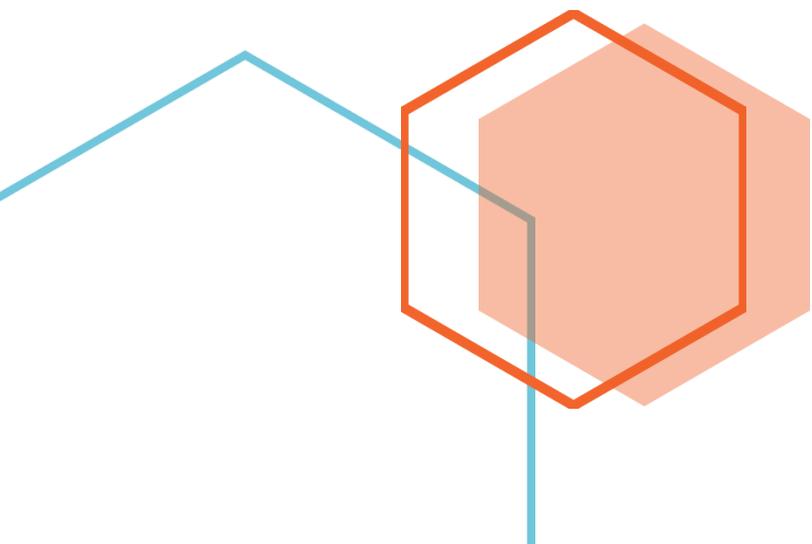




Understanding Unmet Need and Joint Decision Making for Family Planning Programming

To address the unmet need and discontinuation rate of FP, it will take more than infrastructure development; the patriarchal beliefs rooted in 'husband-only decision-making', associated with lower odds of contraceptives use, need to be countered.





Understanding Unmet Need and Joint Decision Making for Family Planning Programming

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Which does your abstract address?:

Research findings

In which language is your abstract written?:

English

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English

Track (First choice):

Fertility intentions and family planning (unmet need and unintended pregnancies)

Optional second choice track:

Men and family planning

Background (200 words max)

With a staggering growth rate of 2.4% per annum, unchecked population growth in Pakistan is among one of the serious challenges which the country faces today. Pakistan's population is around 208 million and its most populous province, Punjab houses half of the national population of women (3.1million) with unmet need for contraception.

The desperation underlying unmet need for family planning, encompassing variables such as lack of access, myths and misconceptions, religious impermissibility, husband's opposition, and fear of side effects/health concerns is perhaps best reflected in the high incidence of induced abortions in the province; every year, an estimated 1.3million woman opt to abort their pregnancies.

Results from research further suggest that compared to couple's joint-decision-making, husband-only/wife-only decision-making is associated with higher risk for women in having both unmet need for contraception and unintended pregnancy. In Pakistan, 30% of husbands



make decision for women healthcare, while 27% of the couples do not have an agreement on family size.

In view of the substantial levels of unmet need of family planning in Punjab and dearth of literature on how couple's concordance/discordance could be associated with women's unmet need, it is critical to understand the factors that influence joint decision making among couples.

Hypothesis (100 words max)

The Background Paper for the PPIF developed by the Population Council presents a case for a strategic focus on the reduction of the barriers perpetuating unmet need. Building upon that, the baseline study conducted by PPIF in urban slums of district Rawalpindi and rural areas of district Muzaffargarh in Punjab aims to investigate the role of certain barriers to uptake of family planning services and it posits that it is the entrenchment of barriers such as lack of joint decision making that is resulting in an unmet need for family planning services in Punjab.

Methodology (200 words max)

Research conducted by PPIF is a combination of primary and secondary research. Primary research includes Focused Group Discussions (FGD), in-depth Interviews (IDI) with community influential and workers for primary health care and face to face interviews with married women of reproductive age (MWRA) in Muzaffargarh and Rawalpindi.

Target respondents of FGDs were 2252 MWRAs (15-49) and their mothers in law. Two FGDs were conducted with mothers in Law and one with MWRAs in both Muzaffargarh and Rawalpindi. For IDIs, the respondent sample was a mix of male and female key influencers working in the family planning sector. In Rawalpindi, IDIs were conducted with one male and two female members of village committees while in Muzaffargarh, three were conducted with male members of a local Community-Based-Organization.

All willing participants were selected using the 'snowballing technique' from the respective union councils via a screening questionnaire. The focus group discussions were digitally recorded and the audios were transcribed for the analysis.

The anecdotal data drawn from the primary field work provided perspective to inform the basic research from other sources and provided illustrative examples of the hypotheses inferred from secondary research based on academic documents, print periodicals and national and provincial survey reports.



Results/Key Findings (250 words max)

Following factors influencing joint decision making were identified:

- **Mobility:** Patriarchal beliefs that forbid women to go outside without the permission of male members restrict their access to existing services in rural areas of Muzaffargarh. MWRAs in Rawalpindi also shared that despite enjoying concordant joint decision-making, they still sought permission from their husbands before stepping out of their homes.
- **Son Preference:** A major reason for not using contraception was reported to be the preference of sons over daughters. Man's principal role as "earner" and "caretaker" exerted greater pressure on maximizing progeny through sons. Men in Muzaffargarh on countless occasions divorced their wives upon the birth of daughters. In the peri-urban slums of Rawalpindi, FP was only acceptable post the birth of a son.
- **Religious Impermissibility:** Most prejudices about FP in these communities operationalize in the form of religious practices and local precedent as tools of legitimisation and justification. For e.g. many believe that God is a sole Giver and that people should not interfere in His matters.
- **Communication Barrier:** More than 40% of MWRAs hesitated in discussing FP with their husbands due to shyness, socio-cultural taboos and lack of awareness and need or FP. This lack of communication coupled with the prevalent misconceptions among men results in discontinuation.
- **Pressure from Mothers-in-Law:** Due to the collectivist nature of the communities, other family members like Mothers-in-law play a major role in FP decision making. They believe that if they had three or four children, their daughters-in-law should have the same number as well.

Knowledge Contribution (250 words max)

The preceding findings demonstrate that despite political and economic factors such as lack of infrastructure, lack of human development resources and pervasive poverty in Muzaffargarh and Rawalpindi, one of the critical reasons for unmet need of FP in Punjab is the lack of joint decision making which is entrenched in patriarchal attitudes and societal norms. To put all these socio-cultural norms in proper context, one must understand the collectivist nature of the Pakistani community (especially the underserved and the most vulnerable). In Punjab, the ties of community are very strong; it is impossible for anybody to live in isolation and escape communal attitudes and pressures. These norms reinforce socio-religious misconceptions and the subordinate status of women as decision-makers in Pakistan leading to the stigma associated with free female mobility, preventing them from gaining access to FP services.



Thus, to address the unmet need and discontinuation rate of FP, it will take more than infrastructure development; the patriarchal beliefs rooted in 'husband-only decision-making', associated with lower odds of contraceptives use, need to be countered. Despite husbands predominantly being the decision makers of the household and their understanding of family planning significantly affecting women's use of contraception, most family planning programs in Pakistan are still largely directed at women with limited opportunities for men to acquire information, counselling, and services. Hence, engaging men in family planning programming through enhanced couple communication is critical to address the socio-cultural barriers, which can severely limit their capacity to support their wives' adoption of FP methods.