

SUMMARY of the Article “Babies Galore,” Zubeida Mustafa, Dawn, August 23rd, 2024

The article explores the deeply ingrained societal norms in Pakistan that drive couples to have children, particularly sons, as soon as possible after marriage, often due to social pressures and the desire to secure marital status. This cultural backdrop presents significant challenges to family planning initiatives, which are often seen as immoral or unnecessary in the context of traditional values. The article highlights Pakistan’s alarming population growth rate, which stands at 2.5% over the past 25 years, with a total fertility rate (TFR) of 3.6, compared to the global average of 2.2. Despite the pressing need for effective family planning, the existing programs in Pakistan are severely underperforming. The report by Research and Development Solutions, referenced in the article, identifies supply-side issues, such as the underutilization of clinics and contraceptive outlets, and the overburdening of Lady Health Workers with non-family planning duties, which limits their effectiveness. The article also points to the centralized procurement of contraceptives as a significant barrier, leading to periodic shortages. However, there is hope through the application of technology-driven strategies, as demonstrated by Dr. Ayesha Khan’s project, which significantly increased the contraceptive prevalence rate (CPR) in urban slums. Despite these advances, the article stresses that true success in family planning requires a cultural shift towards recognizing the importance of smaller families, women’s empowerment, and a holistic approach to human development that includes education, healthcare, and economic stability.

Easy/Short SUMMARY:

The article discusses the cultural pressures in Pakistan that push couples to have children quickly after marriage, especially sons, to protect their marital status. This makes family planning difficult in a society where talking about it is seen as immoral. Pakistan's population is growing rapidly, with a higher fertility rate than the global average. Current family planning programs are failing due to underutilized clinics and overworked health workers. However, a report suggests using technology to improve access to contraceptives, which has shown success in some areas. The article concludes that to make family planning truly effective, society needs to empower women and address basic needs like education and healthcare.

SOLUTIONS of The Problem:

Promote Public Awareness on Family Planning

Launch nationwide campaigns to educate the public on the benefits of family planning, addressing misconceptions and emphasizing the importance of smaller families for economic stability and health.

Empower Women through Education

Invest in education programs specifically targeted at women, enabling them to make informed decisions about their reproductive health and challenge traditional norms.

Improve Access to Family Planning Services

Decentralize the procurement of contraceptives and expand the availability of family planning services, especially in underserved areas, to meet the growing demand.

Integrate Technology in Family Planning Programs

Utilize technology to track contraceptive usage, manage supplies efficiently, and communicate with users, as demonstrated in successful pilot projects.

Enhance the Role of Lady Health Workers

Reduce the non-family planning workload of Lady Health Workers, allowing them to focus more on family planning education and services, thereby improving their effectiveness.

Engage Men in Family Planning Education

Include men in family planning education initiatives to ensure they understand the importance of shared responsibility in reproductive health and family size decisions.

Address Cultural and Religious Barriers

Work with religious leaders and community influencers to address cultural and religious objections to family planning, framing it in a way that aligns with local values and beliefs.

Provide Economic Incentives for Smaller Families

Introduce economic incentives for families that choose to have fewer children, such as tax benefits or subsidies, to encourage adherence to family planning practices.

Strengthen Health Infrastructure

Invest in strengthening the overall health infrastructure to ensure that family planning services are accessible, reliable, and of high quality across the country.

Develop a Long-term National Family Planning Strategy

Create and implement a comprehensive, long-term national strategy for family planning that includes monitoring and evaluation mechanisms to adapt to changing needs.

IMPORTANT Facts and Figures Given in the article:

- Pakistan's population growth rate has been 2.5% over the last 25 years.
- Pakistan's total fertility rate (TFR) is 3.6, compared to the world average of 2.2.
- The contraceptive prevalence rate (CPR) in Pakistan is currently 34%.
- Dr. Ayesha Khan's project increased CPR from 33% to 44% in the first phase and to 51% in the second phase.
- The goal is to have 20 million married women of reproductive age using contraceptives by next year, but only 5 million more women are expected to join under the current system.

MCQs from the Article:

1. What is Pakistan's current population growth rate?

- A. 1.5%
- B. 2.5%**
- C. 3.5%
- D. 4.5%

2. What is the total fertility rate (TFR) in Pakistan?

- A. 2.1
- B. 2.2**

C. 3.0

D. 3.6

3. What is the global average total fertility rate (TFR)?

A. 2.2

B. 2.5

C. 3.1

D. 3.6

4. What is the current contraceptive prevalence rate (CPR) in Pakistan?

A. 24%

B. 30%

C. 34%

D. 40%

5. What increase in CPR was achieved in Dr. Ayesha Khan's project in its first phase?

A. From 20% to 30%

B. From 33% to 44%

C. From 40% to 50%

D. From 50% to 60%

6. Which strategy is suggested to improve family planning services in Pakistan?

A. Increase taxes

B. Utilize technology

C. Reduce healthcare facilities

D. Increase imports of contraceptives

VOCABULARY:

1. **Prudish** (adjective) (□□□□□□): Having a tendency to be easily shocked by matters relating to sex or nudity.
2. **Marital** (adjective) (□□□□□□): Relating to marriage or the relationship of a married couple.
3. **Sane** (adjective) (□□□ □□□): Reasonable, sensible, or rational.
4. **Global** (adjective) (□□□□□): Relating to the whole world; worldwide.
5. **Sustain** (verb) (□□□□□ □□□□□□): To support, maintain, or keep something going.
6. **Bleak** (adjective) (□□ □□□□□): Offering little or no hope; grim.
7. **Pragmatic** (adjective) (□□□□□): Dealing with things sensibly and realistically in a way that is based on practical considerations.
8. **Unintended** (adjective) (□□□□□ □□□): Not planned or meant; accidental.
9. **Underutilized** (adjective) (□□□□□□□ □□): Not used to its full potential or capacity.
10. **Prevalence** (noun) (□□□□□□): The fact or condition of being widespread or common.
11. **Procurement** (noun) (□□□□□): The action of obtaining or acquiring something, especially for business or government use.
12. **Holistic** (adjective) (□□□□□): Considering the whole, rather than just the individual parts.
13. **Livelihood** (noun) (□□□□ □□□□□): A means of securing the necessities of life.
14. **Outreach** (noun) (□□□□□): The extent or length of reaching out to others.
15. **Contraceptives** (noun) (□□□ □□□□): Devices or drugs used to prevent pregnancy.
16. **Unattainable** (adjective) (□□□□ □□□□□□): Not able to be achieved or reached.
17. **Financier** (noun) (□□□□ □□□□): A person or organization that provides funding for a project or business.
18. **Empowerment** (noun) (□□□□ □□□□□□□□): The process of becoming stronger and more confident, especially in controlling one's life and claiming one's rights.
19. **Slums** (noun) (□□□□□ □□□): Heavily populated urban areas characterized by substandard housing and squalor.
20. **Narrative** (noun) (□□□□□): A spoken or written account of connected events; a story.



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Babies galore
Zubeida Mustafa

OURS is a society where parents start planning their daughter's marriage soon after she is born. Here the social compulsion for couples to prove their fertility is so great that they have their first child within a year or so after tying the knot. Worse still, women are desperate to produce a son to protect their marriage and preserve their marital status. On top of that, we are so prudish that to talk about family planning is considered immoral.

Given the above, can family planning succeed in Pakistan? Whatever the prospects, the sane among us will have to continue to focus their attention on this field because population has become a global issue as the UN's recent World Population Prospects report tells us. It concedes that Earth can no longer sustain the massive population that continues to grow. It is now calculated that the world population will not peak before 2100 when it will stand at 10.3 billion. Pakistan is

one of the 126 countries whose populations are still growing. Pakistan's population growth rate has been around 2.5 per cent in the last 25 years. Its total fertility rate is 3.6 while the world average is 2.2 and the replacement rate is 2.1.

In these bleak circumstances comes a ray of hope: a report produced by Research and Development Solutions. It suggests pragmatic strategies to meet supply-side needs, which have been inadequately addressed in this country, leading to many unintended pregnancies, abortions and a high unmet need. Above all, as the writers of this report, Dr Adnan Khan and Ayesha Khan, tell me, these strategies have actually been applied in the Akhtar Hameed Khan Foundation's Urban Impact Lab and have produced results.

In a nutshell, the report confirmed my observation that our family planning programme has failed to provide the services that many young married couples are looking for. With data gathered from various sources, the report tells us that many utilities — clinics, population centres and contraceptive outlets — exist but are grossly underutilised.

Pakistan's TFR is 3.6 while the world average is 2.2.

Some utilities do not have even one client in a day. Private facilities show a better outreach but even that is not satisfactory. The Lady Health Workers, who are the backbone of the programme, are ineffective as they are so loaded with numerous non-family planning duties that they give only an hour a week to mobilising women to become contraceptive users. Hence the programme has turned out to be high-cost and ineffective. There is also the problem of the procurement of contraceptives as their import is pretty centralised. Sometimes this leads to shortages that are not warranted.

Dr Adnan recommends the use of technologies to gather information on locations where there is likely to be a need, track users, increase the outreach of utilities and communicate with users. The procurement of contraceptives should also be allowed by the private sector and the government should concentrate on its role of financier rather than provider of services.

At present, Pakistan's contraceptive prevalence rate (CPR) is 34pc with 11 million users. To meet the Sustainable Development Goals, there must be 20m married women of reproductive age using contraceptives by next year. This is an



unattainable target under the present system as only 5m more women will join the contraceptive users' ranks.

By using technology, Dr Ayesha has transformed these vital statistics in her project. In the first phase (2019 for 15 months), in a population of 278,000 with 36,000 women she managed to increase CPR from 33pc to 44pc. Mainly injections and IUCD (intra-uterine contraceptive device) were used with the per user cost amounting to only Rs1,100. In the second phase (2023 for two years) more residents were added — 800,000 with 126,000 women. The results? The CPR shot up dramatically to 51pc. In the second phase, technology was used and the rise in CPR was dramatic.

Dr Ayesha says that if all urban slums were provided with this technology-driven programme, 37m people would be reached. And that is a substantial number.

Will the increase in the outreach of family planning facilities cause people to internalise the 'small family' message? Dr Adnan believes it will not. Once the pressure is withdrawn, they will lapse into having sex without using contraceptives. The narrative has to be changed. I agree. Fundamentally, it calls for the empowerment of women and to teach all and sundry about the rights of the young ones they give birth to.

The need is to treat human development holistically. We have to promote education, provide healthcare, livelihood and shelter for all. Without these basic needs being fulfilled, people will have no control over their lives. Would a man unaware of what lies in store for him worry about the planet being overpopulated?

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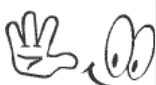
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