



Original Article



The Knowledge, Experiences, and Barriers Associated with Male Involvement in Family Planning at Tehsil Lal Qila, District Dir (Lower), KPK, Pakistan

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ABSTRACT

Pakistan is one of the world's most populous countries, with a high growth rate affecting the country's socioeconomic progress negatively. Family Planning (FP) can reduce fertility rates, enhance maternal and child health. With the use of FP, mothers will have a low risk of pregnancy-related complications, and the best care can be provided to a child. Moreover, FP has a significant role in accelerating the Sustainable Development Goals (SDGs). Investing in FP will lower poverty and improve economic stability. **Objectives:** To explore the knowledge, experiences, and barriers associated with male involvement in family planning in Tehsil Lal Qila, Dir Lower, KPK. Also, to propose strategies to promote male participation in FP through improved awareness, accessibility, and inclusion in reproductive health programs. **Methods:** A qualitative exploratory design was used with a total of 12 in-depth interviews with male clients using a purposive sampling technique. The data were analysed using content analysis. **Results:** Myths and misbeliefs about FP, the unavailability and unaffordability of contraceptives, pressure from intimate partners and relatives, lack of proper FP services, and gender discrimination were significant barriers to the use of FP. **Conclusions:** Collaborative efforts among various stakeholders, for instance, community-level awareness campaigns, accessible and affordable FP services, male involvement in healthcare initiatives (alongside females), and improved communication skills among healthcare providers working in FP programs can promote the use of FP.

INTRODUCTION

Pakistan is one of the developing states where the population is increasing rapidly. In 1950, the population of Pakistan was 39,448,232, which became 172,800,05 in 2008 [1]. FP is the greatest way to reduce the fertility rate and control population overgrowth through contraception, which will positively affect the country's socioeconomic development in significant aspects like education and the economy [2]. According to the WHO, FP is a process that permits individuals to attain the desired number of children and to identify the gap between pregnancies. FP can be attained by the utilization of contraceptive methods [3]. There are different types of contraceptives for males and females. Male contraceptive options are condoms,

vasectomy, and withdrawal methods. For females, there are many contraceptive options, i.e., injections, Intrauterine contraceptive devices (IUCD), Norplant, breastfeeding, contraceptive pills, etc. [4]. FP benefits maternal and child health, households, communities, and the state [3]. According to the WHO, FP positively impacts the mother's health and the productive results of every pregnancy. With the appropriate gap between two pregnancies, mothers will have a low risk of pregnancy-related complications, and the best care can be provided to a child [4]. FP has a significant role in accelerating the Sustainable Development Goals (SDGs). Investing in FP will lower poverty and improve economic stability. The Country



Office (CO) of UNFPA in Pakistan showed a concentrated analysis in 2019, which reported that for every dollar invested in FP programs in Pakistan, approximately \$5 in net healthcare costs could be saved [5]. A research study performed in Kenya concluded that the main reason for FP failure is the disagreement of males regarding birth spacing. Men do not participate in contraceptive activities for various reasons. Firstly, they believe that health care workers might force them to undergo a vasectomy procedure. Secondly, they did not want to follow the instructions and guidelines of reproductive health teams due to misconceptions of being diagnosed with HIV, and their extramarital relationships might be disclosed to their female partners. The study suggested that different projects should be arranged regarding the clearance of stigma and misbeliefs about FP and providing education related to the advantages of contraceptive practices in which both male and female partners can be focused together, and male reproductive health workers should raise awareness amongst men in the community [6]. Developed states like the United States of America (USA) have had a significantly better approach to FP for the previous 50 years, while in low-income and middle-income states, there are many hurdles to the use of contraceptive practices [6]. In Pakistan, the use of advanced contraceptives is only 26%, while in underprivileged areas, the use is much lower (less than 20%) [7, 8]. There are many social challenges to contraceptives in Pakistan, including resistance from husbands, lack of motivation, lack of education, cultural and religious perspectives, accessibility issues, and communication gaps [9]. A study in Karachi aimed to discover the root causes and challenges of long-term low use of contraceptives among female clients and important service providers of Pakistan's community-based FP initiative. They concluded that females feared having side effects with the uptake of contraceptives. Moreover, the lack of a husband's approval and willingness was another challenge. In addition, the mother-in-law's influence and the wish to have more sons were also reducing FP use. The above three challenges were the cause which led to the low uptake of FP in Pakistan [6]. In the Pakistani Context, where the society is patriarchal, the male involvement can enhance the uptake of contraceptives [10]. However, husbands' disapproval is a key challenge to the practice of contraceptives [11]. According to the researcher's knowledge, no study has been conducted about the knowledge, experiences, and barriers in the current setting of Tehsil Lal Qila District Dir Lower, KPK, Pakistan. The use of condoms is 9.0 %, and male sterilization is 9.0%; however, among females, sterilization, IUDs, and birth control pills are preferred methods. Contraceptives among communities in KPK (Khyber Pakhtunkhwa) even differ more dramatically. In

KPK, where the rate of practice is 31%, the most commonly used methods are condoms (9.6%), the withdrawal method (7.2%), and injectable contraceptives (5.3%) [12]. Research suggests many innovative approaches to increase the contraceptive prevalence rate (CPR). Many countries are now focusing on male involvement in FP. The support of husbands for their partners will highly influence the use and uptake of modern FP methods, and the husband's disagreement is a barrier to the use of FP among women. Sociodemographic variables, the communication between a couple regarding the use of FP, and fertility preferences play an essential role in the use of contraceptives. Research shows a great need for male involvement in FP around the globe. Therefore, increasing male involvement in FP will improve the prevalence of contraceptives [6].

Despite the importance of family planning in improving maternal health and socioeconomic outcomes, contraceptive use remains low in rural areas of KPK, particularly due to male-related barriers. However, limited evidence exists from Tehsil Lal Qila, District Dir Lower regarding men's knowledge, experiences, and barriers toward family planning practices. This study aims to assess the knowledge, experiences, and barriers related to family planning among men in Tehsil Lal Qila, District Dir Lower, KPK, Pakistan.

METHODS

The qualitative descriptive exploratory study was carried out from June to October 2023 in rural settings of Tehsil Lal Qila, District Dir lower KPK. Before the conduct of the study, an IRB approval letter was obtained (Ref: 2023-8274-23911) from the Ethical Review Committee of Aga Khan University. Approval for the study was provided by the Ethical Review Committee of the Aga Khan University, Karachi, and written permission was taken from the head of the community (The mayor of the Tehsil). The study participants were selected through purposive sampling. Purposive sampling was preferred to ensure the inclusion of those participants who had relevant knowledge and experiences to deliver rich insights into the focus of the study within the specific rural area of Tehsil Lal Qila. The study participants were selected based on eligibility criteria, which were above 18 years, and married male. The in-depth interviews (IDI) of 12 interviews from participants, the saturation point was achieved. For initiating interviews and recruiting participants, formal consent was taken in written form, and the goals of the study were explained to every participant. The researcher performed word-for-word transcription for the recorded audio interviews. The researcher organized the data for analysis. In this respect, the researcher compiled all the collected data rigorously. In the research coding process, the researcher read and reviewed all Pashto, Urdu, and English transcripts to familiarized themselves with the data and understand the meaning of the transcripts. The similar meaning in the transcripts was given the same or

common code. For the said purpose, the researcher repetitively listened to the audio recordings when required. Moreover, in the qualitative study, coding is a key step. This is because coding is a logical technique that splits the data into more manageable pieces that can reflect participants' responses to the research question [13]. Categories are broad units of information made up of multiple codes combined to form a common idea [14]. To develop categories, the researcher, along with other team members, looked for similarities and differences in the data and merged all similar codes in a separate column. Similar categories were merged into separate themes to categorize the data and gain a clear understanding of the findings. The researcher represented the data in hierarchical and table form, mentioning themes, categories, and enriched quotations from the participants for accurate reporting and understanding of the study results.

RESULTS

In qualitative content analysis, three main themes emerged.

Theme 1: Understanding FP from the community men's lens.

Category 1: Definition of FP: The participants defined FP as having few children with appropriate intervals. For instance, they mentioned that FP is a gap of 2 to 3 years after each pregnancy. My concept about FP is that the children should be fewer children and there should be a gap after each child. The next child should be planned after a specific interval, this is called FP. FP is making a plan and having a pregnancy with a two- or three-year gap. (IDI 01) Similarly, another participant stated, "When a mother gives birth to her first baby and then she takes a break for two to three years, then this is called FP" (IDI 09).

Category 2: Significance of using FP: This category further has two subcategories. The Subcategory One - The Benefits of using FP: The participants perceived FP as beneficial for the family, children, mother, father, and the overall society. They believed that practicing FP reduces the childbearing and rearing load on mothers and reduces the financial burden on fathers. Women have a higher workload and lower stress if she has more children while caring for them. A mother having more children will have more mental stress and more workload. Having an FP will also affect the health of the mother. Delivering a baby is not an easy task, so with FP, the mother will have proper time to heal and recover. (IDI 01). Subcategory Two - The Disadvantages of Using FP: The participants believed that FP has many disadvantages, harms, and side effects that will negatively impact the mother's health. The common side effects reported by the participants included: irregular bleeding, depression, hair loss, headache, skin problems and overall body weakness and fatigue, and changes in sexual desire. FP is against the natural process, as you are disturbing the natural process, so definitely, the

person who uses the contraceptive will experience negative effects on her body. You know that every medication has side effects, so contraceptive medications also have adverse effects. (IDO 02).

Category 3: Sources of Knowledge regarding Contraceptives: The participants shared different sources from which they got knowledge and information regarding FP from discussions with friends in gatherings, social media, TV channels, and various internet platforms. Additionally, religious scholars and visiting to a hospital as a source of information. "First of all, the concept of FP I learned from my community, like from my friends. I have also got a lot of information from the media, but most of the information I got from my society and community" (IDI 01). Likewise, another participant verbalizes, "Religious scholars also say this, they also say and recommend having an interval of two to three years between two children" (IDI 07).

Category 4: The Common Modalities of FP Available to Community Men: Condom was the most commonly used method because of its easy usage and having no side effects, followed by tablets and injections. Contraceptive tablets were considered safe, and almost all of them were unaware of the concept of female condoms. In addition, the withdrawal method and exclusive breastfeeding were being practiced in the community for birth control. Furthermore, very few commented on emergency contraceptives as a way of FP. One of the participants explained his favoured FP method as follows: "My personal preference is a condom because medicines don't have good results" (IDI 09). Moreover, a few participants shared the use of medicines and injections as the preferred modality for the practice of FP. "For practicing FP, females' medicines, injections, and tablets are used mostly" (IDI 07). Furthermore, in comparison to contraceptive injections, contraceptive tablets were considered safe, as shared by a few of the participants, "One method I know is injections, I know about injections, but I think it is not a good method of contraception because it has a bad effect on health. Another method is the use of medicines like tablets" (IDI 12). Likewise, regarding the awareness about female condoms, one of the participants commented, "No, I don't know about condoms that are used for females. Condoms are usually used for males" (IDI 12). Moreover, while describing the withdrawal method as a way of FP, a participant stated, "People use different methods, some people use medicines, and some people use injections, which delay pregnancy for some time. In our area, people also use home treatment like people ejaculating outside (withdrawal method)" (IDI 02).

Theme 2: Challenges Encountered by Community Men in Practicing FP

Five categories emerged from this theme, which are given below.

Category 1: The Unavailability of Accessible FP Services for Male: The unavailability of contraceptives was the main

challenge to men while practicing FP. Generally, they verbalized that they didn't have the availability of contraceptive medications and condoms in the markets in the community. Furthermore, free contraceptives and doctors were available in some hospitals like BHUs, but they were far away from the community. I told you that condoms and contraceptive medications are not available in the markets in this community, so people used to go to the city to purchase them. Thus, lack of accessibility is also one of the reasons for the discontinuation of family planning among some couples. (IDI 02) Similarly, another participant vocalized the issue of unavailability of condoms as follows, "There are many challenges to men in the use of FP, like contraceptives, condoms, etc., are not available in the shops of this village" (IDI 11).

Category 2: Myths and Misbeliefs regarding the Use of Contraceptives: The participants discussed that people in the community had various myths and misbeliefs regarding the use of contraceptives. They believed that contraceptives cause permanent infertility. Moreover, they state that the projects/initiatives in progress for FP are being run by foreign agents, and they intend to lower the country's population by the use of contraceptives. Some participants stated, "Yes, people think that FP might affect their power of reproduction and they may become sterile due to contraceptives" (IDI 10). Likewise, other participants expressed the same concerns when they said, "People in this community say that contraceptives affect the fertility of women" (IDI 09). Furthermore, FB projects working on a foreign agenda in the said area was also a notion prevalent among the participants, as evident from the following view, "They say that FP projects are working on a foreign agenda to kill the kids of our country and lower the population" (IDI 07). Meanwhile, some others perceived FP as the killing of children, thus being a sinful act.

Category 3: Unaffordability to Buy Contraceptives: The participants discussed various financial barriers to the use of FP. They were unable to purchase contraceptives due to low income, high inflation, and high prices of medicines. A participant iterated the limitations of his means as follows: "I have many other things on which I have to spend money, so it is difficult for me to spend money on purchasing contraceptives" (IDI 05). Similarly, another participant stated that, You know that nationally and internationally, there is inflation and the prices are very high, and most people work on a daily wage basis, so for them, it is difficult to fulfil their needs daily. Hence, they can't purchase medicines because of the high prices. (IDI 07).

Category 4: The Pressure from Relatives and Intimate Partners: The participants described that men experience pressure from relatives and intimate partners in various forms, due to which their practice of FP is low. Moreover, mothers-in-law and elders in the family expect a greater number of kids from a couple. Furthermore, the wives oppose the use of F because of the fear that, due to this probable infertility, their husbands will get another excuse

to get remarried in the future. Yes, of course, when a person marries, the relatives expect a child in the first year of marriage. The relatives and friends will ask them why they don't have a son or daughter yet. And the wife will be asked to have a consultation. (IDI 02). Similarly, a participant describing the pressure from the mother-in-law stated, "Yes, most of the mothers-in-law and elders want more children, so due to their wish, the use of contraception among couples is affected" (IDI 08). Similarly, in terms of experiencing pressure from an intimate partner, a participant explained that, In this community, most people might have the issue that if a man wants to use contraceptives, his wife will oppose its use because she thinks that this might permanently cause infertility and in case of infertility, they fear husbands for doing second marriage female partners to show resistance towards the use of FP. (IDI 02).

Category 5: Gender Discrimination: This category has two further subcategories, which are given below in detail. Subcategory One - The Desire to Have More Sons as Next of Kin. Exploring the challenges to the use of FP, the majority of the participants discussed that couples in this locality had a general tendency to desire to have more male children. Due to the preference for male boys, their practice of using contraceptives is low. "Yes. People want to have more kids as sons so that they can have strong financial support in the future" (IDI 11). Another participant stated the same, "Yes, of course, people wish to have more male babies to have more support in the future." (IDI 03). Similarly, another participant stated, "First of all, if I were to talk about tribal areas like mountainous areas! People in those areas desire more children because they want to have strong back support and authority in the form of sons. It is ignored because they have fights between tribes, so they want to have more manpower and more children. (IDI 03). Subcategory Two - More Expectations from Females for Using Contraceptives. While conducting interviews with the participants, it was observed that there were only two options of contraceptives available for males, condoms and vasectomy. However, for females, there were many options like contraceptive tablets, injections, IUDs, emergency contraceptives, etc. Few participants highlighted that males prefer to ask females to use contraceptives, and they don't use condoms because they felt uncomfortable practicing FP with condoms. A participant verbalized this inhibition as follows, "One of the issues is that there is a difference between sexual pleasure while using a condom, that's why males don't prefer to use, and most males prefer to convince females to use contraceptive medicines and injections" (IDI 08).

Theme 3: The Proposed Strategies to Enhance the Uptake of Contraceptives among Men

This theme includes two categories.

Category 1: Community-Level Strategies: This category has two further subcategories, and the details of each category are given below: Subcategory One - Frequent

Awareness Sessions at the Community Level to Enhance the Use of Contraceptives. The participants shared that there was a lack of awareness regarding the use of FP. For example, some participants discussed that due to the beliefs in various myths and misperceptions, couples don't continue their use. They also shared that people do not know the methods of continuing the practice of FP, as a participant said, "I was using contraceptive medications, but I stopped because someone told me that they cause harmful effects" (IDI 11). To overcome these barriers, the participant gave different kinds of recommendations, as a participant verbalized, The government should create awareness and education at the school level. The education will benefit a lot in promoting FP in the future. So, both girls and boys should be educated at the school level about the need, importance, and methods of FP, and this will ultimately promote FP. (IDI 02) Subcategory Two-The Availability of Affordable and Free-of-Cost Contraceptives and FP Services to Men. The majority of the participants shared that they were unable to purchase contraceptives because of their low income. They suggested that FP can be promoted by the government through providing free-of-cost contraceptives and FP services at the community level. A participant stated that Hospitals are very necessary in this area so that doctors are there and provide guidance regarding healthy FP methods. The hospital and doctors' facilities should be free of cost so that people can avail themselves of these facilities. Medicines and condoms should be provided to people in this community free of cost (IDI 10). In terms of governmental role in the promotion of FP, a participant shared that, "Government can arrange seminars to create awareness regarding FP and to provide accessible services to the public. The availability of contraceptives should be made available at low cost or free of cost" (IDI 05).

Category 2: Strategies at the Service Provider's Level: This category includes two further subcategories: Subcategory One-The Inclusion of Men as Healthcare Workers in Initiatives Related to Maternal and Child Health. Due to cultural traditions, female workers in NGOs working for FP cannot educate women in their homes in front of elders in the families. Hence, the recommendations were to include males as healthcare members in initiatives related to maternal and child health. A participant stated, "In most of them, the workers are females. It would be better if they had male workers, then it would be more productive" (IDI 04). Another participant shared that, as I told you about the important information, I want to tell you that a program is needed. Male workers are needed in the community to create awareness in public and visit homes to make people understand the use and advantages of FP. (IDI 07). Subcategory Two - Enhanced Communication and Counselling Skills of the Existing Services Provided through Job Training. The participants discussed that in this community, female health workers who were representing FP programs face difficulties in their line of

work, due to cultural restrictions, traditions, limitations, and gender discrimination. This means that female workers don't feel comfortable when they visit home to promote FP. Therefore, they need to be trained in communication and counseling skills to work in the environment. The FP projects working in this Tehsil are providing free contraceptive medicines, but Lady health workers [LHWs] do not perform their duties to give them to the public, because sometimes they don't feel comfortable when they enter someone's home and males are there. So, they avoid visiting homes. (IDI 06). Likewise, another participant highlighted the challenges faced by LHW as follows: LHWs are actively working for FP in this community, but they have challenges, like when they go to a house, people see them with ill intentions and malice. As in the village, when LHWs go home, they cannot give teachings and awareness regarding FP because of some cultural restrictions (IDI 07).

DISCUSSION

Although many initiatives were taken regarding the enhancement of FP in the country, the current study has brought attention to the important issues regarding the lack of appropriate and persistent knowledge, which leads to the low uptake of contraceptives in the community. Most of the participants in the current study defined FP as maintaining a gap between two children. A study conducted in Karachi, Pakistan, also reported that the participants viewed FP as the gap between children [15]. Moreover, while discussing the FP modalities, condoms were reportedly the most commonly practised contraceptive after tablets and injections because of their safety and ease of use. Furthermore, the findings of this study were parallel to the study conducted in Karachi, Pakistan [16]. Moreover, most of the men knew the ways of using FP. However, they had limited knowledge regarding vasectomy and IUDs. In addition, very few of them commented on breastfeeding as a way of contraception. The results were concurrent with the study conducted in three provinces of Pakistan [17]. It was found that the majority of the men were aware that FP can postpone unintended pregnancies, but they did not have enough information about some available contraceptive methods, as a study conducted in eastern Nepal as they concluded the same results [6]. The study found that males were aware that practising FP has benefits for maternal and child health and is beneficial for a household. Moreover, literature also supports the same findings [17]. In addition, the participants perceived that FP has financial benefits, for instance, a small family will have lower expenses. Also, the finding is similar to a study conducted in South Africa [18]. The participants in the current study reported different harms and disadvantages of practicing contraceptives, such as bleeding and disturbance of the menstrual cycle. These findings were parallel with a study conducted in Kinshasa, DRC (Capital of

the Democratic Republic of Congo)[6]. Likewise, a study in Sweden concluded that the majority of the men reported the fear of potential side effects of change in fertility and sexuality due to the use of contraceptives. The current study also found the same results [6]. In addition, a study in Karachi, Pakistan, reported that the participants believed that the use of contraceptives causes side effects, such as weakness, infection, and mental illness. The current study also reported similar [15]. In terms of sources of knowledge about FP and particularly contraceptives, a study in urban areas of Karachi, Pakistan, found that the majority of the men got information about FP from the internet, private hospitals, and from their respective spouses. Moreover, similar results were reported in the current study [19]. Moreover, the current study reported that men also seek knowledge from electronic media like TV channels, and while interacting with workers and healthcare workers. Similarly, a study conducted in Karachi reported parallel findings [15]. The study also found various barriers towards the use of contraceptives, for instance, the participants believed in different myths that FP can lead to sterility and contraceptives can even cause cancer. These findings are consistent with the qualitative study conducted in Kinshasa, DRC [6]. Further, a study in Karachi, Pakistan, supports the findings of the current study that a mother-in-law is considered the authority for deciding the family size and the use of contraceptives [16]. Moreover, the current study found that there was intimate partner pressure, for instance, pressure from a wife on her husband to not use FP due to the fear of permanent sterility. However, the result of the current study was different from a study conducted in South Africa, where males have more influence and exert pressure on their intimate partner to stop using contraceptives [6]. Also, the study found that the use of FP was low in the community due to the lack of accessible services and gender discrimination to have more sons. The results are similar to a study conducted in Nepal [20]. The current study found that due to the wish to have more children. A study in Bangladesh supports the findings [21]. The findings of the current study are concurrent with a study conducted in eastern Nepal that the lack of accessibility and affordability is due to ancestral, traditional, and religious beliefs, misconceptions, and myths [6]. The findings of the current study are parallel with the results of a study conducted in South Africa that male feel ashamed to buy condoms as well as a lack of affordability [22]. The study's participants recommended that creating awareness and educating students at the school level can promote the use of FP, and the results were supported by research in the USA [23]. Furthermore, it was found that community leaders and religious scholars should be involved to make the FP programmes more successful. A study in Kenya suggested similar recommendations [6]. Literature supports similar findings of another study conducted in Punjab, Pakistan, which

states that affordable contraceptives can enhance the practice of contraceptives [6]. Similarly, another study conducted in Karachi, Pakistan, also supports the finding of including males in FP programmes. However, the current study's setting that is, District Dir, is a developing rural area, whereas, Karachi is an urban area and a bigger city of Pakistan [16]. Moreover, another study conducted in Tanzania also supported the findings of the current study [6]. Similar to another study in Pakistan, the current study also recommended that the practice of FP can be promoted by providing free-of-cost services at the community level [6]. Furthermore, the current study's findings suggest that for enhancing the practice of FP in the community, gender equality. A study in Karachi, Pakistan, found parallel results [15]. Moreover, the current study found that initiatives were needed at the community level and at the service provider level. The findings of the current study are parallel to a study conducted in Tanzania [6]. The discussion underscores that while men in the research study had basic knowledge of FP, gaps remained in understanding methods like vasectomy and IUDs, along with misconceptions about side effects and adverse effects. It focuses on barriers like social stigmatization, affordability problems, and religious beliefs, contrasting these findings with studies from various contexts such as South Africa and Nepal. The study underscores the need for culturally suitable interventions, engaging religious scholars, and making FP services more affordable and easily accessible to promote acceptance and their use in rural areas.

This study is limited by its qualitative design and focus on a single rural district, which may limit the transferability of findings to other settings. In addition, reliance on self-reported perceptions may introduce recall and social desirability bias. Future research should include larger, mixed-method or quantitative studies across diverse rural and urban populations to better understand FP knowledge and practices. Community-based interventions involving men, religious leaders, and healthcare providers should also be evaluated for their effectiveness in improving contraceptive uptake.

CONCLUSIONS

It was concluded that this study draws attention to enduring disparities in community acceptance, accessibility, and awareness of family planning (FP). Participants' primary understanding of FP was child spacing, but they had little knowledge of long-term procedures like vasectomy and IUDs. FP uptake was further hampered by sociocultural influences, religious beliefs, economic limitations, and misconceptions regarding the adverse effects of contraceptives. These difficulties were exacerbated by structural obstacles such as social stigma and service inaccessibility. Furthermore, Targeted interventions should include education,

debunking myths, and boosting male involvement to improve FP utilization.

Authors' Contribution

Conceptualization: JK

Methodology: TS

Formal analysis: SZS

Writing and Drafting: IK

Review and Editing: JK, TSA, NZS, IK

All authors approved the final manuscript and take responsibility for the integrity of the work

Conflicts of Interest

All the authors declare no conflict of interest.

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