

M A R C H

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PIDE's GUIDE TO POLICY & RESEARCH

Realizing The Demographic Dividend

PIDE P&R 2021

Cover Story

Revisiting Demographic Dividend amid Fertility Stall

Talk with Experts

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Durr-e-Nayab
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PAKISTAN INSTITUTE OF
DEVELOPMENT ECONOMICS



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**Pakistan Institute of
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PIDE Policy & Research is a guide to policy and research making. Each issue focuses on a particular theme, but also provides a general insight into the Pakistani economy, identifies key areas of concern for policymakers, and suggests policy action. The publication offers a quick orbit of the country's economy and is a hands-on and precise go-to document for the policymaker, businessperson, academic, researcher, or student that seeks to remain updated and informed. This issue is based on the theme realizing demographic dividend in face of fertility stall in Pakistan. We welcome contributions from within PIDE as well as from any external contributors.

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Editorial

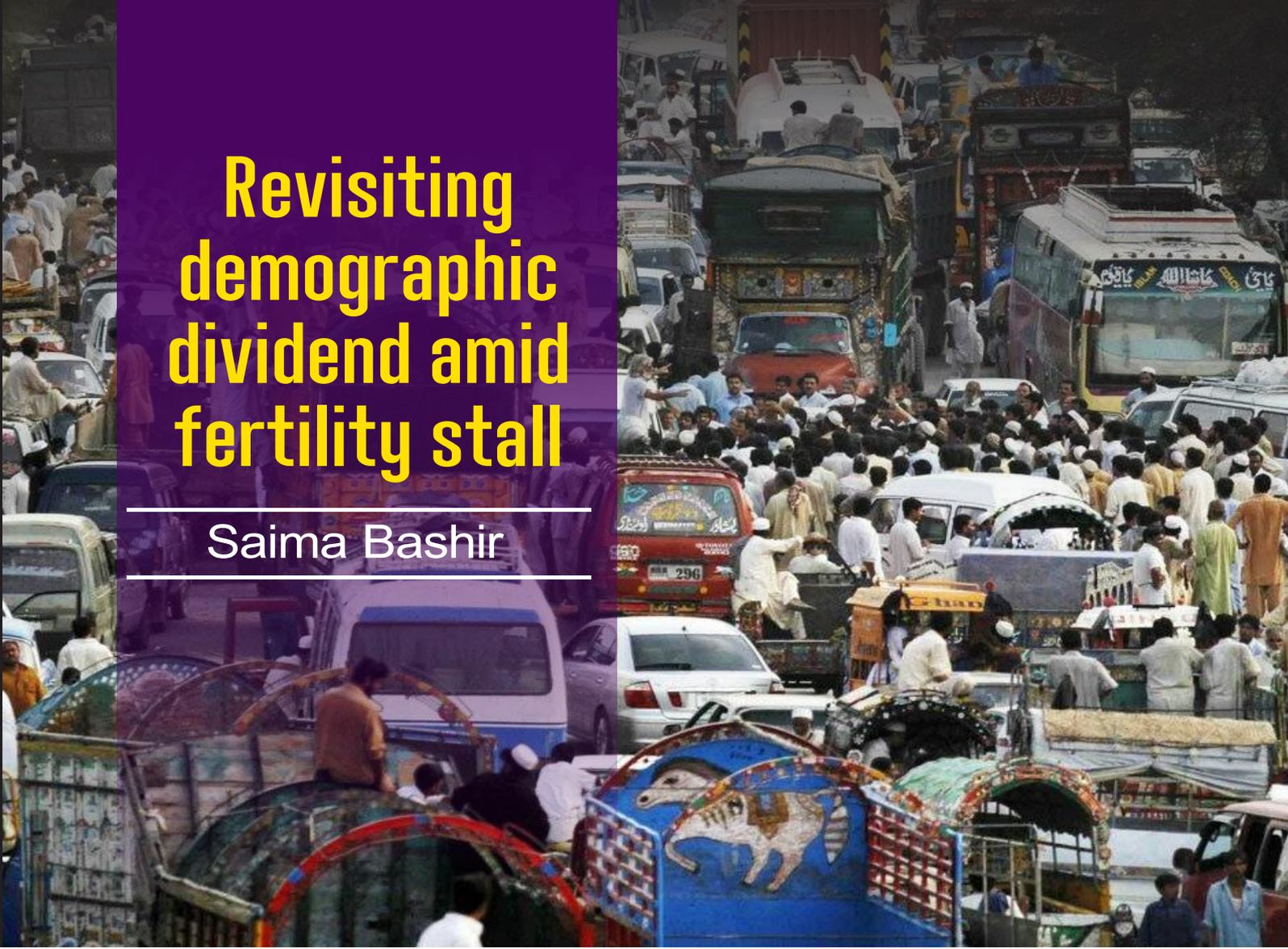
Greeting from PIDE P&R

Wishing you all a very happy international women month. The half of the population of Pakistan is comprising of women who are responsible for the development and growth of the other half making it a developed, healthy and strong society. We have been always hearing about the half and half ratio of men and women and wishing to provide a factual figure given by the Government of Pakistan. The census after a long gap finally happened in 2017 which is a good step but the final official results aren't out yet. It isn't to bring in the negative aspect but to put forward a suggestion to do the next census soon and the results should be made official too in good time and free of controversy. It gets difficult for the researchers to base their researches on redundant information when it comes to demographic analysis.

The realization of demographic dividend requires good information and effective policy making. Any laxity can only lead to demographic burden. Pakistan is still struggling to achieve it, and is lagging behind the regional peers. In order to achieve the demographic dividend, we need awareness campaigns to guide the society about its advantages. In order to reach the demographic dividend, population forecasting, education and appropriate skill formation are important. The market needs to be ready to employ the youngsters with proper career and succession planning. When it comes to manage policies and programmes, one cannot stress enough the the education of girls. The population planning should focus on birth prevention as well as its positive influence on the health of the society, economic growth and human development.

Pakistan was the first among the developing countries that started effective population planning. As in many other areas, the country lost its way in this crucial area as well. The current issue of P&R is an attempt to regain the lost momentum. A youthful population provides a great opportunity to launch a rapid growth strategy to realise the full potential. The contributions analyse the past, set new directions, identify policies that don't work and suggest future course of action. Areas of further research are indicated for learning to avoid jumping into blind alleys. Interviews with knowledgeable women experts enhance the richness of the discourse.

Happy Reading!
Do let us know your take.

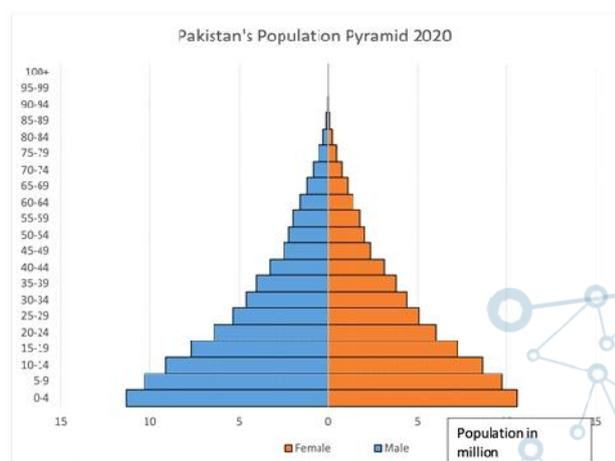


Revisiting demographic dividend amid fertility stall

Saima Bashir

The demographic dividend is the accelerated economic growth as a result of change in population age structure together with investment in education, health, and sound economic policy. The demographic transition model observes the changes in births and deaths of a population over a period of time. It begins with decline in mortality as a result of advancement in medical technology and improved public health followed by a decline in fertility which usually happens after a lag period. The mortality decline is more pronounced in the younger ages and results in more surviving children. During this lag time period of high fertility and low mortality, a surge in population growth and a shift in age structure, mainly observable in a larger young population. This young age structure promises of an economic boom. The premise is that given proper social and economic opportunities, this cohort of young people would produce more and consume less and ultimately saving and investment would increase. The growth in economy as a result of change in population's age structure is called "Demographic Dividend". However, by no means the demographic dividend is automatic (Bloom et al., 2003; Canning et al., 2015; Nayab, 2008).

With a population of 207 million and growth rate of 2.4%, Pakistan is one of the youngest countries in the world. More than 60 percent of its population is below the age of 30, with around 30% between the ages of 15 and 29. Most of these young people are either on the cusp of entering into labor force or are looking for gainful employment which they cannot find. The biggest challenge is therefore to absorb these young people into labor market to gain the economic benefit of the young age structure, in other words, to realize the potential demographic dividend. The economic boom of the East Asian economies was, inter alia, due to a change in the age structure of their populations. All those economies invested heavily in the education of their youth, provided affordable public healthcare facilities and the enabling infrastructure, and encouraged industrialization. Their economies grew and fertility declined. However, as opposed to the East Asian economies, youth remains mostly idle and fertility is not declining in Pakistan; it is stalled.



Fertility decline is a prerequisite to reap the economic benefits or in other words, capture the demographic dividend. However, as Arif and Afzal (2020) put it “a missed opportunity can lead to a demographic disaster if the unemployed working-age population becomes 'forced dependents' – a probable scenario for Pakistan”. Without reducing fertility, the likelihood of the working-age population to become economically productive is slim and their becoming dependent population more likely. Therefore, the question staring the policymakers in their face is 'Can Pakistan reap the demographic dividend with high fertility?

The answer is no. Fertility has declined from 6.0 births per woman in 1980s to 3.6 births per woman in 2017-18, but the decline is slow compared to other neighboring countries (Sathar et. al. 2014; NIPS 2018). Whereas, only 34% of the married women are using any sort of

contraception (only 26% of the currently married women are using modern contraceptive methods). There are significant fertility differentials across different socio-economic groups. For instance, the poorer segment of the population has a TFR of 5 births per woman whereas richer segment has a TFR of 2.6 births per woman. Similarly, women with secondary education have significantly lower fertility than women with no formal education (NIPS, 2018). One likely negative impact on the population age structure that could undermine the potential for a demographic dividend could come from a fertility transition that is uncertain and where fertility decline is inconstant although mortality rate may be low (Eastwood & Lipton 2011).

The starting point is change in age structure, i.e., how many children are there to support as compared to number of working age adults. With a high fertility rate, working age population is highly unlikely to outgrow the dependent population. According to the UN medium variant projection of fertility decline, around 35% of Pakistan's population is below age 15 at present and will decline slightly (30%) by 2030 which reflects a slow fertility decline. If the fertility does not decline and reaches the replacement level i.e. 2.1 births per women, than Pakistan's productive work force aged 15-64 will be sandwiched between adolescent and aging population (Arif and Afzal, 2020). Per capita productive capacity of the economy will thus remain limited and the dream of benefitting from the demographic dividend will remain a dream.

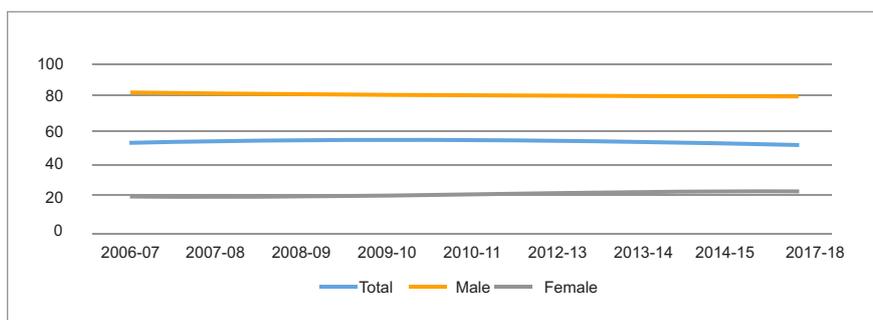
To harness the demographic dividend, three key investments are needed for fertility decline. First, improve child survival. Pakistan's infant and child mortality rates are high in the region. According to the latest PDHS 2017-18, neonatal mortality stood at 42/1000, infant mortality at 62/1000, and under-five at 74/1000 live births

(NIPS, 2018). Improving child health services allows more children to survive and leads to couples desiring smaller families. If the parents are confident that their children will survive to adulthood than they begin to desire smaller family size. Second, space birth and prevent unintended fertility. Investment in family planning will reduce the incidence of unintended fertility. Knowledge about family planning methods is almost universal in Pakistan, with more than 95% currently married women and men aged 15-49 knowing at least one method of family planning. However, use of family planning methods to space or limit childbearing is low. The demand for family planning in Pakistan stands at 52%, though, only 34% of the currently married women are using any contraceptive methods (both traditional and modern methods of contraception). Around one-fifth of Pakistani women who either want to space or limit childbearing are not using any family planning method (NIPS, 2018). Increased investments in family planning will prevent unintended pregnancies, leading to fewer births per woman. Third, investment in girls' education is the most important area to fertility decline. The state of education is poor overall but more so for women. Boys outnumber girls at every stage of education. The scale of illiteracy in Pakistan can be gauged by the fact that 34% of men and 50% of the women have no formal education. Just 9 % girls acquire secondary level education and 10% ever reach higher levels although the general literacy rate has gone up from 35% in 2007 to 49% in 2017-18 (NIPS, 2018). Only one out of three girls of secondary school age is enrolled in school (World Bank). Girls' longer stay at the school will delay early marriages and childbearing. Education, lower fertility and mortality combined can usher in job opportunities for women and potentially realize the demographic dividend.

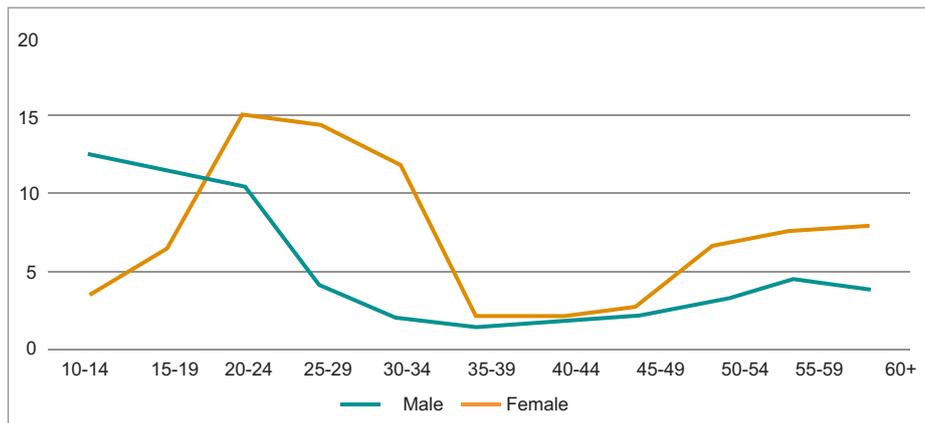
Not only the education but quality education will ensure that a country has skilled labor force for accelerated economic growth.

Increased public expenditure on schools and expansion of primary and secondary education is imperative. Handing over schooling to the private for-profit sector and defunding of public schools have forced parents to send their children to more expensive private schools as the quality of education has declined in public schools. In a country where around 30 percent of the population lives below poverty line, affordability of quality private schools is limited to the affluent few. However, with a decline in fertility, families could find more resources for education. Each year of schooling is associated with an increase in wages of up to ten percent or more (Psacharopoulos and Patrinos, 2002).

Moreover, educational systems must also be responsive to the labor needs of industry. These investments in education can have quick returns for individuals and families. And improving the education of young people today means a higher-quality workforce in the future. With additional training and skills, young people will be equipped to compete in the global economy. However, the reality is at stark. Only 22% of the women, who makes 50% of Pakistan's Population, are in labor force. Rate of unemployment is much higher for female than male particularly during the peak reproductive ages. According to the Labor Force Survey (LFS) 2017-18, the highest unemployment (11.56%) is among the age of 20-24 years, indicating youth unemployment. To fully realize the potential of demographic dividend, Pakistani policymakers need to learn from the East Asian experience where the governments invested heavily in the education of their youth, provided affordable public healthcare facilities and the enabling infrastructure, and encouraged industrialization. In addition, we need a deliberate policy prescription that ensures gender-neutral employment opportunities. An important but generally overlooked area of socio-economic activity is savings. Savings should figure at the center of the demographic dividend debate.



Labour Force Participation Rates 2006-07 to 2017-18



Age –sex Specific Unemployment Rates 2017-18

Higher employment will lead to higher savings. Reduced dependency ratios can also affect savings and per capita output. Parents with fewer dependent children can save more and invest more at the micro level. At the macro level, lower fertility resulting in a stabilizing population, can prompt governments to put resources to productive investments (For more detailed understanding please refer to article on generational economy in this P & R issue).

Nayab (2008) wrote that “Demographic dividend is inherently transitory in nature due to lack of prior planning Pakistan has almost wasted the first 15 years of the opportunity demography has offered it, however, age structure will continue to be an important force in the country for the next 50 years. How economic growth is shaped by demographic changes in the coming years will depend on the ways policies and institutions respond to the challenges and opportunities the future holds. Time is running out to put appropriate policies in place, the absence of which may result in large-scale unemployment, immense pressure on health and education systems, in short, a socio-economic crisis may take place making the demographic dividend more of a demographic threat”.

Sadly, this paragraph is as valid now as it was in 2006 and the only change is that Pakistan has almost wasted the first 30 years of the opportunity demography has offered it. Demographic dividend is equal to helpful demographics plus good economics. Pakistan has missed on reaping the dividend till now with right policies which are linked to both population and economics. We only hope that things will be different and better before it is too late.

References:

Bloom, D.E., Canning, D. and Sevilla, J. (2003). *The Demographic Dividend: A New Perspective on the Economic Consequences of Population Change*. Rand Corporation, Santa Monica, Arlington.

Canning, D., Raja, S., Yazbeck, A.S., (2015). *Africa's Demographic Transition: Dividend or Disaster?* Africa Development Forum series. Washington, DC: World Bank.

Nayab, D. (2008). *Demographic Dividend or Demographic Threat in Pakistan*. *The Pakistan Development Review* 47(1): 1-26. National Institute of Population Studies (NIPS) [Pakistan] and ICF. 2018. *Pakistan Demographic and Health Survey 2017-18*. Islamabad, Pakistan, and Rockville, Maryland, USA: NIPS and ICF.

Pakistan Bureau of Statistics. 2018. *Labour Force Survey 2017-18*. Government of Pakistan, Statistics Division, Islamabad.

United Nations, Department of Economic and Social Affairs, Population Division (2019). *World Population Prospects 2019*.



Talk with Experts

Talk with Experts i

“But given that almost all Islamic countries including Saudi Arabia, Iran and Indonesia have much lower fertility, we cannot keep bringing in religion as the main factor”



 **Zeba Sathar**

Zeba Sathar is a senior associate and directs the Population Council's office in Islamabad, overseeing technical assistance and capacity building, social science research, and population and demographic dividend research that informs national policy discussions and developments. Her expertise include cross-national comparative research, advocacy for policy change, analysis of demographic trends and patterns, and evaluations of health service delivery systems.

Q. Though contraceptive use increased sharply between 1990 and 1998 (12% vs. 28%), fertility rate was declining, but the success was short-lived. Only a third of currently married women are currently using any contraceptive method and TFR has stalled close to the mark of 4 births per women. What went wrong? Why Pakistan could not sustain the momentum?

A. The period 1990-98 presents us with definitive evidence that change in reproductive behavior can happen sharply and in unprecedented ways in Pakistan. You rightly point out that the change was not sustained beyond 2000. The last twenty years mark a period of very slow change in fertility and contraceptive uptake. The fall in fertility rates of almost 6 children per woman on average to 4 births per woman, mainly occurring in that decade, can be ascribed to a revival of the population program and a clearly enunciated support for family planning services. The commitment was translated into investment in the Prime Minister's program for Family Planning and Primary Health care in the form of 100,000 lady health workers providing services to the doorstep. That clarity of intent has certainly not been seen since then. In fact the Population Policy 2002 formulated during that period of optimism regarding trends of population changes predicted replacement fertility by this year 2020. Pakistan could not sustain the level of change due to many factors but primarily a policy where women's health, family well being and children's health including their chances of survival through childhood are at the core of this loss of momentum. Usually, once fertility transition begins just like mortality transition, it does not reverse but stalls do occur and we are in a twenty year cycle of minimal change. Fertility rates have only declined by 11% in 2000-2018(18years) compared to 40% from 1991-1998 (8years).

Q. Given the consistent rise in the religious factor, a continuation of male dominance, and unabated illiteracy, what prospects exist in Pakistan for fertility decline?

A. Religion, male dominance and illiteracy can all be part of the explanation for the slow fertility decline. But given that almost all Islamic countries including Saudi Arabia, Iran and Indonesia have much lower fertility, we cannot keep bringing in religion as the main factor. Male dominance and the weak status of women to take decisions regarding their own family life, welfare and well being has certainly hampered reproductive change. While our research shows that men are increasingly supportive of spacing and fewer children, they have largely been left out of informational campaigns and services. Efforts to influence them has been absent. Above all, Pakistan does stand out most among the three factors that you propose in its very poor progress in eliminating illiteracy. While there have been improvements certainly, they too have stagnated with widespread illiteracy among males and especially females. I would say that if we merely addressed this, if primary education was universal, as mandated in the Constitution then fertility levels would definitely be much lower today.

Q. Why have Pakistan's family planning policies not been so successful? Does Pakistan need a family planning policy?

A. Pakistan does have a policy position about the population size and growth rates in the CCI (Council of Common Interests) Decisions of 2018. However, ambivalence in certain circles continues. If we clearly support a lower population growth rate as stated in the CCI decisions of 2018 which is our effective population policy then we have to do more to resource it and implement the decisions clearly laid out in a blueprint before the Federal and Provincial task forces with goals for 2025 and 2030.

population policy then we have to do more to resource it and implement the decisions clearly laid out in a blueprint before the Federal and Provincial task forces with goals for 2025 and 2030.

Q. Fertility decline is essential for demographic dividend. With high and almost stalled fertility rates, do you think Pakistan can realize the opportunity for demographic dividend?

A. The demographic dividend is a combination of an opportunity in the form of favorable age structures where a large size working age population reduces consumption and increases savings leading to an economic boost. However, and very importantly, it's an opportunity that has to be accompanied by equivalent opportunities in providing sources of livelihoods and jobs that absorb the expanding size of the labor force. This has not been the case, and our slow and sluggish economic growth of the last decade has failed to retain employment at earlier levels, alone absorb the 3 million a year new entrants to the labour force. The later fertility decline has merely extended the window of the demographic opportunity, but for it to be anything close to a dividend we need economic growth of 5% or more.

Q. Is women's empowerment in a patriarchal and a predominantly rural society possible? If not, is there still reason to believe that women in Pakistan could become equal in deciding what their optimal family size should be? If so, how could this be achieved?

A. All societies change and so do patriarchal societies and rural societies transform to more urbane lifestyles. The US has transformed from an agricultural society and Japan is a patriarchal society with transforming societal structures. So Pakistan will change too, perhaps slowly, but it will transform. And so will the roles of women in becoming slowly more involved in the labour force and in public life. In the period 1990-2000, female labour force participation rates remained at 13% or less and rose to 24% in the period 2001-2015. This again demonstrates that what we consider unchanging can alter quite fast. There is a strong desire among younger women to contribute to household income, to work outside the home but the barriers are huge, and there are simply not enough opportunities for young men, leave alone women. But as in the case of Bangladesh and the garment sector, you may find the same in our textile industry. Allow women better conditions and you will see a huge jump on paid employment that can have an extraordinary impact and spin offs for fertility.

One of the strongest relationship is between women's empowerment and contraception: those women who make three major decisions (what are these three decisions??? Make it clear) about their life are 50% more likely to use contraception, than those who can make none of these three major decisions according to the PDHS 2017. And those women who do paid work are more likely to make these decisions.

Q. Media is an important channel to put across your point. However, in case of Pakistan, debate on high population growth and its implication is generally missing. In what way should we communicate with the media, and how should we approach it, specifically? How can we sustain communication with the media?

A. Media is an extremely powerful way of changing points of view. We have been working with the media but their interests are transitory, depending on the main news stories. So we have to generate research and draw attention to issues that affect people. Unfortunately, high levels of unwanted pregnancies, maternal deaths and unwanted children are not news catching, But there are creative ways to draw in the media and this is an art. I think it is very important to change public opinion to endorse ideas and to put pressure on government to provide services. This is precisely what we are doing to promote the New Population Narrative. This Narrative was developed as one of the major decisions under the CCI.

The New Population Narrative is to ensure a balance between resources and size of population. "Parents have the right to freely and responsibly decide the number and spacing of their children so long as they can fulfill the fundamental rights of their children and their family by maintaining a balance between family size and their resources. The Government and society have the responsibility to help parents achieve this balance."

1. What should we tell our people to do in order to bring down the high fertility rates?

I think we have to convince people that a balance through three year spacing endorsed in Islam and by health experts will ensure the well being of mothers, children and the family. And the number of children that families plan have to ensure all rights of children. The role of the State is to ensure that whichever child is born they must have their rights fulfilled regardless of whatever numbers but they must provide information and quality services to all citizens.

“Potential for Demographic Dividend is Negligible”



 **Durr-e-Nayab**

First to bring the idea of demographic dividend on the policy table. Dr. Durr-e-Nayab is the Director of Research, Pakistan Institute of Development Economics, Islamabad. She is also the editor of The Pakistan Development Review. She specializes in the areas of health demography, class structure, age structure dynamics and social protection.

Q. Fertility decline is essential for demographic dividend. With high and almost stalled fertility rates, do you think Pakistan can realize the opportunity for demographic dividend. Or is the demographic dividend paradigm still relevant to Pakistan?

A. Reaping the 'demographic dividend' is much more than mere fertility decline. It's a combination of economics and demographics, and we are faltering on both. If the fertility rates are stalled it means that the supposed 'window of opportunity' provided by the age structure is not exactly a window, and is a prolonged state - a state where an increasing number of people would keep entering the labour force because of the population momentum provided by the fertility level. Our estimates at PIDE show that an annual economic growth rate of well over 7% is needed to accommodate these new entrants for full employment. It is by no means an easy task. Pakistan has not taken benefit of the opportunity so far, but it is never too late to make amends. Since more years have already been added to the 'window' because of slowing fertility decline, we can start afresh about how to take benefit of the opportunity.

Q. In Pakistan and many other countries, the term “demographic dividend” is often interpreted as change in age structure i.e. having a large young/working age population. Do you think that only having a young population provides impetus to economic growth and sustainable development?

A. This misconception has led people to believe that the gains from the 'demographic dividend' are automatic. They most certainly are not! Like any opportunity, you have to make an effort to reap the benefits. The large young/working-age population has to be employed gainfully for the dividend to materialize. In Pakistan, we see high unemployment rates among the youth, with even higher rates for the educated ones, and more for educated females than males. This is not a scenario where the country can take benefit from the 'demographic dividend'. Supply of labour is just one factor. The economy has to provide the opportunity for this labour force to be employed, and be employed gainfully. Labour absorption is the key!

Q. What other demographic aspects we need to consider to reap the benefits of demographic dividend?

A. If we talk purely of demographic aspects then along with fertility, mortality levels need to be seriously looked into. Infant mortality, to me, is unarguably the best indicators of any country's socio-economic condition. Despite showing improvement, Pakistan lags far behind in infant survival among all regional countries. High infant mortality is linked to high fertility, and I am certain if we can improve infant survival our fertility rates would show a declining trend – something that, as I said before, is imperative to increase the possibilities of reaping the demographic dividend.

In a larger context, Pakistan needs to improve on all demographics linked to literacy, skill or otherwise, health and equal opportunities for all genders. Our education needs to impart knowledge and skills that are of quality and relevance, instead of just being a factory for producing degree-holders. Likewise, higher unemployment rates for females than males show structural flaws in the system, both formal and informal, to cater to these sensitivities. Demographic dividend cannot be reaped with half the country's population not being an equal and active partner in it.

Q. What challenges Pakistan has in reaping the demographic dividend?

A. Pakistan needs to get the fundamentals right, in the economy, education, skill development and creating a conducive atmosphere for savings. An integrated policy, having a long-term vision instead of instant gains, is needed. The benefits of the opportunity provided by the demographic scenario cannot be reaped if different policies have a different rationale, and are looking for short-term gains.

Q. Can Pakistan achieve the benefits of dividend without proper investment in women's empowerment?

A. Of course, not! How can you exclude half the population and expect gains of any kind? Like I said above, equal opportunity for everyone is the key, and having men and women as equal partners is the very start of this idea. I firmly believe that in doing so we can even find an answer to our high fertility rates. With women being more empowered and active in things outside their homes, the opportunity cost of having children would increase, making them have more children an undesirable option.

A major social rethinking is needed for it. No government policy can achieve it on its own if there is no societal backing for it. Behaviour, thought process, social dynamics, all are very hard to change, but we cannot move forward without changing these.

Q. Finally, in the current scenario, we want your view on “Demographic dividend or demographic threat in Pakistan”.

A. When I said these words in 2006, I obviously implied that it is more of a threat than a dividend. Sadly, I feel the same in 2021. These conclusions made 15 years back are as valid now as they were then, “Time is running out to put appropriate policies in place, the absence of which may result in large-scale unemployment, and immense pressure on health and education system. In short, a socio-economic crisis may take place making the demographic dividend more of a demographic threat.”

Although the realist in me believes otherwise, but being an eternal optimist I wish and pray that a start in the right direction is made right now. It's never too late to do the right thing!

Talk with Experts iii

“The question to ask is not how it can be done, but why it is not done.”



Samia Altaf

Dr. Altaf, an globally recognised public health physician, certified by the American Board of Public Health and Preventive Medicine, is a Professor of Practice in Public Health/Director of Campus Health and Safety at LUMS. Dr. Altaf is an expert in designing, managing and monitoring large health services systems in the context of local challenges. She has also worked in an advisory role with USAID, operated the functions of UNICEF in Pakistan and the Washington, DC, Department of Health, in the USA.

Q. You wrote a book “So Much Aid, So Little Development: Stories from Pakistan”. Can you please briefly shed a light on why is it so that development is not happening despite having billions of dollars in aid?

A. My experience in working in most areas of the health care/medical care/population welfare industry in and out of Pakistan, has made me understand that the current model of development, while it has worked in many other countries, has failed in Pakistan and is not likely to succeed in future. The reasons for its failure are complex, multi-layered and chronic, as I try to describe in my book.

Briefly, the main factor is, it is the wrong model for a country like Pakistan. The model is based on false assumptions. The model assumes, one this side, that 1) Leadership is genuinely interested in bringing about development to improve the life of citizens. 2) Policy makers represent the people and are answerable to them and 3) Technical advisors have the required competencies.

On the other side it is assumed that 1) Donors' objective is actually improvement of services in developing countries. US government clearly articulates the goal of its assistance its foreign policy strategy. UK government has recently reorganized its development wing on same lines. 2) They, donor staff have knowledge of country, 3) Have the required competencies. In my book, So Much Aid; So Little Development I show that the reality is totally the opposite. By the way, an updated version of this book is coming out in Urdu in next couple of months.

1. Despite having a plethora of different health policies and frameworks, health indicators remain poor in Pakistan. How could the Ministry of National Health Services, Regulation and Coordination at the federal level and the Health Departments on the provincial level be made functional? Or is there an alternative to the government?

I am not qualified to answer if there is an alternative to the government. This subject is not my area of expertise.

In so far we have a government, it is responsible to arrange for and ensure safety, security and basic services for its citizens.

Making some organization or policymakers/ managers improve and be functional, can be done. It is dependent on how their incentives are aligned. It depends on answer to the

question—functional for whom? Currently they, the policy makers are very well functional-- for themselves, their friends, sons and sons-in-law. That is how their incentives are aligned. That is what they think their job is-- to maximize the opportunities for themselves and their masters—for all know their shelf life is very short. So they, policy makers and managers are immensely “functional ” in a short period. As is every lot . They do not think they need to be made any more functional. And they have no need to listen to people like us, for we tell them to do things not in their best interest. Why should they listen to our litanies? Their masters are also happy with them, reward them. That is all that seems to matter.

3. In Pakistan, there is little or no coordination among different health ministries and departments. The current example is that of COVID 19 handling which shows many departments doing the same things without synergizing their acts. How can we define roles and responsibilities so there is no duplication or waste?

Who is the “we” here? Those in charge have defined the roles and responsibilities according to the traditional framework for their operations. They think and say publically that there is excellent coordination in all ministries and departments—all are always on the same page. It is consistent to the way they have historically operated and it has worked remarkably well for themselves and their patrons-- those in power —including the donors. None of these folks think there is duplication and waste. Maybe a little bit here and there but that is insignificant and to be expected.

In fact they all say what a great job they have done in dealing with COVID. If the cases fall it's to their credit, if they rise, it's the citizens' fault—“heads I win, tails you lose”. Just listen to any minister and the chief minister and the prime minister and their technical experts. And if the international community, donors/aid wallahs did not think so, they wouldn't be giving the government more and more money would they?

If the “we” is PIDE or you and I, Dr. Nadeem ul Haq seems to think we don't stand the chance of a snowflake in hell to have anyone listen to us—and he would know. I do not agree with him entirely. I think its possible we do not get heard because our strategy to do so, is wrong.

Q. The landscape of public health is poor in Pakistan. We are producing more doctors but are not investing in system specialists. As a Public Health expert, would you like to share your insights on which dimensions of public health Pakistan needs to invest in?

A. Public Health actually means creating a healthy environment in which people live day-to-day lives. So clean air, clean water and good sanitation, adequate housing, safe transportation are critical. Appropriate primary education and accessible medical service and preventive health services are an integral part of the environment. These should be critical investments in Public Health.

You cannot expect to eradicate polio by giving polio drops to children as they live and play in mountains of filth (polio virus lives in sewage) every day of their lives. Almost 90% of the population of Tharparker defecates in the open. Even the heroic effort of Aga Khan hospital and the executive fiat of the most honorable chief justice of Pakistan, have failed to cure Tharparker's infants and children of diarrheas and pneumonias. Such greats defeated by human waste! Has anyone in government moved? Some huffing and puffing at appropriate moments—for the press and photo-ops and then back to same ol'.

It is worth remembering that the first health care reform in Britain in mid-nineteenth century was a sanitation reform led by doctors. British Government of the time was forced to arrange for better sanitation infrastructure to help decrease diarrheas and pneumonias in children.

These things are not difficult to organize and pay for. There is technology available-- Moenjodaro received clean water five thousand years ago. There is “Willingness- to- pay” research done in Pakistan from 1992-1993 that shows citizens are willing to pay for these services—and they do even for the terrible services that exist today. So why do all the governments run around asking for “aid”?

The question to ask is not how it can be done, but why it is not done.

Big Picture is: This, the current model of health care is not responsive to the needs of average citizens. The disease-based, pharmaceutical dependent, fee for service model of health care, unchanged for the last hundred years is out -moded, unsustainable and has

clearly failed to achieve the objectives of health care in most developing countries including Pakistan. It has failed will continue to fail in spite of more doctors and hospitals, because doctors and hospitals cannot function well in absence of an appropriate environmental infrastructure that maintains a certain level of good health of most of the population. This traditional model is changed in most of developed countries and in some developing countries as well. So it can be done.

The industry and policymakers have known this reality for the past forty plus years. Please see the 1978 Alma Ata Declaration—Pakistan is a signatory. No one wants to face this reality, for the government does not want to invest in a clean environment, and hospitals and medical doctors who profit from this situation, are in power. They would be out of jobs and hospitals' and pharmaceuticals' profits would decrease, if the model changes.

Specifically at the level of the health system: Hopeless as thing are, even now, if two actions are undertaken—by HEC and by PMDC, the system will begin to turn around. These are:

- 1) The medical education curriculum should be changed to give broad –based analytical preventive health skills to most physicians and health care workers, as opposed to disease-based curative skills.
- 2) These physicians should be incentivized to step into the changed model by offering them better salaries and positions of power and authority comparable to, if not better than those of narrow clinical specialist.
- 3) What are the major policy shortcomings related to reproductive health challenges in Pakistan? Let us defer this issue for another time. The chapter in my book “World Bank-Witches' Oil and Lizard's Tail” addresses this issue from the perspective of ordinary women in Pakistan and in context of health system/international aid.
- 4) Is Public-Private Partnership working for providing better healthcare services to the larger population, especially the poor?

Short answer is NO. If they were you would see a change in indicators for PPP is being done for the past thirty years. Why would we expect this little piece to work when nothing else in the system does? Why would it work in interest of citizens when nothing else does? The incentives for PPP are also, like those for aid-funded programs aligned in such a way that PPP works for private partners. Long answer is for another time



Post enumeration survey in census: lessons for Pakistan

Mehtab S. Karim

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Census results are never perfect therefore, in both developed and developing countries, usually overall undercounting of people does happen. However, sometimes where people are quite mobile, they may be counted twice. Usually for various reasons census misses people, such as those living in cities or those in younger ages or of certain social groups (such as ethnic or religious minorities). Therefore, to check the validity of a census result, the United Nations recommends a post-census enumeration survey (PES) immediately following the census in randomly selected enumeration blocks. Later, its results are cross-checked with the census results obtained in the same enumeration blocks. As the results of censuses are now widely used for policy and planning purposes, PES is a good tool to examine the coverage, quality and limitations of census data and to understand the types and extent of inaccuracies that may have occurred. Since in many developing countries, alternative sources of population data are not available, PES is the major tool for evaluating the census results. The survey results when compared with census results, allow estimates to be made of coverage and content errors. Coverage errors refer to people missed in the census or erroneously included, whereas content errors evaluate response quality of selected questions. The PES allows census organizations to uncover deficiencies in the methodology of the census and make adjustments for future censuses.

The PES results can also be used to adjust census results. Broadly, PES serves several purposes, such as; it assesses whether 100 percent enumeration was in fact achieved; it provides statistical estimates of any under-enumeration and; it also helps in quality checks of the census, including the quality of responses to the questions, providing statistical estimates of the validity of responses, gross and net error rates due to questions and/or response codes being misunderstood. PES repeats the census exercise in randomly selected areas, but with a higher input of resources and more experienced survey interviewers than are used in the census, so as to measure the quality of the larger data collection.

For a country like Pakistan, where conducting censuses has been infrequent (only three censuses have been conducted since 1981 whereas per the 1973 constitution requirements, by now five decennial censuses should have been conducted). Further, in the absence of the vital registration system and regular population and demographic surveys, there is limited use of other methods of census evaluation. In Pakistan's first post-independence population and housing census conducted in 1951, several discrepancies were identified, therefore, following the 1961 census, a PES was conducted, which indicated about 6.5 percent under-enumeration in the country. Subsequently, the results were adjusted to account for under-enumeration across the board. After the 1972 census, a PES was not conducted,

¹United Nations. 2010. Post Enumeration Surveys: Operational guidelines. New York: Department of Economic and Social Affairs.

²Jillani. M. S. 2003. "Census Taking Over the Years—A Historical Perspective." In Kamal, A.R. Mohammad Irfan, and Naushin Mahmood (eds.). Population of Pakistan: An Analysis of 1998 1998 Population and Housing Census. Islamabad: Pakistan Institute of Development Economics.

³Kamal, A.R. Irfan, Irfan, Mohammad and Mahmood, Naushin (eds.). 2003. Population of Pakistan: An Analysis of 1998 Population and Housing Census. Islamabad: Pakistan Institute of Development Economics.

however following the census conducted in 1981, while a PES was conducted, its results were not made public. The 1998 census was conducted with the assistance of armed forces, whereby each enumerator was accompanied with a soldier, with the main purpose of checking any exaggerated figures. This likely resulted in no over reporting of people, however, due to non-responses, difficulties in reaching all the households and non-reporting of some persons, any underreporting of people as well as the quality of reported population statistics could not be established in the absence of PES. To review the 1998 census results, in 2000 a steering committee of senior demographers was constituted by the Government of Pakistan with support from the United Nations Population Fund (UNFPA). The experts analyzed data of the 1998 census and papers were published in a comprehensive edited volume. It was reported that the 1998 census suffered from various inconsistencies including possible undercount of the population.

In 2016, the Supreme Court took a suo moto notice regarding delay in carrying out a census in the country and directed the Government to conduct the census as soon as possible. Accordingly, after a delay of 19 years, the sixth census was conducted during March-May, 2017, in two phases. The census enumeration was completed in about half of the census blocks in each province during March 15 and April 15 and in the other half, during April 25 and May 27. This was the longest period to complete the census exercise in Pakistan, as in the first two censuses, enumeration was completed in three weeks, while in the third, fourth and fifth census, enumeration was completed in two weeks.

In countries where the majority of people are not educated, the way questions are framed and asked in the census could also result in content errors. In the 2017 census of Pakistan, the CNIC number of the head or any member of the household was to be recorded for verification purposes only. However, according to the UNFPA Observer Mission Report the CNIC of each household member was checked and

verified by the armed forces personnel accompanying the census enumerator, who sent a message to the issuing authority (NADRA) about the validity of the card. The UNFPA Observer Mission Report also mentions that mostly information available on the CNIC was relied upon by the enumerators. It may be noted, that once a person migrates internally, changing the address on CNIC is not mandatory, therefore, it is likely that due to reliance on information available on CNIC, perhaps those household members having a different address on CNIC were not included due to de jure methodology used, assuming that they will be counted at their permanent place of residence. Besides, the requirement for all adult household members to provide CNIC number might have forced those without a CNIC - particularly illegal aliens- to opt out from the census enumeration. Perhaps for that reason, in the 2017 census, urban population was grossly under-reported.

Following the census, the Secretary of Statistics Division, being Principal Accounting Officer, constituted a committee to evaluate all aspects of the census 2017 and to highlight weaknesses for possible remedies for the release of the detailed results and for compiling good practices/lessons learnt for forthcoming censuses. The committee compiled a comprehensive "Report on Technical Evaluation of 6th Population & Housing Census-2017", which points out at several administrative and technical loopholes in conducting the census. For example, the Report notes that the expert committee constituted by the Governing Council of PBS to advise on census operations had shown concern that "the census is not being planned the way it was envisaged" and "none of its recommendations were being followed in true letter and spirit nor any of the other recommendations made by the national and international agencies to PBS were accepted... the concerned authorities of PBS had adopted whatever, they liked and rejected that was not according to their sweet will".

⁴Chaudhry, Muhammad Aslam, 2003. "Methodological Issues in Data Collection". In Kamal, A.R. Mohammad Irfan, and Naushin Mahmood (eds.) Population of Pakistan: An Analysis of 1998 Population and Housing Census. Islamabad: Pakistan Institute of Development Economics.

⁵UNFPA. 2017. Pakistan Population and Housing Census 2017: Monitoring & Observation Mission. Islamabad: National report

⁶Statistics Division. 2018 Technical Evaluation of 6th Population & Housing Census-2017. Ministry of Statistics. Government of Pakistan Islamabad: PBS HQ Printing Press.

⁷Zaman, Fahim, 2017. "Census 2017: How can flawed results have any credibility". Dawn. September, 21.

⁸Karim, Mehtab S. 2021. "The Census Controversy" Narratives. February, ¹⁸

The Report also points out that the census ignored basic census standards such as breaches of confidentiality (by obtaining CNIC which was verified through SMS to NADRA) and breach of universality (by not enumerating refugee villages/camps). Besides, in spite of repeated recommendations by national experts in the advisory committee, the conduct a PES, as is the practice in many countries, was also turned down by PBS authorities. Thus, the possibility of the 2017 census being affected due to the above mentioned reasons cannot be overruled. Since a PES was not conducted following the census, there is no way to validate the 2017 census results.

Consequently, following the release of provisional results of the 2017 census, the print and electronic media showed several reservations and the situation has not changed even today. Similarly, the validity of the 2017 census has been questioned in a comprehensive analysis of the provisional results of the 2017 census and it has been documented that the data suffer from several anomalies. Later, in the meeting of Council of Common Interest (CCI) held in December 2017, under the chairmanship of the Prime Minister, Sindh's Chief Minister raised the issue of possible undercounting of Sindh's population. Since the international standards of cross-validation of the census results were not followed by PBS, a meeting was held in the Senate of Pakistan and agreement was signed by the leaders of all political parties, where it was agreed that a validation survey will be conducted in 5 percent of randomly selected census blocks from all over the country, by a third party and the results will be validated after cross checking with

the enumeration done in these blocks in the 2017 census. For the purpose a "Census Commission" of three prominent demographers was also notified by the Government of Pakistan to supervise the validation survey. The Commission had its first meeting on January 7, 2018 which was also attended by four other senior demographers along with the Secretary of the Ministry of Statistics and other senior officials from PBS.

There was a general consensus among the experts who attended the meeting, that the 2017 census suffered from several flaws and it will be appropriate to conduct a third-party validation exercise. However, later the Commission was disbanded. In many developed and developing countries, PES is conducted as a routine in randomly selected areas immediately after population censuses, to determine how many households and persons the census missed and estimates are made where they are missed from along with their characteristics. For example in the 1990 and 2000 US censuses a net under count of over one percent was reported, however, there was a substantial improvement in the coverage according to the PES conducted after 2010, which showed a net over count of 0.01 percent. In Australia and Canada PES conducted after the 2011 censuses, the undercount was 1.8 and 3 percent, respectively. Since the 1951 census in India, PES was routinely conducted which suggest improvements over years. Thus, the PES conducted after the 2011 census indicated that 2.3 percent people were missed with wide regional variations with substantial undercount detected in urban areas. The PES conducted in Bangladesh following the 2011 census, reported that 4 percent people were missed

In view of the above discussion, it is important to note that post-enumeration survey is a very important exercise and therefore, is worth undertaking. The PES methodology is adaptable to the country's circumstances and therefore, must be adopted following the next census of Pakistan so that its results are readily acceptable to all the stakeholders. However, for the PES to be useful in measuring coverage and content errors, it must be well planned and implemented. Since the PES normally covers fewer variables compared to other household surveys and is usually based on a comparatively smaller sample, and is carried out immediately after the census, means that its overhead costs may be greatly reduced.

⁹Karim, Mehtab S. 2018. The 2017 Census of Pakistan: Analysis of Provisional Results. Karachi: Social Policy Development Centre. Research Report No. 101.

¹⁰US Census Bureau (2012) <https://www.census.gov/newsroom/blogs/director/2012/09/how-good-was-the-2010-census-a-view-from-the-post-enumeration-survey.html>

¹¹Registrar General & Census Commissioner, India, 2014. Census of India: Report on Post Enumeration Survey. New Delhi.

¹² Bangladesh Institute of Development Studies. 2012. Report of the Post Enumeration Check of the Population and Housing Census.



Population planning and growth

Pervez Tahir



The Census 2017 shows the lowest intercensal population growth of 2.13 per cent in Punjab, down from the previous intercensal growth of 2.64 per cent. The increase is higher for Sindh at 2.41 per cent against 2.80 per cent in the previous intercensal period. A still higher increase of 2.89 per cent occurred in Khyber-Pakhtunkhwa against 2.82 per cent between 1981 and 1998. Balochistan shows the highest growth of 3.37 per cent against the previous intercensal growth of 2.47 per cent. Does the better performance in Punjab and the poor performance in other provinces have anything to do with the effectiveness or otherwise of the population programmes?

Pakistan Bureau of Statistics has published the Annual Contraceptive Performance Report, 2015-16. It uses service statistics to measure contraceptive performance in terms of two internationally recognised indicators. One is the Couple Years of Protection (CYP) and the other is modern Contraceptive Prevalence Rate (CPR). CYP estimates birth control indirectly by assessing protection provided by family planning services during one year period on the basis of contraceptives sold or distributed free. It falls in the core indicators of FP2020, reported annually. The CPR is the percentage of married women of reproductive age (15-49 years) practising modern contraception. A high performance on these indicators is expected to result in fertility decline. Pakistan's fertility rate, it may be noted, is the highest in the region.

Population Welfare Departments (PWDs) of the provinces are the main deliverers of services. The respective CYPs for the provinces are not necessarily consistent with the Census results. Balochistan, which experienced an increase in population growth, also registered an increase in CYP of 4.7 per cent. Khyber-Pakhtunkhwa, the other province showing an increased population growth, witnessed an increase of 11.3 per cent in CYP. The population growth in Punjab has decreased, but CPY has also decreased by 7.7 per cent. With increasing population growth, Sindh's CPY declined by as much as 21.2 per cent.

Departments of health of the provinces are the next important service providers. The service is delivered at the level of health facility and by the lady health workers (LHWs). At the facility level, the contraceptive performance in terms of CYP increased by 4.3 per cent in Punjab, 1.5 per cent in Khyber-Pakhtunkhwa and 49.2 per cent in Balochistan. In Sindh, the performance decreased by 16.6 per cent. The LHWs CYP performance increased in Sindh by 22.6 per cent and Khyber-Pakhtunkhwa by 1.5 per cent, but decreased by 9.7 per cent in Punjab and 44.8 per cent in Balochistan.

The overall Contraceptive Prevalence Rate on the basis of modern contraceptive methods (mCPR) for the provinces again tells an idiosyncratic story. It is the highest in Khyber-Pakhtunkhwa (46.0 per cent) where population growth is higher, followed by Punjab (38.9 per cent). Balochistan has the lowest mCPR (13.8 per cent), which is consistent with a high population growth. Sindh falls in the middle with an mCPR of 25.0 per cent.

Like most modern developments, Pakistan was an early acceptor of the family planning programme in the 1950s. A fully fledged ministry emerged by 1990. The CPR increased from 5 to 12 per cent. It rose in the range of 30-33 per cent by 2000, thanks mainly to the LHWs. In the following decade, the CPR stagnated. The latest estimate in the Pakistan Demographic and Health Survey 2012-13 places it at 35 per cent, the lowest in the region. While comprehensive analyses of the demographic development will have to await the publication of the detailed Census 2017, the indications are that the picture is unlikely to be rosy.



Fertility decline requires wider social policy measures for females

Sara Rizvi Jafree



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.

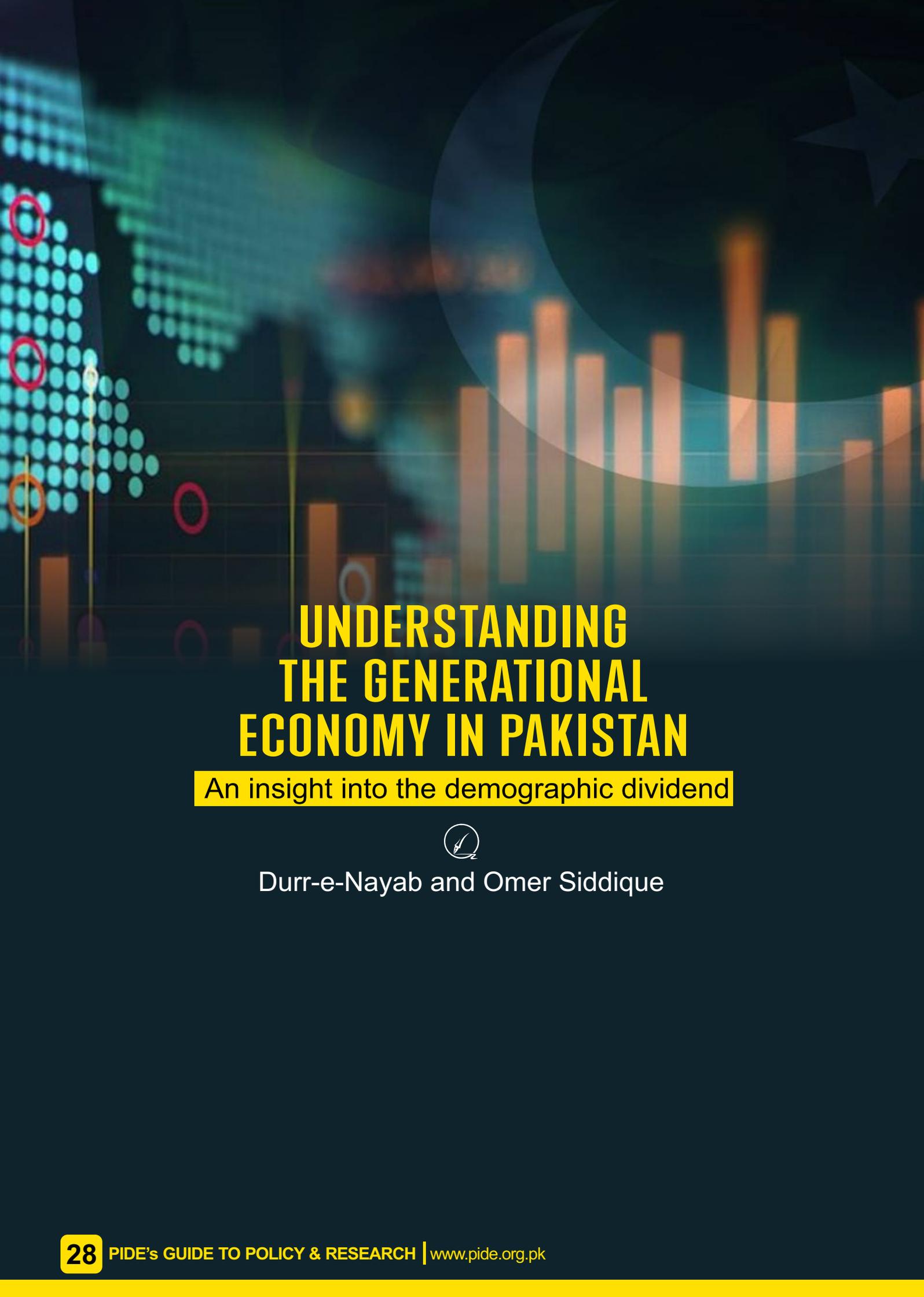
For the broader and more comprehensive improvement of women's capacity and social inclusion, there is need for the complete ban on dowry and increase in the age of marriage from 16 years across all provinces. There is also need for: (i) Reform in inheritance laws, property ownership laws, and business 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 unfailing 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.

References:

- National Institute of Population Studies (NIPS) [Pakistan] and Macro International Inc. 2008. Pakistan Demographic and Health Survey 2006-07. Islamabad: NIPS and Macro International Inc.
- Hardee, K., & Leahy, E. (2008). Population, fertility and family planning in Pakistan: a program in stagnation. *Population Action International*, 3(3), 1-12.
- Sarwar, J., & Chaudhary, A. R. (2019). Positive Consequences of Declining Fertility: Socioeconomic Analysis of Punjab, Pakistan. *International Journal of Women's Health and Reproduction Sciences*, 8(1), 19-28.



UNDERSTANDING THE GENERATIONAL ECONOMY IN PAKISTAN

An insight into the demographic dividend



Durr-e-Nayab and Omer Siddique



Generational economy provides:

- Estimates of people's income and their consumption at every age
- Understanding to how do people, especially the young and the old who consume more than they produce, support themselves

The current population age structure of Pakistan provides the country an opportunity to reap the demographic dividend. An opportunity provided by the fact that the number of people in the working ages are more than the young and the elderly. An insight to the generational economy can help us understand the wealth flows taking place in the population across different ages in Pakistan. It also strengthens our understanding of the linkages between population dynamics and development.

The Economic Life-Cycle and Life-Cycle Deficit in Pakistan

Life-cycle accounts incorporate consumption and labour income, where consumption is subdivided into public and private consumption. This is helpful in investigating the age pattern of income and consumption by quantifying the economic life-cycle. Generally, young and old age groups consume more than they produce, hence, their economic life-cycle is in deficit. On the contrary, the working-age group produces more than their consumption and have a life-cycle surplus.

The youth not only require resources for their basic needs but also for investment in their human capital, while older, apart from basic needs, require significant resources for their declining health. The consumption not only varies by age but also according to the population structure of a country. Developed economies' elderly population is increasing and thus have different age-specific consumption patterns from developing countries, which have a high proportion of the young population. Besides, in developing economies like Pakistan, consumption decisions are not individual but also depend on the collective decision within the family. Life-cycle deficit is at the core of these estimates. Since life-cycle deficit is calculated as consumption minus income, Figures 1 and 2 present the per capita and aggregate life-cycle deficits in terms of consumption and income. Consumption is the sum of private and public consumptions on education, health, and other consumption. Labour income is composed of labour earnings and self-employed income.



The economic life-cycle is an age pattern of consumption and labour income.

The life-cycle deficit is the net result of consumption minus labour income.

¹This brief is based on a detailed study, Nayab, D., and Siddique, O. (2019) "National Transfer Accounts for Pakistan: Understanding the Generational Economy". Islamabad: PIDE and UNFPA.

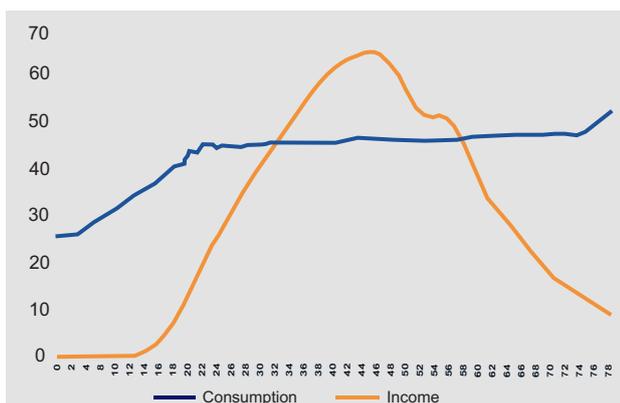


Figure 1: The Life-Cycle Deficit: Per Capita Labour Income and Consumption (thousand rupees)

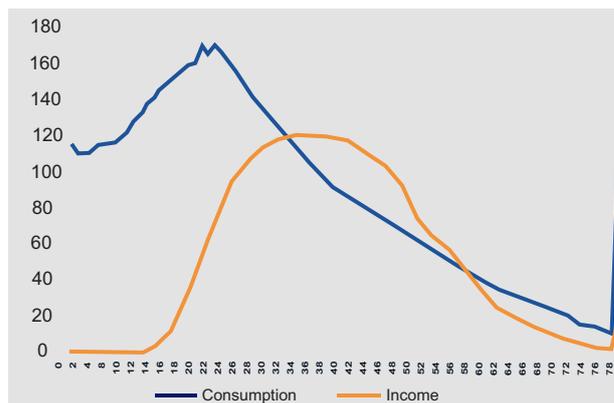


Figure 2: The Life-Cycle Deficit: Aggregate Labour Income and Consumption (billion rupees)

As Figure 1 shows, the younger population consumes more than they produce but this gap is even wider for the older population. For the young, the consumption-income gap is due to the education consumption while for the old, the gap is driven mainly by expenditures on health. Figure 2 shows the impact of Pakistan's age structure on the life-cycle deficit. Since the proportion of the population in younger cohorts is higher in Pakistan, the aggregate consumption is also higher for this age group. Consumption shows a declining trend for the older population. The figure further reveals that 25-45 is the most productive age group, in terms of generating income.

Generational Wealth Flow in Pakistan

The estimates show that a large life-cycle deficit exists in Pakistan for the young and an even bigger one for the elderly, on per capita basis (Figure 1). There are two mechanisms to fund the life-cycle deficit, which are private and public age reallocations (discussed below). However, for Pakistan, the life-cycle deficit is mainly funded through private asset-based reallocations and private transfers. Although public sources also contribute to bridging the life-cycle deficit, the role of the private sector is greater.



Private Age Reallocations

Private age reallocations are made through two mechanisms, namely, transfers and asset income. Transfers are cash and in-kind flows to (transfer inflows) and from (transfer outflows) individuals or age groups that do not require any explicit return. Transfers are further subdivided into inter- and intra-household transfers. Similarly, private asset income is composed of capital and property income. The private age reallocations are mediated by households, families, and other private institutions. These private transfers are a significant source of funding the life-cycle deficit.

Public Age Reallocations

Public age reallocations are the flow of current resources across age that is mediated by the government. Public age reallocations are composed of two economic mechanisms – public transfers and public asset-based reallocations – that can be used to shift resources across age. Public transfers are ones between the public and the private sector. These are the transfers that flow from working-age adults, who pay taxes, to the ages in which beneficiaries are concentrated, often children and the elderly, to fund the life-cycle deficit.

Public asset-based reallocations arise because the government owns assets and debt. Inflows occur when government earns public asset income or borrow. Outflows occur when the government have property income outflows, paying interest on public debt, or when governments save.

Estimates of the generational economy show that net public transfers are small, especially when compared to private transfers. The detailed account reveals that the public transfers flow from the population in their early 30s onward to the younger population.

KEY POINTS

Prime productive ages in Pakistan are the 40s as their income is substantially more than their consumption.

Education consumption relies more on private sources than public ones. This is true for all educational levels.

People Save!
The life-cycle deficit is funded primarily by asset-based reallocations, and these reallocations are more in the private domain than public.

Health consumption is highest for the elderly and, irrespective of age, private financing of healthcare exceeds public.



What does it mean for Pakistan?

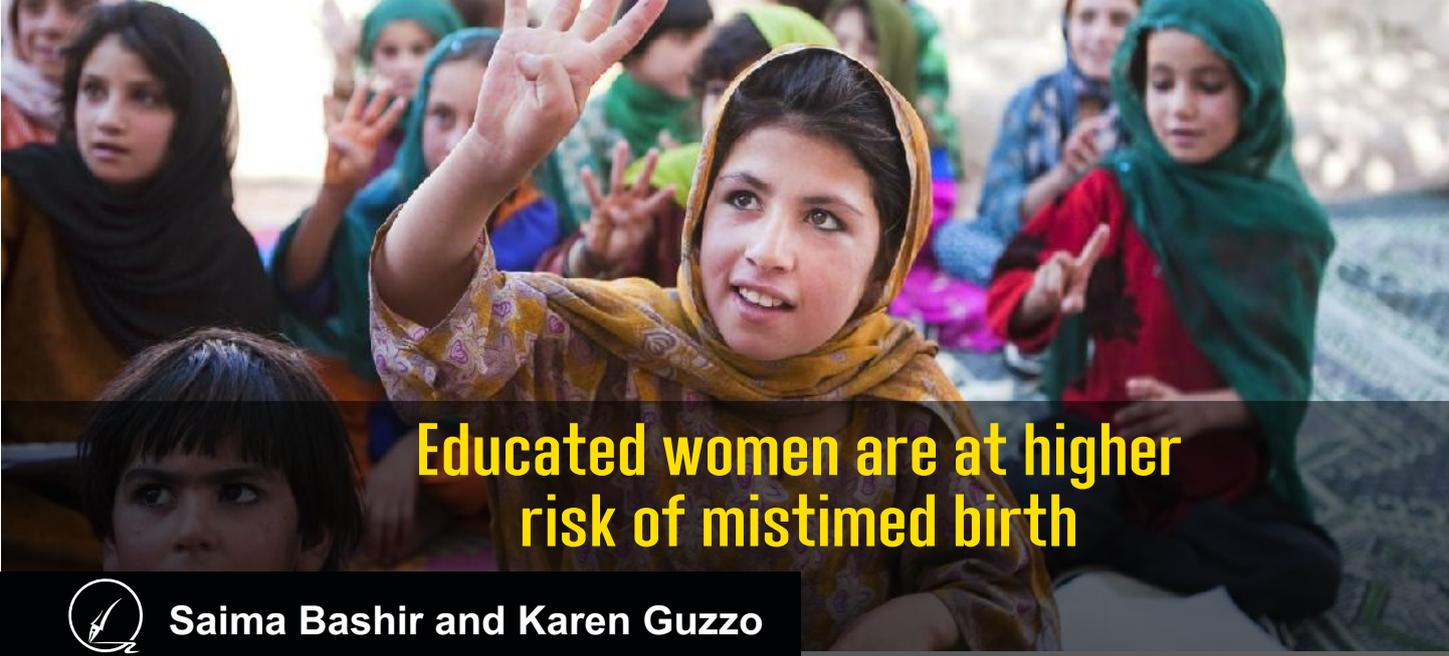
Estimates for Pakistan's generational economy has serious policy implications for various key areas. Some of the more important ones are given below.

Gainful employment: The outflows from the working ages are meeting the life-cycle deficit faced by the young and the elderly. To reap the potential benefits of the demographic dividend, it is imperative that the working ages are gainfully employed. As these young workers progress they not only provide for their own living but also for those who are dependent upon them.

Education spending: Expenditure on education, especially public expenditure, is quite low to produce the quality needed to compete in the modern global economy. The analysis, therefore, reinforces the need to increase investment in education, with emphasis on quality.

Public health consumption: Private health consumption far exceeds public health consumption. There is a dire need to increase public spending on health. Literature suggests that health expenditures are a major source of pushing households into poverty.

Caring for the elderly: Although the proportion of the elderly is not high in Pakistan, nor is projected to be so in the coming few decades, the numbers are fast increasing. The absence of universal public social security system makes the elderly extra-vulnerable due to changes in the family living arrangements, such as the trend towards the nuclear family system. It, therefore, is about time we start planning for the elderly because, as the estimates show, the elderly have the largest life-cycle deficit and the highest health expenditure.



Educated women are at higher risk of mistimed birth



Saima Bashir and Karen Guzzo

“..many [educated] women seem to be unable to assert their preferences even though they seem to be communicating more about fertility preferences.”

Pakistan is currently in the middle of the fertility transition with a drop in fertility from 6 births per women in 1980s to 3.6 births per women in 2017-18. This drop, however, is not as significant in Pakistan as it is in other neighboring countries. Further, recent surveys show that fertility decline has stalled in recent years. A high level of unintended fertility is one major cause of this slow down.

An unintended pregnancy is a pregnancy that is reported to have been either unwanted (i.e. pregnancy occurred when no children, or no more children, were desired) or mistimed (i.e. pregnancy occurred earlier than desired). Recent estimates show that around one-fifth of births are unintended (both mistimed and unwanted) in Pakistan. It may represent high unmet need for contraception. At the same time, a nearly universal knowledge of family planning among Pakistani woman signifies a persistent lack of female control over fertility as only 34% of women are currently using any contraceptive method.

It would seem that the discrepancy between women's desired and actual fertility may also reflect women's marginalized position and lack of power and resources to exercise authority. Also, in traditional societies, even when female education and employment increases, women are not always able to convert their improved socioeconomic position into a more equitable relationship with their partner. Therefore, it is important to look at fertility behavior through a gendered lens.

Often, arguments about unintended fertility during fertility transition are attributed to a lack of access to family planning services. However, we argue that gender issues are also at play,

and attention to such issues has largely been overlooked. We believe gender system influences couple's fertility desires and goals and thereby their behaviors.

One of the reasons for experiencing an unintended pregnancy can be the lack of spousal agreement on desired family size. Women may fail to protect themselves from unintended pregnancy because they perceive their husband wants more children. In male dominated societies, couples' concordance on reproductive matters may be high because women usually are socialized to accept the opinion of their husbands or they don't voice their opinions because of fear of reprisal. On the other hand, gendered environment of the society hinders husband-wife communication and thus may lead to discordance; as spousal communication is associated with more agreement. With changing social norms due to increase in education and increased media exposure over last two decades, discordance on fertility desires and goals may be high not only because of male dominance but because women may internalize small family size ideals due to increased awareness and control over their fertility.

Thus, unwanted fertility may be high not only because of reduction in desired family size and lack of access to family planning but because gender relations and cultural norms may not be changing at the same time. In light of increased levels of education and economic development and legal reforms that support greater gender equality, one might expect spousal preference to change at the same time. However, Pakistan's culture and socioeconomic structures remain male-dominated. This suggests that fertility preferences may not change at the same time, in the same way, for men and women, which may make women's perception of their partner's fertility goal an important predictor of how women themselves classify the intendedness of a birth.

In our study[1], we explore the nexus between spousal agreement on desired family size, education and unintended fertility using the Pakistan Demographic Health Survey for 1990-91 and 2012-13. Women seldom report an unintended first birth even if they do experience an unintended birth, due to immense social pressure. However, the decision to have another child is quite different and wantedness of the birth is affected by number of children already born. Women are less likely to report an unwanted birth until they achieve their desired parity[2].

Analysis suggests that over time unwanted fertility has declined in Pakistan but still 1 in every 10 pregnancies/births was unwanted in 2012-13. This is consistent with the transition theory argument that unwanted fertility is high at the start of fertility transition but declines as the transition proceeds. Substantial variation is observed in wantedness of the last birth of women by perceived spousal concordance on desired family size between 1990-91 and 2012-13.

The percentage of unwanted fertility attributable to women who reported not knowing their spouse's fertility preferences declined by fifty percent; from 18% in 1990-91 to 9% in 2012-13. A woman is less likely to characterize the birth as unintended (mistimed or unwanted) when she is unaware of her partner's fertility desires. If women do not know what their husbands want, and their births are less likely to be unintended, this suggests that women's fertility behaviors are thus reflecting their own desires.

We also found that compared to women with no formal education, educated women are more likely to have mistimed birth rather than a wanted or unwanted birth. There were no differences in unwanted fertility, and the link between education and mistimed fertility is positive (rather than negative). These results are consistent with other studies that found that education is strongly associated

with desire for smaller families, leaving educated couples more exposed to the risk of unwanted childbearing. So, why might higher levels of education be linked to greater chances of higher-order births being mistimed?

One possibility is that women with higher levels of education might face more issues in combining work and family and wish to space births further apart. Another possibility is that more educated women may be more aware of the health and educational benefits of longer birth intervals. Alternatively, educated women may be more likely to have formulated clear preferences about the timing/spacing of higher-order births, may be more willing to report their true intentions, or better understand survey questions about birth timing. All of this would make it more likely that women with higher levels of education report births as mistimed as compared to uneducated women. More mistimed fertility among educated women could also result from ineffective contraceptive methods or contraceptive failure.

The results merit a more in-depth analysis of why educated women are at higher risk of mistimed childbearing when having higher-order births. Education is believed to provide tools and resources to women to make informed choices. However, results suggest that despite the improvement in female education in Pakistan over the past few decades, many women seem to be unable to assert their preferences even though they seem to be communicating more about fertility preferences.

The findings suggest that the government and social organizations need to ensure the changes happening at societal level (i.e., increasing women's education) are translating into interpersonal relationships by changing the cultural milieu of society that accepts and celebrates women's empowerment. Improvement in women's education alone is not enough to fully and truly empower women, since higher levels of education are confined to a relatively small section of the urban population.

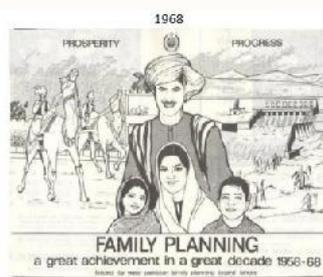




An ad and a postal stamp! celebrating the world population day Durr-e-Nayab

This year's July 11 was no different from the previous years'. It is the date we go through our token actions and words to commemorate the World Population Day. Thanks to the social distancing and 'stay at home' directives this year, we were spared of the annual 'Population March'. July is a hot and humid month anyway, and marching for something with such an unclear agenda is doubly unpleasant.

Just so that I do not miss the day and all the things that annoy me about it, the morning paper had an advertisement that acted as a good reminder for me. Yes, I am very old-fashioned and still get the paper version of the newspapers! Coming back to the ad, it was one by the Punjab Population Innovation Fund (PIF), a Punjab Government organisation. To mark the day, the PPIF in collaboration with the University of Health Sciences (UHS) announced launching a helpline to deal with maternal and child health and family planning, with female doctors attending all calls. Among other things, the consultation services provided include family planning counselling, non-communicable diseases, hygiene practices, basic medical advice, nutrition and referral services. Very noble indeed! But don't men need any of these services? And especially, is the burden of family planning only on women? I am yet to see any advertisement, by any government (federal or provincial) or organisation, that talk about such issues targeting the male population. Isn't child's health father's responsibility too? Aren't we strengthening the gender stereotypes with such ads? Don't males have 'reproductive health'? Why is population, and the Population Day, only linked to women and that too with a family planning focus? 'Family planning' too is a misnomer here. What we mean in all these advertisements is family limitation. Maybe if we actually start planning families, the limitation part would follow by itself.



1. We also had a special postal stamp to mark the day this year. It was a stamp that reminded me of a family planning advertisement dating back to 1960s. Have a look at both the ads and see the similarities. Let's count a few: Both show adults in ethnic attires

- Both show equal sex ratios of the children in each family
- Both show prosperity in a very impersonal way



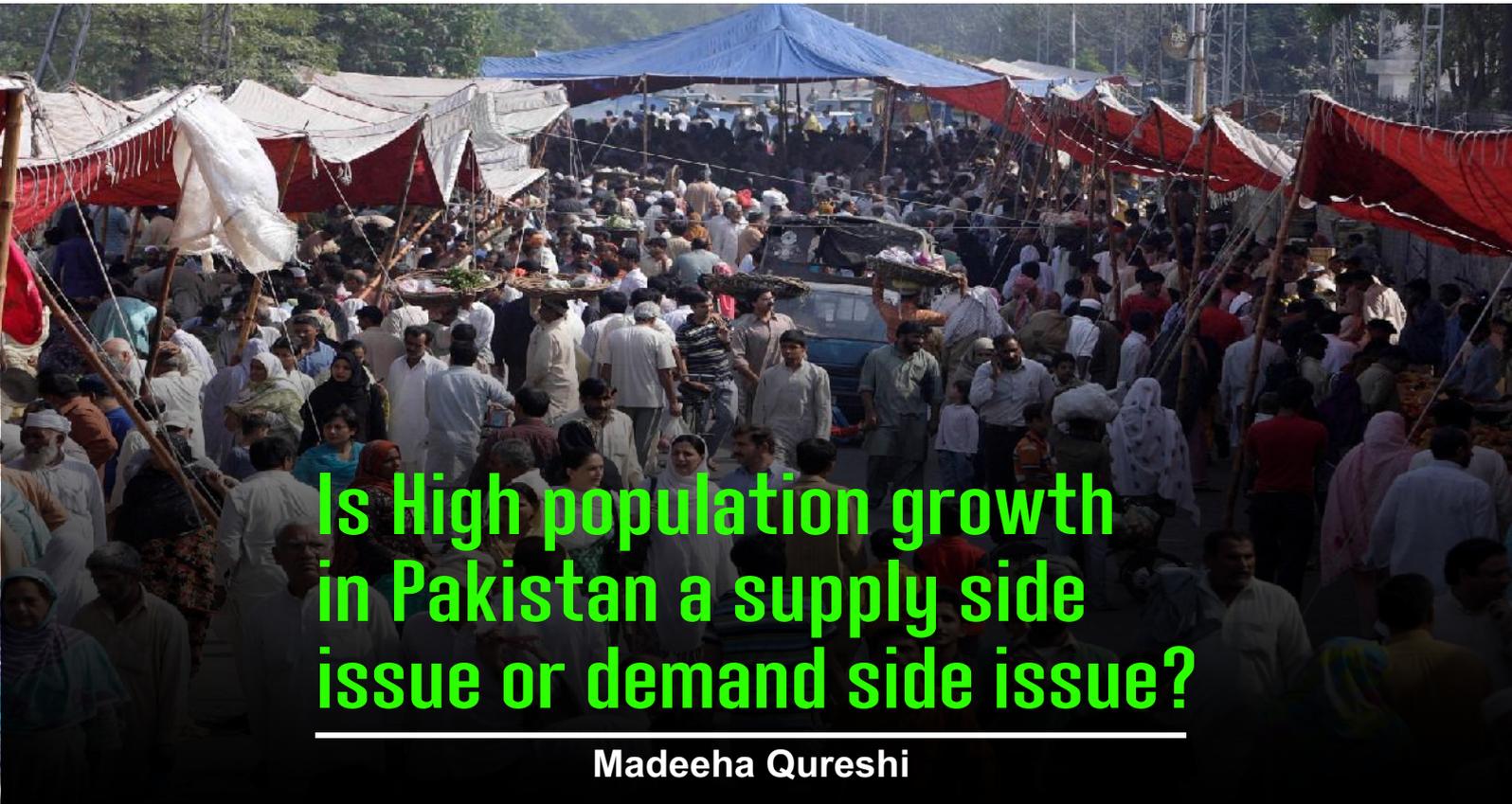
Some may, but how many in even rural areas would relate to a family looking like this now? Under what law of genetics do these ads/stamp ensure that a couple would have a perfect son-daughter ratio? And how many altruistic couples would be motivated to have a small family because it would make the country greener (2020) or help it have a dam (1968)? Why not have ads that show just one or two girls or boys only? Why not show symbols of personal prosperity which people can relate to? Same goes for the locations and attires that are shown in such campaigns. It is not just the ads linked to population directly that present such stereotypes, they are found everywhere. Just to show what I mean, let's have a look at the insurance advertisements in Pakistan. Just a glance at these is enough to conclude that girls are to get married while boys are to get an education and achieve success in all sorts of fields. In the ads on the right, we can see that girls need protection (bottom left) and get married (top left), while boys need to get educated (top left and right) and be successful (bottom right). The ad on the top left, using an underage bride, is wrong in every possible way. Going back to the World Population Day. The issue of population, if it could be called so, can be better tackled if we approach it in a broader context. The whole discourse around 'controlling' population needs to be changed. Changing perceptions about gender roles is an essential step. Educated women who are gainfully employed do not have smaller families just because they have easy access to contraception. It is more a matter of demand than supply. For them, the opportunity cost of having children is much higher than their counterparts. Most programmes in the country focus on the supply side of 'population planning', and miss putting in the effort to create a demand.

The stagnating fertility decline and reduced use of modern contraceptives, both evident from the latest Pakistan Demographic and Health Survey (PDHS 20171-18), should be enough to tell us that a change in strategy is needed. A more forward-looking image of females is required, with a stress on education, employment and most importantly, delayed age at marriage. Males should be projected to be equally responsible to 'plan' families as females. Female sterilisation is the most common method of modern contraception used in the country. The process is long, painful and irreversible. If the couples are looking for a failure-proof method, why not go for vasectomy which is even reversible? Say's Law – the proposition that supply creates its own demand—has been refuted by what we have seen in adoption of contraceptives in Pakistan for long now. It is time we start working to create demand.

I am certain, demand would create its own supply! Almost all the burden of infertility is shouldered by the females. It is time we stop linking reproduction and/or reproductive health with females alone, and make males an equal partner. Let there be helplines and advertisements in newspapers about males' reproductive health. It would be a great service to them as well, as many males suffer in silence in the name of preserving their masculinity. Let's start celebrating the World Population Day in the real sense of the word, including everyone and all their issues in it. And before I sign off, one final request to all those designing such campaigns. A small, happy family can have children of the same sex, and boys want to get married as much as girls want to get educated!

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I am certain, demand would create its own supply!



Is High population growth in Pakistan a supply side issue or demand side issue?

Madeeha Qureshi

Pakistan has the highest population growth rate in South Asia, standing at 2.4% as per 2017 census. Why have we failed to restrict our population growth rate close to 1.5% when other

South Asian countries like Bangladesh and India, which are somewhat culturally like us, have successfully done so? Is it a failure on the demand side or the supply side, is the question that has been debated within PIDE recently.

Two contrasting viewpoints have emerged within the debate. As Dr Zeba Sathar (Senior Associate and Pakistan Country Director at Population Council) has emphasized, the failure of family planning services is the most important cause of such high population growth rates. Whereas, Dr G. M. Arif (Ex-Joint Director, PIDE) and Dr Durre Nayab (Joint Director, PIDE) emphasized on demand-side explanation.

Dr Sathar's argument was built on high rates of abortion within Pakistani urban females; demand for population control is stated to exist and such high abortion rates indicate a failure of family planning services to stop such unwanted births at the stage of conception.

Dr G. M. Arif and Dr Nayab built their case for demand-side factors as the most important cause of high population growth rate. It was stated by how the preference for children remains high among both married females and married men. In this context, they build their case on how the ideal family size (as per the recent Pakistan Demographic Health Survey) comes out to be 3.9 for the females and 4.6 for the males—including a high preference for more children even among those who have two or more children.

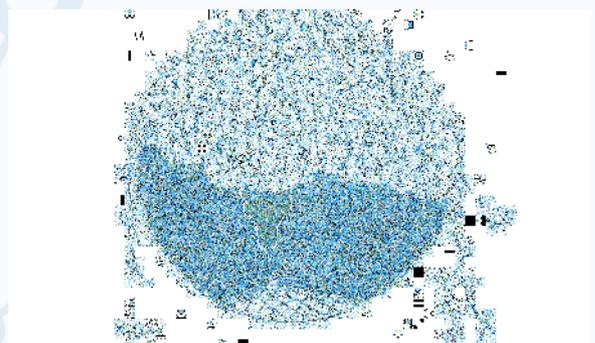
Emphasizing on the failure of family planning policy within Pakistan on account of weak demand side enabling factors for population control, Dr. Arif emphasized that unless the norm of having small families is not cultivated culturally and a discussion on importance of small family size does not initiate at household and community level, we will not see our investment into family planning initiative yield fruit. In this context, he emphasized the important role of economic and human development, whereby he believes that the cultural transformation towards two-child family will only initiate when child-rearing will be made more expensive— a transition that can only materialize if parents start to invest in the quality of a child than merely focus on quantity of children.

Dr Nayab added to the debate of demand-side causes of population outburst within Pakistan by highlighting how in absence of an institutional mechanism of old age support within Pakistan for general population, there will always emerge the need of having large family size to have children as means of financial insurance for parents at end of their life cycle.

The debate concluded with the consensus that there is a need to take a holistic view to family planning initiative. Stress needs to move from family size control by creating easy access to family planning means to create a norm of small family size. However, supply-side dynamics cannot be ignored.. Human development is a long-term strategy, but in the short-term creation of awareness through media, civil society and lady health workers is the need of the day.

In my opinion, the debate on population growth and development nexus needs to be approached not just on how there may emerge demand-side tendencies for a small family size with development, but also on how controlling population size can increase the capacity of the government to increase the quality of its population and their developmental perspective. This point is even more relevant in the context of Pakistan's commitment to SDGs. Though population control is not a part of any goal or target, it is one of the most important causal factors that can have a significant impact on each of 17 goals and their implementation.

To further make population control policy in Pakistan a success, it is important that our politicians and policymakers re-think the NFC awards as it may be creating disincentive in implementing family planning initiatives effectively. For, if the financial resource allocation of provinces is indeed linked to their population sizes as per NFC award, then does this not create an incentive to not control population or over-report the population figures? just some food for thought.





Saima Bashir

Results speak louder than words

Analytical review of of maternity and paternity leave bill 2018

“Perhaps the single most important policy-related insight in economics is that changes in policies lead to behavioral responses. Well-meaning policies can easily create the wrong sort of behavioral response” (Glaeser, 2010; The New York Times).

On 27 January 2020, the senate of Pakistan passed a Maternity and Paternity Leave Bill 2018. In its first stage, the Bill will be applicable to the Federal Capital Territory. According to this Bill, the employers, both public and private, are required to grant paid maternity and paternity leaves to their employees. The bill states that women are eligible to get paid leave for 6 months on the first birth; 4 months on the second birth and 3 months on the third birth. The Bill creates welcome space for paid maternity leave of one month to fathers for a total number of 3 times during service. Moreover, according to the Bill “the employees shall also be provided with an additional three months’ optional unpaid maternity and one-month’s paternity leave, separately from their leave account, if required by employee”.

On the face of it, this Bill makes transition to parenthood easier by providing the employees freedom from struggling to avoid conflict between work and family obligations. The stated objective of introducing this bill is to reduce the stress and conflict between work and family to

facilitate and encourage women labor force participation. At the same time, it seems to be affording the fathers an opportunity to have a closer bond with their newborns. The effect should be to break the gender stereotypes that make the childbearing and rearing only the mother’s responsibility and, at the same time, introduce the concept of “involved fathering”.

“In order to facilitate women to fulfil the obligations of motherhood without having to compromise on their professional growth, Article 37 (e) of the Constitution of Pakistan provides the maternity benefits to women and entitles them to leave. This Bill aims to provide expectant mothers maximum required leave in order to facilitate them. On the other hand, the law does not mandate the provision of paternity leave for male employees, where the need for the institutionalization of such support structure is no different. Research suggests that enabling fathers to look after their new born children has positive knock-on effects. The early close relationship between father and child has long-term implications. This Bill seeks to provide fathers the opportunity to be there at a crucial time without the added responsibility of the workplace (Maternity and Paternity Leave Bill 2018).”

Let us first see the positive side of the bill and then some likely counterproductive outcomes. Globally, there are 185 countries that afford working women statutory rights to maternity leave. However, only 78 countries give men statutory rights to paternity leave. The good in the Maternity and Paternity Bill, 2018 is the provision of paid paternity leave of one month to fathers. In the South Asian culture, childrearing is understood to be a mother's responsibility and usually fathers only provide financial support. It is the mother who takes care of the children, their education, health and everything that comes in between as well as looks after the household chores. This becomes exhausting, especially for working mothers—they are virtually doing two jobs at one time. Having a child is a big transition and mothers need strong social support from friends and family. Usually, this support is provided by extended maternal and paternal families. However, with increased urbanization and a gradual move toward the nuclear family system, this social support is diminishing or available for a small period of time and often, not available at all. Therefore, a woman needs her partner's help in taking care of the children as well as the household tasks. Many South and Southeast Asian countries such as the Philippines, Indonesia, and Vietnam have instituted the paternity leave policies though of varying duration. Paternity leave has a beneficial effect all round—parents, children as well as businesses all stand to gain from it. Paternity leave provides enhanced childcare support to mothers. Besides, mothers are less stressed as they get additional emotional sustenance and additional time post-child-birth required to heal



All this eventually facilitates a smoother transition back to the work place. In this context, paid maternity leave for the father is a welcome move which will not only break the gender stereotypes but will also make the fathers share the daunting household tasks only women are supposed to do. Moreover, paternity leave is likely to assist governments in fulfilling their objective of increasing female workforce participation because it supports women's continued engagement with the workforce. On the other hand, the paid maternity leaves of 6 months on the first child, 4 months on the second child, and 3 months on the third child may lead to counterproductive outcomes. According to the Bill, as the female labor force participation is increasing in Pakistan, the objective of the Bill is to provide women some flexibility and help them in balancing work and family obligation. However, this policy will result in a decrease in female labor force participation. There are many reasons to support this premise. First, as the bill makes it mandatory for employers (both private and public) to grant paid maternity leave, this will discourage employers from hiring women

particularly in the private sector. This will lead to discrimination and women will not have equal opportunities for employment. An employer is driven by a self-serving rationality and the motivations are profit driven. The paid maternity leave of 6 months will increase the cost of hiring not only the married women but all women of reproductive age. The cost will be increased in two ways, first the employer will have to pay the employee during maternity leave and second he will hire another person, even on contract for the said leave period, and pay him/her accordingly.

This policy will only work if government provides some incentives to employers, particularly in the private sector, to give paid maternity leave to their female employees such as tax rebate or financial assistance through government exchequer. This type of support from government is highly unlikely given the state of economy in Pakistan when the government is already struggling to pay the salaries and pensions to its own employees.

Second, in Pakistan thanks to the ongoing demographic dividend, abundant cheap labor is available. The employer will be more inclined to hire a male rather than a female. In Pakistan, where the females are already marginalized and the gender gap in literacy is not shrinking, the small proportion of employable educated women will be discriminated against even more. Even for the same position with the same qualification and experience, an employer would be likely to have an added incentive to hire a male in case this bill is approved from National

Assembly too. By hiring a male, the employer can avoid the cost of paid maternity leave and also the risk will be minimal in case the female employee does not rejoin work again. As Zulqurnain rightly pointed out while commenting on The Punjab Maternity Benefits (Amendment) Bill 2019 “In the domestic sphere, it is incorrectly assumed that since a woman is the one bearing the child, it is also her responsibility to rear one. This assumption is the cause of much of the prevalent gender inequality in our society. The proposed Bill while providing for maternity leave and child care centers in establishments with women actually reinforces the aforementioned assumption. When state is mandating establishments with women to have child care centers, it is in fact agreeing with the assumption that these are the women who have the primary responsibility of bringing up a child.”

Third, these type of policies are generally adopted by countries where fertility rate is below replacement level and they have to provide incentives to couples for having children. For instance, Finland introduced an incentive called the 'baby bonus'

to provide couples incentives to have babies. According to this, any resident who gave birth would be entitled to a maximum of 10,000 Euros, paid over 10 years. In addition to the Financial incentives, Estonia has a generous family leave policy introduced in 2004 – which provides a year and a half of fully paid benefits to boost the birth rates.

In Pakistan, the fertility rate is already very high (Total Fertility Rate is 3.6) and we have limited resources to manage this high population (207 million according to Census 2017). Research shows that Extended Maternity Leave may encourage women to have more births as they find the cost of bearing more children is reduced (Becker, 1991). In addition to increasing demographic pressures, such an incentive to higher fertility is likely to aggravate the financial burden on businesses. In some countries though, extended maternity leave led to extended breastfeeding which in turn produced a positive impact on infant mortality rate as was witnessed in Bangladesh. But before a step is taken toward extending long paid Maternity Leave, the trade-off between female labor force participation rate and fertility rate needs to be studied for arriving at a pragmatic policy prescription which will have optimal outcomes. We have to introduce policies which raise the opportunity cost of having more children but the Maternity and Paternity Bill, 2018 will actually provide couples incentives to have at least 3 children. For instance, having a 6 months paid maternity leave and one month paternity leave will not raise the opportunity cost particularly for mothers in terms of financial, physical, and emotional benefits. Further, the provision that a mother can avail

extra three months unpaid maternity leave will in effect make childbearing and childrearing an easy business. Furthermore, this maternity leave period will leave the woman at a higher risk of getting pregnant again. And the cycle of paid maternity leave will start again. This policy will not help in declining TFR rather it will accelerate the fertility rate I agree as far as the paternity leave policy is concerned but would suggest to make the existing maternity leave policy of 3 months more flexible, i.e., that it should be on the mothers when to avail it. The maternity policy of 90 days paid leave states that a mother should avail 45 days before the child birth and 45 days after the child birth which leaves little room for mothers to recover from the physical stress of childbirth as well as its emotional stress due to transition to motherhood. If the policy allows mothers to avail it according to their need then I think three months is an appropriate time period to recover from childbirth fatigue. This would be more appropriate in a labor intensive country. Alternatively, if the Bill has to be passed as it is, the government must back it up by providing companies the bridging finance to make up for the wages these companies will have to pay to mothers on maternity leave. This will insulate women to a large extent against discriminatory rejection in securing a job.



The C-section epidemic in Pakistan

Saman Nazir



One in five babies comes into the world by the cesarean section (C-Section) in Pakistan. The most recent report of Pakistan Demographic and Health Survey (PDHS) shows a rapid increase in the rates of C-Section deliveries, from 14% in 2012-13 to 22% in 2017-18. Is the C-Section rate too high in Pakistan? The answer would be a definite YES. World Health Organization, in its statement, recommends that C-Section rates higher than 10% are not associated with a reduction in maternal or neonatal mortality (WHO, 2015). Current rates exceed the World Health Organization recommendations, suggesting that Pakistan is part of a trend worldwide of having C-Sections for non-medical reasons.

Why are we concerned about high C-Section rates? There are four primary reasons. First, extensive use of C-Section can increase the probability of negative impacts on mother and child physical and mental health. A review of seventy-nine studies comparing outcomes of C-Section deliveries versus normal deliveries show that C-Section deliveries are considered at high risk of future medical complications (Jose et al., 2007).

Second, we still have high fertility; the total fertility rate is 3.6 births per woman in Pakistan. With no health records available for previous births, a normal delivery after the C-Section trial gets risky. Having a previous C-Section puts the mother at a higher risk of C-Section for subsequent births. With these high rates of C-Section in the country, we are unduly exposing women to major surgery for multiple times.

Third, Pakistan is a resource-poor country. At times, patients seeking public health care do not get common antibiotics from hospitals dispensaries. Spending resources on a surgical procedure for non-medical reasons should be a grave concern for health policymakers, managers, and practitioners.

Fourth, high rates of C-Section in any country could be due to two reasons; either the maternal health care sector is augmenting the C-Section rates for financial gains or medically unnecessarily performing it on women's choice. In Pakistan, where no hospital, be it public or private, has an explicit pro-choice C-Section policy, the former is deemed to be the case. Moreover, the literature suggests that women have a negative opinion about having a C-Section in Pakistan (Bano et al., 2015; Qazi et al., 2013). Performing C-Section on non-medical reasons for financial gains or time management indicates mal-practicing at the physicians end.

What exactly is happening in Pakistan? Who is responsible for augmenting C-Section rates in the country? In a collaborated research on the medicalization of childbirth in Pakistan, we have explored these questions by using the PDHS. The health care system in Pakistan is predominantly private: about 64% of health expenditure in the country is funded by the private sector (Pakistan Bureau of Statistics, 2018).

Elevated rates of C-Section delivery in public health facilities have been explained by the significant number of referrals from periphery public facilities; however, the reason for high rates in private health facilities is less obvious. Therefore, we speculated that private health facilities in Pakistan might be more accommodating of C-Sections for non-medical reasons than public ones.

The findings of our study suggest that medical risk factors, population characteristics, and community socioeconomic status are important factors determining women's ability to utilize a formal health care system. Medical risk factors are significant at the health facility level to influence the chances of C-Section. We further found that women who deliver at private health facilities are more likely to have a C-Section than women who deliver at public health facilities. The finding is concerning and suggests that the private health sector in Pakistan is over-medicalizing childbirth.

In the private maternal health sector, where gynecologists, obstetricians, and staff are in charge of one-to-one care of pregnant women, they mostly have the sole authority to make medical decisions based on patient conditions. Most likely private maternal care health facilities are performing C-Sections to earn profits. In public hospitals, there is no economic incentive for doctors to perform a C-Section. However, the doctor's fee to perform a C-Section and inpatient hospital charges after the procedure are tremendously high (and variable depends upon the facility type and location) in private health facilities in Pakistan. Thus, the findings of the study call for the need for systematic auditing of private maternal health care facilities.

References

- Bano, R. et al. (2015). Rates of cesarean section and trials and success of vaginal birth after cesarean sections in secondary care hospital. *Journal of Pakistan Medical Association*, 65(1), 81-3.
- Josif, M., Althabe, F., & Cafferata, L. M. (2007). Commentary: Health Consequences of the Increasing Cesarean Section Rates. *Epidemiology*, 18(4), 485–486.
- Pakistan Bureau of Statistics (2018). National Health Accounts Pakistan 2015-16. Government of Pakistan Statistics Division. Retrieved from http://www.pbs.gov.pk/sites/default/files//NHA-Pakistan%202015-16%20Report_0.pdf
- Qazi, Q, Z. Akhtar, K. Khan, and A. H. Khan. (2013). Pregnant Women View Regarding Cesarean Section in Northwest Pakistan. *Tropical Medicine and Surgery*, 1(1).
- World Health Organization. (2015) WHO Statement on Caesarean Section Rates. Geneva: World Health Organization, 2015. WHO/RHR/15.02.

Pervez Tahir

Census politics



The census that should have been held in 2008 was finally held in 2017. Not only that, the final results are yet to be notified officially. The regular conduct of the big count is necessary for making information-based plans and policies for socioeconomic wellbeing. This is all the more necessary in countries like Pakistan that fall in the league of overpopulated economies. Allama Iqbal, the architect of the idea of Pakistan, wrote as early as in 1904:

“... Poverty is the source of all crimes. If this great calamity is defeated the world will present a model of paradise But under the present circumstances the only way to freedom from the clutches of this evil spirit is a smaller population of the mankind so that the economic resources can support it” (p. 210).

“In our country economic resources are limited but the population is growing day by day. Nature cures it by famine and disease. But we should also free ourselves from the limitations placed by the practice of marrying in childhood and the number of wives Our only aim here is to have fewer children. The desire to marry is a natural urge, the suppression of which is also not healthy.... This aim can be achieved by marrying late or, in other words, by reducing birth rate and by generally restraining sexual urges” (pp. 212-213).

Politics enters the picture for a number of reasons. First, the census forms the basis for the delimitation of constituencies for elections at federal, provincial and local levels. It was in the context of elections that the Supreme Court had to take suo moto notice of the delays in the holding of the census in 2016. The political class was thus forced to hold it in 2017. Second, population weighs 82 per cent in the horizontal distribution of resources. There is an incentive in overstating the population.

This is not an issue that cannot be resolved. To hold a census may be a political matter but census itself is also a socio-economic exercise. It is not a good idea to ignore issues that involve the people. Other countries have dealt with the problem by freezing the population shares for the purpose of revenue distribution. Third, ethnic divides in Sindh, Balochistan and lately in Punjab add another dimension.

The security situation due to the ongoing war on terror was also cited as a reason for delay. It could be held in areas where security was not that serious an issue, for instance, Punjab, and the other provinces would follow, in the same way as provinces were once not imposing sales tax on services but when Sindh imposed it, other provinces followed suit. Army had to be called to assist in the exercise. While this helped the safe conduct of the census, the strict adherence to the CNIC-based identification may have led to the under-enumeration of the migrant population and

the illegals. In addition to security, let it be noted, the army also filled in the serious institutional gaps on the civilian side.

When the sixth Population and Housing Census 2017 was completed in May, only provisional results were released in August 2017. There was no agreement in the Council of Common Interests, the final approval forum, with Sindh dissenting most vociferously. A Senate panel came out with the proposal for a validation exercise, which should have been undertaken anyway as per the international practice. This was delayed for one excuse or the other with the result that the reasonable time within which a post-enumeration validation exercise can be held was lost.

As late as on February 11, 2020, the federal cabinet constituted a five-member committee to deliberate and make recommendations for approval of final results of Census 2017. The committee recommended to the cabinet the approval of the results without a post enumeration survey for validation. With so much time elapsed since the conduct of the census, the exercise will not have made much sense. Despite opposition by a key ally, the cabinet forwarded the recommendations to the CCI for final approval. On December 23, 2020 the cabinet took the decision to hold the next census as early as possible and well before 2027. A committee has been constituted for recommendation and adoption of best practices.

The terms of reference of the committee are:

- (i) To review the census process, data collection and field operation methodologies used for Census 2017 and recommend modern methodologies being adopted for census in region and globe for conduct of upcoming census
- (ii) To compare the regional/globally adopted census questionnaires and proposals for improvement.
- (iii) To review mode of data collection (manual/electronic) for provision of timely and credible results and remuneration for adoption of innovative tools and technologies for geo referred enumeration up to household level for upcoming census.
- (iv) To review the best practices of field operations, including monitoring/supervisions and data processing to minimise the omissions/errors and complete coverage.
- (v) To devise strategy for confidence building measures of all stakeholders for smooth completion of census operation and increasing reliability and credibility of census results.

The decision to hold a new census sooner than later is sound, but these run off the mill terms of reference dampen the spirit of it. It is hoped that the eminent demographers included in the committee will be able to avoid a repeat of the past, when the actual conduct of the 2017 census significantly deviated from the recommendations of a similar committee.

¹⁴Iqbal, Sheikh Muhammad (n.d.) *Ilmul Iqtisad [The Science of Economics]*. Lahore: Khadim-ul-Taleem Steam Press of Paisa Akhbar. First published 1904. 2nd edition (1961), Karachi: Iqbal Academy; Reprinted (1977), Lahore: Iqbal Academy Pakistan; 2nd Reprint (1991), Lahore: Aina-i-Adab. Urdu.

SUPPLEMENT





Reassessing growth narratives

Shahid Sattar and Eman Ahmed

There is no dearth of development discourse in the context of Pakistan, but the burning question is how to achieve real, sustained economic growth. Research dictates that that the growth rate of per capita GDP is linearly dependent on technological progress, gross capital formation, the initial level of output per capita, and labour productivity growth, as well as human capital formation. Pakistan's economy requires a growth rate of 8 per cent in the coming 30 years to meet the needs of its rapidly growing population. To achieve this, policymakers must contend with the numerous issues that stymie the economy, and reassess past strategies for development, as well as aid programs, that have not yet borne results. At a broader level, there is a need to bridge the gap between economics as a discipline and how policymakers employ it as a tool for growth – a gap identified in the IMF Working Paper *Crouching Beliefs, Hidden Biases: The Rise and Fall of Growth Narratives*.

The IMF paper criticizes the prevalent growth recipe, in terms of how it emphasizes government failures as the primary constraint to economic growth and development. Both government and market failures have a significant impact, but government failures dominate the discourse, with a minimal focus on structural reforms, institutions and privatization. Economic terms that could describe solutions for market failures such as industrial policy, industrialization, or export orientation, are barely featured in growth discourse, and this has resulted in misplaced policies and blame games, rather than productive discourse and reform. Research has shown that Pakistan has more of a software (management and productivity) problem than a shortage of hardware (physical infrastructure).



Figure : Monthly Quantum Index of Manufacturing

Ideally, the state should limit its intervention to ensuring macroeconomic stability. This includes investing in infrastructure and education, as well as providing access to new markets and a business environment conducive to private enterprise. The term "macroeconomic stability" describes a national economy that has minimized vulnerability to external shocks, and thus greater prospects for sustained growth. At present, Pakistan's growth recipe is too focused on "projects" – short-term oriented plans that are frequently introduced by the government and rarely lead to tangible outcomes. For the long-term, industrialization and export orientation are key paradigms that must be employed to ensure macroeconomic stability.

In keeping with the "Make-in-Pakistan" Policy, industrial growth has accelerated to a 22-month high despite the COVID pandemic. The overall output of Large-Scale Manufacturing Index (LSMI) increased by 8.16% for Jul-Dec 2020-21 as compared to Jul-Dec 2019-20. For Dec-2020, the LSMI output increased by 11.40% compared to Dec-2019. This growth in industrial output will not only lead to job creation but it is also contributing to an increase in our exports.

Pakistan has immense potential in the form of natural resources, a promising youth population to form an energetic workforce, and a resilient textile industry. However, the country is faced with serious environmental issues, particularly water scarcity, energy crisis, air and water pollution and depletion of its natural resources. In particular, energy availability, affordability and quality remain elusive, posing an existential threat to the competitiveness of the country and its economic growth potential. The majority of firms have reported energy pricing and accessibility as major obstacles to productivity and growth, while textile industries and small firms bear highest losses. "It takes a business in Pakistan 161 days to obtain an electricity connection, compared to South Asia's regional

average of 98 days, and the cost is 50 percent higher than anywhere else in the region." The estimated business losses occurring due to energy crisis are reported at PKR 210 billion, 400,000 jobs and USD 1 billion worth of exports in 2008 (Institute of Public Policy 2009), which are expected to have increased overtime. These are direct costs and do not take into account indirect costs such as risk mitigation, lower investments, firm closures or moving to another country—all of which hurt long-term growth potential of the country.

It is no wonder Pakistan lags behind in the ease of doing business and competitiveness indices, as many potential startups are burdened by overregulation that hinders them from flourishing. Those that do manage to take off are soon crippled by high levels of advance tax and lengthy bureaucratic procedures. Furthermore, outdated technology, the lack of policy continuity and redundant business practices exacerbate the problem.

Technological upgradation can increase the productivity of labour and enable them to produce better quality goods in more quantity and less time. However, Pakistan's engineering sector is not advanced enough to contribute to our industries in automating production. We are therefore dependent upon imported machines, and faced with the costs of high protectionism. As a result, industries often prefer to continue with outdated and inefficient technology, which ultimately hurts labour productivity and gives way to uncompetitive product pricing. Furthermore, without investment in human capital, value-addition and software reforms, productivity remains unattainable. With our reliance on agriculture, one would presume that sector to be up-to-date, but antiquated farming techniques, water scarcity and limited seed varieties hold our agricultural exports back, along with inadequate and outdated processing technology and practices keeping Pakistani agri-products uncompetitive in the international market.



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In developing and implementing an export-led growth strategy, the target is not short-term growth; rather it is long-term holistic growth which requires robust productivity reforms and investments in human and physical capital. In this regard, we must place our faith in the local business community as well as entrepreneurs. They have the potential to bring us out of the debt cycle, and it is critical that we empower them to do so. We must revisit our policies, reassess our priorities and do away with redundant practices. These are largely skewed against the local business community, exporting sectors and especially SMEs. SMEs are particularly vulnerable as turnover tax of 1.5% is deducted at each stage. Nearly 80% of export-oriented products go through SMEs, while they are denied access to refinance schemes and LTFF. The amount of turnover tax applicable to SMEs must be reduced to achieve any semblance of international competitiveness. Furthermore, it is practically impossible for indirect exporters to utilize DTRE; the process of DTRE should therefore be simplified and made accessible to them.

Enhanced trade competitiveness leading to an increase in exports is undoubtedly a sustainable path to economic growth, and unlike aid, it is not tied up in any form of liability. Addressing market failures through industrial policy and export orientation is a viable path to macroeconomic stability. Unreasonable anti-export biases including tariffs and duties must be removed, as the textile sector remains under immense pressure to maintain a heavy chunk of Pakistan's exports, and is thus critical for Pakistan's economic prosperity. Furthermore, it is detrimental for Pakistan's economic growth to remain primarily reliant on agriculture while global competitors are making impressive strides in diversification and structural transformation. Even with high concentration in the agricultural sector, it is evident that production costs are too high and yields are too low for agricultural products. A new green revolution is needed to bring Pakistan's agriculture sector out of its rut. In addition, long-term policies for market development, industries, textiles and tariffs must work in tandem for Pakistan to have a real chance of holistic development with tangible results, thereby providing jobs for the millions of young people joining the workforce each year.



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