ejpmr, 2024, 11(10), 298-300

EUROPEAN JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.ejpmr.com

SJIF Impact Factor 7.065

Research Article

ISSN 2394-3211

EJPMR

IMPACT OF FAMILY PLANNING SERVICES ON HUMAN DEVELOPMENT INDEX IN THE NORTHERN REGIONS OF PAKISTAN

Dr. Anjum Hameed[1]*, Abdul Karim[2], Atiqa Karim[3], Fozia Hameed[4], Dr. Mubashra Abeeha Shahid[5], Dr. Samrah[6]

[1]Rahnuma-Family Planning Association of Pakistan (R-FPAP).
[2]R-FPAP.

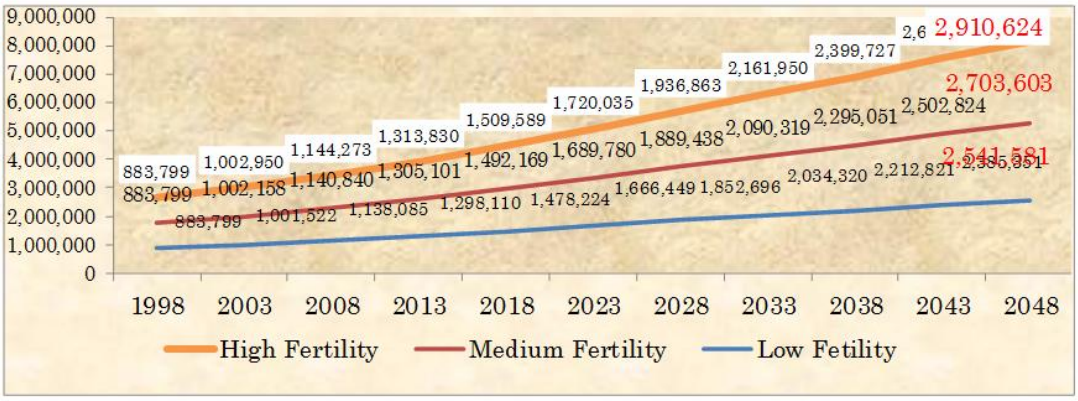
***Corresponding Author: Dr. Anjum Hameed**

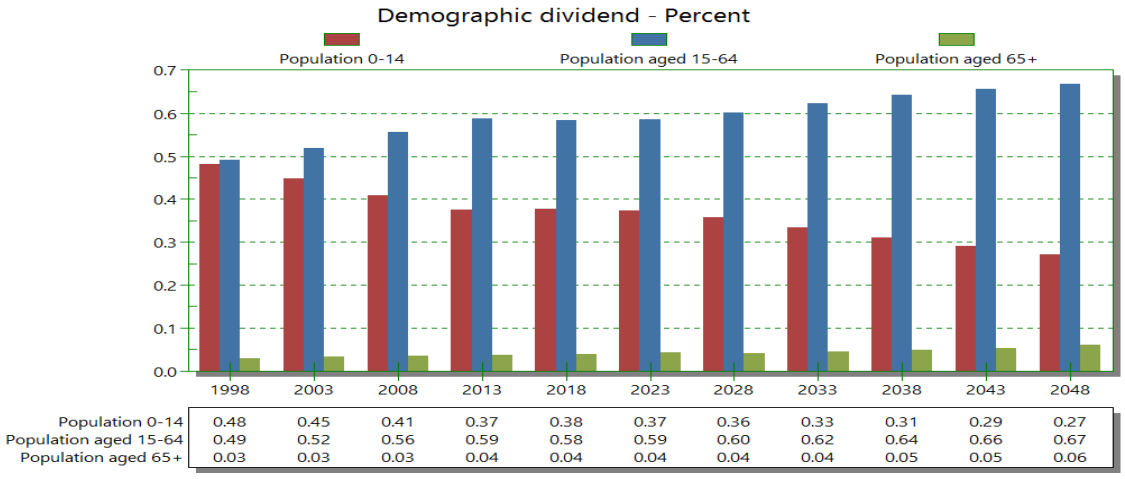
Rahnuma-Family Planning Association of Pakistan (R-FPAP).

Article Received on 21/08/2024 **Article Revised on 11/09/2024** **Article Accepted on 01/10/2024**

INTRODUCTION

Gilgit Baltistan, with a population of 1.610 million in 2023, spans 72496 sq. kms with a low population density of 19 persons per sq. km. Only 2% of the land is suitable for human settlement or productivity rest 98% of land is occupied by mountains of Hindukush, Karakorum and Himalayan ranges. The scattered population resides in small villages separated by vast mountainous terrain. Per capita land holding is minimal and productivity is constrained by single cropping zone. Population projections for Gilgit Baltistan by 2048 account for varying fertility rates, considering the unique demographic landscape.





METHODS

After taking approval from the directorate of population welfare Gilgit-Baltistan, data is collected from their library and analysed. A comparative study is conducted to see the difference in efficiacy of family planning services in uplifting the human development index in

areas of early intervention versus areas where services were provided later on.

Indicators of human development index provided by UNDP in 1990, are used to analyse the data. They include longevity, knowledge and GDP.

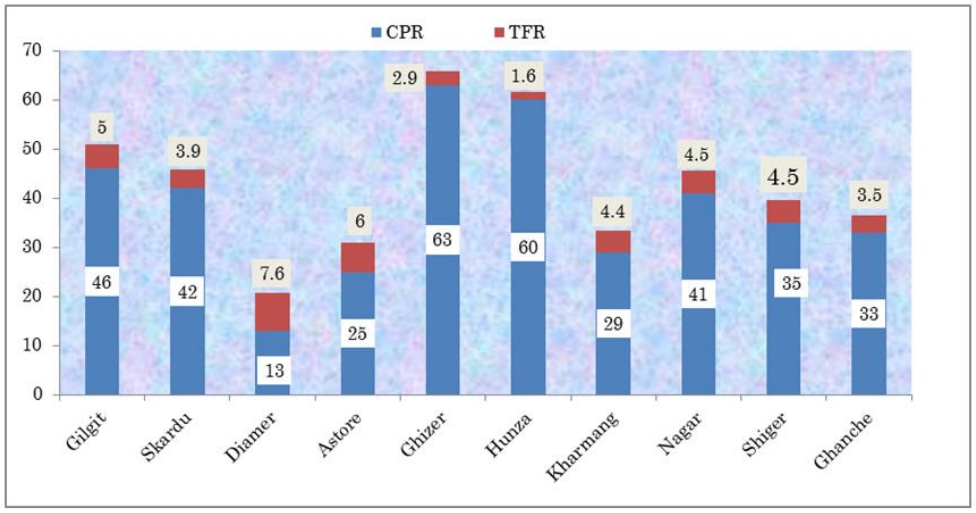
As a pilot project, Family planning services were provided to the five districts (Hunza, Ghizar, Ghanche, Shigar and Skardu) out of ten districts of Gilgit-Baltistan in 1986. Family planning services to the rest of districts started after 2000.

RESULTS

Total fertility rate (TFR) and contraceptive prevalence rate (CFR) are used as initial tools to assess the effectiveness of family planning services provided to a given community.

Mean TFR in early intervention districts is 3.3 and mean TFR in late intervention districts is 5.6. Overall TFR is 4.6.

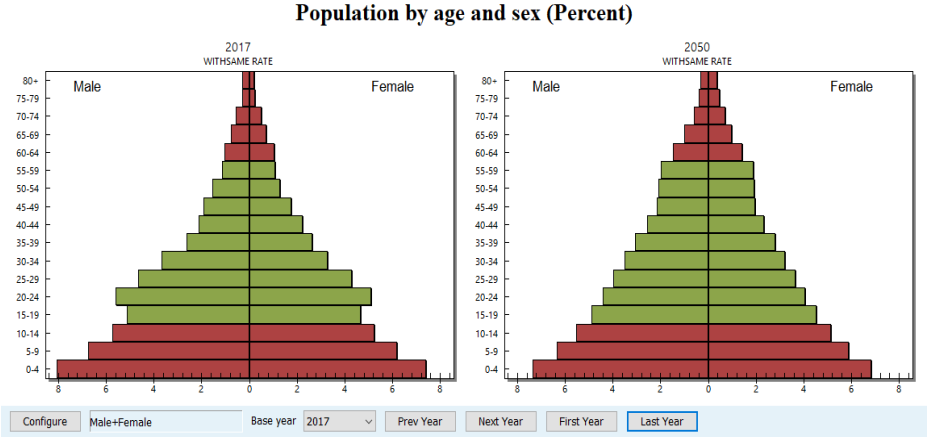
Mean CFR in early intervention districts is 46.6% and mean CFR in late intervention districts is 30.8%.

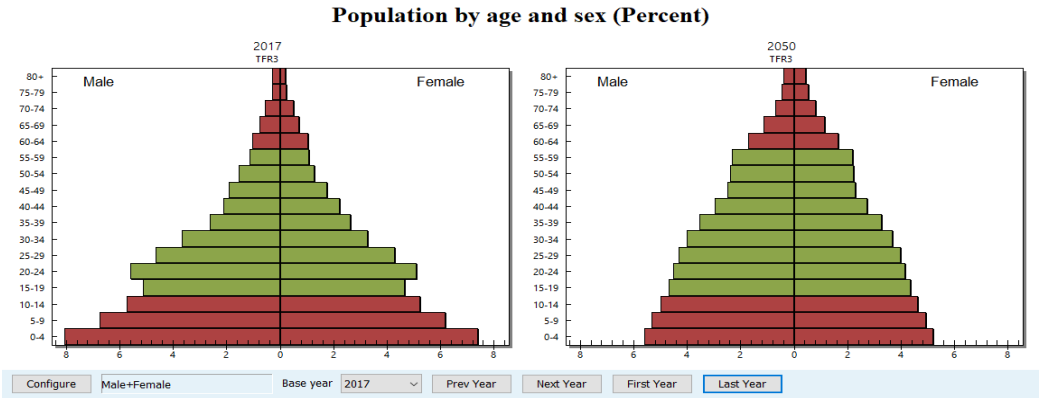


Mean Head count ratio in early intervention districts is 24.24 and mean head count ratio in late intervention districts is 34.68

Districts	Head Count Ratio	Fertility	CPR
Ghanche	24	3.5	33
Ghizer	14.3	2.9	63
Gilgit	17.1	5	46
Hunza	2	1.6	60
Kharmang	34	4.4	29
Nagar	15.2	4.5	41
Shiger	44.8	4.5	35
Skardu	36.1	3.9	42
Astore	34.9	6	25
Diamer	74.2	7.6	13

Following demographic trasition is expected with the current vs TFR 3





CONCLUSION

The study conducted in Gilgit Baltistan highlights the challenges faced by the region due to its unique geographical landscape and limited land available for human settlement and productivity. The comparative analysis of family planning services in early intervention districts versus late intervention districts reveals significant differences in total fertility rates and contraceptive prevalence rates. The findings suggest that early implementation of family planning services has a positive impact on population growth and human development indicators. Moving forward, these results can inform future strategies for improving the wellbeing and sustainability of communities in Gilgit Baltistan.