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ORIGINAL ARTICLE

# Relationship of sexual autonomy and Modern contraception use among women of reproductive age in Pakistan : A PDHS Based Analysis.

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## Abstract

**Background:**
Modern contraceptives are the methods to prevent pregnancy and include medications, devices including IUDs, Oral pills and patches. The use of modern contraceptives improves reproductive health and family planning, as it helps to reduce maternal mortality and reproductive health. Contraceptive prevalence is Pakistan is low, efforts have been made but the utilization is still low. Different factors have contributed in this; in this study sexual autonomy's relationship with modern contraceptives have been done. Sexual autonomy, defined as choice to make independent decisions about sexual and reproductive health.

**Methods:**
Cross sectional study was performed by using a data from 8287 women aged 15-49 from PDHS who had given birth within the previous five years. Women's sexual autonomy was judged by their ability to decline intercourse and request that their partners use condoms. Regression models were used to analyse the relationship between sexual autonomy and modern contraception use, correcting for numerous socio-demographic parameters such as age, region, education, wealth status, and urban/rural location

**Results:**
The result showed women who had sexual autonomy are more likely to use modern contraceptive, 38.6% of the Pakistani women are sexually autonomous. Additionally, factors such as higher education, urban residence, and greater wealth were positively associated with contraceptive use, while traditional cultural norms and limited access to family planning information posed barriers.

**Conclusion:**
Enhancing women's sexual autonomy could lead to increased utilization of modern contraceptives in Pakistan, thereby improving reproductive health outcomes. The findings underscore the importance of empowering women through education and targeted policy interventions to promote sexual autonomy and expand access to family planning services.

**Keywords:**
Sexual autonomy, Modern contraceptives, Reproductive health, Pakistan, PDHS

Abstracts in عربی، اردو, 中国人, française, русский and español at the end of the article

## Layman Summary

**The research is secondary data analysis of PDHS Data, women questionnaire was used and We saw 38.6 percent women are sexually autonomous in Pakistan. We hypothesize that sexually autonomous women would more likely to use modern contraceptive, we did descriptive statistics to summarize data of the women we have included in the study, chi square test and logistic regression was also done, we found sexually autonomous women are more likely to use modern contraceptive.**

## INTRODUCTION

### Background

Modern contraceptives are the medicines or devices used to prevent pregnancy, contraceptives have been linked to reduce maternal mortality and are important for better maternal and child health. The utilization of modern contraceptives is a crucial component of reproductive health and family planning, playing a significant role in reducing maternal mortality and improving the quality of life for women [1]. Despite various efforts to promote contraceptive use, the prevalence remains suboptimal in Pakistan. To develop effective intervention and approach for modern contraceptive utilization, it is important to understand its determinants in that way better reproductive health outcomes can be achieved [2]. Women's sexual autonomy is defined as their ability to refuse sex or request that their partner use contraception, such as a condom [3]. Sexual autonomy refers to women's choice in decisions about how sexual interactions were conducted, as well as the belief that women should have the freedom to choose their sexual practice. Empowering women to exercise sexual autonomy has been linked to greater contraceptive use in diverse situations, because it allows women to take control of their reproductive health and make informed decisions about family planning [4]. But by empowering women to take ownership of their sexuality, countries across the world have seen rise in contraceptive use by giving her the choice over their reproduction and their ability to have a family, domestic violence norms propelling Pakistan to an appalling fifth place, making it the world's sixth most dangerous country for women. Despite intensive political commitment to enhance reproductive health, which includes a national target to increase the contraceptive prevalence rate (CPR) to 50% by 2025, the actual usage of modern contraceptives has stagnated between 30% and 35% over recent years. The low prevalence of contraceptive is obstacle in improving the maternal mortality rates and lowers the fertility rate [5]. Cultural norms and societal expectations can limit women's power when it comes to making choices about their sexual and reproductive health. Thus it is important to go deeper into how sexual autonomy ties into the use of modern contraceptives for Pakistani women who are of childbearing age. Getting a grasp on this relationship is key [6]. Prior research has underscored the significance of elements like education, socioeconomic status, and the number of surviving children in shaping contraceptive usage. [7-9]. In light of this context, this study is aimed at developing effective policies and interventions to improve reproductive health outcomes in Pakistan. The study will further investigate the intersection of women's employment and education with their capacity to effectively utilize modern contraceptives. These efforts play a vital role in enhancing reproductive health outcomes and reducing maternal mortality rates in the country.

### Rationale of the study

Women do not refuse to sex nor do they ask their partner to put a condom, although it is acknowledged that women's empowerment is a key factor for reproductive health, the specific association between sexual autonomy and contraceptive use has not been widely investigated. This study further seeks to assess the extent to which sexual autonomy impacts reproductive health, through analysis of data from the Pakistan Demographic and Health Survey (PDHS), and add exploratory evidence toward understanding the potential determinants of reproductive health decision-making [10]. This research has the potential to significantly contribute to the broader understanding of the socio-cultural determinants of contraceptive use in Pakistan and inform policy and programmatic efforts to enhance women's reproductive health and rights, offering hope for positive change.

### Objectives of the research

•To use Pakistan Demographic Health Survey (PDHS) 2017-2018 Data to analyze modern contraceptive use and sexual autonomy.
•To measure sexual autonomy and modern contraceptive relation in women in Pakistan.

### Materials and Method:

### Study Design and Study Setting:

This is cross section study based on PDHS data 2017-18.

### Data Source:

Women of reproductive age (15-49 years) data were used from PDHS, regarding their reproductive health, marital status, child health, and other topics. The survey respondents were recruited using a stratified two-stage cluster methodology, with all census enumeration areas (EAs) in the country separated into rural and urban areas. Each stratum received a specific number of EAs. The households in the targeted EAs were identified, and 28 households were randomly selected from each EA. Trained interviewers utilized a pretested questionnaire to gather information from eligible women in selected households. To quantify sexual autonomy, we used only data from women who had given birth during the last five years, resulting in a sample of 8287 women.

### Outcome Variable

The outcome variable was modern contraceptive use. The question was use of any method in which for modern method we coded 1 and for other methods we coded 0.

### Independent Variables

The main explanatory variable was sexual autonomy. Sexual autonomy was the primary explanatory variable. It was adjusted as a composite variable by combining responses to the following questions: "Can the respondent refuse sex with her partner/husband?" and "Can the respondent ask her partner/husband to use a condom?" Respondents who answered "yes" to both questions were deemed sexually autonomous. The independent factors included age, area, type of residence (urban/rural), number of living children, highest level of education, wealth index, and current contraceptive use.

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### Data Analysis

IBM SPSS program version 23.0 was used to analyze the data. The study variables were summarized using descriptive statistics like frequencies and percentages. Multivariate regression was used to see the relationship between modern contraception and sexual autonomy, as well as other socio-demographic characteristics and current contraception use.

### Ethical approval and ethical considerations

The study based on secondary data analysis, for data access and permission to use it for our study an authority letter was obtained from DHS, a proposal was sent and DHS gave permission to use the data for this study.

## Results

### Socio demographic Characteristics

We used data of women who had child in last 5 years, and use data of 8287 women, thus the study sample included 8,287 women aged 15-49 years. The majority of the women were aged 25-34 years (54.1%), with the largest group being 25-29 years old (29.4%). A significant proportion of women had no formal education (50.4%), while 21.1% had secondary education, and 15.2% had higher education. In terms of wealth, the sample was relatively evenly distributed across wealth quintiles, with the poorest women making up 22% of the sample and the richest comprising 18%.

**Table 1** *Descriptive Analysis*

| Age in 5-year groups | Frequency | Percent |
|---|---|---|
| 15-19 | 317 | 3.8 |
| 20-24 | 1562 | 18.8 |
| 25-29 | 2434 | 29.4 |
| 30-34 | 2046 | 24.7 |
| 35-39 | 1346 | 16.2 |
| 40-44 | 435 | 5.2 |
| 45-49 | 147 | 1.8 |
| Region | | |
| Punjab | 1740 | 21 |
| Sindh | 1474 | 17.8 |
| KPK | 1386 | 16.7 |
| Baluchistan | 1005 | 12.1 |
| GB | 614 | 7.4 |
| ICT | 546 | 6.6 |
| AJK | 870 | 10.5 |
| FATA | 652 | 7.9 |
| Highest educational level | | |
| No education | 4178 | 50.4 |
| Primary | 1101 | 13.3 |
| Secondary | 1747 | 21.1 |
| Higher | 1261 | 15.2 |
| Wealth index combined | | |
| Poorest | 1827 | 22 |
| Poorer | 1863 | 22.5 |
| Middle | 1622 | 19.6 |
| Richer | 1486 | 17.9 |
| Richest | 1489 | 18 |
| Respondent currently working | | |
| No | 7316 | 88.3 |
| Yes | 970 | 11.7 |
| Urbanity | | |
| Urban | 3738 | 45.1 |
| Rural | 4549 | 54.9 |
| Contraceptive use and intention | | |
| Using modern method | 2070 | 25 |
| Using traditional method | 781 | 9.4 |
| Non-user - intends to use later | 2146 | 25.9 |
| Does not intend to use | 3290 | 39.7 |

A chi-square test was conducted to examine the association between sexual autonomy and contraceptive use among women. The results in Table-2 indicate a statistically significant association between sexual autonomy and contraceptive use, $\chi 2 \backslash chi^2 \chi 2$ (1, N = 8287) = 295.877, p < 0.001. The continuity correction for the 2x2 table also showed a significant association, $\chi 2 \backslash chi^2 \chi 2$ (1, N = 8287) = 294.981, p < 0.001.

**Table 2** *Contraceptive Use by Sexual Autonomy Status*

| | | *Contraceptive Use* | | *P value* |
|---|---|---|---|---|
| | | **Not using Contraceptive** | **Using Contraceptive** | <0.001 |
| ***Sexual Autonomy*** | Non Autonomous | 4150(50.1%) | 942(11.4%) | |
| | Autonomous | 2067(24.9%) | 1128(13.6%) | |
| | | 75% | 25% | |

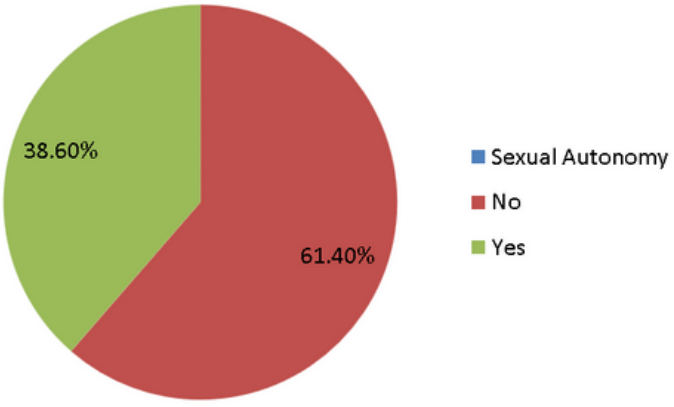


**Figure 1: Sexual Autonomy among Pakistani women**

**Major Findings**

Among the women surveyed, 25% using modern contraceptive methods, while 9.4% used traditional methods. A significant proportion of women (39.7%) did not intend to use contraceptives, and 25.9% were non-users but intended to use them later.

**Contraceptive use:**

A logistic regression analysis was conducted to examine the association between various socio-demographic characteristics and the likelihood of modern contraceptive use among women. The results are summarized in Table 3.

**1. Age:**

The analysis revealed a significant positive correlation between age and contraceptive use. Compared to the reference group (ages 15-19), women aged 20-24 had an odds ratio (OR) of 1.209 (p = 0.425), indicating no significant difference in contraceptive use. However, women aged 25-29 were significantly more likely to use contraception (OR = 1.610, p = 0.039). The odds increased substantially for older age groups: women aged 30-34 (OR = 2.146, p = 0.001), 35-39 (OR = 2.298, p < 0.001), 40-44 (OR = 2.927, p < 0.001), and 45-49 (OR = 2.489, p = 0.005) all demonstrated significantly higher odds of contraceptive use compared to the youngest age group.

**2. Regional Differences:** When examining regional variations, women from Baluchistan showed significantly lower odds of contraceptive use (OR = 0.552, p < 0.001) compared to those from Punjab, the reference region. Other regions such as Sindh (OR = 0.870, p = 0.179) and Khyber Pakhtunkhwa (KPK) (OR = 1.064, p = 0.555) did not show significant differences in contraceptive use when compared to Punjab. Notably, women from Azad Jammu and Kashmir (AJK) also exhibited lower odds of using contraception (OR = 0.642, p < 0.001). The place of residence did not significantly affect contraceptive use; urban women had an OR of 0.985 (p = 0.844), indicating no substantial difference compared to their rural counterparts. The wealth index was positively associated with contraceptive use across all categories compared to the reference group (poor). Women classified as poorer (OR = 1.443, p = 0.001), middle-income (OR = 1.538, p < 0.001), richer (OR = 1.502, p = 0.002), and richest (OR = 1.596, p = 0.001) demonstrated significantly higher odds of using contraception. Educational attainment was also positively correlated with contraceptive use. Women with primary education had an OR of 1.353 (p = 0.003), while those with secondary education had an OR of 1.309 (p = 0.005). Women with higher education showed a non-significant trend towards increased contraceptive use with an OR of 1.240 (p = 0.480). The number of births in the last five years influenced contraceptive behavior significantly for one to three births but not for four or more births; specifically, women with two births had an OR of 1.160 (p = 0.031) and those with three births had an OR of 1.317 (p = 0.018). Conversely, women with four births had an OR of 0.810 (p = 0.610), indicating lower odds of using contraception. The empowerment status of women showed no significant effect on contraceptive use; those who were empowered had an OR of 1.042 (p = 0.583). Women who reported being informed about family planning at health facilities had significantly higher odds of using contraception (OR = 1.401, p < 0.001). Finally, sexually autonomous women were significantly more likely to utilize contraception compared to those who were not sexually autonomous, with an OR of 1.858 (p < 0.001).

## Discussion:

The study explains the relationship between sexual autonomy and the utilization of modern contraceptives among women of reproductive age in Pakistan, using data from the PDHS 2017-18. The prevalence of contraceptive in Pakistan found in this study was low 38.6%. The findings also suggest that only 11% of sexually autonomous women are using modern contraceptive which is quite low, there is significant association between sexual autonomy and contraceptive use,

**Table 3** *Odds Ratios (OR) for Socio-Demographic Predictors of Modern Contraceptive usage.*

| Socio demographic characters | Sig | OR | Range (95% CI) |
|---|---|---|---|
| **Age in 5 years** | | | |
| 15-19 | Ref | | |
| 20-24 | | 1.209 | 0.758-1.928 |
| 25-29 | | 1.61 | 1.024-2.532 |
| 30-34 | | 2.146 | 1.365-3.374 |
| 35-39 | | 2.298 | 1.452-3.637 |
| 40-44 | | 2.927 | 1.773-4.831 |
| 45-49 | | 2.489 | 1.318-4.702 |
| Punjab | Ref | | |
| Sindh | | 0.87 | 0.71-1.066 |
| Kpk | | 1.064 | 0.866-1.309 |
| Balochistan | | 0.552 | 0.41-0.727 |
| GB | | 0.979 | 0.754-1.273 |
| ICT | | 1.124 | 0.877-1.44 |
| AJK | | 0.642 | 0.513-0.804 |
| FATA | | 0.912 | 0.665-1.252 |
| Rural | Ref | | |
| Urban | | 0.985 | 0.851-1.14 |
| Poor | Ref | | |
| Poorer | | 1.443 | 1.157-1.8 |
| Middle | | 1.538 | 1.213-1.95 |
| Richer | | 1.502 | 1.159-1.946 |
| Richest | | 1.596 | 1.203-2.117 |
| No Education | Ref | | |
| Primary | | 1.353 | 1.108-1.653 |
| Secondary | | 1.309 | 1.084-1.581 |
| Higher | | 1.24 | 1.00-1.55 |
| Women not empowered | Ref | | |
| Women empowered | | 1.042 | 0.90-1.20 |
| At health facility, told of family planning (NO) | | | |
| (YES) | | 1.401 | 1.18-1.65 |
| Sexually not autonomous | | | |
| Sexually autonomous | | 1.858 | 1.62-2.1 |
| 1 Births in last five years | Ref | | |
| 2 | | 1.16 | 1.014-1.32 |
| 3 | | 1.317 | 1.04-1.65 |
| 4 | | 0.81 | 0.36-1.821 |
| 5 | | 0 | 0 |

underscoring the importance of empowering women in reproductive health decision-making. The finding match with the previous literature that mentioned sexual autonomy role in shaping women reproductive health [11]. Improving sexual autonomy may function a critical method to enhance contraceptive use in Pakistan, leading to progressed reproductive health outcomes for girls. The effects imply a clear trend wherein older age groups have substantially better odds ratios (OR) for using contraceptives in comparison to the youngest (15-19 years), with OR values achieving as excessive as 2.927 for the 44 age institution. This shows that as women grow older, they have a tendency to advantage. On the other hand, it also emphasizes the possible problems faced by young women who may not have adequate knowledge and information services on reproductive health. [3]. Sexual autonomy concept may help in boosting contraceptive usage in Pakistan, it is about asking partner to use protection to prevent unwanted pregnancy, The results indicate a clear trend where older age groups (30-49 years) have significantly higher odds ratios (OR) for positive health outcomes compared to the youngest group (15-19 years), with OR values reaching as high as 2.927 for the 40-44 age group. This indicates that as women grow older, they tend to gain more experience and have better access to healthcare resources, resulting in improved health outcomes. Nevertheless, it also highlights the potential challenges faced by younger women, who might not have sufficient access to information and services regarding reproductive health [12]. Customized educational programs aimed at young women could enhance their health literacy and enable them to make informed choices about family planning [13]. Geographic location plays a crucial role in determining health outcomes. Regions such as Baluchistan and AJK show significantly lower odds ratios (0.552 and 0.642, respectively), indicating potential barriers to healthcare access or lower utilization of services in these areas. In contrast, Punjab serves as the reference group, suggesting that it may have better healthcare infrastructure and resources. Addressing these geographic disparities is vital; targeted interventions should focus on improving healthcare access in underserved regions through mobile clinics, community health workers, and enhanced healthcare facilities [14]. The analysis reveals a strong correlation between socioeconomic status and health outcomes. Individuals from poorer backgrounds exhibit lower odds ratios compared to those from wealthier categories, with the richest group showing an OR of 1.596. This highlights the critical role that economic resources play in accessing quality healthcare services and education. Policies aimed at reducing poverty and improving economic conditions can lead to better health outcomes by enabling individuals to afford necessary medical care and education (15). Education emerges as a significant factor influencing health outcomes. Women with primary and secondary education have higher odds ratios (1.353 and 1.309, respectively) compared to those with no education. This underscores the importance of educational initiatives in promoting reproductive health awareness and empowering women to make informed choices. Educational programs that focus on reproductive health can help bridge knowledge gaps and encourage healthier behaviors [16]. The data on the number of births reveals interesting trends, particularly regarding one or two births leading to increased odds ratios (1.16 and 1.317).

However, higher numbers of births do not show significant positive associations with health outcomes, suggesting that excessive childbearing may strain resources and negatively impact maternal health. Family planning initiatives should emphasize the benefits of spacing births and provide access to contraceptive methods to help families achieve their desired family size while maintaining maternal health. The significant association between awareness of family planning services at healthcare facilities (OR = 1.401; Sig = 0) indicates that informing women about available options can lead to better reproductive health outcomes. Healthcare providers should prioritize counseling on family planning during visits to ensure women are aware of their choices, thereby enhancing their ability to plan for their reproductive futures effectively. The findings of this study have several implications for policy and practice. First, enhancing women's sexual autonomy should be prioritized as a strategy to increase modern contraceptive use in Pakistan [17]. This could involve educational programs that promote gender equality, address cultural norms, and empower women to make independent decisions regarding their reproductive health. Second, interventions need to be tailored to address the specific needs of different age groups, regions, and socioeconomic strata [18,19]. Additionally, family planning programs should consider the unique challenges faced by employed women, ensuring that they have access to convenient and flexible reproductive health services [20].

## Conclusion and recommendation:

Pakistani women use less modern contraceptives, and sexual autonomy, poverty, education, and the number of live children are all strong predictors of poor contraceptive use. As a result, initiatives to encourage contraceptive usage among women should focus on the illiterate and those living in rural regions, as these groups face the greatest challenges when bargaining for safer sex practices. Maternal mortality rates in Pakistan can be reduced by providing formal education and literacy, as well as empowering women with more job options and financial security.

**Conflict of interest:** None

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**AUTHORS CONTRIBUTIONS**
**Conceptualization:** MS
**Data Curation:** KJ
**Formal Analysis:** KJ
**Funding Acquisition:** MS
**Investigation:** KJ
**Methodology:** MS
**Project Administration:** MS
**Resources:** MS
**Software:** KJ
**Supervision:** MS
**Validation:** Dr. Sarwat Mumtaz
**Visualization:** KJ
**Writing – original draft:** KJ
**Writing – Review & Editing:** MS

## Multi-Lingual Abstracts

### Abstract in اردو (Urdu)

خلاصہ

پس منظر: جدید مانع حمل طریقے حمل کو روکنے کے لیے استعمال ہوتے ہیں اور ان میں دوائیاں، آلات جیسے آئی یو ڈیز، اور زبانی گولیاں اور پیچ شامل ہیں۔ جدید مانع حمل کا استعمال تولیدی صحت اور خاندانی منصوبہ بندی کو بہتر بناتا ہے، کیونکہ یہ ماں کی اموات اور تولیدی صحت کے مسائل کو کم کرنے میں مدد فراہم کرتا ہے۔ پاکستان میں مانع حمل کا استعمال کم ہے، کوششیں کی گئی ہیں مگر استعمال ابھی بھی کم ہے۔ اس میں مختلف عوامل کردار ادا کر رہے ہیں، اور اس مطالعے میں جنسی خود مختاری کا جدید مانع حمل سے تعلق جانچا گیا ہے۔ جنسی خود مختاری کو جنسی اور تولیدی صحت کے بارے میں آزادانہ فیصلے کرنے کی صلاحیت کے طور پر تعریف کیا گیا ہے۔

طریقہ کار: یہ کراس سیکشنل مطالعہ پاکستان ڈیمو گرافک اینڈ ہیلتھ سروے (PDHS) سے حاصل کیے گئے 8287 خواتین کے ڈیٹا کا استعمال کرتے ہوئے کیا گیا، جن کی عمر 15 سے 49 سال تھی اور جنہوں نے پچھلے پانچ سالوں میں بچے کو جنم دیا تھا۔ خواتین کی جنسی خود مختاری کا جائزہ ان کی جنسی تعلق سے انکار کرنے اور اپنے ساتھیوں سے کنڈوم استعمال کرنے کی درخواست کرنے کی صلاحیت سے لیا گیا۔ ریگریشن ماڈلز کا استعمال کرتے ہوئے جنسی خود مختاری اور جدید مانع حمل کے استعمال کے درمیان تعلق کا تجزیہ کیا گیا، جس میں مختلف سماجی و معاشی عوامل جیسے عمر، علاقہ، تعلیم، دولت کی حالت، اور شہری/دیہی مقامات کو درست کیا گیا۔

نتائج: نتائج سے ظاہر ہوا کہ جن خواتین کو جنسی خود مختاری حاصل تھی وہ زیادہ تر جدید مانع حمل استعمال کرتی تھیں۔ پاکستانی خواتین میں 38.6% جنسی خود مختاری رکھتی ہیں۔ اس کے علاوہ، عوامل جیسے اعلیٰ تعلیم، شہری علاقوں میں رہائش، اور زیادہ دولت کا مانع حمل کے استعمال سے مثبت تعلق تھا، جبکہ روایتی ثقافتی اصول اور خاندان منصوبہ بندی کی معلومات تک محدود رسائی رکاوٹیں پیدا کرتی ہیں۔

نتیجہ: خواتین کی جنسی خود مختاری کو بڑھانا پاکستان میں جدید مانع حمل کے استعمال میں اضافے کا باعث بن سکتا ہے، جس سے تولیدی صحت کے نتائج بہتر ہو سکتے ہیں۔ یہ نتائج تعلیم اور مخصوص پالیسی مداخلتوں کے ذریعے خواتین کو خود مختاری دینے اور خاندان منصوبہ بندی کی خدمات تک رسائی کو بڑھانے کی اہمیت کو اجاگر کرتے ہیں۔

کلیدی الفاظ: جنسی خود مختاری، جدید مانع حمل، تولیدی صحت، پاکستان، PDHS

### Abstract in عربی (Arabic)

الملخص

**الخلفية:** وسائل منع الحمل الحديثة هي الطرق المستخدمة لمنع الحمل وتشمل الأدوية، والأجهزة مثل اللولب، والحبوب الفموية، واللاصقات. يساعد استخدام وسائل منع الحمل الحديثة في تحسين الصحة الإنجابية وتنظيم الأسرة، كما يساهم في تقليل وفيات الأمهات وتحسين الصحة الإنجابية. لكن في باكستان، يُلاحظ أن انتشار استخدام وسائل منع الحمل الحديثة منخفض، على الرغم من الجهود المبذولة، إلا أن الاستخدام ما زال منخفضاً. العديد من العوامل ساهمت في هذا، وفي هذه الدراسة تم فحص علاقة الاستقلالية الجنسية باستخدام وسائل منع الحمل الحديثة. الاستقلالية الجنسية تعني القدرة على اتخاذ قرارات مستقلة بشأن الصحة الجنسية والإنجابية.

**الطرق:** تم إجراء دراسة مقطعية باستخدام بيانات من 8287 امرأة تتراوح أعمارهن بين 15-49 سنة من دراسة الصحة السكانية في باكستان (PDHS) اللاتي أنجبن في السنوات الخمس الماضية. تم تقييم استقلالية المرأة الجنسية بناءً على قدرتها على رفض الجماع وطلب استخدام شريكها للواقي الذكري. تم استخدام نماذج الانحدار لتحليل العلاقة بين الاستقلالية الجنسية واستخدام وسائل منع الحمل الحديثة، مع تعديل العوامل الاجتماعية والديموغرافية مثل العمر، والمنطقة، والتعليم، والوضع المالي، والموقع الحضري/الريفي.

**النتائج:** أظهرت النتائج أن النساء اللواتي يتمتعن باستقلالية جنسية أكثر عرضة لاستخدام وسائل منع الحمل الحديثة. 38.6% من النساء في باكستان لديهن استقلالية جنسية. علاوة على ذلك، كانت العوامل مثل التعليم العالي، والإقامة في المناطق الحضرية، وارتفاع مستوى الدخل مرتبطة بشكل إيجابي باستخدام وسائل منع الحمل، بينما كانت العادات الثقافية التقليدية والوصول المحدود إلى معلومات تنظيم الأسرة تشكل عوائق.

**الخلاصة:** يمكن أن يؤدي تعزيز استقلالية النساء الجنسية إلى زيادة استخدام وسائل منع الحمل الحديثة في باكستان، مما يحسن النتائج الصحية الإنجابية. تؤكد النتائج على أهمية تمكين النساء من خلال التعليم والتدخلات السياسية المستهدفة لتعزيز الاستقلالية الجنسية وتوسيع الوصول إلى خدمات تنظيم الأسرة.

**الكلمات المفتاحية:**
الاستقلالية الجنسية، وسائل منع الحمل الحديثة، الصحة الإنجابية، باكستان، PDHS

### Abstract in 中国人 (Chinese)

摘要

**背景:**
现代避孕方法是用于防止怀孕的手段，包括药物、设备（如宫内节育器）、口服避孕药和贴片。使用现代避孕方法有助于改善生殖健康和计划生育，因为它能减少母婴死亡率并改善生殖健康。尽管巴基斯坦的避孕普及率较低，已采取一些措施，但使用率仍然不高。许多因素导致了这一现象，本研究探讨了性自主与现代避孕方法使用的关系。性自主被定义为在性和生殖健康方面做出独立决策的能力。

**方法:**
本研究采用了横断面调查，数据来自于8287名年龄在15至49岁之间的女性，这些女性在过去五年内有过生育经历。女性的性自主通过她们是否能够拒绝性交及要求伴侣使用避孕套来评判。回归模型用于分析性自主与现代避孕使用之间的关系，并调整了多项社会人口学参数，如年龄、地区、教育程度、财富状况和城乡居住地。

**结果:**
结果显示，具有性自主的女性更可能使用现代避孕方法，38.6%的巴基斯坦女性拥有性自主。此外，受教育程度较高、居住在城市以及财富状况较好与避孕使用呈正相关，而传统文化观念和有限的计划生育信息获取则成为使用避孕的障碍。

**结论:**
提高女性的性自主可以促使巴基斯坦现代避孕方法的使用率上升，从而改善生殖健康。研究结果强调了通过教育和有针对性的政策干预来赋予女性更多权力，促进性自主并扩大计划生育服务的可及性。

**关键词:**
性自主，现代避孕方法，生殖健康，巴基斯坦，PDHS

### Abstract in française (French)

RÉSUMÉ

**Contexte :**
Les contraceptifs modernes sont des méthodes utilisées pour prévenir les grossesses et incluent des médicaments, des dispositifs tels que les DIU (dispositifs intra-utérins), des pilules orales et des patchs. L'utilisation de contraceptifs modernes améliore la santé reproductive et la planification familiale, car elle aide à réduire la mortalité maternelle et les problèmes de santé reproductive. En Pakistan, la prévalence de l'utilisation des contraceptifs modernes est faible, malgré certains efforts, leur utilisation reste encore limitée. Plusieurs facteurs expliquent cela ; dans cette étude, nous avons examiné la relation entre l'autonomie sexuelle et l'utilisation des contraceptifs modernes. L'autonomie sexuelle est définie comme la liberté de prendre des décisions indépendantes concernant la santé sexuelle et reproductive.

**Méthodes :**
Une étude transversale a été réalisée en utilisant les données de 8287 femmes âgées de 15 à 49 ans, issues du PDHS (Pakistan Demographic and Health Survey), qui avaient donné naissance au cours des cinq dernières années. L'autonomie sexuelle des femmes a été évaluée par leur capacité à refuser les rapports sexuels et à demander à leurs partenaires d'utiliser des préservatifs. Des modèles de régression ont été utilisés pour analyser la relation entre l'autonomie sexuelle et l'utilisation des contraceptifs modernes, en prenant en compte de nombreux paramètres socio-démographiques tels que l'âge, la région, le niveau d'éducation, le statut économique et la localisation urbaine/rurale.

**Résultats :**
Les résultats ont montré que les femmes ayant une autonomie sexuelle sont plus susceptibles d'utiliser des contraceptifs modernes. 38,6 % des femmes pakistanaises sont autonomes sexuellement. De plus, des facteurs tels qu'un niveau d'éducation plus élevé, une résidence en milieu urbain et une situation économique plus favorable étaient positivement associés à l'utilisation des contraceptifs, tandis que les normes culturelles traditionnelles et un accès limité aux informations sur la planification familiale constituaient des obstacles.

**Conclusion :**
Renforcer l'autonomie sexuelle des femmes pourrait conduire à une augmentation de l'utilisation des contraceptifs modernes au Pakistan, améliorant ainsi les résultats en matière de santé reproductive. Les résultats soulignent l'importance d'autonomiser les femmes par l'éducation et des interventions politiques ciblées pour promouvoir l'autonomie sexuelle et élargir l'accès aux services de planification familiale.

**Mots-clés :**
Autonomie sexuelle, Contraceptifs modernes, Santé reproductive, Pakistan, PDHS

### Abstract in русский (Russian)

Аннотация

**Предпосылки:**
Современные контрацептивы — это методы предотвращения беременности, включая лекарства, устройства, такие как BMC, оральные таблетки и пластыри. Использование современных контрацептивов улучшает репродуктивное здоровье и планирование семьи, поскольку помогает снижать материнскую смертность и улучшать репродуктивное здоровье. В Пакистане распространенность контрацептивов низка, были предприняты усилия, но их использование все еще остается низким. На это влияет множество факторов, в том числе сексуальная автономия. В данном исследовании рассматривается связь сексуальной автономии с использованием современных контрацептивов. Сексуальная автономия определяется как способность принимать независимые решения о своем сексуальном и репродуктивном здоровье.

**Методы:**
Было проведено поперечное исследование с использованием данных из исследования PDHS, включающего 8287 женщин в возрасте от 15 до 49 лет, родивших в последние пять лет. Сексуальная автономия женщин оценивалась по их способности отказать в сексе и требовать от партнеров использования презервативов. Для анализа связи между сексуальной автономией и использованием современных контрацептивов использовались регрессионные модели, с учетом различных социо-демографических параметров, таких как возраст, регион, уровень образования, финансовое положение и городское/сельское местоположение.

**Результаты:**
Результаты показали, что женщины, обладающие сексуальной автономией, более склонны использовать современные контрацептивы. 38,6% пакистанских женщин обладают сексуальной автономией. Кроме того, такие факторы, как более высокий уровень образования, городское проживание и больший доход, положительно связаны с использованием контрацептивов, в то время как традиционные культурные нормы и ограниченный доступ к информации о планировании семьи являются барьерами.

**Заключение:**
Укрепление сексуальной автономии женщин может привести к увеличению использования современных контрацептивов в Пакистане, что в свою очередь улучшит репродуктивные результаты. Полученные данные подчеркивают важность повышения уровня образования женщин и внедрения целевых политических мер для содействия сексуальной автономии и расширения доступа к услугам по планированию семьи.

**Ключевые слова:**
Сексуальная автономия, Современные контрацептивы, Репродуктивное здоровье, Пакистан, PDHS

## Resumen

## Abstract in español (Spanish)

**Antecedentes:**
Los anticonceptivos modernos son métodos para prevenir el embarazo e incluyen medicamentos, dispositivos como los DIU, píldoras orales y parches. El uso de anticonceptivos modernos mejora la salud reproductiva y la planificación familiar, ya que ayuda a reducir la mortalidad materna y mejora la salud reproductiva en general. La prevalencia del uso de anticonceptivos en Pakistán es baja, aunque se han realizado esfuerzos, la utilización sigue siendo limitada. Diversos factores han contribuido a esta situación. En este estudio, se analiza la relación entre la autonomía sexual y el uso de anticonceptivos modernos. La autonomía sexual se define como la capacidad de tomar decisiones independientes sobre la salud sexual y reproductiva.
**Métodos:**
Se realizó un estudio transversal utilizando datos de 8287 mujeres de 15 a 49 años de la Encuesta de Salud y Demografía de Pakistán (PDHS) que habían dado a luz en los últimos cinco años. La autonomía sexual de las mujeres se evaluó según su capacidad para rechazar el acto sexual y pedir a sus parejas que usaran preservativos. Se utilizaron modelos de regresión para analizar la relación entre la autonomía sexual y el uso de anticonceptivos modernos, ajustando los parámetros socio-demográficos como la edad, región, educación, nivel de riqueza y ubicación urbana/rural.
**Resultados:**
Los resultados mostraron que las mujeres con mayor autonomía sexual tienen más probabilidades de usar anticonceptivos modernos. El 38.6% de las mujeres pakistaníes son autónomas sexualmente. Además, factores como una educación más alta, residencia en zonas urbanas y un mayor nivel económico se asociaron positivamente con el uso de anticonceptivos, mientras que las normas culturales tradicionales y el acceso limitado a la información sobre planificación familiar fueron barreras importantes.
**Conclusión:**
El aumento de la autonomía sexual de las mujeres podría llevar a un mayor uso de anticonceptivos modernos en Pakistán, mejorando así los resultados de salud reproductiva. Los hallazgos subrayan la importancia de empoderar a las mujeres a través de la educación y políticas públicas enfocadas para promover la autonomía sexual y ampliar el acceso a los servicios de planificación familiar.

**Palabras clave:**
Autonomía sexual, anticonceptivos modernos, salud reproductiva, Pakistán, PDHS

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