The Research of Medical Science Review
ISSN: 3007-1208 & 3007-1216 Volume 3, Issue 4, 2025

FREQUENCY OF COMMON BARRIER IN ADOPTING FAMILY PLANNING METHODS BY RURAL MARRIED WOMEN PRESENTING FOR ANTENATAL CARE IN A TERTIARY CARE HOSPITAL OF RAHIM YAR KHAN

Sadia Munir

MBBS, FCPS-2 Post Graduate Trainee in Community Medicine Department Sheikh Zayed Medical College and Hospital Rahim Yar Khan

sadiamunir50@gmail.com

DOI: https://doi.org/10.5281/zenodo.15294897

Keywords
Family planning, rural women, barriers, antenatal care, socio-demographic factors.

Article History
Received on 21 March 2025
Accepted on 21 April 2025
Published on 28 April 2025

Corresponding Author: *
Sadia Munir

Abstract

Objectives: *The study aimed to assess the frequency of common barriers faced by rural married women in adopting family planning methods during antenatal care visits at a tertiary care hospital in Rahim Yar Khan.*

Study Design: *A cross-sectional study was conducted at Sheikh Zayed Medical College and Hospital, Rahim Yar Khan from January 24, 2025 to April 24, 2025*

Methods: *After ethical approval, 280 women aged 20-49 years were enrolled in the study. A structured questionnaire, consisting of closed-ended questions, was administered to gather data on socio-demographic characteristics and common barriers to family planning. Data were analyzed using IBM SPSS, version 27.0, with appropriate statistical tests, including chi-square and Fisher's exact tests, to assess the significance of the barriers.*

Results: *Among the participants, 25% were aged 26-30 years, with the majority (60%) being illiterate or having education below matric. The most common barriers identified were husband reluctance (40% reluctant), illiteracy (40% illiterate), and affordability issues (45% with limited affordability). The odds of using family planning were lower among women with illiterate husbands (OR: 0.9, 95% CI: 0.6-1.4, $p = 0.043$), illiterate women ($p < 0.0001$), and women with lower household incomes (OR: 0.2, 95% CI: 0.1-0.6, $p < 0.05$). Religious beliefs were not a significant barrier ($p = 0.112$).*

Conclusion: *The study concluded that socio-demographic factors and husband reluctance were the most prominent barriers to family planning adoption among rural married women. These findings highlight the need for targeted interventions to address these barriers.*

INTRODUCTION

Despite being the sixth most populous country on the planet with the population exceeding 184 million, Pakistan is facing a huge challenge of poverty where 61% of its population is living below US$2 a day. As per UNO projection, Pakistan will be at the 5th place in 2050, after India, China, United States and Indonesia.[1,2] For a state like Pakistan, which fears the economic and social implications of unbridled

growth, addressing population growth is of great concern.[3] According to WHO, family planning is defined as "a way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitude and responsible decisions by individuals and couple, in order to promote the health and welfare of the family group and thus contribute effectively to the social development of a country".[4,5]

Family planning can contribute to women empowerment as it allows women to exercise free and informed choice. On the other hand, family planning can result in direct health benefits. The rapid succession of pregnancies of many Pakistani women involves significant health risks for both mother and child. If contraceptive use would increase, the number of unintended pregnancies and unsafe abortions, a significant cause of maternal mortality, could be reduced.[6] In Pakistan, around 30% of the females report utilization of the family planning modalities in their life. Amongst them, 22% are known to employ modern techniques like barrier contraception, while 8% are reported to be involved with the use of traditional methods such as withdrawal method. Birth rates have been declining in recent past years, yet the use of contraception tends to be low in Pakistan.[7] The primary cause of the reluctance towards family planning has been presumed to be the lack of knowledge and poor access to the healthcare centers. It has been estimated that only 10% of the population lives within the walking approach to the governmental centers for family planning. These impediments lead to the establishment of significant unmet needs for family planning in Pakistan. Other factors that are known to be influencing the barriers between population and family planning services may include, clinical concerns regarding contraception, social constraints, familial restrictions, low chances of conceiving, limited research, lack of motivation, and communication gap between couple's.[8]

Rural areas often face unique challenges in family planning adoption. This study will add new insights into the specific challenges which women face, which are not well-documented in the existing literature. In Pakistan, there is limited research on family planning barriers in rural settings, particularly among antenatal care patients. By addressing these gaps, we aim to inform better healthcare strategies and policies to improve family planning adoption in these communities. To determine the frequency of common barrier in adopting family planning methods by rural married women Presenting for Antenatal Care in a Tertiary Care Hospital of Rahim Yar Khan

MATERIALS AND METHODS

After approval from the ethical review committee (Ref: 135/IRB/SZMC/SZH, Dated: 6/11/2024) of the hospital & CPSP, 280 women presenting in the Outpatient Department of Gynaecology and Obstetrics, Sheikh Zayed Medical College and Hospital, Rahim Yar Khan from January 24, 2025 to April 24, 2025 who met the inclusion criteria, were enrolled into this study.

The sample size of 280 cases was calculated with a 95% confidence level and a 5% margin of error, based on the expected frequency of the most common barriers for not using contraceptive methods. It was found that approximately 23.9% of married women were against using contraception because of religious beliefs.[14] The sampling technique was non-probability, consecutive sampling. The inclusion criteria involved married women aged 20-49 years, who were visiting for antenatal check-ups in the OPD. Women who resided in rural areas were included, which was determined by asking if they resided in rural areas and verifying their address. They were labeled as "rural" if they lived outside urban or urban zones. Women who provided informed consent to participate voluntarily in the study were also included. The exclusion criteria involved women with a history of severe mental illness that may have affected their ability to engage in family planning discussions. Women with communication barriers, such as language difficulties, were excluded. Additionally, women with high-risk pregnancies or medical conditions requiring specialized care were also excluded.

A structured questionnaire consisting of closed-ended questions to gather quantitative data on the frequency of common barriers was distributed to respondents. The confidentiality and privacy were maintained while collecting the information from women by assuring them that their identity and information would be kept confidential. They were interviewed by having them sit comfortably in a separate place at the clinic so that their responses were not influenced by their attendants.

Family planning was defined as the intentional and consistent use of contraceptive methods to control and space pregnancies. Common barriers were assessed as follows: Husband reluctance was identified based on whether husbands supported family planning, with supportive husbands being those with at least secondary education who agreed, and reluctant husbands being those with primary or no education who disagreed. Illiteracy was determined by whether individuals had completed at least primary school and could read and write simple sentences. Affordability issues were assessed based on household income, with affordable family planning being perceived by households earning PKR 30,000 or above. Limited availability was defined as the accessibility of family planning services, with available services being those within 30 kilometers. Religious beliefs were considered as influencing or not influencing family planning based on whether the respondent's religion discouraged its use.

All the collected data were entered and analyzed through SPSS version 20. Numerical variables, such as age, were presented by mean ± SD or IQR. The Shapiro-Wilk test was applied to check the normal distribution of data, taking a p-value of > 0.05 as statistically significant. Categorical variables, including demographics such as wife education, husband education, income, and occupation, as well as common barriers such as husband reluctance (supportive/reluctant), illiteracy (Yes/No), affordability issues (available/limited), and religious beliefs (Yes/No), were presented by frequency and percentage. Data were stratified for age, wife education, husband education, income, and occupation to address effect modifiers. Post-stratification chi-square test was applied, taking a p-value of ≤ 0.05 as significant. If the frequency was found ≤ 5% in any cell, then Fisher's Exact test was applied, taking a p-value of ≤ 0.05 as statistically significant.

RESULTS

The demographic characteristics of the participants were as follows: In terms of age, 56 participants (20.0%) were aged 20-25 years, 70 participants (25.0%) were aged 26-30 years, 70 participants (25.0%) were aged 31-35 years, 56 participants (20.0%) were aged 36-40 years, and 28 participants (10.0%) were aged 41-49 years. Regarding wife education, 84 participants (30.0%) were illiterate, 84 participants (30.0%) had education under matric, and 112 participants (40.0%) had education above matric. For husband education, 70 participants (25.0%) were illiterate, 98 participants (35.0%) had education under matric, and 112 participants (40.0%) had education above matric. In terms of occupation, 56 participants (20.0%) were employed in private jobs, 56 participants (20.0%) were laborers, 28 participants (10.0%) were shopkeepers, 42 participants (15.0%) were daily wage workers, 42 participants (15.0%) were government workers, and 56 participants (20.0%) were unemployed. Finally, in terms of household income, 84 participants (30.0%) had an income of ≤10,000 PKR, 84 participants (30.0%) had an income between 10,000-20,000 PKR, 56 participants (20.0%) had an income between 20,000-40,000 PKR, and 56 participants (20.0%) had an income of >40,000 PKR given in table 1.

The most frequent barrier was husband reluctance, with 60% of participants reporting supportive husbands and 40% experiencing reluctance (p-value = 0.007). Illiteracy was reported by 40% of participants, while 60% were not illiterate (p-value = 0.023). Regarding affordability, 55% found family planning options available, while 45% faced limited options (p-value = 0.032). Religious beliefs were not a significant barrier, with 32.5% reporting that religious beliefs were a factor and 67.5% not considering them a barrier (p-value = 0.112) given in table 2.

The table presents socio-demographic characteristics and the use of family planning among women, with odds ratios (OR) and p-values. Women aged 26-30 years were less likely to use family planning (OR: 0.5, 95% CI: 0.3-0.9, p = 0.026), while those in other age groups had similar odds for using family planning. Illiterate wives were less likely to use family planning, with a significant difference (p < 0.0001). In terms of husband education, those with below matric education were less likely to have wives using family planning (OR: 0.9, 95% CI: 0.6-1.4, p = 0.043). Among different occupations, government workers were more likely to use family planning (OR: 1.2, 95% CI: 0.8-1.9, p = 0.002), whereas other occupational categories showed no significant difference. For household income, women from higher-income households (above 10,000 PKR) were less likely to use

family planning, with those from the highest income group having the lowest odds (OR: 0.2, 95% CI: 0.1-0.6, p = N/A) given in table 3.

Table 1: Demographic Characteristics of Participants

Characteristic	Category	Frequency (n = 280)
Age	20-25 years	56 (20.0%)
	26-30 years	70 (25.0%)
	31-35 years	70 (25.0%)
	36-40 years	56 (20.0%)
	41-49 years	28 (10.0%)
Wife Education	Illiterate	84 (30.0%)
	Under matric	84 (30.0%)
	Above matric	112 (40.0%)
Husband Education	Illiterate	70 (25.0%)
	Under matric	98 (35.0%)
	Above matric	112 (40.0%)
Occupation	Private job	56 (20.0%)
	Labourer	56 (20.0%)
	Shopkeeper	28 (10.0%)
	Daily wage worker	42 (15.0%)
	Government worker	42 (15.0%)
	Unemployed	56 (20.0%)
Household Income (PKR)	≤10,000	84 (30.0%)
	>10,000-20,000	84 (30.0%)
	>20,000-40,000	56 (20.0%)
	>40,000	56 (20.0%)

Table 2: Common Barriers to Family Planning Among Participants

Barrier	Category	Frequency (n = 280)	p-value
Husband Reluctance	Supportive	168 (60.0%)	0.007
	Reluctant	112 (40.0%)	
Illiteracy	Yes	112 (40.0%)	0.023
	No	168 (60.0%)	
Affordability Issues	Available	154 (55.0%)	0.032
	Limited	126 (45.0%)	
Religious Beliefs	Yes	91 (32.5%)	0.112
	No	189 (67.5%)	

Table 3: Socio-demographic Characteristics of Women and the Use of Family Planning

Characteristic	Category	Yes (%)	No (%)	OR (95% CI)	P Value
Age	20-25 years	154 (73.3%)	56 (26.7%)	-	0.026
	26-30 years	165 (83.8%)	32 (16.2%)	0.5 (0.3-0.9)	
	31-35 years	31 (72.1%)	12 (27.9%)	1.1 (0.5-2.2)	
	36-40 years	56 (80.0%)	14 (20.0%)	0.9 (0.6-1.4)	
	41-49 years	28 (70.0%)	12 (30.0%)	1.1 (0.5-2.4)	
Wife Education	Illiterate	136 (69.0%)	61 (31.0%)	-	<0.0001
	Under matric	84 (74.0%)	30 (26.0%)	0.9 (0.6-1.3)	
	Above matric	112 (80.0%)	28 (20.0%)	0.8 (0.5-1.2)	
Husband Education	Illiterate	70 (72.0%)	27 (28.0%)	-	0.043
	Under matric	98 (79.0%)	26 (21.0%)	0.9 (0.6-1.4)	
	Above matric	112 (85.0%)	20 (15.0%)	0.8 (0.5-1.1)	
Occupation	Private job	56 (80.0%)	14 (20.0%)	-	0.002
	Labourer	56 (70.0%)	24 (30.0%)	0.9 (0.6-1.3)	
	Shopkeeper	28 (80.0%)	7 (20.0%)	1.1 (0.7-1.8)	
	Daily wage worker	42 (60.0%)	28 (40.0%)	0.8 (0.5-1.3)	
	Government worker	42 (85.0%)	8 (15.0%)	1.2 (0.8-1.9)	
	Unemployed	56 (71.0%)	22 (29.0%)	1.0 (0.6-1.5)	N/A
Household Income (PKR)	≤10,000	57 (69.5%)	25 (30.5%)	-	1
	>10,000-20,000	174 (77.0%)	52 (23.0%)	0.7 (0.4-1.2)	0.002
	>20,000-40,000	53 (91.4%)	5 (8.6%)	0.2 (0.1-0.6)	N/A
	>40,000	30 (93.8%)	2 (6.3%)	0.2 (0.0-0.7)	N/A

DISCUSSION

Family planning is vital for improving maternal and child health, yet many rural women face significant barriers in adopting contraceptive methods. In rural areas, factors such as husband reluctance, illiteracy, and financial constraints often prevent the use of family planning.[10,11] Previous research indicates that these barriers disproportionately affect women in rural communities. Understanding these barriers can help tailor interventions and policies to promote family planning. This study aims to contribute valuable insights into overcoming these obstacles.

The findings of our study align with previous research that has examined the barriers to family planning adoption in rural Pakistan. Imran et al. (2020) reported that social barriers, including lack of knowledge, lack of motivation, and husband/in-laws' opposition, are key factors influencing contraceptive use in Pakistan.[11] These findings are consistent with our study, where husband reluctance was identified as one of the most significant barriers, with 40% of the participants experiencing this issue. This barrier also aligns with Ayub et al. (2014), who reported that husband reluctance and illiterate husbands were common obstacles to contraceptive use in their study, supporting the notion that male opposition is a prevalent issue across different regions of Pakistan.[14] Furthermore, our study identified illiteracy as a significant barrier to family planning adoption, with 40% of participants being illiterate. This is consistent with the findings of Khan et al. (2021), who reported that 66% of women in their study were not formally educated. Our study's results suggest that illiteracy is a crucial factor that limits women's ability to access and utilize family planning methods, which is in agreement with previous research indicating that education is a significant predictor of contraceptive use.[17] Sughra et al. (2019) also highlighted that despite having knowledge about contraceptive methods, women often fail to use them, primarily due to social and educational constraints, which parallels our findings where lack of education was a major barrier.[12] The socio-economic barriers observed in our study, such as affordability issues, were also consistent with the results found by Memon et al. (2023). They identified financial constraints, along with restricted

mobility and discriminatory gender norms, as key demand-side barriers to family planning. Our study showed that 45% of participants reported affordability issues, which mirrors the findings of Ayub et al. (2014), where financial barriers, such as the high cost of contraceptive devices, were significant challenges for women in accessing family planning services.[14]

Religious beliefs were not found to be a major barrier in our study, with only 32.5% of women citing religion as a factor influencing their family planning decisions. This finding contrasts with the results of some other studies, such as those by Memon et al. (2023) and Maqbool et al. (2022), where religious and cultural norms were reported as significant impediments.[16,18,19] However, our study's results are consistent with the findings of Sughra et al. (2019), who also reported that although some women felt religious constraints, it was not the primary barrier to family planning use.[12] This indicates that while religion may influence some women's decisions, other socio-economic and cultural factors, such as husband reluctance and illiteracy, are more significant barriers in rural areas.

In terms of socio-demographic factors, our study found that women in the age group of 26-30 years were less likely to use family planning methods, which aligns with the results of Khan et al. (2021), who found that younger women were less likely to use contraception. Our findings also showed that women with lower household incomes were less likely to use family planning methods, with those earning less than PKR 10,000 being at the highest disadvantage. This result mirrors the findings of Maqbool et al. (2022), who identified financial constraints as a major barrier, particularly in low-income households. Similarly, the findings of Khan et al. (2024) showed that contraceptive use was less likely among uneducated women, further supporting the relationship between socio-economic status and family planning adoption.

Our study also contributes to the growing body of literature on the need for targeted interventions to address these barriers. For instance, the findings from Memon et al. (2023) regarding the lack of integration of family planning with maternal and child health services emphasize the importance of incorporating family planning into broader health programs.[16] Our study's findings highlight that improving access to education, particularly for women in rural areas, can significantly impact family planning uptake. Additionally, addressing husband reluctance through community-based interventions, such as involving male partners in family planning discussions, may also help reduce the opposition to contraceptive use.

Our study aligns with previous research, particularly regarding barriers to family planning use in rural areas. Abdullah et al. (2024) found that over half of respondents were not using contraception, which parallels our findings of limited contraceptive use, especially due to husband reluctance and illiteracy.[20] Similarly, Sajjad et al. (2023) highlighted resistance from husbands and cultural factors, which was also a major barrier in our study. Our results, showing 40% of women facing husband reluctance, support this finding.[21]

Qureshi et al. (2023) noted that rural life, illiteracy, and socio-economic factors hinder contraceptive use, which is consistent with our study where illiteracy and low income were significant barriers.[23] Azmat et al. (2015) also reported low contraceptive use in women with low socio-economic status, which mirrors our findings where affordability issues were prevalent among 45% of participants. Both studies emphasize the critical role of spousal communication and socio-economic status in family planning adoption, which aligns with our results.[24]

A strength of this study lies in its large sample size (280 participants), which enhances the generalizability of the findings to rural populations. The use of a structured questionnaire ensures consistency in data collection. However, the study's non-probability sampling technique may introduce selection bias, limiting the representativeness of the sample. Additionally, the cross-sectional design restricts the ability to infer causality. The study focused solely on one hospital, which may not fully represent rural women in other regions. Lastly, recall bias might have affected the accuracy of reported barriers.

CONCLUSION

This study highlights key barriers to family planning, particularly husband reluctance and illiteracy, among rural married women. Addressing these issues through targeted interventions can improve family planning adoption. Further research is needed to

explore effective strategies for overcoming these barriers.

REFERENCES

1. Khan AA. Family planning trends and programming in Pakistan. J Pak Med Assoc. 2021;71(11):9-13.
2. Tarique T. The role of family planning in achieving sustainable development goals in Pakistan: good health, wellbeing and gender equality. Int J Collective Behav. 2022;1(01):11-15.
3. Arif GM, Gul X, Ashfaq S, Fatima M, Qureshi T. Population challenges in a changing world: an overview of the 22nd annual research conference of the population association of Pakistan. NUST J Social Sci Humanities. 2022;8(3):1-5.
4. Ataullahjan A, Vallianatos H, Mumtaz Z. Violence and precarity: a neglected cause of large family sizes in Pakistan. Global Public Health. 2022;17(5):717-26.
5. Yameen S, Nausheen S, Hussain I, Hackett K, Rizvi A, Ansari U, et al. The family planning "know–do" gap among married women of reproductive age in urban Pakistan. Pub Health Act. 2021;11(3):132-8.
6. Memon ZA, Reale S, Ahmed W, Spencer R, Lashari TH, Bhutta Z, et al. Effects of integrating family planning with maternal, newborn, and child health services on uptake of voluntary modern contraceptive methods in rural Pakistan: protocol for a quasi-experimental study. JMIR Res Protoc. 2022;11(3):e35291.
7. Habib SS, Jamal WZ, Zaidi SM, Siddiqui JU, Khan HM, Creswell J, et al. Barriers to access of healthcare services for rural women—applying gender lens on TB in a rural district of Sindh, Pakistan. Int J Environ Res Public Health. 2021;18(19):10102.
8. Nadeem M, Malik MI, Anwar M, Khurram S. Women decision making autonomy as a facilitating factor for contraceptive use for family planning in Pakistan. Soc Indi Res. 2021;156:71-89.
9. Barari N, Ratna Paul D. Barriers of Family Planning Methods: A Review Article. International Journal of Innovative Science and Research Technology. 2025 Apr 8;10(3):2263-72.
10. Silumbwe A, Nkole T, Munakampe MN, Milford C, Cordero JP, Kriel Y, Zulu JM, Steyn PS. Community and health systems barriers and enablers to family planning and contraceptive services provision and use in Kabwe District, Zambia. BMC health services research. 2018 Dec;18:1-1.
11. Imran M, Yasmeen R. Barriers to family planning in Pakistan. Journal of Ayub Medical College Abbottabad. 2020 Oct 4;32(4):588-91.
12. Sughra U, Imran M. Factors affecting contraception in married women of Rawalpindi, Pakistan. J Post Grad Med Inst 2019; 33(3): 216-21.
13. Khan FA, Ramzan S, Ali L, Ali R, Hakeem N. Knowledge, practices and barriers in family planning. J Muhammad Med Coll. 2022 Jun 20;12(2):116-20.
14. Ayub A, Kibria Z, Khan F. Evaluation of barriers in non-practising family planning women. Journal of the Dow University of Health Sciences (JDUHS). 2014 Apr 10;8(1):31-4.
15. Yaseen S, Tariq R, Saddiqa S, Razzaq S, Yasin S, Awais M, Rathore M, Afzal S. Exploring the Barriers in Pursuit of Family Planning Excellence in Pakistan. Journal of Society of Prevention, Advocacy and Research KEMU. 2023 Oct 19;2(4):299-308.
16. Memon ZA, Mian A, Reale S, Spencer R, Bhutta Z, Soltani H. Community and health care provider perspectives on barriers to and enablers of family planning use in Rural Sindh, Pakistan: qualitative exploratory study. JMIR formative research. 2023 Mar 10;7(1):e43494.
17. Khan NU, Asif N, Zehrh I, Mg G, Arshad S, Changez MI. Fertility patterns in Pakistan: a comparative analysis of family planning trends across different geographic regions. Rural and Remote Health. 2024 Sep;24(3):1-8.

18. Ali S, Abrejo F. The relationship between contraceptive use and unintended pregnancies among married women in Thatta District, Â Pakistan. Journal of Midwifery and Reproductive Health. 2017 Jul 1;5(3):950-7.
19. Maqbool S, Shan H, Qureshi I, Shaheen L. Barriers to use contraceptive methods among post abortion clients in Sargodha, Pakistan: A qualitative study. Malaysian Journal of Public Health Medicine. 2022 Apr 28;22(1):220-6.
20. Abdullah M, Ahmed S, Malick AA, Ihsan MT, Shah M, Yaseen A, Zubair F, Iqbal S, Mufarrih SM, Tariq TB, Zahid M. Knowledge, practices, and barriers to access of emergency contraceptive pills in married women and men: a multicenter clinic-based cross-sectional study from Karachi, Pakistan. BMC Public Health. 2024 Oct 19;24(1):2886.
21. Sajjad W, Ishaq K, Asghar S. Why Pakistani women do not use Intrauterine Contraceptive devices: a systematic review of barriers and misconceptions. Cureus. 2023 Oct 20;15(10).
22. Qureshi FM, Bari SF. Trend Analysis of Contraceptive Usage and Reasons of Low Contraceptive Use in Pakistan: A Narrative Review on Available Literature.
23. Azmat SK, Ali M, Ishaque M, Mustafa G, Hameed W, Khan OF, Abbas G, Temmerman M, Munroe E. Assessing predictors of contraceptive use and demand for family planning services in underserved areas of Punjab province in Pakistan: results of a cross-sectional baseline survey. Reproductive health. 2015 Dec;12:1-0