



COMMENTARY

Post-Partum Family Planning Strategy (PPFP) in Sindh, Pakistan: A Policy Content Analysis

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ABSTRACT

This commentary highlights the urgent need for effective Postpartum Family Planning (PPFP) strategies in Sindh, Pakistan, given the region's persistently high fertility rates and challenges in contraceptive use. It discusses the government's commitment to the FP 2020 initiative, focusing on policy content aimed at elevating the Contraceptive Prevalence Rate (CPR) from 29.5% to 45% by 2020. The PPFP strategy integrates public-private partnerships, counselling services, and post-abortion

care, aligning with Sustainable Development Goal (SDG) 3. By emphasizing transparent, accountable governance and political will, this commentary underscores the potential to achieve desired health outcomes and fulfill commitments made at the London Summit 2012, contributing to a healthier future for Sindh, Pakistan. **Keywords:** Postpartum family planning, policy content, contraceptive prevalence rate, Sindh.

BACKGROUND

Pakistan is the sixth most populous countries in the world with an annual growth rate of 2.40 and the population census summary 2017 has reflected a population total of 207.8 million in Pakistan¹. By 2030, Pakistan will become 5th most populated country in the world as the contraceptive prevalence rate (CPR) has shown gradual growth rate of 0.5% per year over the past 50 years². Family Planning (FP) 2020 is a global initiative to support the rights of

women and girls to provide them necessary information on the use of contraceptives, supplies and services in the world's poorest countries which included 69 focus countries. The government of UK, in 2012, and the Bill and Melinda Gates foundation (BMGF), along with United Nations Population Fund (UNFPA), United States Agency for International Development (USAID) and other partners introduced the London Summit 2012 on FP to strengthen the FP2020 partnership. The government of Pakistan made its commitment to achieve CPR rate of 50% with Sindh,

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45% at the summit by 2020.³

To meet FP2020 commitment, Costed Implementation Plan (CIP) was developed with the support of Department of Health and Population Welfare to combine FP with Maternal, Newborn and Child Healthcare (MNCH) care for the easy access of quality FP services.

POSTPARTUM FAMILY PLANNING (PPFP)

Postpartum Family Planning (PPFP) is an essential component of any FP program. It is defined as the provision of FP services during both post pregnancy and after abortion period because FP services are essential part of post abortion care (PAC) therefore to avoid unwanted pregnancies and future abortions, FP services must be provided during this period.⁴ According to the Pakistan demographic and Health survey (PDHS) 2017, only 35% of the married women use methods for FP, whereas, 9% use traditional methods and the modern methods are used by only 25% women, which is considered lowest in the region. In Sindh, 2017 census counted approximately 48 million population, projecting to reach 50 million by 2050 with 2.41% average growth rate and 3.9 births as fertility rate. This in turn will increase economic burden, maternal and child mortality rates and ultimately the population will be pushed down further to the poverty line. About 1/3rd of the children is born in less than 24 months of previous birth in Sindh, indicating high health risk for mother and child. Therefore, it is necessary to address PPFP as the choice towards contraceptive use is a women's fundamental right⁵.

RATIONALE

The rationale behind choosing this topic is as follows: -

1. According to the PDHS 2017-18,⁶ fertility rate has been reported to 3.6 children per women and if a woman is living in rural areas, then she would have one child more than women living in urban.

2. Although there has been firm decline in fertility rate from 5.4 to 3.6 in three decades, though the decline is minimum at present, yet this fertility rate is still 31% higher than WHO recommended rate.

3. In addition, birth spacing is another highlighted area to work on as women in Pakistan tend to get pregnant within 24 months after first pregnancy while the World Health Organization (WHO) recommends at least gap of 24 months between pregnancies to avoid maternal and child complications.

4. According to the Multiple Indicator Cluster Survey (MICS) 2013-14⁷, unmet need for contraception stands at 21.7, a high fertility rate and CPR, there is a dire need

to address PPFP strategy to improve health outcomes. This commentary aims to shed light on the PPFP strategy and ways to improve its impact in Sindh, Pakistan.

POLICY CONTENT

The main policy content behind this PPFP policy in Sindh is to increase the CPR from 29.5% to 45% by 2020 for the aim of accomplishing Sustainable Development Goal (SDG)-3⁸, good health and well-being to achieve the commitment made by the Government of Pakistan in London Summit 2012 to access to reproductive health by 2020. The Government of Sindh along with various stakeholders such as Department of Health, Population welfare department (PWD), Lady Health workers (LHWs) programs as well as MNCH and various partners and donors designed the strategy for PPFP for the competent and efficient prioritization and allocation of resources for better results and to provide a strategic direction for the fulfillment of the interventions of PPFP. Thus, the strategy for PPFP itself is clear and is regulated with population policy, CIP, and health sector strategy to navigate the following:

1. CPR rising to 45% in Sindh by 2020.
2. Providing counselling services to mothers delivering at the health facilities along with antenatal and immunization visits to these facilities.
3. Building public-private partnerships to provide PPFP services by providing commodities to private providers willing to provide such services.
4. Quality service provision can effectively improve by supportive supervision which will ultimately act to fill the gaps of standard practices of PPFP services thereby encouraging monitoring of patients⁹.
5. Information education and communication materials (IEC) for PPFP along with training in PPFP methods, counselling trainings, FP supplies will be provided to the workers serving in outreach communities.
6. Providing post-abortion FP services as an important element of PAC.

KEY FEATURES OF POLICY CONTEXT

Factors such as female mobility, lack of transport, unawareness to where to access contraception's, social pressure to have large families, lack of spousal communication on the subject, poor client-provider interaction, and limited time available for FP services contribute to unmet needs along with concerns regarding PPFP services. The key features of policy context for PPFP includes the following factors:

1. **Socio-economic Factors:** - Includes factors such as

society beliefs, employment status, income distribution, family properties, same family marriages, economic circumstances of community all contribute significantly to reducing access towards FP service utilization.

2. Socio-cultural Factors: - Factors such as social beliefs and cultural norms creates hindrances towards the implementation of PPF. Illiteracy, poverty, desire of son, religion practices and traditions etc often creates barriers in the use of FP services thereby affecting acceptability, access, and affordability.

3. Structural Factors: - Delay of PPF services resulted after 18th constitutional amendment because of under resourced health facilities and abruptly devolving responsibilities to the provinces. Various human and social developmental issues arise because of limited attention by the government.

4. International Factors: - The London FP summit 2020 highlights the necessity to meet the unmet need of women in Pakistan. Pakistan pledged to offer FP services and universal access to reproductive health with its implementation by 2020 (CPR in Sindh 45%).

5. Situational Factors: - For the effective mobilization of the resources and to decrease the total fertility rate, which is 3.9 per women, there is an immense need of population stabilization because there is an expectation that the population of Sindh may cross 50 million by 2020 and may lead to major financial and economic catastrophe to the families resulting in population explosion.

POTENTIAL OF REAL-WORLD APPLICATION

For the achievement of desired health outcomes in Sindh and to increase the CPR rate to 45% by 2020, transparency and accountability must be ensured at all levels and a strong political will be required at both federal and provincial levels for the successful implementation of the policy so that Pakistan can fulfill its commitment made in the London summit on FP2020 with a joint agreement is required by all major stakeholders to bring a change in the country and specifically in the province of Sindh to work towards a better future. This in turn will act to fill the gaps of standard practices of PPF services and support monitoring of patients¹⁰⁻¹².

Authors Contribution

S.K: Conception and design of the study, drafting and critical revision of the manuscript, and approval of the final version.

N.K: Acquisition of data, critical review of the manuscript for intellectual content, and approval of the final version.

S.S.H: Analysis and interpretation of data, drafting and editing of the manuscript, and approval of the final version.

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Disclaimer of using AI tools

Not utilized. All ideas, arguments, and conclusions presented in the letter, however, are entirely the authors' original work. The authors take full responsibility for the accuracy and integrity of the content.

Conflict of interest

The author report no conflict of interest.

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