

FAMILY PLANNING PERCEPTIONS AND PRACTICES: WHAT ARE VOICES FROM THE COMMUNITY SAYING?

Combined Pakistan Government and donor resource investments of PKR 39 billion (USD 652 million) have yielded mixed results in accelerating the CPR in the last one decade. In fact we have witnessed a shrinking role of public sector in FP provision (that now serves around 35% of FP users) driven by inefficient supply of costly services¹, supply interruptions, and weak governance.

Nearly a third of the women buy FP commodities directly from stores and around 15% receive theirs from the private sector, underscoring the fact that either voluntarily or pushed by economic necessity, women are ready to adopt FP as the need of the day. Numerous Pakistan-based studies suggest that any organized FP intervention that makes supplies and services available can rapidly increase CPR from 12-20% within a year. This together with a high unmet need raises the question why then is the FP uptake so low in the country?

Government programs should prioritize FP service delivery via government facilities

This policy brief aims to explore community level FP perceptions and practices of women/couples to understand the demand-side barriers that are holding Pakistan back in meeting its CPR goals.

METHODOLOGY

Using mixed (qualitative and quantitative) methods we collected data on the child birthing perceptions and practices of 2200 married and unmarried women from three rural communities in Pakistan².

KNOWLEDGE OF FP OPTIONS

- Awareness of short term FP options and about the need for a birthing interval of 2-3 years was fairly high among women.
- Interestingly, 60% of unmarried or very recently married women (<3 months) reported wanting to delay having children immediately after marriage; however this attitude dropped to less than 30% of women married for 3+ months, suggesting societal pressures and expectations of in-laws post-marriage.
- **Myths** that commonly limit the use of FP by women include: excessive weight gain, infertility, infections and a lack of clarity (and trust) about with whom they could address these concerns.

USE OF FP

- Despite high levels of awareness actual use/discussions of FP does not seem to start until the 3rd child for most (70%) women.
- Most women reported that they “initiated” FP discussions with the LHWs or private providers after becoming “tired of having children”.
- LHWs provide mainly short term methods and do not actively refer women to local Family Welfare or RHSCs for long terms methods.

- Less than 50% of the women are aware of the local Family Welfare center in their area and very few reported having visited the facilities for any Reproductive Health or FP services.

DECISION MAKING AND ENGAGEMENT

- Women ended up having 1-3 children more than what they perceive is the ideal family size.
- Women were receptive to the idea for paying for FP services. Repeatedly in all three communities, more so in Punjab, women reported a desire (i.e. importance) to educate and send their children to school.

POLICY AND PROGRAM IMPLICATIONS

- **Policy Level** – Politicians can generate a lot of political goodwill if they are seen as portraying FP as priority for enhancing the well being of families and their constituents and making FP available in their constituencies.
- **Program Level** – In government programs (LHW and MNCH program), there should be standardized checklists for LHWs and CMWs of key issues to discuss during each household visit. This would help reduce missed opportunities to address FP needs early on and ensure that timely referrals are made to public or private facilities for long term methods.

- **Education and Employment Opportunities** – Experience from other countries shows that without investing in long term efforts to improve education and eventually employment of women into the paid labor force, stand alone FP initiatives seldom succeed.

Government FP workers such as LHWs and CMWs need to provide timely referrals for long term methods


Funding for data presented in this brief was provided by the Research and Advocacy Fund of the DFID.

¹ Research and Development Solutions Policy Brief Series #4: Utilization and Costs of FP in the Public Sector <http://resdev.org/Docs/04fpcosts.pdf>
² Research supported by grants from Research Advocacy Fund of the DFID to RADS and RSPN. Data collected from Jhelum, Pak Pattan and Dadu

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.

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