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WHAT CAN PAKISTAN LEARN FROM IRAN, BANGLADESH AND INDIA ON FAMILY PLANNING PROGRAMS

What Regional Examples Teach Us

Many countries that prospered in recent decades did so only after their populations stabilized. Not surprisingly then, nearly all regional countries have actively focused on family planning programs. We explore regional experiences to learn what may be applied in Pakistan. These countries were chosen since many of these had similar population indicators in the 60s and 70s and they started their FP programs in the 60s or so as did Pakistan.

Trends in Contraception in the Region

Contraception uptake is the most effective process that can reduce fertility in a country. Contraceptive prevalence rates in Pakistan are the lowest among all the different countries compared and have increased marginally from 28% in 2001 to 29.6% in 2006-2007. While Pakistan has gone from 4% to 30% in 50 years its regional neighbors have achieved CPR that are double or more compared to these levels.

DEMOGRAPHIC INDICATORS IN THE REGIONAL AND MUSLIM COUNTRIES

Country	Growth Rate	Population (millions)	TFR	CPR
Iran	1.4	72	2.1	79
Turkey	1.2	75	2.2	71
Indonesia	1.5	240	2.6	61
Malaysia	1.6	28	2.6	52
Bangladesh	1.7	147	2.7	56
India	1.6	1149	2.8	56
Pakistan	**1.9**	**169**	**4.1**	**30**

Sources: Federal Bureau of Statistics, Pakistan Demographic Survey Report 2006-2007, and Population Reference Bureau : World Population Data Sheet 2008

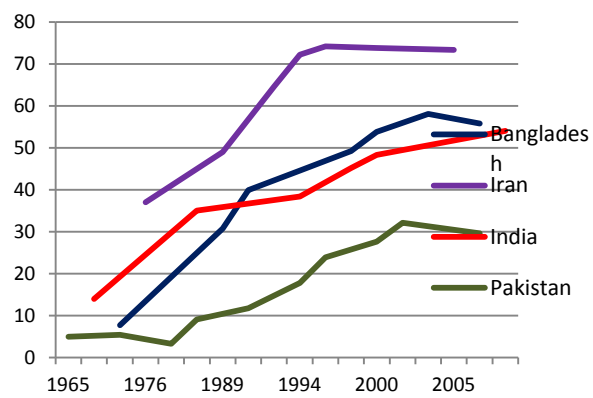
WHAT OUR NEIGHBORS' EXPERIENCES CAN TEACH US

- While no one solution has worked universally, some practices such expanding choices and involving public work well in most settings.
- Male and female sterilization have a major role in national FP plans, although they must happen at younger ages and at fewer children to be effective
- While wide coverage via facilities and outreach is welcome, these providers must be held accountable to quality as was done in Iran
- Ensuring supplies along with properly trained providers is essential to success
- Not all providers need to be highly trained. Mid-level or even grass-root providers such as community volunteers can counsel, generate referrals and distribute condoms, pills and perhaps even injections
- Involving society including clergy works well, as was seen in Iran where clerics declared that FP is consistent with the teachings of Islam and preach it as a social responsibility
- Involving local communities and specially women in rural areas through local organizations can help fill gaps in outreach and empower women and therefore create an enabling environment for FP
- Mass communication campaigns are needed to position FP as a personal as well as a national need as was done in Iran and Bangladesh
- Increased efficiency of existing programs is necessary in the public sector as seen from India

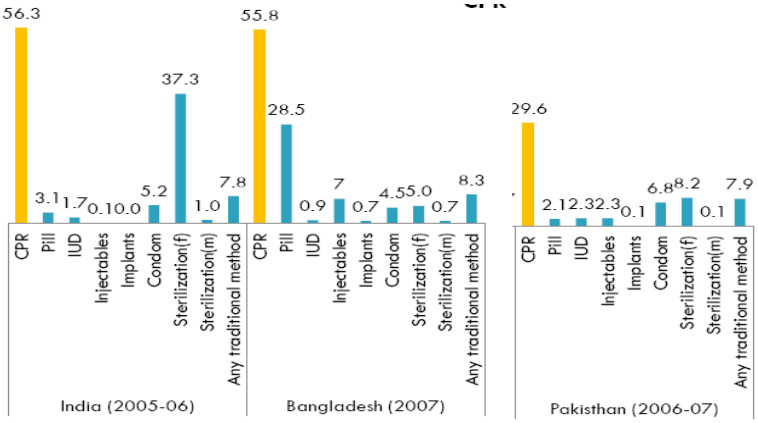
Method Mix in the Region

Method mix or the combination of methods that family planning users adopt are very different across the region. While both Pakistan and India rely tubal ligation or female sterilization (India emphasized on the method in the 70s and the 80s), Bangladesh has promoted the use of oral pills and injections. Iran also has a more diverse mix. These combinations suggest that no one combination of methods is better than others and local context and the basic principle of promoting diverse choices of methods so that users may decide for themselves is the best strategy.

CPR TRENDS ACROSS COUNTRIES



CPR AND METHOD MIX IN SOUTH ASIA



PROMINENT REGIONAL PROGRAMS

IRAN

Iran is a Muslim country that has achieved 79% contraception uptake among the married couples which is comparable to developed countries. This has enabled Iran to experience one of the fastest fertility reductions in the world. A fertility decline of more than 50% in a single decade is not only unique for a Muslim country but has never been recorded elsewhere. Iran's experience provides many valuable insights for policy makers in the developing world:

WHAT IRAN DID TO ACHIEVE NATIONAL CPR OF 79%?

- Universal access to state sponsored FP services that include diverse array of methods in clinics that ensure commodities and skilled providers
- Ensuring Supplies and Services are available at service outlets in public and private sector
- Formal religious support for FP
- FP education starts from high school and includes premarital boys and girls
- FP sessions are mandatory for men and women before marriage licenses are issued

- Iran's public sector manages a comprehensive health network of mobile clinics and 15,000 "health houses" that provide family planning and health services to 80% of Iran's rural population.
- The public sector Family Planning service provide free voluntary sterilization to couples after screening for inclusion criteria: three or more children and the mother's age over 30 years old. Public facilities are evaluated for ensuring supplies and providing a diverse array of methods and services.
- Emphasis on second level providers such as midwives and female volunteers to promote FP in poor and rural communities.
- Iran's religious leaders released a religious edict in 1989 declaring that family planning is consistent with Islam. Clergy cite family planning as a social responsibility in their weekly sermons
- Iran is the only country in the world that requires both men — and women — to take a class on modern contraception before receiving a marriage license.
- Family planning education starts with premarital classes in high schools and colleges that are mandatory for girls and boys.
- Iran started FP efforts in the 60s by initially ensuring commodities were available. Initially these were available commercially but eventually their supply to the poor was taken up by the state.
- Pregnancies below age 18 years and after age 35 years are discouraged as state policy, which also encourages birth spacing of 3-4 years and families with 2-3 children. State benefits are high up to 3 children and then reduce for a fourth child.
- Women's education and employment along with education on family planning even for single persons is a state policy.
- The state sponsors a research agenda for FP and promotes uptake of its results into public policy.

Advantages : Iran's fertility transition has resulted in universal access to health care and family planning, a dramatic rise in female literacy, mandatory premarital contraceptive counseling for couples, men's participation in family planning programs — and strong support from religious leaders.

BANGLADESH

Supply and Demand Go Hand in Hand at Matlab

- The Matlab Family Planning and Health Services Project was implemented by the International Center for Diarrheal Disease Research, Bangladesh (ICDDR,B) to delivers door to door services in maternal and child health. In this program community doorstep services were provided along with clinical backup at facilities.
- In addition to oral pills, condoms, vasectomy and tubal ligations that were being provided routinely by the government, the project added IUDs, injectables and foam contraceptives. It increased provider to client ratio to 1:1200 and allowed clients to choose the method they would like to use from a comprehensive array of choices, while ensuring supplies.
- By allowing women to choose methods, the project altered the patterns of contraceptives used. DMPA replaced oral contraceptives as the method of choice and injectable contraception now accounts for nearly half of all contraceptive use in some areas.

WHAT REDUCED FERTILITY IN BANGLADESH?

- Bangladesh reduced its fertility remarkably by increasing contraceptive use through effective large scale Family planning models
- The biggest increases in CPR happened in NGO run programs that provided diverse method choices, door-step and facility based services and quality of services
- There was a deliberate transition from client driven methods such as condoms and pills to injections.
- Bangladesh FP programs helped both to bring ideational changes towards small families and to change couples' attitude about the use of modern contraceptives
- There has been a strong and sustained political commitment to effective family planning in Bangladesh by all governments in power since the country's independence in 1971.
- Bangladesh has also done extremely well in raising the educational level of its people, especially women. Given its limited resources, the government has put high priority on girls' education which has helped in empowering women and decreasing fertility trends.

- In the first 10 years (from 1975 to 1985) the project increased CPR from 3% to 44% while CPR increased from 3% to 12% in the control areas. By 2005 the project had demonstrated a fertility reduction related decline in maternal mortality of 20% above that seen in surrounding areas.
- The project demonstrated that despite the absence of economic development, and in an environment that is unfavorable to family planning, a well planned and organized program can reduce fertility by delivering integrated family planning and maternal and child health services in culturally appropriate ways.

Beyond Matlab, which is an NGO run project, the Government runs an initiative aimed at improving the health status of the poor in six city corporations and five municipalities by providing an essential package of high-impact service**s.** Over half of the project's target population is from: (i) slum dwellers living legally in slums; (ii) squatters living on land owned by others; (iii) floating populations with no fixed residence; and (iv) other urban poor living throughout urban areas, mixed with the non-poor. The Project targets its four groups through mini- or satellite clinics, outreach activities, and domiciliary services. Large slums will have mini-clinics, which will be open in the evening to maximize their use by the poor. In duration of 5 years the project has served 9.41 Million (catchment area) clients.

INDIA

Comprehensive Rural Health Project (CRHP) at Jamkhed: *Community involvement for successful FP programming*

India is a large country with the 2nd largest population in the World. Approximately 56% couples practice FP or which 2/3rd have undergone female sterilization. While there are many projects providing FP services, one project directed at rural poor is described.

- CRHP has worked among the rural poor and marginalized for over 40 years to provide community-based primary healthcare and improve the general standard of living through a variety of community-led development programs, including Women's Self-Help Groups, Farmers' Clubs, Adolescent Programs and Sanitation and Watershed Development Programs. It reaches 300 villages with 500,000 people and has an indirect effect on over a million people.

EXPANDING SUCCESS IN INDIA

- India has largely relied on female sterilization to control fertility and now has CPR or 56%, largely based on sterilization
- One large community project showed much higher success rate (CPR: 68%) by involving women in villages and by expanding contraception method choices.
- While India's method mix and overall health system closely approximates Pakistan, increased efficiency in India is largely responsible for its CPR being nearly twice as high as Pakistan.

- Local and voluntary women's clubs are used to involve women in community-wide family planning activities. Their success is now being replicated by the state government in other villages.
- The local voluntary groups either provide or secure sites for distribution depots for condoms and birth control pills and also make arrangements to hold sterilization camps.
- Compared to <1% CPR, a crude birth rate of 40 and infant mortality rates of 176/ 1000 live births in 1971 when the project started, the CPR is now 68%, crude birth rate is 19 and infant mortality rate is 24.

CONCLUSIONS

Pakistan can learn several lessons from its neighboring countries. Both Iran and Bangladesh have successfully rejected the misconception that contraceptives use and birth control are 'Un-Islamic' and their religious leaders now fully support family planning as a social responsibility. Bangladesh and India have demonstrated the link between women's education, empowerment and family planning usage. Despite being Muslim countries, neither Iran nor Bangladesh have given up the population control programs to the religious controversies. Their public sector commitment and clerical involvement have shown significant results - something that Pakistan must emulate.

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