

Demand Side of Pakistan's Population Welfare Programme

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INTRODUCTION

Because of a continuously moderate decline in mortality specially during the first two decades of the twentieth century and more remarkably after the Second World War, the population of developing countries, including Pakistan, grew faster over time. High rates of population growth and the characteristics associated with it constituted a serious challenge to desired economic development in these countries [United Nations (1973)]. It was for these reasons that a number of developing countries in the process of development considered and adopted as part of their development efforts a population policy aimed at reducing the rate of population growth through fertility decline. In the early 1960s, few countries including Pakistan considered family planning programmes as an integral part of their development policies. By the end of 1960, family planning programmes had been initiated in many developing countries and such programmes became an integral part of the national plans [Freedman and Berelson (1976)].

By the mid-1970s, it was observed that many developing countries had succeeded in enhancing their programme activities and in achieving contraceptive use which was responsible for reducing fertility levels in those countries. However in many developing countries, including Pakistan, the family planning programmes could not achieve a breakthrough in contraceptive use and fertility decline although the programmes had been ambitiously pursued there for more than a decade [Frinkle and Crane (1975) and Berelson (1975)].

THE PROBLEM

Since the initiation of organised family planning programmes, controversy has raged over the issue as to whether supply as compared to demand or demand as compared to supply is more important in modifying the contraceptive behaviour of eligible couples [Kar and Talbot (1980)]. In 1976 Freedman and Berelson (1976), while undertaking the analysis and evaluation of family planning programmes noted that the supply/demand equation is close to the heart of the controversy over family planning programmes and the distinguishing key is that family planning

programmes work primarily on the supply side of the behavioural equation [Kar and Talbot (1980)]. Their survey suggests that four sets of assumptions have a significant influence on the prevailing emphasis on the supply component of the programmes. These are (1) sufficient demand already exists in many developing countries and consequently provision of services will significantly lower fertility; (2) better services will increase demand through lowering the economic and psychological costs of contraception; (3) it is easier to increase supplies than to increase motivation; and (4) since contraceptive intentions and actions are not always consistent, strengthening intentions or increasing motivation may not ensure a corresponding change in contraceptive behaviour. The perception has developed among some of the social scientists that Pakistan's Population Welfare Programme is not performing well due to the supply problem. This means that an adequate supply of contraceptives will be responsible for meeting the large demand which is already assumed to exist in the Pakistani society. What is desirable is that greater supply and increasing coverage will ultimately increase the contraceptive use rate with ultimate reduction in fertility. The following paragraphs will first briefly review Pakistan's Population Welfare Programme along with the provision of programme services and demand creation by the programme itself. Next will be the discussion of programme impact and the probable role of demand creation. Lastly in order to identify the highly important role of demand for the creation of knowledge and use, impact of demand on knowledge and use of contraception in Pakistan will be empirically examined.

REVIEW OF PAKISTAN'S POPULATION WELFARE PROGRAMME

Since its initiation in 1965 Pakistan's Population Welfare Programme has been providing services through its 1300 Family Welfare Centres spread out in major urban, semi-urban and rural areas of Pakistan. Each of these are supposed to cover a population of 20,000 to 30,000 but in practice each of these cover only 5,000 to 10,000 population. They provide family planning information and service delivery and also supervise the distribution of contraceptives. They motivate couples for contraceptive surgery for which they refer clients to reproductive health centres. They are also involved in multisectoral activities [Rukanuddin (1990)].

There are 44 A type reproductive health centres and 125 B type centres located in all teaching hospitals as well as some important hospitals which have the services of experienced Gynaecologists. These centres mainly provide IUD and contraceptive surgery and infertility services. Mobile extension teams are also added to these A type centres [Rukanuddin (1990)].

Five hundred NGO centres also provide family planning services and are supposed to undertake motivation as well. Mobile service units have also been introduced at the Tehsil/Taluka level in the four provinces in order to improve clinical supervision and provide on the job training to FWC staff. Seven professional *Hakeem* organisations and about 1000 *Hakeems* are actively involved

in family planning motivation and service delivery. About 70 thousand distribution points have been established to provide condoms in the private sector through social marketing of contraceptives [Rukanuddin (1990)].

DEMAND CREATION BY PAKISTAN'S POPULATION WELFARE PROGRAMME

This aspect of the programme has been taken care of through IEC activities of the programme which include family planning messages through the electronic and print media and interpersonal communication. Since its inception IEC was constituted as an integral part of the family planning programme. In the beginning, print media and radio were utilised for demand creation and subsequently print media, radio and television were again utilised and are still being utilised for purposes of demand creation. For interpersonal communication the male and female motivators in the family welfare centres have been entrusted the task of motivating incoming patients and clients as well as motivating couples in the community. They are also required to follow up the clients and provide them supplies at the door steps in case they do not turn up in the centres. Similarly the NGO centres, which vary in their structure and staff strength, are also required to undertake motivation both in and outside the outlets, undertake follow up and provide contraceptive methods. On the other hand *Hakeems* are also supposed to motivate couples coming to their clinics in addition to providing services to their clients [Rukanuddin (1990) and Cleveland (1992)].

IMPACT OF PAKISTAN'S POPULATION WELFARE PROGRAMME AND THE ROLE OF DEMAND CREATION

In terms of contraceptive use the impact of Pakistan's Population Welfare Programme was measured through five national probability sample surveys. These KAP (knowledge, attitude and practice) surveys namely National Impact Survey (NIS); Pakistan Fertility Survey (PFS); Population, Labour Force and Migration Survey (PLM); Pakistan Contraceptive Prevalence Survey (PCPS) and Pakistan Demographic and Health Survey (PDHS) were respectively undertaken during 1968-69, 1974-75, 1979-80, 1984-85 and 1990-91. Although all these surveys differ in terms of methodology, sample design, quality of enumeration, sampling and nonsampling errors yet it can be observed that the current contraceptive use rate has increased quite slowly from 5.5 percent during 1968-69 to 14.0 percent during 1990-91 recording an increase of 8.5 percentage points during a period of 23 years (Table 1) or about 0.4 percentage point every year. Such a low use rate or high non-use rate could be grouped into four distinct reasons namely religion (Fatalism), programme related reasons (side effect, lack of knowledge and availability of family planning services), cultural reasons and desire for more children.

Replies of these four distinct groups of women indicate that the programme has not been able to create demand for family planning through motivation and

Table 1

Percent of Currently Married Women Reporting Knowledge, Ever and Current Use of Contraception for Pakistan and its Rural and Urban Areas: 1968-69 to 1990-91

Years/Source	Knowledge of Family Planning Method			Ever Used Contraceptive Method			Currently non-Pregnant Women Using Contraceptive Method		
	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban
1968-69 NIS	98.0	97.0	98.0	12.1	9.2	19.6	5.5	3.9	9.8
1974-75 PFS	75.6	—	—	10.5	—	—	5.2	2.7	12.4
1979-80 PLM	26.3 ⁺	—	—	4.9	—	—	3.3	1.8	7.7
1984-85 PCPS	61.5	—	59.0	11.8	—	—	9.1	5.4	18.1
1990-91 PDHS	77.9	91.3	72.0	20.7	—	—	14.0 (11.8)*	5.8*	25.7*

⁺Based on unprompted knowledge.

*Based on all women including pregnant women.

quality of services. Fatalism can be overcome through population and health education, the right type of religious education and continuous motivation. To achieve the desired results proper messages through electronic and print media and through interpersonal communication are highly desirable [Rukanuddin (1990) and Cleaveland (1992)]. For overcoming the programme related non-use of contraception there is also a dire need of increasing knowledge, coverage and removing misconceptions about side effects. All this requires an IEC campaign on a mass scale where family planning workers are also required to play a dominant role through interpersonal communication. In a situation where cultural reasons such as husbands and mother-in-laws opposition dominate, IEC activities specially those through interpersonal communication can bring about a desired behavioural change. Desire for children specially those for sons is a deep rooted cultural phenomenon in our society. Although desire for sons can be overcome to a certain extent through increased socio-economic development but still the demand side of the programme can bring about a behavioural change through proper religious teachings.

Since its inception, Pakistan's population welfare programme remained largely supply oriented [Rukanuddin (1990) and Cleaveland (1992)]. It was probably assumed that there existed in Pakistani society a latent demand for family planning and that this demand could be met through increased supply. The fact is that this latent demand needs to be converted into effective demand and then a matching supply will serve the very purpose of increasing the contraceptive use. Conversion of the latent demand into effective demand requires the strong motivation and communication campaign through electronic media and interpersonal communication. However, increased coverage and quality of services should also play a dominant part during this conversion process.

According to the procedure laid down, currently married women visiting the family welfare centres are required to be motivated by the centre's staff for programme acceptance, given appropriate supplies, contacted through follow up visits and made sure that the clients received the supplies at appropriate intervals. It is interesting to note that these centres are static and they do not provide any motivation either in or outside the centres [Rukanuddin and Cleaveland (1992)]. However for referral cases to R. H. centres the centre's staff takes appropriate steps. The IEC strategy has always been weak and totally centralised. The messages are not convincing enough to create demand but may probably induce the self motivated clients to seek advice and services. In fact it is time that programme pays due consideration to demand creation otherwise the inflated service statistics will continue to consume all the excessive supplies made from time to time.

IMPACT OF DEMAND ON KNOWLEDGE AND USE OF CONTRACEPTION

In the preparatory meeting of the Eighth Five-Year Population Welfare Plan, Secretary Incharge of the Ministry of Population Welfare raised the issue whether supply of services for effective promotion of the programme is more important. In answer to this question the present paragraph will try to determine the impact of demand factors on knowledge and use of contraceptive methods both through contingency tables and regression analysis.

The data for the present study has been drawn from the evaluation of the communication strategy of Pakistan's Population Welfare Programme [Rukanuddin *et al.* (1991)]. One of the most important objectives of this survey was to determine the effectiveness of the communication strategy in creating large-scale awareness and behavioural changes for small family norms. For this purpose a specially designed questionnaire was administered to currently married women and their husbands. Apart from the socio-economic and demographic characteristics the audiences were asked about their familiarity with the communication media and the family planning messages as well as the effectiveness of these messages. Besides various aspects of the communication media, the audiences were asked to indicate their knowledge of family planning methods as well as the ever and current use of family planning methods. In addition, the audiences were also asked to indicate their family size preferences. Table 2 shows the percentage of women who knew the contraceptive method and also the source of that method in terms of communication media [Rukanuddin *et al.* (1991)]. Since the five print medias, four audio or visual medias and four public forum medias yielded either very small values or no values, they were therefore excluded from the present analysis. It could be seen from the table that 44 percent of the currently married males and 41 percent females reported interspousal communication as the most important source of knowledge of contraceptive methods. On the other hand about 36 percent of the husbands and 34 percent of the wives gained the knowledge of these contraceptive methods from the family planning welfare workers. Further friends, relatives and neighbours also

played an important part in disseminating the knowledge of contraceptive methods to eligible couples in Pakistani society. About 20 percent females and 10 percent males gained the knowledge of contraceptive methods from friends, relatives and neighbours (Table 2). Although radio and television are a very powerful tool in communicating family planning messages yet they cannot be a source of programme methods for the target population. However how the spouses, friends, relatives and neighbours gained the knowledge of contraceptives methods is not clear. Probably it is the family planning worker who has been instrumental in disseminating family planning knowledge to the eligible population. It is through his efforts that informal interpersonal communication among spouses, friends, relatives and neighbours takes place. The electronic media can only remind the eligible couples continuously about the usefulness of the programme for the welfare of the family but it cannot motivate the eligible couples for the adoption of family planning. It is therefore evident that the family planning worker is the most important source of contraceptive knowledge in the society. His/her contact with the community can start a chain reaction in society in the form of informal interpersonal communication which probably serves as a source of diffusion of family planning concepts throughout the society.

Table 2

Percent of Respondents Familiar with Family Planning Methods Reporting Source of Knowledge by Sex: Pakistan, 1988

Communication Media	Percent Identifying Media as					
	Source of Knowledge			Most Important Source of Knowledge		
	Males	Females	Total	Males	Females	Total
Informal Inter-personal						
1. Spouse	20.7	25.4	23.6	44.3	41.3	42.5
2. Friends, Relatives and Neighbours	50.3	66.3	61.1	9.7	20.2	16.1
Formal Inter-personal						
3. Family Planning Worker	44.3	42.0	42.9	36.4	34.2	35.0
Audio or Visual						
4. Radio	22.7	11.4	15.5	2.9	1.0	2.1
5. Television	17.8	10.0	13.2	1.2	0.0	1.1
N	322	490	813	322	490	812

Source: [Rukanuddin *et al.* (1991)]

Table 3 shows the percentage of currently married husbands and wives who report the specific media source as the contributing factor for the adoption of family planning in Pakistani society [Rukanuddin *et al.* (1991)]. It can be observed from

the table that the family planning worker alone motivated 46 percent such husbands and 49 percent such wives to adopt contraceptives methods. On the other hand informal interpersonal communication between husbands and wives motivated 35 percent of husbands and 19 percent of wives to adopt family planning. Here it may be pointed out that in majority of the cases wives are the motivating factor for the adoption of family planning by their husbands. Still a sizeable number of husbands are motivated enough to allow their wives to adopt family planning. Inter-personal communication with friends, relatives and neighbours also played a very important role in the adoption of the family planning programme. About 13 percent of the husbands and about 24 percent of the wives were motivated to adopt family planning through their inter-personal communication with friends, relatives and neighbours.

Table 3

Percent of Contraceptive Users Attributing Specific Media Sources for Motivation to Adopt Family Planning by Sex: Pakistan, 1988

Communication Media	All Media Source			Most Important Media		
	Males	Females	Total	Males	Females	Total
Informal Inter-personal						
1. Spouse	55.0	63.8	60.6	34.6	19.0	23.5
2. Friends, Relatives and Neighbours	29.4	29.5	29.4	13.2	24.5	20.4
Formal Inter-personal						
3. Family Planning Worker	45.7	49.9	48.4	45.7	49.1	47.9
Audio or Visual						
4. Radio	13.6	11.0	11.9	2.3	2.7	2.5
5. Television	14.3	15.9	15.4	0.7	1.5	1.2
N	93	164	256	93	164	256

Source: [Rukanuddin *et al.*(1991)].

The above explanation pertains to the analytical treatment through bivariate tables. However examination of the impact of demand on knowledge and contraceptive use through multivariate analysis is highly desirable. To test the effects of independent variables in the present case hierarchical regressions are used. The dependent variable (knowledge or use of contraceptive) was first regressed on the set of socio-demographic variables, then on both socio-demographic variables and informal family planning media variables. Thirdly the dependent variable was regressed on all the set of socio-demographic variables, the set of informal communication media variables and the set of formal population welfare communication media variables. It can be seen from Table 4 that socio-demographic variables explain 9 percent of the variance in family planning

knowledge. Informal communication media such as spouse and friends etc. when entered in Equation 2 exerts a strong effect on knowledge of contraceptive methods. In the third equation where all the three groups of variables are entered the informal inter-personal communication variables are as well as formal inter-personal variables exert a strong and significant effect on the knowledge of contraceptive methods. This shows that both family planning workers and inter-personal communication through spouse, friends etc. are the prime source in increasing contraceptive knowledge in Pakistan. It could be further seen from Table 5 that a family planning worker alone exerts a significant effect on current use of contraceptives. What is therefore evident is that keeping socio-economic and other demographic variables constant, demand creation through family planning motivation and inter-personal communication alone are the major source of family planning adoption in Pakistan.

Table 4

"Knowledge of Family Planning" Regressed on Demographic Variables, Informal Family Planning Information and Formal Family Planning Information (for Married Females of Reproductive Age)

Variables	Equation 1		Equation 2		Equation 3	
	B	Beta	B	Beta	B	Beta
Demographic Variables						
1. Age	.001	.025	-.040	-.071	.000	.002
2. Age at Marriage	.015	.114*	.008	.057	.005	.040
3. No. of Children	.004	.020	.009	.049	.001	.006
4. No. of Boys	.007	.040	.005	.031	.006	.036
5. Level of Education	.029	.094	.016	.051	.004	.014
6. Household Income	.019	.062	.009	.031	.002	.006
7. Urban/Rural	.139	.142**	.147	.150**	.108	.110**
Informal FP Information						
8. From Spouse			.230	.191***	.202	.167***
9. From Friends/Family			.406	.431***	.383	.390***
Formal FP Information						
10. PW Workar	-	-	-	-	.327	.302**
11. Radio	-	-	-	-	.035	.086
12. Television	-	-	-	-	.017	.040
13. Print Sources	-	-	-	-	.005	.014
14. Films/Cinema	-	-	-	-	-.073	-.060
15. Billboards	-	-	-	-	-.014	-.015
16. Public Meetings	-	-	-	-	-.010	-.006
Constant	.103		.06		.102	
R ²	.092***		.308***		.412***	

*p < .01.

**p < .001.

***p < .0001.

Table 5

"Current Use of Contraceptives"
Regressed on Demographic Variables, Informal Family Planning Information and
Formal Family Planning Information (for Married Females of Reproductive Age)

Variables	Equation 1		Equation 2		Equation 3	
	B	Beta	B	Beta	B	Beta
Demographic Variables						
1. Age	-.005	-.129***	-.005	-.136***	-.005	-.131***
2. Age at Marriage	.011	.114***	.010	.101*	.009	.090*
3. Currently Pregnant	-.143	-.133***	-.144	-.133***	-.149	-.138***
4. Demand for Children	-.128	-.177	-.120	-.166***	-.116	-.161***
5. No. of Children	.009	.066	.010	.074	.006	.039
6. No. of Boys	.011	.114***	.001	.091*	.012	.100*
7. Level of Education	.034	.153***	.031	.141***	.019	.084
8. Household Income	.002	.007	-.001	-.001	-.006	-.026
9. Urban/Rural	.093	.130***	.092	.129***	.079	.111*
Informal FP Information						
10. From Spouse	-	-	.061	.069	.049	.055
11. From Friends/Family	-	-	.051	.072	.031	.044
Formal FP Information						
12. PW Worker	-	-	-	-	.140	.178***
13. Radio	-	-	-	-	.006	.020
14. Television	-	-	-	-	.009	.029
15. Print Sources	-	-	-	-	.020	.080
16. Films/Cinema	-	-	-	-	-.001	-.001
17. Billboards	-	-	-	-	.013	.020
18. Public Meetings	-	-	-	-	-.047	-.036
Constant	.007		.008		.034	
R ²	.146***		.157***		.207***	

* p < .01.

** p < .001.

*** p < .0001.

CONCLUSION

Pakistan's Population Welfare Programme since its inception has been mainly supply oriented. The demand side of the programme has been very weak throughout the existence of the programme. The Information, Education and Communication IEC media such as the electronic and print media have not been able to communicate messages which could bring about a behavioural change among the eligible couples. On the other hand the IEC component such as motivation by family planning workers has been nonexistent. The family welfare centres have been static and their motivators are not involved in motivating either inside or outside the family welfare centres.

The cultural variables such as opposition of husbands and mothers have also a strong effect on the non-adoption of family planning [Freedman (1987)]. Similarly a higher infant and child mortality induces couples to desire large family size with certain desired number of sons. This further gives a setback to the adoption of family planning programmes. There are also religious factors which have been a big hindrance over the last three decades. It is, therefore, apparent that in order to increase contraceptive acceptance demand creation needs to be given a high priority in the family planning programme. Uptill now the programme has been based on the assumption that there exists sufficient demand in the society and what is desirable is that supply of services should be made to combat this demand. This false assumption has created conditions under which a large supply of contraceptives went unaccounted for in the form of inflated service statistics accumulated over the years. The purpose of this paper is to show that the present problem of the Pakistan's population welfare programme is not the supply of services but rather the demand which is still latent and needs to be made effective through motivation and to be supported by the electronic media.

Although socio-economic and demographic factors as well as socio-economic conditions also affect demand generation [Easterlin (1988)] yet their impact is not direct but rather helps promote demand generation indirectly. Regarding the prevalence of latent demand in Pakistani society and its conversion to effective demand. Sirageldin (1976) through his analysis of 1968-69 National Impact Survey data concludes that "an important aspect of Pakistan's Programme was that it assumed that a latent demand for contraceptive use would become overt and could be met largely by providing the necessary information and services. Our analysis shows that latent demand may have in fact existed, but that cultural and social constraints such as husband's approval prevented this demand from being translated into effective demand within a short period of time, and that also the provision of information and services was not sufficient to generate effective demand. On the other hand, even among those who may not have experienced serious cultural constraints in terms of practicing some method of birth control, the necessary knowledge of availability of personal and services was lacking".

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Comments on "Demand Side of Pakistan's Population Welfare Programme"

The 1951–1961 intercensal alarming growth of population in Pakistan and similar results found in many other developing countries created a population growth awareness in the world. Consequently efforts for population control in Pakistan through planned programmes starting from the Second Five-Year Plan 1960–65 are still continuing. Its importance could be seen from the fact that as much as 3.5 billion rupees were allocated for the Population Welfare Programme in the Seventh Five-Year Plan ending in June 1993, and the expected allocations have increased to rupees 9.1 billion in the Eighth Five-Year Plan.

In spite of the inclusion of population control as an integral part of the developmental plans of Pakistan, family planning could not succeed in the achievement of its desired objectives. Both internal and external factors are responsible for its failure. The external factors are basically related to the prevailing socio-political and demographic situation in the country. Even the so-called socio-economic development could not succeed in generating demand for population planning in Pakistan.

Various surveys conducted from 1965 to 1990, however, have indicated that over 70 percent to 80 percent of mothers have shown an interest in family planning but only 4 percent to 12 percent are observed to be practicing it. The gap between the existing latent demand and practice could be attributed to the attitude of the husband and his relatives, together with lack of adequate supply of services linked with the experimental strategies regarding the adoption of the method of contraception.

It has been assumed that given the latent demand, the supply of services will generate an additional demand for family planning services. From the time of the design of the programme, it is assumed that the observed latent demand for family planning services continues to exist. This demand should be satisfied through adequate supplies of services.

The available evidence through various studies have shown that the programme has not been able to create demand for family planning services.

The paper therefore deals with an important issue of creating the demand for family planning in Pakistan through the IEC mechanism which is an integral part of the Population Welfare Programme.

The study use data obtained in the evaluation study of the communication strategy of Pakistan's Population Welfare Programmes conducted by NIPS in 1988. Analysis based on the data obtained from 812 respondents show that the most

important source of knowledge of family planning was informal interpersonal communication, in particular, inter-spousal (42.5 percent), followed by formal interpersonal communication with the family planning workers (35 percent). Radio and TV contribute 2.1 percent and 1.1 percent respectively.

However, answers to questions regarding specific media motivating the adoption of family planning indicated that 47.9 percent (of 256 persons interviewed) of the respondents were motivated by formal interpersonal family planning workers, followed by 23.5 percent and 20.4 percent by spouse and friends respectively.

It is surprising, however, to note that the role of electronic media is almost insignificant as compared to interpersonal communication.

Knowledge of family planning and use of contraceptives are also used as dependent variables in the regression analysis. But the details of the model used and the assumptions made are not known. In our opinion, a logit or preferably log-linear model could have given valuable results.

The results obtained, however, prove that various statements made by certain quarters that family planning workers are not delivering the goods and that the Family Welfare Centres (FWC) are "static" are incorrect. Family planning workers have in fact contributed a lot to the motivational aspects of the programme. It is suggested that due to the importance of their role, they should increase their interpersonal links with the eligible couples so that additional demand for family planning is created.

In summary, it is desirable to conclude from the findings of the paper, that the demand for family planning could increase substantially should the family planning workers start working more effectively.