The Professional Medical Journal
www.theprofesional.com
DOI: 10.17957/TPMJ/15.3072

ORIGINAL PROF-3072

FAMILY PLANNING;
FACTORS AFFECTING MALE'S DECISION MAKING IN DISTRICT BUNER, KPK PAKISTAN

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Article received on:
29/08/2015
Accepted for publication:
28/10/2015
Received after proof reading:
13/11/2015

ABSTRACT: In Pakistan the total fertility rate is 4.5 which is too high and the main reason for this is the low contraceptive prevalence rate of only 28%. A woman's ability to space and limit her pregnancies has a direct impact on her health and as well as on the outcome of each pregnancy". The population of Pakistan represents 2.56% of the world's total population which mean that every 39th person of the world is resident of Pakistan. **Objectives:** To highlight the factors affecting male's decision making regarding family planning in district Buner KPK. **Study Design:** A cross sectional study. **Setting:** District Buner, KPK. **Period:** March, 2015 and July, 2015. **Methods:** Stratified simple random sampling was performed for collecting data. Sample size of 210 was collected from two Union Councils of Buner. Outcome variable was husband's decision making regarding family planning. Researcher administered questionnaire was used for data collection. **Results:** Husband's decision making regarding family planning was mainly effected desire for more children, 68.5% of the respondents were male decision maker who had desire for more children. Family structure also influence the decision maker's decision as in nuclear families 90.7% were decision maker were from nuclear family. Religious perception and side effects was contributing to family planning decision making. **Conclusion:** The study showed that 71.9% of male and 6.9% female take the decision of family planning. The study results showed that desire for more children, lack of information, family structure, and fear of side effects and perception of people that family planning is against Islam played an important role in decision making regarding family planning.

Key words: Family planning, fear of family planning, family planning implementation

Article Citation: Waqar A, Khan A, Ismail K, Hanif U, Saleem I. Family Planning; Factors affecting male's decision making in district buner, kPK Pakistan. Professional Med J 2015;22(11):1471-1479. **DOI:** 10.17957/TPMJ/15.3072

INTRODUCTION

According WHO definition of Family Planning," Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility. Pakistan is one those populated countries and need to find out the factors because of which population is increasing with that much high rate. Population can be controlled and managed properly with Family Planning implementation, as the population of Pakistan increasing day by day which mean that the implementation of Family Planning is not working.

Why Family Planning is not implemented in Pakistan, what are the factors affecting family implementation and the decisions related to family planning?

There are some themes affecting family planning like "risk and cost" which include risk of side effect of family planning, treatment of side effect. Second theme is "male involvement" lack of interest in decision making although the key decision makers are and male they mostly decide the spacing and number of children to have. Third is "gender relation and communication" as very few women participate in decision for number of children and the spacing. Likewise "urban and rural" geographic location is also having great effect on deciding number of children as well as spacing, people living in rural areas prefer more children than urban areas.

Literature review

Family planning include all the decisions made by a married couple regarding their reproductive health comprising birth control, planning of pregnancy, child spacing and also protecting themselves from sexually transmitted diseases. A women's ability to space or limit the number of her pregnancies has a direct impact on her well-being as well as the outcome of her pregnancy.

According to a study published in the Canadian medical association Journal in 2008 it was mentioned that women with age 35 years and old having high risk of pregnancy complications including stillbirth.[1] This study shows that proper spacing especially in such age groups is very much important to save lives and to attain healthy mothers. A mix method cross sectional study was conducted in Tehsil Gujar Khan, Punjab, Pakistan from April 1st to July 10, 2010.[2] According to that study it was concluded that the major barrier to family planning at community level are, religious barrier 69%, social barriers 58%, transport 54% and communication and economic reasons 25%. On individual level barriers noted were female gender, experience and low education. On system level barriers find out were increased workload, National immunization days, late supply, stock shortage and lack of proper incentives.[3] The study above mentioned had find out the key reasons and factors which effect family planning implementation especially in Pakistan.

A study was conducted in Haiti, country located in Caribbean in which the factors that affect women's choice in utilization of family planning services were explored. Through this study it was found that by increasing the availability of family planning services will increase the likelihood of saving lives and also will improve women's health by increasing socio economic status, empowerment, education and reproductive health.[4] A survey was carried out of mothers attending Maternal and Child Health clinics in Health centers in Manus. This study showed that knowledge about traditional family planning is widespread also indicated the importance of husband's approval for contraceptive practices. This survey concluded that there is a high level of dissatisfaction with current family planning including, health workers attitude (68%) and the ineffectiveness of program (45%). This showed that it is very important to assess role of husbands and also the perceived and actual benefit and costs of children before planning future family planning programs.[5] Keeping these factors in mind we need to improve the communication and behavior of health care providers specially Lady Health Workers.

A community based cross sectional survey was conducted in Kassala State, Eastern Sudan between 1st May and 31st July 2012 to assess unmet need for family planning, factors affecting unmet need and total demand for family planning. In this study total sample of 812 married women were enrolled. Results showed that ever use of contraceptive was 25.4% and currently users were 26.2%, it also showed that unmet need for spacing was 15.1% while unmet need for limiting was 0.7%. The total unmet need was estimated as 44.8% and the total demand for family planning was 71%. Unmet need for family planning was significantly higher among women with less than secondary education; it is also affected by couple's educational status and their occupation.[6] This study suggests reproductive health education in all child bearing age women. Women with secondary and higher education have better awareness and clear concept regarding family planning use. The environment provided to them helps them decide what is good and what is bad for them. They come to know both the aspect of family planning use so in future they have good command on deciding when to and which method of family planning is to use. From past decade it is given the prime importance to increase involve men in reproductive health and family planning. It is recognized by government and non-governmental agencies that men are to be involved in all decisions made regarding family planning as that have benefit for both men and women.[7]

According to the Ethiopian demographic and health survey 2011, most of the men and women had knowledge about some family planning

methods but very few (29%) of married women were using contraceptives. Some of them (20%) had unmet need for family planning. In the studied population it was founded that family planning was well known to them. Pills and injectable were the satisfactory methods and the most commonly used methods by both sexes. Long term contraceptive methods were well known by women, while the traditional and emergency contraceptives were well known by men. Education was the main variable affecting knowledge and practice of the respondents. Out of 811 men only 4 men ever used contraception, while 64% female ever used contraception and 43% female were currently using contraception.[8] Although the knowledge of the respondent was too good and high regarding contraception but it has n0oeffect on the practices of contraception. It was also demonstrated in the study that the access to family planning and awareness of contraceptives were not sufficient to ensure the contraceptive needs are met. Therefore the main thing that effect contraceptive usage is involvement of both wives and husbands.

A mix method cross sectional study was conducted in Tehsil Gujar Khan, Punjab, Pakistan from April 1st to July 10, 2010. According to that study it was concluded that the major barrier to family planning at community level are, religious barrier 69%, social barriers 58%, transport 54% and communication and economic reasons 25%. On individual level barriers noted were female gender, experience and low education.[9]

Aim of the study____

The aim of my study is to identify factors affecting male's decision making regarding family planning and to put these factors in front of health authorities and stakeholders to find out solution for it.

Objectives

The objective of the study is to highlight the factors affecting male's decision making regarding family planning in district Buner KPK.

METHODOLOGY

Study design

A cross sectional study was conducted in district Buner Khyber Pakhtunkhwa (KPK). Buner is the 11th biggest district of KPK in term of size and 15th in term of population. Buner contributes 2.85% of the population to the total population of KPK. The population of Buner is 506,406 according to 1998 census including 95% Muslims and remaining Sikhs and Hindus.

Study Setting

The study was conducted in district Buner KPK. Buner is one of backward and remote area of KPK. Buner includes 27 Union councils and is divided into 7 Tehsils. The living standards of Buner are poor as compared to some other districts of KPK. The main occupations of the people residing there they are government servants, shopkeepers, farmers or having their own businesses or having private jobs.

Study duration

A cross sectional study was conducted during March 2015 to July 2015 in district Buner.

Sample size

For sample size calculations use the formula which is $n=t^2\times p\ (1-p)/d^2 = 3.84\times 0.53(1-0.53)/0.1^2 = 105$ 105 is the sample size calculated for single strata so for both strata Sample size calculated is 210 including 10% non-response rate, using formula for sample size calculation $n=t^2\times p\ (1-p)/d^2$Where total estimated population of district Buner is 506,406 according to 1998.

Sampling technique

Stratified Sample random sampling was performed for the purpose of collecting our sample. Buner is divided into 7 Tehsils. One Tehsil was selected randomly by lottery method. After that two union councils were selected randomly via lottery method, one rural and one urban. As my sample size was 210 so I had to collect 105 from each UC. For the purpose of collecting 105 respondents from each UC I first collect the list of people living in those UC fulfilling my inclusion criteria.

Study population

District Buner is one of those areas of KPK Where the living standard is lower than other districts.

The population belongs to different ethnicities including Pathan, Muslims, Hindus, Sikhs and Afghan etc. The dominant ethnic group living there is Pathan. The occupation of the people living there are agriculture, Mining, construction, transport and manufacturing, service workers, shops, markets, sales workers, professional mostly school teachers.

VARIABLES

Dependent variable

The outcome variable, male's decision making regarding family planning was measured categorically as decision made by Husband or other than husband.

Independent variable

In independent variables demographic variables, side effects of family planning methods, service facility, distance and mode of transportation to facility, knowledge of family planning, source of information, religious beliefs and misconceptions regarding family planning were assessed.

Tools for data collection

Structured researcher administered questionnaire in English/Urdu was used for data collection. Also observation notes and field notes of researcher were prepared by the researcher during field visits.

Method for data collection

Researcher administered questionnaire was filled in English/Urdu that was properly explained by researcher. Data was filled and collected after day night hard work of 15 days. Data described and analyzed after completing data collection.

Ethical consideration

For ethical consideration purpose a consent form was signed after verbal explanation.

Analysis

Data collected through structured questionnaires was cleaned and inspected for missing data first by the researcher. Data was entered in SPSS 20.0 as per code book codes. Percentages, mean, SD were used to describe the data. Results were reported in percentages, tables and Pie charts for different variables.

RESULTS

Socio demographic characteristics

In the table-I it is showed that in the study 210 eligible people who were fulfilling the inclusion criteria were included in the study. My study was based on tow strata i.e. rural and urban so selected 105 people from each strata of area. All participants were between ages 16 to 60 years and were permanent resident of District Buner. Table-I explains Socio demographic findings of the study reveals that out of 210 respondents 12(5.7%) were uneducated, 52(24.8%) were primary level educated, 47(22.4%) middle, 55(26.2%) matric level, 37(17.6%) above metric and only 7(3.3%) were Aalim graduated from different madrassas. Majority of the families were extended (41.9%) followed by nuclear families (39.5%) and blended families (18.6%). Rest of findings is given in below table-I.

Characteristic	Number (N)	Percentage %
Area		
Rural	105	50
Urban	105	50
Education		
Un educated	12	5.7
Primary	52	24.8
Middle	47	22.4
Metric	55	26.2
Above metric	37	17.6
Aalim	7	3.3
Profession		
Govt servant	79	35.6
Private job	23	11.0
Own business	34	16.2
Shopkeeper	34	16.2
Former	22	10.5
Labor	18	10.1
Family structure		
Nuclear	83	39.5
Extended	88	41.9
Blended	39	18.6

Table-I. Sociodemographic characteristics of participants

Decision maker regarding family planning

Table-II below explains that family planning (71.9%), followed by both husband and wife

(21.9%) and rest of decision maker were their wives (6.2%).

Characteristic	Number(N)	Percentages %
Decision maker		
Yourself	98	71.9
Your Wife	38	6.2
Mother in law	22	21.9
Father in law	-	-
Both	-	-

Table-II. Decision maker regarding family planning

Knowledge/ Information of the respondents about family planning

Table-III. Explains that majority of fathers (88.6%) were aware of family planning. Main source of information were place of work (24.8%), followed by private clinics (23.8%) and social media 21.9%. About 76.2% of respondents were having knowledge regarding different family planning method.

Variable	Number(N)	Percentages%
Know Family planning		
Yes	186	88.6
No	24	11.4
Source of info		
Government facility	9	4.3
Planned parenthood clinics	29	13.8
Private clinics	50	23.8
Social media	46	21.9
Place of work	52	24.8
Know methods of family planning		
Yes	160	76.2
No	49	23.3

Table-III. Knowledge/ Information about family planning

Family planning center in your area

Table-IV. Shows that family planning centers were present in majority of areas (84.3%). Only 41.9% respondents said that they are facilitated at centers (Table-IV).

Variables	Numbers(N)	Percentages (%)
Family planning center available		
Yes	177	84.3
No	32	15.2
Facilitated with Family planning services.		
Yes	88	41.9
No	121	57.6

Table-IV. Family planning center in your area

Visits of family planning team to respondents.

Table-V shows that only 9.5% of the respondents were saying that family planning team visits their homes. Findings of the study also shows that 71% of the respondents use to visit family planning center located in their area.

Variables	Numbers(N)	Percentages (%)
FP team visits you		
Yes	20	9.5
No	190	90.5
You visit FP center		
Yes	149	71.0
No	61	29.0

Table-V. Visits of family planning team to respondents

Implementation of family planning

Table-VI shows that most of the respondents 66.7% were agree with family planning usage, only 16.2% were opposing family planning and the remaining 16.1% had no opinion regarding family planning implementation. The study also reveals that 56.7% of the respondents were using any method of family planning.

Variables	Number(N)	Percentage (%)
Agree with FP use		
Yes	140	66.7
No	34	16.2
Don't know	32	15.1
Using FP methods		
Yes	119	56.7
No	90	42.9

Table-VI. Implementation of family planning

After effects of using contraceptives

The table-VII shows that 36.7% had a good experience while using family planning, it also indicate that 35.7% of the respondents were satisfied while using any of the contraceptive methods. The majority of respondent were satisfied from using contraceptives.

Characteristics	Number(N)	Percentage (%)
Experience		
Good	77	36.7
Bad	43	20.5
Satisfaction of method used		
Yes	75	35.7
No	43	20.5
Effects of family planning used		
Having no side effects	35	16.7
It's safe	38	18.1
Easily available	2	1.0
Having side effects	42	20.0
Dose missing issues	1	0.5

Table-VI. After effects of using contraceptives

Relation between decision maker of family planning user and the area of residence

Table-VIII explains that in urban areas 76.9% of the decisions about family planning use are made by male while in rural areas 69.2% of the decisions are made by males. The results indicate that there is no statistically significant difference in decision makers of family planning use between urban and rural residence (X2=0.626, p=0.429, df=1)

	Husband N(%)	Other than husband	Total
Urban	50(76.9)	15(23.1)	65(50)
Rural	45(69.2)	20(30.8)	65(50)
Total	95(73.6)	35(26.9)	130(100)

Table-VIII. Relation between decision maker of using Family planning method and area of residence of participants
X2=0.626, p=0.429, df=1

Association between decision maker of using family planning and educational status of the respondents

Table-IX indicates the relationship of literacy and decision maker of using family planning. The education level was being recoded to literate and illiterate. The respondents with none or only primary education were categorized as illiterate while all others were recoded as literate. The results of the table shows that total illiterate husband were 37(28.5%) out of which husband decision maker were 29(78.4%) and the remaining decision maker were other family members. Similarly the total number of literate husbands was 93(71.5%) in which husband decision maker were 66(71%) and the remaining 27(29%) were other than husband. There is no statistically significant difference of decision maker about family planning and literacy rate X2=0.417, p=0.522, df=1

	Husband N(%)	Other than husband	Total
Illiterate	29(78.4)	8(21.6)	37(28.5)
Literate	66(71.0)	27(29.0)	93(71.5)
Total	95(73.1)	35(26.9)	130(100)

Table-IX. Association between decision maker of using family planning and educational status of the respondents
X2=0.417, p=0.522, df=1

Relation between occupation and the decision maker of family planning use

Table-X shows the relationship of decision maker of family planning and the occupation of the respondent. The occupation was recoded and categorized as skilled and non-skilled for the ease of getting clear results. The following results shows 72.9% of the skilled respondents take their decision by themselves while the remaining 27.1% decisions were made by their family members. Likewise 73.5% of the non-skilled husbands made their decision by own and 26.5% by their family members. There is no statistical significance between the occupation and decision maker of contraceptive use X2=0.000, p=1.00, df=1

	Husband N(%)	Other than husband	Total
Skilled	70(72.9)	26(27.1)	96(100)
Non skilled	25(73.5)	9(26.5)	34(100)
Total	95(73.1)	35(26.9)	130(100)

Table-X. Relation between occupation and the decision maker of family planning use
X2=0.000, p=1.00, df=1

Relationship between decision maker of family planning and average monthly income of the respondents

Table-XI shows the relationship between decision maker of family planning and average monthly income of the respondents. The average monthly income was recoded on the bases of percentile of 50. The two categories got on 50 percentile were monthly income less than 20,000 and more than 20,000. The results indicate that people with income less than 20,000rs out of 85(100%) only 58(68.2%) were independent in decision making about their family and the remaining 27(31.8%) decision maker were their family members. Likewise out of 45 with monthly income more than 20,000rs mostly 37(82.9%) respondents took their decisions of contraception by themselves while the remaining 8(17.1%) decision makers were other family members.

Monthly income	Husband N (%)	Other than husband	Total
<20000	58(68.2)	27(31.8)	85(100)
>20000	37(82.9)	8(17.1)	45(100)
Total	95(73.1)	35(26.9)	130(100)

Table-XI. Relationship between decision maker of family planning and average monthly income of the respondents
X2=2.258, p=0.100, df=1

Relation of decision maker of family planning and there agreement to the family planning implementation

Table-XII shows the relationship of decision maker of family planning and there agreement with family planning implementation. The table shows that total respondents agree with family planning were 90(70.9%) in which mostly 62(68.9%) decision maker were male themselves and the remaining were other family members. Similarly total disagree respondents were 37(29.1%) of which 93(73.2%) decision makers were husbands themselves and remaining were other than husband. The results show that there is no statistically significant difference between decision maker of family planning and the agreement of husbands with family planning implementation. X2=2.256, p=0.087, df=1.

Male opinion of family planning	Husband N (%)	Other than husband	Total
Agree	62(68.9)	28(31.1)	90(70.9)
Disagree	31(83.8)	6(16.2)	37(29.1)
Total	93(73.2)	34(26.8)	127(100)

Table-XII. Relation of decision maker of family planning and there agreement to the family planning implementation
X2=2.256, p=0.087, df=1

Relation of decision maker about family planning and their desire for more children

Table-XIII represents the relationship of decision maker about family planning and their desire for more children. Table show that total number of respondents who desire for more children is 89(68.7%). Most of them 61(68.5%) are male decision maker about family planning and remaining are other family member. Similarly total 40(30.8%) were those having no desire for more children. Out of those 40 mostly 34(85%) decision maker were male themselves while the remaining were other family member. The results shows a statistically significant difference between decision maker of family planning and their desire for more children X2=6.528, p=0.028, df=1.

Desire for more children	Husband N (%)	Other than husband	Total
Yes	61(68.5)	28(31.1)	89(68.5)
No	34(85.0)	6(15.0)	40(30.8)
Total	95(73.1)	35(26.9)	130(100)

Table-XIII. Relation of decision maker about family planning and their desire for more children
X2=6.528, p=0.028, df=1

Relation of family planning decision maker and ever used any of the family planning method

Table-XIV indicating the association of family planning decision maker and ever used any of the family planning method. The result showed that total overly used of any of family planning methods were 74(56.9%) in which husbands decision maker were 53(71.6%) and the remaining were other family members decision maker. Likewise the total non-user of any of family planning method were 55(42.3%) in which most of 42(76.4%) decision maker were husbands themselves while

the remaining 13(23.6%) decision maker were some other family members. The results showed that there is no any statistically significant difference in decision maker and use of family planning method.X2=3.014, p=0.267, df=2

Ever used any of FP method	Husband N (%)	Other than husband	Total
Yes	53(71.6)	21(28.4)	74(56.9)
No	42(76.4)	13(23.6)	55(42.3)
Total	95(73.1)	35(26.9)	130(100)

Table-XIV. Relation of family planning decision maker and ever used any of the family planning method
X2=3.014, p=0.267, df=2

DISCUSSION

Our study finds that 56.7% of people using family planning methods. The respondents interviewed were male of age 16-60 years. Prior to my study most of the studies had been conducted but in very few studies male were taken as the respondents. Almost all studies done based on data collected from female and only their opinion had been explored.

It was found in our study that the use of contraception was more in extended families than nuclear families. While in blended families where husband and wife communication is not easy and not acceptable the use of family planning rate was much lower. These findings indicate that husband and wife communication is the key to family planning decision making. Better communication of husband and wife play key role in discussion of family planning and taking better decisions about their family size. The majority of our respondents (88.6%) were aware of family planning and their use. Results of our study also indicate that 76.2% of the respondent had knowledge of family planning and different methods use. PDHS 2006, 2007 reported that knowledge of family planning is universal in Pakistan. They mentioned that 96% of the married women age ranging 15-49 had knowledge of at least 2 modern methods of family planning. The PDHS also reported that the knowledge of family planning for KPK province was 92%.

As the study population of our study was district Buner, KPK. The people living there are good in practicing religion. They follow their religion and culture strictly and they even don't talk about such sensitive issues like family planning. Therefore another major factor identified in our study was religio-cultural issues (19%). Similar findings were reported in a study from Pakistan they noted that major barrier to family planning was religio-cultural factors (Mustafa G, 2012). Our study results explain the use of contraception in two categories i.e. contraceptive ever used and currently using contraceptives. The rate of current user of family planning was increased to 57.1% from the ever used family planning (56.7%). Similar changes were reported in PDHS 2006, 07. They reported that any method of contraceptive ever used was 47.7% while the current user rate of any method of contraceptive raised 48.7% (PDHS 2006, 07).

CONCLUSION

The study showed that 71.9% of male and 6.9% female take the decision of family planning. The study results showed that desire for more children, lack of information, family structure, and fear of side effects and perception of people that family planning is against Islam played an important role in decision making regarding family planning. Programs of reproductive health education and community mobilization which mainly target the couples will have positive effect.

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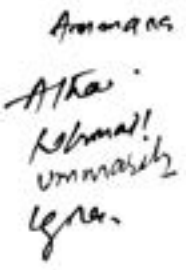
1	Ammara Waqar	Researcher	
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