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BRIDGING LAW AND MEDICINE: EVALUATING THE LEGAL FRAMEWORK GOVERNING ACCESS TO CONTRACEPTIVES AND FAMILY PLANNING SERVICES IN PAKISTAN

Fahad Jan[*1], Dr. Tansif Ur Rehman[2], Dr. Aisha[3]

[*1]*Department of Law, Dadabhoy Institute of Higher Education, Pakistan*
[2]*Teaching Associate, Department of Sociology, University of Karachi, Pakistan; Visiting Faculty, Department of Law, Dadabhoy Institute of Higher Education, Pakistan*
[3]*Women Medical Officer, Civil Hospital Naushahro Feroze, Pakistan*

[*1]fahadjan12621@gmail.com, [2]tansif@live.com, [3]aishasolangi786@gmail.com

[2]0000-0002-5454-2150

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Corresponding Author: *
Fahad Jan

Abstract

There is a need to make inroads into the fields of law and medicine to identify the degree of effectiveness of the law regime in Pakistan to help in accessing contraceptives and family-planning services. This paper discusses how constitutional rights, legislative policies, and the interests of the people have met to conclude whether the current regulatory environment has encouraged or limited reproductive autonomy. The right to life, dignity, and health is provided in the Constitution of Pakistan, but there are loopholes between the law and practice. The policies are inconsistently enforced, awareness of reproductive rights is low, social and cultural restrictions, and poor medical infrastructure are barriers that persistently hinder equitable access to contraception. This study identifies reform opportunities and challenges within a system by examining the laws, national family-planning programmers, and international human-rights commitments, which serve as a means to identify reform opportunities and challenges within a system. Enhancing legal responsibility, healthcare provision, and the use of rights-based methods can help Pakistan in meeting its challenge of providing family planning services that are accessible, safe, and culturally appropriate. The study highlights that legal as well as medical interventions are a key factor in the promotion of reproductive health.

Introduction

Globally, formal commitments have been made to improve reproductive health, yet more than a few gaps remain between the law and its implementation, making it hard to get the services. Most of the barriers indirectly or directly affect women, adolescents, and marginalized groups. Obviously, one cannot isolate one issue from the others. It is a multidisciplinary approach that will integrate legal requirements and medical facts (Abdullah et al., 2023). Besides, practices of socio-cultural, religion, availability of contraceptives, and family planning services are the major areas of intersection between law and medicine, and public health in Pakistan (Thompson et al., 2024).

Being a nation with an actively expanding population and high regional imbalances in access to healthcare services, Pakistan is experiencing continuous problems in making reproductive-health services inclusive and rightful (Asif et al., 2024). The legal system, including constitutional provisions, statutory

Frontier in Medical & Health Research

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provisions, and policy frameworks, is critical to defining the regulation and delivery of these services conceptions, and structural injustices still have some effect on the views of contraception and reproductive autonomy. Research has also shown that insufficient knowledge of legal rights, lack of provider training, and inconsistent implementation of health policies also lead to negative experiences of accessing family-planning services, especially in rural and underserved areas (Sarwar et al., 2024).

Pakistan has an extra responsibility under international human-rights commitments, such as CEDAW and the ICPD Program of Action, to provide safe, equitable, and informed reproductive-health choices to all citizens (Jamali & Simon, 2024).

Research Justification

Population problems of Pakistan like high fertility rate, high population growth rate, and low contraceptive use directly impact the healthcare, economic development and gender equality. Knowledge of the legal impediments to access to contraceptives is thus the key to developing effective health and social policies. Additionally, social and cultural standards and religious interpretations tend to play a role during the policy implementation and personal decision-making processes, so it is important to evaluate the interaction between legal protection and societal processes. This study is substantiated by the fact that it is a timely and urgent community-health and human-rights problem, and contributes to the scholarly debate on reproductive justice. The study can inform evidence-based policies that enhance legal accountability and delivery of medical services by identifying gaps, inconsistencies, and possibilities of policy reforms that can eventually improve reproductive-health outcomes in Pakistan.

Literature Review

The availability of family planning services and contraceptives in Pakistan is a matter of legal obligation and medical care practice (Sarwar et al., 2024). Studies indicate that even with the legal approval, women still experience substantial hindrance in accessing contraceptives due to their lack of awareness regarding the available methods, social-cultural beliefs, and unequal access to services (Asif et al., 2024). Similar results indicate that service delivery is not uniform, particularly in rural districts. The UNFPA reports also testify that despite the national policies that endorse access to contraceptives, their implementation is weak because of the lack of resources and bias of providers.

The regulatory environment of Pakistan entails the quality and provision of family planning services (Naz et al., 2024). In all contraceptive methods, the Manual of National Standards provides requirements on informed choice, informed consent, and ethical service delivery. Such standards are in line with the best practices across the globe and highlight patient autonomy and medical responsibility (Memon et al., 2024). reinforces this framework by pledging the government to increasing access to low-income groups and access to modern contraceptives. The Population Council studies indicate that compliance with these norms is not even, and the problems of supply chain interruptions and unqualified staff influence the quality of services (Jamali & Simon, 2024). Service availability is also influenced by legal and religious considerations that Islamic jurisprudence tends to allow family planning, but misunderstandings within communities and certain healthcare professionals are perceived to oppose the use of the method (Chaudhary et al., 2025).

The low rates of contraceptive prevalence and frequent shortages of necessary supplies are cited in the media as the current obstacles (Thompson et al., 2024). Collectively, this literature demonstrates that although the legal framework in Pakistan is permissive, its medical translation needs to be controlled more rigorously, health personnel should be trained, and cultural obstacles to equitable access should be eliminated (Ahmed et al., 2024).

Historical Context of the Legal Framework Governing Access to Contraceptives and Family Planning Services in Pakistan

The history of family planning in Pakistan is directly linked to the post-independent Pakistani priorities in the field of public health. The 1950s and 1960s saw the initial efforts of the Family Planning Association of Pakistan,

Frontier in Medical & Health Research

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which started to encourage birth spacing, which was mostly due to the discourse of population control in the world (Chaudhary et al., 2025). These initiatives were met with opposition, however, because of conservative cultural practices and a lack of governmental support (Ahmed et al., 2024).

The introduction of state-led reproductive-health interventions in Pakistan started in the 1970s when the country officially incorporated family-planning services into national health policy (Naz et al., 2024). Nonetheless, political instability and changing governance frameworks hindered the systematic execution of policies, which caused enduring differences in access between provinces (Memon et al., 2024). Pakistan has also embraced the international commitments in the 1990s and early 2000s, including the ICPD Program of Action, which led to the replacement of the population control approach with a rights-based approach to reproductive health (Thompson et al., 2024).

It was the time when there had been a growing focus on the empowerment of women, informed choice, and integrated health-care delivery, yet the progress was uneven (Asif et al., 2024). There was a slow emergence of legal reforms, such as provincial autonomy, following the 18th Amendment that redefined the health governance and increased regional differences in service quality (Jamali & Simon, 2024). Recent legislative attempts, including provincial bills on reproductive-health rights, are the manifestations of the efforts to reconcile the legal and medical systems, but profound sociocultural and institutional obstacles remain in the way of providing universal access to contraceptive and family-planning services in Pakistan (Abdullah et al., 2023).

Theoretical Context of the Legal Framework Governing Access to Contraceptives and Family Planning Services in Pakistan

Pakistan's legal framework for access to contraceptives and family planning services can be examined from various interconnected theoretical perspectives. One of the primary perspectives is the Rights-Based Approach to Reproductive Health that identifies family planning as birth control a right rather than a health service. Besides, this right rests on the principles of autonomy, equality, and dignity. This approach uses international human rights instruments such as the CEDAW and ICPD to make it a State's obligation to allow informed choices, ensure non-discrimination and provide reproductive health services. Another important framework is the Health Systems Theory that points out a wide range of factors that affect the overall health sector performance like governance, service delivery, financing, and human resources. This theory may help to explain the process of (or lack of) implementation of legal requirements in the health sector.

In fact, the Socio-Ecological Model points to the factors of contraceptive behavior in layers conceptually that, while influencing each other, in the meanwhile, refer to individual knowledge, family decision-making, community norms, and national policies. Through this model, one can also understand that how culture, religion, gender, and social norms not only interact with each other but also get converted into legal and medical ones which subsequently affect people's reproductive behavior. Altogether these theories give both an in-depth and broad understanding of the need for the law-medical link to ensure equitable family planning access in Pakistan.

Laws regarding Access to Contraceptives and Family Planning Services in Pakistan

The Pakistani legal system concerning contraceptives and family-planning services is at the border between the laws of public health and the rights of the Constitution, and the national policies on population. The Constitution of Pakistan offers the initial ground in these services by Article 9 (Right to Life) and Article 14 (Right to Human Dignity) that has been construed to encompass the right to health, reproductive autonomy, and access to necessary medical services. Though family planning is not specifically stated in the Constitution, judicial interpretations and commitments in the policies of the people confirm that reproductive health is an element of the right to life.

At the legal level, the Population Welfare Program initiated by Pakistan under the different National Population Policies (1997,

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2010) establishes a legal and administrative framework to provide contraceptive services via federal and provincial Population Welfare Departments. When the 18th Constitutional Amendment was passed, health became a provincial issue, and provinces got powers to control family-planning services, register clinics, and supply contraceptives by Lady Health Workers (LHWs) and district population centers. The Reproductive Healthcare and Rights Bill (Draft) is yet to be passed in the country, but specifies the reproductive rights, informed consent, and access to family-planning information. In the meantime, provincial legislation like the Sindh Reproductive Healthcare and Rights Act 2019 clearly safeguards access to contraception, requires counseling, and bans discrimination against women seeking family-planning services. The registration, quality, and sale of contraceptives are controlled by pharmaceutical law, such as the Drug Act of 1976 and regional drug-regulations amendments. These ensure the provision of safe distribution of condoms, OCPs, Injectables, IUDs and emergency contraceptives (EC) through licensed pharmacies and health facilities. International commitments also impact the legal environment: Pakistan has signed on to CEDAW, ICCPR and ICPD, which entail the protection of reproductive rights and access to family-planning services and not coercion. While these laws and policies provide a conducive environment to access, safety and informed availability of contraceptives, issues of implementation, awareness and access remain.

Challenges for the Legal Framework Governing Access to Contraceptives and Family Planning Services in Pakistan

A gap between law and implementation is one of the main challenges. Even though some provinces have adopted legislation on reproductive-health rights, the implementation has been undermined by a lack of administrative capacity, an effective monitoring system, and a lack of coordination between different departments of the government.

A lot of health facilities do not have trained personnel, appropriate documentation practices, and effective complaint-redress systems, which minimizes the effectiveness of legal safeguards. The other significant challenge is the sociocultural resistance, which has still restrained the use and acceptance of contraceptives. Strong patriarchal values, the stigma of reproductive control, and myths about contraception make women unwilling to seek services, particularly young and unmarried women.

The dominance of male decision-making in the family further limits access to family-planning methods by women on their own. Such social obstacles undermine the efficacy of legal reforms that seek to foster rights-based reproductive healthcare. Also, access is compromised by health-system constraints. Facilities in the public sector are prone to regular contraceptive stock-outs, outdated supply-chain management, and a lack of adequate counseling facilities. The rural population is especially disadvantaged because of the lack of trained providers and infrastructure. Poor integration of reproductive-health services into primary healthcare is also a cause of variations in the quality of the services in different regions.

Another limitation is the ambiguity of the law, particularly on the issues of abortion and reproductive rights. Lack of clarity in definitions, lack of awareness amongst the healthcare providers, and fear of legal consequences are some of the factors that lead to reluctance to provide some reproductive-health services. This not only impacts access to safe abortion, but also diminishes the effectiveness of family-planning programs as a whole. Lastly, ignorance of legal rights by the population is an obstacle to use. Most people are unaware that reproductive healthcare is one that is backed by the principles of the constitution and provincial laws, and are therefore incapable of demanding or accessing the available services. All in all, these compound issues show that there is a dire need to enforce laws more, reform the systems, sensitize the community, and integrate law and medicine more in the family-planning landscape of Pakistan.

Opportunities for the Legal Framework Governing Access to Contraceptives and Family Planning Services in Pakistan

Frontier in Medical & Health Research

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The legal, medical, cultural, and institutional barriers have a complex interaction with each other to determine access to contraceptives and family-planning services in Pakistan. Community engagement and public awareness are potential. Social acceptance and use of reproductive services can be enhanced by educating the communities on reproductive rights, clearing the myths about contraception, and engaging the men in family-planning discussions.

Government-NGO-religious partnerships would support culturally competent strategies that value social norms and support health rights. Technical assistance and financial support, including capacity-building, can be further facilitated by international assistance, global commitments, including CEDAW and FP2030. The partnerships will have the potential to reinforce the healthcare delivery, quality standards, and monitoring and accountability. By utilizing such legal, medical, technological, and community-based opportunities, Pakistan can move toward equitable, rights-based access to contraceptives and family-planning services, closing the gap between the law and medicine to achieve better reproductive health outcomes.

Discussion

A comparative study on the legal and medical system of family-planning services in Pakistan indicates that there is always a gap between the formulation of policies and their implementation. The constitutional provisions and provincial laws concerning reproductive-health rights are good, but their implementation is weak, with poor enforcement, inefficient administration, and poor healthcare facilities. Laws and services to promote the equitable availability of contraceptives are disjointed, indicating that there is a need to connect law and medicine. In addition, socio-cultural norms, gender dynamics and religious beliefs shape reproductive-health behavior, even if the laws are supportive, and have the effect of further restricting women's autonomy. Legally, for example, behavior change can only be encouraged by legal measures and not forced, as is often the case with patriarchal household decision-making and misconceptions about contraception, which limit their use.

Conclusion

The use of contraceptives is influenced by sociocultural beliefs, gender relations, and religion, which shows that merely changing laws may not bring about the desired changes. Health systems limitations, such as insufficiently trained professionals, disparities in the access to health services, and low supply of contraceptives requires joint efforts to align legal provisions with medical practice. Empowerment of communities, promotion of rights-based health policies, and international cooperation can open up new avenues for enhanced service delivery and transparency. Tackling the reproductive health disparities would necessitate legal empowerment, systemic healthcare reforms, and social interventions. When law and medicine benefit each other effectively, it results in family planning services that are not only accessible and culturally sensitive, but also rights-based and supportive of each person's reproductive freedom.

Recommendations

The law and medicine gap needs to be addressed using a multi-dimensional approach to improve access to contraceptives and family-planning services in Pakistan. Strengthening the legal enforcement and regulatory control is important. Reproductive health laws in the provinces should be implemented equally, and there should be effective monitoring systems, accountability mechanisms, as well as sanctions for non-compliance.

Programs should attract the attention of men and religious leaders, debunk the myths about contraception, and encourage an informed choice (legal rights known and acceptable in society). Lastly, the policies must be correlated, and international co-operation must be encouraged. To strengthen legal frameworks, provincial laws should be brought into line with national policies and international commitments such as CEDAW, FP2030, and technical and financial assistance should be provided. These suggestions could form a comprehensive framework which combines legal and medical aspects to achieve access to family-planning services in Pakistan that is

Frontier in Medical & Health Research

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equitable, culturally competent and rights-based.

Research Limitations

There were various limitations in the research of legal and medical aspects of access to contraceptives and family-planning services in Pakistan in this paper. First, there is the problem of data availability and reliability: good and up-to-date statistics on contraceptive use and service provision and law enforcement are typically limited, particularly in less-served rural areas. Secondly, the diversity of regions makes it difficult to come up with a uniform picture: policies, laws and health care systems vary from province to province.

Third, context and dynamic sociocultural and religious factors in contraceptive use limit the generalizability of the results of this study to other communities. Fourthly, the law is subject to interpretation, and the interpretation of certain rights, for example, abortion or necessary treatment, may vary, making the interpretation of the practical impact of the law on the provision of services unclear. Finally, this study relies on secondary data, policy documents and published research and may not be as reflective of actual practice or experience as that of women and healthcare providers. These limitations should be considered when interpreting the findings of this study.

Research Implications

This paper contributes a lot to the reproductive health sector of Pakistan from a policy, practice and research perspective. Firstly, in terms of the law, it has not only identified the gaps in the implementation of the rights to reproductive health but also pointed out that provincial laws such as the Sindh and Khyber Pakhtunkhwa Reproductive Healthcare Rights Acts need to be supported by effective monitoring, accountability and a clear definition to make a difference. Besides laws, the paper also indicates the necessity of equipping health care providers, ensuring a continuous supply of contraceptives, improving the accessibility of contraceptives especially in rural areas as equally important measures that should accompany the enactment of laws and policies.

Besides the aspects highlighted above, the paper also stresses the role of community participation and social awakening as effective means of addressing socio-cultural and gender barriers. It further points out that the rights policy should be complemented by awareness and empowerment programs. The paper proposes that on-the-ground empirical study is essential to understand how the legal framework is enforced at the local level. It also suggests that such a study will help to learn the interactions between legal, cultural, and medical factors that lead to the use and provision of contraceptives and family planning in Pakistan.

Future Research Directions

In future research, studies based on the lived experiences of women, health care providers and policy makers should be used to address the gap between law and medicine in family-planning service provision in Pakistan. Provinces may have local variation in the use and/or delivery of the law that provides more detailed information on areas of strength and weakness. Longitudinal research could evaluate the effects of recent provincial laws, e.g., the Sindh and Khyber Pakhtunkhwa Reproductive Healthcare Rights Acts, on contraceptive use and reproductive choices in the long run.

There is a need for more research to evaluate the role of sociocultural and religious factors, including gender relations, family decision making and community attitudes on contraceptive uptake to derive culturally appropriate interventions. Assessing the effectiveness of delivering digital health technologies, telemedicine and community outreach programs for improving access can guide scalable solutions. Also, comparing the context with that of other countries, where similar legal and health care problems have occurred, could help policymakers learn from others and derive transferable strategies that would help design integrated, rights-based and context-specific strategies to improve family-planning services in Pakistan.

Frontier in Medical & Health Research

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