

Barriers in the Use of Contraceptives among Married Women of Childbearing Age

Asma Chaudhary¹, Syeda Aliha Sajjad¹, Hadiqa Sajid¹, Tooba Mukhtar¹, Shazmeen Iftikhar¹, Maryam Shahid¹, Aisha Chaudhary¹, Rukhsana Khan¹

Abstract

Background: Despite early family planning initiatives in Pakistan, high fertility rates and low contraceptive uptake persist. This study explores barriers impeding effective population control among married women of reproductive age.

Methodology: A cross-sectional study was conducted from September 2023 to September 2024 at PAF Hospital, Islamabad. Using systematic sampling, married women aged 15–45 years were recruited for face-to-face interviews. Data were analyzed using SPSS, with chi-square tests employed to examine associations between contraceptive knowledge, demographic factors, and practices.

Results: Ninety married Muslim women participated, most aged 26–35 years (53.3%) and residing in urban areas (80%). Over two-thirds (74.4%) reported husbands employed in government service. Contraceptive knowledge was high (94.4%); 85 respondents were aware of condoms, 83 of oral pills, and 66 of intrauterine devices (IUDs). At the time of the survey, 70% reported contraceptive use—predominantly condoms (33.3%), followed by withdrawal (15.6%) and oral pills (11.1%). Major barriers included fear of side effects (68.9%) and perceived risk of infections (51.1%). Among knowledgeable respondents, 61% reported usage. Notably, 93.5% of those fearing side effects did not use contraception, while 59.5% of those perceiving benefits as outweighing risks reported usage.

Conclusion: Although awareness of contraception was high, uptake remained constrained by concerns over side effects and continued fertility desires. Targeted counseling and community-based interventions addressing misconceptions may improve contraceptive adoption.

Keywords: Contraceptive uptake; family planning; unmet need; sociocultural barriers; policy gaps; reproductive health

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Introduction

Pakistan is the world's fifth most populous country, with a projected increase from 208 million to 310 million by 2050, driven by a 2.4% annual growth rate and a total fertility rate (TFR) of approximately 4.1 (1). This rapid growth poses significant challenges to the country's socioeconomic development and environmental sustainability, potentially hindering progress toward achieving the Sustainable Development Goals (SDGs), particularly SDG 3, which focuses on ensuring good health and well-being (2). Despite launching a family planning program in the 1960s, Pakistan's modern contraceptive use remains under 35%, far below neighboring India's 56%—and has stagnated between 2012 and 2017 (3,4). Pakistan also has one of the largest youth cohorts—around 36 million aged 15–24—yet contraceptive use among youth is only 17.4% (5), contributing to high fertility and unmet reproductive health needs.

Socioeconomic and cultural barriers, including fear of side effects, poor awareness, and service delivery gaps, continue to limit contraceptive uptake (5). "Desired fertility" refers to the ideal number of children a couple wants. In Pakistan, the desired fertility rate is 2.9, lower than the actual TFR, indicating a substantial unmet need for family planning (6). Misconceptions—such as fatalistic beliefs, fear that contraception opposes husbands' preferences (7), and perceptions that condoms



¹ Fazaia Medical College, Islamabad

Correspondence:

Asma Chaudhary
asmachaudhary175@gmail.com

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are unsafe(8)—remain pervasive. Pro-natalist norms, son preference, and limited male involvement further constrain contraceptive use (9). The unmet need is disproportionately higher among young, uneducated, rural women with low awareness and lower among those who are educated, wealthier, or have educated spouses (10). Deep-rooted patriarchal norms also restrict women's autonomy, with daughters often seen as financial burdens due to limited earning potential and dowry costs.(11). While contraceptive knowledge is widespread, inadequate counseling, unskilled providers, and limited availability of affordable methods continue to hinder use(12).

In addition to these sociocultural barriers, critical programmatic and policy gaps exacerbate the situation. A global costing analysis revealed that Pakistan requires approximately US\$93 million to meet the contraceptive needs of 8.6 million women, yet current family planning funding remains insufficient and regionally imbalanced, jeopardizing national and FP2030 goals (13).Service delivery is further challenged by low client awareness, privacy concerns, social stigma, stock-outs, and workforce shortages. Initiatives such as the Beyond Bias intervention, which aimed to reduce provider bias for young women, encountered limitations due to technological disruptions, poorly aligned incentives, and a lack of attention to systemic obstacles, raising concerns about scalability (14). Moreover, systematic reviews highlight enduring barriers to intrauterine contraceptive device (IUCD) uptake, including patriarchal norms, insufficient counseling (15). These realities underscore the urgent need to better understand and address the multifaceted barriers to contraception in Pakistan, particularly from the perspectives of the end-users.

This study explores key barriers to contraceptive use among married women, including child gender preference, fear of side effects, access, affordability, and husband's disapproval. It also examines the link between contraceptive knowledge and usage.

Methodology

Study site: Outpatient departments of Obstetrics, Pediatrics, Postnatal wards, and vaccination center of PAF Hospital, Islamabad.

Study design: Descriptive cross-sectional study.

Study population: Married women of childbearing age (15-45 years) visiting PAF Hospital.

Inclusion criteria: Married women of childbearing age visiting Outpatient departments of Gynecological, Pediatrics ward and Vaccination center of PAF Hospital, Islamabad.

Exclusion criteria: Prima gravida who wish to conceive and women suffering from acute illness.

Sample size: Sample Size = $[z^2 * p (1-p)] / e^2$, Here $z = 1.96$ P (population proportion) = 30%, E (chance of error) = 10%. The calculated sample size is 90.

Sampling technique: We employed a systematic sampling technique. Given that approximately 50 women of childbearing age visit the OPD of PAF Hospital, Islamabad each day, and our

target was to interview 10 women daily, we applied the formula n/N . After randomly selecting the first participant, every fifth woman thereafter was included in the sample.

Data collection tool: A self-developed structured questionnaire was used.

Data collection procedure: We collected data through face-to-face interviews using structured questionnaires administered to the participants.

Pre-testing: The questionnaire was pretested among 10–12 married women of childbearing age at PAF Hospital, Islamabad. Based on their feedback, necessary modifications were made to address any issues with question clarity or comprehension. The responses from the pretest were excluded from the final analysis.

Data analysis plan: Data were entered and analyzed using SPSS. The findings were presented through tables and charts. The Chi-square test was applied to assess associations between contraceptive knowledge, sociodemographic variables, and contraceptive practices.

Ethical consideration: We got our study approved from the Institutional Review Board (IRB) of Fazaia Medical College (FMC), Islamabad. We sought permission from the administration of PAF Hospital, Islamabad.

Results

Participants' characteristics: A total of 90 married Muslim women participated in the study. Most participants (48) were aged 26–35 years, followed by 32 women aged 36–49 years, and 10 aged 15–25 years. The majority of their husbands (67) were employed in government jobs, while the remainder held private-sector positions. Most women (72) resided in urban areas, with 12 living in a colony, 5 in rural areas, and a small proportion (1.1%) in slums. Half of the participants had two or fewer than two children, while the other half had more than two. Regarding contraceptive access, 70 women (77.8%) were aware of a place to obtain contraceptives, whereas 20 (22.2%) were not. (Table 1, Figure 1)

Table 1: Sociodemographic and reproductive characteristics of the study participants (n = 90)

	Frequency	Percent
Religion		
Islam	90	100
Christianity	0	0
Other	0	0
Occupation		
Govt. servant	67	74.4
Private job	22	24.4
Missing	1	1.1
Total	90	100
None	6	6.7
1 child	15	16.7
2 children	24	25.7
More than 2 children	45	50.0
Total	90	100.0
Currently pregnant		
no	82	91.1
yes	8	8.9
Total	90	100.0

	Frequency	Percent
Age		
Less than 2 years	31	34.4
Greater than 2 years	54	60
Missing	5	5.5
Total	90	100

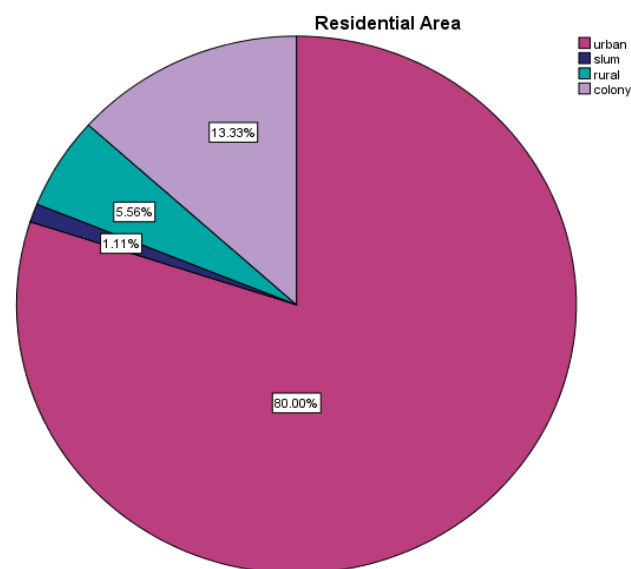


Figure 1: : Distribution of Participants by Residential Area

Knowledge about Contraception: Among all participants, only 6% were unaware of contraception, while 94% reported knowing it. As shown in the table, 85 out of 90 women were aware of condoms, 83 knew about oral contraceptive pills, and 66 were familiar with intrauterine devices (IUDs). More than half of the participants also knew male and female sterilization, implants, withdrawal methods, and injectables. (Table 2).

Table 2: Awareness of various contraceptive methods among married women of childbearing age (n = 90)

Awareness of Contraceptive methods	Frequency	Percentage
Condom (YES)	85	94.4%
(NO)	5	5.56%
Pills (YES)	83	92.2%
(NO)	7	7.78%
IUD(YES)	66	73.3%
(NO)	24	26.67%
Male sterilization (YES)	37	41.11%
(NO)	53	58.89%
Female sterilization (YES)	57	63.33%
(NO)	33	36.6%
Injectables (YES)	47	47.78%
(NO)	43	52.22%
Implants (YES)	62	68.89%
(NO)	28	31.11%
Withdrawal (YES)	81	90%
(NO)	9	10%
Emergency contraception (YES)	26	28.89%
(NO)	64	71.11%

Contraceptive practices: 33.33% of couples were using condoms, while 25.56% reported not using any contraceptive method. Withdrawal was practiced by 15.56% of women, and 11.11% were using oral contraceptive pills. A smaller proportion, 5.56%, relied on other methods, and only 4.44% used intrauterine devices. Overall, approximately 70% of women were using some form of contraception at the time of the study. (Figure 2)

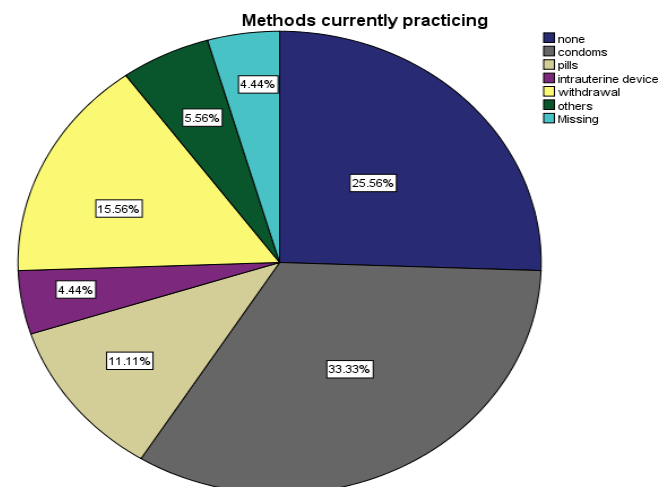


Figure 2: Distribution of contraceptive methods currently practiced by married women

Reasons for not using contraception: 62 out of 90 women expressed concern about potential side effects of contraceptive methods, while 46 reported a fear of infection. Additionally, 42.22% of women reported a desire for more children. A preference for having a son was expressed by 40% of participants. Fear of permanent sterility was reported by 25.84% of women, compared to 74.16% who did not share this concern. Furthermore, 27.8% of participants reported experiencing pressure from in-laws against using contraception. (Table 3)

Table 3: Reported reasons for not using contraception among married women of childbearing age (n = 90)

Response	Freq.	%
Fear of side-effects (NO)	28	31.1%
(YES)	62	68.9%
Willingness to use contraceptives in future (NO)	46	51.6%
(YES)	43	48.3%
Husband abroad (NO)	82	91.1%
(YES)	4	4.4%
Missing	4	4.4%
Infections or others (NO)	31	52.05%
(YES)	46	47.95%
Preference for more children (NO)	49	57.78%
(YES)	41	42.22%
Willing to have son (NO)	54	60%
(YES)	36	40%
Medical disorder (NO)	79	87.78%

Response	Freq.	%
(YES)	11	12.22%
Fear of permanent sterility (NO)	66	74.1%
(YES)	23	25.84%
Husbands' opposition to contraception (NO)	77	85.6%
(YES)	13	14.4%
Pressure from In-laws (NO)	65	72.2%
(YES)	25	27.8%
Availability of preferred method (NO)	19	20.45%
(YES)	71	79.5%
Affordability of contraception (NO)	15	17.24%
(YES)	72	82.76%

Most participants, 77 (85.5%), knew about contraception. Among them, 47 women (61%) were using contraceptive methods, while 30 (39%) were not. Additionally, over 93.5% of women who reported fear of side effects were not using contraception. Of the 42 women (47.1%) who believed that the benefits of contraception outweigh the risks, 25 (59.5%) were current users, whereas 17 (40.5%) were not. (Table 4)

Table 4: Association between knowledge of contraceptives, fear of side effects and risk-benefit and current use of any contraceptive method (P = <0.05)

Fear of side effects	Currently using any method		Total (P-value 0.000)
No	No	Yes	
Count	4	24	28
Valid frequency	14.3 %	85.7 %	100%
Yes			
Count	58	4	62
Valid frequency	93.5%	6.5%	100%
Do you think risks of contraception outweigh the benefits?			
No	No	Yes	
Count	43	4	47
Valid frequency	91.5%	8.5%	100%
Yes			
Count	17	25	42
Valid frequency	40.5	59.5	100%
knowledge about contraceptives			
No	No	Yes	
Count	13	0.0	13
Valid frequency	100	0.0	100
Yes			
Count	30	47	77
Valid frequency	39	61	100

Discussion

Demographically, the majority of participants in our study belonged to nuclear families, typically consisting of 4 to 5 members, and all respondents were Muslim women of reproductive age (15–49 years). Our findings revealed that 85.5% of women were aware of contraceptive methods, and 61% reported using them. These results are consistent with a 2014 study conducted in India by Dr. Bhanu Pratap Singh Gaur, which found that 87% of women were knowledgeable about contraception, with over half actively using contraceptive

methods (16). We found that over half of the women who were aware of contraception were actively using it, while a smaller proportion with knowledge chose not to. This aligns with findings by Karen Hardee and Elizabeth Leahy, who reported that 96% of women of reproductive age knew at least one contraceptive method (17). A similar study done in Pakistan revealed that 80% of women had heard of methods such as female sterilization, IUCDs, injections, and pills, while two-thirds were familiar with withdrawal. Awareness of male sterilization was lower, indicating that female sterilization remained the most commonly known and used method, followed by condoms and withdrawal (20). Consistent with these findings, our study showed that most participants were familiar with multiple contraceptive methods. However, several barriers to use were identified, including fear of side effects, limited knowledge, desire for more children, spousal opposition, inadequate counseling, and common misconceptions—such as the belief that contraception causes permanent sterility, vaginal bleeding, infections, uterine damage, or unintended pregnancies. Similar barriers have been documented in previous studies (7,8,9)

Notably, 68.8% of our participants expressed fear of side effects, of whom 93.5% were non-users. Additionally, 47% believed that the risks of contraception outweigh its benefits. These perceptions are consistent with findings from studies conducted in Kenya and Uganda (18,19). Our analysis also showed a strong association between receiving family planning counseling and contraceptive use, highlighting the critical role of informed guidance in improving uptake. Counseling plays a vital role in helping couples select an appropriate contraceptive method and maintaining continued motivation for use. It also supports healthy birth spacing and optimal family size. In our study, 58.8% of women reported receiving family planning counseling, and among them, 52.8% used contraceptives. In contrast, none of the women who had not received counseling were using any contraceptive method—findings that are consistent with previous studies conducted in Pakistan (15,12).

Our results further revealed that most respondents had access to their preferred contraceptive methods, reported adequate privacy at healthcare facilities, and could afford the chosen methods. However, these findings contrast with studies from Malaysia, Congo, and Kenya, where barriers such as poor service availability and indifferent attitudes of healthcare providers were reported to limit contraceptive uptake (19,20,21).

Limitations of research

The survey was conducted within health facilities, which may not fully represent the broader population. Married women who seek medical care may have different characteristics and behaviors compared to those who do not, potentially leading to a biased sample. Additionally, the survey was restricted only to the federal territory which may not accurately reflect the country's diverse cultural, socioeconomic, and geographic landscape, thus limiting the generalizability of the findings.

Unmarried youth not included in study due to cultural constraints. And data was collected in Urdu, translated and analyzed in English. Furthermore, while the analysis accounted for certain factors such as women's age, and health facility type, other potential confounding variables—including education level, and cultural influences—were not considered, as these were not included in the survey. These unmeasured factors could affect contraceptive behavior and outcomes. Addressing these limitations would strengthen the reliability and applicability of the study's conclusions and recommendations.

Conclusion

Addressing unmet contraceptive needs and promoting contraceptive use are critical steps toward improving maternal and child health, reducing maternal mortality, and achieving sustainable population growth. Findings from our study indicate that while awareness and knowledge of contraception are relatively high, they do not consistently lead to actual use. Key barriers identified include fear of side effects, concerns about infections, misconceptions regarding the risks versus benefits of contraceptive methods, and a lack of proper counseling. To overcome these challenges, it is essential for Pakistan to strengthen family planning programs by enhancing counseling services, dispelling myths, and ensuring accessible, user-friendly services. Creating an enabling environment that empowers individuals to make informed and autonomous reproductive health decisions will not only improve health outcomes but also contribute meaningfully to broader sustainable development goals.

Given that a significant proportion of women in our study cited fear of side effects and misconceptions as reasons for non-use of contraception, future efforts should focus on targeted interventions to address these concerns. Community-based awareness campaigns, educational sessions, and health seminars should be conducted to dispel myths and provide accurate information about contraceptive methods. Strengthening and expanding access to affordable, high-quality counseling services for women of reproductive age is essential. Additionally, ensuring the consistent availability of a broad range of contraceptive options at government healthcare facilities will be critical in supporting informed, voluntary contraceptive use across diverse populations.

Ethical Approval:

The study protocol was approved by Institutional Review Board (IRB) of Fazaia Medical College (FMC), Islamabad. Ref: No. IBD/FMC/1341/1/IRB Date: 20-06-2023

Data Availability: Data supporting the findings are available upon reasonable request.

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Conflict of interest: The authors declare that they have no conflicts of interest related to this project.

Authors' Contribution:

AC: Data curation, Writing – original draft

SAS: Methodology

HS: Formal Analysis, Investigation

TM: Software

SI: Investigation, Supervision

MS: Supervision, writing original draft

AC: Writing, preparation of original draft

RK: Funding acquisition, Reviewing

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