



Pakistan's devolved family planning services : poor governance may be the main issue

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Abstract

Regardless of the declining rates of fertility in the late twentieth century, the population growth rate in Pakistan is the highest in the region and only surpassed by sub-Saharan Africa across the globe. The main reasons are access for poor women in villages due to shortage of outlets and outreach programs and poor service provision due to lack of equipment, inefficiency to retain staff and overload of other responsibilities like polio campaign. A fear of side effects, health concerns, low female literacy rate, weak women autonomy and high mortality rates are important deterrents from usage of family planning services. Researchers have summed up the difficulties of Pakistan in this matter as, "a reluctance or inability to translate reproductive preferences into appropriate behaviour." The government and ministries mutual cooperation in articulating policies helps in role clarification with respect to population planning. Advocacy at the district, provincial and federal levels is required counselled by medical research along with social objectives by liaising with states with experience of tackling the same issue to analyze performances based on accomplishment of specific FP indicators.

Keywords: Fertility; Autonomy; Mortality; Reluctance; Advocacy.

1. Introduction

1.1. Overview

The population of Pakistan was estimated at being more than 188 million in 2014 making it as the sixth most populous country of the world. The population has increased by four folds since the national census of 1951, whereas this growth was seven times in urban areas. Regardless of the declining rates of fertility in the late twentieth century, the population growth rate in Pakistan is the highest in the region and only surpassed by sub-Saharan Africa across the globe. The rate of population growth in Pakistan stood at 1.49% in 2014 making it within the top 35% in the world. In General Musharraf's regime in the year 2000, the government started an appraisal of the Family Planning Program (FPP), which resulted in the announcement of National Population Policy in 2002. This policy planned numerous extended objectives including the aim of giving access to family planning services to everyone by 2010 and reducing the fertility rate to 2.2 by 2020. The policy failed to meet any of its goals as the soaring figures suggest. The main reasons are access for poor women in villages due to shortage of outlets and outreach programs and poor service provision due to lack of equipment, inefficiency to retain staff and overload of other responsibilities like polio campaign. A fear of side effects, health concerns, low female literacy rate, weak women autonomy and high mortality rates are important deterrents from usage of family planning services. It implied that shaping of numerous socioeconomic factors from the past ten years had not been earnestly braced resulting in the stagnation of accomplishment and outcome of family planning policies. Many surveys reveal that the reason for these declines is the unmet FP need.

The %age of women who did not desire more children rose from 40% in 1991 to 52% in 2007 and a further 20% expressed the wish to extend the birth gap. In 2007, it was demonstrated that 96% of Pakistani women were aware of contraceptive measures but only 30% were using it, showing unmet needs gap for FP preference. In an analysis of abortion practices, issues of unmet needs of FP were also discussed and shown that irrespective of laws restricting such activities, literate women were more involved in taking these services as a FP option thereby risking their physical and mental health. In 2010, after a far-reaching round of debate and meditating with numerous stakeholders, the government of Pakistan Peoples' Party (PPP) established the new National Population Policy. Featuring governance, also many devolution reforms were put to function by the government, redistributing power from the federal level to the provinces. Consequently, various functions of Population Welfare Ministry were devolved to institutions under the provincial governments' purview. The breakup did not yield satisfactory results therefore several functions were handed over to the federal government's Planning and Development Division which was meant to finance the Population Welfare Program. Furthermore affairs linked to FP and reproductive concerns were now being handled by provincial ministries having conflicting priorities. Despite diverging interests of provinces, short term effect of bureaucracy involved different ministries and institutions which resulted in slowing down efforts.

1.2. FP Policies relative success in the 1990s

In the 2000s the use of contraceptive rose to 30% by 2007 as compared to 1990s. "Ladies and gentlemen, I dream of a Pakistan, of an Asia, of a world where every pregnancy is planned, and every child conceived is nurtured, loved, educated and supported,"

Prime Minister Benazir Bhutto. The International Conference on Population and Development (ICPD) was one of the turning point events in the 1990s. This hurried the pursuit of the implementation of family planning policies. The ICPD's formulation indicated that despite Ministry of Population Welfare two other initiatives have important effect on population rates. The building of National Trust for Volunteer Organisations, responsible for connecting the work of NGOs and other civil society forces. The installment of the LHW programme was the second initiative, which provided several mid-level cadre health care staff travelling door to door in rural areas to create FP awareness and teach its uses.

An important aspect of ICPD's efforts to redefine FP was to focus reproductive health which resulted in withdrawal of support by the donors. The government continuing support in funding the programmes increased contraceptives usage from 11% in 1991 to 28% by 2000. 6% to 22% increase in rural areas and 26% to 40% change in urban localities. As one researcher describes: "the fertility transition is argued to have occurred as a crystallisation of existing desires for smaller families along with a decline in family size desires and a reduction in the social, cultural and psychic costs of contraception." Some people argue that the socio economic development, increase in female literacy rate and increase in awareness of the advantages of FP helped in the attainment of decreasing fertility rate. Regardless of this progress, Pakistan still has the highest fertility rate in the region of South Asia and is regarded as the last major country to attain the fertility transition. Researchers have summed up the difficulties of Pakistan in this matter as, "a reluctance or inability to translate reproductive preferences into appropriate behaviour."

2. Literature review

2.1. Effective population policy

An effective population policy is necessary for the maximization of positive outcome on the development efforts. As Pakistan is an underdeveloped country, they highly require programs for their social and economic development. In developing countries rise in population bring social problems like increase in poverty, degradation of environment, ill health, unemployment and illiteracy. Successful nationwide family planning programs help in the world population growth rate. Pakistan stands as number third country among the top ten contributors of world population during 1995 to 2000 (Fakhri, 2001). State made Policy that focus only on family planning but the family planning is effective when the population on large scale are motivated and have desire for having small families. The desire and motivation of any individual is influenced by their culture, religion, social norms, education and other factors. Fakhri (2001) name all these factors as knowledge factors in his study. He suggested that population policy should focus on increasing these knowledge factors in country through education and advocacy.

According to Dudley seers (1969), the meaning of development is to focus on poverty, unemployment and inequality. If all these three factors are going down highly means country is in development phase and if any one or all three are facing worse increasingly than country go beyond the development phase. Similarly Dr. Farid Midhat (demographer) sees a clear relationship among population, poverty and inequality. The two statements of Dudley Seers (1969) and Dr. Farid show that there is a direct relationship between population and development of state. In the early era of world war two, development is viewed in terms of increase in per capita income but this concept has been changed gradually over the period of time in growing economy. Many researchers and economist find that there is a clear relationship between population and poverty, population and inequality and population and unemployment (Zofeen, 2015) and that these are the factors of development accordingly (Dudley seers). Economic growth is not the only factor of development there are so many other measures of development in which one is human development factor. The

human development factor relates to the population. If people of the state are educated, healthy, have jobs and are able to fulfill their basic necessities then they ultimately contribute in the economic growth of country. Poverty, literacy rate, gender equality etc. are the factors of human development means contribution in economic growth through human capital (Kalsen & Jones, 1999). The role of population is very important for the underdeveloped countries that's why the effective population policy is necessary for Pakistan.

Pakistan economic growth rate in 1980's is higher than India but in the era of 1990's the Indian economic growth rate is double as compared to Pakistan growth rate, the reason is they invest their wealth in the population education and from the last decade their literacy rate is going up. Mean state should take decision about the wealth of the population and take those measure that help to make system in which each individual contribute and play its role in the productivity of the economy. Pakistan has less successful family planning program in lack of the use of contraceptive prevalence and decline in birth rate. Fertility decline factor is based on so many other factor it is not only based on increase in contraceptive use as Jakarta and East Java have low fertility rate and low contraceptive use. Indonesia has flexible, innovative and community involvement effective family planning programs that reduce fertility bring change in a family preferences and increase use of contraceptive.

2.2. Population and economic growth

Economists thought that growth is not only based on macroeconomic variables of the country, there are some other social and political factors that influence the growth of the country. Researches think beyond, they analyzed that from last few years population impact on economic growth is an important issue that is getting the key attention of the researches. Economist suggests that rapid increase in demographic growth is creating problem in the long run for the country. Some researchers and economists have often ignored the demographic process in the development process of economy. Bloom and Canning (2001) suggest that the relationship of economic growth and population helps to trap the poverty. The decline in fertility rate of developing countries in Asia and Latin America helped to reduce dependency ratio due to which economy can grow. This is also classified as demographic dividend (Zofeen, 2015 & Minh, 2012). Strauss and Thomson (1998) show that the healthier worker is likely to be more revenue generating or productive. Decline in mortality rate means health gains that enhance the productive capacity of population. Mortality decline shows that state controls the death rate due to infection diseases and also shows improvement in nutritional status of children which leads to them productive human capital. Some researchers argue that this fertility decline causes increase in old age, population dependency like in case of Japan and Europe (Bloom et al, 2009). If country suffering from this kind of fertility decline in which fraction of young age equal to fifteen years and below is less than old age population, have less opportunity of economic growth. But there are some evidences that conclude that fertility decline helps in increase in children health in terms of consumption of goods and nutrition status and education. Furthermore, rapid growth in population can also cause negative impact on environment, soil erosion, loss of fuel wood, lack of forest etc. Minh (2012) study statistically analyzes the significances of population. He concludes that the per capita income of GDP is linear and negatively related to the population of developing countries and also concludes that decline in fertility rate affect the age structure of the population and have no significant impact on economic growth. Similarly James and Steve (1993) analyze the impact of population growth and fertility rate on the economic productivity of the economy. They use 107 country panel data and conclude that the high birth rate decrease the growth of the economy.

Countries that deals with the fastest growing rate of population face the problem of weak administrative infrastructure. They take

long period of time for the improvement of data set. They need to pay attention to the growing population that cause to reduce the economic growth.

2.3. Depletion of global resources

Some studies have been done that focus on the problem of increase in population growth to environment (Fred Magdoff, 2011). Increase in population cause depletion in global resources like shortage of water, forest, minerals and other natural resources. Scientist and environmentalist give two different ways of environment problem, one is sources and other is sink due to increase in population. Shortage of sources that create problem of depletion and lack of sink that create problem of absorption of waste from industrial population that is harmful for the environment. In 1972 population growth study focus on mainly sources but today environmental more concern about the problem of sink because of climate changes. In eighteenth century Thomas Malthus analyze the shortage of foods in relation to rapid increase in population growth rate that was transformed in to environments theorist in twentieth century. They argue that the current and future shortage of consumption of resources overshooting the caring capacity on earth. Countries in which Population whose initial concern is use of resources and overpopulation are mainly pays its efforts on birth rate control through family planning and contraception used by women.

2.4. Dynamics of population

The population growth can be classified into three main components; one is unwanted fertility in which population is unable to fulfill the desired need. Second is desire of large family size and third is momentum of population which means that after achieving the level of fertility, the population is continuously growing and this is because of more young people in the population. The unwanted fertility is an important component in population growth for developing countries. Unwanted fertility is a good proxy for the gap between family desire and actual family size. To resolve this problem, policy should be based on those measures that control the desire of the population rather than focus on the use of contraception. Desire of the population means husband's preference, religious point of view and lack of knowledge. To overcome this desire of large family, state must give education and create awareness about the health of women and child among the population. This problem of desired large family arises due to socio economic factors. In developing Islamic countries like Bangladesh, Iran and Indonesia can decrease their fertility rates to 3.1, 2.8, and 2.6 as compare to Pakistan fertility rates that is about 5. Bangladesh, Iran and Indonesia are more emphasized on knowledge factors. While in case of Pakistan the large family size is due to lack of effective knowledge factors that control this component of population growth.

Population momentum component is very significant in context of Pakistan. 40% of the population is under the age of fifteen in Pakistan. Even Pakistan achieve the replacement level of fertility rate but still they are unable to control population growth because of young people (under 15 age) in population. This problem requires attention towards birth spacing and improvement in socio and economic opportunity of women.

3. Recommendations

3.1. According to Mehboob-ul-Haq

Population growth is a developmental issue, not a clinical problem. No one denies today that top priority must be given to reducing high rates of population growth in the developing world. The differences are on strategies, not on objectives. Family planning must be regarded as an integral part of new models of sustainable human development. Divorced from such development models, and

pursued as condom-distribution programmes with single-minded zeal to meet 'unmet demand' they will fail. We cannot slip a condom on poverty.

Those countries which are successful in achieving FP policies implemented a holistic approach to FP development that helped in bringing about a social change with the help of several directives resulting in lower fertility rates. Empirical evidences suggest that socio-economic conditions, educational improvements and also access to FP programmes are crucial in determining low fertility. Hence, the major goals of an efficient and sustainable FP policy must be decreasing the rate of unwanted pregnancies, reducing the desire for large size families and higher expenditure in health education especially for females. In Pakistan these objectives can be achieved by improving the quality of existent services, participation of stakeholders and investing in health education by improving citizens autonomy. Employing researchers, unmet population planning needs to be evaluated especially regarding women already benefiting from these services. In addition, enhancing sustained investment by invigorating LHWs' agendas should be a top priority because of its ability to regard other issues of reproductive health. The programme can be made robust and sustainable by addressing the issues of overburdened workers, greater turnovers and rising inefficiencies owing to lack of resources. Investments should be made to improve the knowledge and reach within communities of the LHWs' and several cadres ranging from Nurse Midwives (NMWs) to Traditional Birth Attendants (TBAs) as varied forms of culture and traditions prevailing in the country require reproductive needs to be sought from women. Consequently, streamlining deliverance of services at several outlets for effectiveness by circulating awareness about advantages of population policy to the whole family through media and religious leaders regarding families' preferences, their beliefs, behavior and sources of livelihood.

The government and ministries mutual cooperation in articulating policies helps in role clarification with respect to population planning. Advocacy at the district, provincial and federal levels is required counselled by medical research along with social objectives by liaising with states with experience of tackling the same issue to analyze performances based on accomplishment of specific FP indicators. Furthermore, coordination of functions is urgently needed to align FP policies for each province with the health ministry's agenda and their impact on national development goals. The role of private institutions should also be recognized as they are now the major provider of contraception provision. Finally investment in health education of young women is the most important aspect of success in FP programmes as well as providing employment opportunities to females thereby helping them in their career development. The country's young, working age cohort population can help in rapid economic development provided education and employment opportunities. If these steps are not ensured Pakistan who is having potential of utilizing young talent may drive its youthful population to criminal or terrorist activities. Similarly, a society based on equitable economic rights also helps in reducing fertility rates, decreasing underage weddings and change power structure regarding FP decision in a joint family system. These are the efficient steps for establishing a coherent and flourishing population policy and yet their purview lies well beyond the responsibilities of institutions as they currently stand. Consequently, there is a need of making population policies as an important part of social development affairs, which can be accomplished by synchronizing sexual and reproductive health education and cooperation between different institutions for greater national goal.

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