

FAMILY PLANNING IN PAKISTAN: AN OVERVIEW

Introduction

Family Planning Programs in Pakistan started in the mid-1960s and have tried many initiatives and policies. And yet the current contraceptive prevalence rates (CPR) stand at 30%, reflecting around 0.5% annual increase since the start of the family planning programs in 1964.

Approximately 30% of women report using some form of family planning. 22% use a modern and 8% use a traditional method. This means that of the nearly 24 million married women of reproductive age (MWRA)¹, approximately 5 million women use a modern method and nearly 2 million women use a traditional means and a staggering 17 million do not use any family planning at all. These 17 million include around 6 million women who would want to use FP, but are not using it and therefore have an unmet need for family planning.

Trends over Time

The use of family planning has increased in Pakistan over the past 50 years from around 5% in the early 60s to around 30% in 2006-7 or around 0.5% annually. A comparison of DHS surveys from 1990 and 2006 shows an increase in the use of family planning by approximately 3.5 fold in the past 2 decades or around 1% annually – a much accelerated pace compared to the years before 1990. This increase has been for both traditional and modern methods and is more pronounced in rural locations as can be seen in the table below which depicts changes in both the CPR and actual number of women using family planning.

While family planning has improved all over, gains in rural locations far outpaced any progress in urban locations. Whereas urban contraception rates doubled, rural rates increased over 6-fold with traditional methods increasing nearly 10-fold. While its difficult to completely explain this phenomenon, its abundantly clear that there has been (and perhaps remains) a great unmet need for contraception in Pakistan, particularly in the rural locations. This is particularly exemplified by the corresponding increase in traditional methods along with modern ones. Additionally, the experiences with Lady Health Workers and some NGOs (particularly in the years following the DHS) have shown that there are a great number of women and couples in these locations who would adopt family planning if these services and commodities were made available to them. In other words there is a fairly large group of women/couples who would readily avail family planning services and family planning – public health programs and policy makers would do well to target this group more effectively with services

Historical Trends in Programming: Supply versus Demand

There is a persistent and extensive debate on whether focus of programs should be on demand or supply side with predominant attention being paid to demand creation historically and even more so recently². However, there is strong evidence that **Supply Side**

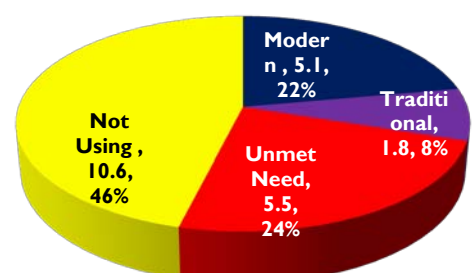
¹ In 2006-7, when the last Demographic Health Survey was conducted which served as the basis for these figures

² Robinson WC, Shah MA, Shah NM. **The Family Planning Program in Pakistan: What Went Wrong?** *Int Fam Planning Perspectives* 1981;7:85-92.

SALIENT POINTS

- Family Planning has steadily increased in Pakistan. However, the rate of this increase has been slow; around 0.5% per year over the past 50 years.
- This rate of increase in family planning has been comparable for both modern and traditional methods.
- Family planning services reach a total of 12% of MWRA.
- Most FP commodities are procured directly by women/ couples.
- Public sector accounts for only about a third of the services.
- The method mix suggests that the most common methods are those that are controlled by the women and couples, perhaps reflecting on the quality and access of the family planning services.
- There is a large group of women with an Unmet Need that are turning to traditional methods. This group should be the key target audience for any upcoming family planning programming.

Current Contraception Usage
MWRA 24 million



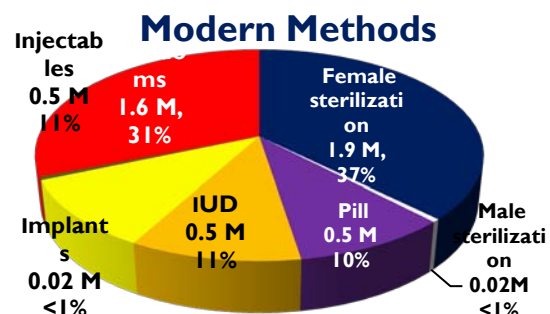
Programming has worked well - perhaps even better than demand creation - in increasing CPR³. In short when quality services are consistently available, women/couples will use them. To be fair, it is difficult to separate the impact of secular trends on knowledge and attitudes of women/couples and society about family planning from the results of active demand creation by programs. To date no formal evaluation of demand creation programs and its rigorous outcomes in Pakistan are available.

Method Mix

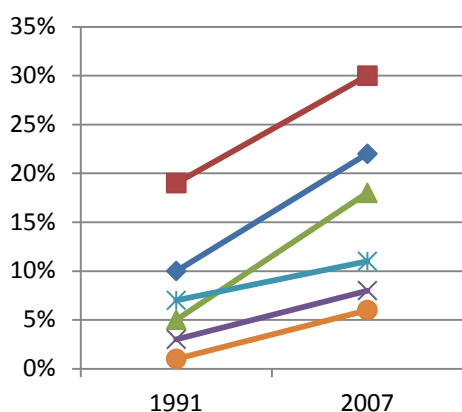
The overall method mix is diverse in Pakistan. Among women who use a modern method, most are sterilized (38%) followed by those who use a condom (31%). However, women seeking sterilization are 30 years or older (mean age: 39 years) and have around 6 children. Sterilization can be better promoted at an earlier age or number of children. Condom users are usually younger women - in their early 20s. They are both urban and rural and most obtain these from pharmacies, chemists or other shops through self-payment. Finally, a third of women receive pills, IUDs or injectable contraceptives. Male sterilization and implants - new to Pakistan - are rare.

As is described below in the section on services, the majority of the methods are those that are controlled by the women or couples. These include the 1.9 million traditional method users and the 1.6 million condom users, adding up to 3.5 million or about half of all contraception users. These constitute two-thirds of all non-permanent method users and likely reflects the quality of services provided and the faith that women/ couples have in them.

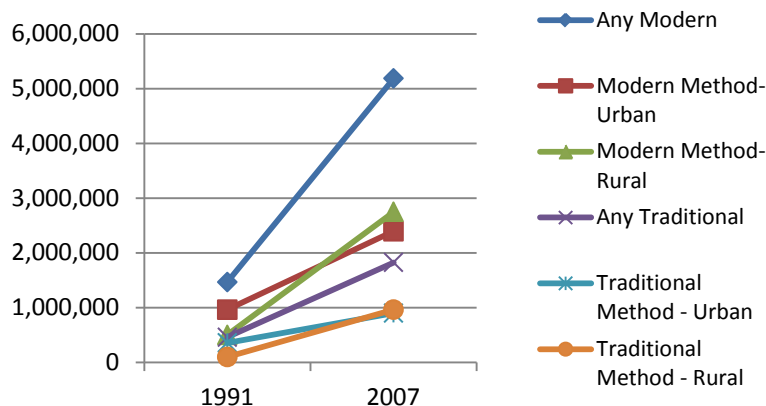
Changes in CPR and the Number of People Accessing Family Planning between 1990 and 2007						
	CPR in %			Population in millions		
	1991	2007	Change	1991	2007	Change
Any Contraception	13	30	136	1.9	7.0	263%
Urban	26	41	58	1.3	3.3	149%
Rural	6	24	312	0.6	3.7	514%
Modern Contraception	10	22	129	1.5	5.1	253%
Urban	19	30	58	0.9	2.4	148%
Condom	7	12	72	0.3	1.0	171%
Reversible Modern	5	8	66	0.2	0.6	162%
Female Sterilization	7	10	39	0.4	0.8	120%
Rural	5	18	267	0.5	2.8	446%
Condom	1	4	334	0.1	0.7	547%
Reversible Modern	2	6	225	0.2	1.0	385%
Female Sterilization	2	7	274	0.2	1.1	457%
Traditional	3	8	157	0.5	1.8	296%
Urban	7	11	59	0.4	0.9	150%
Rural	1	6	542	0.1	1.0	856%



Change in Percentage



Change in Users

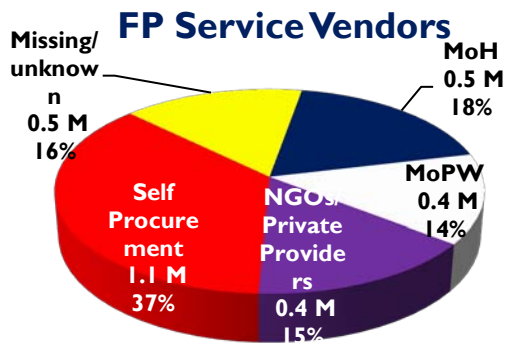


³ Shelton JD, Bradshaw L, Hussein B, Zubair Z, Drexler T, McKenna MR. **Putting Unmet Need to the Test: Community Based Distribution of Family Planning in Pakistan.** *Int Fam Planning Perspectives* 1999;25:191-195.

Family Planning Services

Within all modern method users 38% are those that have undergone female sterilization⁴ and 11% are using an IUD. Since not all women who received either of these methods did so in the past year, women who received family planning services within the past year is arrived at by counting only those women who received IUD or sterilization within the past year⁵. **The total number of women who received family planning services in any one given year is around 2.9 million** with condoms constituting the most favored method and self procurement being the most common means of obtaining contraception.

Thus, the overall service delivery foot-print is small with only around 12% of all MWRA being served in a given year by all service providers (public and private) combined with most services being procured by women/ couples directly from shops, chemists or other outlets. This means that they procure these supplies without a formal health provider, obtain no counseling and therefore have nowhere to turn to when side effects – which may be frequent – arise. Public health planners and policy makers should revisit the structural aspects and outreach coverage of family planning services in order to reach and engage these women/couples to regularly use family planning.



Supported by USAID's Small Grants Program: **Synthesizing Evidence for Policy and Action: Bridging the Gap between Knowledge and Results to Improve Health Outcomes**

Disclaimer:

This report was made possible with support from the American people delivered through the U.S. Agency for International Development (USAID). The contents are the responsibility of Research and Development Solutions, Private Limited. and do not necessarily reflect the opinion of USAID or the U.S. Government.

For Comments and Information please contact:

Research and Development Solutions

www.resdev.org/e2pa

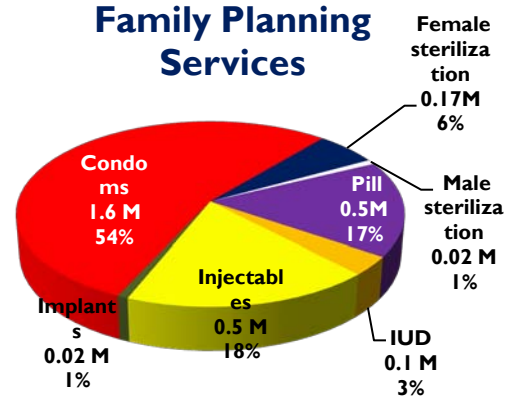
Phone: +92 51 2611 746

Dr. Ayesha Khan
Dr. Adnan Khan

ayesha@khans.org
adnan@resdev.org



Family Planning Services



RECOMMENDATIONS

- Women/couples with unmet need are a readily accessible group that needs to be targeted with family planning services as a priority
- Public health planners should focus on enhancing outreach, continuity of supplies/commodities, and access of family planning services to reduce the large unmet need.
- Despite their ease and efficacy, IUDs are under-used (11%) and should be more widely promoted in family planning services.
- Sterilization (both female and male) needs to be promoted earlier on to women/couples as a safe and viable option for completed families.
- Strategies to expand access to women beyond the current 12% coverage must explore the role of NGOs, public-private partnerships, and other innovative models from the region.
- Public health planners should consider formal engagement of outlets, pharmacies, shops that stock family planning supplies with information on side effects and local area facilities (public or private sector) or providers to consult if the need arises.

⁴ Proportional contribution of male sterilization is <1%

⁵ According to the PDHS 2006-7, only around 9% of the women who are currently sterilized, received this procedure in the past 12 months. Similarly, international data suggests that an IUD is retained for an average of 5.5 years.