PAKISTAN FERTILITY AND FAMILY PLANNING SURVEY 1996-97

(PFFPS)

PRELIMINARY REPORT

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CENTRE FOR POPULATION STUDIES
LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE
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January, 1998

Project Staff

1.	Dr. Abdul Hakim	Project Director
2.	Professor John Cleland	Consultant
3.	Mr. Mansoor ul Hassan Bhatti	Principal Investigator
4.	Mr. Mehboob Sultan	Co-Principal Investigator
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6.	Mr. Faateh ud din Ahmad	Programmer
7.	Mr. Ayaz ud din	Office Coordinator
8.	Mr. Zafar Zahir	Field Coordinator, Punjab
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Foreword

Assessing and evaluating the Population Welfare Programme of Pakistan is one of the major objectives of the National Institute of Population Studies (NIPS). In this context NIPS conducted the Pakistan Fertility and Family Planning Survey (PFFPS), 1996-97. This survey was planned, organized and executed during April, 1996 to June, 1997. The filed work was carried out between November, 1996 to March, 1997. Information has been collected on household, environment, marriage patterns, fertility, family planning awareness, contraception, infant mortality, attitudes towards family planning, service delivery of family planning services and decision making and mobility of women.

The survey provides an up-to-date set of relevant data useful to evaluate Population Welfare Programme, health aspects and overall demographic situation in the country. The results produced through the survey provide policy makers, planners and academician with a clear picture about the current level of population and family planning indicators and trends in the recent past and guidance for the future directions.

This report presents the main findings of the survey and more in-depth and detailed report will be available by mid-1998.

For undertaking this survey several organizations and individuals assisted NIPS. Those who worked on the survey from its inception to its completion deserve appreciation.

The Staff of PFFPS specially Dr. Abdul Hakim, Director, NIPS, Project Director and Mr. Mansoor ul Hassan Bhatti, Principal Investigator deserve special commendation for successfully conducting the survey.

London School of Hygiene and Tropical Medicine provided technical assistance for conducting the survey. We are thankful to them specially Prof. John Cleland, who provided his valuable comments on earlier drafts of questionnaire and on this report.

The UK Department for International Development (DFID), formerly UK ODA, funded this project for which we are grateful to them. The support rendered by the Ministry of Population Welfare and Provincial Population Welfare Departments of Punjab, Sindh, NWFP and Balochistan is acknowledged.

I hope the results, will be useful to planners and managers of the Population Welfare Programme and those directly and indirectly involved with the programme.

Mahbub Ahmad
Executive Director

Acknowledgements

Keeping in view the importance and role of the Population Welfare Programme in curbing fast growth of population in Pakistan, the National Institute of Population Studies (NIPS) undertook the evaluation of the programme through a major survey "Pakistan Fertility and Family Planning Survey (PFFPS) 1996-97". The survey data collected from the field was undertaken by teams of female interviewers led by supervisors under the immediate supervision of coordinators.

The PFFPS was completed in many stages: planning for the project and procurement of funds, questionnaire design, sample selection, translation of questionnaire, pre-testing, field work, data editing, data entry and data processing. We acknowledge assistance of several individuals, organisations and technical committee of the project for their assistance at various stages of the project.

Efforts of several individuals who worked in the field for the collection of data are commendable. Thanks are, in particular, due to teams of female interviewers who undertook the difficult task to interview and collect data. The guidance and supervision provided by the Coordinators are appreciated and acknowledged. The coordinators also successfully conducted training programmes at provincial levels.

Pakistan Fertility and Family Planning Survey (PFFPS) 1996-97 was funded by Department For International Development (DFID. The timely funding of DFID was instrumental in successfully completion of the survey. Technical support was provided by London School of Hygiene and Tropical Medicine, (LSHTM). NIPS is grateful to the staff of the school for proving all possible technical assistance.

The Sample was obtained from Federal Bureau of Statistics (FBS), Government of Pakistan for which we are thankful to them.

We are deeply indebted to Mr. Tewfiq Fehmi, former Executive Director, NIPS who provided all kinds of administrative support and directions due to which NIPS was able to implement the project successfully.

The questionnaire of PFFPS was developed and finalised during the time when Mr. Ijaz Ahmad was Executive Director, NIPS. We are thankful to him for providing all possible support and chairing the technical advisory committee wherein the questionnaire was discussed and approved.

We are grateful to Mr. Muzaffar Mehmood Qureshi, former Executive Director, NIPS who supported the project when major activities of the project including recruitment of staff, training of staff and field work was carried out.

We are obliged to Mr. Mahbub Ahmad, Executive Director, NIPS for his valuable comments and reviewing the earlier draft of this report.

Finally we wish to thank the field staff for doing hard work in data collection. Special thanks are for Mr. Andrew Westlake, DFID's consultant and Mr. Faateh ud din Programmer, NIPS for data processing.

Dr. Abdul Hakim
Prof. John Cleland
Mansoor ul Hassan Bhatti

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Key Findings

Sample

The Pakistan Fertility and Family Planning Survey (PFFPS) 1996-97 was conducted by the National Institute of Population Studies (NIPS) in collaboration with the London School of Hygiene and Tropical Medicine (LSHTM). The survey interviewed 7325 households in a representative sample of the four provinces of Pakistan. In these households 7848 ever-married women aged between 15 and 49 years were interviewed.

Household Members

From the household members we estimate the singulate mean age at marriage to be 26.5 for males and 22.0 for females. These figures indicated that the steady rise in age at marriage reported by previous surveys is continuing, but with little evidence that the gap between males and females is narrowing.

The spread of education continues, with less than 20 percent of males aged 15 to 19 having no schooling. However, the figure is nearly 50 percent for females, showing that female education still lags well behind that for males. In this age group almost twice as many males as females (62 percent compared with 37 percent) proceed beyond primary education.

Fertility

The average total fertility rate (TFR) for the last five years is estimated to be 5.3 children. Thus the slow decline reported by similar surveys in the past continues, and represents a fall of 1.0 children since the Pakistan Fertility Survey (PFS) of 1975. There is no evidence of any recent acceleration in the rate of decline. Levels of fertility are strongly associated with levels of education: women who have some education have a TFR at least one child lower than those with no education.

Awareness of family planning

Awareness of family planning is widespread. Even in rural Balochistan more than 75 percent of women are aware of at least one modern method of contraception, while overall, at the national level, the rate is over 93 percent. Over 41 percent of women had heard some family planning message on TV or radio during the 3 months before their interview. Two thirds of them approve of family planning, though less than half think that their husbands approve. Knowledge of sources of supply has improved dramatically since 1990/91.

Contraceptive Prevalence Rate

23.9 percent of currently married women are current users of contraception, continuing the rise from the 11.8 percent reported by the Pakistan Demographic and Health Survey (PDHS) of 1991 and the 17.8 percent found by the Pakistan Contraceptive Prevalence Survey (PCPS) in 1995. Female sterilisation has been found to be the most accepted method for current use and its acceptance increases with an increase in age and number of living children. It is found that 11 percent of women with more than 4 living children, or aged over 35, have chosen sterilisation to limit their family size. Among other modern methods except female sterilisation, condom, IUD, pill and injectables contribute to the overall CPR, but traditional methods, particularly withdrawal, make up nearly a third of current use. Use is nearly twice as high in urban areas as in rural ones, and rises strongly with levels of education. However, use is rising fastest in rural areas, up from 5.8 percent with PDHS in 1991 and 11.0 percent with PCPS in 1995 to 18.6 percent in this survey.

Demand for family planning

Over 61 percent of women have a need for family planning, comprised of 43 percent who would like to limit their family to the current size and 19 percent who would like to space the next child by at least two years. Of these, more than 60 percent are not current users. This unmet need is highest in rural areas and among women with no education.

Chapter 1

INTRODUCTION AND METHODOLOGY

The Pakistan Fertility and Family Planning Survey (PFFPS) was conducted in 1996-97 by the National Institute of Population Studies (NIPS), Islamabad with financial support from the United Kingdom's Department for International Development (DFID), and in collaboration with the London School of Hygiene & Tropical Medicine (LSHTM). Technical direction was provided by a Steering Committee comprising experts from NIPS, Pakistan Institute of Development Economics (PIDE), Federal Bureau of Statistics (FBS), Population Council, Ministry of Population Welfare, DFID and LSHTM.

This preliminary report contains selected key findings. A detailed report on the findings of the survey will be published by later in, 1998. Throughout the report, findings from the PFFPS have been compared with the findings of previous surveys conducted in Pakistan in regard to fertility and contraceptive prevalence such as the 1975 Pakistan Fertility Survey (PFS), the 1984-85 Pakistan Contraceptive Prevalence Survey (PCPS), the 1990-91 Pakistan Demographic and Health Survey (PDHS), and the 1994-95 Pakistan Contraceptive Prevalence Survey (PCPS).

1.1 Objectives

The survey collected data on fertility and family planning and their determinants in order to provide policy makers and programme managers with information useful for evaluating and improving the national family planning programme. The specific objectives of the survey were:

1. To assess the levels of contraceptive knowledge and practice by method and source of supply;
2. To estimate levels, patterns and trends of fertility and childhood mortality, including birth spacing and its link with child survival;
3. To identify differences across the country in fertility and family planning use;
4. To measure the degree of contact between potential clients and various components of the programme; and

5. To find out attitudes towards family planning and family size, including unmet need for fertility regulation.

1.2 Sample

A national sample of 8002 households was drawn from the country covering Punjab, Sindh, NWFP and Balochistan. The sample design was developed by the FBS, Government of Pakistan. The universe consisted of all urban and rural areas of four provinces of Pakistan and Federal territory of Islamabad as defined in 1981 Population Census, excluding FATA and military restricted areas, which comprise 4 percent of the total population. There were 2640 households in the sample of urban areas and 5362 households in rural sample.

A sampling frame was drawn by the Federal Bureau of Statistics in mid-1996 using the 1981 census list of clusters in rural areas and similar updated information for urban areas. The basic design proposed was a two-stage stratified sample with area units at the first stage and households at the second.

The FBS uses a standard stratification scheme at the area stage of sampling. The first step was to stratify by urban/rural. In the urban sector, Major Urban and Other Urban formed sub-strata. The Major Urban cities are Karachi, Lahore, Peshawar, Quetta, Hyderabad, Faisalabad, Multan, Gujranwala, Sialkot and Sargodha. All other cities and towns are Other Urban. The blocks within the cities and towns of the urban sub-strata were stratified into high, medium and low income areas. In the rural sector villages were stratified by provinces and districts. The next step was to select 120 urban blocks in the urban sample and 175 villages, dehs and mouzas in the rural sample. Thus there were a total of 295 area units or Primary Sampling Units (PSUs).

Staff from the district offices of the FBS prepared household lists in each selected cluster. From these lists 31 households per cluster were selected randomly in rural areas and 22 in urban areas. Six rural clusters contained fewer than 31 households, and in these cases all the households found were included in the sample. Thus the rural sample contained 63 fewer households than intended.

In each selected household a list was prepared of all the household members, including all persons who were usually resident in the household (*de jure* members) or

visitors who had slept there the previous night (*de facto* members). From this list ever-married women aged 15-49 years were identified for the detailed interview. Details of the sample design, including expected and actual coverage of the sample in urban and rural areas in each of the four provinces is shown in table 1.1.

In order to obtain provincially representative information, households in Balochistan were over-sampled while those in more populous provinces, particularly Punjab, were under sampled. These unequal probabilities of selection have been corrected by weighting households according to the sample design. Weighting factors for every cluster have been obtained from FBS and applied to obtain representative estimates for the national, provincial and urban/rural populations. Unless otherwise stated, the results presented in this report are based on the weighting figures.

Table 1.1
Number of Selected Units And Percentage Successfully Covered/Interviewed (Unweighted Data).

	Clusters		Households			Ever-Married Women		
	Sampled	Percent Covered	Sampled	Interviewed	Percent Interviewed	Identified	Interviewed	Percent Interviewed
Pakistan	295	100	8002	7325	91.5	8362	7848	93.9
Urban	120	100	2640	2390	90.5	2639	2466	93.5
Rural	175	100	5362	4935	92.0	5723	5382	94.0
Punjab	109	100	2929	2742	93.6	2762	2541	92.0
Urban	49	100	1078	1006	93.3	994	923	92.9
Rural	60	100	1851	1736	93.8	1768	1618	91.5
Sindh	88	100	2377	2144	90.2	2553	2363	92.6
Urban	39	100	858	760	88.6	868	790	91.0
Rural	49	100	1519	1384	91.1	1685	1573	93.4
NWFP	56	100	1574	1482	94.2	1766	1709	96.8
Urban	18	100	396	361	91.2	437	422	96.6
Rural	38	100	1178	1121	95.2	1329	1287	96.8
Balochistan	42	100	1122	957	85.3	1281	1235	96.4
Urban	14	100	308	263	85.4	338	331	97.9
Rural	28	100	814	694	85.3	943	904	95.9

Table 1.1 shows the un-weighted data and it can be seen that Punjab, as the most populous province, has 36.6 percent of the sample while Balochistan, the least populous, has 14.2 percent. Sindh and NWFP have 29.7 and 19.7 percent of the sample households respectively.

All 295 primary sampling units (PSUs) selected were successfully covered, in all the provinces and areas. In total 8002 households were selected of which 7325 were located and

visited, indicating a response rate of 91.5 percent. This represents a household coverage of 94 percent in Punjab and NWFP, 90 percent in Sindh and 85 percent in Balochistan.

In the located households a total of 8362 eligible women were identified of whom 7848 were successfully interviewed, giving a response rate of 94 percent. The response rate was highest in NWFP (97 percent), followed by Balochistan (96 percent), Sindh (93 percent) and Punjab (92 percent). Details of the household non-response are given in table 1.2.

Table 1.2
Percent of Household Interviewed, By Province And Type of Area
(Unweighted Data)

Household Interview		Completed	No Adult at Home	Refused	Dwelling not Found/Vacant/ Destroyed	Others	(N)
Total		91.5	2.4	.6	4.0	1.5	(8002)
Major Urban		91.4	3.2	2.3	2.1	.9	(770)
Other Urban		90.2	2.8	.3	4.5	2.2	(1870)
Rural		92.0	2.1	.4	4.2	1.3	(5362)
Punjab	Total	93.6	3.1	.5	2.0	.7	(2929)
	Major Urban	95.7	1.7	.9	1.4	.3	(352)
	Other Urban	92.1	3.0	.6	2.3	1.9	(726)
	Rural	93.8	3.5	.4	2.1	.3	(1851)
Sindh	Total	90.2	2.3	.3	4.8	2.4	(2377)
	Major Urban	87.8	5.6	2.4	3.1	1.0	(286)
	Other Urban	89.0	3.0		5.2	2.8	(572)
	Rural	91.1	1.4	.1	4.9	2.5	(1519)
NWFP	Total	94.2	1.5	1.2	1.5	1.7	(1574)
	Major Urban	84.1	3.4	9.1		3.4	(88)
	Other Urban	93.2	1.9	.3	1.9	2.6	(308)
	Rural	95.2	1.3	.8	1.4	1.3	(1178)
Balochistan	Total	85.3	1.6	.4	11.4	1.3	(1122)
	Major Urban	95.5			4.5		(44)
	Other Urban	83.7	2.7	.4	12.1	1.1	(264)
	Rural	85.3	1.4	.4	11.5	1.5	(814)

Reasons for the individual non-response are shown in table 1.3. The main reason was unavailability of women for interview. Very few women refused to be interviewed.

Table 1.3
Percent of Individual Interviewed, By Province And Type of Area

Individual Interview		Completed	Not at Home	Refused	Partly Completed	Other	(N)
Total		93.9	5.5	.3	.1	.2	(8362)
Major Urban		93.1	5.3	1.0	.3	.3	(715)
Other Urban		93.7	5.8	.2	.1	.2	(1922)
Rural		94.0	5.4	.2	.1	.2	(5725)
Punjab	Total	92.0	7.0	.4	.3	.3	(2762)
	Major Urban	92.9	5.5	1.3	.3		(311)
	Other Urban	92.8	6.0	.4	.3	.4	(683)
	Rural	91.5	7.6	.2	.3	.3	(1768)
Sindh	Total	92.6	7.1	.2	.1	.1	(2553)
	Major Urban	92.2	7.0	.4	.4		(256)
	Other Urban	90.5	9.3			.2	(612)
	Rural	93.4	6.2	.3	.1	.1	(1685)
NWFP	Total	96.8	2.6	.4		.2	(1766)
	Major Urban	93.4	2.8	1.9		1.9	(106)
	Other Urban	97.6	2.1	.3			(331)
	Rural	96.8	2.7	.3		.2	(1329)
Balochistan	Total	96.4	3.4	.1		.2	(1281)
	Major Urban	100.0					(42)
	Other Urban	97.6	2.4				(296)
	Rural	95.9	3.8	.1		.2	(943)

1.3 Types of Questionnaire

Two instruments were used during the survey, the PFFPS questionnaire and a schedule for assessing access of clusters to static health and family planning centres.

Questionnaire for Pakistan Family Planning and Fertility Survey (PFFPS)

This questionnaire has two parts: a Household Schedule and a Woman's Questionnaire. The household schedule collects information on background characteristics of the household and demographic characteristics of all usual household members and of visitors who had slept in the household the night before the interview. The main purpose of this schedule part was to identify women eligible for the Woman's Questionnaire. Ever married women, age 15-49, were eligible for interview.

Assistance in questionnaire design was solicited from a wide range of experts in Pakistan and abroad. The topics covered in the questionnaire were background

characteristics, reproduction, contraception, pregnancy and breastfeeding, marriage, fertility preferences and socio-economic factors. Based on the experience of serious mistiming of births in the Pakistan Demographic and Health Survey (PDHS 1990/91), special care went into the design of the birth history. A calendar is attached, going 35 years back, so that each child could be entered against the respective year of birth. Another precaution to minimize the age shifting was taken by making the section on pregnancy and breastfeeding very short and asking these questions only from women with births in the last 3 years instead of the last 5 years.

The questionnaire was comprehensively pre-tested in the field in Punjab, Sindh and NWFP by female supervisory staff before printing and use. The questionnaire was translated into the four major languages of the country (Urdu, Sindhi, Pushto and Balochi).

Measurement of Service Access

A simple questionnaire was devised to collect information on availability of family planning services in and around the selected Primary Sampling Units (PSUs) of the PFFPS. A radius of five kilometres in rural and one kilometre in urban areas of the selected PSUs was surveyed to identify static health and family planning establishments. These establishments were visited and information on availability of different family planning methods was obtained through the questionnaire. The instrument included questions on distance of the facility from the PSU; usual mode of transport used from PSU to the facility; time spent to reach the facility; availability of family planning services; availability of staff to provide family planning services; contraceptive stock position at the facility and the replenishment procedure.

In addition, information on availability of family planning services was also obtained from private medical practitioners, Lady Health Workers and Village Based Family Planning Workers (VBFPWs) found within the specified radius of urban and rural PSUs. The findings emanating from this instrument are not included in this report but will separately be published together with the detailed main report of the PFFPS.

1.4 Selection of Field Staff

Keeping in view the importance of the survey, special care was taken in the selection of staff for project management, supervision, quality control, data collection, data entry, analysis and report writing. The Director, NIPS being a qualified and experienced demographer, was designated as Project Director. A Senior Fellow of NIPS, having vast experience was identified as Principal Investigator. Another experienced Senior Fellow of NIPS, was identified as Co-Principal Investigator who held special responsibility for the assessment of service access. One qualified and experienced mid-level professional of NIPS was designated as Office Coordinator to assist the Project Director and Principal Investigator. Four mid-level professionals of NIPS, were identified as Provincial Coordinators. In view of the vast area and logistic problems in Balochistan, a coordinator from Balochistan having requisite qualification was also engaged.

A total of 17 teams were constituted for the field work in Pakistan. Each team had two supervisors (one male and one female) and 3 female interviewers.

All male and female supervisors possessed at least Master degree, while all enumerators possessed at least Bachelor degree along with relevant language, domicile etc. Supervisors and Interviewers were recruited strictly on merit from local areas of the provinces. So field staff (supervisors and interviewers) included Punjabi, Sariaki, Sindhi, Urdu, Pushto, Balochi and Brohi speaking languages. The Project Director and Principal Investigator personally conducted interviews of all supervisors and enumerators to ensure selection of best entry.

1.5 Training

A two week training programme was arranged for Field Coordinators and Field Supervisors at Islamabad. It was inaugurated by the Federal Minister of Population Welfare. Subsequently four training programmes were conducted, at Peshawar, Lahore, Hyderabad and Quetta for provincial field staff. All field coordinators, field supervisors and interviewers attended the training sessions. Each of the provincial training programmes was also of two weeks duration, though some were extended for few extra days as per requirement. Staff members from NIPS, LSHTM, FBS and Regional Training Institutes of

Population Welfare conducted the training sessions. Guest lecturers were also invited from the Pakistan Institute Development Economics, World Bank, Ministry of Population Welfare and universities.

The training programme was conducted through lectures, discussions, role play and practice interviews in the field. All the questions in various sections of the questionnaire were discussed in detail and instructions were communicated when needed. The Project Director, Principal Investigator and Co-Principal Investigator personally monitored and visited training sessions at Islamabad and in the provinces.

1.6 Data Collection

After a five week training period, the survey was conducted by 17 field teams between November 1996 and March 1997. Seven teams were deployed in Punjab, four in Sindh and three each in NWFP and Balochistan. Each survey team comprised of one male supervisor, one female supervisor and three female interviewers. Female supervisor was responsible for quality of data, while male supervisor was responsible for survey logistics and the collection of information about health and family planning facilities near each sample cluster. Provincial co-ordinator was responsible for management of the survey in the province.

1.7 Data Management And Analysis

All the completed questionnaires were sent to the National Institute of Population Studies, Islamabad for editing, data entry and processing. The Office Coordinator was responsible for receiving the clusters in NIPS, organizing the system of manual editing of the questionnaires and coordinating with the Programmers for data entry. Four Editors were specially recruited to undertake technical editing of the questionnaires under the supervision of the Office Coordinator. The data entry and checking was programmed and supervised by the Programmer and Assistant Programmer of NIPS, using UN-DESD programme PC-Edit (version 4.1), as distributed by UNFPA. Three trained data entry operators carried out the job. Technical assistance for data entry was provided by the LSHTM. Tabulation for this report was performed using SPSS version 7.5, and MS Access 95 was used for additional data checking and for computation of the fertility rates.

Chapter 2

BACKGROUND CHARACTERISTICS

2.1 Age Distribution

Table 2.1 shows the weighted age distribution of the *de facto* household population (usual residents and visitors who slept there the previous night), and the sex-ratios by five-year age groups.

Table 2.1
Distribution of Age For the *De Facto* Household Sample, By Sex

Age Group	Male		Female		Total		
	Percent	(N)	Percent	(N)	Percent	(N)	Sex ratio
0 - 4	14.5	(4167)	14.2	(3816)	14.4	(7983)	1.09
5 - 9	15.3	(4394)	15.6	(4182)	15.4	(8575)	1.05
10 - 14	13.0	(3723)	13.7	(3666)	13.3	(7389)	1.02
15 - 19	11.2	(3196)	11.6	(3105)	11.4	(6301)	1.03
20 - 24	8.5	(2429)	8.8	(2355)	8.6	(4784)	1.03
25 - 29	7.4	(2115)	7.5	(2002)	7.4	(4117)	1.06
30 - 34	5.4	(1556)	5.9	(1581)	5.6	(3136)	0.98
35 - 39	4.8	(1366)	4.6	(1235)	4.7	(2601)	1.11
40 - 44	3.8	(1098)	3.3	(894)	3.6	(1992)	1.23
45 - 49	3.3	(953)	2.4	(635)	2.9	(1587)	1.50
50 - 54	2.6	(747)	3.8	(1010)	3.2	(1757)	0.74
55 - 59	2.5	(717)	2.8	(765)	2.7	(1483)	0.94
60 - 64	2.8	(796)	2.3	(624)	2.6	(1419)	1.28
65 and More	4.9	(1402)	3.7	(985)	4.3	(2387)	1.42
Total	100.0	(28657)	100.0	(26855)	100.0	(55512)	1.07

Figure 2.1 shows the overall age distribution graphically. The age pyramid has a shape that is characteristic of young population with high fertility, but the base is clearly undercut. The smaller size of the age group below five years has been observed in other surveys and censuses and is only partly due to a recent fertility decline. Some of the deficit of the 0-4 year olds is probably caused by omission of young children and age exaggeration. However, comparing this distribution with the one from the 1990-91 PDHS, it appears that the age displacement problem is less severe in the PFFPS. Omission of young girls appears evident from the high sex ratio of 1.09.

The very high sex ratio of 1.50 at age 45-49, and the low ratio of 0.74 for the 50-54 year olds indicate pronounced out-transference of women beyond the age of eligibility for the in-depth interview. This seems to be caused by misreporting of women's ages in the household questionnaire.

Figure2.1
Age Pyramid

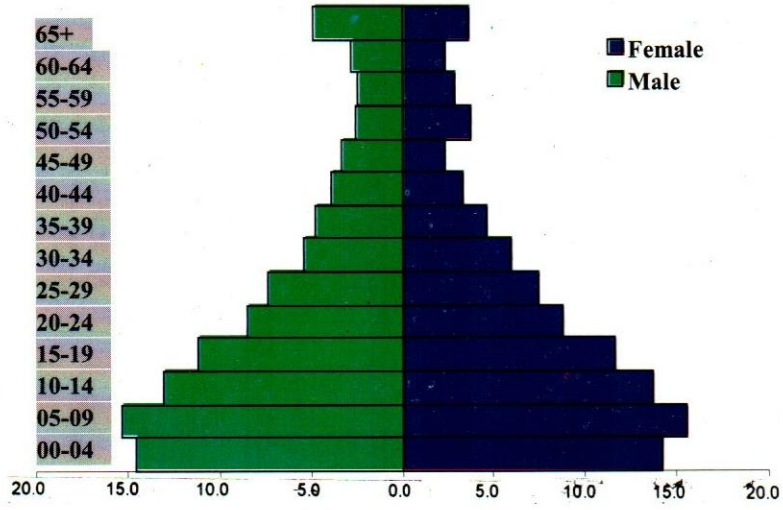


Table 2.2 shows the trend in the household age distribution from various sources, starting with the 1981 Census. The age distributions have not changed very much over the last 20 years. The proportion of the population younger than 15 has come down to 43.1 percent in the PFFPS, from 44.5 percent in the 1981 Census, providing some evidence of a fertility decline. The proportion of young people is higher (47.0 percent) in the PCPS, 1994-95 but this is probably due to the fact that PCPS, 1994-95 only sampled household with currently married women.

Table 2.2
Percent Distribution of Household Population By Age Group

Age Group	Census 1981	PDHS 1991	PCPS 1994	PFFPS 1997
0 - 4	15.3	13.4	16.4	14.4
5 - 9	16.0	17.4	16.9	15.4
10 - 14	13.2	13.7	13.7	13.3
15 - 19	9.5	10.2	9.8	11.4
20 - 24	7.6	8.1	7.6	8.6
25 - 29	6.7	7.1	6.7	7.4
30 - 34	5.6	5.4	5.9	5.6
35 - 39	5.1	4.6	5.5	4.7
40 - 44	4.7	4.0	4.0	3.6
45 - 49	3.7	3.0	3.4	2.9
50 - 54	3.6	3.2	2.6	3.2
55 - 59	2.0	2.4	1.7	2.7
60 - 64	2.7	2.7	1.8	2.6
65 and More	4.3	5.0	2.7	4.3

2.2 Marital Status

Table 2.3 shows the current marital status of males and females by five year age group. It is clear that in Pakistani society marriage is still universal for both men and women.

Table 2.3
Percent Distribution of *De Facto* Household Members, By Marital Status And Age

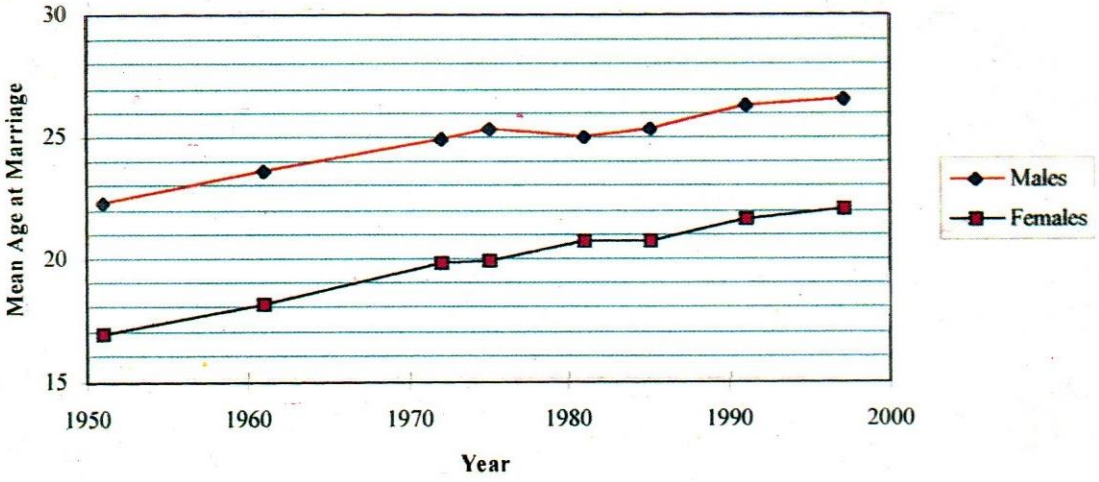
Age	Male			Female		
	Never Married	Married	Widowed, Divorced, Separated	Never Married	Married	Widowed, Divorced, Separated
10 - 14	99.5	.4	.1	99.1	.7	.2
15 - 19	96.2	3.4	.4	82.9	17.0	.2
20 - 24	75.5	24.2	.3	41.0	57.9	1.1
25 - 29	38.7	59.6	1.7	13.6	84.7	1.8
30 - 34	14.7	83.3	2.1	3.2	93.8	3.0
35 - 39	7.4	89.6	2.9	1.8	93.4	4.7
40 - 44	3.1	95.0	1.8	2.1	91.7	6.2
45 - 49	1.6	94.2	4.2	1.8	90.8	7.4
50 - 54	1.2	89.4	9.5	.4	80.7	18.9
55 - 59	.7	90.5	8.8	.5	74.7	24.7
60 - 64	1.1	86.3	12.6	.5	65.4	34.1
65 and More	.7	76.5	22.9	.8	38.7	60.4
Total	49.0	47.3	3.7	40.1	52.1	7.8
(N)	(9680)	(9351)	(735)	(7443)	(9658)	(1446)

The proportions never married can be used to calculate the singulate mean age at marriage. The singulate mean ages at marriage for men and women are estimated to be 26.5 and 22.0 years, respectively. Table 2.4 and the corresponding figure 2.2 show trends in this mean age at marriage and indicate that age at marriage for both sexes continues to rise over time. There is little indication of narrowing in the gap between male and female singulate mean age at marriage.

Table 2.4
Trends in Singulate Mean Age at Marriage For Males And Females (Years)

Survey	Census 1951	Census 1961	Census 1972	PFS 1975	Census 1981	PCPS 1985	PDHS 1991	PFFPS 1997
Male	22.3	23.6	24.9	25.3	25.0	25.3	26.3	26.54
Female	16.9	18.1	19.8	19.9	20.7	20.7	21.6	22.01

Figure 2.2
Trends in Mean Age at Marriage



2.3 Education

Education has been shown to be an important factor in explaining demographic trends and variations. The educational attainment of the population is summarized in Table 2.5. Whilst younger age groups show an encouraging fall in the proportion with no education (see Figure 2.3), women are still lagging well behind men, with almost 50 percent of girls under 20 still having no education. Progress beyond primary education is twice as likely for boys in the 15-19 age group as for girls (Figure 2.4). The urban-rural difference in schooling is pronounced, with 72 percent of rural females having received no schooling at

all. Balochistan is the province with the lowest levels of educational attainment, both for males and females. NWFP has a larger sex differential in educational attainment, with 72 percent of females and 34 percent of males having received no schooling.

Figure 2.3
Percentage With No Schooling, By Age, Comparing Males And Females

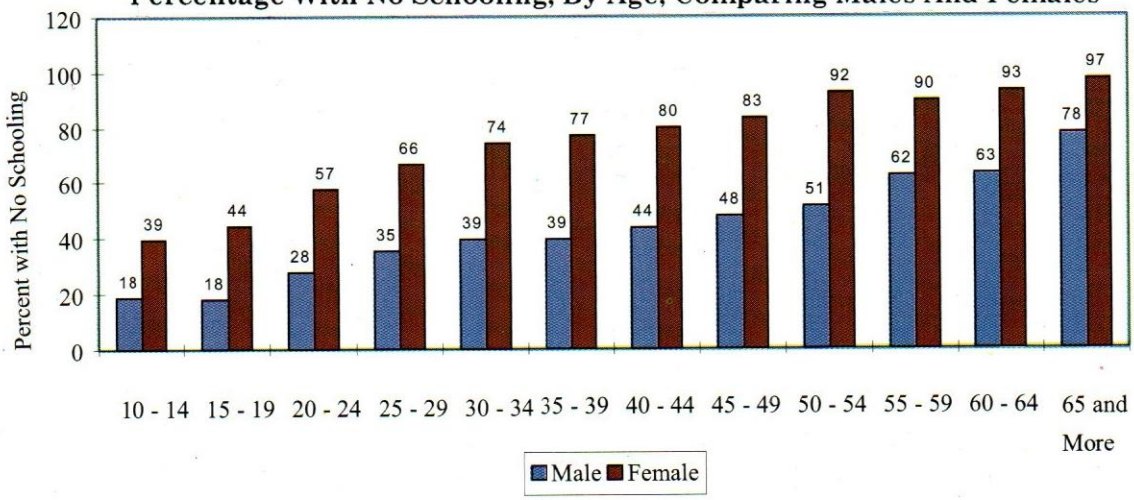


Table 2.5
Percent Distribution of Persons Aged 5 Years or More By Educational Attainment, Type of Area, Province And Age

		Male			Female		
		No Education	Upto Primary	Above Primary	No Education	Upto Primary	Above Primary
Total		35.5	31.1	33.4	60.6	24.0	15.4
	(N)	(8649)	(7570)	(8120)	(13876)	(5489)	(3533)
Type of Area	Urban	20.2	31.7	48.2	36.6	28.7	34.7
	Rural	42.7	30.8	26.5	71.6	21.8	6.6
Province	Punjab	35.3	31.3	33.4	57.7	27.0	15.3
	Sindh	32.5	29.6	37.9	57.2	18.9	24.0
	NWFP	34.0	35.6	30.4	71.9	22.1	6.0
	Balochistan	59.2	21.7	19.0	82.3	13.5	4.3
Household Member Age	5 - 9	34.3	65.7		46.6	53.4	
	10 - 14	18.5	59.5	22.1	39.3	45.6	15.1
	15 - 19	18.0	19.9	62.0	44.1	18.8	37.1
	20 - 24	27.9	15.0	57.1	57.2	11.2	31.5
	25 - 29	35.4	16.0	48.6	66.5	12.9	20.6
	30 - 34	39.3	15.5	45.1	74.3	11.2	14.5
	35 - 39	39.4	13.5	47.1	77.0	10.2	12.9
	40 - 44	43.6	14.1	42.3	79.9	5.8	14.3
	45 - 49	48.2	15.5	36.4	83.2	9.0	7.8
	50 - 54	51.2	12.3	36.4	92.3	3.5	4.3
	55 - 59	62.3	14.5	23.2	89.8	3.4	6.8
	60 - 64	63.1	11.7	25.2	93.2	3.9	2.9
	65 and More	77.5	11.3	11.2	97.0	1.5	1.6

Figure 2.4
Educational Attainment For The 15 To 19 Age Group, Comparing Males And Females

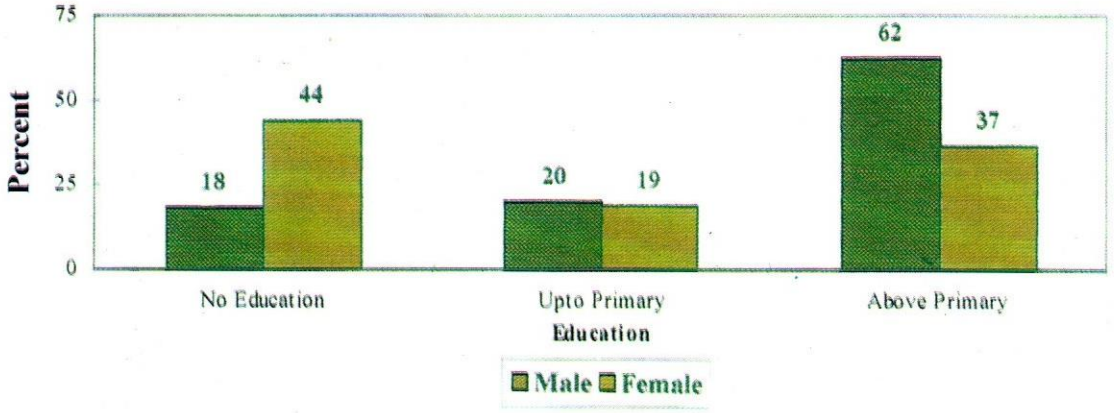


Table 2.6 shows more detailed information on the education of ever-married women of reproductive ages in the provinces and according to urban - rural residence.

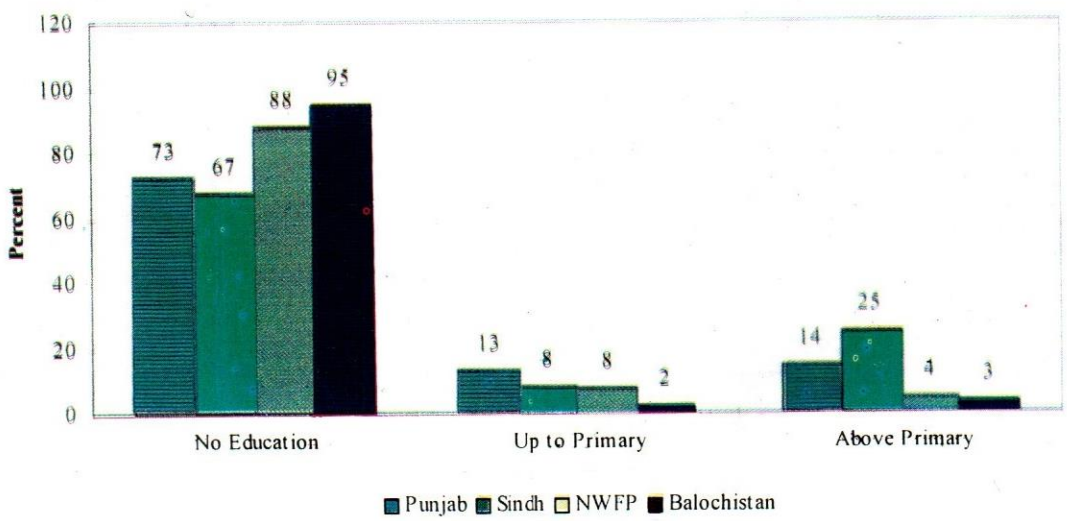
A high proportion of the women had not been to any school at all. As has been found previously, education levels are much higher in urban areas than in rural areas, with 86 percent of rural women of reproductive ages having had no schooling. There are again major differences among the four provinces (Table 2.6). Education levels tend to be highest in the Punjab and Sindh, where amongst urban women 11 percent and 28 percent respectively have received above secondary level education. The lowest levels are observed in Balochistan, where as few as 5 percent of women have received any formal schooling.

Table 2.6

Percent Distribution of Education Attainment, Among Ever-Married Women Aged 15-49 By Province And Type of Area

		Level of Education					
		No Education	Up to Primary	Up to Middle	Up to Secondary	Above Secondary	(N)
Total		74.9	10.5	4.4	4.6	5.6	(7848)
Urban		49.4	13.1	10.0	11.1	16.4	(2338)
Rural		85.8	9.4	2.0	1.9	1.0	(5510)
Punjab	Total	72.9	13.0	5.4	4.8	4.0	(4581)
	Urban	50.5	15.0	12.4	10.9	11.1	(1212)
	Rural	80.9	12.2	2.8	2.6	1.5	(3370)
Sindh	Total	67.4	7.7	4.4	6.7	13.8	(1749)
	Urban	39.7	10.6	8.7	12.9	28.0	(856)
	Rural	93.9	4.9	.2	.8	.1	(893)
NWFP	Total	88.2	7.6	1.6	1.8	.8	(1136)
	Urban	75.6	12.6	2.9	5.9	3.1	(208)
	Rural	91.0	6.5	1.3	.9	.2	(928)
Balochistan	Total	94.8	2.1	1.1	1.4	.7	(382)
	Urban	73.8	10.4	4.9	6.8	4.3	(62)
	Rural	98.8	.5	.3	.3		(320)

Figure 2.5
Level of Education By Province



2.4 Household Possessions

While it is often difficult to estimate income and expenditure levels of households in simple cross-sectional surveys, ownership of consumer durables is an alternative way of

the purchasing power that the household enjoys. In general the ownership of durables has not gone up much since the PDHS, except for television. Particularly relevant for health and family planning programmes is ownership of televisions and radios, which provide access to the Government's mass media campaigns. In the PDHS in 1990-91, 27 percent of the population owned a television while by the time of the PFFPS, this had risen to 38 percent (table 2.7). About a quarter of all rural households have a television. However, ownership of radios has changed little between 1990-91 (35 percent) and 1996-97 (36 percent). Ownership of consumer durables is much higher in urban than in rural areas. This difference has important implications for planning information campaigns to spread family planning knowledge as well as for the setting of affordable user fees for family planning services.

Table 2.7
Percentage of Households That Own Specified Consumer Durables, By Type of Area and Province

Possession	Type of Area			Province				
	Major Urban	Other Urban	Rural	Punjab	Sindh	NWFP	Balochistan	Total
Electricity	86.8	86.0	62.8	72.5	67.0	73.9	43.7	70.3
Radio	48.1	42.5	31.5	32.3	44.1	39.9	39.0	36.1
Television	70.2	58.3	24.9	36.3	47.3	32.7	19.0	37.7
Telephone	32.2	14.3	2.4	6.9	19.5	5.5	5.8	9.5
Refrigerator	48.1	27.9	7.8	15.8	27.2	14.3	9.4	17.9
Room Cooler	10.6	11.3	2.1	5.8	3.6	3.1	3.7	4.9
Air Conditioner	14.5	3.8	.8	2.0	9.6	2.3	2.1	3.7
Washing Machine	58.1	41.5	9.9	21.8	31.2	18.0	11.1	23.0
Bicycle	29.5	35.2	30.0	37.1	17.5	23.0	22.8	30.6
Motor Cycle	18.1	12.1	5.3	8.5	10.4	4.1	13.6	8.6
Car/Van	16.1	3.5	1.8	2.6	11.4	2.4	4.8	4.6
Tractor	.2	1.1	3.2	3.0	1.1	1.0	3.4	2.3

2.5 Media Exposure

Table 2.8 shows the extent of exposure to mass media among ever-married women. The indicators used are the proportion of women reading a newspaper, listening to the radio or watching television daily and those being exposed at least once a week to these media. When targeting information on family planning it is clear that TV and radio are the most effective media, regularly reaching at least 30 percent and 23 percent (respectively) of rural respondents. Among the urban women, 23 percent listen to the radio and 67 percent

watch TV regularly. The effectiveness of newspaper publicity is obviously much lower because of the high levels of illiteracy.

Table 2.8
Rates of Exposure to Mass Media Among Ever Married Women

		Read a Newspaper		Listen to Radio		Watch Television		
		Daily	At Least Once a Week	Daily	At Least Once a Week	Daily	At Least Once a Week	(N)
Total		4.0	4.6	13.1	9.8	34.4	6.8	(7848)
Type of Area	Urban	11.2	11.0	12.7	10.2	58.3	9.0	(2338)
	Rural	.9	1.9	13.2	9.6	24.3	5.9	(5510)
Province	Punjab	3.4	5.2	12.5	9.6	32.8	8.6	(4581)
	Sindh	8.3	6.3	14.3	7.8	46.6	4.3	(1749)
	NWFP	.4	1.1	15.9	12.3	28.6	4.8	(1136)
	Balochistan	1.1	.8	6.9	13.0	15.5	3.2	(382)

Chapter 3

FERTILITY

One of the major objectives of the PFFPS is to estimate fertility levels, trends and differentials. Information on fertility will help to determine the impact of changes in the use of family planning and changes in the other proximate determinants of fertility. The fertility estimates presented in this chapter are based on the reported birth histories of ever-married women 15-49 years old who were interviewed in the PFFPS. Respondents were first asked to report the aggregate number of sons and daughters they had ever given birth to in their lifetime referred to as 'Children Ever Born' To encourage complete reporting, women were asked separately about children still living at home, those living elsewhere and children who had died. The birth history also obtained information on the sex, date of birth and survival status of each child.

3.1 Children Ever Born (CEB) And Children Surviving

Tables 3.1 and 3.2 show the average number of children ever born to all women (all female population covering married and single) aged 15-49 years and to currently married women aged 15-49 years respectively in the PFFPS. For all women, mean number of children ever born increases smoothly from 0.11 to 7.17 as the age group increases from 15-19 to 45-49. By her early 20s, the average woman has given birth to one child. Women in their early 30s have an average of 4.6 births, and this figure rises to 6.4 births for women aged 40-44 years. The estimates for currently married women (Table 3.2) are similar to those for all women at older ages. As expected, at younger ages the currently married women record considerably more births than all women.

Table 3.1
Mean Children Ever Born, For All Women At 5-Year Age Groups, By Province Type of Area And Education

		Age							Total	(N)
		15-19	20-24	25-29	30-34	35-39	40-44	45-49		
Total		0.11	1.02	2.75	4.62	5.58	6.43	7.17	2.79	(11221)
Province	Punjab	0.10	0.96	2.62	4.56	5.34	5.92	7.44	3.22	(7032)
	Sindh	0.10	0.99	2.52	4.36	5.37	7.29	6.48	3.20	(1989)
	NWFP	0.18	1.36	3.49	5.27	6.93	6.91	7.19	2.71	(1679)
	Balochistan	0.17	1.19	3.17	4.83	6.51	7.84	7.43	2.66	(520)
Type of Area	Urban	0.06	0.70	2.27	4.22	5.17	6.41	6.41	2.42	(2824)
	Rural	0.14	1.19	2.96	4.81	5.79	6.44	7.56	2.97	(8396)
Education	None	0.19	1.33	3.10	4.96	6.09	6.59	7.59	3.56	(7611)
	Up to Primary	0.11	0.96	2.58	4.47	4.39	6.60	6.05	2.01	(1469)
	Above Primary	0.01	0.46	1.70	3.01	3.78	5.46	4.34	1.17	(2140)

Table 3.2
Mean Children Ever Born, For Currently Married Women At 5-Year Age Groups By Province, Type of Area And Education

		Age							Total	(N)
		15-19	20-24	25-29	30-34	35-39	40-44	45-49		
Total		.62	1.73	3.20	4.84	5.85	6.66	7.48	4.19	(7582)
Province	Punjab	.63	1.71	3.10	4.69	5.58	6.11	7.70	4.17	(4428)
	Sindh	.56	1.70	2.83	4.76	5.60	7.55	6.52	3.98	(1679)
	NWFP	.63	1.93	4.03	5.62	7.27	7.34	8.10	4.54	(1102)
	Balochistan	.72	1.63	3.39	4.87	6.75	7.82	7.73	4.33	(372)
Type of Area	Urban	.61	1.58	2.76	4.47	5.39	6.60	6.64	4.10	(2244)
	Rural	.62	1.79	3.38	5.00	6.08	6.70	7.89	4.23	(5338)
Level of Education	No Education	.64	1.84	3.53	5.14	6.25	6.89	7.81	4.54	(5670)
	Up to Primary	.67	1.60	2.96	4.53	5.03	6.17	6.37	3.51	(810)
	Above Primary	.38	1.37	2.11	3.36	4.16	5.62	5.26	2.89	(1102)

The figures show that women in rural areas, and women with no education tend to have more children than those in other categories. There is likelihood of considerable overlap in these groups, since it is the women in rural areas who have the least education.

Up to age 39, there is a consistent difference between Punjab and Sindh, with low fertility, and NWFP and Balochistan with high fertility. Beyond that age provincial difference in CEB are somewhat eratic, which urges caution in drawing conclusions.

Figure 3.1 shows mean CEBs and mean numbers of surviving children by women's age. At age 30, the average Pakistani woman has about three surviving children. At age 40, this number is about five children. Clearly the country is still a long way from achieving a stable population in which women, on average have only two surviving children. Figure 3.2 displays the pattern by Urban-Rural.

Figure 3.1
Mean Number of Children Ever Born And Surviving, Among All Women, By Age

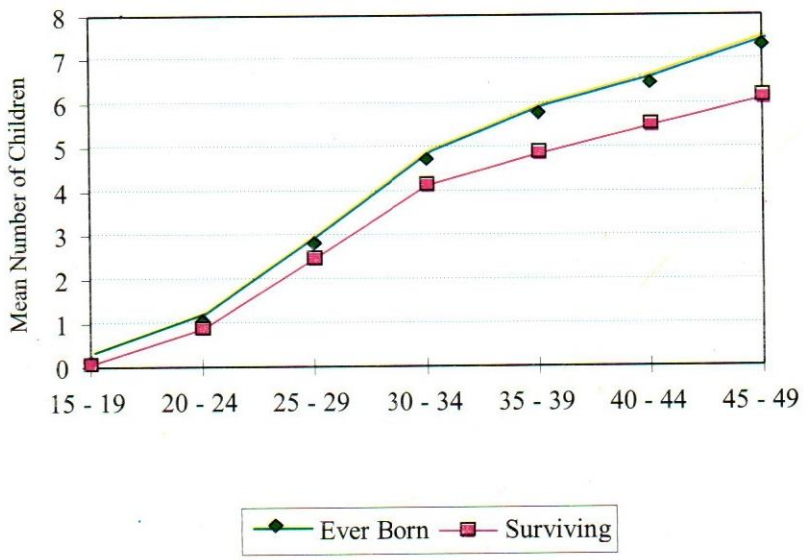
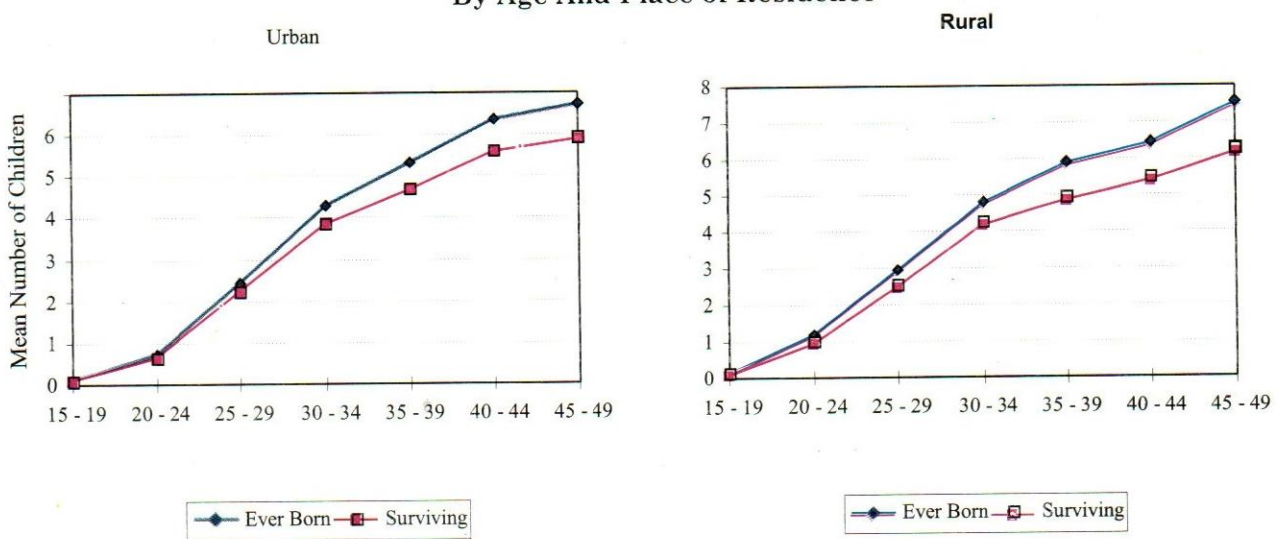


Figure 3.2
Mean Number of Children Ever Born And Surviving, Among All Women By Age And Place of Residence



3.2 Trends in Mean Number of Children Ever Born And Surviving

Table 3.3 gives trends in average CEBs for all women, since 1975. For the 1994-95 PCPS data sets the comparable figures for all women were not available as only households with currently married women were selected. The fall of average CEBs for the young age groups clearly indicate the effect on fertility of the later age at marriage. Except for the youngest age group the 1996-97 PFFPS data are consistently above the 1990-91 PDHS data, indicating better reporting. The main point of reference is the 1975 PFS, 22 years ago. The average CEBs have fallen in each age group, except the last one. (This again would indicate better reporting in the 1996-97 PFFPS).

Table 3.3
Trends In Mean Numbers of Children Ever Born, All Women By Age

Age	1975 PFS	1990-91 PDHS	1996-97 PFFPS
15-19	0.23	0.16	0.11
20-24	1.48	0.95	1.02
25-29	3.09	2.61	2.75
30-34	4.80	4.29	4.62
35-39	5.88	5.49	5.58
40-44	6.88	6.26	6.43
45-49	6.83	6.42	7.17
Total	4.3	2.6	2.8

Table 3.4 shows trends in the mean numbers of children ever born to currently married women, as reported by various surveys over the past twenty two years.

Interpretation of these trends should be seen in the light of differences in survey methods adopted by the successive surveys. For instance, the PCPS surveys did not use a complete birth listing to establish numbers of children, and the PDHS sample appears to have a problem with the omission of children. If this survey is ignored, the trend over time indicates modest declines between ages 20 and 35. Above this age, there is not much evidence of decline. It appears that fertility decline is relatively recent and has affected younger but not older women, whose peak childbearing years are further back in the past and thus their cumulative fertility in successive surveys has not shown any decline.

Table 3.4
Trends in Mean Numbers of Children Ever Born to Currently Married Women By Age

Ages	1975 PFS	1984-85 PCPS	1990-91 PDHS	1994-95 PCPS	1996-97 PFFPS
15-19	0.6	0.6	0.6	0.6	0.6
20-24	1.9	1.8	1.6	1.8	1.7
25-29	3.4	3.4	3.1	3.3	3.3
30-34	5.2	5.0	4.6	4.9	4.8
35-39	6.4	6.1	5.7	6.3	5.9
40-44	7.5	7.0	6.5	7.2	6.7
45-49	7.4	7.5	6.6	7.5	7.5
All Ages	4.3	4.3	4.1	4.5	4.2

The number of surviving children is the net outcome of fertility and child mortality. Table 3.5 shows trends in mean numbers of surviving children among currently married women. The average numbers of surviving children are somewhat higher in the 1996-97 survey than in the previous surveys. It appears likely that the modest declines in marital fertility have been offset by improvements in child survival. Detailed analysis of child mortality will appear in the main report of the 1996-97 PFFPS.

Table 3.5
Trends in Mean Numbers of Surviving Children Among Currently Married Women By Age

Ages	1975 PFS	1984-85 PCPS	1990-91 PDHS	1994/5 PCPS	1996/7 PFFPS
15-19	0.5	0.6	0.6	0.5	0.5
20-24	1.5	1.5	1.4	1.6	1.5
25-29	2.8	2.8	2.7	2.8	2.8
30-34	4.0	4.2	4.0	4.2	4.3
35-39	4.9	5.1	5.0	5.3	5.0
40-44	5.2	5.5	5.6	5.9	5.8
45-49	5.1	5.7	5.6	6.2	6.3
All Ages	3.2	3.5	3.5	3.4	3.7

3.3 Trends in Age-Specific And Total Fertility Rates

Fertility rates are derived from the birth history which was administered to ever-married women. In order to convert rates based on the reporting of ever-married women to conventional 'all-women' fertility rates, never-married women are included in the denominator on the assumption that they have experienced no births.

Table 3.6 shows the age-specific fertility rates calculated for five-year periods prior to the survey. Because no woman aged 50 or more was interviewed in the survey, the record of past fertility is truncated, since only partial information is available for older women in earlier time periods.

Table 3.6
Age-Specific Fertility Rates For Five-Year Periods And Total Fertility Rate For 1992-96

Age	Periods preceding the survey			
	1992-96	1987-91	1982-86	1977-81
15-19	82	123	151	138
20-24	245	318	314	312
25-29	275	339	360	341
30-34	212	278	301	[314]
35-39	145	214	[262]	
40-44	71	[142]		
45-49	[23]			
TFR	**5.26**			

Note: Estimates enclosed in brackets are truncated.

The data in Table 3.6 suggest that fertility rates have dropped significantly in the last five years. However, because of possibility of omissions and shifting, the results need to be interpreted with caution. It is likely that interviewers have displaced some births beyond the 3 year boundary to reduce their workload but the use of a 5-year reporting period means that this shifting back of recent births is largely contained within the period. Nevertheless, some births are likely to have been displaced across the 5 year boundary as a result of exaggeration of children's ages by the respondents. Omission of recent births is also a common feature of Pakistani surveys. This appears evidenced by the sex ratio of 1.09 in the age group 0–4 year olds (as shown earlier in Table 2.1). A more detailed analysis of these factors and appropriate methods of adjustment will appear in later detailed reports.

The possible displacement of births away from the survey and the likely omission of recent births both have the effect of biasing downwards the estimate of the TFR for the most recent period. Because these data problems have probably affected the estimates of levels from previous surveys more than in the 1996-97 PFFPS, the estimate calculated for the most recent survey is certainly strong evidence of a continued decline in fertility. For the next two periods the rates are almost certainly too high, mainly because of the shifting backward of recent births.

3.4 Comparison of PFFPS Fertility Trend Estimates With Other Sources

All previous fertility surveys using a birth history have shown the same shifting of births. They all give the impression of a rapid fertility decline immediately prior to the survey which requires careful interpretation of estimates. The true rate of decline is therefore likely to be much smoother than suggested by a superficial examination of the trends in any one survey. The trend is better evaluated looking across surveys, concentrating on results obtained for comparable periods.

Table 3.7
Trends in Age Specific And Total Fertility Rates

Ages	PFS 1970/75	PCPS 1984	PDHS 1986/91	PCPS 1994	PFFPS 1992/96
15-19	104	64	84	44	82
20-24	266	223	230	227	245
25-29	314	263	268	307	275
30-34	264	234	229	243	212
35-39	204	209	147	179	145
40-44	93	127	73	92	71
45-49	8	71	40	36	[23]
TFR	6.27	5.95	5.4	5.64	**5.26**

In general, the rates for each age group, and the total fertility rates follow the same pattern between the surveys, with a common indication of a steady decline in fertility.

Overall a consistent downwards trend is apparent (Table3.7). The rate of decline in TFR shown is probably generally correct. From the PFS in 1975 to the 1996/97 survey the TFR has fallen by about one child, equivalent to about 16 percent. Overall it seems safe to conclude that the slow decline in fertility in Pakistan is continuing, and that the current TFR is close to 5.3.

3.5 Differentials in Recent Total And Marital Fertility

Table 3.8 shows the preliminary estimates of total fertility rates and total marital fertility rates by province, residence and education. The total marital rates represent the sum of age-specific rates for currently married women only, from age 15 to 49 years. The levels of TFR suffer from the biases described previously, but the differentials are likely to be reliable.

As expected, Balochistan has the highest rate, and Punjab and Sindh the lowest. Urban families have at least one child less than rural ones, and there is a marked negative effect of education on fertility. Educated women have lower fertility compared to those who have no education.

Table 3.8
Differentials in Fertility For 1992-96

	Total Fertility Rate	Total Marital Fertility Rate
	1992 - 96	1992 - 96
Province		
Punjab	5.2	6.6
Sindh	4.8	6.0
NWFP	5.8	7.2
Balochistan	6.9	8.0
Residence		
Urban	4.2	5.7
Rural	5.8	7.0
Education		
None	5.7	7.0
Up to Primary	4.2	5.7
Up to Middle	*4.8*	*6.2*
Secondary +	*3.2*	*4.2*
All	**5.3**	**6.6**

Chapter 4

FAMILY PLANNING KNOWLEDGE, ATTITUDES AND EXPOSURE

4.1 Knowledge of Methods

One of the important determinants of contraceptive use is the knowledge of different methods of family planning among the currently married women. A major aim of the Population Welfare programme of Pakistan has been to promote awareness of family planning nation-wide. As in previous surveys, the 1996-97 PFFPS measured both spontaneous awareness of methods and prompted knowledge (i.e. recognition of a method when a name and brief description is read out by the interviewer). Table 4.1 indicates the prompted knowledge of currently married women regarding contraceptive methods and trends since 1990-91 PDHS.

Table 4.1
Trends in Awareness of Specific Methods, Among Currently Married Women

	Percent of Currently Married Women Knowing Method of Contraception		
	PDHS 1990/91	PCPS 1994/95	PFFPS 1996/97
Any Method	77.9	90.7	94.3
Any Modern Method	77.2	90.5	93.4
Pill	62.2	72.7	86.6
IUD	51.5	73.4	82.4
Injectable	62.2	80.5	86.0
Implant	---	---	14.9
Vaginal Methods	12.7	9.0	13.8
Condom	35.3	46.0	61.2
Female Sterilization	69.7	86.2	88.5
Male Sterilization	20.2	15.4	31.0
Any Traditional Method	25.7	39.8	54.3
Periodic Abstinence	17.8	23.3	33.7
Withdrawal	14.3	28.5	40.7
Other	3.5	4.3	3.7

The 1996-97 PFFPS documents a substantial rise in knowledge of different methods of family planning since the beginning of the decade. Among currently married women, 94 percent are aware of any method of family planning, with 93 percent knowing at least one modern method, and 54 percent knowing of traditional methods. Knowledge of so-called 'female methods' (such as female sterilisation, IUD, Pills, Injectables) is in general higher

than that of 'male methods', (such as, condom, male sterilization and withdrawal). Part of this difference, however, probably reflects women's shyness to acknowledge awareness of male methods. The most widely known method is female sterilization, known by nearly 89 percent of currently married women, but closely followed by pill and injectables, 87 percent and 86 percent respectively.

Table 4.2 and Figure 4.1 show knowledge of contraceptive methods by background characteristics. The PFFPS, 1996-97 found some variation in knowledge of any modern method according to a range of background characteristics. Figure 4.1 shows the broad picture of variations in awareness by education, and the small differences between provinces. It is striking that awareness is universally high, with Balochistan as an outlier and that too is only for uneducated women. Even in Balochistan, 73 percent of rural respondents know about at least one modern method of contraception. Minor variations in knowledge also occur between educational and urban-rural sectors of the population, with 92 percent of both rural women and non-educated women having knowledge of modern contraception.

Figure 4.1
Awareness of Modern Methods, Among Currently Married Women
By Education According to Provinces

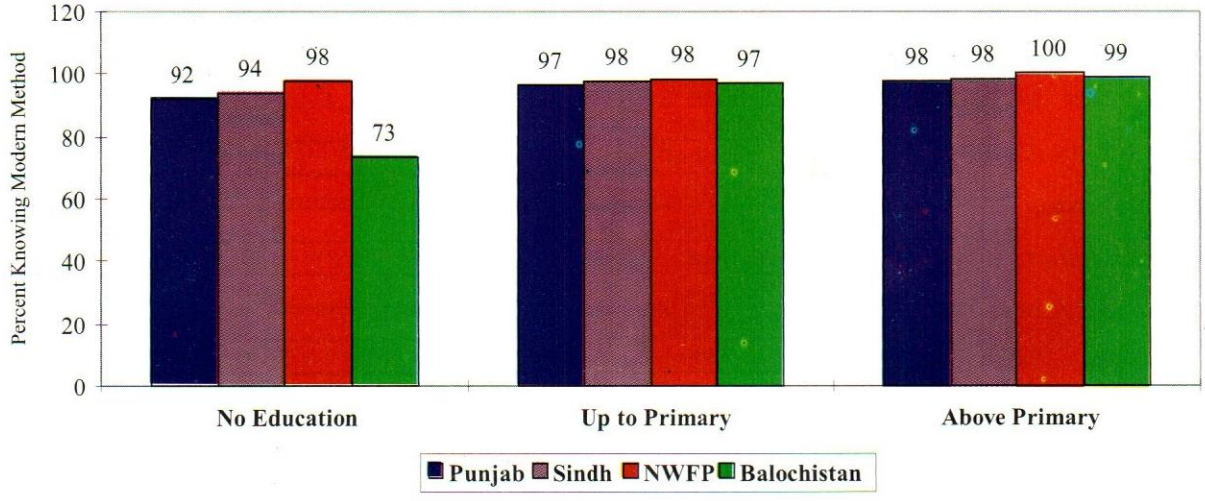


Table 4.2
Awareness of Modern Methods, Among Currently Married Women, By Province Type of Area And Education

		Province								Total	
		Punjab		Sindh		NWFP		Balochistan			
		Percent	(N)	Percent	(N)	Percent	(N)	Percent	(N)	Percent	(N)
Total		93.3	(4428)	95.2	(1679)	97.7	(1102)	74.8	(372)	93.4	(7582)
Type of Area	Urban	96.8	(1176)	97.6	(814)	99.6	(195)	86.0	(59)	97.0	(2244)
	Rural	92.0	(3252)	92.9	(866)	97.3	(907)	72.6	(313)	91.9	(5338)
Level of Education	No Education	91.9	(3210)	93.8	(1136)	97.5	(971)	73.5	(353)	92.1	(5670)
	Up to Primary	96.6	(587)	97.5	(131)	98.1	(84)	96.9	(8)	96.9	(810)
	Above Primary	97.6	(631)	98.3	(412)	100.0	(48)	98.8	(11)	98.0	(1102)

4.2 Knowledge of Supply Sources

For methods to be used, awareness of methods themselves usually has to be accompanied by knowledge of places where they can be obtained. For each method known, respondents were asked whether they knew a source where that method could be obtained. Table 4.3 shows the percentages of currently married women who know where specific methods of contraception can be obtained. It should be noted that women who had never heard of a particular method are automatically classified as having no knowledge of a supply source.

Generally, knowledge of where to obtain modern contraceptives is quite high, and has risen sharply since the early 1990s. Around 70 percent of the currently married women know where to get the pill, the IUD or the injectable, and 77 percent know a place for female sterilisation. In the 1990-91 PDHS only 37 percent knew where they could get sterilisation services and 25 to 30 percent knew where to obtain the pill, the IUD or the injection.

Table 4.3
Percent Distribution of Currently Married Women by Knowledge of a Supply Source, For Specific Methods, According to Type of Area And Province

		Method							
		Pill	IUD	Injection	Implant	Vaginal Methods	Condom	Female Sterilisation	Male Sterilisation
Total		69.3	68.0	70.5	11.7	10.7	47.5	77.1	24.3
Type of Area	Urban	70.5	70.3	71.3	16.9	16.3	64.1	80.1	35.6
	Rural	68.8	67.0	70.1	9.5	8.4	40.5	75.8	19.6
Province	Punjab	67.8	70.2	70.2	12.8	13.0	51.8	76.9	29.3
	Sindh	69.6	65.4	68.8	13.3	6.5	46.2	81.0	19.6
	NWFP	86.8	79.9	86.9	8.4	10.8	45.9	88.1	17.7
	Balochistan	34.2	18.9	32.5	1.4	2.4	7.2	28.7	6.3

4.3 Contact With Health And Family Planning Workers And Facilities

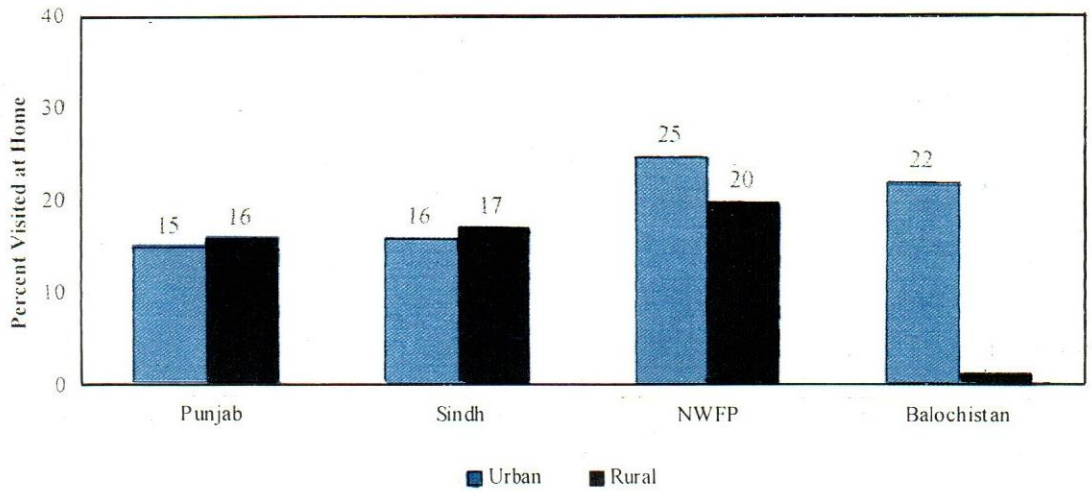
The Ministry of Population Welfare (MoPW) has introduced the scheme of Village Based Family Planning Workers (VBFPW) as a major initiative of the Population Welfare Programme at the grass root levels. The village based family planning workers are trained to make home visits and to provide contraceptive services to the women, at their homes. A similar scheme involving Lady Health Workers (LHW) is being implemented by the Ministry of Health. Respondents in the PFFPS were asked whether they had been visited at home by a health or family planning worker in the last 12 months. Table 4.4 shows the percentage of currently married women who had been visited by any such worker. Figure 4.2 shows the same figures graphically, by Province and Type of Area.

Whereas overall, 16.2 percent of currently married women have been visited by a health or family planning worker, only 1 percent of rural women in Balochistan are served by these workers. Urban women generally enjoy more visits than their rural counterparts, with NWFP and Balochistan showing the biggest differentials by urban and rural residence. Generally these figures on home visits seem rather low, but this is partly due to the fact that not all communities are covered by any of these workers schemes. Though the respondents may not be able to distinguish precisely between the Lady Health Worker and the Village Based Family Planning Worker, the proportion of women reporting a visit by a family planning worker is encouraging, given the low number of VBFPWs so far involved in the programme. Table 4.4 also shows, for women who had been visited at home, the percentage of workers who raised the topic of family planning or family health on the last visit. These rates are generally high, and, not surprisingly, the workers were more likely to raise the topic in which they specialised. Detailed data on coverage in each sampled cluster will be available from the situational analysis and will be presented in the Main Report.

Table 4.4
Percentage Visited in The Last 12 Months By a Health or Family Planning Worker, Among Currently Married Women, And Nature of Discussion at Last Visit

		Visit at Home by Either		Visit by Health Worker	Health Worker Discussed Health	Health Worker Discussed FP	Visit by Family Planning Worker	Family Planning Worker Discussed Health	Family Planning Worker Discussed FP
		Percent Visited	(N)						
Total		16.2	(7582)	8.6	86.3	78.7	6.4	72.9	91.4
Type of Area	Urban	16.8	(2244)	9.6	81.5	79.2	6.0	68.7	83.6
	Rural	15.9	(5338)	8.1	88.7	78.4	6.6	74.5	94.4
Province	Punjab	15.9	(4428)	7.2	83.9	85.5	8.1	79.1	96.0
	Sindh	16.5	(1679)	8.2	82.3	76.9	4.7	50.4	76.3
	NWFP	20.9	(1102)	16.7	93.4	67.5	3.8	59.5	80.1
	Balochistan	4.6	(372)	2.7	86.2	91.2	2.4	83.0	93.4

Figure 4.2
Percentage Visited at Home By a Health or Family Planning Worker By Province And Type of Area



4.4 Exposure to Family Planning Messages, Discussion And Approval

The PFFPS collected information about exposure of women to family planning messages and about the extent of discussion of family planning with friends and family. Results are summarized in table 4.5. The Ministry of Population Welfare has mainly used the electronic media to disseminate messages on family planning. The upper panel in the table indicates that television is the most important mass media for reaching women with information about family planning, though it is closely followed by radio in rural areas.

This is indeed consistent with the higher rates of exposure to electronic media reported in table 2.8. Reading materials reach fewer women, primarily because literacy is low

Table 4.5
Percent Distribution of Currently Married Women By Indicators of Exposure to Family Planning Messages, Discussion And Approval of Family Planning

Type of Exposure	Source	Total	Type of Area		Province			
			Urban	Rural	Punjab	Sindh	NWFP	Balochistan
Heard about FP in last 3 months	On Radio	33.1	36.8	31.5	33.8	32.1	35.3	22.7
	On TV	45.9	72.9	34.6	46.0	57.4	37.4	19.0
	In Newspaper or Magazine	8.7	19.3	4.2	9.5	12.5	1.4	3.0
	On Poster	7.6	17.0	3.7	6.6	16.0	1.0	1.8
	In Leaflet or Brochure	2.9	4.6	2.1	4.2	1.2	.6	1.0
Discussed FP in last few months with	Friends, Neighbours, Relative	31.8	34.8	30.6	31.4	27.3	46.4	14.6
	Husband	32.7	34.8	31.9	34.8	23.5	44.6	15.2
Approval of FP	Respondent Approves	67.9	78.5	63.5	70.1	66.9	72.1	33.7
	Friends/ Neighbours Approve	56.5	64.5	53.1	57.9	59.3	59.5	17.8
	Husband Approves	48.7	62.2	43.0	51.7	50.5	44.2	18.0

Discussion about family planning, for most people, is an essential precondition for adoption of a method. The middle panel of table 4.5 shows that only a third of the women discussed family planning with their friends, family and neighbours, relatives and husbands in the preceding three months. There is little difference between the urban and rural women.

One of the aims of the MoPW's programme is to gain widespread approval for the idea of contraception. Accordingly, respondents in the PFFPS were asked whether they approved or disapproved of family planning. Similar questions were asked about the perceived approval of female friends and neighbours and of husbands. The findings, in the bottom panel of table 4.5, indicate that two thirds of the respondents approve of family planning. They deem their female contacts, friends and neighbours as less approving than themselves. Only 49 percent of the women perceive their husbands to be open to the idea of family planning. However, in previous surveys of men, conducted by NIPS during 1994, the level of approval was higher [3]. It is likely therefore that many women have incorrect perceptions about the attitudes of their husbands towards family planning.

Chapter 5

EVER AND CURRENT USE OF FAMILY PLANNING

Previous surveys in Pakistan have indicated an increase in use of contraceptives over the last ten years, though starting from extremely low levels by international and South Asian standards. They have also shown, however, that contraceptive use is limited to a small range of methods, favouring condoms and IUDs, despite the greater awareness of other methods.

5.1 Ever Use

The 1996-97 PFFPS measured use of contraception in two main ways: "ever" and "current" use of contraception. Table 5.1 shows comparison with results on ever use from previous surveys leading to an evaluation of the extent to which the Ministry of Population Welfare is achieving its stated objectives for raising use of contraceptives among couples in Pakistan.

Table 5.1
Percentage of Currently Married Women Who are Ever-Using Specific Method By Different Sources

Method	PCPS 1984-85	PDHS 1990-91	PCPS 1994-95	PFFPS 1996-97
Any Method	11.8	20.7	28.0	36.4
Any Modern Method		16.2	22.6	27.9
Pill	4.6	4.5	5.8	7.8
IUD	1.6	3.3	5.4	7.3
Injectables	1.5	3.3	5.3	6.9
Implants				.0
Vaginal Methods	0.5	0.5	0.7	.5
Condom	4.0	7.2	9.4	10.5
Female Sterilization	2.2	3.5	5.0	6.1
Male Sterilization	0.0	0.1	0.0	.0
Any Traditional Method		8.9	10.8	16.1
Periodic Abstinence	0.3	5.0	3.2	7.4
Withdrawal	1.5	3.8	9.0	10.6
Others	0.4	1.9		1.6
(N)	**(7405)**	**(6364)**	**(7922)**	**7582**

The overall proportion of currently married women who have ever used any method of contraception in the 1996-97 PFFPS is 36.4 percent, up from 20.7 percent in the 1990-91 PDHS and 28.0 percent in 1994-95 PCPS (table 5.1). In particular, ever use of the pill, IUD and injectables has become more widespread. However, the condom has been used by more couples than any other modern method, though its popularity has not increased in recent years as fast as of other modern methods.

As expected, table 5.2 shows that ever use is higher in urban than in rural areas. Over half of the urban couples have ever used a method of birth control, and about 43 percent have ever used a modern method. Across provinces, ever use of any method is highest in Punjab (39 percent) followed by Sindh, NWFP and Balochistan. Balochistan lags behind on other provinces, with only ever use of 13 percent of any method and 11 percent of women reporting ever use of modern contraception. It is of interest to note that ever use of two modern reversible methods pill and injectables is higher in NWFP that in other provinces.

Table 5.2
Percentage Who Ever Used Specific Methods, Among Currently Married Women By Province And Type of Area

Methods Used	Type of Area		Province				Total
	Urban	Rural	Punjab	Sindh	NWFP	Balochistan	
Used Any Method	53.4	29.3	38.6	36.6	35.1	13.0	36.4
Used Modern Method	43.4	21.4	28.7	28.1	30.1	11.3	27.9
Pill	11.7	6.2	6.3	8.9	12.7	6.6	7.8
IUD	11.7	5.5	9.0	4.6	6.8	1.2	7.3
Injection	7.2	6.8	6.2	5.0	13.8	3.0	6.9
Implant		0.1	0.1	0.0			0.0
Vaginal Methods	1.3	0.2	0.3	1.1	0.9		0.5
Condom	23.4	5.1	11.0	13.5	7.3	1.5	10.5
Female Sterilisation	10.5	4.3	6.4	8.2	3.3	1.3	6.1
Male Sterilisation	0.1		0.1				0.0
Used Any Traditional Method	25.0	12.3	17.8	17.1	12.0	3.7	16.1
Abstinence	12.7	5.1	9.0	7.6	2.6	0.7	7.4
Withdrawal	17.6	7.6	11.2	11.2	9.6	3.1	10.6
Others	2.4	1.3	1.3	3.1	1.3	0.1	1.6
(N)	(2244)	(5338)	(4428)	(1679)	(1102)	(372)	(7582)

5.2 Current Use

A more commonly used measure of contraceptive uptake is current use of family planning. Current use refers to the proportion of women who report using any method of

contraception at the time of the survey. Table 5.3, figures 5.1 and figure 5.2 show that the upward trend in current use of contraceptives has continued into the second half of the 1990s. Nationally, 23.9 percent of women reported that they currently use some method of contraception, which was 17.8 percent two years ago in the 1994-95 PCPS. This is a substantial rise and shows that the Government and Ministry of Population Welfare are meeting the targets set in the Eighth Five Year Plan (1993-98).

Table 5.3
Percentage of Currently Married Women Who are Currently Using Specific Methods By Various Sources

Method	PCPS 1984/85	PDHS 1990/91	PCPS 1994/95	PFFPS 1996/97
Any Method	9.1	11.8	17.8	23.9
Any Modern Method	7.6	9.0	12.6	16.9
Pill	1.4	0.7	0.7	1.6
IUD	0.8	1.3	2.1	3.4
Injectables	0.6	0.8	1.0	1.4
Vaginal Methods	0.1	0.0	0.0	0.1
Condom	2.1	2.7	3.7	4.2
Female Sterilization	2.6	3.5	5.0	6.0
Male Sterilization	0.0	0.0	0.0	0.0
Any Traditional Method	1.5	2.8	5.2	7.0
Periodic Abstinence	0.1	1.3	1.0	1.9
Withdrawal	0.9	1.2	4.2	4.6
Others	0.5	0.3		0.5
(N)	**(7405)**	**(6364)**	**(7922)**	**(7582)**

Note: PCPS 1984/85 figures are for women not currently pregnant.

Figure 5.1
Choice of Method Among Current Users

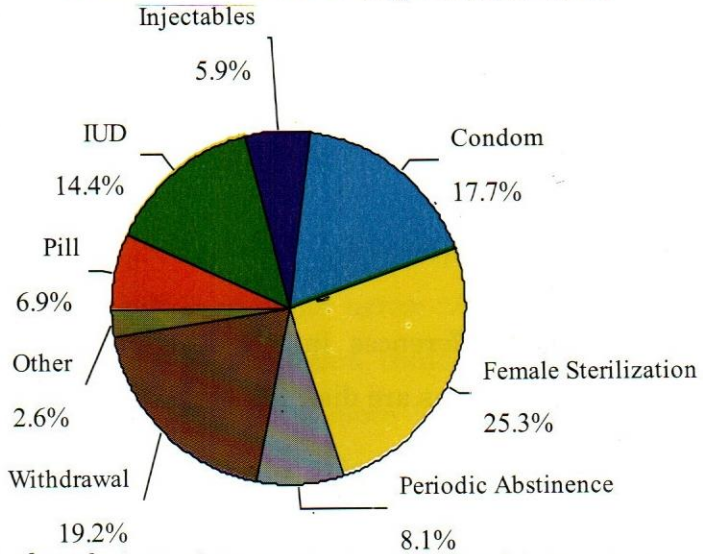
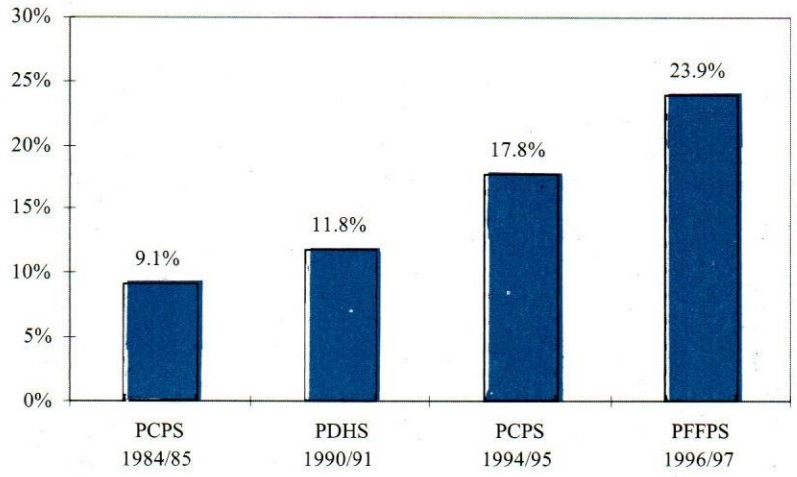


Figure 5.1 shows the choices that current users make for their methods, for the whole of the country. Nearly a quarter of contraceptive users women are sterilized. The

most popular temporary method is withdrawal (19 percent), followed by condom and IUD. Even though the popularity of pill and injection is rising, only 7 percent and 6 percent of current users chose these spacing methods. It should be stressed that nearly half (45 percent) of all couples who are practising contraception rely on methods (condom, withdrawal, periodic abstinence) that require the initiative or least the compliance of husbands.

Figure 5.2
Trends in Contraceptive Prevalence Rate



Comparing the results of the 1996-97 PFFPS with data from the 1990-91 PDHS and 1994-95 PCPS (Table 5.3) reveals that all modern methods show increase in use, except for male sterilization which remains extremely rare, demonstrating the lack of attention to this method. Traditional methods also show some increase, but reporting of these methods is known to be very sensitive to question wording and interviewer skills. In any case, although current use has considerably increased since 1984, it is still low. More efforts are needed to increase current use.

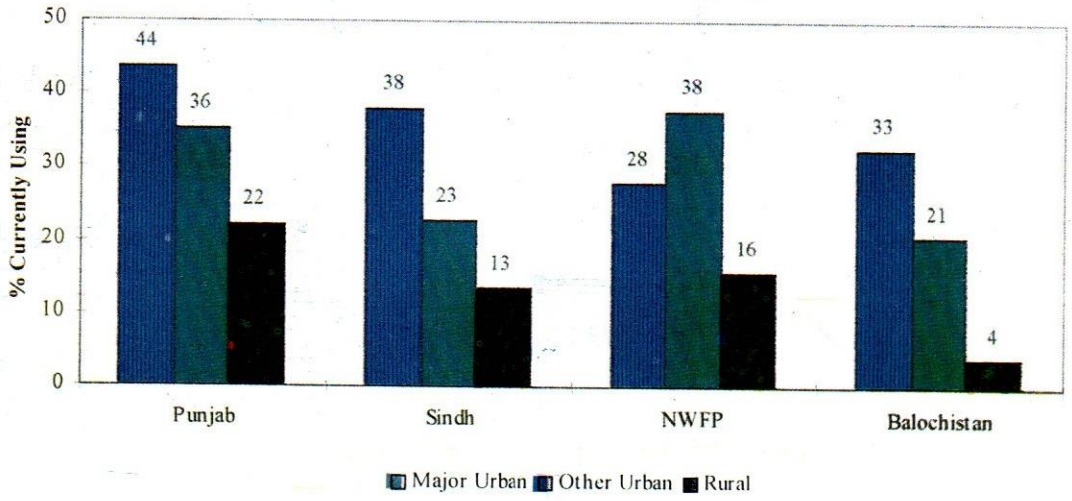
Table 5.4 shows the differences in current contraceptive use by province and urban/rural residence, and the rates are displayed in figure 5.3.

Table 5.4
Contraceptive Prevalence Rate By Province And Type of Area

		Type of Area						Total	
		Major Urban		Other Urban		Rural			
		Percent	N	Percent	N	Percent	N	Percent	N
Province	Punjab	44.16	(529)	35.53	(647)	22.25	(3252)	26.81	(4428)
	Sindh	38.27	(589)	23.06	(225)	13.40	(866)	23.41	(1679)
	NWFP	28.26	(102)	38.05	(93)	15.64	(907)	18.70	(1102)
	Balochistan	32.95	(15)	20.61	(44)	3.96	(313)	7.12	(372)
Total		39.89	(1235)	32.34	(1009)	18.62	(5338)	23.91	(7582)

As expected, contraceptive use is higher in major urban (40 percent) compared to other urban (32 percent) or rural areas (19 percent). However, whereas in the 1990-91 PDHS the proportion of urban women using a modern method was nearly four times that of rural women, in the 1996-97 PFFPS this ratio is less than two. Use among rural women in Pakistan is increasing, with 12.8 percent using a modern method compared to 4.8 percent in the beginning of the 1990s.

Figure 5.3
Contraceptive Prevalence Rate, By Province And Type of Area



Similar trends exists in provinces with the exception of NWFP, where current use is higher in other urban (38 percent) than major urban 28 percent). The more heterogeneous nature of the NWFP major urban population could possibly explain this differential. Similarly, major urban areas in Sindh are more heterogeneous and other urban areas probably lack in urban amenities, resulting in lower rates compared to Punjab and NWFP. Also the varying strength of programmes across provinces may have caused some differentials in contraceptive use.

Examination of method-specific use shows that female sterilisation and withdrawal are the most commonly used methods among rural women whereas urban women tend to opt for female sterilisation and condoms. In Balochistan, the most used method is the pill while in Punjab and Sindh it is female sterilisation. The most commonly used modern method in NWFP is the injection, but withdrawal also shows strongly.

Some methods of contraception are more appropriate for older women who wish to stop childbearing; these include more long acting methods such as the IUD or permanent methods such as male or female sterilisation. Other methods, such as condoms, oral contraceptives and injectable contraceptives, are more suitable for women who have not ceased childbearing altogether but wish to extend the period between births or postpone further child bearing to some later date. Tables 5.6 and 5.7 show differentials in current use of contraceptive method by age and number of living children. The rate of sterilisation rises with age, with 14 percent of women at the end of the reproductive age being sterilised. From the age group 30-34 onwards, female sterilisation becomes the preferred method. For women with one surviving child, use is low and traditional methods are preferred over the modern ones. Only at a family size of 5 children, does female sterilisation become the main method of choice.

Table 5.5
Percentage Currently Using Specific Methods, Among Currently Married Women By Province And Type of Area

Method	Type of Area		Province			
	Urban	Rural	Punjab	Sindh	NWFP	Balochistan
Any Method	36.5	18.6	26.8	23.4	18.7	7.1
Any Modern Method	26.6	12.8	18.2	17.0	14.8	6.7
Traditional Method	9.9	5.9	8.6	6.4	3.9	.4
Pill	1.0	1.9	1.6	1.1	2.1	2.7
IUD	4.7	2.9	4.5	1.8	2.7	.7
Injectables	.9	1.6	1.1	1.0	3.5	1.0
Vaginal Methods	.1	.1			.4	
Condom	9.4	2.1	4.6	4.9	2.7	1.1
Female Sterilization	10.4	4.2	6.3	8.2	3.3	1.3
Male Sterilization	.1		.1			
Periodic Abstinence	2.3	1.8	2.9	.7	.4	.0
Withdrawal	7.2	3.5	5.1	5.2	3.3	.3
Other	.4	.6	.7	.5	.2	.1
(N)	(2244)	(5338)	(4428)	(1679)	(1102)	(372)

Table 5.6
Percentage Currently Using Specific Methods, Among Currently Married Women, By Age

Method	Age						
	15-19	20-24	25-29	30-34	35-39	40-44	45-49
Any Method	6.2	9.9	21.0	30.6	33.8	35.4	27.5
Any Modern Method	2.4	6.5	13.9	22.1	23.9	27.6	19.8
Traditional Method	3.9	3.4	7.0	8.5	9.9	7.8	7.7
Pill		1.1	2.3	1.9	1.1	3.3	.5
IUD	.9	1.8	2.9	5.5	5.7	2.3	2.7
Injectables	.2	.8	1.2	2.3	1.7	1.8	1.0
Vaginal Methods				.3			
Condom	1.3	2.5	5.7	5.1	4.2	6.4	1.3
Female Sterilization		.2	1.8	7.0	11.1	13.4	14.3
Male Sterilization						.4	
Periodic Abstinence	1.9	.9	1.8	2.6	2.2	1.6	3.0
Withdrawal	1.9	2.3	4.5	5.0	7.2	6.0	4.5
Other	.1	.1	.7	1.0	.5	.3	.2
(N)	(528)	(1327)	(1697)	(1464)	(1165)	(819)	(581)

Table 5.7
Percentage Currently Using Specific Methods, Among Currently Married Women By Number of Living Children

Method	Number of Living Children							
	0	1	2	3	4	5	6	7+
Any Method	.6	8.9	19.8	25.5	33.3	31.4	39.9	35.0
Any Modern Method	.5	3.8	12.8	16.3	24.7	23.2	28.9	27.0
Traditional Method	.1	5.1	7.1	9.2	8.6	8.2	11.0	8.0
Pill		.2	2.4	3.5	1.6	1.3	2.1	1.9
IUD		1.0	3.3	2.3	8.6	4.5	4.9	3.7
Injectables		.1	1.1	1.2	1.3	1.5	1.2	4.0
Vaginal Methods					.3	.2		
Condom	.5	2.4	4.9	6.7	5.5	4.5	5.6	4.1
Female Sterilization		.1	1.1	2.6	7.3	11.0	15.1	13.1
Male Sterilization						.2		.1
Periodic Abstinence		1.8	1.3	3.3	2.7	1.5	2.3	2.6
Withdrawal	.1	3.2	4.8	5.4	5.5	6.4	7.7	4.7
Other		.1	1.0	.5	.5	.3	1.0	.8
(N)	(965)	(932)	(1046)	(996)	(908)	(872)	(699)	(1164)

Table 5.8
Trends in Current Use of Any Method, Among Currently Married Women By Age, Number of Living Children, Type of Area And Education

	Percentage currently using any method		
	PDHS 1990-91	PCPS 1994-95	PFFPS 1996-97
Age			
15-19	2.6	3.4	6.2
20-24	6.3	10.1	9.9
25-29	9.6	17.1	21.0
30-34	13.4	20.1	30.6
35-39	20.4	25.8	33.8
40-44	15.8	23.7	35.4
45-49	11.8	17.3	27.5
Number of Living Children			
0	0.1	1.0	.6
1	3.2	10.1	8.9
2	10.7	13.9	19.8
3	11.1	19.6	25.5
4	17.1	23.1	33.3
5	18.0	26.7	31.4
6	18.4 (6+)	26.5	39.9
7+		21.0	35.0
Education			
None	7.8	12.8	18.9
Up to Primary	17.8	26.3	35.1
Up to Middle	29.5	35.9	36.8
Secondary +	38.0	42.3	43.5
Type of Area			
Major Urban			39.9
Other Urban	25.7	32.0	32.3
Rural	5.8	11.0	18.6
Total	11.8	17.8	23.9

In order to examine the characteristics of women using contraception and trends more closely, table 5.8 shows further differentials in current contraceptive use according to age and number of living children, education and type of area. Figures from the 1990-91 PDHS and the 1994-95 PCPS are shown for comparative purposes. The data indicate that the major increases in contraceptive use have occurred among women with no education, in rural areas and with a higher number of children. Use is highest, however, in women with at least some education, reinforcing the widely-held view that education is an important determinant of contraceptive use. Similarly, overall use is growing faster among older women, suggesting use mostly for family limitation rather than spacing.

5.3 Source of Current Method

Further information is available in the 1996-97 PFFPS on the source of all methods of contraception, whether government health and family planning services or private doctors and clinics. Some methods can be easily obtained over the counter in pharmacies or other general shops and are now being promoted through Government and donor-funded social marketing schemes. Table 5.9 and figures 5.4 show sources of contraceptive methods among current users of specific modern methods. This information is useful for examining the potential for expansion of government services into poorly sourced areas as well as for involving the private sector in expanding delivery of family planning.

Family planning methods are primarily provided through government sources whether directly through its own family planning or health establishment (53 percent). Outreach workers, such as the Village Based Family Planning Workers and the Lady Health Workers account for only 3.4 percent of users. Pharmacies and drug stores who acquire contraceptives on their own or who receive subsidised supplies through Government/donor sponsored social marketing schemes, contribute substantially to the provision of pill and condoms. Over half of pill and condom users obtain supplies from these sources. It is encouraging that private hospitals, clinics and other sources now supply over one quarter of current users. Private sources of supply are particularly important for the IUD and injectables.

Figure 5.4
Sources of Modern Methods

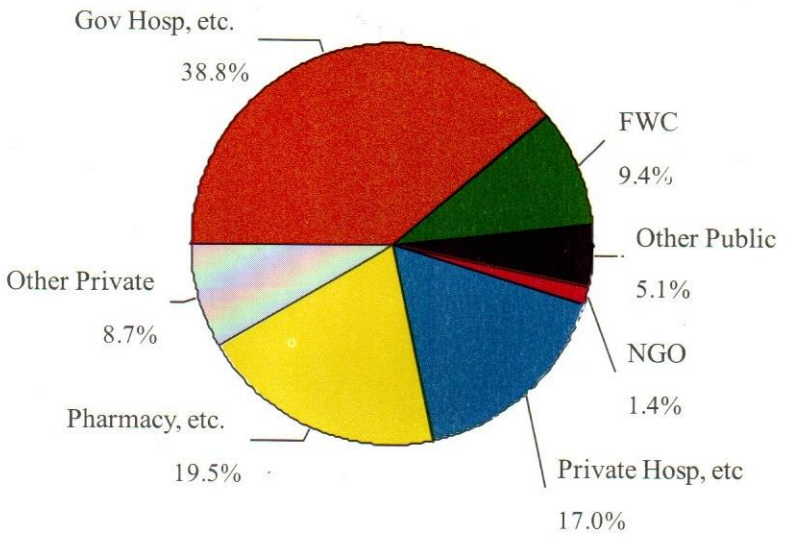


Table 5.9
Percentage of Current Users of Modern Methods By Sources of Contraception and By Methods

Source of Supply	Any Modern Method	Current Method				
		Pill	IUD	Injectables	Condom	Female Sterilization
Any Government Facility	53.4	27.8	63.8	59.3	16.8	78.2
Any Private Facility	45.2	72.2	34.1	37.1	82.7	19.9
Any NGO	1.4		1.9	3.6	0.4	1.8
Govt Hosp, RHSC, Health Centre or Unit	38.8	9.0	35.7	34.4	5.3	72.7
FWC	9.4	4.6	23.5	16.5	6.8	3.0
MSU	0.6		1.4	1.5		0.6
VBFPW	1.0	4.0	1.6		1.2	
LHW	2.4	9.2	0.9	5.2	3.6	
TBA	0.2	0.6	0.2	0.8		
Other Public	0.9	0.3	0.6	0.9		1.9
Private Hospital, Clinic, Doctor	17.0	5.7	29.4	26.1	4.5	19.8
Pharmacy, Drug Store, Shop	19.5	53.6	0.4	5.6	54.0	
Other Private	8.7	12.8	4.3	5.3	24.2	0.1
Current Users	100.0	100.0	99.8	100.0	100.0	100.0
(N)	(1074)	(105)	(218)	(89)	(270)	(385)

Chapter 6

FERTILITY PREFERENCES, UNMET NEED AND REASONS FOR NON-USE

While Chapters 4 and 5 examined some of the socio-economic and service-related determinants of fertility and contraceptive use, it is also important to consider factors which relate more closely to contraceptive decisions. There may be socio-economic reasons for these decisions, and clearly the availability of family planning services is crucial, but it is worth considering also the number of children a woman wants to have, both overall and taking into account the number of children she already has.

This chapter analyses fertility desires, reasons for non-use of contraceptives and unmet need for family planning.

6.1 Desire For More Children

When planning how to increase use of contraceptives in a population it is important to remember that a significant proportion of that population will not want to use family planning under any circumstances because they wish to have another child without delay. The relationship between provision of family planning services and use of contraception is a complex one. It is often claimed that for a rural population, not exposed to health or family planning services, desire to use contraceptives is inevitably low due to a lack of awareness of their benefits or even existence. Hence, as family planning services expand their outreach, it is likely that they will also have some negative impact on the desire for children by spreading awareness of the means to limit family size through the population.

The figures in table 6.1 show the percentage of currently married women in the PFFPS who want no more children according to a number of background characteristics such as education, age, number of living children, urban/rural residence and province. It should be noted that couples who are sterilized are automatically classified as wanting no more children. Desire for more children is strongly associated with age and number of living children. Nearly half of the women with 3 living children want another child, but

only 14 percent of those with 5 children want to continue childbearing. Since age and parity are highly correlated, much the same pattern is observed with age. About 54 percent of 25-29 year olds still want another child, but this figure drops to 20 percent for the 35-39 year olds.

Table 6.1
Percent Distribution of Desire For More Children, Among Currently Married Women, By Province, Type of Area, Education, Age And Number of Living Children

		Want another Child					
		Have a Another Child	No More/None	Says she can't get Pregnant	Up to GOD	Undecided or DK	(N)
Total		42.4	45.9	2.5	7.9	1.2	(7582)
Province	Punjab	41.0	49.3	2.8	5.9	1.0	(4428)
	Sindh	43.9	42.9	2.5	8.8	1.9	(1679)
	NWFP	44.2	43.3	1.6	9.7	1.2	(1102)
	Balochistan	48.2	27.1	1.2	22.5	1.0	(372)
Type of Area	Urban	34.3	58.4	1.8	4.1	1.4	(2244)
	Rural	45.9	40.7	2.8	9.5	1.1	(5338)
Level of Education	No Education	42.0	44.4	2.9	9.6	1.2	(5670)
	Up to Primary	45.9	47.9	1.6	3.9	.6	(810)
	Up to Middle	41.8	50.9	3.0	2.9	1.5	(326)
	Up to Secondary	43.9	52.4	.9	1.8	1.0	(350)
	Above Secondary	40.7	54.2	.1	2.4	2.8	(425)
Age	15-19	91.6	1.5	.2	6.0	.8	(528)
	20-24	77.9	12.9	.8	6.8	1.5	(1327)
	25-29	53.9	34.4	.7	8.9	2.0	(1697)
	30-34	29.4	55.7	2.4	11.9	.5	(1464)
	35-39	20.0	69.7	2.1	7.4	.7	(1165)
	40-44	11.8	76.7	4.6	4.7	2.2	(819)
	45-49	4.0	79.6	11.6	4.6	.1	(581)
Number of Living Children *	0	91.0	.1	4.9	2.7	1.3	(712)
	1	89.3	3.2	1.9	4.7	1.0	(982)
	2	68.3	21.4	.8	8.5	1.1	(1058)
	3	48.2	38.7	2.5	8.5	2.1	(1015)
	4	27.4	59.0	1.9	10.2	1.4	(965)
	5	13.5	71.1	4.1	11.0	.4	(864)
	6	7.9	78.9	1.6	10.7	.9	(778)
	7+	3.1	85.7	3.0	6.9	1.3	(1207)

Including any current pregnancy

Looking at the proportion of women wanting no more children, we see a clear divide between urban and rural populations. There is also an upwards by education in the proportions wanting no more children. However, it should be stressed that even among uneducated, rural women, over 40 percent want no more children. The desire for more children does not vary much between provinces, but there is a clear differential in the proportion of women who do want to stop childbearing. The difference between the two is explained by different proportions of women with a fatalistic attitude. This is particularly strong in Balochistan, where nearly 22.5 percent of currently married women indicated that their attitude to whether or not to have another child is 'Up to God'. Apart from the women with a fatalistic approach to childbearing, most women stated a clear preference whether or not to have another child with only 1.2 percent being undecided.

6.2 Unmet Need

Table 6.2 shows the extent to which the desire to limit family size has changed over time, by comparison with data collected in the PDHS and the PCPS.

Table 6.2
Trends in the Percentages of Currently Married Women Who Want No More Children By Number of Living Children

Number of living children*	PCPS 1984-85	PDHS 1990-91	PCPS 1994-95	PFFPS 1996-97
0	.7	1.7	.6	0.1
1	4.2	3.8	8.4	3.2
2	17.2	16.6	23.2	21.4
3	36.2	35.8	48.3	38.7
4	58.0	51.5	68.5	59.0
5	74.9	63.3	78.3	71.1
6	82.8	71.1	83.7	78.9
7+	89.7	74.2	90.1	85.7
Total	**43.4**	**39.9**	**53.4**	**45.9**
(N)	(7405)	(6364)	(7922)	(7582)

The PCPS, 1994-95 survey has tended to report higher levels of desire for no more children than the PCPS, 1984-85, PDHS, 1990-91 or PFFPS, 1996-97 surveys. These differences may be due to differences in question wording, and make it difficult to decide whether attitudes are changing. However, there is an increase between the PCPS, 1984-85 survey, and from the PDHS, 1990-91 to PFFPS, 1996-97, and so it seems reasonable to conclude that the proportion of women wanting no more children is increasing. When comparing the change in fertility preference since the early 1990s, it is clear that, among women with one living child, there is no rise in the proportion wanting to stop. From family size of two children onwards, the desire to stop childbearing has increased considerably over the last six years.

The next set of data examines differences in contraceptive use, according to whether or not a woman wants any more children and the desired timing of the next child (table 6.3). This gives an indication of unmet need and also allows us to consider the extent to which family planning is being used for spacing purposes. The Pakistan family planning programme has traditionally been oriented towards an emphasis on family limitation over birth spacing. Recent programme policy changes are trying to encourage women to use family planning to improve maternal health by increasing the interval between two births. Where women express a desire to have more children but are current users of contraception, there is an indication that they are using family planning to space their births.

Table 6.3
Percentage Distribution of Currently Married Women By Need for Family Planning Services, According to Province Type of Area, Level of Education, Age & Living Children

		Met Need For Family Planning			Unmet Need For Family Planning			Total Demand For Family Planning			Percent of Demand Satisfied	(N)
		Limiting	Spacing	Total met need	Limiting	Spacing	Total unmet need	Limiting	Spacing	Total		
Total		18.8	5.1	23.9	24.1	13.4	37.5	42.9	18.5	61.4	39.0	7582
Province	Punjab	21.1	5.7	26.8	25.5	12.7	38.1	46.5	18.4	64.9	41.3	4428
	Sindh	18.0	5.4	23.4	20.4	13.8	34.2	38.4	19.2	57.7	40.6	1679
	NWFP	15.2	3.5	18.7	25.8	14.8	40.6	41.0	18.3	59.3	31.5	1102
	Balochistan	6.0	1.1	7.1	19.5	15.4	34.8	25.5	16.5	42.0	17.0	372
Type of Area	Urban	30.5	6.0	36.5	24.2	11.8	36.0	54.6	17.8	72.5	50.4	2244
	Rural	13.9	4.7	18.6	24.1	14.0	38.1	38.0	18.7	56.7	32.8	5338
Level of Education	No Education	15.4	3.6	18.9	26.2	13.3	39.5	41.6	16.9	58.5	32.4	5670
	Up to Primary	25.6	9.5	35.1	20.3	14.6	34.8	45.9	24.0	70.0	50.2	810
	Up to Middle	29.3	7.5	36.8	16.0	13.4	29.4	45.3	20.9	66.2	55.6	326
	Secondary +	32.4	10.7	43.1	15.9	12.6	28.5	48.3	23.3	71.6	60.2	775
Age	15-19	0.2	6.1	6.2	0.6	22.4	23.0	0.8	28.5	29.2	21.4	528
	20-24	2.8	7.2	9.9	7.1	25.9	33.0	9.9	33.0	42.9	23.1	1327
	25-29	11.4	9.6	21.0	18.1	19.6	37.7	29.5	29.2	58.7	35.8	1697
	30-34	27.0	3.7	30.6	24.1	10.6	34.7	51.1	14.3	65.4	46.9	1464
	35-39	32.3	1.5	33.8	35.8	3.8	39.5	68.0	5.3	73.3	46.1	1165
	40-44	32.7	2.7	35.4	43.0	1.8	44.7	75.6	4.5	80.1	44.2	819
	45-49	26.8	0.7	27.5	51.8	0.8	52.6	78.6	1.5	80.2	34.3	581
Number of Living Children	0	0.0	0.6	0.6	0.1	4.6	4.6	0.1	5.2	5.2	11.2	965
	1	0.8	8.1	8.9	1.4	34.5	35.8	2.1	42.6	44.7	19.8	932
	2	6.8	13.0	19.8	12.9	23.1	36.1	19.8	36.2	55.9	35.5	1046
	3	18.6	7.0	25.5	18.9	16.8	35.6	37.4	23.7	61.2	41.8	996
	4	29.3	4.0	33.3	27.0	13.7	40.7	56.4	17.7	74.0	45.0	908
	5	28.9	2.5	31.4	39.7	6.6	46.3	68.6	9.1	77.6	40.4	872
	6	37.1	2.8	39.9	42.1	4.3	46.4	79.2	7.1	86.3	46.2	699
	7+	33.0	2.0	35.0	52.0	2.3	54.3	85.0	4.3	89.3	39.2	1164

Table 6.3 is based on all currently married women. Women are classified as having a need for family planning if they have expressed a desire to have no more children (they wish to *limit* their family size) or if they wish to delay their next child for two years or more (a need for birth *spacing*). If they are current users of contraception they are considered to have a *met need* for family planning; otherwise they have an *unmet need*. Thus of all 7582 currently married women in the sample, 18.8 percent have expressed a desire for no more children and are current users of contraception, 5.1 percent want to delay the next birth and are currently using some method. Thus, for 23.9 percent of the currently married

women need for contraception is met (they are current users and do not want another child immediately). From amongst the all currently married women, 37.5 percent do not want another child immediately but are not using a method indicating magnitude of an unmet need for family planning. Among these, 24.1 percent would use for limiting and 13.4 for spacing. In total, 61.4 percent of the currently married women have a need for family planning, and of these 23.9 percent are current users, so their need is satisfied. Even among the 20-24 year olds the total demand for family planning is nearly 43 percent and this rises to 80 percent for women 40-44 year old. At lower parities (1-2 children) and younger ages the demand for spacing is about 84 percent of the total demand, but with higher parities (3 or more children) or from age 35-39, women predominantly want to limit rather than space childbirth. Although the demand for limiting is higher among urban women a higher proportion of the rural women have a need for birth spacing, probably because rural women want slightly larger families and thus have more births to space. However fewer of these women can act on their preferences for the timing of childbirth as the unmet need for spacing is higher in the rural areas than in the urban. Although demand for child spacing methods is similar across the provinces, less than one-third (26 percent) of Balochi women want to limit their families, whereas 47 percent of Punjabi women want to stop childbearing. The demand for family planning increases with educational level but the correlation of met need for family planning with education is even stronger. This indicates both a smaller family norm among the better educated and a greater ability to act on fertility preferences.

6.3 Reasons For Non–Use

Table 6.4 shows the main reasons for non-use given by respondents who have never used any method, with the urban-rural and provincial differentials. Wanting more children was the main reason given for non-use, cited by more than half the women who had never used a method. The second most important reason for non-use was religion mentioned by 9.8 percent of respondents. Lack of knowledge was the reason for non-use for 6.4 percent and about 6.2 percent of women had a fatalistic attitude. However, religion and fatalistic reasons are more prominent after desire for more children among rural women. Husbands opposition is more prominent among urban women compared to rural women. In Sindh, the desire for more children (47 percent) was mentioned relatively less than elsewhere, with

the lack of knowledge becoming relatively more important. Religion was more important in NWFP than anywhere else However, not surprisingly, it is Balochistan where 19.5 percent of women do not use contraception because they lack adequate knowledge. Overall there is very little difference in reasons for non-use between rural and urban women.

Table 6.4
Percent Distribution of Never Users by Main Reason For Never Use of Any Method By Province And Type of Area

	Total	Type of Area		Province			
		Urban	Rural	Punjab	Sindh	NWFP	Balochistan
Want More Children	51.9	51.8	51.9	53.1	46.6	55.7	50.7
Lack of Knowledge	6.4	4.5	7.0	4.6	9.5	2.8	19.5
Husband Opposed	6.0	7.5	5.6	4.8	7.4	7.2	8.6
Cost Too Much	.8	.4	.9	.6	1.4	.2	2.3
Worry about Side Effects	2.2	3.5	1.8	2.1	2.1	1.6	4.4
Health Concerns	2.0	2.0	2.1	2.5	1.9	.9	.9
Hard to Get methods	1.5	.8	1.7	.8	3.2	1.1	3.4
Religion	9.8	8.5	10.2	8.6	10.6	15.1	5.9
Opposed to FP	1.3	1.1	1.4	1.3	2.5	.3	.0
Fatalistic	6.2	3.5	6.9	9.4	1.5	3.2	.9
Other People Opposed	.4	.7	.3	.2	.9	.4	.0
Infrequent Sex	1.4	2.1	1.2	1.6	1.0	1.4	.9
Difficult to Get Pregnant	5.1	7.4	4.4	6.3	3.8	3.9	1.2
Menopausal/Had Hysterectomy	.5	.4	.5	.6	.4	.0	.5
Inconvenient	.5	.8	.4	.4	1.2		
Other	3.5	4.2	3.3	2.6	4.7	6.1	.4
Don't Know	.6	.9	.5	.5	1.2		.3
(N)	(4821)	(1045)	(3776)	(2717)	(1065)	(715)	(324)

References

1. Bhatti, Mansoor ul Hasan and Abdul Hakim

   1994 *Male's Attitudes and Motivation for Family Planning, NIPS, 1996.* Islamabad:

2. Ministry of Population Welfare and Population Council

   1995 *Pakistan Contraceptive Prevalence Survey 1994-95.* Islamabad: Ministry of Population Welfare and Population Council

3. National Institute of Population Studies

   1991 *Pakistan Demographic and Health Survey, 1990-91.* Islamabad:

4. Population Planning Council of Pakistan

   1975 *Pakistan Fertility Survey, 1975.* Islamabad: Ministry of Population Welfare

5. Population Census Organization

   1981 *Census, 1981.* Islamabad: Population Census Organization

6. Population Welfare Division

   1986 *Pakistan Contraceptive Prevalence Survey, 1984-85.* Islamabad: Ministry of Planning and Development, Government of Pakistan, 1986

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