

Unintended Pregnancies and Failure to Prevent Them: Pakistan's Dilemma

Sir,

Pakistan is experiencing a high birth rate which has been contributing to the health burden of the country. A Demographic and Health Survey, conducted in 2012-13, outlines that Pakistan is now the sixth most populous country in the world and is expected to become the fifth most populous by 2050. This rapid population surge will hinder the country's economic growth and drain its dwindling resources.¹

A major reason for this high birth rate is unintended pregnancies, the prevalence of which was reported to be 38.2%, according to a study conducted using the London Measure of Unplanned Pregnancies (LMUP) in 2015,² which is considerably higher than the 24% recorded by PDHS in 2013.¹ A lack of contraceptive use was found to be the leading cause of this trend.²

There are persistent problems with access to and being able to afford to visit family planning centres or doctors, as well as a general lack of awareness and a fear of potential side effects. Furthermore, contraceptive use in Pakistan also remains low due to several social barriers. These include social stigma, religious beliefs and opposition from the husband as well as relatives that pressure women into avoiding proper family planning.³

There is an urgent need for a better system to spread awareness and improve accessibility amongst the populace, especially those living in rural areas. One such attempt was a research initiative conducted by the Marie Stopes Society to assess the comparative effectiveness of two family planning models. The Suraj and CMW models increased family planning awareness by 14% and 28%, respectively, indicating the need of funded family planning facilities to a receptive population.⁴ A National Program for Family Planning and Primary Healthcare was initiated in 1994; however, according to a SWOT analysis conducted in 2013, it has been struggling to make an impact. This has been attributed to mismanagement at local levels, delays in paying salaries to the workers, job insecurity and overworking of workers, all of which have led to poor progress. Moreover, the program is further at jeopardy due to lack of financial support from the government, political interference and targeted killing of the workers

as well as a patriarchal mindset established in social norms.⁵

Hence, there is a need for a community based approach to this dilemma. Women should be educated so that they realise their biological rights. Encouraging women more towards college education would consequently decrease early marriages. Lady Health Workers should be provided with a safe working environment. A community-wide public awareness campaign, targeting young adults of both genders, should be instated, with special attention given to male awareness. Each individual should receive a tailor-made birth control strategy so that they feel more in control of the process. Intervention by religious leaders should be encouraged so that people involved are at ease with the idea of contraceptive use.

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