

# Barriers of Family Planning Methods: A Review Article

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**Abstract:** Family planning is a critical component of reproductive health that empowers individuals and couples to make informed choices about their reproductive lives. Despite the availability of various methods, numerous barriers hinder the effective utilization of family planning services. This abstract explores key obstacles, including socio-cultural, economic, and educational factors that influence access and acceptance of family planning methods. Socio-cultural barriers often stem from traditional beliefs and societal norms that may promote large families or stigmatize contraceptive use. Economic constraints, such as the cost of contraceptives and healthcare services, can limit access, particularly in low-income populations. Additionally, a lack of comprehensive sexual education contributes to misinformation and fear surrounding family planning methods. This holistic understanding of barriers is essential for developing targeted interventions that promote informed family planning choices and improve reproductive health outcomes globally. By addressing these challenges, stakeholders can enhance accessibility, acceptance, and overall effectiveness of family planning initiatives.

**Keywords:** Contraceptives, Obstacles, Challenges.

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## I. INTRODUCTION

A vital aspect of reproductive health, family planning has an impact on women's lives, those of their families, and the country at large. Family planning allows couples to decide how many children they want and how far apart to have them. Women can use efficient family planning techniques to further their education, become financially independent, and support the advancement of their communities and country.<sup>1</sup>

Family planning is an approach and way of life that couples choose for themselves, based on their understanding and attitudes about different forms of birth control.<sup>2</sup> A key component of ensuring that everyone has access to sexual and reproductive health is ensuring that high-quality contraceptive methods are available, inexpensive, and easily accessible.<sup>3</sup>

One of the biggest issues facing developing nations is population expansion, which poses a tremendous threat to the international community.<sup>4</sup> India, which makes only 2.41% of the world's surface area but is home to more than 18% of its population, has been experiencing a severe population growth since gaining independence.<sup>5</sup>

According to studies, adverse pregnancy results are linked to high parity, short interpregnancy intervals, and age extremes.<sup>6</sup> In addition, women of reproductive age who use contraceptive methods help avoid unintended pregnancies

and the induced abortions that follow. One of the main causes of maternal death in a nation like Nigeria with restricted abortion regulations is unsafe abortion.<sup>7</sup>

A variety of contraceptive techniques must be easily accessible for everyone to choose from. The prevalence of contraception is higher in nations with uniformly high access to more options, such as tubectomy, IUD, the oral contraceptive, injectables, and condoms. The understanding of the numerous forms of contraception that are available is a major factor in the use of various family measures, particularly by women.<sup>8</sup>

Contraception is essential to the health and welfare of individuals, communities, and families and is a fundamental component of gender equality. Nevertheless, millions of people worldwide are annually denied access to high-quality family planning services due to legal, social, educational, and physical obstacles.<sup>9</sup> Effective evidence-based solutions can be put into place to guarantee that person-centered family planning services are available to everyone, everywhere, by identifying the obstacles.

There are several hurdles that are specific to our society and environment that impact the use or use of contraceptive methods. The barriers that keep family planning methods from being adopted and utilized obviously need to be looked into. Numerous studies carried out throughout the nation

reveal that women lack adequate awareness about different family planning techniques.<sup>10</sup>

Additionally, a number of obstacles affect women's acceptance and utilization of these techniques. Common causes of low acceptance of family planning methods include family interference, cultural and religious restrictions, health concerns, fear of irreversible fertility loss, side effects, inaccurate or incomplete information about how or where to obtain them, fear of complications, and inadequate health services.<sup>11</sup>

Although many steps have been taken to promote the use of contraception, the results in this area have fallen short of expectations. The continually high rates of unplanned pregnancies and unmet family planning needs point to underlying obstacles to effective contraception.<sup>12</sup> The goal of the family planning intervention known as "healthy timing and spacing of pregnancy" (HTSP) is to assist women and couples in delaying, timing, spacing, or limiting their pregnancies in order to maximize the health of the mother, newborn, infant, and kid, regardless of the overall number of children.<sup>13</sup>

#### ➤ *Research Problem Statement*

The present review was aimed to gain a comprehensive understanding of the knowledge and barriers of family planning methods. The narrative review had been divided into four sections. Each section examined several related studies. These sections are:

- First section deals with the knowledge barrier for use of FPM.
- Second section deals with Fear of adverse effects and Lack of interest barrier for use of FPM
- Third section deals Lack of trained personnels and pandemic barrier for use of FPM.
- Forth section deals with family pressure, cultural practices and feeling shy to use FPM.

#### ➤ *Objectives*

- To assess the knowledge regarding family planning methods.
- To identify the barriers of family planning methods.

## II. METHODS

A narrative review was designed. A systematic electronic search was used to identify relevant studies. Only original research papers were used in the study. The electronic databases searched were: Research gate, PubMed, Scopus, Google scholar and Allied Health Literature (CINHAL).

The existing literatures were very systematically opted to recruit into this narrative review.

### A. *Inclusion Criteria*

- Research studies published from the year 2017 onwards.
- The document which is available in full text and is widely accessible online.
- Original research papers related to the topic.
- Studies that are presented in English.

### B. *Exclusion Criteria*

- A research articles without having ISSN number.
- Research studies for which there is an abstract accessible.
- Poor quality journal articles.
- Research studies that are not listed in a journal data base.

### C. *Outcome Knowledge Barrier*

- Selma Sen, Aynur Cetinkaya & Aysel Cavuslar (2017) conducted a study titled "Perception scale of barriers to contraceptive use: a methodological study". The purpose of this research was to create the Perception Scale of Barriers to Contraceptive Use (PSBCU) as a tool for measuring the obstacles and barriers women believe exist in relation to the use of contraceptives or low rates of contraceptive use among women who use family planning services. In order to gather the data for this methodological study, 320 married women between the ages of 15 and 49 who were visiting clinics at the Hafsa Sultan Hospital, CBU, were interviewed in-person. The "Perception Scale of Barriers to Contraceptive Use" and the "Introductory Information Form" were the instruments used to gather data for the study, which took place between May and September 2014. To examine the validity of the Perception Scale of Barriers to Contraceptive Use, construct validity (explanatory factor analysis) and language validity were used. For the size of participants, Kaiser Meier Olkin (KMO) analysis was used to ascertain whether the scale was available. Three variables, comprising 34 items, had a total Cronbach's Alpha coefficient of 0.95, which explained 54.95% of the variance following Varimax rotation. By explaining 18.89% of the variance, the "cognitive domain" was the greatest factor, followed by the "emotional domain," which explained 18.05%, and the "social domain," which explained 18.01%. The scale's item-total score correlation coefficients ranged from 0.54 to 0.83. The study established the validity and reliability of the "Perception Scale of Barriers to Contraceptive Use." We think the measure is appropriate for women in family planning education and training programs to assess their circumstances. Its validity and reliability for other groups (men, teenagers, etc.) should also be evaluated.
- Meligain Subba, Dr. Barkha Devi and Ranjita Devi conducted a study (2021) titled "Knowledge, practice and barriers in utilization of family planning methods among married couples of urban and rural areas of Sikkim". The study's goals are to evaluate married couples' knowledge and behaviour's and examine potential factors that may influence their use of family planning methods in Sikkim's rural and urban areas. Using a stratified random selection

technique, 200 married couples between the ages of 18 and 49 were recruited from randomly chosen urban and rural areas of West Sikkim, with 100 couples from each urban and rural area. This study is descriptive and comparative in nature. Using a standardized interview schedule, data was gathered. The study's findings indicated that married couples in urban areas (92% men, 60% females) scored higher on family planning knowledge than those in rural areas (72% males, 52% females). Males in urban and rural areas had significantly different levels of knowledge (3.01). The study found that the barriers to using family planning methods in both urban and rural regions are decreasing as knowledge increases.

- Wyvine Ansima Bapolisi, Ghislain Bisimwa, Sonja Merten (2023) conducted a study titled “Barriers to family planning use in the Eastern Democratic Republic of the Congo: an application of the theory of planned behaviour using a longitudinal survey”. Understanding the social hurdles that prevent women in the Kivu, a region that has been disproportionately impacted by poverty and years of conflict, from using FP was the goal of this study. A generalized structural equation modeling theory of planned behavior (TPB) has been used to comprehend the intricate sociocultural factors that influence the intention and final choice to utilize FP. Examining FP use in the North and South Kivu regions was done using a community-based methodology. Ten hundred and fifty-five of the 1812 women aged 15 and over who were enrolled in the baseline study were recovered during the follow-up. The average age was  $36 \pm 12.9$  years, with a minimum age of 15 and a maximum age of 94. More than 40% of sexually active participants utilized a contemporary method of contraception during their most recent sexual encounter. Education had a substantial and positive correlation with the desire to use FP. The intention to use FP was positively and marginally significantly correlated with marital status. The intention to utilize FP was positively correlated with perceived control and negatively and significantly correlated with subjective norms. FP use was strongly and substantially correlated with education and perceived control and FP use was positively and marginally correlated with intention to use FP. Understanding sociocultural hurdles to FP use was made easier by TPB, and defining modified solutions for various situations can be helpful.
- Lumchio Levis Murry, Suman Dabas, Tallanao Thuileiphy, Vanita Kumari, Gudiya Gudiya, Poonam Joshi (2021) conducted a study titled “Knowledge, Attitude and Utilization of Family Planning Methods among Postpartum Women in A Selected Tertiary Care Facility in India”. In this study, postpartum women in India were asked to rate their knowledge, attitudes, and use of family planning techniques. In a tertiary care facility's well-baby clinic, 284 postpartum moms participated in a convenience sampling cross-sectional survey. Self-created, pretested, and validated instruments were used to interview respondents. Descriptive statistical techniques were used to examine the data using STATA software version 31.1. Nearly two-thirds of the moms (66.1%) and more than half (53.5%) of the mothers did

not receive family planning counselling throughout the prenatal and immediate postpartum periods, according to the study's findings. Sixty-six percent did not utilize any form of birth control. The average attitude score was  $33.53 \pm 3.90$  out of 50 points, while the average knowledge score was  $7.82 \pm 3.90$  out of 16 points. The number of prenatal visits, postpartum mothers' educational standing, and their use of contraceptives were all strongly correlated with their knowledge of family planning techniques, but the use of contraceptive methods was correlated with the resumption of sexual activity.

According to the study's findings, postpartum women require creative ways to educate them about healthy reproductive practices, such as using the FP methods of their choice, as their awareness of PFP is lower than their views toward it.

- Consolata Kirigia, Lucy Gitonga, Moses Mahugu Muraya (2019) has conducted a study titled “Barriers to Immediate Post-Partum Intra-Uterine Contraceptive Device Uptake among Mothers Delivering at Meru Hospital”. Assessing the obstacles to mothers giving birth at Meru Hospital using immediate postpartum intrauterine contraceptive devices was the goal. A population of 289 mothers was the focus of the descriptive study design. Using simple random sampling, a sample size of 74 respondents was chosen. Data was gathered via interview schedules and questionnaires. The Statistical Package for Social Science (Windows version 23.0) was used to enter and analyze the obtained data. Using descriptive analysis, percentages and frequencies were determined. Tables were created using chi-square to assess the association between the variables under consideration. A thematic analysis was performed on the qualitative data. Low uptake was shown to be most affected by provider-related hurdles, such as failure to offer services and delayed counselling for insertion (57%). 68% of clients said they were not coached, indicating a lack of information. An further factor contributing to low uptake was reproductive and demographic traits. Using the chi square test, the mothers' young age, unemployment (53%), low parity (56%), and low uptake were all significantly correlated ( $P = 0.001$ ). One obstacle to adoption was the preference for various alternative forms of birth control (25.8%), including hormonal methods. Thus, supplier-related, alternative contraceptive techniques, and client-related factors like ignorance, unemployment, youth, and low parity are the main obstacles to PPIUCD acceptance. Management at Meru Hospital will be informed by the results regarding the obstacles to the quick adoption of PPIUCD. In order to raise community knowledge of PPIUCD services, the study suggests looking into why providers impede PPIUCD uptake.
- Srishti Thakur, ManjitKaur Mohi, Nayana Pathak, Nitash a Garg (2024) has conducted a study titled “A comparative study on knowledge, awareness and perception of contraception among rural and urban population in Punjab”. Investigating Punjab's rural and urban populations' knowledge, awareness, and perceptions about contraception was the aim of this study.

This observational study was carried out at a tertiary healthcare facility in Punjab, India, in the Department of Obstetrics and Gynecology. A pre-made questionnaire was used to assess 500 women in order to assess their perceptions, knowledge, and understanding about contraception in Punjab's rural and urban areas. For the statistical analysis, SPSS Windows, version 28, was used. A total of 492 people were involved in the current study, with 105 coming from urban regions and 387 from rural ones. The results of this survey showed that all participants knew about contraception. The media (33.94%), health professionals (16.87%), educational institutions (2.85%), and social circles (46.34%) were found to be the main information sources. This study identifies intrauterine devices (IUDs), oral contraceptives, and condoms as the main forms of birth control. As a result, it's critical to close the awareness-action gap. Therefore, this study promotes an awareness campaign on interventions to guarantee that everyone has unhindered access to family planning options that work.

#### D. Fear of Adverse Effects and Lack of Interest to Use Family Planning Methods

- Sowmya, Ansuya, V. Vinish (2020) conducted a study titled "Contraceptives utilization and barriers in Karnataka, Southern India: A survey on women residing in slums". From October 2017 to July 2018, a community-based cross-sectional study was carried out to evaluate the use of family planning methods and the reasons why married women living in slums in Udupi district, Karnataka, India, do not use them. A total of 323 married women between the ages of 18 and 45 participated in the poll. A self-created and questionnaire was used for gathering the data. Descriptive statistics was used to examine the data generated. The study's findings indicated a low rate of contraceptive use (39%). The most common reasons for non-use are worries about adverse reactions (65%), want for a girl or boy child (31%), partners' rejection (26%), no encouragement from family members (18%), ignorance of methods of contraception (25%), and no interest in using birth control methods (23%). Tubectomy was the method most often utilized (73.6%). The two most common temporary family planning methods utilized by the participants in the research population were male condoms (8%) and copper T (14%). Fear of adverse effects, desire for a female or male kid, criticism from partners and relatives (in-law), ignorance of methods for birth control, and lack of willingness to use them are some of the reasons for the low prevalence of contraception. The use of contraceptives among slum residents may be encouraged by education, support for health education initiatives, and the participation of spouses and in-laws.
- Priya Goel, Mamta Nebhi nani Raj Rani has conducted a study titled "Knowledge and barriers towards use of family planning methods among women: a study from Western India". The study's goal was to evaluate female understanding and obstacles regarding the usage of methods for contraception. The study was carried out in the Rajasthani village of Dhawa in Jodhpur. Information was obtained from 380 married women who were chosen using a convenient sampling method. Self-structured knowledge questionnaires and obstacle evaluation scales were among the data gathering instruments. Descriptive and inferential statistics were used in the analysis. The study's findings demonstrated that permanent methods of family planning were the most widely used technique. The majority of women (58%) knew sufficient information about contraceptive techniques. The average score for knowledge was  $15.48 \pm 3.14$ . The most common barrier cited was ignorance of the current approach, whereas the least common one was excessive costs. Religion and occupation were significantly correlated with knowledge among women ( $p$  level  $< 0.05$ ). In general, women's awareness of contraceptive techniques was average. Lack of knowledge has been identified as a major obstacle to women using these techniques. It is necessary to put in place comprehensive awareness campaigns and enable women to actively participate in family planning decision-making.
- Rhoun Ochako et.al conducted a study titled "Barriers to modern contraceptive methods uptake among young women in Kenya: a qualitative study". The investigation was conducted in the Central, Coast, and Nyanza areas. Urban or peri-urban districts within these regions were specifically chosen since their populations had poor socioeconomic profiles and their contraceptive prevalence rates were near the regional average. A sample of sexually active women, ages 15 to 24, who were picked from randomly chosen households and included both users and non-users, participated in in-depth interviews. According to the study's findings, every participant was aware of contemporary forms of birth control, and the majority were able to explain its basic workings. Many users did not view condoms as a form of contraception. Additionally, wandering and promiscuity were linked to contraception. One of the main obstacles to use was the fear of negative reactions and side effects. The main concern was that a certain technique would result in infertility. Myths and misunderstandings were the source of many anxieties. Young women's social networks teach them about myths and real-life adverse effects. The results of this study support the idea that knowledge and awareness of contraception do not always translate into actual use. Myths and misconceptions stand in the way of young women's adoption of contemporary contraceptives. Beyond an individual's beliefs, the results emphasize the impact of social network acceptability for family planning use. Family planning programs should use peer and mass campaign tactics to reach the larger population in these situations. A wide media campaign was created by Population Services Kenya as a result of this study to dispel important myths and misconceptions among young people.
- Sudipta Das, Aparajita Dasgupta, Malay Kumar Das, Amitava Kumar, Dhiraj Biswas (2015) conducted a study titled "Unmet Need for Contraception: A Study among Tribal Women in a district of West Bengal". Determining the frequency and contributing factors of unmet family planning needs among the tribal community in West Bengal's Purulia area is the goal of the current study.

Community-based cross-sectional research of 140 tribal married women in the reproductive age range was carried out in the Balarampur block of the Purulia district of West Bengal. Unmet family planning needs included the percentage of married women who were not utilizing any family planning methods at the time of the survey and either did not want any more children or desired more children after two years or later. Using a pretested, predesigned structured schedule, data on contraceptive use, unmet needs, and pertinent variables were gathered. Findings of the individuals (and their partners), 32.1% used some form of birth control. Unmet needs were present in 50.7% of cases. The most significant factor contributing to unmet demand was shown to be ignorance. Both in bivariate analysis (OR=3.47) and when adjusted with additional variables (AOR=3.26), the number of living children had a substantial impact on the sociodemographic factors that contribute to the unmet need for family planning. Respondent education also had a significant impact. The current study found that a significant portion of the tribal community had unmet family planning needs, primarily as a result of ignorance. IEC and BCC activities must therefore be implemented as part of the initial intervention measures.

- Suhas Shewale Seema Sahay (2019) has conducted a study titled “Barriers and facilitators for access and utilization of reproductive and sexual health services among Female Sex Workers in urban and rural Maharashtra, India”. To investigate the use and accessibility of RSH services by FSWs in both urban and rural India, a multistakeholder analysis was conducted. A qualitative grounded theory methodology was employed from January 2016 to June 2019 to investigate the FSWs' viewpoints and experiences on HIV prevention, Antenatal Care (ANC), childbirth, abortion, and pregnancy prevention services. 29 In-Depth Interviews (IDIs), 2 Focus Group Discussions (FGDs), and 22 Key Informant Interviews (KIIs) were carried out with consenting FSWs and indirect stakeholders, respectively, using convenience and purposive sampling. Data that had been translated verbatim was loaded into NVivo12 software and subjected to inductive analysis. The following themes came to light: (1) condom-free sex, unplanned pregnancy, vertical transmission, (2) pregnancy detection signs and indications that caused delays, (3) pregnancy prevention techniques, (4) pregnancy prevention or AIDS prevention, (5) legal formalities as a barrier to accessing reproductive health services, and (6) preference for different facilities. FSWs are more motivated to use condoms for pregnancy prevention than for HIV prevention. Consequently, there is a growing need to restructure policies and reallocate public health resources to accommodate FSWs' RSH requirements, particularly with regard to preventing unwanted births. To lessen the burden of unwanted pregnancies, FSW-focused Information Education Communication (IEC) initiatives for RSH service utilization are crucial. Information about non-barrier contraceptive techniques and pregnancy testing services must be part of the National HIV Targeted Intervention (TI) program. An ambient policy environment requires

that the necessity of male participation in family planning, abortion, and pregnancy be examined.

- Adnan Muhammad Shah, KangYoon Lee, Javaria Nisa Mir (2021) “Exploring Readiness for Birth Control in Improving Women Health Status: Factors Influencing the Adoption of Modern Contraceptives Methods for Family Planning Practices”. The aim of this research is to examine how spousal communication, contraceptive knowledge, and contraceptive self-efficacy (CSE) affect the adoption of contemporary family planning (FP) contraceptive techniques while taking perceived hurdles into account. An accepted questionnaire that was distributed to married women in Pakistan's Rawalpindi and Neelum Valley districts who were of reproductive age was used to gather data. Two hundred and fifty married women of reproductive age made up the sample. Because these variables can enhance couples' adoption of current techniques for FP, hence reducing unplanned pregnancies and related risks, the findings highlight the importance of CSE, contraceptive awareness, and spousal communication. According to the strong moderating influence of perceived obstacles, women are more likely to embrace modern contraceptive techniques for FP practices if they are highly motivated (CSE) to persuade their husbands to take contraceptives in order to overcome perceived barriers. To lower communication barriers between couples, policymakers should create male-oriented FP program interventions and include male FP professionals in their plans for male involvement. Future studies should look into a number of other significant factors that also influence the adoption of contemporary contraceptive techniques for FP practices, including the desire for a second child, myths and misconceptions, fear of adverse effects, and partner or friend discouragement.

#### E. Lack of Trained Personnels and Pandemic Barrier

- Annet Nanvubya et.al (2020) conducted a study titled Barriers and Facilitators of Family Planning Use in Fishing Communities of Lake Victoria in Uganda. The study's goal was to investigate the factors that encourage and hinder the usage of FP in Uganda's Lake Victoria FCs. In two FCs, the researcher used a mixed-methods approach that included focus groups, in-depth interviews, and a cross-sectional survey. The numeric data was analyzed using multivariable logistic regression, while the qualitative data was thematically analyzed to produce themes. According to the results, 47 people took part in the qualitative study and up to 1410 people took part in the survey. FP was used by just over one-third (35.6%). Pills, injectables, and condoms were the most widely employed techniques. FP use was more common among Muslims than for Catholics. Those who were married had a higher likelihood of using FP than those who were single, and those who had acceptable FP understanding were more likely to utilize FP than those who did not. Obstacles to the use of Family Planning included excessive bleeding and delayed fecundity, fertility desire, children sex preferences, device run outs, and a shortage of Family Planning-trained staff. The preference for big families was also influenced by culture.

- Stella Mushy, Edith A.M Tarimo, Agnes F. Massae, Shigeke Horiuchi (2020) has conducted a study titled “Barriers to the uptake of modern family planning methods among female youth of Temeke District in Dar es Salaam, Tanzania: A qualitative study”. The purpose of this study was to determine the obstacles that the Chaguo la Maisha initiative in Tanzania's Temeke District faced in their efforts to encourage female youth to use contemporary FP techniques. 15 female youths, ages 18 to 24, participated in a qualitative study that was carried out in March 2017. Participants in the study were chosen through the use of purposeful sampling, which adhered to the data saturation principle. The study participants were those who agreed to attend a nearby health center for FP services after receiving contraceptive counseling from community health mobilizers, but chose not to do so. The interview guide was semi-structured and translated into Kiswahili. After being transcribed, the data underwent qualitative content analysis. Visitation barriers were categorized into major and minor. According to the study's findings, the adoption of the FP approach is hampered by three categories and their subcategories. (1) Perception factors at the individual level: (a) myths and misconceptions; (b) fear of side effects; and (c) fear of becoming pregnant during FP counseling; (2) Perception factors at the community level: dissuasion from close friends and intimate partners; and (3) Perception factors at the health facility system level: lack of the preferred method and lack of trained personnel for the FP method. Fear of adverse effects and myths and misconceptions were the biggest obstacles to FP adoption. The usage of contraceptives was significantly influenced by one's intimate partner or closest friends, suggesting that FP programs should target more than just the person.
  - Meskerem Jisso Ebido, Netsanet Abera Assefa, Akalewold Alemayehu (2023) conducted a study titled “Barriers of Family Planning Service Utilization in Ethiopia: A Qualitative Study”. This study seeks to investigate contextual and health care barriers to FP utilization in Ethiopia. Purposive sampling was used to conduct 41 key informant interviews, thirty-two in-depth interviews, and Thirteen focus group talks as part of a multiple explorative case study design that ran from October to December 2021. A thematic content analysis method was used to examine the data. Four main categories of hurdles to FP were examined in this study: contextual, health system, community-related, and individual barriers. It revealed that the main obstacles to the use of FP services were the community's misconceptions, fear of side effects, lack of women's autonomy in decision-making, sociocultural norms, religious conditions, topography, COVID-19 epidemic, and war. In conclusion, study discovered many pandemics, misconceptions, functional and structural impediments, and inadequate health professional abilities using the four teams previously indicated. Therefore, it is advised that health professional training and community health education be crucial. Strengthening mentorship and oversight mechanisms and creating resilient health care that can prevent future pandemics also require cooperation between government and non-governmental organizations.
  - Anil Sigdel, Anu Bista, Hardik Sapkota, Edwin van Teijlingen (2023) conducted a study titled “Barriers in accessing family planning services in Nepal during the COVID-19 pandemic: A qualitative study”. The purpose of this study was to investigate the types of obstacles Nepali women who require family planning services encounter during the pandemic. Five districts in Nepal were the sites of this qualitative investigation. Eighteen women between the ages of 18 and 49 who regularly used family planning services participated in in-depth telephone interviews. The pre-existing themes based on a socio-ecological model (e.g., person, family, community, and health-facility levels) were used to deductively code the data. The study's findings indicated that low self-confidence, a lack of information about COVID-19, myths and misconceptions about the virus, limited access to FP services, low priority for SRH services, low family autonomy, and limited financial ability were among the individual-level barriers. Community level barriers included movement restrictions and transportation barriers, a sense of insecurity, privacy violations, and security personnel obstacles. Health facility level barriers included the lack of the preferred method of contraception, longer wait times, a lack of community health workers' outreach services, inadequate physical infrastructure, the conduct of health workers, stock outs of commodities, and a lack of health workers.
  - R. K. Vidhyalakshmi et al. (2021) has conducted a study titled “Obstacles and Challenges in Gaining Access to Family Planning Services in Covid Era: A Cross-Sectional Descriptive Study”. The Obstetrics & Gynecology department of SRM Hospital in Chennai carried out this cross-sectional descriptive study between September and November of 2021. After taking the inclusion and exclusion criteria into account, participants were enrolled using a random selection technique. During the pandemic, nearly half of the sample population (49.24%) had trouble using any kind of contraceptive method. Throughout the epidemic, the biggest obstacle was the lack of access to contraceptive supplies (14.72%). Only 33% of the respondents who had terminated their pregnancies under expert care did so; the majority (66.67%) had done so under the supervision of a general practitioner. When comparing the difficulties associated with pregnancy termination, the approach of general practitioners resulted in more complications than that of specialists.
- During the COVID-19 epidemic, the lack of access to FP services and contraceptive supplies has negatively impacted women's reproductive health. To maintain the effectiveness of high-quality reproductive care throughout a pandemic, safe abortion and FP services must continue.

#### F. Family Pressure, Cultural Practices and Feeling Shy to use Family Planning Methods

- Besha E. Ngole, MSc, and Angelina A. Joho conducted a study titled “Factors Influencing Modern Family Planning

Utilization and Barriers in Women of Reproductive Age in the Iringa Region, Tanzania: A Mixed-Methods Study". This study sought to evaluate the use of FP in the current era, ascertain the factors that impact its usage, and identify the obstacles that prevent women of reproductive age from using FP. A mixed-methods study was carried out in the Iringa Region from March to July of 2022. Due to stated hurdles to utilizing modern FP, forty-eight women of reproductive age were purposefully chosen for the qualitative investigation, while three sixty-eight women of reproductive age were conveniently included in the quantitative analysis. Data was gathered using interview guides and questions that were given by the interviewer. Multivariable logistic regression analysis was used to identify the key components of contemporary FP use. The significance level was set at  $p < 0.05$ . All of the interviews were taped and transcribed for the qualitative data. Thematic analysis was used to manually examine the data. According to the study's findings, 181 (49%), people utilize modern methods of contraception. Personal hurdles, healthcare barriers, barriers of culture, and understanding of contemporary FP techniques were the four key elements that were combined. The study found that women's education boosts their usage of contemporary FP. The government must fund women's education and increase understanding of the advantages of contemporary FP techniques.

- Oluwaseun Oladapo Akinyemi, Bronwyn Harris, Mary Kawonga (2024) Conducted a study titled "Our culture prohibits some things": qualitative inquiry into how sociocultural context influences the scale-up of community-based injectable contraceptives in Nigeria". to investigate the ways in which sociocultural elements might facilitate or hinder Nigeria's adoption of community-based injectable contraception delivery. Through focus groups and in-depth interviews, a qualitative study founded on inductive topic analysis was carried out. The majority of participants resided in North-East Nigeria's Gombe State. Other competitors came from Abuja (Federal Capital Territory) and Ibadan (South-West). Ten focus groups, fifteen in-depth interviews, and seven key informant interviews were used to include 102 people in the study. According to the findings, patriarchy, men's anxiety about losing control over their spouses, traditional and religious views on reproduction, and misconceptions about family planning and contraception were among the sociocultural barriers to scale-up. Injectable contraceptive uptake was regarded by participants as being slightly resisted. Male participation was found to be crucial for the successful adoption of significant innovations.
- Jayshree J. Upadhye, Jayant V. Upadhye (2017) conducted a study titled "Contraceptive awareness and practices in women of urban India. Analysing women's knowledge and usage of contraception, as well as determining the source of information and the reasons for non-use, were the goals of the study. Between July and December 2016, 400 women participated in a cross-sectional study. The majority of women in our survey (43.5%) were in the 26–30 age range, with women in the 22–25 age range (26.5%) coming in second. Ninety-two

percent of women knew about some form of birth control. However, only 42.5% were using birth control. The highest percentage of people were aware of tubectomy (90.5%), Copper-T (87.5%), condoms 50%, Oral contraceptive tablets 12.5%, safe period 5%, and injectables 2.5% (in that order). Condom usage was the most popular strategy in our study group (20%), followed by tubectomy (12.5%), Copper-T (7.5%), Oral contraceptive Pills (1.5%), injectable contraceptive, and safe period (0.5%). Thirty percent of women received information from hospital doctors, twenty-five percent from friends or family, 37.5% from the radio or newspaper, and 7.5% had no information at all. All women were literate, 70% had completed high school, and 30% had earned a graduate or postgraduate degree. Of those in our survey, 52.5% had no explanation for not using contraception. Family pressure accounted for 22.5% of non-use, whereas myths and anxieties accounted for 25%. We came to the conclusion that although people are generally aware of contraceptive methods, they are not very accepting of them. Using a condom is the most popular approach.

- Navin Bhatt et.al (2021) conducted a study titled "Perceptions of family planning services and its key barriers among adolescents and young people in Eastern Nepal: A qualitative study". Teenagers and young adults from the Hattimuda village in eastern Nepal, ages 15 to 24, participated in a qualitative exploratory study. Using a maximum variation sampling technique, 25 in-depth interviews and 6 focus groups were held with community members, both male and female. Thematic framework analysis was used to examine the data. The study's findings showed that a large number of people knew that family planning methods delayed pregnancy. Some of the younger participants, though, were not entirely aware of the family planning options that were offered. Due to their preference for "birth spacing," several married couples were criticized by their relatives for not having children. Among the stated obstacles to family planning use were ignorance of its application, anxiety about the negative consequences of contemporary family planning techniques, and difficulty of access or affordability because of religious and familial beliefs, myths, or misconceptions. On their own, some couples' timidity also had an adverse influence on the adoption of contraceptive methods. In communities where males make most of the decisions, the study found that women are primarily responsible for using family planning methods. Furthermore, even if they were willing to participate, young men believe that there is very little room for them in the family planning programs that are now in place. Strong societal and cultural norms and practices appear to have an impact on communication within the community and within spouses. These methods also appear to have an impact on family planning education in schools. This study demonstrates that both young men and women are eager to participate in campaigns and activities aimed at assisting local governments in bolstering family planning services in Nepal.

• Abdulmalik Abdulai, Osman Abu Iddrisu (2024) has conducted a study titled “Barriers and facilitators to the uptake of contraceptives among adolescents and young adults in Ghana”. The aim of this study was to examine the barriers and facilitators that young people in the Tamale Metropolis face when trying to get and use contraceptives, as well as the opportunities and challenges that impact their choices regarding reproductive health. From February to March 2023, a descriptive study was conducted with a sample of 384 youths aged 15 to 24. The participants were chosen via stratified sampling, which guaranteed representation from a range of groupings. A standardized questionnaire was used to collect data. Results were deemed significant if the p-value was less than 0.05 ( $P < 0.05$ ), and the study used inferential statistical methods. The bulk of the 384 youths (54.9%) were male, and 39.3% engaged in unprotected sex. Male condoms were the most popular form of family planning (FP) (88.3%), and 48.9% of respondents strongly believed that contraceptives lessen the anxiety of an unintended pregnancy. All respondents had heard of FP. Of the respondents, just 25.0% had used family planning services, and approximately 39.1% believed that FP users were prostitutes. With male condoms being the most popular technique, a sizable percentage of them demonstrated solid knowledge of contraception. Young people, on the other hand, were found to use contraceptives in low numbers. The need to improve access to family planning services and information is highlighted by this study. Accurate and thorough information should be made available via websites, hotlines, healthcare practitioners, and educational resources.

### III. CONCLUSION

Family planning plays a critical role in improving maternal and child health, economic stability, and overall societal well-being. However, several barriers hinder the effective use and accessibility of contraceptive methods. These obstacles can be categorized into sociocultural, economic, educational, healthcare system-related, and personal factors.<sup>36</sup>

Deep-rooted cultural and religious beliefs often discourage contraceptive use. Social stigma and opposition from family members, particularly husbands or elders, limit women’s autonomy in decision-making. Misinformation and myths about contraceptives (e.g., causing infertility or birth defects) further discourage adoption.

Low literacy rates, particularly among women, result in poor understanding of available contraceptive methods and their benefits. Limited or absent sex education programs hinder informed decision-making regarding reproductive health. Poorly trained healthcare workers may lack the knowledge or willingness to provide accurate contraceptive counselling. Fear of judgment or discrimination at health facilities discourages individuals, particularly adolescents and unmarried women, from seeking services.<sup>37</sup>

To overcome these barriers, a multi-sectoral approach involving governments, healthcare institutions, educators, and community leaders is essential. Strategies such as comprehensive reproductive health education, improved healthcare infrastructure, cost reduction through subsidies, and addressing cultural misconceptions through community engagement can significantly enhance family planning access and utilization.

By addressing these challenges, societies can ensure that individuals and couples have the right and ability to make informed decisions about their reproductive health, leading to healthier families and improved socio-economic conditions.<sup>38</sup>

### SCOPE FOR FUTURE

Barriers to family planning methods is extensive, affecting individuals, families, healthcare systems, and national policies. Addressing these challenges requires multifaceted interventions, including improved education, healthcare accessibility, policy reforms, and community engagement. By overcoming these barriers, societies can promote reproductive health, gender equality, and sustainable population growth. Implement reproductive health education in schools to provide accurate information about contraceptive methods. Teach both men and women about the benefits of family planning. Conduct workshops and awareness drives to dispel myths and misconceptions about contraception. Involve religious and community leaders to promote family planning in culturally sensitive ways.

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