# Contraceptive Use, Knowledge, and Communication

## *A study of the perceptions and experiences of Pakistani married youth*

**Source: http://www.buzzvines.com/mum-i-love-you**

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Muhammmad Umar, August 2008

## Abstract

The purpose of the present study is to explore perceptions and the experiences of Pakistani married youth about contraceptive use, their communication (with parents, spouse and peers) and their knowledge about the contraceptive methods and use. The socio-demographic characteristics and the contextual factors were also taken into account. The qualitative research technique was used and 32 in-depth interviews were conducted in the District Okara of the province of Punjab, Pakistan.

The study revealed that the married youth use the modern contraceptive to a little extent. The respondents perceive the traditional methods better than modern methods. They have shallow knowledge about contraceptives and they perceive that the knowledge of the contraceptives may increase the contraceptive use.

It was observed that youth primarily communicate through peers and they communicate a little with their parents. They perceive that there should be open communication among family members. They communicate easily and frankly with their spouse. They think that the open and frank communication increases the knowledge about the contraceptives.

The respondents view media as an important source of information by the respondents. The socio-demographic factors (age, gender, residence, education) and contextual factors like religion and values were also observed to have a role in shaping the perceptions and behavior of the youth under study.

# Contents

## Tables and Figures

### Tables



### Figures

# 1. Introduction

## 1.1 Statement of the Problem

Pakistan is a developing country with an approximate population of 160 million (http://www.dfat.gov.au/GEO/fs/paki.pdf). The population of Pakistan is often termed as "young population". Currently it has one of the largest cohorts of young people in its history. Youth (15-24 years) accounts for 19% of the total population and it can be predicted that the cohort will be even larger in future. Although the minimum legal age of marriage in Pakistan is 16 years for females and 18 years for males, yet 14% of females and 7% of males get married before they reach the legal age. (See Table 1.1) The use of contraceptives in the country is very low. Only 28% of currently married women are using any method of contraception. (NIPS, 2001)

Table: 1.1 Basic Demographic Indicators of Pakistan

| Measure | Year 2003 |
|---|---|
| National Growth Rate | 1.95 |
| Crude Birth Rate | 26.5 |
| Total Fertility Rate (15-45 years) | 3.9 |
| Mean age at Marriage | Male:26.4<br>Female:22.3 |
| Life Expectancy at Birth | Male: 64<br>Female: 66 |

Source: Pakistan Demographic Survey (2003) Federal Bureau of Statistics, Government of Pakistan, Islamabad

The social and cultural texture of the Pakistani society is tradition-oriented. Although modernization has been occurring, yet in many respects traditions are strictly followed. These traditions also influence reproductive health behavior, which is one of the most important aspects of individual's life and needs to

be understood for safe and healthy sexual life. Among young married women (15-19 years old), only 4.8 % report ever using any contraceptive method and only 2% report ever using any modern method. Current estimates indicate that about 61% of women have a need for family planning, which also includes 33% with an unmet need (NIPS, 2001). The social set-up and the developing nature of Pakistan's economy, together with a high desired family size, provide a traditional scenario where it becomes difficult to motivate couples to adopt contraception (Mahmood and Ringheim, 1996).

Pakistan presents an interesting context for examining the range of potential barriers to the use of reproductive health services with strict cultural norms that may inhibit service utilization (Stephenson & Hennink, 2004). Despite good knowledge of modern methods of contraception, (94% of married women know of a modern method of contraception) only 30% of married women of reproductive age currently using any modern method of contraception (PRHFS, 2001).

Youth, in this respect, is more vulnerable as they are considered too young to discuss these issues. This reluctance on the part of youth may result in lack of knowledge of reproductive health and further leads to confusion and complication. Moreover, female youth in this situation might be more vulnerable because it is a matter of common observation that if a woman discusses these issues with some elder person at her home or outside, she may be criticized for being too opened.

Given the socio-cultural patterns of the society, the reproductive health of the youth should be studied in the context of gender roles and women's status within and outside family. Gender differentials can be observed when youth communicate within the family and outside the family. The patterns of communication for girls and boys are somewhat different. "While girls would rely on mothers and their friends for information on puberty, inadequate communication inhibits boys from discussing puberty and reproductive health with their fathers. A majority of boys rely on their friends to obtain information on puberty and reproductive health". (Munnawar Sultana 2005).

The discussion on reproductive issues is considered something very personal and disclosing it to someone may lead to shame or guilt because of the taboos attached with it. Socio-cultural values of shame and taboo may restrict sharing of experiences of puberty and the sexual and reproductive health problems of youth.

The family planning program was introduced in Pakistan during 1960s and since then different projects has been initiated under this program .But it has been observed that youth, particularly girls, are still reluctant in using family planning methods. They are married as soon as they reach their late-teens or in mid-twenties but they are left with little knowledge about the use of contraceptives. Therefore, most of the time they are unable to limit their family size, particularly when they have limited or no exposure to authentic information

The research shows that the age of the youth may also be significant in determining their contraceptive use behavior. According to the PCPS 1994-95, only 5 percent of married women aged 15-19 had ever used any method (traditional or modern), while the figure jumps to 17 percent for women ages 20-24 (Khan, 2000)

Religious beliefs are significant in keeping the demand for children high and the use of contraception low, especially among rural and illiterate subgroups of the population (Mahmood, 2005). Most of the people believe that adoption of a small family norm is against the teaching of religious practices and fertility is something that is controlled by fate only.

Currently, Pakistan ranks low in terms of gender development index (GDI) with a value of 0.489 and a gender empowerment measure (GEM) with a value of 0.179 (UNDP, 2000). This is equally factual in the arena of sexual and reproductive health. Mostly, women are socialized in a manner that they feel shame

and guilt about expressing their sexuality. Furthermore, they are desired to be passive in sexual activities. The discussion of sexual matters with their partners is near to taboo (Paulson 1998).

Patriarchal system is prevalent in the families in the urban areas of Pakistan, in general, and in rural areas, in particular. Women's inclusion is restricted within the sub-systems of larger social system except in the family. This restriction further leads to their exclusion from all other economic, political and social systems. As expressed by Powell & Smith (1994); "the ties that bind may also turn into ties that blind. The active involvement of women in household matters renders them unable and unavailable to participate in the outside activities. The awareness of women has increased to a good extent during the past few decades but still a large proportion of women are ignorant or ill- informed about the basics of reproduction (UN, 1995).

The prominent role of traditions can be observed in almost every sphere of life in Pakistani society. It seems logical to study and analyze every social issue in the context of cultural norms and values. Because of the social pressure exerted by these norms, in some respects, they even surpass religious values in their significance. Normative pressure can be detected within an individual's network of relevant others. It is the "perception of social influence" that is supposed to have an impact on reproductive behavior (Bernardi, 2003).Normative pressure is vital in determining the social influence on childbearing decisions too.

Mass media is another crucial factor for the flow of information and transfer of knowledge to the common people in Pakistan. Television is an important source of informative programs, messages and advertisements about the contraceptives. Mostly, this information about family planning programs is given in a covert manner which might not be understandable to all young people. Moreover, in most of

the families, the family members watch TV together and in the presence of some adult family member, young people may feel shy to pay attention to this information.

### 1.2 The present study

The present study has focused on the contraceptive use by the Pakistani married youth (15-24). The area of research was district Okara of the province of Punjab, Pakistan. The perceptions and experiences of the youth about contraceptive use and their communication with their parents, spouse and peers were explored. Their knowledge about the contraceptive use was also assessed. It was also observed that whether this communication have an influence upon the knowledge of the contraceptive use by the youth. The socio-demographic characteristics (age, gender, education, residence) were given importance as background factors while exploring the perceptions and experiences of the youth. The cultural context (religion and values) was also taken into consideration.

#### 1.2.1 Significance of the present study

Pakistani population is regarded as a young population as a large proportion of the population is below 24 years .Present study is an attempt to explore how the communication occurs between youth and their family members and whether how this communication influences their reproductive behavior and perceptions about the contraceptive use. It is based on the assumption that young people who have frank and frequent communication with their parents and elders might have more knowledge about contraceptive use leading to more use of contraceptives. Communication helps individuals to get their ideas cleared about various issues. Particularly, when communication occurs between young and the elder people, younger generation may be benefited from the experience and knowledge of the elders that ultimately help them overcoming various problems.

The study is being conducted in a new dimension within the arena of reproductive health, as it focused on communication of youth with other people and its influence on their reproductive behavior (contraceptive

use). Findings of the study can provide some useful information for educating young people about their sexual and reproductive life. The taboos on the part of society and resulting silence on the part of youth, create secrets and vague communication patterns between youth and others members of society. When the children become adult, they keep to this secretive behavior and might not learn or discuss sexual and reproductive health information with their parents or other family members.

### 1.3 Research Objective

The main objective of the research was;

To explore the perceptions and experiences of the youth about their contraceptive use, their knowledge of contraceptives and their communication patterns (with parents, spouse, and peers) in relation to socio-demographic characteristics and cultural context.

### 1.4 Research Questions

Following were the four research questions of the present research;

1. How does the communication occur between youth and other persons (parents spouse and peers) regarding sexual and reproductive health?

2. In which ways, communication about sexual and reproductive health between youth and other persons (parents, spouse, and peers) influence their knowledge about contraceptive methods and use?

3. How does the knowledge of contraceptive use and methods possessed by Pakistani married youth influence the contraceptive use itself?

4. How do the socio-demographic factors (age, residence, gender education, etc) and contextual factors (religion, value & norms) influence the contraceptive use directly or indirectly, through communication and knowledge?

## 1.5 Approach of the study

The present research has its theoretical basis in the social theory of Coleman and the process-context approach. The researcher was interested to find out the perceptions and experiences of the youth and these theories provided the foundations for that purpose.The qualitative research design was used and the in-depth interviews technique of data collection was adopted. For that purpose, an in-depth interview guide was prepared and 32 respondents from rural and urban areas of the district Okara were interviewed.

## 1.6 Structure of the thesis

The whole thesis consists of 6 chapters including this chapter on introduction. Each chapter is divided into different topics and subtopics. In chapter 2 the description of the different literature about the contraceptive use, knowledge of contraceptive use, communication patterns of youth is given. It also covers the literature on the socio-demographic characteristics and contextual factors.

In the next chapter (chapter4), the methodology used in the preset study has thoroughly been explained. It starts with the operationalization of the concepts used in the research. It describes the research design, research area, selection of the respondents, the questionnaire and its construction, the research team, the interview guide and its construction, pretesting, reflections on the actual data collection and analysis of the data.

Results of the in-depth interviews are given in the chapter 5. Chapter 6 is about the discussion and conclusion of the study. It describes the summary of the results, discussion on the results of the socio-demographic and contextual factors, contraceptive use, and knowledge about contraceptives, communication, and media. It also gives the overall conclusion and the recommendations for further studies and for the policy makers.

# 2. Literature Review

In this chapter, the review of the different literature concerning the present study will be discussed. The literature has been taken from different research articles, books, research reports and websites. It covers the three basic themes I.e. communication, contraceptive use, and knowledge.

## 2.1 Communication

### 2.1.1 Communication with parents

The research shows that the children viewing their parents as more available may rely on them more in times of stress. The more children feel that they may depend on their parents and perceive them as available, the less conflict they may confront in their sex education (Lieberman et al, 1999). Another study also indicates parental communication about sexuality is linked to poorer sexual decision making in adolescents (Koyle et al. 1989)

In another research study it was found that girls often depend on mothers and their friends for information on the problems arising out of the puberty. But boys avoid discussing puberty and reproductive health issues with their fathers due to the lack of communication. Most of the boys obtain information on puberty and reproductive health from their friends and relatives. (http://www.popcouncil.org/pdfs/Pak_AYP001.pdf). White and De Blassie (1992) in their study found that only 15 % of the adolescents have such an interaction with their parents that they can receive information from them.

Some studies produced the results which are contrary to the above discussed literature. For instance, Newcomer & Udry (1985) found no relationship between parental communication and adolescent's sexuality. Parents also seem to differ on what they communicate. In a United States study, fathers were found not to have discussions relating to menstruation and other reproductive health issues with their daughters. Fathers believed that talking about these issues would be an infringement on the private lives

of their daughters. This role was reserved for mothers because they are of the same gender. Fathers were more comfortable warning girls of perceived dangers in going out at night and having boyfriends (Kirkman et al.2002).

**2.1.3 Communication with spouse**

Another line of research focused on the spousal communication (about contraception and related issues) and found that it is a good predictor of contraceptive use (Mahmood and Ringheim , 1996). In a study by Abbasi, et al (1996) it was found that 80 percent of the respondents received information about family planning methods through relatives and husbands. Only 14 percent got information from family welfare centers.

Naushin and Ringheim (1996) observed, "Inter-spousal communication has been found to be associated with favoring a fewer number of children and with enhancing the practice of contraception. If couples can openly discuss their desires and aspirations for children with each other, a smaller family norm may emerge."

The communication gap between husband and wife influences in different ways and it is possible that one partner may take responsibility for contraception without communicating this to his or her partner. It increases the possibility that both will assume that the other is taking action, or that both will not consider to take action for avoiding undesired pregnancy (Burger & Inderbitzer, 1985).

**2.1.2 Communication with peers**

As children move from childhood to adolescence, their needs for autonomy and privacy within the family environment generally increase. They may rely more on peers than parents as they move toward adulthood (Sessa & Steinberg, 1991). It points to the dialectics inherent within interpersonal communication, such as needs for both autonomy and intimacy, and for privacy and self-disclosure.

In a study conducted by Rao and Babu (2005) in Andra Pardesh, India, it was reported by 63% of the women that the main source of knowledge about the contraceptive methods was friends or relatives. During adolescence, youth is inclined to shift their orientation from parents to peers (Brown, 1990). Young people tend to gain autonomy, independence and establishing intimate relationships with the same and opposite sex (Erikson, 1968).

Peers may become more powerful sexual socialization agents than parents, particularly for information about sexual intercourse (DiIorio et al. 1999). Robert and Clea (2008), observed that sex education from peers and professional educators, compared with sex education from parents tends to foster more liberal sexual attitudes.

The influences of the peers should be given much priority in the research about adolescent's health because it is likely to be long lasting. Peers play an important role in youth's health as they may direct adolescents into an array of behaviors that have short-term as well as long-term consequences for physical and mental working and functioning. Although peers can influence adolescent behaviors in the present, yet this influence has obvious implications for adolescent health in their future.

## 2.2 Knowledge and Contraceptive Use

According to Bryden and Fletcher (2001), knowledge about sexuality and contraception can be considered as significant factor while predicting efficient contraceptive practices among adolescents.

Some nationally representative studies suggests that there is a link between sex education and contraceptive use at first sex (Manning et al. 2000) and an association is also observed with uninterrupted contraceptive use( Manlove & Terry-Humen, 2007).

The knowledge about sexuality and contraception is found to be associated with the higher level of communication about contraception with peers and partners (Kraft, 1993). In another research, an

association between knowledge and parental discussions was also found (Inazu & Fox, 1980; Kraft, 1993) and it was more prominent in the talks between mother and daughter (Inazu & Fox, 1980).

The knowledge about contraception acquired through communication with the peers and partners may or may not be accurate and authentic. The communication about sexuality and contraception is associated with more accurate knowledge of contraception (Inazu & Fox, 1980; Kraft, 1993).

However, knowing that one does not have proper knowledge is of much importance. For instance, misconceptions are found among many youth about the proper use of condoms but they are unaware of this fact. And they are, according to a research, less likely to use condoms during first sexual intercourse than their peers who do have proper knowledge (Rock et al. 2005).

It is pertinent to note that, there are some studies, which give contrary results. In a large, nationally representative study on the condom use of the black male adolescents, Wilson and Kastrinakis (1994), found no association between reproductive knowledge and actual use of condoms. Also, no association was observed between reproductive knowledge and contraceptive consistency (Manlove et al. 2003).

## 2.3 Socio-demographic Factors

The research shows that the age of the youth may also be significant in determining their contraceptive use behavior. According to the PCPS 1994-95, only 5 percent of married women aged 15-19 had ever used (past or present use) any method, traditional or modern, while the figure jumped to 17 percent for women ages 20-24 (Khan, 2000).

The influence of reproductive health knowledge on contraceptive use varies by gender. Manlove (2003) observed that better reproductive health knowledge in females was associated with greater chances of ever using contraception (odds ratio 1.74), but this was not true for the males (odds ratio 0.94).

The communication patterns and perceptions of the youth are influenced by gender too. Most of the women are socialized in a manner that they feel shame and guilt about expressing their sexuality. Moreover they are socialized to be passive in sexual activities and the discussion of sexual matters with their partners is considered near to taboo (Paulson 1998).

Rural areas of Pakistan are generally backward in terms of education, health facilities, modernity, and awareness. This difference is also seen in the degree of use of contraceptives by the youth .The rural males may have a good degree of awareness of the practice of contraceptive methods; the majority of them do not know the correct use of each method, particularly condom, rhythm, and vasectomy. Lack of correct information, initiation, motivation and misconceptions about the methods and improper service facilities contribute to the poor involvement and sharing of responsibility by men (Balaiah, 1999)

The relationship of education and contraceptive use has been found in many studies. The study conducted by Abassi et at. (1996) revealed that the level of education has an effect on the contraceptive use.

Table 2.1 Level of education and contraceptive use

| Level of education | Contraceptive use (%) |
|---|---|
| None | 29.6 |
| Primary | 12.2 |
| Middle | 18.4 |
| Matric | 24.1 |
| FA+ | 15.7 |
| Total | 100 |

Source: Abassi et al. (1996)

Karim (1997) found that women with post-secondary education have lower levels of contraceptive use than that of women with only primary education.

In some studies on fertility, education found to be the main influencing factor. Education may have a direct influence on fertility as it affects the attitudinal and behavioral patterns of the individuals (Rao & Babu, 2005).

It is also found that the women with some education and observing more frequent use of contraception show a stronger desire to stop child bearing along with the better implementation of this intention through contraceptive use ( Moursund & Kravdal, 2003). Hamid and Stephenson (2006) observed that women with secondary or higher education had significantly higher odds (Odds ratio= 1.8) of using a method of family planning a compared with the women with no education. It was observed in a study that women with no education and the housewives were less aware of some modern methods. In addition, if the status of the women is improved specifically through education, it may increase contraceptive use and knowledge in this region (Vural et al. 1999).

## 2.4 Contextual Factors

Religion plays an important role and influences every sphere of life in Pakistan .In their study in the recent years, Hashmi et al. (1993) identify religious concerns as the second most common reason given for nonuse. In their analysis of 1990–91 DHS data, Mahmood and Ringheim (1996) showed that religious conservatism is a strong negative correlate of contraceptive use.

In some religions like Islam and Hinduism a women is considered as dirty to observe the day-to-day religious rituals. Martha et al. (2006), while reviewing the literature studies in family planning, observed that some women might require avoiding some family planning methods, which can cause irregular or increased vaginal bleeding leading to hinder their participation in religious rituals.

Pakistan presents an interesting context for examining the range of potential barriers to the use of reproductive health services, with strict cultural norms that may inhibit service utilization (Stephenson & Hennink, 2004). Many studies also cite cultural and traditional beliefs as influencing factors in child planning and fertility (Orubuloye 1991; Pearce 2001).

The socio- cultural norms of the country can influence the timing and number of births along with the involvement of male partners in decision-making regarding contraceptive use. It was observed during

research that the attitudes of women about contraception are strongly influenced by the attitudes of their husbands (Lasee &Becker, 1997; Kim et al. 1998).

## 2.5 Media

Chapin, (2000) observed that media is also a contributing factor influencing the contraceptive use. The attitudes, norms, and behavior of the viewers are influenced by the exposure to media contents.

"Media exposure in Pakistan is associated with all the measures of contraceptive behavior examined. A substantial increase in exposure to specific family planning messages seems to have occurred especially through television, rising from 16 -52% from 1990-91 to 1994-95" (Westoff & Bankole, 1999).

The analysis of National Health and family Planning survey NHFS (1992-93) of India shows very interesting and informative results about the influence of media exposure on the contraceptive use. It was found that if other contributing factors (residence, education, and number of living children) are kept constant by controlling them statistically, then there was a 7 percent increase in the contraception because of media observed. (NFHS Bulletin, 1997)

## 2.6 Synthesis

The above description of the literature review shows that communication, knowledge and contraceptive use are related to each other .The communication of youth with their parents, peers and spouse is important. The literature on communication shows that open communication with parents, peers and spouse is significant in shaping the reproductive behavior of the youth. The socio-demographic (age, gender, residence, education) and contextual factors (religion and norms) also influence the contraceptive use of youth.

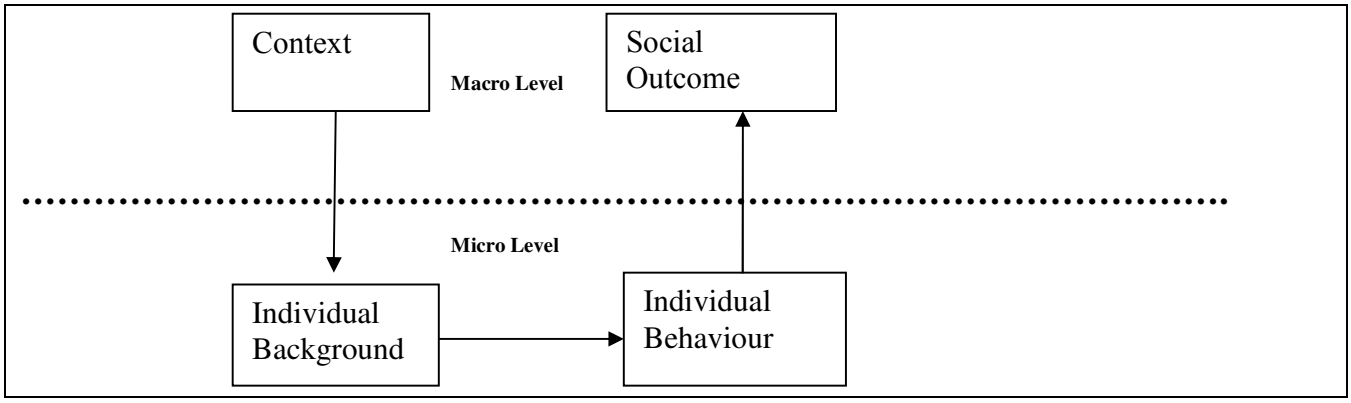
# 3 Theoretical Framework and Conceptual Model

This chapter consists of three sections. In the first section (3.1) of this chapter there will be a description of the Coleman's Social Theory. The second section (3.2) describes the process-context approach and interrelatedness of the two models. After that in section 3.3, conceptual model for the present research is given. Conceptual Model will show the linkage of the theories with the secondary literature. The last section (3.4) deals with the research hypothesis for the present study.

## 3.1 Coleman's (1990) social theory

The social theory of Coleman (1990) explains the social systems. The model consists of two important concepts of macro and micro level. Many social scientists and demographers of the recent times have acknowledged the multi-level approach (Bruijn, 1998 cited in Klaassens, 2005). According to Bruijn (1998) micro level research gives the understanding of the events at macro level. The context, the individual's background, individual's behavior and social outcome are the four concepts of the social theory (see figure 3.1). In the following subsections these concepts of social theory are given.

Figure 3.1 Micro and macro levels in social theory




Source: Coleman (1990)

### 3.1.1 Context

Context is used as macro level concept by Coleman. According to Coleman (1990) if the individual behavior is to be studied, context acts as an important determinant. The context is a multi-level concept

(Willekens 1992; Bruijn 1993 cited in Klaassens, 2005).It includes the economic, social and cultural context.

"De Bruijn (1998) also argues that if many people read their social environment differently and changes their behaviour (micro level), social institutions and rules will change. This can lead to big changes in society and its population at the macro level (social outcome)" (Klaassens, 2005)

### 3.1.2 Individual background

According to Hutter (1998), behavior of individuals can be determined by differences in background characteristics. The individuals differ in their background characteristics and this difference influences, and sometimes shapes their behavior.

### 3.1.3 Individual behavior

The theory explains that the macro level context affects the individual back ground which further influences the individual behavior. In the present study the individual behavior refers to the contraceptive use of the youth.

### 3.1.4 Social outcome

According to the social theory of Coleman (1990), the individual's behavior at micro level leads to a social outcome at macro level.

## 3.2 Process-Context approach

The process-context approach is defined as "*the individual reproductive health behavior at a given moment in time, is seen as the outcome of processes involving a series of individual decisions and actions taking place within a social, economic, ecological, cultural and political context*" (Willekens, 1992 and Hutter, 1998).

The following elements are significant in the process-context approach: (Willekens(1990; 1992), Bruijn (1992; 1993; 1998) and Hutter (1994) cited in Hammenga, 2005)

a) The individual: or adolescent

b) The context;

c) The interaction between the individual and the context

d) The change in time

The researcher has applied all these elements in his research except the last (change in time).

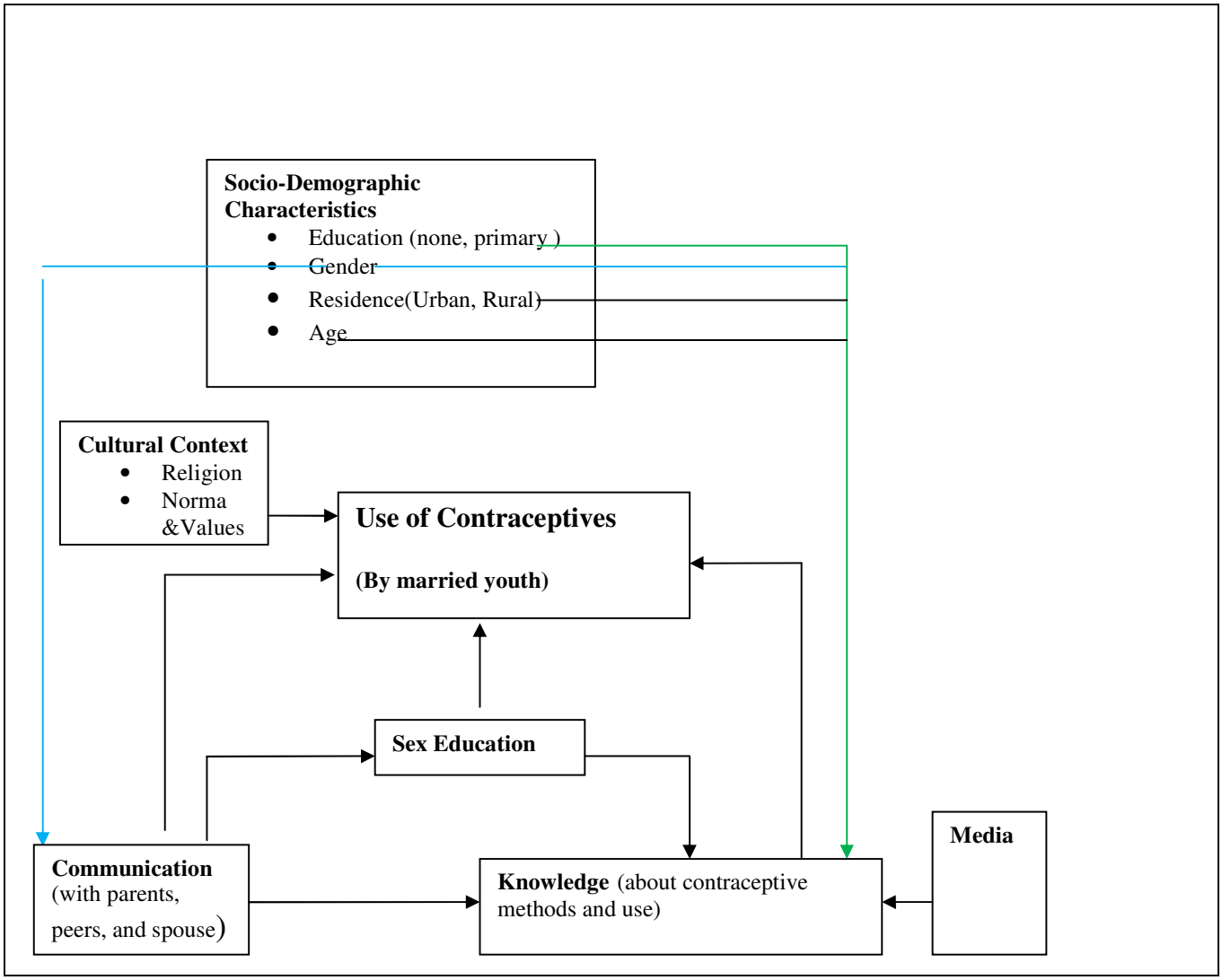
### 3.3 Interrelatedness and justification of the theories

The process-context approach is linked and interrelated with the theory of Coleman (1990). The third element of the process-context approach is about interaction between the context and the individual. The theory of Coleman also deals with the interaction between the macro and micro level. Except for the fourth element of the model, the social outcome, the theories are interrelated. There is an assumption in both the process-context approach and the social theory, that individual's behavior is influenced by the individual's background. The individual background is for its part influenced by the macro level or the contextual background (Hammenga, 2005).

In the present study the researcher wanted to explore the experiences and perceptions of the youth. Pakistan society is a value-oriented and transitional society. There is a large variation in the perceptions and behavior of the individuals from different backgrounds and culture. The behavior of the individual is shaped by the context to a good extent. For the same token, perceptions are formed in the context of different demographic and cultural factors like age, gender, residence, education, religion and values. Therefore, the above-mentioned model and theory were considered appropriate to use as the foundation of the present study.

## 3.4 Conceptual Model

Figure 3.2 Conceptual Model




The above figure shows the conceptual model derived from the secondary literature. It depicts the relationship among contraceptive use, knowledge about contraceptive and communication about sexual and reproductive health among Pakistani married youth. Present research is an attempt to explore how they communicate about sexual and reproductive health issues and how this communication influences

the knowledge about contraceptive methods and use. Conceptual frameworks summarizes how contraceptives use, knowledge, communication are interrelated to each other.

Keeping in view traditional make up of Pakistani society, it does not sound to be strange that although youth is familiar with different methods of contraceptives but their level of knowledge may not be as sufficient to induce them to use these methods. They might have been exposed to information related to contraceptive methods but as far as knowledge about their use is concerned, they might be more ignorant than adult population.

Communication helps to improve understanding about mechanisms involved in the use of contraceptives and overcome perceived barriers hindering the use of contraceptives. Open and frank communication with parents, spouse and peers, may provide youth with the chances to improve their understandings of the use of different contraceptive methods.

The opportunities to communicate at different levels available to youth are restricted. Particularly girls, when get married, have diverse patterns of communication with different people due to household responsibilities. Lack of communication may be one of plausible factors that result in lack of appropriate knowledge essential to use any contraceptive method.

In addition to the factors discussed above, there are some socio-demographic factors, which influence the contraceptive use by the youth like, age education, gender, residence which can influence directly or indirectly the contraceptive use by the youth.

The literature shows that age influences the contraceptive use through knowledge. As the age increases the experience also increases and this experience increases the knowledge. According to the literature, residence (rural, urban) influences the contraceptive use through knowledge. The urban areas have facilities that are more educational and the residents have more opportunities of getting education and acquiring knowledge.

Gender plays an important role in every sphere of life in Pakistan. For that reason, it is understandable to discuss every social phenomenon in the context of gender. In the above conceptual model, gender acts as a socio-demographic background factor, which is influencing the contraceptive use of married youth in an indirect way. It influences the contraceptives use through increased communication and increased knowledge about the contraceptive methods and use.

Literature also shows a link between education and contraceptive use. Education of the youth may influence their use of contraceptives and their perceptions about the contraceptive use. If the married partners are educated, it is much more likely that they will be more concerned about the planning of their families. They will be more aware of the use of contraceptive methods than an uneducated couple.

Religion, like gender, is also an important background factor that influences contraceptive use by the Pakistani youth. There are diverse opinions that whether contraceptive use is permitted in Islam or not. But according to the common concept, use of contraceptives is not permitted in Islam. In this way, religion, sometimes, hinders the use of contraceptives.

By and large, cultural norms and values are followed in Pakistan, though in different ways. For instance, the tradition for having larger family size is synchronized with the culture of the society. The normative structure of the family system and perception of the social influence compels wife to be submissive and obedient to her husband and in-laws. Consequently, she is not at full liberty to take the decision about the use of contraceptives.

The role of media is important in shaping the opinions, perceptions and behavior of the masses as it caters for knowledge and awareness to the people. Through radio, television, print media and Internet, youth get an opportunity to get authentic knowledge about contraceptive use. Media plays a positive role in the advocating the contraceptive use among youth.

### 3.5 Hypothesis

Pakistani society is a traditional and transitional society and it has its own peculiar cultures in different provinces. People have diversified backgrounds and cultures which play an important role in shaping their behaviors and perceptions. This cultural influence on the reproductive behavior and perception can also be observed. Keeping in view this context the researcher formulated the following hypotheses for his research:

**Hypothesis 1**

| |
|---|
| The Pakistani married youth differ in their use of contraceptives, in their knowledge of the contraceptives and in their communication patterns according to their socio-demographic and cultural backgrounds |

**Hypothesis 2**

| |
|---|
| The perceptions of the youth about contraceptive use, knowledge of the contraceptives and the communication patterns have their basis in their different socio-demographic and cultural backgrounds. |

# 4 Methodology

The purpose of this chapter is to describe the methodology used for the data collection. In the present study, qualitative research design was used to collect data. The in-depth interview technique of data collection was adopted. For that purpose, the tool (in-depth interview guide) was prepared and data was collected accordingly.

## 4.1 Operationalization of the Concepts

**Youth**

The WHO recommends three categories as youth: 10-19 as adolescents, 10-24 as young people and 15-24 as Youth (Oliveira, 1999, p.102). In the present study, the term "youth" was used according to the above definition and includes the male and females in the age group 15-24 .The reason for selecting this age group is that the researcher was interested in the study of married youth of Pakistan and it is very rare that a girl or boy below age 15 gets married.

**Education/literacy**

In the present research, the term *educated or literate* refers to at least primary level of education (5 years of schooling). The respondents having education lower than primary level will be considered as illiterate or uneducated.

**Contraceptive Methods**

Oxford Advanced Learner's Dictionary defines contraceptives as a device or drug used to prevent a woman becoming pregnant. In the present research contraceptives methods implies any modern methods used to avoid unwanted pregnancy. It does not include the traditional methods like breast-feeding, withdrawal method, safe period method etc.

**Knowledge**

The term knowledge specifically means the general knowledge of five modern contraceptive methods, like condom, pills, IUD, sterilization and injection along with the knowledge of their proper use.

**Peers**

Peers include the individuals in the same age group and with whom youth feels closeness. For instance, friends, cousin etc

**Communication**

Communication in the present research means specifically communication between the youth with their parents, spouse and peers about sexual and reproductive health issues. It specifically includes conversation about contraceptives and their use. Open communication means that youth can frankly discuss their problems with their parents etc

**Media**

Media refers to all the print media and electronic media like newspaper, newsletters, radio, television, internet etc.

## 4.2 The Research Design

The research design will describe the strategy and plan to do the research. The qualitative research design has been used for the data collection.

### 4.2.1 In-depth Interviews

In the present research, technique of in-depth interviews was used to collect data.

"In-depth interviewing is a qualitative research technique that involves conducting intensive individual interviews with a small number of respondents to explore their perspectives on a particular idea, program, or situation." (Carolyn and Neale, 2006)

An in-depth interview is an open-ended, discovery-oriented method that is well suited for describing both program processes and outcomes from the perspective of the target audience or key stakeholder. The first

thing to bear in mind is that in-depth interviews take much more time than structured questionnaires. It is therefore not usually practicable to interview a large sample. In-depth qualitative interviews are excellent tools to use in planning and evaluating programs. The in-depth interviews will give the data about the concepts like level of communication, knowledge about contraceptive use, which are subjective in nature (Carolyn and Neale, 2006).

Youth might have subjective interpretation of communication patterns in both rural and urban areas. Both rural and urban areas were selected for interviews because age at marriage is different in rural and urban set up of Pakistani society .Gender differentials i.e. the differences because of being male and female is another dimension for sharing views on communication patterns and use of contraceptives .Therefore, interviews were conducted from both male and female married youth.

**4.2.2 Reasons for choosing In-depth interviews techniques**

The researcher used in-depth interviews technique for the following reasons;

1. The researcher preferred qualitative approach to quantitative approach as the former provides more depth of understanding about responses than the latter. In-depth interview being qualitative research technique, adds to the discovery and innovation of new ideas. The researcher gets an opportunity to probe into different factors and analyze the research through various perspective; social, cultural and religious. In contrast, quantitative approach provides a measurement of responses. It was not possible for the researcher to cover all these under the limitations of a specific questionnaire, or an interview schedule.
2. During in-depth interviews, respondents can talk freely and without any hesitation. It provides a chance to each respondent to describe and express her/his views, in as much detail as desired
3. Ideally, it was more informative if the researcher could blend the in-depth interview technique with the Focus Group Discussions (FGDs). But the researcher had limited time and resources.

Mindful of these constraints and realties, the researcher limited his research to in-depth interviews only.

4. Youth generally feel hesitant to talk about their personal marital relations. They may not share their views and perceptions about the contraceptive issues. To dig out the perceptions and experiences of the youth about contraception, the researcher used in-depth interview technique. These aspects would have been difficult to be covered in a questionnaire or interview schedule.
5. Interview guide allows the researcher for probe questioning in order to get maximum information for conducting deep analysis of research.

### 4.3 Research area

The research area for this area is the distrct Okara of the Punjab province of Pakistan. *Okara* is a district of Punjab, Pakistan. It is located on Multan Road some 110 km from Lahore. It has an area of 4377 sq Km. Renala khurd is a Tehsil of Okara. It is about 117 km from the provincial capital Lahore and 10 km from the district capital Okara.

#### 4.3.1 Demographic Profile of the district Okara

It is a large district in Pakistan in terms of population and famous for its agriculture-based economy and cotton mills. According to the 1998 census, the district has a population of 2,232,992 inhabitants out of which 1/5 population (22.84%) is urban .(http://www.okara.org/).There are 48 % males and 52% females .Okara is located in the south-west of the city of Lahore.

#### 4.3.2 Demographic profile Renala Khurd (The population under study)

Renal Khurd has a population of 339,000 inhabitants out of which urban population comprises of 32,000 and rural of 307,000 approximately. (http:/www.hrw.org/reports/2004/pakistan0704/3.html)

Figure 4.1 Location map of district Okara


Source: http://www.encyclopedia.com/doc/1P1-30508781.html

### 4.4 Selection of Respondents

World Health Organization categorize the youth as: 10-19 as adolescents, 10-24 as young people and 15-24 as Youth (Oliveira, 1999). Following the above definition, the term "youth" has been used to indicate the age* group 15-24.The reason for selecting this age group was that the researcher was interested in married youth of Pakistan and it is very much unlikely that a girl or boy below age 15 gets married.

*Age is calculated in whole numbers from the last birthday. For instance, if a respondent is 16 years and 5 months old, his age will be considered as 16

The selection was done on the basis of 3 variables Sex (Male/Female), Residence (Urban/Rural) and Age (15-19/ 20-24).Therefore, in total there were 8 different categories of the respondents.

### 4.4.1 The Population and sample

The population for the present study comprises of married youth that fall in the age group of 15-24 in the *Tehsil** Renal Khurd, district** Okara. Because of the less resources and time constraints, the researcher confined his study to only one district (Okara) of the Punjab province.

At first stage, a district (Okara) was selected at random from the districts of Punjab. Out of the 4 *Tehsils* of the District Okara 1 *Tehsil* (Renala Khurd) was selected through simple random sampling. From Renala Khurd *Tehsil,* the researcher selected his sample of 32 respondents for in-depth interviews. As urban/rural distribution was significant in the study, therefore the researcher selected 16 respondents from the urban and rural areas each. (See figure 4.3)

In general, the respondents were selected for in-depth interviews in a purposive manner ,meaning that the persons with specific demographic and social characteristics were selected to represent a defined subgroup .The reason for purposive/ judgmental sampling was that the researcher did not have the enough resources (time, money, and manpower) to go down to *union council* level for the research.

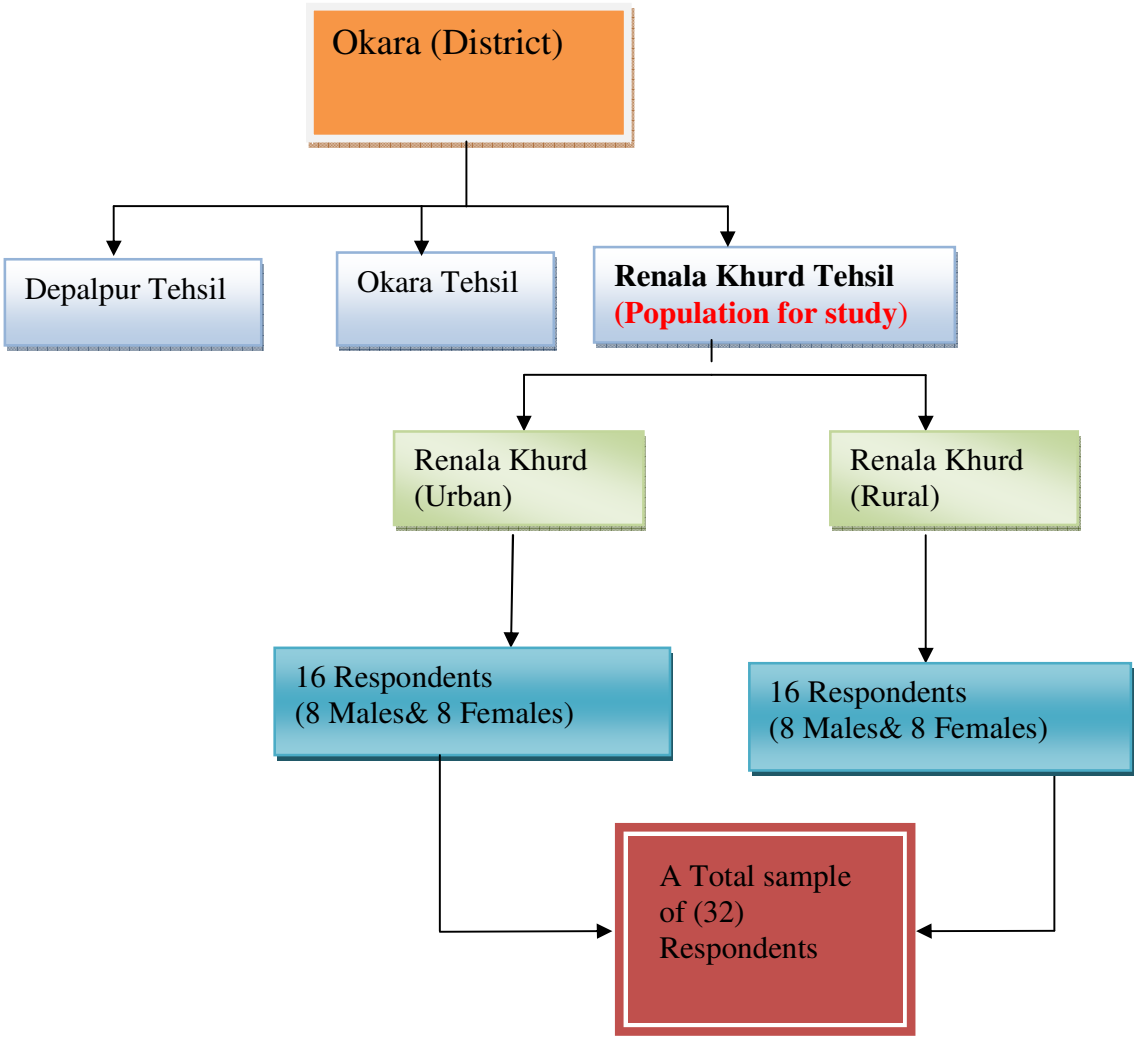
* Tehsil is the further division of district

**Districts are the divisions of the provinces in Pakistan

***The lowest level in the local government

## Sample Diagram

Figure 4.2 Sample Diagram



The researcher kept in consideration the following three important points while selecting the respondents:

1. The respondents and the interviewer should be unknown to each other. The research team consisted of two people, the researcher and a female interviewer .Both the persons were unknown to the respondents. This fact reduced the biased responses to a good extent.
2. It is critical while conducting interview that the respondents should not have previous knowledge of the specific issue of study. The present research was new to the respondents.
3. Keeping in view the topic of the research, the researcher selected different categories of individuals from each group of the target population, for example, by age, gender, and residence.
4. Before initiation of the data collection, the researcher deemed it appropriate to consult female investigator and to discuss the interview guide with her. The queries were addressed and the confusions were removed**.**

### 4.5 Structuring the tool (in-depth interview guide) for data collection

**Step 1**

The researcher listed the most important topics and subtopics to be explored in this research. Each major topic was divided into specific subtopics that could be explored during the interviews. The details of the topics and subtopics are given below;

**Socio-demographic factors/Contextual factors influencing contraceptive use and perceptions**

- Age &Contraceptive use
- Residence& Contraceptive use
- Education, &Contraceptive use
- Gender, &Contraceptive use
- Religion, &Contraceptive use

- Norms, values &Contraceptive use
- Media, &Contraceptive use

**Contraceptive use and knowledge**

- Affect knowledge about contraceptive methods and use upon Contraceptive use
- Knowledge about contraceptive methods
- Knowledge about contraceptive use

**Communication about sexual and reproductive health**

- Level of communication with parents
- Level of communication relatives and friends
- Inter-spousal communication

**Step 2**

The researcher drafted the possible questions that could be explored with respondents about these subthemes.

**Step3**

After drafting the questions about each subtheme, each question was checked against the research questions. The unnecessary questions were taken out.

**Step 4**

The researcher rechecked the questions thoroughly to make sure that these are framed in such a way to give respondent a chance to start discussion.

**Step 5**

Every effort was made to make the questions compatible with the rules of the qualitative research. After framing the questions the researcher also checked that these are:

- Simple and clear
- Not answerable by a simple "**Yes** or **No**"
- Easy to understand and unambiguous
- Not too sensitive and unreasonable
- Within the experience of the respondents.
- Should not be too lengthy or too short in number

**Step 6**

When interview guide was constructed, some useful probes were also included .Probes are used when the question asked is not responded properly and the interviewer does not get required information. Probes, in a way, force the respondent to tell or speak more about the question. The researcher added probes with various questions so that maximum information about the topic of the research could be extracted from the respondents.

**Step 7**

There are no hard and fast rules for the order of the topics in an in-depth interview. But the researcher attempted to place the sensitive question afterwards .The topic of "Socio-demographic factors/contextual factors influencing contraceptive use and perceptions" is more general. Therefore, the researcher placed it in the beginning to make the respondents feel relaxed and easy.

**4.6 Pre-testing**

After the preparation of interview guide, pre-testing was done to eliminate the ambiguities and errors in it. The pre-testing was done in the same kind of population that was to be selected afterwards for the actual data collection. Two in-depth interviews were conducted for the purpose of pre-testing. The researcher went to Renala Khurd (the study population) and with the help of the female investigator 2 interviews (1 male and 1 female) was done. It was possible that after the pretesting, some topics might be

added while some may be removed to give a final shape to the interview guide. The process of pre-testing was completed within a day.

Pretesting helped the researcher in conducting the actual research in the following manner:

- It helped to indicate mistakes in the tool for data collection
- It helped the researcher to be aware of some taboo terminology in the interview guide.It also helped to asquint with some local names of the contraceptives like *ghubaara* for condom.
- The pretesting of the interview guide gave the researcher an opportunity to readjust the order of the questions in the guide.

### 4.6.1 Results of the pretesting

1. It was observed that the order of the some questions was not proper. It was modified and adjusted accordingly.( See Annexure 1&2)
2. Some questions were unclear and ambiguous .These were also made understandable( See Annexure 1&2)
3. The interviews took more time as it was expected. The two interviews took 4 hours in total.
4. It was observed that with the exception of a few respondents all other did not allow the researcher to tape the responses. Only two respondents (males) allowed for taping. But these respondents were very much conscious of taping and the researcher felt that they did not feel comfortable with recording. Therefore, the idea of the recording was abandoned.

### 4.7 Research Team

It was the demand of the topic of the present research that the interviewers should be social scientists having good knowledge of the conducting social research. The researcher conducted interviews from the male respondents himself. For interviewing the female respondents, researcher managed to get the help of a female sociologist. She had an extensive experience in social research and was quite conversant with the qualitative techniques of research too .The researcher facilitated her with conveyance and accompany her to the houses of the respondents where she conducted one-to-one in-depth interviews in privacy so that the respondent may not feel reluctance. The reason for having female interviewer was that the issues of the use of contraception, communication about sexual issues and reproductive behavior were sensitive and young females might have felt uneasy and reluctant to discuss these issues with a male interviewer.

### 4.8 Reflections on the Actual Data Collection

It was expected that the researcher would spend one day in the field for pretesting and 5 days in for the actual research. But it took 10 days for researcher to complete the field work. An exclusive conveyance was hired to go into the rural areas. The researcher bore all the expenses himself as the research was not being funded by any agency or department.

The topic of the research was quite sensitive .Therefore the researchers tried to build rapport with the respondents before the initiation of each interview. The following steps were taken for rapport building:

1. The researcher started the interview with a friendly and familiar greeting.
2. The researcher revealed his identity as student of population studies, University of the Groningen, the Netherlands. The respondents were assured that the ongoing research is a compulsory requirement for the completion of master's degree. And this research would not be used for any other purpose.

3. The interviewer assured the respondents that their identity would not be declared at any stage of the research and data analysis. And instead of original names the researcher used serial codes (FUA=Female Urban 15-19) for the identification of the respondents.
4. The interviewers listened to the respondents attentively to give them the impression that the information given by her/him are important.
5. The Interviewers explored key words, phrases, idioms, terms as they come up during the interview.
6. The interviewers were attentive to the impressions of the respondent and did not force him/her for replying any question.
7. The natural flow of discussion was maintained by guiding the respondent from one topic to the next.
8. The respondents were given plenty of chance to talk.
9. The interviewers were open to unexpected information.

**4.9 Analysis of the data**

The data of the present study was of qualitative in nature. The researcher compiled the data of all the in-depth interviews. The data was edited and the corrections were made. After that the researcher transformed the data into different themes and sub-themes. The results were composed taking into account the four research questions. The information which were supporting to analyze the data but not directly relevant to the research question were not recorded in the results chapter. The discussion on each research question was made and the overall conclusion was given in the end.

# 5 Results of the Data Collection

In this chapter the results of the in-depth interviews are given .In total 32 male and female respondents were interviewed from rural and urban areas. The section 5.1 and 5.2 describes the results of the socio-demographic characteristics and contextual factors respectively. Section 5.3 deals with the results of perceptions and experiences about contraceptive use. Section 5.4 gives the results of the knowledge about contraceptives and the perceptions of the respondents about role of media. The last section (5.5) tells about the communication patterns of the youth with their parent, spouse and peers.

## 5.1 Socio-demographic Factors

The age of the respondents was considered important was divided into 2 categories 15-19 and 20-24. The results of the data show that there is a variation in the contraceptive use and perceptions about contraceptive use between the two groups of the youth 15-19 and 20-24. The use of contraceptives found to be less in younger (15-19) group. The influence of the gender upon contraceptive use through knowledge and communication was also found. The perceptions and experiences of the respondents reveal that women are shyer in communication than males and lacking in knowledge than males. The residence (urban/rural) is also important while studying the contraceptive use of youth. The urban respondents found to be using modern contraceptives to a larger extent as compared to the rural youth. The rural youth is more inclined towards traditional methods. The role of education is also observed in modifying the perceptions of the youth about contraceptive use.

## 5.2 Cultural Contextual Factors

In relation to the importance of the context, we asked the respondents about their perception on the permission of family planning in Islam. Most of the young urban male respondents were of the view that Islam does not permit the use of modern contraceptives. But at the same time they expressed that these

days there is no choice left but to observe family planning. Both male and female youth of age categories (15-19) and (20-24) perceive in almost similar way on this issue.

*"How can Din (Religion) permit it? You cannot fight with nature. However, these days price hike is much. Government should control the prices. In this way, people can afford more babies. It is the Islamic way."*

*"Islam does not permit family planning and killing of babies. The prophet (peace be upon him) says' increase the number of my followers'. So how can we increase Muslims if we go on stopping their births?"*

"*Prophet (Peace be upon him) said "Marry that women who can produce more child"*

"*We are hypocrite actually. We do not follow the other teachings of Islam; apparently Islamic but virtually infidels. These days even the Molvies (Muslim religious leaders) use family planning methods. But I think Islam forbids these methods. But what can a poor man do? How can one manage to feed too many children?"*

The interviews indicate that norms and values influence the contraceptive use through communication. The communication of young males is hindered mainly by the value of "*Mardaangi*"(masculine ego) while that of females is hampered by *Hya*( desired shyness ).The value of respect for parents and elders is influencing the communication patterns of both male and females.

*"In the more educated families there is no difference in the degree of reluctance or shyness but in the less educated families, girls feel more shyness while talking about sexual and family planning issues."*

*"These days there is no shyness. Cable and TV have deprived especially the women from their traditional Hya (Desired shyness).but still I think they are shyer while talking about these issues than males."*

*"People are carful while talking to their friends because they may think that you are a Khusra/Naamard (Impotent)"*

### 5.3 Use of contraceptives

The respondents were asked questions to explore their perceptions and use of the modern contraceptives. The respondents told that most of the time they do not use modern contraceptives. The rural youth and youth aged 15-19 were observed to be using modern contraceptives rarely while urban youth and youth of age group 20-24 were relatively better in terms of contraceptives use. Urban female group (20-24) found to be most active in terms of contraceptive use and positive perceptions about the contraceptives. The rural female group of (15-19) was having quite negative perception about the contraceptives.

Condom was found to be the most popular among the modern contraceptive methods. Some respondents were also undergone IUD and female sterilization. Injection and pills were rarely found in use.

The rural youth were having higher number of children (1-5) as compared to the urban youth (0-3).The rural youth were having desired number of children from 3-5 while urban youth were having desired number of children from 2 to 3.

*"I don't like this because it is just like you take bath with clothes on. Even then I use, because my wife is not ready to use any other method. But availability of condom is very easy and you don't h "We have doctors in our locality."*

*"I am using condom these days but when I will complete 3 babies, my wife will use challa(IUD)"*

*"My father is having 5 brothers. Also my husband has 4 brothers. It gives power in the community."*

*"I experienced Ghubaara (balloon) once. It is not pleasurable. I did not get any sensation.*

*"I have heard the pills can cause blood pressure".*

*"My friend's wife used injection and she got severe headache".*

*"Operation (female sterilization) is good because it is long term solution .We are thinking about it but we fear that it may cause obesity."*

Respondents were also asked about their perceptions about the spacing. They were of the view that there should be a space from 1-2 years. The differences in perceptions about desired space have been observed for rural and urban respondents. The rural youth were of the opinion that there should be less space between the babies. The rural youth spoke more in favor of traditional methods compared with urban youth. Among modern methods, IUD and female sterilization were mentioned as preferred methods for long term space and condom was preferred for short term space.

*"I have not thought about that. When there will be a proper time or when I will need space I will get information."*

*"I will use challa(IUD) when my family will be complete"*

”*Quran says mother should feed their babies for 2 years .In that case there will be no need of other methods. But these days girls do a lot of fashion and they avoid feeding their babies because they fear that their breasts may be disfigured.”*

*“I like Saathi (condom )for space because it is cheaper and easily available.”*

*“I will use ghubara (condom) because it has no side effects. Medicines (pills) have always reaction.”*

*“I have only one child and I need two more. I don’t want to much space because in later years it is too difficult to bear a baby.”*

### 5.4 Knowledge of contraceptives

The respondents were asked questions to know about their perceptions about the source of contraceptives knowledge, their general knowledge about the contraceptives, and their knowledge about the contraceptive use. They were also asked about their perceptions about media as a source of knowledge about contraceptives.

#### 5.4.1 Knowledge about contraceptives use

The youth were asked about the contraceptives in general. It was found that, with the exception of a few respondents, all heard about these methods. The knowledge of IUD was comparatively found somewhat less known to the respondents.

The respondents were assessed whether they possess adequate knowledge of the use of the contraceptives. It was found that their knowledge about the use was not adequate. The respondents were found to be most knowledgeable about the use of condom and least knowing about the proper use of

injection and pills. In general, all the respondents were conscious of the side effects of all the five methods except condom. The rural and younger(15-19) respondents were found to be having low level of knowledge of contraceptive use as compared to the urban and older 20-24 respondents.

*"Female undergoes an operation (female sterilization) but I don't know at what part of the body it is done."*

*"I like injection. It is used only one and you are free. I think it is for female but I am not sure."*

The youth were asked about the source of their knowledge about the contraceptives. It was found that majority of the youth both male and female mentioned the close friend as a primary source of their knowledge about the contraceptives. They also mentioned the health worker and media as an additional source. The role of health worker as a source of knowledge was significant for the female respondents and they also mentioned their husbands as a source of knowledge.

*"I heard it from my best friend when I was not married .He was married and using condom."*

*"Health worker told my wife about challa(IUD) and operation (female sterilization) and my wife later on discussed it with me and my mother."*

The youth were also asked questions for assessing their perception about how difficult it is to get knowledge for a woman as compared to a man. All were of the opinion that it is always difficult for a woman to have access to the knowledge about the contraceptives. The majority of the youth perceived

that males are more knowledgeable than females. The reason told by the respondents was that men are more social and they have more access to information than women.

*"Men have more friendships than women .And they have more chances of getting information about these matters."*

*"These days even the children know about that. But I think men have more knowledge than women. They enjoy talking about these matters."*

*"Men have more access to net and cable and all these sources from where this information can be availed. My husband has more information because I think now there are such movies in which lot of information is available and only men have access to these movies in our society. Women mobility is restricted and therefore they cannot have such information in detail."*

### 5.4.2 Perceptions about Media as source of knowledge

Considering the importance of media in the recent times, the respondents were asked about their perceptions about the role of media as source of knowledge of contraceptives. All the respondents, with an exception of a few, were having positive perception about the role of media in disseminating information about the family planning. The overall picture of the responses of the youth shows that they get information about the contraceptives through advertisements and other programs. All the rural and urban respondents were having the perceptions that media gives useful information. A few rural respondents were somewhat skeptical about the role of media.

*"TV gives useful information. But sometime we do not understand the language they use."*

"*It can increase your knowledge a little bit .One can have good information only if there is face to face conversation."*

### 5.5 Communication

The respondents were asked different questions to assess how they communicate with their parents, spouse, peers and other elders of the family. It was found that they communicate a little with parents. And they were having good communication with spouse and open and frank communication with peers.

Generally both males and female youth feel uneasy communicating with their parents. The strictness of the father was conspicuously mentioned by the majority of the respondents. Mostly, youth told that they feel more uncomfortable communicating with father than with mother whether there is a general or a sexual/reproductive health issue. They were of the view that the authoritative attitude on the part of father was the main reason behind the non communicative environment within the family.

*"Father is always very strict in our families. My father used to beat all of us every day. How can you think of frankness in these circumstances"?*

*"Father is like a teacher who teaches you how to live in the home and community. For that purpose he beats his children like our teachers beat the students."*

It was interesting to observe that females communicate more frankly with parents than males. Urban females (20-24) group was having very positive perceptions about communication with parents and they told that they communicate quite frankly with their parents. The rural female (15-19) group was found to be the opposite as they were having negative perceptions about communication with the parents and they were not at ease n communicating with their parents. Overall all the respondents were having positive perceptions about the communication with the parents. If the categories are compared by age groups of 15-19 and 20-24, it can be concluded that young respondents (15-19) have more difficulties in communication with their parents as compared to the relatively older 20-24 respondents.

*"In our society there is a dictator in every family and normally it is father or the elder brother. Like in dictatorship, you cannot even breathe freely; same like that in families you cannot do anything without the permission of father or elder brother. This is the reason for fear."*

"*I personally do not get frank with my parents and brother because the environment of my family is not conducive for that. But I think there should be openness and frankness among family members."*

*"Our fathers are like army generals .They believe in Order is Order principle"*

*"When I was unmarried and living at my parents home, I used to speak rarely with my father. Only when he required meals or some work had to be done he talked with me."*

During the interviews it was found that the youth communicate with their spouse in an easy manner. It applies to all the youth under study. The wife easily communicates with her husband on family planning issues and about her sexual problems as well. Interestingly, husband generally discusses the family planning issues only, not his sexual problems. The females have more positive perceptions about the communication with the spouse than they husbands have.

Youth communicate with peers quite easily and frankly. Both males and females from rural and urban areas from age groups 15-19 and 20-24 have open communication with friends. Females are comfortable talking with the peers on family planning issues as well as on sexual/reproductive issues while males are comfortable talking about family planning issues only and generally they avoid talking about their sexual problems with their peers.

*"I will always share it with my friends because he might have used some medicine which is effective. I should benefit from the experiences of the others."*

*"Experience is experience. My friend always gives me good information because he is a graduate and he was married 9 years back. He has two wives and both are happy with him".*

Males are not comfortable with brothers too, especially the elder one. However, females feel somewhat easy in communicating with the mother, sister and other elderly women of the family Communication with elderly relatives like sister-in-law or mother-in-law is also present for the female youth of both rural and urban areas. But in rural areas the role of mother-in-law is more evident as in rural areas mostly there are joint families and domestic affairs are dealt by the mother-in-law. The communication of female youth with health worker is also existent in both rural and urban areas.

The respondents were asked about their perceptions about the communication with parents, peers and spouse. Almost all were of the opinion that there should be open and frank communication with the parents. Some were not in favor of frankness with parents due to the respect for them.

*"Parents are respectable .If you have gupshup(frank talk) with them , the respect will be gone. But it is better to share your problems with them"*

*"One can only talk freely with confidants. And parents are not confidants. If the parents make the environment of the home good for frank communication, then normally young people do not hesitate to tell them their personal issues."*

Spousal communication was also perceived to be important by the respondents. The rural women mentioned that there should be good communication between the husband and wife but this communication should not be at the cost of respect of the husband. Secondly, some male respondents do not like to share the sexual problems with their wives due to the fear that wife will not respect them if she knows that.

*"Girls are also human being and they have the feelings too. Successful life is that in which husband and wife both respect their partner's suggestions."*

*"Sexual problems better discussed with some friend or doctor not with wife."*

*"These matters are private and you tell these to your wife your respect will be gone in her eyes"*

All the respondents opined that peers should be taken into confidence in these matters and there should be good communication with peers and it always beneficial to get advice from an educated or experienced friend. But majority of male youth think that sharing is difficult if someone is having a disease or problem. They would share these things to a very close and reliable friend only.

*"If you confide in someone then there is no harm in telling .Otherwise he can make fun of you and your honor can be at stake. He may give wrong information. If he gives you some bad medicine for male potency it may harm you. You can have jaundice or some other disease."*

# 6 Discussion and Conclusions &Recommendations

The basic purpose and objective of this study is to explore the experiences and perception of the youth about contraceptives use, knowledge of contraceptives, and communication of youth with their parents spouse and peers. The socio-demographic characteristics along with the contextual factor are also taken into consideration. In the first section of this chapter the summary of the results of the in-depth interviews is given. The next section is about the discussion on the results of the in-depth interviews.

## 6.1 Summary of the Results

The respondents were asked about the perception and experiences about the contraceptives use, knowledge of contraceptives and their communication with parents, spouse and peers. The researcher conducted 32 in-depth interviews from both rural males and females of age groups 15-19 and 20-24.

It was observed from the experiences of the youth that youth feel uneasy and reluctant while communicating with their parents on general as well as on sexual and reproductive health. In general, they hardly communicate with their father. They perceive father's strictness and authoritative behavior as the main reason behind non communication within the family.

Female respondents told that they talk easily on family planning issues and their sexual problems with their husbands. The male respondents were also comfortable talking about family planning issues with their wives but they do not want to discuss their sexual with their wives due to the fear of loss of respect in the eyes of their wives.

The youth have very good communication with their peers. They perceive that there should be open communication with the peers. They also think that they can always obtain benefit out of the experience of an educated and experienced friend. Female youth discuss both family planning and sexual issues with peers but male youth do not discuss these issues to every close friend because of the fear of ridicule, masculine ego, and family honor. Their reservation is that they will only share their sexual problem with

the confidant. And he should be reliable not to disclose these matters to anyone. Both rural and urban males were having the same perception on this value of “masculine ego”.

It was observed during the interviews that the youth possess general knowledge about the contraceptives but they do not have adequate knowledge about the use of injection and pills and the process of IUD and female sterilization. The youth perceive that men are more knowledgeable about the contraceptive as they are more social and having more opportunities to get information.

The majority of the respondents were having their close friends as the primary source of knowledge. Some also mentioned Health Workers, literature and media as the main source of knowledge. Almost all the respondents were having TV in their homes and they regarded media as good source of information and knowledge about contraceptives.

It was observed that youth obtained a little knowledge about contraceptive use from the communication with parents. There communication with peers and spouse was quite beneficial for them in terms of knowledge of the contraceptives methods and their use.

The majority of the respondents were not using modern contraceptives, especially the rural and younger (15-19) respondents. Rural youth were having more number of children and increased desire for children as compared to the urban youth. The results depict that rural and younger (15-19) respondents were not using contraceptives to a little extent and they did not know well about the contraceptive use.

The results of the in-depth interviews show a difference in the use of contraceptives between urban and older youth (20-24) and rural and younger (15-19) youth. The urban and older (20-24) respondents were using more contraceptives as compared to the rural and younger youth. The respondents perceived that males are more knowledgeable and communicative as compared to the females. The respondents also perceived that educated people have more knowledge about the contraceptive than the less educated or

illiterate people. The youth have the belief that religion does not allow the family planning. However, majority of the respondents termed the family planning as the need of time.

### 6.1.1 Demographic and contextual factors

Most of the respondents of the younger age group (15-19) told that they do not like to use the modern contraceptives and their perceptions about the contraceptive were not positive. The interviews of the older group (20-24) gives the impression that they use the modern contraceptive to a little extent and are having less negative perceptions about the contraceptive use as compared to the younger group(15-19).

The rural youth were having less use of contraceptives as compared to the urban youth. With the exception of a few respondents all the respondents were less educated. A group of the female respondents aged 20-24, was quite well educated and they were using the modern contraceptive to a good extent. They were having positive perception about the use of contraceptives. Generally, the less educated and illiterate respondents were having negative perception about the contraceptive use.

The respondents were asked about their opinion about the permission of family planning in Islam. Almost all the respondents believe that religion does not allow family planning methods. The majority spoke in favor of traditional methods and argued that modern methods are not allowed in Islam. With the exception of female urban group 20-24 , almost all have very shallow knowledge about the Quranic implied injunctions about the family planning/birth control .All of their knowledge was based on the teachings of elders and *molvies*. The in-depth interviews show that there lies a wide gap between the perceptions (that Islam does not allow the modern methods) and the practices of the youth. The youth who strongly believe that modern methods are not allowed, practice them occasionally or frequently.

The respondents mentioned some cultural values which do not allow the free and frank communication between youth and other persons. The value of “masculine ego” prevents the male youth from discussing their sexual issues with parents/peers etc. They also fear that their family honor might be at stake if

someone knows about some sexual/reproductive disease. Both rural and urban respondents were having the same perceptions about the value of masculine ego.

### 6.1.2 Contraceptive use

The in-depth interviews show that only a few respondents were the regular users of the modern contraceptives. The respondents who were not currently using any method perceived that they would preferably use traditional methods in future. Among modern methods, they could use condom and IUD. Both rural and urban youth preferred condom because they thought it was easy to use and had no side effects like other contraceptives (pills, injection etc).

*"We think that our family is complete and challa (IUD) is best for long term. Now we will not need anything till 5 years".*

Most of the respondents in this age category were newly married and they were in the phase of completing their families. Therefore one reason for non-use of contraceptives like female sterilization and IUD was that the respondents perceive those methods to be of long term use and they did not needed it yet.

*"I will use challa(IUD) when my family will be complete"*

The respondents were not in favor of much space between the babies. They wanted to complete their families as early as possible. The plausible reason for this attitude is that the life expectancy is much less in Pakistan as compared to the developed countries. Therefore, people want to see their children grown up in their lives. As marriage of the children, especially of the girls is regarded as a big responsibility for the parents, they think that all of their children should be married during their life. For these reasons people do not want much space between the babies. They respondents were also having morbid fears about the side effects of the contraceptives.

*"I have heard the pills can cause blood pressure".*

*"My friend's wife used injection and she got severe headache".*

*"Operation (female sterilization) is good because it is long term solution .We are thinking about it but we fear that it may cause obesity."*

### 6.1.3 Knowledge of contraceptives

All the respondents were having the knowledge about the contraceptives to some extent but they did not know the proper use of the contraceptives. For majority of the respondents, the most authentic source of information was the peers. The information provided by the peers may or may not be authentic. The reason is that peers belong to almost same age group and socio-economic background and they may themselves be ignorant about the proper use of the contraceptives.

*"Pills are taken by the ladies after every month to avoid pregnancy"*

*"I think pills are taken right after intercourse for once only"*

*"My husband told me about these methods. As you know on TV they just give the name like Saathi (A local brand name of condom) but actually I could not understand what it was so my husband told me it is condom."*

### 6.1.4 Communication

From the data of the in-depth interviews, it can be observed that the youth communicates primarily through their peers. The communication with spouse is existent to a moderate extent and there exists little parental communication.

If the categories are compared by age groups of 15-19 and 20-24, data reveals the observations that youth of age 15-19 have less communication with their parents and elders as compared to the youth of age group 20-24. This difference possibly is the result of the variation in the age of marriage which is higher in relatively developed areas (urban areas) in terms of education, health, and standard of life. The age

group 15-19 may be consisted of the people who belong to less developed communities of urban areas or belong to rural areas. The youth who are married at the age of 15-19 are generally those who live in the comparatively less developed urban and rural areas. Therefore, it may be concluded that there may be a difference of education and upbringing, which influences the difference in communication level.

Youth communicate with their spouse easily and frankly. The possible reason for this spousal communication seems to be the religion and cultural values which permit a woman to talk freely and frankly only to husband and not with any other male. Therefore the wife communicates more easily with the husband. She can discuss the family planning issues as well as her sexual/reproductive health problems.

Males discuss the family planning issues only. They avoid talking about their sexual problems with wife due the value of masculine ego and due to the fear of the loss of respect in the eyes of the wife. They also avoid talking about these issues with peers due the factors of "masculine ego" and the fear of being ridiculed. Therefore, it can be concluded that the value of masculine ego dominates whether they talk with wife or friends about sexual problems.

This behavior is more conspicuous in rural male than in urban males. The rural youth have less communication as compared to the urban youth .The youth of age group 15-19 are more reluctant and shy in communication as compared to youth of age group 20-24.

The role of health work is significant in the rural areas. To provide the people family planning and primary health care at their door step, the health department has recruited these health workers. The worker meets the women of the area and suggests them different methods. The data shows that rural women are more connected and influenced by the health workers than the urban women are. The reason may be that the rural women are less educated and they cannot get information from books, newspaper

etc. Moreover, they communicate a little with their peers and they depend more on health worker. In many instances, the health worker also transfers information to the husband indirectly through the wives.

### 6.1.5 Media

The respondents told that they get information from TV and newspapers. Some were of the opinion that media should not display explicit messages.. Radio was also found to be uncommon. TV was found in almost every house in both urban and rural areas. In urban and semi rural areas (town) cable connections are easily available and the people can get dozens of channels from all over the world.

## 6.2 Overall Conclusion

The study revealed that the married youth use the modern contraceptive to a little extent. They perceive the traditional methods better than modern methods. They have shallow knowledge about contraceptives use. Their overall perception is that the knowledge about contraceptives may increase the contraceptive use.

It was observed during the study that youth primarily communicate through peers and they communicate a little with their parents. But they perceive that there should be open communication among family members. They communicate easily and frankly with their spouse. They think that the open and frank communication increases the knowledge about the contraceptives. But males do not share their sexual problems due to their masculine ego and family honor.

The respondents perceive that media plays a positive role in educating the people about family planning methods. The socio-demographic factors like age, gender, and residence and contextual factors like religion and values were also observed to have a role in shaping the perceptions and behavior of the youth under study.

## 6.3 Recommendations

The importance of the reproductive health of youth is greatly felt by governmental and nongovernmental sector of Pakistan. Moreover many international agencies are seriously concerned about the reproductive health of the youth while funding any organization in Pakistan. Given this context, the present research on communication among the youth and its relation with the contraceptive use can add to the existing state of knowledge and can explore the new avenues for the further research on the this subject.

On the basis of the results of the present study following are some recommendations for the researchers who wants to conduct research on the same topic and for the policy makers working on the adolescent and youth reproductive health:

### 6.3.1 Recommendations for future studies

1. Due to the shortage of time and resources the researcher could not conduct focus group discussions In any further study on this topic it is recommended to do FGDs. the researcher focused the youth respondents only.
2. It would be better if the parents are also interviewed, though it looks difficult in the context of cultural constraints prevalent in Pakistani society.
3. The study can give better results if it is seconded by some quantitative measures especially to measure the effects of socio demographic factors.
4. This study is qualitative in nature and covers only one district of the province of Punjab therefore the results cannot be generalized to the whole population of Pakistan. The researcher used the qualitative technique of in-depth interviewing for the present research.
5. A comparative study of the different districts can also be conducted to assess the variation in the communication patterns of the youth and contraceptive use .

### 6.3.2 Recommendations for policy makers

1. It has been traditions in policy making that the officials rely only upon censes and surveys. The census in Pakistan is conducted after every 10 years and the data obtained from the census is hardly reliable. The policy makers take that data into account and make the policies. They should also consider the qualitative data and not merely rely on numbers and figures. The perceptions, wishes and aspirations of the people should also be taken into account.
2. The researcher found it difficult to search the available qualitative data for different reproductive health indicators for Pakistan. The qualitative data about the reproductive health of the youth is almost unavailable in Pakistan. Government should conduct a comprehensive study covering all the aspects of the reproductive health of the youth in all the districts of the Punjab and other provinces.
3. Many adolescents do not understand the changes they undergo because they either receive no information or incorrect information. When young people cannot obtain reliable information, confusion and misinformation may fill the void, leading to greater risks and unnecessary anxiety. The policy makers should incorporate the element of the family planning and population education for the youth in the curricula school and college students.
4. Communication leads the way to healthy reproductive health and behavior. The appearance of physical changes during puberty can cause emotional disturbances among adolescents. It has been observed in the present study that there is a lack of communication among family members. Training sessions for the parents should be arranged to make them aware about the benefits of the healthy communication within family.
5. The misinterpretation of religion by the low-educated religious leaders has been a serious obstacle in the way to make a viable policy about the sexual and reproductive health of the adolescents.

The family planning program has been declared un-Islamic by some *Mullahs* (ironic term used for religious fanatics). There is a need to educate the religious leaders .The government should organize and patronize the intellectual debates going on national TV channels to make people aware about the true spirit of religion.

6. The males and female do not have equal chances to get information about the sexual health. The overall gender-discriminated social milieu of the country does not allow policy makers to make a comprehensive and non discriminative reproductive health policy for the youth. The present research has explored the factors which are responsible for this gender differences in respect of sexual health communication.
7. The present study shows that condom is the most popular method of contraception among married youth. The reason mentioned by the respondents is its affordability and easy availability and . Government should expand the role of the private sector by making contraceptives accessible and affordable of contraceptives through social marketing of contraceptives and through local manufacture of contraceptives.
8. The study shows that the respondents do not have adequate knowledge about most of the contraceptive techniques. They are left with only one or two contraceptive to use. Contraceptive choice is to be widened by providing training to service provider in latest techniques and the quality service provision should be ensured through regular monitoring.

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