



Research & Development  
**FORUM** *for*   
Safe Motherhood Private Limited



# What Women Want for Family Planning in Pakistan

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## DISCUSSION PAPER

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Forum for Safe Motherhood



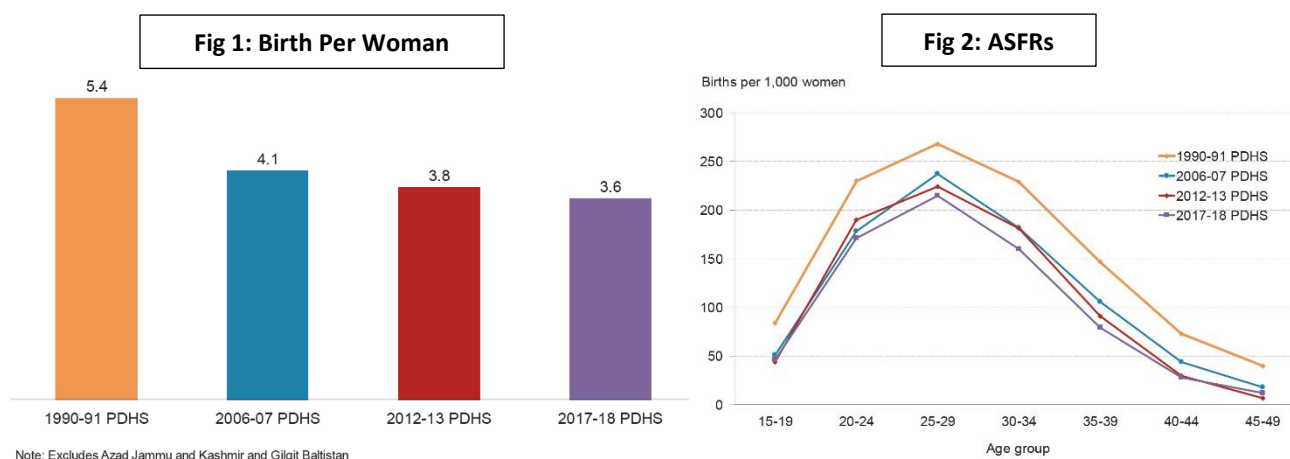
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## Family Planning – An Overview

Pakistan continues to face the challenge of high population growth. The Pakistan Demographic and Health Survey (PDHS 2017-18) has reported Total Fertility Rate (TFR) of 3.6, which for urban women is 2.9 and for rural women is 3.9 i.e. a rural woman will give birth to one child more during her reproductive years as compared to an urban women. The fertility rate has steadily declined over 3 decades from about 5.4 births per woman as reported in 1900-1991 PDHS to about 2 births per woman. However, this decline has been slow in the recent period i.e. 4.1 in 2006-07 PDHS to 3.6 in 2017-18 PDHS. With respect to Age Specific Fertility Rates (ASFRs), the decline has been almost consistent among different age groups.



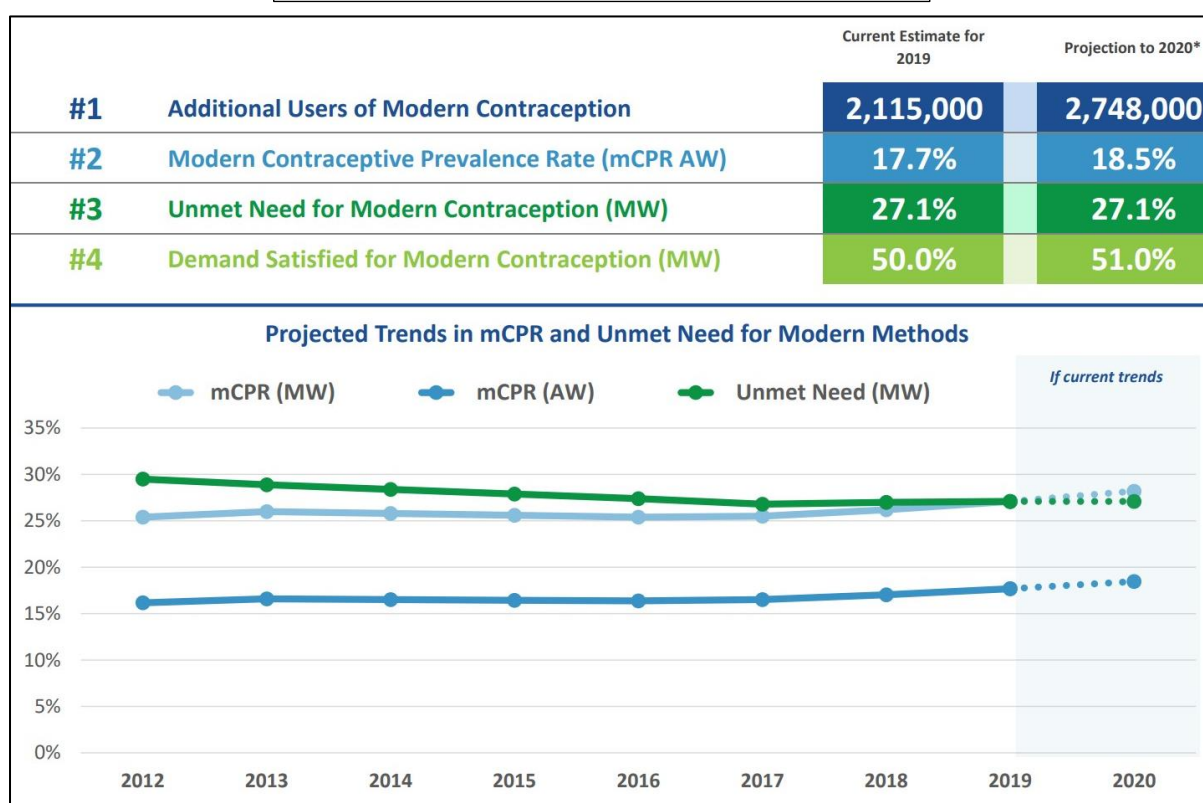
Source: PDHS 2017-18

Family planning is an approach towards addressing the population growth and refers to a conscious effort by a couple to limit or space the number of children they have through the use of contraceptive methods. The 5 years between the 2 last PDHSs witnessed a stagnancy in the use of contraceptive methods (34% in the 2017-18 PDHS and 35% in the 2012-13 PDHS). An earlier rise noted in the use of contraceptive methods i.e. between 2006-07 PDHS and 2012-13 PDHS was mostly attributed to an increase in the use of traditional methods from 4% to 9% (NIPS and ICF International, 2013).

An important parameter of demand for family planning is unmet need. Unmet need refers to eligible women who are not using contraception, but who wish to delay their next birth (spacing) or stop childbearing altogether (limiting). Unmet need is different from total demand for family planning which is sum of unmet need and total contraceptive use. The 2017-18 PDHS has reported that 17% of currently married women have an unmet need for family planning services and 34% of married women are currently using a contraceptive method. Therefore, 51% of currently married women have a demand for family planning. There has been a slight decline in unmet need for family planning, from 20% in 2012-13 to 17% in 2017-18. However, the use of modern methods and the percentage of women with demand satisfied with modern methods has remained largely unchanged between the last two PDHSs.

The FP2020 Annual report provides the recent trends of FP indicators. For Pakistan, the unmet need for modern contraception for married women is estimated to be 27.1% for 2019 while demand for modern contraception is satisfied for 50% of the married women thus leaving nearly 50% of married women whose demand for modern contraception is not satisfied.

Fig 3: Pakistan FP2019-20 Core Indicators



Source: [http://www.familyplanning2020.org/sites/default/files/Data Hub/2019CI/Pakistan\\_2019\\_CI\\_Handout.pdf](http://www.familyplanning2020.org/sites/default/files/Data%20Hub/2019CI/Pakistan_2019_CI_Handout.pdf)

## Discussion Paper – Purpose & Scope

The present paper aims at expanding upon the demands of women raised with respect to family planning, as identified in existing published and grey literature; highlighted under the What Women Want Campaign in Pakistan; and elaborated upon in the Listening Sessions organized at the provincial level between decision-makers and the women and girls who participated in the campaign.

The objective behind this exercise is to bring forward recommendations for addressing the key barriers to FP in Pakistan, by shaping FP related policies and resource allocations.

## Family Planning in Pakistan – What Women Have Wanted

In Pakistan there is a scarcity of data on direct users expressed needs and demands regarding family planning. The existing literature has rather focussed on the barriers to family planning uptake. However, in doing so it has also touched upon the demand side of family planning. Documented below are some of the key asks that have come forward from the review of research carried out in the area.

### Key Ask 1 – Accessible Services

In 2009, a study conducted by the oldest and largest national NGO working on family planning, Rahnuma Family Planning Association of Pakistan, identified inaccessibility to services and min-information/lack of information about supply sources as the major barriers to availing family planning services<sup>1</sup>. The study recommended that the family planning program in Pakistan should concentrate

<sup>1</sup> Rahnuma Family Planning Association of Pakistan, 2009, *The Imperatives of Family Planning in Attaining Fertility Transition: Exploring Futures Prospects*

on improving accessibility and increasing knowledge of families, especially in villages, regarding available services for meeting the existing demand of family planning. The study concluded that if family planning services were available to all women, were not costly and were of acceptable quality, a large number of users would adopt these thereby leading to improved contraception.

The demand for availability of FP services at village level appears to be a longstanding demand of communities. A study<sup>2</sup> conducted earlier in 1999 had also documented the need for availability of health services including FP at the village level as the most common and consistent demand by both men and women. The need for having female health care providers especially for FP at the village level was also highlighted. Both these demands need to be seen in the perspective that it is almost impossible for rural women to travel outside their village unaccompanied.

### Key Ask 2 – Better Quality of Services

In a study conducted by Moazam et al<sup>3</sup>, in 3 districts of Punjab where there was a widespread network of public sector outlets providing FP services, it was found that a significant number of women reported to have received FP/RH services from private sector sources. These women reported at receiving better quality of services at the private facilities as compared to the public. The need for quality services has also been expressed in another study<sup>4</sup> which highlighted the immense need for improvement of FP services at public facilities. The fact that public facilities remain underutilized was also highlighted, and recommendation regarding increased cooperation between public and private service providers for sharing of information and having more referrals was also put forward.

### Key Ask 3 – Presence of Qualified & Adequate Female Healthcare Providers

The presence of qualified female healthcare providers at health facilities is an essential, especially for long term family planning services. According to a study conducted in 2015<sup>5</sup>, majority of men and women highlighted the importance of having female doctor in their respective areas as they were not comfortable discussing gynecological or reproductive health issues with male doctors due to various sociocultural boundaries. The need for female staff was also highlighted by another study<sup>6</sup> that looked at FP services provision with respect to health system perspectives. The study recommended that there should not only be deployment of more female staff at FP centres, but also measures need to be taken for improving staff retention for effective implementation of FP programs.

The effectiveness of trained female health workers for family planning was also captured in the evidence generated by Family Advancement for Life and Health (FALAH) project implemented in Pakistan. The findings of FALAH study<sup>7</sup> showed that a fully trained female provider for family planning services at a facility would attract 50% more clients than untrained providers.

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<sup>2</sup> Ayesha Khan, 1999, *Mobility of Women and Access to Health and Family Planning Services in Pakistan*

<sup>3</sup> Moazam Ali, Syed Khurram Azmat, Muhammad Ishaque Ghulam Mustafa Waqas Hameed, Omar Farooq Khan Ghazunfer Abbas, Marleen Temmerman, 2015, *Assessing predictors of contraceptive use and demand for family planning services in underserved areas of Punjab province in Pakistan: results of a cross-sectional baseline survey*

<sup>4</sup> Shirin Ahmed, Ayesha Khan, Adnan Ahmad Khan, 2011, *Policy and Programme Implications of Unmet Need for Family Planning in Pakistan*

<sup>5</sup> Ghulam Mustafa, Syed Khurram Azmat, 2015, *Family Planning Knowledge, Attitudes, and Practices among Married Men and Women in Rural Areas of Pakistan: Findings from a Qualitative Need Assessment Study*

<sup>6</sup> Saira Zafar, Babar Tasneem Shaik, 2014, *Only systems thinking can improve family planning program in Pakistan: A descriptive qualitative study.*

<sup>7</sup> Arshad Mahmood, 2012, *Birth Spacing and Family Planning Uptake in Pakistan: Evidence from FALAH*

## Key Ask 4 – Increased Knowledge & Awareness regarding FP

There is an increasing demand to meet women's information & knowledge needs regarding FP. According to the FALAH study mentioned earlier, these can be effectively addressed through mass media campaign, community media and through interpersonal communication. Door to door counselling which is a form of interpersonal communication has also been found effective in addressing FP information needs. A study<sup>8</sup> conducted in the urban slums of Karachi found that door to door counselling proved effective in increasing use of contraceptive in urban slums of Karachi. This counselling was provided by local CHWs (Community Health Workers) who had good rapport with Married Women of Reproductive Age (MWRA) of their areas.

Another study<sup>9</sup> on FP knowledge and attitudes highlighted the demand for involvement of men. It documented the emphasis on availability of a male with training and adequate knowledge in family planning in the communities who could inform men about the benefits of family planning and birth spacing. The study while taking into account the changing attitudes i.e. increasing demand for family planning, recommended addressing the obstacles such as access, affordability and availability by alleviating fears through effective counselling and providing adequate information to both men and women about method-related side-effects and how to manage them. The FALAH study<sup>10</sup> also found that communication with men also influenced positively women's intention to use contraceptives.

## Key Ask 5 – Affordable Services & Commodities

Ability to procure FP services and commodities has been a key aspect of FP services uptake in Pakistan. A working paper<sup>11</sup> on family planning reported that men were more likely to identify the cost of purchasing contraception as a barrier to use. Another study<sup>12</sup>, however, mentioned women to have reported affordability as a barrier to family planning services. A study<sup>13</sup> while concluding that women identified economic barriers as the main reason for not using contraceptives also noted that, the use of free contraceptives also incurred costs such as travel cost and absence from their economic activity. In the study cited earlier by Moazam et al, women cited affordability and quality as major reasons for their choice of contraceptive.

## What Women Want for Family Planning – The Present Perspective:

In 2018-19 Pakistan became a part of the global What Women Want (WWW) Campaign. Carried in 114 countries, the campaign asked around 1.2 million women and adolescents their top demand regarding their **maternal and reproductive healthcare**. Of the 1,197,006 demands put forward by women, 36,121 were about family planning and were in the Top 20 demands as shown in Fig 4.

From Pakistan, nearly 250,000 women participated in this survey, and among their communicated demands, Family Planning fell in the Top 10, with women's key asks focusing on areas like: FP information/awareness/education, free services provision, access to contraceptives/methods and availability of equipment.

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<sup>8</sup> H. Najmi, H. Ahmed, G.M. Halepota, R. Fatima. M. ul Haq, A. Yaqoob, A. Latif. W. Ahmed, and A. Khursheed. 2014-16, *Community-based integrated approach to changing women's family planning behaviour in Pakistan*.

<sup>9</sup> Mustafa, *FP Knowledge, Attitudes, 3*

<sup>10</sup> Mahmood, *Evidence from FALAH*

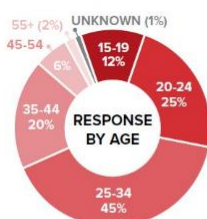
<sup>11</sup> Monique Hennink, Rob Stephenson, Steve Clements, 2001, *Demand for Family Planning in Urban Pakistan*

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<sup>12</sup> Moazam, *Predictors*

<sup>13</sup> Rob Stephenson, Monique Hennink, 2004, *Barrier to Family Planning Services Use among Urban Poor in Pakistan*.

**114** COUNTRIES  
**359** PARTNERS  
**1,197,006** DEMANDS



The top twenty demands for quality reproductive and maternal healthcare from women and girls globally are presented, as are the results disaggregated by age group.\* Many women and girls provided more than one demand, which are reflected in the results. The 143,556 responses from the original *Hamara Swasthya Hamai Awaaz* campaign are not included.

\*Demands from those with unknown ages are included in the global totals, but disaggregated data is not provided for this group.

WHATWOMENWANT.ORG

#### TOP TWENTY DEMANDS:

1. Respectful and dignified care: **103,584**
2. Water, sanitation and hygiene: **90,625**
3. Medicines and supplies: **82,805**
4. Increased, competent, and better supported midwives and nurses: **65,028**
5. Increased, fully functional and closer health facilities: **59,388**
6. Increased, competent and better supported doctors: **59,015**
7. Free and affordable services and supplies: **58,268**
8. Antenatal information, personnel, services and supplies: **53,668**
9. Labor and delivery information, personnel, services and supplies: **45,323**
10. Timely and attentive care: **43,290**
11. Transportation infrastructure: **39,557**
12. Improved health, well-being, maternal, reproductive and/or general health services: **37,076**
13. Family planning information, personnel, services and supplies: **36,121**
14. Ethical, lawful, non-abusive and secure care : **34,081**
15. Food and nutrition information, personnel, services and supplies: **31,688**
16. Child health and welfare information, personnel, services and supplies: **30,601**
17. More female providers : **26,267**
18. Increased, competent and better supported health providers (general): **21,873**
19. Counseling and awareness on maternal, reproductive and general health and services: **20,840**
20. Menstrual health: **17,729**

Fig 4: Demands of Women from WWW Survey

Interestingly, upon juxtaposing the demands put forward by respondents from Pakistan with the literature available on the users expressed needs for Family Planning, a certain commonality in the Key Asks was identified. The same is evident from the analysis of survey findings documented below:

**Information about FP was a key demand expressed by women in the WWW campaign.** This need has been iteratively identified in the existing evidence. It will therefore be of utmost importance to cater to this demand of women for strengthening family planning in Pakistan. Important in this regard will be to focus on the areas that require most attention such as fear of side effects, range of contraceptives and their use with respect to spacing and limiting, sources of availability etc. Also important in this regard will be strengthening the LHWs role and capacity to impart the information as well as bringing to use modern communication methods such as mobile technology, social media, broadcast media<sup>14</sup> etc. The static health and population welfare facilities have also been identified to be key source of information with a demand by men to have male providers who can provide them the information.

**Need for improved quality of services was also brought forward by women.** This demand is also not out of place with what has been identified as underlying factors constraining the family planning services uptake in existing evidence. The preference for private sector is underpinned by the quality aspect of services. Here quality is a holistic concept that circumscribes not only the general outlook of facilities but also the skills of providers, the equipment and supplies, the facilitation of choices and decisions to be made by the service seekers, the safety and respect of services seekers, the ability of services and system to address individual needs in the context of spacing or limiting births, and the promptness, adequacy, accessibility of services on the overall. It is therefore imperative that quality of

<sup>14</sup> Population Council, 2016, *Landscape Analysis of the Family Planning Situation in Pakistan*.

services that satisfy needs and attract users be targeted for improving family planning services delivery in line with the demands of women.

**Availability of trained female providers was underscored by the women involved in the campaign.** This has also proven effective for improving family planning services uptake with almost 50% increase. The trained human resource availability will be critical to improving quality and thus satisfying the demands of women whereby they can access services with the trust that would reinforce compliance and continuity.

**Access to FP services was highlighted as a key barrier in the WWW Campaign.** Underpinned by factors such as costs associated with reaching out to health services, lack of socio-economic empowerment of women to access FP services, and social constraints related to travel, the access to FP services needs to be improved. The doorsteps delivery of FP services needs to be focussed. This may require strengthening the LHW program which is a primary existing channel to reach out to women at their household levels. Besides, out of box thinking may be required to improve this aspect. Home delivery concept in the consumer market world has revolutionized the access to products. Such concepts may be adopted for the public sector as well especially given that there has been a good deal of progress on Logistics Management Information System (LMIS) with respect to family planning in Pakistan. Options should be explored and tested that could improve the availability of FP services at household level through may be public private partnerships.

**Related with access was the issue of free availability of FP services as voiced by the women.** Greater budgets will be required to address this along with the issue of addressing the stock outs. Important in this regard would be to cater for commodity security that may come up as a challenge in the context of competing priorities, non-budget availability, lack of capacity for international procurement, missing economies of scale due to province specific procurements. An option could be that government encourages and creates a supportive environment for local manufacturing of the contraceptives. A study<sup>15</sup> on local production of contraceptives has concluded that producing a full range of family planning commodities to be procured by the provincial governments in Pakistan in the years to come was economically viable and less risky from a market niche perspective.

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<sup>15</sup> USAID Global Health Supply Chain – Procurement and Supply Management Single Award IDIQ. 2016. USAID GHSC-PSM report on situation analysis on feasibility to explore the potential of local production of contraceptives in Pakistan, Chemonics International Inc.