

# AWARENESS AND ACCEPTANCE AS DETERMINANTS OF FAMILY PLANNING SERVICE UTILIZATION AMONG REPRODUCTIVE-AGE WOMEN IN LAHORE, PAKISTAN

Saira Arif<sup>\*1</sup>, Shazia Qurban<sup>2</sup>, Sidra Dildar<sup>3</sup>, Muhammad Talha Bin Younas<sup>4</sup>

<sup>1</sup>Register Nurse, Pervaiz Elahi Institute of Cardiology, Bahawalpur, Pakistan

<sup>2</sup>Matron, Fauji Foundation Hospital, Rawalpindi, Pakistan

<sup>3</sup>Charge Nurse, Pervaiz Elahi Institute of Cardiology, Bahawalpur, Pakistan

<sup>4</sup>Registered Nurse, Fatima Jinnah Medical University, Lahore, Pakistan

<sup>\*1</sup>[sairaarif2020@gmail.com](mailto:sairaarif2020@gmail.com)

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Corresponding Author: \*

Saira Arif

## Abstract

*Background:* Maternal mortality remains high, and family planning can help reduce adverse outcomes. This study explored awareness, acceptance, and utilization of family planning among married women of reproductive age in District Lahore, Punjab. *Materials and Methods:* A cross-sectional descriptive study was conducted among 220 women (15–49 years) in Lady Willington Hospital, Lahore. Data were collected using a structured questionnaire (Cronbach alpha = 0.775) and analyzed with SPSS 25. Pearson's Chi-square was applied at 0.05 significance. *Results:* Among 220 respondents, 68.2% were currently using a family planning method, with contraceptive pills (44.0%) and condoms (26.7%) being the most common, while discontinuation was reported by 83.3% of users mainly to achieve pregnancy (74.3%). Chi-square analysis showed significant associations between family planning utilization and age ( $p = 0.027$ ), education ( $p = 0.028$ ), number of children ( $p = 0.001$ ), and income status ( $p = 0.015$ ). *Conclusion:* Improving contraceptive uptake in Lahore requires targeted interventions addressing socio-demographic disparities and barriers to sustained use.

## INTRODUCTION

Family planning remains a cornerstone of reproductive health, yet Pakistan's modern contraceptive prevalence has stagnated around one quarter of married women despite decades of programming, leaving a persistent unmet need (Asif & Pervaiz, 2019; Jamali, 2024; National Institute of Population Studies [NIPS] & ICF, 2019). Evidence from Punjab and national analyses shows that “awareness” (knowledge of methods and sources) is often necessary but insufficient; “acceptance”—encompassing women's attitudes, perceived social/religious acceptability, spousal approval, and

couple decision-making—strongly conditions actual service utilization (Casterline et al., 2001; MacQuarrie & Aziz, 2022; Asif et al., 2021). In Lahore, a rapidly urbanizing megacity with substantial service availability, understanding how awareness and acceptance interact is especially salient to closing the gap between intention and use.

Local studies from Lahore and broader Pakistan indicate high name-recognition of methods but uneven depth of knowledge and persistent acceptance barriers. A community survey in Lahore reported that 98.5% of married women had heard of

at least one modern method, yet partner approval and husband-wife communication were among the strongest predictors of current modern use (Khan et al., 2015). Nationally, both demand-side (misconceptions, social norms) and supply-side (counseling, access) factors shape uptake (Jabeen et al., 2020), and intentions are influenced by social support and perceived quality of care (Agha, 2010). Together, these findings suggest that information alone does not guarantee utilization without concomitant acceptance at household and community levels.

Emerging Pakistan-based evidence also links women's empowerment and couple decision-making to contraceptive use, underscoring acceptance as a potent determinant. Analysis of PDHS 2017–18 data shows that joint contraceptive decision-making facilitates modern method use, whereas husband-only decision-making inhibits it (MacQuarrie & Aziz, 2022), and husbands' supportive attitudes reduce unmet need (Asif et al., 2021). Qualitative work with Pakistani couples further highlights religious framing, spousal dynamics, and communication barriers as decisive (Sarfraz et al., 2023). Importantly, an RCT in a Lahore hospital found that structured antenatal counseling increased post-pregnancy contraceptive acceptance (Sikander et al., 2024), indicating that acceptance is modifiable through context-appropriate interventions. Against this backdrop, the present study examines how awareness

and acceptance jointly determine family planning service utilization among reproductive-age women in Lahore.

## 1. Materials and Methods

A cross-sectional descriptive study was conducted among 220 women of reproductive age (15–49 years) attending the outpatient department of Lady Willingdon Hospital, Lahore. Participants were selected using a convenience sampling technique, and only those present during the data collection period who consented were included.

Data were collected through a structured questionnaire comprising both open- and closed-ended questions, covering socio-demographic characteristics, awareness, acceptance, utilization, and barriers related to family planning services. A pilot study on 10% of the sample confirmed the reliability of the instrument (Cronbach's alpha = 0.775).

The completed questionnaires were coded and entered into IBM SPSS version 25 for analysis. Descriptive statistics were used to summarize the data, and associations between variables were tested using Pearson's Chi-square at a 5% level of significance. Ethical approval was obtained from the institutional review board, and informed consent (verbal and written) was secured from all participants prior to data collection.

## 2. Results

Table 1. Socio-Demographic Characteristics of Respondents (N = 220)

Variable	Category	Frequency (n)	Percent (%)
Age (years)	15–29	88	40.0
	30–39	92	41.8
	40–49	40	18.2
	Mean ± SD	32.4 ± 6.1	
Education status	No Education	12	5.5
	Primary	30	13.6
	Middle	38	17.3
	Secondary	72	32.7
	Higher	68	30.9
Number of children	None	64	29.1
	1–2	96	43.6
	3–4	38	17.3
	>4	22	10.0

Occupation	Government Employee	62	28.2
	Skilled Worker	54	24.5
	Farming	28	12.7
	Full Housewife	76	34.6
Family type	Nuclear	158	71.8
	Joint	62	28.2
Estimated monthly income (PKR)	10,000 – 20,000	36	16.4
	21,000 – 30,000	58	26.4
	31,000 – 40,000	52	23.6
	41,000 – 50,000	40	18.2
	Above 50,000	34	15.5

The study included 220 women aged 15–49 years, with a mean age of  $32.4 \pm 6.1$  years. Most respondents were between 30–39 years (41.8%), followed by 15–29 years (40.0%), while 18.2% were aged 40–49 years. In terms of education, 32.7% had secondary education, 30.9% attained higher education, and smaller proportions had middle (17.3%), primary (13.6%), or no formal education (5.5%).

Regarding parity, 43.6% of women had 1–2 children, 29.1% had none, 17.3% had 3–4, while 10.0% had more than four children. Occupation-wise, 34.6% were full housewives, 28.2% government employees, 24.5% skilled workers, and 12.7% engaged in farming.

Most participants lived in nuclear families (71.8%), while 28.2% belonged to joint families. Household income distribution showed that 26.4% earned PKR 21,000–30,000, 23.6% earned PKR 31,000–40,000, and 18.2% earned PKR 41,000–50,000. A smaller proportion earned PKR 10,000–20,000 (16.4%) or above PKR 50,000 (15.5%).

**Table 2. Awareness of family planning methods among the respondents (n = 220)**

S/No	Items	Response	Yes n (%)	No n (%)
1	Are you aware of family planning methods?		212 (96.4)	8 (3.6)
2	If yes, what is the source of information? (n = 212)*			
	Health settings (workers)		148 (69.8)	64 (30.2)
	Social Media		42 (19.8)	170 (80.2)
	Religious gathering		18 (8.5)	194 (91.5)
	Acquaintances (family/friends)		88 (41.5)	124 (58.5)
3	Which of the following family planning method(s) are you familiar with? (n = 212)**			
4	Natural/traditional method		178 (84.0)	34 (16.0)
5	Oral contraceptives		204 (96.2)	8 (3.8)
6	Barrier methods (e.g., condoms)		160 (75.5)	52 (24.5)
7	Surgical methods (tubal ligation/vasectomy)		132 (62.3)	80 (37.7)

Among the 220 respondents, 96.4% reported awareness of family planning methods, while only 3.6% were unaware. Health workers were the main source of information (69.8%), followed by acquaintances (41.5%) and social media (19.8%), whereas religious gatherings contributed minimally (8.5%). In terms of specific methods, the majority were familiar with oral contraceptives (96.2%), natural/traditional methods (84.0%), and barrier methods (75.5%), while awareness of surgical methods was relatively lower (62.3%).

**Table 3. Acceptance of family planning methods among respondents (n = 220)**

Sr. No	Items	Yes n (%)	No n (%)
1	Have you ever used any family planning methods?	168 (76.4)	52 (23.6)

2	If Yes, which method did you use? (n = 168)*		
	Natural/traditional method	18 (10.7)	150 (89.3)
	Contraceptive pill	112 (66.7)	56 (33.3)
	Injectable	14 (8.3)	154 (91.7)
	Condoms	82 (48.8)	86 (51.2)
	Implants	10 (6.0)	158 (94.0)
	IUCD	24 (14.3)	144 (85.7)
3	Have you ever missed your period while on family planning? (n = 168)		
		14 (8.3)	154 (91.7)
4	If yes, how many times? (n = 14)		
	Once	10 (71.4)	4 (28.6)
	Twice	4 (28.6)	10 (71.4)
5	Which method did you use? (n = 14)**		
	Natural/traditional method	5 (35.7)	9 (64.3)
	Contraceptive pill	7 (50.0)	7 (50.0)
	Injectable	2 (14.3)	12 (85.7)
6	What was the pregnancy outcome? (n = 14)		
	Carried to term	5 (35.7)	9 (64.3)
	Aborted	9 (64.3)	5 (35.7)
7	Have you ever discontinued family planning? (n = 168)		
		140 (83.3)	28 (16.7)
8	If Yes, Why? (n = 140)*		
	Due to weight gain	12 (8.6)	128 (91.4)
	To achieve pregnancy	104 (74.3)	36 (25.7)
	Loss of sexual pleasure	6 (4.3)	134 (95.7)
	Partner complaint	18 (12.9)	122 (87.1)

Among the 220 respondents, 76.4% reported ever using a family planning method, while 23.6% had never used one. The most commonly adopted method was the contraceptive pill (66.7%), followed by condoms (48.8%), IUCDs (14.3%), injectables (8.3%), implants (6.0%), and natural/traditional methods (10.7%). About 8.3% of users reported experiencing missed periods while on family planning, mainly associated with pills and traditional methods. Of these cases, 64.3% resulted in abortion and 35.7% were carried to term.

Discontinuation of family planning was reported by 83.3% of users, with the majority citing the desire to achieve pregnancy (74.3%) as the primary reason. Other causes included partner complaints (12.9%), weight gain (8.6%), and loss of sexual pleasure (4.3%).

**Table 4. Utilization of family planning methods among respondents (n = 220)**

S/N	Items	Yes n (%)	No n (%)
1	Are you currently on any family planning method?	150 (68.2)	70 (31.8)
2	If No, do you intend to use any method of family planning in the nearest future? (n = 70)	46 (65.7)	24 (34.3)
3	If Yes, which method are you currently on? (n = 150)*		
	Natural/traditional method	24 (16.0)	126 (84.0)
	Contraceptive pill	66 (44.0)	84 (56.0)
	Injectable	16 (10.7)	134 (89.3)
	Implant	18 (12.0)	132

			(88.0)
	Condoms	40 (26.7)	110 (73.3)
	Post-partum IUCD	10 (6.7)	140 (93.3)

Out of 220 respondents, 68.2% were currently using a family planning method, while 31.8% were not. Among non-users, nearly two-thirds (65.7%) expressed the intention to adopt a method in the future. The most commonly used methods were contraceptive pills (44.0%) and condoms (26.7%), followed by natural/traditional methods (16.0%), implants (12.0%), injectables (10.7%), and post-partum IUCDs (6.7%).

**Table 5. Barriers to utilization of family planning methods among respondents (n = 70)**

Barriers to use of family planning	Yes n (%)	No n (%)
Desire for more children soon	26 (37.1)	44 (62.9)
Concern about side effects	18 (25.7)	52 (74.3)
Husband's disapproval	12 (17.1)	58 (82.9)
Financial constraints	6 (8.6)	64 (91.4)
Religious beliefs	14 (20.0)	56 (80.0)

Among the 70 non-users, the most frequently reported barrier to family planning was the desire for more children soon (37.1%), followed by concerns about side effects (25.7%) and religious beliefs (20.0%). Husband's disapproval accounted for 17.1% of cases, while financial constraints were the least cited barrier (8.6%).

**Table 6. Association between Socio-Demographic Characteristics and Utilization of Family Planning (n = 220)**

Variables	$\chi^2$ value	df	p-value	Association
Age	7.25	2	0.027	Significant
Education status	10.84	4	0.028	Significant
Number of children	16.42	3	0.001	Significant
Occupation	5.12	3	0.163	Not significant
Family type	2.47	1	0.116	Not significant
Income status	12.36	4	0.015	Significant

The analysis revealed significant associations between family planning utilization and age ( $p = 0.027$ ), education status ( $p = 0.028$ ), number of children ( $p = 0.001$ ), and income status ( $p = 0.015$ ). No significant associations were found with occupation ( $p = 0.163$ ) or family type ( $p = 0.116$ ).

### 3. Discussion

The present study found that age, education, number of children, and income status significantly influenced family planning utilization, while occupation and family type did not. This aligns with Egenti et al. (2019), who reported that socio-demographic characteristics, particularly education and age, were central to family planning knowledge and use among women in Nigeria. Similarly, Amu, Odu, and Solomon (2017) observed that utilization patterns were higher among older and better-educated women, highlighting the role of socio-economic empowerment in contraceptive adoption. High discontinuation rates reported in this study

also resonate with findings from Uganda and Ghana. Kisuza et al. (2023) documented discontinuation due to contraceptive failure as a major barrier to sustained use, while Bawah et al. (2021) emphasized that discontinuation and switching were common in low-income contexts, often linked to side effects, fertility desires, or partner influence. These patterns underscore the importance of counseling and follow-up in ensuring adherence. Furthermore, cultural and contextual influences remain critical. Namasivayam et al. (2022) noted that women's contraceptive use is often mediated by cultural expectations, religious beliefs, and partner approval—similar to our results where spousal disapproval and religion emerged as



barriers. Studies in the Philippines and Ethiopia reinforce these findings: Marquez, Kabamalan, and Laguna (2018) found persistent reliance on traditional methods due to social norms, while Teshome et al. (2020) showed limited IUCD uptake in rural Ethiopia, reflecting cultural reservations. Collectively, these findings suggest that beyond improving awareness, efforts must address cultural acceptability, gender dynamics, and perceptions of side effects to improve sustained utilization (Festin et al., 2016; Muhindo et al., 2015; Olubodun, Balogun, & Ogunsilu, 2020).

#### 4. Conclusion

Based on the findings, family planning utilization in Lahore is significantly influenced by age, education, number of children, and income status, while cultural beliefs, spousal approval, and concerns about side effects remain notable barriers. Strengthening awareness campaigns, improving male involvement, and expanding access to affordable, culturally acceptable contraceptive options are recommended to enhance uptake and reduce unmet need.

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