

# WHAT UNMET NEED FOR FAMILY PLANNING MEANS IN PAKISTAN

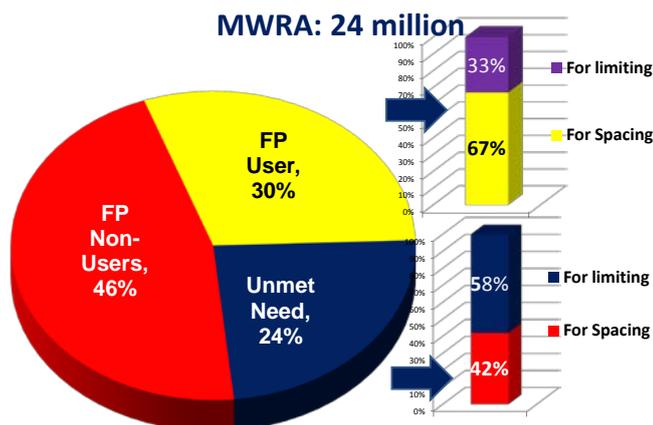
## Background

Family Planning (FP) in Pakistan have been increasing by around 1% per year since 1990. Today 30% or around 7 million of married women of reproductive age (MWRA) use some form of family planning. However a large proportion of these women either use a traditional method or have undergone sterilization in previous years and therefore the total number of women who avail any family planning services in a given year are around 3 million. Compared to these 24% of MWRA or nearly 6 million women would like that they would like to use family planning if it was available to them, i.e. have an Unmet Need<sup>1,2</sup>. Addressing this Unmet Need can provide major breakthroughs in increasing family planning in Pakistan.

## Unmet Need in Pakistan

One MWRA in 4 in Pakistan has an unmet need for contraception, which is the highest such rate in the region. As is the case for family planning, this unmet need is for both spacing births and limiting families, and the extent of each of these varies by women's age, parity and education. Two-thirds of women using family planning in Pakistan do so to space births, whereas, majority of women with an unmet need have a need for limiting families. This difference is crucial. Those with an unmet need for spacing are younger, and have with fewer children than those with a need for limiting or even all MWRA in general. Furthermore, realization of an unmet need starts early, when these women have 2-3 children and increases with age and the number of children.

### FAMILY PLANNING OVERVIEW PAKISTAN



## SALIENT POINTS

- 1 in 4 MWRA in Pakistan have an Unmet Need for Family Planning
- Most of this Unmet Need is for limiting families
- Women recognize this need early and yet are unable to meet it
- Nearly 3.3 million women have an unmet need for limiting families whereas current services for permanent/ long term methods serve fewer than 300,000 women
- Addressing the need for limiting is crucial and quickly raise CPR
- Women with an unmet need for spacing are a distinct group and must receive wider choices of methods and increased quality of services available
- The Lady Health Workers can play a critical role in identifying and referring women with an unmet need for family planning to facilities in public or private sector

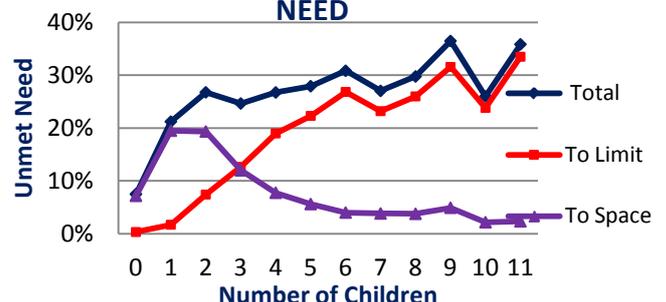
## Who has Unmet Need

Women with an unmet need for spacing are an average of 26 years old and have fewer than 3 children. Those with an unmet need for limiting families are on average 35 years old and have over 5 children each. Although unmet need for spacing decreases with age and while that for limiting increases the total unmet need remains with a narrow range around 25% in all age groups. Twenty one percent of urban and 25% of rural residents have an unmet need. Unmet need is the highest among women from the poorest quintile, those with the no education or those with uneducated spouses.

### DEMOGRAPHICS OF UNMET NEED

	To Space	To Limit	Any	All MWRA
Age in years	26	35	36	32
Number of Children	2.5	5.2	4	3.5

### NUMBER OF CHILDREN AND UNMET NEED



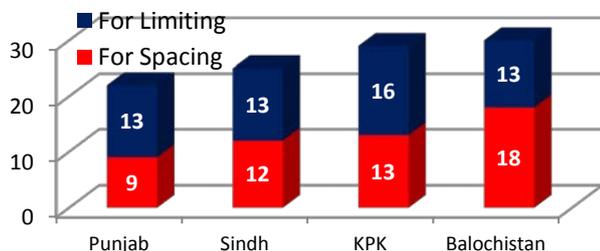
<sup>1</sup> National Institute of Population Studies P, Macro International I. Pakistan Demographic and Health Survey 2006-7. 2008.

<sup>2</sup> Unmet Need is Pakistan Demographic Health Survey 2006-2007 as "women whose last birth or current pregnancy: was mistimed or unwanted or who are not currently using contraception but do not want another child soon".

## Where is Unmet Need

Unmet need is the highest in Balochistan as a proportion of the population of MWRA and the lowest in Punjab. Much of the variation is in the need for spacing. These numbers translate to 3.5 million requiring limiting services and 2.5 million requiring spacing services. There is only slightly more unmet need in urban than rural locations.

### UNMET NEED BY PROVINCES



### UNMET NEED TO LIMIT OR SPACE BY THE PROVINCE (Total MWRA in millions)

	To Space	To limit	Total
Punjab	1.17	1.84	3
Sindh	0.67	0.75	1.4
NWFP	0.42	0.52	0.95
Balochistan	0.19	0.14	0.33
<b>Total</b>	<b>2.46</b>	<b>3.26</b>	<b>5.7</b>

## What Unmet Need Means for Family Planning Services

These figures suggest that approximately 5.7 million women in Pakistan have an unmet need. Of these nearly 3.3 million would like to limit their families. Annually, around 175,000 women undergo female sterilization, fewer than 10,000 men have sterilization and around 100,000 women receive IUDs. All told fewer than 300,000 couples (1 in 12 or women with an unmet need for limiting) receive any long term method for family planning each year. In order to achieve realistic targets of meeting unmet need, current services will have to be scaled up considerably.

The Ministry of Population Welfare/ Population Welfare Departments provide most sterilizations from its over 3,000 facilities. IUDs are provided by a variety of public and private sector providers. These come to around 50 sterilizations per facility per year (or 1 every week) and fewer IUDs, representing considerable underutilization of resources.

The services of the MoPW/ PWD outlets are limited by the number of women who patronize these facilities. While many such facilities work in the vicinity of MoH/ DoH facilities, they receive few referrals from either MoH/ DoH facilities or LHWs.

## RECOMMENDATIONS

- Meeting Unmet Need for Limiting should be prioritized and accomplished by increasing the capacity of government facilities and by creating linkages with the private sector
- Much of unmet need for limiting families can be addressed by a onetime “project approach” which combines increased referrals from communities to public or private facilities that have transient arrangements for performing sterilizations and inserting IUDs.
- Lady Health Workers must have checklists to help them identify, serve or refer MWRA with unmet need
- Private sector and NGO models are now available that can be scaled up with either donor funding or with contracting out of government services
- These models would be best used to address the need for spacing by increasing the availability of different methods and the quality of services to provide them.

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](http://www.resdev.org/e2pa)

Phone: +92 51 2611 746



**Dr. Ayesha Khan** [ayasha@khans.org](mailto:ayasha@khans.org)  
**Dr. Adnan Khan** [adnan@resdev.org](mailto:adnan@resdev.org)