

## Population Welfare

### 4.1 Introduction

The Government population welfare strategy is to give parents the opportunity to choose smaller families. High levels of fertility are associated with health risks for both mother and children, and Pakistan's high population growth rate puts added pressure on efforts to expand and improve the delivery of basic social services. The PRSP for promoting population welfare includes:

- Improving the operation and utilisation of existing family planning services;
- Expanding access and improving the quality of family planning services;
- Encouraging interest in family planning; and
- Promoting community participation in the design and management of family planning services.

Contraceptive Prevalence Rate (CPR) and Total Fertility Rate (TFR) indicators developed through PSLM surveys are also used to monitor MDGs. This chapter presents information on key indicators in the population welfare sector. These include: marriage, parity and fertility; awareness and use of family planning; method and sources of family planning.

### 4.2 Marriage, parity and fertility

There has been some decline in marriage patterns in 2005-06 as compared to 2001-02 i.e. from 67 percent to 65 per cent (Table 4.1). There has been decline in the proportion of women married in the first and second age groups (15-19 and 20-24) from 17 percent in 2001-02 to 12 percent in 2005-06 and 57 percent in 2001-02 to 52 percent in 2005-06 respectively. The similar trend is observed in all the four provinces. There is a decline in the mean number of children ever born for all women in urban areas from 2.4 percent in 2001-02 to 2.1 percent in 2005-06 as well as in rural areas from 2.8 percent in 2001-02 to 2.5 percent in 2005-06 (Table 4.2). Similar pattern is observed when the mean number of children is calculated from the ever married women aged 15-49 years (Table 4.3).

TFR is an average number of children which a cohort of 1000 women aged (15-49) will bear during their reproductive span if they experience no mortality and are exposed to the age specific birth rate. TFR has been calculated considering an average of the three years preceding the survey (2002-04). The total fertility rate has declined from 4.5 percent in 2001-02 to 3.8 percent in 2005-06 (Table 4.4).

### 4.3 Awareness and use of family planning

Knowledge of different methods of family planning among currently married women is one of the determinants of contraceptive use. Data from PSLM indicates that both awareness and use have been increasing since 1991 and have increased between 2001-02 and 2005-06 (Table 4.5). Some 97 percent of currently married women aged between 15 and 49 years know about family planning. In rural areas, awareness is about at the same level in Punjab, Sindh and NWFP, but quite lower in Balochistan. The percentage of currently married women who have ever used family planning has increased from 26 percent in 2001-02 to 37 percent in 2005-06. The percentage of women who ever used family planning is lowest in rural Sindh and rural Balochistan. The contraceptive prevalence rate (CPR) has risen from 19 percent in 2001-02 to 26 percent in the 2005-06. PSLM is a multi-topic survey; and does not probe as extensively on contraceptive use as do the specialist demographic surveys. CPR increase in rural areas is slightly more, compared to urban areas i.e. from 14 percent to 21 percent and 31 percent to 36 percent respectively (Table 4.5).

Family planning use is significantly lower in age group 15-19, 20-24, 25-29 and increases from the age group 30-34. Family planning rises with age, the older women are more likely to have reached their desired family size (Table 4.7). Some 37 per cent of the 35-39 age groups of currently married women use family planning as compared with only 4 per cent of the 15-19 years age group. The use of contraception falls off for women in their later forties, as women perceive their risk of pregnancy to decline as they approach the menopause. Family planning is much less likely to be practiced by those who have received no education. Only 22 per cent of married women with no education practice family planning compared with 38 per cent for those who have attended class 8 or higher. Lastly, the more children a woman has the more likely she is using family planning method. Some 35 per cent of those with 5 or more children use family planning compared to 24 per cent women having two children. The practice of using family planning to delay reproduction at the start of marriage appears to be almost non-existent in Pakistan.

The three most commonly cited reasons that women gave for not using family planning was that they “wanted children” (31 per cent); followed by “pregnant” (14 per cent) and “Lactating” (15 per cent). These three reasons were the most common for both urban and rural women, but in Balochistan the common reasons that women gave for not using family planning was that they “wanted children” (33 per cent); “Religious reasons” (16 per cent) and “pregnant” (14 per cent) table 4.8.

The most commonly know methods among the currently married women age 15-49 are the pill, injection, tubal ligation and the IUD (Table 4.9). This is true in both urban and rural areas.

#### 4.4 Method and source of family planning

What type of family planning do women use and where do they get it from? The three most commonly used methods are Tubal ligation (24 per cent), Withdrawal (23 per cent) and Condom (20 per cent). These methods are commonly in overall Pakistan. The pill is the most commonly used method in Balochistan, where the rate in rural areas is very high (35 per cent). Table 4.10.

The government is the major supplier of contraceptive methods (Table 4.11). Government health facilities and health workers supply 32 per cent to users. Supply by government will be in practice somewhat higher, since a fraction of the users who quote 'spouse/relative/friend' as the source may in practice be receiving government supplies. In rural areas, government sources supply at least 38 per cent of users. Private hospital/practitioner is second main source in urban areas with 14 per cent and 15 per cent respectively in rural areas.

Some 98 per cent of women who are using contraception said that they found the method satisfactory (Table 4.12). This was similar across the provinces and regions. Amongst those who were dissatisfied with the method used, the main reason given was adverse side effects 70 per cent.