



Barriers to Family Planning Service Use amongst the Urban Poor in Pakistan.

Background

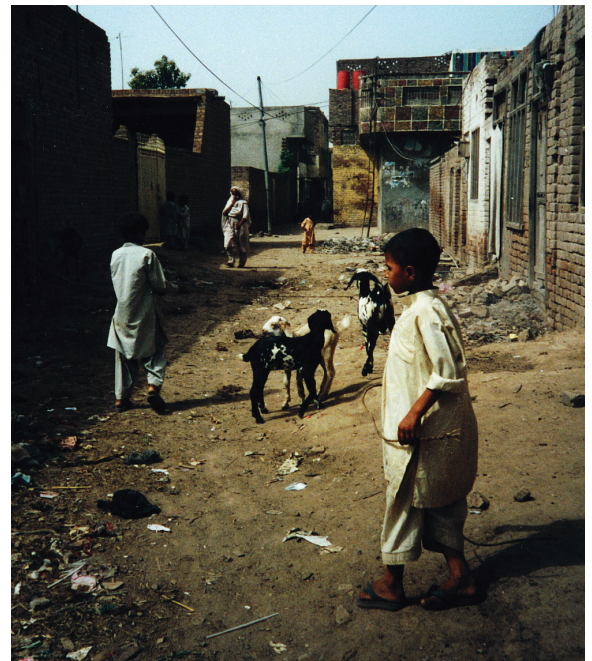
Although fertility has shown some decline in Pakistan in recent years, contraceptive use remains low. Despite high knowledge of modern methods of contraception (94% of married women know of a modern method of contraception) only 17% of married women of reproductive age currently use a modern method of contraception (Pakistan Reproductive Health and Family Planning Survey 2001; Sathar and Casterline 1998). The coverage and quality of family planning services is poor, with only 10% of the population living within easy walking distance of government operated family planning services (Rosen and Conly 1996). Consequently, there exists a large unmet need for family planning services in Pakistan (Mahmood and Ringheim 1997).

Pakistan presents an interesting context for examining the range of potential barriers to the use of family planning services, with a low level of economic development and strict cultural norms that may inhibit service utilization. This research identifies the barriers to family planning service use among women in urban slum areas. The research also examines the characteristics of urban poor women who report different types of barriers to using family planning services.

Methodology

Little is known about the health of the urban poor because most survey instruments do not capture this sub-group (Diamond *et al* 2001). This study focuses specifically on the urban poor, collecting data from slum settlements in six cities of Pakistan. Data were collected in 2000 via a

household-based questionnaire conducted with married women of reproductive age (15-45). A sample of 5,338 married women of reproductive age was collected.



Research Findings:

Psychosocial Barriers: The greatest obstacles to family planning service use for urban poor women are the psychosocial barriers; which include the opposition of religion, husband or personal opposition to family planning. Half of all urban poor women identified psychosocial reasons as the primary barrier to using family planning services. Typically, women reporting psychosocial barriers are most likely to display more traditional characteristics in terms of household structure and personal autonomy.

The strong influence of household members on a woman's ability to utilize family planning services stresses the importance of targeting

family planning messages not only to the potential users of such services, but also to those who influence a woman's decision to utilize family planning services, most notably husbands and mother-in-law or elders.

Administrative Barriers were the second most commonly reported barrier to family planning services amongst the urban poor. Administrative barriers in this study referred to the perception that services are of poor quality and fear of using services due to reports of bad experiences of others. This points to the need for family planning promotion efforts to target urban slum areas to dispel some of the fears about service quality which inhibit service use.

Economic Barriers to service use were reported by only 15% of urban poor women. Not surprisingly, these are most likely to be the poorest women and those with little or no education. Women from households with higher asset scores and whose husband had a higher level of education were less likely to report economic barriers to service use. It is also important to note that the use of free family planning services still incurs costs in the form of transport and absence from household economic activity, and even these costs can form a significant barrier for the poorest households. This finding reinforces the need to continue cost-free family planning services that are physically and economically accessible to women in urban slum areas.

Cognitive Barriers: Few women reported knowledge as a barrier to family planning service use. Not surprisingly, these were women with no education and no exposure to the media, indicating the effect of education in creating greater awareness of and exposure to the health system. Media messages may have increased household awareness about family planning, potentially reducing the opposition of other household members to service use.

Physical Barriers to family planning services were reported by the fewest women in urban slums, however; those who did report physical barriers were those with the lowest level of personal mobility. Women who lived in a household with a mother-in-law present were the most likely to report physical distance as a barrier to service use. Young newly married women have low status in the Pakistani household, and thus their personal mobility is likely to be strictly limited, restricting their ability to access to family planning services. It is these women who would most benefit from community based distribution of contraceptives within the urban slum areas.

Policy Implications

This research has highlighted two key issues regarding the provision of family planning services to the urban poor: First, the urban poor cannot be treated as a homogenous group; there exist important socio-demographic variations within the urban poor population in relation to their use of family planning services and the barriers faced in service utilization. Second, although the urban poor are both economically and physically disadvantaged in access to services, women identified socio-cultural factors as the greatest barrier to family planning service use. This finding is consistent with studies focusing on the general population of Pakistan.

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