

DETERMINE THE FACTORS THAT INFLUENCE UTILIZATION OF FAMILY PLANNING SERVICES IN ADVANCE MATERNAL AGE

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Abstract

Objective:

To determine the frequency of factors influencing the utilization of family planning services in women of advanced age.

Methods:

We included 200 pregnant women with advanced maternal age >30 years to 40 years. The eligible patients were asked to fill the questionnaire that included information regarding the use of family planning, methods used for family planning and factors influencing the use of family planning. Data was entered prospectively in SPSS v25 software.

Results:

Regarding age, the majority of participants—66%—were between 30 and 35 years old, while the remaining 34% fell into the 35 to 40-year age bracket. In the study population, only 33% of participants reported having ever used family planning in their lifetime. Sufficient knowledge of family planning was present in 36.5% of individuals, while 42.5% stated that family planning services were easily available to them. Among the 134 participants who did not use family planning, 29.8% cited cultural norms as a barrier, and 33.5% reported fear of side effects. Additionally, 13.4% identified the cost of contraceptives as a limiting factor, and 23.1% pointed to limited access to healthcare facilities.

Conclusion:

The family planning frequency in the present study was 33.0%. Cultural norms and fear of side effects are the common factors influencing family planning practices in Pakistan.

INTRODUCTION

Family planning (FP) involves the use of various contraceptive methods to prevent unintended pregnancies, help families reach their desired size, and ensure proper spacing between children. Both traditional and modern contraceptive options are accessible, with modern methods gaining increasing

popularity among women of reproductive age. Worldwide, the adoption of modern family planning methods has grown significantly, rising from 35% in 1990 to 45% in recent years.^{1, 2} Modern family planning (FP) services are widely acknowledged for their role in reducing high fertility rates, preventing

the spread of sexually transmitted infections (STIs), and enhancing women's reproductive health.³

Reducing population growth stimulates economic development by enhancing health standards, workforce productivity, educational attainment, and the skills of the population. Resources are distributed among individuals, thereby strengthening human capital.⁴ Family planning programs are considered effective tools for controlling population growth. Globally, both population numbers and contraceptive usage have risen. However, women in developing countries often face significant barriers in accessing modern contraceptive methods. Factors such as limited access, lack of knowledge, and the inconvenience of use play crucial roles in family planning efforts.^{5,6}

In Pakistan, approximately 21% of married women express uncertainty regarding their future use of contraceptives, while around 46% indicate they do not wish to use family planning methods.⁷ The country's rapid population increase highlights a considerable unmet demand for family planning services.⁸ Achieving a contraceptive prevalence rate of 55% could potentially reduce the fertility rate to roughly three children per woman. Despite ongoing emphasis on family planning initiatives, Pakistan still falls short of the desired contraceptive adoption rate set in comparison to other countries globally.⁹ The aim of the present study was to determine the frequency of factors influencing the utilization of family planning services in women of advanced age.

METHODS:

This cross-sectional study was conducted in the gynecology unit of Fauji Foundation Hospital from August 2024 to January 2025. We included 200 pregnant women with advanced maternal age >30 years to 40 years. We included pregnant women from antenatal clinic or from regular gynecology clinic who came for other gynecological issues. While post-menopause and unmarried women were excluded from analysis.

The eligible patients were asked to fill the questionnaire that included information regarding

the use of family planning, methods used for family planning and factors influencing the use of family planning. Data was entered prospectively in SPSS v25 software.

Data analysis was carried out using SPSS v25 software. Quantitative variables were analyzed using mean and SD. While qualitative variables were analyzed using frequency and percentage.

RESULTS:

The study group exhibited a wide variety of characteristics. Regarding age, the majority of participants—66%—were between 30 and 35 years old, while the remaining 34% fell into the 35 to 40-year age bracket. In terms of educational levels, 18% of individuals were unable to read or write, whereas 82% possessed literacy. When examining residence, 44% of participants lived in urban areas, with the remaining 56% residing in rural communities. Socio-economic status varied significantly, with 14% classified as poor, 49% as middle class, and 37% as affluent. Family size also showed diversity: 37% of respondents had two or fewer children living at home, 52% had three to four children, and 11% had five or more children (Table 1).

In the study population, only 33% of participants reported having ever used family planning in their lifetime. Sufficient knowledge of family planning was present in 36.5% of individuals, while 42.5% stated that family planning services were easily available to them. Among the 66 participants who had ever used family planning, the most common method was condoms, used by 45.5%. Pills were used by 15.1%, intrauterine devices (IUDs) by 10.6%, injectables by 7.5%, and traditional methods by 21.2%. Among the 134 participants who did not use family planning, 29.8% cited cultural norms as a barrier, and 33.5% reported fear of side effects. Additionally, 13.4% identified the cost of contraceptives as a limiting factor, and 23.1% pointed to limited access to healthcare facilities (Table 2).

Table 1. Baseline Study Variables.

Age (%)	
30-35 years	132 (66%)
35-40 years	68 (34%)
Education (%)	
Illiterate	36 (18%)
Literate	164 (82%)
Area of Living (%)	
Urban	88 (44%)
Rural	112 (56%)
Socio-economic Status (%)	
Poor	28 (14%)
Middle Class	98 (49%)
Rich	74 (37%)
Number of Living Children (%)	
≤2	74 (37%)
3-4	104 (52%)
≥5	22 (11%)

Table 2. Knowledge and Factors Hindering Family Planning in Pakistan.

Family planning used ever in lifetime	66 (33.0%)
Sufficient knowledge of family planning	73 (36.5%)
Easy availability of Family Planning services	85 (42.5%)
Type of Family Planning Method (%) [N=66]	
IUD	7 (10.6%)
Condoms	30 (45.5%)
Pills	10 (15.1%)
Injectables	5 (7.5%)
Traditional Methods	14 (21.2%)
Factors Influencing the Utilization of Family Planning (%) [N=134]	
Cultural Norms	40 (29.8%)
Fear of Side Effects	45 (33.5%)
Cost of Contraceptives	18 (13.4%)
Access to health care facility	31 (23.1%)

DISCUSSION:

Extensive research globally highlights the crucial role of modern family planning services in reducing fertility rates, preventing unintended pregnancies, and improving maternal health outcomes.¹⁰ However, despite various international efforts, the uptake of contraceptive methods remains relatively low in many low- and middle-income countries, including Pakistan.¹¹ This study observed similar patterns, such as minimal use of modern contraceptives and significant influence of cultural, social, and economic obstacles that hinder adoption.

The study sheds light on a significant gap between what people know about family planning in Pakistan and what they actually do. Although 36.5% of respondents have enough knowledge about family planning, only 33% have ever used a contraceptive method in their lives. This gap reflects national patterns where, despite nearly everyone being aware of at least one contraceptive method (96% according to recent data), the use of modern contraceptives remains steady at around 25-34%.¹²

This study highlights a clear preference for certain family planning methods.

The analysis of contraceptive types (N=66) reveals a strong reliance on condoms, used by 45.5% of the group. This preference is probably because condoms are affordable, have no systemic side effects, and can be easily purchased from local pharmacies without needing a consultation with a healthcare provider.⁶

However, it's a bit worrying that a large portion of people still rely on traditional methods like withdrawal or the rhythm method, which tend to be less effective compared to modern options. This trend reflects the broader national pattern, where short-term methods are favored mainly because they are easy to access and perceived as requiring fewer medical interventions.¹³ The low use of Long-Acting Reversible Contraceptives (LARCs), like IUDs at 10.6% and injectables at 7.5%, suggests that there might be a lack of trust in clinical procedures. It could also point to a shortage of trained female healthcare providers who can perform insertions in a way that is culturally sensitive. Moreover, the relatively high reliance on traditional methods may indicate lingering doubts about modern healthcare options or a desire to avoid potential side effects associated with hormonal methods.¹⁴

The data on factors hindering usage (N=134) shows that fear of side effects, at 33.5%, is the top concern. In Pakistani society, there are common misconceptions, such as beliefs that contraceptives can cause permanent infertility, cancer, or ongoing weakness.¹⁵ These myths are often passed around through word-of-mouth within close-knit communities, making them more influential than official medical advice.¹⁶

Cultural norms, accounting for 29.8%, are one of the main barriers. In many families, having a large number of children is seen as a way to boost social status and ensure economic stability. Additionally, many families strongly prefer to have male children, which often leads them to keep trying for more children until they get sons, regardless of the mother's health or the family's financial situation.^{17, 18}

The study highlights that simply increasing the availability of contraceptives isn't enough. To truly boost usage, we need to focus on changing social and behavioral attitudes. This involves engaging religious leaders to challenge cultural norms and encouraging

men to participate in family planning discussions, which can help lighten the decision-making load for women. Addressing fears about side effects also requires healthcare providers to offer honest counseling and follow-up care, making sure they manage expectations and provide alternative options if a method causes discomfort.

CONCLUSION:

The family planning frequency in the present study was 33.0%. Cultural norms and fear of side effects are the common factors influencing family planning practices in Pakistan.

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