

MODERN CONTRACEPTION PRACTICES AND PAKISTANI WOMEN'S PSYCHOLOGICAL, SOCIAL, AND POLITICAL WELL-BEING

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Abstract

Background: Pakistan is the sixth most populated nation in the world, with a population of close to 208 million. Even so, only 25% of genuine couples report using modern contraceptive techniques. The objective of this research is to see how influencing factors like contraceptive self-efficacy (CSE), contraceptive literacy, and spousal dialogue affect use of current contraceptive techniques when perceived constraints are taken as moderating variables. Methods: An adapted scale was distributed to wed reproductive-age women in Pakistan's Sargodha and Faisalabad divisions to collect the data. 250 married women of childbearing age in total were included in the study. The comments of the respondents were analyzed using SPSS. Results: The outcomes focus more attention to contraceptive awareness, CSE and spousal conversation as these characteristics can boost couples' use of contemporary contraception, resulting in fewer unintended pregnancies and related hazards. In terms of the significant perceived barrier's moderating effects, women who are primarily concerned in influencing their partners to control their families are more likely to take effective contraceptives. Outcomes: Legislators got to characterize methods for consideration of men via arranging men-focused FP project to decrease interpersonal interaction boundaries in spouses. Forthcoming examines have to be address a number of other basic components, including the urge for an additional child, erroneous information, the fear of adverse effects, and the discouragement of a partner, all of which have an impact on the choice of current contraception methods.

Keywords: *contraceptive awareness; contemporary contraceptives methods; spousal conversation; reproductive well-being.*

INTRODUCTION

With 208 million citizens as of this writing, the sixth-most populous country in the world is Pakistan. [1]. The population increase alarms the Pakistani government because it is linked to the financial and societal costs of unchecked growth [3], When rises in population and childbearing are unchecked, especially for the physical well-being of mothers and their early children, education, poverty, and the average lifespan are just a few of the improvement metrics that suffer. [4]. Beginning in the 1960s, the nation emerged as a leader among developing nations in the ground of household forecasting. For years, there has been debate in academia about Pakistan's low and consistent prevalence of contraception [5]. Numerous studies have been written about Pakistan's slow uptake of contemporary contraceptives, tackling cultural barriers, inflexible political sustenance and concerning issues with the provision of services [7]. With the idea that increasing access to contraceptives will result in increased usage, the focus of mainstream research has been on issues with the supply of services. [8]. According to a recent study, Pakistan needs to raise its modern contraceptive prevalence, which necessitates increased contraceptive [9]. Communication between couples should be fostered, according to researchers, because FP behaviors are more likely to be adopted [10]. The usage of contemporary contraceptive techniques has not grown in Pakistan since 2013 [11]. Knowledge of contraceptives has a significant impact on FP practices, according to the research [12]. Women are unable to get the desired results due to a lack of suitable contraceptive information [13].



Women's self-worth, knowledge of the proper use of contraception and their adverse consequences, marital communication, and joint decisions are all good indicators of contraceptive use [14]. Contraception use is closely related to women's education and power over their own lives [21]. More research is required because Pakistan has a low rate of contraceptive use, according to earlier studies, which could improve FP procedures and the widespread use of contemporary contraception [15]. Contraceptive self-efficacy, Conception knowledge, and Information sharing between partners are all associated with Family planning performances [16]. According to the self-efficacy hypothesis, both personal and social moderators and obstacles can affect a person's confidence in his or her ability to do any behavior flawlessly [18]. Therefore, researchers suggest that the impact of apparent barriers on predictions of healthiness be investigated while assessing self-efficacy. [19]. Additionally, a number of explanations have been put out by researchers as to why raising awareness of contraception would encourage more people to use it [20]. Although communication between spouses is a component in FP behaviors, this connection needs to be assessed in relation to developing countries [21]. As a lack of communication and counseling affects couples' and women's decision-making capacities regarding fertility options, the current study aims to examine the effects of such characteristics on women's opinions regarding the implementation of contemporary contraceptive procedures for FP.

Due to religious beliefs, socialism, and a propensity for large-scale family systems, many academics and experts in economics continue to have concerns about Pakistan's potential to extend the use contemporary FP techniques. As a result, Pakistan [22] and other developing countries [23,24] have recognized a number of shortcomings in FP-related legislation and structure. There are several barriers that contribute to the low prevalence of contraceptive techniques, together with user dissatisfaction, poor service quality, inadequate guidance regarding the procedures chosen, spiritual considerations, and more investment and cooperation are needed across FP centers in the private and public sectors [25]. Given the context of Pakistan, where the study was conducted, it is significant to emphasize that FP in Pakistan is solely female-oriented.

Interventions that concentrate on one sex are more likely to fail to achieve their objectives [26]. Because they affect the nation's population control efforts, all of these worries need to be looked into. The planned behavior theory, social cognitive theory, and health belief model are the three theoretical pillars that support this study. The use of contemporary contraceptive technologies for FP policies in this regard is being studied from a variety of angles in this study [27].

This study aims to investigate how spouse involvement, reproductive awareness, and CSE affect the use of modern contraceptive techniques for family planning practices in a developing nation like Pakistan. Additionally, the moderating role of perceived barriers is first hypothesized and investigated in order to ascertain the relationship between preventative awareness, partner communication, CSE, and the incorporation of new preventive techniques for FP procedures. The findings of this study will assist lawmakers in creating and amending regulations to improve FP programming.

According to Levinson, the definition of CSE is "the tenacity of a young woman's belief that, if she so chooses, she might and ought to exercise control in reproductive and contraceptive situations to prevent an unplanned pregnancy"[30]. Based on the self-efficacy philosophy, the goal of CSE is to assess adult female self-confidence and its effects on female sexual strength. According to the literature [31], women who have a higher sense of their own competence are freer to choose and employ contemporary contraceptive methods. FP practice-related reluctance can be addressed by women with the help of CSE [25]. The findings of earlier research have similarly demonstrated that CSE improves contraceptive compliance [20]. According to the reasons given above, CSE is a significant predictor of the usage of contemporary contraception.

Nsubuga et al. provided a description of contraceptive knowledge [36] as "the condition of understanding of contraceptive approaches, any precise varieties, and the foundation of contraception." Women who are knowledgeable of contraception have easy access to FP services [37]. It has been demonstrated that individual guidance can improve people's attitudes towards using contraception by promoting contraceptive awareness [38]. Knowledge of effective contraception can

affect people's opinions and choices towards FP [39]. Studies show that educated women are more knowledgeable about FP behaviors and contraceptive methods, which increases female contraceptive use [40]. Contraceptive users who lack knowledge will discontinue using them to adverse effects or technological errors [42]. People who are familiar about numerous contraceptive methods are more likely to find solutions [43]. People who were aware of the contraceptive methods of implants and breastfeeding were mainly concerned with FP behaviors using present preventive techniques. [50]. Research has been done in economically disadvantaged nations like Pakistan that have revealed the discrepancy in FP implementation and awareness of contraception. [51]. This discrepancy emerges as a result of ignorance, a lack of knowledge about the advantages and accessibility of contemporary contraceptive choices for FP procedures. Information about contraceptives can be found in large quantities from healthcare facilities, friends, family, and the media [52]. female sterilization, and procedures that don't interfere with a woman's menstrual cycle [46].

As stated by one or both partners, "spousal communications in the matrimonial relationship is commonly defined as the level interactions between mates " (Backman, 1953). The ongoing use of up-to-date contraceptive methods depends on couples' communication. Partner communication appears to be a problematic topic in terms of FP procedures [51].

In important study, male companions were identified as major choice makers in obtaining health and FP care. The amount of education of a husband is linked to the present use of contraception. The usage of contraceptives is also influenced by the proximity of package providers, the level of facility provided, the maturity level of the women, and their financial situation.

Moreover, according to a study of programme outcomes, involving Pakistani males in FP procedure in order to boost their wives to use FP methods, as well as providing male contraceptive techniques, can enhance the population's usage and acceptability of FP practices [52]. Husband acceptance, according to Khan et al. [21], is a major prognosticator of contraceptive practice. Partners' discussions aids in overcoming mental obstacles and alleviates sensitive pressures that hinder contraception practice [23]. It aids couples in deciding on a suitable family size and increases positive attitudes regarding current contraceptive techniques in FP practices.

Perceived barriers were defined by Glasgow [24] as a person's assessment of the difficulty of the social, emotional, practical, and financial barriers to a particular action. The cumulative effect of these Supposed obstacles makes it difficult for women to get treatments for reproductive health. The limitations on women's movement imposed by their families and the absence of communication between partners [25] prevent them from using contraception.

Despite having access to knowledge about a variety of FP methods, rural couples have reported a low use of contraceptives outstanding misunderstandings about the hazards connected with contraceptive approaches [26]. Women's attitudes toward FP practices are also influenced by their family situations [37]. The stratified family structure has a significant impact on a woman's self-sufficiency in making decisions about any part of her life [28]. All of these obstacles lead to the popularity of contemporary contraception in FP practices.

Hypothesis

The following hypotheses have been developed by comprehending the above-mentioned literature.

(H1). Contraceptive self-efficacy will have an influence on the use of contemporary contraceptive approaches.

(H2). Information on contraception will have an impact on the implementation of contemporary methods for FP practices.

(H3). The adoption of modern contraceptive techniques for FP behaviors will be influenced by spousal communication.

(H4). Perceived barriers will function as a moderator in the connection between the use of contemporary contraceptive techniques and contraceptive self-efficacy.

(H5). Perceived barriers will function as a moderator in the connection between contraceptive understanding and the use of contemporary contraceptive strategies for FP procedures.

(H6). Supposed barriers will moderate marital communication and the use of novel contraceptive methods for FP techniques.

Model for research

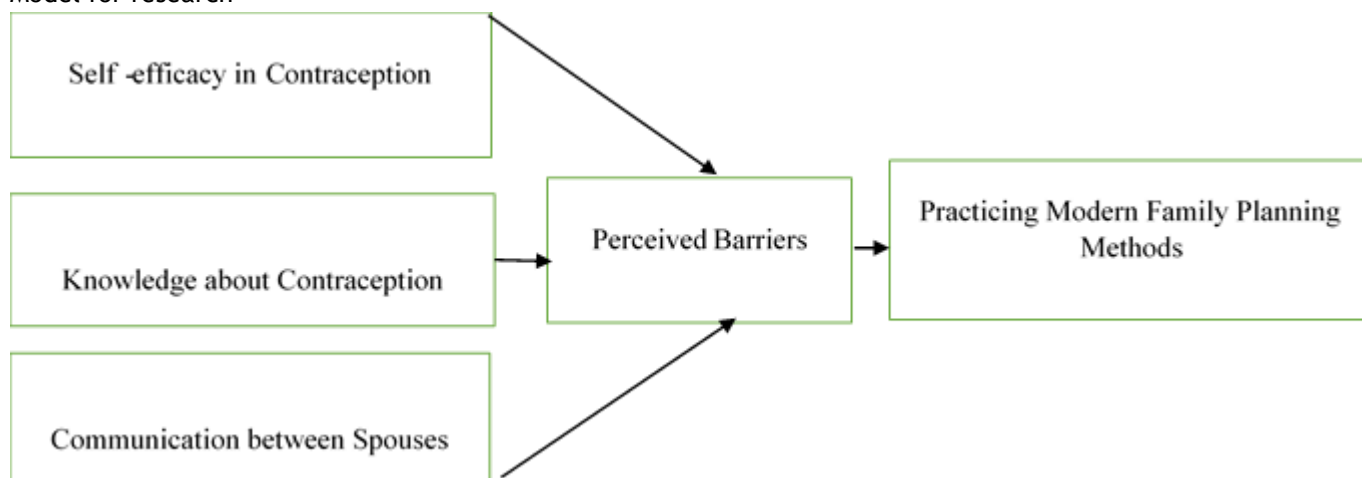


Figure 1: Model of Research

Method


Sample and data collection

A convenience sample technique was used to collect data by distributing questionnaires to married women of sexual maturity in the Pakistani cities of Sargodha and Faisalabad. The research's goal was stated in a cover letter that was also sent. It requested recent information on spousal decision-making and communication regarding family planning practices from participants. Voluntary participation, anonymity, and secrecy were also ensured.

340 questionnaires were distributed in total. Poor responses caused 42 of the 292 completed questionnaires to be eliminated. The overall response percentage was 73.5 percent.

Table 1. Sociodemographic information of the study.

Characteristics	N (250)	n (%)
Education (Women)		
Uneducated	35	14.50%
Educated	215	85.50%
Employment status (Wife)		
Unemployed	163	34.40%
Employed	87	65.60%
Women Age (years)		
≤25	35	12.80%
< 25 to 35	198	8.30%
<35	-17	6.90%
Marital Age		
≤18	70	28%
<18 to 25	175	70%



<25	5	2%
Religion		
Muslims	241	96.40%
Non-Muslims	4	3.60%
Area		
Rural	180	28%
Urban	70	72%
Spouses' Education		
Literate	59	23.60%
Illiterate	191	76.40%
Husband's Employment Status		
Employed	240	96%
Unemployed	10	4%
Living Children		
0-1	68	27.20%
02-Mar	123	49.20%
Above 4	61	24.40%
Heath Status		
Healthy	224	89.60%
Unhealthy	26	10.40%
Characteristics	N (250)	n (%)
House Holder		
Husband	180	72%
Wife	70	27.70%
Decision of Pregnancy		
Husband	143	57.20%
Mother-in-Law	7	2.80%
Wife	25	10%
Mutual Decision (Husband and Wife)	75	30%
Spouses' conversations pertaining to birth spacing and family planning		
No	74	29.6
Yes	176	70.4

Measurements

An overall 5-point Likert scale was used to measure every study variable. Likert scale was used to rate each paradigm, which ranges from powerfully opposing (1 points) to highly agree (5 points). A 7-item scale designed by Prata et al. [20] was used to measure variables including contraceptive self-efficacy. 7-point scale created by Lincoln et al. was used to test contraceptive knowledge (CK). [21]. Spousal communication (SC) was measured by Wegs et al. using a 5-item scale [22]. Lincoln,

Mohammad Nezhad, and Khan created a 7-item scale to evaluate contemporary FP practices. Sen et al's 14-item scale was used to measure perceived barriers (PB) [33]. In Appendix A, Table A1, all constructs and their respective elements are described in depth. The composite dependability values for all constructions exceeded the cutoff according to the Fornell and Larcker [84] criteria (i.e., 0.70).

Results

Table 3 displays means, standard deviations, scale reliability values (bold diagonal entries), and correlation matrices. All constructions had reliability values that were higher than the threshold value, or 0.7, indicating adequate reliability [37]. The outcomes also showed that, for each individual variable, the absolute values of all correlation coefficients and VIF statistics were less than 0.5 and 10, respectively [36]. Additionally, Table 3 shows a substantial positive correlation between CSE and contemporary FP behaviors ($r = 0.48$, $p 0.01$), supporting Proposed Hypothesis 1. The hypothesized hypothesis 2 is supported by the finding that contraceptive knowledge is strongly positively connected with current FP practices ($r = 0.34$, $p 0.01$). The proposed hypothesis 3 is supported by the finding that contemporary FP practices are significantly positively connected with spousal communication ($r = 0.22$, $p 0.01$). ($r = 0.092$, $p = ns$) There is no correlation between perceived barriers and current FP practices. Modern FP practices are favorably connected with control variables such location, region, present age, and number of children.

Table 2. Mean, Standard Deviation, Correlation, and Reliabilities (N = 250).

Sr no	Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	CSE	-0.85																
2	CKN	0.415**	-0.82															
3	SPC	0.131**	0.311**	-0.8														
4	CFP	0.483**	0.341**	0.222***	-0.96													
5	PEB	0.005	0.234**	0.106	0.091	-0.77												
6	QUA	0.031	0.011	0.021	0.021	0.04	-1											
7	PRO	0.22	0.051*	0.144	0.231	0.062	0.651	-1										
8	AOR	0.161**	0.220**	0.033*	0.026**	0.453**	0.033*	0.043*	-1									
9	REG	0.264**	0.263**	0.254*	0.359**	0.455*	0.006*	0.321*	0.313**	-1								
10	CUA	0.124*	0.123**	0.275*	0.042**	0.203*	0.144	0.322*	0.121**	0.421**	-1							
11	ATM	0.012	0.01	0.041	0.054	0.133	0.013	0.242	0.324	0.361	0.371	-1						
12	REL	0.11	0.11	0.21	0.06	0.31	0.112	0.521	0.221	0.324	0.251	0.114	-1					
13	HUQ	0.33	0.32	0.252	0.123	0.267	0.144	0.324	0.329	0.123	0.251	0.367	0.104	-1				
14	HUP	0.261	0.261	0.111	0.181	0.121	0.454**	0.061	0.103	0.063	0.124	0.031	0.275	0.251	-1			
15	NOC	0.106**	0.1	0.115*	0.176*	0.123*	0.121*	0.127*	0.227	0.178**	0.125*	0.324*	0.027**	0.366**	0.458**	-1		
16	HES	0.023	0.25	0.031	0.001	0.001	0.003	0.041	0.064	0.019	0.016	0.015	0.368	0.267	0.368	0.268	-1	
17	HOH	0.01	0.01	0.001	0.051	0.021	0.023	0.021	0.246**	0.024	0.031	2.64	0.211	0.413	0.024	0.144		-1
	Mean	3.18	3.58	3.32	3.15	2.17	2.89	1.97	1.23	2.56	2.65	2.33	0.58	2.52	2.87	3.01	0.62	0.66
	SD	0.68	0.6	0.98	0.86	0.81	0.76	0.62	0.68	0.21	0.23	0.51	0.05	0.73	0.57	0.95	0.02	0.1

Notes: n = 250; alpha reliabilities are given in parentheses. P < 0.05. S.D = standard deviation, CSE = contraceptive self-efficacy, CKN = contraceptive knowledge, SPC = spousal communication, CFP=Contemporary Family Planning, PEB = perceived barriers, QUA = qualification, PRO. = profession, AOR = area of residence, REG. = region, CUA = current age, ATM = age at time of marriage, REL. = religion, HUQ = husband's qualification, HUP = husband's profession, NOC = No. of children, HES = health status, and HOH = head of household. **, correlation is significant at the 0.01 level; *, correlation is significant at the 0.05 level.

The four, five, and six hypotheses were examined using modified regression analysis. Step 1 involved entering control factors, Step 2 independent and moderator variables, and Step 3 interaction terms. Results indicate that in the third step, when interaction terms like perceived barriers and contraceptive self-efficacy are taken into account, the conclusions ($\beta = 0.168$, $p = 0.05$) lead to the rejection of hypothesis 4, which states that greater perceived barriers weaken the relationship between the adoption of modern contraceptive methods for FP practices. The results show that FP consumption will increase among women with high CSE even when there are significant perceived limitations. Hypotheses 5 and 6 are not accepted, according to regression analysis, which shows that interaction factors for perceived barriers to spousal communication and knowledge of contraception ($\beta = 0.020$ and 0.037 , respectively) were included in the model. These findings show that perceived barriers are not a moderating factor in either the relationship between spousal communication and the adoption of modern contraceptive methods for FP procedures or the relationship between contraceptive knowledge and the adoption of modern contraceptive methods for FP practices.

Table 3 Hierarchical moderated regression analysis

Modern Family Planning Practices			
Predictors	B	R ²	ΔR^2
Step 1			
Control variables		0.081	
Qualification	0.065		
Profession	0.01		
Area of residence	0.127 **		
Region	0.258 *		
Current age	0.323 **		
Age at time of marriage	0.125		
Religion	0.142		
Husband's qualification	0.138		
Husband's profession	0.227		
No. of children	0.256 *		
Health status	0.412		
Head of household	0.221		
Step 2			
Contraceptive self-efficacy	0.549 ***		
Contraceptive knowledge	0.224 *		
Spousal communication	0.186 **	0.359 ***	0.445



Perceived barriers 0.047

Step 3

CSE × PB 0.159 **

CKN × PB	0.442		0.441
0.016 n	0.02		0.014

SPC × PB 0.034

Notes: ***, $p < 0.001$; **, $p < 0.01$; and *, $p < 0.05$. CSE = Contraceptive self-efficacy, CKN = contraceptive knowledge, SPC = spousal communication, and PEB = perceived barriers.

These findings show that perceived barriers are not mediating the link among spouse communication and the implementation of current contraceptive techniques as well as the relationship between contraceptive responsiveness and willingness to embrace contemporary contraceptive methods

Discussion

This study's objective was to investigate the connections between numerous variables (CSE, contraceptive awareness, and marital communication) and how this affect FP practices' acceptance of contemporary contraceptive techniques. The moderating effect of supposed barriers in the interactions between the above-mentioned dimensions was also investigated. The results confirmed those of earlier research investigations by academics [20,25], where related results were revealed. Contraceptive education and awareness were illustrated to have a considerable constructive influence on the adoption of up-to-date contraceptive techniques. These results were consistent with those of earlier investigations [37, 40]. This is due to the fact that women who are aware about contraception are more likely to adopt contemporary FP practices and select effective techniques. The prevalence of modern contraceptives increases with strong contraceptive knowledge. People's attitudes of FP practices change when they are aware of contraception [39]. The majority of respondents were literate, and as a result, they considered contraceptive information as a crucial component. Therefore, it makes sense to draw the conclusion that raising women's overall understanding of contraceptive methods will boost the use of contemporary techniques in Pakistan. Similarly, marital communication also has a favorable effect on FP practices' acceptance of contemporary contraceptive techniques. Male participation in FP practices and support of women's reproductive desires can both be achieved through efficient communication between spouses. One of the main factors affecting FP practices is partner encouragement and support [27]. The current results agreed with those of earlier investigations [25].

The literature has highlighted how effective partner support and spousal communication help female make decisions regarding intended size of the family, functionality, choice, and understanding of all available FP methods, which lowers the prevalence of contraception and lowers cessation rates. This condition typically arises as a result of public unhappiness and apprehension about opposition. The adoption of FP practices by couples may be increased through the introduction of male-oriented FP techniques.

A moderated regression analysis's findings indicate that perceived obstacles have an impact on the usage of contemporary contraceptive techniques. Evidence from past studies lends support to the findings of the current investigation. [30] that suggested Women who score higher on CSE exhibit determination and may influence males to use contraception.

Any healthy behavior that is adopted depends on the people who are going to do it. The likelihood of adopting a particular health behavior improves if a person has the self-confidence to overcome obstacles as well as sincere intents to practice or adopt it any perceived difficulties [50]. Participants in study showed increased CSE; as a result, impediments cannot lessen their aspirations to use contemporary FP techniques.

Contrary to a previously stated prediction, the outcomes of the interaction between perceived barriers and contraceptive information demonstrate the awareness of contraception and adoption of modern FP practices are not moderated by perceived hurdles. This outcome supports the common-sense hypothesis [41].

The model illustrates how the process of learning affects human behavior. An individual evaluates the benefits and drawbacks of any health behavior through cognition before engaging in it. For instance, if someone needs medical care for a condition, they will consider the cost, prognosis, and benefits before deciding what to do. A thorough understanding of the risks connected to healthy behavior reduces anxiety and encourages individuals to adopt similar performance [47].

Given that the study's participants claimed to know more about contraception than the general public, it might be deduced from earlier research that women with a high level of knowledge about contraception are better able to make informed decisions, deal with their anxieties, and be motivated to embrace current FP practices [48]

As shown by the lack of statistical significance in the findings of the interaction between perceived obstacles and spouse communication, perceived barriers had no impact on the association among spousal communiqué and the embracing of contemporary FP practices.

Because both partners share a fear of opposition, The literature demonstrates that efforts to limit reproduction are directly impacted by shared conversations about utilizing contraceptives and incorporating the male spouse whenever possible fertility options have been chosen. [44]. This helps women overcome perceived barriers. The current study's findings are in line with evidence from other studies [45] showing that marital communication dynamics have a positive impact on contraceptive conduct. Conversation between spouses increases the use of modern FP and decreases mother and father use.

Implication

Numerous practice-related implications are offered by the findings. In order to increase the prevalence rate of contraception, it is advised that policymakers adopt contemporary FP programmed models. Spousal communication should receive special attention, and couples should be urged to talk about implementing contemporary contraceptive techniques for FP practices. The advantages of matrimonial dialogue about the perfect family proportions, social burdens, difficulties with spaced-out deliveries, fatal abortion, the dangers of mother and Pediatric malnutrition and fatalities, and current FP applies should all be emphasized in campaigns to increase awareness. Policymakers should create guidelines for male sharing in up-to-the-minute FP programming around the nation by utilizing enhanced masculine orientation and hiring masculine FP personnel in order to remove communiqué obstacles and bashfulness. To encourage the acceptance of contemporary contraceptive technologies, FP programmer investors should concentrate on boosting contraceptive information among females.

In order to create more effective policies for public health, it is important to understand the various elements that influence the adoption of current FP practices [46]. Attention must be given to rural areas with low literacy rates because FP usage is so common among educated and urbanized people [44]. This study gives policymakers a foundational understanding of the need for thorough understanding to improve the use of FP in light of the findings that enhancing contraceptive knowledge encourages its use [45]. This study additionally emphasizes the value of communication between spouses since it can encourage couples to utilize modern family planning, which lowers unintended births and the risks related to them.

As the results showed that enhancing contraceptive knowledge encourages the use of FP, Current investigation offers supplementary information to policymakers regarding the importance of having thorough familiarity to promote the practice of FP [52]. Because it can boost the use of contemporary FP among couples and reduce the number of unintended pregnancies and the hazards that go along with them, this study also raises public awareness of spousal conversation.

Limitations

Few limitations have been noted for the current study. First off, because data were collected via self-report by respondents rather than dyads, etc., recollection bias could affect the outcomes of


the current study. Due to the risk of recollection bias, future study should ensure that the wording of the questions does not affect the participants' responses. The results might not be generalizable due to the smaller sample size and convenience sampling strategy, which uses a specific targeted group but lacks external validity. In later research, the analysis should be conducted using a larger dataset. Third, the present study is constrained and unable to assess a number of supplementary significant factors that also influence the use of contraceptives, such as the desire for a second child, myths and misconceptions, fear of negative outcomes and discouragement from a partner. Future researchers must perform studies on how couples approve of modern FP practices, their relationship to contraceptive knowledge, and the obstacles to learning about contraception. Researchers should undertake qualitative studies on spousal communication and contraceptive awareness in order to formulate comprehensive strategies for couple counselling to close the knowledge and practice gap and dispel misunderstandings about contraceptives.


CONCLUSION

In conclusion, three of the study's hypotheses were supported by the empirical research. The results demonstrated that the adoption of contemporary contraceptive techniques by FP procedures are positively impacted by CSE, contraceptive perception, and marital engagement. Women are especially encouraged to adopt contemporary techniques because of the higher CSE in women. It also motivates women to remove all of the barriers that stand in their way of using the services offered by FP. CSE helps women understand the importance of FP procedures, which are essential to maintaining the space between pregnancies. It helps women make decisions regarding their fertility options, enabling them to heal from previous pregnancies and better care for their children.

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