The Pakistan Development Review
40 : 4 Part II (Winter 2001) pp. 551–573

Population Policy Shifts and Their Implications for Population Stabilisation in Pakistan

ABDUL HAKIM

1. BACKGROUND

The visible fast increase in the growth rate of world population occurred during the second half of the twentieth century due to the faster declines in mortality following the medical and public health advances made around the time of World War II. The global population growth rate after peaking of at around 1.7 to 1.9 percent per annum in the 1970s and 1980s has since started declining and is currently around 1.4 percent per annum. The world population more than doubled, recording 142 percent increase, from 2.51 billion in 1950 to around 6.07 billion in 2000 [Hakim (2000)]. Most of the increase has been in less developed countries, from 1.68 billion in 1950 to 4.88 billion in 2000, recording 190 percent. Compared to this, the more developed countries witnessed only a marginal increase of 43 percent from 0.83 billion in 1950 to 1.19 billion population in 2000.

Although the population of less developed countries has tripled since 1950, several less developed countries have undergone a rapid decline in population growth during the last two to three decades. The examples of China (0.9 percent), South Korea (0.9 percent), Indonesia (1.3 percent), India (1.7 percent), Iran (1.2 percent) and Bangladesh (1.7 percent) are worth noticing [Population Reference Bureau (2001)]. Family Planning Programmes, sponsored either by government or by non-governmental organisations, and anti-natalist policies are seen as the main factors responsible for fertility decline in these countries. Demand for family planning was also driven, in turn, by socio-economic development, which led to rising levels of education, better health services and changing ways of life [United Nations (2000)].

Review of Pakistan's population scenario indicates that for the last several decades, Pakistan has consistently maintained high fertility and population growth rates. The accelerated growth of our population after independence was the

Abdul Hakim is Director, National Institute of Population Studies, Islamabad.

consequence of declining mortality and near constant fertility. In 1947, the population of the country was 32.5 million which is estimated around 142.5 million in mid 2001 indicating an increase of 110 million. This addition of over 100 million in just five decades is due to the high population growth rates experienced in the 1960s through the 1990s. Annual growth rates after peaking at over 3 percent in the 1960s and 1970s and around 3 percent in the 1980s and then below 3 percent in 1990s, has started showing a declining trend. While intercensul (1981–1998) annual growth rate was 2.6 percent, the current estimated annual growth rate of 2.1 percent is still one of the highest in the region.

Pakistan has one of the oldest and less successful family planning programme in the world. Much has been written about its lack of achievements in accelerating contraceptive prevalence and fertility reduction. However, less work has been done on the broader context of Population Policy and Programme. In this paper an effort has been made to briefly discuss broader context of recognition of population policy in development plans, political support for family planning, programme strategies implemented and impact of these recognition, support and implementation on fertility reduction and prospects for population stabilisation.

2. RECOGNITION IN DEVELOPMENT PLANS

The planners in Pakistan had realised the economic consequences of a rapid population growth by the early 1950s. The fear of population growth was pointed out when the First Five-year Plan (1955–60) for Pakistan was launched and this concern for rapid population growth grew with every successive plan. Appendix-1 contains the status of inclusion of demographic data, recognition of population problem and adoption of population policies in the national development plans of Pakistan from 1955–60 to 1998–2003.

The First Five-year Plan 1955–60 did not make any specific recommendation to start a family planning programme in Pakistan. However, it recognised the importance of population growth for economic development and stated:

> The country must appreciate that population growth is a rock on which all hopes of improved condition of living may founder. It admits of no approach except that the level of growth must be low [Planning Commission (1957)].

The Second Five-year Plan (1960–65) clearly recognised the paramount need for a conscious population policy, and its implementation. The health programme in the second plan 1960–65 was primarily designed to influence social attitudes and practice in favour of family planning [Planning Commission (1960)].

The document of the Third Five-year Plan (1965–70) had a separate chapter on family planning giving a strategy and implementation plan for the family planning programme. The third plan included population control as one of the nine

objectives of the plan [Planning Commission (1965)]. The family planning programme for the third plan was excessively ambitious in setting its targets and it was under this plan that an independent Family Planning Department was established in the country in 1965.

The Fourth Five-year Plan, apart from laying down policies for social justice and equal distribution of income, emphasised three aspects of the economy which were directly related to population policies, that is, family planning, education, and rural development [Planning Commission (1970)]. However, the pressures of the production sectors led to curtailment of allocations for the social sectors, including family planning [Jillani (1987)]. The period between 1970–78 was in fact, marked by the non-existence of a plan formulated specifically for Pakistan after the separation of East Pakistan (now Bangladesh) from the country in 1971.

There was disruption and delay in the preparation of the Fifth Five-year Plan (1978–83) which was launched in 1978. The fifth plan was not a bold document as far as family planning was concerned, although it claimed to embody a socio-economic strategy which would induce a desire to limit family size. Primary and secondary education, especially in the case of girls, was expected to increase, with an expansion in female participation in economic activity, which was expected to lead to improvement in their status and to accelerate a decline in fertility [Planning Commission (1978)].

The population policy for the Sixth Five-year Plan (1983–88) provided for the interaction of fertility management with other development programmes. This policy stated that population welfare planning:

> (i) is a national responsibility; (ii) aims at behavioural change favouring the small family norm within an acceptable socio-cultural framework; (iii) constructs a programme based on local needs by enlisting community participation and devolving responsibility and authority; (iv) solicits involvement of a range of target groups and NGOs for expanded coverage; (v) seeks integration of activities with the programme of other departments for diversification; (vi) makes women participants and beneficiaries of the programme; and (vii) devises a communication strategy to remove public misgivings, create demand and promote the above approaches [Planning Commission (1984)].

The sixth plan provided for the development of those sectors of the economy which either had a crucial role in development in the given circumstances or those areas which had been neglected. The population policy for the plan contained a clear-cut policy towards population. The programme, as a result of this renewed attention, gained momentum during the last three years of the sixth plan [Jillani (1987)].

The Seventh Five-year Plan (1988–93) was a continuation of the population policy and approach adopted in the sixth plan. Fertility management was the key development objective of the plan which noted:

> An aggressive population planning policy will have to be adopted in the seventh plan to break the cycle of high fertility, low levels of health and poverty. A major breakthrough in the level of literacy, female employment, age at first marriage, child survival and the knowledge and use of contraceptives, if achieved, can be expected to reverse the trend in fertility [Planning Commission (1988)].

The plan document for the eight five year plan (1993–98) recognised:

> In the past, political and administrative support has been fluctuating. Recognising the consequences of the rapid growth of population for social and economic development the government has resolved to provide a strong support to the programme. The objective is to reduce growth rate from 2.9 to 2.7 percent. For expanding coverage a new infrastructure of village based family planning workers would be created to take the services to the door steps of the people. [Planning Commission (1994).]

Following multi sectoral approach, for the Eight Five-year Plan (1993–98) active participation of federal and provincial Ministries, Departments was mandated to provide family planning services through their service outlets. An Inter-Ministerial Committee consisting Ministers for Planning and Development, Education, Health, Information and Population Welfare was set up for effective implementation of population welfare programme. Similar committees were set up at provincial and district levels [Planning Commission (1994)].

The Ninth Five-year Plan (1998–2003) recognises the serious implications of high fertility and rapid population growth, and is seeking to accelerate the pace of fertility decline, lower rates of population growth, reduce infant, child and maternal mortality, improve reproductive health and promote gender equity and the empowerment of women. With these ends in view, the focus is now on the development and operationalisation of an effective population policy operating within the framework of nationally accepted, broad-based and strategically focussed population and development policies, while maintaining voluntary character in the promotion of fertility moderation. The programme during the Ninth Five-year Plan (1998–2003) has been designed with the aim to improve quality of life and to bring down population growth rate from 2.4 percent in 1998 to 1.9 percent by 2003. Further, integration of population into overall and sectoral planning has been emphasised [Pakistan (1999)].

It is evident that planners in Pakistan have been well aware of the problem of population growth from the very beginning and have been expressing this concern in different planning documents.

3. POLITICAL SUPPORT

Although the population problem and its remedies were discussed in the five year plan documents in the early periods of Pakistan's history, few political leaders openly stressed for the need of family planning. It was only President Ayub's takeover in 1958 that greatly changed the official approach to the population problem. President Ayub referred to the problem of fast population growth and the need for family planning in many of his major speeches and the subject was given a much higher priority in government programmes.

The Ayub government was a clearly convinced of the need for a strong family planning programme in the country and also to foresee the objections from the religious leaders. In a speech in March, 1959 President Ayub stated that he had impressed upon the Minister of Finance the need for allocating more and more funds for family planning. As for the religious objections to birth control, he said he could not visualise that any good religion could advocate human misery. Religion was for the betterment of mankind, and no good religion could stand in the way of human progress and happiness [Population News, cited in Stamper (1979)].

The following extracts from President Ayub's speech at a national seminar of the Family Planning Association of Pakistan in 1964 further indicate his concern and commitment to the cause of family planning.

> Our planning, our sacrifices and our hard work for the progress of the community would be neutralised by the rapid growth of population. If nothing is done to check the rapid growth, my only consolation is that I shall not be there to face that situation. But the coming generations would not forgive us for landing them in such a bad mess [Health, Labour and Social Welfare (1970)].

Before launching the family planning programme at the national level, President Ayub addressed the National Assembly of Pakistan in 1965 and sought the support of the people. He stated:

> We are going to launch a massive programme of family planning and have made a sizeable allocation for it in the new plan. We have no illusion about the immensity of the task and the difficulties that beset our path. We shall have to overcome ignorance and prejudice. I hope that in this, I will have the active support of the people at heart [Labour and Family Planning Division (1969)].

Again, it was President Ayub who directly addressed the people of Pakistan on the importance of population control in the country and advised them not to make it a religious or an emotional issue. Extracts of his radio address to the nation in 1966 are as follows:

> The growth of population is the biggest obstacle in the way of development of newly-independent countries. It is therefore my duty always to keep on emphasising the significance of the problem. Increase in number should not be allowed to become an emotional issue. It is essentially an economic matter which directly concerns your life as well as that of your children. If the rate of growth in population continues to exceed our resources, it is quite obvious that we cannot ensure a better future [Labour and Family Planning Division (1969)].

The support rendered by President Ayub through such speeches was instrumental in spreading the 'word' of family planning to remote corners of the country. The strong lead and backing of the President, who made frequent public references to the problem and the programme set the tone of practically all official public attitudes on the subject, but also reinforced the individual's interest in it as bearing not merely on the welfare of his own family but, in addition, on the prosperity of his nation.

After the end of President Ayub's presidency in 1969, there was hardly any leader who would speak openly in favour of the family planning programme. Thereafter, the programme was kept at a low profile by the government and the momentum of political support could not be continued by the succeeding heads of state. President Yahya Khan (1969–71) did not show any interest in the family planning department and the programme remained invisible during his time. The government of Zu1fiqar Ali Bhutto (1972–77) also kept it at a low profile. However, during this period the programme was reactivated in the field for some time and at the national level a Family Planning Council was established under the chairmanship of the federal Health Minister to direct the policies of the programme. During this period the name of the Family Planning Programme was changed to Population Planning Programme to make it more acceptable to the people.

President Zia's period (1977–88) adversely affected the programme, particularly up to 1980. However, during this period two important dedicated and internationally recognised persons in the field of family planning and economic planning, Attiya Inyatullah and Mehboob-ul-Haq respectively, were involved in the formulation and then implementation of the new Population Welfare Programme. The credit for the formulation of a new family planning plan against the odds goes to Attiya Inyatullah, the then Minister of State for Population Welfare, while Mehboob-ul- Haq, the Minister for Planning, Development and Population, provided leadership and talked openly of the need for the programme's implementation. During their

terms in office the name of the Population Planning Programme was changed to the Population Welfare Programme to enhance the scope of the programme and also to make it more attractive and acceptable to the people.

On December 14, 1988, President Ishaq impressed upon the members of the parliament the need to control the fast growth of population in Pakistan as it was hampering the economic growth of the country [Family Planning Association of Pakistan (n.d.)]. Although his address on this issue was carefully worded, it was a good sign for the head of state to speak about population problems, two decades after President Ayub's open support.

During the regime of Prime Minister Benazir Bhutto (1988–90), the officials of the Population Welfare Programme made a presentation to her cabinet and senior officials on the situation arising from rapid population growth and its effects on the social and economic development of Pakistan. On this occasion, Prime Minister Benazir Bhutto stressed that the population welfare programme should be in consonance with the values and culture of the people of Pakistan. She acknowledged the importance of the Population Welfare Programme for the masses, especially for the women who are living under continuous pressure. [*The Muslim* (1989).] Her government raised the status of the Population Welfare Division to the Ministry of Population Welfare.

The government of Mian Nawaz Sharif, which came to power in 1990 also supported the programme. The appointment of a renowned social worker and parliamentarian, Syeda Abida Hussain, as Adviser to the Prime Minister for Population Welfare indicated concern on the part of the government towards solving the population problem in the country. She had made a few bold statements urging religious leaders not to oppose family planning in Pakistan [Tufail (1991)].

The second tenures of both Benazir Bhutto and Nawaz Sharif as premier during 1990s showed much open political support for the programme and had contributed to the rise in programme performance. During 1990s the regular presentations on World Population Day every year were made by the National Institute of Population Studies (NIPS) focussing "Population Growth and Its Implications on Socio Economic Development". In these presentations Ministry of Population Welfare could arrange high level gathering of elites including the Prime Ministers and sought their support [NIPS (1998)]. Benazir Bhutto taking a stronger stand on population and family planning in her second term, faced down significant opposition to attend the 1994 ICPD. Her perceived success in Cairo largely neutralised domestic critics, and in Cairo's wake, Pakistanis spoke of a national consensus on population for the first time [Rosen and Conly (1996)]. Her government declared population to be a top priority and announced that 33000 Lady Health Visitors will be trained to impart family planning and basic health care to the communities [Khan (1994)]. In order to elicit broad based support from the public representatives in 1990s standing committees were also set up in the Senate, National

Assembly and Provincial Assemblies. In addition, parliamentary group on Population and Development was constituted in the National Assembly wherein various resolutions were passed in support of the programme.

President General Mushraf's concern is also visible by the fact that he constituted a Review Committee under Co-Chair of Federal Population Welfare and Health Ministers to assess the programme and make appropriate recommendations for its efficient functioning. On World Population Day of 11th July, 2000, he announced to bring down population growth rate to 1.9 percent by 2003 and merger of population workers with health [The News (2000)]. He has also been vocal in his television address to the nation, emphasising the need to control fast growth of population for economic development.

Open political commitment of family planning on the part of the highest government officials has at least three types of effects. First, it tend to result in the mobilisation of increased resources for the programme. Second, it empowers and mandates bureaucrats both in the family planning programme and in related sectors. And third, it helps legitimise family planning among the general population and to neutralise cultural and ideological opposition [Hakim and Miller (1996)]. The inconsistency of political support for family planning in Pakistan has been widely noted. Even when positive words were spoken, the subsequent actions did not always match the words. At several occasion the fluctuating and inadequate political commitment of family planning has adversely affected the performance of the programme.

4. PROGRAMME STRATEGIES IMPLEMENTED

Positive Government policy towards family planning in Pakistan goes back as far as economic planning itself [Robinson (1978)]. Pakistan was one of the first developing countries to recognise the problem of rapid population growth and tried to control it through the family planning programme. A number of ideas have been experimented with mostly with changes in leadership. The family planning programme of Pakistan has passed through various phases of development, almost coinciding with successive five-year developmental plans for the country, and has had various titles during these periods. In this process, each phase has subsumed the earlier phase rather than replacing it [Population Welfare Division (1983)].

The pioneering efforts of family planning in Pakistan were initiated by FPAP in 1953 by establishing few clinics in big cities, Karachi and Lahore. In the public sector, although family planning was given some stress in the first and second five year plans, those programmes were limited in scope and did not produce a major impact [Family Planning Division (1969)]. During the third five-year plan (1965–70), a comprehensive national family planning programme was designed to operate as an integral part of the overall development strategy [Population Welfare Division (n.d.)]. The scheme drawn up for this period emphasised that family planning was

essentially an administrative and not a clinical programme. [Pakistan (1965) and Robinson (1978).] A three-tiered administrative structure for the programme was established at federal, provincial and district levels. The programme spelled out a clear population policy and objectives. The clients were approached through part-time hired dais (indigenous midwives) for motivation and distribution of contraceptives to eligible couples.

The speed with which the programme was launched was impressive, but it did not ensure that the practice of family planning would be widely adopted [Robinson *et al.*, (1981)]. The main problems in this period were pressure to achieve unrealistic targets and indiscriminate spreading of resources irrespective of likely public response, which led to services of low quality [World Bank (1983)]. Though the demographic impact was negligible, during the plan period, a fully-fledged field structure was established for family planning services and the awareness stage of the complex process of behavioural change was achieved to a great extent [Training, Research and Evaluation Centre (n.d.)].

It was felt that due to their lack of training and commitment to the programme, the impact of dais as grass roots workers in the field was minimal [Ahmad (1971)]. A new strategy, the continuous motivation system (CMS), was introduced for improving field operations for the period 1970–75. Under this strategy, part time dais were replaced by full-time male and female team workers who were designed as field motivators. Theoretically the CMS was a scientific approach with several well-conceived elements. However, this could not be implemented according to the specified criteria for deploying male and female workers, who were supposed to be local residents, educated, and related to each other. During this period, to complement the CMS, the programme also extended its scope in other areas. A massive campaign for distribution of contraceptives (pills and condoms) was launched to maximise contraceptive distribution through all available commercial and non-commercial channels. In spite of these efforts, the findings of the Pakistan Fertility survey 1975 (PFS) showed a wide gap between knowledge and practice of family planning methods [Population Planning Council of Pakistan (1976)].

During the period 1975–80, the programme operated on the basis of annual plans as the initiation of the Government's fifth five-year plan was delayed till 1978. The structural arrangements evolved earlier remained almost unchanged, but the programme was federalised in early 1977 to make it more effective. However, almost immediately field activities, involving motivation of eligible couples and distribution of contraceptives through field workers, were suspended because of the political situation in the country, except for family planning clinics which continued to function without any motivational support. The family planning programme in Pakistan remained somewhat in a state of flux from 1977 to 1980. One committee after another was set up by the government to reorganise the programme to make it more effective.

During the period 1980–83, realising the need for a coordinated approach and linkage between family planning and other development programmes, the population programme was transferred from the Ministry of Health to the Ministry of Planning and Development and renamed the Population Welfare Programme. This facilitated programme planning and provided a focal point for coordination of several government departments and public and private sector institutions. A multi-sectoral approach commenced through health outlets of a number of governmental and non-governmental agencies as well as the Family Welfare Centres of the Population Welfare Programme [Population Division (1981)].

The Sixth Five-year Plan (1983–88) and the seventh five year plan (1988–93) continued a number of programme inputs started during the fifth plan (1980–83) period. The key institutions for providing family welfare services remained the Family Welfare Centres with male and female assistants, theoretically supposed to cover a population of 25,000 to 65,000. These centres provided mother care, child health, responsible parenthood services and social education for women. This was supplemented through a number of other programme projects such as communication, training, population education, non-governmental organisations (NGOs), provincial line departments, logistics, supply, social marketing of contraceptives, research and evaluation. The approach adopted was multi-disciplinary to modify family size preferences while simultaneously also responding to the existing and growing demand for services through the delivery system [Planning Commission (1984)].

During the Eight Five-year Plan (1993–98) the programme received open and sustained political and administrative support. The rural coverage increased by implementing the scheme of village based family planning workers (VBFPWs) whereby 12,000 workers were deployed to serve their communities. Simultaneously, during this period, the lady health workers (LHWs) programme for primary health care and family planning was also launched by the Ministry of Health and deployed about 33000 such workers both in urban and rural areas. Both the schemes together enhanced the coverage in rural and urban areas. Different surveys indicated that contraceptive prevalence was much higher in the villages/communities where these workers have been deployed [NIPS (2000)]. During 1993–98, the programme was also backed up by a sustained promotional compaign through mass media and supportive events and activities with the involvement of private sector. The findings of 1996-97 PFFPS revealed that programme was able to achieve CPR of 24 percent in accordance with the targets set for the 8th five year plan [Hakim, *et al.* (1998)].

The strategy during the 9th five year plan (1998–2003) was guided by the principle of building on positive elements of the on going programme, ensuring continuity and consolidation of the gains. The scope of the programme has been enlarged to strengthen outreach through enhanced and improved service delivery strategies with continued attention to rural areas. A broader reproductive health approach has been pursued with emphasis on mother and child health care.

Based on the high level Review Committee deliberations and decisions announced by the President on World Population Day on the 11th July, 2000, the government has devised a ten year perspective development plan 2001–2011 and three year development programme 2001-2004 [Planning Commission (2001)] covering following objectives of the population welfare sector:-

- Decrease the population growth rate from 2.17 percent in 2001 to 1.82 percent in 2004 and 1.6 percent by the year 2011.
- Achieve a replacement level of fertility by the year 2020.
- Increase the coverage from 65 percent in 2001 to about 76 percent in 2004 and 100 percent by the year 2010.
- Merger of Community Based Workers of Ministry of Population Welfare and Ministry of Health.
- Provincialise the Population Welfare Programme and further devolve to district level and below.
- All service outlets of health departments will offer reproductive health services including family planning.
- Increase contraceptive prevalence rate (CPR) from existing around 30 percent to 43 percent in 2004 and 53 percent in 2011.
- Enhance involvement of NGOs/civil society organisations and social marketing projects.

To operationalise the above decisions the cadres of VBFPW and LHW have been merged as Family Health Workers and placed under MoH, now numbering nearly about 57000. MOPW is trying to upgrade FWCs to function as holistic family development centres in the 1994 ICPD context. They are expected to mobilise the involvement of the elected women councillors, with the male staff organising male community support through male councillors and other community leaders.

Frequent changes in programme strategies have adversely affected its performance. Table 1 shows that contraceptive prevalence rate (CPR) has only reached to 28 percent in 2000-01 with several decades programme implementation. The increase has mainly occurred in the 1990s when CPR almost doubled. Still there is 33 percent unmet need for family planning and total fertility rate (TFR) has only declined from 6 to 5 children during the last 25 years. Sustained high fertility level, therefore, call for more insights into the mechanisms operating in the society and influencing fertility. In fact at the initial stages of the programme, some experts expressed their reservations about the success of a large-scale programme in an adverse setting, such as Pakistan, where people have strong religious and social values in favour of high fertility, strong resistance to any change, female seclusion, and where male dominance makes it very difficult to reach females in the villages with family planning messages [Robinson (1966)].

Table 1

Percentage of Currently Married Women Who are Currently Using Specific Methods by Various Sources

Method	PCPS 1984-85	PDHS 1990-91	PCPS 1994-95	PFFPS 1996-97	PRHFPS 2000-01
Any Method	9.1	11.8	17.8	23.9	27.6
Any Modern Method	7.6	9.0	12.6	16.9	20.2
Pill	1.4	0.7	0.7	1.6	1.9
IUD	0.8	1.3	2.1	3.4	3.5
Injectables	0.6	0.8	1.0	1.4	2.6
Vaginal Methods	0.1	0.0	0.0	0.1	0.0
Condom	2.1	2.7	3.7	4.2	5.5
Female Sterilisation	2.6	3.5	5.0	6.0	6.9
Male Sterilisation	0.0	0.0	0.0	0.0	0.0
Any Traditional Method	1.5	2.8	5.2	7.0	7.4
Periodic Abstinence	0.1	1.3	1.0	1.9	1.6
Withdrawal	0.9	1.2	4.2	4.6	5.3
Others	0.5	0.3		0.5	0.5
Number	7405	6364	7922	7582	6370

Source: Hakim, *et al.* (2001).

Note: PCPS 19984-85 figures are for women not currently pregnant; PCPS: Pakistan Contraceptive Prevalence Survey; PDHS: Pakistan Demographic and Health Survey; PFFPS: Pakistan Fertility and Family Planning Survey; and PRHFPS: Pakistan Reproductive Health and Family Planning Survey.

5. PROSPECTS FOR POPULATION STABILISATION

The important striking change that has occurred in the past is the more rapid growth of our population. The population of intercensal period 1981–98 has been growing at about 2.6 percent, and the current growth of 2.1 percent is still high. This means a growing need for new schooling, hospitals, housing, transportation, electricity, water, sewerage, sanitation and police services.

Although fertility continues to be high in Pakistan the figure has certainly declined during the 1990s, though not very sharply as witnessed in several other countries (Table 2). Latest survey reveals a TFR of around 4.8 children. The fertility decline documented for the 1990s can be attributed to continued rise in age at marriage as well as family limitation within marriage mainly through a steady increase in contraceptive use. Singulate mean age at marriage (SMAM) for females has increased from 16.9 in 1951 to 22.9 in 2001, though there are signs in 1990s of a stabilisation of marriage ages (Table 3).

Table 2

Trends in Age-specific and Total Fertility Rates, Pakistan

Project	PFS 1970–75	PCPS 1984	PDHS 1986–91	PCPS 1994	PFFPS 1992–96	PRHFPS 2000-01
15–19	104	64	84	44	83	65
20–24	266	223	230	227	249	211
25–29	314	263	268	307	278	258
30–34	264	234	229	243	215	206
35–39	204	209	147	179	148	128
40–44	93	127	73	92	75	61
45–49	8	71	40	36	[24]	26
TFR	6.27	5.95	5.4	5.64	5.36	4.8

Source: Hakim, *et al*. (2001).

Table 3

Trends in Singulate Mean Age at Marriage for Males and Females

Survey	Census 1951	Census 1961	Census 1972	Census 1981	PDHS 1991	PFFPS 1997	PRHFPS 2000-01
Male	22.3	23.6	24.9	25.0	26.3	26.54	27.1
Female	16.9	18.1	19.8	20.7	21.6	22.01	22.7

Source: Hakim, *et al*. (2001).

Fertility and mortality would be the main factors in changing the future demographic outlook of Pakistan. The assumptions of total fertility rate and life expectancy at birth by sex for three projection variants are at Table 4. The population size and growth under high, medium and low variants population projection for Pakistan are presented in Table 5. According to the high variant population projection, if in 1998 the total fertility rate (TFR) of 5.0 children per woman declines to 2.6 children per woman, by the year 2023, Pakistan's population will be 217 million and growth rate will be 1.5 percent. This would happen if we assume that the family planning programme will not have much success. In the medium variant projection, Pakistan's population will reach 212 million with growth rate of 1.4 percent per annum and TFR of 2.4 children by the year 2023. This is the most likely scenario to occur if our current progress in the field of family planning and socio-economic development is sustained.

Table 4

Assumptions of Total Fertility Rate and Life Expectancy at Birth, by Sex and Projection Variant, Pakistan 1998 to 2023

	Total Fertility Rate			Life Expectancy for All Variants		
Years	High Variant	Medium Variant	Low Variant	Total	Male	Female
1998	5.0	5.0	5.0	61.7	61.9	61.4
2003	4.2	4.0	3.7	64.0	64.1	63.9
2008	3.6	3.4	3.2	66.4	66.4	66.3
2013	3.2	3.0	2.8	68.5	68.5	68.6
2018	2.8	2.7	2.4	70.6	70.5	70.8
2023	2.6	2.4	2.1	72.6	72.4	72.9

Table 5

Population Size and Growth, High, Medium, and Low Variants, Population Projection, Pakistan 1998 to 2023

	Total Population			Annual Growth Rate		
Years	High Variant	Medium Variant	Low Variant	High Variant	Medium Variant	Low Variant
1998	133.2	133.2	133.2	2.4	2.4	2.4
2003	149.3	148.6	147.5	2.2	2.1	1.9
2008	166.0	164.2	161.7	2.1	1.9	1.8
2013	183.4	180.3	176.6	1.9	1.8	1.7
2018	200.5	196.4	190.8	1.7	1.6	1.4
2023	217.1	212.2	203.7	1.5	1.4	1.2

Pakistan, however, should aim to achieve replacement level fertility, that is, 2.1 children per family by the year 2023, through strong family planning and socio-economic development programmes. In such a scenario the population of Pakistan will be 204 million by the year 2023. However, even with 2.1 children, the population will be growing at 1.2 percent per annum during 2003 due to the high fertility and young age structure of the past contributing to a built in momentum that would lead to growth in our population for many years to come. Even after 2023 Pakistan's population will continue to grow for another 3-4 decades. Hence, it will take almost 50–60 years from now onward to stabilise the population of Pakistan. It is therefore exigent for us to redouble our efforts in making the Population Welfare Programme a success and also accelerate our efforts for socio-economic development, particularly in the area of education and gainful employment for females so that desired decline in fertility is achieved.

6. CONCLUSION

Pakistan faces a daunting challenge, with 142.5 million people. It is currently world's seventh largest country and third biggest contributor to world population growth. Although there has been recognition in the planning for population problem and controlling through family planning programme, yet fluctuating political commitment and frequent changes in the programme strategies have adversely affected the performance of the programme at many occasions.

The family planning efforts in Pakistan remained trapped in a vicious cycle for a long period of time. Fluctuating political support and frequent changes in programme strategies, particularly from 1970 to 1990, also contributed to ineffective programmes. Sustainability and continuity in political support and programme strategies to great extent during 1990s made few experts to argue '1990s as turning point for family planning in Pakistan' [Hakim and Miller (1996)] when CPR use doubled from 12 percent in 1990-91 PDHS to 24 percent in 1996-97 PFFPS. The latest result of 2000-01 PRHFPS, also demonstrates upward rise in CPR to 28 percent, yet the increase is not as substantial as witnessed during 1991–97. The main reason apparently appear being the slow programme implementation, weak coordination between health and population welfare sectors, and inadequate supervision in the field during the last few years.

The new set up proposed by the Review Committee although brings health and population welfare very near in operational terms as grass root workers have been brought under one umbrella—Ministry of Health, there is need to gear up the functional efficiency of the cadre by Ministry of Health. The Ministry of Population Welfare also needs to consider to fill the missing gap between clients and service providers in the absence of any grass root workers. Enhancing male involvement through male workers and involving local elected representatives and other local volunteers may be possible options to fill this gap.

Pakistan's programme need to get out of administrative approach to service oriented approach and support MoH to extend maximum clinical facilities to the far flung population. Given the facilities of services at the nearby and meeting existing large magnitude of unmet need would certainly accelerate CPR affecting fertility decline. Early we achieve desired decline in fertility more nearer we would be in population stabilisation targets.

Appendix 1

Inclusion of Demographic Data, Recognition of Population Problem and Population Policies in National Development Plans of Pakistan, 1955–2003

	Five-year Plans								
Description	1955 to 1960 (1)	1960 to 1965 (2)	1965 to 1970 (3)	1970 to 1978 (4)*	1978 to 1983 (5)	1983 to 1988 (6)	1988 to 1993 (7)	1993 to 1998 (8)	1998 to 2003 (9)
A. Demographic Data									
1. Rate of Population Growth	X	X	X	X	X	X	X	X	X
2. Estimate of Fertility	X	X	X	X	X	X	X	X	X
3. Estimate of Mortality	X	X	X	X	X	X	X	X	X
4. Projection of Future Population	X	X	X	X	X	X	X	X	X
5. Estimate of Current School Age Population			X	X	X	X	X	X	X
6. Projection of Future School Age Population			X	X	X	X	X	X	X
7. Estimate of Current Working Age Population			X	X	X	X	X	X	X
8. Project of Future Working Age Population			X	X	X	X	X	X	X
B. Population Problem									
1. Recognition of Any Type of Population Problem	X	X	X	X	X	X	X	X	X
2. Growth of Working Age Population Viewed as Population Problem			X	X	X	X	X	X	X
3. School Age Increase Viewed as Population Problem	X		X	X	X	X	X	X	X
4. Economic Growth Reduced by Population Growth			X	X	X	X	X	X	X

Continued—

Appendix 1—(*Continued*)

5. Population Pressure on Social Services	X		X	X	X	X	X	X	X
6. High Dependency Ratio			X	X	X	X	X	X	X
7. Population Pressure on Health Services			X	X	X	X	X	X	X
8. Population on Problem on Housing					X	X			
9. Population Pressure on Individual and Family Welfare			X	X	X	X	X	X	X
10. Population Pressure on Food or Agriculture	X	X	X	X	X				
11. High Population Density Viewed as Problem									
C. Population Policies									
1. Support of Family Planning for Demographic Reasons	X	X	X	X	X	X	X	X	X
2. Integration of Family Planning with Health Services		X	X	X	X	X	X	X	X
3. Population Growth Targets			X	X	X	X	X	X	X
4. Extension of Family Planning Services			X	X	X	X	X	X	X
5. Socio-Economic Development and Fertility Decline									
6. Family Planning Acceptors Targets			X	X	X	X	X	X	X
7. Family Planning Education									
8. Population Education						X	X	X	X

Continued—

Appendix 1—(*Continued*)

Description	Five-year Plans								
	1955 to 1960 (1)	1960 to 1965 (2)	1965 to 1970 (3)	1970 to 1978 (4)*	1978 to 1983 (5)	1983 to 1988 (6)	1988 to 1993 (7)	1993 to 1998 (8)	1998 to 2003 (9)
9. Delay of Marriage to Reduce Fertility									
10.Use of Mass Media for Family Planning Information						X	X	X	X
11.Motivation Schemes for Small Families									
12.Policies on Abortion									
13. Family Planning Incentives			X	X					
14. Improved Status of Women and Fertility Decline						X	X	X	X
15. Comprehensive Population Strategy			X		X	X			X
16. Pronatalist Policies									

Source: Planning Commission (1955, 1960, 1965, 1970, 1978, 1984, 1988, 1993, and 2003).
Note: * Including three years non-plan period.

REFERENCES

Ahmad, Wajiuddin (1971) Field Structure in Family Planning. *Studies in Family Planning* 2:1.

Davis, Kingsley (1951) *The Population of India and Pakistan*. Princeton: New Jersey, Princeton University Press.

Family Planning Association of Pakistan (n. d.) *Annual Report 1988*. Lahore.

Family Planning Division (1969) *Proposals of The Family Planning Division for Family Planning Sector During the Fourth Five Year Plan 1970-75*. Islamabad.

Hakim, Abdul (2000) Population Change and Development Prospects: Demographic Issues in Pakistan. In Pakistan's Population Issues in the 21st Century, Conference Proceedings, October 24th–26th, 2000, Karachi, Population Association of Pakistan.

Hakim, Abdul, and Peter C. Miller (2000) Family Planning in Pakistan: A Turning Point, Fertility Transition in South Asia. In Zeba Ayesha Sathar and James F. Philips (eds) *International Studies in Demography*. Oxford University Press.

Hakim, Abdul, John Cleland, and Mansoor-ul-Hassan Bhatti (1998) *Pakistan Fertility and Family Planning Survey 1996-97*.

Hakim, Abdul, Mehboob Sultan, and Faateh ud din (2001) *Pakistan Reproductive Health and Family Planning Survey, 2000-01*. Islamabad: National Institute of Population Studies.

Health, Labour and Social Welfare (1970) *Family Planning Scheme for Pakistan during the Third Five Year Plan Period, 1965–70*. Rawalpindi.

Jillani, M. S. (1987) The Population Policy Imperatives—The Pakistan Experience. Islamabad: National Institute of Population Studies. (Occasional Series Papers No. 7.)

Khan, Aysha (1994) A History of Pakistan's Population Policy, Pakistan Case Study submitted to Centre for Population Studies, London School of Hygiene and Tropical Medicine. London.

Labour and Family Planning Division (1969) *Family Planning in Pakistan*. Islamabad.

National Institute of Population Studies (1998) *Population Growth and Its Implications on Socio Economic Growth, RAPID Presentation*. Islamabad: National Institute of Population Studies.

National Institute of Population Studies (2000) *Evaluation of Village Based Family Planning Workers Scheme in Pakistan*. Islamabad: National Institute of Population Studies

National Institute of Population Studies (2001) *Pakistan Fertility and Family Planning Survey, 1996-97*. Islamabad: National Institute of Population Studies.

Pakistan, Government of (1965) *Family Planning Scheme for Pakistan During the Third Five Year Plan Period, 1965-70*. Rawalpindi: Ministry of Health, Labour and Social Welfare.

Pakistan, Government of (1999) *Population and Development Pakistan Country Report for ICPD +5*. Islamabad: Ministry of Population Welfare.

Planning Commission (1957) *The First Five-Year Plan, 1955–60*. Karachi.

Planning Commission (1960) *The Second Five-Year Plan, 1960–65*. Islamabad.

Planning Commission (1965) *The Third Five-Year Plan, 1965–70*. Islamabad.

Planning Commission (1970) *The Fourth Five-Year Plan, 1970–75*. Islamabad.

Planning Commission (1978) *The Fifth Five-Year Plan, 1978–83.* Islamabad.

Planning Commission (1984) *The Sixth Five-Year Plan, 1983–88.* Islamabad.

Planning Commission (1988) *The Seventh Five-Year Plan, 1988–93*. Islamabad.

Planning Commission (1994) *The Eighth Five-Year Plan, 1993–98*. Islamabad.

Planning Commission (2001) *Ten Years Prospective Development Plan 2001–2011 and Three Years Development Programme 2001–2004*. Islamabad.

Population Census Organisation (1998) *Population and Housing Census of Pakistan 1998*. Islamabad: Population Census Organisation.

Population Division (1981) *Fifth Five-Year Plan, Population Welfare Planning Plan 1980-83*. Islamabad.

Population Planning Council of Pakistan (1976) *Pakistan Fertility Survey, First Report*. Islamabad.

Population Reference Bureau (2000) *World Population Data Sheet*. Washington.

Population Welfare Division (1983) *Population Welfare Programme, A Document on Sixth Five Year Population Welfare Plan 1983–88*. Islamabad.

Population Welfare Division (n. d.) *PC-I: Population Welfare Programme Federal Activity (1988-93)*. Islamabad.

Robinson, W. C. (1966) The Family Planning in Pakistan's Third Five-year Plan. *The Pakistan Development Review* 6:2, 255–281.

Robinson, W. C. (1978) Family Planning in Pakistan, 1955–77, A Review. *The Pakistan Development Review* 17:2, 233–247.

Robinson, W. C., Makhdoom A. Shah, and Nasra M. Shah (1981) Family Planning Programme in Pakistan: What Went Wrong? *International Family Planning Perspective* 7:3.

Rosen, James E., and Shanti R. Conly (1996) *Pakistan's Population Programme: The Challenging Ahead*. Washington, D. C.: Population Action International.

Stamper, Bruce Frederick Maxwell (1979) Demographic Consideration and Population Policies in Developing Countries: A Survey of Third World Countries with Case Studies of Bangladesh and Pakistan. Ph.D. Thesis. The London School of Economic and Political Science, University of London, London.

The Muslim (1989) Watching Girls in Action Condemned. In *The Muslim*. 21 October, Islamabad.

Training Research and Evaluation Centre (n.d.) *National Impact Survey Report*. Lahore: Population Council of Pakistan.

Tufail, Zeba (1991) Abida Seeks Ulema's Cooperation in Population Control Plan. In *The Pakistan Times*, 26 June.

United Nations (2000) *Population Bulletin of the United Nations: Below Replacement Fertility*. New York: Population Division, United Nations.

World Bank (1983) Staff Appraisal Report, Pakistan Population Sector, Document of the World Bank. Washington, D. C. (Report No. 4166-Pak.)

Comments

Dr Abdul Hakim deserves appreciation for presenting a paper on a subject which very few people endeavour to write about. The main objective of the paper is to assess how the population policies of Pakistan were changed over a period of time. Contrary to this, the author has searched for and brought forth the shifts in the interventions/strategies framed to bring down the population growth rate during the last forty years. The review presented shows that there was no documented explicit population policy of Pakistan. However, a few of the plans mention some concern for high population growth. According to the author:

- The First Five-year Plan 1955-60 did not make any specific recommendations to start Family Planning in Pakistan. It only recognised the importance of population growth for economic development. However, no practical measures were taken to check the fast population growth.
- The Second Five-year Plan 1960–65, recognised the need for a population policy and health programmes were designed to influence social attitudes of the people and practice of family planning was encouraged.
- Under the Third Five-year Plan 1965–70, independent family planning department was established. However, no Population Policy was approved.
- In the Fourth Five-year Plan, policies for social justices and equal distribution of income were designed which emphasised 3 aspects of the economy (Family Planning, Education and Rural Development). These interventions were directly related to population policy but still there was no explicit population policy of Pakistan was approved.
- According to the author, Fifth Five-year Plan was not a bold document for Family Planning.
- The Sixth Five-year Plan concisely admitted the failure to pursue an effective population policy and formulated a population policy.
- The Seventh Five-year Plan 1987–92 was a continuation of the population policy adopted in the Sixth Five Year Plan.
- The Eighth Five-year Plan, 1992–98 adopted a multi-sectoral approach, but no population policy document approved.
- The Ninth Five-year Plan 1998–2003 again recognised the serious implications of high fertility and rapid population growth, and on the recommendations of the ICPD, the Population Welfare Programme adopted holistic and multi-sectoral approach to deal with high population growth.

The review of this section of the paper titled "recognition in the development plans" shows that economic planners were well aware of the problem of population growth from the very beginning and expressed their concern in different planning documents but there is no evidence of any explicitly formulated Population Policy of Pakistan. The whole review of these developments plans shows that there were different strategies/interventions adopted to slow down the population growth rate but during those years no explicit population policy was approved by the cabinet. Therefore, it would not be fair to say that there was any shift in the population policy of Pakistan. Nevertheless, Ministry of Population Welfare is in the process of finalising the first ever cabinet approved Population Policy of Pakistan that is likely to be published in 2002.

In the political commitment section, author mentioned the fluctuation of the political well of different leaders, such as their speeches and rhetoric but the author did not mention that why those words were not put into practice. What were the limitations? Were there lack of financial resources, human resources or critical mass was not available within and outside the programme. It is to mention here that in Pakistan there are no such institutions where the society can get the education on demography or population issues.

Furthermore, author missed to mention a very important phase of the Population Welfare Programme when the Programme remained a part of the Social Sector and was covered under the Social Action Programme funding. Which tells the priority of the Government of Pakistan to Population Welfare Programme.

The author in the next section has mentioned the demographic goals set for the 10 year Perspective Development Plan of Planning Commission but did not analyse it that how realistic these goals are: for example, Decline of population growth rate from 2.17 percent in 2001 to 1.82 percent in 2003, i.e. a decline of 0.35 points in three years. On the other hand, the population growth rate set for the year 2011 is 1.6. i.e. a decline of 0.2 points in 7 years. Same is the case for CPR; 30 percent in 2001 to 43 percent in 2003 i.e. an increase of 13 percentage points in 3 years, whereas, CPR the increase of 10 percentage points in next 7 years.

In the next section, "Prospects of Population Stabilisation", the author also presented three variants of twenty-five years population projections of Pakistan. The source of projections is not mentioned in the paper. In these projections, author has recommended that Government of Pakistan should aim to adopt the "Low Variant" estimates (the same parameters adopted by the Planning Commission for the Perspective Plan). Let us analysis the low variant estimates;

There was an annual population growth rate of 2.4 percent in 1998, 1.9 percent in 2003, and 1.8 percent in 2008, 1.7 percent in 2013 and 1.2 percent in 2023. This shows the decrease of 0.5 percentage points in first five years 1998–2003; 0.1 percentage point decline in next five years 2003–2008; and again 0.1 percentage

point decline in next five years 2008-2013; and decline of 0.5 percentage points in next ten years.

It may be mentioned here that the goals of 10 Year Perspective Development Plan of Government of Pakistan is based on the above population projections. My comment on these projections is that the drop of 0.5 percent points in the population growth rate during the five-year period and then the drop of 0.1 percentage points for next 5 years, and so on, is not supported by the author with any specific interventions by the government.

In the conclusion, the author mentioned the reasons for weak programme implication during the last few years that among others is weak coordination between Health Departments and Population Welfare Sector. He also mentioned that the disruption in mass media campaign and the inadequate supervision in the filed are also responsible for not producing good results by the Programme. I don't think that the coordination between the two sectors were stronger in the longer past compared to the recent past. And there was no disruption in the mass media campaign. Ministry of Population Welfare is designing and running its IEC as usual; therefore, the author's argument is not based on any empirical evidences. One must be very careful in making sweeping statements in the conclusion.

Having said that, I would like to thank Dr Hakeem that he has provided such a useful discussion paper that would guide the population welfare programme managers to formulate any future population programme.

Muhammad Arshad Mahmood

Ministry of Population Welfare,
Islamabad.