

## Research Article

### Exploring the Barriers in Pursuit of Family Planning Excellence in Pakistan

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#### ABSTRACT:

**Background:** Pakistan stands as one of the world's most densely populated nations. The underutilization of family planning resources has led to not only a surge in population growth but also a notable rise in rates of infant and maternal mortality. To tackle these challenges, it's imperative to identify the barriers preventing access to family planning services.

**Objective:** This objective of this systematic review to comprehensively detect the diverse array of barriers hindering the utilization of family planning methods in Pakistan.

**Methodology:** This systematic review is conducted in accordance with PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) methodology, 2019. The studies were identified from three electronic databases PubMed, Google scholar and PakMediNet. Search was confined to studies published from January, 2018 to March, 2023.

**Results:** Out of 790 articles, 28 were included in the review which depicted that the barriers to family planning are rural residence, low socio-economic status, dominance of husband and mother-in-law, son preference, religious believes, lack of awareness and availability of family planning services. Among these barriers, the most prominent obstacle is the authority of husband and mother-in-law.

**Conclusions:** To overcome these barriers, we need counselling and awareness campaigns. These efforts should highlight the benefits of family planning for maternal and child health. This will also help address the risk of overpopulation in Pakistan.

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**Key Words:** Barriers, unmet needs, family planning, Pakistan.

## INTRODUCTION:

According to WHO, family planning is defined as “The ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births”.<sup>1</sup> It is one of the most profitable and cost-effective intervention in public health which has the capability to lower mother and child morbidity and mortality.<sup>2</sup> In developing countries, most women of reproductive age have a desire to avoid or limit their pregnancies. In the last few decades, awareness regarding contraceptive use among women has improved, but still, most of the women have unmet need for family planning due to various socio-economic, cultural, and demographic factors.<sup>3</sup>

Unmet need refers to fecund women who either do not want any more children (unmet need for limiting) or want to postpone the next pregnancy (unmet need for spacing) but cannot use family planning methods.<sup>4</sup> It represents the gap between the women’s reproductive desire and their use of contraception. The prevalence of Unmet need for family planning (UMNFP) is a major issue in developing countries including Pakistan, and, despite the positive effects of family planning programs on economic growth, there is still a need for family planning especially in such countries.<sup>5</sup>

Pakistan is one of the countries with significantly high growth rate; it is currently the fifth most populous country in the world, and the population is expected to exceed three hundred million by 2050.<sup>6</sup> In Pakistan, family planning emerged in the course of 1960s, but despite being one of the first countries to adopt an explicit population policy, the fertility rate in the country is still very high.<sup>7,8</sup> According to Pakistan Demo-

graphic Health Survey (PDHS) 2017-2018, total fertility rate of Pakistan is 3.6 and the overall contraceptive prevalence rate is 34% of currently married women aged 15-49, with 25% using modern contraceptive methods and 9% using traditional methods.<sup>9</sup> Moreover, 17.1% of all married women have an unmet need for family planning with 9% having a desire to space the birth of the next child and 8% wanting to stop having children altogether.<sup>9</sup>

Unmet need is sometimes viewed as women who do not use contraception because they cannot obtain or afford those.<sup>10</sup> However, various studies have revealed that there are a number of other factors which restrain the use of contraceptives among married couples including socio-cultural influences, religious beliefs, and lack of knowledge, financial limitations, and fear of contraceptives side effects, need of a male child, restricted female’s mobility and many others.<sup>11, 12</sup>

For a country like Pakistan, which is worried about the lack of economic stability and social effects of rapid growth rate, population control is a major worry.<sup>13</sup> Besides an increase in population growth, decreased use of family planning methods has also resulted in increased infant and maternal mortality rates and increased poverty.<sup>14</sup> Thus, determining and overcoming barriers to family planning is the need of the hour. Moreover, there are a very few systematic reviews available on this topic and it is essential to have a detailed review of various barriers contributing to decreased use of contraceptives. Our study aims to determine the barriers to use of family planning methods in Pakistan. A detailed review will help the policymakers to devise strategies and policies to control the rapid population

growth in the country, thus allowing government to adequately respond to population needs.

## MATERIALS AND METHODS:

In this systematic review, articles highlighting barriers to family planning methods in different areas and provinces of Pakistan including men and women of reproductive age were included. This systematic review is conducted in accordance with PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) methodology, 2019. The studies were identified from three electronic databases PubMed, Google scholar and PakMediNet. The keywords used were “barriers”, “unmet needs”, “family planning” and “Pakistan”. Search was confined to studies published from January, 2018 to Mar, 2023. Articles identified for review were imported into Zotero and duplicates were removed. Next, the articles were screened on basis of titles and abstract. The remaining articles were reviewed for availability of full text and the articles available in full-text form were then assessed for eligibility, based on inclusion and exclusion criteria.

The studies were included if they were published between January, 2018 and March, 2023, presenting data on at least one of the possible barriers; sociodemographic barriers, socioeconomic barriers, religious and cultural barriers, and the barriers related to availability of healthcare education and facilities in Pakistan. They were available in full-text forms. The studies were excluded if they were available in any language other than English.

## RESULTS:

Using our search strategy, out of 790 articles identified through 3 database searches, 35 duplicates were removed.

Out of the remaining 755 articles screened, 701 were excluded during title and abstract screening. Next, 8 articles which were not available in full-text form were removed. Out of the remaining 46 articles, 33 articles were removed based on eligibility criteria. 5 of these 18 articles were available in languages other than English and remaining 28 had different outcome measures. 13 articles included were cross-sectional (4/13 30.77%), qualitative (4/13 30.77%), quantitative (2/13 15.38%), survey (2/13 15.38%) and case studies (1/13 7.69%) depicted in Figure 1-2.

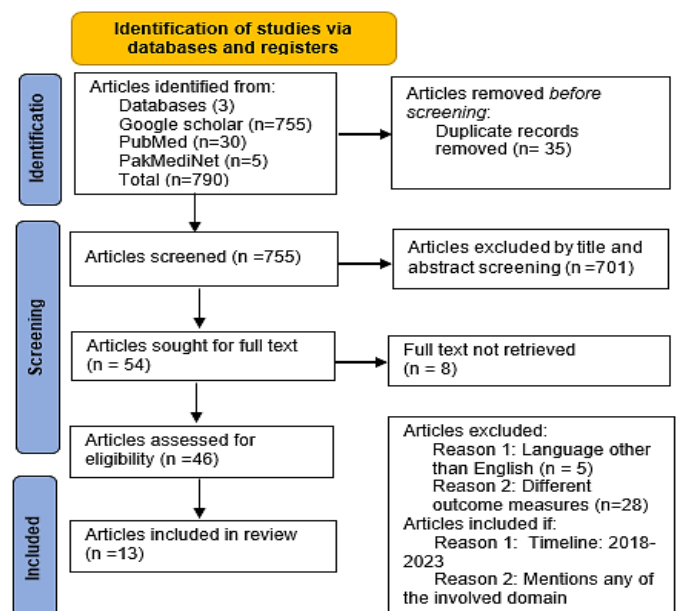


Figure 1: PRISMA Flow Chart

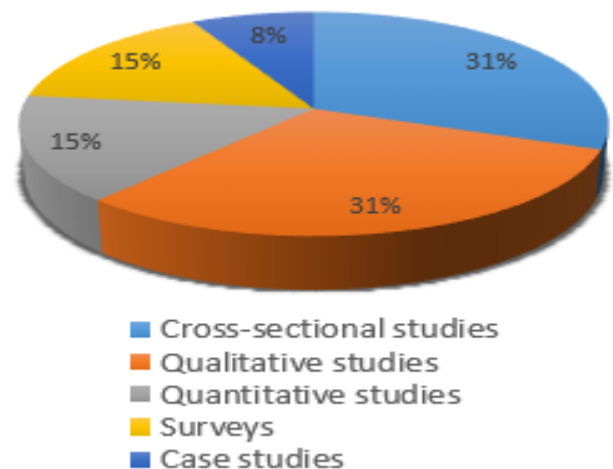


Figure 2: Study Designs of Articles

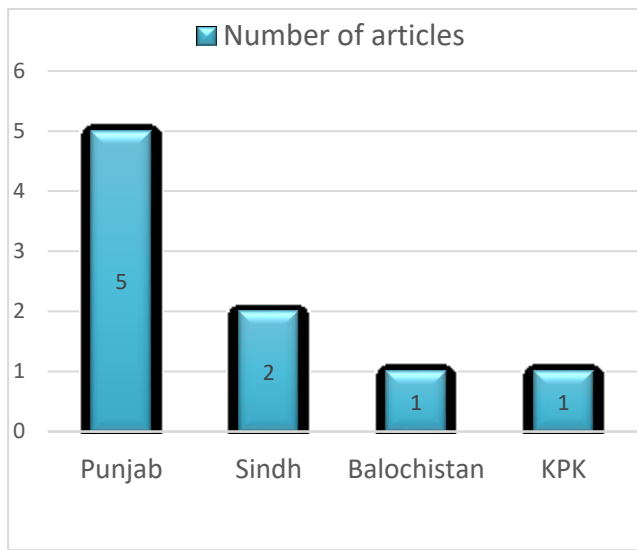


Figure 3: Distribution of Articles among the Provinces

Majority of the articles included in this systematic review emphasised on females of reproductive age group, indicating a significant concentration of research efforts on exploring barriers to family planning within this demographic. It is noteworthy that out of 13 articles, only 2 took a comprehensive approach covering both males and females. Furthermore, only a single article was exclusively centred on males, signifying a somewhat little consideration of male perspectives. Figure 4 offers a visual grasp of the distribution of research focus across genders.

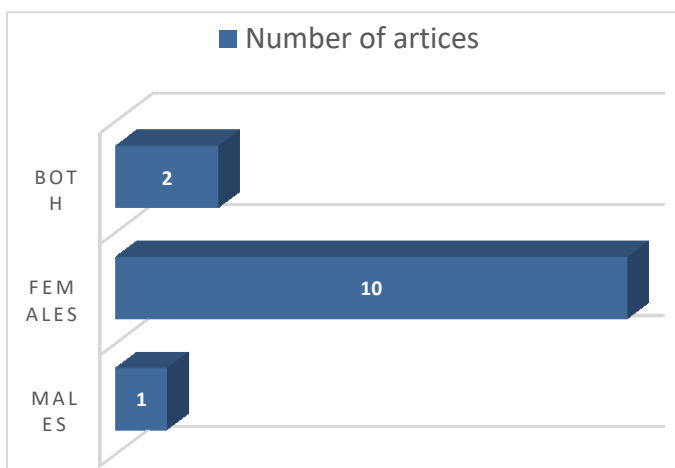


Figure 4: Gender Based Distribution of the Articles

The review of the included articles was structured around five primary domains namely demographic, economic, socio-cultural, and religious barriers, in addition to the lack of awareness and the availability of family planning services. The demographic domain revealed a pivotal role played by rural residency in constraining the uptake of family planning methods. Meanwhile, economic circumstances emerged as a significant determinant. However, the most notable and compelling barrier was socio-cultural norms in the society. Specifically, resistance from husbands and in-laws emerged as a principal factor constraining the adoption of family planning methods. Furthermore, the cultural preference for male offspring and resulting pressures from husbands and in-laws added complexity to women's ability to engage with family planning services. In addition to these domains, factors such as the lack of awareness among the masses and inadequate availability of family planning services contributed significantly to the underutilization of these resources. A quantitative depiction of the percentages pertaining to the factors influencing the utilization of family planning services is presented in Figure 5 and Table 1.

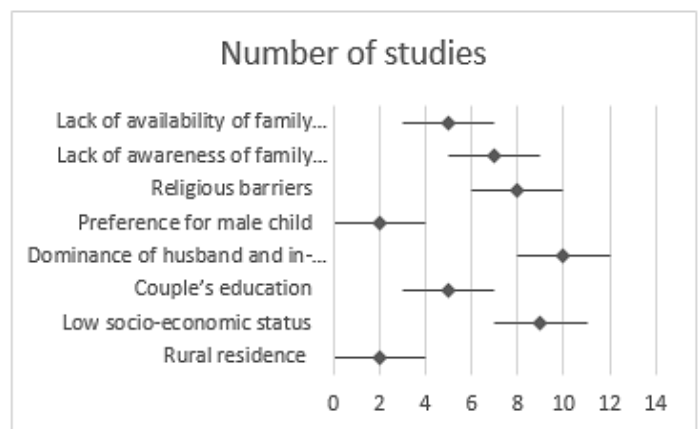


Figure 5: Forest plot

TABLE 1: Percentage Distribution of the Articles

Barriers to Family planning	Number of studies	Percentage
Rural residence	02	15.38%
Low socio-economic status	09	69.23%
Couple’s education	05	38.46%
Dominance of husband and in-laws	10	76.92%
Preference for male child	02	15.38%
Religious barriers	08	61.53%
Lack of awareness of family planning methods	07	53.84%
Lack of availability of family planning services	05	38.46%

TABLE 2: Literature Review of the Articles

SR. NO.	AUTHOR, YEAR OF PUBLICATION, REFERENCE	STUDY DESIGN	REGION	AGE RANGE (Years)	GENDER	DEMOGRAPHIC BARRIERS	BARRIERS OF FAMILY PLANNING			
							ECONOMIC BARRIERS	SOCIO-CULTURAL BARRIERS	RELIGIOUS BARRIERS	AWARENESS AND AVAILABILITY
1	Hameed F. 2021. <sup>15</sup>	Case study	Panjgur District of Balochistan province, Pakistan	15-49	Female		Lack of Women’s education Lack of her Husband’s education Unemployed husband Low monthly income	Influence of mother-in law in extended family system		Unavailability of Lady Health Visitors Lack of awareness and availability of family planning services
2	Lateef S. 2022. <sup>16</sup>	Qualitative study	Rawalpindi, Punjab, Pakistan	15-49	Female			Pressure of in-laws Dominant role of spouse	Religious apprehensions about harming the unborn child	Concerns about side effects of contraceptive methods Lack of proper information Lack of access to high-quality treatments
3	Abbasi Y. 2019. <sup>17</sup>	Cross sectional study	Tando Jam and Hali Road Hyderabad, Sindh, Pak	15-49	Female		Low literacy rate of both partners Lower Socio-Economic Status of Family	Non-Permission from Family Myths About Family Planning		
4	Pasha GN. 2019. <sup>18</sup>	Cross sectional study	Karachi, Sindh, Pakistan	15-49	Female		Lack of education of couples Low socio-economic status	Socio-cultural constraints In-laws’ pressure		Minimal access to family planning services

5	Imran M. 2020. <sup>7</sup>	Survey	Pakistan	15-49	Female			Social constraints Conservative cultural approach towards family planning Familial restrictions	Belief that every child is a gift of the divine	Clinical concerns regarding contraception Limited availability and accessibility of family planning services
6	Maqbool S. 2022. <sup>19</sup>	Qualitative study	Sargodha, Punjab, Pakistan	15-49	Female		Financial constraints	Social pressure to have large family size Un willingness of husband Un willingness of family	Belief that only natural birth control is allowed in religion	
7	Noor S. 2021. <sup>20</sup>	Cross sectional study	Okara, Punjab, Pakistan	35±10 (Mean age)	Female	Rural residence	Low socio-economic status	Husband's power on wife Male child preference	Religious barriers	
8	Shah AM. 2021. <sup>21</sup>	Cross-sectional study	Rawalpindi and Neelum Valley, Punjab, Pakistan	15-49	Female			Cultural and social restraints Male baby preference Husband and in-laws disapproval	Religious barriers	Lack of contraceptive knowledge
9	Ataullahjan A. 2019. <sup>22</sup>	Qualitative study	Village of Nashpatai Kalay in Khyber Pakhtunkhwa, Pakistan	15-49	Both male and female		Low socio-economic status		Religious believes to have a large Muslim population	Lack of the logic underlying family planning Service delivery failures
10	Asif MF. 2021. <sup>23</sup>	Dataset of Pak demographic and health survey	Pakistan	15-49	Male		Low wealth status of household	Husband's opposition to use of family planning	Religious prohibition of use of contraception	
11	Asif MF. 2019. <sup>5</sup>	Survey	Pakistan	15-49	Female	Rural residence	Low wealth Status of Household Low level of woman's and her husband's education			Fear of Side Effect for Contraceptive Use Lack of exposure to Mass Media
12	Sarfraz M. 2023. <sup>24</sup>	Qualitative study	Islamabad, Punjab, Pakistan	Men=27 to 41 Women = 21 to 35	Both male and female			Influence of husband and family members on fertility decisions	Influence of religious beliefs on contraceptive use	Lack of functional sexual and reproductive health knowledge Misperceptions about side effects.
13	Imran M. 2021. <sup>25</sup>	Quantitative analysis (Secondary data from PDHS 2017-2018)	Pakistan	15-49 (Mean age :31 .94±8.33	Female		Low socioeconomic status Lack of women education Lack of husband's education			Lack of knowledge Limited access to facilities Limited availability of resources



**DISCUSSION:**

The barriers identified in this systematic review demonstrate the complex interplay of sociocultural, economic, religious and structural factors in Pakistan. In the predisposing determinants, dominant role of husband and in-laws, low socio-economic status, religious concerns, low educational status of husband and wife and lack of awareness regarding family planning services have been identified as important determinants of the use of family planning services.

Evidence from this review indicated that the socio-cultural norms and beliefs form the most important factor that predicts the use of family planning methods among the masses in Pakistan. In this regard, the dominant role of husband as a decision maker of household, husband's disapproval and disagreement for use of family planning methods, pressure of in-laws and preference for male child were found to be the important barriers. In a Pakistani household husband is key decision maker in all types of decisions and the husband's approval is crucial for a woman to practice family planning. The joint family system of Pakistan where the mother-in-law has a major influence on couple's fertility decisions creates further obstacles. Women living in households with mother-in-law present were less likely to have utilized family planning services as compared to women who live in nuclear family and have liberty to make important decisions regarding their family and household.<sup>18,19,23,24</sup> Similar findings were reported in another study conducted in Pakistan.<sup>8</sup> This stresses the importance of spousal communication which is an effective way to involve males in family planning practices and support women in their decisions regarding fertility preferences. The desire to have a male child is another reason for not availing the family planning services.<sup>20,21</sup> The possible explanation for this could be the belief of the people that male children provide greater support in old age.

Another important determinant of use of family planning methods was found to be socioeconomic status of the household. Women belonging to wealthier households were found to have a low overall unmet need for

family planning. Most of the Pakistani women are housewives and rely on their husband's limited incomes which often leave them unable to cover the expenses associated with health care provider fees and contraceptive methods.<sup>5,19,25</sup> These findings contradict the findings of a study conducted in low and middle income countries which concluded that poorest households were negatively associated with unmet need for contraception in South East Asia.<sup>26</sup> The findings suggest that the couples from poor economic background should be encouraged to use family planning services by enhancing access to free family planning services.

This review has revealed that religious concerns also play a significant role in shaping family planning decisions made by most of the couples. Some people believe that only natural birth control is allowed in religion while the use of modern methods of contraception is prohibited.<sup>23</sup> However, many men and women justified their adoption of contraception measures as a means to fulfil their religiously mandated duties including the welfare of their family and the proper care of their children.<sup>24</sup> In contrast, a study conducted in Indonesia concluded that there is hardly any religious opposition to family planning there.<sup>27</sup>

The educational status of women and their husbands was also found to have an association with use of family planning services. Our findings revealed that the use of family planning services increases with an increase in level of education of the husband and wife, implying that educated women with educated husbands tend to use more family planning services as compared to less or uneducated women. It is because the educated women are better informed and more capable of making informed decisions regarding contraceptive use.<sup>5,15,17,18</sup> These results support the findings of another study conducted Haryana, India.<sup>28</sup>

The current review found that the lack of awareness regarding family planning methods was another important barrier to contraceptive usage in Pakistan.<sup>16,21,22</sup> Individuals may worry that certain family planning methods could have adverse effects on their health. There is also a common misconception that using contraceptives and other methods may affect fertility in the long term. Low socio-economic status and illiteracy

could be the contributory factors regarding the knowledge about contraception. These findings suggest that effective campaigns should be launched to increase awareness among married couples.

The accessibility and availability of family planning services also tend to exert a substantial influence on choices related to contraception.<sup>7,15,25</sup> Pakistan faces challenges in providing adequate healthcare infrastructure including shortage of healthcare providers and access to family planning services. These findings align with the findings of another study conducted in Quetta, Pakistan.<sup>29</sup>

The findings of the review have established that the region of residence also determines the use of contraceptives by women. The women in rural areas are less likely to use contraception methods as compared to that of urban areas indicating the easy availability of family planning services in urban areas. This finding is consistent with the findings of the study conducted in Turkey.<sup>30</sup> However, it is noteworthy that only 2 included studies have found this factor significant implying that rural residence is not a major obstacle to contraceptives uptake.

Our systematic review is limited by its focus on the province of Punjab, lacking representation from other regions. Another limitation is the predominant emphasis on female perspectives, potentially overlooking male-related barriers. Despite aiming for comprehensiveness, inadvertent omissions of certain barriers remain possible.

## CONCLUSION:

Our comprehensive study meticulously identified the multifaceted barriers that impede the uptake of family planning services within the Pakistani population. To address these barriers, targeted counselling and awareness campaigns are essential. These efforts should highlight the positive impact of family planning on maternal and child health, as well as the overall well-being of families. By tackling these barriers, we can also counteract the approaching risk of overpopulation in Pakistan, thus promoting sustainable demographic growth. In further studies it is recommended that significant attention be dedicated to illuminate the obstacles

encountered by the male population and population of restricted areas to effectively address the challenges preventing population from accessing family planning services.

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