

Family Planning and Reproductive Health Commodities: Mapping the Procurement Process in Different areas of Islamabad

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ABSTRACT

Objectives: To identify selling pattern, availability, per unit cost of FP commodities and their self-procurement pattern in different socio-economic variable areas.

Study Design: Descriptive Cross-Sectional study.

Place and Duration: The survey was conducted in three regions of Islamabad including one sector (G6), one suburban area (Bhara Kahu) and one rural setting (Atthal village in Phulgaran union council) from May 2016 to August 2016.

Methodology: The total sample size is 52 private sector pharmacies, chemist (medical store), general stores and others where any form of family planning commodities could be purchased including pills, condoms, injectables and Intra-uterine devices (IUDs). The sample was divided in three strata i.e. urban, suburban and rural area selected on the basis of socioeconomic attributes of the region. A total number of pharmacies, chemist shops (medical stores), general stores and others (petrol pump etc.) contacted were 52 out of which 25 were in urban area, 24 were in suburban area and remaining 3 were in rural area.

Results: According to this study, 48.1% procurement is done in Stratum-I, 46.2% is done in Stratum-II and only 5.8% is done in Stratum-III. Most available pill brand in Stratum-I and Stratum-II was set of ZAFA and Green star i.e. 36% in Stratum-I and 37.5 % in Stratum-II whereas no pills were being sold in Stratum-III. In Stratum-I, both local and imported condoms were available at most of the shops while in Stratum-II, local condoms were available in highest percentage and in Stratum-III all available condoms were local products. In case of injectable, only one brand i.e. Pfizer by the name of injection Depo-Provera was available for the private sector in Stratum-I and Stratum-II. 52% of the shops in Stratum-I had injectable available, 50% of the shops had injectable in Stratum-II. In Stratum-III, there was no procurement of injectable.

Conclusion: The study indicated that urban population has more choices, more purchasing power and the gender difference for procurement is less as compared to suburban and rural area.

Key Words: Contraceptives, procurement, family planning, IUCD, Condoms.

Introduction

Family planning (FP) allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment

of involuntary infertility. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy.¹

Pakistan is 6th most populous country in the world. The biggest problem of Pakistan is to limit population growth. Is Pakistan taking up the challenge to deal with this problem? In Pakistan, approximately 22% of married women of reproductive ages (MWRA) use a modern contraceptive method and 8% use a traditional method, while 24% of MWRA would like to use family planning but are unable to avail the means to do so and therefore have an unmet need for family planning.² Family Planning Programs in Pakistan started in the mid-1960s and have tried many initiatives and policies. And yet the current contraceptive prevalence rates (CPR) stands at 30%, reflecting around 0.5% annual increase. Women's access to health and family planning services is limited in Pakistan, despite a growing contraceptive prevalence rate.^{3, 4}

A comparison of contraceptive procurement shows that cost plays a very important role in self-procurement of FP services.⁵ Increasing access to contraceptives and reducing unmet needs for FP commodities are key apparatuses to improve FP procurement, but lack of proper documentation, data, and inconsistency in data resources makes it difficult to monitor outcomes of progress. It estimates and projects indicators of contraceptive prevalence and unmet need for family planning from 1990 to 2015.⁶

Commercial dissemination of contraceptives at subsidized prices also helps increase procurement. There is also trend for involving the community and establishing family planning as a normal part of daily village life.⁷ An international study explains that even with financial barriers removed, pharmacy data show that many women inconsistently refill their contraception and may be at risk for unintended pregnancy.^{8, 9} Studies have concluded that most important factor in procuring contraceptive was when couples had better communication.¹⁰

In Pakistan, gender equity for procuring FP products is influenced by males as stated in a study on factors affecting contraceptive use in urban slums in Karachi leading specific causes for non-use of contraceptive by couples.¹¹ Another study in Pakistan states that decision regarding family planning procuring was solely the responsibility of men in 88% cases while 5% of the families involve both husband and wife.¹²

This present study has been planned for the assessment of selling pattern, availability, per unit cost of family planning commodities and their self-procurement patterns in different socio-economically variable areas. The results can inform future research on self-procurement of family planning commodities and improvement of service delivery efforts in future.

Methodology

The descriptive and cross-sectional was conducted in three different socioeconomic areas of Islamabad to determine self-procurement of family planning commodities. The interviews were conducted using a questionnaire as a tool in collecting data for assessing the buying and selling trends of self-procurement in private sector. The interviews were conducted at the pharmacies, chemist (medical store), general stores and others (petrol pumps) having any family planning products and integrity and privacy of the respondents were maintained. Ethical approval was taken from Institutional Review Board (IRB) Health Services Academy, Islamabad. Verbal consent was taken from respondents of retailer-shop. Confidentiality of respondents was maintained.

This study was a retail-shop based having any FP product available for sale in different areas of Islamabad including an urban area (sector G-6), a suburban area (Bhara Kahu) and a rural area (Atthal-Phulgaran). These areas were divided into three stratum, Stratum-I (urban) including sector G-6, Stratum-II (suburban) Bhara Kahuj and Stratum-III (rural) Atthal-Phulgaran, Islamabad. Total number of shops were 52 out of which 25 were in urban area, 24 were in suburban area and remaining 3 were in rural area. A structured questionnaire was used to describe variables regarding procurement of FP products and to determine self-procurement trends of family planning services. Data collection was done through structured questionnaire which was filled in the respective shop in the presence of the respondent. The data was entered in SPSS-20 and necessary coding was done. Frequencies and proportions were calculated for individual variables.

Results

The type of contraceptives available was categorized into oral pills, condoms, injectables, IUDs, Others. In Strata I,

there was 1 shop where pills and at 11 shops condoms were available exclusively. The proportion of availability of these products is given figure 1.

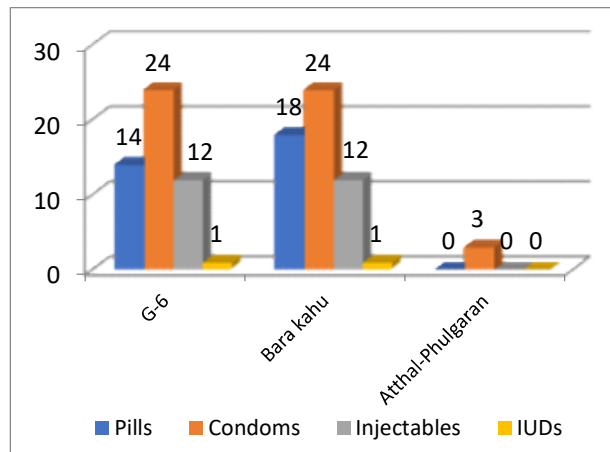


Figure 1. Types of Products

In Atthal-Phulgaran no oral contraceptives were available on any of the 3 general stores. Out of total shops, at 11 shops of G-6 and 18 shops of Bhara Kahu, the majority of the shops had pills of brands like Zafa/Chaabi and Green Star. Price Range of pills available was 10-533 Rs/pill. The frequency of pills sold per day was categorized into 3 categories of range 0-5, 6-10, 11-15. The figure 2 shows that out of total shops selling oral contraceptives in G-6 sector and Bhara Kahu, the maximum frequency sold out per day lied in 1st category of 0-5 pills per day.

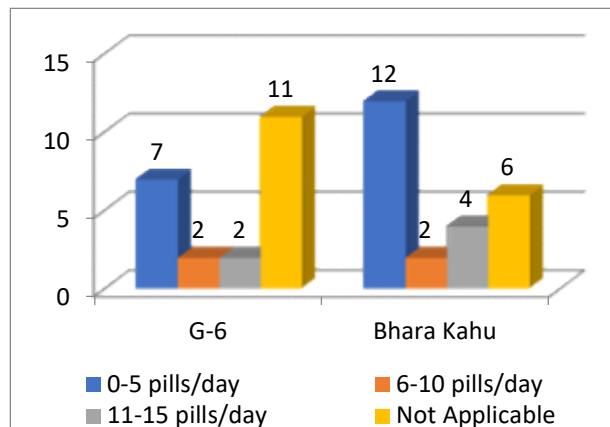


Figure 2: Pills sold per Day

The results showed that out of total shops selling contraceptives, 86% of the shops in G-6 while 61% shops in Bhara Kahu were having 1-50 packs in stocks. Brands of condoms were divided into two categories labeled as

local and imported. Out of total shops, in 24 shops of G-6 and all shops of Bhara Kahu and Atthal-Phulgaran available brands and products of condoms are shown in figure 3.

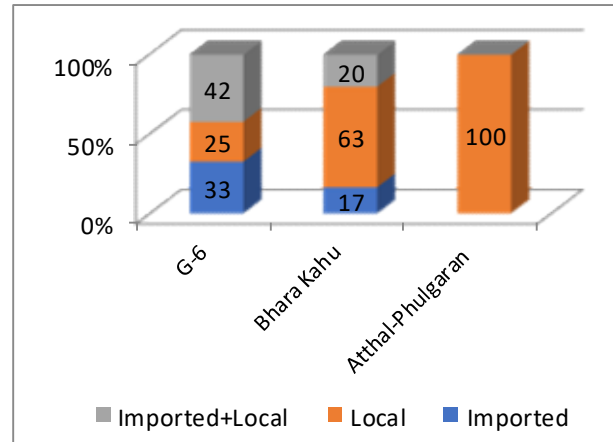


Figure 3: Brands of Condoms

Local Condoms were of price range 20-25 while imported condoms were in the range of 50-270 Rs/Condom. Condoms sold per day were categorized into 4 categories 0-5, 6-10, 11-15, 16-20 and >20 condoms per day. The results shows that mostly 0-5 condoms were being sold out per day. The results showed that out of total shops selling contraceptives, 86% of the shops in G-6 while 61% shops in Bhara Kahu and 67% in atthal-phulgaram were having 1-50 packs in stocks.

According to the results, PFIZER (Injection Depo-Provera) was the only brand of Injectable contraceptives that was available in study areas of G-6 sector and Bhara Kahu. G-6 sector possesses 12 out of 25 shops having injectable contraceptives available for sale. While in Bhara Kahu 12 out of 24 shops were having injectable contraceptives. Atthal-Phulgaran has no injectable contraceptives available. Price Range of Injectable Contraceptive available was 60-80 Rs/inj. In stratum I, 42% of the respondents said that quantity of injections sold per day is <1 or 1 per day while in stratum II this response was of 75% respondents.

The results showed that out of total shops selling injectable contraceptives, 30% of the shops in G-6 were having more than 5 injections in the stock while in bhara kahu 50% of the shops selling injectables were out of stock and 50% were having more than 5 injections in the stock. (Figure 4)

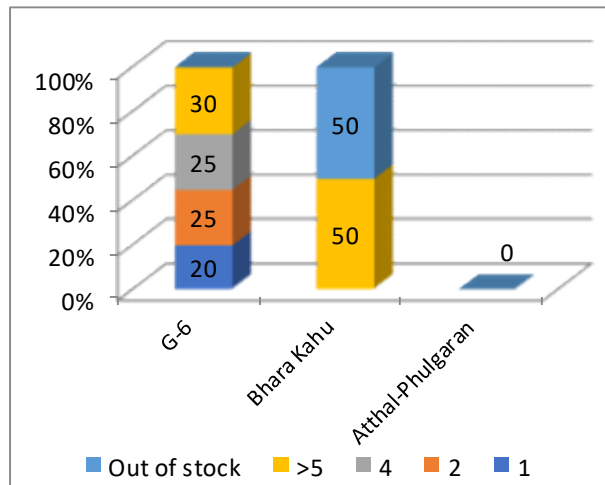


Figure 4: Estimated Quantity in stock

BAYER (IUD mirena) is the only brand of Intra uterine device available as IUD contraceptives in our study location. Only 3 shop had IUD in G-6 sector and 1 shop in Bhara Kahu had that device. Atthal-Phulgaran has no IUD contraceptives available. Price Range of IUDs available was 8000-9861 Rs/Device. 100% of the respondents having IUDs in their shops for sale reported that sale of IUDs per day is <1. There might be only 1 Or 2 customers in a month. The shops selling IUD contraceptives, 1 shop in G-6 was out of stock while other 2 had 1 or 2 devices available. While in Bhara Kahu, the shop had 5 IUDs in stock. All respondent reported that they procure contraceptives directly from the respective companies.

The results showed that 67% respondents who had contraceptive pills available at their shops from G-6 sector reported that females do arrive to demand pills while reporting of male arriving to demand pills was 100%. This trend was vice versa in case of Bhara Kahu, where all of the respondents reported females demanding contraceptive pills. (Figure 5)

Average age group of shoppers reported by the respondents was 31-40 years old people mostly. 7 shops out of 14 in G-6 sector reported the visitors demanding

contraceptive pills were of this age while in Bhara Kahu 14 shops out of 18 reported the same. Respondents reported that monthly on an average 50-100 pills are sold. This response was 46% in G-6 sector while 79% in Bhara Kahu.

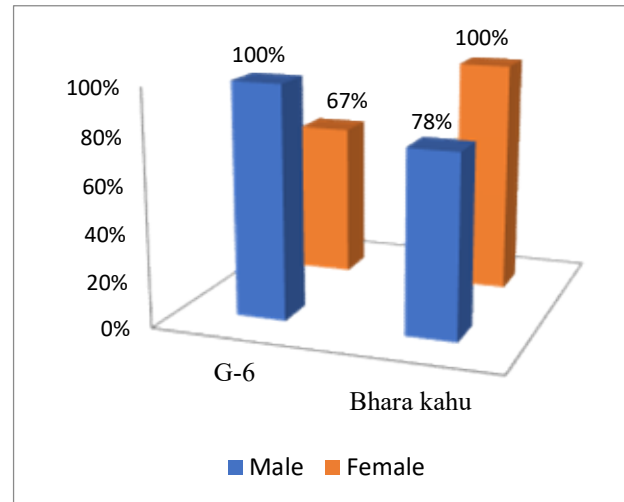


Figure 5: Shopper's Gender for purchasing pills

Shopper gender who demand for condoms majorly was reported male. All of the respondents reported the same response. Average age group of shoppers reported by the respondents was 30-50 years old people mostly. 89% of the total sample size that is 52 shops in all strata reported the same. The range of quantity demanded per visit by the shopper was reported 1-3 by all retailers of family planning products included in our sample size.

The monthly on an average 200-250 condoms were being sold. This response was 59% in G-6 sector while 75% in Bhara Kahu and in Atthal-Phulgaran average quantity sold monthly was in range between 20-60 condoms/month. The results showed that 100% respondents who had contraceptive pills available at their shops from G-6 sector and Bhara Kahu reported that females do arrive to demand contraceptive injections. While male turn out is 25% in G-6, and 78% in Bhara Kahu.

Average age group of shoppers reported by the respondents was 30-40 years old people mostly. 89% of the total sample size who had injectables at their shops in strata I and II reported the same.

It was reported by 50% of the retailers of G-6 sector having injectable contraceptives at their shops that their

monthly sale of injections is 20 injections, whereas the monthly sale of injectable reported in Bhara Kahu range was 15-20 injections per month. Average age group of shoppers reported by all respondents of strata I and II was 20-40 years old people mostly. The range of quantity demanded per visit by the shopper was reported 1 by all retailers of family planning products included in our sample size. Respondents from G-6 sector having IUDs at their shop reported that monthly on an average 6-10 IUDs are sold where in Bhara Kahu the major response was of 1-5 IUDs sold per month.

Discussion

Family planning can improve womens' health in childbearing years. Regulating fertility is as important as controlling mortality and morbidity and is an essential component of personal, social and economic development.¹³ The international conference on population and development (ICPD) estimated that 350 million couples worldwide lack access to the full range of modern family planning methods.¹⁴

In 1950s, Pakistan was a pioneer among developing countries in supporting family planning activities, but Pakistani families have been slower to adopt family planning practices than their South Asian neighbors. More than one-third of the Pakistani women wish to space next birth or limit family to its current size but are not using any contraceptive method.^{15, 16}

In Pakistan, there is no strict practice of record maintenance for products sold monthly. Almost all respondents came up with a rough idea of monthly products sale. Overall the accessibility of FP products at chemist (medical store) was more in comparison to other shops because of chemists were more in number. In case of FP commodity, only condoms were available in all three areas of study. Long-term contraceptive (IUDs and injectables) has less demand as compared to short-term contraceptive.¹⁷

This study has identified a range of psychosocial factors that influence male and female intentions to use family planning methods. Behavior change campaigns implemented in Pakistan should address the drivers of contraceptive adoption identified in this study and lower the psychosocial costs associated with method use. At the same time, there is a need to address quality of care

issues surrounding the provision of family planning services in Pakistan.¹⁸

Previous studies have reported many factors contributing to not using contraceptives in our society. Many women of reproductive age do not use modern contraceptives due to cost, fear of side-effects, availability issue, influence of the extended family, and lack of spousal support. The resource constraints which placed the purchase of contraceptive supplies in competition with buying basic necessities for family survival became all the more acute and stressful when male partners objected to fertility regulation.^{19, 20, 21}

Although lack of family support, in particular, and several other barriers have been identified against women's uptake of contraception in low and middle-income countries, many family planning programs in these settings have been designed to promote the use of contraceptives.^{22, 23}

The main hurdle for use of contraceptive is availability and cost of these modalities and in this study, it was found that in case of injectables, only one brand i.e. Pfizer by the name of injection Depo-Provera was available for private sector. In terms of price range in Stratum-I 48% of shops were offering injectables in the price range of 60-80 rupees per injection. In Stratum-II 50% of shops were offering injectables in the price range of 60-80 rupees per injection.

For IUDs brand, Mirena by Bayer was available in private sector shops. Green star was also offering IUDs such as Safe load and Multiload in two strata but they were out of stock. IUDs were 4% in the price range of > 9500 rupees. No injectables and IUDs were being sold in statam III. Few respondents in study area stated that Safe load and Multiload are only available in public sector. The other constraint like cost also has a major impact on use of contraceptives in our study it was noted that in terms of price range most of the shops were offering pills in the price range of 1-15 rupees per pack while some of the shops were offering pills in range of 100-200 rupees per pack. For condoms price range, on the majority of the shops was in the price range of 1-25 rupees per pack while 52% of shops were offering condoms in range of more than 100 rupees per pack.

Given the central role that childbearing occupies in most societies, reproductive health programs need to be strategically tailored to address specific cultural or traditional concerns that prevent women from taking up FP. Especially health care providers should be able to reduce cultural barriers to some extent in order to adequately address women's concerns on modern FP methods.²⁴

Conclusion

Trends for self-procurement of family planning products are tremendous in urban and suburban areas while there is very low accessibility and very limited number of options in family planning services. The results underscore the need for holistic approach towards availability of family planning products, their stock and better supply chain management. Most FP commodities are procured directly by women/ couples especially pills and injectables. Trends for female procurement of family planning products are steadily increasing as well. Shopper's gender for condoms was universally availed by males in all study area. Most FP services are in fact self-procurement of pills and injectables by women and self-procurement of condoms by men directly without any contact with a health care provider.

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