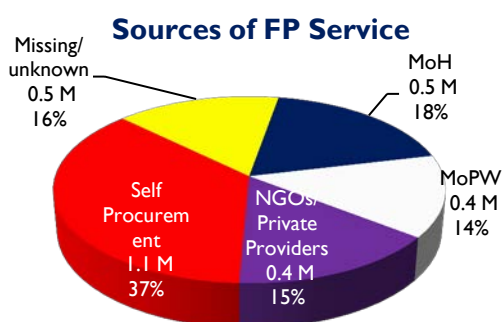


WHAT DO WE KNOW ABOUT SELF-PROCUREMENT OF FAMILY PLANNING SERVICES

Introduction

By 2006, family planning (FP) services reached only 12% of all Married Women of Reproductive Age (MWRA)¹. Of these more than third of the women procured condoms or oral pills directly from stores without any advice from a health provider. Since self-procurement is commonest form of FP “service”, it is important to understand what prompts self-procurement of FP and how this knowledge can help expand FP services. This brief analyses information from PDHS 2006-7 to explore factors driving self-procurement of FP services in Pakistan



What drives Self-Procurement of Family Planning Services?

Women self-procuring FP services were 1.5 times more likely to be extremely young, urban women from richer/richest wealth quintiles and married to literate spouses than those receiving free contraceptives. This significant finding raises the question that perhaps providers of free services are ignoring younger women from their efforts. Women’s own education and employment status did not appear to impact procurement patterns.

PREDICTORS OF SELF-PROCUREMENT

Variables	Adjusted Odds ratio	Confidence Interval Lower	Confidence Interval Upper
Age			
15-19	1.00		
35-39	0.10	0.02	0.67
40-44	0.09	0.01	0.58
45-49	0.06	0.01	0.38
Wealth Index			
Middle	0.62	0.43	0.89
Richest	1.00		
Partners Education			
Illiterate	0.71	0.56	0.91
Literate	1.00		
Region			
Urban	1.00		
Rural	0.74	0.57	0.96

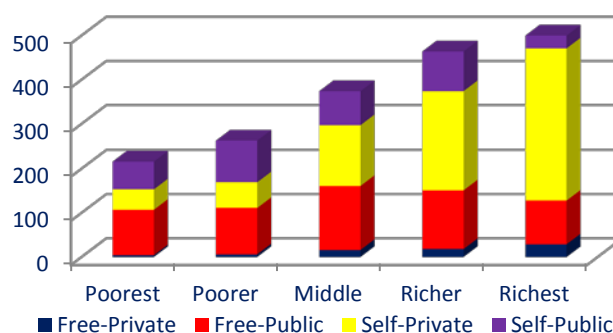
Note: Free procurers: n= 672, Self-procurers: n=853. **Factors that were not significant:** Age categories 20-24 25-29 30-34, poorest poorer and richer wealth indices and the respondents’ education level and employment status.

RECOMMENDATIONS

- Young MWRA between 15 and 19 years are being missed by free (usually public) FP providers. Reaching these women will help in providing them a supporting environment, establish some early habits and catch an important demographic group.
- Affluent urban women tend to buy their own FP commodities. Facing limited FP funds, perhaps public sector providers should target their scarce resources towards poorer women who need these services but are unable to afford them.
- Targeting poor women for free services from public facilities will require not only better tools to identify who are the poorest of women but also addressing governance issues to prevent demand for payments for supposedly free services.

Where Do Self-Procurers Procure From?

More than twice as many women (15% of MWRA) report self-procuring FP services than those who report receiving them for free (7%). Understandably, self-procurement increases with wealth and free services are uncommon in the private sector (1% of MWRA). Surprisingly though, 42% of users of the public sector reported paying for FP services including 42% of those who used Health Departments’ facilities that are supposed to be free.



Within the public sector, there was no difference between wealth quintiles for self-procurement from Population Welfare facilities. In the private sector, use of FP and self-procurement increased with improving affluence.

Conclusions

- Twice as many MWRA self-procure FP than those who receive free FP services. Despite the Government spending over USD 40 million annually on FP, too many poor women pay the costs of FP that are already being paid by the government.

¹ Research and Development Solutions Policy Brief Series #2: Family Planning Services in Pakistan
<http://resdev.org/Docs/01fpseries.pdf>

- Women from better educated, affluent households and living in urban locations are more likely to self-procure FP services. This allows the Government to better allocate its resources to other activities that can provide a better yield for this investment.
- Young MWRA – those between 15 and 19 years of age are being systematically ignored by public sector providers who are the predominant providers of free services. While relatively few among these women may seek FP, the fact is that some do. Addressing their needs may establish some lifelong habits and perhaps even mitigate societal pressures on newly married couples to have a child immediately after marriage.
- Addressing any of these issues requires attention to governance in that unwarranted payments by clients at free facilities must be stopped. This can be done by closing underperforming facilities, rationalizing personnel needs in public sector and more efficient management. An alternative maybe to contract out government facilities to NGOs and private providers under strict oversight.

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