

Population, Fertility and Family Planning in Pakistan: A Program in Stagnation

By Karen Hardee and Elizabeth Leahy

Since 2001, the geopolitical significance of Pakistan has become increasingly clear to the world, as has the country's instability. Throughout this decade, Pakistan has suffered from growing strife, including, in the last year, the assassination of former Prime Minister Benazir Bhutto and the bombing and destruction of the country's most prominent American-owned hotel. The recent change in government from military to fragile civilian rule, accompanied by growing strength among extremists in tribal areas, has only compounded the precarious nature of the country's security.¹

Apart from these recent headlines, few outsiders may realize the significant role that demographics play in Pakistan's overall development and security. And few are likely aware of the stagnation of Pakistan's family planning program, which provides key services to Pakistani families and affects the country's larger demographic trajectory. The provision of comprehensive, voluntary family planning and reproductive health services is a fundamental human right, and yet today these services still remain out of reach for millions of Pakistanis.² In fact, one-quarter of married women want to either wait before having another child or end childbearing altogether, but are not using a method of contraception. The broader impacts of this unmet need for family planning on health and development are significant and should not be ignored.

In countries such as Pakistan, the challenges of providing for people's well-being—opportunities for education and employment, as well as access to quality health care—can be exacerbated by a rapidly growing population. Research has found that countries with a very young and youthful age structure—those in which at least 60 percent of the population is younger than 30, like Pakistan (**Figure 1**)—are more likely to have autocratic governance and face outbreaks of civil conflict.³ Young people are not inherently problematic or dangerous, and many countries with very young age structures achieve higher levels of development without internal conflict. However, governments that are already weak, unstable or corrupt can see their political and economic resources further strained by demographic factors.

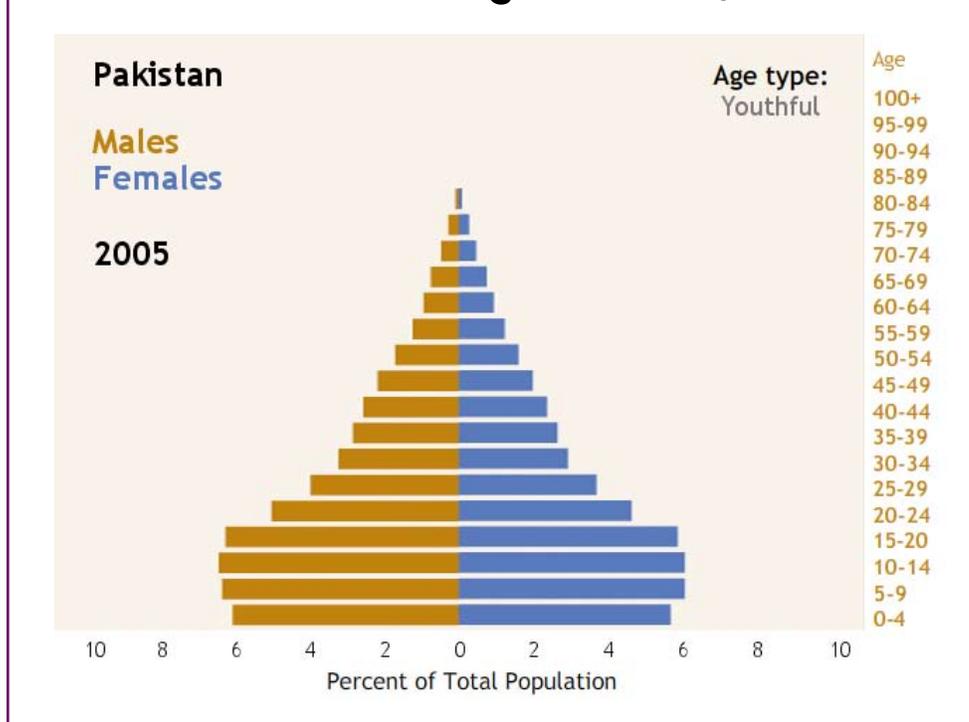
The context for providing family planning in Pakistan is challenging. The political strife that has intensified over the past two decades, coupled with cultural constraints limiting the empowerment of women, make the implementation of effective programs in many parts of the country difficult. As a result, most Pakistani women who say they have had enough

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FIGURE 1. Pakistan's Age Structure, 2005



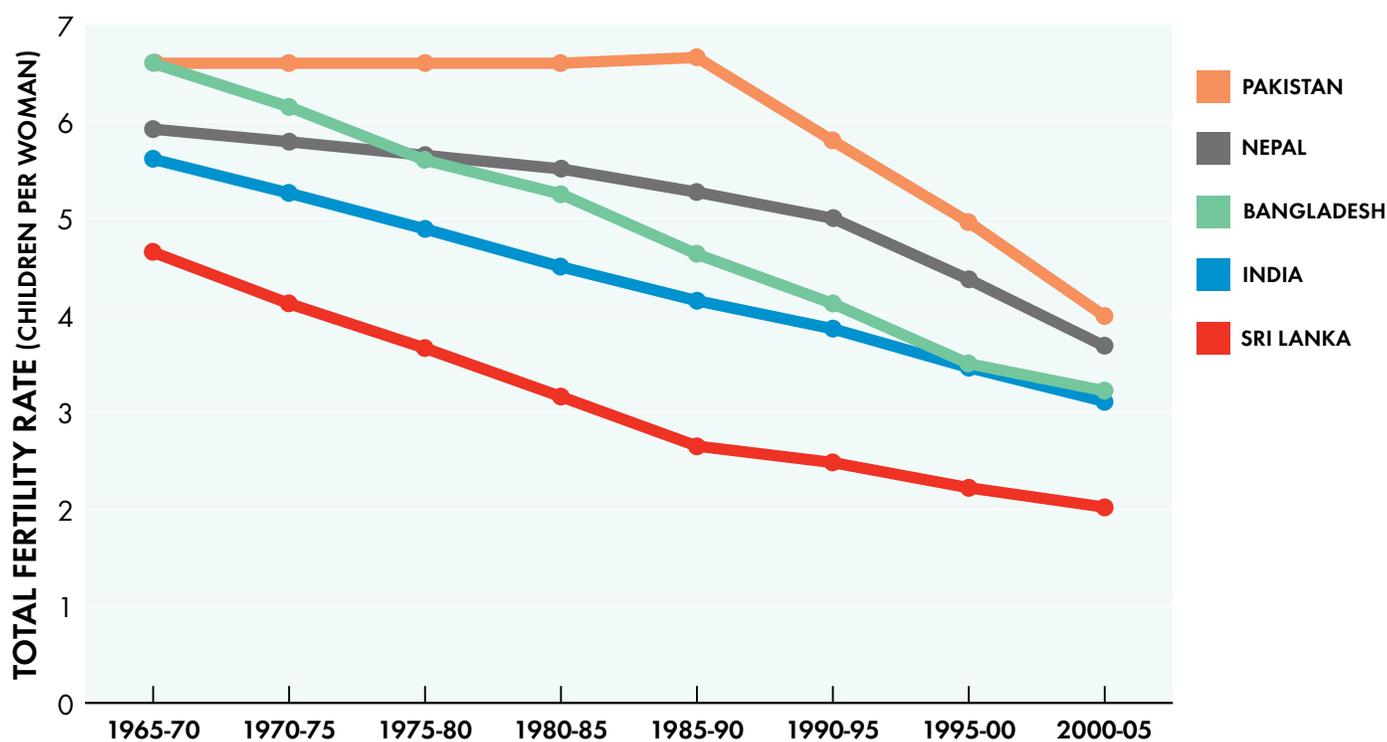
children or that they want to wait to have their next child do not have ready access to the contraceptive services and reproductive health care they need. Pakistan's family planning program needs strong and consistent leadership, a sustained strategy to expand access to services and adequate resources.

Pakistan was among the vanguard countries in Asia in starting a family planning program more than five decades ago, with intermittent support from international donors including the United States. Despite this history, fertility has declined more slowly in Pakistan than in most other Asian countries (Figure 2). Related measures of maternal and child health are concerning as well; the country's infant mortality rate of 75 deaths per 1,000 live births is higher than in Bangladesh, India, Nepal and Sri Lanka. In 1950, Pakistan had a population of 37 million people and was the world's 13th largest country as measured by population. By 2007, Pakistan was the sixth largest country with 164 million people. Pakistan is projected by the United Nations to move to fifth place in 2050 with 292 million people, after India, China, the United States, and Indonesia.⁴

Fertility Remains High at Four Children

Results from the 2006-07 Demographic and Health Survey (DHS)⁵ show that Pakistan's fertility rate has remained persistently high over the past decade (Figure 3).⁶ The total fertility rate (TFR)⁷ in Pakistan is now 4.1 children per woman. Women in urban areas have an average of 3.3 children compared to their rural counterparts, who have an average of 4.5 children.

FIGURE 2. Total Fertility Rates in Selected South Asian Countries, 1965-2005⁸

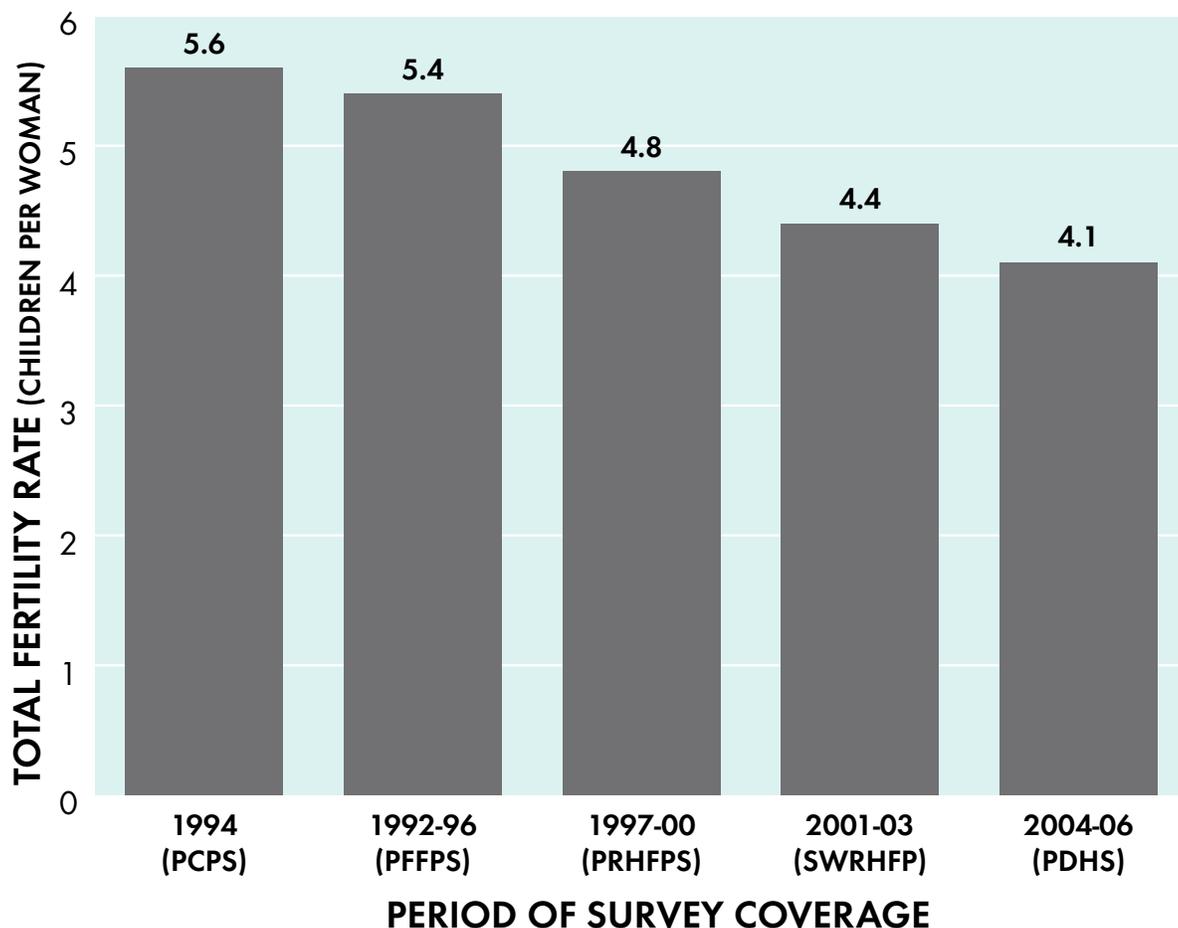


Currently married women in Pakistan report that on average, their ideal family size is 4.1 children, which is equal to their actual total fertility rate. However, women also say that 24 percent of recent births were mistimed or unwanted; rural and poor women are especially likely to have more children than they want to have. Although family planning decisions tend to be made by couples rather than by women alone, communication is sometimes lacking; about one-fifth of women don't know how many children their husband would like to have.⁹

Pakistan remains a predominantly rural country with an unevenly distributed population. One-third of the women interviewed in the 2006-07 DHS lived in cities, while two-thirds lived in rural areas. Nearly 80 percent of the population lives in the two eastern provinces, Punjab and Sindh (Figure 4).¹⁰ The DHS reflects this geographic distribution; of the 10,023 women of reproductive age interviewed in the DHS:

- 58 percent were from the Punjab,
- 24 percent were from Sindh,
- 14 percent were from the North West Frontier Province (NWFP), and
- 5 percent were from Balochistan.¹¹

FIGURE 3. Estimates of Pakistan's Fertility Rate, 1994-2006¹²

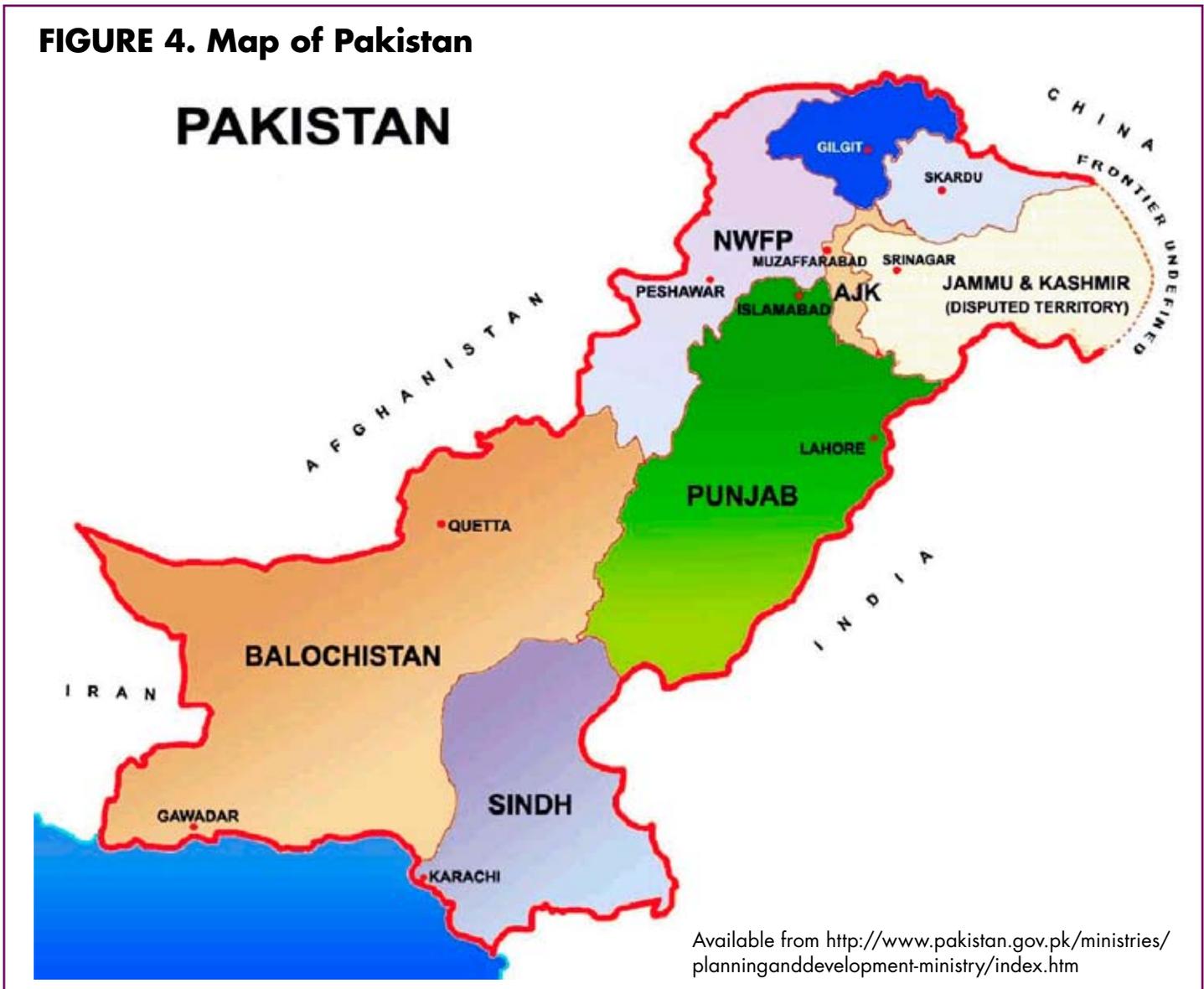


Women Know About Family Planning, but Knowledge Does Not Always Translate into Use

After nearly 50 years of family planning programs in the country, 96 percent of currently married women are aware of at least one modern method of contraception. However, only half of Pakistani women said they had ever used contraception and, at the time of the 2006-07 survey, only 22 percent of married women who were not currently pregnant said they were currently using a modern contraceptive method; another eight percent were using less effective traditional methods.

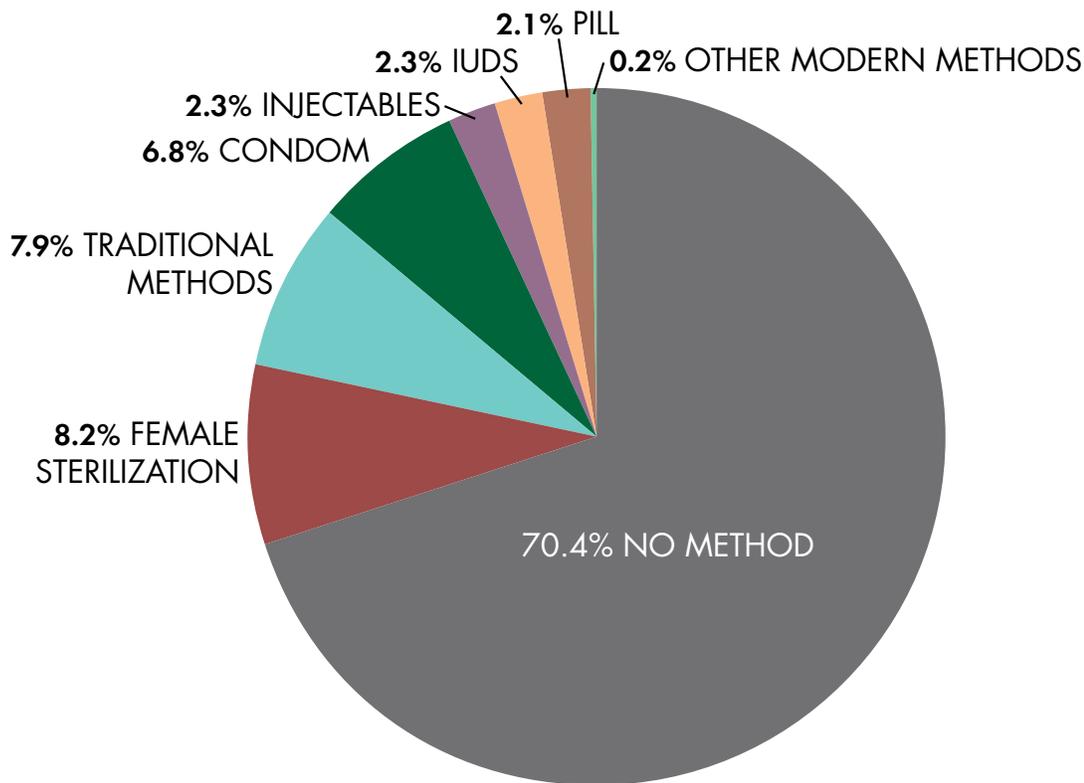
Although Pakistan had success in increasing contraceptive use in the 1980s and 1990s, a plateau has been reached in recent years. The contraceptive prevalence rate (CPR), or the percentage of married, non-pregnant women using both modern and traditional methods of contraception, rose from 12 percent in 1990-91 to 28 percent in 2000-01, but has remained around 30 percent since then. Almost half of currently married women have used contraceptives (modern or traditional methods) at one time, indicating that a significant share of women have discontinued use of family planning.

FIGURE 4. Map of Pakistan



The most common contraceptive methods in use in Pakistan are either long-term or have low effectiveness (Figure 5). These include female sterilization (8 percent of married women), traditional methods such as rhythm and withdrawal (8 percent), and condoms (7 percent). Contraceptive use is lowest among young and rural women, but rises with education. Women living in urban areas are two-thirds as likely to use modern contraceptives as those in rural areas (30 and 18 percent prevalence rates, respectively). The gap between women with differing levels of education is smaller than the rural-urban divide, but still significant. Only 19 percent of women with no education are using a modern method of family planning, compared to 26 percent of women who completed secondary school. The link between higher levels of education among women and smaller family size across the developing world is clear; on average, each year of girls' education has been found to reduce fertility rates by 0.3 to 0.5 children per woman.¹³ This is a particularly salient connection for Pakistan, where most women—fully 65 percent of those surveyed in the DHS—have no education.

FIGURE 5. Current Use of Contraceptive Methods among Married Women Age 15-49¹⁴



A large share of Pakistani women continue to have an unmet need for family planning; that is, they want to either wait for their next child or not have any more children but are not using a method of contraception. One-quarter of married women of reproductive age are estimated to have an unmet need, with a greater share of the need among women who say they want no more children. Unmet need is highest among the poor, those living in rural areas, and women with no education.

Among married women who are not using family planning and have no intention to use contraceptives in the future, only three percent cite a desire for more children as their reason, and another three percent don't know how to use or obtain a contraceptive method. The most common barriers to use of family planning among married women are a belief that fertility should be determined by God (28 percent); opposition to use by the woman, her husband, others or a perceived religious prohibition (23 percent); infertility (15 percent); and concerns about health, side effects or the cost of family planning (12 percent).

More Women in Pakistan Would Use Contraception if Services Were More Widely Available

Many experts have written about Pakistan's family planning program and the reasons for its limited success.¹⁵ Causes relate to both the strength and reach of the family planning program and to strong cultural

deterrents to contraceptive use, such as religious beliefs and women's limited autonomy in decision-making. Over the years Pakistan's family planning program has experienced varying levels of political and donor support and many shifts in strategy and program management.

In the early 1990s, when contraceptive prevalence was 14 percent, a mere 20 percent of the country's population was considered to be effectively covered by Pakistan's Population Welfare Program.¹⁶ At that time, one study found that women living in villages covered by a family planning

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center were much more likely to be using contraception than those outside the village.¹⁷ Given women's limited mobility due to the cultural practice of *Purdah*, in which women's activities outside the household are severely constrained, many women were likely out of reach of reproductive

health care even when clinics were available in their villages. Zeba Sathar, the director of the Population Council in Pakistan has noted that the subordinate status of women—whose legal rights may have even weakened in recent decades—as well as the government's past neglect of the education sector have direct implications for fertility rates.¹⁸ Women remain underrepresented in many aspects of Pakistani society. Only 35 percent of adult women are literate, compared to 65 percent of men; and women represent just one-quarter of the country's professional and technical workers.¹⁹

To help address cultural and geographic barriers, in the early 1990s Pakistan instituted outreach programs in which women are visited at home in their villages by Lady Health Workers, members of the community who have received 15 months of training to deliver primary health care.²⁰ A recent evaluation of the Lady Health Workers program found that women's movement was still constrained. The 2002 evaluation found that “only 15 percent of rural women had been outside their village in the previous month without being accompanied by another adult,”²¹ and confirmed that services are much more effective when offered closer to where women live. Contraceptive use in villages with the community-based workers was 74 percent higher than in villages without.²²

Pakistan's family planning program is administered by two government ministries, the Ministry of Health (MOH) and the Ministry of Population Welfare (MOPW), which have each had inefficiencies in implementation. In both ministries, delivery of family planning services has been plagued by weak logistics systems and lack of contraceptive methods at service points as well as staff ill-trained and ill-equipped to provide quality services to clients. The Lady Health Workers program, while successful in reaching more women, faces high turnover of staff.

Pakistan's Population Policy

Pakistan's latest population policy dates from 2002, and reflects the government's concerns about the rapid pace of population growth and its link to persistently high rates of poverty in the country.²³ The objectives of the policy are to reduce population growth (from 2.1 percent in 2002 to 1.9 percent by 2004 and 1.3 percent by 2020) and to reduce fertility through voluntary family planning (to 4 births per woman by 2004 and 2.1 births per woman by 2020). Pakistan has pledged to provide universal access to family planning by 2010, in line with being a signatory—along with the United States—to the *Programme of Action* of the 1994 International Conference on Population and Development in Cairo.

Given the persistently high fertility rates and unmet need for family planning outlined in the recent Demographic and Health Survey findings outlined above, major challenges remain in achieving the objectives of the population policy. According to the government's Poverty Reduction Strategy Paper, the population policy also outlined a goal to steadily increase contraceptive use, with prevalence rising to 43 percent in 2006 and 57 percent in 2012.²⁴ With the target for 2006 already missed, access to family planning will have to scale up rapidly to reach 57 percent in the next four years.

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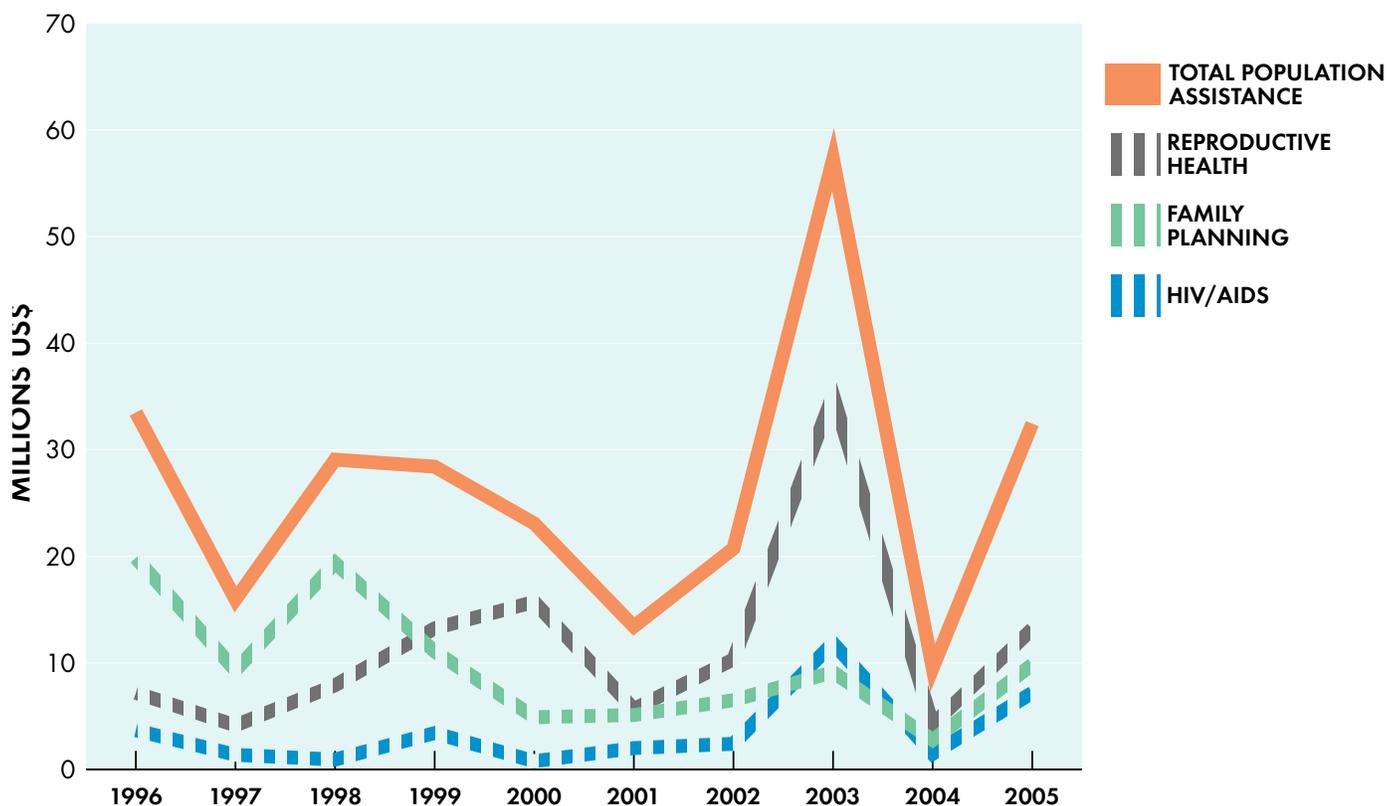
Beyond the stagnation of the family planning program's reach, Pakistan faces broad challenges to improving women's reproductive health. As assessed by PAI's *A Measure of Survival*, the country falls in the high risk category for women's sexual and reproductive health. Only 16 percent of women receive at least four antenatal care visits during pregnancy, fewer than one-third of births are attended by skilled health personnel, and the maternal mortality ratio, at 320 maternal deaths per 100,000 live births, remains high.^{25 26}

Trends in Funding for Family Planning in Pakistan

External funding for population assistance (comprising programs and research related to family planning, reproductive health, HIV/AIDS) in Pakistan has fluctuated significantly over the past decade. The total donor funding level of \$32.5 million in 2005 was a slight decline from the \$33.5 million received in 1996, although it varied dramatically in the intervening years, from as high as \$57.3 million in 2003 to as low as \$9.5 million in 2004.²⁷

Within overall population assistance, funding for family planning activities in Pakistan has declined considerably in the 2000s, with average annual support falling by nearly half from \$12.9 million from 1996-2000 to \$6.7 million between 2001-2005. Donor support for reproductive health, which includes activities such information and

FIGURE 6. Donor Support for Population Assistance to Pakistan, 1996-2005²⁸



* Funding for basic research, which comprises a small portion of the total population assistance, is not graphed separately but is included in the total population assistance estimates.

education and prenatal, post-natal and safe delivery care, peaked in 2004 at \$35.1 million, mainly due to a very large contribution from the government of the United Kingdom. The median annual external funding for reproductive health has been \$9.1 million over the ten-year period. Meanwhile, funding for HIV/AIDS has generally been below that of both family planning and reproductive health, averaging \$3.5 million annually. HIV/AIDS has not spread widely across Pakistan's population, with prevalence among adults estimated at 0.1 percent in 2007.²⁹

Bilateral and multilateral organizations, such as the United Nations and World Bank, have historically provided the bulk of donor support for population activities in Pakistan. U.S. government population assistance to Pakistan has been sporadic for most of the past decade. Until 2005, the U.S. Agency for International Development (USAID)'s highest level of annual population funding had been just over \$600,000. However, in 2005 USAID provided \$10.6 million to Pakistan, with nearly 80 percent of the funds directed to family planning activities. For example, USAID's Family Advancement for Life and Health project, implemented by the Population Council, works to raise awareness about the health benefits of birth spacing and train family planning providers.

The Future for Family Planning in Pakistan

Expert demographer and family planning program specialist John Ross and colleagues have found that countries in which contraceptive prevalence reaches a plateau generally take steps to address the stall in family planning use, and that plateaus rarely repeat in a county. Their analysis has also found that “once prevalence reaches the range of about 25 percent it continues upward.”³⁰ Although total contraceptive prevalence (including both modern and traditional methods) is 30 percent in Pakistan, this is an increase of only 0.3 percent annually since 2000-01 and a decline from a measurement of 32 percent in 2003, which seems to signal a plateau. Likely factors for the current plateau in family planning include weakened programs at all levels and a narrow method mix, with few effective options of short term methods.

Still, some factors bode well for the future of Pakistan’s family planning program. There is a clear latent demand for family planning, with 70 percent of married women using no contraceptive method and 25 percent indicating an unmet need for family planning. Long-term methods, which by nature have lower discontinuation rates, are popular. Further, Pakistan’s low HIV prevalence means fewer stresses on reproductive health budgets and less competition for funding.

Past initiatives have shown that most women want to determine their own family size and that they use family planning when they have access to services and have had educational opportunities themselves. Pakistan’s challenge is to expand access to high quality, voluntary family planning and reproductive health care so that individuals and couples can meet their desires for smaller families, while also improving women’s standing within families and society. That means expanding access to family planning in rural and hard-to-reach urban areas, as well as among the poor, and focusing on eliminating gender disparities.

Although young age structures can exacerbate challenges to development, these profiles are not static. Pakistan’s government should also take heed of the proven and cost-effective family planning and reproductive health policies that can promote greater demographic balance. Meanwhile, donors such as the United States, which have already identified Pakistan as a key strategic ally worthy of intense political cooperation, should ensure that the health and well-being of Pakistan’s people are no less of a priority. Working together, Pakistan’s government and donors can help Pakistani women and men achieve their desired family size by providing consistent support for Pakistan’s efforts to provide voluntary family planning.

Notes

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- 4 United Nations Population Division. 2007. *World Population Prospects: The 2006 Revision*. New York: United Nations Population Division.
- 5 In 2006-07, Pakistan’s National Institute of Population Studies, with technical assistance from Macro International on behalf of the U.S. Agency for International Development, carried out the first Demographic and Health Survey (DHS) in Pakistan in more than 15 years.
- 6 National Institute of Population Studies (NIPS) [Pakistan] and Macro International Inc. 2008. *Pakistan Demographic and Health Survey 2006-07*. Islamabad: NIPS and Macro International Inc. Unless otherwise cited, all data on fertility, use of and need for family planning in this essay are drawn from the DHS.
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