

CHANGES IN THE CONTRACEPTIVE PREVALENCE: COMPARISON OF PDHS 2006-7 WITH 2012-13

The Context

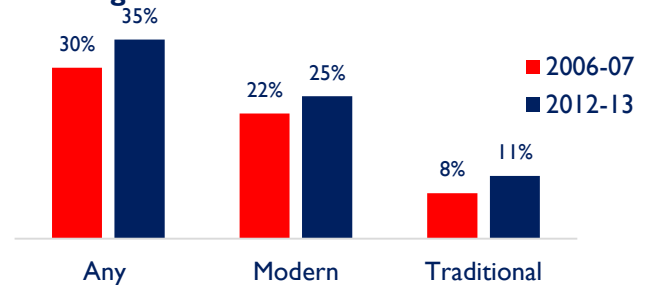
Since the start of family planning program in 1960s considerable time and efforts have been invested in increasing the contraceptive prevalence rate (CPR) of Pakistan. As a result the CPR has increased from 4% in 1966 to 11% in 1991 to 28% by 2000. Thereafter CPR has risen more slowly- 30% in 2006 and is currently 35% in 2012-13 Pakistan Demographic Health Survey (PDHS).

During this six year time period, there have been considerable funding/resource investments including shifts in programmatic approaches (i.e. public-private partnership models in FP service delivery) by the Government of Pakistan and international donors. This policy brief explores trends of CPR and method mix between the years 2006-7 and 2012-13 as depicted in the Pakistan Demographic and Health Survey.

number of FP users has increased from 6.9 million to 8.9 million, with the number modern method users increasing from 5 million to 6 million.

In a departure from DHS 2006-7 when it was part of traditional methods, Lactational Amenorrhea (LAM) was included in modern methods in DHS 2012 thus raising the contribution of mCPR to 26%. **For this assessment we have included LAM in traditional methods to allow comparison with PDHS 2006-7.**

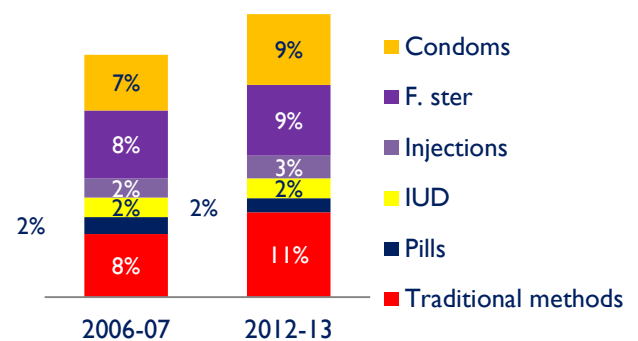
Figure 1: TRENDS: 2006-7 TO 2012-13



Method Mix

The contribution of modern methods to the overall CPR has decreased. Individual methods have largely remained unchanged with the exception of traditional methods that have increased from 8% to 11%.

Figure 2: METHOD MIX TRENDS



Users of FP Services

Understanding the quantum of services is essential to planners and implementers. We multiplied the number of MWRA with CPR to arrive at the total number of FP users. **Those women who acquired their modern method in the past 12 months prior to the DHS survey were used to estimate the volume of FP services that are availed in any given year.** This is distinct from all users of FP which include women who received an IUD or underwent sterilization in earlier years and are repeatedly counted.

SALIENT POINTS AND RECOMMENDATION

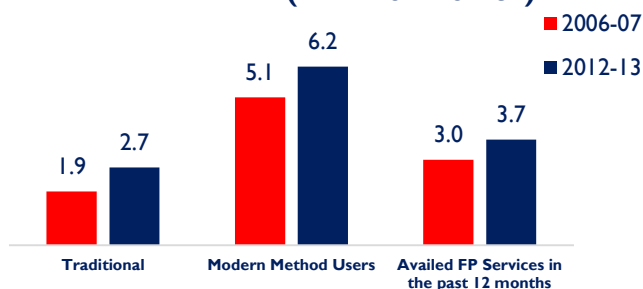
- **CPR increased from 30% to 35%**, representing a 1% increase per annum
- Modern methods increased from 22% to 24.7%, or a 0.5% increase per annum
- **Proportion of modern methods in the overall mix decreased**; while traditional methods have increased 1.5 fold.
- **Long term methods use has declined from 11% to 8%** including of IUD & sterilization.
- The total number of **FP users has increased by from 7 million to 9 million.**
- **1.2 million women/couples self-procure** the FP methods directly without counseling services or provider interactions.
- **NGOs now serve 1.3 million women, up nearly 0.7 million.** This increase roughly equal the total increase in all women served with FP services in Pakistan since 2006-7.

Changes in FP Use

Modern Methods - Current contraceptive prevalence is 35% having increased by only 5% since 2006-7. Modern methods CPR (mCPR) has increased from 22% to 24.7%. This translates into an increase in the total

In 2006-7, approximately 2.9 million women had availed FP services annually. This number has increased to around 3.65 million by 2012, however, approximately 200,000 of these were due to increase in population.

Figure 3: FP USERS AND SERVICES
(in million women)



Sources of FP Services/Supplies

The DHS also informs about sources from which women received their FP method. Key sources are the public sector (Health and Population Welfare Departments) that served around 1.2 million women, self-procurement by around 1.1 million women and NGO/ provider services for 1.3 million women. **Altogether, around 3.65 million women availed FP services in 2012-13.**

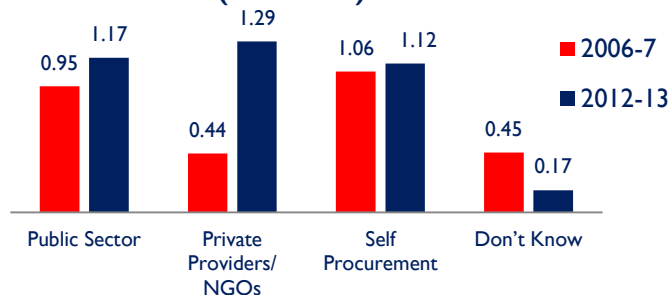
While the overall quantum of public sector and self-procurement has remained largely unchanged from 2006-7, NGOs now serve around 700,000 more clients than they did in 2006-7. This increase likely reflects the considerable donor funding that has been channeled via NGOs in the past 5 years.

Adjusting for the population increase the public sector now provides around 31% of all FP services; private providers including NGOs account for 34% and self-procurement accounts for 30% of “services”; **which means that the contribution of the public sector has receded from 35% to 31% and the role of self-procurement from 52% to 30% (Figure 4)**

Interpretation of the Key Findings

- While CPR and number of FP users have increased – the changes are modest 1% per annum or total 2 million women in 6 years.
- Most increases were seen in traditional methods and short term methods. Given that short term methods are less effective in reducing total fertility than long term methods; this is a reason for concern¹.

Figure 4: Users of FP Services by Providers
(in millions)



- Much of the net increase in women that availed FP services came from increases in women served by NGOs.
- The high rates of increase in traditional methods (0.8 million new users) suggests that many women/couples would like to use FP but are either unable to access methods/ services or don't trust modern methods.

Recommendations

- **Counseling for Long Term Methods** need to be emphasized and routinely measured.
- **Demand for Long Terms Methods** needs to be “strengthened” to reach women who may be ready for FP but are either afraid to or don't know where to avail services for long term methods.
- **Easy Targets** - Couples using traditional method for FP are ideal candidates for conversion to modern contraceptives and should be identified/targeted by future interventions.
- Key populations such as women/couples <30 years or with 1-2 children are generally ignored by FP/health providers (addressed in a latter brief) must be reached with FP programs.

References

¹ Gribble, J et al. Global trends of method mix and role of private sector by Abt Associates Inc, SHOPS Project. The International Family Planning Conference, November 13th, 2013.

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