



**Unsafe Abortion-Related Morbidity and  
Mortality in Pakistan:  
Communicating “Unmet Need” Across  
Disciplines**

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## Communicating “Unmet Need” Across Disciplines

Mainstreaming its insights and concerns is one of the greatest policy and public advocacy challenges for the Sexual and Reproductive Health (SRH) community. Working across disciplines opens up new audiences and allows wider dialogues. But it also forces us to overcome communication hurdles in reaching out to other disciplines. “Unmet Need” for family planning is a fundamental concept in SRH on which a wide range of activities base themselves. This note explains why economists might have difficulty in understanding this concept, and ways in which the linguistic gap can be bridged.

### Revealed versus stated preferences

Before we examine how economists might look at the issue of unmet need it is useful to say something about how economists look at things in general. Modern economics makes a virtue out of deriving its results from assumptions about the **rational behaviour of sovereign individuals**. This does not mean that economists believe that the world actually functions in this way. They acknowledge that reality is far more complex. But formal economics, and therefore

**Economists are interested in revealed preference, that is *the choices people actually make*, rather than their stated preference, which is the basis of the unmet need concept in SRH.**

The *Pakistan Demographic and Health Survey 2006-2007* (PDHS) defines those fecund married women aged 15-49 who say they want to delay or stop having more children, ***but are not using family planning as having an “unmet need”***. Women who are currently using family planning are defined as having “met need”. The two categories taken together are defined as the “total demand” for family planning.<sup>1</sup> A quarter of all fecund women in Pakistan had an unmet need for family planning – 14 per cent for limiting births and 11 per cent for delaying them.

economists’ understanding of issues starts from the assumption of rational and sovereign individuals. These assumptions can be relaxed in order to understand particular outcomes, but they are the starting point. A direct implication of the assumption of rational and sovereign individuals is that people are able to make choices that are good for their well-being. What people *actually do* – that is, the choices they actually make, under the constraints that they face – is of far greater analytical value to economists compared to what people *say they would do*. So, **“revealed preference”** trumps **“stated preference”** most times.

Revealed preference is the gold standard of behavioural information. If people choose to do something then there is integrity to that choice – empirically and

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<sup>1</sup> National Institute of Population Studies and Macro International Inc., 2008: Table 7.4.p. 82,

philosophically speaking. Because rational and sovereign individuals know what is best for them. One can immediately see that the concept of unmet need will run

is that individuals face serious *informational constraints* – and that is why their choices lead them to sub-optimal outcomes, such as low contraceptive prevalence despite

**According to the Pakistan and Demographic Health Survey (2006-2007), a quarter of all fecund women in Pakistan have an unmet need for family planning. That is, 14 per cent want to limit births and 11 per cent want to delay them.**

into problems unless it is buttressed with clearer definition. After all, unmet need is defined as the **difference** between stated preferences and actual use of family planning.

### **The old-fashioned way**

There are broadly three ways in which economists can think about unmet need. The first way can be a little old-fashioned, and also leads to old-fashioned policy responses. This is the idea that national (or global) economic goals require a lower rate of population growth than the one that exist. In other words, the country or the world as a whole “need” lower levels of fertility than actually exists, and the difference between the two is the unmet need for family planning. This view pays little attention to the sovereignty of individual choice, and has been used as a justification for forcing people to have fewer children. The one-child policy is an example of this. Although there was a time when this approach was condoned, in the case of China, today economists prefer to stick to their model of individual choice for fertility decisions.

### **Information and agency**

The second way of thinking about unmet need from the economists’ point of view

extensive awareness-raising activities. This would explain the gap between people’s stated preference and their actual behaviour in terms of the fact that people don’t know what the real costs of contraception or fertility are, and hence they make sub-optimal choices.

Thirdly, economists are willing to concede that in the real world individuals might not enjoy agency. Specifically, if women are to bear most of the costs of child-bearing and rearing – through their health and their economic resources – but if their voices are ignored while making fertility and FP decisions – we will have unmet need.

How, then, do we reinterpret the concept of unmet need so that it makes sense to economists and economic policy-making? It is useful to recognize that both SRH and economics have moved on from the paternalistic view of the world, where one could assume that people did not know (or care) about the consequences of their fertility choices, and therefore had to be told what to do in the light of the greater good. The SRH world has moved into a rights-based paradigm, where it is being argued that fertility choices must be expanded in accordance with individual rights, entitlements and well-being, particularly those of women. The economists too want to inhabit a world of individual choice and agency.

## Translating “unmet need”

There are three ways of translating unmet need into economic concepts.

First, unmet need signifies the presence of latent but not effective demand for contraception. Researchers may find that couples express a desire for smaller families, but actually do little about it, maybe because they are constrained by the cost of contraceptives. The policy response, therefore, would be to subsidize the supply of contraceptives, which in fact has already been done in Pakistan. However, the PDHS reports that only 0.8 per cent of the women who did not

Third, it is possible that there are issues of *constrained agency*. This means that even if individuals are well-informed about the implications of their choices there is unmet need because *those who make decisions are not the ones who bear the consequences*. The consequences could be a negative impact of childbearing on women’s health, the economic costs of an extra child, or the health cost of an unsafe abortion. The most prominent policy implication of constrained agency is that we are not able to assume that the household or the family is one welfare unit, in which each individual has equal decision-making power and the household acts in favour of

**The most prominent policy implication of the constrained agency approach is that we are not able to assume that the household or the family is one welfare unit. Policy and interventions must focus on individual women instead, with *a view to increase their ability and capacity to exercise choice by enhancing their agency*.**

intend to use contraceptives cited cost as a reason.<sup>2</sup> Hence, *subsidizing cost is not the only solution to increasing contraceptive prevalence*.

Second, people may not be fully informed about their choices or the consequences of their choices. Economists can concede that individuals’ or couples’ preferences are not well-defined or well-informed. This will imply not only awareness-raising, but *a more nuanced understanding of how information about fertility choices and SRH options is interpreted and disseminated* in particular societies.

the benefit to all. From this perspective, policy and programme interventions must focus on individual women, with a view to increase their ability and capacity to exercise choice by enhancing their agency. Where the household hinders the attainment of agency the health system must compensate.

The PDHS findings show that among women non-users only 2.9 percent said they wanted more children, and 28 percent said that the outcome of not using family planning was “up to God”.<sup>3</sup> This data suggests that many Pakistani women/couples do not perceive family size as a choice variable. In a further 10 per cent of the cases it was even clearer

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<sup>2</sup>ibid, Table 5.13 p. 66.; Table 5.5.p.56, Table 5.5.

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<sup>3</sup> Ibid., p.66.

that women did not have agency, as they explicitly reported that their husbands objected to contraceptive use.

In short, the concept of “unmet need” that is used by the SRH community does not sit well with economists, whose approach is based on assuming a world in which individuals express their priorities through the choices they make. However, *economists are willing to concede that choice may well be constrained by the lack of information and restricted agency on the part of individuals.*

family planning messages in the mass media, might not in themselves lead to reducing “unmet need”. For family planning to become a real choice, there ought to be a deeper engagement through programmes that deal with restrictions on agency, including intra-family issues in decision-making, behavioural assumptions and the role of uncertainty about future events.

For policy advocacy too it might be better to focus on a series of sub-messages about the multiple factors, including information and agency constraints, that ultimately

**PDHS data suggests that many Pakistani women do not perceive family size as a choice variable. Among ever-married women of reproductive age 70% are not currently using contraception. Out of these women, 28% cite the will of God, and 10% cite husband’s objection among the reasons for non-use of contraceptives now and in the future. In other words, they do not perceive themselves as having enough *agency* to plan their pregnancies or limit their family size.**

### **Lessons for SRH analysis and advocacy**

Subjecting SRH terms to the rigours of another discipline – namely economics – yields potentially valuable analytical insights. Specifically, “unmet need” covers a range of decision-making conditions and behaviour that may not be easily tackled within a theoretical framework that is based on individual choice. This is in line with the emerging understanding in SRH that relatively simple responses such as the cheap and easy availability of contraceptives, and

contribute to what has come to be recognized as “unmet need”. It is better to steer the debate away from a language that suggests easy solutions. In the absence of the necessary nuance a policy-maker outside the SRH community might conclude that the “need” for family planning is already well-articulated, and that all that is required is some additional provisioning. As most SRH professionals know, nothing could be further from the truth.

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## References

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