

CHAPTER 1

INTRODUCTION

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This report gives the major findings of the Pakistan Demographic and Health Survey (PDHS) conducted from December 1990 to May 1991 on a nationwide basis. After the preliminary report, published in August 1991, this is the first in a series of reports on the PDHS findings with the objective of improving the Population Welfare Programme and health services in Pakistan. Besides presenting results at the national level, this report presents information by urban-rural areas and by province. Before presenting the major findings, this chapter discusses the physical features, people, culture, religion, language, population distribution and size, fertility and mortality levels, literacy and educational attainment, economy, population and family planning and health policies and programmes of the country. The objective of this presentation is to make the reader familiar with the historical, geographic, socioeconomic and demographic features of the country.

1.1 Physical Features

Pakistan, situated in the northwestern part of the South Asian subcontinent, obtained independence from the British on August 14, 1947 after the subdivision of the Indian subcontinent. It is a land mass of diversified relief with vast plains in the Indus basin, a rocky expanse of plateaus in the southwest and majestic mountains in the north with beautiful valleys, snow-covered peaks and glaciers. Pakistan extends from 24° to 37°N latitude and from 61° to 75°E longitude. On its east and southeast lies India, to the north and northwest is Afghanistan, to the west is Iran and in the south, the Arabian Sea. It has a common frontier with China on the border of its Gilgit Agency. Tajikistan, formerly in the USSR, is separated from Pakistan by a narrow strip of Afghan territory called Wakhan.

This variety of landscape divides Pakistan into six major regions: the Northern High Mountainous Region, the Western Low Mountainous Region, the Balochistan Plateau, the Potohar Uplands, and the Punjab and Sindh fertile plains. Pakistan is a land of great rivers like the Indus and its tributaries, large dams like Tarbela, and high mountain peaks like K2 (Mount Goodwin Austin - 8,611 metres) and Nanga Parbat (8,126 metres).

1.2 Climate, Rainfall, and Seasons

Pakistan has a continental type of climate, characterized by extreme variations of temperature depending on the topography of the country. Pakistan experiences a general deficiency of rainfall. Although it is in the monsoon region, it is arid, except for the southern slopes of the Himalayas and the submountainous tract where the annual rainfall varies between 76 and 127 cm. Balochistan is the driest part of the country with an average rainfall of 21 cm.

There are four well-marked seasons in Pakistan, namely:

1. Cold season (December to March)
2. Hot season (April to June)
3. Monsoon season (July to September)
4. Post-monsoon season (October to November).

1.3 Administrative Divisions

The total land area of Pakistan is about 796,000 square kilometres. Pakistan is comprised of the provinces of Punjab, North West Frontier, Balochistan and Sindh and the Federally Administered Tribal Areas (FATA) of the north and northwest (see map, page xxiv). Each province is divided into administrative divisions, districts, tehsils and talukas. There were 16 divisions and 72 districts in the country in 1991. Islamabad, the capital of Pakistan, which lies in the northern part of the country at the bottom of the Margala hills near Rawalpindi, is a well-planned city which was constructed beginning in the 1960s.

1.4 People, Culture, Religion, and Language

Pakistan historically attracted migrants from many nations in the northwest and the northeast. These include Dravidians, Aryans, Greeks, Turks, Persians, Afghans, Arabs and Mughals. The dominant racial type in Pakistan is Indo-Aryans.

In the cultural arena, Pakistan has inherited a rich heritage. A highly developed way of life was attained by the people of Pakistan in the Indus Valley Civilization about 5000 years ago which came to an end around 1500 B.C. About 500 B.C., the northern city of Taxila emerged as a famous centre of Buddhist learning and culture which existed for a thousand years.

Pakistan is an ideological state which came into existence as a result of the demand for a separate homeland for the Muslims of the Indian subcontinent. The Muslim majority areas were mostly carved out into Pakistan. Therefore, the large majority of the population of Pakistan is comprised of Muslims. A negligible minority of Hindus is settled mainly in the border districts of Sindh. Christians are widely spread throughout the country and form about three percent of the total population. The Parsis (Zoroastrians), who number about 20,000, are an economically notable minority, mostly settled in Karachi. The constitution of Pakistan guarantees the right of minorities to profess, practice and propagate their religion and every administrative position is open to them with the exception of the Head of State and the Prime Minister.

Urdu is the language most commonly spoken throughout the country. Balochi and Brohi are spoken in most of Balochistan, Pushto in North West Frontier Province (NWFP) and also in some parts of Balochistan, Punjabi in Punjab, and Sindhi in the Province of Sindh. Saraiki is widely spoken in southern Punjab in the districts of Multan, Bahawalpur and Dera Ghazi Khan and adjoining areas in Balochistan, NWFP and Sindh. The medium of education is Urdu but English continues to be used in higher education and professional colleges, particularly in scientific and technical fields. English is widely used for commercial, legal and other official business in the country.

1.5 Population

Population Size

Pakistan is the ninth most populous country in the world after China, India, the former USSR, USA, Indonesia, Brazil, Japan, and Nigeria. The population of Pakistan was 16.6 million at the beginning of the twentieth century (in 1901). By the time of independence in 1947, the population was estimated to have doubled to 32.5 million. In the first decennial census (1951), the population of Pakistan was reported to be 33.8 million while in the last decennial census in 1981 the population size was 84.3 million (see Table 1.1). In 1991, the population was estimated to be around 115 million with males comprising 52.5 percent of the population. The sex ratio of the population is estimated to be 111 males per 100 females. Since independence, the population has increased at an average growth rate of 2.9 percent per annum. The present growth rate of the population is estimated to be around three percent.

Table 1.1 Population size and distribution

Distribution of population, intercensal change and average annual growth rate of population by residence, Pakistan, 1951-1981

Area	Census year			
	1951	1961	1972	1981
Population (In 000s)				
Urban	6,019	9,655	16,594	23,841
Rural	27,798	33,324	48,727	60,412
Total	33,817	42,978	65,321	84,254
Percent distribution				
Urban	17.8	22.5	25.4	28.3
Rural	82.2	77.5	74.6	71.7
Total	100.0	100.0	100.0	100.0
Intercensal percent change				
Urban	60.4	71.9	43.7	
Rural	19.9	46.2	24.0	
Total	27.1	52.0	29.0	
Average annual growth rate				
Urban	4.88	4.77	4.38	
Rural	1.84	3.32	2.58	
Total	2.45	3.67	3.06	

Source: Population Census Organisation (1985).

Population Distribution

The population of Pakistan is unevenly distributed among its various provinces. Punjab is the most densely populated province with about one-quarter (26 percent) of the total land area of the country and more than half (56 percent) of the total population. The next most densely populated provinces are Sindh, with less than one-fifth (18 percent) of the land area and 23 percent of the total population and North West Frontier Province (NWFP) and the Federally Administered Tribal Area (FATA) with 13 percent of the land area and 16 percent of the total population. Balochistan, which is the largest province by area (with 44 percent of the total land area), has the lowest proportion of Pakistan's total population (5 percent). The population density in the country increased from 43 persons per square kilometre in 1951 to 106 persons per square kilometre in 1981 and further to around 145 persons per square kilometre in 1991.

Urban-Rural Distribution

Pakistan is predominantly an agricultural country with just over 50 percent of the work force employed in occupations related to agriculture. The 1981 Census reported that 72 percent of the total population lived in rural areas. However, urban growth over the years has been dramatic. The proportion

urban increased from 18 percent in 1951 to 28 percent in 1981. In terms of absolute numbers, the urban population nearly quadrupled from 6.0 million in 1951 to 23.8 million in 1981. However, the intercensal average annual growth rate of the urban population declined from 4.9 percent for the period 1951-61 to 4.4 percent for the period 1972-81, primarily due to a change in the definition of urban areas (see Table 1.1).

1.6 Fertility

Several attempts have been made in Pakistan to estimate fertility rates through direct as well as indirect techniques. A number of estimates have been made based on different sets of data, methods and assumptions. Given the trend in population growth, the inevitability of fertility as an important focus of population studies cannot be overemphasized. But a major problem in Pakistan is the wide variations in fertility estimates derived from different sets of data (Rukanuddin and Farooqui 1988), reflecting problems in data inconsistency due to methodological and procedural differences. For instance, the direct fertility estimates based on the 1975 Pakistan Fertility Survey and the 1984-85 Pakistan Contraceptive Prevalence Survey are lower than the indirect estimates based on the Population Growth Surveys (conducted between 1968 and 1979) and the Pakistan Demographic Surveys (conducted annually since 1984). However, prior demographic surveys confirm the persistence of a high level of fertility in Pakistan but with a gradual decline over time. The principal decline has been observed for the younger age groups and is attributed primarily to an increase in the age at marriage. Changes over time in other proximate determinants of fertility in Pakistan such as contraceptive use and breastfeeding are less conducive to lower fertility. Since 1974, surveys have estimated the crude birth rate to vary from 37 to 43 per thousand population and the total fertility rate to range between 5.9 and 6.9 children per woman.

1.7 Mortality

In Pakistan, the systematic study of trends, levels and differentials in mortality is impeded by a lack of reliable data. Although a system of vital registration has been in existence in the country since the last quarter of the 19th century, the recorded data suffer from errors in coverage and inaccuracies in the information provided. It is estimated that at the time of independence, the crude death rate (CDR) was around 25 to 30 per thousand population. The decline in mortality after the Second World War has been very rapid, with the CDR falling to about 10 to 12 deaths per thousand in the 1980s. This has been due *inter alia* to improvements in the availability of food through higher levels of production, the effective control of procurement and distribution of food grains, and the increasing pace of socioeconomic development. Epidemics have also been eliminated and diseases brought under control with the development of effective public health measures and medical services such as inoculation and vaccination programmes.

The infant mortality rate was around 150 to 180 deaths per thousand live births at the time of independence in 1947. This has declined to less than 100 in 1991, mainly due to improved health services and a successful immunisation programme. Available evidence suggests that slightly more than one-third (36 percent) of all deaths occur during infancy in Pakistan. Moreover, one-third of all infant deaths occur within one week of birth. An additional 22 percent of deaths occur in the second to fourth week. In other words, more than half of infant deaths are neonatal deaths that occur within four weeks of birth. Much could be done to eliminate some of the causes of neonatal deaths such as short birth intervals and high parity births.

Maternal deaths, associated with complications of pregnancy and childbirth, are quite high. Four of five deliveries are attended by traditional birth attendants or elderly women. Repeated and closely spaced pregnancies and births coupled with high parity pregnancies are found to result in a high incidence of maternal deaths. In Pakistan it is estimated that around 500 maternal deaths occur per hundred thousand live births.

Although a gradual decline in mortality has been taking place in the country, health care coverage is still insufficient. Only 55 percent of the population has access to health services. A significant augmentation of services is necessary in order to reduce mortality, especially in rural areas.

The life expectancy at birth has increased from 35-38 years at the time of independence to close to 60 years around 1990. The single largest increase in longevity occurred after the 1960s. In the past, males in Pakistan, on the whole, enjoyed a longer life expectancy (3-4 years longer than females) because of higher female mortality at younger ages and during the reproductive years (although this result might have been affected by differential underreporting of mortality by sex). Recently this difference has been reduced.

1.8 Literacy and Educational Attainment

Pakistan has one of the lowest literacy rates (31 percent) in the world. Moreover, in 1985 there was a wide gap between male (43 percent) and female (18 percent) literacy rates. The lowest female literacy rate (4 percent), as of the 1981 Census, was observed for Balochistan. The literacy rate among rural females was only 2 percent in Balochistan and 4 percent in NWFP (Rukanuddin and Farooqui 1988).

The primary school enrolment ratio is also very low (49 percent). The corresponding figures for males and females are 63 percent and 35 percent, respectively. Primary education in Pakistan is further characterized by drop-out and repeater rates which are considered to be among the highest in the world. Only 50 percent of the students who enter primary school complete the five years of primary school. Students, on the average, go to school for 1.7 years, which is very low compared to the average years of schooling in other developing countries (United Nations Development Programme 1991).

1.9 Economy

Pakistan is intrinsically an agricultural country with more than 70 percent of its population living in rural areas. Agriculture is the largest single sector of the economy, employing more than 50 percent of the labour force. Agriculture accounts for 24 percent of the gross domestic product (GDP) and 70 percent of export earnings (Rukanuddin and Farooqui 1988). Development in agriculture and industry has transformed the economy of Pakistan and moved the country toward self sufficiency in meeting its basic needs.

In 1990-91, the average per capita income in Pakistan was about Rs 9000 (US\$400). The average rural monthly income per household in Pakistan is around one-third lower than the per household urban income. Moreover, it has been estimated that about 30 percent of the population in Pakistan live below the poverty line. Pakistan also has a low gross domestic savings rate of 13 percent of the GDP. The average annual growth rate of the GDP during the period 1985-90 was about 5.8 percent.

1.10 Population and Family Planning Policies and Programmes

Pakistan was a pioneer among the most populated developing countries in supporting and implementing family planning activities starting in the 1950s. Concern has been expressed in successive Five-Year Development Plans (1955-60 to 1988-93) about rapid population growth and provisions have been made to support a family planning programme to deal with this burgeoning problem. Different approaches and strategies have been adopted during each plan period to promote the concept of a small family norm and to encourage the use of modern methods of family planning. These strategies have varied in design, coverage, outreach, supervision and guidance. However, due to a lack of consistent government commitment and social and cultural constraints, the programme has not been adequately effective in providing family planning services or generating widespread demand for the adoption of contraceptives. Financial and operational obstacles have also hindered the coverage of the programme, which is in the range of 25-30

percent of the total population. Family planning facilities are more concentrated in urban areas than in rural areas. The fertility inhibiting effect of the family planning programme has been low in Pakistan and contraceptive use has remained low despite the existence of the programme for the last three decades.

The environment for family planning in Pakistan has been quite difficult. Factors which are generally associated with high fertility rates worldwide also pertain to Pakistan: high illiteracy and low educational attainment (particularly among females), poverty, high infant and child mortality, high maternal mortality, a preference for sons, poor access to health facilities, low socioeconomic status of women, ignorance, conservatism, fatalism and religiosity. These factors reinforced one another in maintaining high and stable fertility rates in the country. After many years of effort, the coverage of family planning services does not exceed one-third of the population. Various fertility surveys have found a wide gap between knowledge and the use of contraception in Pakistan. These surveys, however, have also indicated the existence of a potential demand for family planning expressed by Pakistani women (Population Welfare Division 1986).

1.11 Health Policies and Programmes

The Ministry of Health provides health care services through government hospitals and other health outlets. The objective of the health policy is to reduce the incidence of morbidity and mortality by providing preventive and curative care to the whole population. Specific attention is given to reducing infant and child mortality, curtailing severe undernutrition among children and mothers, and improving child survival and safe motherhood.

In order to combat high childhood morbidity and mortality due to infectious and communicable diseases, an immunisation programme was initiated in 1978 to protect infants and young children against six common diseases and pregnant mothers against tetanus. This programme was greatly accelerated in 1982 with the collaboration of the World Health Organisation and UNICEF. The Expanded Programme on Immunisation (EPI) is a major component of this scheme to provide universal immunisation.

High maternal mortality is a priority area for health policy and coverage is provided to mothers through ante- and postnatal services performed at maternal and child health centres. These efforts are complemented by projects focusing on child survival and nutritional status through growth monitoring, adequate food supplementation and the promotion of breastfeeding.

The government is committed to improving the quality of health services and the coverage of primary health care services, especially in the rural areas, through its Basic Health Units and Rural Health Centres. The provincial Health Departments of the respective provinces provide these services through their outlets. It was only in 1991 that the new health policy provided for family planning services to be offered through all health outlets as an integral part of health services.

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