

Unmet need for family planning in Pakistan – PDHS 2006–2007: It's time to re-examine déjà vu

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Abstract: The recent data on unmet need in the Pakistan Demographic and Health Survey 2006–2007 shows a high unmet need for contraceptives, although family planning programs have been in place in this country since the late 1950s. The phenomenon presents a complex picture, as the contraceptive prevalence rate has remained almost unchanged over the last 10 years. To analyze this situation, a novel technique or a new lens would be required. This paper attempts to examine the problem at various levels: users, family, community, health system, other sectors, and the state. A multipronged and multisectoral approach is a prerequisite to institutionalize the family planning services all across the health sector. Studying health-seeking behaviors and conducting health systems research have the potential of delivering the desired recipe to address the high unmet need for family planning in Pakistan.

Keywords: health-seeking behaviors, health systems research

Introduction

Whether or not to practice family planning has been declared the right of every human. However, when given the choice, many people would space out their children and limit the size of their family in order to improve their living conditions.¹ The developing countries and, in particular, Pakistan's family planning programs have been incapable of meeting these reasonably well echoed needs and desires. The gap between the supply of, and demand for, family planning services and programs has, if not widened, remained almost unchanged for over a decade.^{2,3}

The recent data on unmet need in the Pakistan Demographic and Health Survey (PDHS) reveals a contraceptive prevalence rate (CPR) of 29.6% in which the use of modern methods is only 21.7%. On the demand side, 55% of women want to practice family planning; however, the services and programs fail to meet the demand and leave an unmet need of 25%. This includes women who want to space out their children as well as those who want to restrict their family size.³ The survey further shows that the unmet need is attributed to a variety of reasons which this paper will attempt to address, one by one. The paper will also endeavor to put together some new recommendations to highlight again the issue of unmet need for family planning to the surface once again. Some of the content may have been read many times and may sound déjà vu; however, the paper will suggest a new framework to analyze and address the issue differently.

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Methods

The main source of information used for the development of this paper is the PDHS 2006–2007. A literature search was carried out in MEDLINE®, and combinations of the following words were searched: ‘family planning’, ‘unmet need’, ‘reproductive health’, ‘Pakistan’, ‘health-seeking behaviors’, and ‘health systems research’. Moreover, using Google Scholar™, a few important nonindexed publications were consulted. The government of Pakistan’s official reports on health surveys conducted in Pakistan, family planning statistics, and national reports were also referred to. The bibliographies retrieved through PubMed and the reports were then searched for further references. Two articles, though nonspecific to Pakistan, were consulted to understand the social context of the unmet need for family planning in other parts of the region and in developing countries. Literature on health-seeking behaviors and health systems research was included to develop a framework to understand the phenomenon of unmet need for family planning and to recommend a way forward.

The phenomenon of unmet need

The conventional estimates of unmet need include only married women who want to postpone or avoid childbearing but are not using contraception. However, this phenomenon has several aspects that need to be explored.

User level (women specifically)

Though researchers claimed for a long time that knowledge of family planning is universal among women in Pakistan, the PDHS 2006–2007 showed startling results, reporting that 56% of married women have never been exposed to any radio or television campaign on family planning. Those who heard any message on family planning perceived it as a family limiting program. There is a need to recognize the underlying reason, female literacy, which is very low nationally (36%) and would be even lower in rural areas of the country.⁴ Nonetheless, of those women who do not practice family planning, 58% quoted fertility-related reasons (ie, desire for more children), 23% quoted husbands’ opposition to use of contraceptive methods, and 12% quoted method-related misperceptions and fears.³ The uptake of contraceptives depends on social relations and dynamics of social institutions. Family planning campaigns and programs unable to address users’ concerns add to this unmet need. A culturally sensitive communication strategy (information education communication and behavior change communication) has to be designed to motivate women to change their behavior by actually addressing their concerns about family planning.¹⁸

Family level (head of the family, mother-in-law)

Besides the PDHS, other researchers have also shown that opposition from family members and lack of support from the mother-in-law makes the situation of a woman more fragile and dependent on family norms and in family planning. In seeking health care or a consultation for family planning with a service provider, a woman cannot make independent decisions, even in an emergency.⁵ She would be allowed to go accompanied to a health facility with the permission and advice of the head of the family or, in most cases, with the consent of the mother-in-law.⁶ Engaging with older women at the community level and attending to their views and concerns surely will help overcome such prohibitions imposed on the women most eligible to take up family planning methods.

Community level (peers, opinion leaders, and clergymen)

The myths and misconceptions about contraceptives (particularly pills, injectables, and intrauterine contraceptive devices [IUDs]) are propagated swiftly in closely connected communities. A number of myths can be eradicated from communities through behavior change communication and more robust social marketing; effective communication would encourage the adoption of appropriate health-seeking behaviors among communities. To address the myths attached to modern contraceptives, interventions should aim to counter negative perceptions, especially among young married women.⁷ Above all, religious opposition and misinterpretation of family planning impedes the adoption of contraceptives even among those who want desperately to space out their children.³ Involving satisfied family planning clients as ambassadors in the programs at the grass-roots level would help make family planning acceptable as a social norm. Given the important role of village elders, clergymen and religious scholars in society, their social approval for family planning will be required to fulfill the unmet need.

Health service delivery level (public, private, commercial, and nonformal)

Limited access to and poor quality of reproductive health services have been largely responsible for a low CPR.⁸ According to the PDHS, the most common method of contraception is the condom, followed by natural methods such as withdrawal and the rhythm method. One wonders what family planning programs are doing for promoting

hormone-based contraceptives, IUDs, and permanent methods. Surprisingly, the Lady Health Worker (LHW) is quoted by only 8% of the respondents as a source of obtaining contraceptives. Yet, she is being labeled as a 'pill pusher' or a main source of promoting modern contraceptives.⁹ This information indicates that a thorough review of the LHW program is needed: service structure, remuneration, training, curriculum, counseling skills, and the system of referral for IUDs and surgical contraception. Of the users of family planning services, 48% go to the public sector, 30% go to a private facility whereas 12% consult nonformal or other service providers. Around 10% of respondents in the PDHS either did not remember where they got the contraceptives or did not share the information.³ In spite of having a vast primary health care (PHC) infrastructure, the PHC network is underutilized and provides limited services to the rural and peri-urban populations.¹⁰ A national survey indicates that, nationally, only 20.6% of the people used the public sector network for their health care needs.⁴ The private sector including those organizations involved in social marketing and franchising private outlets for family planning service provisions have to revisit their program designs and look into the possibility of providing further subsidies in the pricing of the contraceptive products to overcome the barrier of associated cost. Franchised health establishments are successful in attracting reproductive health clients; therefore, this should be extended to rural areas too.¹¹ More commercial sales of contraceptives, especially condoms (the most preferred method), must be encouraged.

Other sectors

Beyond health sectors, other entities have a crucial role to play to reinforce the efforts of the health and population programs promoting family planning. In communication, electronic media has become a powerful instrument to motivate and influence people's choices and behaviors. Combined with a social marketing model, television and radio should be more open to discuss and highlight population issues and to sensitize people towards the need for family planning. Roads and transport have always presented a dismal picture in remote rural areas of Pakistan. The ideal situation would be to improve infrastructure and the systems to facilitate people's access to health and family planning centers. Meanwhile, bringing services to the doorstep should be the focus of the national programs. Investing in girl's education has been oft-advocated and is not only a dependable strategy to improve women's decision making about birth spacing but also for better

maternal and neonatal health outcomes. Youth and women development programs must join hands with health and population programs and make meaningful strategies to focus on youth by creating education, employment, and entertainment opportunities for our prime demographic section in the country.

State level (policy, programs, budget, interface with donors)

The National Maternal and Child Health Policy, despite its emphasis on safe motherhood, newborn health, family planning, and human resource development, has been unable to achieve the desired outcomes.¹² Integrating family planning services with other health services at all first-level care facilities is not only a long-standing demand but also a cheap and practical way to reduce the unmet need. All basic health units and rural health centers must define family planning services as part and parcel of their basic package of health services. A multisectoral systematic approach for promising universal access to quality family planning services, and institutionalizing these within primary health service delivery outlets, could be a breakthrough endeavor of the state to address the unmet need for contraceptives. Contracted out first-level care facilities could potentially be the window of opportunity to pilot this level of integration. Moreover, the state does have a pivotal role in working across the social sector, particularly on promoting girls' education which has been shown to have a direct influence on contraceptive use. More sincere and concerted efforts from the government and an increased donor assistance is a prerequisite for fulfilling the gap and unmet need and to embark upon tailor made programs, interventions, and social marketing campaigns for the areas that family planning services are still not reaching, not being accessed, and not being accepted. Donors have to be convinced that instead of having isolated vertical programs on family planning, it would be more appropriate to think of integrating family planning with PHC.¹³ To address this alarming situation and dismal state of CPR, reproductive health and women's health indicators in the country, it becomes imperative to identify the missing links between the International Conference on Population and Development agenda, government policies, national programs, and the efforts launched to achieve the millennium goals.¹⁴

Pathways framework for improving outcomes

Usually used in poverty reduction strategies, this framework can be applied successfully to improve the health outcomes.

The framework links all determinants and risk factors of health-related outcome at various levels (ie, households, communities, health services), and also helps facilitate a systems analysis by looking at health sector policies and the role of other sectors.¹⁵ By understanding the determinants of an outcome, this framework gives a new result orientation by ascertaining the inputs required at various levels and also prioritizing the interventions. The factors identified in the literature analysis are presented in the pathways framework (Figure 1) to establish the reasons behind the unmet need for family planning. Any new programs and strategic interventions for family planning and for promoting contraceptives in Pakistan must take into account the whole range of factors and determinants presented in the pathways framework.

Way forward

Investing in the parents of tomorrow’s youth in all family planning interventions and programs may yield some fruit.

It is important to remember that not all women with unmet need are ready to use modern contraceptives, particularly hormone-based contraceptives. Therefore, satisfying unmet need also includes an informational and educational effort and developing strong counseling skills among the family planning service providers. One study in the Punjab province was able to reveal major obstacles in taking up contraceptives, which were mainly husband disapproval, social and cultural barriers, and women’s own perceptions about the ability to use contraceptives.¹⁶ Further research would be desirable across the country, including the most remote and conservative areas, to unfold the myth related to unmet need which says that the level of unmet need is greatest among women who live in rural areas and are illiterate. A family planning program is likely to be most successful when it is designed so as to reach beyond the conventional boundaries of service provision to influence and alter the cultural and familial factors that limit voluntary contraceptive use.

Individual/household	Community	Health services	Other sectors	State
Information and knowledge about family planning and services available	Community norms and beliefs	Access to family planning services	Communication	Evidence-based policies for population planning
Literacy levels	Myths and misconceptions related to family planning	Availability of contraceptives	Roads	Recognition of family planning as poverty reduction strategy
Cultural beliefs and practices	Religious misinterpretations	Trained staff for family planning counseling	Transport	
Autonomy of decision making, especially among women	Social approval of community elders and opinion leaders	Quality of care and responsiveness	Education	Fostering intersectoral collaboration
Self perceived risks associated with contraceptives		Outreach programs	Youth	Appropriate allocation of resources (finances, HR, commodities, equipment)
		Constellation of services	Women's development	Reforms at PHC level

Figure 1 Pathways framework categorizing various factors behind the phenomenon of high unmet need for family planning in Pakistan. **Abbreviations:** HR, human resources; PHC, primary health care.

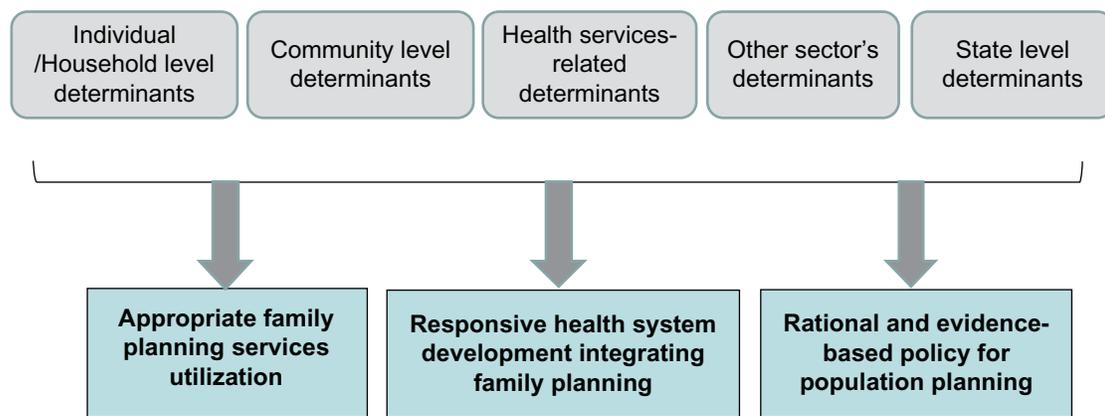


Figure 2 Health-seeking behavior and health systems research framework to address the unmet need for family planning.

Conducting research not only on sociodemographic factors but also taking into consideration the economic, political, and environmental determinants of health-seeking behaviors would, therefore, be crucial.¹⁷

Health-seeking behavior and health systems research ought to provide a rational and evidence-based development policy for population planning and must take stock of all the possible determinants behind the unmet need for family planning (Figure 2). This will ensure a responsive system of service delivery and consequently appropriate utilization of family planning services by the people of reproductive age. Family planning programs have a greater impact if they are tuned to address the multitude of factors influencing the acceptance, uptake, and continuous use of contraceptives.¹⁸ This will necessitate a study on the influence of determinants beyond the health care system and population programs, and therefore health systems research would be required. Government's commitment for strengthening and expanding the promising LHW program and inducting male community health workers into the national program can ideally address many obstacles in making family planning services affordable, accessible, and culturally acceptable.¹²

Conclusion

There is a strong need to comprehend the drivers of health-seeking behaviors of the people in today's pluralistic health care system. For this, researchers must embark upon a health systems research approach that would necessitate examining factors such as social and cultural constraints, factors related to geographic, physical, and economic access, gender-based barriers, girls' education, a woman's position in the family and community, limitations in the family planning service delivery, and other factors related to the larger society in order to

address the impasse of unmet need for family planning through a more responsive and gender-sensitive health care system.¹⁹ The government must play a stewardship role and invest in family planning programs, strategies, and services and use them as one of the vital poverty-reduction strategies in the country.²⁰ If family planning programs served most women with unmet need, a sizeable demographic impact would be seen, with a substantial reduction in fertility and a decline in population growth. This has become, more than ever, the foremost prerequisite for poverty reduction as well as social and economic development of Pakistan.

Disclosures

The author declares no conflicts of interest in this work.

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