

## AT A GLANCE

An estimated 57.3 million Pakistani women will be of reproductive age in 2020.

Pakistan's total fertility rate is 4.1 lifetime births per woman.

29.8% of women of reproductive age married or in a union currently use some form of contraception.

21.9% use a modern FP method.

24.9% of married women have an unmet need for contraception.

Only 19.6% of the total demand for FP is met by use of the most effective methods.

25.2% of all pregnancies are unintended.

The maternal mortality ratio is 320 maternal deaths per 100,000 live births.

The infant mortality rate is 78 infant deaths per 1,000 live births.

The under-5 mortality rate is 97 deaths of children aged 5 or younger per 1,000 live births.

## MEETING NATIONAL GOALS AND PEOPLE'S NEEDS WITH LA/PMs

### CURRENT TRENDS WILL NOT MEET NATIONAL GOALS

The Government of Pakistan's goal is to reach a contraceptive prevalence rate (CPR) of 60% by 2020. Achieving this goal is fundamental to meeting national development goals, to helping its citizens achieve their reproductive health (RH) intentions, and to slowing the nation's population growth to its target of 1.3% by 2020.

However, Pakistan faces a daunting family planning (FP) challenge. While use of modern FP methods rose threefold in the past 15 years, unmet need for FP remains high, at 24.9% among married women. The number of women with an unmet need (10.8 million) is 1 million greater than the number currently using a modern FP method (9.8 million). Meanwhile, the population continues to grow. By 2020, there will be 12.8 million more women of reproductive age in Pakistan than there were in 2009. To meet the government's CPR goal of 60% would require 32.8 million users.

Yet if the trend from 1991 to 2007 were to continue, by 2020 Pakistan would reach a CPR of just 46%, with only 26.5 million FP users—just over three-fourths of its goal (see Figure 1, below).

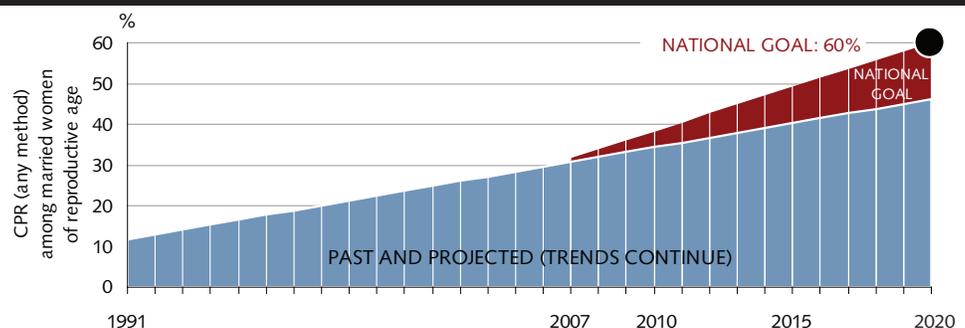
### LA/PMs—A SMART PROGRAMMATIC INVESTMENT

Long-acting methods (IUDs and implants) and permanent methods (female sterilization and vasectomy) are the most effective of all FP methods. However, LA/PMs only account for just over one-third (36%) of all method use in Pakistan. **If only 4% of current oral contraceptive users (100,000 women) switched to IUDs or implants, more than 25,000 unintended pregnancies could be averted over a five-year period.**<sup>1</sup>

One in four married women in Pakistan have an unmet need for FP. **Addressing this unmet need could avert 23,000 maternal deaths and 1.2 million child deaths by the Millennium Development Goals target date of 2015.**<sup>2</sup>

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FIGURE 1: MEETING PAKISTAN'S NATIONAL GOALS<sup>3</sup>



<sup>1</sup> Calculation based on methodology described in Hubacher, D., et al. 2007. Contraceptive implants in Kenya: Current status and future prospects. *Contraception* 75(6):468–473.

<sup>2</sup> Health Policy Initiative. 2009. Pakistan: Achieving the MDGs—The contribution of family planning. Washington, DC. Accessed at [http://www.healthpolicyinitiative.com/Publications/Documents/294\\_1\\_MDG\\_Pakistan\\_final.pdf](http://www.healthpolicyinitiative.com/Publications/Documents/294_1_MDG_Pakistan_final.pdf).

<sup>3</sup> Sources: 1990–1991 and 2006–2007 Demographic and Health Surveys, and Reality √ projections for intervening and future years

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International, Inc.  
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**HELP PEOPLE ACHIEVE THEIR  
REPRODUCTIVE INTENTIONS**

Long-acting methods are suitable for all categories of women and can enable them to securely and conveniently fulfill any reproductive intention, whether delaying a first birth or spacing or limiting subsequent births; permanent methods are most appropriate for those who have reached their desired fertility.

Though IUDs and hormonal implants are the most effective methods for women who want to space their births, spacers in Pakistan are nearly six times as likely to be using traditional methods and are nine times as likely to be using short-acting methods as they are to use long-acting methods (see Figure 2, below). Among limiters (women and couples who do not want any more children), the number using short-acting methods is nearly equal to the number using female sterilization. The gap between couples' intentions and their FP use could be closed by increasing awareness of LA/PMs, correcting misinformation about them, and increasing their availability to expand method choice.

**RESPOND TO PAKISTAN'S NEEDS**

The RESPOND Project can help the Ministry of Health and the USAID Mission's implementing partners to improve RH in Pakistan by taking a holistic programmatic approach that results in:

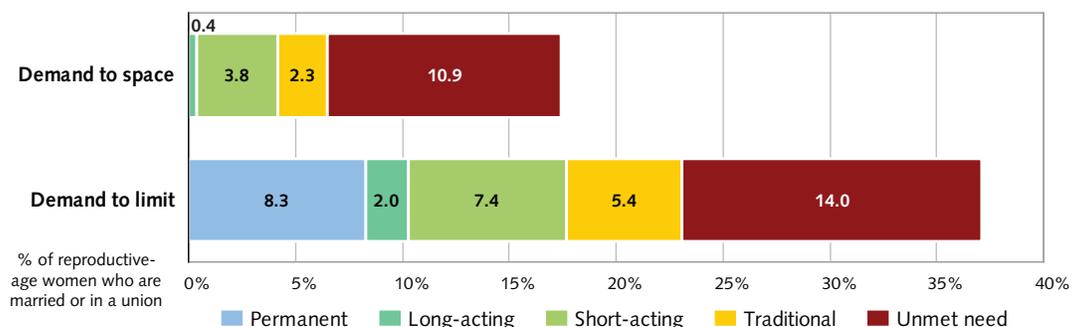
- Skilled, motivated, well-supported LA/PM service providers

- Engaged communities and accurate information about LA/PMs, not only to increase knowledge, but also to improve the image of LA/PM services
- An improved policy and program environment for FP services

Some possible interventions include technical assistance to:

- Develop strategies to support use of IUDs, implants, and sterilization to address the large unmet need for limiting and use of IUDs and implants to reduce the significant (yet smaller) unmet need for spacing
- Support the Medium Term Development Framework's goal to functionally integrate health and population programs (e.g., postabortion care, maternal and child health services, and private practitioner networks) with proven programmatic models and tools to improve access to FP within clinics and hospitals, especially for underserved populations
- Adapt and implement tools and approaches to improve supervision and quality of care in the private and public sectors, including infection prevention strategies within training and supervision systems
- Train health planners in Reality  $\sqrt{}$ , a forecasting and programming tool that generates analysis for realistic, evidence-based service, training, and commodity projections

**FIGURE 2: PAKISTAN'S DEMAND FOR CONTRACEPTION (MET AND UNMET NEED)<sup>4</sup>**



<sup>4</sup> Source: 2006 Demographic and Health Survey