

## COMMENTARY

## BARRIERS TO FAMILY PLANNING IN PAKISTAN

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According to the last census conducted in Pakistan in 2017, Pakistan's population reach up to 207.7 million and a growth rate of 2.4. Currently. Researchers and policymakers estimated that if the growth rate of Pakistan remains the same, then up till 2050, Pakistan becomes 5th most populous country in the world. Pakistan has a commitment of FP2020 that Pakistan will achieve a CPR rate of 55% at the national level, but it seems difficult to achieve as Pakistan Demographic Health Survey conducted during 2017-18 shows that overall contraceptive prevalence rate of Pakistan is 34%. In this review, we have identified barriers that can restrict the use of family planning, which includes: lack of knowledge and motivation, lack of agency, communication gap and limited availability and accessibility. There is a need to increase awareness and understanding of contraceptive methods, change negative attitudes and help couples to change their behaviours. The decision-maker should make such policies that can help in improving family planning usage and helps in population control.

**Keywords:** Contraceptive; Family planning; Pakistan

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## INTRODUCTION

The decision taken by the parents about carrying a child tends to have a long-term impact. The choice not only influences the family but also affects the national policies and status of a state. For instance, estimation has stated that in order to complete the families, if the couples decide to have an average of 2.5 children in the United States of America, the population of the region will stabilize and eventually seize to expand. On the other hand, if they choose to have an average of 3.5 children, the population may depict a two times larger figure in just next 40 years. The large oscillation in the population density as a result of such minor preferences of the families, in any region, calls for a strategic planning. The strategies must be designed with such viability that can be observed as the long-term facilitation of the society.<sup>1,2</sup>

The Western part of the world had gone through a demographic transition in the 20<sup>th</sup> century when the health status began to improve with progress in medical research and facilities. Among the many positive attributes that came along with the transition, a drawback had also been seen. As the survival rate increased, the number of family members began to stabilize with time and eventually, the needs of the people multiplied. Gradually, it becomes difficult for the earning heads of the families to distribute the resources among the members. Families used to conceive a large number of children in a shorter span as the child mortality rate used to be high in that era with regard to scarce healthcare facilities. Thus, with the beginning of the modern age, the issue of accommodating all the present family members with quality resources and

equal opportunities remained a big concern for a long time.<sup>3</sup>

During this period, the new couples began to find ways to deal with the problems of large families and social accommodation. Subsequently, the population started to experiment with available alternatives in the society where many opted for inducing abortions to the new pregnancies. Most of the abortions were taken into account in the presence of limited medical assistance. As the approach has always been identified as an offense in the law, many went for the other options like contraception, while several choose to withdraw themselves from sexual activities.<sup>3-5</sup> As we all know that Pakistan's population is increasing very rapidly. Although family planning programs working in Pakistan since the 1960s due to several barriers, couples are restricted from using family planning services in Pakistan. In this review, we evaluate the current situation of family planning in Pakistan and the barriers of family planning in Pakistan.

Pakistan is the sixth most populous country in the world, with a population of 207 million and a growth rate of 2.4.<sup>6</sup> Researchers and policymakers estimated that if the growth rate of Pakistan remains the same, then up till 2050, Pakistan becomes 5th most populous country in the world. According to PDHS 2017-18 total fertility rate of Pakistan is 3.6, which means that married women will give birth to almost four children in their overall reproductive life. For a state like Pakistan, which fears the economic and social implications of unbridled growth, addressing population growth is of great concern.<sup>7</sup> According to WHO, family planning is defined as "a way of thinking and living that is adopted voluntarily

upon the basis of knowledge, attitude and responsible decisions by individuals and couple, in order to promote the health and welfare of the family group and thus contribute effectively to the social development of a country".<sup>8</sup>

In Pakistan, family planning emerged in the course of the 1960s. Also, from the year 1964, various measures were being considered, and numerous policies were executed in Pakistan just because of ease in family planning. Yet, in the modern age of the 21<sup>st</sup> century, the prevalence rate of contraceptive or CPR is recorded at 30%. This prevalence shows around 0.5% of the yearly advancement after the emergence of family planning initiatives in the area.<sup>9</sup> It is essential to promote the uptake of family planning and the use of contraceptives among men and women in Pakistan. According to PDHS 2017-18, overall, the contraceptive prevalence rate is 34% of currently married women age 15–49 and 17.1 percent of all married women have an unmet need for family planning. This implies that they either wish to space the birth of the next child (9%) or to stop having children altogether (8%), but are not using any form of contraception. Among 34% CPR, 25% women using modern contraceptive methods and 9% using traditional methods. Family planning can contribute to women empowerment as it allows women to exercise free and informed choice. On the other hand, family planning can result in direct health benefits. The rapid succession of pregnancies of many Pakistani women involves significant health risks for both mother and child. If contraceptive use would increase, the number of unintended pregnancies and unsafe abortions, a significant cause of maternal mortality, could be reduced (UNFPA, 2013).

In Pakistan, around 30% of the females report utilization of the family planning modalities in their life. Amongst them, 22% are known to employ modern techniques like barrier contraception, while 8% are reported to be involved with the traditional approaches like hormonal contraception. Pakistan Demographic Health Survey 2012-13 has indicated that the use of contraception among the females of Pakistan increases with the age of the married women. It has been observed that 10% of the women in the age range of 15 – 19 years and 48% of the females in the age group of 35–39 years employ contraceptive techniques for planning their families (USAID 2013).

### Barriers to Family Planning in Pakistan

Birth rates have been declining in recent past years, yet the use of contraception tends to be low in Pakistan. The primary cause of the reluctance towards family planning has been presumed to be the

lack of knowledge and poor access to the healthcare centers. It has been estimated that only 10% of the population lives within the walking approach to the governmental centers for family planning. These impediments lead to the establishment of significant unmet needs for family planning in Pakistan.<sup>10</sup> Other factors that are known to be influencing the barriers between population and family planning services may include:<sup>11</sup>

- Clinical concerns regarding contraception,
- Social constraints,
- Familial restrictions,
- Low chances of conceiving,
- Limited research.
- Lack of motivation
- Communication gap between couple's

#### i. Physical Inaccessibility

The availability of family planning services inclines to have significant impacts on the decisions regarding contraception. Women who have been living near the family planning centers have applied contraception more in their lives than those who live far away from these facilities.<sup>11</sup> The factor of accessibility has also been found to be associated with the elements and issues of finance, administration of the facilities, knowledge about the contraception and psychosocial aspects of the individuals.<sup>10</sup> Furthermore, the uptake of modern contraceptive methods is hampered in areas where no health clinics, or no health clinics which offer family planning services, are available.<sup>12,13</sup> Additionally, frequent stock-outs in health centers can hamper the uptake of contraceptives.<sup>13,14</sup>

#### ii. Clinical concerns

There have been a variety of side effects known to be associated with hormonal contraception. These elements have been discouraging people, particularly women, to not use combined oral contraceptives (COCs) for avoiding pregnancies. It is still observed that the beneficial influences of the mode are more than the side effects. However, concrete evidence is still not present to support the idea. Alternatively, people prefer to use the modality of condoms and IUDs more and more strongly indulge in abstinence than any other approach.<sup>15–17</sup>

#### iii. Social constraints

Following the conservative cultural approach and strong religious approach, Pakistan observes a traditional attitude towards contraception and family planning. Differing from the cultural norms, young individuals have been afraid to get involved in premarital family planning counselling. Furthermore, the belief that every child is a gift of the divine is the prospective factors that discourage use of contraceptive in Pakistan.<sup>18,19</sup>

#### iv. Familial restrictions

Despite the rapid increase in accessibility and awareness, the social aspects of Pakistan have not been encouraging the modern method of family planning. Opposition from family for planning out a child has been one of the influential factors. The strongest obstacle to adopt family planning methods is restriction and support from family in-laws, particularly for women, but also in some cases for men.<sup>20</sup> Intentions to start using contraceptives strongly depend on both the<sup>21</sup> husband's and mother-in-law's approval<sup>10,22,23</sup>. Even though there is a lack of quantitative evidence, but discouragement for contraception has been known to be a major social barrier arising from the families. A study has indicated that the strongest pull to the decision of family planning is provided by either the whole family or husband that prevents the women from visiting the facilities.<sup>23</sup>

#### v. Male fear and participation in FP

Contraception has been developing progressively since years, yet the males tend to lag behind in comparison to the females. The fear of infertility has been a potential issue amongst the cultural barriers that discourage them. The primary concern is to develop a safe and reversible mode that may not affect male fertility. Male engagement is also crucial in promoting family planning program and it is the component of many interventions.<sup>25,26</sup> Previous studies suggested that the use of contraceptives tends to go up when couples have discussed family planning, recent evidence from Pakistan, Bangladesh, Kenya, Nepal and Ethiopia.<sup>27-33</sup>

#### vi. Limited research

The knowledge and investigation about the male reproductive system and functioning have been quite limited. There have been a lot of approaches designed and presented for females, whereas males have a limited number of options. The evidence suggests that males have a highly contributing impact on the planning of family and thus, more alternatives must be developed for them in order to bring effective outcomes. Currently, the emphasis has been on the mechanisms involving the regulation of spermatogenesis and epididymis function. The aim is to develop effective hormonal contraception for men.<sup>24,34</sup>

#### vii. Communication

Another important factor that stands in the way of couples' adoption of family planning methods is the lack of communication about family planning between husband and wife, likely due to cultural and religious taboos surrounding the topic.<sup>35</sup> It is reported that both male and female were too shy to talk to their spouses about family planning and birth control. In some cases, this shyness to talk to a spouse

resulted in misunderstandings, where both husband and wife did not want to have a new baby, but were unaware of each other's feelings and – under pressure of their mother (-in-law) – kept having children.<sup>21</sup> Because of feelings of shame, Pakistani couples are also often hesitant to discuss family planning and reproductive health issues with health care personnel.<sup>22</sup>

## RECOMMENDATIONS

Increase awareness regarding the benefits of family planning and the use of contraceptives. In awareness activities not only target females but also target household males. It is essential to involve the secondary target audience in behavioural change activities in order to address negative attitudes and lack of motivation towards family planning. In behavioural change campaigns, both husband and mothers-in-law should be involved. The accessibility of health care centers that offer family planning services has to be improved, especially in remote areas where health centers not available.

Involved religious and community stakeholders in order to address religious and cultural myths.

## CONCLUSION

In this review, we identified the social barriers of contraceptive use in Pakistan. Social barriers that influenced the use of contraceptives include lack of knowledge, lack of motivation, husband/in-laws opposition, religious and cultural views, limited accessibility and communication gap. There is a need to create awareness among males as well as females to improve their understanding and uptake of modern contraceptives. Religious scholars and community stakeholders must play their role in classifying social aspects regarding contraceptives.

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