Family Planning Saves Lives: The Case of Pakistan

The Government of Pakistan has been promoting family planning since the 1960s, but after nearly a half century of effort, use of family planning remains low. For the most part, family planning has been promoted by the government on grounds of family size—that having too many children makes it difficult for Pakistan to develop. This is true, but has not persuaded people to reduce family size. In part, couples do not use family planning because they are afraid of it, they do not trust the government, and think that family planning can be dangerous to their health. Even health providers, in both public and private sectors, are reluctant to prescribe or maintain family planning because of health concerns.

**Box 1: Causes of Illness, Disability, Poor Nutrition and Premature Death among Women and Children:**

All pregnancies and births carry some health risk but risks are far higher for those women who have:

- Too many births (5 or more births),
- Too closely together births (less than three years between two births)
- Births at too young an age (before age 18)
- Births at too old an age (35 years or more)

The irony of this is that family planning is one of the best (and least expensive) ways to improve health. The ways this occurs are extensively documented both in international literature and for Pakistan. First, family planning saves lives by preventing unwanted pregnancies that might otherwise lead to maternal death. Death from any unwanted pregnancy is a tragedy; but women with unwanted pregnancies are often those at the highest risk of dying in childbirth: older women, high-parity women, uneducated women.

In addition, family planning saves the lives of infants and children, both by preventing children from being born too young or too soon after a previous birth, and by preventing unwanted pregnancy to women whose education and poverty levels render their children at higher risk of death. Box 1 shows the factors of age and childbearing patterns ("too many, too fast, too young, too old") that increase the risk of dying for mothers and children.

**The International Case**

Various estimates have been made in international literature of the number of maternal deaths that could be avoided by family planning. Using various methodologies, estimates of the proportion of maternal deaths that could be averted by avoiding unwanted pregnancies range from 20% to 32%. For example, a cross-national analysis of the actual effect of increased usage of family planning on maternal mortality between 1990 and 2005 showed that because of the fertility reduction caused by family planning, there were 22%
fewer maternal deaths than would have occurred had both the total fertility rate and the maternal mortality ratio remained constant.  

In addition to maternal mortality, family planning can prevent neonatal, infant and child deaths. Many of the same factors are at work and although they work in different ways, their effect is similarly profound. There is evidence of substantial change in child mortality risk from early and closely spaced births (more than 20% change in 21 of 25 countries studied) in many countries primarily because of changes in timing of births.  

The Case in Pakistan

About a third of pregnancies in Pakistan occur to women who do not want more children, and these tend to occur to women at high risk of mortality; if such women used family planning, more than a third of maternal deaths could be avoided. Especially, older and uneducated women have high risk of maternal death, and such women are particularly likely to have unwanted children. Likewise, mortality rates in Pakistan for children are higher when they are born too close to their siblings, or to mothers who are too young, or who are uneducated. Again, the mothers are often those who did not want those children, or who wanted to delay the pregnancy. Two examples for maternal mortality are shown in Box 2. Compared with women who have at least secondary education, uneducated women are 3.6 times as likely to die in childbirth. Compared with women who bear children at 20-34 years of age, those who bear them at age 35 or more are 80% more likely to experience maternal death.

Box 3 shows two examples of risk factors for infant mortality in a similar way. Infants born to uneducated mothers are 60% more likely to die before one year than children of mothers with secondary education. Compared with infants born to women who wait four years between births those whose mothers bear children less than 2 years apart are twice as likely to die in infancy.

It is not that there is a lack of interest in family planning. Pakistan has unusually high
levels of unmet need for family planning; i.e., between 25% and 37%, which means that millions of Pakistani women at any given time are at risk of going through unwanted pregnancies, and therefore are at risk of maternal death. Additionally, there are nearly one million (890,000) induced abortions occurring annually in Pakistan, which translates into one pregnancy being terminated for every five births. Much of the failure to make family planning more widely used, then, can be traced to a failure to convince both couples and health providers that, far from being a danger to health, family planning is in fact one of the most important means available to support the health of mothers and children. Instead of being afraid of family planning, couples should understand that it protects them. Instead of shying away from discussing and prescribing family planning, providers should be recommending it routinely to clients as part of a healthy reproductive life.

**What can be done?**

The data presented above clearly point to the need to reduce the number of unwanted pregnancies as the key to fewer maternal and newborn deaths. The way forward should focus on two critical steps.

**First:** Establish and implement a coordinated communications effort to reposition family planning as a health issue through mass media, local media, behavior change communications and counseling.

**Second:** Maintain pressure on the Ministry of Health to prioritize family planning until providers in all public health outlets are providing family planning with a mandate, training and supplies.

Some high-priority actions needed are:

- **Information** about the health benefits of family planning through media, professional training (pre-service and in-service) and advocacy to elites.
- Efforts to reach **husbands** regarding the health benefits of family planning.

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**Box 3: Infant Mortality Risks in Pakistan by Selected Factors**

<table>
<thead>
<tr>
<th>Category</th>
<th>Risk Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary + (Ref group)</td>
<td>1.0</td>
</tr>
<tr>
<td>No education (Risk group 1.6)</td>
<td>1.6</td>
</tr>
<tr>
<td>Birth interval 4+ years (Risk group)</td>
<td>2.0</td>
</tr>
<tr>
<td>Birth interval &lt; 2 years (Risk group)</td>
<td>2.0</td>
</tr>
</tbody>
</table>
• Education of religious leaders regarding the new approach and efforts to enlist their support.
• Improved postpartum and post-abortion information and services, for both maternal and newborn health and family-planning purposes.
• Efforts to reduce incidence of induced abortion through improving knowledge through aggressive and morality availability of emergency contraception along with other regular contraceptives.
• Pressure on Ministry of Health to solve logistics issues until contraceptives are available in all health units.
• Strengthening the referral and support linkages between LHWs and centers providing the full range of family planning services.
• Provide in-service training to all appropriate Ministry of Health providers; and
• Making family planning a key topic in all pre-service training for doctors, midwives, and nurses.

These efforts are of course not the only efforts that should be made. The services of the Ministry of Population Welfare and of the Lady Health Workers (LHWs), along with a coherent social marketing sector which complements the government’s efforts, must be maintained and strengthened, along with the other pillars of a healthy program: sound procurement and logistics, continued training, strong research and information systems, and so on.

The value of family planning for family health is not a new idea any more than the value of family planning for national welfare. What has been missing has been a consistent and credible effort to present family planning to the public as an essential component of family health and to back this claim by having it repeated and implemented throughout the health system. This is, in the judgment of this paper, the way forward for both family planning and maternal, newborn, and child health in Pakistan.

3 Azemman DE., (Impact of family planning on maternal-child health,] [In Spanish], Proafamilia, 4(13): 1998