



## Exploring the Individual and Interpersonal Obstructive Factors Affecting Contraceptive Usage among Married Fertile Women in Rural Vicinities of Multan District, Pakistan

Uzma Ishfaq <sup>a</sup>, Tehmina Sattar <sup>b</sup>, Gulshan Ara <sup>c</sup>

<sup>a</sup> Lecturer, M. Phil Scholar, Department of Sociology Bahauddin Zakariya University, Multan, Pakistan  
Ph.D. Scholar /Assistant Professor, Department of Sociology, Bahauddin Zakariya University, Multan, Pakistan

Email: [tehminasattar@bzu.edu.pk](mailto:tehminasattar@bzu.edu.pk)

M. Phil Scholar, Department of Sociology Bahauddin Zakariya University, Multan, Pakistan

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### ABSTRACT

*Family Planning is the most effective tool to reduce maternal morbidity and mortality during pregnancy. Contraceptive usage is the widely accepted method for birth spacing among married women in reproductive age span. In Pakistan, contraceptive prevalence is low in rural areas as compared to urban milieus. For exploring the present research phenomenon, the ethnographic research design was used to determine the subjective meaning-making of participants about the study phenomenon. Informal Discussions (IDs), N=20 In-Depth Interviews (IDIs), and N=6 Focus Group Discussions (FGDs) were conducted in two adjacent villages X and Y of Multan, Pakistan. Interview guide and discussion guide were used to explore the responses of the participants through thematic analysis. The present research results illustrated that the causes behind disinclination for contraceptive usage prevailed at two major levels, i.e. individual and interpersonal. The individual-level obstructive factors comprised of age of the married women, education level of husband, the economic cost of contraceptive usage, and adverse effects of contraceptives on the health of married females. Furthermore, the inter-personal level factors comprehended of husband opposition towards contraception usage, and discussion about contraception usage with husband as an anti-normative act. In conclusion, the orthodox, misogynistic, and gender-biased normative structure snatched the reproductive autonomy of married women. Resultantly, the women changed their fertility preferences and avoided birth spacing through contraceptive usage. Government intervention through social media awareness campaigns, provision of monthly incentives, and facilitation of "health card" could be used to ensure high prevalence of contraceptive usage among married women in the study locale.*

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Corresponding author's email address: [tehminasattar@bzu.edu.pk](mailto:tehminasattar@bzu.edu.pk)

## **1. Introduction**

Family Planning (FP) ensures a wide range of health benefits to women and community members (Goodkind et al., 2018). It can also reduce maternal morbidity and mortality by controlling the complications during pregnancy (Alspaugh et al., 2021; Hawkins et al., 2020). FP can be guaranteed through contraceptive usage which emancipates the women from the unwanted burden of menstrual cycles, labour pains, breastfeeding, and childcare (Ataullahjan et al., 2019; Jain & Hardee, 2018). Feminist perspectives declared that contraceptive usage is a tool to deliver equality-based marital rights for women. In developed countries of the world, couples frequently used FP methods for birth spacing and family size restriction (Alspaugh et al., 2020). Conversely, underdeveloped countries have high levels of Unmet Need of Family Planning (UMNFP). UMNFP refers to the large proportion of the married women of reproductive age span who were not using contraceptives. The married couples who have higher proportions of UMNFP remained at a higher risk of physical abuse, unsafe abortions, and poor maternal health (Imran & Yasmeen, 2021; Ontiri et al., 2021).

Pakistan is the sixth most populous country in the world where more than 65% population lived in rural areas. According to one estimate, almost 28,000 married women died from birth complications annually. The major underlying cause of the high maternal mortality rate was attributed to lack of access and adoption of FP methods. The contraceptive prevalence rate in urban areas is high i.e. 45% as compared to rural areas i.e. 31% (Bhutta et al., 2003; Nausheen et al., 2021). The commonly used contraceptive methods in Pakistan are oral pills, condoms, injections, tubal ligation, and intrauterine devices. Although it is widely accepted that modern methods of contraceptives are more effective in birth control as compared to traditional methods, but still rural women believed in religious, traditional, and orthodox methods of child spacing. In Pakistan, the underlying socio-cultural causes behind low adoption of contraceptive usage were poverty, illiteracy, and societal pressures on women to reproduce more children. Moreover, the fertility preferences of mother-in-law and husband mostly inclined towards the birth of sons (Asif & Pervaiz, 2019; Islam et al., 2016; Kadir et al., 2003; Omer et al., 2021; Pasha et al., 2001).

As evident, there is a growing literature about contraceptives usage in Pakistan but still, there is a dearth of studies about subjective responses of the married women about FP in the study locale. To address this theoretical and methodological gap, the present study was designed to explore the subjective meaning-making of married women about the study phenomenon. Moreover, the contextual influences of birth spacing on participants in their natural settings were investigated to interpret and sensitize the meanings of “obstructive factors towards contraceptive usage” in rural locales of Multan.

## **2. Methodology**

The present study was conducted in two adjacent villages X and Y of Multan district, Pakistan. Women were usually engaged in farming, livestock rearing, and household chores in the study locale. Data was collected in three sequential phases in the fieldwork during March 2019-July 2019. One Anthropologist and one Sociologist were appointed in the fieldwork with the first author. To address the uniqueness and insufficient literature in Pakistan, the current study focused on the subjective meaning-making of women about their basic marital right i.e. contraceptive usage. The first author presented this research proposal to the Ethical Review Committee (ERC) of Social Sciences in Bahauddin Zakariya University, Multan. A group of research experts analyzed the proposal and approved it with some minor changes.

In order to explore the study phenomenon, we used an ethnographic fieldwork approach to

investigate the holistic viewpoint of people in their specified cultural context (Mohajan, 2018). For this purpose, three unified approaches were used i.e. IDs, IDIs, and FGDs. In acquiescence, IDs were conducted from old-age women (after the menopausal stage) about married females' general attitude and practices towards contraceptive usage. Later on,  $N_1=20$  IDIs (Village X=10, Village Y=10) were conducted from married female participants who were in earlier reproductive age span i.e. onset of puberty-30 years. Alongside, 6 FGDs (Village X=03, Village Y=03) were conducted from  $N_2=52$  married women in late reproductive age span (i.e. 30 years-onset of the menopausal stage).

The socio-cultural context of the study site was patriarchal, orthodox, and misogynistic. Women were expected to be sublime in front of their marital partners in every household decision. The contextual settings considered contraceptive usage as “sin” because it was the major hurdle in accomplishing the goals of recurrent births (especially sons). Due to the sensitivity of this topic, direct usage of one qualitative approach was not appropriate to gather the native viewpoint of study participants (Sawatsky et al., 2019). For this purpose, three above said interconnected qualitative approaches were used for data collection. IDs were conducted without any formal data collection tool. An interview guide and discussion guide were used to gather individual and group viewpoints of the married women during IDIs and FGDs respectively (Hennink et al., 2020).

The major gatekeepers were LHWs who provided us access to the native village setting for data collection. They had close integration with women and their families in rural areas. The major reason for choosing them as gatekeepers was that LHW Program is the key part of the Pakistan National Strategy to increase health services provision for women at their doorsteps (Jalal, 2011). These health care services were related to i) reproductive health of women ii) usage of contraceptives iii) maternal health issues, and iv) spacing of children. The list of LHWs was obtained from the health department of the concerned district. Afterward, we moved towards participants for IDIs and FGDs. The first author conducted IDIs while the second author conducted FGDs as moderator.

After the data collection, we transcribed interviews from native Saraiki language to the English language. The verbatim transcription was also conducted so that native words should be transcribed in their original form. Data was analyzed manually using thematic analysis. All initial codes related to research questions were categorized and conceptualized under a theme (Bendassolli, 2013; Hennink et al., 2020).

### **3. Results**

#### **3.1 Descriptive analysis**

As indicated in Table-I,  $N=72$  married fertile females were targeted for data collection. The total sample size represented the female respondents in IDIs ( $N_1=20$ ), and FGDs ( $N_2=52$ ). IDs were randomly held with the women who crossed the menopausal age span, therefore the demographic data of these women was not mentioned in demographic profile of the respondents. Aligning this, the narrative arguments of old-age women in IDs were recorded and mentioned in the thematic analysis. In synchronization,  $n=08$  (11.1%) participants were in <20 years age span while  $n=42$  (58.3%) married women belonged to age bracket of 31-40 years. The education level divulged that  $n=37$  (51.4%) married women were illiterate while  $n=28$  (38.9%) participants were literate up to the primary level. The demographic information also illustrated that  $n=39$  (54.2%) participants were having 3-6 children in their family size. The monthly income showed that  $n=26$  (36.1%) married women had a family income of <15,000 PKR while  $n=39$  (54.2%) participants had a family income of 15,000-30,000 PKR. Therefore, the descriptive analysis divulged that majority of women in the study vicinity were less educated, had low socioeconomic status, and had 3-6 average number of children at the time of data

collection.

**Table-I**

Demographic profile of the study participants (N=72)<sup>#</sup>

Demographic variables	Categories	Frequency	Percentage
Age	<20 years	08	11.1
	20-30 years	12	16.7
	31-40 years	42	58.3
	>40 years	10	13.9
Education level	Illiterate	37	51.4
	Up to primary level	28	38.9
	Up to secondary level	07	9.7
Number of children	<3 children	14	19.4
	3-6 children	39	54.2
	>6 children	19	26.4
Family type	Nuclear	12	16.7
	Extended	26	36.1
	Joint	34	47.2
Family income	<15,000PKR*	26	36.1
	15,000-30,000PKR	39	54.2
	>30,000PKR	07	9.7

<sup>#</sup> 20 IDIs and 52 FGDs (FGD-1=7, FGD-2=6, FGD-3=10, FGD-4=8, FGD-5=11, FGD-6=10)

\*PKR refers to income in Pakistani currency

### 3.2 Thematic analysis

In the below-mentioned section, the responses of the participants were codified and segregated into themes. After an in-depth analysis of the data at two major levels i.e. individual and interpersonal, six subsequent themes emerged i) Age of the married female ii) Education level of husband iii) The economic cost of contraceptive usage iv) Perceived reproductive health problems v) Husband opposition towards contraceptive usage, and vi) Discussion about contraceptive usage with husband as anti-normative act.

#### 3.2.1 Individual-level obstructive factors towards contraceptive usage

##### 3.2.1.1 Age of the married female

The study context considered the commencement of girls' puberty [Kurri jawan thi gai] as the pertinent age for her marriage. It was contemplated by the community members that getting married at this age ensured the women fruitful reproductive years. During IDIs, the old age women revealed that younger married brides were strictly prohibited to use contraceptives as it would restrict their chances for recurrent births. It was also believed that frequent childbirths also upsurge the chances of sons' birth. Therefore, the first 10 reproductive years of married females were considered to be propitious. Aligning this, a 63 years old woman said "If a married bride (Kunwar) started using contraceptives, then her chances to reproduce sons will decrease." A young married bride in IDI-15 revealed that;

"My mother strictly advised me to never use contraceptives for at least first 10 years of my marriage as it will produce infertility among the younger brides."

It was evident through FGDs that the bride should be at least 7-10 years younger than her husband. Even the age difference of more than 15 years was also appreciated by the caste fellows (Baradari). The group members in FGD-2 and FGD-3 gave a consensual argument that women avoided using contraceptives due to its perceptual side effects such as vaginal diseases or impaired fecundity. A group member in FGD-2 argued that “If a woman started using contraceptives and got infertile, then she will be divorced.” In extending this argument, group members in FGD-4 revealed that the social security of women was attributed to the presence of her husband and sons.

### **3.2.1.2 Education level of husband**

The present data unveiled that the education of wife was not directly related to contraceptive usage. As the study context was male-dominated (Mardan da raaj), therefore husband was involved in making decisions about birth spacing. During IDs, the participants reported that illiterate and less educated husbands were in opposition to contraceptive usage. These participants argued that illiteracy desolated their husbands’ minds (sathyaya damagh/Koor maghaz) and snatched their ability to think right. This fact was also endorsed by IDI-4 who shared her views in the following manner;

“My husband is very stubborn (Ziddi) and adhered to an ideology that contraceptive usage is paralleled with denial of Almighty blessings (Allah saien di naimat) of children.”

During case studies, it was revealed that women were not given any decision-making regarding contraceptive usage. Sometimes they were just “called for a hearing” and accepted the imposed reproductive restrictions from their husband. These seemingly “joint decisions of couples” were actually “imposed restrictions” for avoiding the birth spacing methods for married females. The participants argued that these restrictions were the outcomes of husbands’ illiteracy and conservative mindset. In extension, the empirical data from group discussions proclaimed that illiterate husbands believed in false myths related to contraceptive usage such as i) artificial way to destroy human population ii) produces infertility iii) damages the reproductive ability of women iv) cause of multiple types of cancers v) snatches the old age security of couples through birth control, and vi) Western planning to lessen Muslim population. In FGD-4, a mother of three children disclosed that;

“My husband (payya) told me that educated husbands who allow their wives to use contraceptive methods will go to hell on the day of judgment. The reason is that they are negating the divine blessings of children by using birth control pills.”

### **3.2.1.3 The economic cost of contraceptive usage**

During IDs, it was revealed that village dwellers were underprivileged and economically deprived. They lived from hand to mouth for their basic necessities of life (bhooke nange thae). In this situation, the preference of the people was not inclined towards contraceptive usage. Married women mostly preferred the lactation of their babies as the natural contraceptive method. It was perceived that breastfeeding the newborn child can avoid the next pregnancy for at least 2 years. Therefore, the people did not want to spend their economic resources on artificial methods of contraceptives. Endorsing these arguments, IDI-11 revealed that;

“The cost of modern pills and injections of contraceptives are very high. My mother advised me to perform the religious ritual of breastfeeding to save the economic cost of artificial contraceptive methods.”

During group arguments in FGD-3 and FGD-5, it was evident that a large number of children

could increase the income level of the household to manifolds. A participant in FGD-5 aged 37 years said that the calculation is simple. If one child would earn 5000 rupees per month, then of course 5 children would multiply this calculation by five times. During the discussion, participants also mentioned that the doctors mostly recommended an Intra-Uterine Device (IUD) which was not affordable for married couples. Additionally, the usage of low-cost birth control injections and pills were mostly ineffective. A participant in FGD-5 disclosed that;

“We would like to spend our money on food, clothes, and permanent residence (apna makaan) for our children. Thinking about the cost of contraceptives seems to be a nightmare (drawna khawab).”

#### **3.2.1.4 Perceived reproductive health problems**

As evident from the data in IDs, the participants disclosed that contraceptive usage created various health problems such as excessive bleeding during periods, spotting between periods, vaginal dryness, foul-smelling vaginal discharge, and uterine infections. During IDs, a 63 years old woman having 07 children argued that “The reproductive health ailments created problems for women to conceive next baby (Baal nai thenda).” The findings from IDs proclaimed that newly married brides were expected to reproduce more children, therefore they were strictly prohibited to use contraceptives. A 23 years old woman having 3 children described that;

“After my second child, I thought about using contraceptives to space future births for 3 years. But my husband strictly prohibited me to use birth spacing medicines due to fear of permanent infertility.”

The case studies also unveiled that contraceptive usage depends upon the previous sex order of children. If there were 3-4 male births to a woman in past, then she was allowed to use contraceptives. IDI-16 reported that if a woman gave birth to a male child then sometimes she was allowed to use contraceptives without considering the myths related to reproductive diseases. Elsewise, the arguments in IDs were supporting the negative health effects of contraceptive usage on married women.

During FGD-1, FGD-3, and FGD-5, the participants overlapped the economic cost and reproductive health issues related to contraceptive usage. A participant in FGD-3 raised a question, “if we develop some reproductive or general health issue then who will pay the huge fees of gynecologists?” The discussions also revealed that the chances of adverse reproductive problems among married women lessened to 50% after the reproduction of 4-5 children (at least). Moreover, the respondents had a strong belief that after the age of 30 years, married females could use contraceptives to limit their family size. The reported reason in FGDs was that with the increasing age of married females, the body became immune to fight reproductive health diseases. Contrasting this, the participants during FGD-2, and FGD-6 also reported that the married females in their late reproductive age span (after 30 years) also faced side effects of contraceptive usage such as loss of sexual desire, early menopause, headaches, weight gain, skin problems, irregular periods, and vaginal sores and ulcers. During FGD-2, a 35 years old divorced woman reported that;

“I reproduced four girls. Then I started using oral contraceptives. Resultantly, I got anemic (khoon di kami thi gai), and suffered from permanent infertility which ruined my marital life.”

### **3.2.2 Inter-personal level obstructive factors towards contraceptive usage**

#### **3.2.2.1 Husband opposition towards contraceptive usage**

During data collection, the participants reported that husband was the most influential stakeholder who opposed contraceptive usage of his wife. During IDs, the women disclosed that the fertility expectation of husband was mostly inclined towards the birth of sons. In accomplishing this aspiration, the husband forced his wife to reproduce more children as it would increase the chances of male childbirth. The evidence from IDIs also unveiled that husband was considered to be influential on all reproductive decisions of his wife. A 22 years old participant having one son and one daughter designated that “My husband told me to never think about child spacing because he expected five sons from my body (jism toon paanj pooter jammo).” Study participants also unveiled that husbands opposed the contraceptive usage of wives to dominate and overshadowed themselves in Baradari through the birth of sons. This masculine domination was considered to be a sign of “husband power over his wife” (Payye da roob thiya ran te). During a case study, 26 years old woman revealed that;

“The major reason behind husband opposition towards contraceptive usage was to satisfy the mannish aspiration of a large number of sons.”

The findings from FGD-4 and FGD-5 divulged that husbands had the “powers” and “supremacy authority” over contraceptive decisions. The discussions further elaborated that wife sublimation in front of her husbands’ decisions was actually a validation of his momentousness (Shan) and masculine domination (mardana tasalut) in four walls of the house. These decisions were related to snatching the reproductive autonomy of the wife by “controlling her birth spacing strategies.” The study context also considered that children provide old age security to their parents. Hence, husband opposition to contraceptive usage is paralleled with the socio-economic security of the couple.

#### **3.2.2.2 Discussion about contraceptive usage of wife with husband as an anti-normative act**

The study area divulged that wife should be sublime, muted, and value-oriented in front of her husband. During IDs, the participants reported that these normative patterns also expected a wife's “distancing of reproductive discussions” with her husband. A 52 years old woman in general discussion argued that a married female was expected to discuss her birth spacing and fertility aspirations with mother-in-law and married sisters-in-law. In continuation, IDIs also divulged that husband was the most intimate and sacred relationship. The participants used the words of heads crown (sir da taaj), Almighty Allah’s blessing (Allah saen di naimat), humanly God (Majazi Khuda), and women paradise (orat di Jannat) for demonstrating the importance of husbands’ status for his wife. Despite this intimacy, the married women were not allowed to discuss their reproductive issues and usage of contraceptive methods with their husbands. A 28 years old participant revealed that;

“After the birth of four daughters and one son, my Dai advised me to use some contraceptives due to reproductive problems. But I knew that if I will share it with my husband openly then I was labeled as blatant, barefaced, and sharpen women (tezz orat).”

During FGDs, the participants blamed that the marital norms were constructed by mother-in-law to detach (doorian paan lai) the intimation and sharing between husband and wife. A participant in the age group of 41 years reported that “these normative patterns are only for us. Our married sisters-in-law are considered to be out of this so-called normative circle.” During FGD-2, three participants gave a consensual argument that their mother-in-law wanted to make them a “reproductive machine.” During data transcription, it was also evident that these reproductive impositions were also attributed to

snatching the reproductive autonomy of married women.

#### **4. Discussion**

The present empirical data showed that the major obstructive factors towards contraceptive usage were segregated across two divisions i.e. individual and interpersonal level factors. In agreement with these themes, studies from Pakistani context endorsed that women age at the time of marriage, husband education, couple residence, orthodox religious ideologies of husband, lack of husband education, and husband opposition towards contraceptive usage of wife were the major obstructing factors towards FP strategies (Casterline et al., 2001; Fikree et al., 2001; Islam et al., 2016; Mahmood & Ringheim, 1996).

As evident, the present research findings showed that newly married girls were strictly prohibited to use contraceptives to ensure their large family size. Moreover, low education level of women, rural residence, and knowledge about future reproductive cycles were the major factors that directly affect contraceptive usage among the study participants. In agreement, empirical evidence from Malawi also endorsed that the young married females living in rural households were less aware of using contraceptive methods. Moreover, the knowledge of ovulatory cycle also determined the birth spacing methods and FP techniques among married women (Mandiwa et al., 2018).

Signifying the interpersonal obstructive factors, the present study divulged that husband opposition towards contraceptive usage was the major reflection of his “power” and “supremacy” over wife. Moreover, the misogynistic socialization and orthodox normative patterns provoked the husbands to increase their family size through a large number of children, especially sons. Validating these findings, a previous study from the Pakistani context divulged that husband was an imperative stakeholder that restricted the contraceptive usage of his wife. Moreover, the study also highlights that contraceptive usage is the sole decision of husband instead of both spouses (Asif et al., 2021; Bajwa et al., 2012).

The present empirical evidence revealed that husband education level and fertility preferences were the major influential factors of contraceptive usage among study participants. These fertility intentions of husbands were mainly inclined towards the birth of sons as they will provide future social and economic security to the married couple. In compliance with this study finding, previous evidence in global and local context depicted that the fertility intentions of the husband were inclined towards the sons’ preference and daughters’ devaluation. In order to fulfil these fertility aspirations, husbands opposed wives for contraception usage (Khan & Khan, 2010; Sensoy et al., 2018, Tiruneh et al., 2016; Sattar et al., 2020, Sattar et al., 2021).

In the present study, the major individual-level theme was economic restrictions towards contraceptive usage. Authenticating this finding, a previous study conducted in Ethiopia also divulged that the economic cost of contraceptive usage was the major obstructing factor for the couple to restrict their family size (Mohammad et al., 2014). Another economic aspect was that the participants avoided birth spacing techniques because a large number of children could bring more income levels. The aforementioned study conducted by Arif & Kamran (2007) also endorsed this finding. Contrariwise, the study conducted by Tarar et al. (2019) divulged that with the passage of time, these couples realized that increased family size was not of monetary benefits but a burden on family income.

The results also indicated that usage of contraceptives was perceived to be associated with adverse reproductive health problems such as impaired fertility and permanent infertility. In



compliance with the present study findings, previous empirical facts also proclaimed that the fertility intentions of the married women in Pakistan were mostly inclined towards Gods will, husband right to decide about contraceptive usage, and misperceptions about the adverse health effects of contraceptives usage on future births (Agha, 2010; Asif et al., 2021; Sattar et al., 2019).

## **5. Conclusion**

In conclusion, the study locality was based on orthodox, misogynistic, and gender-biased norms. These norms expected the women to be sublime for their reproductive rights in front of husbands. These reproductive rights comprised of obeying the orders of their marital partner about the number and sex ratio of their children. As evident, it was common practice in study locale that women should get married after the onset of puberty to be more fruitful in reproducing children. Moreover, the social security of married women was dependent on their number of children (especially sons). Therefore, women faced many personal and interpersonal level impediments towards contraceptive usage in the study context. Based on contextualization of the data, the article proclaimed that personal level obstructive factors towards FP were age of the married women, education level of husband, the economic cost of contraceptive usage, and adverse effects of contraceptives on the health of married females. Furthermore, the inter-personal level factors comprehended of husband opposition towards contraception usage, and discussion about contraception usage with husband as an anti-normative act.

### **5.1 Strengths, Limitations, and Future research directions**

The present research comprised of many strengths such as i) Usage of three exploratory research techniques i.e. IDs, IDIs, and FGDs to explore the individual and group perspectives of the study participants ii) Usage of three major age groups for data collection i.e. early reproductive age span (14-30 years), late reproductive age span (31-45 years), and crossing the menopausal stage (more than 50 years) accompanied by iii) Large sample size for exploring the individual and group viewpoint of participants.

Diverging the above-said strengths, the major limitations of the present empirical research were subsequently mentioned i) Usage of subjective exploratory method from married women and absence of common people opinion about obstructions in contraceptive usage. Therefore, future researches must include a triangulation method in which both exploratory and explanatory approaches of data collection must be used ii) The present research focused on individual and interpersonal level obstructive factors towards contraceptive usage. But the future studies must include the structural level obstructions towards the adoption of birth spacing techniques. Moreover, the women's own misogynistic socialization that restricts them to use contraceptives should be the major focus in future researches, and iii) The present research put forth women's viewpoint about obstructing factors for contraceptive usage. Future researchers must be enriched by including the perspective of husbands, in-laws, and natal family as the major stakeholders for contraceptive usage in the study locale.

## **6. Policy implications**

In light of the present study findings, we put forth the following policy implications for improving contraceptive usage among married females in the study locale.

1. Government should launch awareness campaigns about the benefits of child spacing and its positive effects on maternal health.
2. Government should launch media awareness campaigns for married couples and their families about the false myths related to contraceptive usage.
3. Government should provide monthly incentives to married couples for contraceptive usage.

4. Government should implement strict laws and punishments about child marriages (less than 18 years) for delaying the reproductive age span of married females.
5. Government should appoint educated religious scholars from all sects of Islam who can spread accurate religious teachings about birth spacing through the usage of contraceptive methods.
6. Government should provide free contraceptive availability for married women to save its economic cost.
7. Government should provide a “health card for women” to ensure their free-of-cost laboratory tests, ultrasounds, operations, and regular checkups from qualified gynecologists.

## References

- Agha, S. (2010). Intentions to use contraceptives in Pakistan: implications for behavior change campaigns. *BMC public health*, 10(1), 1-13.
- Alspaugh, A., Barroso, J., Reibel, M., & Phillips, S. (2020). Women's contraceptive perceptions, beliefs, and attitudes: An integrative review of qualitative research. *Journal of midwifery & women's health*, 65(1), 64-84.
- Alspaugh, A., Im, E. O., D. Reibel, M., & Barroso, J. (2021). The Reproductive Health Priorities, Concerns, and Needs of Women in Midlife: A Feminist Poststructuralist Qualitative Analysis. *Qualitative Health Research*, 31(4), 643-653.
- Arif, M. S., & Kamran, I. (2007). Exploring the choices of contraception and abortion among married couples in Tret, rural Punjab, Pakistan. Retrieved from <http://www.popcouncil.org>.
- Asif, M. F., & Pervaiz, Z. (2019). Socio-demographic determinants of unmet need for family planning among married women in Pakistan. *BMC public health*, 19(1), 1-8.
- Asif, M. F., Pervaiz, Z., Afridi, J. R., Abid, G., & Lassi, Z. S. (2021). Role of husband's attitude towards the usage of contraceptives for unmet need of family planning among married women of reproductive age in Pakistan. *BMC Women's Health*, 21(1), 1-7.
- Ataullahjan, A., Mumtaz, Z., & Vallianatos, H. (2019). Family planning in Pakistan: A site of resistance. *Social Science & Medicine*, 230, 158-165.
- Bajwa, S. K., Bajwa, S. J. S., Ghai, G. K., Singh, K., & Singh, N. (2012). Knowledge, attitudes, beliefs, and perception of the north Indian population toward adoption of contraceptive practices. *Asia Pacific Journal of Public Health*, 24(6), 1002-1012.
- Bendassolli, P. F. (2013). Theory building in qualitative research: Reconsidering the problem of induction. In *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research* (Vol. 14, No. 1).
- Bhutta, Z., Darmstadt, G., Ransom, E. I., Starrs, A. M., & Tinker, A. (2003). Basing newborn and maternal health policies on evidence. *Shaping policy for maternal and newborn health: a compendium of case studies*. Baltimore: USAID, Bill and Melinda Gates Foundation, JHPIEGO, 5-12.
- Casterline, J. B., Sathar, Z. A., & ul Haque, M. (2001). Obstacles to contraceptive use in Pakistan: A study in Punjab. *Studies in family planning*, 32(2), 95-110.
- Fikree, F. F., Khan, A., Kadir, M. M., Sajjan, F., & Rahbar, M. H. (2001). What influences contraceptive use among young women in urban squatter settlements of Karachi, Pakistan?. *International family planning perspectives*, 130-136.
- Goodkind, D., Lollock, L., Choi, Y., McDevitt, T., & West, L. (2018). The demographic impact and development benefits of meeting demand for family planning with modern contraceptive methods. *Global health action*, 11(1), 1423861.
- Hawkins, S. S., Ghiani, M., Harper, S., Baum, C. F., & Kaufman, J. S. (2020). Impact of state-level

- changes on maternal mortality: a population-based, quasi-experimental study. *American journal of preventive medicine*, 58(2), 165-174.
- Hennink M, Hutter I, Bailey A. (2020). *Qualitative research methods*. Sage.
- Imran, M., & Yasmeen, R. (2021). Unmet need for family planning in Pakistan: prevalence and factors influencing unmet need among women of reproductive age.
- Islam, A. Z., Mostofa, M. G., & Islam, M. A. (2016). Factors affecting unmet need for contraception among currently married fecund young women in Bangladesh. *The European Journal of Contraception & Reproductive Health Care*, 21(6), 443-448.
- Jain, A. K., & Hardee, K. (2018). Revising the FP Quality of Care Framework in the context of rights-based family planning. *Studies in Family Planning*, 49(2), 171-179.
- Jalal, S. (2011). The lady health worker program in Pakistan—a commentary. *European journal of public health*, 21(2), 143-144.
- Kadir, M. M., Fikree, F. F., Khan, A., & Sajan, F. (2003). Do mothers-in-law matter? Family dynamics and fertility decision-making in urban squatter settlements of Karachi, Pakistan. *Journal of biosocial science*, 35(4), 545-558.
- Khan, T., & Ali Khan, R. E. (2010). Fertility behaviour of women and their household characteristics: A case study of Punjab, Pakistan. *Journal of human ecology*, 30(1), 11-17.
- Mahmood, N., & Ringheim, K. (1996). Factors affecting contraceptive use in Pakistan. *The Pakistan Development Review*, 1-22.
- Mandiwa, C., Namondwe, B., Makwinja, A., & Zamawe, C. (2018). Factors associated with contraceptive use among young women in Malawi: analysis of the 2015-16 Malawi demographic and health survey data. *Contraception and Reproductive Medicine*, 3(1), 1-8.
- Mohajan, H. K. (2018). Qualitative research methodology in social sciences and related subjects. *Journal of Economic Development, Environment and People*, 7(1), 23-48.
- Mohammed, A., Woldeyohannes, D., Feleke, A., & Megabiaw, B. (2014). Determinants of modern contraceptive utilization among married women of reproductive age group in North Shoa Zone, Amhara Region, Ethiopia. *Reproductive health*, 11(1), 1-7.
- Nausheen, S., Bhura, M., Hackett, K., Hussain, I., Shaikh, Z., Rizvi, A., & Soofi, S. (2021). Determinants of short birth intervals among married women: a cross-sectional study in Karachi, Pakistan. *BMJ open*, 11(4), 437-86.
- Omer, S., Zakar, R., Zakar, M. Z., & Fischer, F. (2021). The influence of social and cultural practices on maternal mortality: a qualitative study from South Punjab, Pakistan. *Reproductive health*, 18(1), 1-12.
- Ontiri, S., Mutea, L., Naanyu, V., Kabue, M., Biesma, R., & Stekelenburg, J. (2021). A qualitative exploration of contraceptive use and discontinuation among women with an unmet need for modern contraception in Kenya. *Reproductive health*, 18(1), 1-10.
- Pasha, O., Fikree, F. F., & Vermund, S. (2001). Determinants of unmet need for family planning in squatter settlements in Karachi, Pakistan. *Asia-Pacific Population Journal*, 16(2), 93-108.
- Sattar, T., Ahmad, S., Saleem, U., & Maqsood, F. (2020). Influence of women's reproductive autonomy on sex biased coercive miscarriages in rural establishments of South Punjab, Pakistan. *Rawal Medical Journal*, 45(2).
- Sattar, T., Ahmad, S., Zakar, R., & Maqsood, F. (2021). Watering the Plant in Another's Courtyard: An Ethnographic Exploration of Daughters' Devaluation Through Sex-Selected Abortions Among the Rural Married Females in South Punjab, Pakistan. *Journal of interpersonal violence*, 36(9-10), 4490-4519.
- Sattar, T., Usman, A., & Saleem, U. (2019). Socio-reproductive and demographic factors affecting the decision making of ever married fertile females towards want of another child in future: a study of state-based hospitals in Multan. *Pakistan Isra Med J*, 11(4), 252-256.

- Sawatsky, A. P., Ratelle, J. T., & Beckman, T. J. (2019). Qualitative research methods in medical education. *Anesthesiology*, 131(1), 14-22.
- Sensoy, N., Korkut, Y., Akturan, S., Yilmaz, M., Tuz, C., & Tuncel, B. (2018). Factors affecting the attitudes of women toward family planning. *Fam Plann*, 13, 33.
- Tarar, M. A., Khan, Y. N., Ullah, M. Z., Salik, M. H., Akhtar, S., & Sultan, T. (2019). Knowledge and attitude; pregnancy and antenatal care among young agrarian & non-agrarian females in Faisalabad district, Pakistan. *Pakistan Journal of Agricultural Sciences*, 56(1).
- Tiruneh, F. N., Chuang, K. Y., Ntenda, P. A., & Chuang, Y. C. (2016). Factors associated with contraceptive use and intention to use contraceptives among married women in Ethiopia. *Women & health*, 56(1), 1-22.