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A Sociological Study about the Adoption of Contraception Methods and Their Effects on the Married Females' Health in Rural Areas of Tehsil Dera Ghazi Khan-Pakistan

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Abstract
Population is growing rapidly & adoption of FP has been neglected by Govt. of Pakistan due to lack of services, awareness and education, traditional believes, employment & misconception. Mostly people think that the use of contraception methods is against the nature and Islam and is also harmful for health. So present study was designed in rural areas of Tehsil Dera Ghazi Khan in 2013 to investigate the knowledge level, adoption of contraception as well as to perceived positive and negative effects of contraception methods on the health of married females in rural community. 160 rural married females were interviewed to find out their demographic features; utilization of contraception and its side effects on their health in tehsil Dera Ghazi Khan. The data was analyzed by using Uni-variate (frequency distribution and percentage) and Bi-variate analysis (Chi square and Gamma Statistics) was carried out. Predominating age categories were <15 and 16-20 years, 45.6% were illiterate, and 55.6% had good mutual understandings. More than one fifth (26.2%) had 1-2 pregnancies, 59.4% had sometimes heard about contraceptive methods while 84.4% had favorable attitude towards adoption of contraception methods. Whereas 58.1% had sometimes used contraceptive methods, 31.9% got information about contraceptive methods from relatives. In adoption of different contraception methods during the life span, respondents reported both types i.e. modern injections (60.6%), spermicides (50.6%), and in traditional methods i.e. withdrawal (6.2%); adoption of herbs (5.7%) and 44.4% had faced positive effects while 19.4% faced negative effects whereas 36.2% of the respondents had both type of effects (positive/ negative) on their health after the adoption of FP methods during reproductive span. Bi-variate analysis showed positive relationship between desired of family size and utilization of contraception, Freedom of decision making vs utilization of contraception methods and mutual understanding of spouse vs adoption of contraception method. There was a need to bring positive change in societal attitude for the utilization of family planning.
Keywords: FP Methods, Contraception adoption, effects, Religious opinion, Decision making, Rural Females, Socio-economic status

Introduction

World's total population is 7,062,819,900 and it is increasing day by day with 1.096% growth rate per annum. Pakistan's population is increasing with 2.03 % growth rate and it reaches to 180.71 million during the year 2011-2012 while this growth rate was 2.05 % in 2010-2011. Although this growth rate is decreasing but still the growth of population is surprising. The total fertility rate of Pakistan is 3.4 children in 2011-2012. This situation creates economic problem in Pakistan and females are more vulnerable to health risks. Due to these situations there is a need to control the population, so there is need to use contraceptive methods to decrease fertility rate [2, 9].

Contraception is essential issue for many developed and under developed countries in the world[2, 17, 22]. It is being widely used, because females want to avoid unwanted pregnancies without obstacles[21]. It is also the key issue of South Asian region spatially for Pakistan that has a large population. Due to social, cultural, and religious mentality the adoption of contraception is low as compare to other countries. Some family planning programs are launched to control the population in Pakistan but these programs are not working properly because use of contraception methods is considered not well in Pakistani society therefore population is increasing rapidly[17]. Different types of contraception methods are available to control the birth rate throughout the world. Permanent and some contemporary birth control methods such as sterilization implant, surgical sterilization, hormonal methods i.e. the mini pill, vaginal ring, the patch, contraceptive sponge, diaphragm

cervical cap, cervical shield, female condom, male condom and emergency contraception are being objects to control the population[4,21]. Media play very important role in giving knowledge to females about the use of these method. Education and enhancing the counseling of couples can also increase the awareness of these methods and their use. Many organizations of the government and other health personnel (LHVs, LHWs and doctors etc) are also giving knowledge to practice these methods[16, 22].

Reproductive health care can be achieved after using proper methods. Techniques and training can save female's reproductive health. Health care training centers must aware the people about sexual health by reducing sexual transmitted diseases. Access to save, effective, affordable and acceptable methods of family planning can save female's reproductive health. Appropriate health care services must be provided to rural women for safe pregnancies and child birth, because mostly births either become waste or damage female's health due to improper health facilities and lake of awareness of midwives[15, 22,25].

Use of contraceptive methods badly affected the health of females because females of rural areas have less awareness about the use of contraception methods[14, 22]. Intensive use of desogestrol-only contraception is increases the headache frequency and intensity in female migraines. Hormonal transformation can create severe health risks. Like migraine where most vascular proceeding and migraine risks are due to use of Combined oral contraceptives (COC) to safe health risks only progestrel contraception method can be used as alternative to decrease the risk of vascular event[11]. No doubt contraception methods can reduce unwanted pregnancies. But females must adopt this prevention after properly consulting with lady doctors and this can only be done when these females are provided with health facilities and trainings[14].

In rural areas females are greatly influenced by the incident and opinions of the social network in the adoption of family planning methods. In the adoption of these contraceptive methods, this social network is a key source and this network includes family members, friends and media[2,5]. The psychosocial factors have great influence on females' adoption of different family planning methods[1]. The major hurdles in the adoption of family planning methods are having more numbers of children which is considered as the sign of relation stability between husband and wife and also the sign of trust between husband and wife[2, 22, 23, 25]. Other than these obstacles there are many more problems in the use of family planning services such as low quality and availability of the services[18]. In the world females who are trying to control birth rate are facing a lot of problems. These problems are stroke, breast cancer, cervical cancer, breast tenderness, skin problem, irregular bleeding patterns, depression, hair loss, headache, upset stomach, lower interest in sex and dizziness[2, 4, 10]. All women are not using these methods due to their side effects. It is believed that if the attitudes of husbands are positive then there will be more chances of adoption of contraceptive method. Those females who are more hesitant in talking about family planning are less probable to use contraceptive methods[19]. Females have less knowledge of contraceptive as compare to male members. There is need to educate females for use of contraception methods. In ancient time, contraception was considered as sin as well as Muslims and Christians also started this notion. So proper knowledge of contraception is needed to up-root these wrong beliefs. But with the passage of time notion has changed in society even in rural setup. But people have no awareness to use these contraceptive methods. Another main problem of less use of contraception is that rural females have lesser rights of decision making regarding family planning[21]. Thus the present study has been designed to investigate the following objectives:

To investigate the knowledge level, adoption of contraception as well as to perceived positive and negative effects of contraception methods on the health of married females in rural community.

2. Material and Methods

This descriptive study was carried out in 2013 in Tehsil Dera Ghazi Khan. According to district administration, there are 26 union councils in Tehsil Dera Ghazi Khan. Among them, 19 are rural union councils and 7 are urban union councils. Two rural union councils (Peer-Adil and Gadai) were selected through simple random sampling technique. From these rural union councils, four villages (2 from each union council) were selected. Through simple random sampling technique 160 married women who have conceived at least one baby were selected (forty from each selected village). Data was collected through well designed research tool (interviewing schedule). Uni-variate (Frequency distribution & percentage) and Bi-variate (Chi square & Gamma) analysis was carried out.

3. Results and Discussion

Analysis of data and interpretation of results are the most important steps in scientific research. Without these steps generalization and prediction cannot be achieved, which is the target of scientific research. Generalization and conclusion are drawn based on characteristics and attitudes of the respondents. Both Univariate and Bi-variate statistical analysis were performed.

3.1 Uni–variate Analysis

Table 1: Percentage distribution of the respondent's according to their age, education, occupation and their monthly family income.

Age	Frequency	Percentage
Less than 15yrs	2	1.2
16-20	22	13.8
21-25	37	23.1
26-30	37	23.1
31-35	25	15.6
36-40	25	15.6
41-45	6	3.8
46 & Above	6	3.8
Total	**160**	**100.0**
Educational level of the respondents		
Illiterate	73	45.6
Primary	39	24.4
Middle	25	15.6
Metric	15	9.4
Intermediate	3	1.9
Graduation	4	2.5
Post graduation& Above	1	0.6
Total	**160**	**100.0**
Occupation		
House wife	75	46.9
Agriculture	29	18.2
Govt. Job	1	0.6
Sewing	41	25.6
Any other (Labor, Self employer)	14	8.7
Total	**160**	**100.0**
Monthly income in Pak rupees		
Up to 9000	7	4.4
9001-14000	16	10.0
14001-19000	11	6.7
19001-24000	9	5.6
24001- 29000	22	13.8
29001 to 34000	8	5.0
34001-39000	15	9.4
39001-44000	26	16.3
Above 44000	46	28.8
Total	**160**	**100.0**

The data in Table 1 displays that 23.1% of the respondents were belonged to the age group of the 21-25 and 26-30 years respectively, 15.6% of respondents were belonged to the age group of 31-35 and 36-40 years respectively, 13.8% belonged to age group of 16-20 years, 3.8% were 41-45 and 46 & above years old respectively and in the end 1.2% were of less than 15 years. Results shows that a large majority of the respondents were belong to fertile age. Bertrand *et al*.[6] stated that the demand of contraception practices referred to that group of people who desired to avoid pregnancies and usually based on the women and couple. The demand factors include a series of demographic and socio-economic variables such as age of the women. The level of practicing contraception depends on individual background or individual status including level of education, occupation, ownership, socio economic status. Education plays a vital role to create awareness among female about the utilization of contraceptive methods among married women [13]. Data in table 1 also indicates that 45.6% of the respondents were illiterate, 24.4% had primary level of education, 15.6% of the respondents had completed their middle level education, and 9.4% completed their matriculation while just 2.5% were graduate and only 0.6% were post graduate where as 1.9% of the respondents got intermediate level of education. Occupation has been defined as a kind of work performed by the individual regardless of the working place, where work is performed to earn her livelihood. Table 1 shows the occupation of the respondents' according to data 46.9% of the respondents were house wives, 25.6% were doing sewing & embroidery, 18.2% were involved in agriculture profession, 8.7% were attached with other profession i.e. labor, self-employer, while 0.6% were

government employees. Shah *et al*. [20] explained the level of awareness and pattern of utilizing family planning services among women of reproductive age (15-49). They found that among 60% of women were house wives. Poor economic status of respondents is an important factor to decrease the adoption of contraceptive methods. Due to poor socio-economic status women were avoiding to adopt contraceptive methods. Results in Table 1 also show that 28.6% of the respondents earned above Rs. 44000 per month from all sources, 16.3% of the respondents earned Rs. 39001-44000, while 13.8% of the respondents were belonged to income group Rs. 24001-29000, 9.4% had Rs. 34001-39000 while 6.7% earned Rs. 14001-19000 and only 5.0% had Rs. 29001-34000 per month income from all sources. Desai and Tarrozi[8] declared in their study that money is not problem in the way of low use of contraceptive methods while many other social factors (i.e. husband and mother-in-laws were not allowed, tradition, large family size, etc) influence the adoption of family planning methods.

Table 2: Percentage distribution of the respondent's with respect to different aspects of contraception adoption during their reproductive span

Level of mutual understanding about their family size	Frequency	%
Very Good	54	33.7
Good	89	55.6
No opinion	7	4.4
Bad	10	6.3
Very Bad	0	0
Total	**160**	**100.0**
No of Pregnancies		
1-2	42	26.2
3-4	31	19.4
5-6	33	20.6
7-8	23	14.4
9 & Above	31	19.4
Total	**160**	**100.0**
Heard about contraceptive methods		
Often	65	40.6
Some times	95	59.4
Never	0	0
Total	**160**	**100.0**
Attitude about contraception method		
Favorable	35	84.4
Unfavorable	25	15.6
Total	**160**	**100.0**
Practice any contraceptive method.		
Often	65	41.9
Some times	95	58.1
Never	0	0
Total	**160**	**100.0**
Source of information about contraceptive methods		
Family	**15**	**9.4**
Media	**9**	**5.6**
Relatives	**51**	**31.9**
Friends	**3**	**1.9**
Doctors	**27**	**16.9**
TBA	**37**	**23.1**
LHW	**12**	**7.5**
LHV	**5**	**3.7**
Any other (specify)	**0**	**0**
Total	**160**	**100.0**
Faced effects of contraception after adoption		
Positive effects	**71**	**44.4**
Negative effects	**31**	**19.4**
Both	**58**	**36.2**
Total	**160**	**100.0**

Table 2 expose that 55.6% of the respondents had reported good mutual understanding, 33.7%

respondent very good level of mutual understandings, 6.3% had bad level of mutual understanding and 4.4% no opinion in this regard. Contraception methods must be use to safe female reproductive and physical health. According to past research mutual understandings between husband and wife is essential to adopt the contraception methods. Moreover use of innovative methods of contraception are necesry like estrogen and progesterone which is discovered in 1930. Due to use of these methods fertility rate was being declined from 6.5 % in 1979-1980 to 5.4 % in 1990-1991 and 4.1 % in 2000-2007[13]. Overall results in Table 2 shows that 26.2% of the respondents had 1-2 pregnancies, 20.6% had 5-6 pregnancies, 19.4% 3-4 and 9 ormore pregnancies, and 14.4% of the respondents had 7-8 numbers of pregnancies. Irum[24] explored in her study that 24% of the respondents had 1-2 pregnancies while 70% had 3-6 pregnancies during their reproductive span. Knowledge implies the awareness on the part of the respondents with regarding to the presence of family planning clinics and methods of birth control. It is also a main factor in the adoption of contraceptive methods. More than half 59.4% of the respondents were those who heard sometimes about the contraceptive methods and 40.6 % were known often about contraceptive methods. These results indicate that all of the respondents have knowledge on the base of often/sometimes listening about the contraceptive methods. Same results were found by Almualm[3] that in Yemen the family planning was adopted voluntarily through the practice of contraception on the foundation of knowledge, attitude and responsible decisions by individuals and couples. The result showed that a good majority 70 % of the respondents believed that the decisions regarding practice of family planning should be decided by husbands and 56% felt that only the wife should decide on practicing family planning. There was a change observed in respondents' attitude towards family planning because 84.4% of the respondents had favorable attitude about contraceptive methods. This indicates that to control the family size, majority of the rural women were in favor of contraceptive methods.

In Pakistan, Hardee and Leahy[12] analyzed the use of modern contraceptive knowledge in their study and found that 96% of married females had knowledge about just one of the modern contraceptive methods. On the other hand half of the Pakistani female respondents replied that they were not using contraceptive methods. According to the record of 2006-2007 this percentage were increased, only 22% of females were not pregnant due to the use of modern contraceptive methods. Just 8% of them were using traditional birth control methods. Knowledge of family planning is now universal. It is an important determinant of contraceptive use and it concern in quality of family planning services. In Table 2 result reporting ever use of any contraceptive method during reproductive span has been presented and through this we know their liking of those methods. More than half 58.1% of the respondent sometimes used contraceptive method during their reproductive span and 41.9% were often used. Data indicates near about two-third of the respondents used contraceptive methods.

Data in Table 2 also narrates that different suggestions by others about any phenomena can motivate the person and that motivation creates inspiration to made decision about adoption and rejection of innovation. On the same way respondents also get information regarding decision about adoption of contraception from different health centers etc. Table shows that 9.4 percent of the respondents got information about family planning methods from family, 5.6 percent of the respondents got information from media, as well as 31.9 percent got from relatives, 1.9 percent got information from friends, 16.9 percent of the respondents got knowledge from doctors, 23.1 percent of the respondents got information from TBA, while 7.5 percent of the respondents got information from LHWs, and 3.7 percent of the respondents got information from LHVs about family planning methods.

Effect of contraception methods on the health of females is the main issue to the adoption of family planning method, either these effects are positive or negative. Table 2 explains that 44.4 percent of the respondents beard positive effects after adoption of contraceptive methods, 19.4 percent of the respondents had faced negative effects of contraceptive methods and 36.2 percent had both type of effects of contraceptive methods on their health during reproductive span. Ilyas *et al.*[13] concluded in their study that the mother's health with practitioner during the utilization of contraceptive methods and only 3 (4.5%) said that they did not consult with a practitioner. It is concluded that more than half of the respondents consulted with a practitioner about the mother's health. That indicates that they focused negative effects of contraceptives.

Table 3: Percentage distribution of the respondent's according to adoption of different family planning methods

Categorizations	Methods	Often		Some times		Never	
		Freq	% age	freq	% age	Freq	% age
Modern: Temporary							
	Condoms	77	48.1%	11	6.9%	72	45.0%
	IUD	49	30.6%	16	10.0%	95	59.4%
	Injections	97	60.6	42	26.3%	21	13.1%
	Spermicides (Oral, mini Pills)	81	50.6%	54	33.8%	25	15.6%
Permanent	Sterilizations	126	80.6%	23	14.4%	11	5.0%
Traditional: Temporary							
	Withdrawal	8	5.0%	10	6.2%	142	88.8%
	Herbs	9	5.7%	3	1.8%	148	92.5%
	Brest feeding	101	88.1%	40	10.0%	9	1.9%
Permanent	Menopauses	34	21.1%	0	0	126	78.8&

Table 3 shows that 48.1 percent of the respondents often used condom, 45% of the respondents never used condom in their reproductive span, 6.9 percent of the respondents sometimes used it as contraceptive method which is temporary method to control fertility. Our results also shows that 59.4% of the respondents never used IUD, 30.6 percent of the respondents often used IUD in their reproductive span, and 10.0 percent of the respondents sometimes used this modern method in their reproductive span. Spermicides is one of the modern contraceptive method data in this table take that 50.6 % of the respondents often practiced spermicides, 33.8% of the respondents were sometimes used spermicides in their reproductive span and 15.6% of the respondents never adopted spermicides as a contraceptive method. Ilyas *et al.*[13] stated in their study that condom use is increase with the percentage of 3 to 7 due to maximum positive effects of condom as well as half of the respondents used IUD as contraceptive methods. With regards of sperms/medicines/pills use is also increased from about 1% in 1990-91 to 2% in 2006-07. It also explains that 80.6% of the respondents often used sterilization, 14.4% of the respondents used sometimes sterilization in their reproductive span and only 5.0 percent of the respondents never used sterilization as a practiced modern contraceptive method, as well as it also depicts that a huge majority of 88.8 % of the respondents never used withdrawal, 6.2% of the respondents sometime used withdrawal in their reproductive span and 5.0 percent of the respondents often used withdrawal as a traditional temporary contraceptive method. 92.5 percent of the respondents never used herbs to avoid pregnancies, 5.7% of the respondents often used herbs in their reproductive span and 1.8% of the respondents sometime used herbs as a traditional temporary contraceptive method. Table 4 also exposes that 88.1% of the respondents often adopted breast feeding as a traditional contraceptive method, 24.0 percent of the respondents sometimes adopted breast feeding as a contraceptive method in their reproductive span and 5.4% of the respondents never used breast feeding as a contraceptive method and data depicts that 78.8% of the respondents never involved in menopause permanent natural family planning method, and 21.2% of the respondents often involved in this permanent natural contraceptive method. Similarly results were focused by Ilyas *et al.* [13]. According to their study 30 (45.5%) respondents to some extent used female sterilization as contraceptive method, 21 (31.8%) did not use female sterilization and 15 (22.7%) to great extent use female sterilization as contraceptive method. It is concluded that half of the respondents to some extent use as contraceptive methods. Some natural methods were used to avoid the pregnancy like withdrawal methods or calendar estimation methods. Currently all over the world contraceptive practices prevalence is high. There has been a worldwide rise in the knowledge and use of contraception during the last thirty years Ilyas *et al.*[13]. This natural method (withdrawal) not only avoids pregnancy but also has no bad effects on female health. It also declared in their study that the adoption of traditional methods was decreased then modern methods.

3.2 Bi-variate Analysis/ Testing of Hypotheses

Hypothesis 1: **Higher will be the religious rigidity; lower will be the use of contraception methods**

Table 4: Association between religious leaders and practiced any contraceptive method

Practiced any contraceptive method	Religious leaders			Total
	To great extent	To some extent	Not at all	
Often	20	40	5	65
	12.5%	25 %	3.13 %	40.63 %
Some times	15	66	12	93
	9.38%	41.25 %	7.5 %	58.13 %
Never	1	1	-	2
	0.63%	0.63 %	-	1.25 %
Total	**36**	**107**	**17**	160
	22.5 %	**66.88%**	**10.63 %**	**100.0 %**

Chi-square = 6.113^{NS}, (p = .191),

The chi-square value (6.113) in Table 4 shows non- significant (p = 0.191) relationship between religious leaders and the adoption of contraception methods, so the hypothesis is accepted. So we concluded that both the variables are independent. Casterline (2001) concluded in his study that mostly people do not adopt family planning methods due to religious misinterpretation but mass media and local social networks creates awareness among people. Tarar[22] also said that in Pakistan, due to religious rigidity females avoid to adopt reproductive health services that is one of the cause of their poor health.

Hypothesis 2: More will be prices of family planning methods; more will be utilization of contraception methods.

Table 5: Association between monthly income and adoption of contraceptive methods

Practiced any contraceptive method	Monthly income									Total
	Upto 9000	9001-14000	14001-19000	19001-24000	24001-29000	29001-34000	34001-39000	39001-44000	Above 44000	
Often	1	5	6	3	6	3	6	3	23	65
	0.63%	3.13%	3.75 %	1.88 %	3.75 %	1.88 %	3.75 %	1.88 %	14.38 %	40.63 %
Sometimes	6	11	5	6	15	5	6	17	22	93
	3.75 %	6.88 %	3.13 %	3.75 %	9.38 %	3.13 %	3.75 %	10.63%	13.74 %	58.11%
Never	0	0	0	0	1	0	0	0	1	2
	-	-	-	-	0.63 %	-	-	-	0.63 %	1.26%
Total	**7**	**16**	**11**	**9**	**22**	**8**	**15**	**26**	**46**	**160**
	4.38%	**10.0%**	**6.88%**	**5.63 %**	**13.75%**	**5.0 %**	**9.38 %**	**16.25 %**	**28.75%**	**100.0%**

Chi-square= 13.133^{NS} (p = 0.663)

The chi-square value (13.133) in Table 5 shows that non-significant (P = 0.663) association between monthly income and adoption of contraception methods. So we accepted the hypothesis and concluded that both variables are independent. Desai and Tarrozi [8] declared in their study that money is not problem in the way of low use of contraceptive methods while many other social factors (i.e. husband and mother-in-laws were not allowed, tradition, large family size, etc) influence the adoption of family planning methods. While Collins and Hershbein[7] analyzed in their study the relationship of high cost and adoption of birth control method (Pill) among college women in America and concluded that high prices of contraceptives affected the utilization of contraceptive methods. Similar findings were also made by Fatima[10]. According to her, family better income contributed positively towards better reproductive health.

Hypothesis 3: Higher will be level of education; higher will be adoption of contraception.

Table 6: Association between educational level and adoption of contraception methods

Practiced any contraceptive method	Educational level							Total
	Illiterate	Primary	Middle	Metric	Inter	Post graduation & Above	Any diploma	
Often	27	20	10	5	0	2	1	65
	16.88 %	12.5 %	6.25 %	3.13 %	-	1.25 %	0.63 %	40.6%
Some times	45	19	15	9	3	2	0	93
	28.13 %	11.88 %	9.38 %	5.63 %	1.88%	1.25 %	-	58.15%
Never	1	0	0	1	0	0	0	2
	0.63 %	-	-	0.63 %	-	-	-	1.25 %
Total	**73**	**39**	**25**	**15**	**3**	**4**	**1**	**160**
	45.63 %	**24.38 %**	**15.63 %**	**9.38 %**	**1.88%**	**2.2 %**	**0.63 %**	**100.0 %**

Chi-square = 10.434, (p= 0.578)

The chi-square value (10.434) in Table 6 shows that significant (P= 0.578) association between educational level and adoption of contraception methods. So we accepted the hypothesis and concluded that both variables are interdependent. Bertrand *et al.*[6] stated that the demand of contraception practices referred to that group of people who desired to avoid pregnancies and usually based on the women and couple. The demand factors include a series of demographic and socio-economic variables such as age of the women. The level of practicing contraception depends on individual background or individual status including level of education, occupation, ownership, socio economic status. Similar findings were made by Tarar *et al.*[22] and Ali[2]. According to their research, good level of education contributed positively towards adoption of reproductive health services and family planning that ultimately sustain their better reproductive health.

Hypothesis 4: **Higher will be the mutual understanding between husband and wife; higher will be the adoption of contraception method**

Table 7: Association between mutual understandings and adoption of contraceptive method

Practiced any contraceptive method	Mutual understandings					Total
	Very Good	Good	No opinion	Bad	Very Bad	
Often	26	36	3	0	0	**65**
	16.25 %	22.5%	1.88 %	-	-	**40.63 %**
Some times	28	53	3	9	0	**93**
	17.5 %	33.13 %	1.88 %	5.63 %	-	**58.13 %**
Never	0	0	1	1	0	**2**
	-	-	0.63 %	0.63 %	-	**1.25 %**
Total	**54**	**89**	**7**	**10**	**0**	**160**
	33.75 %	**55.63 %**	**4.38 %**	**6.25**	**-**	**100.0 %**
Chi-square = 24.678 (p = .000)**			**Gamma= 0.319**		**(p =.022)**	

The chi-square value (24.678**) in table 7 shows that highly significant (P = .000) association between mutual understandings between husband and wife about the practices of family planning methods and adoption of contraception methods. So we accept the hypothesis and concluded that variables had high association. Gamma value (0.319) also showed positive relationship. Ali[2] reported similar results in his study that level of mutual understanding of spouses affects the adoption of contraceptive method. Good level of understanding accelerates adoption of family planning services that promotes reproductive health of females.

Hypothesis 5: More freedom of decision making of females; more will be utilization of contraception method.

Table 8: Association between independent decision of females and adoption of contraception methods

Practiced any contraceptive method	Independent decisions of females					Total
	S. Agree	Agree	Neutral	Disagree	S. Disagree	
Often	10	24	22	7	2	**65**
	6.25 %	15 %	13.75 %	4.38%	1.25 %	**40.63 %**
Some times	13	24	40	6	10	**93**
	8.13 %	15 %	25%	3.75%	6.25%	**58.13 %**
Never	0	0	0	0	2	**2**
	-	-	-	-	1.25 %	**1.25 %**
Total	**23**	**48**	**62**	**13**	**13**	**160**
	14.98 %	**30 %**	**38.76 %**	**8.13 %**	**8.13 %**	**100.0 %**

Chi-square = 31.684, (p = 0 .000), Gamma = 0.216, (p = 0.071)**

The chi-square value (31.684**) in Table 8 shows that highly significant (P = .000) association between independent decision of females and adoption of contraception methods. So we accept the hypothesis and concluded that variables had high association between them. Gamma value (0.216) also showed positive relationship between these variables.

Hypothesis 6: **More will be fear of side effects of contraception methods; less will be the adoption of contraceptive methods.**

Table 9: Association between fear of side effects and adoption of contraceptive methods

Practiced any contraceptive method	Fear of side effects			Total
	To great extent	To some extent	Not at all	
Often	27	24	14	65
	16.88 %	15 %	8.75 %	40.63 %
Some times	31	34	28	93
	19.38 %	21.25 %	17.5 %	58.13 %
Never	1	0	1	2
	0.63 %	-	0.63 %	1.25 %
Total	**59**	**58**	**43**	**160**
	36.88 %	**36.25 %**	**26.88 %**	**100.0 %**

Chi-square = 4.914 (p = 0.555)

The chi-square value (4.914) in Table 9 shows that significant (P = 0.555) association between fear of side effects and adoption of contraception methods. So we accept the hypothesis and concluded that variables are independent.

4. Conclusion & Recommendations:

World's total population is around seven billions and it is increasing day by day with 1.096% growth rate per annum. Pakistan's population is increasing with 2.03 % growth rate and it reaches to 180.71 million during the year 2011-2012 while this growth rate was 2.05%in2010-2011.Although this growth rate is decreasing but still the growth of population is surprising. The total fertility rate of Pakistan is 3.4 children in 2011-2012[9].This situation creates economic problem in Pakistan and females are more vulnerable to health risks. Due to these situations there is a need to control the population, so there is need to use contraceptive methods to decrease fertility rate. Different types of contraception methods are available to control the birth rate throughout the world. Permanent and some contemporary birth control methods such as sterilization implant, surgical sterilization, hormonal methods i.e. the mini pill, vaginal ring, the patch, contraceptive sponge, diaphragm cervical cap, cervical shield, female condom, male condom and emergency contraception are being objects to control the population[4]. Following suggestions are made after the findings.

- Education is the basic factor for change the behaviour. Government must design strategies and policies to enhance women education to ensure their independence in socio- economic and cultural decisions, which directly and indirectly enhances women health status. Women communicate with their husband is important when family planning for the future. As well as population problem should be introduced in the text course outline so that everyone can recognize the seriousness of this program.
- In poor, rural, and tribal areas, supplies of temporary contraceptives at primary health centers and local clinics are frequently inadequate or not available. Thus to increase use of contraception, especially in peak reproductive age group, family planning program needs to strengthen to supply chain including regular supply of pills, IUD and condoms, and improvement in quality of family planning services is essential. However, the findings of study suggested a need for strengthening the overall family planning program in rural areas of Pakistan.
- However, decision about family planning should not discuss without sufficient communication between husbands and wives. Husband will need relevant information to participate responsibly in making decision on family planning. The family planning services should also be relevant for husband to participate. Husband can learn more about family planning by accompanying their wives on clinic visits and by taking advantages of special clinical hours for men, where available. Husband also can participate in family planning by helping their wives to remember to take a pill every day or to return to the clinic for regular injections.
- There is an urgent need to educate women about contraceptive methods. Family planning consoling needs to be universally included in to routine antenatal clinic activities. Besides, improving formal female education is certain to raise the existing knowledge and also to dispel the prevailing misinformation and misperceptions about family planning methods. Providers must know how to communicate with clients such that they are facilitating care rather than just prescribing the family planning methods. There is also a need to review the national family planning program with particular emphasis on contraceptive needs of adolescents and to improve accessibility and availability of all family planning services.
- Strategies that make family planning services available, affordable and accessible for all people, and that offer a wider range of contraceptive methods will have that greatest.

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