**Factors Influencing Family Planning Policies**

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Family planning programme first received attention from the federal government in Pakistan in 1960 and slowly began to form an important part of development planning and policy. The main objective of the programme was to tackle the challenges of rapidly increasing population.The thrust was on the provision of family planning services at the doorstep and the dissemination of information through awareness campaigns. This programme was not considered to have been successful and did not yield intended results.

The programme stalled at this point but national policy and international interest in population growth continued. The goal of striving to decrease population growth rates to keep pace with available resources became associated with the policy area of population policy. Coupled with rapid growth in population, this has led to a significant increase in the importance and effectiveness of family planning services in the country and raised concerns about the low uptake of these services.

The use of modern contraceptives is critical and an important intervention during childbearing years from age 15 to 49. They offer a safe and reliable method of contraception leading to better and more effective results from a medical point of view. Where women have access to contraceptives it has been shown that maternal and infant mortality rates are reduced through the avoidance of unplanned pregnancies, and improve overall mother and child health outcomes as well. The current Pakistan Demographic Health Survey reveals that modern methods of contraception are not being practiced fully in the country particularly among the underprivileged and marginalized section of the population.

The high Total Fertility Rate (TFR) and low Contraceptive Prevalence Rate (CPR) have affected efforts of the family planning programme implementers to slow down the increasing population growth. The National Population Policy also reflects that the overall CPR has remained far behind the estimated targets. There is clearly a need to understand the key factors influencing family planning policy. One of the key factors is the ways in which family planning policy is implemented and understood by the people and communities it is aimed at.  Understanding those communities, particularly in the more remote and isolated areas of the country, is important because these communities tend to be overlooked.

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For instance, Balochistan has a vast geographical terrain comprising of an area of 347,190 square kilometres and 22000 settlements and, forms 43 percent of the total area of the countrywith a unique socio-cultural and political dynamics. The Research & Advocacy Fund (RAF) reports that Balochistan as compared to other provinces in the country has the highest maternal and infant mortality rate. It is 785(per 100,000 live births) and 72 (per 1000 live births) respectively which is the biggest concern.The survey also confirms that Balochistan ranks the lowest in adoption of modern contraceptive methods. The provision and access of contraceptives in this province could potentially not only help reduce maternal and child mortality but also contribute to the policy goal of controlling rapid population growth. The family planning programmes and practices in Balochistan faces a myriad of challenges and that many of these revolve around issues of policy implementation.

Around 76 percent of population of the province live in rural areas with inadequate and inaccessible health facilities. Doctors and paramedical staff are not willing to serve in remote areas for which number of health facilities remains closed.  In addition, this province has unique socio-cultural dynamics where people live under the influence of patriarchy and tribal system. Women themselves have very little choice about family matters, and decisions rest with husbands and mother in laws who prefer many children and particularly boys. This requires empowering women through education, skill development and creating job opportunities.

Besides that, the illiteracy among women particularly living in rural areas is very high. It prevents particularly women to attain social and economic well-being, and benefit from knowledge and information. Several studies have found that there is inextricable link between education and wellbeing of population in various phases of development. Theinvestment in female education has enormous benefits. Education yields to better health for women, children and communities leading to overall well-being of a nation.  It reduces gender inequality, provides economic opportunities and greatly helps women to make choice about the size of the family by preventing unwanted pregnancies. Most importantly, education enables people to recognize and exercise their basic rights, and make decisions rationally.

The population policy is holistically required to cater for, among other things, various aspects like socio-economic development, health outcomes, female education, basic rights and diverse local needs and preferences. Family planning and population control in Pakistan are taken as a separate element rather than a bigger part of development agenda. It is important to look at whole picture instead of remaining tied to a singular and uniform approach. The gap between policy conception and policy implementation is wide.  Top down policies are unlikely to yield the same results, where socio- economic, political   and cultural dynamics are very different, as compared to other provinces. To overcome this, family planning services could be improved by formulating policies that are in congruence with the ground realities and which cater for the local needs and circumstances.

To achieve successful outcomes, it is important to understand how family planning policy is implemented and understood by the people and communities it is aimed at, particularly those living in remote and isolated settlements. Participatory practices may be relevant in this respect as they have the potential to not only create awareness but also provide opportunities to the people to have their voice in policy planning and decision-making. They can help create ownership, improve service delivery, ensure sustainability and lead to effective implementation.  Donor driven and top down policymaking and implementation, may not produce desired outcomes. Complex situations often benefit from higher levels of participation, local intelligence where understanding becomes a route to through which the policy process occurs.