

Family Planning in Pakistan: A Neglected Public Health Priority

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Family planning is integral to every country's healthcare system and helps determine population growth, economic stability, and social development. In Pakistan, the census-2023 data reveals a population growth rate of 2.55%, the highest in its region, and is suspected to double by 2050 (1). In a developing country like Pakistan, a contraceptive prevalence rate of 35% is the primary contributor to its uncontrolled population growth and is straining the healthcare system (2). However, prioritizing this issue can help guarantee Pakistan a sustainable future.

Contraception can play an important role in preventing unintended pregnancies, controlling population growth, and lowering maternal and infant mortality rates. The use of contraception reduced maternal deaths by 40% in the past two decades. Meeting further demands for contraception can lower them by an additional 30% (3). This would improve maternal health and provide family stability where the couple gets to plan their pregnancies according to financial, emotional, and health conditions. It also helps reduce the burden on healthcare systems, promoting economic stability by preventing unintended pregnancies. It is a beneficial step for nations with high fertility rates, where there is limited access to family planning and restricted or unsafe abortion. It can also serve as one of the most practical and affordable ways to lower maternal and infant mortality in rural areas with poor healthcare systems (3).

Pakistan, due to its male-dominated society, frequently limits women's reproductive autonomy, particularly in traditional households. Resistance to family planning services is further exacerbated by deeply rooted religious beliefs and societal conventions regarding contraception. Particularly in Pakistan's rural areas, low female literacy rates limit knowledge of family planning alternatives and prevent women from making educated decisions. Most of the low-income families can't afford expensive contraception methods. Furthermore, users' suspicion and hesitancy are fueled by differences in service quality and the availability of low-quality contraception (4).

Despite establishing its family planning strategy in 1965, Pakistan falls behind Iran and Bangladesh in terms of contraception use and fertility reduction. Learning from the strategies incorporated in these Muslim countries can help Pakistan enhance its contraceptive prevalence rate and achieve its development goals. Including family planning in basic healthcare, as Iran has done, can aid in improving accessibility. The idea of a community-based outreach by a health worker network, like in Bangladesh, can ease direct contraceptive supply and teaching to raise prevalence. As seen in Iran, interacting with religious leaders may promote public acceptance and assist in overcoming cultural barriers. Furthermore, increasing female empowerment and education—an approach used in Bangladesh and Iran—can raise awareness and acceptance of family planning techniques (5).

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