

# The role of family planning in achieving sustainable development goals in Pakistan: good health, wellbeing and gender equality

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## Abstract

Pakistan is ranked as one of the lowest ones for performing poor on health indicators. Being the fifth most populous country with limited resources, it is high time for Pakistan to work on population area. Unlike some developing countries where the knowledge about modern contraceptive methods is found to be minimal among community members, Pakistan has almost 99% knowledge rate of modern contraceptive methods. Such data shows that the lack of knowledge about contraceptives is not a major factor which contributes to the lesser contraceptive prevalence rate. To study this phenomenon, this research papers seeks to explore the major determinants of family planning, trends of family planning, and how investing in family planning leads to achieve sustainable development goals of good health, wellbeing, and gender equality in Pakistan. For this study, primary data was collected from two districts of Pakistan through employing qualitative research methods. Secondary data was also used in the discussion of the study. The findings contend that contraceptive prevalence rate does not only contribute to tackle high population problem, but it also affects other health indicators such as infant mortality rate, maternal mortality rate, under five mortality and abortion rate. Family planning programs help ensuring gender equality component by providing an opportunity to women to participate in decision making process regarding their sexual and reproductive health. The endeavors of government, private and non-profit organizations have resulted in relatively increasing the demand of family planning but there is a long way for Pakistan to increase the uptake in an absolute term.

**Key Words:** *Family Planning, Gender Equality, Health, Welbeing*

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## Introduction

While in 1950, Pakistan was ranked as the world's 13<sup>th</sup> largest country with a population of 37 million, it became the sixth most populous country of the world with 180 million inhabitants in 2009 (Schuler & Hashemi, 1994) and currently it stands as the fifth most populous country. The health experts further anticipate an increase of over 100 million by 2050 (World Population Data, 2018). Due to different government priorities manifested in their development plans and interests in donor-driven programs, the focus of the investment has always remained on other development projects (Zafar & Shaikh, 2014). Many people fail to acknowledge that family planning is beyond having a specific number of children. Not only does it have an impact on the economic factors of the country, but it also has a substantial effect on different health indicators (UN, 2019). The latest report of Pakistan Demographic Health Survey (PDHS) shows that the current contraceptive prevalence rate (CPR) is 34% in the country which has dropped over the last five years (NIPS, 2019). This may assert that instead of making progress, Pakistan is retrogressing which is one of the reasons to do this study to explore the reasons behind it. While some studies suggest that lesser knowledge about modern contraception among community members affects the CPR of a region, Pakistan has almost 99% knowledge rate of modern contraception (NIPS, 2019) which shows that the lack of knowledge about contraceptives is not a major factor which contributes to low uptake of family planning services in the country. To study this phenomenon, this research paper seeks to explore the major determinants of family planning, challenges for promotion of contraception and how investing in family planning leads to achieve Sustainable Development Goals (SDGs) of good health, wellbeing, and gender equality in Pakistan.

## Literature Review

### Sustainable Development Goals (SDGs)

Built upon the Millennium Development Goals (MDGs), the Sustainable Development Goals (SDGs) was set up by the United Nations in 2015. Even though the MDGs targeted at solving world's significant issues and a substantial improvement has ensued within the stipulated time, there have been underachieved goals as well and with the emergence of new global problems, a need to introduce the SDGs was endorsed (Clark, 2016). One hundred and ninety-three countries, including Pakistan, have adopted and ratified 17 SDGs of 2030 agenda to call for actions on five main components, i.e. "people, planet, prosperity, peace and partnership" (UN, 2019). Equally important under the target 3.7 of 2030 agenda of sustainable development, the global leaders have committed on "universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes" (UN, n.d.). Such indicators, set by the global community to do the monitoring of family planning activities, mainly include CPR and unmet need for family planning. The universal access to reproductive health services and rights does not only contribute to decreasing the number of unintended pregnancies but also serves to other indicators which deal with child health as well (UN, 2017). Therefore, it is essential for countries to work on these indicators and plan accordingly to have the desired result and achieve the targets of SDGs.

## Global Family Planning Status

In 2012, globally 40% pregnancies, which was around 85 million, have been reported as unintended. Due to this, about half of them resulted in abortions, 38% contributed to unplanned births, and 13% had miscarriages (Sedgh, Singh & Hussain, 2014). Nearly seven million of these women were deprived of ante-natal care, five million women did not receive post care after a miscarriage, and about three million were not provided post-abortion treatment due to unsafe abortion-related complications (Singh, Darroch and Ashford, 2014). It is evident from the research that with the use of modern contraceptives, nearly 33% of maternal deaths could be avoided. In the last two decades, low- and middle-income countries have recorded 26% reduction in MMR due to increased contraception use (Ali, Sharma, Mathur and Temmerman, 2015). Thus, to improve the health indicators in a country, it is crucial to work on decreasing unintended pregnancies and unplanned births as they affect the MMR and IMR due to higher risks in pregnancy-related complications especially in areas with inadequate health care service provisions.

## Family Planning Situation in Pakistan

Within a short period, after getting independence from the British in 1947, Pakistan became one of the first Asian countries to introduce family planning program in the country (Robinson, Shah and Shah, 1981). The real advancement was seen when the Former President of Pakistan, Ayub Khan, acknowledged its importance and made it an agenda on the development policy. The concerns of the growing population were raised on government's five-year plan and soon Pakistan started its first national program in 1965 to tackle over-population issue in the country. Although the government had established over 5,000 primaries and over 3,000 population division health care facilities to provide family planning services, the demand creation and the quality of the services remained ignored by the authorities (Shaikh, 2011).

While Pakistan had taken initiatives to make family planning an agenda in its five-year plan in the 1960s, the fertility rate remains higher when compared to other South Asian countries (Zafar & Shaikh, 2014). The current fertility rate is 3.6 in Pakistan, which has declined since 2013; yet, it is one of the highest's in South Asia and it gets even higher in rural parts of the country as compared to urban areas. After the 1990s, the trend in fertility rate has started to decline, but the intensity of its decline remained very low (NIPS, 2019). The reason behind the reported decline in fertility rate can also be interpreted with the prevalence of induced abortion used as a substitute for family planning method to stop unwanted fertility (Sathar, Singh, Rashida, Shah & Niazi, 2014).

The social status of a family has been reported as one of the factors to influence the uptake of family planning. It suggests that the wealthier a couple is, the lesser their fertility rate would be as the contraceptive usage is higher among them (Population Reference Bureau, 2013). Forty million people in Pakistan, by and large, are below the poverty line which profoundly affects the number of family planning users in the country (Memon, Magsi and Magsi 2015). While over the last five years, the adoption of modern contraceptive methods among women dropped by 1% in the country, the trend of using traditional method remained stagnant (NIPS, 2019). The data further

contends that 17% of women have an unmet need of family planning in Pakistan, which means that they desire to adopt any family planning method, but due to any reason, they cannot meet their demands. If these women can avail family planning methods and meet their demands, the CPR of Pakistan would reach to 51% from current 34% (ibid).

Out of 9 million pregnancies in 2012, 50% of them were unintended. Ultimately, 54% of the unintended pregnancies usually result in induced abortions, which is illegal in Pakistan, except when the life of the mother is at stake; therefore, it is undertaken in clandestine condition (Sathar et al., 2014). Every year around 890,000 induced abortions are performed in Pakistan. Most of the times, women have no option but to get them performed by a traditional birth attendant in non-medical setups (Mustafa et al., 2015). Due to this, over 623,000 women have been reported to get medical treatment after having suffered from abortion complications (Sathar et al., 2014). According to the data in 2008, Pakistan was one of the countries worldwide with the other five countries which have added to the 50% of the maternal death ratio of the world. Every year, pregnancy complication resulting in the death of over 28,000 women, which can be prevented with better care and services (Mustafa et al., 2015). Another significant indicator which health experts use to assess the impact of family planning services is infant mortality rate. The IMR in Pakistan is 62 infant deaths for every 1000 live births, whereas the under-five mortality rate is 74 per 1000 births. According to a report produced by Health Policy Plus<sup>1</sup>, "if the contraceptive needs of approximately 45.7 million couples in Pakistan are met, the country could prevent: 7.3 million unintended pregnancies, 3.4 million induced abortions, 173,900 infant (under age one) deaths, 74,300 child (under age five) deaths and 8,500 maternal deaths<sup>2</sup>" (Harris & Gribble, 2018, p.5).

## Theoretical Framework

The Health Belief Model (HBM) explains and predicts the behaviour and choices which an individual makes for their health. It studies the phenomenon of their belief, perception and attitude. HBM bases its premise on psychological and behavioural theories and is mainly studied in the public health realm to provide the answers to health behaviour question (Becker et al., 1977). The theory presents the notion that few predisposing factors, along with other aspects and influences, enable people to make particular choices for their health and its treatment. These factors mainly contain belief towards health, illness or treatment attitudes and the services provided to get the treatment. The theory further studies the people's perception of their health that how they perceive it and their behaviour to get any suitable treatment; resultantly, their perceived disease susceptibility and the perceived severity of the health condition forms its base. Individuals are more likely to get preventive or diagnostic measure once they admit that they are at a vulnerable position and need health care. Without the realization for them being at risk, they tend not to change their behaviours (Becker et al., 1977).

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<sup>1</sup>"Health Policy Plus (HP+) is a five- year cooperative agreement funded by the U.S Agency for International Development" (Harris and Gribble, 2018)

<sup>2</sup>"Estimates of the potential impact from USAID investment in contraceptives in Pakistan through the DELIVER project. These calculations are based on results from Marie Stopes International's version 3 of the Impact 2 tool (2015)" (Harris and Gribble, 2018, p. 5).

The model helps to understand that an individual's belief and perception is an integral part to affect the uptake of contraceptive use. Thus, this paper takes this model as a central framework to assess the family planning perception from an individual behavioural change. Also, this paper seeks to draw another perspective, which suggests that social norms construct human behaviour and direct them to act in a way which society approves; thereby, resulting in building individual perception by the factors that affect their social conduct (Cialdini, Kallgren & Reno, 1991).

## Methodology

To get an insight into the community's behavior towards family planning and to explore its impact on SDGs, this study aims to collect qualitative primary data from rural areas of two districts in Pakistan. Eight focus group discussions (FGDs) with family planning users & non-users, eight in-depth interviews (IDIs) with users & non-users and 12 key informant interviews (KIIs) with national level health experts & implementing teams of reproductive health project were undertaken. The criteria for respondents were developed and shared with the data collection team. Similarly, a different set of questionnaires was also prepared for FGDs, IDIs, and KIIs separately. After receiving the data and transcripts of the responses, thematic method analysis was carried out. Ethical considerations were also considered which include acquiring informed consent, maintaining privacy & confidentiality and discouraging any kind of discrimination in selection process of the respondents. Additionally, the study uses secondary data as well to complement the research findings.

## Major Findings and Discussion

This research explores how family planning contributes to achieving SDGs of good health, wellbeing, and gender equality to provide successful strategies to increase the uptake of modern contraceptive methods, particularly among underserved communities in Pakistan.

The trends of family planning among members disclose that the average number of children in the target community is five. Among those households where there is no male child born, the husbands and the in-laws expect the women to conceive frequently to have male children. If a woman fails to produce a male child, her husband is more likely to marry another woman for the sake of having a son from her. The woman is taunted for being a 'bad omen' for her husband and not being able to give birth to a male child as male children are considered the prestige and honor of a household. Moreover, the study reveals, which literature reinforces as well, that since men desire to have more children than women and that they are also the sole decision makers of the family, contraceptive method is used scarcely; thereby, making women bear more children every year.

Most of the respondents of family planning users shared that husbands and wives mutually decide if they want to use family planning services. On the other hand, the non-user respondents mentioned that most of the times, their husbands are the ones who make such a decision. Few of the female non-user respondents also shared that even though they are a part of the decision-making process, they do not opt for family planning services because of their religious belief.

Religious institutions highly influence the individual's choice of using the contraceptive methods. At present, many community members still consider family planning against Islamic teachings. Despite several project interventions that address these notions, this misconception has not left the minds of the community members. The authors, Mir & Shaikh, present the findings of a similar study and state that “the influence of religion is pervasive in all aspects of an individual’s life including personal matters such as managing family size” (2013, p. 228).

The determinants of family planning services explore both push and pull factors which discuss the advancement and barriers for the services respectively. The channel of message sending, especially in rural areas where people are more inclined towards cultural belief, perceptions and norms, is immensely crucial. The study finds that family planning messages delivered by religious leader, husband or head of the society and a trusted service provider have a visible impact on the women users of modern contraception. Religious belief is a significant factor which can either encourage or discourage the use of family planning services depending on what religious institutions are advocating. Several studies carried out in Pakistan emphasize that religion has a considerable role in the contraception uptake among married couples. Moreover, it is also essential to provide the right messages to community women and give them an opportunity to have informed choices. Doing so will also remove the myths and misconceptions, already rampant in the society, which discourages the uptake of contraception. Another factor which determines the use of contraception is the fact that quality services are to be provided by skilled practitioners so that lesser complications could emerge as a result. Such instances become a root of the prevalence of myths and misconception, which one can prevent with quality care and services. Moreover, easy access is another tool to enable rural women to approach health care providers and avail timely family planning services.

The empirical findings further share that gender discrimination starts from a household level where conservative parents feed the boys with a nutritious diet and deprive the daughters of it. The effects of this discrimination result in malnutrition and poor health of women. Furthermore, in terms of access to family planning services, women are dependent on male members to take them to the service providers or bear the financial cost of the services. Such behaviour and practices show that gender inequality, embedded in society, contributes substantially to the poor health of women. The study evidences that family planning programs help ensuring gender equality component by providing an opportunity to women to participate in decision making process regarding their sexual and reproductive health and rights.

The findings also contend that contraceptive prevalence rate does not only contribute to tackle high population problem, but it also affects other health indicators such as infant mortality rate, maternal mortality rate, under five mortality and abortion rate. Given the poor health condition of community in rural areas where due to lack of health care services and rampant poverty, community members lack impeccable health facilities, high number of pregnancies makes the condition worse for residents of rural areas. Therefore, family planning is considered as one of the significant interventions to improve the health indicators, including the socio-economic wellbeing of society.

The last question in the study deals with the gaps in policy formulation, project designing and implementation and searches for the strategies to replicate in order to encourage the uptake of family planning methods among couples. The result suggests that the government policies regarding sexual and reproductive health and rights are quite well structured. In theory, they cover almost every aspect; however, when it comes to the implementation of these policies, several gaps hinder the process. It includes lack of inclusion of relevant stakeholders in planning, weak coordination among institutions, uncovered areas of government health services, ineffective service delivery system of government, lack of monitoring or accountability, financial vicissitudes, and political commitments towards other interventions. These gaps are mainly on the government's part in planning the strategies and allocating enough financial resources for them. As a result, they limit the chances of promoting family planning uptake at the household level. Therefore, there is a strong need for partnership between public and private sectors for the advancement of family planning services. At the community level, it is required to change the behaviour of individuals by creating demands through social mobilisation processes. For this, the inclusion of influential people of the community, including religious figures, head of the family and male members of the society can help spread the family planning messages and eliminate the reluctance of community women towards contraception. While, the endeavors of the government, private and non-profit organizations have resulted in relatively increasing the demand of family planning, there is a long way for Pakistan to increase the uptake in an absolute term.

## Policy Recommendations

The policymakers need to ensure the presence of the relevant stakeholders and representations of the community members in the project designing and planning stage. So, one can do a need assessment and an effective strategy can be suggested to implement. Consultative workshops with different stakeholders including the government line departments, private sectors and development sector organizations should be organized for planning and designing upcoming projects. Moreover, the potential donors of these projects should be taken on board with relevant stakeholders for them to understand the ground realities and come up with a realistic target or results of any intervention. The inclusion of the relevant stakeholders would also provide an opportunity to do the mapping of the areas which will remove or decrease the chances of duplication of reported data.

In addition to this, the government should expand its service coverage to uncovered areas and start allocating enough budget for population and family planning projects. Spending budget in rural areas would cater to an adequate number of populations as the majority of them live there. The budgeting used for the preventive measures would turn out to be beneficial in the long term for the government as it would save them from spending extra on the resources, which otherwise would be the detrimental result of overpopulation.

It is further recommended that sensitized health practitioners, including male and female service providers, should be the part of project implementation teams, so they can do effective family planning counselling and disseminate the useful information. There is a need to change the behavior and attitude of community members towards family planning. This could be done by

engaging experts on the ground as family planning counselling by a health expert would carry a higher weight as compared to the counselling done by the non- expert implementing team member. Moreover, some contraception use is susceptible to infection among the users which could be avoided by explaining to them about the potential side effects, how to manage those side effects, and whom to consult.

The topic of the population should be a part of the education syllabus. Most of the individuals in Pakistan do not understand its context, importance and its repercussion in the socio-economic scenario. It is imperative for the government to start educating young people about this crucial subject; therefore, they should take a meticulous step to include it in the curriculum. The culture of research is also not promoted in Pakistan, which creates many loopholes and deprives experts to do the realistic planning. Therefore, investing in research and development would help to understand the need assessment and to apply the best practices.

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