Reproductive Health Research
Opportunities and Choices

University of Southampton

Evaluation of Marie Stopes Family Planning Programme in Pakistan

Background

This is a two-year evaluation project that aims to assess the local impact of the Marie Stopes programme of new clinics in Pakistan. The evaluation is employing both quantitative and qualitative tools to assess both the demand and supply issues relating to the use and provision of family planning services. A longitudinal design is being used to identify measurable outcomes over the period of the evaluation, such as the impact on knowledge and acceptability of Marie Stopes in the catchment area of the clinics, and the provision of a family planning service which reflects the qualities valued by clients. A sample of 4 clinic sites in Punjab and Sindh is being evaluated and two control sites are also used. A baseline survey and focus group discussions have been conducted in each location, and will be repeated 18 months after the clinics have opened to allow an evaluation of the impact of the clinic on the local population. In total, 5338 individual interviews and 48 focus groups have been conducted.

Findings

■ **Knowledge** of family planning is high in all six study sites, with over 80% of women reporting knowledge of a modern method of contraception.

■ **Approval** of family planning was high. Over 70% of women reported that they approved of the use of family planning methods.

■ The percentage of **husbands** approving of family planning was lower, although over 65% approved of family planning.

■ **Current use** of contraception was

low in all six study sites. The lowest use was in Larkana (11%) the highest was in Hyderabad (39%).

■ The **methods** of family planning use varied by study site. Overall the most commonly used methods were condom (30%), female sterilisation (15%), pill (13%) and IUD (11%).

■ Approximately 8% of current users were relying on **natural methods** of contraception (rhythm and withdrawal).

■ Most frequently reported **reasons for not using** contraception include a desire for more children, husband's opposition to family planning, fatalistic attitude towards childbearing, side effects of contraception, and religious opposition.

■ **Demand** for family planning was high in all six study sites. In general, the demand for methods for limiting the number of children was greater than that for spacing between births.

■ **Unmet** need for family planning was high in all six study sites, ranging from 28% (Shikarpur) to 51% (Gujranwala). Unmet need for limiting was generally greater than unmet need for spacing between births.

■ Use of **family planning services** was low in all six study sites, ranging from 14% (Larkana) to 27% (Hyderabad). The types of family planning service used included government and private hospitals, family planning clinics, and traditional healers. The use of each type of service varied between the study sites.

■ The main **reasons for not using services** include husband's opposition to the use of family planning, a reliance on contraceptive methods bought from the market, fear of health effects, and the costs involved in service use.

Round Two

■ The baseline survey and focus group discussions will be repeated in each of the six study sites 18 months after the clinics have opened. This will allow an evaluation of the local impact of the Marie Stopes clinics.

■ Clinic evaluation will also involve clinic audits and exit interviews to measure quality of service provision.

Round two of data collection is expected to take place mid-2001.