
2016

Landscape analysis of the family planning situation in Pakistan—District profile: Lahore

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LANDSCAPE ANALYSIS OF THE FAMILY PLANNING SITUATION IN PAKISTAN

May 2016

DISTRICT PROFILE: LAHORE

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Background

Lahore is situated in the northeastern part of Punjab. The district consists of ten administrative strata, including nine townships and one cantonment area; three townships—Data Ganj Buksh, Shalimar, and Samanabad— were the focus of this study (Figure 1).

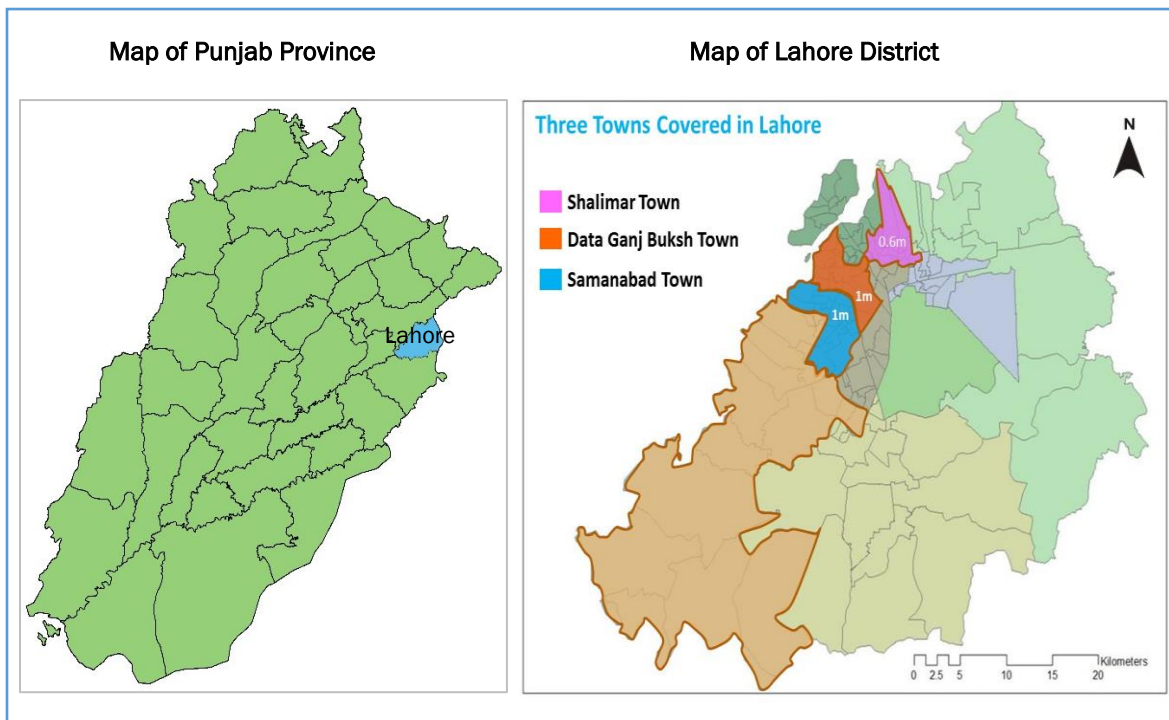
Table 1 presents key demographic facts about the district and the three townships comprising the study area. Lahore has an estimated population of 9.5 million.¹ Among the studied townships, Samanabad has the highest population followed by Data Ganj Buksh and Shalimar. Of the total 430 thousand married women living in the study area, 172 thousand live in Samanabad, 90 thousand in Shalimar, and 171 thousand in Data Ganj Buksh. The district's infant mortality rate is lower than other study districts.

Table 1: Demographics of Lahore district and study townships

Demographics	Lahore District	Study Townships		
		Data Ganj Buksh Town	Shalimar Town	Samanabad Town
Total population	9,545,000	1,070,000	585,000	1,086,000
Women, 15-49 years	2,453,000	283,000	136,000	279,000
MWRA	1,514,000	171,000	90,000	172,000
Literacy rate (10 years above)*	80%	-	-	-
IMR**	53	-	-	-

Source: Punjab Development Statistics 2015, * Pakistan Social and Living Standards Measurement Survey (PSLMS) 2014-15, Multiple Indicator Cluster Survey Punjab (MICS) 2014

Figure 1: Map of Lahore district showing townships covered



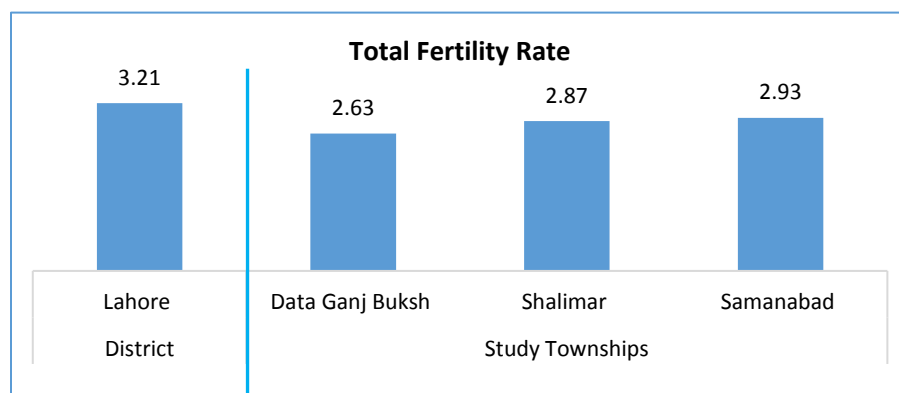
Note: The map shows the three towns within the district of Lahore where a census of health facilities and pharmacies was conducted during the landscape analysis. The towns included Samanabad, Shalimar, and Data Ganj Buksh.

Lahore's total fertility rate (TFR) is 3.21. This is higher than the TFR in the three townships, which is lowest in Data Gunj Buksh (2.63), and highest in Samanabad (2.93), with Shalimar in the middle at 2.87 (Figure 2).²

¹ Punjab Development Statistics 2015

² Multiple Indicator Cluster Survey Punjab (MICS) 2011

Figure 2: Total fertility rates in Lahore and three townships

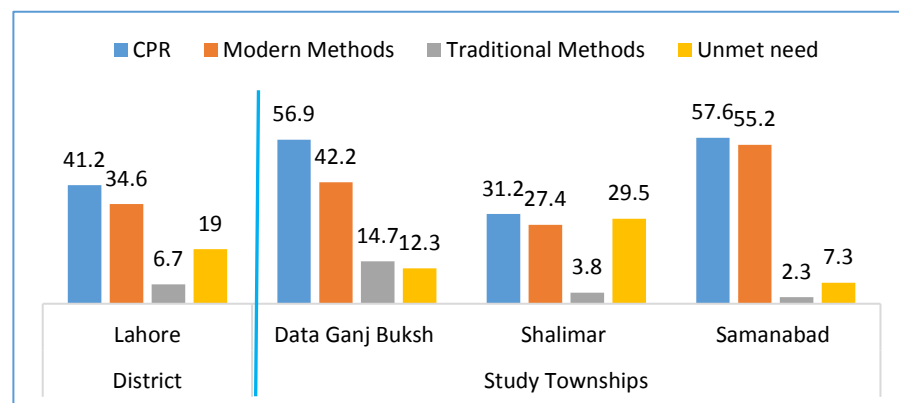


Source: Multiple Indicator Cluster Survey Punjab (MICS) 2011

Contraceptive Use and Unmet Need

Contraceptive use varies across the all three study townships (Figure 3). It is lowest in Shalimar Town (31.2%) and highest in Samanabad Town (57.6%). By method, modern use is also highest in Samanabad (55.2%) and lowest in Shalimar (27.4%), while traditional use is highest in Data Ganj Buksh (14.7%) and lowest in Samanabad (2.3%). Unmet need for family planning is negatively associated with contraceptive use; it is highest in Shalimar (29.5%) and lowest in Samanabad (7.3%).

Figure 3: Contraceptive use and Unmet Need in Lahore and Three Townships



Source: Multiple Indicator Cluster Survey Punjab (MICS) 2011

Use of Antenatal and Delivery Care Services

The majority of women in Lahore sought antenatal health care from a skilled provider during their last pregnancy (90%)³ Private hospitals or clinics are the major source of antenatal healthcare (47%), followed by government health facilities (42%). The majority of deliveries are institution based (82%), mainly at private hospitals or clinics (45%) and government facilities (37%).

Other Socio-economic Indicators

The literacy rate (10 years and above) in Lahore is as high as 80 percent. However, the female literacy rate is 5 percentage points lower than the male literacy rate (82%). Interestingly the literacy rate among the reproductive aged women is as high as 81 percent. The majority of households own a television set (86%). Mobile or landline phones are owned by the vast majority of households (97%).

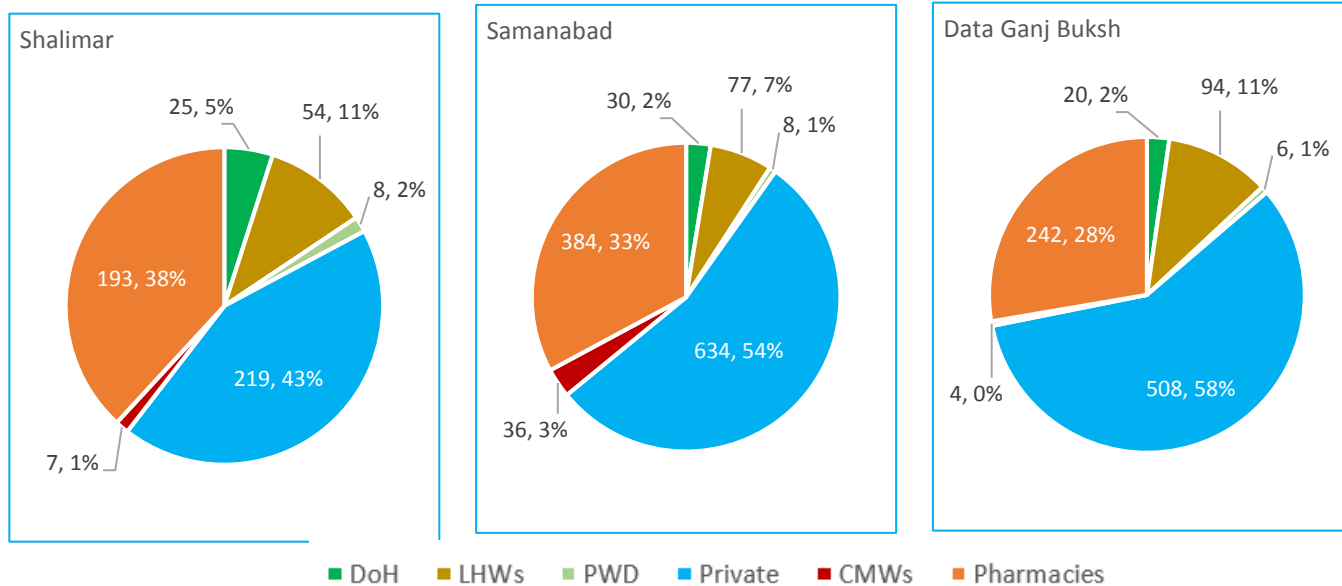
In terms of building materials, majority of the house roofs (82%) are made of the more expensive reinforced cement concrete (RCC) or the reinforced brick concrete (RBC) and in fewer houses, the Garder (iron slabs)/T-Iron (13 percent) is used as the main roofing material. House walls are mainly constructed of burnt bricks. This reflects fairly good socio-economic conditions.

Availability of Health Facilities, Pharmacies and LHWs

During the landscape analysis of family planning, a census of public and private health facilities and pharmacies was carried out in the Shalimar, Samanabad and Data Ganj Buksh townships in Lahore. Figure 4 shows the breakdown of public and private health facilities and pharmacies in the three towns. Within Shalimar Town, private facilities (43%) are highest in number, followed by pharmacies (38%) and Lady Health Workers (LHWs) (11%). We find the same pattern in Samanabad Town (private facilities, 54%; pharmacies, 33%; LHWs, 7%) and in Data Ganj Buksh Town (private facilities, 58%; pharmacies, 28%; LHWs, 11%). Comparing the three towns, there are more private facilities in Samanabad, more pharmacies in Shalimar, and more LHWs in Data Ganj Buksh. Overall, private health facilities account for the largest share, followed by pharmacies, and LHWs. In comparison, presence of static facilities of the Department of Health (DoH) and Population Welfare Department (PWD) is quite low.

³Pakistan Social and Living Standards Measurement Survey (PSLMS) 2014-15

Figure 4: Distribution of facilities and pharmacies in three towns of Lahore by sector, 2016

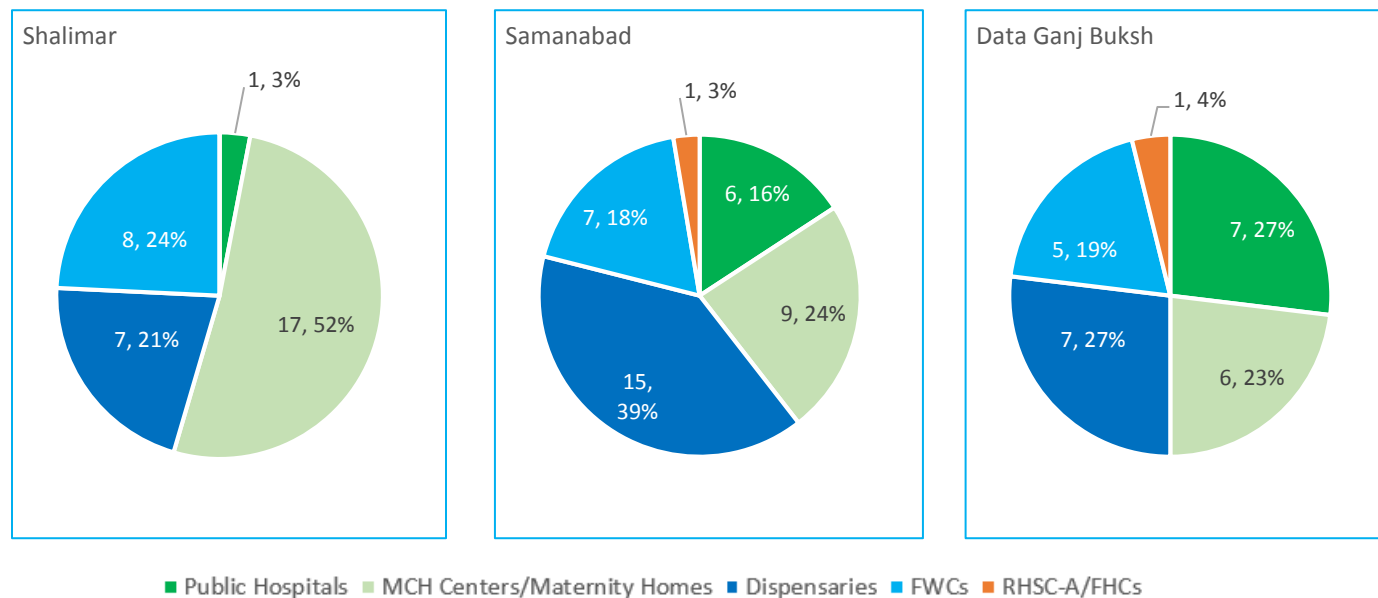


Buksh, most public facilities are present in nearly equal numbers (public hospitals, 27%; MCH centers/maternity homes, 23%; and FWCs, 19%). Comparing the towns, there are more public hospitals in Data Ganj Buksh, more MCH centers/maternity homes in Shalimar, and more dispensaries are more in the Samanabad town and FWCs are almost equal in numbers. PWD's Reproductive Health Service Centers (RHSC-A) and Family Health Centers (FHC) are present in Samanabad and Data Ganj Buksh, in smaller numbers.

Distribution of Public Static Facilities by Cadre

Figure 5 shows the distribution of static public health facilities in the Three Towns of Lahore. In Shalimar, Mother and Child health (MCH) centers/maternity homes are highest in numbers (52%), followed by dispensaries (21%) and PWD's Family Welfare Centers (FWCs) (24%). In Samanabad, dispensaries are highest in number (39%), followed by MCH centers/maternity homes (24%), and public hospitals (16%). In Data Ganj

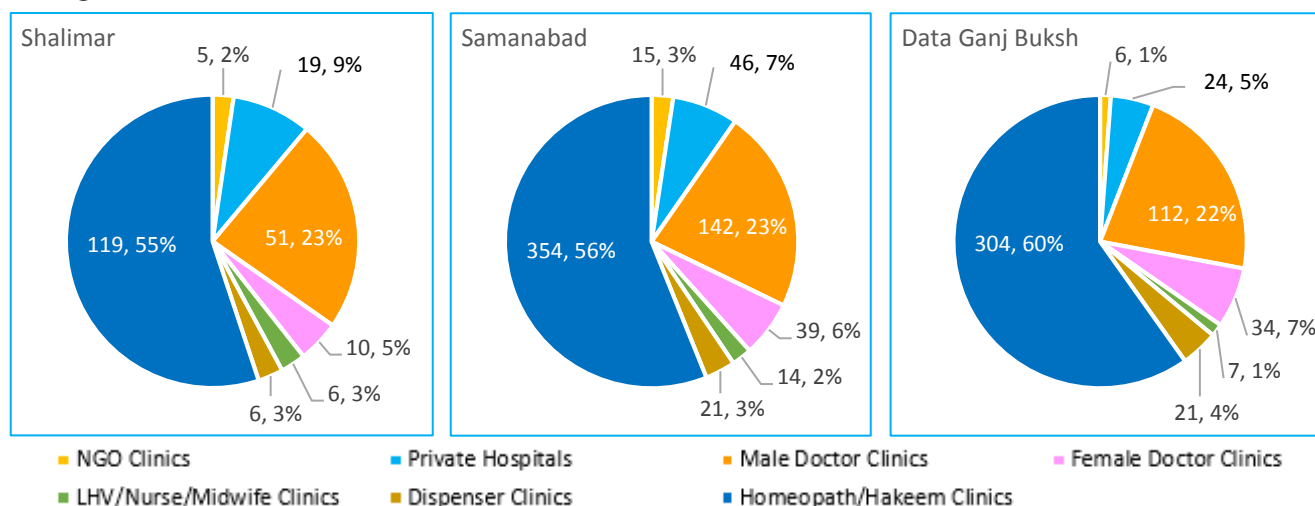
Figure 5: Cadre-wise distribution of static public facilities in three towns of Lahore, 2016



Distribution of Private Facilities by Cadre

Figure 6 shows the distribution of private facilities in the Three Towns of Lahore. Homeopath/ *hakeem* clinics are largest in number (55% in Shalimar, 56% in Samanabad, and 60% in Data Ganj Buksh), followed by clinics of male doctors (23% in Shalimar and Samanabad, and 22% in Data Ganj Buksh), and private hospitals (9% in Shalimar, 7% in Samanabad and 5% in Data Ganj Buksh). There are fewer clinics of female doctors in the three towns (5% in Shalimar, 6% in Samanabad and 7% in Data Ganj Buksh), which collectively comprise only around 7 percent of private health facilities, and the presence of other private facilities is negligible.

Figure 6: Cadre-wise distribution of private facilities in three towns of Lahore, 2016



Provision of Specific Family Planning Methods by Sector

Table 2 shows the proportion of different sectors providing specific family planning methods in the Three Towns of Lahore. Facilities of the Department of Health are providing most methods but the level of provision is quite low. Facilities of the Population Welfare Department are providing most methods. LHWs are almost fully providing condoms, pills, and the second/subsequent dose of injectables.

Notably, this cadre has a huge potential for providing the first dose of injectables and emergency contraceptive pills (ECPs) as well.

Private facilities are considerable in numbers but generally a very small proportion (<10%) are providing any method other than sterilization, which is provided by a good proportion of private facilities in the three towns. Pharmacies are mainly selling condoms, oral pills, injectables, IUDs, and ECPs.

Table 2: Provision of specific family planning methods in three towns of Lahore by sector, %, 2016

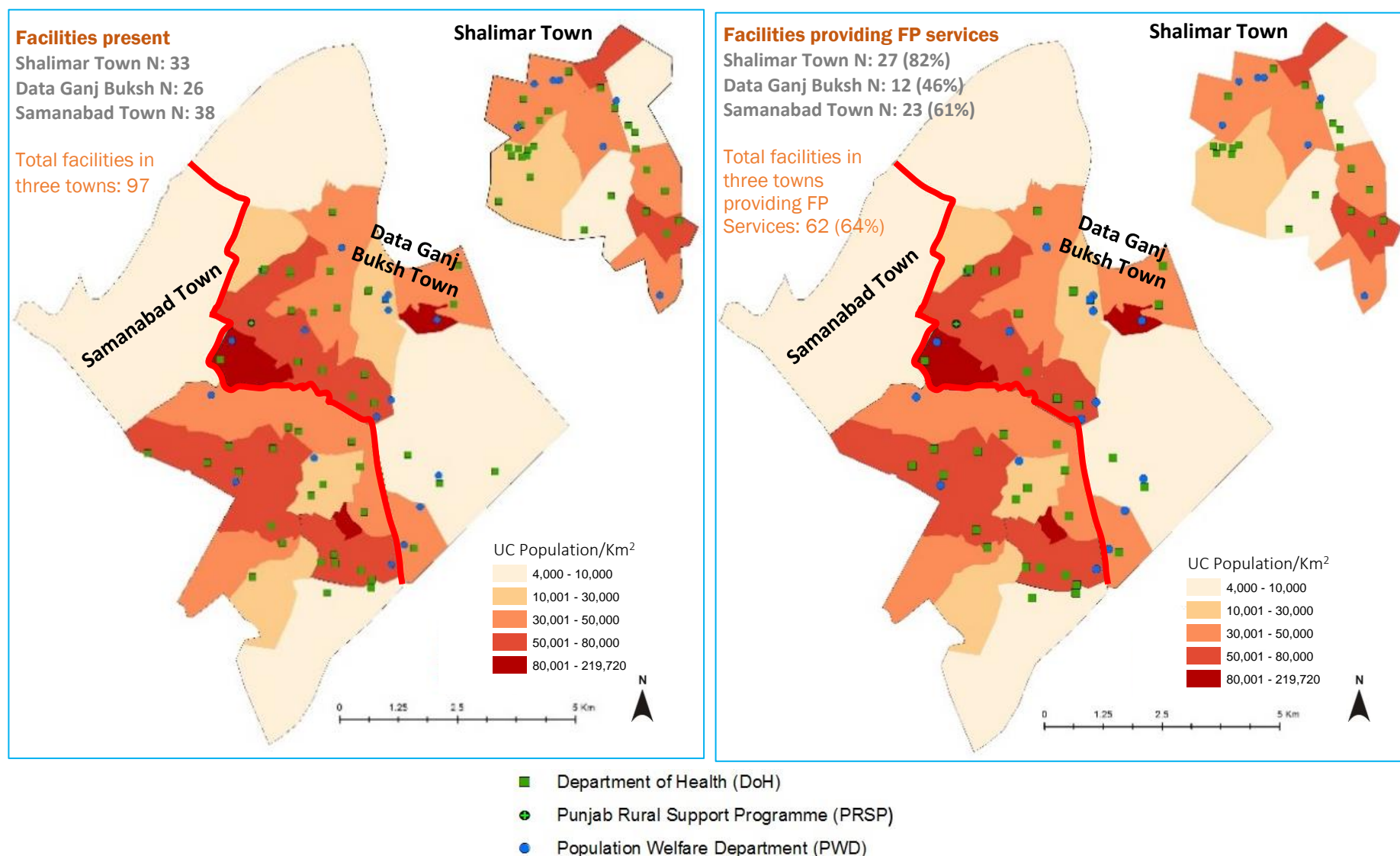
Sector	Condoms			OCPs			Injectables			IUDs			Implants			ECPs			Female Sterilization			Male Sterilization			Number of Facilities/ Pharmacies		
	T1	T2	T3	T1	T2	T3	T1	T2	T3	T1	T2	T3	T1	T2	T3	T1	T2	T3	T1	T2	T3	T1	T2	T3	T1	T2	T3
DoH	24	30	20	36	33	25	68	33	25	64	30	25	8	7	10	16	20	20	100	60	100	0	14	0	25	30	20
PWD	100	100	100	100	100	100	100	100	100	100	100	100	13	13	17	75	50	50	0	13	17	0	0	0	8	8	6
LHWs	100	100	100	100	100	100	100	100	100	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	54	77	94
Private	2	6	1	5	10	5	10	12	6	10	12	5	2	2	1	3	9	1	75	62	33	38	38	20	219	634	508
Pharmacies	96	74	49	96	71	41	84	47	27	75	37	23	0	0	0	93	66	44	NA	NA	NA	NA	NA	NA	193	384	242

T1=Shalimar Town, T2=Samanabad Town, T3=Data Ganj Buksh Town ECP: emergency contraceptive pill IUD: intrauterine device OCP: oral contraceptive pill NA: Not applicable

Presence and Provision of FP Services/Products: A Comparison

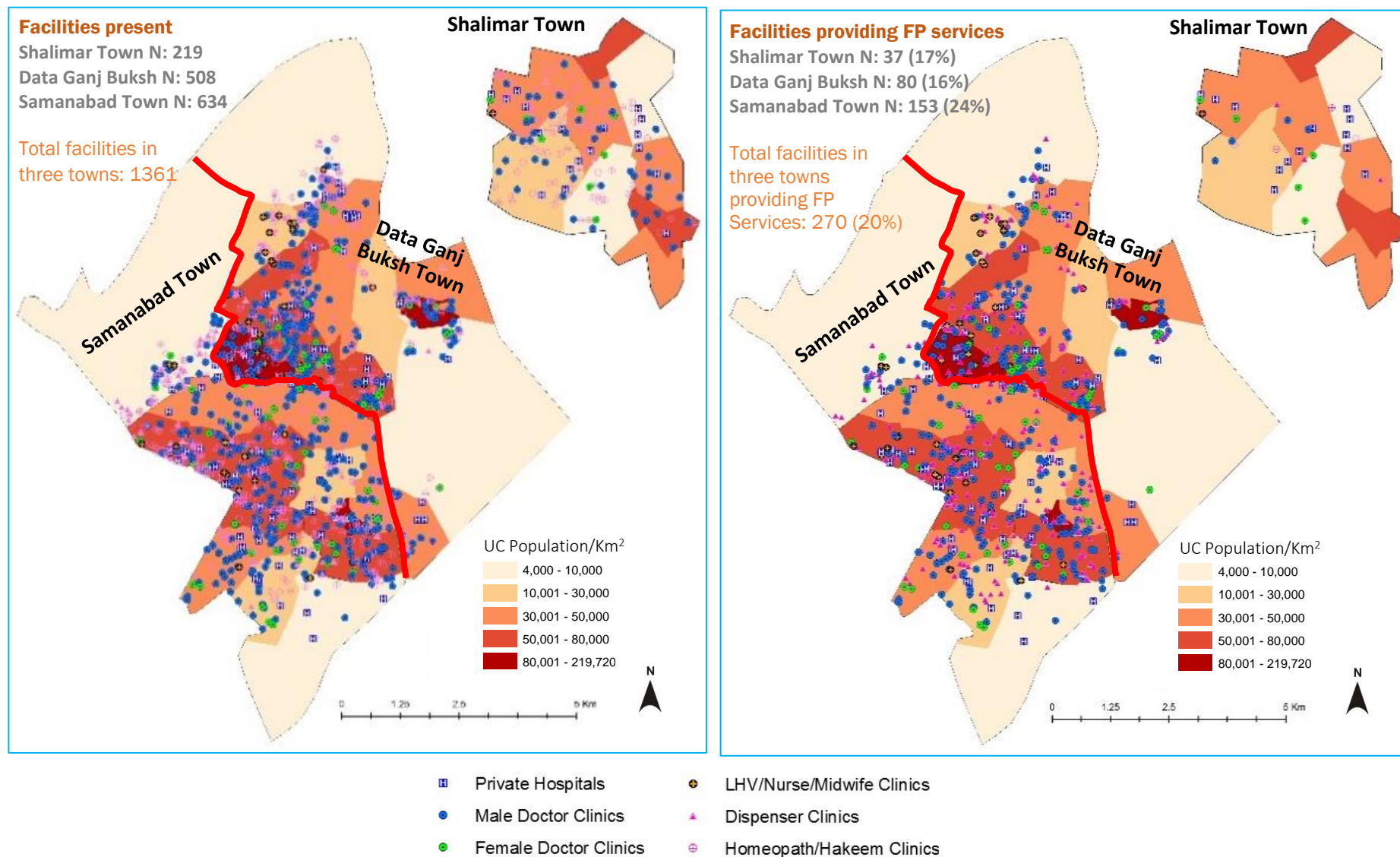
Figures 7, 8 and 9 present pairs of maps showing the presence of public health facilities, private health facilities, and pharmacies, respectively, and also their status of provision of at least one family planning service/product by each category. Figure 7 shows that, collectively, only 64 percent of the 97 public health facilities are providing family planning services, although they are all mandated to provide this service

Figure 7: proportion of public static facilities providing at least one FP service in three towns of Lahore, 2016



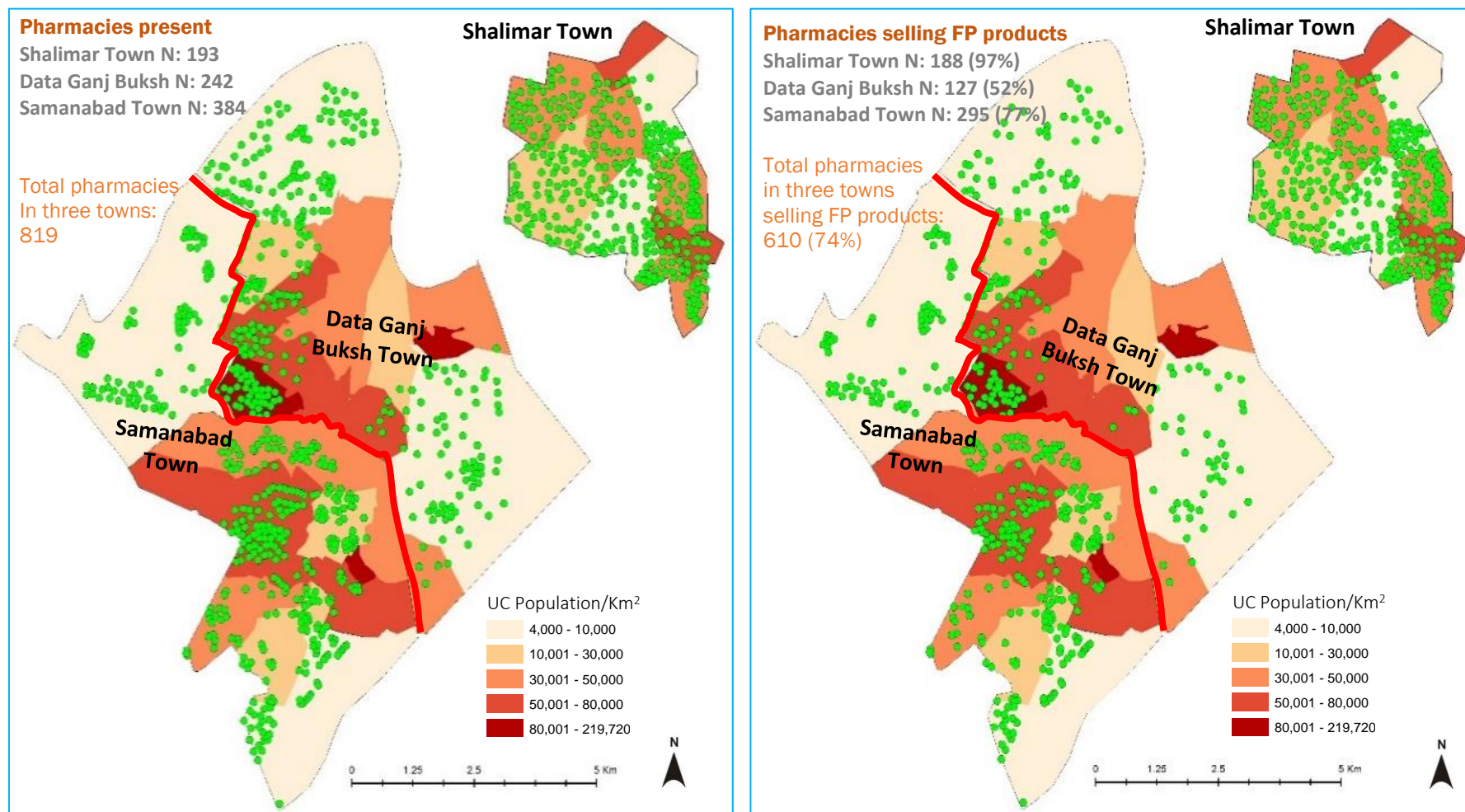
Among private health facilities, the proportion providing any family planning services drops to a very low 20 percent (Figure 8). But due to their greater numbers, more than four times as many private facilities are currently providing any family planning services as public facilities in the three townships of Lahore.

Figure 8: proportion of private facilities providing at least one FP service in three towns of Lahore, 2016



Encouragingly, of the over 800 pharmacies present, 74 percent are selling at least one FP product (Figure 9).

Figure 9: Proportion of pharmacies selling at least one FP product in three towns of Lahore, 2016



Consumer Perspectives on Barriers to Use of Family Planning

During the landscape assessment, the study team collected the views of 100 men and women on family planning in the towns of Samanabad and Shalimar in Lahore. The interactions included 30 in-depth interviews (IDIs), with 18 women and 12 men, and 7 focus group discussions (FGDs) with men and women.

The two key barriers to use of family planning in the communities were lack of information and services, for men, and cost of services, for poor couples.

Lack of information among men

- This is a strong barrier for men, notwithstanding their urban environment.
- Men consider family planning a very private matter, and are reluctant to discuss it with other men.
- Men's main sources of information are their wives, who in turn are informed by LHWs or other women in the family or neighborhood.
- Educated men are more comfortable getting information from the Internet rather than discussing it in person; however, there could be gaps in the information they access.
- Men with low education have no direct source for information on family planning.

"I feel hesitant to discuss family planning with my friends, family and relatives." Male, Lahore city

"I don't discuss about this topic with friends. They feel embarrassed talking about this." Male, Lahore city

"There is lack of education in the area, people have no awareness about family planning, and they don't discuss it—it is a very rare occasion if we discuss it. Facebook, Twitter, and the Internet are common nowadays, but you cannot even talk about it with your brothers. People hesitate in this." Male, Lahore city

- Although the majority of men use condoms, they feel embarrassed purchasing them from shops.

"People feel shy getting the method (condoms). There should be some special code words and special centers for such things."

Male, Lahore city

Difficulty in affording private services, among poor couples

- Cost of services is a less strongly reported barrier than information needs, but it affects poor users
- Despite having financial constraints, couples may be compelled to use private sources:
 - Condom users may have to purchase the method from shops and pharmacies when LHWs' stocks run out, or when they want to use a better quality of condoms, which can be expensive
 - Women prefer to get services from private facilities because they perceive their quality to be better; they arrange to pay for the higher costs
 - Although they are required to provide free services and contraceptives, some LHWs charge fees for injectables; women are willing to pay this price because they get the service at their doorstep
 - Treatment for management of side effects also imposes a financial burden that can be hard to manage.

"I arranged the money because you have to manage. I used other methods but they did not suit me so finally I got the same method (IUD) from a private clinic and I paid 250 rupees." Female, Lahore city

"I got injection from the Baji (LHW) of our area. She provides pills free of cost and charges 100 rupees for the injection; this amount is manageable. Earlier it was hard to afford but now I can manage because I do some stitching work at home." Female, Lahore city

District specific Donors, Projects and Implementing partners

Donor	Program/Project Title	Implementing Partner
DFID	Delivering Reproductive Health Results (DRHR), 2012-2017	Population Services International (PSI)/Greenstar Social Marketing (GSM) Marie Stopes International: Reproductive Health DKT International/Pakistan
Bill and Melinda Gates Foundation	Building Blocks for Family Planning in Pakistan - Developing a Costed Implementation Plan for Sindh and Punjab, 2013-2015	Pathfinder International
	Landscape Analysis of Family Planning in Pakistan, 2015-2016	Population Council
The David & Lucile Packard Foundation	Achieving MDG5 - Continuing Momentum, Building Champions, 2012-2015	Shirkat Gah Women Resource Centre
	Strengthening and Sustaining Postpartum Family Planning in Pakistan, 2013-2015	JHU – JHPIEGO
USAID	DELIVER Project, 2008-2016	Planning Commission of Pakistan Ministry of Health Provincial and regional departments of health and population UNFPA NGOs
UNFPA	Capacity Building of Female service providers Enhanced in Family Planning, 2014-2017	Population Welfare Departments MNCH Programs LHWs Program
	Advocacy for Universal Access to Reproductive Health and to Integrate in Provincial Health Policies, Plans and Budgetary Frameworks, 2012-2017	Population Welfare Departments Population Council Pathfinder Ministry of National Health Services, Regulations and Coordination
WHO	Providing Technical Assistance to the Country for the Development of a Unified Care Providers Manual on FP based on the <i>WHO Handbook on FP</i>	Ministry of National Health Services Coordination and Regulation MNCH programs UNFPA, Population Council, GIZ, USAID, etc.
Large Anonymous Donor (LAD)	Increasing Access to and Use of Long Term Methods of FP and PAC Services in Pakistan, 2014-16	Greenstar Social Marketing