

## KNOWLEDGE, ATTITUDE AND CONTRACEPTIVE PRACTICE AMONG AGRARIAN & NON-AGRARIAN MARRIED WOMEN IN RURAL AREAS OF DERA GHAZI KHAN-PAKISTAN

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Females are basic component of human society and their good health matter a lot in future reproduction. In some parts of the world they are living in miserable condition and are treated brutally. They have least access to education; nutrition and quality health services. Even in Pakistan, they are also deprived of their basic rights and do not possess good reproductive health. Aim of this research was to investigate the knowledge, attitude and practices of contraception among rural married women of Dera Ghazi Khan, Pakistan. Study design was descriptive cross-sectional study. Data were gathered through survey method using a well structure questionnaire. Multi-stage sampling technique was applied for selection of sample and total 160 married women were selected randomly through multistage sampling technique. Quantitative data acquired from the field were transferred and analyzed using SPSS. Results indicate that predominating age categories were 26-35 and 36-45 years. Of the total, 66.9% were married at the age of 13-18 years; 48.1% were illiterate; while 91.3% had knowledge about family planning, 35% had monthly income of PKR 5001-10000; 71.4% had unplanned pregnancies and 52% had more than 4 children. Major source of information about contraceptives was friends and relatives, 43.8% considered family planning as not essential and 57.5% considered family planning against the Islamic teachings. However, 34.4% hardly have ever practicing family planning methods. Majority of the respondents were using oral pills and local products. Statistical results show positive relationship between awareness, education and family planning. Results suggested need to change the society's attitude towards family planning through females' involvement in jobs/ services and rationalize them to adopt contraceptive method via workshops/seminars through lectures of religious scholars.

**Keywords:** Contraception, family planning adoption, rural females, health awareness, Islamic thought, Pakistan.

### INTRODUCTION

Pakistan has total population of 21 million and with an annual growth rate of 2.3%, this may reach 310 million in 2050 (Population Matters, 2017; Govt. of Pakistan, 2018). Thus, this would be a challenge for national policy makers to cope up with essential needs of people and necessitate the family planning (FP) practices (GOP, 2017).

Presently govt. and non govt. institutions are escalating their facilities to deliver FP services among all areas of Pakistan. These institutions familiarize diverse sorts of contraceptive methods such as oral pills, injections, tubal ligation, condoms, norplant, abortion and natural methods. Contraception is a course of stopping unwanted pregnancy or birth at a desirable space for any avoidable reason or family size. Majority of the couples have awareness about contraceptive method. Very few, however use these methods due to different beliefs like

not matching with their cultural values (Varma and Rohini, 2008; Tarar *et. al.*, 2017; Tarar *et. al.*, 2017a; Tarar *et. al.*, 2019), the degree of pleasure, satisfaction and safety (Leaflet, 1969), level of education, number of children and family relation (Desai and Tarrozi, 2008).

A number of family planning programs have been dealing in Pakistan to increase the use of contraception among its people. But result is not progressive e.g. the practice of modern contraceptive method among presently married women was 22% and extensively used method was female sterilization 8%, followed by the condom 7% in Pakistan (World Population Foundation Pakistan, 2008). Hence, the present study was designed to know how far females in a rural area are aware about the alarming situation of population growth and to assess their knowledge, attitudes and practices toward adoption of contraception in Dera Ghazi Khan, district of the Punjab, Pakistan.

**MATERIALS AND METHODS**

The study was conducted in district Dera Ghazi Khan and multistage sampling method was practiced. At 1<sup>st</sup> phase, 4 UCs (union councils) (*Gaddai, Pagan, Kot Chutta and Notak*) were chosen by simple random sampling technique. At 2<sup>nd</sup> step, 2 villages were chosen from each UC and at 3<sup>rd</sup> step 20 respondents were chosen by simple random sampling method from each village. A well-structured questionnaire was applied as a research tool to get information from 160 married females. Uni-variate (frequencies and percentages) and Bi-variate analysis was carried out. In Bi-variate analysis, Chi-square test was used to test the hypothesis whether the variances between variables under certain considerations across groups were statistically noteworthy or inferential analysis.

**RESULTS AND DISCUSSION**

The characteristics of the respondents are given in Table 1. Obviously, the predominating age categories appearing in the sample were 26-35 and 36-45 and above years. Results showed that a large majority of the respondents were in their fertile age, literate and a good percentage 35% having reasonable income. Desai and Tarrozi (2008) also declared in his study that capital is not barrier in the way of low use of contraceptive methods while many other socio-cultural factors (husband and in-laws were not allowed, against tradition of society large family was sign of prestige etc.) are also influential in adoption of contraceptive methods (Bibi *et al.*, 2008; Majeed *et al.*, 2009; Naz *et al.*, 2009; Tarar, *et al.*, 2015; Tarar *et al.*, 2016; Tarar *et al.*, 2017a; Tarar *et al.*, 2019).

**Socio-Economic and demographic characteristics:** Table 1 results showed that 60.6% of the respondents had nuclear families, 33.8% lived in joint and 5.6% were living in extended type of family. In a study, Naz *et al.* (2009) declared that 55.5% respondents were living in nuclear families and 44.5% of the respondents had joint family system. With the concept of modernization people liked to live in nuclear families and this thing helps to increase the utilization of contraception among those couple who live in nuclear family because in nuclear families’ interference of in-laws and other relatives is often less as compared to joint families. Results showed that 38.8% respondents had 1-3 numbers of children, 28.3% of respondents had 4-6 numbers of children and 23.8% of respondents had 7 and more children and 3.8% of respondents had no child. Results include that above 50% of the respondents (especially son) are symbol of prestige and secondly they also want more children as they think that children will help to share their work burden at farms. That is main reason for low use of contraception in rural areas of Pakistan. Sometime in-laws pressurize for more children and women are not allowed to go out alone anywhere to practice

their personal choice. Hardee and Leahy (2008) also declared according to Demographic and Health Survey (2006-07) the Total Fertility Rate (TFR) in Pakistan was 4.1 children per woman. In cities, an average was 3.3 children per women and rural areas it was 4.5 children per women. However, 24% were mistimed or discarded births. Rural and poor females were particularly expected to have more children than they want to have.

**Table 1. Percentage distribution of the respondents according to their socio-economic and demographic characteristics.**

<b>Variables</b>	<b>Freq.</b>	<b>%</b>
<b>Age</b>		
16-25 years	31	19.4
26-35 years	65	40.6
36-45 years and above	64	40.0
Total	160	100.0
<b>Education</b>		
Illiterate	77	48.1
Literate	83	51.9
Total	160	100.0
<b>Status</b>		
House-wives	95	59.4
Working women	65	40.6
Total	160	100.0
<b>Monthly Family income</b>		
Up to 5000	15	9.4
5001-10,000	56	35.0
10,001-15,000	21	13.1
15,001-20,000	30	18.8
20,001-25,000 and above	38	23.7
Total	160	100.0
<b>Family type</b>		
Nuclear	97	60.6
Joint	54	33.8
Extended	09	5.6
Total	160	100.0
<b>No. of children</b>		
No child	17	10.6
1-3	60	37.4
4-6	45	28.3
7 and above	38	23.7
Total	160	100.0
<b>Involvement in Agricultural Activities</b>		
Direct Involvement in Farming activities (Full Time)	65	40.6
Indirect involvement in Farm Activities (Partially)	75	46.9
Not Involved in Agricultural Activities	20	12.5
Total	160	100.0

**Table 2. Percentage distribution of the respondents according to their knowledge, thought, sources of information and practice about family planning methods & contraception.**

Variables	Freq.	%
<b>Hear about family planning</b>		
Yes	146	91.3
No	14	8.7
Total	160	100.0
<b>Source of information</b>		
<b>Friends</b>		
Yes	115	71.9
No	45	28.1
Total	160	100.0
<b>Relatives</b>		
Yes	147	91.9
No	13	8.1
Total	160	100.0
<b>Television (T.V)</b>		
Yes	94	58.8
No	66	41.2
Total	160	100.0
<b>Radio</b>		
Yes	47	29.4
No	113	70.6
Total	160	100.0
<b>Lady Health Worker (LHW)</b>		
Yes	63	39.4
No	97	60.6
Total	160	100
<b>Any other (Books, Newspaper, Magazine)</b>		
Yes	25	15.6
No	135	84.4
Total	160	100.0
<b>Thinking about family planning</b>		
To limit the family	46	22.7
To have an interval in children	36	22.5
To stop producing children	55	34.4
To kill children to avoid frequent pregnancies	23	14.4
Total	160	100.0
<b>Practices of family planning</b>		
<b>Ever practicing</b>		
Yes	55	34.4
No	105	65.6
Total	160	100.0
<b>Currently practices</b>		
Yes	36	22.5
No	124	77.5
Total	160	100.0
<b>Practicing of contraception</b>		
Natural	03	1.9
Injection	04	2.5
Condom	04	2.5

Oral pills / emergency pills	08	5.0
IUD	05	3.1
Abortion	02	1.2
Local product	06	3.7
Female operation	03	1.9
Male operation	01	0.6
Total	36	22.5
<b>Reason for not practicing methods</b>		
Desire for more pregnancies	03	1.9
Against the religious	35	21.9
Family planning has side effect	29	18.0
Against the culture	19	11.9
Due to cost	17	10.6
Not easy to approach	13	8.2
Other factors	08	5.0
Total	124	77.5

Data in Table 2 present that 91.3% respondents had listened about FP and 8.7% never listened about FP. Results indicates a huge population had knowledge of FP and contraception that could be applied contrary to big family size. Likewise researchers i.e. GOP, (1998); Sharma *et. al.* (2005); Iqbal, (2006); Bibi *et. al.* (2008); Tarar *et. al.* (2015); Tarar *et. al.* (2017a); Tarar *et. al.* (2019) and Tarar *et. al.* (2019a) also declared that the awareness plays a key role in educating and to motivate females in possessing promising attitude for FP and in adopting FP behavior and health care. Although nearly all the respondents hear and knew at least a single method of contraception, current contraceptive practice was far from the ideal rate of contraception use.

Table 2 also declared that 91.9% of respondents got information through relatives, 71.9% of the respondents got information through friends, 58.8% of the respondents got information through T.V, while 29.4% of the respondents got information through radio, 39.4% of the respondents got information through Lady Health Worker and 15.6% of the respondents got through other sources i.e. any book, newspaper etc. all the results are show that all the respondents hear about family planning and they know that contraception helps the women for family planning. Similarly, Irum (2005); Arif and Kamran (2007); Bibi *et. al.* (2008); Majeed *et. al.* (2009); Naz *et. al.* (2009); Tarar *et. al.* (2016); Tarar *et. al.* (2017a); Tarar *et. al.* (2019) studied that the main source of information was friends and relatives. Second was media such as T.V and radio. Thirdly source of information about contraception was health worker and books, newspapers and magazines.

A contradictor Bibi *et. al.* (2008) found that mass media educated to almost two thirds of study population. In general, Lady Health Workers educated 44.0% of population however their role and function was marked greater (53.0%), in district Tando-Allahyar than in district Jamshoro 53.0%. Relating to provision of family planning services, government hospitals and Lady Health Workers were the major care provider. The

proportion of females that lived within 0-4 km of family planning facility was 58.0%, while this figure was advanced 65.0% in Tando-Allahyar district than in district Jamshoro.

In respect to respondents' thinking about family planning Table 2 shows too that 28.7% of the respondents considered family planning as to limit the family size, 22.5% of the respondents considered family planning as in children, 34.4% of the respondents considered it as to stop producing of children, 14.4% of the respondents considered it as to kill children to avoid frequent pregnancies. Data indicates that people had misunderstanding about the purpose of family planning. They were not well clear about family planning means to have the interval between childbirths. Majority of the respondents had misunderstanding about family planning that is why in rural areas use of contraception is low. Many respondents had viewed that family planning is a plan from the non-Muslim countries to reduce the population of Muslims.

With respect to practice of family planning Table 2 also shows the percentage distribution of the respondents according to their response regarding ever practicing of family planning. Results showed that 34.4% of the respondents answered in yes while 65.6% of the respondents answered in no because they had negative views or fears about contraception, 22.5% of the respondents answered in yes and 77.5% of the respondents answered in no. data indicate that majority of the respondents were not currently practicing the family planning methods. Many researchers i.e. GOP (1998); Majeed *et al.* (2009); Tarar *et al.* (2015); Tarar *et al.* (2016); Tarar *et al.* (2017a); Tarar *et al.* (2019), completed research studies and found the reasons of discontinue or non-utilization of family planning methods. Reasons for nonuse of contraception was the failure of contraceptive method; husband dislike the use of contraception, fear of side effects, lack of access to contraception services and lack of contraception methods were major reasons. Contraception failure was more common than the other cases because of failure; women discontinued the practices of family planning.

**Currently practices methods, reasons for not practicing and sources of family planning methods:** Table 2 shows that overall 22.5% of the respondents had utilized the family planning methods out of it maximum 5.0% respondents had used oral pill/emergency pill, 3.7% used local product, 3.1% used I.U.D, 2.5% used condoms, 1.9% used natural methods and 2.5% of the respondents used permanent methods. Population Association of Pakistan also declared in its 2002 report that 27.8% of women practiced family planning. Among those commonly used method female sterilization was 6.9%, condom 5.5%, used of IUD 5%, injectable 2.6%, pills used 1.9%, use of traditional method of withdrawal and periodic abstinence was 6.9% (overall 22.5% respondents used family planning out of it 2.5% respondents got it from D.H.Q hospital, 6.2% declared family planning clinic, 5.6% from got it lady health worker, 3.8% declared Hakim, 3.2%

got it medical store and 1.2% reported private doctors as main source of contraception availability (Population Council, 2004).

Mostly females avoid to practice contraceptive methods or they mostly practice least affecting methods of FP. So, it's utmost serious problem in Pakistani Society where birth rate is 31 per 1000 population (Population Reference Bureau, 2009). According to the present study 22.5% has used the family planning while 77.5% did not utilize the family planning their marital life. Results show that out of 77.5% majority of respondents had asked that in Islam there is no permission of contraception use and it is against religion to use the contraception. 18% did not utilize due to side effects, 11.9% did not used due to culture influence, 17% mention that family planning methods were costly so they did not afford it and avoid it to utilize, 8.2% mention the hard approach to family planning as a reason. They answered that some time their in-laws did not allow them to practice it and at person level they were unable to approach the family planning practices and 5.0% of respondents answered other factors i.e. husband was out of country so they had no need to practice it and some had asked that they had no permission from their husband or in-laws to practice it. Similarly, a researcher Irum (2005) concluded that most (84.0%) of females had knowledge of FP program and most of respondents know about contraception. Most of the respondents discontinued the method due to side effect, pregnant and partner disapproved the use of contraception. While in another study Iqbal (2006) declared that a number of respondents consider that religion was main obstacle in family planning programme, 15.5% thought that their culture did not permit them for FP practices, a very small number of people considered that contraceptives' non-availability and cost of contraceptive devices also a reason for low use of contraception (GOP, 1998; Saleem and Babak, 2005; Iqbal, 2006; Tuladhar and Marahatta, 2008; Tarar *et al.*, 2015; Tarar *et al.*, 2016; Tarar *et al.*, 2017; Tarar *et al.*, 2019).

Table 3 shows the sets of statements which were offered to the respondent. These statements were offered to understand the attitude of the respondents towards family planning. These set of statements also offered both type of response, positive and negative. Results show that 31.9% of the respondents were agree, 63.7% were disagree and 4.4% were neutral in response of statements that family planning is better for health of mother and child, 46.9% of the respondents were agree, 50.0% were disagree and 3.1% were neutral for statement that family planning is a cause of high cost of living.

In response to statement that family planning can control the population, 65.0% were agree, 24.4% were disagree and 10.6% were neutral for the said statement while 60.6% were agree, 35.6% disagree and 3.8% were neutral about side effects on female health. Similarly, 38.8% were agree, 54.4% were disagree and 6.9% were neutral in response of statement that family planning had not availability of contraception.

**Table 3. Percentage distribution of the respondents according to their attitude toward family planning.**

Attitude toward family planning	Agree		Disagreed		Neutral		Total	
	F	%	F	%	F	%	F	%
Better for health of mother and child	51	31.9	102	63.7	07	4.4	160	100
High cost of living	75	46.9	80	50.0	05	3.1	160	100
Control population	104	65.0	39	24.4	17	10.6	160	100
Side effects	97	60.6	57	35.6	06	3.8	160	100
Non availability	62	38.8	87	54.4	11	6.9	160	100
Against religion	92	57.5	53	33.1	15	9.4	160	100
Economic support	88	55.0	60	37.5	12	7.5	160	100
Reduce the mental worries	47	29.4	55	34.4	58	36.2	160	100
Large family is sigh of prestige (Status)	62	38.8	87	54.4	11	6.9	160	100

Data in Table 3 also indicates that 57.5% were agree, 33.1% were disagree and 9.4% had neutral view for the statement of contraception is against religion (Islam). 55.0% were agree, 37.5% were disagree and 7.5% were neutral that family planning economically support the community / family indirectly, 29.4% were agree, 34.4% were disagree and 36.2% neutral in response of statements that family planning reduce the mental worries, 38.8% were agree, 54.4% were disagree and 6.9% were neutral for the statement that large family is single of prestige (status).

Hypothesis: age at marriage; Educational level; Income level vs use of contraception.

Chi-square value in Table 4 shows highly significance association between use of contraception and the age at marriage of the respondents. Results show that the respondents who married at age 24 and above years had used less practiced family planning methods. While Gamma value show highly positive relation between the use of contraception and age at marriage of the respondents. So, our null hypothesis is accepted.

**Table 4. Association between age of the respondents, Educational level of respondent, income level of respondents and their practicing family planning methods.**

**a) more the age at marriage, lower the use of contraception.**

Age at marriage	Practiced of family planning method		Total
	Yes	No	
13-18	11	96	107
	6.9%	60%	66.9%
19-23	22	24	46
	13.8%	25%	28.8%
24 and above	03	04	07
	1.9%	2.5%	4.4%
Total	36	124	160
	22.5%	77.5%	100%

Chi-square =27.75, Gamma=0.319, Highly sig.= 000\*\*

**b) Higher the education of respondents, higher will be the practices of contraception.**

Education of the respondents	Practice of family planning method		Total
	Yes	No	
Illiterate	05	72	77
	3.1%	45%	48.1%
Primary	0	18	18
	0.0%	11.2%	11.2%
Middle	05	14	19
	3.1%	8.8%	11.9%
Matric	05	12	17
	3.1%	7.5%	10.6%
Secondary	05	04	09
	3.1%	2.5%	5.6%
Graduation and above	16	04	20
	10%	2.5%	12.5%
Total	36	124	160
	22.5%	77.5%	100%

Chi-square=61.16, Gamma=-0.781, highly sig.=0.000\*\*

**c) Higher the income, higher will be utilization of family planning methods.**

Monthly income (Rs.)	Practices of family planning methods		Total
	Yes	No	
Up to 5000	03	12	15
	1.9%	7.5%	9.4%
5001-10000	10	46	56
	6.2%	28.8%	35%
10001-15000	03	18	21
	1.9%	11.2%	13.1%
15001-20000	08	22	30
	05%	13.8%	18.8%
20001-25000	02	07	09
	1.2%	4.4%	5.6%
25001 and above	10	19	29
	6.2%	11.9%	18.1%
Total	36	124	160
	22.5%	77.5%	100%

Chi-square=4.25, Gamma=-0.216, Highly sig.=0.515 NS

Arif and Kamran (2007) also declared an appealing examination in this regard that usually people never thought about these concern at the start of their reproductive lives, but keep on bearing children. They become aware of monetary constraints later than having more than four children, but on that time they have had a large enough number of children. Mostly husbands do not permit women to practice a family planning method, sometimes women themselves have fright of side effects and sometimes couples together face the failure of a method (Iqbal, 2006; Tarar *et. al.*, 2016; Tarar *et. al.* 2017a; Tarar *et. al.*, 2019).

**Higher the education of respondents, higher will be the practices of contraception:** Chi-square value shows the highly significant association between the education and the use of contraception. While Gamma value shows the negative relation between education and use of contraception which indicate that many other factor also influence the sue of contraception like culture, economic condition, wish for son children, awareness, religion influence, women decisions making power, shortage of female staff, lack of open discussion about family planning in rural society, hold of in-laws and husband's decision making. According to the results, the increase of education had increased of the practices of family planning so our null hypothesis is accepted. Similarly, Saleem and Bobak (2005) findings were same that women's decision autonomy was significantly associated with contraceptive use but it did not appear to mediate the link between woman's education and contraception. Similarly, in another study Tuladhar and Marahatta (2008) declared that increase in level of education would also increase the awareness about family planning but it does not mean that use of contraception will not increase.

**Higher the income, higher will be utilization of family planning methods:** Chi-square value shows that there is non-significance association between the incomes of the respondents and the utilization of family planning methods. Gamma value shows negative relation between uses of contraception and in come so our null hypothesis is rejected. Same results were found by Desai and Tarrozi (2008) who explained in their research that in the way of less practice of FP methods, money never seems a problem whereas so many other social and cultural factors payed key role and they are responsible for less adoption of contraception.

**Conclusion:** It is essential to promote long-term methods of contraception to control population that is an alarming reality for Pakistan. Improving employment, education opportunities for women and encouraging males to participate in family planning are all effective means of advancing family planning acceptance and increasing the prevalence of contraceptive use. Late marriage practices among community can be promoted through completion of females' higher education and their involvement in employments which will surely contribute in FP and adoption of contraceptives. There is need

to globally declare the FP counseling as part of antenatal clinic services as well as through enhancing females' formal education level not only we can educate them about FP methods but also disperse their misconceptions and threats about contraceptives practices and curtail their misperception and misinformation. For this educationalist, media personnel, health personnel, NGOs, community leaders and especially religious scholars need to be on board to control population increase and to promote Family Planning knowledge and practices.

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**[Received 10 Dec 2019; Accepted 19 Feb 2020; Published (online) 17 July 2020]**