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Pakistan profile of the sexual and reproductive health services available at primary care level

Mariyam Sarfraz

Department of Health Economics, Health Services Academy, Islamabad, Pakistan

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Assignment

Design your country profile of sexual and reproductive health services available at primary care level (The role of primary care in enhancing sexual and reproductive health – Laura Guarenti).

The structure of primary health services in Pakistan

Health care services in Pakistan are provided through the public sector, private sector and nongovernmental organizations (NGOs). The private sector provides mainly curative care and covers 70% of the population. The public sector health system provides both curative and preventive services, taken up by 35% - 40% of the population.

Pakistan's public health delivery system functions as an integrated health unit, administratively managed at a district level. The health care provision is divided into primary, secondary and tertiary health care: Primary health care is implemented through the first level care facilities (FLCF) which are located primarily in rural locations.[1] The FLCF facilities include:

- Community health workers.
- Community midwives (CMW).
- Basic health units (BHUs).
- Rural health centers (RHCs).
- Maternal and child health centers (MCHCs).
- Maternal and child health dispensaries.[1, 2]

Providers of SRH services

Community health workers

The Community health workers are females with eight years of formal school education and residents of rural areas. After selection they are trained in community organization, interpersonal skills, maternal health, child health, family planning, and hygiene.

The SRH services provided by the community health workers include ANC, skilled care during delivery, post partum care, and family planning.

Basic health unit (BHU)

A BHU covers 10,000 to 15,000 populations mainly provides health preventive and health promotive services through a medical officer, a Lady Health Visitor (trained in midwifery) and a vaccinator.

The SRH services provided include Ante natal and delivery care, post partum care for the mother, family planning and child spacing services.

Rural health centers (RHC)

A RHC covers 25,000 to 50,000 populations and is staffed with a general practitioner, an obstetrician, radiologist, nutritionist, lady health visitor, midwife and vaccinator along with support staff.[2]

The SRH services provided at an RHC include antenatal and post natal care, institutional delivery services, emergency obstetric care, emergency neonatal care, immunization services, family planning services, basic laboratory, ultrasonography (in some places) and radiological imaging services.

SRH services not available at PC Level

- SRH education and counseling is not available at PC level. The health care providers at the primary care level are neither trained nor required to provide SRH education to the patients at the facility or through outreach services.
- Assessment of SRH needs is not available at PC level.
- Screening for sexually transmitted infection (RTI, HIV) and RH cancers is not available at PC level in Pakistan. The FLCF facilities in Pakistan are not equipped to screen patients/clients for sexually transmitted diseases and reproductive track cancers. These services are available at tertiary care level and some secondary level health facilities[3].
- Comprehensive abortion care is not available at PC level. An estimated 890,000 induced abortions occur annually in Pakistan, mostly among older women with several children. Of these an estimated 196,671 women are hospitalized for complications of unsafe, induced abortions. Abortion services or post abortion care is, however, not available in Pakistan in the public sector. Abortion services are available in the private sector, however, very few providers give safe services.[3] Most of the abortions are done by inadequately trained traditional birth attendants and are hence unsafe.

Barriers to access sexual and reproductive health services

The barriers to accessing SRH services in Pakistan are discussed here under the four dimensions of access: availability, geographic accessibility, affordability and acceptability.

Availability

The public health delivery system has a good spatial distribution in Pakistan, but functionally it suffers from poor quality of services, inadequate coverage and insufficient human resources. The SRH services are not available at all primary care outlets; the FLCF centers which do provide these services, they are of low quality and endure supply shortages.[4] The staff that is available is not trained to provide SRH education or counseling to men or women of any age group.

Geographic accessibility

The cultural and religious traditions of Pakistani society do not permit women to travel unaccompanied. Most of the rural areas of Pakistan are sparsely populated with the result that the BHU and RHC are located far from households. In the result single women, young women and adolescents do not have access to health care services. The costs incurred in transport to and from the facility also have an impact on the decision to get services from a health provider[5].

Affordability

Although the public sector provides services free of cost, there is however the cost of medical supplies and laboratory investigations to be paid which cast an additional burden on the poor households. Most of the doctors in the public sector are also involved in dual practice and hence charge the patients' fee for services in their private clinics.[4]

Acceptability

The social norms of the Pakistan society do not look favorably upon the contact of opposite genders, at any age. Considering that 58% of the sanctioned female posts in the public health sector are vacant, women are hesitant to seek services from male service providers.[4] Young, unmarried girls bear the brunt of this societal norm as sexual and reproductive health is a 'taboo' and hence they do not seek care nor do they raise any queries about pubertal and sexual changes. The long waiting time, staff attitude, irregular attendance and lack of drugs/supplies also affect the uptake of services.[5]

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