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IF FAMILY PLANNING IS A HUMAN RIGHT, WHERE IS THE HUSBAND IN DECISION-MAKING ABOUT FAMILY PLANNING AND METHOD SELECTION?

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ABSTRACT

Family planning is a Human Right, a woman or a man is free to decide for his/her family with full autonomy, as well as to select any family planning method according to their wish, however, in some social contexts, the process of family planning is not so simple as it is perceived in basic right based family planning conceptual framework. This paper aims to present the findings of qualitative research on the decision-making process of a husband regarding his family planning method selection in the typical rural environment of Sindh, Pakistan. A descriptive exploratory model was adopted, and in-depth interviews were employed to collect the data while using in-depth interview guides. A total of 12 interviews were conducted in two districts Daddu and Thatta, Sindh, currently using any contraceptive method, such as injection, pills, or condoms. The results reveal that the decision to use family planning is a complex process, where the husband's socio-economic status (SES), his attitude toward family planning, and the availability of FP services and products are identified influencers of the process of family planning. A discussion was made with the perspective of human rights and family planning to get a conceptual understanding. This study identified additional factors that influence the decision of the husband for the selection of an acting contraceptive method, including side effects of the wife's attitude toward any specific family planning method. The type of family structure is also seen as an influencing factor and potentially alters the desire of couples in the domain of family planning. The study also identifies the gaps in the literature, focusing on exploring more social factors triggering or hindering the decision-making process.

Keywords: Family Planning, Husband Role In FP, Human Rights, Contraceptive Prevalence Rate, FP Decision-Making.

Introduction

Traditionally, family planning is considered a topic of demographic and public health, but recent shifts marked it as a matter of individual rights, gender equality, freedom of choice, and better health livelihood, and established the concept of family planning as a fundamental human right that allows individuals to make informed reproductive choices, technically named, "rights-based family planning" (RBFP). Emphasised the development of more effective indicators and tools for rights-based family planning, where the crucial need for more explorative research is even more than ever before, for better policies and program design in the phase of FP2030 (2020–2030) (Hardee, 2021). More researches are needed to fill the gap to fully understand the social dynamics and determinants of family planning as an instrument of human rights. Traditionally, researchers give more weight to evaluating the participation of women. However, the recent shift highlighted the other crucial players, including the husband and mother-in-law, in the process of family planning at a household level. We found a serious gap in the literature debating about family planning as a human right, where literature presented a generic and wholesome view of decision-making, and to our understanding, there is no other study available on husband participation in the decision-making process, as his basic rights. Similarly, in the domain of right-based family planning, the role of the male counterpart is missing in the literature. The need for this element to be translated into the research is even more severe in the case of Pakistan, as a patriarchal society, and specifically in the case of rural Sindh, the husband usually plays a dominant role while deciding on family planning or selection of any method for family planning. This research examines the socio-cultural, economic, and religious factors influencing husbands' decisions regarding short-term family planning methods in District Dadu and Thatta, Sindh. The literature highlights that husbands' decisions on family planning methods in District Dadu and Thatta; are shaped by socio-cultural norms, economic conditions, religious beliefs, and exposure to family planning information.

Family Planning as Human Rights

The International Conference on Human Rights (Tehran,1968) advocated 19 proclamations, where the 16th proclaim was focused on the right to Family Planning and spacing; it stated, "the protection of the family and the child remains the concern of the international community. Parents have a basic human right to determine freely and responsibly the number and the spacing of their children'' (University of Minnesota: Human Rights Library n.d., 1968) The Proclamation of Tehran is considered the official declaration that family planning is a human right, and to fulfill this right, the universal availability of family planning is a must. Historically, the Proclamation of Tehran is followed by the Declaration on Population, signed by the Heads of 12 States in 1967 (United Nations, 2019) and agreed upon by U Thant's statement that ''The

Universal Declaration of Human Rights describes the family as the natural and fundamental unit of society. It follows that any choice and decision about the size of the family must inevitably rest with the family itself and cannot be made by anyone else. Hence, the right of every family to access to the information about family planning and the availability and accessibility of the services are considered as a basic human right and as an indispensable ingredient of human dignity.' For that purpose, different treaties are collectively working to promote universal access to sexual and reproductive health care and reproductive rights, including family planning services and information, as agreed at the 1994 International Conference on Population and Development (United Nations, 2019**)**. Recent international movements diverted their focus on family planning from public health and demographic indicators to a more socially complex phenomenon inspired by human rights. The autonomy of individual Married women of reproductive age, as well as her counterpart, male involvement in family planning, is critical to promote shared decision-making. UNFPA and WHO together advocated nine standards of family planning to ensure the inclusion of human rights context in family planning (United Nation Population Fund, 2019), including (1) non-discrimination, (2) available, (3) accessible, (4) acceptable, (5) good quality, (6) informed decision making, (7) privacy and confidentiality, (8) participation, (9) accountability. For a better conceptual understanding of the research question, where the husband is involved in family planning, we discuss the broad picture of available family planning methods, Broadly, contraceptive methods are categorised into two categories by their positioning as modern and traditional methods. In modern contraceptive methods, female sterilisation, male sterilisation, intrauterine contraceptive devices (IUD), implants, injectables, the pill, condoms, and lactational amenorrhea method (LAM) are included, while rhythm, withdrawal, and folk are considered as traditional methods. The demand and prevalence of Modern contraceptive methods are high as compared to traditional FP methods. Worldwide, the proportion of women of reproductive age who have their need for family planning satisfied with modern methods has improved by ▲ 3.9 percentage points from 73.7% in 2000 to 77.6% in 2023 (DATA,World Health Organization, 2025), This suggests greater access, awareness, and acceptance of modern contraception over time, there could be some causes and factors contributing: including, Increased investment in reproductive health programs, especially in low- and middle-income countries, Greater availability of contraceptive options and education about their benefits. Considering the global availability of modern conceptive methods, we can easily classify these methods into three types: (1) long-acting reversible contraceptives (LARC), including Intrauterine Contraceptive Devices (IUD) and implants; 2) short-acting contraceptives, including Oral Contraceptive-OC pills, condoms, spermicides,

and injectable and 3) permanent methods such as sterilisation with tubal-ligation/ vasectomy(Tibaijuka 2017).

The Scenario of Family Planning in Pakistan as a Human Rights

Advancing in family planning programming and reproductive health initiatives, resulting a sharp decrease in the fertility rate over the decades in Pakistan, from 5.4 births per woman in 1990-91 to 3.6 births per woman in 2017-18, Pakistan Demographic and Health Survey (PDHS) 2017-18 and a further decline to 2.5 by 2054 (United_Nations, 2024). Despite improving the statistics, Pakistan's total fertility rate is higher in the region, and one of the reasons may be Pakistan has the lowest contraceptive prevalence rate (34 per cent) in South Asia, with a total of 207.7 million, making Pakistan the world's fifth-most-populous country. The government of Pakistan issued some shocking social factors that contributed to the low prevalence of contraceptives in the country, including the highest desired sex ratios at birth, where parents produce more babies until they reach the desired number of sons, with other dominant social indicators are; high unemployment and low economic growth, physical distances from delivery points, costs, social barriers, poor quality of services, and associated misperceptions. The unmet need for family planning services is also higher at 17%.5 (PAKISTAN BUREAU OF STATISTICS, 2020-21).

According to the report published by the Government of Pakistan, 34% of MWRA-married women of reproductive age (15-49) are current users of any type of family planning method, where 25% are using modern, while only 9% are using traditional methods for family planning. An increase is evident in the modern Contraceptive Prevalence Rate (mCPR) during the year 2020-21 is 46.4%, whereas 44.1%1 during 2019-20. (PAKISTAN BUREAU OF STATISTICS, 2020-21). Modern contraceptive is perceived as critically important to promote family planning and designing family planning programs globally that are directly linked with the socio-demographic features of a given population, including education, wealth, and accessibility to information as well as to services, not only for women but for male users of contraceptive (Edossa & Mamo Nigatu Gebre, 2020), the same attitude is validated in the demographic facts from Pakistan, where socio-economic and demographic factors positively react to the prevalence of modern contraceptive (National Institute of Population Studies, 2019).

Many social factors are contributing to the increased use of mCPR, including age, educational attainment, wealth quality, and location of residence. The case of residence, urban and rural, is directly linked with the Contraceptive prevalence rate, with 43% in urban versus 29% in rural. For instance, a study conducted by NIPS with UNFPA reported an improvement in CPR, 46% in Punjab, during 2023, as compared to 38% in 2020 (NIPS, 2023). Generally, the cause of this disparity could be better

accessibility to healthcare facilities and information, for instance, women in Balochistan, those with lower education and income, and those not visited by fieldworkers are less likely to use contraception (MacQuarrie K. L., 2022).

The selection of types of contraceptives, such as Long Acting, Short Acting or Permanent modern contraceptive methods, is linked to the age group of MWRA, the number of living children and the residence of urban or rural areas. The selection of the family planning method heavily depends on the MWRA's age and the number of live children she has.

Age and Family Planning Method Preferences:

Age is an interesting indicator of the data, showing the change in FP practice with respect to age specifications (Tehrani, 2001). With age in MWRA, a change in FP method prefaces is observed (Islam, 2016), where the age group 40-44 uses most of the modern contraceptives as compared to other age groups. The long-acting reversal contraceptive is mainly opted by the age group of MWRA, above 40 and with living children, such as the prevalence of female sterilisation is higher in the age group 40-44 with 21.2%, and lowest 20-24 with 0.2%. Similarly, at age 39, they are mainly inclined toward short-term contraceptives, such as spills, injectables and condoms, as well as male condoms, which is the most popular contraceptive method in the category of short-term contraceptive methods. Pills and injection consumption is high in the age group of 30-34, with 2.5% and 3.2%, respectively. Similarly, condom prevalence is also high in the age group of 30-34. So, the data shows the age group 30-34 is the main focus target age for modern short-term contraceptives. PDHS data reflects long-acting contraceptive methods for IUCD and implant age group 40-44. Permanent sterilisation in males and females is observed in the age group of 40-44 with 21.2%, while in male sterilisation in the husband age group of women 45-49 with 0.2% only. The analysis of these findings shows that the selection of the FP method is closely related to the age of MWRA. Younger women with fewer children tend to opt for short-term contraceptive methods.

Several Live Children and Preferences for Family Planning:

Another big determinant of the selection of contraceptive method, long-acting, permanent or short, heavily depends on the number of live children a woman has; a woman with more children is more likely to select permanent sterilisation or long-acting methods, similarly; younger women, with fewer children, will likely to opt for short term contraceptive methods.

Educational Level and Wealth and Preferences of Family Planning Method:

Interestingly, MWRA with high educational attainment and from the highest wealth quintile (Ahinkorah, 2021) are mostly using male condoms for contraceptives, while for pills and injections, a mixed behaviour is observed. Pills are used as the FP method in

the lowest wealth quintile, with 1.9%, and in the highest as well, with 1.8 and a similar mix trend is also observed in educational attainment and use of pills as contraceptives. A different trend is observed in injection, where the lowest wealth quintile using injection was 3.6% and the highest wealth quintile was 0.9%.similarly, with no educational attainment, high level of use of injection, where 3.2% of MWRA using injection with no education, while only 0.9% of MWRA using injection as a contraceptive with highest educational attainment. Education enables women to effectively negotiate their contraceptive needs with their partners, and they can mutually decide to opt for some methods, as education supports the wife and husband both to access the contraceptive information and services with greater autonomy (MacQuarrie K. L., 2022).

Where is the Husband in Family Planning? If Family Planning is his Right!

The most important aspect of these above-mentioned PDHS 17-18 findings mainly reflects the contraceptive prevalence in MWRA, in easy word; the focus of family planning programming, research and policies revolving around women and males practicing contractive is limited only by male condoms and vasectomy, which is a limited contribution to overall CPR and Modern contraceptive use (mCPR). The role of the husband in the use of the FP method is fairly limited as well as, in some studies, identified as a barrier to contraceptive prevalence (Mustafa 2015)[i]. Several research discovered the relationship between male engagement in FP decision-making empowerment of women and better health opportunities (Kassa 2014)[ii]. Many studies emphasise the role of the husband in Family planning in general. However, there is a gap in available evidence on the role of the husband or male partner in the selection and adoption of any family planning method. The nine standards to uphold human rights to Family Planning, including the right to select any FP method, access to quality information on FP methods, and autonomous decision-making with privacy and confidentiality, are some key rights of individuals for family planning.

There is a serious need for inclusiveness of the focus on male counterparts in the family planning domain. Husbands influence contraceptive use based on their education, socioeconomic status, and perceptions about contraception. The inclusion and involvement of the husband in family planning not only support to improve overall contraceptive prevalence but also contribute to Pakistan's goal to achieve a 60% contraceptive prevalence rate by 2030 (Ali, 2022)

The role of the husband became more crucial in the extended and joint type of family, where the decisions of family planning, like other household decisions, are more solely dependent on the husband, but other family members influence the choice and behaviour of the husband and wife, as they cannot enjoy autonomy to decide for their

own family, their own lives. In the case of Pakistan, the role of males in family planning while living in joint or extended family structure could be a bearer for contraceptive adaptation; similarly, it could be a facilitator, which showed the high complexity of the context in Pakistani society (D MacQuarrie, 2022).

Just similar to MWRA, the socio-economic status of the husband is also directly linked with his attitude and behaviour toward family planning. Evidence showed a direct influence of high income on male decision-making to opt for contraceptives and the methods, where husbands who earn high income are more likely to adopt contraceptives as they believe fewer children are more manageable and they can provide them social wellbeing (Edossa & Mamo Nigatu Gebre, 2020), on contrast, males in the low-income group are more inclined toward having more children, that would benefit for them as with more children, they will have more options of breadwinner in their family (Islam, 2016) (Nadeem, 2021)

The contextual gap in planning and implementing family planning, specifically in the context of Pakistan, local culture and cultural diversity (Freedman, 1993), and limited knowledge of male positioning in a family, his attitude toward family planning, education, occupation, and communication with his wife, all the delicate social fabrics, need to be studied with more depth, aligned with the acknowledgement of male's rights (Meherali S, 2021). Everyone should have access to person-centred, human-rights-based family planning to enable them to "decide whether, when and by what means to have a child or children, and how many children to have" (Marston & Tabot, 2023).

Studies from Pakistan reveal that men who adhere strictly to conservative interpretations of religion are less likely to approve short-term contraceptive methods (Tehrani et al., 2001). Research indicates that men who receive direct counselling from fieldworkers or health professionals demonstrate a higher likelihood of supporting contraceptive use (Bhutta et al., 2011). Traditionally, a man is considered as a partner in the family planning domain, which gives the impression of a central position to a woman and a man as her partner, while there is a serious need to redefine the positioning of gender; both as active participant to decide for their family and their lives. The feminist perspective supports this argument and critiques the overly addressed population control and lowering the fertility rate by governing the reproduction of the population and sidelining the rights and voice of both men and women, their autonomy beyond the demographic targets (Nandagiri, 2021). Researchers stress the need to explore the factors that influence fertility behaviour in a complex context like Pakistan (Götmark, 2020).

There are two folds of this research: considering family planning as a human right, and secondly, how man uses his rights while deciding on family planning and selection of

method in the context of Pakistan, a patriarchal society, where we have enough literature to advocate the supremacy of man, a head and key decision maker of household, what are the factors influence his decisions.

The good direction is observed that much attention is given toward developing frameworks for family planning with a human rights approach, where client-center is the core and dignity of a patient with Availability, accessibility, acceptability, and Quality(AAAQ) by (Jain, 2018) is constructed, rather than demographic, or birth control and public health issue, but individual right to practice family planning with autonomy (Senderowicz, 2020).

This research aims to explore how a male uses his rights for family planning decisions and selection of the family planning method; what are the determinants while deciding on family planning method selection; what factors motivated him, what are the bearers, and what interaction with his wife during the process of decision making. The study targets males from Sindh, where the resources are still limited, and logistics and infrastructure are still unsupportive of family planning (Wulifan et al., 2019).

Methodology:

From November 2024 to January 2025, PhD scholars from the International Islamic University, Islamabad, Pakistan, conducted qualitative research with the target population, including the current husband of MWRA in two districts of Sindh, Thatta and Dadu. This paper presents the findings of the research on: what are the influential socio-economic factors contributing to male engagement in the decision of short-acting Family planning method selection(Short-term) for himself for his wife? While considering family planning rights as his basic human rights. A descriptive exploratory design was applied for the collection of the data, employing in-depth-qualitative interviews. Overall, 12 in-depth interviews were conducted with husbands. The data collection took place in 2 districts of Sindh, Dadu and Thatta, Pakistan (6 respondents were from Dadu and six from Thatta). Random sampling technique was adopted, and other inclusion criteria were respondents having at least one child less than 2 years, residing in rural areas of the districts and currently using any short-acting contraceptives, and the age of his wife is below 39. The inclusion criteria are based on the findings observed from PDHS 2017-18, where below the age of 39 years MWRA are mostly users of short-acting contraceptive methods. All respondents were selected with the help of Lady Health Workers, followed by the process of informed consent. All the male participants of the research were in the age group of 20-40 years. The study was carried out in 4 villages of the two rural districts of Sindh. All interviews were conducted at a place which was easy to access, privacy was maintained and where respondents were feeling comfortable. The interview guide was designed by the principal investigator-pi and, after pretesting and validation, translated into the

national language Urdu. The data was collected by the principal investigator in the respondents' native languages, Sindhi and Urdu. 5 respondents gave their consent for audio recording, and the rest were asked to take active notes on their interviews. All audio recordings of interviews were transcribed into English from Sindhi/Urdu language. Detailed content analysis was conducted by using English transcriptions and active notes, reading and rereading all obtained data to capture the themes and sub-themes. The purpose of the study was briefed to the Respondents to ensure the ethical considerations, along with their right to refuse to answer any question and terminate the interview at any time. Confidentiality was maintained during the interview by not including their names in any form of data or any response. A unique identification code was allotted to identify the respondent profile. All recorded data was discarded after the transcription was completed.

Results:

Who is He? Demographics and Profile of Husband:

The majority of the respondents belong to the very low socio-economic status (SES), with a range of 10000 -15000 PKR monthly average income. The respondents belong to the age range of 20-40. Their educational attainment range is observed as Quarnic education, middle, matric and inter/12 grade. All the respondents were the bread earners of his family, and key occupations were observed, including clerks, shopkeepers, farmers, and labourers. The majority of the participants were living in a joint family setup, while some were also living in a nuclear family. Husbands have many friendship circles where they discuss their personal and work-related issues with each other while sitting in a tea stall in the evening or during any time of the day when they are available to sit together. A typical day in the village of Sindh starts with the morning sun; the husband starts their day very early after having breakfast with his family. Almost all of the respondents who were living in the nuclear system of the family mentioned that they dropped their children at a nearby school. Interestingly, if the public school is functional and operating near their village, they prefer to send their children to public school, however, if the respondent is educated above matric grade, he prefers to send his children to a private school near his village. After the end of the whole tiring day, the husband returns home, watching TV programs about politics, culture, news and sports or sitting with family and using their mobile phones before succumbing to sleep. Respondents from the interior parts of Sindh, specifically in Dadu, are the fan of radio. However, respondents from Thatta, the district of Sindh, located near the metropolitan of Karachi, also reported the use of smartphones in the evening hours to make calls to their friends and family, and sometimes they use social media to get updates.

"I and my wife wake up early in the morning, and at night, after completing my work, I get back home at 7:30 PM and feed my buffalos with grass. Our customers come and take away the milk in the evening. I retain a small amount of milk for my children. Sometimes, my friend pays a visit, or sometimes I pay a visit to him at night and talk together and by 10:30 PM, I spend some time with family members." (3 Husbands, Dadu)

Husband discusses their opinions on politics, current affairs, and other matters of mutual interest, as well as issues of their domestic and social existence with their friends. They value their friendship and often consult them before making any big decision. They find sooth in their company and look forward to meeting them whenever his busy schedule allows him.

Considering Human Rights: Male engagement in the decision of Family planning method selection in Sindh, Pakistan

The Process!

If the decision, which can make an impact on the lives of the husband and wife, were made in mutual understanding, while during the process of decision making, the husband holds a strong position to influence any decision because he is the bread earner of the family. If the decision is related to expenditure and investments, the influential position of the husband is much clearer because it is his money, and he is the one who will decide. The wife considers herself a monitor of her husband's expenditures, where he is going to spend his money, so she suggests and assists him in decision-making. For family planning, respondents claim that decision-making regarding family planning needs to be finalised only after consultation with the husband and in his full knowledge. Wives also play a good role in counselling their husbands after getting information from LHWs or any other health-related personnel, on the other side, the husband also carefully listens to the advice given by any health-related professional. In a nuclear family, the respondent hasn't faced any issues from his family members regarding his decision to practice family planning and insists that it is a personal decision and, hence, should not be affected by other people's opinions. In a joint family setup, respondents generally hide their practicing and try not to discuss the practice of family planning with their family by trying to limit that to their wives only.

"My wife says that I should not disclose the use of family planning in our home and act superficially to go against family planning just to show people that we are not applying family planning but, in reality, we have to apply it". (1 Husband-Thatta)

Attitude of Husband toward Family Planning:

All of the respondents were using short-acting contraceptives for family planning and are firm believers in the family planning philosophy that a family should have a

maximum of 3-4 children with at least 2 2-year gaps between them. Additionally, they believed that the parents should have ample time to individually cater to all their children, and a small family makes that possible. Respondent indicated the two motivators for using family planning: (1) economic and (2) social resources. These two factors are better directed towards the children in this case, and they nurture a smoother way of living. The financial constriction of a large family is the biggest motivator to family planning for most of their friends, even those who had shunned family planning earlier on misguided religious dogmas. In their community, now it is a general belief that a larger family burdens the parents and snatches away the rights of the child.

Welfare of the Family: FP Decision-Making Trigger:

All of the respondents from Dadu and Thatta appreciated the importance of a family as a stronghold for an individual. They believe that one's parents, relatives, wife, children and grandchildren all make up a family. The perceived duty of a man is to provide a secure and loving environment for his wife and children and to educate his children. Arranged marriage was observed in the respondents, and mostly within the same cast and family relatives. A wife must maintain a good homely environment directed towards health preservation and cleanliness while looking after the children, as well as the livestock of the family, such as buffalo. Some respondents' wives were sewing clothes for themselves and their families. They understand the value of education and taking their' children's education very seriously. Some of the respondents' regret that they could not study more, and they take it upon themself to see to it that their children do not share the same fate. That is another pushing factor for husbands to opt for family planning for their family's benefit. 3-4 children are a reasonable quantum, according to the respondents, which doesn't create problems when it comes to resources.

Accessibility to Health Care Facility: FP Decision Making Trigger:

Overall, an improvement is observed in Sindh with better accessibility to the general health facilities to the community, with public facilities including Basic Health Units, Rural Health centers, and Dispensaries and with outreach services with LHWs, CMWs and Family Welfare assistant and workers. Population Welfare Department, Sindh, operating with a Family Health clinic which is focused on family planning, is observed as an effective FP service delivery to rural Sindh. Still, several men and women have to travel outside their villages to avail of FP methods. The majority of respondents were content with the services provided by LHW, including information and FP products at doorsteps. These LHWs belong to the same community and counsel the MWRA in their own native Sindhi language.

Decision Making for the Selection of Short Acting Contraceptive:

Respondents were asked to name some contraceptive brands available in their locality or that they had ever used. The majority of the respondents recognised the names of short-acting contraceptives, such as condom brands Sathi, Touch and Josh and Emergency pills. For long-acting contraceptive methods, IUCD and Implant, however, were not aware of the procedure of those methods. They know the methods with the name of *Chahlla/ring* (IUCD), *Nasbandi*(Implant), *Teeka* (Injection), *Golli* (Pills) and *Gobbara* (Condom). Respondents found that those who oppose the usage of condoms are mainly those who use low-quality condoms that rip during intercourse and cause leakage. There have been those who insist that condom usage disrupts their sexual satisfaction. Good quality and care for size specifications were two main considerations for condom selection. However, they were complaining about the service providers, who do not advocate the usage properly, and also highlighted the need for more programs to advocate and relate the dos and don'ts of the usage of any method. However, on the other side, non-users of condoms were with different views. One respondent was of the view that condoms are produced harmful plastic, which can cause cancer to the penis, while other respondents were having difficulties such as the purchase of a condom from the market, size issues, and wives wanting body touch, and they do not like condoms. The selection of any short-acting contraceptive method is also related to the availability and accessibility of that method. Respondents frequently complained about traveling to the hospital, which is not only time-consuming but also expensive and unreliable. It is observed that in public health facilities, all services are available free of cost, but the relative cost-inducing taxi fare, one day off from work, and other related costs are much higher as compared to the cost of FP products such as injections or pills. These types of calculations are influencers to decide on adopting any short-acting family planning method. However, the methods are available in the area through health centres, service providers or LHWs and are relatively inexpensive. Screening of the body and medical history is identified as a ground to select any family panning method. Generally, they recognise and discourage such methods, which bring in side effects to their wives. All methods should be readily available so that everyone can avail of them according to their preferences. Seven respondents were users of Condoms, three respondents' wives were using injectables, and two were using COC pills.

"Any Method, I have no problem with, but it should be easily available and easy to use. Condom, tablets, injections, and even operations are easily available. All these things are easily available we just need mental readiness. I would give you advice that this information should be spread in seminars, games, festivals and public gatherings. We can even make people aware of short families by sms." (Husband, Dadu)

Condom users were very positive about condoms because of their positive experience with condom use for many years, and they did not experience any side effects. They find the convenience of usage and disposal of condoms as one of the most appealing traits of this contraceptive method. Additionally, considering condoms as a barrier method, there are no side effects because it does not contain any Harmons

"As I told you, condoms are easy to use and nothing painful in their use, whereas pills and injections have some side effects. Further, we don't have any medical Centre here in my village whenever my wife needs to be injected, I have to take her to the city, which is also one of the irritations for us. So, condom is an ideal method for us." (Husband, Dadu)

Pills are perceived as hormonal oral contraceptives with huge side effects. As most of the respondents were satisfied condom users, they related pills with compliance issues. Some respondents stated that their wives were using pills, but they sometimes forgot to take which resulted in unwanted pregnancies. Some other respondents argued about the side effects of pills and other hormonal methods, where they witnessed the side effects of pills in their wives with the symptoms of bleeding, weight gain, nausea and vertigo, and when the other methods were tired, they discussed using condoms.

With injections, the concerns of the husbands were almost the same as with pills; they claim that these hormonal methods surely bring side effects. There have been many accounts of their friend's wives who had become sick after having themselves injected; one gaining weight and eventually getting cancer after surgery.

Effective Sources of Information for Decision-Making on FP Method Selection:

Most of the respondents prefer getting information about contraceptive usage from doctors and acquaintances in the likely field. LHWs also created a noticeable awareness of family planning within the community and often visited their wives at their own houses. Electronic media, including TV and radio, is still a great source of information. However, these programs and advertisements are not that detailed to understand easily. As most of the respondents only got a chance to watch TV in the evening and at night, they suggested broadcasting in those times.

"Yes, I watch TV daily. I have also seen advertisements in newspapers". (Husband Dadu)

As compared to the electronic media coverage for family planning advocacy, respondents stressed the effectual use of events and advocacy seminars in their village, where they can ask questions and share their experiences. Government health institutes are found to be the most trustworthy source to administrate the whole function of family planning.

Involvement of both partners in Decision making

Husbands were of the view that the method should be finalised only after consultation between both partners. One respondent mentioned how the doctor advised him to

use two methods initially, injections and pills, before he started using condoms. He justified the change by quoting how the former had side effects while the latter had a bitter taste and hence was discouraged by his wife.

"Three years ago, I first time went to a shop- a medical store to purchase a condom; I was hesitant to ask for a condom. So I visited the same shop, and when no one was there except the storekeeper, I asked for the condom. He strangely looked at me, and I lied and said that I was purchasing it as a balloon for my children". (2 Husband-Dadu)

One respondent reported that his wife does not like condoms because she wants body touch during intercourse, for that reason, he was not using condoms, but for family planning, they are using an injectable for a three-month contraceptive. In this way, they adopt any short-acting family planning methods due to their choices. On the other hand, one respondent mentioned that he decided on family planning by himself after discussing it with his close friend, who was also using condoms. The friend supplied some condoms to him, and he has been using condoms for the last 2 years, his wife was not included in his decision but later agreed upon the use of condoms. The selection was made for three key reasons: family planning because of the poverty, privacy, and control of the husband over the family planning method.

"Yes, of course, I decided to use family planning, and I think that decision should be taken by man for family planning because man is the winner and the financial check and balance belongs to man per my view, the husband should control the family planning method, it should not depend on wife". (3 Husband, Dadu)

Many of the respondents acknowledged that their wives religiously followed the instructions of LHWs as she frequently came to monitor and counsel their wives. For condoms, when they forget or insist on continuing without it, their wife stops them and reminds them of the consequences, and when the condoms are not available for too long, some wives also consume tablets instead.

The age of the wife is directly related to the selection of the family planning method. MWRA age 15-39 is more intended toward short-acting contraceptives; if the MWRA is from the age group of 15-25, she is not more included toward injections and pills.

"My wife is against family planning. She says that she is very young, only 20 years old, and once she has 3 to 4 children, then only she will think to use injections, that's the only reason I am using condoms for spacing for one year, similarly, some females do want to have fewer children, but males want them to produce more children." (Husband, Dadu)

Discussion

Decision on family planning and decision on family planning method are two different decisions, where one is about to use or NOT use family planning, which is more about the user, intender and non-intenders of the family planning. The other topic is about

the intenders and users, who agree with the philosophy of family planning for many reasons, where the top of the reasons are poverty, financial struggle to meet the needs of the family, better looking after of living children, and health of mother and child. This research was about exploring the involvement of the husband in the decision-making process to choose any short-acting family planning method if most family planning methods are related to MWRA, and only a few, such as Condoms and Vasectomy, are related to the husband. There are many types of short-acting methods available for MWRA, including oral pills, injectables, and female condoms, and only male condom is related to husband use.

If the choices are so limited in family planning for the husband, how does a husband operate in the family planning domain, what are his expectations, fears and experiences with short-acting contraceptive methods, such as a condom, and how does he see other short-acting methods including pills and injectable, and above all how he decides to choose any short-acting method for him or his wife. Our findings suggested several socioeconomic dimensions influencing while deciding to choose any short-acting method. The selection of any short-acting contraceptive is related to many factors, including former experience of side effects, word of mouth, side effect experience within the family and friends, counselling of LHWs, availability, and ease of use.

Human Rights in family planning according to 9 Standards advocates these nine prerequisites for freedom of choice and maximum enjoyment of available family planning services in a state without discrimination, provision of family planning services to the community, availability and smooth supply of family planning products, easy to accessible, and acceptable, good quality of FP products and counselling, so that a couple can take an informed decision, with privacy, confidentiality, and with participation. And there must be some accountability for FP services provision. Our research gives insights into how an individual, specifically in the case of our research, decides to select any short-term family planning method. The majority of husbands are now inclined toward mutual consultation of husband-wife for Family Planning method selection. One of the reasons for such behaviour is the trend of couple counseling by LHWs and facility-based FP providers. When the husband accompanied his wife to the health facility, the FP provider gave the couple counseling for the first time of method selection. Here, one barrier of accessibility is identified in our findings, that many husbands are using condoms, and as PDHS 2017-18 also evident that the high use of condoms is because of the related travel time to health facilities and another related cost in the acquisition of family planning products.

As PDHS 2017-18 suggested, husbands are mostly using condoms (9.2%), which is a short-acting contraceptive. Condom use is also much higher as compared to all other

modern and traditional methods of family planning. Males focused on two available methods: condoms and male sterilisation; a condom is a moving contraceptive method popular in all age groups, while male sterilisation is the least moving contraceptive method, with 0.2% of all available family planning methods. Now the question is, husband, is using short-acting contraceptives (condoms) more as compared to the permanent method (Vasectomy)? The answer we observed in our research is two folds: (1) limited availability of focus contraceptive method, (2) accessible, available, and good quality, (3) no side effects, and (4) participation, as man holds the control over FP method, but in injectable and pills, he does not hold any control.

Conclusion

Deciding on Family Planning is a recognised right of the husband, what method he will choose, the accessibility of the family planning products, and the smooth availability of family planning services and products are rights of the husband according to human rights of family planning. The husband 's decision to use family planning is influenced by the socio-economic status (SES) of the husband, the worldview of his family welfare, accessibility to quality healthcare services and information, and his attitude toward family planning. When making a decision on which method should be used for family planning, a husband considers the side effects of another available method, these side effects he observed in his wife or word of mouth, steady availability of contraceptive method, control over the use or NOT to use any method. The husband wants more information on Family planning and family planning methods, which are also recognised in the human rights of family planning..

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