Pakistan’s Population Growth, Policy, and Comparison with Countries in SEAR

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National Family Planning Programmes have been an important instrument in accelerating global fertility decline. While most of the developed world had completed their demographic transition, in the developing world many experienced declines in mortality but fertility remained high, leading to high population growth rates. Consequently, most developing countries have been confronted with a number of social problems such as rising poverty, unemployment, environmental degradation, illiteracy and ill health, and they have linked these to their high population growth rates and large population size.1 This concern has been the main impetus for governments to formulate population policies to address the reduction of fertility and to a much lesser extent a reduction in mortality.1

Key words: Population growth, policy, Asia, Southeast.

Population Policy Development in Pakistan

Historical perspective:
Pakistan had no explicit population policy till very recently, although population was implicitly mentioned in all of the 5 year developmental plans. These plans voiced concerns over the population growth as an impediment to development. Pakistan started one of the earliest population programmes in Asia.2 Family planning activities began as early as the 1950’s through the auspices of the family planning association of Pakistan, a Non-governmental organization (NGO) which originated in 1953.2 The National Health Policy, including the 1990, 1997, and especially the 2001 policy, was set for the next 10 years to implement. However, none of these policies were implemented entirely in the stipulated time except for the 2001-policy whose implementation is yet to be seen in due course of time. None of these national health policies explicitly described the population policy in their context.2,3

Pakistan’s first EXPLICIT POPULATION POLICY was approved in July 2002. The overall vision of the population policy has been to achieve population stabilization by 2020.2,4 The population policy of Pakistan 2002 is in congruence with the CPD (international conference for population dynamics) paradigm shift to holistic care of the family, client centered quality care in family planning and Reproductive Health.3,4 It has been almost 45 to 50 years since Pakistan started its family planning programmes and yet there is still a huge gap between knowledge & practice as is glaringly clear from the CPR (contraceptive prevalence rate) of 36% in our country.3,5

Merging Family Planning With Health
The Pakistan government seems aware that a merger between population and health might resolve some of the manifold problems of bringing family planning services to the people.5-8 Today, Pakistan’s population programme stands at a threshold; the time has come where government, donor, and non-government organizations know that they must cooperate to achieve tangible results. Reducing fertility in Pakistan has proven difficult. One of the leading obstacles is the low status of women, as well as persistent social, cultural, administrative and economic conditions. In order to overcome these obstacles, Pakistan will have to enlist the commitment of political, religious and community leaders.5-8

Comparison of Family Planning Programmes in Countries in SEAR

JAPAN
It is noted that the 1st South East Asian country to experience a revolution in reproductive behaviour was Japan with below replacement level fertility by 1960. This was accomplished by massive postponement in age of marriage and rapid reduction in marital fertility.9,11

CHINA
Chinese fertility declines were reflected in the 1970’s to the early 1980’s, and paralleled the longer, later, fewer campaign & policy which set ambitious targets which were strictly enforced at all levels of administration.12,13

KOREA and TAIWAN
Korea and Taiwan’s declines were as a result of individual decision making to restrict fertility which was encouraged by private and government programmes to
provide Family Planning information and subsidized services. The context was social and economic change.14-16

**INDONESIA:**
Indonesia’s family planning program has been a model of innovation, flexibility, and community involvement, and has been effective in reducing fertility, changing family preferences, and increasing contraceptive use. Fertility decline is also determined by factors other than contraceptive use, as provinces in Jakarta and East Java have low fertility and low contraceptive use.17

**THAILAND**
Thailand’s fertility decline began in the 1960’s and is attributed to social change, change in cultural setting, demand and family planning efforts. Modest declines characterize MALAYSIA & the PHILIPPINES, which have been surpassed by MYANMAR & VIETNAM.18-21

**IRAN**
Iran had a comprehensive and effective program of family planning. Reports by the UN show birth control policies in Iran to be effective with the country topping the list of greatest fertility decreases. UN’s Population Division of the Department of Economic and Social Affairs says that between 1975 and 1980, the total fertility number was 6.5.18-21

Powerful National Family Planning Programmes evolved in Asia (an extreme of such programmes was developed in CHINA). These programmes were implemented by Government that promoted a new morality:
That high fertility was bad for the country and for the family. In Asia, such programmes did not fully develop or succeed where they met religious opposition (as in the Philippines), politically expressed ethnic opposition (as in MALAYSIA), or feudal social structures (as in PAKISTAN).

Similar programmes were later developed in much of NORTH AFRICA, in EGYPT, MOROCCO, and TUNISIA.22-34

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