Editorial

Investing in Family Planning in Pakistan – Road to Redemption

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Pakistan has witnessed a rapid increase in population since independence in 1947. A country with a population of 33 million in 1947 has reached 207 million in 2017 – a massive population explosion.[1] Besides this, Pakistan, with the exception of Afghanistan has one of the highest fertility rates in the region with the growth rate of 1.89% and the lowest rate of contraceptive use. The high fertility rate and the rapidly increasing population has contributed in making Pakistan the sixth most populous country in the world after China, India, USA, Indonesia and Brazil - all of which are countries with a vast area. Comparing Pakistan's 310,401 square miles to 741,096 square miles of India and 3,286,470 of Brazil demonstrates the scarcity of land in Pakistan and its huge population density. The subject of family planning and contraception is unwelcome and less discussed even among healthcare professionals in Pakistan. Society, at large, has different approaches and misconceptions about contraceptive methods or use of methods to limit the family size.[2]

According to the "Countries by Population density 2018", Pakistan has the second highest population density after India amongst the top seven populous countries of the world. In 2016, the population density of Pakistan was around 251 people per square kilometer of land area, an increase from the previous year. On the other hand, Brazil has an overall population density of 24.66 inhabitants per square kilometer.

Rank	Country	Population July, 2018	Population density (per sq. km)	Continent	Population Prospects 2050
1	China *(incl. Hong Kong, Macao)*	1,426,279,708	151	Asia	1,467,436,049
2	India	1,338,558,742	450	Asia	1,683,948,294
3	United States *(incl. overseas territories)*	327,527,107	36	North America	345,135,806
4	Indonesia	263,564,697	146	Asia	320,361,431
5	Brazil	210,193,253	25	South America	249,108,688
6	Pakistan	194,749,053	253	Asia	271,409,307
7	Nigeria	185,313,910	204	Africa	247,534,312

According to PDHS survey 2017-2018, In Pakistan 48% are unintended pregnancies out of which 54% end in self induced miscarriages and 34% in unplanned births. In 2014 reported abortion rate in Pakistan was 50/1000 pregnancies and. 30% was post abortion complication rate, so 6000/day abortions are being used as a method of contraception. Out of married women just 1/3rd are using contraception. 17% unmet need with modern contraception. Modern Contraception prevalence rate (MCPR) is 25%. Only the 49% of demand of contraception is satisfied with modern methods.[3]

Moreover, lowering population growth rate that is 2.4% lags far behind Muslim countries as Turkey 1.57%, Malaysia 1.5%, Iran 1.15% and Bangladesh 1.08%.[4] This also translates contraceptive prevalence rate CPR at 30%, whereas in the region Iran has 74, Turkey 71 and Bangladesh 56.[5] Moreover, the subject of family planning and contraception is unwelcome and less discussed even among healthcare professionals in Pakistan. Society, at large, has different approaches and

misconceptions about contraceptive methods or use of methods to limit the family size.

If we go through the history of family planning in Pakistan, the program was initiated in private sector in 1953 and was made part of state policy in 1966 leading to an independent Ministry in 1990. CPR in 1960 was reported 5% which increased up to 12% in 1990 that is 0.25% annually which was very low. In 1990 Family Planning program was revived with public private partnership and lady health workers (LHW) as an outreach program and this resulted in rise of CPR in 2000 up to 30-33%. [6] In next decade CPR mainly remained static and even had a slight fall in 2006-2007. Seven million women reported that in spite of wanting to limit their family they can't do so, and probable issues identified were access to services, concerns about side effects, poor quality of contraceptive services and myths especially in rural areas (lack of awareness and education). [7]

In the background of such a situation in our country investment in family planning or contraception must be taken as a social emergency. If urgent emergency steps are not taken to address this issue, population explosion will engulf all of our resources and we will be overcrowded with no space to live and no water to drink. Due to more population as compared to our resources, Pakistan has become a country with poor economic conditions and this has led to 50% of population facing moderate or severe food insecurity, 15% population wasted, 43.7 % stunted and 31% underweight.[4] Twenty five million children are out of schools and contribute to high rate of child labour in our country. Lack of job opportunities for such a huge population and lack of technical education has resulted in misdirection of young people (41% of population) towards undesirable activities and rise in crime rate. Dissatisfied youth always is a demographic disaster.

Climate risk index 2018 reports to be one of the highest in Pakistan and Lahore air pollution level is 408 third highest in the world. To deal with this grave situation, **"Population Emergency"** should be declared in Pakistan and together as a nation, we need to work together and put up a good fight for the cause of limiting the population of this country. This should start with the aim of understanding of factors affecting limitation of family size and recognition of the stakeholders along with their responsibilities for halting this breakneck speed of population growth.

In a glimpse if we encompass the factors: low level of literacy, lack of education, lack of feeling individual's duty towards own country, religious taboos, culture for male child preference, lack of woman empowerment, consideration of more children as a source of increasing income, access and quality of health care services especially lack of counseling and overall economic condition of the country; all adversely affect the contraception prevalence and growth rate of the country.[8]

In order to deal with the situation, various steps need to be taken, starting with situation analysis, roundtables with think tanks and opinion makers, debates to create awareness, highlight the issue and to seek solutions, developing a strategic framework, chalking out multisectoral plans, seeking public private partnerships and to develop a strategic action plan followed by a costed implementation plan. One of the lynchpin's would be broadening the net of trainers, efficient team work and to provide competency-based trainings. The role of Obs/Gynae specialists and family physicians is crucial. Quality assurance with supportive supervision, monitoring and feedback is the ultimate nail in this process. Accurate data collection and avoiding duplication of data will empower us to get factual information for further planning and action. In the current scenario of family planning in Pakistan, a lot of spade work has already been done but we been we lag far behind and focus on quality. There is general apathy of health care providers to talk about contraception and provide counselling services, postnatal follow up is poor at best and the personnel providing services are not well trained leading to a lack of trust on family planning services by the community.

If solutions have to be found, then immediate actions are needed. Short term and long-term goals need to be identified. All stakeholders - women and their families, Government departments - Population Welfare department, Primary and Secondary healthcare departments, Tertiary and Medical Education departments, Health care providers – Obstetricians & Gynaecologists, family physicians, nurses, midwives, administrators – Director general health, IRMNCH program, LHW program, community groups - jirgas, NGOs, religious organizations and

their platforms, clergy of every local mosque, developmental partners & other organizations – Jhpiego, World Health Organization, UNFPA, Marie stopes, Rahnuma, National committee on maternal and child health, SOGP and media who can influence the masses are needed and should be involved with full passion. In this intricate linkage, the actions should be coherent, interconnected and integrated. Efforts without integration would be fruitless and integration with related departments is essential. In short, it is the responsibility of every individual in Pakistan on an emergency basis to play their role.

A module on family planning should be added to the curricula of nurses, midwives, LHW, CMW, hakeems, homeopaths and doctors and colleges Special weightage should be given on teaching and assessment of this subject as compulsory topic. According to PDHS 2006-7 and 2016-17 family planning methods use increases dramatically with woman education. So, educating girls is a healthy investment for Pakistan and its future generations. [3,6] Health education should be initiated in schools and at college and university level and the subject should be taught as a compulsory course for all degree programs with fixed credit hours.

Unfavorable status of women is reflected in poverty, low education, economic dependence, lack of power of making independent decisions and consideration of sons as their power. Efforts need to be made to improve the status of women.[9] The role of media through television and films can be very effective in creating and sustaining the awareness but its power must be accountable. Use of social media as twitter, face book, WhatsApp etc. can directly target the youth for projection of this issue that limiting the population can directly improve all economic and health indicators.[10]

As health care providers we should intensify information, education and communication programs on family planning, as this can save lives and Pakistan through planned management of pregnancies and a family unit. Male partners must be involved in badly needed counseling sessions.[11] Areas to be targeted are prevailing early age at marriage, socially rewarding alternatives life goals besides motherhood, motivation and understating one's role or duty for the country.[12]

Service delivery challenges must be taken care of. Access to health care services is a major challenge especially in rural areas and must be addressed by increasing outreach program workers, easy referrals and collaborative network. Evidence suggest in areas with easy access and knowledge of contraceptive services women even then refuse usage under husband and family pressure.[13] Responsibilities of public and private sector and their areas of involvement and overlapping must be well defined. Among different family planning programs functional and management integration is an important step which needs to be taken. Involvement of private sector and their data monitoring can be very helpful. Increasing role is being played by NGOs and private sector as Green Star marketing, David and Lucille Packard, Rahnuma FPAP, UNFPA. Encouragement of this sector can bring a noticeable change. Moreover, Government should focus on family planning friendly policies along with incentives for smaller families as example tax incentives.[14] Teamwork is the key, everyone has to join hands and work in collaboration and harmony. Identification of gaps and discovery of out of box solutions is the need of the hour.

Training of health care providers with focus on quality, supportive supervision and CME is the key to success. In Primary health sector in Punjab currently there are 44,311 LHWs and 2185 CMWs. In Punjab only there are 2505 BHU, 313 RHC, 123 THQ hospitals and 26 DHQ hospitals. In tertiary health care sector there are 48 teaching hospitals – all demonstrating a back bone of facilities.[15] However according to the population, there is need for more 24/7 facilities. Population welfare and health departments should work as one unit. There is need for better integration at the hospital level as well. All the staff must be trained from highest level to LHWs and CMWs through training models ant this must be a continuous process with essential feedback.[16] Assessment in the form of effects on CPR and Population growth should be monitored of the areas assigned to specific trained staff. Institutional and individual performance evaluation should be brought in light. In this respect lack of accountability and data and varied accountability is a big hurdle. There is a great shortage of need based and demand driven human resource where required which can be sorted

out with improving salaries and incentives of health care providers. Number of medical colleges has increased but quality of education is still a question. Moreover, community needs and preventive perspective in medical education are the areas in which doctors are not properly oriented.

Lack of orientated training programs at all levels, reinforcements, CME, staff shortage, need based staff, retention of human resource (dissatisfaction among healthcare professional) also pose a challenge in delivery of Family Planning services. Health information system is still a challenge and poor reporting and surveillance with monitoring needs urgent attention.

In Pakistan majority of population is living at or below poverty line and rest are moving towards lower economic level so health inequity is a major issue.[17] If we want Pakistan a healthier place to live in years to come then we have to pull together all our strands of work in direction of control of population. This needs a sense of direction, purpose and urgency by giving priority to policy related interventions consistent with financial resources and use of all means at disposal for population control. This investment in contraception is the ultimate solution for a prosperous Pakistan with a better future.

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