Perspective

Strengthening Family Planning to Sustain Pakistan's Future

Sameera Ali Rizvi[1], Iftikhar Soomro[2], Syeda Tabeena Ali[1,*], Yasmeen Sabeeh Qazi[2]

[1]*Department of Community Health Directorate, Indus Hospital and Health Network Karachi, Pakistan.*
[2]*QZ Catalyst, Karachi, Pakistan.*

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Pakistan is a country of more than 241.49 million people; the large and diverse population poses complex challenges in executing effective family planning (FP) services [1]. The improvement of FP faces continued barriers that particularly affect populations in rural areas and low socioeconomic status since they experience limited health access laterally with social and cultural barriers. The PDHS 2017-18 indicates the importance of as only 34% of women in Pakistan use a modern method of contraception, and 17% have an unmet need [2]. These gaps can only be addressed through a collective and innovative effort to redesign various sectors of the healthcare system in the country.

Pakistan has a decentralized health system whereby FP services are provided by the Department of Health (DoH) and the Population Welfare Department (PWD). Both organizations are similarly structured with services running in parallel, leading to redundancy and ineffectiveness for clients [3]. Women who visit health services requesting thorough FP, for instance, are referred across the facilities, which exacerbates the hurdles in an already stigmatized process. Pakistan has missed an opportunity to deliver effective family planning services through its fragmented strategy. The coverage and consumption of FP services can be greatly increased by the joint efforts of DoH and PWD services that ensure the availability and accessibility for the population, and prioritize cultural sensitivity [4].

The Local Health Worker program plays a critical role in expanded Family Planning services by performing home and facility-based distribution of contraceptives and educational and maternal and child healthcare activities [5]. The training needs improvement among healthcare providers while the restricted operating time of FWCs constitutes barriers to availability of services. These factors disproportionately have a greater impact on women in rural and isolated regions, who are the most dependent on it [6]. Increasing hours for FWC, training staff in DoH on FP specialization, and reducing negative connotations associated with FP could greatly enhance utilization [3].

Social and behavior change (SBC) is a critical factor in eliminating these barriers as it influences the community's attitude toward FP in settings that are culturally sensitive in Pakistan. SBC initiatives change the perception and knowledge about FP among the targeted communities. Strategic communication for behavior change plays a significant role in Pakistan, where cultural and religious practices tend to guide the choices of people and families on FP [7]. Religious leader involvement, together with media outreach initiatives, assists with building support networks while combating untrue beliefs to help families make well-informed family planning decisions [8].

The private sector, which plays the role in meeting 70% of the healthcare needs, has emerged as a more proactive sector for the provision of FP in 65% [9,10]. These changes from the public to the private sector show that there is a need to have a public system that is capable of fulfilling this demand effectively in terms of quality and quantity. The communities can further benefit by enhancing existing collaborations in social marketing and public-private partnerships, particularly in the domain of FP service delivery in urban and peri-urban areas. SBC aimed at promoting and supporting behavior change, making contraceptives more accessible, and addressing the social norms which limit the uptake of contraceptives [10].

There are two key areas in which substantial progress of FP can be achieved in Pakistan, including educational institutions and the involvement of youth. With more than 60% of Pakistan's population under the age of 15 to 30, this represents a powerful force for change [11]. Higher education institutions that integrate Sex and Birth Control content into health-related programs, together with reproductive research, will advance FP awareness [12].

When students take part in family planning activities, they help use education and minimize negative feelings towards family planning since they easily reach and advise those around them. Schools should adopt programs for youth that include discussion of family planning, since it can encourage upcoming generations to see planning their families in a positive way [13]. Sustainable FP operations rely on backing from both organization-level support, policy backing and funding. After local authority over FPs was passed to the provincial government, DoH and PWD

* Address correspondence to this author at the Department of Community Health Directorate, Indus Hospital and Health Network Karachi, Pakistan.
Email: tabeena95@gmail.com

could gain and manage their budget resources [14]. Because centralizing the FP strategy prevents programs from running in parallel and overusing the same resources, it is essential. To ensure provinces and the government use funds most efficiently, the key answer is to have a united budget plan and to coordinate how resources are used [15].

The demand for improved family planning services grows higher each year as Pakistan's population is expected to exceed 340 million by 2050 [16]. The excessive population numbers produce stress on resources and infrastructure alongside economic stability. SBC initiatives must include culturally sensitive approaches because religious and cultural barriers continue to make it difficult to reach the communities. The SBC programs need to raise knowledge about FP services while showing how these services defend family health and national wellbeing. The public education combined with community involvement along with awareness campaigns represent effective means to fight myths while decreasing stigma of family planning [17].

To reach the 60% contraceptive prevalence rate aimed for during FP2030 Pakistan must redesign its strategy. To achieve the national child-bearing goal the country requires a full FP system which unites government sector work with private sector work and unites DoH with PWD services and depends on public-private partnerships [18]. The path to sustainable population growth in Pakistan will require collaborative efforts coupled with supportive policies, intensified SBC programs, academic involvement and a firm dedication to education.

AUTHORS' CONTRIBUTION

Sameera Ali Rizvi: Conceptualization, Study Design, Final approval.

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Syeda Tabeena Ali: Methodology, Data analysis and interpretation, Writing draft.

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