Sources of Family Planning

Pakistan

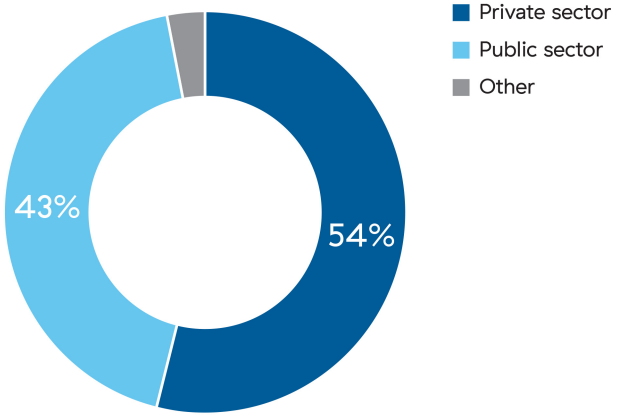
Photo: DDFID/Vicki Francis

Understanding where women obtain their family planning methods can help programs to better target their resources and increase overall access to modern contraception. This brief is one in a series of country briefs that examines where women obtain modern contraception by method, geography, age, and socioeconomic status. Through a secondary analysis of the 2017—18 Pakistan Demographic and Health Survey, the brief explains where married modern contraceptive users obtain their method and examines the contribution of the private sector to family planning in Pakistan.

Key Findings

- More than half of married modern contraceptive users (54%) obtain their method from the private sector.
- Among private sector clients, 40% use private clinical facilities and 40% use pharmacies.
- More than 1 in 3 injectable users obtains the method from the private sector.
- More than 4 in 10 of the poorest users and nearly half of rural users rely on private sector sources.

Source of modern contraceptives



This is one in a series of briefs that examines sources of family planning methods in USAID priority countries. View the data at **PrivateSectorCounts.org**.

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Modern contraceptive prevalence rate and method mix

Among all married women of reproductive age in Pakistan, one-fourth use modern contraception. Pakistan's modern contraceptive prevalence rate (mCPR) did not change significantly between 2012–13 and 2017–18. Both short-acting methods (SAMs, 13 percent) and long-acting reversible contraceptives and permanent methods (LARCs and PMs, 11 percent) are important in Pakistan. Condoms are the dominant SAM, while sterilization is the dominant long-acting method, each constituting more than one-third of the overall method mix.[1,2]

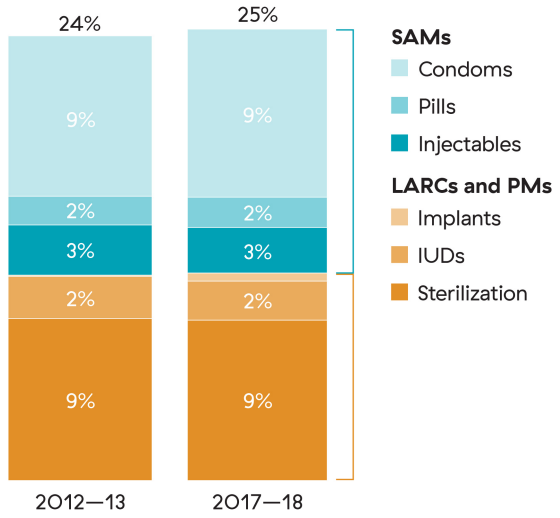
Sources for family planning methods

Among married modern contraceptive users in Pakistan, the private sector is the primary source (54 percent). Forty three percent of users rely on the public sector, and three percent use other sources.[3] Since 2012–13, use of the private sector increased moderately from 46 to 54 percent, while use of other sources—mostly friends and relatives—decreased from 9 to 3 percent.

The private sector is the dominant source for SAMs among married women in Pakistan. The role of the private sector in providing SAMs increased between 2012–13 and 2017–18. In contrast, and in line with global patterns, the public sector is the dominant source for LARCs and PMs among married women.

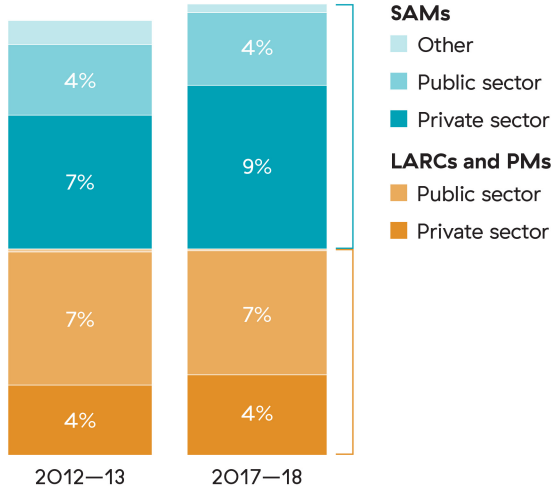
Among Pakistani women who use condoms, one of the two most popular methods, 77 percent obtain them from a private source. Among women who rely on female sterilization, the nation's other leading method, the public sector is the primary source (57 percent). Yet, 42 percent of sterilized women underwent the procedure in a private facility. Among injectable users, 62 percent rely on public sources and 35 percent on private sources—high private sector use compared with injectable users in other countries.

Pakistan's mCPR among married women did not change significantly



Note: Numbers may not add due to rounding.

Both public and private sources are important for short- and long-acting methods



[1] SAMs include injectables, contraceptive pills, male condoms, and fertility-awareness methods. LARCs and PMs include IUDs, implants, and male and female sterilization. The lactational amenorrhea method and "other modern" methods are excluded from this analysis, as the Demographic and Health Survey does not systematically ask women about sources for these methods. This analysis shows which methods women use. It does not reflect which methods women might choose if they had access to all methods.

[2] To make results comparable across both Demographic and Health Surveys, this analysis excludes two regions from the 2017—18 survey, Azad Jammu and Kashmir and Gilgit Baltistan, as they were not included in the 2012—13 Survey. In line with the 2017—18 Demographic and Healthy Survey report, this analysis includes Federally Administered Tribal Areas in the 2017—18 results, though it was excluded from the 2012—13 Survey.

[3] Public sector sources include hospitals, family health clinics, family welfare centers, rural health centers, basic health units, mother child health centers, mobile service units, and dispensers. Private sector sources include hospitals, clinics, doctors, pharmacies, medical stores, dispensers, compounders, and shops. Other sources include friends, relatives, homeopaths, *hakim,* traditional birth attendants, *dais,* and women who did not know or report the source. This analysis shows where women obtained their most recent method. It does not reflect where women might choose to go if they had access to all sources of care.

Private sector sources

Among all private sector users, 40 percent obtain their method from a clinical facility, 40 percent from a pharmacy, and 21 percent from a shop or market. As expected, private sector condom users primarily rely on pharmacies (61 percent) or shops (36 percent). Private sector injectable users are most likely to go to a clinical source (64 percent), though one-third (34 percent) of private sector injectable users report obtaining their method from a private pharmacy or dispenser.

Contraceptive source by geography

The mCPR is higher in urban (29 percent) than in rural (23 percent) areas of Pakistan. Urban contraceptive users are more likely to purchase their method from the private sector than rural users (61 versus 49 percent), though a significant proportion of rural users rely on private sector sources. There are also variations in method mix by place of residence: condoms are more popular among urban than rural users (45 versus 31 percent), while injectables are more common among rural than urban users (13 versus 6 percent). Contraceptive source varies by region, as well. Private sector use is highest in Federally Administered Tribal Areas (65 percent) and lowest in Islamabad Capital Territory (49 percent). There are differences in mCPR and method mix, as well. Federally Administered Tribal Areas and Balochistan—two regions with the highest private sector use—have a substantially lower mCPR (14 percent) than the national average (25 percent). These two regions also have the highest use of pills (32 and 20 percent, respectively); in contrast, pills make up less than 10 percent of the method mix in all other regions. Condom use is highest in Islamabad Capital Territory (54 percent), the region with lowest private sector use. Sterilization is highest among users in Sindh (41 percent), Punjab (39 percent), and Islamabad Capital Territory (27 percent) compared with under 20 percent in the other three regions.

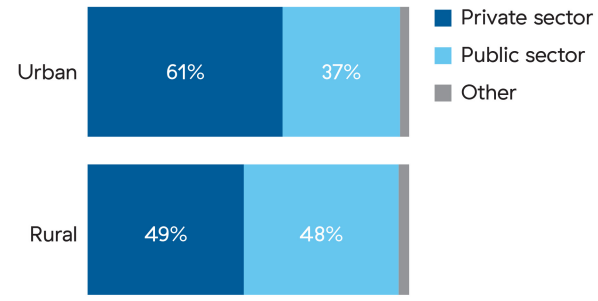
Contraceptive source by age

Married contraceptive users ages 15 to 24 are somewhat more likely to rely on the private sector than married users ages 25 or older (59 versus 53 percent). There are also substantial differences in method mix between these two age groups. For example, condoms are the dominant method among the youngest contraceptive users (60 percent), while sterilization is prominent among users 25 and older (39 percent).

Clinical facilities and pharmacies are the primary private sector sources

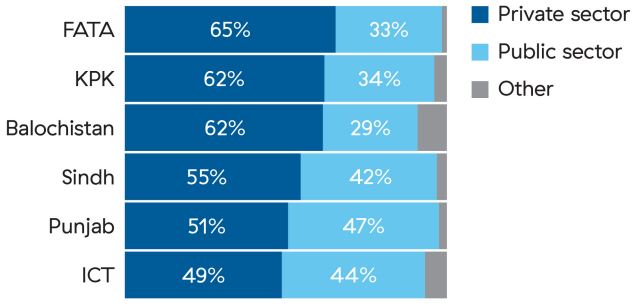
Note: Numbers may not add due to rounding.

Private sector use is higher in urban than rural areas



Percent of users in each group who obtain modern contraception from each source

Private sector use is highest in Federally Administered Tribal Areas



Percent of users in each group who obtain modern contraception from each source

Contraceptive source by socioeconomic status

In Pakistan, the mCPR among the wealthiest women (29 percent) is higher than among the poorest women (20 percent).[4] Among the poorest modern contraceptive users, more than four in ten (41 percent) rely on private sources—primarily for condoms and sterilization. Surprisingly, the poorest contraceptive users in urban areas are less likely than the poorest users in rural areas to go to a private sector source (32 versus 43 percent). Among the wealthiest contraceptive users, private sector use is much higher at 64 percent—largely used to obtain condoms. One-third of the wealthiest users obtain their method from a public source.

More than 4 in 10 of the poorest contraceptive users rely on the private sector

More than 3 in 10 of the wealthiest contraceptive users rely on public sources

Implications

Both the public and private sectors are important sources of contraception in Pakistan. Pakistan has committed to increase its CPR by promoting birth spacing and male engagement in family planning and enhancing contraceptive access through public-private partnerships (GOP 2016). Currently, social marketing and social franchising organizations (e.g., Greenstar and the Marie Stopes Society) are the primary private sector providers of contraceptive services (GOP 2016). The majority of pill (80 percent) and condom (99 percent) users rely on socially marketed brands. Use of hormonal contraceptives such as pills and injectables is low in Pakistan and discontinuation of these methods is high. Fear of side effects and bodily harm are reported barriers to contraceptive use, and men—who are key contraceptive influencers in Pakistan—often prefer condoms over other modern methods (Kamran et al. 2015). These high discontinuation rates and barriers to hormonal method use indicate that improved education, counseling, and quality of care should be a priority in Pakistan across the public and private sectors. These approaches could help increase contraceptive access and choice as well as transition traditional method and condom users to more effective methods, ultimately helping Pakistan reach its Family Planning 2020 goals.

References

Government of Pakistan (GOP). 2016. "2016 FP2020 Annual Commitment Update Questionnaire Response: Pakistan."

Kamran, I., Z. Tasneem, T. Parveen, and R. M. Niazi. 2015. "Family Planning through the Lens of Men: Readiness, Preferences, and Challenges," Policy Paper. Washington, DC: Population Council, The Evidence Project.

[4] The poorest women are those in the lowest two wealth quintiles as defined by the Demographic and Health Survey's asset-based wealth index. The wealthiest women are those in the top two wealth quintiles.

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Sustaining Health Outcomes through the Private Sector (SHOPS) Plus is a five-year cooperative agreement (AIDOAA-A-15-00067) funded by the United States Agency for International Development (USAID). The project strategically engages the private sector to improve health outcomes in family planning, HIV, maternal and child health, and other health areas. Abt Associates implements SHOPS Plus in collaboration with the American College of Nurse-Midwives, Avenir Health, Broad Branch Associates, Banyan Global, Insight Health Advisors, Iris Group, Population Services International, and the William Davidson Institute at the University of Michigan. This brief is made possible by the generous support of the American people through USAID. The contents are the responsibility of Abt Associates and do not necessarily reflect the views of USAID or the United States government.

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