GALLUP PAKISTAN
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Gallup Pakistan Analysis of Household Integrated Economic Survey (HIES) 2024-25

Population Welfare and Demographic Transition

PRESS RELEASE

Gallup Pakistan Analysis of Household Integrated Economic Survey (HIES) 2024-25

Fertility Decline Is Slow but Steady: Rural–Urban Divide, Education, and Women's Autonomy Shape Family Planning in Pakistan—Contraceptive Prevalence Rate at 38%, Yet Urban Areas Lead with 44%

Islamabad, April 6th, 2026

Pakistan's demographic landscape is shifting, with a gradual decline in fertility rates. The Total Fertility Rate (TFR) has dropped from 4.0 in 2018-19 to 3.6 in 2024-25, though rural areas still exhibit higher fertility rates compared to urban regions. The Contraceptive Prevalence Rate (CPR) has risen to 38% nationally, with urban areas leading at 44%. Women's education is a key factor driving this change, as more educated women are more likely to use family planning methods, contributing to lower fertility. However, spousal opposition and cultural barriers continue to hinder progress, especially in rural areas. This press release delves into how access, education, and empowerment influence family planning, emphasizing the need for policies that address both access to services and cultural attitudes.

What is the Big Data Analysis Series by Gallup?

Gallup Pakistan's Big Data series was initiated by Bilal I. Gilani, Executive Director of Gallup Pakistan. As he explains: *"Pakistan does not suffer from a lack of data, but from limited accessibility and weak translation of numbers into understanding. Gallup Pakistan bridges this gap by analyzing large, often under-used datasets — from PSLM and Labour Force Surveys to Economic Surveys and National Census data — so these statistics can meaningfully inform policy and public discourse."*

What data points this current edition covers:

This edition uses data from the PSLM 2024-25 Social Indicators report, which covers key aspects of population welfare in Pakistan, including fertility trends, contraceptive use, women's decision-making power, and the barriers to family planning adoption. The data highlights significant regional disparities, particularly between rural and urban areas and between different education levels. The report also covers socio-economic factors, such as spousal opposition and cultural beliefs, which limit family planning use. This edition sheds light on the inequalities in health access, with particular attention to how education and women's empowerment influence reproductive choices.

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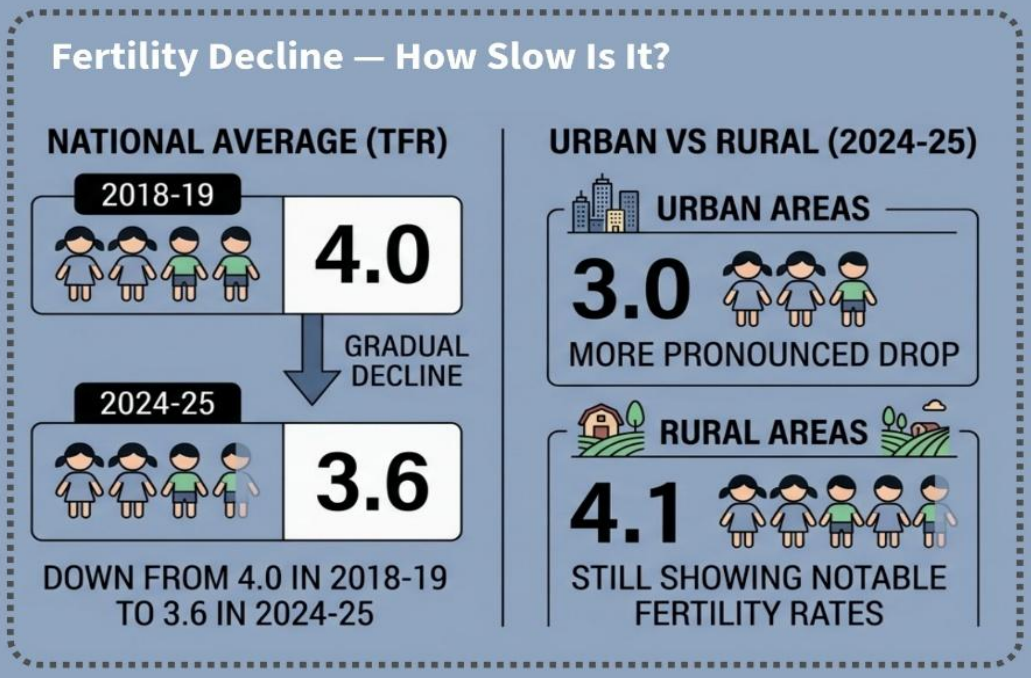
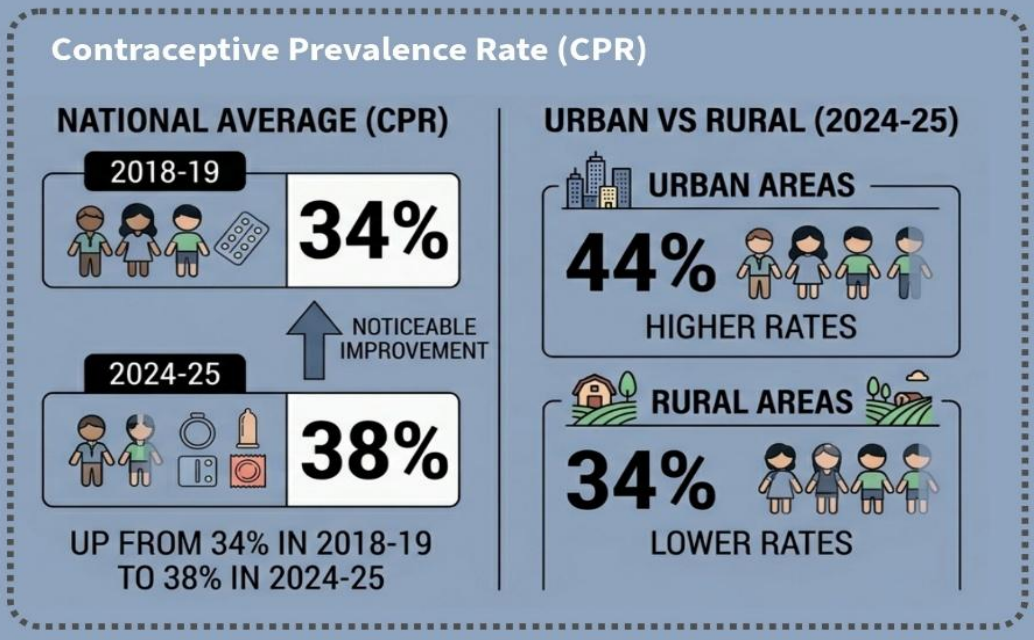


The Total Fertility Rate (TFR) has seen a gradual decline, with a national average of 3.6 children per woman in 2024-25, down from 4.0 in 2018-19. This drop is more pronounced in urban areas (3.0) compared to rural areas (4.1), though both regions still show notable fertility rates. The fertility pattern also indicates that fertility is highest in the 25–29 age group, with urban areas showing a sharper decline.



There has been a noticeable improvement in the use of contraceptives, with the national CPR rising to 38% in 2024-25, up from 34% in 2018-19. Urban areas show higher rates (44%) compared to rural areas (34%). The province of Khyber Pakhtunkhwa saw the most significant improvement, highlighting regional progress in contraceptive use.

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Pakistan Social and Living Standards Measurement Survey (PSLM) / Household Integrated Economic Survey (HIES) 2024–25; Pakistan Bureau of Statistics.

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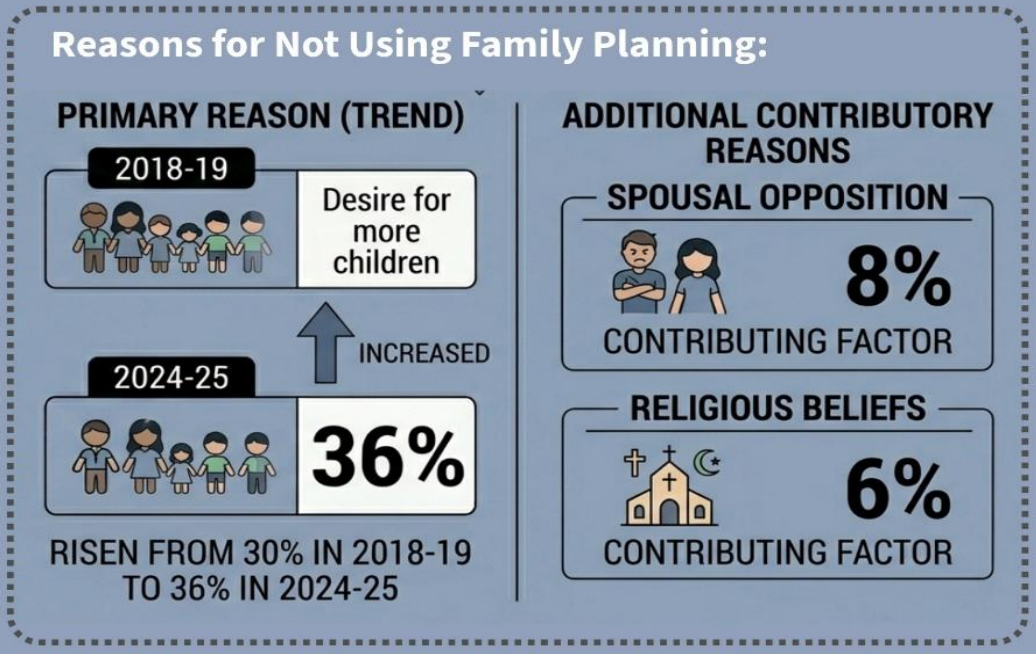


The desire for more children remains the most common reason for not using family planning, with 36% of women citing this reason, a rise from 30% in 2018-19. Additionally, spousal opposition (8%) and religious beliefs (6%) also contribute, with variations across provinces, especially in Balochistan and Khyber Pakhtunkhwa.

Education of Women & Family Planning Use:

A strong correlation exists between women's education and family planning use. Educated women (those with higher secondary education or more) are significantly more likely to use family planning methods compared to women with no education. This emphasizes the critical role of women's education in enhancing family planning use and fertility reduction.

Women's Decision-Making Power:

The findings highlight the ongoing limitation in women's decision-making power across various domains. In matters related to family planning, education, employment, and marriage, decisions are largely made by the head of the household or jointly with spouses. Women themselves make a smaller percentage of these decisions, signaling persistent gender inequalities in household decision-making.

Pakistan Social and Living Standards Measurement Survey (PSLM) / Household Integrated Economic Survey (HIES) 2024–25; Pakistan Bureau of Statistics.

Key Findings:

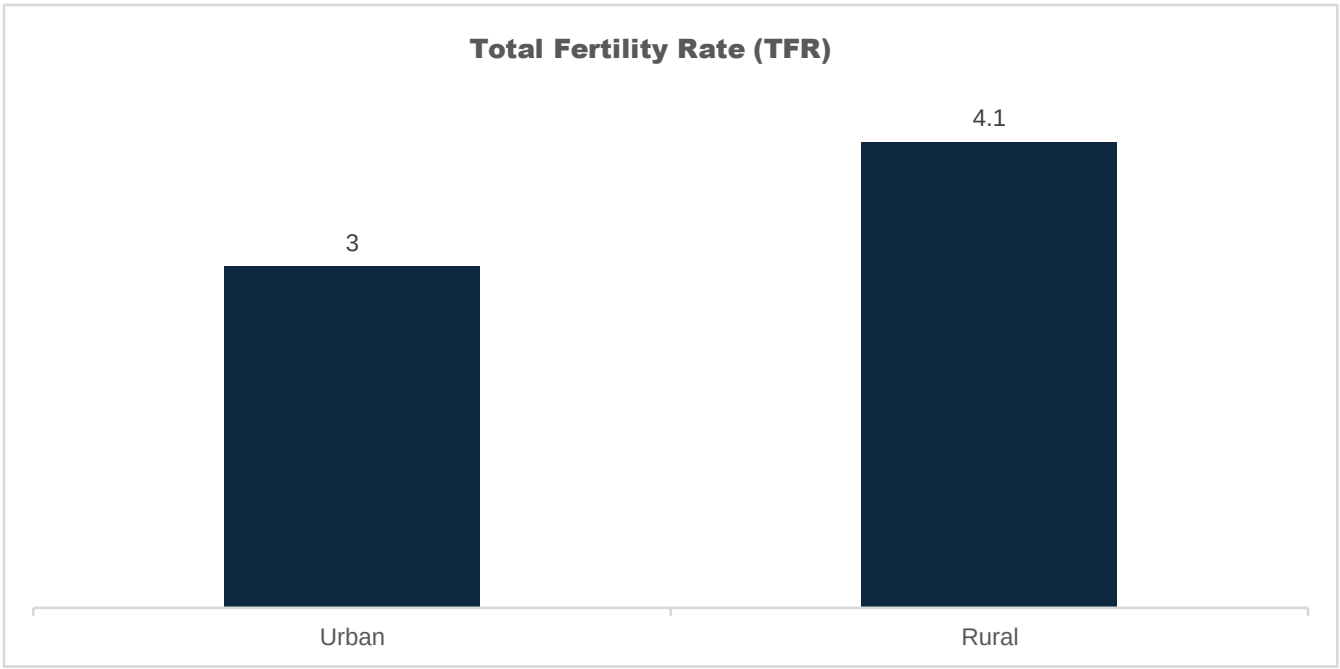
1. **Fertility Decline — How Slow Is It?** The Total Fertility Rate (TFR) has seen a gradual decline, with a national average of 3.6 children per woman in 2024-25, down from 4.0 in 2018-19. This drop is more pronounced in urban areas (3.0) compared to rural areas (4.1), though both regions still show notable fertility rates. The fertility pattern also indicates that fertility is highest in the 25–29 age group, with urban areas showing a sharper decline.
2. **Contraceptive Prevalence Rate (CPR).** There has been a noticeable improvement in the use of contraceptives, with the national CPR rising to 38% in 2024-25, up from 34% in 2018-19. Urban areas show higher rates (44%) compared to rural areas (34%). The province of Khyber Pakhtunkhwa saw the most significant improvement, highlighting regional progress in contraceptive use.
3. **Education of Women & Family Planning Use.** A strong correlation exists between women's education and family planning use. Educated women (those with higher secondary education or more) are significantly more likely to use family planning methods compared to women with no education. This emphasizes the critical role of women's education in enhancing family planning use and fertility reduction.
4. **Reasons for Not Using Family Planning:** The desire for more children remains the most common reason for not using family planning, with 36% of women citing this reason, a rise from 30% in 2018-19. Additionally, spousal opposition (8%) and religious beliefs (6%) also contribute, with variations across provinces, especially in Balochistan and Khyber Pakhtunkhwa.
5. **Women's Decision-Making Power:** The findings highlight the ongoing limitation in women's decision-making power across various domains. In matters related to family planning, education, employment, and marriage, decisions are largely made by the head of the household or jointly with spouses. Women themselves make a smaller percentage of these decisions, signaling persistent gender inequalities in household decision-making.

1. Fertility Decline — How Slow Is It?

Pakistan's Total Fertility Rate (TFR) has gradually declined over the past few decades, moving from 4.0 children per woman in 2018-19 to 3.6 in 2024-25, reflecting the ongoing impact of family planning programs and evolving social norms. However, the rate of decline remains slow, particularly in rural areas, where the TFR is still 4.1 children per woman. In contrast, urban areas report a much lower TFR of 3.0 children per woman, indicating better access to family planning services, more widespread awareness, and higher levels of female education.

The overall slower fertility decline in rural areas can be attributed to limited access to healthcare, lack of educational infrastructure, and cultural resistance to family planning. The difference between rural and urban fertility rates highlights a geographical divide in access to family planning resources and services. In rural communities, large families are often still preferred due to economic reasons, where children are seen as an asset for labor, or due to cultural norms where fertility is more strongly tied to traditional values.

Furthermore, the age group of 25–29 years remains the highest fertility group, showing that younger women in Pakistan continue to bear a disproportionate share of reproductive health risks. Efforts to accelerate fertility decline will need to focus on targeted interventions that combine family planning with female education and improved access to healthcare.



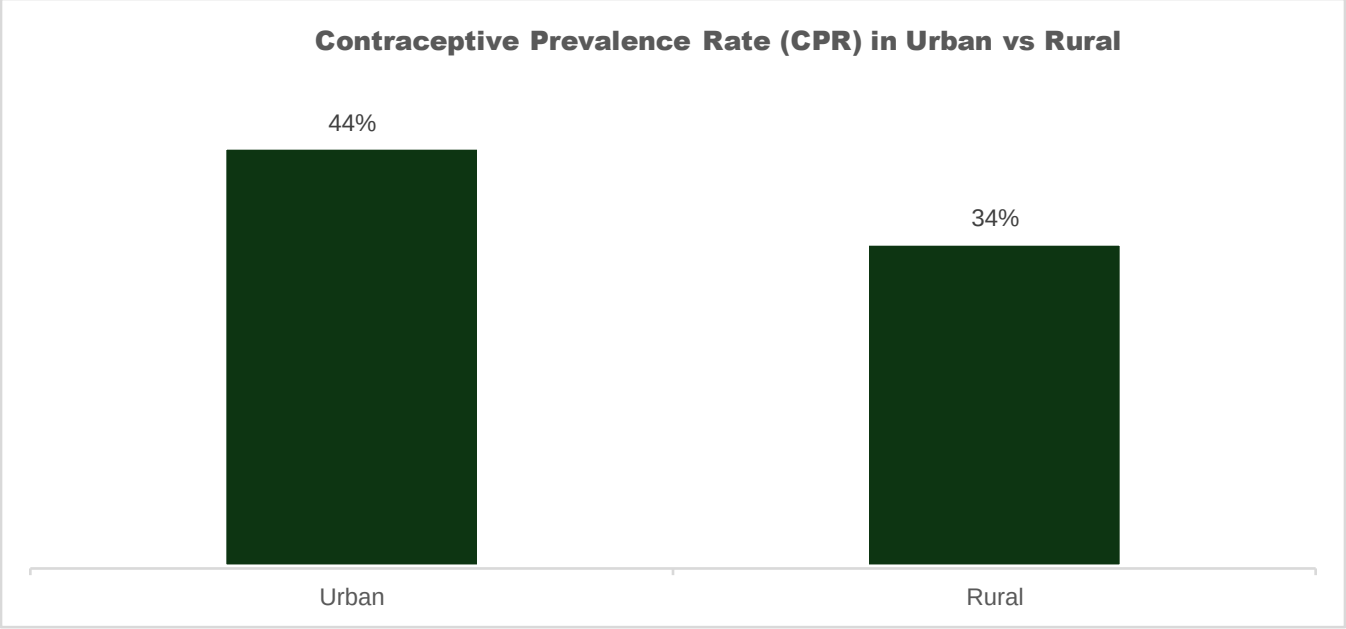
***Source**: Pakistan Social and Living Standards Measurement Survey (PSLM) / Household Integrated Economic Survey (HIES) 2024–25; Pakistan Bureau of Statistics.*

2. Contraceptive Prevalence Rate (CPR)

The Contraceptive Prevalence Rate (CPR) has seen a gradual increase over the years, reaching 38% in 2024-25, up from 34% in 2018-19. The urban-rural divide remains substantial, with 44% of women in urban areas reporting contraceptive use compared to just 34% in rural areas. This indicates that while progress has been made, rural women continue to face significant barriers to family planning, including limited access to health services, cultural attitudes, and gender norms.

Interestingly, the province of Khyber Pakhtunkhwa (KP) shows the most significant increase in CPR, suggesting that regional interventions have been effective. This increase could be attributed to the expansion of family planning programs and greater awareness in this province, which has historically lagged in contraceptive use.

However, despite improvements in national CPR, a large portion of the population remains underserved, and many women still do not have access to modern contraception. In particular, there is significant unmet need for contraception in rural areas and among women with lower educational attainment. To achieve the targets for fertility reduction, Pakistan will need to enhance access and address demand-side barriers such as spousal opposition and religious beliefs.



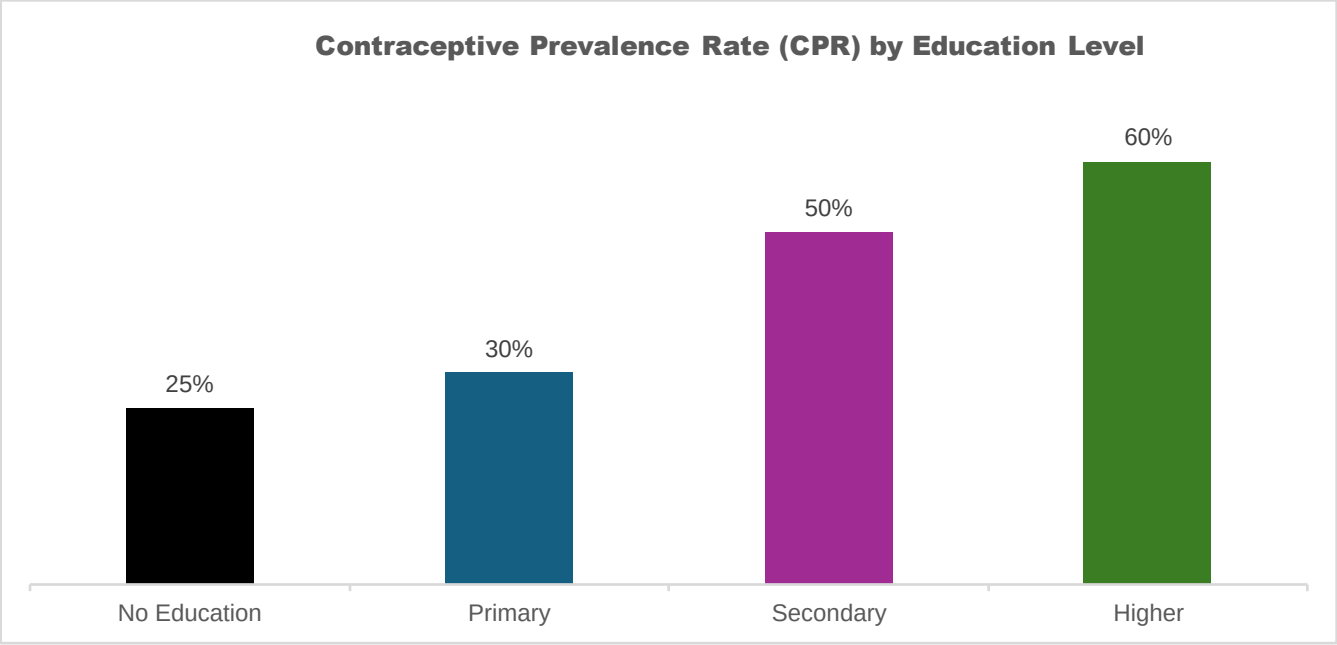
***Source**: Pakistan Social and Living Standards Measurement Survey (PSLM) / Household Integrated Economic Survey (HIES) 2024–25; Pakistan Bureau of Statistics.*

3. Education of Women & Family Planning Use

One of the strongest correlations in family planning use is maternal education. Women with higher levels of education—especially those who have completed higher secondary education or beyond—are significantly more likely to use modern contraceptive methods. Education empowers women, not only by providing them with the knowledge and skills needed to make informed reproductive health decisions, but also by increasing their autonomy in household decision-making.

The PSLM 2024-25 data reveal that educated women are more likely to have smaller families, with a lower TFR, reflecting their greater access to health services, awareness of contraception, and ability to make independent decisions about reproduction. Education also plays a pivotal role in economic empowerment, enabling women to participate in the workforce, which further reinforces their autonomy in family planning choices.

This highlights the need for policies that integrate family planning with educational programs, particularly for women in rural areas or from lower socio-economic backgrounds, where access to both education and healthcare is limited. The growing body of evidence on the education–family planning connection strongly suggests that improving girls' education is one of the most cost-effective ways to achieve long-term reductions in fertility rates.



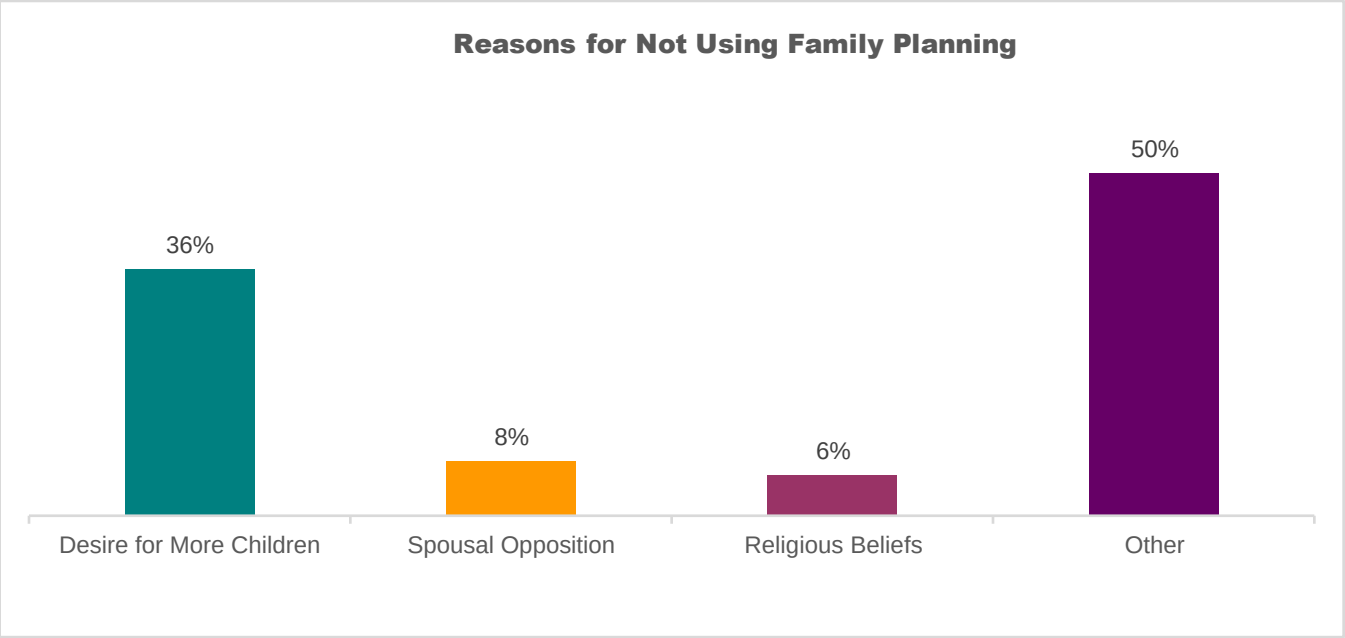
***Source**: Pakistan Social and Living Standards Measurement Survey (PSLM) / Household Integrated Economic Survey (HIES) 2024–25; Pakistan Bureau of Statistics.*

4. Reasons for Not Using Family Planning

Despite the positive trends in contraceptive use, there are still significant barriers to widespread adoption. The most common reason for not using family planning is the desire for more children, which is cited by 36% of women, showing a steady increase from 30% in 2018-19. This indicates that while many women want to limit their family size, they are not yet fully convinced of the benefits of family planning or may still perceive children as a source of economic security, especially in rural areas.

Other reasons for non-use include spousal opposition (8%) and religious or cultural beliefs (6%). Interestingly, these reasons are more prevalent in rural regions, where traditional gender roles and limited access to family planning resources persist. Addressing these barriers requires community engagement, culturally-sensitive education, and better access to services in hard-to-reach areas.

Family planning adoption is also influenced by social norms, and spousal approval remains one of the strongest predictors of contraceptive use. As such, couples counseling and male involvement are critical to increasing family planning use in both urban and rural settings.

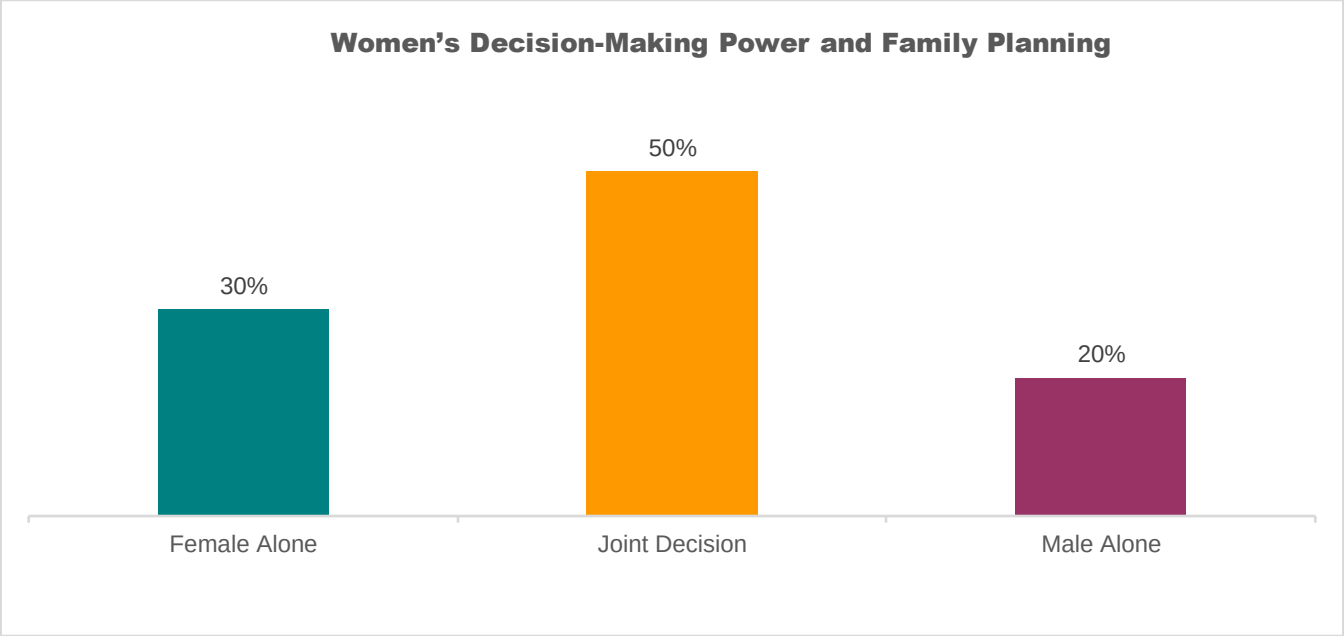


***Source**: Pakistan Social and Living Standards Measurement Survey (PSLM) / Household Integrated Economic Survey (HIES) 2024–25; Pakistan Bureau of Statistics.*

5. Women's Decision-Making Power

Women's decision-making power is a key determinant of their reproductive health, family planning use, and overall well-being. The data shows that in many households, reproductive decisions are jointly made with male heads of household, but women still have limited autonomy. In Pakistan, most women do not have complete control over decisions related to family planning, healthcare, marriage, or education.

The findings from the PSLM 2024-25 survey indicate that women's involvement in decision-making is strongly correlated with their ability to access and use family planning services. Women who make independent decisions regarding their reproductive health are more likely to use contraception, have smaller families, and experience better health outcomes. Empowerment through decision-making in the household is essential for improving maternal health and addressing Pakistan's demographic challenges.



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Wish to Contribute to Gallup Big Data Analysis?

Gallup Pakistan is looking for collaboration with researchers to expand the Big Data Analysis project. If you have any ideas, please write to Bilal I Gilani, Project Director, Big Data Analysis at Gallup Pakistan.

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