Master of Science in Public Health

Perceptions and Barriers Regarding Family Planning among Stakeholders in Faisalabad: A Grounded Theory Approach

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Perceptions and Barriers Regarding Family Planning among Stakeholders in Faisalabad: A Grounded Theory Approach

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This dissertation is the result of an independent investigation. Where my work is indebted to others, I have made acknowledgments.

I declare that this work has not been accepted in substance for any other degree, nor is it currently being submitted in candidature for any other degree.

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ABSTRACT

Introduction: The world population has been steadily increasing over the past few centuries. Pakistan, a middle low-income country in Asia, has a population of around 220 million. Population growth is a major worry for a country like Pakistan which has a conventional attitude toward contraception and family planning. Faisalabad is the third most populous city of Pakistan with an estimated population of 7.8 million. The CPR in Faisalabad is 37.6 percent.

Purpose Statement: The purpose of this grounded theory is to explore the perceptions of stakeholders regarding Family Planning and to develop a theory based on its barriers to utilization among Stakeholders in Faisalabad.

Methodology: The methodological orientation is Grounded Theory; Qualitative Research. A total of 32 In-depth Interviews were conducted with Married males and females having at least one child and 4 In-depth Interviews with religious scholars in 3 different areas (Urban, Rural, and Borderline) of Faisalabad for four months. The study was duly approved by the Al-Shifa School of Public Health, PIO, Rawalpindi. The data were analyzed by following COREQ guidelines.

Results: Analysis of the data created three perspectives; Male user perspective, Female user perspective, and Religious perspective. Each perspective created four major themes; marriage, conception, decision-making, and family planning. The core phenomenon was Perception and Barriers to Family Planning while the categories around involve Causal conditions, Strategies, Contextual and Intervening conditions, and consequences. Upon further analysis, it was revealed the most suitable age to marry is 20-22 years and the majority of the conception was according to the will of the couple. All of the Interviewees were utilizing contraceptives; withdrawal and conventional (condom) methods. However, only a few considered family planning a sin in Islam. However, religious scholars revealed that family planning is not a sin in Islam until you are not harming your body parts and you have pure intentions (to have a gap between children).

Conclusion: Perceptions of family planning ranged from utilitarian concerns to religious convictions. The perspectives of men are generally shaped by a combination of personal experiences, religious convictions, and cultural conventions. Female interviewees displayed a variety of viewpoints influenced by personal experiences, religious convictions, and societal conventions. The study underlines the significance

of considering unique circumstances and emphasizes the complexity of factors impacting various elements of reproductive health. The interviews highlight the complex nature of religious instruction, which takes into account a variety of issues including societal norms and personal family planning aspirations. Islamic law considers conventional contraceptives acceptable because they don't injure any human organs.

Keywords: Family Planning, Perceptions of Family Planning, Barriers to Family Planning, Qualitative Research, Grounded Theory.

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CHAPTER 1: INTRODUCTION

1. Introduction:

The world population has been steadily increasing over the past few centuries. In 1804, the world population was around 1 billion; by 1927, it had doubled to 2 billion. By 1960, it had reached 3 billion, and by 1987, it had grown to 5 billion. In 2020, the world population reached 7.9 billion, and it is estimated to reach 9.7 billion by 2050 and 11.2 billion by 2100 (United Nations, World Population, 2022). The fertility rate of the world has been decreasing over the years. In the 1950s, the global fertility rate was around 5 children per woman. In 2020, it decreased to 2.4 children per woman. However, there are significant variations in the fertility rate across different countries and regions. Sub-Saharan Africa has the highest fertility rate, with an average of 4.6 children per woman, while Europe has the lowest fertility rate, with an average of 1.6 children per woman (World Bank, Fertility rate, 2021).

The world mortality rate has also been declining, and life expectancy has been increasing. In 1950, the global average life expectancy at birth was around 46 years. In 2020, it had increased to 73 years. The infant mortality rate has also decreased significantly over the years. In 1960, the global average infant mortality rate was 113 deaths per 1,000 live births. In 2020, it decreased to 28 deaths per 1,000 live births (United Nations, Population Division, 2019). The maternal mortality rate, on the other hand, has not seen significant improvements. According to the World Health Organization (WHO), around 830 women die every day from preventable causes related to pregnancy and childbirth. The global maternal mortality rate in 2017 was 211 deaths per 100,000 live births (WHO, maternal mortality, 2019).

The population in different continents varies greatly. As of 2021, Asia has the highest population of any continent, with over 4.6 billion people, accounting for over 60% of the world's population. Africa has the second-highest population, with over 1.3 billion people, followed by Europe with 747 million, North America with 592 million, South America with 429 million, and Oceania with 42 million (Statistics Times, 2022).

Pakistan, a middle low-income country in Asia, has a population of around 220 million people as of 2020 while it had 37 million in 1950, and it is expected to continue to grow in the future, reaching around 400 million by 2100 (Saleem et al., 2020). As of 2021,

Pakistan is the world's fifth-most populous country, following China, India, the United States, and Indonesia, and is projected to maintain this rank in the future (World Bank, Population, 2021). In comparison to other countries, Pakistan's population is higher than Iran’s (83.2 million) and Turkey’s (84.3 million), but lower than India’s (1.3 billion) and Bangladesh’s (165.7 million) (World Bank, Population, 2021).

The fertility rate of Pakistan has been decreasing over the years. In 1950, the estimated fertility rate was 6.6 births per woman, and in 2020 it had decreased to 3.6 births per woman but the second highest in South Asia (Pakistan Fertility Rate, 1950-2022 - knoema.com). The infant mortality rate in Pakistan has also decreased significantly over the years. In 1960, the infant mortality rate was 228 deaths per 1,000 live births, and in 2020 it had decreased to 53 deaths per 1,000 live births (Zartashia Shabbir et al., 2022). The maternal mortality rate in Pakistan is still high, with 186 deaths per 100,000 live births in 2019, a 32% increase from 2017, 140 per 100,000 live births (Shaeen et al., 2022).

Family planning is the deliberate and conscious practice of controlling the number, spacing, and timing of pregnancies, which enables individuals and couples to make informed decisions about their reproductive health (Alenezi & Haridi, 2021). Family planning is crucial for raising people's health and well-being, lowering poverty, and fostering sustainable development (Starbird et al., 2016). Family planning involves the use of various methods to prevent unintended pregnancy, such as contraceptive methods, fertility awareness methods, and surgical procedures. It also involves educating individuals and couples about reproductive health, including sexually transmitted infections (STIs), and the various options available for preventing pregnancy (Sinai et al., 2020). Family planning is an important and successful strategy for achieving the Millennium Development Goals (MDGs) 5b (Zafar & Shaikh, 2014). Family planning directly affects Sustainable Development Goals (SDGs) objectives 3.7 and 5.6 and is a vital component of the SDG (Saleem et al., 2020).

There are several types of family planning methods available, including; Hormonal methods (these include oral contraceptive pills, patches, injections, and vaginal rings that release hormones to prevent ovulation), Barrier methods (these include condoms, diaphragms, and cervical caps that physically block the sperm from reaching the egg), Intrauterine devices (these are small T-shaped devices inserted into the uterus that

prevent fertilization), Sterilization (this includes permanent methods of contraception, such as tubal ligation (for women) or vasectomy (for men), and Fertility awareness methods (these involve tracking ovulation and avoiding intercourse during the fertile period) (Çalikoğlu et al., 2018; Ewerling et al., 2021).

Globally, family planning is an integral element of public health. The World Health Organization reckons that 214 million women in developing nations who wish to prevent pregnancy do not use a contemporary method of contraception. Unwanted pregnancies, unsafe abortions, and maternal fatalities are the consequences of this (Wassihun et al., 2021). Several nations have family planning programs in place to expand access to contemporary contraceptives and enhance reproductive health outcomes. These initiatives include community outreach in rural and underprivileged communities, family planning education, and inexpensive contraception access (Hancock et al., 2016).

One of the first Islamic nations to establish family planning laws was Pakistan. Family planning is a crucial part of Pakistan's national reproductive health policy. To promote access to contemporary contraceptive techniques and lower maternal mortality rates, the government has launched several programs and initiatives. Despite these initiatives, Pakistan still has a low prevalence of contraception, with just 34% of women utilizing contemporary methods, bringing the country to a stage of population explosion (Asif & Pervaiz, 2019). This is because of several things, such as cultural obstacles, a lack of access to health care, significant weaknesses in all health system components, and false beliefs about family planning (Shah et al., 2020). The government has initiated multiple efforts to expand access to contemporary contraceptive technologies and boost knowledge of the advantages of family planning to solve these issues. These initiatives include offering free family planning services in public health facilities, educating healthcare professionals, and enlisting the help of communities and religious leaders to spread the word about family planning (Ataullahjan et al., 2019).

Family Planning policies in Pakistan have undergone significant changes over the years, with various programs and initiatives being introduced to improve maternal and child health outcomes and control population growth (Kurji et al., 2016).

The Family Planning Association of Pakistan, an Organization, established the Program independently in 1953, emphasizing promoting and encouraging modest family

standards. The Family Planning Council, a self-governing entity under the Ministry of Health and Social Welfare, was established in 1965 with the sole purpose of launching family planning initiatives with a broader geographic scope and more operational autonomy (History, Population Welfare Department). The delivery of maternal and child health services as well as family planning services became under the purview of the Population Welfare Division in 1980 (History, Population Welfare Department). At this time, the National Institute of Population Studies (NIPS) was founded, and the NGO Coordination Council codified the role of nongovernmental organizations (NGOCC) (History, NIPS). The Ministry of Population Welfare ceased to exist in 2010 as a result of the constitution's 18th amendment, and its responsibilities were transferred to the provinces' Population Welfare Departments (History, Population Welfare Department).

The Lady Health Workers (LHW) program was established in 1993 to enhance maternal and infant health outcomes in Pakistan (Bechange et al., 2021). To assist women in rural and impoverished regions with basic health care and education, the program involves recruiting and training female health professionals (Zulliger, R., 2017). Due to the LHW program's efforts to inform women about contraceptive options and give them access to contraceptives, family planning has been made more prominent (Hackett et al., 2020).

LHWs and LHVs provide education and counseling to women and couples about family planning methods, including the benefits and risks associated with each method. They also help dispel common misconceptions and myths about family planning and provide information on the importance of spacing pregnancies (Shaikh et al., 2019). LHWs and LHVs provide information on and referrals to family planning services and help women and couples access contraceptives. They can also distribute condoms and other barrier methods, and refer women to health facilities for other methods such as oral contraceptives and intrauterine devices (Zafar et al., 2019). LHWs and LHVs follow up with women who have adopted a family planning method, to ensure that they are using it correctly and to address any concerns or side effects they may be experiencing. LHWs and LHVs raise awareness about the importance of family planning and the benefits of having a smaller family. They encourage couples to make informed decisions about their reproductive health and to consider the social, economic, and health benefits of spacing their children (WHO, 2004).

Pakistan was one of the countries that signed up for the Millennium Development Goals (MDGs) in 2000 (Shaukat et al., 2017). The MDGs included two targets; 4 and 5, to achieve universal access to reproductive health by 2015 (Rizvi et al., 2015). To achieve this goal, the Government of Pakistan implemented various initiatives to promote family planning and improve maternal and child health outcomes (Azmat et al., 2015).

The Maternal, Newborn, and Child Health (MNCH) program was introduced by the Pakistani government in 2006 to lower the nation's maternal and infant death rates (MoHGo, P., 2006). The program's main objectives were to increase family planning service accessibility, encourage professional birth attendance, and provide crucial infant care. The MNCH program also sought to promote married women's usage of contemporary contraception (Goal & Objectives, National MNCH Program). The MNCH program encompasses a variety of vertical initiatives, including the Lady Health Worker (LHW), Lady Health Visitor (LHV), Family Planning (FP), Expanded Immunization Program (EPI), and CMW program. To enhance competent birth attendance in rural areas, the CMW program trains and deploys community midwives (Khowaja et al., 2022).

The Sustainable Development Goals (SDGs) were established by the UN in 2015, and goal 3.7 aims to ensure that everyone has access to sexual and reproductive health care by the year 2030. (Data booklet, Family Planning, 2019). The Pakistani government has committed to achieving this goal and has implemented a variety of policies and programs to increase access to family planning services and advance maternal and child health (Iqbal, S., 2019).

The choices made by the parents about childbirth typically have a long-term effect. The decision not only impacts the family but also national policy and a state's position (Nelson et al., 2015). Strategic planning is necessary due to the significant fluctuations in population density that arise from families' seemingly insignificant preferences in any particular location (Whelpton et al., 2015). The number of family members stabilized over time as the survival rate rose, and eventually, the population's demands increased. It has always been a major priority to provide all current family members with adequate resources and equivalent privileges (Freedman et al., 2015). The populace began to experiment with socially acceptable options, and many chose to induce abortions during unplanned pregnancies. As the method has always been

considered illegal by the law, many people have turned to alternatives like contraception, while others have decided to refrain from sex (Ely et al., 2017; Sedgh et al., 2015).

Addressing population growth is a major worry for a country like Pakistan, which worries about the economic and social repercussions of unrestrained expansion. Couples are prohibited from accessing family planning services due to multiple barriers in Pakistan, even though the fact that programs have been in place since the 1960s (Population Council, 2016). The lack of information and limited access to healthcare facilities have been identified as the main causes of the resistance to family planning (Imran & Yasmeen, 2020).

Some other elements that are known to be impacting the barriers between the community and family planning services include; Geographic inaccessibility; The decision to use contraception is likely to be greatly influenced by the availability of family planning services. Also, it has been discovered that the accessibility factor is connected to components and concerns related to finances, facility management, understanding of contraceptives, and psychosocial characteristics of the persons (Imran & Yasmeen, 2020; Malkin & Stanback, 2015), Medical concerns; Many negative side effects of hormonal contraception have been documented. As an alternative, a greater number of people are choosing condoms and IUDs (Imran & Yasmeen, 2020; Yen et al., 2015), Sociological constraints; Pakistan has a conventional attitude towards contraception and family planning, adhering to a strong cultural and religious framework. The notion that every kid is a gift from God is another thing that deters Pakistanis from using contraceptives (Imran & Yasmeen, 2020; Griffiths, C., 2015), Familial limitations; Restrictions from in-laws are the biggest barriers to using family planning methods, especially for women but occasionally for males (Imran & Yasmeen, 2020; Khan et al., 2015), Male fear and involvement in FP; The major issue that dissuades males is the fear of infertility. Male participation in family planning programs is equally essential (Imran & Yasmeen, 2020; Ashfaq & Sadiq, 2015), Limited research; Men have few options since they play a major role in family planning, additional options must be created for males to achieve successful results (Imran & Yasmeen, 2020; Piotrowska et al., 2017), and Miscommunication; The cultural and religious taboos surrounding the subject are probably to blame for the lack of discussion between husband and wife over family planning (Imran & Yasmeen, 2020).

Muslims are adherents of the Islamic religion. Islam is an Abrahamic, monotheistic religion that dates back to at least the seventh century A.D., while other scholars think its origins go far deeper. The birthplace of Islam is Mecca, which is today's, Saudi Arabia. Islam is the religion that is expanding the quickest worldwide (Muslim Majority Countries 2023, n.d.). The Sunni and the Shia are the two main schools of Islam. Shortly after the Prophet Muhammad's passing, the factions broke apart due to a conflict between religious and political authorities over who should be Muhammad's legitimate successor. More than 1.9 billion Muslims live on Earth (klaus kästle - nationsonline.org, n.d.). With the remaining dispersed among a few minor denominations, there are 1.5 billion Sunni Muslims and 240–340 million Shia Muslims in the world (Muslim Majority Countries 2023, n.d.). There are around 50 states in the globe where Muslims make up the majority of the population. In around 30 of them, the bulk of the residents is Muslims, making up more than 90% of the population. Another 20 states have a Muslim population that ranges from 50% to 80%. Islam is recognized as the official religion in 26 countries (klaus kästle - nationsonline.org, n.d.).

The rules and commandments that God has provided via the Prophet Muhammad are manifestations of man's fundamental essence, and God is the creator of both the universe and humans (Hasna 2003). Islam is a complete system that governs both the civic and spiritual facets of a person's life in line with human nature (Hasna 2003). Shari'ah is a comprehensive, in-depth code of behavior based on laws and directives revealed to the Prophet Muhammad in the Quran, which is the inspired word of God, and Hadeeth, which are the traditions and sayings of the Prophet based on the revelation of God (Roudi-Fahimi, 2004). Islamic jurists have categorized all human behaviors into one of five groups on a spectrum based on the Quran, Hadeeth, and Qiyas (analogy); compulsory (Wajib), recommended (Mustahabb), tolerated (Masmouh), disapproved but not prohibited (Makrouh), or completely banned (Haram) (Roudi-Fahimi, 2004; (Hasna 2003).

The views of the Islamic authorities (Mecca in Saudi Arabia, Al Azhar in Egypt, and Qum in Iran) on family planning now vary greatly. Family planning is considered acceptable by some schools of Islamic doctrines, such as the Hanafi, Maliki, Shafi, Hanbali, Zaydi, and Jafari schools, whereas it is prohibited by the rest of the groups (Ataullahjan et al., 2019). Reversible and irreversible contraceptives are classified as two distinct types in Fiqh. The majority of Islamic scholars concur that reversible

treatments (such as condoms, injectables, tablets, IUDs, etc.) are permitted whereas irreversible ones (such as sterilization) are prohibited (Bhala, 2011). Religiously orthodox societies, both inside and outside of Pakistan, compromise their conviction that population control is a sin with their wish to limit family size (Bhala, 2011).

Contraceptives are methods or devices used to prevent pregnancy (Hubacher & Trussell, 2015). Contraceptives have been divided into two categories; modern and non-modern. A "Modern Method" is a pharmaceutical or medical technique that prevents sexual activity from being reproduced, whereas "Non-Modern Methods" refer to practices that do not fall within the modern definition (Hubacher & Trussell, 2015). Modern methods include; Sterilization (male and female), Intrauterine devices, Subdermal implants, Oral contraceptives, Condoms (male and female), Injectables, Emergency contraceptive pills, Patches, Diaphragms and cervical caps, Spermicidal agents (gels, foams, creams, suppositories, etc.). Vaginal rings, and Sponge. However, non-modern methods include; Fertility awareness approaches, Withdrawal, Lactation amenorrhea, and Abstinence (Hubacher & Trussell, 2015).

According to the Pakistan Demographic and Health Survey (PDHS) 2017-2018, the contraceptive prevalence rate (CPR) in Pakistan is around 36% (NIPS, 2019). However, the CPR varies widely among different provinces and regions;

- In Punjab province, the CPR is around 34%.
- In Sindh province, CPR is around 39%.
- In Khyber Pakhtunkhwa province, the CPR is around 29%.
- In Balochistan province, the CPR is around 16%.
- In Gilgit-Baltistan, Azad Jammu, and Kashmir, CPR is around 18% (Khan, 2021).

Faisalabad, the largest industrial hub and one of the wealthiest cities of Pakistan is situated in central Punjab. Faisalabad is the third most populous city of Pakistan after Karachi and Lahore with an estimated population of 7.8 million. The CPR in Faisalabad is 37.6 percent (46% urban while 29.6% rural), with the prevalence of modern methods at 30.7 percent and traditional methods at 6.9 percent. The literacy rate of Faisalabad is around 72%. The infant mortality rate in Faisalabad is 69. At 3.4, Faisalabad's total

fertility rate (TFR) is below Punjab's average of 3.5 (Population Council, Faisalabad, 2019).

1.1. Purpose Statement:

The purpose of this grounded theory is to explore the perceptions of stakeholders regarding Family Planning and to develop a theory based on its barriers to utilization among Stakeholders in Faisalabad.

1.2. Rationale

Family planning is a critical aspect of reproductive health and has significant implications for maternal and child health, population growth, and socioeconomic development (Alenezi & Haridi, 2021). The population of Pakistan has surpassed 220 million and Pakistan ranks 5th populous country globally (World Bank, Population, 2021). Despite the availability of family planning services in Pakistan through different programs such as LHW, LHV, MNCH, etc., the contraceptive prevalence rate remains low; about 34%, and there are significant disparities in access and utilization across different regions and socioeconomic groups in Pakistan (NIPS, 2019).

Faisalabad is a densely populated area in Punjab, a province of Pakistan with a high fertility rate; of 3.4, and a low contraceptive prevalence rate, of about 37% (Population Council, Faisalabad, 2019). Family planning ensures maternal and child health, reduces maternal mortality, and promotes sustainable development (Alenezi & Haridi, 2021).

Moreover, limited qualitative research on this topic has been conducted in Faisalabad, Pakistan. This research will better understand the barriers and perceptions surrounding family planning among the stakeholders in Faisalabad, including community members and religious scholars. It will also help to identify gaps in the current family planning services and programs in Faisalabad and inform the development of targeted interventions to improve access to and use of family planning services in this area.

1.3. Aim:

This study aims to reduce the barriers to Family Planning among stakeholders in Faisalabad by finding their perceptions. Moreover, this study aims to improve access to and use of family planning services in Faisalabad, leading to better maternal and child health outcomes.

1.4. Objective:

The primary objective of this study is to explore the perceptions of Family Planning and its barriers to utilization among stakeholders in Faisalabad.

However, the secondary objectives are;

- To determine the barriers affecting Faisalabad stakeholders' adoption of Family Planning techniques.
- To look into how sociocultural practices and perceptions affect stakeholders in Faisalabad feel about Family Planning.

1.5. Operational Definitions:

- **Perceptions:** Our ideas, behaviors, and attitudes towards the world around us are shaped by our perceptions, which are mental interpretations of sensory information impacted by our prior experiences, cultural background, beliefs, and expectations.
- **Barriers:** Barriers: Physical, psychological, social, or structural barriers or obstructions that prohibit or restrict the accomplishment of a goal or objective and call for an all-encompassing strategy to overcome them.
- **Family Planning:** Controlling the number and spacing of children via a variety of techniques is a practice that aims to empower people and couples to make sensible choices about their reproductive health and to grow their families to the size they choose while still maintaining their health and well-being.
- **Stakeholders:** Different levels of influence and impact can be exerted by people or groups that have a role in the success or result of a project, organization, or policy.
- **Grounded Theory:** A qualitative research technique that strives to provide insights and justifications based on the facts to construct theories using information obtained from observations, interviews, and other sources.

CHAPTER 2: LITERATURE REVIEW

2. Literature Review:

The study by Azmat et al., in 2012 aided in understanding the barriers and perspectives of men and women in rural Pakistan concerning Family Planning (FP), contemporary contraception, quality of medical care, and free FP services. This qualitative study was done in Pakistan with men and women of reproductive age using purposive sampling and the Focus Group Discussion (FGD) approach. Eight focus group discussions were held in the provinces of Sindh and Punjab. Contraceptive awareness and use were poor, and misinformation was widespread. Men considered vasectomy to be against men's pride, while both males and females saw uterus removal as a permanent method. The women said their major sources of knowledge were neighbors, mother-in-law, friends, sister-in-law, and spouse. Women appeared to be more vulnerable since they often interact with female health professionals and doctors, but this information is rarely shared with their spouses or discussed publicly. Though Interviewees recognized the relevance of family planning for the well-being of children and the financial benefits of having fewer children, however, the well-being of the women was not regarded as a valid aim for pursuing FP. Aside from availability, money was a barrier to use, with financial constraints influencing the frequency of use and method choice. Concerning provider-seeking behavior, a gendered viewpoint also dominated. Family planning programs frequently overlook spousal communication. (Azmat et al., 2012)

The study conducted by Roudsari et al., in 2013, investigated how women of reproductive age in Mashhad, Iran, make decisions about utilizing family planning techniques. Semi-structured interviews were done with 45 purposely selected Interviewees, comprising 28 women and 17 influential individuals, including family health practitioners and managers and Interviewees' mothers and spouses, who lived in Mashhad, Iran. The data revealed a fundamental category of "caring for the comprehensive health of my family," which defined the process of couples' decision-making towards utilizing family planning methods. Other developed categories that were presented in a theoretical scheme included 1) shaping fertility control ideas, 2) developing cognition about fertility control methods, 3) appraising available options and selecting the most appropriate one, 4) managing the course of using methods, and 5) recognizing fertility intentions. Family planning providers (midwives, health staff,

and reproductive health care providers) must understand women's motivations, perceptions, and knowledge about contraceptive methods in their context, demonstrating their interaction mode in family planning decision-making arenas. (Roudsari et al., 2013)

The study by Mustafa et al., in 2015 conveys the findings of a qualitative evaluation aiming at assessing knowledge, attitudes, and practices about family planning, as well as variables that impact the need for and use of contemporary contraceptives. Descriptive exploratory research with married women and men aged 15 to 40 was done. In three provinces of Pakistan, 24 focus group talks were held with male and female Interviewees. The data show that while the majority of people were aware of various modern contraceptive techniques, total contraceptive use was extremely low. Knowledge and usage of any form of contraception were extremely low. Inadequate family size, negative mindsets, in-laws' disapproval, religious concerns, side effects, and a lack of access to excellent treatments were among the reasons given for not utilizing family planning and contemporary contraception. The majority chose private facilities over government health services, which were criticized. It was determined that skilled female healthcare practitioners were required, particularly for long-term family planning services at health facilities rather than at irregularly scheduled camps. Addressing access, price, availability, and societal barriers to modern contraception, as well as incorporating men, can assist fulfill needs and guarantee that women and couples achieve their childbearing and reproductive health objectives. (Mustafa et al., 2015)

Ghule et al. (2015) performed the study to investigate challenges to spacing contraceptive usage among young married couples in rural Maharashtra, India. In-depth interviews were performed with 30 husbands, 20 wives, and 12 village health practitioners, as well as three focus groups with 42 husbands' mothers to better understand contraceptive usage and hurdles. Pro-natal social norms, pregnancy desires early in marriage, having several sons, inadequate availability of modern spacing contraceptives, family opposition to adopting contraceptives, lack of husband involvement in family planning issues, limited reproductive autonomy among women, myths, misconceptions, perceived adverse outcomes, in-laws generally having greater reproductive decision-making authority than the women, and negative views towards specific contraceptives are major barriers to spacing contraception. The findings show

the interplay of anti-spacing contraceptive norms, conventional gender notions, and a lack of male engagement as important impediments to contraception usage. Gender equity should be promoted via health program delivery, with a specific emphasis on rural regions. Furthermore, numerous myths and misunderstandings about oral contraceptives and IUDs persist, including concerns about severe adverse effects and infertility. While there were fewer worries about condom side effects and a higher likelihood that this method of contraception was at least tried, discontinuation owing to concerns about male sexual enjoyment and condom disposal was recorded. (Ghule et al. 2015)

In 2016, Kaur et al. carried out a survey among men to learn about their attitudes and practices toward family planning. Qualitative research was done with 62 married males aged 24-42 years in Primary Health Care (PHC) in Palam, India, utilizing focus group talks and content analysis. The majority of Interviewees in the survey favored modest households with one or two children. Having a male kid was thought to be vital. In most situations, the husband and wife made the choice concerning family planning together. Most males were aware of ancient and modern methods of birth control, although there were deficiencies in their understanding. There was relatively little knowledge of non-scalpel vasectomy. Friends and the media were the most prevalent sources of information. None of the research Interviewees had received family planning information from their medical professionals. Natural means of contraception, as well as condoms, were widely accepted and used. Male sterilization was fraught with uncertainties and misunderstandings. Almost all Interviewees understood the need for family planning and supported a modest family. However, their understanding of modern techniques of contraception was limited. This emphasizes the importance of a more couple-centered approach to family planning. (Kaur et al., 2016)

A study conducted in 2017 by Atre et al. to understand family planning (FP) related knowledge and practices, particularly among low-literate population groups in India, is important for increasing the reach of FP services closer to them, which is an important step for the population control and preventing unwanted pregnancies. A qualitative research study was undertaken among the poor literate people in New Delhi's peri-urban regions surrounded by Uttar Pradesh (U.P.) state, India. 27 married men and women between the ages of 18 and 34 were chosen and interviewed utilizing semi-structured interview schedules. The investigation focused on fertility awareness, including

attitudes and practices regarding menstruation, pregnancy, FP techniques, and FP decision-making. The study indicated that this society lacked fundamental scientific information regarding fertility, which frequently resulted in undesired babies. This inference has significant consequences, especially given that the government's FP program is mostly focused on sterilization and traditional spacing procedures. The study also found that traditional attitudes and behaviors, such as segregating women during menstruation, persist in many combined families but are less common in nuclear families. There were conflicting views on spacing strategies. In a male-dominated society, the spouse was said to be the major decision-maker in the FP process. Women cited elder women, lady physicians, and peers as sources of knowledge about FP, but men reported just peers. The study identifies many hurdles to FP, as well as the need for basic FP education for both men and women in the community. The study's findings will have ramifications in other regions of India that share the same socio-cultural context as this population. (Atre et al., 2017)

Shafiqullah et al. (2018) performed a study to comprehend the perception of family planning and contraceptive use among reproductive-aged married women, their husbands, mothers-in-law, religious leaders, and healthcare practitioners. Focus group discussions and semi-structured interviews were conducted in rural and urban areas of four provinces in Afghanistan (Balkh, Kandahar, Nangarhar, and Kabul) with 482 married women of reproductive age, their husbands (133), their mothers-in-law (194), 16 religious leaders, and 36 healthcare professionals. A wider family size was usually thought to be better for emotional, financial, and psychological health. The vast majority supported contraception. However, some religious leaders and their followers believed that contraception is an abomination in Islam, equating it to infanticide and the suppression of Muslim population growth. Healthcare practitioners try to educate families about the health advantages of contemporary contraception. However, fear of potential adverse effects and questions about their efficiency were widespread in communities due to erratic supplies. It is critical to raise community understanding of the health advantages of optimal birth spacing. Public health initiatives backed by Islamic religious experts, as well as a system that assures adequate counseling and a consistent supply of contraceptives, are likely to boost contraceptive use. (Shafiqullah et al. 2018)

Mardi et al. conducted this study in 2018 to investigate factors impacting contraceptive usage from the perspective of youthful women living in the Iranian city of Ardabil. This qualitative research included 14 married women aged 13 to 19 who frequented Ardabil's urban-rural healthcare centers. Purposive sampling was used to identify prospective women, who were then asked to participate in individual in-depth semi-structured interviews. The interviews ranged in length from 45 to 90 minutes, with an average of 55 minutes. Using traditional content analysis, each interview was analyzed to find categories and themes. Three main themes and eight subthemes were created. The themes were "inadequate familiarity with contraception methods," "compelled to become pregnant," and "misconceptions." The findings show that, while the majority of Interviewees desired to postpone their pregnancy and parenting, they had little desire to utilize contraception. Despite the great incidence of early marriage in Iranian society, young girls are unprepared for marriage and birth control procedures. Contraceptive beliefs tended to fall into two categories: fear of probable contraceptive adverse effects and fear of infertility. To satisfy the requirements of adolescent women, sexual and reproductive healthcare services should be upgraded.

The 2019 study by Ataullahjan et al. calls for a more nuanced understanding of how Islam influences family planning and making decisions in Pakistan. The research is based on a critical ethnographic study performed in Nashpatai Kalay, Khyber Pakhtunkhwa. A total of 76 people (41 women and 35 men) were chosen based on their respective socioeconomic levels, size of family, and contraceptive utilization. The Interviewees ranged in age from 18 to 78 years old; elder respondents were also recruited because mothers-in-law play a critical role in reproductive decisions in Pakistan. The Interviewees had a mean of 5 children, ranging from 0 to 15. The information was gathered in two stages using a semi-structured questionnaire. Interviewees were subjected to a minimum of two interviews, each lasting roughly two hours. A social constructivist epistemology was used to do the latent content analysis. The essence of the respondents' Islamic beliefs frequently conflicted with reproductive control. Except for three (4.2%) people, all of the Interviewees thought that using birth control was a sin. However, beliefs about the sinfulness of using family planning did not always forbid fertility control. The data show that respondents did not accept religious prohibitions passively, Instead, they used their interpretive power to challenge how they lived according to these religious norms. Furthermore, their notion of moral

practice was influenced by a collection of local moral information. Islam was only one of several moral discourses that influenced their reproductive practices. In Pakistan, the debate over family planning and Islam has been driven by the issue of family planning's perceived permissibility. The study's findings show that, while family planning was seen as a sin, Islam may not be a substantial barrier to family planning.

Msoka et al.'s 2019 study focused on rural Tanzanian women's perceptions and cultural perspectives about obstacles to using family planning services. The study took a qualitative descriptive method, relying on four focus group talks with 20 married women with a minimum of two children. Data were obtained from Interviewees at four health institutions in Tanzania's Bagamoyo and Kisarawe regions. Interviewees were from the Ngendereko, Mha, Luguru, Zaramo, Makonde, Zigua, and Matumbi tribes. Housewives, small-scale cultivators, and businesses were among those who took part. The majority of the women were Muslim and had only completed basic school. COREQ criteria for reporting qualitative studies were followed in the present investigation. Five major themes were identified: the utilization of contemporary and traditional family planning methods, my spouse would love me more if I have more children, men's expected involvement in family planning, and education to refute myths and religious restrictions. Sub-themes included the usage of strings, snares, pigis, calendars, nursing and family planning, men considered heroes for having many children, males lacking time to attend clinics, and contradicting health information sources. The primary perceived barriers to family planning utilization in the study were a lack of sufficient family planning knowledge, beliefs about and use of traditional/unconventional methods, expectations regarding gender roles that impact decision-making, restricting women's choices to prevent pregnancy, and socioeconomic and religious beliefs. The persistent involvement of important stakeholders, particularly religious and community leaders, is required to alleviate these barriers. Health education must be tailored to reconcile socio-cultural and religious beliefs with the advantages of family planning and health outcomes. (Msoka et al., 2019)

The 2020 study by Yücel et al. aimed to provide an improved comprehension of the gender-related variables and organizational framework of primary health care that govern the utilization of contraceptives among disadvantaged women residing in a developing Islamic country where health care reforms affect family planning services. A qualitative study was carried out in three poor neighborhoods of Izmir's and Bornova

metropolitan zone. A research sample of 43 married Turkish women who utilized contraception was obtained using a purposive sampling strategy with maximal variety. Data were gathered through semi-structured in-depth interviews and analyzed utilizing a grounded theory coding approach. The research revealed three themes: variables influencing Interviewees' number of children, experiences with contraceptive techniques, and utilization of family planning services at family health centers. Despite a desire to restrict their childbearing and a favorable attitude toward contraception, the women in the research experienced gender-related hurdles to availing of family planning services. Their testimonies reveal serious shortcomings in the availability of contraception and family planning counseling at family health centers. Family planning is a delicate practice for underprivileged women living in traditional societies. Gender-sensitive primary care services are critical to ensuring that everyone in the community has access. (Yücel et al., 2020)

In 2021, Khan, A. A., analyzes nationally available data to better understand the causes of family planning programming's low performance in Pakistan. It is a topical overview of the Pakistan Demographic and Health Surveys conducted in 2007, 2012, and 2017, with some examples from other local research or reviews. The national CPR increased from 30% in 2007 to 35% in 2012 and 34% in 2017, whereas the CPR for contemporary techniques increased from 22% to 25% and then stayed constant. This equates to around 11.36 million FP users, however, only 4.9 million receive any family planning services each year; the remainder got a permanent or long-term method in the previous year. This indicates that barely 15% of all Married Women of Reproductive Age use FP services each year, a figure that hasn't changed since 2007. Almost half (44%) of all individuals who use services purchase a product from a retailer. The technique mix is characterized by condoms and tubal ligation and does not vary much by age, parity, or when women express a desire to space their children. Peak fertility stays in the 25-29 age range, whereas peak family planning climbed from the 35-39 age range to 40-44 in 2017. Despite the fact that much of the programming is supply-driven, contraceptive supply figures do not match community adoption (as indicated by PDHS 2017), with discrepancies ranging from 16% to 1100% depending on the approach. Key reasons contributing to the lack of development include insufficient demand generation, a failure to respond to women's preferences during service delivery, and a failure to consider coverage in programs. Current programs serve around 4.9 MWRA each year,

with an additional 12.8 million women needed to fulfill Pakistan's 50% CPR objective. A variety of adjustments are required to do this, including demand generation, community-contextualized programming, more precise information regarding programming and commodities, and greater utilization of this data in making program and allocation choices. (Khan, A. A., 2021)

Bagheri et al.'s study in 2021 aims to investigate Iranian men's perceptions and interpretations of access to contraceptive services and knowledge, their engagement in contraceptive usage, as well as their thoughts on sociocultural and sexual barriers to obtaining these in Tehran. The qualitative study included in-depth interviews with 60 married males ranging in age from 25 to 55 years old and from various socioeconomic backgrounds across Tehran, Iran. 37 had a university degree, while the remaining 23 had a high school diploma or less. The typical marriage lasted 12.6 years. Eleven people had no children, 19 had one kid, and 25 people had two children. Thirty-four used contemporary contraceptive techniques, whereas twenty-one used older methods (withdrawal). Only four people did not use any form of contraception. MAXQDA10 was used to analyze the data using a simple interpretative method. Although the majority of the males recognized the significance of family planning and contraceptive use, they reported having limited access to contraceptive knowledge and resources. The discussion of sexual issues and contraception among males was seen as humiliating. Three significant challenges were highlighted as barriers to male contraception usage; men's lack of understanding of contraceptive use, men's lack of access to high-quality healthcare facilities, and social stigmas and gender stereotypes. Men's contraception usage was found to be highly influenced by sociocultural and gender norms. The study found that married adult males in Tehran, Iran, might still feel ashamed and stigmatized while seeking contraceptive methods, knowledge, and assistance. The study found a correlation between men's contraceptive use and healthcare quality in terms of 'hardware' (infrastructure, range of contraceptives accessible) and 'software' (professionalism). The findings of the study back up the rising clamor in Iran for gender-transformative methods to family planning and sexual health care delivery to incorporate and enable men's wider participation. (Bagheri et al., 2021)

In 2022, Khowaja et al. conducted exploratory research to better understand the enablers and constraints impacting community midwives' service utilization in district Thatta. In the remote district of Thatta, Pakistan, a qualitative investigation was carried

out. Interviews with district authorities from the Health Department (Thatta), the Maternal and Newborn Child Health Program, and the Midwifery Association of Pakistan (MAP) were executed. Midwifery students presently enrolled in the district's midwifery program; trained community midwives offering services in district Thatta; and trained community midwives not pursuing their careers were interviewed in-depth. IDIs were also done with community women in district Thatta, Pakistan, to learn about their perspectives on the spectrum of midwifery practice and the factors impacting their use of community midwives' services. Thematic analysis was used to analyze the data. A total of 25 interviews were carried out. Two overriding themes emerged: (I) the abilities and competencies of community midwives, and (II) ownership and supportive supervision. Deficits in community midwifery training, particularly clinical practical training, an absence of control of the community midwifery program, and a lack of organizational structure by the CMWs regulating body were the key impediments to community midwives' service use. The study discovered significant deficiencies in the CMWs program at the level of midwifery training and supervision in Pakistan. The study also highlighted elements associated with CMW training that might help the program in Pakistan and other comparable situations. (Khowaja et al., 2022)

In Karachi, Pakistan, Sajwani et al., 2022 performed research to investigate the gender roles and duties of adults in married life and within the family, as well as their effect on Family Planning decisions among adults. The study design entailed the purposeful selection of 12 consenting married individuals from Gulberg Town, from whom extensive qualitative data was collected via open-ended, semi-structured interviews supplemented by field notes. Interviewees were given codes to maintain their anonymity. Furthermore, the female investigator conducted all talks in English or Urdu and audio-recorded them after receiving the Interviewees' approval. Following that, a thorough thematic analysis of the interviews was performed. According to the findings of the study, gender roles and duties influence Family Planning decisions in Pakistan. The findings were divided into two categories: surface factors and deeper reasons influencing FP decisions. The first theme is divided into three major categories; understanding FP, knowledge about FP, and couples as a model of FP decision-making while the second theme is divided into five categories; roles and responsibilities of men in the family, roles and responsibilities of women in the family, women independence, mind the gap or controlling the women, and the way forward. The study outcomes

imply that, while surface reasons must be addressed, it is more important to target the deeper, core causes of FP decisions by forcefully addressing educational programs, nurses, and other Health Care Workers (HCWs) to favorably affect society. Further qualitative and quantitative research is eventually required to analyze the perspectives of key stakeholders and how, via a multifaceted approach, the severe notions of Family Planning might be adjusted to benefit society. (Sajwani et al., 2022)

Lateef et al. investigated in 2022 to analyze the perspectives of married women in Rawalpindi's metropolitan districts on the use of different types of contraception and to determine the variables that impact their use. Interviewees were chosen using a conscious selection process for the grounded theory, and only married women of reproductive age were able to participate. throughout all, 12 focus groups were held all over Rawalpindi's metropolitan area. The majority of people were aware of certain modern contraceptive techniques, but their overall usage was relatively low. Contraception of any kind, including IUDs, was notably uncommon. According to the findings, modern contraception is not generally used due to worries about side effects, religious concerns about hurting the unborn child, an absence of information, or difficulty in accessing high-quality treatment. Societal, demographic, and economic variables all impact the proportion of young women in Pakistan who use contraception. Unless these findings are incorporated into public health programs, young women's access to contraception may be limited. Young women should have easy access to family planning information and services. (Lateef et al., 2022)

CHAPTER 3: METHODOLOGY

3. Methodological Framework:

3.1. Methodological Orientation and Theory:

The methodological orientation or methodological approach of "Perceptions and Barriers regarding Family Planning among Stakeholders in Faisalabad: A Grounded Theory Approach" is based on Grounded Theory, one of the major types of Qualitative Research.

Interviewee selection:

3.2. Sampling:

By concentrating on married men and women of reproductive age, "Perceptions and Barriers Regarding Family Planning among Stakeholders in Faisalabad: A Grounded Theory Approach" used a purposive sample strategy. Family Planning Centers were chosen at random from the three regions (Urban, Rural, and Borderline) of Faisalabad.

Married couples of reproductive age, women with birth spacing concerns, males who desire more children, and religious scholars (Imams) living in Faisalabad were all potential subjects of the study.

3.3. Method of approach:

Men and women who visited the chosen facilities for their purposes and were asked to take part in an interview were the ones who were randomly chosen as Interviewees. However, for the religious scholars, the investigator had to visit the selected Masjid or Madarassa based on their availability.

Before the interview, the Interviewees verbally approved. Afterward, interview forms were signed as confirmation of their consent and as further evidence. Maximum precautions were made to prevent any potential selection or information bias during the study's recruitment and interviewing of eligible individuals.

The investigator interviewed the research Interviewees using a pre-designed questionnaire. The questionnaire asked about understanding the principles and techniques of family planning, along with sociodemographic characteristics such as age, residing area, marriage period, etc.

The collected data was imported into Microsoft Word and analyzed qualitatively. During the analysis, descriptive statistical measures such as percentages and proportions were utilized to express qualitative data. However, the findings are presented more qualitatively.

3.4. Sample size:

The investigator decided to conduct 16 interviews with married men and 16 interviews with married women, 5 at most at each location. There were three different locations selected; one within the city, one on the rural side, and one on the borderline. However, 13 interviews were conducted with married women Interviewees in the Faisalabad area and the interviewer decided to stop the process as the saturation point was reached. Although, the interviewer conducted 16 interviews with married men even saturation point was reached due to the delicate nature of the topic.

The investigator decided to conduct 4 interviews with religious scholars; one interview with each religious scholar of a different sect (Almi Majlis Khatam-e-Nabuwat, Ahl-e-Hadees, Ahl-e-Sunnat) according to the decided time and place.

3.5. Non-participation:

The following exclusion criteria were used.

- Individuals who refuse to participate/consent.
- All unmarried men and women were excluded.

Setting:

3.6. Setting of data collection:

The study was conducted in District Faisalabad, the third most populous city of Pakistan, the industrial hub of Pakistan, also known as Manchester of Pakistan, around 180 km away from Lahore, located in central Punjab Province.

Family Planning Centers (FPC) of Faisalabad and multiple Gynecology Clinics at the Faisalabad Health Facilities were the settings of this study.

3.7. Presence of non-Interviewees:

Considering the delicate nature of the questions, the interviews were done in private as this was mostly a conversation between the interviewer (investigator) and the interviewee (Interviewee).

However, there were a few situations, particularly early on, when the presence of a notetaker and a few technologists was necessary.

Data Collection:

3.8. Interview guide:

Before administering the questions, the interview guide was created. This aided the interviewer in asking pertinent questions and maintaining the respondents' attention on the given topic.

3.9. Audio/visual recording:

The interviewer decided to forego audio-visual recording because of the sensitive nature of the questions posed to the respondents. But every attempt was made to complete the replies professionally. Following the interview, all replies were reviewed with the respondents to allow for traverse verification.

3.10. Duration:

Overall, 36 interviews were conducted with married men, married women, and religious scholars in the Faisalabad area in two months; May to July 2023.

Each interview lasted for one hour approximately.

3.11. Data saturation:

After 12 interviews with married men, the saturation point was quite evident, however, the interviewer decided to conduct 16 interviews.

However, 13 interviews were conducted with married women when the interviewer decided to stop the process as the saturation point was reached.

After 4 interviews with Religious Scholars, the saturation point was observable and the interviewer decided to stop the interviews.

3.12. Ethical Considerations:

Al-Shifa School of Public Health, Pakistan Institute of Ophthalmology, Quiad-e-Azam University, Islamabad, Pakistan, gave the initiative its ethical clearance. The purpose of the study and the fact that they might opt out of the interviews at any time were explained to the study Interviewees to ensure their safety. They were informed that there was no "right" or "wrong" answer when asked to respond to a question. The results of this study will not be reported or published without their permission, and no personally identifiable information will be disclosed. They were also informed that the transcripts and audio recordings would be retained safely and deleted once they were no longer required. Before the FGDs began, verbal and informed permission was also gained from the study Interviewees.

3.13. Role of Researcher:

The researcher is a student of Master of Science in Public Health from Al-Shifa School of Public Health, Pakistan Institute of Ophthalmology (PIO), Rawalpindi, with no previous experience in qualitative research. Therefore, there will be minimal chances of biases in the study. The researcher will generate a theory from the responses of interviewees.

Data analysis:

3.14. Derivation of themes:

Overall, the questionnaire was divided into four themes, and the questions were asked accordingly. However, the themes were more thoroughly derived during the data synthesis and information recording.

3.15. Software:

Microsoft Word was used as the software to enter and manage data.

3.16. Trustworthiness:

3.16.1. Credibility:

To guarantee that there is little time gap and that the facts are transcribed to the paper with a fresh memory, transcription was done on the day of the interview. The researcher was proficient in the native tongue and the content's cultural connotations. After the

interview with the interviewees, notes were also checked in case any information needed to be verified. The Principal Investigator translated the Urdu transcriptions into English after they had been translated into that language. The choice of background, informants, and well-structured in-depth interviews helped retain credibility.

3.16.2. Conformability:

Conformability was attained by different coding, wherein similarities and differences were explored by the author. After that, codes and categories were determined. The author went into great detail on the organization of codes, categories, and themes during the analytical process. The final category and topics were approved when the author studied them.

3.16.3. Transferability:

The purposeful selection of informants with various backgrounds, including professions (pharmacists, medical physicians, female health professionals, and female health visitors), educational levels, and experiences, allows for the achievement of transferability.

3.16.4. Dependability:

The IDIs were conducted over two months to increase dependability and confirm that the phenomenon under research did not alter. The lead investigator did each IDI in Urdu, translated it into English, and then analyzed it within a week. The author checked the transcriptions for accuracy. The study's quotations are meant to make it easier for the reader to assess the reliability of the findings.

CHAPTER 4: RESULTS

4. Results:

Upon analysis of 36 interviews according to the criteria mentioned above, three broad perspectives emerged; User Perspective (male and female), and Religious Perspective.

Each perspective contains different themes and categories. User perspective has four major themes; Marriage, Conception, decision-making, and Family Planning. Religious perspective has four major themes; Marriage, Conception, decision-making, and Family Planning.

4.1. User Perspective:

4.1.1. Male User Perspective:

The demographic data; Age, Marriage period, Age at marriage, Residing area, and Occupation of 16 male Interviewees have been summarized in Table 1.

Table 1: Demographic data of 16 male Interviewees

Age	
Mean age	37.8 years
Maximum age	58 years
Minimum age	25 years
Marriage Period	
Mean Marriage Period	15.2 years
Maximum Marriage Period	41 years
Minimum Marriage Period	1.6 years
Age at Marriage	
Mean Age at Marriage	23 years
Maximum Age at Marriage	28 years
Minimum Age at Marriage	17 years
Residing Area (n)	
Rural Residing Area	5
Urban Residing Area	7
Borderline Residing Area	4
Occupation (n)	

Job Holder	8
Business	8

A total of 16 In-Depth Interviews (IDI) were conducted with married males and upon analysis, four major themes emerged having a total of 17 categories. (Table 2)

Table 2: Graphical representation of themes and categories of the male perspective

Perspective	Themes	Categories
Male	Marriage	Suitable age for marriage
		Opinion on the selection of a spouse
	Conception	The ideal time for conception
		Conception of wife
		Recognition of conception
		Will on conception
		Most fertile period
	Decision-Making in Family Planning	Role in decision-making
		Discussion after the first child
		Sharing family affairs
		Vies on LHV/LHW
		Females visiting the hospital alone
	Family Planning	Perception of Family Planning
		Know about Family Planning
		Usage of Family Planning
		Method of Family Planning
		Pressure from Society on Family Planning

4.1.1.1. Marriage:

4.1.1.1.1. Suitable age for Marriage:

When interviewees were asked what is the suitable age for marriage in their opinion, all the Interviewees responded differently. The majority of the interviewees believed

that the most suitable period for marriage is 20-22 years, and some were holding the opinion, the suitable age for marriage is 23-25 years.

Interviewee 3, who got married at the age of 17 years, responded;

"The most suitable age for marriage is 25 years till one gets mature enough to understand all the matters"

Interviewee 14, who got married at the age of 25 years, was of a different opinion as compared to Interviewee 3;

"The most suitable age of marriage is 18-19 years, as soon as puberty occurs"

Interviewee 16, who got married at the age of 21 years, was having almost the same opinion as Interviewee 3;

"The most suitable age for marriage is 25-26 years till one gets financially stable"

4.1.1.1.2. Opinion on the Selection of Spouse:

When all the interviewees were asked did their parents asked their opinion on the selection of a spouse, the majority of the Interviewees responded "Yes, parents asked for opinion"

Interviewee 9, who got married at the age of 20 years, responded;

"Yes, my parents asked my opinion. Indeed, I had a love marriage"

However, some of the respondents had different answers compared to the majority of the respondents. Interviewee 3, who got married at the age of 17 years, responded;

"My parents did not ask my opinion, it's not a custom in our family to ask opinions from the children about their spouse. I was married suddenly. We (me, my mother, and my father) went to a wedding, my mother interacted with a girl and found her attractive. Right there, I got married, and came home with my wife"

Interviewee 6, who got married at the age of 28 years, responded;

"My parents did not ask my opinion, not a custom in our family. Moreover, they were confident enough that I won't reject their decision"

Interviewee 16, who got married at the age of 21 years, responded;

"My mother died and there was no female in our home. My father decided I should get married, so there will be one female in the home to handle all the household chores, although I wasn't ready. My father did not ask my opinion and I got married"

4.1.1.2. Conception:

4.1.1.2.1. The Ideal Time for Conception:

When all interviewees were asked about the ideal time for conception or when conception should occur in their opinion, all the interviewees had different opinions. Most of the interviewers were having the opinion that conception should occur within three months of marriage while some were having the opinion that conception should occur within the first two years of marriage. However, a few interviewees held some unique opinions.

Interviewee 1, who got married at the of 28, responded;

"This (conception) is Allah's decision. Whenever he will wish, he will bless the couple with a child"

Interviewee 11, who got married at the age of 11 years, responded;

"Conception should occur after two years so that couple can enjoy their sexual life and satisfy each other"

Interviewee 16, who got married at the age of 21 years, was having almost the same opinion as Interviewee 1;

"Conception is Allah's decision. He blesses the couple with the child whenever he wishes"

4.1.1.2.2. Conception of wife:

When all the male Interviewees asked when their wives conceived after marriage, the majority of the interviewees' wife's conceived within two months of marriage. However, few responded differently.

Interviewee 4, who were holding the opinion that conception should occur within the first of marriage, responded;

"My wife conceived after three years of marriage and there was no reaction from family, no one said anything"

Interviewee 10, who were holding the opinion that conception should occur within the 1-2 years of marriage, responded;

“My wife conceived after two years of marriage and there was no reaction from the family as they understood this is our decision, not a societal decision”

4.1.1.2.3. Recognition of conception:

When all the male interviewees were asked how their wives come to know they have conceived, the majority of the Interviewee's wives used pregnancy sticks for the confirmation of conception. Interviewee 4, whose wife conceived after three years of marriage, responded;

“My wife missed her periods, then she used a pregnancy stick, which confirmed the pregnancy”

A few of the Interviewees' wives visited a lady doctor for the confirmation of pregnancy. Interviewee 16, whose wife conceived after three months of marriage, responded;

“My wife missed two consecutive periods, then we went to a lady doctor and she confirmed the pregnancy by performing an ultrasound”

However, there was one Interviewee (Interviewee 3) who responded differently from all the Interviewees;

“My wife missed her periods, then the pregnancy symptoms appeared like vomiting, fatigue, etc so she visited the village Midwife, and she confirmed the pregnancy”

4.1.1.2.4. Will on Conception:

When all Interviewees were asked if the conception was according to their wives, all Interviewees responded it was according to the will of both.

However, Interviewee 8, whose wife conceived after two months of marriage, responded;

“The conception was according to will but it was accidental, we weren’t ready for the child”

4.1.1.2.5. Most Fertile Period:

When all the Interviewees were asked what is the most fertile period in their opinion, the majority of the Interviewees were holding opinions *between 25-30 years*.

Few of the Interviewees were holding the opinion one should have a child before the age of 35.

However, only one Interviewee (Interviewee 3) responded;

"The most fertile period is 30-35 years"

4.1.1.3. Decision Making in Family Planning:

4.1.1.3.1. Role in Decision Making:

When all the Interviewees were asked who plays the major role in the decision-making of family matters (how many children to have), the majority of the Interviewees were having the same opinion; *both decide*. However, a few of the Interviewees held different views.

Interviewee 6, whose wife conceived after three months of marriage, responded;

"No one decides this, but only Allah. He can bless the couple with multiple children or even no child"

Interviewee 8, whose wife conceived after three months of marriage, responded;

"No one decides this, we never talked about this"

Interviewee 11, whose wife conceived after a year of marriage, responded;

"I decide this factor (how many children to have) as I am the man in the house"

4.1.1.3.2. Discussion after first child:

When all the Interviewees were asked have they had any sort of discussion after their first child related to further conception, the majority of the Interviewees responded they had a discussion to have a gap between their children.

"We (couple) had the discussion to have a gap between children" (Interviewees 1,2,4,5,9-16)

However, a few of the Interviewees held different opinions. Interviewee 3, who got married at the age of 17 years, responded;

"We did not discuss anything because we were too young to understand this thing"

Interviewee 8, whose wife conceived after two months of marriage, responded;

"We did not discuss anything due to shyness related to this topic"

4.1.1.3.3. Sharing Family Affairs:

When all Interviewees were asked about their thoughts on sharing family affairs or matters with anyone, all the Interviewees responded; *no, it's not good*.

4.1.1.3.4. Views on LHV/LHW:

When Interviewees were asked to express their views on LHV/LHW, the majority of the Interviewees responded;

"One should listen to LHV/LHW and seek an opinion from them" (Interviewees 1, 3-5, 8-10, 12-14)

However, a few of the Interviewees responded differently. Interviewee 7, who got married at the age of 18 years, responded;

"No one needs LHV/LHW in this modern world, everyone visits the hospital even for minor problems"

Interviewee 11, who got married at the age of 24 years, responded;

"LHV/LHW have no importance as the final decision is of the couple"

Interviewee 16, who belonged to a rural area, responded;

"We never saw any LHV/LHW in our area"

4.1.1.3.5. Females visiting the hospital alone:

When all the Interviewees were asked to express their opinion on females who visit the hospital alone, the majority of the Interviewees responded the same;

"Females can go hospital alone as we (males) are out, working whole day" (Interviewees 1, 3-5, 8-11, 14-16)

However, a few of the interviewers held different opinions. Interviewee 2, who belongs to an urban area, responded;

"Females should not go hospital alone due to bad culture and society"

Interviewee 12, who got married at the age of 24 years, responded;

"Females should not go hospital alone as they might need someone in case of emergency"

4.1.1.4. Family Planning:

4.1.1.4.1. Perceptions of Family Planning:

When all the Interviewees were asked to express their perceptions of family planning, the majority of the Interviewees responded in the same way.

"Family Planning should be done so that you can provide proper nutrition and care, and better education to every child" (Interviewees 1, 3-5, 8-11, 14-16)

Interviewee 11, added some more information about his perception;

"Family planning should be done not only for children (nutrition and education) but also for sexual satisfaction of the couple"

Interviewee 12, expressed his perception;

"Family planning should be done not only for children (nutrition and education) but also to manage your financial conditions"

However, a few Interviewees were against family planning.

"Family Planning should not be done as one uses harmful products" (Interviewee 2)

Interviewees 6 and Interviewees 7 were holding some perceptions;

"There is no Family Planning as everything is decided by Allah. We (the couple) cannot do anything"

4.1.1.4.2. Know about Family Planning:

When all the Interviewees were asked how they came to know about Family Planning, the majority of the Interviewees responded;

"No one told anything, I felt that there should be Family Planning" (Interviewees 7-9, 11-16)

Two Interviewees (Interviewees 4 and 5) had the same source of information;

"LHV/LHW told us (couple) about Family Planning"

However, one Interviewee (Interviewee 1) had a unique source;

"Family Planning is mentioned in Quran, that's why I know about Family Planning"

4.1.1.4.3. Usage of Family Planning:

When all the interviewers were asked do they use any method of Family Planning, half of the Interviewees responded "*Yes, I use"* while half were against using any Family Planning method.

4.1.1.4.4. Method of Family Planning:

When all Interviewees were asked which method of Family Planning they use and why they use that particular method, half of the interviewee's responses were the same;

"I use a condom as it is safe, without any side effects" (Interviewees 1, 4, 9, 11, 12, 14-16)

All the Interviewees had the same source of information about condoms; *their friend*, but one Interviewee (Interviewee 1) had a unique source;

"I came to know about condoms from a commercial advertisement on Television"

Two Interviewees (Interviewee 9 and Interviewee 11) added left using a condom;

"I don't use condoms anymore because it is not pleasurable, it does not give natural feelings"

However, half of the interviewers were not using any method, they responded;

"I don't use any method as, during breast-feeding, conception does not occur" (Interviewees 2, 3, 5-8, 10, 13)

Interviewee 8, whose wife conceived after three months of marriage, responded;

"I don't use any method of Family Planning as it is a sin to use Family Planning method"

4.1.1.4.5. Pressure from Society:

When all Interviewees were asked about any sort of pressure from anyone to use Family Planning methods, all responded *"No, not any sort of pressure"*

4.1.2. Female User Perspective:

The demographic data; Age, Marriage period, Age at marriage, Residing area, and Occupation of 16 female Interviewees have been summarized in Table 3.

Table 3: Demographic data of 16 female Interviewees

Age	
Mean age	32 years
Maximum age	40 years
Minimum age	25 years
Marriage Period	
Mean Marriage Period	13 years
Maximum Marriage Period	17 years
Minimum Marriage Period	1.6 years
Age at Marriage	
Mean Age at Marriage	21 years
Maximum Age at Marriage	25 years
Minimum Age at Marriage	19 years
Residing Area (n)	
Rural Residing Area	5
Urban Residing Area	7
Borderline Residing Area	4

A total of 16 In-Depth Interviews (IDI) were conducted with married males and upon analysis, four major themes emerged having a total of 17 categories. (Table 4)

Table 4: Graphical representation of themes and categories of the female perspective

Perspective	Themes	Categories
Female	Marriage	Suitable age for marriage
		Opinion on the selection of a spouse
	Conception	The ideal time for conception
		Conception of wife
		Recognition of conception
		Will on conception
		Most fertile period
	Decision-Making in Family Planning	Role in decision-making
		Discussion after the first child
		Sharing family affairs
		Vies on LHV/LHW
		Females visiting the hospital alone
	Family Planning	Perception of Family Planning
		Know about Family Planning
		Usage of Family Planning
		Method of Family Planning
		Pressure from Society on Family Planning

4.1.2.1. Marriage:

4.1.2.1.1. Suitable age for marriage:

When interviewees were asked what is the suitable age for marriage in their opinion, all the Interviewees responded differently. The majority of the interviewees thought that the most suitable period for marriage is 20-22 years. However, a few Interviewees were having different opinions.

Interviewee 8, who got married at the age of 25 years, responded

"The most suitable age to get married is 23-24 years, till one gets mature to understand all the matters"

Interviewee 11, who got married at the age of 23 years, responded

"The suitable age for marriage is 20-25 years, till one completes education"

However, Interviewee 13, who got married at the age of 22 years, responded

"The most suitable age to get married is 18-19 years, as soon as puberty occurs"

4.1.2.1.2. Opinion on the Selection of Spouse:

When all the Interviewees were asked did their parents asked their opinion on the selection of a spouse, the majority responded the same answer.

"Yes, parents asked our opinion on the selection of spouse" (Interviewees 1, 2, 4-10, 12-16)

Interviewee 4, who got married at the age of 22 years, responded

"My parents asked my opinion. Mine was love marriage"

Interviewee 5, who got married at the age of 20 years, responded

"I told my parents I like a boy, and I got married, my parents supported me"

However, a few Interviewees responded differently from the majority. Interviewee 3, who got married at the age of 21 years, responded

"My parents did not ask anything. Seeking opinion is not custom in our family"

Interviewee 11, who got married at the age of 23 years, responded

"My parent did not ask anything related to my spouse. Asking for opinions about their spouse from females is not custom in our family"

4.1.2.2. Conception:

4.1.2.2.1. The Ideal Time for Conception:

When all Interviewees were asked about the ideal time for conception or when conception should occur in their opinion, all the Interviewees had different opinions. Most of the Interviewees were having the opinion that conception should occur within 5-6 months of marriage.

"Conception should occur within 5-6 months of marriage" (Interviewees 1, 4-7, 9, 14-16)

Some were having the opinion that conception should occur within the first two years of marriage. However, a few Interviewees held some unique opinions.

Interviewee 2, who got married at the age of 23 years, responded

"One should conceive after 2 years of marriage so that couples can enjoy their sexual life"

Interviewee 3, who got married at the age of 21 years, responded

"It (conception) is not your decision, nor your opinion. It is Allah's decision, whenever he will wish, he will bless the couple with the child"

4.1.2.2.2. Conception of Wife:

When all the Interviewees were asked when did you conceive after marriage, the majority of the interviewees responded

"I conceived after 2-3 months of marriage" (Interviewees 1, 3-9, 11-16)

However, few of the Interviewees responded differently. Interviewee 2, who were holding the opinion to get conceive after two years, responded

"I got conceived after one year of marriage and there was no reaction from the family"

Interviewee 10, who were holding the opinion to get conceive after two years, responded

"I conceived after two years of marriage and there was no reaction from the following"

4.1.2.2.3. Recognition of conception:

When all the Interviewees were asked how they recognized their conception, the majority of the Interviewees were having the same opinion.

"I missed my periods and then used pregnancy stick for the confirmation of pregnancy" (Interviewees 1,2, 4, 5, 8-12, 14-16)

However, some of the interviewees were having different opinions, they visited a lady doctor.

"I missed my periods and then went to Lady Doctor for the confirmation of pregnancy" (Interviewees 3, 6, 7, 13)

4.1.2.2.4. Will on Conception:

When all Interviewees were asked if the conception was according to their will, all Interviewees responded it was according to the *will of both*.

4.1.2.2.5. Most Fertile Period:

When all the interviewees were asked about their opinion on the most fertile period, the majority of the Interviewees thought that the most fertile period is *25-30 years*.

Interviewee 3, who got conceived after 3-4 months of marriage, responded

"In my opinion, the most fertile period is 25-30 years but it all depends on Allah, whenever he will wish, he will bless the couple with a child, even at the age of 70 years"

Interviewee 8, who got conceived after one week of marriage, responded

"In my opinion, one should have a child before the age of 35 years"

Interviewee 11, who conceived after 3 months of marriage, responded

"In my opinion, the most fertile period is 25-30 years when the couple is sexually active"

4.1.2.3. Decision Making in Family Planning:

4.1.2.3.1. Role in Decision Making:

When all the interviewees were asked who plays the major role in the decision-making of how many children to have, the majority of the Interviewees were having the same opinion; *both decide*. However, only one Interviewee held different views.

Interviewee 10, who conceived after a year of marriage, responded

"We both decide this matter, but, I have more decision power"

4.1.2.3.2. Discussion after First Child:

When all the Interviewees were asked have they had any sort of discussion after their first child related to further conception, the majority of the Interviewees responded they had a discussion to have a gap between their children.

"We (couple) talked to have a gap between children" (Interviewees 1-8, 10-16)

However, only one Interviewee (Interviewee 9), who conceived after two months of marriage, responded

"We (the couple) did not have any sort of discussion due to shyness regarding this topic"

4.1.2.3.3. Sharing Family Affairs:

When all Interviewees were asked about their thoughts on sharing family affairs or matters with anyone, all the Interviewees responded; *no, it's not good*.

4.1.2.3.4. Views on LHW/LHV:

When all the Interviewees were asked to express their partner's views on LHV/LHW, the majority of the Interviewees held the same opinion.

"My husband always encourages me to listen to LHV/LHW and seek an opinion from them" (Interviewees 1, 2, 4, 5, 8-11, 13-16)

However, a few of the Interviewee's husband's held some unique opinions. Interviewee 3, who belonged to the borderline area, expressed

"I never saw LHW/LHV in my area, even a qualified midwife"

Interviewee 7, who belonged to an urban area, expressed

"My husband always says these LHV/LHW talk rubbish. They deviate the couple from their desires"

Interviewee 12, who belonged to a rural area, expressed

"My husband always says we don't need LHW/LHV in this modern world as the Internet is the source of all kinds of information"

4.1.2.3.5. Views on Females visiting Hospital alone:

When all the Interviewees were asked to express their husband's opinions on females who visit the hospital alone, the majority of the Interviewees husband's held the same opinion;

"My husband always say females can go hospital alone as we (males) are out, working whole day" (Interviewees 2-5, 7-10, 12-16)

However, some of the female's husband’s held different opinions. Interviewees 1 and 11 held almost the same opinion;

“My husband says females cannot go alone as they might need someone in case of emergency”

Interviewee 6’s husband were having a unique opinion;

“My husband says females should not visit alone due to culture and society”

4.1.2.4. Family Planning:

4.1.2.4.1. Perceptions of Family Planning:

When all the Interviewees were asked to express their perceptions of family planning, the majority of the Interviewees responded in the same way.

“Family Planning should be done so that there will be a gap between children and each child can have proper nutrition (breastfeeding), proper attention, and good education” (Interviewees 1-5, 7-16)

Interviewee 4, who belonged to an urban area, expressed;

“Family Planning should be done so that there will be a gap between children and sexual matters between a couple will remain active and healthy”

Interviewee 11, who conceived after 2 months of marriage, expressed

“Family Planning should not only be done for a gap between children but also to manage your financial resources”

Interviewee 13, who conceived after 3 months of marriage, expressed

“Family Planning should be done to give break to female, so that her body can heal properly, and in the meantime, children can have proper nutrition and education”

However, only one Interviewee (Interviewee 6) was against family planning, she expressed;

“Family Planning should not be done as the methods involved are harmful to the body parts”

4.1.2.4.2. Know about Family Planning:

When all Interviewees were asked how they come to know about Family Planning, the majority of Interviewees responded in the same way

"I knew about Family Planning before, no one told me" (Interviewees 1, 3-7, 9, 10, 12, 14-16)

Two Interviewees had the same source, they expressed;

"My husband told me about Family Planning" (Interviewee 11 and Interviewee 12)

One Interviewee (Interviewee 2), who married at the age of 23 years, expressed;

"As my first child was born, a Lady Doctor in the hospital told me about Family Planning"

However, among all Interviewees, only one Interviewee had a unique source;

"Family Planning is mentioned in Quran, that's why I know about Family Planning"

4.1.2.4.3. Usage of Family Planning:

When all the Interviewees were asked do they use any method of Family Planning, half of the Interviewees responded "*Yes, I use"* while half were against using any Family Planning method.

4.1.2.4.4. Method of Family Planning:

When all Interviewees were asked do they (couple) use any sort of family planning method, the majority of Interviewees responded yes.

"My husband uses condoms as it is safe, without any side-effects: (Interviewees 1, 3-5, 8, 10, 12, 13)

Interviewee 2, who belonged to an urban area, expressed;

"I have recently used IUD (Intra Uterine Device) as it is safe and reliable. Moreover, can remove it easily whenever we plan for baby"

Interviewee 3 and Interviewee 10, both left using the condom method, they expressed;

"We (the couple) don't use condoms anymore as it is not pleasurable, I don't feel anything with a condom"

When all these Interviewees were asked who told them about these family planning methods, the majority had the same answer;

"My husband told me about Condoms" (Interviewees 1, 3-10, 12-16)

However, Interviewee 2, who had recently used IUD, expressed;

"Lady doctor told me about this method and my husband said let's go for it"

A few of the Interviewees were against using any family planning method;

"We (the couple) don't use any sort of family planning method as during breastfeeding, conception does not occur" (Interviewee 7, 9, 11)

However, Interviewee 6, who conceived after two months, expressed;

"We (the couple) don't use any sort of family planning method as it is a sin to use any family planning method"

4.1.2.4.5. Pressure from Society:

When all Interviewees were asked about any sort of pressure from anyone to use Family Planning methods, all responded *"No, not any sort of pressure"*

4.2. Religious Perspective:

The demographic data; Age, Marriage period, Residing area, and Religious Sect of 4 Religious scholars have been summarized in Table 5.

Table 5. Demographics of Religious Scholar

Age	
Mean Age	36 years
Maximum Age	45 years
Minimum Age	28 years
Marriage Period	
Mean Marriage Period	13 years
Maximum Marriage Period	20 years
Minimum Marriage Period	7 years

Residing Area (n)	
Faisalabad	4
Religious Sect	
Almi Majlis Khatam-e-Nabuwat	1
Ahl-e-Hadees	1
Ahl-e-Sunat (Brevli/Hanafi)	2

A total of 4 In-Depth Interviews (IDI) were conducted with religious scholars and upon analysis, four major themes emerged having a total of 12 categories. (Table 6)

Table 6. Graphical representation of themes and categories of religious perspective

Perspective	Themes	Categories
Religious	Marriage	Suitable Age in Islam
		Opinion on the selection of spouse in Islam
		Love marriage in Islam
	Conception	Conception in Islam
		Will of females in Conception in Islam
		Fertile Period in Islam
	Decision-Making in Family Planning	Family Decisions in Islam
		Sharing Family Matters in Islam
		Views of Islam on Females visiting healthcare facilities alone
	Family Planning	Family Planning in Islam
		Methods of Family Planning Permissible in Islam
		Methods of Family Planning Prohibited in Islam

4.2.1. Marriage:

4.2.1.1. Suitable Age in Islam:

When all of the interviewees were asked to express Islamic views on suitable age for marriage, two responded the same and others did the opposite.

"Deen-e-Islam does not specify any age of marriage but one should get married at the age of puberty; which is 17-18 years" Almi Majlis Khatam-e-Nabuwat

"Deen-e-Islam does not specify any age of marriage but one should get married at the age of puberty; which is 17-18 years but now due to broiler feed, it is 12-13 years" Ahl-e-Hadees

"According to Islam, one should get married at the age of puberty but one should be stable enough to take all the responsibilities. So considering this, it is 25-26 years" Ahl-e-Sunnat

4.2.1.2. Opinion on the Selection of Spouse in Islam:

When all of the Interviewees were asked to express views of Islam on the selection of a Spouse, all of them expressed differently.

"Islam has given the right to choose a Spouse of own choice. The marriage of Mola Ali AS and Bibi Fatima SA is an example for us. No doubt it was the decision of Allah SWT but still Prophet Muhammad PBUH asked Bibi Fatima SA about her decision for Mola Ali AS" Almi Majlis Khatam-e-Nabuwat

"Children have the right to choose their spouse as they have to spend life, not parents. When a girl came to Prophet Muhammad PBUH and said; I wasn't agreed to the marriage but my father forced me to marriage, Prophet PBUH got angry and abandoned the Nikah" Ahl-e-Hadees

"Islam teaches us the benefits of seeking opinions from the children about their marriage so that a pleasant environment is established in the home" Ahl-e-Sunnat

4.2.1.3. Love Marriage in Islam:

When all of the Interviewees were asked to express views of Islam on Love marriage, all the Interviewees responded differently.

"Islam allows love marriage and there is only love marriage in Islam. As an example; When a girl came to Prophet Muhammad PBUH and said; I wasn't agreed to the marriage but my father forced me to marry someone I Don't want to, Prophet PBUH got angry and abandoned the Nikah" Almi Majlis Khatam-e-Nabuwat

"There is only love marriage in Islam but it does not mean to fight with your parents, all the matters should be done in a proper manner" Ahl-e-Hadees

"Islam specifically does not prohibit love marriage. However, love marriage is considered good by abiding the moral and cultural values" Ahl-e-Sunnat

4.2.2. Conception:

4.2.2.1. Conception in Islam:

When all Interviewees were asked when conception should occur after marriage according to Islam, all expressed views differently.

"There is no specific age for conception, it depends on Allah SWT. Hazrat Ibrahim AS had his child (Hazrat Ismail AS) at the age of 70 years. Hazrat Zakarya AS prayed for Hazrat Yahya in old age; No doubt I am old and weak but still I am not disappointed with your divine mercy" Almi Majlis Khatam-e-Nabuwat

"There is no specific time limit, it all depends on Allah SWT. He can bless the couple with the child whenever he wishes to" Ahl-e-Hadees, Ahl-e-Sunnat

4.2.2.2. Will of Females in Conception in Islam:

When all the Interviewees were asked to express views of Deen-e-Islam on the will of the conception of females, two of the Interviewees responded the same, and the other two responded the same.

"Females should be agreed on the conception and as her body has to produce and develop a baby" Almi Majlis Khatam-e-Nabuwat, Ahl-e-Hadees

"If a female is not having any physical and or religious problems, then will of male will be considered" Ahl-e-Sunnat

4.2.2.3. Fertile Period in Islam:

When all the Interviewees were asked to define the most fertile period of the couple in Islam, half responded the same and the other half responded the same.

"There is no age limit in Islam. Allah SWT can bless the couple with a child whenever he wished to" Almi Majlis Khatam-e-Nabuwat, Ahl-e-Hadees

"The most fertile age according to Islam is 18-35 years" Ahl-e-Sunnat

4.2.3. Decision Making in Family Planning:

4.2.3.1. Family Decisions in Islam:

When all the Religious Scholars were asked to describe the importance of making family decisions in Islam, all responded the same.

"Islam says Family decisions should be made mutually, a couple should respect each other's feelings and emotions" Almi Majlis Khatam-e-Nabuwat, Ahl-e-Hadees, Ahl-e-Sunnat

4.2.3.2. Sharing Family Matters in Islam:

When all the Interviewees were asked to express what Islam says about disclosing family matters with others, half responded the same and half responded the same.

"Islam has declared the couple as the clothes of each other. As clothes protect the one from dust and everything, the same goes for the couple. One should not disclose secret matters of others" Almi Majlis Khatam-e-Nabuwat, Ahl-e-Hadees

"Sharing personal family matters in sin in Islam" Ahl-e-Sunnat

4.2.3.3. Islam on Females Visiting Healthcare Facilities Alone:

When all the Interviewees were asked to express views of Islam on females who visit healthcare facilities alone, half responded the same and half responded the same.

"Islam does not state anything as it is the religion of Peace. Of course, females can visit healthcare facilities alone. A female cannot even take care of herself? Don't try to mitigate things in Islam" Almi Majlis Khatam-e-Nabuwat, Ahl-e-Hadees

"Females visiting healthcare facilities alone is not prohibited but considering culture, Mehram should accompany females" Ahl-e-Sunnat

4.2.4. Family Planning:

4.2.4.1. Family Planning in Islam:

When all the Religious Scholars were asked to express views of Islam on Family Planning, all responded differently.

"Islam has different views regarding Family Planning. It is stated in Quran; Allah SWT is the best of providers (62:1). According to this, Family Planning due to financial problems is wrong. It is stated in Quran; A mother should breastfeed her child for at least two years (2:233). According to this, Family Planning is allowed in Islam, it all depends on your intentions" Almi Majlis Khatam-e-Nabuwat

"Family Planning is Western Propaganda, deepening its roots in Islamic countries, however, failed in the Western world by producing complex problems. Islam says a lot about Family Planning but it depends on your intentions. If you follow Family Planning, then how you'll overcome your sexual desires? It is stated in Quran; Your wives are a tilth for you (2:233). According to this, one should follow Family Planning but with pure intentions; to have a gap between children. Don't go near to your wife just to overcome your lust" Ahl-e-Hadees

"Family Planning due to lack of resources/finances is wrong in Islam. However, Family Planning due to female physical health and the religious problem is considered good" Ahl-e-Sunnat

4.2.4.2. Methods of Family Planning Permissible in Islam:

When all the Religious Scholars were asked to define the methods of Family Planning permissible in Islam, all responded the same.

"Those methods of Family Planning in which human body parts are not harmed like Withdrawal (not doing any sexual activity), Azul (getting free outside of the female body), and Condoms (as they don't harm the human body) are allowed in Islam" Almi Majlis Khatam-e-Nabuwat, Ahl-e-Hadees, Ahl-e-Sunnat

4.2.4.3. Methods of Family Planning Prohibited in Islam:

When all the Religious Scholars were asked to define the methods of Family Planning Prohibited in Islam, all responded the same.

"The methods of Family Planning in which the human body parts are harmed like Hysterectomy (for only fear of having children) and Vasectomy (for only fear of having children) are strictly prohibited in Islam, as the body is entrusted to humans from Allah SWT" Almi Majlis Khatam-e-Nabuwat, Ahl-e-Hadees, Ahl-e-Sunnat

4.3. Theoretical Framework:

The above theory has been generated by following the given theoretical framework; categories (Causal conditions, Strategies, Contextual & Intervening conditions, and Consequences) around the core phenomenon (Perceptions and Barriers of Family Planning). (Figure 1)

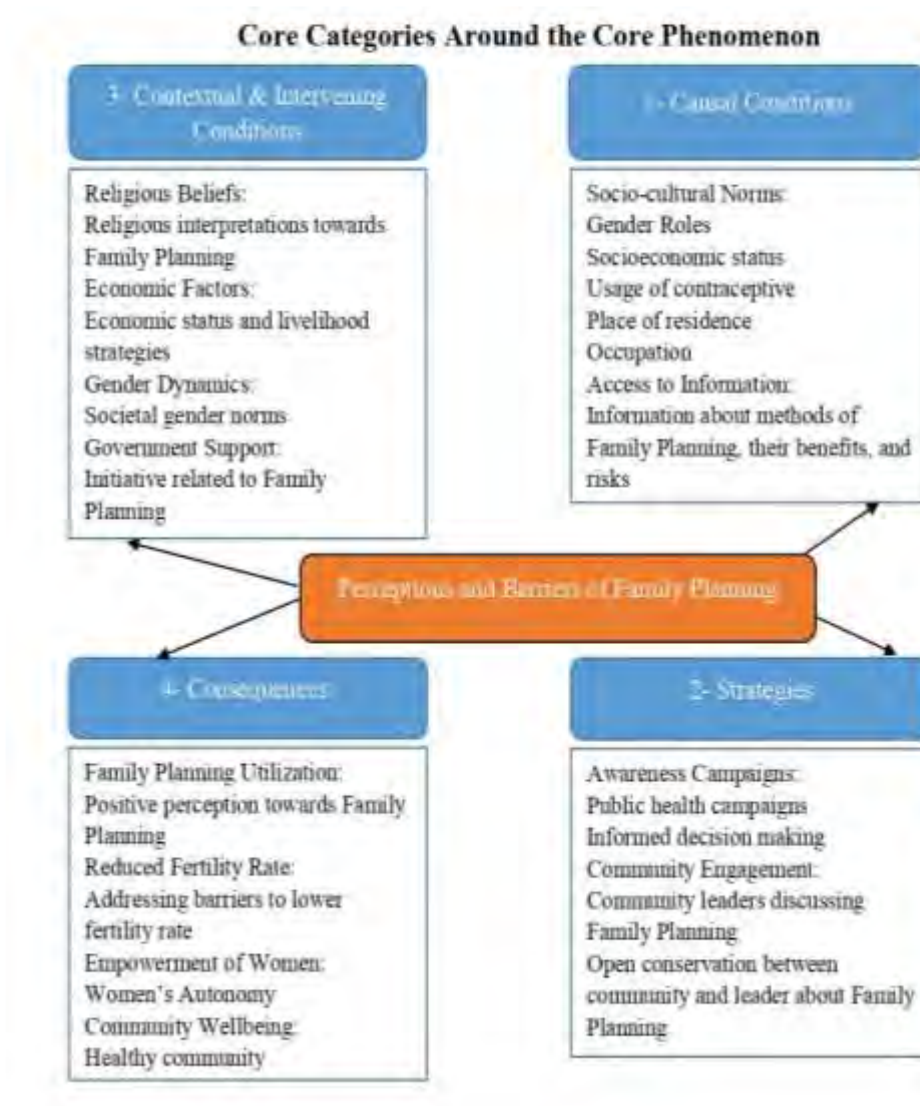

Figure. 1: Categories Around Core Phenomenon (Theoretical Framework)

CHAPTER 5: DISCUSSION

5. Discussion:

The Qualitative study on the topic "Perceptions and Barriers Regarding Family Planning in District Faisalabad: a grounded Theory Approach" was conducted to explore the perceptions of Family Planning and its barriers to utilization among stakeholders in Faisalabad over a duration of four months.

Upon the analysis of the results, three perspectives emerged having three to four major themes. The male user perspective had four main categories (marriage, conception, decision-making, and family planning), the female user perspective had four main categories (marriage, conception, decision-making, and family planning), and the religious perspective had four main categories (marriage, conception, decision-making, and family planning).

The females in the current study had a marriage at an early age as compared to males which correlates well with the PDHS 2017-18 data (NIPS, 2019). According to Population Council, Faisalabad, 2019, lack of information for men is the major barrier to family planning adoption as men are reluctant to talk about family planning with strange men, as compared to their friends, who have limited information (Population Council, Faisalabad, 2019). The results of the Population Council well correlate with the given Qualitative Grounded Study, the major barrier to Family Planning in men is the lack of information having friends as the major source of information.

The study by Mustafa et al., in 2015 conveys the findings of a qualitative evaluation aiming at assessing knowledge, attitudes, and practices about family planning, as well as variables that impact the need for and use of contemporary contraceptives. Descriptive research with married women and men aged 15 to 40 was done in three provinces of Pakistan. The data show that while the majority of people were aware of various modern contraceptive techniques, total contraceptive use was extremely low. Inadequate family size, negative mindsets, in-laws' disapproval, religious concerns, side effects, and a lack of access to excellent treatments were among the reasons given for not utilizing family planning and contemporary contraception (Mustafa et al., 2015). The results of the study by Mustafa et al., correlate with the given Qualitative Grounded Research as the study was conducted with 16 married men and 16 married women ages ranging from 25-58 years. The major barriers in the given study are lack of information

(major source only friends), concern about side effects of modern contraceptives, and religious barriers (Islam does not allow Family Planning).

According to a study by Ghule et al., in 2015, challenges to spacing contraceptive usage among young married couples in rural Maharashtra, India. In-depth interviews were performed with 30 husbands and 20 wives to better understand contraceptive usage and hurdles. Pro-natal social norms, pregnancy desires early in marriage, having several sons, inadequate availability of modern spacing contraceptives, family opposition to adopting contraceptives, lack of husband involvement in family planning issues, limited reproductive autonomy among women, myths, misconceptions, perceived adverse outcomes, in-laws generally having greater reproductive decision-making authority than the women, and negative views towards specific contraceptives are major barriers to spacing contraception (Ghule et al., 2015). The results well correlate with the given Qualitative Grounded Theory as the major barriers to Family Planning in the given study are; the desire for pregnancy early in marriage, misconceptions about modern contraceptives, and perceived adverse outcomes.

In 2016, Kaur et al. carried out a qualitative survey among 62 married males aged 24-42 years to learn about their attitudes and practices toward family planning in Palam, India, utilizing focus group talks and content analysis. The majority of Interviewees in the survey favored modest households with one or two children. Having a male kid was thought to be vital. In most situations, the husband and wife made the choice concerning family planning together. Most males were aware of ancient and modern methods of birth control. There was relatively little knowledge of non-scalpel vasectomy. Friends and the media were the most prevalent sources of information. None of the research Interviewees had received family planning information from their medical professionals (Kaur et al., 2016). The results of the study by Kaur et al. correlate well with the male perspective of the given Qualitative Grounded Study. The most common source of information was friends and then the media. In the majority of the situations, both husband and wife made the decisions of family planning together. The majority of the Interviewees were aware of and utilizing contraceptives. However, all the Interviewees were not known to vasectomy.

A qualitative research study was conducted in 2017 by Atre et al. to understand family planning (FP) related knowledge and practices, particularly among low-literate population groups in New Delhi's peri-urban regions surrounded by Uttar Pradesh (U.P.) state, India. 27 married men and women between the ages of 18 and 34 were chosen and interviewed utilizing semi-structured interview schedules. The investigation focused on fertility awareness, including attitudes and practices regarding menstruation, pregnancy, FP techniques, and FP decision-making. The study indicated that this society lacked fundamental scientific information regarding fertility, which frequently resulted in undesired babies. In a male-dominated society, the spouse was said to be the major decision-maker in the FP process (Atre et al., 2017). The results of the study well correlate with the given Qualitative Research study. There were 32 men and women Interviewees aged between 25-58 years. The research focused on many points along with Family Planning techniques and Family Planning decision-making. In the given study, only one Interviewee played a major role in family planning decision-making.

Shafiqullah et al. (2018) performed a study to comprehend the perception of family planning and contraceptive use among reproductive-aged married women, their husbands, and religious leaders. Focus group discussions and semi-structured interviews were conducted in rural and urban areas of four provinces in Afghanistan (Balkh, Kandahar, Nangarhar, and Kabul) with 482 married women of reproductive age, their husbands (133), and 16 religious leaders. A wider family size was usually thought to be better for emotional, financial, and psychological health. The vast majority supported contraception. However, some religious leaders and their followers believed that contraception is an abomination in Islam, equating it to infanticide and the suppression of Muslim population growth. However, fear of potential adverse effects and questions about their efficiency were widespread in communities due to erratic supplies (Shafiqullah et al., 2018). The results of this study correspond with the given Qualitative Grounded Research. The study was conducted with 16 married women, 16 married men, and 4 religious leaders. In the given study, the vast majority of Interviewees supported contraception. All religious scholars supported family planning but only in which human body parts are harmed. However, fear of the side effects of contraceptives prevailed in all the Interviewees.

The 2019 study by Ataullahjan et al. calls for a more nuanced understanding of how Islam influences family planning and taking decisions in Pakistan. The research is based on a critical ethnographic study performed in Nashpatai Kalay, Khyber Pakhtunkhwa. A total of 76 people (41 women and 35 men) were chosen based on their respective socioeconomic levels, size of family, and contraceptive utilization. The Interviewees ranged in age from 18 to 78 years old. The information was gathered using a semi-structured questionnaire. A social constructivist epistemology was used to do the latent content analysis. The essence of the respondents' Islamic beliefs frequently conflicted with reproductive control. Except for three (4.2%) people, all of the Interviewees thought that using birth control was a sin. However, beliefs about the sinfulness of using family planning did not always forbid fertility control. The data show that respondents used their interpretive power to challenge how they lived according to these religious norms. Islam was only one of several moral discourses that influenced their reproductive practices (Ataullahjan et al., 2019). The results of the study correlate with the given Qualitative Grounded Study, 16 married men and 16 married women aged between 24-58 years were interviewed about the Perceptions and barriers of family planning. Only two Interviewees out of 32 responded Family Planning is a sin in Islam. However, when asked by Religious scholars, it was confirmed family planning is not a sin in Islam, however, techniques harming human body parts are considered a sin in Islam.

A qualitative descriptive study by Msoka et al.'s 2019 focused on rural Tanzanian women's perceptions and cultural perspectives about obstacles to using family planning services. The study relied on four focus group talks with 20 married women with a minimum of two children. Interviewees were from the Ngendereko, Mha, Luguru, Zaramo, Makonde, Zigua, and Matumbi tribes. Five major themes were identified; the utilization of contemporary and traditional family planning methods, my spouse would love me more if I have more children, men's expected involvement in family planning, and education to refute myths and religious restrictions. The primary perceived barriers to family planning utilization in the study were a lack of sufficient family planning knowledge, beliefs about and use of traditional/unconventional methods, expectations regarding gender roles that impact decision-making, restricting women's choices to prevent pregnancy, and socioeconomic and religious beliefs (Msoka et al. 2019). The results of the study by Msoka et al., well correspond with the Female user perspective

of the given Qualitative Grounded Study. The perceived barriers to family planning found in the given study include a lack of sufficient knowledge of modern contraceptives, myths about the side effects of contraceptives, gender roles affecting family planning to decision-making, and religious beliefs.

Bagheri et al.'s qualitative study in 2021 included in-depth interviews with 60 married males ranging in age from 25 to 55 years old and from various socioeconomic backgrounds, aims to investigate Iranian men's perceptions and interpretations of access to contraceptive services and knowledge, their engagement in contraceptive usage, as well as their thoughts on sociocultural and sexual barriers to obtaining these in Tehran, Iran. The typical marriage lasted 12.6 years. Thirty-four used contemporary contraceptive techniques, whereas twenty-one used older methods (withdrawal). Only four people did not use any form of contraception. Although the majority of the males recognized the significance of family planning and contraceptive use, they reported having limited access to contraceptive knowledge and resources. The discussion of sexual issues and contraception among males was seen as humiliating. Men's contraception usage was found to be highly influenced by sociocultural and gender norms (Bagheri et al., 2021). The results of the study by Bagheri et al. align with the Male perspective of the given Qualitative Grounded Research that included 16 married men aged ranging between 24-58 years from multiple social backgrounds. Half of the majority were using contraceptives, a few were using the withdrawal method, and only one person was against any method of family planning (traditional or modern). All of the Interviewees except one were in favor of Family Planning. All the Interviewees were having limited knowledge of modern contraceptives. However, discussing sexual issues among males was often seen as hesitance.

Qualitative research was performed in Karachi, Pakistan, by Sajwani et al., in 2022 to investigate the gender roles and duties of adults in married life and within the family, as well as their effect on Family Planning decisions among adults via open-ended, semi-structured interviews supplemented by field notes. The study design entailed the purposeful selection of 12 consenting married individuals from Gulberg Town. According to the findings of the study, gender roles and duties influence Family Planning decisions in Pakistan. The findings were divided into two categories: surface factors and deeper reasons influencing FP decisions. The first theme is divided into three major categories; understanding FP, knowledge about FP, and couples as a model

of FP decision-making while the second theme is divided into five categories; roles and responsibilities of men in the family, roles and responsibilities of women in the family, women independence, mind the gap or controlling the women, and the way forward. The study outcomes imply that, while surface reasons must be addressed, it is more important to target the deeper, core causes of FP decisions by forcefully addressing educational programs, nurses, and other Health Care Workers (HCWs) to favorably affect society (Sajwani et al., 2022). The results of the study by Sajwani et al. correlate with the given Qualitative Grounded Research. According to the analysis of the given study, gender role in the decision-making process plays a critical role in family planning.

Lateef et al. generated a grounded theory in 2022 to analyze the perspectives of married women in Rawalpindi's metropolitan districts on the use of different types of contraception and to determine the variables that impact their use. The majority of people were aware of certain modern contraceptive techniques, but their overall usage was relatively low. Contraception of any kind, including IUDs, was notably uncommon. According to the findings, modern contraception is not generally used due to worries about side effects, religious concerns about hurting the unborn child, an absence of information, or difficulty in accessing high-quality treatment. Societal, demographic, and economic variables all impact the proportion of young women in Pakistan who use contraception (Lateef et al., 2022). The results of the grounded study by Lateef et al. well correlates with the Female perspective of the given Qualitative Grounded Study. In-depth interviews were conducted with 16 married women of different socioeconomic status and geographic. The majority of the interviewers were aware of contraceptives but lack knowledge of modern contraceptives i.e. IUDs and were not preferring modern contraceptives due to fear of side effects. However, the majority of the interviewers were using traditional contraceptives (condoms). Although, only one Interview wasn’t practicing family planning techniques due to religious concerns.

CHAPTER 6: CONCLUSION, POLICY-MAKING/RECOMMENDATIONS, AND WAY FORWARD

6.1. Conclusion:

The study of 36 interviews with males, females, and religious experts has provided insightful information on varied viewpoints on marriage, conception, decision-making, and family planning.

6.1.1. Male Perspective Conclusion: The male user perspective revealed a range of views on appropriate marriage age ranges (the most popular age range was 20-22 years), as well as suggestions for parents about the choice of a spouse. Conception was seen as naturally occurring and predetermined by the divine. The couple's approaches to making decisions differed, with some emphasizing roles and others stressing mutual agreement. Perceptions of family planning ranged from utilitarian concerns to religious convictions (just one believed family planning was a sin in Islam). The perspectives of men are generally shaped by a combination of personal experiences, religious convictions, and cultural conventions.

6.1.2. Female Perspective Conclusion: The analysis of female respondents sheds light on the complex viewpoints on marriage (most common age 20-22 years), pregnancy by consent, decision-making in all matters together, and family planning viewed as the most important process. Female interviewees displayed a variety of viewpoints influenced by personal experiences, religious convictions (one thought family planning is a sin in Islam), and societal conventions. The study underlines the significance of taking into account unique circumstances and emphasizes the complexity of factors impacting various elements of reproductive health.

6.1.3. Religious Perspective Conclusion: The analysis of in-depth interviews with religious authorities offers insightful analyses of how Islam perceives relationships, conception, choice-making, and family planning. The many perspectives offered by these experts' interpretations of religious teachings show the difficulty of incorporating religious ideas into these facets of life. The interviews highlight the complex nature of religious instruction, which takes into account a variety of issues including societal norms and personal family planning aspirations. Islamic law considers conventional contraceptives to be acceptable because they don't injure any human organs.

6.2. Policy Making/Recommendations:

Based on the findings, several recommendations can be proposed to address the diverse perspectives:

- **Sexual Education/Engagement of Youth:** Comprehensive programs for sexual education that address common myths, and give information about reproductive health and family planning, should be incorporated into the educational curriculum by the Education Board/Council.
- **Women's Empowerment:** Local Government should support programs that enable women to actively engage in decision-making about family planning and conception.
- **Encourage the Use of Contraceptives:** District Health Authority Faisalabad should provide a range of contraceptive techniques to fit individuals' preferences, highlighting their efficacy, safety, and lack of negative side effects.
- **Community awareness Campaigns:** Non-Government Organizations (NGOs) should launch community-based efforts to debunk common misconceptions, taboos, and cultural stigmas surrounding family planning, contraception, and reproductive health.
- **Religious-Cultural Sensitivity:** Local Imams should include cultural context in initiatives promoting reproductive health, noting the impact of religious convictions and regional traditions on decision-making.
- **Collaboration with Religious Leaders**: Healthcare Professionals should cooperate with Religious Leaders to ensure that reproductive health information and services align with religious beliefs and values.
- **Open dialogue between the Community and Religious Scholars:** Religious Scholars should facilitate open discussions with the general public to dispel myths and advance a better comprehension of Islamic principles and reproductive health practices.

6.3. Way Forward:

6.3.1. Female Perspective Way Forward: To create treatments that reflect the needs and values of male Interviewees, it is crucial to recognize and respect the variety of viewpoints they have provided. For an environment where decisions about marriage, conception, decision-making, and family planning may be made with knowledge, cooperation between healthcare professionals, legislators, religious leaders, and community stakeholders is essential. Societies can work toward enabling people and couples to make informed decisions that have a beneficial influence on their lives, families, and communities by integrating comprehensive education, supportive counseling, and easily accessible healthcare facilities.

6.3.2. Male Perspective Way Forward: Moving forward, it is vital to recognize the diverse range of perspectives held by female Interviewees and to design interventions that respect their contexts and values. By fostering collaborative efforts among healthcare providers, policymakers, community leaders, and religious authorities, societies can create an environment where women's voices are heard, and their choices are respected in matters of marriage, conception, decision-making, and family planning. Empowering women with knowledge, agency, and accessible healthcare services will contribute to healthier families, informed choices, and stronger communities.

6.3.3. Religion Perspective Way Forward: Building bridges between religious scholars, medical experts, policymakers, and the community is essential for progress. People can get a thorough awareness of how Islamic principles might be interpreted and applied to modern reproductive health choices by creating venues for polite dialogues. By working together, we can develop a fair strategy that respects religious principles while preserving the autonomy and well-being of individuals and families in making decisions about marriage, conceiving, family planning, and healthcare.

CHAPTER 7: REFERENCES

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ANNEXURES

ANNEXURE 1: INSTITUTIONAL REVIEW BOARD

AL-SHIFA SCHOOL OF PUBLIC HEALTH
PAKISTAN INSTITUTE OF OPHTHALMOLOGY
AL-SHIFA TRUST, RAWALPINDI

MSPH-IRB/[illegible]
27th Mar, 2021

TO WHOM IT MAY CONCERN

This is to certify that **Abdul Maajid Khokhar** S/O **Zulfiqar Afzal Khokhar** is a student of Master of Science in Public Health (MSPH) final semester at Al-Shifa School of Public Health, PIO, Al-Shifa Trust Rawalpindi. He/she has to conduct a research project as part of curriculum & compulsory requirement for the award of degree by the Quaid-i-Azam University, Islamabad. His/her research topic, which has already been approved by the Institutional Review Board (IRB), is **"Perceptions and barriers regarding family planning among stakeholders in Faisalabad: A grounded theory approach".**

Please provide his/her necessary help and support in completion of the research project. Thank you.

Sincerely,

Dr. Ayesha Babar Kawish
Head
Al-Shifa School of Public Health, PIO
Al-Shifa Trust, Rawalpindi

AL-SHIFA TRUST, JEHLUM ROAD, RAWALPINDI – PAKISTAN

ANNEXURE 2: INTERVIEW GUIDE FOR WOMEN

INTERVIEW GUIDE FOR WOMEN

Biodata:

Q1- What is your name?

Q2- What is your age?

Q3- From where do you belong?

Q4- How long have you been married?

Central Question:

Q5- What are your perceptions/barriers about Family Planning?

Sub-questions:

Marriage

Q6- Which is the most suitable age for marriage in your opinion?

Q7- What was your age at the time of your marriage?

Q8- Did your parents ask about your opinion on the selection of a spouse?

Q9- If not, do you feel comfortable telling the reason?

Conception

Q10- After marriage, when do you think that conception should occur?

Q11- When did you conceive after marriage?

Q12- If later, what was the reaction of your family?

Q13- How did you come to know about your conception?

Q14- Was the conception according to your will or not?

Q15- If not, what was the reason for conception?

Q16- What do you know about the most fertile period?

Decision Making

Q17- Who decides how many children to have?

Q18- After your first child, what you and your partner thought about having the next child?

Q19- If not, please elaborate on the reason/ If yes, what was the reason?

Q20- What do you think about a partner talking to other people about family affairs?

Q21- What are your partner's views about Lady Health Visitors/Lady Health Workers?

Q22- Can you describe your partner's views about females who go to the hospital alone?

Family Planning

Q23- What are your views on Family Planning?

Q24- From where did you find out about Family Planning/ Who told you about Family Planning?

Q25- Have you and your partner ever used any method of Family Planning?

Q26- If no, why not?

Q27- If yes, then which type of method?

Q28- Why this particular method of Family Planning?

Q29- Who told you about this particular method?

Q30- Any pressure to use contraception from any person?

ANNEXURE 3: INTERVIEW GUIDE FOR MEN

INTERVIEW GUIDE FOR MEN

Biodata:

Q1- What is your name?

Q2- What is your age?

Q3- From where do you belong?

Q4- How long have you been married?

Central Question:

Q5- What are your perceptions/barriers about Family Planning?

Sub-questions:

Marriage

Q6- Which is the most suitable age for marriage in your opinion?

Q7- What was your age at the time of your marriage?

Q8- Did your parents ask about your opinion on the selection of a spouse?

Q9- If not, do you feel comfortable telling the reason?

Conception

Q10- After marriage, when do you think that conception should occur?

Q11- When did your wife conceive after marriage?

Q12- If later, what was the reaction of your family?

Q13- How did your wife come to know about your conception?

Q14- Was the conception according to your wife's will or not?

Q15- If not, what was the reason for conception?

Q16- What do you know about the most fertile period?

Decision Making

Q17- Who decides how many children to have?

Q18- After your first child, what do you and your partner think about having the next child?

Q19- If not, please elaborate on the reason/ If yes, what was the reason?

Q20- What do you think about a partner talking to other people about family affairs?

Q21- What are your views about Lady Health Visitors/Lady Health Workers?

Q22- Can you describe your views about females who go to the hospital alone?

Family Planning

Q23- What are your views on Family Planning?

Q24- From where did you find out about Family Planning/ Who told you about Family Planning?

Q25- Have you and your wife ever used any method of Family Planning?

Q26- If no, why not?

Q27- If yes, then which type of method?

Q28- Why this particular method of Family Planning?

Q29- Who told you about this particular method?

Q30- Any pressure to use contraception from any person?

ANNEXURE 4: INTERVIEW GUIDE FOR RELIGIOUS SCHOLAR

INTERVIEW GUIDE FOR IMAMS

Biodata:

Q1- What is your name?

Q2- What is your age?

Q3- From where do you belong?

Q4- To which religious sect do you belong?

Q5- How long have you been married?

Central question

Q6- What does Islam say about Family Planning?

Subquestions

Marriage

Q7- Which is the most suitable age for marriage in Islam?

Q8- What does Islam say about asking opinions from children about their spouse?

Q9- What does Islam say about Love marriage?

Conception

Q10- In Islam, when should conception occur after marriage?

Q11- What does Islam say about the will of females in conception?

Q12- What is the most fertile period of male and female in Islam?

Decision Making

Q13- What does Islam say about making decisions regarding family decisions?

Q14- What does Islam say about sharing family matters with others?

Q15- What does Islam say about females who visit healthcare facilities alone?

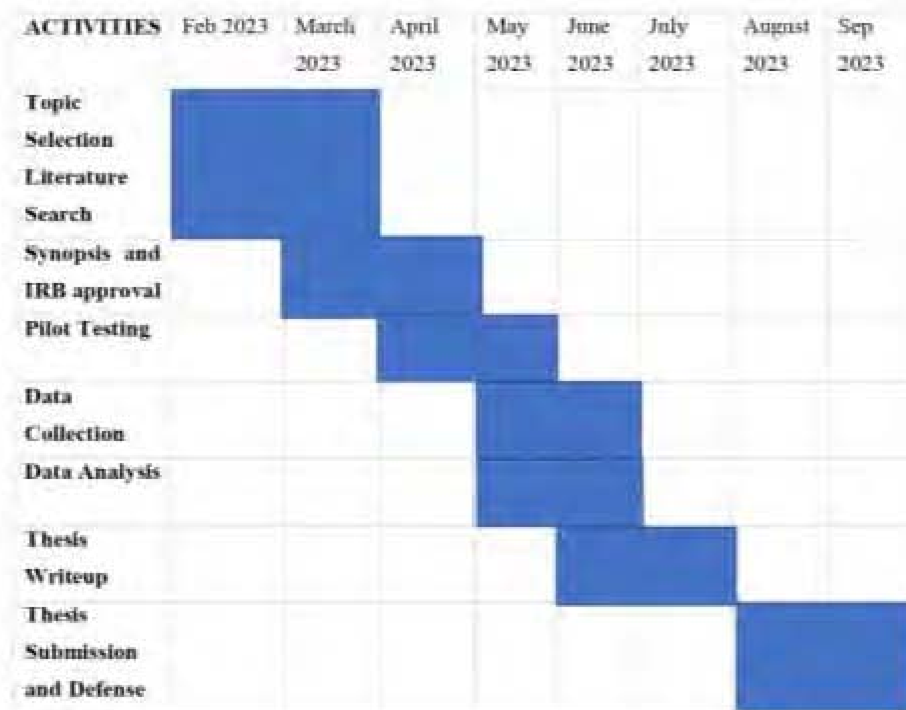
Family Planning

Q16- Enlighten the views of Islam regarding Family Planning.

Q17- Which methods of family planning are permissible in Islam and why?

Q18- Which methods of family planning are prohibited in Islam and why?

ANNEXURE 5: GHANNT CHART



ANNEXURE 6: CONSENT FORM

INFORMED CONSENT

Investigator:

My name is Abdul Maajid Khokhar, and I am a graduate student at Al-Shifa School of Public Health, Al-Shifa Trust Eye Hospital, Rawalpindi. I am inviting you to participate in a research study. Participation in the study is voluntary, so you may choose to participate. I am now going to explain the study to you. Please feel free to ask any questions that you may have about the research; I will be happy to explain anything in greater detail.

I am interested in learning more about Perceptions and Barriers of Family Planning. You will be asked to answer a few questions related to marriage, conception, decision-making, and family planning. This will take approximately an hour of your time. All information will be kept confidential. I will assign a number to your responses, and only I will have the key to indicate which number belongs to which participant. In any articles I write or any presentations that I make, I will use an assigned number for you, and I will not reveal details.

The benefit of this research is that you will be helping us to understand "Perceptions and Barriers Regarding Family Planning among Stakeholder in Faisalabad: A grounded theory". This information should help us to better understand the Perceptions of Family Planning among stakeholers in Faisalabad and its barriers. The risks to you for participating in this study are nil. If you do not wish to continue, you have the right to withdraw from the study, without penalty, at any time.

Participant: "All of my questions and concerns about this study have been addressed. I choose, voluntarily, to participate in this research project. I certify that I am 18 years of age.

Print name of participant:

Signature of participant: Date:

Print name of investigator:

Signature of investigator: Date: