

Journal of Public Policy Practitioners (JPPP)

Volume 4 Issue 2, Fall 2025

ISSN(P): 2959-2194, ISSN(E): 2959-2208

Homepage: <https://journals.umt.edu.pk/index.php/jppp>



- Title:** Growing Population in Punjab: The Policy Failures and the Associated Challenges
- Author (s):** Bushra Arfeen
- Affiliation(s):** Forman Christian College, Lahore, Pakistan
- DOI:** <https://doi.org/10.32350/jppp.42.02>
- History:** Received: July 15, 2025, Revised: August 25, 2025, Accepted: September 15, 2025, Published: December 07, 2025
- Citation:** Arfeen, B. (2025). Growing population in Punjab: The policy failures and the associated challenges. *Journal of Public Policy Practitioners*, 4(2), 27–48. <https://doi.org/10.32350/jppp.42.02>
- Copyright:** © The Authors
- Licensing:**  This article is open access and is distributed under the terms of [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/)
- Conflict of Interest:** Author(s) declared no conflict of interest



A publication of
School of Governance and Society
University of Management and Technology, Lahore, Pakistan

Growing Population in Punjab: The Policy Failures and the Associated Challenges

Bushra Arfeen*

Centre of Public Policy and Governance, Forman Christian College, Lahore, Pakistan

Abstract

Despite a long-standing history of population policies and initiatives in Punjab, the most populous province of the country continues to struggle with high fertility rates and a rapidly growing population. This paper explores the factors that hamper the success of the population policies in the province through primary interviews, policy documents and secondary sources to enhance the validity of the research. The findings of the study highlight that while the policies have evolved over time, the implementation mechanism remains weak in nature due to governance challenges, insufficient resources, misplaced priorities, political instability and coordination issues. Moreover, the cultural restrictions coupled with the religious factor in addition to the state of compromised female autonomy and service delivery challenges have also contributed towards the unmet need for family planning. The paper asserts that these factors indicate towards a systemic failure and proposes the need for greater collaboration, cultural acceptance, incorporation of women empowerment within the agenda of family planning, a stronger financial commitment and a long-term serious commitment.

Keywords: contraceptive uptake, family planning, policymaking, Punjab

Introduction

With a population of 127.7 million (InfoCenter, [n.d.](#)) the province of Punjab consists of 52.96% of the total population of Pakistan which makes Punjab the most populous province of the country. The annual growth rate of Punjab is recorded at 2.53% per year and this rapidly growing rate of population is a consequence of high fertility rates and the gradual improvement in the mortality rates in Pakistan. While there are certain benefits of growing population, as it provides a considerable population that can contribute to the workforce, the hazards associated with it are alarming.

*Corresponding Author: bushraarfeen@hotmail.com

The most prominent issues created by the rising population include rapid urbanization that has led to overcrowded cities, leaving the infrastructure insufficient, environment damaged and resources depleted, apart from creating a socially unequal society (Rana & Bhatti, [2018](#)). In addition, while the growing population may support the labor force, the accelerating population results in high unemployment (Peluso, [2023](#)). Furthermore, specifically with regards to resources, countries that fall under the category of middle- and lower-income face greater challenges in managing their education and health systems when the population becomes uncontrollable (United Nations, [n.d.](#)). Moreover, poverty is an avoidable outcome of the population challenge which is a direct consequence of the unemployment rate and the prevalent inequalities that are inevitable once the population bomb explodes (Peluso, [2023](#)).

The problems that stem from the issue of rising population directly point towards high fertility rates. According to the data from 2024, the total fertility rate of Punjab, Pakistan is approximately 3.5 children per woman. Previously, the total fertility rate was recorded at 3.7 births per woman in 2017, and 3.61 in 2023 respectively (“Average Fertility Rate”, [2025](#)). These fertility rates are directly linked with the practice of family planning, which is certainly not successfully functional as its failure is the reason behind high fertility rates, followed by the growing population. The United Nations Population Fund (UNFPA) defines family planning as an approach that aids couples and individuals to determine the number of children and the spacing between births through the use of contraceptives, informed decision-making and the utilization of reproductive health services (United Nations Population Fund, [2022](#)). The adoption of family planning is beneficial in the long run and a major benefit that this practice provides are the fewer resources that are required if families are smaller and planned. In such cases, the available resources are better invested in the well-being and progress of the existing children. Adding further, in families where pregnancies are planned and spaced, the probability of women pursuing higher education and building their careers is also higher (Guttmacher Institute, [2023](#)). It should also be noted that the spacing between births also has health benefits associated with it as it allows the woman’s body to recover from childbirth while reducing the risks (World Health Organization, [2025](#)). The fact of the matter is that despite the usefulness and the convenience of this practice, its adoption is still not as widely prevalent as the Pakistan Demographic Health Survey’s (DHS) reports claim that the Contraceptive Prevalence Rate stood

at 46% in 2023, and it was found to be 38% in 2017-2018 (Ahmed et al., [2023](#)). The statistics also highlight the unmet need for family planning was 16.7% in 2024 and the demand for family planning was revealed to be 56.8% (“Family planning demand”, [2025](#)). This clearly means that there are serious structural gaps that have been impacting the supply of contraceptives. Moreover, the lack of awareness has been failing to create a demand for family planning.

The trajectory of population, family planning trends, and the associated dynamics make it evident that there are certain factors that are creating obstacles. These factors contribute towards a struggling rate of contraceptive usage, an unmet need for family planning and a high fertility rate. The first reason that works against the prevalence of family planning is the inadequate awareness and information about it as well as its consequent benefits. There is a visible information gap that results in misconceptions regarding the practice of family planning, especially in the rural areas where education is not very common, there is a greater degree of misinformation that explains the existing trends. Secondly, the influence of word of mouth is stronger than perceived and so certain unpleasant experiences of a few women due to various reasons create concerns among women in general. These females are concerned about potential side effects, and despite awareness campaigns, these fears continue to exist, impacting the perspectives regarding family planning (Asif & Pervaiz, [2019](#)). Most importantly, the religio-cultural elements play an integral role in the flawed practice of family planning because of their unquestionable influence. These two forces have defined roles for both the genders and women are restricted to the private sphere with little to no decision-making power due to the patriarchal fabric of the society. Thus, they do not have autonomy over decisions even regarding their reproductive choices. The discussion regarding family planning is labeled as a taboo in a society that is as conservative as Pakistan and the cultural limitations are justified in the name of religion (Ijaz, [2024](#)). Another factor that deters women from using contraceptives and practicing family planning is the healthcare infrastructure where healthcare facilities are limited and there is an obvious shortage of trained staff that can provide the services and knowledge to women. Lastly, limited financial resources coupled with mobility constraints also lead to the consequent rate of limited contraceptive prevalence (Wallaart & Camphuijsen, [2016](#)). All these reasons are critical in terms of the practice of family planning and each of these has a crucial

role to play in the existing practices. However, the fact is that while these factors appear to be independent in nature, together they reflect a single, systemic issue. The actual issue is that the policies regarding family planning have failed to ensure its prevalence at a wider level. This paper aims to explore the factors behind policy failures in Punjab in improving contraceptive prevalence. It traces the origins and history of family planning in Pakistan, assesses present policies in Punjab, examines their effectiveness, and highlights key barriers preventing wider adoption of contraceptive methods.

Literature Review

Before exploring a concept, it is pertinent to understand the idea, which in this case revolves around family planning. This notion has various definitions; however, the essence of those definitions remains the same. Nevertheless, each definition stresses upon a different dimension, thus, it is significant to discuss a few of these definitions. The World Health Organization claims that family planning enables couples and individuals to not only decide the number of children but also the timing as well as the spacing between subsequent births. This can be achieved through the adoption of contraceptives (Public Health, [n.d.](#)). According to this definition, family planning is a means of achieving desired fertility, which means that couples have control over their fertility and once they practice that control, the total fertility rate is also likely to decline. Moreover, Olowolafe and Ademuyiwa ([2022](#)) focus on different aspects of family planning. They assert that family planning is a scientific approach toward pregnancies that are unwanted, and it is a process that allows women and couples to have a child by choice rather than by chance (Olowolafe & Ademuyiwa, [2022](#)). This explanation of the phenomenon highlights the idea of planning, and negates the belief that childbirth occurs by chance, it elaborates that it's a process that can be planned. This also means that couples can have children when they believe the time to be right and they possess the resources to provide the child with a quality life.

Having discussed the notion of family planning, it is now clear that the concept provides women and couples with control over their lives by determining the timing and the number of children that they have. However, the question that arises at this point is why is there an unmet need for family planning despite the existence of contraceptives? Asif and Pervaiz ([2019](#)) studied the factors behind the unmet need for family planning, and they

identified certain reasons that have been contributing towards the low contraceptive prevalence rate. Asif and Pervaiz (2019) point out that a female's education, residence (urban/rural), employment status and exposure to mass media are some of the prominent determinants of the unmet need for family planning in the country. They further elaborate that educated women are more aware and informed, employed females are financially independent which makes them more autonomous, urban women have access to more facilities and women who are digitally active also have greater awareness. Apart from the women themselves and their characteristics, the socio-cultural factor is important to note in this case as there is an overall resistance towards family planning in the country. The cultural influence has made individuals suspicious regarding this practice and that creates a sense of hesitation towards the usage of contraceptives (Asif & Pervaiz, 2019). These factors have a critical role to play in the practice of family planning and the argument highlights that the issue is more complicated than it appears. It is also evident that the challenge persists because the depth of the issue is not acknowledged, and when policies are designed, the actual issues are not addressed.

The United Nations Population Fund (UNFPA) maintains the same line of argument that associates the issue of rapidly growing population in Pakistan with governance and administration failures. The study points out the structural inefficiencies, weak coordination across departments, and faulty implementation mechanisms which reflect in the policies and their consequent implementation (UNFPA Pakistan, 2025). Saira Zafar and Babar Tasneem Shaikh specifically discussed the post-devolution era when shifting authority and power dynamics were the reason for the constant failure of population initiatives. Other reasons that Zafar and Shaikh stated include weakness in leadership, fragmented oversight, and poor monitoring. The authors claimed that the reasons behind the failure of the policy mechanism cannot be viewed in isolation; these flaws stem from different phases of policy making that amalgamate towards an overall failure (Zafar & Shaikh, 2014). More importantly, Sathar (2013) propagates the argument that family planning has not been given its due importance, and it has not been treated as a high-priority issue in Pakistan by the health sector. While there have been policies to deal with the issue since the beginning, the institutions have not been supporting those policies leading to an intensification of the challenge (Sathar, 2013). These policies have also failed to consider the disparities in the level of development even within

Punjab and thus, they do not cater to the issues depending on the variations. Obaid (2018) sheds light on the issue and focuses on the situation of rural Punjab. While there is an overall unawareness regarding the benefits and the process of family planning, the greater level of illiteracy has enhanced the challenge of misinformation and unawareness in the rural Punjab. Moreover, the accessibility issues multiply in rural areas with an added layer of unprofessional staff and poor quality of the existing services. In addition, the religious and the traditional beliefs that are against the usage of contraceptives operate with greater force in the rural parts of Punjab (Obaid, 2018). The existence of these issues particularly in rural Punjab makes it clear that the policy frameworks are not context specific and they are failing to target the issues at hand.

With regards to the progress of the uptake of family planning in Pakistan, a study by UNFPA compared the situation of Pakistan with other Muslim countries and it was revealed that apart from the weak political commitment and issues with continuity of the programs, a major obstacle is the creation of demand. The fact is that even though there are initiatives, keeping aside the supply issues, the demand is still absent (UNFPA Pakistan, 2020). This is so because the need for family planning has not penetrated within society, which is one of the major hindrances in the low uptake of family planning in the country. As a matter of fact, the policy makers overlooked the fact that considering the cultural dynamics, the very first step towards successful prevalence of family planning is creating its acceptance among the target population which, coupled with other measures including governance and administrative efficiency, will reduce the hindrances.

Theoretical Framework

This research is supported by two conceptual frameworks, i.e., the policy implementation theory and systems thinking, as these theories aid the understanding behind the reasoning of the consistent failures of family planning policies in Punjab in achieving their outcomes.

The policy implementation theory states that the success of a policy is not exclusively dependent upon its formulation but rather on its effective implementation in the administrative, political and social dimensions. The classic implementation scholars note that coordination problems, inadequate resources, political instability, the absence of monitoring

mechanisms coupled with fragile institutional capacity work as factors that lead to policy failure at the implementation stage. Thus, implementation of a policy is a critical phase of policy making (Pressman & Wildavsky, [1973](#)).

Moreover, the systems thinking framework does not view family planning in isolation but rather in association with the governance system. This approach argues that policy outcomes are a product of interactions between subsystems like health, education, political arena, and the societal structures. Hence, failure in one arena impacts policy performance in general (Checkland, [1999](#)).

Viewing family planning through the lens of systems thinking approach, it is evident that the struggling contraceptive prevalence rate is not solely caused by individual choices or the service delivery challenges. It rather depicts a systemic failure at a wider level that exhibits strong patriarchal forces compromising women autonomy. Moreover, the religious factor acts as a barrier in the usage of contraceptives, leading to lack of demand, failure of data systems and the gaps in intersectoral coordination. These factors are interconnected in nature, creating a vicious cycle of obstacles that exists even when the service delivery is efficient which hampers the uptake of family planning in Punjab.

The amalgamation of policy implementation theory and the systems thinking approach reflects that the population policy failure in Punjab is an outcome of governance failure rather than a demographic or a technical challenge. The integrated framework provides a more holistic reasoning for why even a constant existence of policies has not produced the intended outcomes and how administrative inefficiencies, cultural reluctance, political factors, and institutional weaknesses have been collectively preventing the effectiveness of family planning programs.

This framework shapes the analysis of the policy documents and the data gathered through interviews by correlating implementation issues and the socio-cultural hindrances to the structural and systemic challenges that operate at a deeper level.

Methods

Research Design

The research utilizes qualitative research methodology to examine the governance failures and policy implementation gaps that have been

impacting a successful practice of family planning in Punjab. The purpose behind adopting a qualitative approach was to explore institutional processes, policy making and implementation dynamics, and the societal factors that require in-depth analysis.

Data Sources and Sampling

The data collected for this study was both primary and secondary in nature. The primary data was collected through the adoption of purposive sampling. There were two key informants in this case who have been closely involved in the uptake of family planning in Punjab and they are as follows:

- Dr. Tauseef Ahmad, Principal Investigator at the National Institute of Population Studies (NIPS), Islamabad, who was engaged in formulating Population Policy 2017, elaborated on the policy, present gaps and the implementation challenges.
- Dr. Zubda Riaz, Technical Director at the Punjab Population Welfare Department, who has been involved in population control since 1992, offered an institutional viewpoint on the administrative and the logistical obstacles, shedding light on the situation of family planning in Punjab.

The interviews were semi-structured, to enable flexibility and leave room for elaboration where needed. These interviews revolved around policy making, the institutional hindrances and the socio-cultural constraints that have been impacting the implementation.

As far as secondary data is concerned, the sources included policy documents, demographic surveys, and peer-reviewed literature. The primary policy documents include the Population Policy 2002 and Population Policy 2017. These documents reflect the policy evolution, objectives of these policies which aid in examining the gaps in actual policies, and their implementation. Moreover, government reports and official demographic surveys like the Pakistan Demographic Health Surveys have been a critical source in contextualizing policy outcomes.

Data Analysis

The study adopted thematic analysis as a means of assessing the data collected through interviews and the policy documents as well as the secondary data. The themes that the research mainly focuses on include the failure of governance, the flaws of institutional coordination issues,

resource shortfalls, and the socio-cultural factors that act as factors that create resistance leading to challenges for a successful practice of family planning in Punjab.

Ethical Considerations

Considering the code of ethics, an informed consent was attained by all the interviewees, confidentiality was ensured where requested and these interviews were conducted for academic purposes only.

Findings and Discussion

The assessment of primary policy documents, interviews and secondary sources made it evident that even though there have been numerous policies to deal with the issue of rising population, the efforts have proven to be unsuccessful. This analysis is guided by the integrated frameworks of policy implementation theory and systems thinking which highlight that the failure of family planning in this case is not solely caused by policy design but is in fact, an administrative and implementation issues. The weak governance system, political dynamics and socio-cultural factors highlight systemic failure rather than institutional inefficiencies on an individual level.

Despite the existence of funded initiatives, the major reason behind the failure of the prevalence of family planning was the incapability to deal with the heterogenous cultural fabric of the country (Mahmood & Ali, [1997](#)). Moreover, the issue of over-federalization persisted in 1976-1977 when Population Planning Council was established. The major responsibility of developing policies and looking after the finances lay with the center while policy implementation was now delegated to the provinces. One key achievement in this era was the involvement of the provinces in the efforts towards countering the surging population. The engagement of the provinces was limited but it provided the provinces with a certain degree of autonomy (Robinson, [1978](#)). This, for the very first time, highlighted the heterogenous cultural fabric and indicated towards the significance of a provincially administered policy.

In order to simplify the major policies and programs that were launched to tackle the issue of growing population in Punjab, the table below lays out the objectives, outcomes and the challenges faced by the established policies.

Table 1
Family Planning Policies

Policy/Program	Year	Objectives	Outcomes	Challenges
First Five-Year Plan	1955-1960	<ol style="list-style-type: none"> 1. Establishment of family planning clinics 2. Funds allocation to private service providers 	<ol style="list-style-type: none"> 1. First formal initiative towards family planning 	<ol style="list-style-type: none"> 1. The coverage of the program was limited 2. State's ownership was weak in nature
Second Five-Year Plan	1960-1965	<ol style="list-style-type: none"> 1. Expansion of the family planning services 2. Research and provision of training 3. Ensuring efficient supply of contraceptives 	<ol style="list-style-type: none"> 1. Funds increased from PKR 1 million to PKR 15 million 2. Over 1000 health centers were operational 3. Door to door services were launched 	<ol style="list-style-type: none"> 1. The field workers were illiterate 2. Men were not included in the efforts 3. The goals were short-term
Third Five-Year Plan	1965-1970	<ol style="list-style-type: none"> 1. Expansion at the national level 2. To assist 20 million couples in the country 	<ol style="list-style-type: none"> 1. Foreign donors showed interest 2. Establishment of National Research Institute for Family Planning (NRIFP) 3. Family Planning council transformed into population planning council 	<ol style="list-style-type: none"> 1. The program was over-centralized 2. Majority of the field workers were female which impacted the performance as they couldn't counsel the husbands. 3. The field workers were largely illiterate. 4. The pay of the field workers was too low. 5. Targets were focused rather

Policy/Program	Year	Objectives	Outcomes	Challenges
Continuous Motivation System (CMS)	1973	1. National implementation of the pilot project launched in Sialkot	1. Expanded outreach	<p>than the quality of service.</p> <p>1. Acceptance of abortion laws and marriage age reforms were opposed</p> <p>1. Only 15% of the supply reached the markets</p> <p>2. There was a misconception that access would resolve the problem when there was no acceptance</p>
Contraceptive Inundation Scheme (CIS)	1970's	1. Increase in contraceptive supply	1. \$20.6 million were allocated for contraceptive supply	<p>3. There was strong resistance by the religious groups</p> <p>4. Strong hold of the center remained</p> <p>5. There were hostilities between the department of health and population</p>
Sixth Five-Year Plan	1983-1987	<p>1. To gain financial assistance in the name of family planning initiatives, with no real efforts</p> <p>2. Multi-sectoral approach</p>	<p>1. Family planning was linked with Health</p> <p>2. Mass media marketing</p> <p>3. Contraceptive availability in Basic Health Units</p>	<p>1. Weak implementation</p> <p>2. The religious parties opposed it</p> <p>3. Merger with health led to a loss of focus from family planning</p>



Policy/Program	Year	Objectives	Outcomes	Challenges
Lady Health Workers (LHW) Program	1994	<ol style="list-style-type: none"> To train 100,000 Lady Health Workers Provide door-to-door health and family planning service for 80 million people 	<ol style="list-style-type: none"> Usage of family planning increased by 11% 	<ol style="list-style-type: none"> Funds and supply shortage Job insecurity Weak referral system
Population Policy 2002	2002	<ol style="list-style-type: none"> Reduction of fertility rate Improving the quality of services 	<ol style="list-style-type: none"> Trained 10,000 imams to create awareness among the masses The efforts gained international recognition 	<ol style="list-style-type: none"> Unmet need remained high Weak coordination between health and population department The policy was over-ambitious Focus of LHW program shifted more towards other health issues
Devolution (18th Amendment) of Family Planning	2010	<ol style="list-style-type: none"> To make population a provincial subject 	<ol style="list-style-type: none"> Over 2100 Family Welfare Centers were created Mobile Units were established 16 advisory centers for men were created 	<ol style="list-style-type: none"> Population department does not have the same status as the Health department Budget has never exceeded 0.1% of the total budget
Punjab Population Policy	2017	<ol style="list-style-type: none"> Enhancing the quality of life Availability of information at the community level Meeting the unmet need of family planning. 	<ol style="list-style-type: none"> 95% trained ulemas claimed that they had utilized the acquired knowledge 	<ol style="list-style-type: none"> Population of Punjab is likely to increase 253 million by 2050 Increasing statistics of maternal deaths in rural areas

Policy/Program	Year	Objectives	Outcomes	Challenges
		4. Social mobilization to create the demand for family planning		3. Policy does not include women empowerment 4. Procurement of contraceptives wasn't achieved 5. Training and advocacy goals were partially achieved

The initiatives presented above depict the evolution of family planning efforts over the decades. They also reflect the governance related challenges, coordination issues, and the absence of acceptance in the socio-cultgovernance-related explains the discussion following the policy interventions in 1993 and onwards.

The year 1993 was momentous in terms of the progress regarding family planning as Benazir Bhutto emphasized upon its importance and made progressive strides towards it. She introduced the Lady Health Care Program, for which 100,000 lady health workers were to be trained for the provision of services to 80 million people at their doorsteps (Falki et al., 2020). Furthermore, it was reported that the households that received services under the program had 11% more probability of adopting family planning which reflects that this initiative was successful in making some impact (Wazir et al., 2013).

Soon, in 2002, Pakistan witnessed another military regime and General Musharraf took over. Musharraf strongly believed that the growing population had hampered economic growth and that led to the introduction of the first ever Population Policy in 2002 (“Musharraf Unveils Population Policy”, 2002). The policy aimed to reduce fertility, increase accessibility, enhance quality and ensure coordination across institutions (Sathar & Miller, 2011). One major feature of the policy was the involvement of the religious clergy as Musharraf had realized their importance considering their role in the previous political regimes. So, by 2007, 100,000 khateeb and nikah khwans were trained to promote the adoption of family planning among the general public (Saleem, 2023). Although these efforts were plausible, and it was evident that there was a growing commitment towards family planning, this policy had its own shortfalls. Firstly, the policy failed

to incorporate women empowerment with family planning as the policy makers did not realize the strong relationship between the two, which meant that the issue was being targeted on the surface level only. Secondly, even this policy did not delegate responsibility to the province which implied that the challenges associated with centralization persisted. Moreover, the Population Policy 2002 proved to be over-ambitious as the Demographic Health Survey 2006-2007 revealed a decline in fertility, but the progress was slow. In addition, the unmet need for family planning and the desired family size remained unchanged. Adding further, the coordination between the Health and the Population Department had serious issues because of the existing politics. Not only that, but the inter-sectoral collaboration between departments like education, youth, social welfare and the women's development sectors, that was a feature of this policy, was minimal (Sathar & Miller, [2011](#)).

In 2008, Asif Ali Zardari came to power as a democratic President and this era was groundbreaking in terms of the decentralization, through 18th amendment, that it introduced. As a consequence, Ministry of Population Welfare was abolished, and Population Welfare Department started to operate at the provincial level (Government of Punjab, [n.d.](#)). It should be noted that the budget for population never exceeded 0.1% of the total budget (Ejaz, [n.d.](#)). This means that prioritization was a serious issue, and it continued to plague the initiatives.

The absence of commitment and priority was visible from the fact that there was no further prominent policy or initiative after 2002, until 2017 when the Population Policy of 2017 was introduced. This policy stressed upon a progressive ideology, and quality life with a focus on education, in addition to reducing fertility and stabilizing population. It is not surprising that the creation of awareness has not been successful in this regard as maternal mortality rate remains high, and the population of Punjab is expected to rise to 253 million by 2025. This is specifically because rural women are unaware of contraceptive methods and their desire to have more sons is still present (Lodhi, [2024](#)).

It is clear that the policies formulated to deal with the challenge of rapidly growing population have serious issues and not only that but the implementation mechanism, too, is weak which is leading towards failure to achieve these goals. Though there is sufficient evidence to strengthen this stance, it is also significant to get insights from the policy makers'

perspective. Thus, Dr. Tauseef Ahmad, the principal investigator at the National Institute of Population Studies Islamabad, along with an expert in population studies, was engaged in the research and he claimed that implementation issues have been hindering the success of even the well-formulated policies. The two main reasons behind problematic implementation are the weak mechanisms and the shortage of resources that have been strongly impacting the initiatives taken to deal with increasing population in the province. Moreover, he further highlighted that stakeholder engagement is a significant component of policymaking and in this case, that too, is compromised as healthcare workers, civil society organizations, and the service providers are not included. This serves as the major reason behind the non-compliance of the policies since the aspect of ownership due to a lack of involvement leads to policy failure. This argument resonates with the policy implementation theory, which points out that the absence of resources, misplaced authority and fragile monitoring systems during the implementation phase play a crucial role in compromising the effectiveness of policies that are well-intentioned.

Apart from the viewpoint of the policy makers, it was also pertinent to examine the situation of family planning and the recurring challenges from the perspective of the individuals in decision-making positions at the Population Welfare Department. Hence, Dr. Zubda Riaz, the Technical Director at the Punjab Population Welfare Department, was interviewed to gain insights on the situation. Her views were specifically important in this case, because she had been engaged in dealing with the issue since 1992. Dr. Riaz was asked about the situation of family planning, and she traced history by claiming that in 2002, the department was handed over to the Government of Punjab after being taken away from the Ministry of Population Welfare, and since then, there has been a constant shortage of funds for utilities like rent and salaries. In addition, the department has been facing understaffing issues as before the devolution, the vacancies that were open for recruitment were canceled which meant that the service delivery was seriously impacted.

When asked about the progress of Punjab regarding population control, Dr. Riaz stated that it has not been impressive. Not only this, but the ownership issue that was highlighted earlier was confirmed by Dr. Zubda as she asserted that the Health Department has not owned the population department and prioritized other projects instead. Adding further, the Health

Department had the expertise regarding initiatives, policy making and implementation, but the population department was never trained in this regard. Furthermore, the counseling services that are widely advertised are not provided due to the absence of manpower and most importantly, the society of Punjab like the rest of the country is not open to discussions regarding growing the population. So, while the administrative and logistical issues are indeed crucial, the absence of acceptance at the grassroot level is another major hindrance for population control to be successful in Punjab (Riaz, personal communication, 2024).

Conclusion and Policy Recommendations

The analysis of the issue of growing population and the situation of family planning in Punjab highlights that the fertility rates and the provision of services are indeed a major bottleneck, but they are not the root of the problem; the actual challenges stem from the governance issues and the policy making process. Throughout the years, the efforts regarding population control reflect continuous inconsistencies, institutional flaws and misplaced priorities. The discussion exhibits that even though policies were drafted and they evolved with the passage of time there was a clear failure in terms of the translation of those policies into practical measures due to various reasons. These reasons varied from political uncertainty, administrative weaknesses and the inadequate financial and human resources.

These findings were corroborated by the perspectives of the professionals who were interviewed. T. Ahmad (personal communication, February, 2016) stressed upon the implementation challenges as well as the data collection issues that restrict the policymakers from discovering the present gaps and finding possible solutions to address them. On the other hand, Dr. Zubda Riaz, who presented an in-depth perspective on behalf of the Population Welfare Department, highlighted the administrative and logistical hindrances that have been preventing effective delivery of service. These perspectives revealed that the failure of the prevalence of family planning in the province emanates from cultural resistance and institutional failures.

However, the influence of the religio-cultural factors has cardinal importance as these factors shape perceptions which in turn define the behavioral patterns all over the province and more so, in the rural areas

where the patriarchal values along with the misconceptions are stronger. These deeply instilled cultural values are primarily responsible for developing a disconnection between the policies and their implementation. In addition, constant political instability has also been impacting the policy mechanism by disrupting the operational policies which in the long run has hampered the prevalence of family planning in Punjab. The resolution of the issue requires a multidimensional approach; an approach that deals with the institutional, administrative and structural incongruities while developing cultural tolerance and acceptance towards contraceptives. As a matter of fact, the issue demands healthy collaboration across sectors and departments with a focus on addressing the challenge rather than power dynamics. Overall, it is evident that population control is in a fragile situation in Punjab, and its effectiveness demands a system reboot. Additionally, the systems thinking approach states that the socio-cultural barriers are ingrained in the governance and social structures, reiterating demand side obstacles. These obstacles coupled with institutional inefficiencies to hamper the prevalence of family planning.

There are a few proposed recommendations that can aid in the successful prevalence of family planning:

- The Health Department has been equally involved in the issue of population control and there are clear coordination issues between the two departments. Thus, there is a need for an integrated framework that ensures budgeting, planning and the sharing of data through collaboration between Population Welfare and the Health Department. This project must be exclusive in nature, with no other health related issues being addressed under this framework.
- The Population Policy has always been isolated in nature, and it has failed to acknowledge that there is a direct link between women empowerment and family planning. Thus, all the departments, including education, and women development, among others that deal with issues related to women, need to collaborate in order to improve the autonomy of women, which will have a direct impact on the prevalence of family planning.
- In order to encourage cultural acceptance towards family planning, society needs to be educated regarding the subject through social, electronic and print media rigorously regarding the benefits of family

planning. Moreover, religious figures need to be included in the campaign at a wider level, not just through sermons but also through their engagement in the campaigns.

- Moreover, a centralized data repository needs to be developed with authentic data regarding contraceptive prevalence and the present issues so that policy makers can incorporate the challenges within the policies, making them more practical.
- Lastly, Population Welfare Department needs to be provided with a greater share of budget and human resources to facilitate their operations and the process of procurement of contraceptives needs to be revisited, in order to simplify it for easy access.

Author Contribution

Bushra Arfeen: sole author

Conflict of Interest

The authors of the manuscript have no financial or non-financial conflict of interest in the subject matter or materials discussed in this manuscript.

Data Availability Statement

Data availability is not applicable as no new data was created.

Funding Details

No funding has been received for this research.

Generative AI Disclosure Statement

The authors did not use any type of generative artificial intelligence software for this research.

References

- Ahmed, T., Sheraz, A., & Zafar, R. (2024, July 27). *Longitudinal panel study in Punjab using Performance Monitoring for Action (PMA) framework 2023, Phase-IV*. National Institute of Population Studies. <https://nips.org.pk/images/1722076705fb9d395f-64c0-4f4b-b27d-89ff3a4f9742.pdf>
- Asif, M. F., & Pervaiz, Z. (2019). Socio-demographic determinants of unmet need for family planning among married women in Pakistan. *BMC Public Health*, 19, Article e1226. <https://doi.org/10.1186/s12889-019-7487-5>
- Average fertility rate in Punjab drops to 3.5: PBS. (2025, January 5). *Pakistan Today*.

<https://profit.pakistantoday.com.pk/2025/01/05/average-fertility-rate-in-punjab-drops-to-3-5-pbs>

Checkland, P. (1999). *Systems thinking, systems practice: Includes a 30-year retrospective*. John Wiley & Sons.

Ejaz, A. (n.d.). *Social sector budget allocation in The Punjab 2016–17 to 2020–21*. Centre for Peace and Development Initiatives. Retrieved October 20, 2025, from <https://archive.cpdipakistan.org/archives/portfolio/social-sector-budget-allocation-in-the-punjab-2016-17-to-2020-21>

Falki, S., Shahzad, A., & Bano, D. S. (2020). Gender disparities: Islamization and state discourses in Pakistan. *Journal of Politics and International Studies*, 6(2), 13–27.

Family planning demand rises to 56.8% in Punjab. (2025, January 5). *The Express Tribune*. <https://tribune.com.pk/story/2520063/family-planning-demand-rises-to-568-in-punjab>

Government of Punjab. (n.d.). *History of the public works department*. Public Works Department Punjab. Retrieved August 12, 2024, from <https://pwd.punjab.gov.pk/history#11>

Guttmacher Institute. (2023, September). *The case for investment in family planning for women's empowerment and economic development: An introduction to the Family Planning Impact Consortium*. https://www.guttmacher.org/sites/default/files/2023-09/Investment_Case_for_Family_Planning_Report.pdf

InfoCenter. (n.d.). *Population of Pakistan including its provinces*. Retrieved October 10, 2025, from <https://infocenter.pk/data-visualizations/what-is-population-of-pakistan.php>

Ijaz, S. (2024, June 27). Rethinking family planning in Pakistan. *The Nation*. <https://www.nation.com.pk/27-Jun-2024/rethinking-family-planning-in-pakistan>

Lodhi, A. (2024, March 4). Punjab population may double by 2050. *The Express Tribune*. <https://tribune.com.pk/story/2458305/punjab-population-may-double-by-2050>

Mahmood, N., & Ali, S. M. (1997). Population planning in Pakistan: Issues in implementation and its impact. *The Pakistan Development Review*, 36(4), 875–888.

- Musharraf unveils population policy. (2002, July 11). *Dawn*. <https://www.dawn.com/news/47532/musharraf-unveils-population-policy>
- Obaid, A. (2018). *Family planning services in rural areas of Punjab, Pakistan* [Master's thesis, Oslo Metropolitan University]. Norwegian Research Information Repository. <https://hdl.handle.net/10642/7072>
- Olowolafe, A. S., & Ademuyiwa, I. Y. (2022). Knowledge and practice of family planning among nursing mothers attending child-welfare clinic in Lagos University Teaching Hospital (LUTH), Lagos State. *International Journal of Advance Research in Community Health Nursing*, 4(1), 95–104. <https://doi.org/10.33545/26641658.2022.v4.i1b.105>
- Peluso, C. (2023, June 22). *Understanding the over-population crisis in Kenya*. Population Media Center. <https://www.populationmedia.org/the-latest/understanding-the-overpopulation-crisis-in-kenya>
- Pressman, J. L., & Wildavsky, A. B. (1973). *Implementation: How great expectations in Washington are dashed in Oakland; Or, why it's amazing that federal programs work at all, this being a saga of the Economic Development Administration as told by two sympathetic observers who seek to build morals on a foundation of ruined hopes*. University of California Press.
- Public Health. (n.d.). *WHO definition of family planning*. Retrieved October 20, 2025, from <https://www.publichealth.com.ng/who-definition-of-family-planning>
- Rana, I. A., & Bhatti, S. S. (2018). *Lahore, Pakistan – Urbanization challenges and opportunities*. *Cities*, 72(B), 348–355. <https://doi.org/10.1016/j.cities.2017.09.014>
- Robinson, W. C. (1978). Family planning in Pakistan 1955–1977: A review. *The Pakistan Development Review*, 17(2), 233–247.
- Saleem, N. (2023, November 27). The role of religion in the failures of family planning. *The Friday Times*. <https://thefridaytimes.com/27-Nov-2023/the-role-of-religion-in-the-failures-of-family-planning>
- Sathar, Z. A. (2013). Family planning: A missing priority in Pakistan's health sector? *The Lancet*, 381(9884), 2140–2141. [https://doi.org/10.1016/S0140-6736\(13\)60763-1](https://doi.org/10.1016/S0140-6736(13)60763-1)

- Sathar, Z. A., & Miller, P. C. (2011, March 31–April 2). *What's population policy got to do with it? Fertility change in Pakistan* [Paper presentation]. Proceedings of 2011 Annual Meeting of the Population Association of America, Washington, DC.
- UNFPA Pakistan. (2020). *Slow progress of family planning in Pakistan and possible learnings from the successful experiences of Iran, Turkey, and Bangladesh*. https://pakistan.unfpa.org/sites/default/files/pub-pdf/low_uptake_of_fp_pk_-_v9.pdf
- UNFPA Pakistan. (2025, July 22). *Political economy analysis of family planning in Pakistan-2024*. <https://pakistan.unfpa.org/en/publications/political-economy-analysis-family-planning-pakistan-2024>
- United Nations Population Fund. (2022). *UNFPA Strategy for family planning, 2022-2030: Expanding choices: Ensuring rights in a diverse and changing world*. <https://www.unfpa.org/publications/unfpa-strategy-family-planning-2022-2030>
- United Nations, Department of Economic and Social Affairs. (n.d.). *Population growth, environmental degradation and climate change*. Retrieved July 30, 2025 <https://www.un.org/en/desa/population-growth-environmental-degradation-and-climate-change>
- Wallaart, K., & Camphuijsen, M. (2016). *Overcoming barriers to family planning in Pakistan: Lessons from stories of change and a literature review*. Oxfam Novib. <https://oxfamilibrary.openrepository.com/bitstream/handle/10546/613846/rr-barriers-family-planning-pakistan-170616-en.pdf>
- Wazir, M. S., Shaikh, B. T., & Ahmed, A. (2013). National program for family planning and primary health care Pakistan: A SWOT analysis. *Reproductive Health*, 10, Article e60. <https://doi.org/10.1186/1742-4755-10-60>
- World Health Organization. (2025, July 3). *Family planning/contraception methods*. <https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>
- Zafar, S., & Shaikh, B. T. (2014). Only systems thinking can improve family planning program in Pakistan: A descriptive qualitative study. *International Journal of Health Policy and Management*, 3(7), 393–398. <https://doi.org/10.15171/ijhpm.2014.119>