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PREVALENCE AND ACCEPTANCE OF CONTRACEPTIVES AMONG THE RURAL AREAS OF NAROWAL, PUNJAB

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Abstract

Background: Pakistan has a crude birth rate of 22.5 per 1,000 population and a death rate of 7.2 per 1,000. Family planning methods, including modern (oral contraceptives, IUDs, implants, injections, condoms, sterilization) and traditional (withdrawal, abstinence, physiological) methods, are provided free of cost through government and NGO facilities. Despite availability, modern contraceptive prevalence among married women is only 27.7%, reflecting disparities between developed and low- and middle-income countries (Yasmeen Jamali & David Jean Simon, 2024). Objective: To determine the prevalence and acceptance of contraceptive methods in rural Narowal, Pakistan. Materials and Methods: A cross-sectional descriptive study was conducted among 310 women of reproductive age using convenience sampling. A structured questionnaire assessed socioeconomic characteristics, reproductive history, contraceptive use, and concerns. The study duration was six months post-approval. Results: The mean age of contraceptive users was 24 years. Most had middle school education. Contraceptive prevalence rate (CPR) was 70%, with condoms being the most commonly used method. ***Conclusion:*** *CPR remained modest due to limited knowledge, socioeconomic constraints, and misconceptions. Acceptance was only satisfactory.*

INTRODUCTION

Contraception refers to interventions that reduce the likelihood of pregnancy after sexual intercourse (Edelman, 2021). According to the World Health Organization (WHO), family planning is a voluntary practice based on knowledge and attitudes adopted by couples to promote family health and contribute to national development (WHO, 2023). Despite the availability of modern methods such as oral contraceptives, IUDs, implants, injections, and sterilization, various barriers exist in Pakistan. These include family pressure, myths, religious perceptions, male dominance in decision-making, and distance from family planning services (Ahmad et al., 2022). In rural and agricultural societies, men often desire larger families for livelihood purposes, while misconceptions such as infertility, weight gain, or displeasure of Allah further restrict acceptance of contraceptives.

Family planning extends beyond birth control, encompassing proper birth spacing, education for parenthood, counseling, screening for reproductive health conditions, and provision of adoption services (Alam et al., 2020). WHO classifies contraceptive methods into several categories, including barrier,

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hormonal, intrauterine, natural, and terminal methods (WHO, 2023). However, discontinuation remains common due to side effects, health concerns, or the desire for pregnancy (Ali et al., 2012). Globally, an estimated 257 million women who wish to avoid pregnancy are not using safe, modern contraceptive methods. Inadequate access, misuse, discontinuation, and contraceptive failure significantly contribute to unintended pregnancies (Gelaw et al., 2023).

In Pakistan, lack of contraceptive use has fueled a population explosion. As the fifth most populous country, unintended pregnancies increased from 16% in 2006 to 46% in 2013 (Teal et al., 2021). Rapid population growth contributes to maternal and infant mortality, poverty, illiteracy, malnutrition, and environmental degradation. Cultural and religious beliefs further reinforce resistance, with many considering livelihood as divinely guaranteed. Addressing these issues is critical for improving maternal and child health, reducing unwanted pregnancies, and achieving sustainable development goals. Healthy spacing of pregnancies, ideally more than 18 months, reduces risks of preterm births and stillbirths, underscoring the need for supportive policies and community-based family planning programs in Pakistan (WHO, 2023).

1. Materials and Methods

This study employed a cross-sectional descriptive study design to assess the prevalence and acceptance of contraceptive methods among women of reproductive age. Cross-sectional surveys are effective in estimating the prevalence of an outcome within a specified population at a single point in time (Alexander et al., 2014). The target population consisted of married women of childbearing age (15–45 years) residing in rural communities of Lahore, Pakistan, with at least one child (Wang et al., 2020).

The study was conducted over a six-month period following approval of the Institutional Review Board (IRB) of Fatima Memorial Hospital, Lahore. A sample size of 310 women was calculated using Dobson's formula, assuming a prevalence of 28%, a 95% confidence level, and a 5% margin of error. A non-probability purposive sampling technique was used to recruit participants who fulfilled the inclusion criteria. Women with endometriosis, blood clotting disorders, cardiac diseases, or confirmed infertility were excluded.

Data were collected through door-to-door surveys using a predesigned structured questionnaire. Questionnaires were borrowed from the authors of 2 articles. The researchers accessed articles from Google scholar named "Perception scale of barriers to contraceptive use (Selmas et al,2017)". and "Trends of contraception among ladies of local population in Pakistan (Atif., K et al,2016)". The researchers requested to use their questionnaire by contacting them through Email. These questionnaires focused on the prevalence and acceptance of contraceptive methods.

All ethical principles of the Declaration of Helsinki were followed. Privacy and confidentiality were maintained, voluntary written informed consent was obtained, and potential harm was avoided. Ethical approval was secured from the Institutional Ethical Review Committee of the FMH system.

Data were analyzed using SPSS version 20. Descriptive statistics were applied to summarize socio-demographic characteristics, contraceptive use patterns, and acceptance rates. The findings provided a basis for identifying barriers and factors influencing contraceptive prevalence in the study population.

2. Results

Table No 1: Demographic Characteristics of the Respondents

Variable	Frequency	Percentage
Age group		
21-30	202	65.2
31-40	85	27.4
>40	23	7.4
Education (own)		
Primary	82	26.5
Middle	84	27.1

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Matric	72	23.2
Intermediate	30	9.7
More	42	13.5
Husband's education		
Primary	63	20.3
Middle	80	25.8
Matric	91	29.4
Intermediate	38	12.3
More	38	12.3
Socioeconomic class		
Low	68	21.9
Middle	233	75.2
Upper	9	2.9
Province		
Blochistan	4	1.3
Sindh	5	1.6
Punjab	301	97.1
Contraceptives used		
Nill	93	30.0
With drawl	37	11.9
Female barrier	8	2.6
Condom	95	30.6
Emergency pills	9	2.9
OCD	6	1.9
Progesterone only pills	5	1.6
Depot prevention	5	1.6
IUCD	30	9.7
Female ligation	22	7.1
Do you use contraceptives regularly?		
No	186	60.0
Yes	101	32.6
May be	23	7.4
Do you think it is irreligious to use contraceptives?		
No	214	69.0
May be	45	14.5
Yes	51	16.5
Do you have any pressure from your husband to no use contraceptives?		
No	225	72.6
May be	33	10.6
Yes	52	16.8
After how many children would you think of contraception?		
1	3	1.0
2	81	26.1
3	113	36.5
4	59	19.0
More	54	17.4

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In this study mean age group of women was 2.4758. educational status was low middle of both husband and wife. Illiteracy rate was 13.5 in women and 12.3 in husband. There were 21.9% low class people, 75.2% middle class, 2.3% upper class people. 30% population was not using any contraceptive method, 11.9% with drawl, 2.6% female barrier, 30.6% condom, 2.9% emergency pills, 1.9% OCP, 1.6% progesterone pills, 1.6% depot prevention, 9.7% IUCD, 7.1% female ligation rate. 16.5% women consider it irreligious.

Table 2. Distribution of Respondents by Use of Contraceptive Methods

Contraceptive Methods	Frequency	Percent
Nill	93	30.0
Withdrawl	37	11.9
female barrier	8	2.6
Condom	95	30.6
emergency pills	9	2.9
OCP	6	1.9
Progestrone only pills	5	1.6
depot prevention	5	1.6
IUCD	30	9.7
female ligation	22	7.1
Total	310	100.0

Table 2 presents the distribution of contraceptive methods used by women in the study population (N = 310). The most commonly reported method was the condom (30.6%), followed closely by non-use of contraception (30.0%). Traditional methods such as withdrawal accounted for 11.9%, while IUCDs were used by 9.7% of women. Female sterilization (ligation) was reported by 7.1%, whereas the use of emergency pills (2.9%), oral contraceptive pills (1.9%), progesterone-only pills (1.6%), and depot injections (1.6%) remained comparatively low. Female barrier methods were least practiced (2.6%). Overall, the findings suggest a reliance on condoms and withdrawal methods, with limited uptake of hormonal and long-term methods.

Table No: 3. Directive of perception scale of barrier to contraceptive use.

Sr.	Variable	Yes	No
1.	It is not suitable for me.	140 (45.2%)	169 (54.5%)
2.	It may be painful.	146 (47.1%)	164 (52.9%)
3.	It is time consuming.	149 (48.1%)	161 (51.9%)
4.	It prevents my daily activities.	123 (39.7%)	187 (60.3%)
5.	It prevents my sex life.	142 (45.8%)	168 (54.2%)
6.	There are a lot of risks.	146 (47.1%)	164 (52.9%)
7.	It is too expensive.	120 (38.7%)	190 (61.3%)
8.	I am concerned about having bad reaction.	145 (46.8%)	165 (53.2%)
9.	It is scary for me.	143 (46.1%)	167 (53.9%)
10.	It is a serious matter for me.	125 (40.3%)	185 (59.7%)
11.	Prolonged use affects me negatively.	148 (47.7%)	162 (52.3%)
12.	It affects my working life negatively.	136 (43.9%)	174(56.1%)
13.	It affects my husband negatively.	135 (43.5%)	175 (56.5%)
14.	It affects attitude of people toward me negatively.	120 (38.7%)	190 (61.3%)
15.	It is time consuming to learn about it.	137 (44.2%)	173 (55.8%)
16.	It is time consuming to get to use to it.	146 (47.1%)	164 (52.9%)

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17.	It is time consuming to get information.	149 (48.1%)	161 (51.9%)
18.	It is time consuming to go to examination.	139 (44.8%)	170 (54.8%)
19.	It is difficult.	136 (43.9%)	174 (56.1%)
20.	I have to take a long break from work for it.	105 (33.9%)	205 (66.1%)
21.	It found it strange/ odd.	135 (43.5%)	174 (56.1%)
22.	I find it embarrassing.	112 (36.1%)	197 (63.5%)
23.	It does not fit in with our culture.	126 (40.6%)	184 (59.4%)
24.	It does not fit in with my belief.	136 (43.9%)	174 (56.1%)
25.	It is difficult to obtain access to it.	124 (40.0%)	186 (60.0%)
26.	It is embarrassing to obtain it.	141 (45.5%)	168 (54.2%)
27.	It is not hygienic.	134 (43.2%)	176 (56.8%)
28.	My husband does not want it.	133 (42.9%)	177 (57.1%)
29.	I cannot talk to a male health professional about it.	252 (81.3%)	58 (18.7%)

The findings highlight multiple barriers influencing contraceptive acceptance among women of reproductive age. Concerns about pain (47.1%), risks (47.1%), negative effects of prolonged use (47.7%), and fear of bad reactions (46.8%) were frequently reported. A significant proportion of women also believed contraceptive use could interfere with daily activities (39.7%), sexual life (45.8%), or negatively impact their husbands (43.5%). Cultural and religious concerns were notable, with 40.6% stating contraception does not fit with culture and 43.9% linking it to their beliefs.

Access-related barriers were also evident, as 40% perceived difficulty in obtaining contraceptives, 45.5% found it embarrassing to obtain, and 81.3% expressed discomfort discussing contraception with male health professionals. Cost (38.7%) and hygiene concerns (43.2%) were mentioned by smaller but considerable groups. Social perceptions also played a role, as 38.7% felt attitudes of others toward them would be negative, while 36.1% found contraceptive use embarrassing.

Overall, the results suggest that myths, cultural values, partner influence, and lack of female-friendly services substantially affect contraceptive acceptance, underscoring the need for community-based awareness and gender-sensitive health services.

3. Discussion

This study was undertaken to highlight the prevalence of contraceptive methods in rural population of Narowal, it was chosen as it was slum area and near to our home town easy to collect data. Our basic concern was to assess the prevalence and acceptance of contraception among married women of reproductive age group. Among 310, majority of female were between 21-30 years of age 202(65.2%). Most of them were below the age 20 at the time of marriage. This reflects that there is no trend use of contraceptives immediately after marriage because there is desire from the husbands and mothers in law for children and women are not allowed to use contraception. The results of our study have shown that the mean number of children in this group was 3.2581 various methods of contraception are available globally, some avoid conception without devices (with drawl), other may prefer barriers (condom), oral\injectable hormones, IUCD or permanent sterilization. In this study 30% population was not using any contraceptive method, 11.9% with drawl, 2.6% female barrier, 30.6% condom, 2.9% emergency pills, 1.9% OCP, 1.6% progesterone pills, 1.6% depot prevention, 9.7% IUCD, 7.1% female ligation rate. 14.5% were confused and 16.5% women consider it irreligious. There is no report of male ligation in this study.

National, regional and global researches revealed diversified figures. Few stated, 34% CPR among married women in Pakistan which is comparably half of our study (Jamali Y et al, 2024), 71.3% CPR in Thailand which is about equal to our study (CW Ang et al, 2023).

In Enugu a hospital study CPR was 22.9% which is the about one third (1/3) of our study. 100% of them know one of contraceptive method but 61.1% practice it. In Nigeria CPR was 50.5% which is also

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1/3rd less than our study (Onyekpa lfeanyi J et al, 2022).

In a Pakistan's study 30.8% were practicing some method of contraception, while 69.20% were not using it. Traditional methods were common 5.9% followed by 5.3% injectable, 5.1% tubal ligation, 4.8% OCP, 3.6% condom, 2.15 IUCD and 3.8% using combination methods. Only 0.2% used emergency pills. The results of this study are opposit to our study (Mussarat Jabeen et al).

Current contraceptive use in this study is 70% which is comparable to other Pakistani study, but is greater than the rate reported by Mussarat Jabeen, et al from Kohat.

Desire for more children, pressure from husband and religion were the main reasons for non users reflecting cultural, historical background and male dominant society. Higher level of education of husband did not affect the usage of contraceptive significantly.

The disappointing finding of this study is that there is no case of male ligation. There is only use of traditional contraceptives and male condom. Men and women have different priorities and perceptions with respect to contraceptive method characteristics. Females prefer male condom and males prefer with drawl according to their wives views.This research is unique and stands at its own being first of its type, as no similar study has yet been carried out in this region on the subject matter.

4. Conclusion

The use of modern contraceptives was very low. Majority of women were using only condom and with drawl methods. Despite of husband's education they have desire for having more than one son and minimum 3 children. The reason for not using modern contraceptives was risk related to the use of modern contraceptives on their health, expensive, effects on their working life, time consuming to learn about it. Most of the women got knowledge regarding family planning from relatives. They find it embarrassing, not fit to their religious belief and culture. They do not go to MCH center because they find it embarrassing to talk with health professionals regarding family planning. There is a need that religious scholar must play their role regarding family fanning and improve educational status of both women and husbands regarding use and understanding regarding modern contraceptives.

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