

Breaking the Barrier: Understanding Women's Perceptions and Knowledge of Contraceptive Methods

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ABSTRACT

Objective; to identify barriers that prevents to access contraception among female Secondary objective was to determine the sources of awareness that can improve access to and use of family planning services.

Methodology; A Cross sectional survey was carried out on in Public and private gynecological setups of Lahore. Sample of 300 women, focuses on family planning among women aged 18 to 45 in Lahore, were surveyed from January to May 2022. Categorical data was presented in the form of frequency and percentages and graphs.

Results: Among the subjects 128(42.67%) were using Oral contraceptives, 85(28.33%) were using Condoms, 39(13%) were using Intrauterine Devices (IUDs), 28(9.33%) were using Injectable Contraceptives, 14(4.67%) had used Emergency Contraception and only 6(2%) have Implants. On inquiring regarding source of information 184(61.30%) replied from Healthcare Provider, 72(24%) received from Friends / Family, 26(8.70%) get information from Media (TV/ Radio), 17(5.70%) learn from Internet and 1(0.30%) has other source of information. Among the barriers in using contraceptives 155(51.70%) replied Lack of awareness, 92(30.70%) replied Cultural/ religious beliefs, 44(14.70%) replied Lack of healthcare facilities, 25(8.30%) replied Fear of side effects and 20(6.70%) replied Cost of Contraception

Conclusion: The study found that although many women are interested in using various contraception methods, several barriers exist that prevent them from accessing and using these services. The primary barriers include lack of knowledge, cultural and religious beliefs, limited access to healthcare facilities, fear of side effects, and contraception costs.

Keywords: Contraceptive Methods, Knowledge, Women, Barriers

INTRODUCTION

Women's sexual and reproductive health is essential to their overall wellbeing.¹ Access to family planning and contraception is crucial to women making informed reproductive health decisions.² While there have been numerous efforts to increase access to family planning services, several barriers still prevent women from accessing and using contraception.³ In this research, we focus on family planning among women aged 18 to 45 in Lahore. We identify barriers that prevent women from accessing and using contraception.

Pakistan faces tremendous challenges regarding women's reproductive health.^{3, 4} Though there have been many efforts to increase access to family planning services, low awareness and cultural/religious beliefs have deterred women from using these services.^{5, 6} Limited accessibility to healthcare facilities and lack of knowledge of various contraception methods are also major barriers.⁷ A study conducted in Peshawar showed that only 30.7% had correct information about contraception while 51% did not agree to practice it.⁸ another study showed that condoms were mostly (65.5%) used as contraceptive.⁹ Mix reports are available one shows that education has no effect on contraception usage¹⁰ On the other hand some reports show relationship¹¹This research aims to identify the primary factors that drive such barriers by exploring the root causes of limited access and use of contraception among women. It also aims to understand why some women avoid it.

The research aims to provide valuable insights into women's family planning needs. By identifying these barriers, we hope to suggest effective interventions that could be customized to meet the specific needs of the target population. It is our hope that the study results will serve as a catalyst for positive change and help policymakers, healthcare providers, and other stakeholders in developing effective interventions to overcome these challenges, increasing access to and use of family planning services among women in Lahore.

METHODOLOGY

The study was conducted between January and May 2022 among 300 women aged 18 to 45 in Lahore, Pakistan. A cross-sectional survey design was employed to collect both quantitative and qualitative data to identify barriers to accessing and using family planning services among women.

The study sample was selected using a multi-stage sampling procedure. In the first stage, Lahore city was divided into 10 Zones, and then systematically selected two union councils from each Zone. In the second stage, two streets from each council were systematically chosen. In the third stage, eligible women were chosen from each street. The inclusion criteria were women aged 18 to 45 who were not pregnant and married.

Data were collected using a pre-tested structured questionnaire with closed-ended and open-ended questions. The questionnaire was translated into the local language (Urdu) to enable all participants to participate equally. Data were collected through face-to-face interviews using a structured questionnaire, which was designed to obtain data on the socio-demographic characteristics of the participants and the barriers that prevent women from accessing and seeking contraception.

Before data collection, written informed consent was obtained from all participants. Participants were informed that their participation was voluntary, and they could withdraw at any time without consequences. Participants' anonymity and confidentiality were ensured throughout the study, and no identifying information was collected.

Data were entered into and evaluated with SPSS software. Quantitative data were analyzed using descriptive statistics, and the Chi-square test was applied to examine the association between variables. Qualitative data from open-ended questions were analyzed using content analysis.

RESULTS

The results of our research on family planning among women aged 18 to 45 years in Lahore have identified key insights into the

challenges faced by women when accessing and using contraception.

Table 1: Socio-demographic Characteristics of Study Participant

Characteristics	Frequency	Percentage (%)
Age (Years):		
18-25	78	26 %
26-35	146	49 %
36-45	76	25 %
Education:		
No formal education	17	5.7 %
Primary education	63	21 %
Secondary education	112	37.3 %
College/ University education	108	36 %
Marital Status:		
Married	267	89 %
Divorced/ Widowed	33	11 %
Religion:		
Islam	287	95.7 %
Other	13	4.3%

In specific numbers, 51.7% of participants identified a lack of awareness as a significant barrier. In addition, 30.7% of participants stated that cultural and religious beliefs prohibited them from using contraception. Lack of access to healthcare facilities was a challenge for 14.7% of participants. 8.3% of women expressed concern about contraception side effects. Finally, contraception costs were an issue for 6.7% of participants. (Figure 1)

Regarding the types of contraception used, the study found that most women use oral contraceptives (42.67%), followed by condoms (28.33%), IUDs (13%), injectable contraceptives (9.33%), emergency contraceptives (4.67%), and implants (2%). (Figure 1)

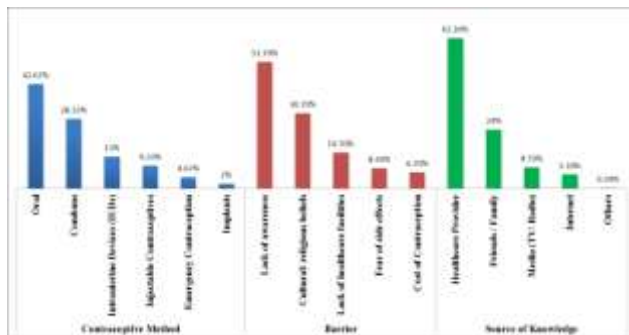


Figure 1: Frequency distribution according to contraceptive method, barrier in contraceptive usage and sources of knowledge.

Regarding sources of information about contraception, the healthcare provider was the primary source of information (61.3%), followed by family and friends (24%), media such as TV and radio (8.7%), and the internet (5.7%). (Figure 1)

Use of contraceptives was 1.58 times more among Secondary education level female than others and it increase to 2.24 time among higher education level female than others. Contraceptive use was 4.45 times higher than socially stigmatized female. Cost reduces the family planning 1.72 times.

DISCUSSION

The discussion of our research into family planning among women aged 18 to 45 is insightful. It highlights the complex nature of reproductive healthcare services in the context of cultural, religious, and personal beliefs. Our study of 300 women in Lahore demonstrates that while some women use various contraceptive methods, many face significant barriers to access and utilization.

Our research highlights the crucial role education and awareness play in mitigating these barriers.⁷ Specifically, we found that a lack of knowledge about the various contraception methods and their side effects was a significant barrier to their use.

Similarly, cultural and religious beliefs, lack of access to healthcare facilities, and fear of side effects were also identified as major barriers.^{7,12,13}

To combat these barriers, it is critical to develop targeted interventions and awareness campaigns that are culturally and religiously sensitive. These campaigns must be relevant to women's specific needs.¹⁴ Such campaigns can take various forms such as mobile clinics, outreach teams, cinemas, and social media.¹⁵

Furthermore, healthcare providers should be trained to provide comprehensive counseling services on contraceptive decision-making. Providers should be knowledgeable about various contraception methods and trained to address concerns and myths associated with them. This will facilitate women in making informed contraceptive use decisions.

As such, increased awareness campaigns are needed to educate communities about family planning. This is especially pertinent in the context of cultural and religious beliefs. Education on the different types of contraception and their benefits, costs, and potential side effects is also crucial to empower women to make informed contraception choices. Additionally, access to comprehensive healthcare facilities must be increased to improve access for women.

Considering these results, it is evident that stakeholders across the health sector must work together to develop effective interventions to overcome the barriers that prevent women from accessing and using contraception. Such interventions empower women to fulfill their reproductive health goals and improve their wellbeing.¹⁷

Our research also highlights the need to ensure access to reproductive healthcare services in hard-to-reach areas in Lahore as it is known that these are most likely to suffer from lack of knowledge and awareness about family planning.¹

To address these issues, we recommend that future research focus on understanding the specific needs of women in Lahore when it comes to family planning. Information should be collected specific to diverse age groups, education levels, religions, and marital status. This will help identify the most pressing barriers to contraceptive use.¹⁸ It will also help develop interventions and awareness campaigns tailored to the target population's needs.¹²

One effective intervention could be the development and implementation of community-based education and awareness campaigns to increase knowledge and accessibility of different contraception methods. These campaigns could be run in collaboration with local healthcare providers, religious leaders, and community influencers. They could be delivered through mobile clinics, outreach teams, and social media.^{7, 12, 13}

Additionally, healthcare providers should be trained to provide comprehensive counseling services to women regarding contraception that address their values and beliefs. The use of patient-friendly contraceptive methods like mobile apps, text messages, and social media should also be explored as low-cost and accessible alternatives for women with limited access to healthcare services.¹⁶

With the right interventions and awareness campaigns, we can create a supportive and responsive environment to enable women to make informed choices about their reproductive health. We call on stakeholders across the health sector to leverage these findings into action. We will work together to build a more equitable and healthy society for women in Lahore.

CONCLUSION

In conclusion, our research on family planning among women aged 18 to 45 years in Lahore provides valuable insights that can inform future interventions and awareness campaigns. This is aimed at increasing access to and utilization of reproductive healthcare services. We recommend that future research focus on identifying barriers to access and developing more effective ways to improve access to these services. We hope our study findings serve as a

catalyst for positive change. We are working towards a future where women in Lahore can access comprehensive reproductive healthcare services. This will enable them to achieve their family planning goals.

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