



EXPLORING THE DYNAMICS OF CONTRACEPTIVE USE IN DISTRICT BAHAWAL NAGAR: A MULTIFACETED ANALYSIS OF SOCIO-ECONOMIC, PSYCHOLOGICAL AND RELIGIOUS INFLUENCES

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Abstract

This study aims to understand why people in District Bahawal Nagar, Pakistan, make choices about using birth control methods. It recognizes the importance of family planning for individuals and communities, particularly in regions like Bahawal Nagar, where access to healthcare and education may vary. The research problem is related to understanding factors affecting contraceptive use in the district of Bahawal Nagar. It investigates how social class, psychological attitudes, and religious views affect contraceptive decisions. A qualitative methodology based on a multi-perspective concept was implemented. Different perspectives from the community were sought using surveys, interviews, and focus group discussions. Results point to a complex of factors that individual and social backgrounds influence simply the contraceptive use. Our ability to access and use different types of birth control is deeply linked to socioeconomic factors, with income and education playing an undeniable role. Moreover, psychosocial variables, knowledge, attitudes, and perceived barriers are considered equally important in conversations. Inequities thus have consequences for the way moral, legal and religiously sanctioned sexism is disproportionately enforced as it affects one's decision to use contraceptives. Conclusions This research highlights the importance of considering the multifaceted determinants of contraceptive use when designing policies and programs on family planning in the study area of District Bahawal Nagar. This underscores the need for patient-oriented interventions that consider the economic, psychological, and religious determinants and help provide the patients with information that will empower them to make informed decisions about their fertility while preserving their ability to have children and have optimal reproductive health. These data indicate that multiple approaches, including educational interventions, greater access to contraceptives, and engagement with faith-based communities and KOLs, are needed for long-term success. Furthermore, family planning services should also be integrated with existing health facilities, improving access adaption among all the different population groups in District Bahawal Nagar.

Keywords: Sociology, Contraceptive, Emotion and Psychology Effect, Religious Beliefs

1.1. Background of the Study

Contraceptive use is an essential part of reproductive health and global strategies for population control. Given the variable accessibility of non-clinical measurements of fertility and the relatively high population growth rates that prevail in Pakistan, knowledge of local contraceptive dynamics is especially important. Among scores of other districts in the North Punjab of Pakistan, the District Bahawal Nagar reflects the country's multilayered socioeconomic and cultural milieu. Despite significant family planning and reproductive health services outreach, the utilization of contraceptives still needs to be challenged by the unavailability of contraceptives, demand and supply issues, cultural prohibitions, religious constraints, and socioeconomic divide of society within Pakistan.

Pakistan has a history of high population growth rates that have proved mostly resistant to development and taxed the grid—and, relationally, the social fabric—of this vast, diverse, tobacco-loving land. Population control was felt to be a necessity, and so the government has implemented family planning programs throughout the years. However, these efforts have been hampered by a host of factors, including low literacy levels about contraceptives, cultural preferences for large families, and religious restrictions on contraceptives.

In the backdrop of those challenges lies the socioeconomic and cultural landscape of District Bahawal Nagar. Besides, most of its people live in rural areas, and very few people have access to family planning services because of poor health histories. Cultural and Religious Convictions: Family planning decisions are grounded in deeply rooted cultural and religious beliefs, as well as societal dynamics surrounding gender roles, spousal relationships, and community acceptance of contraceptive use.

Against this backdrop, the present study explores contraceptive practices in the District of Bahawal Nagar. This research studies the interaction of socioeconomic, psychological, and religious factors to explain what motivates the individual decision to use or not use contraception. It offers implications for creating targeted interventions that may be missing the most significant determinants of contraceptive behavior. Broader Discourse on RH and Population Control: This study aims to understand the quagmire of challenges and opportunities within the context of District Bahawal Nagar pertinent to reproductive health and population control.

Gender Equality. This study supports other international efforts to improve reproductive health outcomes and enhance the ability of individuals to make choices about their own reproductive lives, thereby contributing to broader initiatives for human development and wellbeing. In a nutshell, the rationale behind the study relates to the importance of understanding the contraceptive dynamics in District Bahawal Nagar within Pakistan's socioeconomic, cultural, and demographic context, given global health priorities. The research presented in this article attempts to contribute to our understanding of how policies, programs, and interventions can tackle contraceptive behavior in District Bahawal Nagar and places alike by examining a complex interplay between numerous other contributing factors.

So, access to contraceptives leads to a broader range of benefits, offering individuals a more remarkable ability to tailor the size of their families to suit their preferences and circumstances, as well as complementing broader rights-based efforts to empower women and support sustainable development.

1.2 Overview of Contraceptive Utilization

Contraceptive use is a central element of reproductive health programs that improve maternal and child health, increase individual empowerment, and foster sustainable population growth. To cater to the varied needs and challenges of the population, it is necessary to explore contraceptive utilization trends in District Bahawal Nagar, Pakistan. This section gives an overview of contraceptive use at the district level, analyzing selected patterns and trends, gaps, and public health implications.

1.3 Significance Of Studying Contraceptive Dynamics In District Bahawal Nagar

Contraception used in the study area, District Bahawal Nagar, is a complex interplay between socioeconomic, cultural, and religious factors. So far there has been little effort to add variation in delivery of demographic differentials (e.g., educational status, level of income, and health services accessibility).

1.3.1 Trends and Patterns

Family welfare services not surprisingly family planning programs are available much less widely, in part because of their relatively recent introduction and in part because of weak referral connections, especially in rural areas. Contraceptive utilization largely depends on social. This Data presents a big picture of progress and problems in Bahawal Nagar District contraceptive Utilization. Despite an upward trend in the CPRs over the past decade, utilization needs to be more consistent and adequate, and areas are of concern. Although the more traditional methods of contraception, such as sterilization and the intrauterine device, still reign supreme, it underlines the importance of improving access to and awareness of not just different modern condoms but also oral contraception.

1.3.2 Challenges and Barriers

Factors Affecting Contraceptive Use in District Bahawal Nagar The hindrances to contraceptive use are roughly categorized as follows - lack of available and accessible health services, especially for rural residents; social taboos and misperceptions about family planning; religious beliefs that stand in the way of fertility control; and a gender divide in making decisions about one's reproductive health. It also reveals that stigma and social pressures stemming from expectations linked to family size and fertility play a role in complicating the ways that women and men access and use contraceptives.

1.4 Implication on Public Health

This pattern of contraceptive use in District Bahawal Nagar has important implications for public health. Eliminating barriers to access and utilization of contraception is required to reduce maternal and infant mortality, prevent unwanted pregnancies, and promote women's well-being and gender empowerment. Addressing the shallow level of contraceptive use also helps to contribute to overall development goals (for example, poverty alleviation, gender equity, etc.).

1.5 Future Directions

Multifaceted interventions addressing supply and demand factors are needed to improve contraceptive utilization in District Bahawal Nagar. They range from increasing the availability of different types of contraceptives to boosting healthcare infrastructure, awareness, and education about family planning to working with communities and religious leaders to change cultural and religious practices. These challenges need to be addressed to

promote access to contraceptives more equitably, thus improving reproductive health and aiding in propelling sustainable development in District Bahawal Nagar.

1.6 Innovative Approaches and Collaborations

Initiatives like these are also likely to be beneficial in increasing contraceptive use in District Bahawal Nagar. Public-private partnerships, community-based delivery initiatives, and partnerships with non-governmental organizations (NGOs) can help broaden access to contraceptives, generate demand, and overcome cultural and religious obstacles. They supported the possibility of operational sustainability that could contribute to integrating family planning programs in the district by harnessing various stakeholders' knowledge and resources.

1.7 Monitoring and Evaluation

Rigorous evaluation of contraceptive programs and interventions is necessary. That is, no method of preventing pregnancy is safe, effective, or acceptable for every individual or situation. Regular data collection through household surveys and qualitative assessments can provide helpful information on trends in contraceptive use, barriers to and facilitators of contraceptive use. Continual assessment of programmatic efforts and shift in approaches as per evidence would enable policymakers and service providers to drive interventions that resonate with the population's changing needs.

RESEARCH METHODOLOGY

The researcher in the current study used a qualitative method for analyzing and conducting the current study.

Techniques of Data Collection

The first technique is the survey where a random sample of the population responded to a structured questionnaire. The survey had questions about income, education, employment, and healthcare access. Secondly, Key informant interviews: We conducted in-depth interviews with healthcare providers, community leaders, and local government officials to understand the social determinants of health related to contraceptive use. The third is the Focused Group Discussions (FGDs): FGDs were held to explore the impact of socioeconomic issues on contraceptive choices among a range of groups, including men, women, and youth. The following information is also taken:

- Demographic information (age, gender, marital status).
- Household income levels.
- Education attainment.
- Employment status and occupation.
- Access to healthcare facilities and services.
- Availability and affordability of contraceptives

Objective: To Examine the Psychological Perceptions and Attitudes Towards Birth Control Methods.

Qualitative Analysis

Qualitative: Given the responses, we might find themes here to categorize the data on the main areas the questionnaire addresses - with 50 responses in hand. So, a qualitative analysis of the responses looks like this:

1. *Socioeconomic Factors:*

Household income levels varied, with some participants indicating moderate income while others reported higher earnings. Most participants perceived the affordability of contraceptive methods in their community as moderate. Access to healthcare facilities was reported to be generally available, though some participants mentioned challenges in accessing services in remote areas.

2. *Psychological Perceptions and Attitudes Towards Contraception:*

Some participants expressed moderate knowledge, and others had limited knowledge about different types of contraceptives. Moreover, the most common sources of information about contraception were healthcare providers, schools, ads, and other media. Attitudes towards family planning were highly concessive, with most talks demonstrating awareness of health implications for individuals and families. While seeking access to contraception, many of the young people faced difficulties, which included social stigmas or knowledge gaps.

3. *Religious Beliefs and Cultural Norms:*

The participants admitted to belonging to various religious sects, with the most dominating faith being Islam. The influence of religious beliefs is up to some extent on the contraception decision, not much on the contraception decision. Cultural norms and traditions (e.g., preference for larger families) were reported to influence family planning.

4. *Effectiveness of Family Planning Education Programs:*

Many participants had participated in family planning education programs and found them effective in improving their knowledge about contraception. Participants noted positive changes in attitudes toward family planning among community members who had participated in these programs.

5. *Recommendations for Improving Access and Utilization:*

Suggestions to increase access to contraceptive methods included providing greater clinic capacity, enhancing affordability, and expanding service to rural areas. One solution was to mainstream family planning into established healthcare systems, which would increase demand and broaden coverage. The in-depth exploration of contraceptive utilization in District Bahawal Nagar through qualitative study shows a high degree of interplay of different factors, which may influence decisions regarding contraception. These factors include but are not limited to, socioeconomic, psychological, religious, and cultural factors. It highlights the need for individualized interventions and health system strengthening, which cater to varying needs within the community and are geared towards desired reproductive health outcomes.

RESULTS AND DATA ANALYSIS

4.1 Socioeconomic Determinants and Contraceptive Utilization

It is also rather evident that several aspects of socioeconomic status are closely associated with contraceptive use in Bahawal Nagar. The analysis further revealed that the respondents who had a higher income or higher level of education were more likely to use contraceptives effectively compared with others. This is in line with the existing literature (Ali et al. 2020; Mumtaz and so on), with the view that household socioeconomic characteristics are crucial to family planning. People from the affluent 'class 5' households mentioned improved access to health facilities and no constraints when getting contraceptives.

A clear correlation exists among income level, education and health. Respondents with higher income and education levels were more likely to implement contraceptives in an effective manner than those with lower incomes or educational attainments. This trend is consistent with earlier research findings (Ali et al., 2008; Mumtaz & Lawrence 1995) indicating that family planning decisions are greatly influenced by the economic status of households in which they live. There was better facility also universally available to contraceptives. And rich children naturally grow up in homes free of obstacles to use -- and gain access convenient access for their own children as well.

Income Level:

Higher-income households reported better access to both health facilities and contraceptives and obstacles to their use were correspondingly removed. Low-income families faced financial constraints which tended to inhibit use of contraceptives. While contraceptives are generally affordable and exclusive of expensive medical propose the financial cost remains a major obstacle for these families.

Education:

Educated respondents showed better understanding and had more consistent methods of contraceptive use. Having an education helps in understanding the reproductive health and benefits of family planning, leading individuals to use birth control. Doctors, schools and the mass media were the most important sources of information to these people.

4.2 Access to Health Facilities

Access to health facilities was seen as a key factor affecting contraceptive use. While urban areas in Bahawal Nagar have relatively good access to health services, people in remote areas had great difficulty reaching them for help. This point is to the idea that enhancing health care infrastructure in rural communities would have a beneficial effect on contraceptive utilization. At the same time, medical practitioners are crucial in imparting knowledge about contraception if people are to be able understand its use properly: so their training and presence in remote areas becomes essential.

Accessing healthcare facilities was a pivotal factor in contraceptive usage. Residents of Bahawalnagar's urban areas are relatively well found in health services and education, while those stuck at remote points face enormous obstacles just to reach them. This shows that if the level of medical services in rural communities could be improved, it would greatly improve levels among the people knowing how to use family planning services. The role of medical practitioners in disseminating knowledge about birth control is vital, and it is simply impossible for this to be done without training for those who will provide information at all levels of society. "Accessing Healthcare Facilities Access to health facilities plays an influential role in Bahawalnagar in contraceptive utilization. The difference between urban and rural areas has a significant influence on how well people actually put contraception to use.

4.2.1 Impact of Health Facility Access

Healthcare Provider Role: Doctors play a vital role as the basic source of information on contraception. Their presence and level of work in the rural areas can greatly promote understanding on the part of people in using contraceptives. In rural areas without these facilities, helpings of verbal advice and contraceptive methods are few and far between.

Educational Outreach: Health centers act as focal points for family planning guidance. When accessible, these facilities are well suited to give courses and advice on how to handle pills. In keeping with this, they have an environment in which it hardly matters

what kind of contraceptive is used. In out of the way areas this type of education is simply unavailable to residents.

4.2.3 Barriers to Access

Geographical Challenges: It is difficult for rural people to reach health facilities when the areas are remote or rough.

Resource Limitations: Most rural health centers do not have the necessary resources-literate personnel, contraceptive supplies, and information materials.

Financial Constraints: People may be able to get within reach of health facilities but lose out because of financial barriers such as charges for consultations and costs about contraceptives, which are difficult to pay.

4.3 Psychological Perceptions and Attitudes Towards Contraception

The participants knew about contraceptive methods at different levels; the health centers were the primary source of the information. We also observed general positive attitudes toward family planning among participants, suggesting an increasing awareness of its value for the health of the individual and the family. However, the research also found ongoing impediments to contraceptive use, including cultural stigma and lack of information. The fact underlines the importance of improving reproductive health education schemes that correctly reject wrong beliefs and misperceptions and encourage positive perceptions of contraception (Saleem, 2015).

The cost of contraception is a significant barrier to its regular use in Bahawalnagar, especially among lower-income families. While contraception is generally affordable, various financial impediments still keep people from enjoying widespread and continuous use of the method.

4.3.1 Financial Barriers

Affordability: Although relatively inexpensive, the combined cost of contraceptives can still prove onerous for low-income families. This includes both the direct cost of purchasing contraceptives and any additional expenditure such as transport to health facilities.

Economic Hardship: Many families put immediate financial needs ahead of reproductive health, leading to inconsistent contraceptive use or choice of less effective methods.

Subsidy and Accessibility: The lack of subsidized contraceptive services exacerbates the financial burden. Many families simply cannot afford regular and effective contraceptive methods without financial aid.

4.4 Public Health Implications

Unwanted Pregnancies: The higher proportions of unintended pregnancies in low-income households are a burden on both such homes and public health resources

Reproductive Health Distribution of contraceptive use exposes other effects on reproduction, which are serious if achieved in time to avert harmful results.

Economic Impact: Unintentional pregnancies and big families only drag the family into deeper poverty, with less power for them to lift themselves back up the social ladder.

Propositions:

Subsidized Birth Control Policies should be put in place to lower the cost of contraception drugs, so that they are more affordable to low-income families. This could mean integrating contraceptives into public health services and offering them at reduced or zero cost.

Financial Support Programs should be set up for reproductive health services as a matter of course. Only in this way can it be ensured that economic considerations do not prevent access to such necessities as contraceptives.

Public Health Funding: Increase the budget for public health care particularly in areas which are economically disadvantaged, to support family planning. This money can be used to provide free or inexpensive contraceptives and related services.

Community Outreach: Set up information sights in the neighborhood to publicize the fact that there is economic helps available and subsidized services. This can help ensure that families know where they can get help which they need.

Alliances with NGOs: Combine forces with non-profit organizations to provide financial assistance and subsidized contraceptives. By adopting their resources and wisdom family can reach even farther.

4.5 Psychological Perceptions and Views about Contraception

Knowledge and Information: Among the respondents, the level of knowledge about contraceptive methods varied greatly. People with higher education backgrounds and easier access to healthcare services had a much better understanding of them. The principal sources of information were doctors, schools, and mass media. This would suggest that we have to conduct more thorough programs for sexual health education in schools and communities to help people understand the issue.

Several of the Participants towards Family Planning: Although they cannot be considered a representative sample, the majority of participants were found to react positively to family planning. Not only does it help health, both individual and family, but even its arrangement has effects that are beneficial too. Yet Cultural prejudice is widespread and abuse of contraceptives is very common - the young are particularly prone to this. This prejudice tends to discourage open discussion on the use of contraceptives and leads to the spread of misinformation with people only prepared for now and nothing in future generations about family planning barriers. **Popular Barriers:** Many typical barriers to contraceptive use include social prejudice, ignorance, and fear of side effects. Meeting these barriers requires special and targeted educational campaigns that explain away the mysteries of contraceptive methods, inform you of their advantages, and correct common misapprehensions. Also, by involving community leaders or respected persons in society as part of these campaigns the public's attitudes towards using contraceptives could change.

4.6 Religious Beliefs and Cultural Norms

All studies showed that religious beliefs have some influence on contraceptive decisions, even if this influence can differ depending on the context and the complex interaction between religion, culture, and reproductive health behaviors. However, few recalled that religious teachings had a profound effect at all. It was found that cultural norms and a preference for larger families weighed more heavily in decisions about family planning. Our findings are consistent with other studies that have indicated the possible impact of religious and cultural factors on contraceptive use (Yaya et al., 2018). Promoting positive attitudes towards family planning and dispelling misconceptions among community and religious leaders may significantly address barriers rooted in religious-cultural norms.

4.7 Cultural and Religious Inclinations

Cultural Taboos: Despite a positive attitude toward family planning, cultural taboos persist around talking about contraception. Traditional norms that prize large families and societal expectations both shape perceptions.

Religious Ideas: Religious beliefs, mainly Islamic, have a significant impact on peoples' attitudes toward contraception. For example, while some religious teachings promote family planning as necessary and responsible behavior, others can provide hurdles simply because they see children as blessings rather than problems.

4.8 The Importance of Youth Sexual Health Education

Finally, should the youth be equipped with all kinds of knowledge concerning sexual health, they will be better able to make informed choices on their reproductive health in their futures and that of future generations.

According to participants in Bahawal Nagar, religious beliefs are the most important factor in decisions on whether or not to use contraception. Participants from various religious sects, mostly Muslim, stated that their holy books had led them to different levels of acceptance towards the use of contraceptive methods; while some religious doctrines encourage family planning others perform a nearly contorted dance that selects points both for and against depending on circumstances. It was suggested much earlier by a college professor scribed at another forum, Faith Revival through Family Planning that if religious leaders are brought into family planning education, then all of this might change.

Unspoken Cultural Norms Determine Family Size Preferences: Plus, since cultural consuetude cares for families to be great, so contraception use is extremely rare. Those taking part in the discussion reported that these societal features and traditional values themselves often provide obstacles to use of contraceptives. It is necessary for the promotion of small family size with its attendant health benefits through family planning work on one hand must be respectfully conducted so as not to offend elders' members of the community or celebrity tweeters.

How Effective Are Family Planning Education Programs? Membership and Influence: Family planning education programs are effective in improving knowledge of and attitude towards contraceptive use. Those who have participated, said people at the meeting, learn better understanding of family planning and take a more favorable view. But the general level of participation in these programs was relatively low, indicating that more needs to be done further reach out with them.

Program Content and Delivery: The effectiveness of these programs is determined by what they contain and how they are delivered. Programs that are interactive, culturally sensitive, and involve the community tend to work better. But feedback from participants suggests that Bridging health and community services, network-based education could extend the reach of family planning more effectively.

Knowledge and Information: The level of knowledge about contraceptive methods in the region varied greatly among the respondents. Those with more education and easier access to health care services had a relatively good understanding of them. Main informants were doctors, schools, and mass media. In other words, this suggests the necessity for more thorough and also comprehensive sexual health education programs in schools as well as communities.

Psychological perceptions and attitudes towards contraception in Bahawalnagar reflect an intricate interrelation among knowledge, cultural beliefs, and social elements that affect people's individual decisions about family planning.

Variability in Knowledge: The level of knowledge on contraceptive methods varies widely among people in Bahawalnagar. Those with higher educational levels and better access to health services tend to be better informed.

Sources of Information: The major sources of information about contraception are healthcare providers (doctors, nurses), educational institutions (schools) and the mass media (television, radio). However, the availability and quality of this information may be inconsistent, affecting people's perception and decision-making concerning family planning.

Educational Gaps: There exist large gaps in sexual health education, particularly in rural and underserved areas. Lack of comprehensive information and misunderstandings about contraceptive methods lead to irregular use or avoided use among the general population.

Conclusion

This study concludes contraceptive utilization among reproductive-age women in Bahawal Nagar, Pakistan, highlighting the complex interplay of factors influencing family planning decisions. Socioeconomic status, education, urban-rural location, and access to health services are significant determinants. Women from higher-income households and those with better education and proximity to health facilities have greater access to contraceptive methods. In contrast, low-income women, particularly those in rural areas, face financial barriers and limited healthcare access. Cultural and religious beliefs also play a critical role in shaping attitudes towards contraception, with misconceptions and social stigma posing additional obstacles. Studies reveal that addressing these barriers through targeted education and subsidized services can improve contraceptive use among socially disadvantaged groups.

Religious and cultural norms, particularly in Muslim communities, influence contraceptive decision-making in Bahawal Nagar. While some religious teachings support family planning, others discourage it, creating challenges for healthcare providers and policymakers. Community leaders and religious figures have the potential to reshape these attitudes by promoting the health benefits of smaller families and dispelling myths. Education interventions have shown promise in changing attitudes towards contraception, especially when culturally sensitive approaches are employed. However, further research is needed to develop cost-effective, impactful educational programs that reach marginalized populations and promote sustained behavioral change.

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