DOI: https://doi.org/10.54393/pbmj.v9i2.1346

PAKISTAN BIOMEDICAL JOURNAL

https://www.pakistanbmj.com/journal/index.php/pbmj/index

ISSN (E): 2709-2798, (P): 2709-278X

Volume 9, Issue 02 (February 2026)

Original Article

OPEN ACCESS

Obstacles Faced by Adults in Utilization of Reproductive Health Services in Jhelum, Pakistan: A Qualitative Study

Aneeqa Saeed[1*], Rafia Saeed[2], Saman Fatima[3] and Irzah Farooq[4]

[1]Department of Radiology, Norani Institute of Medical Sciences, Jhelum, Pakistan
[2]Department of Anesthesia, District Headquarter Hospital, Jhelum, Pakistan
[3]Department of Radiology, The University of Chenab, Gujarat, Pakistan
[4]Department of Public Health, University of the Punjab, Lahore, Pakistan

ARTICLE INFO

Keywords:
Reproductive Health Services, Adolescent, Young Adult, Health Services Accessibility, Health Literacy, Attitudes, Practice

How to Cite:
Saeed, A., Saeed, R., Fatima, S., & Farooq, I. (2026). Obstacles Faced by Adults in Utilization of Reproductive Health Services in Jhelum, Pakistan: A Qualitative Study: Obstacles Faced by Youth in Utilization of Reproductive Health Services. Pakistan BioMedical Journal, 9(2), 09-14. https://doi.org/10.54393/pbmj.v9i2.1346

Corresponding Author:
Aneeqa Saeed
Department of Radiology, Norani Institute of Medical Sciences, Jhelum, Pakistan
70070887@student.uol.edu.pk

Received Date: 27th December, 2025
Revised Date: 2nd February, 2026
Acceptance Date: 20th February, 2026
Published Date: 28th February, 2026

ABSTRACT

A large number of reproductive healthcare services are available, but many individuals are reluctant to use these facilities due to high cost, limited availability of centers in rural areas, poor behavior of support staff, lack of knowledge, and concerns about privacy and confidentiality. **Objective:** To explore the barriers to the utilization of reproductive health services among adults in Jhelum, Pakistan. **Methods:** Data were collected from November 2023 to April 2024 through semi-structured, face-to-face interviews conducted in participants' local communities to ensure inclusivity, particularly in rural areas with limited digital access. An interview guide was developed based on existing literature and expert input to explore participants' perceptions and experiences regarding barriers to reproductive health services. **Results:** The factors that prevent the participants from availing reproductive healthcare facilities are the behavior of the healthcare provider, the cost of healthcare, their knowledge of the services that are available, confidentiality, and a lack of privacy. These barriers are mostly faced by rural participants as compared to urban participants. According to reproductive healthcare providers, the participants face the barrier of gender discrimination, cultural context, and unfeasible timing. **Conclusions:** The most common obstacles in utilizing reproductive healthcare facilities are the behavior of support staff and the cost of services. These barriers need to be addressed at the national level to increase the use of reproductive health services in public facilities.

INTRODUCTION

Reproductive health pertains specifically to the reproductive system, its function, and is a crucial aspect of overall health [1]. Adults between the ages of 15 and 40 constitute a significant segment of the population in Pakistan and globally, with many residing in low-resource settings [2,3]. Access to and utilization of high-quality reproductive health information and services remain limited for this group due to financial, social, and infrastructural barriers [4]. Obstacles that hinder the utilization of reproductive healthcare facilities are acceptability, availability, accessibility, and equity to health services [5]. Moreover, disparities in availing healthcare facilities based on factors such as gender, color, religion, and sexual orientation can further exacerbate these issues [6]. In rural areas of Pakistan, the inability to access the offered healthcare was found to be a barrier to utilizing these services [7]. To address and cope with these barriers, reproductive health services have been developed, which include counseling, family planning, volunteer counseling and testing (VCT), and treatment for

DOI: https://doi.org/10.54393/pbmj.v9i2.1346

Sexually Transmitted Diseases (STDs) [8]. Regardless of these efforts, limited community awareness, poor healthcare infrastructure, and the high cost of services remain significant obstacles in the utilization of maternal and child health services [9]. The International Conference on Population and Development Program of Action in 1994 introduced reproductive health services for adults, such as education and counseling to prevent early marriage and high-risk pregnancy that are associated with maternal mortality [10]. Adolescent health concerns have been acknowledged in the National Health Policy 2001, which was developed by the International Conference on Population and Development. It emphasizes the importance of increasing awareness about safe maternal care, newborn health, and family planning among eligible couples, and the deployment of lady health workers to develop skilled human resources [11]. The research done in Pakistan's urban and rural settings, where the expense of medicines and transport, a long distance from private sector facilities, and inadequate transport facilities are barriers to accessing antenatal care [12]. Moreover, young adults between the ages of 15 and 24 make up a significant proportion (45%) of all new Human Immunodeficiency Virus (HIV) infections globally [13]. More than 500,000 adults get STIs every day, and almost 80 million women experience unintended pregnancies each year [14]. In 2017, 808 females died each day globally due to pregnancy and childbirth-related complications. The vast majority of these deaths occurred in low-resource settings and underdeveloped countries [15]. The benefit of this study is to address the barriers that could lead to a decrease in maternal mortality rate, lower risks of HIV/AIDS and STIs, and reduce the number of abnormal newborns. Eventually, this study improves the quality of reproductive health services and increases their availability by addressing these barriers

There is no qualitative research on reproductive health barriers in medium-sized cities such as Jhelum; the majority of the studies are in large cities. There is no independent research done to compare the urban and rural adults in the same district. There can be purposive sampling where there is selection bias favoring articulate or motivated respondents. There is a possibility that there is a social desirability bias in dealing with sensitive reproductive health issues. The research determines the barriers but fails to estimate their relative significance and interventions to address them. No quantitative data or facility-level assessment triangulation was conducted. The main objective of this study is to explore the obstacles to the utilization of reproductive health services. This study aims to raise awareness about the challenges and encourage researchers and healthcare providers to find solutions to these obstacles by identifying the barriers to accessing reproductive health services.

METHODS

This study employed a qualitative exploratory research design to investigate the barriers faced by adults in utilizing reproductive health services in Jhelum, Pakistan. The study was conducted from November 2023 to April 2024. A purposive sampling technique was used to recruit participants aged 15–40 years from both urban and rural areas of Jhelum. Participants were selected based on their ability to provide detailed insights into their experiences and perceptions regarding reproductive healthcare services. Data collection continued until data saturation was achieved, resulting in a total of 20 participants. Data were collected through semi-structured, face-to-face interviews conducted in participants' local communities to ensure inclusivity, particularly in rural areas with limited access to digital platforms. An interview guide was developed after reviewing relevant literature and consulting public health experts to ensure comprehensiveness and clarity. All interviews were conducted in a private setting to maintain confidentiality. Informed consent was obtained from all participants before data collection. With permission, selected interviews were audio-recorded and later transcribed verbatim. Field notes were also maintained to capture contextual information and non-verbal cues.

The collected data were analyzed using thematic analysis following Braun and Clarke's approach [18]. Transcripts were read multiple times for familiarization, after which initial codes were generated and organized into categories. These categories were then used to develop and refine key themes representing participants' experiences. To ensure the trustworthiness of the data, strategies such as peer review, consistent coding procedures, and maintaining an audit trail were applied throughout the analysis process.

RESULTS

A total of 20 participants were included in the study, comprising both males and females from urban and rural areas of Jhelum. Participants varied in age, education, and marital status, providing diverse perspectives on the barriers to utilizing reproductive health services (Table 1).

Table 1: Sociodemographic Characteristics of Participants (n=20)

Participant ID	Age Group	Gender	Residence	Education	Marital Status
P1	15–25	Female	Rural	Primary	Unmarried
P2	26–40	Male	Urban	Higher Education	Married
P3	15–25	Female	Rural	No Formal Education	Unmarried
P4	26–40	Female	Urban	Higher Education	Married

DOI: https://doi.org/10.54393/pbmj.v9i2.1346

P5	26-40	Male	Rural	Primary	Married
P6	15-25	Female	Urban	Higher Education	Unmarried
P7	26-40	Female	Rural	Primary	Married
P8	15-25	Male	Urban	Higher Education	Unmarried
P9	26-40	Female	Rural	No Formal Education	Married
P10	15-25	Female	Urban	Primary	Unmarried
P11	26-40	Male	Rural	Primary	Married
P12	15-25	Female	Urban	Higher Education	Unmarried
P13	26-40	Female	Rural	Primary	Married
P14	15-25	Male	Urban	Higher Education	Unmarried
P15	26-40	Female	Rural	No Formal Education	Married
P16	15-25	Female	Urban	Primary	Unmarried
P17	26-40	Male	Rural	Primary	Married
P18	15-25	Female	Urban	Higher Education	Unmarried
P19	26-40	Female	Rural	Primary	Married
P20	15-25	Male	Urban	Higher Education	Unmarried

Thematic analysis of the interview data revealed several key barriers influencing the utilization of reproductive health services. The major themes identified were: lack of knowledge, financial constraints, healthcare system barriers, and sociocultural factors.

Lack of Knowledge

Participants from rural and less-educated backgrounds reported limited awareness of available reproductive health services. Many did not know where to go or how to access these services. Misconceptions and cultural myths discouraged care, while language barriers made communication with providers difficult.

"I did not know that the local health center offered family planning services. There is no one in my village who can explain how to access these facilities"(P13).

"Even when I visit the clinic, the staff explain things in a way I do not understand. I leave without getting the proper advice"(P5)

These findings align with studies from Pakistan and other low-resource settings, which highlighted lack of knowledge as a key barrier to reproductive healthcare utilization among adults, particularly in rural areas [19, 25].

Cost of Services

Although consultation fees in government hospitals were minimal, participants reported that essential medicines were either unavailable or too expensive. Adults in rural areas often prioritized household expenses over reproductive health, limiting access to care.

"I went to the health center for contraceptives, but they told me that the medicine was not available. The price outside is very high, much more than my monthly income. So, I had to go without it"(P16).

"Even routine tests cost money, and we cannot afford to pay when we have other family expenses like school fees and groceries"(PI1).

Similar studies in South Asia have shown financial constraints as a major barrier for adults seeking reproductive health services, reinforcing the need for subsidized medications and accessible healthcare infrastructure [18,23].

Unavailability of Reproductive Health Care Centers

Reproductive healthcare facilities were concentrated in urban areas, leaving rural adults with limited access. Long travel distances and transportation costs discouraged utilization of services such as contraception, routine exams, and prenatal care.

"The nearest clinic is 15 kilometers away. I cannot afford transport every month, so I just wait until it becomes an emergency"(P8).

"Sometimes we cannot even rent a vehicle for a checkup, and public transport is not reliable. It feels impossible to access these services regularly"(P3).

This finding echo research from rural Pakistan, which reports that geographical inaccessibility significantly reduces the uptake of reproductive health services.[11]

Stigma and Discrimination

Participants highlighted social stigma and discriminatory attitudes as major barriers. Single adults, members of the LGBTQ community, and those engaging in premarital sexual activity reported feeling ashamed or judged when seeking care. This social pressure often prevented individuals from openly discussing their reproductive health needs.

"I feel uncomfortable asking for family planning advice because I know people might judge me or tell my family. Sometimes, even the clinic staff make comments that make me avoid going"(P12)

"As a single man, I am hesitant to ask for reproductive health services. I fear that staff or neighbors might gossip about me"(P14).

These results are consistent with previous studies in South Asia and the Middle East, showing that stigma and discrimination limit adult access to reproductive health services, particularly for vulnerable or marginalized groups [14].

DISCUSSION

Reproductive healthcare centers provide a variety of services include detailed knowledge of the reproductive system, the services required to sustain reproductive health, access safe abortion services, including post-abortion care, and services for the prevention, management, and treatment of infertility; and access appropriate health care services to guarantee a healthy pregnancy, a secure delivery, and healthy infants so that individual can access comprehensive reproductive healthcare [16]. The study found that most females who visit a reproductive healthcare clinic are between the ages

DOI: https://doi.org/10.54393/pbmj.v9i2.1346

of 26 and 35, which means females in the older group avail themselves of reproductive healthcare facilities more than younger females. These findings are like those of studies that state females who go to reproductive health care to avail themselves of antenatal services are 25–35 years old [16, 18]. The discrepancies between urban and rural areas in accessing reproductive healthcare services are a significant challenge for ensuring equal distribution of reproductive health for all. Participants in urban areas avail themselves of reproductive health services more because they are better educated, have knowledge about the reproductive health care centers and their benefits, availability of both public and private reproductive health care centers in their area, and trust their doctors. In the current study, the cost of service and feeling ashamed of availing these services were the most prominent barriers. The study conducted in Bangladesh and New York concluded that a lack of money was a barrier to availing these services [19, 20]. Another research done in Nepal, lack of confidentiality was the biggest barrier to accessing reproductive healthcare facilities [21]. In rural areas, lack of education and knowledge about available reproductive healthcare services, limited availability of centers, and transportation issues are some of the noteworthy barriers for both males and females in rural areas. In addition, poverty, low income, and a lack of financial resources limit rural populations' ability to access and afford reproductive healthcare service are barriers which resist rural people from visiting reproductive healthcare. These results are similar to a study, which states that less money, a lack of information, and fewer centers in rural areas are barriers to availing of reproductive health services among rural people [22]. Another study showed similar results: lack of knowledge, no transport, far-off clinics, and low income are the barriers to utilizing reproductive healthcare facilities in rural areas [23]. The current study showed that rural participants faced more barriers in the public sector compared to the private sector. As the services for reproductive health care are quite expensive, most participants visit public centers. Therefore, the burden in these centers rises, which creates more hurdles like a lack of information, time-consuming tasks, rude behavior by staff, and expensive medicine for the participants [24]. Participants from urban areas can afford to visit only private reproductive healthcare centers to save time. The only problem that they mostly face is a lack of confidentiality. Another study found that participants in public reproductive centers face additional barriers such as time constraints, rude staff behavior, and expensive medicine [25]. In light of current research, various obstacles hinder the utilization of reproductive healthcare services for females. These include scarcity of services in remote areas, financial limitations, social stigma, lack of awareness, and knowledge about the services. The use of female reproductive healthcare services is hampered by numerous obstacles. These include the scarcity of services in remote locations, financial limitations, social stigma, ignorance of the issue, language hurdles, privacy worries, unpleasant encounters with healthcare professionals, and restricted decision-making autonomy. Multiple barriers impede the utilization of reproductive healthcare services for females. These include limited availability of facilities in rural areas, financial constraints, societal stigma, lack of awareness and knowledge, language barriers, privacy concerns, negative experiences with healthcare providers, and limited decision-making autonomy.

Qualitative design does not allow generalizing to a broader population. Single-site research in Jhelum is not a possible way to generalize about all Pakistani adults' experiences. The possibility of language and translation problems during the interviews and transcription can influence the accuracy of the data. The broad age group of 15-40 years is bigger than other typical definitions of adults, which may confound the developmental levels. It did not include any healthcare provider interviews in order to triangulate on the youth's views. A cross-sectional design only records barriers at a given time. Comparative research on the barriers in the various provinces would establish province-specific issues that will need specific interventions. The perspectives of the healthcare providers and facility managers should be included in the research to come up with holistic solutions.

CONCLUSIONS

The current study concluded that these barriers should be addressed at the national level so that people can easily access reproductive healthcare facilities. Public healthcare centers should take steps to improve the quality of care and provide a more supportive environment to individuals seeking reproductive healthcare services. The government should make efforts to increase awareness and education about reproductive healthcare services, particularly in rural areas.

Authors' Contribution

Conceptualization: AS
Methodology: AS
Formal analysis: SF
Writing and Drafting: AS, RS, SF, IF
Review and Editing: AS, RS, SF, IF

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

DOI: https://doi.org/10.54393/pbmj.v9i2.1346

Conflicts of Interest

The authors declare no conflict of interest.

Source of Funding

The author received no financial support for the research, authorship and/or publication of this article.

REFERENCES

[1] Sieving RE, Mehus C, O'Brien JR, Steiner RJ, Wang S, Catallozzi M *et al.* Correlates of Sexual and Reproductive Health Discussions During Preventive Visits: Findings from a National Sample of US Adolescents. Journal of Adolescent Health. 2022 Mar; 70(3): 421-8. doi: 10.1016/j.jadohealth.2021.10.013.

[2] Jackson S and Cameron C. Leaving Care: Looking Ahead and Aiming Higher. Children and Youth Services Review. 2012 Jun; 34(6): 1107-14. doi: 10.1016/j.childyouth.2012.01.041.

[3] Prata N and Weidert K. Adolescent Sexual and Reproductive Health. In Oxford Research Encyclopedia of Global Public Health. 2020 Apr. doi: 10.1093/acrefore/9780190632366.013.206.

[4] Chandra-Mouli V, Akwara E, Engel D, Plessons M, Asnake M, Mehra S, Dick B, Ferguson J. Progress in Adolescent Sexual and Reproductive Health and Rights Globally Between 1990 and 2016: What Progress Has Been Made, What Contributed to This, and What Are the Implications for the Future? Sexual And Reproductive Health Matters. 2020 Jan ;28(1): 1741495. doi: 10.1080/26410397.2020.1741495.

[5] Biswas UN. Adolescent Reproductive Health in South Asia: Issues and Challenges. Gender Equality. 2021 Jan: 32-41. doi: 10.1007/978-3-319-95687-9_47.

[6] Ninsiima LR, Chiumia IK, Ndejjo R. Factors Influencing Access to and Utilization of Youth-Friendly Sexual and Reproductive Health Services in Sub-Saharan Africa: A Systematic Review. Reproductive Health. 2021 Jun; 18(1): 135. doi: 10.1186/s12978-021-01183-y.

[7] Ndayishimiye P, Uwase R, Kubwimana I, Niyonzima JD, Dzekem Dine R, Nyandwi JB *et al.* Availability, Accessibility, and Quality of Adolescent Sexual and Reproductive Health (SRH) Services in Urban Health Facilities of Rwanda: A Survey Among Social and Healthcare Providers. BioMed Central Health Services Research. 2020 Jul; 20(1): 697. doi: 10.1186/s12913-020-05556-0.

[8] Zewudie SG, Adulo LA, Sirna AM, Asres A. Youth-friendly Reproductive Health Services among Students of Mizan-Tepi University, South-western Ethiopia. Europe PubMed Central, London, UK. 2020 Oct. doi: 10.21203/rs.3.rs-96017/v1.

[9] Adawudu EA, Aidam K, Oduro E, Miezah D, Vorderstrasse A. The Effects of Ghana's Free Maternal and Child Healthcare Policy on Maternal and Infant Healthcare: A Scoping Review. Health Services Insights. 2024 Sep; 17: 11786329241274481. doi: 10.1177/11786329241274481.

[10] Holtman N, Bimerew M, Mthimunye K. Adolescent Girls' Sexual and Reproductive Health Information Needs and Barriers in Cape Town. Health SA Gesondheid. 2024 Oct; 29: 2650. doi: 10.4102/hsag.v29i0.2650.

[11] Nisar YB, Aurangzeb B, Dibley MJ, Alam A. Qualitative Exploration of Facilitating Factors and Barriers to Use of Antenatal Care Services by Pregnant Women in Urban and Rural Settings in Pakistan. BioMed Central Pregnancy and Childbirth. 2016 Mar; 16(1): 42. doi: 10.1186/s12884-016-0829-8.

[12] Ariff S, Mir F, Tabassum F, Raza F, Habib A, Turab A *et al.* Determinants of Health Care Seeking Behaviors in Puerperal Sepsis in Rural Sindh, Pakistan: A Qualitative Study. Open Journal of Preventive Medicine. 2020; 10(9): 255. doi: 10.4236/ojpm.2020.109018.

[13] Gore FM, Bloem PJ, Patton GC, Ferguson J, Joseph V, Coffey C *et al.* Global Burden of Disease in Young People Aged 10–24 Years: A Systematic Analysis. The Lancet. 2011 Jun; 377(9783): 2093-102. doi: 10.1016/S0140-6736(11)60512-6.

[14] Pengpid S and Peltzer K. Sexual Behaviour and Its Correlates Among Adolescents in Brunei Darussalam. International Journal of Adolescent Medicine and Health. 2021 Mar; 33(1): 20180028. doi: 10.1515/ijamh-2018-0028.

[15] Baskar R and Mozhi MS. Maternal and Reproductive Health Care of Women in CMC Colony, Coimbatore. International Journal of Social Science and Economic Research. 2017 Dec; 2(12).

[16] Clarke V and Braun V. Thematic Analysis. The Journal of Positive Psychology. 2017 May; 12(3): 297-8. doi: 10.1080/17439760.2016.1262613.

[17] Singh S, Sedgh G, Sully EA, Owolabi O, Wittenberg J. Protecting Global Sexual and Reproductive Health and Rights in the Face of Retrograde US Policies and Positions. The Lancet. 2025 May; 405(10490): 1650-3. doi: 10.1016/S0140-6736(25)00618-X.

[18] Nisar N and White F. Factors Affecting Utilization of Antenatal Care among Reproductive Age Group Women (15-49 Years) in an Urban Squatter Settlement of Karachi. Journal of Pakistan Medical Association. 2003; 53(2): 47.

[19] Ebuehi OM and Akintujoye IA. Perception and Utilization of Traditional Birth Attendants by

DOI: https://doi.org/10.54393/pbmj.v9i2.1346

Pregnant Women Attending Primary Health Care Clinics in a Rural Local Government Area in Ogun State, Nigeria. International journal of women's health. 2012 Feb: 25-34. doi: 10.2147/IJWH.S23173.

[20] Tadesse E. Antenatal Care Service Utilization of Pregnant Women Attending Antenatal Care in Public Hospitals During the COVID-19 Pandemic Period. International Journal of Women's Health. 2020 Dec: 1181-8. doi: 10.2147/IJWH.S287534.

[21] Razu SR, Usher K, Jones R, Islam MS. The Female Sex Workers' Experiences of Accessing Healthcare Services in Bangladesh: A Qualitative Investigation. Diversity and Inclusion Research. 2025 Jul; 2(3): e70030. doi: 10.1002/dvr2.70030.

[22] Larrea-Schiavon S, Infante C, Graham J, Guendelman S. Sexual and Reproductive Health of in-Transit Migrant Women En Route to the United States: A Mixed-Methods Study in Ciudad Juárez, Mexico. BioMed Central Global and Public Health. 2025 Jul; 3(1): 60. doi: 10.1186/s44263-025-00180-8.

[23] Adhikari N, Uddin S, Sapakota K, Adhikari S. Sexual and Reproductive Health Needs and Service Utilization among Adolescents in Nepal. American Journal of Public Health. 2020 Apr; 8: 47-53.

[24] Yoseph A, Teklesilasie W, Guillen-Grima F, Astatkie A. Perceptions, Barriers, and Facilitators of Maternal Health Service Utilization in Southern Ethiopia: A Qualitative Exploration of Community Members' and Health Care Providers' Views. PLoS One. 2024 Dec; 19(12): e0312484. doi: 10.1371/journal.pone.0312484.

[25] Mustafa G, Azmat SK, Hameed W, Ali S, Ishaque M, Hussain W *et al.* Family Planning Knowledge, Attitudes, And Practices Among Married Men and Women in Rural Areas of Pakistan: Findings from a Qualitative Need Assessment Study. International Journal of Reproductive Medicine. 2015; 2015(1): 190520. doi: 10.1155/2015/190520.