



Housewives' Media Exposure and Reproductive Health Awareness: A Case of Lahore, Pakistan

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Abstract

Media plays a significant role as a useful source of information. It is a key factor in creating health awareness and helps women to get health information. It also increases women's interest in their well-being. Reproductive health awareness is crucial for the healthiness of housewives. This research was an effort to know the current health practices of married women in Lahore Pakistan. Focus was paid to explore the role of media in spreading awareness about reproductive health among women. Qualitative research methodology was used. Two techniques of non-probability sampling including purposive for housewives and snowball samplings for gynecologists were applied to get information from the most relevant respondents. Data was collected through in-depth interviews, five gynecologists and twenty housewives were interviewed. Themes were derived from qualitative data that were aligned with some of existing studies that women get information about health but there are certain factors which minimize the effects of media in this regard. This study concluded that reproductive health is mainly affected by ignorance, cultural norms and socio-economic condition of family. Though media exposure plays important role in providing awareness to women yet traditional health practices still prevail with life-threatening consequences

Keywords: *Media Exposure, Housewives, Reproductive Health Awareness, Cultural Norms*

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(Print) 2707-8906 (online) 2788-8304 ©2021, published by the ILMA University, Pakistan.

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INTRODUCTION

Global understanding of reproductive health and capacity has been increased over the last decades. A growing number of scientific researches and reviews suggest the deep indulgent of maternal health care of women (Woodruff et al. 2010). A major proportion of ill- health of married women is due to less care to reproductive health, and childbearing. This has become a crucial area of research and implementation (Harrison and Montgomery 2001). Likewise, from a health perspective, maternal reproductive health is usually debated with regards to birth and child health outcome. The significance of improving maternal health has been increased in recent past (Gaydos 2010).

Reproductive health is linked to mental, physical and social well-being of women. It is not just confine to the absence of any disease, comprehensively, it is related to the reproductive function and system (Izugbara et al., 2020). Further, childbearing is connected to a woman's ability that is supplementary associated to the family's continuity, social group, interaction between communities and environment.

Reproductive maternal health of married women is a rising apprehension in health sector all around the world. A huge segment of women is not aware of emergency maternal care, and even they do not recognize the symptoms of issue. The International Conference on Population and Development (ICPD has explained voluntary family planning facilities as one of the couple's right and basic human rights. Pakistan have high total fertility rate and consequently the higher maternal and infant mortality rate. (Mubarik et.al., 2016). In developing countries, less focus is paid to family planning and reproductive health of women therefore the ratio of premature death is high. Mother's health suffers a lot for having small gap in family planning (Sueyoshi, Al-Khozah, & Ohtsuka, 2006).

This study aimed to explore the attitude, knowledge and practices of reproductive health related methods among married women in urban area of Pakistan. A number of women have heard only a few methods of contraceptives and only followed one or two of them. It also aimed to analyze the awareness level, adoption of contraceptive methods, assessing the different sources of information and also finding the reasons why not to accept these methods. The certain factors that affect the attitude and knowledge of housewives are family type (nuclear, extended, joint), education level, previously used family planning method in peers, and their source of information to get awareness about different methods (Mubarik et.al., 2016).

Not only vivid changes in body, appearance and psychological effects of reproductive health needs to handle carefully but also selection of food items should be right. Women overlook the best maternal health care services, proper nutrition that cause serious health issues (Sherris 2002). This situation can be improved if women are given wide range of free choices of effective contraceptives along with counselling and the best available services for their maternal health. It would definitely sensitize the women to take care of their health and avoid traditional unsafe ways. Although, some traditional and modern ways are better than others but women should get guidance first to handle their reproductive health issues (Shohel et.al.(2014). On the

other hand, marital status, cultural rituals and religious beliefs of housewives are factors to lessen their chances of participation in health related decisions

The knowledge, attitude regarding reproductive health of married women determine their wellbeing. Big family size with limited resources and unplanned pregnancies can be controlled by providing health related information, changing attitudes towards their maternal health. This desirable situation can lead to the development of society. Therefore, it is necessary to provide enough information about modern, effective and most importantly safe contraceptive methods to women through media, including TV, radio, newspapers, magazines and social media (Khan, 2000). In the beginning of new era of 21st century, fast track technological changes, shift in economic globalization and expanding choices for media preferences have provided tremendous opportunities with new kind of challenges. With the addition of social media, people have more exposure towards the general and specific things of their interest. Similarly, mass media has been recommended to provide health education, strength the usage of contraceptive methods. In the same way, media exposure has the power to change the attitude of women towards reproductive health practices (Khawaja, Tayyeb, & Malik, 2004).

Moreover, media exposure is considered a great tool for providing information about reproductive health among housewives. Mass media can inculcate the messages related to maternal health in dramas, news report, music, advertising, documentaries and films. The content of mass media impacts the behavior and attitudes of people with problems which are traditionally rooted (Hendi, 2017). In the same way, electronic media having TV and radio in Bangladesh are so far understood the common types of media exposure. However, a large segment of young women had also exposure to any kind of mass media that reflects the importance of media sources for the dissemination of knowledge about reproductive health (Barkat & Majid, 2003).

However, women living in developed countries have longer life and they are less likely to suffer from premature mortality and ill-health than those women living in developing countries. In the same way, Brault (2015) explained the conditions of young housewives after their marriage, they had to suffer health issues, specifically the problems of reproductive health. Almost 600 million adolescent wives in low economic societies have faced the critical issues of mortality, maternal morbidity, limited education and exposure of media related to health awareness. Low socio-economic status is linked with aggregated different behavioral and medical risk dynamics that may cause to have preterm birth and also some other pregnancy adverse outcomes (Gogoi, 2014). Moreover, family pressure and distress deteriorates the health conditions of housewives as Khan (2000) stated that many women rejected family planning methods due to fear of their husbands and family. Although, many women are aware of these methods but only few of the use different methods.

Objectives of the Study

- To explore the maternal health practices of housewives in Lahore
- To understand the effectiveness of media exposure in awareness of reproductive health of women
- To know the perception of gynecologist doctors about the maternal reproductive health of housewives

Research Questions

RQ1. Does media exposure affect the decision of women about their maternal reproductive health?

RQ2. How do cultural norms impact the health practices adopted by women in Lahore?

LITERATURE REVIEW:

Uddin et.al. (2008) Strong efforts are needed to improve awareness and to clarify misconceptions about reproductive. A sizable percentage of married women has misconceptions about fertile period. A number of factors influenced their knowledge about maternal health that included education level, place of residence and usage of various platforms of media. It was suggested to take efficient measures to improve awareness and to make clear the misconceptions regarding maternal reproductive health. It was also recommended to give easy and better access to various sources of media, availability of well-prepared health programs. Apart from this, The Pakistan Reproductive Health and Family Planning Survey had identified vast gap between of knowledge and usage of family planning methods. A significant majority of married women have knowledge about few methods whereas only one-fourth part of married women use any method. Awareness needs be to common in the usage of safe methods for better maternal health (Hakim, Sultan, & Ahmed, 2001). Likewise, Khawaja, Tayyeb, and Malik (2004) recommended the use of mass media sources for educating couples, elder influential members from the concerned families to reinforce the idea of contraceptive services. Media is an effective tool to spread awareness among housewives to be involved in the decision of size of family in fact they can demand their rights in this regard.

Nevertheless, the available of reproductive health services reveals the degree of social justice for women in any society. Izugbara (2000) explained that in a few developing nations, women health has been claimed as top priority in public health but ground realities are not so well. Hence, Lalneizo and Reddy (2010) described that reproductive health planning program to reduce birth rate, has linked with reduction in child mortality. Media has been considered as effective tool in forming a supportive environment. According to the World Health Organization (2011) preconception care should be provided to the better health of women. It includes health promotions, education, and screening among women of reproductive age in order to decrease malicious affects that can harm future pregnancies.

In addition to this, Wong, Bell, Thunuguntla, McNamee, and Vollenhoven (2009) mentioned one- third women selected implant method as this was suggested

to them by a doctor. Similarly, sources of knowledge about maternal health, subsequently, family planning clinic and the frequently visit of lady health workers are some factors that play a key role in the discontinuation or acceptance of any family planning method, for example knowledge. In the same way, Mason (2010) has rightly pointed out that attention paid to the reproductive health of mothers' lead to the improvement health of women, children and society as a whole. It is significant to mention that babies should be delivered by highly skilled providers with sufficient medical care and supervision. Women should be given awareness about proper medical attention, and importance hygienic conditions (Pandey et al. 2013).

In addition, media is considered as crucial agent of change for audience, especially for women gaining their due rights that provide them confidence. Media exposure informs the people about the latest trends, along with identification of problems (Kishor & Gupta, 2004).

More precisely, media grab the attention of people while giving them a wide range of content choices through radio, television, newspaper, films, magazine and social media all play significant role in providing awareness (Dasgupta, 2019). Besides, women who spend four or more than more hours a day on media are considered heavy viewers, they consume a lot of content of their choice to gratify their information needs. The mediated version of reality portrays on media is taken as real thing by women. Likewise, the women with great media exposure had more opportunities to take decisions in comparison with those who did not have much media exposure or zero consumption of media content (Zaheen, Safdar & Riaz, 2021). Similarly, housewives can decide the better choices for their maternal health after gratifying their health information needs from various sources of media.

Furthermore, media coverage brings awareness for the better utilization of maternal health and information about available different kinds of contraceptive facilities. On the contrary, it is also believed that only media coverage alone is unable to lesson maternal and fatal mortality (Afulani 2015). Socio-economic factors are considered to play a significant role for reproductive health. Ashraf, Bau, Nunn and Voena (2020) advocated that education with awareness has durable effects on women health. There is a high demand to provide health care services to avoid unwanted pregnancy, preventable death, and injury as a result of child birth (Naved and Persson 2008). In developing countries, women have to suffer sickness, fatigues, inequality and oppression. Women health issues are linked with present conditions along with discrimination. In addition to it, domestic violence adverse maternal health outcomes. Women reproductive health is compromised through violence, unwanted pregnancy, miscarriage and low birth weight. In a worldwide state, a significant proportion women report having experienced domestic violence in their pregnancy (Kishor and Johnson 2004).

Similarly, unwanted pregnancy is one the main problems of housewives in the regions where health facilities are compromised, less health programs are designed for awareness purpose. According to World Health Organization (2011) health awareness is key to improve overall hygienic and health conditions of women.

They are unaware of various safe contraceptive methods that leads million women around the world to get pregnant when they do not want to have it. Furthermore, Ringhem, Gribble, and Foreman (2011) presented the figure 215 million women globally suffer the consequences of ignorance to family planning methods. In the same way, Radkar and Parasuraman (2007) had a comparison of housewives and working women about their level of awareness of good maternal health. Although, women are concerned of their children's health, future and believed the idea of small healthy family. They concluded that percentage of abortion was high among working women whereas the percentage of miscarriages was high in among housewives.

The variation of socio-demographic, impacts the population from poor and rich segments of the society with relation to use health facilities (Stephenson, & Hennink 2004). The health of women in low- income countries worsens day by day due to socio- cultural strains (Peltzer, 2006). Similarly, women having less household income are directly affected from the low consumption of healthy food, useful nutritional supplements that are necessary for safe outcomes and minimize the chance of poor maternal health (Gogoi, 2014). Likewise, Hogan et al. (2010) said the highest number of maternal reproductive mortalities have been reported in economically weak nations (Stephenson, & Hennink (2004).

METHODOLOGY

Research Design

This study has applied a qualitative research methodology using in-depth interviews as research method. Gynecologists and housewives with heavy media exposure were contacted to be included in the study. Twenty housewives were selected through purposive sampling with great media exposure because the key idea of this study was to collect data from heavy viewers of media. Housewives who had multiple responsibilities at home but still found time in consuming while using different mediums for entertainment and information. On the other hand, five gynecologists were selected through snowball sampling. One gynecologist was selected to fulfill the creteria of the study, later the researchers of this study got connected to other gynecologists through the first, second participants respectively.

In- Depth Interviews

Respondent belonged to various socio-economic background, many of the housewives were highly educated and some of them were uneducated. Five gynecologists from government and private hospitals in Lahore and twenty housewives from different towns of Lahore had been contacted to be part of this study. All the housewives had great media exposure, they were selected as they had more than four hours' exposure of different mediums in a day. Five gynecologists were very experienced to handle reproductive health issues of women. In- depth interviews were conducted in English, Urdu and Punjabi languages, and the duration range lies between 60-90 minutes for each interview.

Data Analysis

To get uninterrupted details of talk during in-depth interviews a digital voice recorder along with a diary was used. In the same way to understand the main codes, themes and subthemes from collected data through interviews, first data was transcribed later translated from Punjabi, Urdu to English. Coded data was classified into various categories, thematic analysis has been used as technique to analyze the collected.

Findings

All the participants considered media exposure as an important agent of change and to bring awareness among women about their reproductive maternal health. Media exposure has connection to television, radio, various sources of print and social media. Interestingly, media content is more acceptable when it does not have clash with existing norms of society.

Childbearing and Child Health

Role of Family and Peer

The socialization of married women is greatly influenced from family, peers and the overall environment of society. Maternal health gets effected from the decisions of in-laws. As one of the housewives in interview mentioned,

My parents were very supportive and took great care of their offspring. I had confidence in my decisions, I was trained to take complete responsibility of my actions. When I got married the situation was changed. I have to depend on my in- laws, specially my mother-in-law regarding maternal health. I can not visit my doctor without her consent. She thought old health practices are more secured and less expensive to adopt.

Similarly, a number of married women have to face this transition before and after marriage. In fact, parents are more sympathetic and supportive to their own daughters instead of daughter in law. Supportive families take good care of reproductive health of women. They proper plan each and every thing including physical activities, intake of healthy food, visit to doctor for accurate information and guidance. One of the respondents of housewives explained the experience of her reproductive maternal health

Education is a source of awareness; my family is a highly educated family. They are more concerned for the health of mother and child. In my family, there are certain rules to be followed by pregnant woman. When I got pregnant, I was advised to follow food chart provided by doctor, I visited my gynecologist multiple times whenever it was needed. My husband was very caring in this regard. Every time he took me to the clinic despite having busy routine. This was because our elders made us ready to accept new parental roles.

In the same way, one of the gynecologists explained that the role of family specially the care given by husband to wife during her pregnancy is highly important. Because in some cases women not only suffer physically but also psychologically and mentally. Woman gets offended over small things, she does not handle changes in her body easily. The irresponsible attitude of the husband magnifies the problem. She further said, “I have personally counselled many couples for maternal health, I have observed that the attitude of husband is responsible for good or bad mood of wife which ultimate affects her health accordingly”. Cooperative family creates easiness for women to go through the delicate time period of their life. They are not burdened with so many additional duties rather their responsibilities are shared by other family members.

Nevertheless, one the housewives remembered her experience and said No matter how good you are to other members at in-laws, there are people who give you tough time when you live in a joint family. I was forced to wash the house and share household heavy responsibilities with sister-in-law just after two weeks of Cesarean section. As it was my first baby and I had no idea for health complications I suffered later after doing household chores, I wish I would had refused to her.

Likewise, the role of peers is also essential in getting awareness about maternal health. It has found that housewives are more likely to be immensely effected by peers and family for accepting or rejecting new ideas in health issues. One the women in study described, “I have an opinion leader in my friend’s circle, she is an educated lady, having enough information about contraceptive methods, she guides me a lot, whenever I need to ask anything about reproductive health, I find her suggestions practical”. Peers play an influential role in making decision for health related matters. In Lahore, most of the housewives do not take health concerns very seriously until unless something happens unusual.

Socio-Economic Status of the Women

Social fabric is woven by the collective efforts of individuals in a society. Different social strata have certain characteristics to distinguish from each other. Similarly, one the gynecologist explained that the socio-economic status of married women has a lot to do with the maternal health of women. For instance, the women belong to low class have always issues of money. They are reluctant to go for medical checkup, tests, medicine as they are unable to afford the expenses of hospital, they normally go to public hospitals where doctors and patient’s ratio is highly imbalanced. On the other hand, women from high class visit the private clinics of doctors and get proper individual attention that give them more knowledge about their health issues. Conversely, another participant explained, it is the responsibility of government to provide affordable health facilities to women for their maternal health.

Additionally, age is an important factor for women health, it is considered with the passage of time, women get to know their health problems along with home remedies at first stage and later with medical treatment. One of the respondents said” I did not know much about maternal health issues in my first pregnancy, I got

confused for every change in my body, for my third baby I was quite aware about my maternal reproductive health”. Likewise, elderly women guide the newly wed women about their personal health issues.

Emerging Trends on Media and Women Preferences

The study found the significant role of media exposure in the awareness of health issues. As housewives spend a lot of time on media, consuming information of their choice.

It gives me satisfaction to spend time in consuming information from various sources of media. I watch, films, documentaries, dramas, I love to have conversation with my friends through social media using graphics, emoji’s. Sometimes, I also discuss my reproductive health issues and find the best solutions. Even we can make an appointment to see a doctor virtually. Many videos on social media has increased my awareness about maternal health.

Whereas another participant said,
A dedicated health segment needs to be presented by media for the awareness of women regarding their reproductive health. In this modern era many couples really do not know the usage of contraceptive methods. Some of them use sub-standard material which does not work and create other health issue.

Media is silent on these issues and women have to suffer for this ignorance. They try to apply home remedies, outdated health practices, after the failure of these methods they go to doctor. One the participants said that “In Pakistan, more focused is paid to politics in media, information on education, health is not planned. Housewives health is crucial, they look after their children, husband, household chores, whole family has to suffer the consequence of their illness”. Media is supposed to pay close attention to health consciousness of women. Deliberate designed campaigns with some measure can be successful for health awareness.

Health Campaigns

One the doctors expressed the role of media that “family planning campaign under the title of Green Star was initiated. Small family size was symbolized of success, where mother health was seen stable with proper attention to every child”. That campaign motivated only few people in society to have small family. Another gynecologist described the usefulness of media advertisement about pads in this way that “women used traditional ways to manage their special days with unhygienic condition, information about pads change their habit. Now majority of women use pads and perform their duties” further, one of the gynecologists suggested that “media needs to plan immensely effective health campaigns for women”. On the other hand, another participant communicated that media’s role is depressive in bringing awareness among women about their health rights. It is more inclined towards materialistic things, and fancy look of women. Health campaigns in different areas of country should be launched with effective media tool to disseminate the health awareness.

Cultural Norms

A majority of participants highlighted the very important issue regarding the acceptance of new ideas to cope up maternal health issues of women. One of the participants described, “nothing should be in clash with societal norms, otherwise it would be opposed strongly”. Cultural norms, rituals, and societal values are very influential, and dominant in the lives of people. One of the women said that construction of deliberate discourse against women should be encountered. They are human beings, they have rights to be given, why someone else defines their destiny without including them in this process of decision making. Why only women are expected to be obedient to cultural norms and traditions. Other gender is also equally responsible to follow the ritual of society. There are more taboos for women which stop them to grow. Women themselves feel shy while discussing health issues, it is disliked to mention prohibitions openly. One of the doctors said that “all the stakeholders should be provided counselling to get benefit from the maternal health of women. Rigid mentality of people has to be changed as it costs to the development of country ultimately”. Women are integral part of society, if they are aware of their rights, they live a health life and most importantly when they all know their value, they can bring positive change in society. Though, it is a time taking process, yet it can have long lasting impact on society. Furthermore, one of the women said,

I do not understand what is wrong with society, when women want to do something, they face harsh criticism even in their close circle. Being different does not mean we will do something against our family values.

One of the housewives shared her personal experience stating;
When I got pregnant for the first time, my sister in law was also pregnant. I had experienced a rigid and biased attitude of my family. My mother-in-law used to send her daughter to visit doctor regularly, she took great care of her food whereas I was not allowed to visit the gynecologists other than lady health worker, I was not given proper nutritional balanced diet. That was very tough time as I suffered physically and I had a comparison all the time in mind with my sister- in- law. The biased attitude of family made me to suffer psychological as well.

It has seen people are good to their daughter and take care of their reproductive health, for their daughter in law people show less concern that make them more sensitive. Women have to face strong restrictions to their health as housewives, therefore the rigid attitude of society has to be changed for the better outcomes of reproductive maternal health and overall well-being of housewives.

DISCUSSION

Housewives are important segment of society, they have the right to get information,

have health facilities and access to affordable, safe and the acceptable methods of available family planning choices. The findings are aligned with work of Ashraf, Bau, Nunn and Voena (2020) and also with the work of Fahimi and Ashford (2008) where they claimed the easy accessibility can improve the maternal health. Furthermore, spreading awareness about reproductive health would contribute a lot in the empowerment of women. A large number of housewives are unaware of the accurate information of their general health morbidity. Media through different sources can fill the gap for married women of information as Westoff, and Koffman (2011) found strong association of TV and radio with reproductive behavior. There is a gap in prevalence of family planning methods, and fertility rate. More importantly conservativeness of society, limited access to maternal health care information, scarcity of health services are the leading characteristics of high-performing areas compared with low-performing areas (Hakim, Sultan, & Ahmed, 2001). Role of family is crucial to handle all maternal health problems further, Thornton (2001) said that changes in the family set up determines the changes in the well-being of women.

Societal conservativeness denotes to traditional dogmas and outdated practices that echo morals and principles shared by community members for periods every so often spanning generations. Different taboos, rigid mentality of people in society stops women from taking decision for their own maternal health, fertility, nutrients, traditional birth practices and size of family. The married women do not plan their pregnancies. They get pregnant because of their ignorance of the reproduction system. As the high level of education makes them able to know more about their health issues and small family size (Bongaarts, Mensch, & Blanc, 2017; Nagahawatte, & Goldenberg, 2008). More importantly in some cases, women could not even understand that they became pregnant at the initial stage of their first pregnancy. Their unawareness about the fertile period, reproduction system, and most pregnancies is low that cost to the society overall. Contraceptive methods are not used properly; couples do not know the safe methods with good quality of materials.

It was described by Zaidi and Hussain (2015) and further, Ardiansyah (2016) described that family, lower level of awareness, limited budget for health are the major reasons to no use contraceptive methods. Housewives are not aware of complete knowledge of childbearing. They did not plan their pregnancies, and the main reason of this situation is they do not have enough knowledge about this process and fertile period. Likewise, family, peers, and socio-economic status are associated factors with awareness of maternal reproductive health. The findings about role of media is aligned with Piotrowski (2013) that mass media can help women in bringing awareness through well prepared health programs solely designed for maternal health.

Ethical Consideration of the Study

All the respondents were informed about the qualitative nature of study, range of time duration, place to conduct the interview, and purpose of research. They were told that their participation was voluntary and they could leave the study at any

time. Verbal consent was obtained from doctors and housewives aged 18-49 before the interview.

Limitations of the Study

It was a qualitative study in which there were only open-ended questions. Only five gynecologists and twenty housewives were part of the study. Few areas of Lahore were included, despite the limitations, the study reveals very important findings about housewives' health care practices. It emphasizes on the safe and effective maternal health campaigns to increase their awareness level. Since, it is a qualitative research that does not claim for generalization of the findings to all gynecologists and housewives in Lahore.

CONCLUSION

Women should select spacing duration, and number of desired children. Voluntary informed choices must be given to couples about the safe usage of contraceptive methods. It can increase their knowledge of maternal health with available best sources. Role of traditional beliefs, about the beneficial and harmful food choices for maternal health is strong. It has great impact on women, they simply can not avoid the instructions of elders in this regard. Alonso (2015) suggested to take optimal amount of best food during pregnancy to have a successful maternal reproductive result. Food that is consumed by a huge section of women in their reproductive period is deficient in protein, caloric content and other important nutrients. These deficiency cause problems to maternal health and child bearing. Government must understand the hurdles for the effective family planning, health facilities, right way to use various contraception methods and promotion of new ideas with safety measures for maternal health care. Media can play a significant part in spreading information related to reproductive health, ways to take care, and strategies to avoid reproductive diseases. Though socio-economic determinants are dominant in traditional societies but perception of people can be tactically changed for the creation of comfortable health environment for maternal health care through consciously designed media campaigns. Preference to son over daughter should be discouraged. High fertility rate increases the frequency of maternal and infant mortality. Thus, maternal reproductive health should be an important target of health authorities. This huge difference between knowledge and implementation of maternal health care has created a considerable interest in the dynamics that impacts the decision of couple. This is an actual need to improve contraceptive practice in country. Additionally, health care providers should be trained, facilitated for the better outcomes of maternal health of women at their doorstep. It can improve living standard of life while increasing economics of family.

RECOMMENDATIONS

Communication activities of behavioral change can be increased with extensive health education about reproduction through culturally suitable messages. These messages should have information of reproductive maternal health, hygienic

practices with question of how, when, where to get available health services. As there are differences in educational level, areas of residence, socio-economic status of housewives, therefore, information should be delivered through a blend of health care providers along with mass media to make sure potential accessibility of broadcasting of radio, TV, availability of print media, leaflets for informal programs. Better access to health resources in combination with community based health education could help to raise awareness of reproductive health. Media can also be used as an effective strategy in reaching housewives. Nevertheless, the findings of the present study can support health care providers, authorities managing health programs and policy makers in efficaciously executing activities. It can help to formulate proper interventions for improving housewives' awareness about reproductive maternal health care in Pakistan.

- Government needs to increase the facilities of maternal health with more range of methods.
- Inclusion of husband in the process of counselling can help long term contraceptive methods Media can present dedicated programs about reproductive health of women
- Lady health workers should be facilitated widely and trained for the latest methods.

REFERENCES

- Afulani, P. A. E. (2015). Determinants of maternal health and health-seeking behavior in sub-Saharan Africa: The role of quality of care. University of California, Los Angeles.
- Alonso, E. B. (2015). The impact of culture, religion and traditional knowledge on food and nutrition security in developing countries (No. 2201-2019-1458).
- Ardiansyah, B. (2016). Effect of Mass Media on Family Planning Choices in Indonesia.
- Ashraf, N., Bau, N., Nunn, N., & Voena, A. (2020). Bride price and female education. *Journal of Political Economy*, 128(2), 591-641.
- Barkat, A., & Majid, M. (2003). Adolescent and youth reproductive health in Bangladesh: Status, issues, policies and programmes. Population Council.
- Bongaarts, J., Mensch, B. S., & Blanc, A. K. (2017). Trends in the age at reproductive transitions in the developing world: The role of education. *Population studies*, 71(2), 139-154.
- Brault, M. A. (2015). Married young women's sexual and reproductive health in low-income communities in Mumbai, India.
- Dasgupta, S. (2019). Impact of exposure to mass media on female empowerment: Evidence from India. *International Journal of Development Issues*

- Fahimi, F.R., & Ashford, L. (2008). *Sexual and Reproductive Health in the Middle East and North Africa*. Washington: Population References Bureau.
- Gaydos, L. M., Smith, A., Hogue, C. J., & Blevins, J. (2010). An emerging field in religion and reproductive health. *Journal of Religion and Health*, 49(4), 473-484.
- Gogoi, M. (2014). Association of maternal age and low socio-economic status of women on birth outcome. *International Research Journal of Social Science*, 3(10), 21-27.
- Hogan, M. C., Foreman, K. J., Naghavi, M., Ahn, S. Y., Wang, M., Makela, S. M., & Murray, C. J. (2010). Maternal mortality for 181 countries, 1980–2008: a systematic analysis of progress towards Millennium Development Goal 5. *The Lancet*, 375(9726), 1609-1623.
- Hakim, A., Sultan, M., & Ahmad, F. (2001). *Pakistan Reproductive Health and Family Planning Survey (2000-01): Preliminary report*. Islamabad, National Institute of Population Studies.
- Harrison, A., & Montgomery, E. (2001). Life histories, reproductive histories: rural South African women's narratives of fertility, reproductive health and illness. *Journal of Southern African Studies*, 27(2), 311-328.
- Hendi, A. S. (2017). Globalization and contemporary fertility convergence. *Social Forces*, 96(1), 215-238.
- Izugbara, C. O. (2000). Women's understanding of factors affecting their reproductive health in a rural Ngwa community. *African Journal of Reproductive Health*, 4(2), 62-68.
- Izugbara, C., Wekesah, F. M., Sebany, M., Echoka, E., Amo-Adjei, J., & Muga, W. (2020). Availability, accessibility and utilization of post-abortion care in sub-Saharan Africa: a systematic review. *Health care for women international*, 41(7), 732-760.
- Khan, A. (2000). *Adolescents and reproductive health in Pakistan: A literature review* Research report No. 11. Islamabad: Population Council and UNFPA.
- Khawaja, N. P., Tayyeb, R., & Malik, N. (2004). Awareness and practices of contraception among Pakistani women attending a tertiary care hospital. *Journal of obstetrics and gynaecology*, 24(5), 564-567.
- Kishor S. & Gupta K., (2004). Women's empowerment in India. In: Rajan I. and James K.S. (eds.), *Demographic Change Health Inequality and Human Development in India*. CESS, Hyderabad.
- Kishor, S., & Johnson, K. (2004). *Profiling Domestic Violence: A Multi- Country*

Study. Calverton, Maryland: ORC Macro.

Lalneizo, D., & Reddy, S. (2010). Health status of children in North Eastern states of India. *Indian Anthropologist*, 37-52. Mason, E. J. (2010). Identifying factors of influence on family planning practices among rural Haitian women (Doctoral dissertation, University of Pittsburgh).

Mason, J. E. (2010). Identifying Factors of Influence on Family Planning Practices among Rural Haitian Women, <http://dscholarship.pitt.edu/7071/1/Mason2010etd.pdf>.

Mubarik, M., Jameel, N., & Khalil, R. (2016). Knowledge, attitude and utilisation of sub-dermal birth control implants among married rural women of Pakistan. *Int J Res Med Sci*, 4, 2229-39.

Nagahawatte, N.T. & Goldenberg, R., (2008). Poverty, Maternal Health, and Adverse Pregnancy Outcomes. *Annals of the New York Academy Science*, 1136(1):80-85.

Naved, R. T., & Persson, L. Å. (2008). Factors associated with physical spousal abuse of women during pregnancy in Bangladesh. *International family planning perspectives*, 71-78.

Pandey, J. P. (2013). Maternal and child health in Nepal: the effects of caste, ethnicity, and regional identity: further analysis of the 2011 Nepal demographic and health survey. Ministry of Health and Population.

Peltzer, K. (2006). Sexuality among adolescents in rural and urban South Africa. *South African Review of Sociology*, 37(2), 189-199.

Piotrowski, M. (2013). Mass Media and Rural Out-Migration in the Context of Social Change: Evidence from Nepal. *International Migration*, 51(3), 169-193.

Radkar, A., & Parasuraman, S. (2007). Maternal deaths in India: an exploration. *Economic and Political Weekly*, 3259-3263.

Ringheim, K., Gribble, J., & Foreman, M. (2007). Integrating family planning and maternal and child health care: Saving lives, money, and time. *Int Fam Plan Perspect*, 33(1), 6-12.

Sherris, J. (2002). Violence against women: Effects on reproductive health. *Outlook*, 20(2):1-8.

Shohel, M., Rahman, M. M., Zaman, A., Uddin, M. M. N., Al-Amin, M. M., & Reza, H. M. (2014). A systematic review of effectiveness and safety of different regimens of levonorgestrel oral tablets for emergency contraception. *BMC Women's Health*, 14(1), 1-10.

Stephenson, R., & Hennink, M. (2004). Barriers to family planning service use

among the urban poor in Pakistan. *Asia-Pacific Population Journal*, 19(2), 5-26.

Sueyoshi, S., Al-Khozah, H. O., & Ohtsuka, R. (2006). Effects of reproduction norms on contraception practice among Muslim women in Amman, Jordan. *The European Journal of Contraception & Reproductive Health Care*, 11(2), 138-145.

Thornton, A. (2001). The developmental paradigm, reading history sideways, and family change. *Demography*, 38(4), 449-465.

Uddin, M. J., & Choudhury, A. M. (2008). Reproductive health awareness among adolescent girls in rural Bangladesh. *Asia Pacific Journal of Public Health*, 20(2), 117-128

Westoff, C. F., & Koffman, D. A. (2011). The association of television and radio with reproductive behavior. *Population and Development Review*, 37(4), 749-759.

Wong, R. C., Bell, R. J., Thunuguntla, K., McNamee, K., & Vollenhoven, B. (2009). Implanon users are less likely to be satisfied with their contraception after 6 months than IUD users. *Contraception*, 80(5), 452-456.

World Health Organization. (2011). Strengthening country office capacity to support sexual and reproductive health in the new aid environment: report of a technical consultation meeting: wrap-up assessment of the 2008-2011 UNFPA-WHO collaborative project, Glion, Switzerland, 21-23 March 2011 (No. WHO/RHR/11.29). World Health Organization.

Woodruff, T. J., Schwartz, J., & Giudice, L. C. (2010). Research agenda for environmental reproductive health in the 21st century. *Journal of Epidemiology & Community Health*, 64(4), 307-310.

Zaheen, B., Safdar, A., & Riaz, M. (2021). Impact of Soap Operas on the Television Viewers: Experience from Pakistani Society. *Journal of Business and Social Review in Emerging Economies*, 7(1), 45-56.

Zaidi, B., & Hussain, S. (2015). Reasons for low modern contraceptive use—Insights from Pakistan and neighboring countries.