Ipas PAKISTAN

ACCELERATING CONTRACEPTIVE UPTAKE THROUGH POST-PREGNANCY CARE MODEL June 2026

EVIDENCE BRIEF

Engaging Communities to Improve Post Medication Abortion Family Planning Uptake

BACKGROUND

Pakistan faces a persistently high burden of unintended pregnancies, with approximately 6 million occurring annually, nearly 64% ending in induced abortion. While medication abortion (MA) has improved access to safe abortion often through pharmacies post-abortion family planning (PAFP) uptake remains low, increasing the risk of repeat unintended pregnancies.

Many women usually keep their MA journey private and discreet, with limited interaction with formal health systems. As a result, they often:

- Lack accurate information on contraception
- Myths and fears about side effects
- Stigma around abortion and family planning
- Limited access to trusted counseling

Accelerating Contraceptive Uptake through Post-Pregnancy Care Models project was implemented in the Islamabad Capital Territory of Pakistan from 2018 to 2026, led by Ipas in collaboration with its partners. The project tested scalable solutions and generated valuable insights to address barriers to postabortion family planning (PAFP) for expanding access to accurate information and quality services among women who self-manage abortions with pills. This unique research initiative applied a user-centered design approach to address critical gaps in access to PAFP by piloting integrated interventions across communities, pharmacies and digital platforms.

Addressing these barriers requires community-based, trust-driven engagement approaches that reflect how women and families make decisions about family planning in real life.

ALIGNMENT WITH GLOBAL AND NATIONAL PRIORITIES

Sustainable Development Goal 3.7
Ensuring universal access to
- Family planning services,
- Reproductive health information,
- Informed choice and self-care.

Pakistan's FP2030
- Expanding access to modern contraceptives
- Reducing unmet need
- Promoting rights-based informed decision-making.

Tawazan Narrative
PMAC messaging aligns with Pakistan's Tawazan framework, promoting
- Balanced family size
- Improved health outcomes
- Financial stability aligned with Pakistan's national framework.

This Ipas initiative translated these commitments into practical, community-level action.

For more information, contact: ipaspakistan@ipas.org

HOW THE COMMUNITY ENGAGEMENT MODEL WAS DEVELOPED

The intervention was grounded in a User-Centered Design (UCD) approach, ensuring it reflected real user needs.
Four key insights shaped the model:

1. **Privacy and confidentiality are critical determinants of behavior**
   Women and men are more likely to seek information and adopt family planning methods when they feel assured of confidentiality and safe engagement spaces.

2. **Family planning decisions are mutual and made jointly by partners**
   Decision-making around contraceptive use is often shared between women and men, highlighting the importance of engaging both partners in interventions.

3. **Fear of side effects and infertility myths strongly influence choices**
   Misconceptions about contraception, particularly related to side effects and infertility, remain key barriers to uptake and continuation of modern methods.

4. **Trusted interpersonal sources are preferred**
   Women and men rely more on information from trusted sources—such as Lady Health Workers (LHWs), peers, and community members—than on formal or mass communication channels.

Design Implications

The model was designed to
- Create safe, confidential group spaces
- Include men in decision-making
- Use interactive, relatable communication tools
- Frame FP within everyday concerns such as financial well-being, child education, and mother and child health.

COMMUNICATION MATERIALS

PMAC communication materials were developed and refined through low and medium fidelity testing phases resonated with community realities. The themes were aligned to Pakistan's national narrative of "*Tawazun*" (balance).

Videos

Locally relevant videos were produced to address myths and misconceptions, fear of side effects, and misunderstanding of contraceptive methods.

Approach:

Watch → Reflect → Discuss → Clarify

1–2 short videos per session, integrated at key discussion points (not shown consecutively), followed by facilitated questions and answers. This normalized sensitive topics, encouraged peer discussion, and enabled real-time myth correction.

Flyers

Thoughtful flyers were introduced gradually during sessions, used in group discussions to connect messages to participants' lives.

Approach:

Visual → Voice → Reflect → Clarify

Flyers acted as conversation starters and decision aids, enabling women and men to relate abstract information to everyday decisions.

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WHAT WAS PILOTED

Between January and December 2025, PMAC implemented a structured community engagement intervention to improve post-medication abortion family planning (PAFP) uptake and continuation.

172	84	26
MA Users (Women)	Male Partners	Community Influencers

Sessions Conducted

A total of 21 community awareness sessions were delivered: 13 with women (MA users), 7 with men (partners), and 1 with influencers.

Participation Rates MA users: 95% · Partners: 100% · Influencers: 100% · Indicates exceptionally high community acceptance and program reach.

Recruitment Approach Participants were mobilized through trusted community networks, Lady Health Workers (LHWs), and confidential referrals, with emphasis on privacy, voluntary participation, and trust-building.

HOW THE SESSIONS WORKED

Structure

Each group (10–12 participants) attended three sessions (30–45 minutes each)

Flexible Delivery

There was flexibility in the implementation approach as sessions were offered both as a series of three sessions scattered for separate days or all three sessions to be attended on one day. Flexibility improved accessibility and participation significantly.

Facilitation Approach

Sessions were facilitated by trained moderators, family planning experts, and LHWs, using group discussion, experience sharing, and problem-solving exercises.

Participants reflected on drivers of family planning decisions, financial pressures, health and education outcomes, and shared responsibilities in family planning.

Session	
1	Family planning methods and birth spacing
2	Myths, misconceptions and side effects
3	Self-care, agency and overcoming barriers

OUTCOMES

Knowledge Gains (out of 15)	+33% Women: 9→12		+50% Men: 7→10.5
Recall of FP Information	89% MA Users	86% Partners	87% Influencers
Partners Discussed FP with Spouse	48% Male Partners		

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KEY LEARNINGS

1 Privacy is a Primary Determinant
Women's decisions to seek and use PAFP services depend directly on confidentiality, safety, and discretion at every point of engagement.

2 Trust Enables Engagement
Trusted facilitators — LHWs and community actors — are essential to reduce stigma, build credibility, and enable open discussion around sensitive topics.

3 Safe Spaces Unlock Dialogue
Gender-segregated sessions increased openness. Many participants discussed family planning for the first time in a group setting.

4 UCD Strengthened Relevance
The user-centered approach addressed real fears and misconceptions, matched format to user preferences, and reflected real decision-making dynamics.

5 Interactive IEC is Highly Effective
Videos and flyers were impactful because they were embedded in discussion, used as reflection tools, and linked to real-life decisions rather than presented in isolation.

6 Male Engagement is Critical
Strengthened support for FP, improved couple communication, and increased likelihood of contraceptive continuation among households where men participated.

7 Flexibility Improves Access
Adaptable scheduling significantly increased participation. Many participants attended all three sessions in a single day, showing strong demand when access is made easier.

8 What Was Unexpected
Men were highly receptive to FP information and discussion. In several sessions, participants themselves corrected myths raised by others — a powerful sign of internalized learning.

CALL TO ACTION

Improving post-medication abortion family planning uptake and continuation is essential to reducing unmet need, preventing future unintended pregnancies, empowering communities, and strengthening reproductive health outcomes.

The PMAC experience demonstrates that awareness alone is not sufficient — impact is achieved when information, trust, access, and decision-making support are connected.

To amplify the scalable solutions tested in the pilot study to a macro-level, stakeholders must act decisively:

Invest in scalable, user-centered community engagement approaches
Support approaches that build trust, address social and behavioral barriers, and generate informed demand for family planning. Invest in tools and strategies that directly address myths, side effects, and method choice, using messaging grounded in users' everyday realities.

Strengthen privacy-first, rights-based service delivery systems
Ensure women can move safely and confidently from medication abortion to voluntary family planning counseling and method access, without fear of stigma or disclosure.

Expand male engagement strategies
Promote shared responsibility in reproductive health by enabling men to act as informed and supportive partners, improving sustained contraceptive use.

"When family planning messages are delivered in safe, trusted settings and tied to the everyday realities women and men face, they are more likely to resonate, support informed decisions, and sustain contraceptive use."

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