

THE IMPACT OF FAMILY PLANNING ON MATERNAL HEALTH IN QUETTA, BALOCHISTAN: A QUALITATIVE STUDY

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**Abstract:** Balochistan, a region with one of the highest maternal mortality rates in Pakistan, faces significant challenges in maternal health. This qualitative study focuses on the impact of family planning on maternal health in Quetta, Balochistan, emphasizing the importance of understanding and improving health outcomes for women and their families. **Objectives:** The primary aim of this study is to explore the experiences and perspectives of women regarding the use of family planning methods and their impact on maternal health and well-being. It aims to compare the health outcomes of women who have utilized family planning methods with those who have not. **Method:** The research design includes in-depth interviews and focus group discussions (FGDs) with a diverse sample of women aged 18-45 years and healthcare providers at Sandeman Provincial Hospital, commonly known as Civil Hospital, in Quetta. Purposive sampling was employed to account for age, socioeconomic status, and education level variations. Forty-seven in-depth interviews were conducted to gather rich, contextual data. Thematic analysis was used to identify recurring themes and patterns in the responses. **Results:** Preliminary findings indicate several key themes, including the motivations for choosing family planning methods, the impact of these methods on reducing pregnancy risks, improving spacing between pregnancies, and enhancing postpartum recovery. Additional insights were gained into the factors influencing the adoption of family planning services, such as cultural norms, religious beliefs, and access to healthcare and information. **Conclusion:** The study underscores the critical role of family planning in enhancing maternal health outcomes in Quetta, Balochistan. It highlights the need for targeted educational and healthcare interventions to improve the accessibility and acceptance of family planning services, thereby contributing to the well-being of women and their families in the region.

**Keywords:** family planning, maternal health, Balochistan, women's empowerment.

## Introduction

Pakistan has long grappled with high rates of stillbirth, early newborn mortality, late neonatal mortality, and maternal mortality, positioning it as a nation with some of the most concerning health indicators within the South Asian region (1, 2). In response, the government and healthcare providers have increasingly focused on family planning (FP) programs, which have demonstrated significant potential in enhancing health outcomes, reducing poverty, and empowering women. Over the past four decades, such initiatives have dramatically reshaped the global landscape by boosting the contraceptive prevalence rate from a mere 10% to 60% while simultaneously reducing fertility rates in low- and middle-income countries from six to three children per woman (3, 4). Despite these advances, Pakistan still faces substantial challenges, primarily due to limited access to safe delivery services and postpartum care in both medical institutions and community settings, which directly contribute to its high maternal and infant mortality rates (5). The low uptake of modern contraceptive methods (MCMs) remains closely linked to these high mortality rates. Remarkably, only 25% of Pakistani women aged 15 to 49 currently use MCMs, revealing a significant gap in their utilization. Furthermore, a substantial majority (78%) of non-users have never engaged in discussions about family planning with healthcare providers, underscoring a profound unmet need, particularly among married women

(17%), which results in approximately 46% of pregnancies being unintended and 5% of women resorting to abortions (6).

Despite a notable rise in the use of modern contraceptives among married women from 8.1% in 1990 to 19.4% in 2000, which marked the most significant increase observed from 1970 to 2020, the unmet need for FP still necessitates immediate and effective action to ensure equitable access to FP services (7). Recent reports have highlighted significant barriers to integrating FP services into post-pregnancy and post-abortion care programs in Pakistan. This shortfall continues to obstruct improvements in contraceptive access, service delivery, and utilization (8). Addressing these barriers, Sindh province has prioritized enhancing supply-side mechanisms and tackling community and household-level obstacles as part of its commitments under FP 2030 (9).

The integration of family planning with other healthcare services has received broad support from the community, healthcare professionals, and patients, confirming this holistic approach's benefits. A synthesis of High Impact Practices (HIPS) data supports the efficacy of integrating family planning with immunization services, demonstrating that well-designed, skillfully implemented programs can increase the adoption of family planning across 68 countries without negatively impacting immunization rates (10).



This study aims to bridge a critical knowledge gap by exploring the impact of family planning on maternal health in Quetta City, Balochistan. Despite the importance of this issue, Quetta lacks targeted research at this intersection. This study aims to provide essential insights into the beliefs and attitudes of women in Quetta regarding family planning and its effects on maternal health. It also seeks to understand the role of healthcare providers in promoting these services and their relationship with maternal health outcomes. By enhancing comprehension and ensuring the accessibility of family planning services, this research endeavors to contribute significantly to improving maternal health in the region.

## Methodology

In the qualitative investigation of the impact of family planning methods on the health of reproductive-age women in Quetta, Balochistan, researchers gathered primary data using a combination of in-depth interviews and focus group discussions. The study was conducted at the Sandeman Public Hospital, where the Population Welfare Department has established a Reproductive Health Center to deliver family planning services. This location was selected because it serves a significant portion of the population from various rural areas of Balochistan, offering a unique opportunity to explore family planning behaviors and perspectives from a diverse demographic.

Utilizing purposive sampling, a non-probability method, the researchers selected participants based on their knowledge of the subject area, aiming to form a representative sample that included users and non-users of modern contraceptive methods (MCMs). This method included medical professionals such as gynecologists and nurses, providing a broader perspective on the subject. The sample size was determined based on the grounded theory principle; saturation was achieved when no new codes emerged from the data, indicating a comprehensive understanding of the study themes. Forty-seven interviews were conducted: 26 with MCM users and 21 with non-users. Additionally, two focus groups, each comprising 8-12 gynecologists and nurses, were held at Sandeman Civil Hospital to capture collective insights from healthcare professionals.

Data collection was executed using in-depth interviews and focus group discussions. In-depth interviews, a qualitative data collection technique, were conducted to allow participants to provide detailed information about their experiences with family planning methods. These interviews were guided by a structured interview guide, facilitating the discussion by posing open-ended questions that encouraged participants to explore and articulate their views and experiences extensively. Focus group discussions were also employed to generate data from healthcare professionals, providing insights into the challenges and considerations of family planning services from a clinical perspective.

The collected data were analyzed using thematic analysis, an adaptable method that facilitated the examination of the data from multiple perspectives. This analysis allowed for the identification of explicit themes and a deeper exploration of latent meanings underlying the participants' responses. Through a systematic analytical process, themes were identified and analyzed to ensure a thorough

understanding of the interactions between family planning practices and maternal health outcomes.

This methodological approach provided a rich, contextually grounded understanding of the impact of family planning on maternal health in Quetta. It contributed valuable insights to the field and informed future interventions aimed at enhancing maternal health through improved family planning services.

## Results

The data analysis revealed nuanced insights into women's reproductive choices and their experiences with modern contraceptive methods (MCMs) in Quetta, Balochistan. Women expressed a desire to space their pregnancies primarily for the health benefits to themselves and their children, including improved ability to nurture and educate them. This preference was rooted in everyday nutrition and education insecurity challenges, particularly emphasized by those who sought to ensure adequate sustenance and schooling for their children (Respondent).

Several women highlighted that family planning facilitated their ability to monitor their children's well-being and education by allowing them time to recover between pregnancies. One woman noted, "Family planning is beneficial because it allows you to keep an eye on your child and determine whether you can feed them or, if you are done having children, let me feed them first. It also allows you to pay for their quality education" (Respondent). Another added, "I realized it would be helpful to me because ladies like me have difficulty bearing children. Because childbirth causes significant blood loss, I choose to use family planning because it provides the opportunity to recover the blood lost during childbirth" (Respondent).

However, perceptions of MCMs were mixed. While some women appreciated the control over pregnancy timing and spacing MCMs provided, others reported negative experiences such as excessive bleeding and misconceptions about health risks associated with implants and injections. Concerns were also raised about cultural and religious acceptability. One respondent shared, "They might claim that it is against Muslim law for you to be buried with an implant remaining inside of you if you pass away and it is still there. Furthermore, it is said to be Haram [forbidden] to prevent a baby" (Respondent).

A significant gap between knowledge and practice was observed despite widespread awareness of family planning options. Misconceptions about the potential health risks associated with family planning methods, such as infertility or cancer, deterred some women from adopting these practices. As one woman managing the Family Planning Center at Sandeman Civil Hospital put it, "I am aware of the concept of family planning, but I have chosen not to adopt it due to concerns raised by some women over its potential risks to women's health" (Respondent).

The role of healthcare providers emerged as pivotal in shaping the adoption and perception of family planning in Quetta. Providers were involved in personal care, addressing community-specific issues, and educating women and couples about different family planning methods. Their efforts were crucial in promoting informed decisions about reproductive health and enhancing the overall health of families and the community.

Cultural and religious influences in the patriarchal society of Quetta significantly impacted women's autonomy regarding family planning. The decision-making authority typically rested with men, restricting women's freedom in reproductive health matters. The cultural emphasis on large families and the intersecting impact of varying Islamic beliefs created a complex environment for the acceptance and implementation of family planning.

In conclusion, the study illuminated women's multifaceted perspectives and experiences concerning family planning in Quetta. It highlighted the critical role of healthcare providers in navigating the complex interplay of cultural, religious, and social norms to improve maternal health outcomes through informed and accessible family planning services.

## Discussion

The persistently high rates of maternal and infant mortality in Pakistan, particularly in regions like Quetta, underscore the critical need for adequate health interventions (11). The findings from the present study in Quetta align with previous research, demonstrating the positive impact of family planning on maternal and child health, poverty reduction, and women's empowerment (12, 13). Women in Quetta strongly prefer timing pregnancies to improve health, nutrition, and educational outcomes for themselves and their children. Despite these benefits, the uptake of modern contraceptive methods (MCMs) remains low, with only 25% of women in the study utilizing these methods (14). This low utilization contributes to high rates of unintended pregnancies and the continuation of the cycle of poverty and health disparities (12).

Healthcare practitioners in Quetta are proactive in enhancing the accessibility of family planning through varied initiatives like awareness programs and mobile service units. However, challenges such as misconceptions about contraceptives and limited access to safe delivery services persist, impacting the effectiveness of these initiatives (15).

Cultural and religious influences play a significant role in the acceptance of family planning in patriarchal societies. The convergence of patriarchal norms, local customs, and religious doctrines poses substantial barriers to the adoption of family planning methods, as previous studies have also highlighted (16, 17). Addressing these barriers necessitates a multifaceted approach that includes community engagement, educational outreach, and collaboration with religious leaders to foster a culturally sensitive environment that supports family planning.

One of the strengths of this study is its focus on a specific and understudied population, providing detailed insights into the barriers and facilitators of family planning in a complex sociocultural setting. However, the study's reliance on self-reported data may introduce biases, as participants might have provided socially desirable responses or may not recall past events accurately. Additionally, the qualitative nature of the study limits the generalizability of the findings to other settings or populations.

Despite these limitations, the study's findings are crucial for designing targeted interventions that address specific local needs in Quetta. By debunking myths, enhancing healthcare access, and empowering women to make informed reproductive choices, these interventions can significantly

improve maternal health outcomes. This approach underscores the necessity of culturally and religiously sensitive strategies to increase the acceptance and effectiveness of family planning services in patriarchal and religiously conservative settings.

## Conclusion

This study sheds light on the complex factors influencing reproductive decisions and family planning among women in Quetta. It reveals that women's motivation for spaced childbirths is driven by the perceived benefits to their health and their children's welfare, highlighting the importance of tailored birth spacing strategies. The ambivalent views on modern contraceptive methods (MCMs), seen as both beneficial and unnecessary depending on individual circumstances, emphasize the need for informed decision-making. Despite widespread awareness, the gap between knowledge and practice, particularly concerning health risks and future fertility, remains a concern. Women's reproductive autonomy is often limited by familial influences, primarily from husbands and in-laws. Healthcare providers are pivotal in educating and facilitating access to family planning services, yet cultural and religious norms in this patriarchal society pose significant barriers, especially in rural areas. A comprehensive approach involving community engagement, educational programs, and collaboration with religious leaders is essential to address these challenges and enhance women's welfare in Quetta.

## Declarations

### Data Availability statement

All data generated or analyzed during the study are included in the manuscript.

### Ethics approval and consent to participate.

It is approved by the department concerned. (IRB/ECUSNB-923i2)

### Consent for publication

Approved

### Funding

Not applicable

## Conflict of interest

The authors declared an absence of conflict of interest.

## Authors Contribution

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*Final Approval of version*

### ABDULLAH KHAN

*Revisiting Critically & Data Analysis*

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*Drafting & Concept & Design of Study*

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