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Association Between Social Constraints and Family Planning Practices in Lower Dir, Khyber Pakhtunkhwa

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Abstract: *This study investigates the social barriers influencing the adoption of family planning methods in Tehsil Timergara, District Dir Lower, Khyber Pakhtunkhwa, Pakistan. A quantitative research design was used, and data were collected from 379 respondents through stratified random sampling procedure using a structured questionnaire. The study examines the relationship between social constraints and the adoption of family planning methods. Chi-square analysis was applied to determine the association between independent variable (social constraints) and dependent variable (family planning). The results indicate statistically significant associations between social barriers and family planning. The study concludes that social and cultural barriers remain critical determinants of family planning behavior in the study area. It recommends policy interventions focusing on male involvement, improved access to reproductive health services and community awareness, to expand family planning adoption.*

Introduction

Bradley et al. (2012) and Robinson et al. (2021) stated that family planning is the responsible, voluntary choice that a couple makes to schedule the timing of births and establish a family of their desired size. According to WHO (2000), family planning is a method that enables people to identify the interval between pregnancies and achieve the desired number of children. Starbird et al. (2016), highlighted that there are various methods of family planning, of which contraception is the most common and widely practiced. Both Men and women can use different kinds of contraception. Khowaja et al. (2019), stated that condoms, vasectomy and withdrawal techniques are male contraceptive methods, while breastfeeding, intrauterine contraceptive devices (IUCD), contraceptive pills, injections, Norplant, and other methods are the various contraceptive possibilities for female.

Richard et al. (2022) highlighted that men's contraceptive options are primarily limited to condoms and sterilization, in contrast to the wide range of options available to women. Among these, vasectomy is irreversible and condoms have a high failure rate. Abate & Tareke, (2019), stated that contraceptive practice can prevent unwanted pregnancies as well as the risks and complications associated with

pregnancy. Similarly, Dansou (2019) mentioned that the use of contraceptives can reduce the birth rate, thereby reducing maternal mortality as well as the mortality of children under five years age could be reduced. Likewise, Starbird et al. (2016) observed that the health of mother and children are improved through family planning.

According to Khowaja et al. (2019), Proper birth spacing between pregnancies reduces the likelihood of experiencing pregnancy complications and allows babies to receive the best possible care. Fauser et al. (2024) noted that contemporary family planning techniques improve mother health by reducing unintended births and guaranteeing safe and effective contraception. WHO (2016) highlighted that family planning has a positive effect on both the mother's health and the outcome of every pregnancy. Family planning plays a critical role in accelerating the achievement of the Sustainable Development Goals (SDGs). Investment in family planning will lead to poverty reduction and economic stability. Ekwuazi et al. (2023) and Teshale (2022) stated that the use of contraceptives in poor countries has reduced maternal mortality rates by 40% in the last 20 years. Family planning is a key element in maternal care, which aims to reduce maternal mortality rates in developing countries.

Furthermore, Imran et al. (2020) reported that many Pakistani women become pregnant early, which causes serious health problems for both the mother and the unborn child. Thus increasing contraceptives use could reduce the frequency of unsafe abortions and unwanted pregnancies, which are a major causes of maternal death Shah et al. (2020) stated that family planning faces multiple social barriers in Pakistan, such as opposition from family and husbands, lack of awareness, cultural values, religious beliefs, problems of access to basic health centres, and communication gaps. Despite the recent decline in the birth rate in Pakistan, contraceptive use is still generally low. Due to Ignorance and limited access to health facilities people are reluctant to adopt family planning. Only 10% of people live within walking distance of government family planning centers (Stephenson, 2004).

Contraceptive decisions are significantly influenced by the availability of family planning centres. Women living near family planning centers used contraceptives more frequently than those living further away (Pasha et al., 2001). Malkin and Stanback (2015) stated that accessibility to family planning centers or medical centers is also influenced by various socio-economic factors, such as contraception knowledge, income, individuals' psychosocial factor and education. Moreover, Adoption of contemporary contraceptive methods is hindered in such communities where there are no clinics or medical centers that provide family planning services. Aziz (2025) highlighted that the use of contraceptive is discouraged in Pakistan, because they believe that every child is a gift and blessing from God. Similarly, due to cultural norms and values, young people are reluctant to participate in premarital family planning counselling and therefore remain ignorant. Khan and Rafiq (2025) stated that the status of female in Pakistan is often associated with motherhood, which encourage her to early motherhood.

Agha (2010) stated that modern family planning methods are not supported in Pakistani society despite rapid increases in convenience and awareness. The biggest obstacle to the use of family planning techniques comes from in-laws to women. Khan et al. (2015) highlighted that the approval of both the mother-in-law and the husband is an important factor in the decision to practice family planning using contraceptives. This decision often prevents women from accessing health facilities. Tailakh et al. (2026) stated that people don't practice family planning due to fear of infertility and side effects.

Ashfaq and Sadiq (2015) highlighted that male involvement is also essential for promoting family planning programs. Communication gap between spouses on family planning is another important factor that halts couples from practicing family planning.. Perhaps this is because family planning is considered taboo in both religion and culture. In many cases, couples were apparently too embarrassed

and uncomfortable to discuss family planning matters with each other's. Similarly, this reluctance to communicate with the spouses led to miscommunication in which the spouses did not desire another child but remained oblivious to each other's feelings and continued to have children under pressure from their mothers-in-law (Khan et al., 2020). Channon (2017) and Edmeades (2011) stated that son preference norms are an obstacles to family planning.. Pakistani couples are also often hesitant to talk to medical professionals about family planning and reproductive health issues due to feelings of shame (Memon et al., 2023).

Methodology

This study employs a quantitative research design to investigate the association between social constraints and family planning in Tehsil Timargara, District Dir Lower. Data were collected from 379 respondents through a structured questionnaire. A stratified random sampling technique was used to ensure adequate representation of different demographic and socioeconomic groups. The reliability of the instrument was assessed using Cronbach's Alpha, which yielded a value of 0.790, among the eleven questionnaire items representing a high level of internal consistency. The data were analyzed in SPSS. Univariate analysis was performed to summarize the distribution of the data, while chi-square analysis was used to examine the relationship between the independent and dependent variables

Results and Discussion

Univariate and bivariate analyses were carried out. Univariate analysis was performed to summarize the distribution of the data. While In the bivariate analysis, the association between the dependent variable (family planning) and the independent variables (social constraints) was examined using cross-tabulation and the chi-square test. Each variable is discussed below with appropriate justification. The dependent variable (family planning) was cross-tabulated with the independent variable (social constraints), and the chi-square (χ^2) statistic was applied to determine the relationship between them, as presented below.

Respondent's perception regarding social constraints to family planning in Pakhtun's society

The frequencies and percentage distribution of respondents' views on social constraints to family planning in the Pakhtun's community are presented in table 1. The table shows that 361(95.3%) respondents are of the opinion cultural values discourage family planning while 14 (3.7%) respondents had no idea about the statement and 4 (1.1%) negated the former statement. Moreover 374 (98.7%) respondents agreed that the religious beliefs influence your family planning decision while 5 (1.3%) had no idea about the statement. Furthermore, 249 (65.7%) of the respondents didn't believed that they discuss family planning with their spouses, while 107 (28.2%) respondents viewed that they discusses family planning with spouses and 23 (6.1%) had no idea regarding it. Furthermore, majority 369 (97.4%) of the respondents had the opinion that Illiteracy and ignorance is obstacle to family planning, while 10 (2.6%) had no knowledge about it.

Likewise, 218 (57.5%) of the respondents said that Women have autonomy over their health in Pakhtun's community, while 104 (27.4%) had no information regarding it and 57 (15%) respondents negated the former statement. In addition, 295 (77.8%) of the respondents showed that female access to basic health facilities is a problem, while 65 (17.2%) respondents negate the statement and 19 (5%) had no information. It is evident that female access to basic health facilities is a problem in the area. Similarly, 261 (68.9%) of the respondents believed that Matriarchal setup in families (e.g., mother-in-law) influence family planning decision, while 98 (25.9%) respondents negate the statement and 20 (5.3%) have no idea regarding the statement.

Furthermore, majority of respondents 201(52.8%) respondents negate the statement that family allow

to practice family planning, while 151(40.1%) had in fever of the statement that Family allow to practice family planning and 27 (7.1%) didn't show agreement to it. Furthermore, 190 (50.1%) of the respondents agree with the statement that Preference for a male child a reason for more children, while 181 (47.8%) respondents rejected the former statement and 8 (2.1%) had no knowledge. Moreover, 202 (53.3%) of the respondents negate the statement that women are free to visit health centers alone, while 115 (30.3%) had no awareness about it and 62 (16.4%) respondents were of the opinion that women are free to visit health centers alone.

Furthermore 330 (87.1%) of the respondent accept the statement that Poverty is a reason for not using family planning while 26 (6.9%) of the respondent had no information about the former statement and 23 (6.1%) of the respondent negate the statement.

Table 1. Frequency and percentage distribution of the respondent regarding Social constraints to family planning

Statement	Yes	No	Don't know
Cultural values discourage family planning	361(95.3%)	4(1.1%)	14(3.7%)
Religious beliefs influence your family planning decision	374(98.7%)	0 (0%)	5(1.3%)
You and your spouse discuss family planning	107(28.2%)	249(65.7%)	23(6.1%)
Illiteracy and ignorance is obstacle to family planning	369(97.4%)	0 (0 %)	10(2.6%)
Women have autonomy over their health in Pakhtun's community	218(57.5%)	57(15.0%)	104(27.4%)
Female access to basic health facilities is a problem	295(77.8%)	65(17.2%)	19(5.0%)
Matriarchal setup in families (e.g., mother-in-law) influence family planning decision	261(68.9%)	98(25.9%)	20(5.3%)
Family allow to practice family planning	151(39.8%)	201(53.0%)	27(7.1%)
Preference for a male child a reason for more children	190(50.1%)	181(47.8%)	8(2.1%)
Women are free to visit health centers alone	62(16.4%)	202(53.3%)	115(30.3%)
Poverty is a reason for not using family planning	330(87.1%)	23(6.1%)	26(6.9%)

Association between social constraints and family planning

Table 2 presents information on the association between social constraints and family planning. A significant (P=0.001) relationship was detected between culture discourage family planning with family planning practice. The result makes it evident that cultural values discourage family planning. This result is supported by the study of Shah et al. (2020) which stated that family planning faces multiple social barriers in Pakistan, such as cultural values and communication gaps. The study further shows the relationships between the religious beliefs influence your family planning decision with family planning. A significant (P= 0.002) relationship was detected between the Religious beliefs influence your decision with family planning. It means that religious beliefs influence family planning decision. Alomair et al. (2023) & Dudusola and Oji (2025) highlighted the same findings that the religious belief and misinterpretation is a barrier to family planning.

A highly significant (P =0.000) relationship detected between the spouse discussion with family planning. This result is supported by the study of Ashfaq and Sadiq (2015) highlighted that communication gap between spouses on family planning is another important factor that halts couples from practicing family planning methods. This reluctance to communicate with the spouses led to

miscommunication. Similarly, the study further highlighted the relationship between Illiteracy and ignorance is obstacle with family planning. Moreover, A highly significant (P =0.000) relationship detected between Illiteracy and ignorance is obstacle to family planning, it means that Illiteracy and ignorance is obstacle to family planning. The above result is supported by the findings of Stephenson (2004) which stated that ignorance and lack of awareness is barrier to family planning.

Similarly, the study further highlighted the relationship between women have autonomy over their health in Pakhtun's community. A non-significant (P=0.391) relationship detected between women have autonomy over their health in Pakhtun's community with family planning. It means that the women don't have autonomy over their health in Pakhtun's community. The family and in laws decide her access to health services. The study further revealed the relationships between female accesses to basic health facilities with family planning. A significant (P = 0.003) relationship detected between female access to basic health facilities is a problem with family planning. From the thorough review of literature it is pointed out that due to limited access to health facilities people are reluctant to adopt family planning (Khan et al., 2015; Malkin & Stanback, 2015; Stephenson, 2004). The study further revealed the relationships between Matriarchal setup in families (e.g., mother-in-law) influence family planning decision with family planning. A highly significant (P= 0.000) relationships detected between Matriarchal setup in families (e.g., mother-in-law) influence family planning decision with family planning. Khan et al. (2015) highlighted that the approval of both the mother-in-law and the husband is an important factor in the decision to practice family planning using contraceptives.

The study further revealed the relationships between families allow practicing family planning with family planning. A non-significant (P = 0.060) relationships detected between the family allow to practice family planning with family planning. The study further revealed the relationships between preferences for a male child a reason for more children with family planning. A highly significant (P= 0.000) relationship detected between preference for a male child a reason for more children with family planning. Channon (2017) and Edmeades (2011) stated that son preference norms are obstacles to family planning.

The study further revealed the relationships between women are free to visit health centers alone with family planning. A non-significant (P = 0.587) relationship was found between women are free to visit health centers alone with family planning. A study conducted by also supported the above statement. The study further revealed the relationships between poverty is a reason for not using family planning with family planning. Moreover, A highly significant (P = 0.000) association was found between poverty is a reason for not using family planning with family planning. This study is supported by the findings of Malkin and Stanback (2015) and Memon et al. (2023) which stated that accessibility to family planning centers or medical centers is also influenced by economic factors, such as income, individuals' psychosocial factor and education.

Table 2: Association between Social Constraints and family planning

Statement of Question	Chi Square (χ^2)
Cultural values discourage family planning	χ2= 19.453 (p=0.001)
Religious beliefs influence your family planning decision	χ2= 12.167 (p=0.002)
You and your spouse discuss family planning	χ2= 36.912 (p=0.000)
Illiteracy and ignorance is obstacle to family planning	χ2= 22.295 (p=0.000)
Women have autonomy over their health in Pakhtun's community	χ2= 4.116 (p=0.391)

Female access to basic health facilities is a problem	χ2=16.1988 (p=0.003)
Matriarchal setup in families (e.g., mother-in-law) influence family planning decision.	χ2= 66.501 (p=0.000)
Family allow to practice family planning	χ2= 3.211 (p=0.060)
Preference for a male child a reason for more children	χ2= 35.832 (p=0.000)
Women are free to visit health centers alone	χ2= 2.830 (p=0.587)
Poverty is a reason for not using family planning	χ2= 27.454 (p=0.000)

Conclusion and Recommendations

The main objectives of the study were to examine social constraints to family planning in Tehsil Timergara, Dir Lower. Thus this study explore the social constraints influencing family planning practices in Tehsil Timergara, District Dir, Khyber Pakhtunkhwa by using quantitative techniques including regression modeling and chi-square analysis. The result indicates that family planning behavior is not only an individual decision but is widely rooted in socio-cultural contexts. Statistical analysis shows a significant relationship of social factors such as patriarchy, level of education, religious beliefs, and access to basic medical services with family planning. Similarly, Women with low levels of education and limited autonomy are less likely to practice family planning techniques. Likewise, strong devotion to traditional norms and misunderstandings about religious permissibility has also become major obstacles. The regression results also confirm that education level, awareness and communication between spouses are important predictors of family planning methods, while social pressure and mobility restrictions negatively affect adoption. The phenomenon of son preference and limited access to medical health services further worsens low family planning practice in the study area. Overall, the study concludes that social constraints particularly those rooted in gender norms, culture, and misinformation play a critical role in shaping reproductive behavior in Dir Lower. Government intervention may remain ineffective if these structural and ideological barriers are not addressed. The study recommends policy interventions focusing on male involvement, improved access to reproductive health services and community awareness, to expand family planning adoption.

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