



Population planning and growth

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The Census 2017 shows the lowest intercensal population growth of 2.13 per cent in Punjab, down from the previous intercensal growth of 2.64 per cent. The increase is higher for Sindh at 2.41 per cent against 2.80 per cent in the previous intercensal period. A still higher increase of 2.89 per cent occurred in Khyber-Pakhtunkhwa against 2.82 per cent between 1981 and 1998. Balochistan shows the highest growth of 3.37 per cent against the previous intercensal growth of 2.47 per cent. Does the better performance in Punjab and the poor performance in other provinces have anything to do with the effectiveness or otherwise of the population programmes?

Pakistan Bureau of Statistics has published the Annual Contraceptive Performance Report, 2015-16. It uses service statistics to measure contraceptive performance in terms of two internationally recognised indicators. One is the Couple Years of Protection (CYP) and the other is modern Contraceptive Prevalence Rate (CPR). CYP estimates birth control indirectly by assessing protection provided by family planning services during one year period on the basis of contraceptives sold or distributed free. It falls in the core indicators of FP2020, reported annually. The CPR is the percentage of married women of reproductive age (15-49 years) practising modern contraception. A high performance on these indicators is expected to result in fertility decline. Pakistan's fertility rate, it may be noted, is the highest in the region.

Population Welfare Departments (PWDs) of the provinces are the main deliverers of services. The respective CYPs for the provinces are not necessarily consistent with the Census results. Balochistan, which experienced an increase in population growth, also registered an increase in CYP of 4.7 per cent. Khyber-Pakhtunkhwa, the other province showing an increased population growth, witnessed an increase of 11.3 per cent in CYP. The population growth in Punjab has decreased, but CPY has also decreased by 7.7 per cent. With increasing population growth, Sindh's CPY declined by as much as 21.2 per cent.

Departments of health of the provinces are the next important service providers. The service is delivered at the level of health facility and by the lady health workers (LHWs). At the facility level, the contraceptive performance in terms of CYP increased by 4.3 per cent in Punjab, 1.5 per cent in Khyber-Pakhtunkhwa and 49.2 per cent in Balochistan. In Sindh, the performance decreased by 16.6 per cent. The LHWs CYP performance increased in Sindh by 22.6 per cent and Khyber-Pakhtunkhwa by 1.5 per cent, but decreased by 9.7 per cent in Punjab and 44.8 per cent in Balochistan.

The overall Contraceptive Prevalence Rate on the basis of modern contraceptive methods (mCPR) for the provinces again tells an idiosyncratic story. It is the highest in Khyber-Pakhtunkhwa (46.0 per cent) where population growth is higher, followed by Punjab (38.9 per cent). Balochistan has the lowest mCPR (13.8 per cent), which is consistent with a high population growth. Sindh falls in the middle with an mCPR of 25.0 per cent.

Like most modern developments, Pakistan was an early acceptor of the family planning programme in the 1950s. A fully fledged ministry emerged by 1990. The CPR increased from 5 to 12 per cent. It rose in the range of 30-33 per cent by 2000, thanks mainly to the LHWs. In the following decade, the CPR stagnated. The latest estimate in the Pakistan Demographic and Health Survey 2012-13 places it at 35 per cent, the lowest in the region. While comprehensive analyses of the demographic development will have to await the publication of the detailed Census 2017, the indications are that the picture is unlikely to be rosy.

