

# Uptake of Contraceptive Among In Male In India

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## Abstract

Communication between spouses can enhance the use and continuance of family planning. However, men have frequently been perceived as being unsupportive of their partner's use of family planning methods in nations with high fertility rates and unmet demand. This study looks at how men and women see the barriers to men's support and use of contemporary contraceptives. Men and women should collaborate when making decisions on the usage of contraceptives. Male-involvement family planning programmes should be developed and implemented in a way that effectively addresses the obstacles to men's supporting involvement in reproductive health, including resolving men's unfavourable attitudes towards contraceptive services.

**Keywords:** Male involvement, Contraception, Family planning, Reproductive health, Qualitative research.

**Introduction:** First-world nations are experiencing rapid population increase despite resource scarcity. In 1952, India became the first nation in the world to launch the National Planned Parenthood Programme. The Family Planning Programme has experienced a change in both policy and real programme implementation since its historic beginning in 1952. The National Population Policy (NPP) of 2000 introduced a comprehensive and focused free approach that assisted in lowering fertility. There was a gradual transition from a clinical approach to a child reproductive health approach. The programme has grown over time to encompass all regions of the nation, including postnatal centres, urban family care centres, and primary health centres and sub-centres in rural areas. Family planning initiatives, which primarily target women. But according to the following International Population Conference, which was traditionally held in India in 1994, family planning programmes are available to men and families, who are aware of their involvement in reproductive health services and how they can increase fertility<sup>[4]</sup>. Once more, emphasis was placed on men's and women's health. As a result, current studies have demonstrated that men and women share responsibility for choosing which forms of contraception to use.

A birth control technique called contraception can be used by either gender to avoid getting pregnant in order to plan a family. Every family must make decisions over what and how to employ family planning (Gattmacher Institute, 2021)<sup>[5]</sup>. The usage of contraception can help avoid unintended and undesired pregnancies. According to Matlala and Mpolokeng (2010), certain contraceptives, like condoms, can also be used as a means of preventing sexually transmitted infections (STIs), such as syphilis, gonorrhoea, and the HIV virus. Adopting family planning techniques improves a family's socioeconomic standing and general health. Moreover, contraception gives men and women the power to decide for themselves how many children they can support and raise. As a result, family needs to be better understood.

With contraception, or family planning, men, women, and couples can freely and consciously delay, space out, or restrict pregnancy, giving them more freedom to decide if and when to have children. The use of contraceptives and its availability to both men and women can enhance social, economic, and health aspects of their life<sup>[6]</sup>. By minimising the need for childcare and creating smaller, healthier families, spacing or limiting pregnancies enhances both the health of mothers and their offspring as well as economic and resource management. In addition to improving women's access to higher education, work opportunities, and degrees of economic empowerment and independence, delaying parenthood also lowers the risks and complications of unintended pregnancies. Using contraceptives helps avoid or minimise high-risk unplanned pregnancies that could result in risky abortions.<sup>[7]</sup>

## Method :

**Data Management :** Tool for gathering data He served as a crucial informant, and a comprehensive interview guide was created. The researcher employed a range of open-ended questions in the interview tool to probe respondents' views on the usage of contraceptives and their desire for FP. Instrument was designed to start with questions that probed the most straightforward and factual questions, then go on to ask questions that probed the informant's opinions and ideas about the topic.<sup>[8]</sup>

**Data collection and Implementation Procedure:** The hiring and choosing of interviewers were conducted utilising a variety of selection factors, including the willingness to work, the capacity to read and write in Hausa and English, knowledge with the home and geographic context of the data collection site, and effective communication abilities. In addition to others<sup>[9]</sup>

**Methods Collection Procedure and analysing data:** Data was gathered using an interview schedule that included both closed- and open-ended questions. The males who were chosen were given the questionnaire at home, with the exception of a small number who chose to be questioned at their places of employment because it was improbable that they would be available at home during the day. The lead investigator and three research assistants with prior experience gathering data conducted interviews. Before beginning to collect data, the research assistants were briefed on the goals of the study, the research instrument, and any pertinent ethical considerations.<sup>[10]</sup>

**Selection of participants:** Every study participant was chosen on purpose. In line with typical reproductive age groups, males aged 15–54 and women aged 15–49 who were living in Washington and were either married or in unmarried couples.

The districts were selected to offer contraception in a variety of settings. They included council presidents, district health officers, members of village health teams, and representatives of the local men's and women's organisations. They were recruited for key informant interviews. In each of the two districts, participants were chosen from both rural and urban areas with the assistance of local field guides and community leaders.<sup>[11]</sup>

**Result :** There were eight male and 10 female groups, eight FGDs, and eight KIIs conducted in total. It represented 154 people in total, of whom 70 men and 84 women participated in the research. Informant interviews and focus group discussions typically lasted 90 minutes. The majority of participants had completed their secondary education and were married. The reasons why males are not as involved in reproductive health have been broken down into five main topics. These included the concern of partner sexual promiscuity, the assumption that family planning is the province of women, the adverse effects of contraceptive techniques for women, and unhappiness with men's choice of contraception.<sup>[12]</sup>

**Popular sterilisation :** The most widely used form of contraception in the modern era is still female sterilisation. Menstruating women between the ages of 15 and 49 use male condoms (10%) and pills (5%), while 38% of married women use female sterilisation. 10% employ a conventional approach, primarily the rhythm approach. Male condoms are the most often used method (27%), followed by female sterilisation (21), among sexually active unmarried women.

According to the report, the percentage of married women (aged 15 to 49) who used contraception rose from 54% in 2015–16 to 67% in 2019–21. The percentage of sexually active, single women (aged 15 to 49) who use condoms or Nirodhs rose from 12% in 2015–16 to 27% in 2019–21. According to their employment status, 66% of women who work for pay utilise a modern method of contraception, compared to 53% of unemployed women. From 51% of women in the lowest wealth quintile to 59% of women in the highest, the usage of modern contraceptives rises with wealth<sup>[13]</sup>

**State Scenario, Department of Public Health :** Meghalaya (27%), Mizoram (31%) and Bihar (56%), among other States, have the lowest rates of contraceptive method use, while West Bengal, Odisha, and Himachal Pradesh (74% each) have the highest rates. With the exception of Sikkim and Tripura, all of the smaller north-eastern states have comparatively low rates of married women using contraceptive methods.

The paper emphasises how crucial the public health field is to family planning. Sixty-eight percent of users of modern methods of contraception got their method from the public health sector. The remaining users of contemporary techniques acquired their methods from other sources (7%), such as stores, their spouse, friends, and family, as well as from the private health sector, which includes NGOs and trust hospitals/clinics (25%) and other sources.<sup>[14]</sup>

Eight out of ten (81%) of the women who had their sterilisations did so in a public health institution, most often a government/municipal hospital, a CHC/rural hospital, or a Block PHC.

In contrast to the commercial health industry, which is the primary supplier of tablets, injectables, condoms, and Nirodh, the public health sector is the primary source of female and male sterilisation, IUDs/PPIUDs, and injectable. 41 percent of pill users obtained their supply from the public health system, and nearly half (45%) from the commercial health sector.<sup>[15]</sup>

**Women run this business :** According to the NFHS-5 research, almost one-third of males think that men shouldn't have to worry about contraception because it is a woman's concern. Men are twenty percent certain that a woman using contraception could turn promiscuous. A majority of males (55%) stated that a male condom may prevent pregnancy "most of the time" when worn properly. Another third of males claimed that, when used properly, a condom can "sometimes" prevent conception.<sup>[16]</sup>

**Side effects of female contraceptive methods:** Men were reportedly discouraged from supporting their partners' usage of contraceptives due to adverse effects that they believed reduced sexual enjoyment and increased the chance of disease and infertility for women. A number of adverse effects were noted, including irregular and extended bleeding, dry vagina, and decreased libido or sex drive, which irritated the men. Particularly excessive bleeding was thought to be bad for marriages since it was said that prolonged blood loss made women feel generally exhausted and reduced their desire for sex. Bleeding was also linked to fewer possibilities for men to engage in sexual activity with their partners. This was thought to serve as inspiration and a prelude to the development of extramarital affairs<sup>[17]</sup>.

"While some of the ladies bleed for the entire three months, others lose their sexual appetite and no longer desire to be with a man. Occasionally, this leads to marital issues. You feel as though you don't have a wife when you are with your spouse. One eventually looks for relationships outside of marriage.

"They bleed all the way through." Men tend to go out for other ladies when they see a woman who is bleeding profusely. Therefore, we would appreciate your advise as even having a vasectomy has drawbacks.<sup>[18]</sup>

Men's opposition to women using contraceptives was also fuelled by other perceived adverse effects, such as worries about permanent fertility loss or a delayed recovery, as well as worries about congenital defects from short-term techniques like birth control tablets or injections.<sup>[19]</sup>

"These medications have an impact on the foetus while it is still inside the mother. Occasionally, mothers give birth to children who are missing certain body parts, such as the hands or other body parts. We are informed that the anomalies are brought on by the pills.

**Dissatisfaction with the choice of male contraception :** The second theme was to the belief that, although men expressed dissatisfaction with the alleged adverse consequences of female contraception, they found the two male contraceptive methods—vasectomy, which involves surgical removal of sperm—to be equally unappealing. Other reasons why males disagreed with family planning were limited access to a wider variety of male leadership techniques.<sup>[20]</sup> Consistency: It was observed that males found vasectomy irreversible, which is consistent with losing one's manhood. We only have one method, so one man visits a health clinic for family planning services. Contraception prescribed by a doctor facility, which is a vasectomy Which lasts until death. However, women have many Short-term methods such as injections, pills, IUDs and Many more". "Men don't have family planning pills, but we do." Fear of the only two methods available to us for family planning—a vasectomy, which is the same as castration. That's our problem as men; otherwise, we would participate in family planning. If you don't use a condom, you have to have a vasectomy. Given the proliferation of contemporary contraceptive methods intended for women, this raises the possibility of unmet family planning needs in men who, in some cases, expressed a wish to limit the birth rate due to financial reasons or the burden of raising large families. Preference for the male version of the birth control pill has been suggested as a potentially Suitable male-driven method of limiting family size. Participants suggested that such short-term technologies Because men would increase men's interest and acceptance Family planning services<sup>[21]</sup>

"The best option, particularly for young people, is to use condoms to prevent HIV/AIDS and to avoid fertile women. Some men, particularly those in their 50s, have a negative attitude towards family planning and don't want it. Men frequently claim that using condoms is pointless and can even damage their homes.

**Participation of Respondents in FP :** Merely 4.8% of participants indicated that they had engaged in family planning with their spouses at some point (Figure 4). The main goal of including males is to increase the prevalence of contraceptives. Women's health is significantly impacted by the various decision-making roles

that males play in reproductive health, notably in family planning . These respondents stated that they had assisted wives in visiting FP clinics (15.5%), provided funds for FP (80.9%), and had discussed FP with their spouses (60.2%). It's essential to communicate family planning. Spousal communication has a considerable favourable effect on the usage of contraceptives, according to several additional research [22] Only a small percentage of the FGD participants reported having ever given money, accompanied their wife to a family planning clinic, or talked about family planning with their spouse. A younger group participant stated: "I've told my wife I don't want more than three children, therefore we've talked about family planning. I have also gone with her to a family planning clinic in the past, but I stayed in my car because the clinic's medical staff was exclusively female.

In the younger group, an additional participant said "I believe that my involvement is limited to providing financial support as I am the one who purchased the IUD for my wife. Even though I enjoy being involved more than this but there is no time for me."

"Though have not really been involved in family planning with my wife, but many times she has discussed about various methods with me to know which one she should go for," stated an older group member.

**Barriers to Male Involvement in FP :** Male participation was hindered by the belief that FP is a woman's domain (89.4%) and the fact that it was not customary for them to take part in FP programmes (90.6%). These findings are in line with those from India . Long wait times at the FP clinic (80.9%), the fact that FP is not male-friendly (90.1%), the attitude of healthcare professionals (70.3%), and money (69.4) were among the other obstacles mentioned by respondents. The results obtained in Cameroon [23] are comparable to this. FGD In addition, participants listed the following as obstacles to their involvement in FP: male-unfriendly FP services, lack of funds, inadequate time, and societal standards.

"I think the major problem we have with our involvement in family planning is that it is a women's activity," remarked a participant in the older group.

"I cannot imagine following my wife to a family planning clinic because even there, you cannot see male health workers who are family planning providers," stated another participant in the younger group. What would I go there and do then?

An individual in the senior group stated..."I view the negative attitude of healthcare professionals as a huge obstacle because I attended prenatal appointments with my wife during her first pregnancy and had a really negative experience with the way the doctors and nurses handled the expectant mothers. I was not pleased at all, and most men find it intolerable when someone treats them like that.

Another individual in the elder group stated: "Our society does not support men using family planning, and we must respect our culture. As the head of this community, I cannot support them.

**Facilitating Factors for Male Involvement in FP :** Men's involvement in FP could be facilitated by a number of variables, including government policy regarding men's involvement in FP (30.7%), the encouragement of their wives (87.6%), the availability of more FP clinics (65.2%), and sufficient sensitization for males (85.2%). Numerous studies have demonstrated that educating males and including them in counselling sessions can increase their support for the use of contraceptives and increase their awareness of the idea of shared decision-making [24]

One participant in the younger group stated clearly that the government ought to establish more FP clinics to facilitate simple access to medical facilities.

In the younger group, another participant stated: "The government ought to establish more health facilities, particularly for residents of rural areas." A shift in the attitudes of healthcare professionals, particularly nurses, was another recommendation.

One participant in the older group stated: "The majority of medical staff lack good interpersonal skills, which is the main reason I detest visiting health centres. Therefore, necessary authority should try to improve the attitude of the medical personnel, especially the nurses."

Another participant in the elder group stated , "If the government can train its health personnel to change their attitude, we can encourage men to follow their wives to FP clinics. "better towards their clients."

**Perceptions of family planning as a woman's domain :** - Men's access to reproductive health services has been found to be impeded by social norms and elements of the healthcare system. Men and women emphasised the gender norms that assigned women the responsibility of having and raising children [25]. This domain was deemed to include issues pertaining to conception and family planning. Some people felt that talking to men



about family planning was unsuitable and distracting. It was seen unnecessarily stressful to use men's limited time and mental focus to debate family planning, given the social obligations placed on males to provide for their children.

“No, males don't want to know anything about contraceptives because they don't have the time. Usually, they believe that since women are the ones who carry the pregnancy, these kinds of items are only for them. Seeking money is what they [men] believe is the role of males.

Men don't always have enough time. They are occupied trying to find money. Consequently, since their minds are focused on money, it is pointless to include them in matters like family planning and the usage of contraceptives. Typically, women like us are the ones who bear children. We bear the burden of being pregnant as a result. Consequently, we fail to perceive the need for men to be involved in these matters .

“Train men about their roles in family planning and raise awareness among all men about the importance of family planning.” They will learn the value of family planning in the house by doing this, since the majority are completely unaware of its importance. [Attentive]. Few people actually visit that place. There are no sensitizations directed at guys in our village. Few women educate their husbands, and those that do struggle to communicate effectively with them.

**Family size preferences :** - Men's lack of support for women using contraceptives has also been connected to patrilineal traditions that place a high emphasis on having many children and favour large families. Many youngsters were regarded as a symbol of prosperity and stability in finances. Men tend to view boys in particular as a source of protection. If one boy builds on the right and another on the left, for example, people will typically be afraid to attack you since you are already protected. Once more, if you have a large number of children like I do, it is undoubtedly a large number of votes already, and you will win.

Because family planning limits the size of their families, most males dislike the concept. Men's opinions about birth control are equally bad since they believe that if you cut back on the number of girls you are to produce then you are reducing on your wealth”.

Some women also took issue with the promotion of contemporary contraception as a way to space out pregnancies, believing that this kind of marketing contributed to men's unfavourable opinions about family planning.

“They are not involved because our men adore having children,” the statement reads. They feel horrible when they go three or four years without getting pregnant or giving birth to a child. However, you are conscious of your health as a woman.

**Fear of partner sexual promiscuity:-** The use of family planning services by women may cause them to cheat, according to participants, who also expressed concern that it may be a reflection of their desire to avoid getting pregnant from extramarital affairs. Men's concerns about women's alleged sexual promiscuity were also associated with stigmatising notions that contraception was mostly utilised in situations involving female commercial sex exchange. It was not regarded as appropriate behaviour for married, devoted ladies. Men's worry about their spouse's possible infidelity, according to opinions stated by both men and women, is a significant obstacle to men playing supportive roles when it comes to using reproductive health services.<sup>[26]</sup>

“Contraceptive users, who are rare in number, are viewed as prostitution. Additionally, husbands typically decline to have their wives hang out with them because they believe they will teach them how to utilise these birth control methods. But, guys have no desire for them at all. Indian male key informant

“For the most part, those of us living in the villages associate anyone who uses the contemporary contraception system with being either a prostitute or someone who sells themselves. We consider that individual to be among those who sell themselves as prostitutes in our community. Indian male participant in FGD

“Men have a bad perception of birth control. They accuse them of being evil and that they push women to move out with other men. Indian female key informant “They want their wives to continue having children because that would make them appear younger and healthier. Men worry that if their wives appear younger, they would start drawing attention from other men. Indian female participant in FGD

“The men fear losing their spouses, particularly if they utilise contraception, which causes them to postpone and appear attractive, so can easily be taken by other men”. Female FGD Participant India

**Level of knowledge about FP :-** All FGD participants generally concurred that many women were among the WRA in their respective LGAs with low levels of expertise. Not being aware of the various forms of family planning<sup>[28]</sup> One respondent summed up the state of affairs by stating, “Knowledge is very limited.” Very little enlightenment exists. In India, there was an exception to this pattern.

The local official stated ,” In India, there is a high level of understanding on family planning. Individuals are aware of several techniques. The coordinator for family planning shared this opinion and gave the LGA’s family planning expertise a high rating. She can sympathise. I’ll grant them 80%.When a lady seeks your assistance, she is already familiar with the majority of techniques, each with pros and cons, the side effect etc. They are very knowledgeable About [family planning]

In a similar vein, one respondent emphasised that “your husband is the centre of attention here.” You are quite limited in your knowledge because you are powerless without your spouse present.

A different respondent made similar remarks. In her clear statement, “Some men do not still allow their wives,” the FP Coordinator from India

**Perception of family planning services :-** Use of contraceptives Since more and more WRA participants were open to taking contraceptives now than in previous periods, the majority of respondents (86%) in the Focus Group Discussions (FGDs) believed that the WRA’s perception of family planning and the use of contraceptives was improving <sup>[27]</sup> A KII responder expressed the opinion that although women are supposed to stay at home, become pregnant, give birth, and care for their children, things are improving now.

**Contraceptive preferences :** The interviewees stated that the two most popular forms of contraception in the locations under consideration were injectable and pill. One responder noted, for instance, that married women would rather get an injection, but single women would rather take tablets (FGD group1, India).But when pressed for an explanation, the interviewees listed a number of factors, including duration of action, privacy, and simplicity of use, as the reasons behind consumer preference. At the same time, they pointed out that married women were more likely to accept an injection than single women, and that the pill was more common among single women. As one respondent put it Indeed, they like the injection and the implant as the daily pill need prevents individuals from using it <sup>[29]</sup>

It’s simple and discreet to use medications and tablets. Here, the injection functions as a “permanent” type of contraception. Thus, the preferred option is the tablets. (Indian Community Representative)

**Government programs addressing the Delivery of contraceptives :-** All of the respondents who were asked about local government programmes agreed that there was one that dealt with the delivery of contraceptives. But each of them continued by naming donor organisations and initiatives after giving an example. Although the majority of respondents acknowledged that FP had budgetary allocations, they bemoaned the monies’ non-release. One of the respondents To put it another way, they do indeed create budgets now that things are routine; they also have to create budgets for family planning; the issue is that you are not involved. There is a budget, but funds are withheld, particularly when numerous donor organisations want to help. For this reason, they will just unwind and hold their money <sup>[30]</sup>.

**Conclusion:** Couples must immediately engage in joint decision-making on reproductive health that recognises the value of men’s involvement. The results of this study can be utilised to create male-involved family planning programmes that effectively remove obstacles to men’s supporting involvement in reproductive health, including dispelling men’s unfavourable health perceptions about contraceptive services. Because of the unfavourable opinions that were noted among them, the majority of respondents had never engaged in FP with their wives. Without any other outside influences, the cultural barrier will be enough to discourage males from participating in the FP project. Government and nongovernmental organisations could offer community sensitization initiatives to increase male participation in FP. In order for community and opinion leaders to support the application of FP techniques in their area, it is also necessary to involve them. Numerous studies have demonstrated that educating men and including them in counselling sessions can increase their support for the use of contraceptives and increase their awareness of the idea of shared decision-making.

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