency	Percentage
None	10	11.4
1	16	18.2
2	22	25.0
3	17	19.3
3 and above	23	26.1

Number of Children

Most of the respondents 23(26.1) were having 4 and above than 4 children, only 10(11.4) respondents were those who were having not given birth to child, having 1 child were 16(18.2), having 2 children were 22(25.0) and having 3 children were 17(19.3) as shown in table 7.

Knowledge Section

Response rate were 100% while collection of data. Knowledge section comprises of 7 items with their sub-questions. All the questions were comprises with different responses according the contents of the items. Most of the respondents 55(62.5) were that opinion that we should have 3 or less than 3 children while 33(37.5) were responded that they should have 4 or more than 4 children. When asked from 55(62.5) respondents about the reason among them 24(27.3) responded due to financial crisis, 10(11.4) due to rearing issues, 21(23.9) due to health issue and 1(1.1)

were due to anonymous reason. When asked from those who were having opinion of having 4 or more than 4 among them 8(9.1) responded as they are the support when we will be old, it is religious to produce more and having opinion of their parents. 6(6.8) were interested due to having couple's desire and among them 3(3.4) were wanted due to having maximum number of sons.

7	What is your opinion about female Education?	A. Should get primary education only	16	18.2
		B. Should get education up to secondary level	47	53.4
		C. Should get professional education and specialize	25	28.4
		D. Should get religious education only	00	00

Table 8. Knowledge of Family Planning

#	Content	Responses	Frequency	Percentage
1	In your opinion how many children should a person have?	3 or Less than 4 or more than	88	100
		55(62.5) 33(37.5)		
	A) If 3 or less than, What are the reasons?	A. Financial	24	27.3
		B. Rearing issues	10	11.4
C. Health issues		21	23.9	
D. Any other		1	1.1	
b) If 4 or more than 04 What are the reasons?	A. Old age support	8	9.1	
	B. Religious point of view	8	9.1	
	C. Desiring Sons	3	3.4	
	D. Desire of my Parents	8	9.1	
	E. Desire of Wife / Partner	6	6.8	
2	Do you know about any family planning method?	Yes No	88	100
		88(100) 00(00)		
	a) If yes who told you about family planning / ontraception?	A. Health service provider	59	67.0
		B. Friend	5	5.7
C. Media		9	10.2	
D. Any other family member		15	17.0	
3	Where do you get the FP services?	A. At the clinic,	26	29.5
		B. At the hospital,	28	31.8
		C. At Medical store	26	29.5
		D. At the LHW's house	8	9.1
4	Do you discuss family planning with your spouse?	Yes No	88	100
		50(56.8) 38(43.2)		
	a) If No, what prevents or hinders?	A. Do not get enough time	16	18.2
		B. We do not have such relationship	4	4.5
		C. My wife is not educated	9	10.2
		D. It is against my personality/manhood	8	9.1
E. Do not have adequate knowledge		1	1.1	
5	In what ways do you support your husband for Family planning?	A. Planning the number of children	25	28.4
		B. Approving of contraceptive use and using myself	16	18.2
		C. Taking care of new born and being responsible	15	17.0
		D. Arranging skill healthcare when she is sick	32	36.4
6	Would you say that using contraceptives should be the sole decision of the male?	Yes No	88	100
		39(44.3) 49(55.7)		

88(100) were well aware of the methods of family planning and they were learnt about family planning from the different sources i.e. 59(67) from health care provider, 5(5.7) from media, 9(10.2) from friends/ colleagues and 15(17) learnt from any other members of the family. When asked from Respondents that from where do you get the family planning services among the 88(100) samples 26(29.5) were got from clinic, 28(31.8) from hospital, 26(29.5) from medical store and 8(9.1) were got from homes of lady health workers. When they were asked do you discuss family planning knowledge with your partner? 50(56.8) responded positive, and asked from remaining 38(43.2) what are the obstacles so that you have not discussed with your partner; 16(18.2) responded that do not have enough time, 8(9.1) told it is due to dominancy of male culture. When respondents were asked in what way your husband is supporting to you in regard of Family planning? 25(28.4) responded that we have planned of not to birth more, 32(36.4) were arranged skills healthcare when I (she) was sick. When tried to get opinion regarding usage contraceptive sole decision of family or not? 39(44.3) responded positively. When asked about the promotion of female education from the respondents, 16(18.2) told that girls should get at least primary education, 47(53.4) agreed to get secondary education whereas 25(28.4) were supporters of getting higher professional education.

Association of demographic variables and knowledge regarding family planning	
Variables	p-values
Age	.112
Education	.286
Experience	.009
Monthly income	.161
Age at marriage	.208
Number of children	.002

Association of demographic variables and knowledge regarding family planning

Job Experience and Number of children have statistically significant association with knowledge, having p-value 0.009 and 0.002 respectively. Those who had long experience in nursing field were having more knowledge about family planning and less number of children. While all the other variables does not show statistically significant association as the p-value of all other variables is more than 0.05.

Practices Section

50(56.8) respondents were using family planning method i.e. 18(20.5) Pills method, 13(14.8) injection method, 9(10.2) were using male condoms and 10(10.14) were using IUCD and tub ligation method. 38(43.2) were those who have not used any method of family planning with various reasons as; 13(14.8) due to side effects, 12(13.6) due to any other reasons, 11(12.5) due to having desire of more children and 2(2.3) reasoned that it is against of religion.

#	Content	Responses	Frequency	Percentage	
1	Have you ever used any family planning methods?	Yes	88	100	
		No			
		50(56.8)	38(43.2)		
	a) If No, what may be the reason?	A. It is against religion	2	2.3	
		B. Due to side effects	13	14.8	
C. Need more children		11	12.5		
D. Any other reason		12	13.6		
b) If yes, which one?	A. Pills	18	20.5		
	B. Injection	13	14.8		
	C. IUCDs	5	5.7		
	D. Male condom	9	10.2		
	E. Vasectomy / Tuba ligation	5	5.7		
2	Are you using any family planning method currently?	Yes	88	100	
		No			
		38(43.2)	50(56.8)		
	A) If yes which method?	A. Pills	10	11.4	
		B. Injections	8	9.1	
		C. Withdrawal	11	12.5	
		D. Tub ligation	6	6.8	
		E. IUCDs	5	5.7	
	b) If no why don't you use any family planning method?	A. It is against my belief	3	3.4	
		B. I do not have knowledge	0	0	
C. It interrupts sexual satisfaction.		7	8.0		
D. Social stigma		7	8.0		
E. Need more children		14	15.9		
F. Desire of son		8	9.1		
G. Desire of my parents		9	10.2		

3	Do you let your spouse visit Family planning clinic?	Yes	No	88	100
		32(36.4)	56(63.6)		
a)	If No, is there any reason?	A. No confidentiality at the facility		18	20.5
		B. No permission		13	14.8
		C. Kids are alone		8	9.1
		D. Mishandled by service providers		7	8.0
		E. Too far from my home		1	1.1
		F. I do not permit her to go alone		2	2.3
		G. My mother does not want her to go.		7	8.0
4	Do you facilitate her for visiting family planning clinic?	Yes	No	88	100
		48(54.5)	40(45.5)		
	If yes, how he is facilitating you?	A. Take her to the FP Clinic		10	11.4
		B. Arrange transport		13	14.8
		C. Provide expenses		25	28.4
5	Do you support your husband in Contraception?	Yes	No	88	100
		51(58)	36(40.9)		

38(43.2) were using method of family planning currently among them 11(12.5) were using withdrawal method, 10(11.4) were using pills, 8(9.1) were using injection method, 6(6.8) were tub ligated/ vasectomy and 5(5.7) were using IUCD method of family planning currently. 50(56.8) were recorded as negative to the family planning due to reasons, i.e. 14(15.9) respondents were having desire of more children, 9(10.2) were not agree to family planning due to their parent's wish, 8(9.1) were having desire of more sons, 17(16) were of that opinion that family planning methods were interrupting in sexual satisfaction and due to social stigma whereas 3(3.4) were due to stereotypical behaviors. 32(36.4) responded than her partner have accompany with her to visit to the nearest family planning clinic whereas 56(63.6) refused to visit with her partner towards the nearest family planning clinic due to reasons like; 18(20.5) responded due to none any facility of confidentiality, 13(14.8) due to having cultural issues, 8(9.1) were told that kids were alone at home, 17(16) were due to mishandled by health workers and parents arguments. 48(54.5) were told that her husband facilitate them for visit towards the nearest family planning clinic, the

facilitation were as; 25(28.4) were providing expenses, 13(14.8) were providing transport and 10(11.4) were taking her towards family planning the nearest clinic. 51(58) respondents were recorded that her husband was supporting in contraception whereas 37(42)'s husband was not supporting to their wives regarding family planning and contraception.

Table 11. Association of variables

Variables	p-values
Age	.009
Education	.597
Experience	.157
Monthly income	.200
Age at marriage	.340
Number of children	.080

Analytical results reveals that variable, "Age of the Participants" have statistically significant association with family planning practices, having p.value, 0.009. Those who were older in age were having increased level of contraception practices. While all other variables do not show statistically significant association, as the p.value of all other variables is more than 0.05.

DISCUSSION

Findings of this study show that age of the respondents older than 35 years was more. Mostly the professional qualifications of the nurses were diploma in General Nursing (3 years diploma) whereas 44.3% of the participants were possessing Post RN-B.Sc. Nursing, Graduate degree of Nursing. Most of the nurses were having 6-10 years of job experience. Seniors are the asset of the profession among them only 13.6% were having long job experience, more than 16 years in nursing profession. All were having income more than 40000 PKR and the maximum income was 60000 PKR and more than 60000 PKR. In the study the nurses were found late in getting marriage after the age of 26 years (57%). According to the data all were interested to give birth to child, among them only 11% were those who were having no any child in their life whereas 89% were having 1, 2, 3, 4 and more children. All

the participants of the study were having knowledge about family planning and contraceptive that is much higher than reported in one of the study in turkey 80%.¹³ and is similar to one of the study from Cambodia where participants were having knowledge of contraception more than 99.5%,¹⁴ but the practices of contraception were bit lower 43.2% than knowledge.

The actual usage of contraception in present study is 43.2% which is lower than the study conducted in Lahore, Pakistan by N.P. Khawaja 47%.¹⁵ In current study the common currently used contraceptive methods are withdrawal and Pills 28.2%, and 25.6% respectively where as in a study from Norway Pills and IUCDs are methods used commonly.¹⁶ When asked from the respondents about the children, how many children should have? The respondent rate of 3 or less than were more than having 4 or more children but in demographic status children birth number were the more among the respondents who were having 4 or more than as compare to 3 or less than. When asked from those who were of that opinion that we should have 3 or less than due to financial crisis, family health burden of expenses and rearing issues. Asked question from those respondents who were of that thought that we should have 4 or more than because they were of that thinking children will support when I will be older, 18% argued that there is no family planning in the Islam and due to will of her parents, desire of more number of sons were also notified include desire of couple of having more children.

In the study all the nurses were aware about the different methods of family planning among them the most learnt about method of family planning from the health care providers like Community Health Worker or Lady Health Workers etc, few of them were got awareness from her friends, media and their family members. In the study the respondents also praised the serves of family planning, most of the nurses were getting

services from Family planning clinics, family planning centers/ hospitals, medical stores and a few were getting from the house of lady health workers. In the study most of the nurses were discussing family planning issues with their partners, those who were feared to share such discussion with their partners due to not having enough time to spend, lack of education of the husband were also hindrance to discuss, man dominancy environment were also noted. When asked from the how do you support your partner with regard of family planning among the all samples 36% were of those opinion who responded that our husbands were arranging our transport when we were sick, 28% were planned to number of children, 18% couples were supporter of using contraceptive pills. 56% were responded that contraceptive methods should be the sole decision of the partner. Asked from the nurses about the opinion of the female education among them 53% told that there should be up to secondary level education, 28% were expressed that girls should get education till getting professional or any specialized qualification. Study conducted in South Ethiopia showed more than 2/3 married girls were independent to decide method of family planning.¹⁷ This study reveals that all the nurses have knowledge about Family Planning but low contraceptive prevalence rate 43.2%, showing big gap between knowledge and practices. Dissemination of appropriate and adequate knowledge is an essential factor for transformation of knowledge into practice. This study finds that people rely upon the health service providers for acquiring appropriate knowledge regarding health, reproductive health and contraception; in this context it seems indispensable to enhance the capacity of outreach health service providers. Although only, 6.1% non-users of Family planning methods have expressed the religious concerns yet there are still reservations in the minds of majority of people about Family planning services, in context to their knowledge it conflicts with religious orders.

The concept of large family still persists among people which is also found in this study, as 26.1% have four more than four children, among those who wished to have children more than four, 18.4% responded about desire of their parents. More than half of the respondents were used family planning methods among them they were using 20.5% were using pills, 14.8% were using injections, 10.2% were using male condoms, 11.4% were using IUCDs and were surgical sterilized. Study conducted in Peshawar in which results were as 78% used condoms, 13% were doing natural methods, 37% were using oral pills and 20% were planned through injections.¹⁸ Not having knowledge, interruption in intercourse, social stigma, desire of more sons and children were also notified. 43% were those who were not using family planning due to side effect of the contraceptive medicine, desire of more children and having inclination towards religion. In the study it is analyzed that 64% of the couples were visiting family planning clinics. Those who were not visiting family planning clinics due to having lack of confidentiality, having no permission to go because of social stigma, no one in home so that cannot leave home and few responded that our parents are not agree to allow/ permit us to go towards family planning clinic. Half of nurses responded that our partner were facilitating us to send us towards clinic by providing travel expenses, arranging transport and few told that they himself taking us towards family planning clinic about health and reproductive advises. 58% responded that my husband help me in contraceptive method to adopt.

Study conducted in South Ethiopia in which more than 2/3 married girls were independent to decide method of family planning.¹⁹ Study conducted in Zambia in which 98% were using other methods of family planning while as 97% were using OCP, 96% were using inject able, 70% were using implants, 47% were using IUD, 7% were using emergency contraceptives, 76% were using tubal ligation and 19% were using vasectomy.²⁰ Study

conducted in Korea in which 68% women were discussing family planning with their partners.²¹ This study reveals that all the nurses have knowledge about Family Planning but low contraceptive prevalence rate 43.2%, showing big gap between knowledge and practices. Dissemination of appropriate and adequate knowledge is an essential factor for transformation of knowledge into practice. This study finds that people rely upon the health service providers for acquiring appropriate knowledge regarding health, reproductive health and contraception; in this context it seems indispensable to enhance the capacity of outreach health service providers. Although only, 6.1% non-users of Family planning methods have expressed the religious concerns yet there are still reservations in the minds of majority of people about Family planning services, in context to their knowledge it conflicts with religious orders. The concept of large family still persists among people which is also found in this study, as 26.1% have four more than four children, among those who wished to have children more than four, 18.4% responded about desire of their parents. The study it is notified that nurses are good at knowledge regarding family planning including their methods. Practices regarding family planning methods are quite good yet it needs awareness programs to promote the importance of family planning to minimize the fear of side effects.

CONCLUSION

It is notified that nurses are good at knowledge regarding family planning including usage pattern of family planning methods.

Limitation

Study was conducted in a limited time period of 08 months with small sample which cannot be generalized to similar population of other area.

Recommendation

With reference to the findings of the study, Recommendations are likely suggested to

provide knowledge of FP. The recommendations are as Proper counseling of clients for contraception and managing the side effects of contraceptives by health care providers is essential to minimize the fear of side effects that will result in enhancement of usage of contraceptives, Involvement of religious leaders is needed to reduce the misconceptions of layman about Family planning by spreading and discussing reproductive issues in the light of religious scripts will improve uptake of family planning services, Confidentiality and privacy at reproductive clinics should be assured to improve the utilization of family planning services and men is decision maker in the society so involvement of men in family planning services is essential to minimize the issues related to permission regarding utilization of family planning clinics.

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6	Muhammad Siddique Ansari	Data collection and expert opinion	