

Fertility decline requires wider social policy measures for females

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The dilemma of Pakistan being the 7th most populated country in the world is that the higher population growth adversely affects not just resource adequacy, but also life expectancy and general wellbeing. Unfortunately, we also know that resource shortage and life quality disproportionately affects minority and disadvantaged groups with more intensity- like the poor, elderly, children, and women. Attempts to control the population explosion are directly related to attempts to control fertility. Though fertility rates in Pakistan have shown decline, the pace of decline has remained slow. Rates stand at 4.1 births per woman; with the target of 2 births per woman not seeming likely in the near future (National Institute of Population Studies). There is also concern about the discrepancy between rural and urban fertility rates, with need for more concentrated efforts in rural regions of the country.

Since the 1950's different Pakistani governments have targeted family planning as the central intervention to control fertility. The main outreach program has included door-to-door services by the Lady Health Worker Programme in efforts to promote the use of family planning and contraception. In addition, The Ministry of Population Welfare has been promoting the ideal family as a two-child family. Despite these efforts, the projected population growth rate for Pakistan is 2.4%. In fact, married women still consider their ideal family size to be 4 or more children (Hardy & Leahey; 2008). Why is this so? No doubt, in low-income countries like Pakistan more children and sons per family translate to more earning potential and intergenerational financial transfer. But, it is also true that women in the country still prefer to have bigger families, hoping to bear sons, due to factors of family honor, social status,



and acceptance from husband and in-laws. It is because of this that many women from middle and higher income families also desire more children; thus rejecting the poverty thesis that only poor families desire more children. In the fourth chapter of my recent book, (*The Sociology of South Asian Women's Health*, Springer 2020), my co-authors and I highlight why fertility remains so high in Pakistan:

“ . . . governments have concentrated on introducing awareness and programs for family planning, without attempting to change social factors which compel the demand for large families, namely, poverty, culture, and religious interpretation.”

In this essay, the main argument will be that interventions for lowering fertility have not worked due to inattention to reform deep-seated ideological preferences and neglecting to invest in wider social policies. So what kind of social and community interventions can help change this age-old desire for male children and large families in Pakistani, and other South Asian families? Ultimately, fertility rates are influenced by social constructions and cultural interpretations with respect to traditions and historical legacies, religious beliefs and interpretations, and social position and community honor. Thus, there is need for aggressive social literacy and community awareness campaigns to raise the status of the girl child in the country. Health awareness and social reform campaigns across the region must not just focus on women, but include family members and men. Key awareness areas may include:

(i) disseminating the health and economic benefits of smaller families, (ii) reforming of religious interpretation for the status of the girl child, and (iii) creating shame for the cultural preference for sons. The collective use of community and family notables like religious leaders, civilian leaders, politicians, mass media, and heads of households and mother-in-laws can play a powerful role in transforming age-old cultural preferences. Efforts to improve literacy and awareness of boys in school would be effective in changing patriarchal ideologies in the long-run.

There is the simultaneous need for the fight against the feminization of poverty and economic inclusion of women in society. Ideologies in favor of the girl child will be more effectively changed when socio-economic opportunities are available for the participation and progress of women in a nation. Thus, interventions for cultural ideology need to be partnered with aggressive, effective and consistent social policy development for women and the girl child. Some demographic information that highlights which age groups of females requires greater targeted attention, include the following realities: (i) 46% of the female population are of reproductive age, (ii) more than 50% of population are under-twenty years of age, (iii) significant proportions of girls are married in their teens and start childbearing during teenage years, and (iv) 40% of children are born within 24 months of the birth of an older sibling (Sarwar & Chaudhary, 2019).

In this way, we find that the main social interventions must center on raising opportunities for girls and women of reproductive ages. This needs to include the following basic protection for poverty, education and health. Massive mobilization is needed for poverty alleviation of women, as poverty has become embedded and cyclical for women in the country. There is need for systematic and well-planned policies for cash transfers to mothers, single-women households, and families who have girl children.



Keeping women out of poverty will require more than financial injections, such as simultaneous policies providing free education from primary to tertiary educational level, with schemes to secure enrollment and retention. Ensuring formal sector and government sector work participation is needed through the increase of quotas. Improvement and legal accountability for minimum wages for women is also critically needed. The main economic deprivation for women remains informal sector employment and unpaid domestic work. Thus, all working (formal and informal sector) and home-based women are in need of security with regard to maternity, medical leave, child allowances and old age provisions. Improving access for universal health coverage and health access from primary health center to the tertiary level is also a dire need.

For the broader and more comprehensive improvement of women's capacity and social inclusion, there is need for the complete ban on dowry and increase in the age of marriage from 16 years across all provinces. There is also need for: (i) Reform in inheritance laws, property ownership laws, and business initiation rules, (ii) Assigning caps on interest rates for loans for poor women to develop small business enterprises with support for skill development and adult literacy; and (iii) More general allowances and cash transfers for food security, nutritional supplements and water shortage. Last, one of the reasons why the girl child is valued so less is because the family honor is associated with her in societies like Pakistan. There is no better way to strengthen her status, then by making her safety and mobility in society fool-proof. This is possible through: (i) Increase of legal protection with expedite redressal and unflinching security for women in the country- with an increase in female law enforcement representation (judges, magistrate and police officers); and (ii) Provision of innovative methods of court access, for example through: mobile courts, obtaining court orders by telephone or authorizing trained persons to administer law in remote areas, and alternate dispute resolution. Some last thoughts include issues of equity, the need for piloting, and budget allocation for social policy investment. Expanding access of social policy protective network to rural and hard-to-reach urban areas, as well as the poorest of the poor, and focusing on eliminating disparities consistently must be considered carefully. This access and equity issue has been a problem with the Benazir Income Support Programme, and more recently the

Ehsaas program, with more research needed to understand impact and challenges in coming months, as the Ehsaas program is still operational and expanding. Though generally the preference for more children and having sons is pervasive, the intensity may vary across regions and rural enclaves. This is why micro community-level interventions of different natures could be beneficial in reforming regressive cultures in heterogeneous populations. For example, father-brother-husband interventions with male community notables or male Jirga leaders may have an impact on the status of the girl child and size of family, more than the isolated distribution of contraceptives by women community health workers.

As Punjab is more densely populated, the consequences on socio-economic stability and health are greater here. The advantage however is that pilot interventions for protection and reform can be benchmarked in Punjab; to be emulated in other provinces in the future. Finally, in the age of coronavirus we are left with serious competition for funding and social policy investment in Pakistan. Thus, there is additional need for planning budget prioritization, raising tax revenues and improving awareness for the benefits of social policy development which might burden tax payers temporarily, but have long term benefits for socio-economic and demographic stability.

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