Policy Recommendation to Reduce Total Fertility Rate in Pakistan

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Executive Summary

With total fertility rates (TFR) above the replacement level, Pakistan lags behind other countries in South Asia (except Afghanistan) in controlling population growth by. If not managed properly, increasing population will hinder Pakistan’s economic development. This memo evaluates three options for Pakistan’s health sector to effectively reduce the TFR.

1. Devolve family responsibility to provincial level of the government. This policy will not be effective because a nationwide uniformity is necessary in compelling local administration to implement health-related policy.

2. Maintain the status quo. This option will result in a disastrous over-population and Pakistan will be the fifth most populated country by 2050.

3. Implement nationwide compulsory premarital contraception counseling (Recommended). Contraception counseling provided by trained family/ general physicians and conducted prior to marriage will better inform couples with choices of contraception. This will also contribute to meeting the unmet need for contraception and reducing unwanted fertility.

If the recommended policy is in place, there will be a surge in need for health facilities in villages offering contraception counseling. The need will feed back to the governments on the provincial level to allocate more funds in improving health facilities and contraceptive services. In the meantime, the mandatory contraception counseling does not interfere with couples’ choices around childbearing so that it will experience less religious and cultural opposition.
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Background

With the population quadrupling over the past five decades, Pakistan has become the sixth most populous country in the world (Central Intelligence Agency, 2013). 34% of the population is below fifteen years of age, which indicates high fertility in the past (Figure 1). The 2010-2015 TFR is estimated at 3.22 births per woman, far above the replacement level (United Nations, 2013). Pakistan’s high fertility rate and its rapid increase in population will jeopardize the health of mothers and children and have negative consequences for investment in children’s education (Cochrane, Kozel and Alderman, 1990). In the long run, this will result in an increasing illiteracy and unemployment, fewer available resources per capita and overburdened health facilities. As a consequence, a high fertility rate is an emergent issue that needs to be addressed by the Ministry of Health. This paper will evaluate three policy options and offer a viable solution to slow down population growth in Pakistan.

Analysis

Pakistan was among the pioneer countries in Asia in starting a family planning program more than five decades ago, but fertility has declined more slowly in Pakistan than in most other Asian countries (Figure 2). 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. If no measures are taken, Pakistan is projected to move to fifth place in 2050 with 292 million people, after India, China, the United States, and Indonesia (United Nations, 2013).

Since the mid-1960s, the Government of Pakistan has expressed concern about population
pressures. However, little progress has been made in the delivery of population control services. The main ingredients of the failure have been a lack of resources and commitment to the family planning program, frequent changes in its structure, and poor access to family planning facilities (Karim, 2011).

The government’s population policy in 2002, aiming to reduce fertility to replacement level of 2.2 by 2020, has become unachievable in the planned time (NIPS, 2008). In fact, current trends in fertility indicate the replacement fertility target will not be achievable even by 2030 (Sathar & Zaidi, 2009). Given the pressure of population control, a major change in the government took place in 2010; the 18th Amendment to the Constitution calls for all programs, including health and population, to be the sole responsibility of the provinces and, therefore, the Ministry of Population Welfare has been devolved and its functions transferred to the provinces. Consequent upon devolution, provinces have taken over all the responsibility of providing family planning services.

Devolving family planning to the provincial level is a viable option to lower the TFR as each province can adapt policies to its development goals. However, there will be huge challenges because the provinces are cash strapped and don’t have provisions for providing family planning services. The family planning programs were implemented on a national level for more than five decades and this sudden change is imposing challenges on provincial governments delivering effective services. In addition, when the responsibilities of the federal Ministry of Health were shifted to the provincial level in 2011 as a result of the 18th Amendment, family planning services were further disrupted (Nishtar, 2011). The ineffectiveness of devolving responsibilities is further proved by the failures of provincial
health services and the reinstallment of Pakistan’s national health sector in April, 2013 (Maqbool, 2013).

Another option, supported by the demography transition theorists, is to maintain the status quo. They argue Pakistan will follow the demography transition pattern and experience fertility decline quickly. However it is not a feasible policy to address high TFR above the replacement level. In fact, the decline is taking place as shown in Figure 2, but more efforts should be taken to control the population in order to ensure stable economic growth in this country.

Given the above inadequate alternatives, a uniform national policy is in need to set minimum standards and instruct provinces in formulating population policies. The government should emphasize the commitment to informed choice in available family planning and reproductive health services. I propose premarital contraception counseling provided by trained family/general physicians be made mandatory before marriage. This policy will be viable based on the three reasons that follow.

First, there is an unmet need for contraception among married women in Pakistan. The results of the Pakistani government’s 2006-07 Demographic and Health Survey disappointingly indicated a contraceptive prevalence rate of 27%, with unmet need for contraception at 25% (NIPS, 2008). The Survey also shows that due to lack of access to contraception, many couples ended up having more children than they wanted. If unwanted births could be eliminated, the total fertility rate in Pakistan would be 1.1 births fewer ((NIPS, 2008). A premarital visit to trained doctors will inform couples of available contraceptive choices and places where they can obtain contraceptive services. Doctors and nurses will be fully updated
and conversant with all the modern and effective contraceptive methods.

Second, the compulsory policy will require each province to allocate more funds in providing higher-quality and more accessible healthcare facilities. Currently, access to family planning services, particularly for rural poor women, with constrained mobility and little decision-making power, is unsatisfactory. The contraception counseling before marriage, combined with health advice and screening, will be a starting point which can be expanded to promote maternal health and the health of women and children in general.

Finally, since the country opposes childbearing out of wedlock, mandatory contraception service in Pakistan will be able to cover the majority of the population who are concerned with family planning. It is argued that the concept of family planning, especially the introduction of contraception, offends Islam. However, other Muslim countries in Asia have seen a considerably higher Contraceptive Prevalence Rate (CPR) than Pakistan, whose CPR has remained around 27% over the last decades (NIPS, 2008). Iran has 79% CPR, Indonesia 61%, and Bangladesh 61% (UNICEF, 2013). The proposed policy, although mandatory, will experience less religious opposition than other mandatory efforts because the counseling service aims to inform without interfering with couple’s choices in childbearing.

**Conclusion**

The Ministry of Health should strive to implement compulsory premarital contraception counseling at the national level. This policy will connect Pakistani couples with health services and inform them of available contraceptive choices. Otherwise, Pakistan will have to face severe development consequences as a result of high fertility and over-population in the near future.
Reference


UNICEF. (2013). The state of the world's children 2013: Child survival. UNICEF.

Figure 1: Population Pyramid of Pakistan, 2013.

Source: Central Intelligence Agency (2013). The World Factbook. Retrieved from
Figure 2: Total Fertility Rate in Selected South Asian Countries, 1965 – 2005.