

# **NON-GOVERNMENTAL ORGANIZATIONS IN FAMILY PLANNING**

## **A USER'S SURVEY**

by

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## PREFACE

The Non-Governmental Organizations (NGO) initiated family planning activities in Pakistan in early fifties, that is even prior to the recognition of rapid population growth as a problem by the government. The NGO sector has expanded over time and currently about 110 NGOs are providing family planning services through a network of 303 family health centres (FHCs) and 18 Community Based Distribution (CBD) projects, funded by the National Trust for Population Welfare (NATPOW). The NGOs efforts in lowering fertility level in the country are appreciable. The establishment of NATPOW, an autonomous organization with an endowment fund of Rs 104 million from the GOP and the facility of utilizing foreign assistance outside ADP during the Ninth Five Year Plan period, will go a long way in improving the performance of the NGO sector in the coming years. It is time to encourage rural based NGOs to be involved in the programme to complement family planning activities in the areas where they are needed most.

The present study examines the performance of the NGO facilities from the perspective of users of the NGO centres. The study provides background characteristics of the NGO's clients, their demographic profile, and clients opinion about the quality of services and their satisfaction level. It is widely acknowledged that users of the family planning facilities are the best judge of the quality of services offered to them. It is also essential that the programme managers and the NGOs tailor their programme activities according to the requirements and needs of the community. Satisfied clients have proven a major source of strength to the population programmes the world over. The present study has captured elements whose further strengthening will guarantee an improved programme acceptability. However, areas like record keeping and its usability for programme monitoring need renewed efforts for improvement.

The study is of importance both for the Population Welfare Programme managers and the NGOs involved in the family planning activities in Pakistan. I hope that the study findings will be utilized for better management and improved performance.

In the end, I appreciate the efforts of NIPS research team who undertook the survey and produced this report.

**Mahbub Ahmad**  
Executive Director



## ACKNOWLEDGMENTS

The National Institute of Population Studies under its research mandate evaluates various components of the Population Welfare programme. The current study of the evaluation of the Non-Governmental Organizations has in fact sought the opinion of the clients who received services from the family health centres run by NGOs. We hope that this study will be of interest to policy makers and the NGOs who are involved in dispensing family planning services.

Many people have contributed in the completion of this study. We are thankful to Mr. Tewfiq Fehmi, Mr. Ijaz Ahmed and Mr. Muzaffar Mehmood Qureshi, former Executive Directors (NIPS) for their guidance at various stages of the study. We also appreciate the guidance provided by Mr. Mahbub Ahmad, the current Executive Director, NIPS at the report writing stage of this study and are thankful for his suggestions on an earlier draft of the report.

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CHAPTER  
1

INTRODUCTION



## 1.1 Background:

The Non-Governmental Organizations (NGO) are pioneers of family planning activities in Pakistan. The Family Planning Association Of Pakistan (FPAP) an affiliated body was the first to step in this field in 1953. Soon after its establishment, it received national and international support to establish a few clinics in selected cities of Pakistan (Pakistan, 1957). The problem of rapid population growth was then recognized by the government as an impediment to socioeconomic development and this recognition resulted in the establishment of an organized programme in the public sector in 1960 as an integral part of the Ministry of Health (Pakistan, 1960). Separate independent infrastructure of the family planning programme as a semi-autonomous body was established in 1965 when a comprehensive plan to control the rapid population growth was launched (Family Planning Council, 1965).

Over the years, the NGO sector has also expanded. Up till early eighties the FPAP continued to receive annual Grants-in-Aid from the government and international donor agencies for dispensing family planning activities in the country. The NGO sector however, was institutionalized during 1984-85 by establishing Non-Governmental Organizations Coordinating Council (NGOCC). The new set up served as the central umbrella organization responsible for



encouraging the NGOs and guiding them for their effective involvement in the family planning programme. To enhance its autonomy and ease out its financial capacities the NGOCC was reorganised in 1995 into a National Trust for Population Welfare (NATPOW).

Currently around 110 NGOs are registered with NATPOW who are working in the field of family planning through a net work of 303 family health centres and 18 Community Based Distribution Projects. These centres and projects are funded by the National Trust for Population Welfare (NATPOW).

The National Institute of Population Studies (NIPS) conducted an evaluative study of the NGO's involvement in population welfare activities in 1994-95. The study originally was based on a sample of 40 family health centres of the total 344 centres of different NGOs functioning in the country at that time. The study was undertaken in two phases. The first phase (1994-95) study focussed on the NGOs and their family health centres whereas the second phase (1996) study focussed on the users of the 40 centres which were selected in the first phase of study.

This report presents the major findings of the second phase, that is, the Survey of users of the NGO's family health centres. The survey was conducted in June-October 1996. The report covers a brief description of the NGOs involvement in the family planning programme; selection of a



sample of users and their coverage; contraceptive knowledge and current use status of clients located from their registered addresses with the centres; their demographic profile; and satisfaction expressed regarding services received from the NGO centres. The objective of this study is to enable the reader to have an insight about the NGOs working in family planning and also to highlight the strong and weak areas of the NGO core service delivery component.

## 1.2 Functions of NGO Centres

Similar to the Population Welfare Programme, the NGOs involved in family planning also rely heavily on their family health centres (FHCs) for dispensing conventional and clinical contraceptive methods to supplement government efforts for reducing fertility levels in the country. These centres are staffed by a trained paramedic and one/two Family Welfare Workers. The paramedic provides clinical services while the workers undertake motivational work, dispense conventional contraceptives and refer clients interested in semi-terminal and terminal methods to FHCs and Reproductive Health Services Centres respectively. They have a defined area of operation in the vicinity of the centres. Beside providing contraceptive methods, the centres provide MCH services and treat minor ailments.



### 1.3 Objectives of the Survey

The survey had the following major objectives:

1. To follow up and verify clients in the field who were registered to have received services from the FHCs of NGOs.
2. To study the demographic profile of households of women using NGO facilities for family planning; and
3. To find out the level of client satisfaction.



**CHAPTER**

**2**

**SURVEY DESIGN AND IMPLEMENTATION**



This chapter outlines various aspects of the Survey of Users of NGO's Outlets which include sample design, questionnaire, training, field work, data processing and coverage of the survey.

## 2.1 Sample design

The National Institute of Population Studies conducted an Evaluation of the Working and Impact of the NGOs in Population Welfare Programme in 1994-95. This survey examined the working of the NGOs and a situation analysis of a sample of their FHCs. A list of 344 centres which were functional during 1993 and were receiving funds from the NATPOW (formerly known as NGOCC) was provided to the Federal Bureau of Statistics (FBS). The list was used as a sampling frame and the FBS selected a representative sample of the NGO centres. Accordingly a sample of forty FHCs was selected for that study. The NGOs who owned those forty centres formed the NGO sample for the study. The present study is based on a representative sample of the users of the 40 centres.

From each selected centre referred to above a list of clients who visited the centre for contraception during calender years 1994 and 1995 was prepared and a systematic random sample of forty clients from each centre was drawn



for follow up survey visits. However, when this survey was undertaken in 1996, six of the forty centres had already closed down due to non availability of funds. Thus this survey focussed only on 34 centres and the total sample size of clients to be contacted was reduced to 1360 women who had used the NGO outlets at least once for family planning purposes, as per record of the centres, during 1994 and 1995.

A list of NGOs and addresses of sampled centres is given at Annex-I. The Total number of users in the reference period (1994 and 1995) vary for different NGOs depending on the clients who visited their respective centres. The total number of clients reported to have visited the sampled centres for contraception during the reference period was 20951 which was used as a frame for the selection of a sample of clients. It may be mentioned that each woman, irrespective of the frequency of her visits during the reference period, was counted as one and given chance of selection in the sample.

Table 2.1 gives the break up of 20951 reported clients by NGO and the sample selected for each sampled outlet. The sampled women were then followed up on the addresses registered with the centres. Help of the Family Welfare Worker / Dai, where available, was also sought for locating the users on their addresses.



## 2.2 Questionnaire

A Questionnaire was designed to collect information on the sampled women. The questionnaire was translated into Urdu and pretested before launching the study. Section 1 of the questionnaire covers verification of the sampled user of the NGO centre; her knowledge and use status of contraception; duration of contraceptive use; counselling and choice of methods given at the centre; experience and treatment of side effects of contraception; reasons for not currently using contraception; NGO centre's staff visits at home; and client satisfaction of the service received from the NGO centres. Section 2 of the questionnaire relates to the demographic characteristics of the users. This section covers information on age of the users; children ever born and living; still births; age of youngest child; place of last delivery and person attending delivery; pregnancy status; ideal number of children; and husband-wife discussion on fertility intentions. Under section 3 of the questionnaire information on household composition by age, sex, marital status, education and literacy was collected. A copy of the questionnaire appears at Annex-II.



**TABLE 2.1 SAMPLE OF USERS OF NGO'S CENTRES**

Centres visited, total number of users, and selected number of users for interview, by NGO, NGO Survey, 1996.

#	Name of NGO	Sample of outlets visited	Total number of users in 2 years	Sample of users selected
1	Awami Welf. Council-Gujrat	1	748	40
2	APWA	5	1959	200
3	Behbud Association	2	859	80
4	Distt. T. B. Association, Faisalabad	1	814	40
5	FPAP	6	3616	240
6	F.W. Coop. Society, Lahore	1	635	40
7	Mem. Christian Hospital Sialkot	1	1198	40
8	MCWA-Lahore	2	1820	80
9	Mat. & CWA-Faisalabad	1	753	40
10	Sheri Ijtemai Taraqiatti Council, Shiekhupura	1	465	40
11	Social Welfare Society, Rawalpindi	1	1296	40
12	Women Comm. Centre Attock	1	549	40
13	Women Comm. Centre Sahiwal	1	587	40
14	Imtiaz Mem Welf Ass, Kar	1	431	40
15	PVHNA, Karachi	1	215	40
16	Ghazi Soc. Welf. Ass, Lark	1	712	40
17	Shikarpur Women Associatn	1	258	40
18	Community Council, Mardan	1	1116	40



#	Name of NGO	No of centres visited	Total number of users in 2 years	Sample selected
19	Mat Child Wef Ass Peshawar	1	458	40
20	Mumta Rural Moth Child Org Islamabad	1	375	40
21	NWFP TB Association, Pesh	2	1860	80
22	Anj Falah-e-Behbud Niswan, Quetta	1	227	40
	All NGOs	34	20951	1360

### 2.3 Selection of Interviewers and Training

Four teams of interviewers, one for each province, were selected for the survey. The interviewers were at least graduates for Punjab, Sindh and NWFP teams. Whereas Balochistan team had one interviewer with intermediate qualification. All interviewers could speak the local language. The Punjab and Sindh teams had three interviewers each while Balochistan and NWFP had two interviewers in each team. The teams were supervised by regular research staff of NIPS. The list of team members is at Annex-III. One week training was imparted to Punjab and Sindh teams at NIPS, Islamabad whereas NWFP and Balochistan teams were trained at their respective provincial headquarters for the same duration. At all places, class room training was followed by field training which was in places other than sampled areas.



## 2.4 Field Work

Field work was started simultaneously in Punjab and Sindh in June 1996. After finishing the field work in these two provinces, the same supervisors carried out the field work with the new teams in the remaining two provinces. The responsibility of the supervisor included selection of users from each centre, locating users at the given addresses, field editing of the filled in questionnaires and facilitating interviewers for their lodging, boarding and transport. The field work was completed in October, 1996.

## 2.5 Coverage of the Survey

Of the total sample of 1360 users only 400 (29.4 percent) were successfully interviewed. Table 2.2 shows sample of clients selected for each NGO and the proportion and number of clients who were successfully interviewed.

The over all response rate was only 29.4 percent. Only four of the twenty two NGOs had a response rate of more than fifty percent, three had a response rate between 40-49 percent, another three had 30-39 percent, Five had a rate of 21-29 percent and less than twenty percent clients of the remaining seven NGO's could be contacted. This is a very low response rate limiting the number of observations for the analysis and evaluation of the NGO component as a whole. The reader therefore, is cautioned to bear in mind this limitation while interpreting the results given in subsequent chapters.



**TABLE 2.2 PROPORTION OF WOMEN SUCCESSFULLY INTERVIEWED**

Number of centres visited, sampled women and percentage distribution of women successfully interviewed, NGO Survey, 1996.

#	Name of NGO	No of centres visited	Sampled women	Women successfully interviewed	
				%age	No
1	Awami Welf. Council-Gujrat	1	40	42.5	17
2	APWA	5	200	34.5	69
3	Behbud Association	2	80	7.5	6
4	Distt. T. B. Association, Faisalabad	1	40	12.5	5
5	FPAP	6	240	25.0	60
6	F.W. Coop. Society, Lahore	1	40	30.0	12
7	Mem. Christian Hospital Sialkot	1	40	25.0	10
8	MCWA-Lahore	2	80	53.8	43
9	Mat. & CWA-Faisalabad	1	40	25.0	10
10	Sheri Ijtemai Taraqiatti Council, Shiekhupura	1	40	45.0	18
11	Social Welfare Society, Rawalpindi	1	40	57.7	23
12	Women Comm. Centre Attock	1	40	12.5	5
13	Women Comm. Centre Sahiwal	1	40	52.5	21
14	Imtiaz Mem Welf Ass, Kar	1	40	17.5	7
15	PVHNA, Karachi	1	40	37.5	15
16	Ghazi Social Welf Ass, Lar	1	40	38.5	15
17	Shikarpur Women Associatn	1	40	52.5	21
18	Community Council, Mardan	1	40	47.5	19



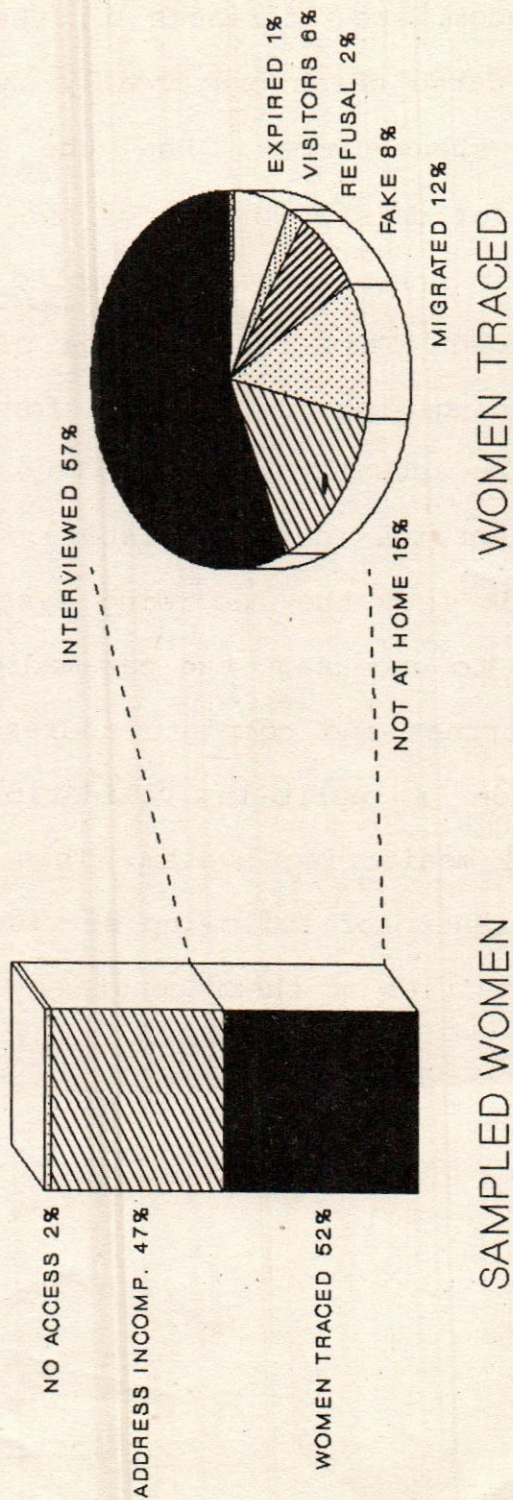
#	Name of NGO	No of centres visited	Sampled women	Women successfully interviewed	
				%age	No
19	Mat Child Wef Ass Peshawar	1	40	7.5	3
20	Mumta Rural Moth Child Org Islamabad	1	40	27.5	11
21	NWFP TB Association, Pesh	2	80	17.5	14
22	Anj Falah-e-Behbud Niswan, Quetta	1	40	17.5	7
	All NGOs	34	1360	29.4	400

Table 2.3 shows that only 706 (52 percent) of the 1360 women were successfully traced and the rest 654 women (48 percent) were either not traceable because of incomplete addresses (633 or 46.4 percent) or the interviewers could not reach those localities because of flood (14 women or 1 percent) or were not allowed access to those localities (7 women or 0.5 percent) by the village leaders (in Balochistan).

Of the 706 users who were verified, only 400 (57 percent) were successfully interviewed. The rest 15 percent were not available at home, 12 percent had migrated, 8 percent were fake, 6 percent were found to be visitors at the time they received service, 2 percent had refused to be interviewed and 1 percent had died by the time of the survey (Figure 2.1).



FIGURE 2.1: COVERAGE OF SAMPLED WOMEN



SAMPLED WOMEN

WOMEN TRACED



Table 2.3 shows different reasons for the low rate of response. The major reason which lowers the response rate by 46.4 percent was incomplete addresses in the clients registers or Clients Record Cards which practically paralyzed the possibility of interviewing these women. Had the interviewing teams not sought the help of dais / workers of the respective centres, the response rate of contacting the sampled women would have been even further lower. This reflects the plight of record keeping which is depressingly poor. We cannot for sure say that these 46 percent women are actually existing. May be a high proportion of them were fake entries in the registers. The NGOs are therefore, required to look into the recording system of their respective centres and try to encourage the paramedics to pay due attention to recording correct and complete addresses of the users. They need to include a built-in validation procedure in their supervision and monitoring system. This will help the centres locate their clients for follow up services and also the NGOs to monitor the activities of their centres.



**TABLE 2.3 COVERAGE OF SAMPLED RESPONDENTS**

Percent distribution of sampled respondents by status of outcome of the result of interview, NGO survey, 1996

Status of outcome of the interview	Number	Per-cent
Successfully interviewed	400	29.4
Refused to be interviewed	13	1.0
Not found at home/premises locked	106	7.8
Address incomplete and woman not traceable	633	46.4
Address found but woman never lived at that address	23	1.7
Woman found at the address but she did no know about the centre	1	0.1
Woman found at the address but has not visited the centre for contraception	18	1.3
Woman not visited the centre during the reference period	13	1.0
User was a visitor at the time of acceptance	45	3.3
Could not be located due to flood	14	1.0
Not allowed by village elder to visit the area	7	0.5
User died	5	0.4
Woman migrated	82	6.0
TOTAL	1360	100.0



**CHAPTER  
3**

**CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS**



This chapter highlights some of the demographic and socioeconomic characteristics of the household of the 400 users. Distribution of population by age and sex, marital status of the household population aged 15 and above for male and female separately, educational attainment for population aged 5 and above, literacy level for population aged 10 and over and characteristics of housing units with a woman using NGO outlets for family planning purposes, are the subjects of discussion in this chapter. These characteristics relate only to those households where women of reproductive ages had availed of family planning services from the NGO centres in a particular period of time and, therefore, are not comparable with those obtained through nationally representative cross-sectional surveys.

### 3.1 Household composition

Table 3.1 shows the age distribution of the usual resident population enumerated in the NGO survey. The distribution shows a higher proportion (53.2 percent) of children under 15 years of age and significantly lower proportion (1.5) of population aged 65 and over. This distribution suggests higher fertility in the past and



nuclear family structure depressing the proportion of old age population.

### 3.2 Marital status

Table 3.2 presents the distribution of population aged 15 and over by marital status. It appears that in this segment of population, almost three-fourths of men in age group 25-29 and almost universally (96.3 percent) women in their early thirties get married. Over two-thirds of men and three fourths of women aged 15 and above were married at the time of the survey.

### 3.3 Educational attainment

Education is prevalent more among male than among females. Table 3.3 shows that three-fifths of females had no education compared to slightly over two-fifths (43 percent) of male population aged 5 years and above. Proportion of males with some primary education is slightly higher than females (24.9 and 22.7 percent respectively) but the gap expands for categories having some secondary or higher qualification. Males are about two times more likely to attend secondary and more than three times more likely to attend higher secondary or higher level of education compared to female population. Differentials in level of education across age groups both for male and female are also prominent. Males are more likely to receive education



compared to females but the gap narrows in the younger age group.

### **3.4 Literacy level**

Table 3.4 shows literacy rates by gender according to age distribution of population 10 years and above. The overall literacy level (36.8 percent) of the subject population was slightly lower than the national level (37.9 percent) for the corresponding period (GOP, 1996). Forty four percent male and 28.6 percent female were found to be literate compared to the national rates of 50 percent for male and 25.3 percent for females.

### **3.5 Housing characteristics**

Interviewer's observations on material of walls, material used for roofing and material used in floors of the housing units occupied by the sampled population has been presented in Table 3.5. Baked bricks and cement are more commonly used in walls (71.6 percent) and predominantly in major urban (79 percent) and other urban areas (78.3 percent). Similarly, RCC/RBC roofs are more common in major urban (44 percent) and T-iron / wood and bricks in small cities / towns (51.4 percent). Wood and bamboo is more common for roofing in rural areas. Majority of the houses in rural areas were Katcha and the material used were unbaked bricks, mud and wood/bamboo. The type of dwellings occupied by the users are a proxy measure of their economic status.



### 3.6 Household size

On the whole, average household size of the NGO sampled households was 7.9 persons (Table 3.5). The household size is higher in rural areas (8.7) compared to major urban (7.9) and other urban areas (7.4).

**TABLE 3.1 HOUSEHOLD POPULATION BY AGE AND SEX**

Percent distribution of the de jure household population by five-year age groups and sex, NGO survey, 1996

Age group	Male	Female	Total
0- 4	18.2	18.3	18.2
5- 9	20.9	20.2	20.6
10-14	14.3	14.8	14.5
15-19	9.1	8.8	9.0
20-24	4.7	5.4	5.0
25-29	5.0	9.0	6.9
30-34	6.4	8.0	7.1
35-39	7.0	6.8	6.9
40-44	5.3	3.0	4.2
45-49	3.1	0.9	2.1
50-54	2.0	1.4	1.7
55-59	1.2	0.8	1.0
60-64	1.1	1.4	1.3
65 and over	1.8	1.2	1.5
Total	100.0	100.0	100.0
Number	1635	1495	3130



**TABLE 3.2 POPULATION BY AGE SEX AND MARITAL STATUS**

Percent distribution of the de jure household population by marital status, according to age and sex, NGO survey, 1996

MALE						
Age group	Never married	Married	Widowed	Separated	Total	Number
15-19	97.3	2.7			100.0	149
20-24	81.8	16.9	1.3		100.0	77
25-29	25.9	74.1			100.0	81
30-34	2.9	96.1		1.0	100.0	104
35-39	0.9	99.1			100.0	115
40-44	1.1	98.9			100.0	87
45-49	0.0	100.0			100.0	50
50-54	6.1	93.9			100.0	33
55-59	0.0	100.0			100.0	19
60-64	0.0	77.8	22.2		100.0	18
65+	0.0	83.3	16.7		100.0	30
Total	30.9	67.6	1.3	0.1	100.0	763
FEMALE						
Age group	Never married	Married	Widowed	Separated	Total	Number
15-19	84.8	15.2			100.0	132
20-24	40.0	60.0			100.0	80
25-29	3.7	96.3			100.0	135
30-34	2.5	97.5			100.0	119
35-39	2.0	98.0			100.0	102
40-44	4.4	95.6			100.0	45
45-49	0.0	92.9	7.1		100.0	14
50-54	0.0	81.0	19.0		100.0	21
55-59	8.3	83.3	8.3		100.0	12
60-64	0.0	66.7	33.3		100.0	21
65+	5.6	77.8	16.7		100.0	18
Total	22.6	75.1	2.3		100.0	699



**TABLE 3.3 EDUCATIONAL LEVEL BY HOUSEHOLD POPULATION**

Percent distribution of the de jure male and female household population by highest level of education attended, NGO survey, 1996

MALE						
Age group	No education	Primary	Middle	Secondary	Higher Secondary and over	Total
5-9	49.6	50.4	0.0	0.0	0.0	100.0
10-14	11.2	54.5	28.8	5.6	0.0	100.0
15-19	20.1	22.1	16.1	37.6	4.0	100.0
20-24	13.0	7.8	16.9	33.8	28.6	100.0
25-29	16.0	17.3	17.3	18.5	30.9	100.0
30-34	25.0	8.7	10.6	36.5	19.2	100.0
35-39	23.5	11.3	10.4	28.7	26.1	100.0
40-44	35.6	11.5	13.8	20.7	18.4	100.0
45-49	44.0	12.0	12.0	14.0	18.0	100.0
50-54	54.5	18.2	3.0	9.1	15.2	100.0
55-59	57.9	21.1	0.0	15.8	5.3	100.0
60-64	72.2	11.1	5.6	5.6	5.6	100.0
64+	53.3	6.7	3.3	26.7	10.0	100.0
Total	43.2	24.9	9.9	13.5	8.4	100.0
FEMALE						
Age group	No education	Primary	Middle	Secondary	Higher Secondary and over	Total
5-9	53.6	46.4	0.0	0.0	0.0	100.0
10-14	25.8	48.9	23.5	1.8	0.0	100.0
15-19	29.5	18.9	23.5	21.2	6.8	100.0
20-24	42.5	15.0	11.3	22.5	8.8	100.0
25-29	57.8	11.9	5.9	16.3	8.1	100.0
30-34	56.3	11.8	5.9	21.0	5.0	100.0
35-39	74.5	12.7	2.9	4.9	4.9	100.0
40-44	84.4	2.2	4.4	6.7	2.2	100.0
45-49	85.7	7.1	0.0	7.1	0.0	100.0
50-54	85.7	9.5	4.8	0.0	0.0	100.0
55-59	83.3	8.3	0.0	8.3	0.0	100.0
60-64	95.2	0.0	4.8	0.0	0.0	100.0
64+	83.3	16.7	0.0	0.0	0.0	100.0
Total	59.9	22.7	7.6	7.2	2.6	100.0



**TABLE 3.4 LITERACY LEVEL OF HOUSEHOLD POPULATION**

Percentage of literate population aged 10 years and above,  
NGO survey, 1996

Age group	Male	Female	Total
10-14	74.7	60.2	67.6
15-19	76.5	68.2	72.6
20-24	88.3	56.3	72.0
25-29	81.5	41.5	56.5
30-34	76.9	46.2	60.5
35-39	80.0	28.4	55.8
40-44	65.5	20.0	50.0
45-49	58.0	14.3	48.4
50-54	51.5	19.0	38.4
55-59	31.6	16.7	25.8
60-64	33.3	4.8	17.9
65 and over	46.7	11.1	33.3
Total	44.2	28.6	36.8



**TABLE 3.5 HOUSING CHARACTERISTICS**

Percent distribution of household by housing characteristics, according urban-rural residence, NGO survey, 1996

Housing characteristics	Major urban	Other urban	Rural	All areas
<b>Material of Walls</b>				
Baked bricks, cement	79.0	78.3	17.4	71.6
Unbaked bricks, mud	11.9	9.4	73.9	18.3
Wood/bamboo	9.0	12.3	8.7	10.2
<b>Material of roof</b>				
RCC / RBC	44.3	30.4	8.7	35.3
T-Iron / wood / brick	38.1	51.4	34.8	42.4
Asbestos / iron sheets	1.0	1.4	0.0	1.0
Wood / bamboo	16.7	16.7	56.5	21.3
<b>Material of floor</b>				
Baked bricks	9.5	8.7	2.2	8.4
Mud	16.2	26.8	73.9	26.6
Cement	57.1	51.4	19.6	50.8
Chips	17.1	13.0	4.3	14.2
<b>Average household size</b>	7.9	7.4	8.7	7.9



**CHAPTER**

**4**

**FERTILITY AND RELATED ASPECTS**



#### 4.1 Children ever-born

It has empirically been proved that contracepting women have higher fecundity than average for their age class and parity. For that reason they also have higher than average interest and initiative with respect to family planning (Potter, 1969). Various other studies have also found empirical evidence that family planning acceptors have higher than national fertility rates or parity for age schedules, and that pre-acceptance fertility of contraceptive users is substantially higher than that of the general population (Jain, 1969; Laing 1978; Lee and Isbister, 1966; Potter et al, 1968 and Rele and Patankar, 1969). In the developing countries it is generally observed that initially older and women with higher parity start using contraception. In Pakistan, fertility has remained high and the effect of contraception on fertility is minimal. This has been due to the fact that the use rate has increased moderately is primarily limited to older women with high parity (Population Planning Council of Pakistan, 1976; Population Welfare Division, 1986; National Institute of Population Studies, 1992 and 1996; and The Population Council, 1995). The users of NGO facilities also exhibit the same pattern. Table 4.1 indicates that 38 percent of the interviewed women had already given birth to six or more children. For all women interviewed, the mean number of children ever born alive was observed as 5.0.



## 4.2 Children surviving

Table 4.2 shows that mean number of living children of the women visiting NGO facilities is 4.5. Overall 29 percent women had six or more living children. Women in the age group 20-24 and 25-29 who had visited the NGO centres for contraception having a maximum of four children contribute 97 percent and 85 percent respectively. A visual comparison of the mean number of children ever born and children surviving is given in Figure 4.1).

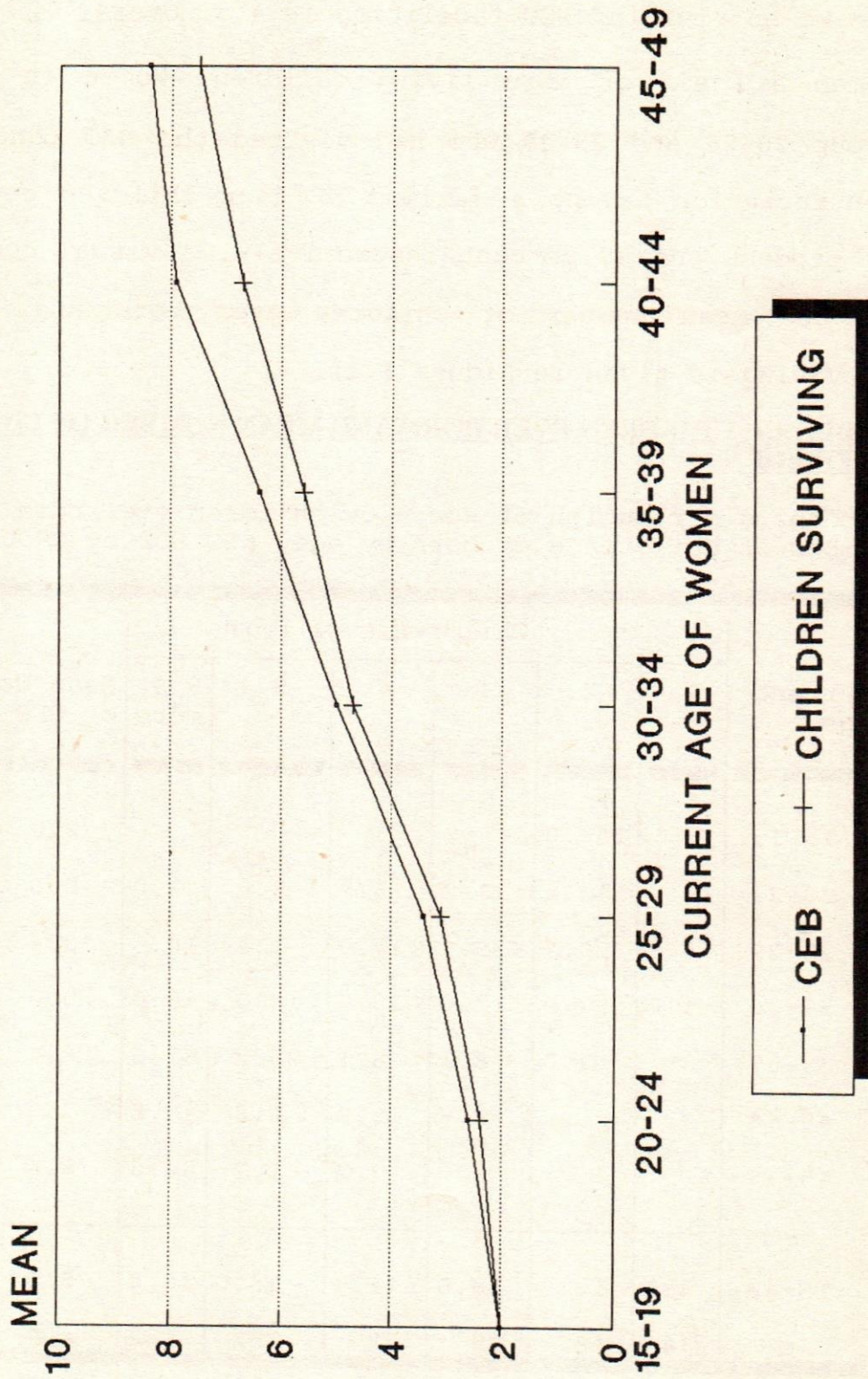
**TABLE 4.1 CHILDREN EVER BORN AND MEAN NUMBER OF CHILDREN EVER BORN**

Percent distribution of women by children ever born and mean number of children ever born by age, NGO Survey 1996.

Current age	Children ever born						Mean No of CEB	'n'
	1	2	3	4	5	6 & more		
15-19		*					2.0	2
		100.0						
20-24	15.2	42.4	21.2	15.2	3.0	3.0	2.6	33
25-29	6.8	19.7	35.9	17.9	9.4	10.3	3.4	117
	*							
30-34	1.0	7.0	17.0	19.0	18.0	38.0	5.0	100
		*						
35-39		2.0	8.1	8.1	20.2	61.6	6.4	99
			*		*			
40-44			2.8	13.9	2.8	80.6	7.9	36
				*	*			
45-49				7.7	7.7	84.6	8.4	13
15-49	3.5	12.0	18.8	14.8	13.0	38.0	5.0	
'n'	14	48	75	59	52	152	400	400



FIGURE 4.1: MEAN NUMBER OF CHILDREN EVER BORN AND MEAN NUMBER OF CHILDREN SURVIVING BY AGE GROUP, NGO SURVEY, 1996





**TABLE 4.2 DISTRIBUTION OF WOMEN BY LIVING NUMBER OF CHILDREN**

Percent distribution of women by living children and mean number of living children by age, NGO Survey 1996.

Current age	Living children						Mean number of living children	'n'	
	1	2	3	4	5	6 & more			
15-19		*					2.0	2	
20-24	21.2	42.4	18.2	15.2		*	2.4	33	
25-29	8.5	21.4	39.3	16.2	9.4	5.1	3.1	117	
30-34	1.0	9.0	18.0	25.0	17.0	30.0	4.7	100	
35-39	1.0	2.0	12.1	12.1	26.3	46.5	5.6	99	
40-44			*	8.3	11.1	16.7	63.9	6.7	36
45-49				*	7.7	7.7	84.6	7.5	13
15-49	4.8	13.0	21.3	16.5	15.3	29.3	4.5		
'n'	19	52	85	66	61	117		400	

#### 4.3 Spouses' Desire for children

Discussion among couples on the number of children they would like to have is closely related with their intentions to adopt fertility control measures. Couples whose desire for number of children match are most likely to use contraception. Table 4.3 shows a comparison of women and their husbands desire for total number of children in their life time, if they had discussed the number of children they



would like to have. About three-fourths (73.3 percent) of those women who had discussed fertility intentions with their husbands had a matching desire in terms of total number of children. Sixteen percent women perceived that their husband's desire for total number of children was higher whereas 8.7 percent husbands desired fewer children than their wives (Figure 4.2).

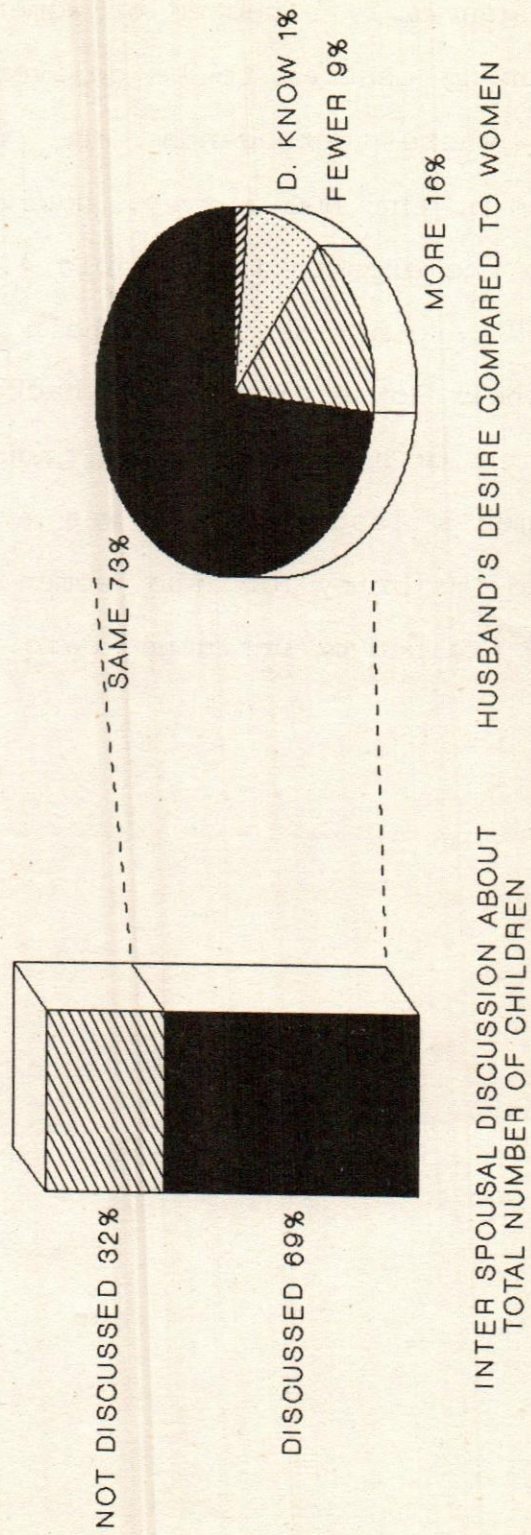
**TABLE 4.3 DESIRE OF HUSBAND FOR CHILDREN COMPARED TO WIFE**

Percent of women who had discussed with their husbands about the total number of children they would like to have, by their respective desire and by age of women, NGO survey, 1996.

Current age of women	Desire of husbands for children compared to women				
	Same	More	Fewer	D. Know	'n'
15-19	0.0	0.0	100.0	0.0	1
20-24	55.6	18.5	22.2	3.7	27
25-29	70.4	19.8	8.6	1.2	81
30-34	78.4	16.2	5.4	0.0	74
35-39	80.0	11.7	6.7	1.6	60
40-44	70.8	20.8	8.3	0.0	24
45-49	85.7	0.0	0.0	14.3	7
All ages	73.3	16.4	8.7	1.6	100.0
'n'	201	45	24	4	274



FIGURE 4.2: INTER SPOUSAL DISCUSSION AND REPRODUCTIVE INTENTIONS





#### 4.4 Place of delivery and person attending delivery

It is generally expected of women who visit health or family planning centres to be delivering babies at health facilities where attendants are normally doctors or paramedics. In the NGO survey, however, the findings are contrary to the expectations. Table 4.4 shows that majority of women (67 percent) delivered their last baby at home, may be due to their low socioeconomic background. The proportion of such women is high across age groups. Likewise, only 37 percent women's last delivery was attended by doctors or nurses, and majority of the women (62.3 percent) were attended by trained or untrained dais.



**TABLE 4.4 PLACE OF DELIVERY AND PERSON ATTENDING DELIVERY**

Percent of currently married women by place of delivery of last child and by person attending the delivery, NGO survey, 1996

Age of women	Place of delivery				Person attending delivery					'n'
	Govt Hosp	Priv Hosp	Home	Other place	Doct- or	Nurse	Tr. Dai	Untr. Dai	Oth ers	
15-19			100.0			50.0		50.0		2
20-24	24.2	3.0	69.7	3.0	36.4	6.1	48.5	9.1		33
25-29	30.8	6.0	62.4	0.9	31.6	7.7	35.9	24.8		117
30-34	26.0	8.0	63.0	3.0	31.0	10.0	36.0	21.0	2.0	100
35-39	23.2	7.1	68.7	1.0	25.3	8.1	29.3	36.4	1.0	99
40-44	16.7	8.3	75.0	0.0	27.8	2.8	30.6	36.1	2.8	36
45-49		7.7	92.3	0.0		7.7	30.8	61.5		13
All ages	24.8	6.8	67.0	1.5	28.8	8.0	34.5	27.8	1.0	
'n'	99	27	268	6	115	32	138	111	4	400



**CHAPTER  
5**

**CONTRACEPTION**



As pointed out in Chapter 2, only 29.4 percent of the total sampled women were successfully interviewed. The analysis of this report is based on only 400 of the 1360 women. In this chapter, we will first discuss the elements which are prominent in disseminating information about the existence of NGO outlets and knowledge of family planning methods and then look at the profile of users in this and the subsequent chapters.

### **5.1 Knowledge about NGO centre and visits of staff**

Knowledge of source of supply of contraceptives and close contact between the service providers (or their agents) and the service receivers are found to be the boosters of contraceptive prevalence (Piotrow and Meyar, 1991). It appears that NGOs are in fact tapping these sources to popularize the use of contraception (Figure 5.1). Field workers of the NGO outlets are found to have been in contact with the married women of reproductive age in their respective catchment areas. More than one-third of the respondents came to know about the NGO centre through the field workers. However, the contribution of conventional informers like relatives, friends and neighbours has been substantial as more than half of the respondents reported to have known about the centre through this channel (Table



5.1). A vast majority of respondents (85 percent) also reported to have been visited by the centre's staff at home, with more than half of them (56 percent) reporting being visited by the staff once a month (Table 5.2 and Figure 5.2). Frequent contacts are expected to lower the drop out rate to a minimum and increase the continuation rate of various methods and also help removing the fear of side effects.



FIGURE 5.1: SOURCE OF KNOWLEDGE ABOUT NGO CENTRE

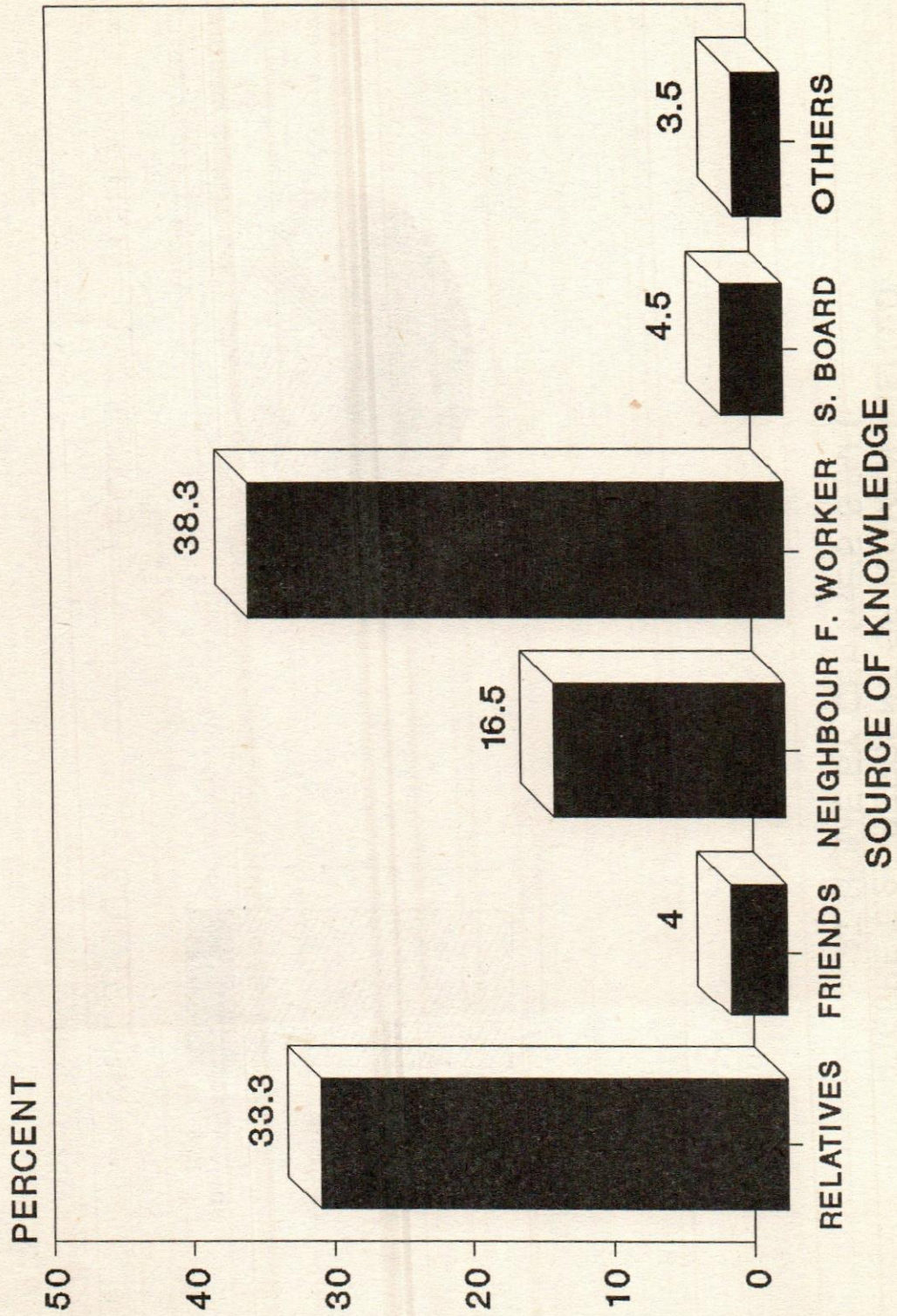
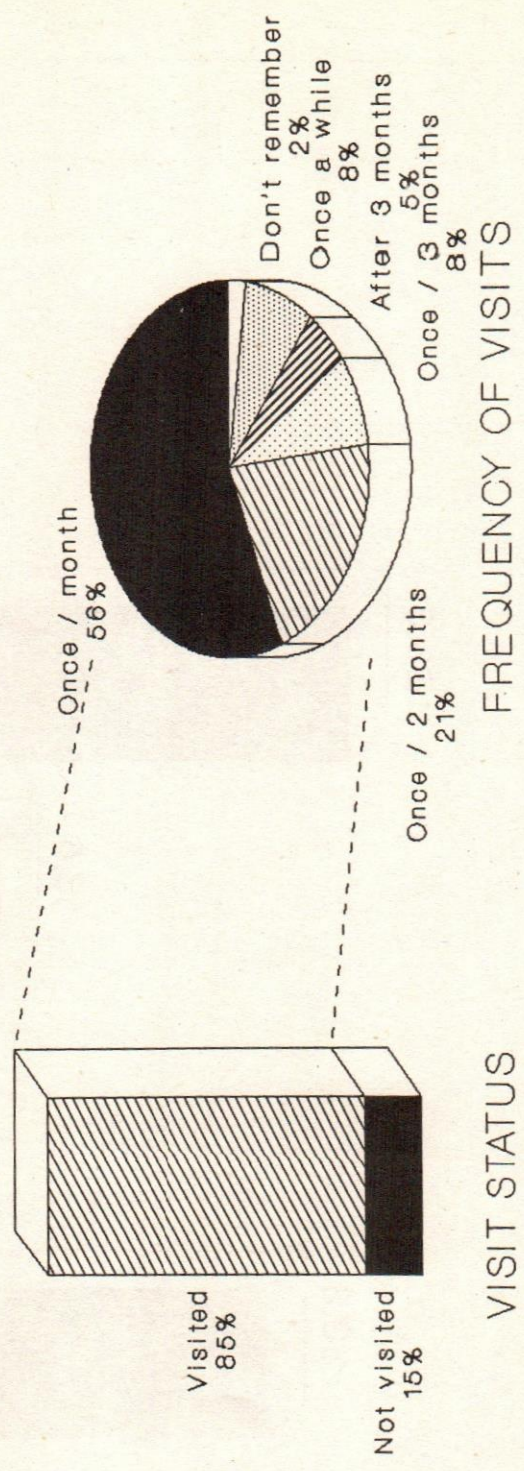




FIGURE 5.2: PERCENT OF WOMEN VISITED AT HOME BY CENTRE'S STAFF





## 5.2 Knowledge of family planning methods

Unlike contraceptive prevalence surveys, the NGO survey did not prompt for the knowledge of specific contraceptive methods. Since the respondents were ever users of contraceptives, the question on knowledge of contraceptives was direct and the respondent was asked what contraceptives were known to her. Though, every respondent knew at least one method of contraception, the method specific knowledge is considerably low keeping in view that the respondents are visiting the centres for contraception. However, since the interviewers have not probed for knowledge of contraceptives it appears that the respondents mostly acknowledged only those methods which they had ever used.

Table 5.3 shows contraceptive knowledge by methods and age of respondents. Of the four hundred women interviewed, 79 percent were between ages 25-39. The knowledge of Injection was highest which was known to about 83 percent respondents followed by Pill and IUD. It is expected of a woman visiting the centre to have heard of all modern methods available in the centre. The low method specific knowledge may be an outcome of the methodology adopted in the survey.



**TABLE 5.1 KNOWLEDGE ABOUT NGO CENTRE**

Percent of women who learnt about the NGO centre by source, NGO Survey, 1996

Source of knowledge about NGO centre	Percent	Number of women
Relatives	33.3	133
Friends	4.0	16
Neighbours	16.5	66
Field worker	38.3	153
Sign Board	4.5	18
Others	3.5	14
TOTAL	100.0	400



**TABLE 5.2 VISIT OF CENTRE STAFF AT HOME**

Percent of women reported to have been visited by the staff of the centre at home by frequency of visit, NGO survey, 1996

S. No	Frequency of visits	Percent	'n'
1	Once a month	56.2	191
2	Once in two months	20.9	71
3	Once in three months	8.2	28
4	After three months	5.0	17
5	Once a while	7.9	27
6	Don't remember / Don't know	1.8	6
	Women visited by NGO centre staff	85.0	340
	Women not visited by NGO staff	15.0	60



**TABLE 5.3 KNOWLEDGE OF FP METHODS**

Percentage of women visiting NGO centre, by age and knowledge of specific contraceptive methods, NGO survey, 1996

Current age of women	Pill	IUD	Cond	Inj	F Str	M Str	Nplant	Any Method	'n'
15-19	100.0	100.0	100.0	100.0	100.0	100.0	50.0	100.0	2
20-24	75.8	87.9	66.7	84.8	57.6	36.4	30.3		33
25-29	80.3	82.1	65.8	81.2	53.0	26.5	16.2		117
30-34	81.0	84.0	73.0	82.0	64.0	34.0	15.0		100
35-39	85.9	73.7	68.7	84.8	57.6	28.3	14.1		99
40-44	77.8	72.2	66.7	80.6	55.6	30.6	30.6		36
45-49	61.5	69.2	53.8	84.6	53.8	30.8	15.4	100.0	13
ALL AGES	80.8	79.8	68.3	82.8	57.8	30.5	18.0	100.0	400



### 5.3 Background characteristics of ever users

Since women interviewed in this survey are those who had visited the NGO centre for contraception, all respondents therefore, were ever users irrespective of their current status of use. The distribution of respondents by age, number of living children, educational grade passed, literacy level and residence status is given in Table 5.4. About four-fifths (79 percent) of the ever-users were aged 25-39 years and more than half of the ever-users (55.5 percent) had four or less number of children. Majority of the NGO facility users (64 percent) had no education and about three-fourths (73 percent) were urban dwellers (Figures 5.3-5.6).

### 5.4 Current use of contraception

Since the sample drawn from the centres comprised women who had ever visited the facility for contraception, all women interviewed were, therefore, ever users of contraceptives. However, twenty six percent of them had stopped using contraception at the time of survey and the remaining 74 percent were current users. Majority of the respondents (23.5 percent) were using Injections followed by IUD (18.3 percent), Pill (17.1 percent) and condom (10.7 percent). A small proportion (3.8 percent) had turned to terminal method at the time of survey (Table 5.5). More middle aged women (81 percent of the current users) were currently using contraception compared to younger or older women (Figure 5.7). Table 5.5 also gives the break-up of users by age and method and the proportion who dropped out by age. Contraceptive mix reported by users of NGO centres is given in (Figure 5.8).



**TABLE 5.4 BACKGROUND CHARACTERISTICS OF WOMEN**

Percent of women visiting NGO family planning centres by background characteristics, NGO survey, 1996

<u>Background characteristics</u>	<u>Percent</u>
<u>Current age</u>	
15-19	0.5
20-24	8.3
25-29	29.3
30-34	25.0
35-39	24.8
40-44	9.0
45-49	3.3
<u>Number of living children</u>	
0	0.0
1	4.7
2	13.0
3	21.3
4	16.5
5	15.2
6 and over	29.3
<u>Educational grade passed</u>	
None	64.1
1-5	12.5
6-8	5.7
9-10	12.7
11 and over	5.0
<u>Literacy level</u>	
Literate	36.0
Illiterate	64.0
<u>Residence</u>	
Urban	73.0
rural	27.0
<u>Total Number of Women</u>	400



FIGURE 6.3: PERCENT DISTRIBUTION OF EVER USERS BY AGE, NGO SURVEY, 1996

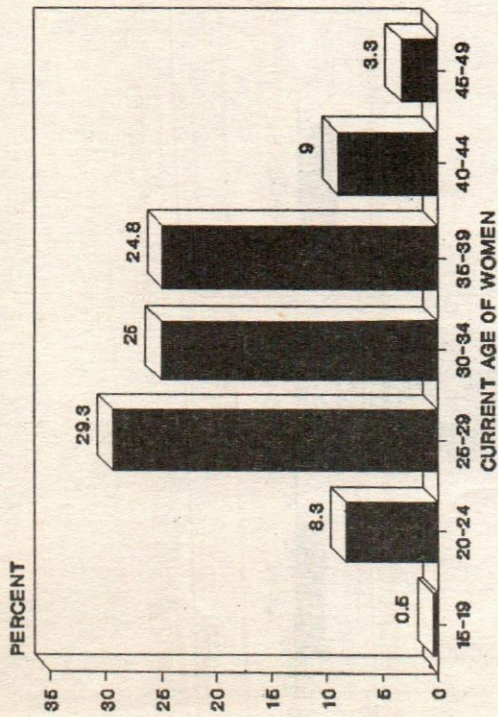


FIGURE 6.4: PERCENT OF EVER USERS BY NUMBER OF LIVING CHILDREN, NGO SURVEY, 1996

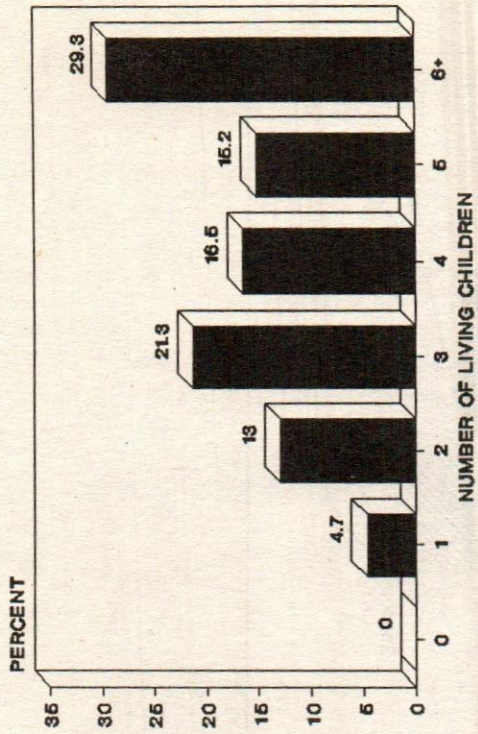


FIGURE 6.5: PERCENT OF EVER USERS BY EDUCATIONAL LEVEL, NGO SURVEY, 1996

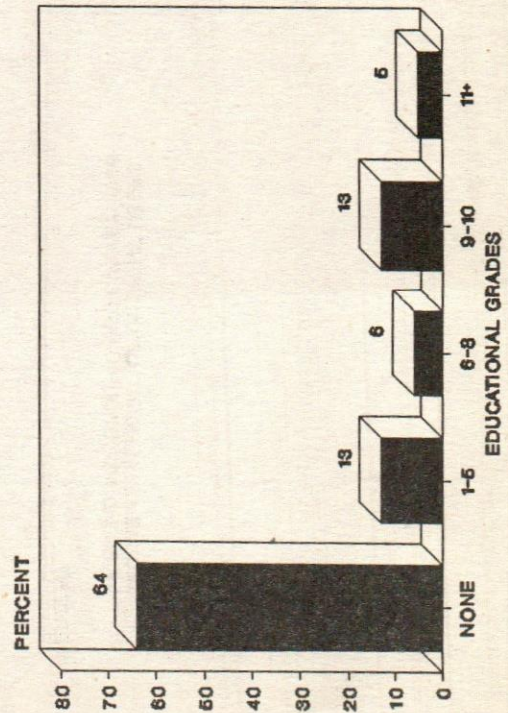


FIGURE 6.6: PERCENT OF EVER USERS BY LITERACY LEVEL AND URBAN-RURAL RESIDENCE, NGO SURVEY, 1996

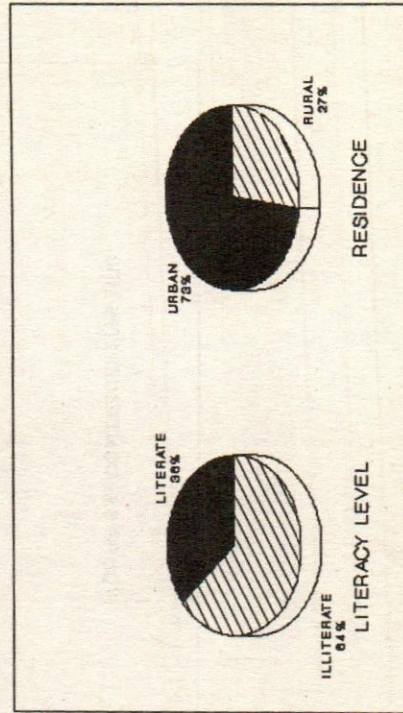




FIGURE 6.8: CONTRACEPTIVE MIX

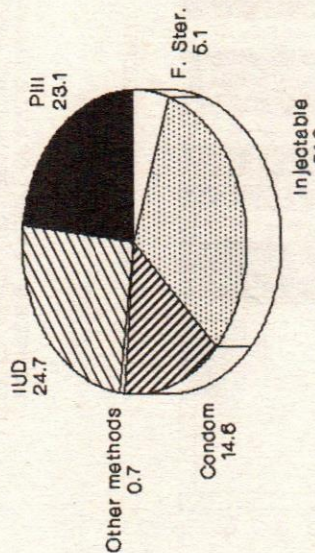
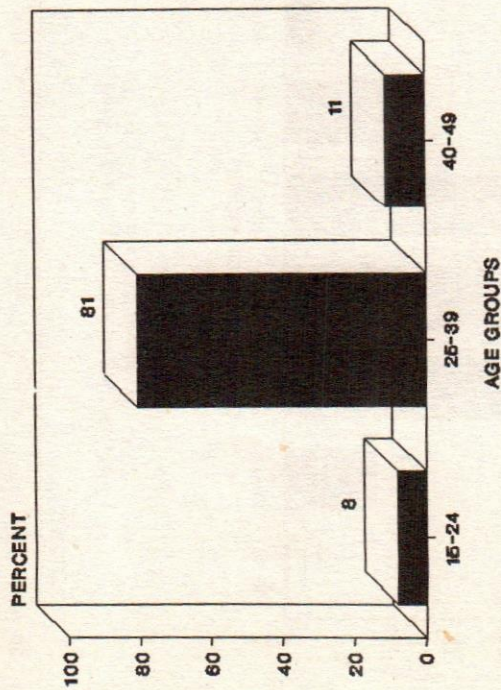


FIGURE 6.7: PERCENT OF CURRENT USERS BY BROAD AGE GROUPS, NGO SURVEY, 1996





**TABLE 5.5 CURRENT USE BY AGE**

Percent of women currently using contraception by age and method, and non users, NGO survey, 1996

Current Age	Methods					Any meth.	Not curr. using	'n'
	Pill	IUD	Condom	Inj.	F St			
15-19	50.0	0.0	0.0	50.0	0.0	100.0	0.0	2
20-24	21.2	15.2	6.1	24.2	0.0	66.7	33.3	33
25-29	14.5	23.9	10.2	29.1	0.9	78.6	21.4	117
30-34	20.0	19.0	11.0	15.0	7.0	74.0	26.0	100
35-39	17.2	17.2	10.1	23.2	6.1	73.7	26.3	99
40-44	13.9	8.3	22.2	19.4	2.8	66.6	33.4	36
45-49	7.7	7.7	0.0	46.1	0.0	61.5	38.5	13
All ages	17.1	18.3	10.7	23.5	3.8	73.8	26.2	*
'n'	(68)	(73)	(43)	(94)	(15)	(295)	(105)	400

\*

NOTE: There were two women in age group 30-34 who were using non programme methods at the time of survey. Their proportion and number are included in the total.

### 5.5 Current use by education

Table 5.6 indicates that current users of the NGOs' centres are dominated by women with no education (65.8 percent). This shows that the centres of the NGOs are located in poor and disadvantaged localities even if they are concentrated in urban areas. Only a small proportion (5.1 percent) of current users were found with some secondary education.



### 5.6 Current use by number of living children

Generally, a positive association exists between the number of children a women has and current use. The NGO survey however, shows that a higher proportion of women with three living children (22 percent) were currently using Contraceptives. The use rate has dipped to 16 percent for women with four or five living children and risen to 28.5 percent for women with six or more children. Such pattern was also found in other surveys (NIPS, 1994 and 1995).

**TABLE 5.6 CURRENT USE BY EDUCATION AND LIVING CHILDREN**

Percent of women currently using contraception by education and living children, NGO survey, 1996

	Percent	Number of women
<b><u>Education grades:</u></b>		
No education	65.8	194
1-5 classes	10.2	30
6-8 classes	5.7	17
9-10 classes	13.2	39
11+ classes	5.1	15
Total	100.0	295
<b><u>Number of living children</u></b>		
0	0.0	0
1	4.7	14
2	12.5	37
3	22.0	65
4	15.9	47
5	16.4	48
6 and more	28.5	84
Total	100.0	295



## 5.7 Current use by duration

Table 5.7 shows current use of different contraceptives by duration in months. Of the total current users 67 percent were using a method of contraception for more than one year while those using for more than two years constitute 31 percent of the current users.

**TABLE 5.7 CURRENT USE OF CONTRACEPTION BY DURATION**

Percent of women currently using contraception by duration of use, NGO survey, 1996

Duration in months	Pill	IUD	Condom	Inj	F Ster	Other meth.	Any meth.	'n'
1-3	7.4	5.5	9.3	5.3	0.0	0.0	6.1	18
4-6	4.4	4.1	16.3	4.3	20.0	50.0	7.1	21
7-12	16.2	30.1	18.6	16.0	13.3	0.0	19.7	58
13-24	41.2	38.4	20.9	36.2	46.7	0.0	35.9	106
25-36	14.7	11.0	16.3	27.7	6.7	50.0	18.0	53
37-48	5.9	8.2	7.0	4.3	13.3	0.0	6.4	19
48+	10.3	2.7	11.6	6.4	0.0	0.0	6.8	20
Any duration	23.1	24.7	14.6	31.9	5.1	0.7	100.0	295
'n'	(68)	(73)	(43)	(94)	(15)	(2)	(295)	



### 5.8 Reasons for drop out of contraception

Of the total sample of 400 ever users who were successfully interviewed 26.2 percent had dropped out of current use due to different reasons. Majority of the drop outs (28.6 percent) were because of getting pregnant. It was not inquired whether the pregnancy was a desired one or due to failure of the method. Another 9.5 percent had abandoned use because they wanted to conceive a child. However, 17.1 percent of the drop outs or 4.5 percent of the total users had stopped using contraception because of side effects of methods. Table 5.7 gives the distribution of drop outs by reasons.

**TABLE 5.8 DROP OUT OF CONTRACEPTIVE USE BY REASONS**

Percent of women who have dropped out of contraceptive use by reasons, NGO survey, 1996.

S. No	Reasons for drop out	Percent	'n'
1	Want more children	9.5	10
2	Pregnant	28.6	30
3	Postpartum amenorrhoea	13.3	14
4	Method not effective	2.9	3
5	Experienced side effects	17.1	18
6	Husband not present	2.9	3
7	Menopausal	3.8	4
8	Had hysterectomy	2.9	3
9	Husband opposed	6.7	7
10	Cant get pregnant	3.8	4
11	Other	8.6	9
Any reason		26.2	105



## 5.9 Age of last child

Of all the women interviewed (400) who were either current or ever users of contraception, the mean age of the last living child was 33 months. The age of last child was between 2 to 3 years for half of the women, while about 18 percent women had the last child five or more years old. This shows the effectiveness of contraceptive use among the women using NGO facilities. Table 5.8 gives the distribution of women by age of last child.

**TABLE 5.9 DISTRIBUTION OF WOMEN BY AGE OF LAST CHILD**

Percent distribution of women by age of last living child and mean age of last child, NGO survey, 1996

Age of last living child	Percent	Number of women
Under 1 year	13.0	52
1 year	7.5	30
2 years	26.8	107
3 years	24.0	96
4 years	9.8	39
5 or more years	17.8	71
Dead	1.3	5
Total	400	100.0
Mean age of last child	33 months	



**CHAPTER  
6**

**CLIENT SATISFACTION**



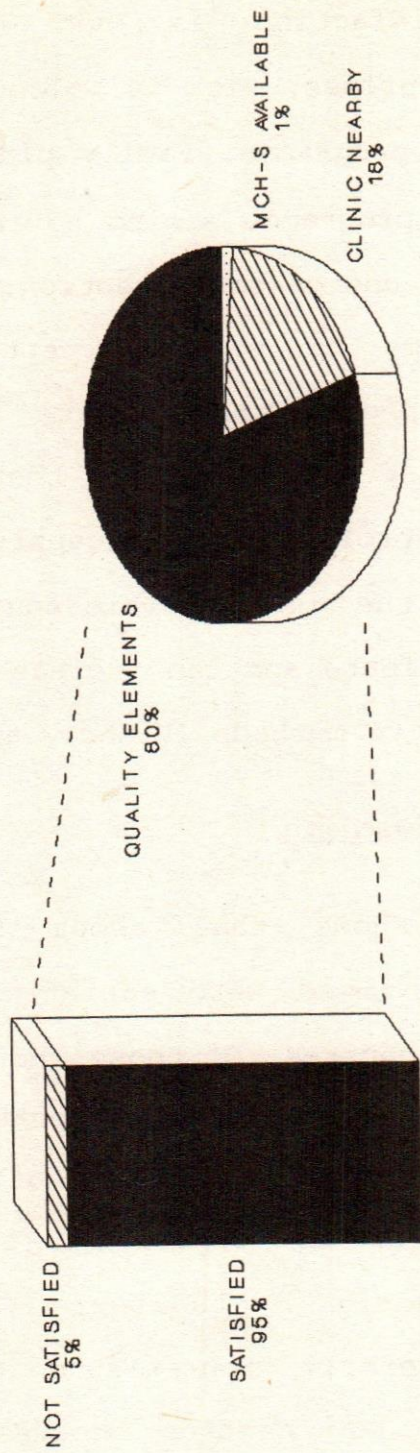
Client satisfaction is not only essential for commercial enterprises, it is also important for any behaviour change programme. Family planning is primarily a behaviour change programme aiming to reduce fertility level through increased use of contraception. Modern contraceptive methods take time to become acceptable in traditional societies where pro fertility norms are strong. However, evidence across the globe suggests that client satisfaction not only sustain prolonged contraceptive use, the satisfied users are one of the most credible source for communication with potential clients and can increase acceptance rates of modern contraceptive methods (Piotrow and Meyer, 1991).

### **6.1 Client satisfaction**

Table 6.1 shows that about 95 percent of the respondents interviewed were satisfied with the services given by the NGO centres. Of those who were satisfied, more than half of them (57.3 percent) reported nice behaviour of the paramedic as a driving force for attracting the clients. Closer proximity of the centre was also considered as a source of satisfaction by the users (18.5 percent) of the NGO centres. Overall, four-fifths of the women were satisfied of the NGO centres because of better quality aspects of the service (Figure 6.1).



FIGURE 6.1: CLIENT SATISFACTION





**TABLE 6.1 SATISFACTION OF SERVICE RECEIVERS**

Percent of women who were satisfied with the services of the NGO centres by reasons of satisfaction, NGO survey, 1996

S. No.	Reasons given for satisfaction	Percent	'n'
1	Nice behaviour of service provider and availability of medicines	57.3	217
2	Careful check-up	4.2	16
3	Medicines available at cheaper rate	0.5	2
4	Cooperative and service satisfactory	7.9	30
5	Listen patiently	2.6	10
6	Courteous and confident	2.4	9
7	Maternal and child health services also available	1.3	5
8	Centre nearby and contraceptive provided at home	18.5	70
9	Centre remains open and staff available	5.3	20
	Satisfied	94.8	379
	Not satisfied	5.3	21



**TABLE 6.2 COUNSELLING ABOUT FP METHODS AND THEIR SIDE EFFECTS**

Percent of women visiting NGO centres by status of counselling about specific methods and their side effects on their first visit to the NGO centre, by age of women, NGO survey, 1996

Current age of women	Counselling about FP methods		Counselling about side effects	
	Number of women	%	Number of women	%
15-19	2	0.5	2	0.6
20-24	31	8.1	27	8.1
25-29	112	29.2	95	28.5
30-34	95	24.8	82	24.6
35-39	95	24.8	85	25.5
40-44	36	9.4	30	9.0
44-49	12	3.1	12	3.6
ALL AGES	383	95.8	333	83.3
TOTAL WOMEN	400		400	

## 6.2 Counselling

One of the important element of attracting clients for family planning is the right type of counselling given at the centre. Table 6.2 shows that overall 96 percent of the women reported to have been provided with counselling about the availability of family planning methods and 83. percent



were told about the side effects of the methods on their first visit of the NGO centre. Majority of these women were aged 25-39 suggesting that these women were either specifically targeted or they were themselves open enough to initiate discussion about contraception and acquire relevant counselling. Informed choice about the methods and their side effects does make a difference for longer continuation of modern methods of contraceptions.

**TABLE 6.3 EXPERIENCE OF SIDE EFFECTS AND VISIT OF NGO CENTRE**

Percentage of women who ever experienced side effects and visited NGO centre for treatment, NGO survey, 1996

Current age of women	Total number of women	Side effects experienced		Visited NGO centre for treatment	
		# of women	%age	# of women	%age
15-19	2	0	0.0	0	0.0
20-24	33	12	36.4	7	61.5
25-29	117	30	25.6	12	38.7
30-34	100	40	40.0	22	55.0
35-39	99	31	31.3	16	53.1
40-44	36	11	30.6	8	72.7
45-49	13	3	23.1	3	100.0
Total	400	127	31.8	68	53.8



### 6.3 Side effects and treatment

Table 6.3 indicates that overall about one-third of the 400 women experienced side effects of contraceptives and more than half (54 percent) of them visited the NGO centre for treatment of the side effects. Those who received treatment for side effects, their distribution by the type of treatment is presented in Table 6.4. It is observed that only 3 percent were referred to hospital and majority (69 percent) were given treatment / medicine. A significant proportion (20 percent) were switched to other methods.

**TABLE 6.4 TREATMENT RECEIVED FOR SIDE EFFECTS**

Percent of women who visited NGO centre for side effects by type of treatment received, NGO survey, 1996

Current age of women	Treatment received					'n'
	Clinical treatment	Medicine given	Referred to Hospital	switched to other meth.	Other	
20-24	50.0	37.5		12.5		7
25-29	66.7	16.7		16.7		12
30-34	40.9	31.8		18.2	9.1	22
35-39	23.5	23.5	11.8	29.4	11.8	16
40-44	37.5	37.5			25.0	8
45-49		33.3		66.7		3
All ages	40.0	28.6	2.9	20.0	8.6	68



**CHAPTER**

**7**

**CONCLUSIONS**



This study aimed to assess the verifiability of the registered users of the NGO's outlets, their demographic profile and level of satisfaction. Physical Verification of the users has remained a problematic area, be it a user of the government or that of NGO facilities. Though the assistance of female workers was sought, where available, for locating the users, the experiment has failed to show any tangible results, as addresses of 706 clients (52 percent) were traced and only 400 were successfully interviewed from the original list of 1360 users who were selected by a systematic random procedure. In other words the response rate was only 29.4 percent. The rest were mostly not traceable because of incomplete addresses (46.4 percent). Only in small number of cases the interviewers could not reach there because of floods (1 percent) or were not allowed access (0.5 percent).

The major reason for non-contact with the sampled women was incomplete addresses (46.4 percent). This is such a high percentage that the NGOs may not afford to ignore it irrespective of whatever explanation is offered by the staff of the centres. The NGOs may need to look into the record keeping system at the centres which requires improvement. The staff responsible for making entries in the client registers are to be properly trained and advised not to be casual while taking addresses of the clients. The incomplete addresses of the clients create suspicion about the accuracy



of data. Earlier studies indicate that majority of such clients whose addresses were incorrect or were incomplete were fake and were shown to inflate service statistics and to indicate better performance. Supervision and monitoring requires to be strengthened and verification of clients needs to be built-in in the system. Only availability of accurate and reliable data can be utilized to assess the effectiveness of the programme and its success.

Though the users selected for the survey were those who had visited the NGO's centres at least once during the calendar years 1994 and 1995, the percentage of women who were continuing the use of contraceptives was appreciably high (73.8 %) and three-fourths of them were continuing use of contraception for more than one year.

About one-third of the users were using injections while about one-fourth were IUD users. Four-fifths of the women visiting NGO centres for contraception were middle aged (25-39 years).

The 26 percent users who had dropped out, half of them were either pregnant or in postpartum condition or desiring to conceive a child. Seventeen percent of those who had dropped out or 4.5 percent of the women who were interviewed quoted side effects of contraceptives to be the main reason. Coping with side effects, therefore, need to be the priority area of the service providers' training.



It appears that clients of the NGO centres were able to practice family planning rather successfully as the age of last child of 80 percent women was two years or more. About one-fifth of the women had the last child five or more years old. The mean age of last child was thirty three months for all women interviewed.

Slightly over half of the women had given birth to five or more children but 44.6 percent women had five or more living children at the time of survey. On the average the ideal family size of the women using NGO's facilities was slightly less than four (3.7 children) with at least two sons. NGOs need to make efforts to popularize the use of contraceptive among low parity women. The concept of spacing at low parity appears to be lacking. The IEC programme of the government and inter-personal communication efforts at the NGO level need to focus on birth spacing among younger women when the parity is low.

The NGO data also suggest that where husband and wife agree on the total number of children in their reproductive life, contraceptive use increases. About three-fourths of the users of the NGO outlets were those whose husbands' desire for number of children coincided with their wives. Husband-wife communication about desired number of children is expected to lead to their discussion on the use of contraception. Current IEC approach of the government to encourage couples to think about spacing and the number of



children they should have is a step in the right direction and is expected to achieve the desired results.

Majority of the users (38.3 percent) had known about the NGO centres from the respective field workers but relatives and friends have also contributed almost equally (37.3 percent) about the knowledge of the NGO centre. Eighty five percent of the women reported to have been visited by the centre's staff in their homes. Of those who were visited at home, more than half (56 percent) were visited once a month and an additional 21 percent were visited once in two months. Studies have borne out that frequent interaction between service providers and service receivers encourage contraceptive use. The study shows that frequent contact between users and the field staff of each centre results in continuation of contraceptive use for longer duration.

A great majority of the users (95 percent) were satisfied with the service provided by the NGO centres. Of those who were satisfied, 57 percent attributed to nice behaviour of the service provider and availability of supplies as their prime reason of satisfaction with the NGO centre. Another 18.5 percent of the satisfied users were happy because the centre was closer to their residence. It is evident that the NGOs have been successful in securing client satisfaction.

Ninety Six percent of users received counselling about



the methods available in the centre on their first visit to the NGO centre and 83 percent also reported to have been told about the side effects of various methods. This is an encouraging sign and will help to prolong the duration of use of various methods and reducing the fear of side effects which travel around because of the misgivings spread by the unsatisfied users.

About one-third (32 percent) users reported to have experienced some kind of side effects and more than half of them (54%) reported to have had visited the NGO centres for treatment. Of those who visited the NGO centre for treatment, three percent were referred to hospital, 20 percent had to switch the method and the rest (69 percent) were given medicines or clinical treatment. Though experiencing side effects is different from dropping out because of side effects (which in this case is 4.5 percent), it is important that the clients be impressed upon to visit the centre for treatment if side effects are experienced. This will minimise the drop-out rate and also expel the fear of side effects among non-users.

The NGO data show that those who were successfully interviewed reported positively about the service received from the centres. However, the NGOs need to straighten their record keeping procedures especially addresses of users and should specifically be vigilant about the physical existence of the clients reported to have been served by the centres.



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**ANNEX**

**1**

**NGOs AND SAMPLED FAMILY HEALTH CENTRES**



## Annex-I

NGOs AND SAMPLED FAMILY HEALTH WELFARE CENTRES

<u>NAME AND ADDRESS OF NGOS</u>	<u>NAME AND ADDRESS OF SAMPLED CENTRES</u>
1. Family Planning Association of Pakistan (FPAP), Temple Road, Lahore.	I. FHC, Muslim Welfare Society, UCD III, Muslim Town, Rawalpindi. (Punjab)
	II. FHC, T.B Chest Clinic, 28, Nisbat Road, Lahore. (Punjab)
	III. FHC, Darul Niswan Society, Sugar Mill Colony, Block-12, Near Masjid Allah Yar, Joharabad, Khushab. (Punjab)
	IV. FHC, Landi Kotal, Sulman Road, Peshawar. (NWFP)
	V. FHC, Work-Unit, Mithi, Tharparkar. (Sindh)
	VI. FHC, Al Khadimul-Islam Welfare Society, A-8/2, Azizabad, F.B Area, Bhangora Town, Karachi. (Sindh)
2. All Pakistan Women Association (APWA), 65 Jail Road, Ghousal Azam Road, Lahore.	I. FHC, Barkat Town, Kala Katai Road, Lahore. (Punjab)
APWA, Hyderabad. (Sindh)	II. FHC, A-1, Sindh University Colony, Jamshoro. (Sindh)
APWA, Peshawar,	III. FHC, Pashongori, Pabbi, Noshehra. (NWFP)



- APWA, Quetta.
- IV. FHC, Killi Mukhtian,  
Ziarat Road,  
Quetta. (Balochistan)
- V. FHC, Killi  
Mughalabad.  
Quetta. (Balochistan)
3. Maternal and Child  
Welfare Association  
MCH House 30-F,  
Gulberg-II, Lahore
- I. FHC, Urban MCH  
Complex 77-A,  
Cavalary Ground,  
Lahore. (Punjab)
- II. MCWA, Railway Road,  
Gawalmandi, Near  
Ratan Cinema,  
Lahore. (Punjab)
4. Social Welfare  
Society, Chitian  
Hattian,  
Rawalpindi.
- I. FHC, Choherherpal,  
H-353-F Colony,  
Rawalpindi. (Punjab)
5. Behbud Association,  
NE-2D, Tipu Road,  
Rawalpindi.
- I. FHC, St. 30,  
Block-B,  
Shaheenabad,  
Gujranwala. (Punjab)
- Behbud Association,  
55-24 Mehmoodabad  
Kalapul, Karachi,
- II. FHC, Gizri Colony  
KMC Hospital,  
St. D, Karachi, (Sindh)
- \* Behbud Association,  
Peshawar, NWFP.
- III. FHC, Hasan Gari,  
WAPDA Colony,  
Peshawar. (NWFP)
6. District T.B Asso-  
ciation, Public Chest  
Clinic, T.B Hospital  
Circular Road, Faisalabad.
- I. FHC, Ganash Mill,  
St. 14, Sir Syed Town,  
Faisalabad. (Punjab)
7. NWFP T.B Association. I. FHC, Commissineri  
Mohalla Sikandarpura,  
Saeed Gul Majeed  
Clinic, Peshawar.
- I. FHC, Dera Ismail Khan. (NWFP)
- II. FHC, Asia Park,  
Dabagari Gardens,  
Peshawar. (NWFP)



8. Family Welfare Cooperative Society, Habibia Road, Chirshan Nagar, Lahore. I. FHC, Gulshan Park, Badin Road, Nishat Colony, Katchi Abadi, Lahore. (Punjab)
9. Mother & Child Welfare Association, 18-Gulzar Colony, Near Passport Office, Faisalabad. I. FHC, Chak No.243/RB Jhok Kharla, Faisalabad. (Punjab)
- \*10. Al-Farooq Social Welfare Society, Chak No. 477/G.B West samandari, Faisalabad. I. FHC, Chak No. 477/G.B, Samandari, Faisalabad. (Punjab)
11. Awami Welfare Council, Tehsil Phalia, Mandi Bahudin, Gujrat. I. FHC, Tehsil Phalia, Mandi Bahaudin, Manu Chak, Gujrat. (Punjab)
12. Memorial Christian Hosp. Paris Road, Sialkot. I. FHC, Paris Road, Sialkot. (Punjab)
13. Shehri Ijtamaee Tarqiyati Council, Nankana Sahib, Sheikhupura. I. FHC, Near Town Committee, Nankana Sahib, Sheikhupura. (Punjab)
14. Women Community Centre, C/O Asstt. Director, Social Welfare Deptt. Near Islam Market, Attock. I. FHC, District Industrial Home, Asstt. Director Social Welfare Deptt. Near Islam Market, Attock. (Punjab)
15. Women Community Centre, District Industrial Home, Sahiwal. I. FHC, Industrial Home, Partab Bagh, Sahiwal. (Punjab)



16. Community Council I. FHC, Shamsi Road,  
UCD Project, Mardan. (NWFP)  
Shamsi Road,  
Mardan.
17. Maternity & Child I. FHC, Bhana Mari,  
Welfare Association, Kohat Road,  
Multan Flat-1, Peshawar. (NWFP)  
Zaryab Colony,  
Cricket Ground,  
Peshawar.
18. Mumta Rural Mother I. FHC, Bashir Colony,  
and Child Near Rust Public  
Organization School,  
H No. 118, St. 20, Railway Road,  
Haripur. (NWFP)
- \*19. Gadani Welfare I. FHC, Gadani Welfare Asso.  
Welfare Association, Village Qabool Khan  
Village Qabool Khan Talka Mirpur Mathelo,  
Talka Mirpur Mathelo, Distt. Ghotki. (Sindh)  
Distt. Ghotki.
20. Shikarpur Women I. FHC, Baloch Colony,  
Association, Rustam Road,  
Shah Hussain Mohalla, Shikarpur. (Sindh)  
Shikarpur.
21. Ghazi Social Welfare I. FHC, Ghazi Social Welfare  
Association, Village Ghazi Association, Village Ghazi  
Ghazi Khan Mashoori, Khan Mashoori, Talka  
Talka Dokri, Dokri,  
Distt. Larkana. Distt. Larkana. (Sindh)
22. Imtiaz Memorial I. FHC, Data Nagar,  
Welfare Association, Orangi Town,  
Orangi Town, Sector-6, Karachi, (Sindh)  
Sector-7,  
Karachi.
23. PVHNA, I. FHC, Shah Faisal  
HQ. 45-c, Colony-4, RLCC,  
Near ABSA School, Karachi. (Sindh)  
Akhtar Colony,  
Korangi, Karachi.



24. Anjuman-e-Falah, I. FHC, Gulabad,  
Bahbud Niswan, Double Road,  
Lyton Road, Quetta. (Balochistan)  
Quetta.

\* **These centres had closed down at the time of the survey and hence were dropped from the sample.**



**ANNEX**

**2**

**USER'S QUESTIONNAIRE**



**NGOs IN THE POPULATION WELFARE PROGRAMME**  
(User's Questionnaire)

(PART-A TO BE FILLED IN BY SUPERVISOR OF THE TEAM)

Part-A

IDENTIFICATION										
PLACE NAME _____										
PROVINCE _____	<input style="width: 40px; height: 20px;" type="text"/>									
URBAN / RURAL (Urban = 1, Rural = 2) _____	<input style="width: 40px; height: 20px;" type="text"/>									
MAJOR CITY / SMALL CITY, TOWN / VILLAGE _____ (major city = 1, small city, town = 2, village = 3)	<input style="width: 40px; height: 20px;" type="text"/>									
NAME OF NGO AND ADDRESS _____	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>									
NAME OF CENTRE AND ADDRESS _____	<input style="width: 40px; height: 20px;" type="text"/>									
NAME OF WOMAN _____										
LINE NUMBER OF WOMAN (FROM HOUSEHOLD SHEET)	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>									
NAME OF HUSBAND _____										
LINE NUMBER OF HUSBAND (FROM HOUSEHOLD SHEET)	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>									
COMPLETE ADDRESS _____										
NAME OF INTERVIEWER _____										
DATE OF VISIT / INTERVIEW	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Day</td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> <tr> <td style="padding: 2px;">Month</td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> <tr> <td style="padding: 2px;">Year</td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </table>	Day			Month			Year		
Day										
Month										
Year										



## RESULT OF THE INTERVIEW

--	--

## RESULT CODES:

- 01 Completed.
- 02 Refused.
- 03 Not at home.
- 04 Address not found.
- 05 Address incomplete and woman could not be traced.
- 06 Address found but woman never lived at that address.
- 07 Woman found at the address but she does not know about the centre
- 08 Woman found at the address but she categorically denies to have visited the centre for contraception.
- 09 Address changed: Woman was confirmed to have been living at the address during the reference period but has now moved to some unknown locality.
- 10 Other (please specify) \_\_\_\_\_



## SECTION 1

QUESTIONS AND FILTERS	ENTER RELEVANT CODE IN THE BOX
<p>101 Have you heard about the NGO Family Welfare Centre located at _____? (Address) کیا آپ نے (NGO) کے مرکز خاندانی منصوبہ بندی کے بارے میں سنا ہے؟ پتہ _____</p> <p>1 YES 2 NO —————&gt; (STOP INTERVIEW)</p> <p>(INTERVIEWER: PLEASE TELL THE ADDRESS OF THE CENTRE FROM PAR-A OF THE QUESTIONNAIRE AND MAKE SURE THAT THE ADDRESS IS CLEAR TO THE RESPONDENT)</p>	<input type="text"/>
<p>102 Have you visited this NGO centre in the past two years? (1-1-94 to 31-12-95) کیا آپ پچھلے دو سالوں کے دوران میں اس سنٹر میں گئی ہیں؟</p> <p>1 YES 2 NO —————&gt; (STOP INTERVIEW)</p>	<input type="text"/>
<p>103 For what purpose did you visit the centre? آپ کس مقصد کے لیے اس (NGO) کے مرکز خاندانی منصوبہ بندی گئی تھیں؟</p> <p>Family planning ..... 1 General ailment ..... 2 Pre/post natal care .. 3 ] STOP INTERVIEW Other (Specify)..... 4 ]</p> <p>(INTERVIEWER: IF FAMILY PLANNING IS NOT MENTIONED ASK SPECIFICALLY WHETHER OR NOT THE RESPONDENT WENT TO THE CENTRE FOR FAMILY PLANNING)</p>	<input type="text"/>



104	<p>From where did you learn about the NGO Family Welfare Centre?</p> <p>آپ نے (NGO) کے اس مرکز خاندانی منصوبہ بندی کے بارے میں کس سے سنا تھا۔؟</p> <ol style="list-style-type: none"> <li>1 Relatives</li> <li>2 Friends</li> <li>3 Neighbours</li> <li>4 Field Worker of the Centre</li> <li>5 Pamphlet/ leaflet</li> <li>6 Sign Board</li> <li>7 Other (Specify) .....</li> </ol>	<input type="checkbox"/>
105	<p>When you visited the centre for the first time for family planning purpose, were you informed about the availability of different kinds of contraceptives?</p> <p>جب آپ پہلی دفعہ مرکز میں خاندانی منصوبہ بندی کے مقصد کے لیے گئی تو کیا آپ کو مختلف مانع حمل ادویات کے بارے میں بتایا گیا۔؟</p> <ol style="list-style-type: none"> <li>1 Yes</li> <li>2 No</li> </ol>	<input type="checkbox"/>
106	<p>When you visited the centre for the first time, were you informed about the possible side effects of contraceptives?</p> <p>جب آپ پہلی دفعہ مرکز میں گئیں تو کیا آپ کو مانع حمل ادویات کے اثرات کے بارے میں بتایا گیا تھا۔؟</p> <ol style="list-style-type: none"> <li>1 Yes</li> <li>2 No</li> </ol>	<input type="checkbox"/>



107	<p>For how long have you been visiting this centre for family planning services?</p> <p>آپ کتنے عرصہ سے خاندانی منصوبہ بندی کی خدمات کے لیے اس مرکز میں جا رہی ہیں۔؟</p> <p>_____ Months</p> <p>(IF MORE THAN 8 YEARS, ENTER 96)</p>	<table border="1"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </table>																																						
108	<p>Which methods of family planning do you know about?</p> <p>آپ خاندانی منصوبہ بندی کے کن طریقوں کے بارے میں جانتی ہیں۔؟</p> <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Pill</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>IUD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Condom</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Injection</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>F Ster.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>M Ster.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Norplant</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Pill	1	2	IUD	1	2	Condom	1	2	Injection	1	2	F Ster.	1	2	M Ster.	1	2	Norplant	1	2	<table border="1"> <tr><td>Pill</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td>IUD</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td>Condom</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td>Injection</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td>F Ster</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td>M Ster.</td><td style="width: 40px; height: 20px;"></td></tr> <tr><td>Norplant</td><td style="width: 40px; height: 20px;"></td></tr> </table>	Pill		IUD		Condom		Injection		F Ster		M Ster.		Norplant	
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110	<p>Have you ever experienced any side effects of the methods you used?</p> <p>کیا آپ کو خاندانی منصوبہ بندی کے استعمال کے طریقوں سے کبھی کوئی اثرات مرتب ہوتے۔؟</p> <p>1 Yes 2 No → SKIP TO Q-113</p>	<table border="1"> <tr> <td style="width: 60px; height: 20px;"></td> </tr> </table>																																						



111	<p>Did you go to the NGO centre for the side-effects you experienced?</p> <p>آپ کو جو مضر اثرات ظاہر ہوتے اس کے علاج کے لیے کیا آپ (NGO) کے مرکز گئیں؟</p> <p>1 Yes 2 No —————&gt; SKIP TO Q-113</p>	<input type="checkbox"/>
112	<p>What services did you receive from this NGO centre in terms of treatment of side effects?</p> <p>پیدا ہونے والے مضر اثرات کے علاج کے لیے اس (NGO) کے مرکز کی طرف سے آپ کو کیا خدمات حاصل ہوئیں؟</p> <p>1 Clinical treatment given 2 Medicines given / prescribed 3 Referred to hospital / Doctor. 4 Switched to other method 5 Other ..... (specify)</p>	<input type="checkbox"/>
113	<p>Did you know about family planning methods before visiting this centre for the first time?</p> <p>کیا آپ اس مرکز میں آنے سے پہلے خاندانی منصوبہ بندی کے بارے میں جانتی تھیں؟</p> <p>1 Yes 2 No —————&gt; SKIP TO Q-116</p>	<input type="checkbox"/>
114	<p>What was the source of your knowledge?</p> <p>آپ کو کس ذرائع سے خاندانی منصوبہ بندی کی ادویات کے بارے میں پتہ چلا؟</p>	<input type="checkbox"/>



115	<p>Were you using any method before visiting this centre for the first time?</p> <p>اس مرکز میں آنے سے پہلے کیا آپ خاندانی منصوبہ بندی کا کوئی طریقہ استعمال کر رہی تھیں؟</p> <p>1 Yes 2 No</p>	<input type="checkbox"/>
116	<p>Are you currently using any method?</p> <p>کیا آپ آجکل خاندانی منصوبہ بندی کا کوئی طریقہ استعمال کر رہی ہیں؟</p> <p>1 Yes 2 No —————&gt; SKIP TO Q-119</p>	<input type="checkbox"/>
117	<p>Which method are you currently using?</p> <p>آپ خاندانی منصوبہ بندی کا کون سا طریقہ استعمال کر رہی ہیں؟</p> <p>1 Pill 2 IUD 3 Condom 4 Injection 5 Sterilization 6 Husband sterilized 7 Norplant 8 Any Other (Specify) .....</p>	<input type="checkbox"/>
118	<p>For how long have you been using this method?</p> <p>آپ کتنے عرصے سے یہ طریقہ استعمال کر رہی ہیں؟</p> <p>_____ MONTHS (enter 96 if more than 8 years) SKIP TO Q-120</p>	<input type="text"/>



119 Why are you currently not using any method?

آپ آجکل خاندانی منصوبہ بندی کا طریقہ کیوں استعمال نہیں کر رہی ہیں؟

- 01 Wants more children
- 02 Pregnant
- 03 Postpartum (just had a baby)
- 04 Method not effective
- 05 Method not available
- 06 Method inconvenient
- 07 Experienced side effects
- 08 Husband not present
- 09 Menopausal
- 10 Had hysterectomy
- 11 Husband opposes
- 12 Mother-in-law opposed
- 13 Cant get pregnant (perceived sterility)
- 14 Husband died
- 15 Other \_\_\_\_\_  
(specify)

>SKIP TO  
Q-123

120 From where do you usually get your current method?

آپ خاندانی منصوبہ بندی کا موجودہ طریقہ عام طور پر کہاں سے لیتی ہیں؟

- 1 NGO centre
- 2 Govt. FW Centre
- 3 Govt. Hospital
- 4 Private Hospital
- 5 Private Doctor
- 6 Field Worker of NGO centre
- 7 Field worker of the programme
- 8 Drug store / General Store
- 9 Any Other (Specify) .....

121 Do you experience any difficulty or facing any problem in obtaining your current method?

آجکل آپ جو مانع حمل ادویات استعمال کر رہی ہیں انکے حاصل کرنے میں کوئی مشکل پیش آتی ہے؟

- 1 Yes
- 2 No —————> SKIP TO 123



122	<p>What kinds of problems are you experiencing?</p> <p>آپ کو کس طرح کی مشکلات پیش آتی ہیں۔؟</p>	<input type="checkbox"/>
123	<p>Are / were you satisfied with the service provided by the NGO centre?</p> <p>آپ کو (NGO) کے مرکز سے جو خدمات پہنچائی گئیں کیا آپ ان سے مطمئن ہیں / تھیں۔؟</p> <p>1 Yes 2 No —————&gt; SKIP TO Q-125</p>	<input type="checkbox"/>
124	<p>In what ways the service provided is / was satisfactory?</p> <p>مہیا کی گئی خدمات کس طرح تسلی بخش تھیں / ہیں۔؟</p> <p>(SKIP TO Q-126)</p>	<input type="checkbox"/>
125	<p>In what ways the service provided is / was not satisfactory?</p> <p>مہیا کی گئی خدمات کس طرح تسلی بخش نہ تھیں / ہیں۔؟</p>	<input type="checkbox"/>
126	<p>Do the staff of the centre visit you at home?</p> <p>کیا (NGO) کے مرکز کا عملہ آپ کے گھر بھی آتا ہے۔؟</p> <p>1 Yes 2 No —————&gt; SKIP TO 201</p>	<input type="checkbox"/>



127	<p>How often do the NGO staff visit you at home?</p> <p>(NGO) کے مرکز کا عملہ کتنی دفعہ آپ کے گھر کا دورہ کرتا ہے۔؟</p> <ol style="list-style-type: none"> <li>1 Once in a month</li> <li>2 Once in two months</li> <li>3 Once in three months</li> <li>4 After three months</li> <li>5 Once a while</li> <li>6 Don't remember / DK.</li> </ol>	<input type="text"/>
128	<p>For what purpose do the staff of the NGO centre usually visit you at home?</p> <p>عام طور پر (NGO) کے مرکز کا عملہ کس مقصد کے لیے آپ کے گھر کا دورہ کرتا ہے۔؟</p> <ol style="list-style-type: none"> <li>1 Motivation about family planning</li> <li>2 Follow up of clinical methods / side effects</li> <li>3 Replenishment of contraceptives</li> <li>4 Pre-Post natal care</li> <li>5 Other (specify) .....</li> </ol>	<input type="text"/>



**SECTION 2**  
**DEMOGRAPHIC CHARACTERISTICS**

201	<p>What is your age in completed years?          اس وقت آپ کی عمر (مکمل سالوں میں) کتنی ہے - ؟          _____ Years</p>	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>						
202	<p>How many live births have you ever had?          Please be sure to include all children          you have given birth to, even if they          lived only a short time.          آپ نے آج تک کتنے زندہ بچوں کو جنم دیا ہے۔ برائے مہربانی ان کو بھی شامل کریں جو بہت          تقوڑا عرصہ ہی زندہ رہے ہوں۔ - ؟          Sons _____          Daughters _____          Total _____</p>	<p>S</p> <table border="1" style="width: 100%; height: 80px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> <p>D T</p>						
203	<p>Have you ever had a still birth?          کیا آپ کو کبھی مردہ بچہ پیدا ہوا ہے - ؟          1 YES          2 NO → SKIP TO Q-205</p>	<table border="1" style="width: 100%; height: 40px;"> <tr> <td style="width: 100%;"></td> </tr> </table>						
204	<p>How many still births have you ever had?          آج تک آپ کو کل کتنے مردہ بچے پیدا ہوئے ہیں - ؟          _____ STILL BIRTHS</p>	<table border="1" style="width: 100%; height: 40px;"> <tr> <td style="width: 100%;"></td> </tr> </table>						
205	<p>How many of your children are alive now?          آپ کے اس وقت کتنے زندہ بچے ہیں - ؟          SONS _____ TOTAL _____          DAUGHTERS _____</p>	<p>S</p> <table border="1" style="width: 100%; height: 80px;"> <tr> <td style="width: 100%;"></td> </tr> <tr> <td style="width: 100%;"></td> </tr> <tr> <td style="width: 100%;"></td> </tr> </table> <p>D T</p>						



<p>210 How many months pregnant are you?</p> <p>آپ کو کتنے مہینے کا حمل ہے۔؟</p> <p>_____ Months</p>	<input type="text"/>
<p>211 Have you and your husband ever discussed the number of children you would like to have?</p> <p>کیا آپ اور آپ کے خاوند نے بچوں کی تعداد کے بارے میں آپس میں کبھی مشورہ کیا ہے۔؟</p> <p>1 YES 2 NO —————&gt; SKIP TO 213</p>	<input type="text"/>
<p>212 Do you think that your husband wants the SAME number of children that you want, or does he want MORE or FEWER than you want?</p> <p>آپ کے خیال میں کیا آپ کے خاوند بھی اتنے ہی بچے چاہتے ہیں جتنے آپ یا وہ آپ کے مقابلے میں زیادہ یا کم بچے چاہتے ہیں۔؟</p> <p>1 SAME NUMBER 2 MORE 3 FEWER 4 DON'T KNOW</p>	<input type="text"/>
<p>213 What do you think should be the ideal number of children for a family like yours?</p> <p>آپ کے خیال میں آپ جیسے خاندان کے لیے کتنے بچے مناسب ہیں۔؟</p> <p>_____ SONS _____ DAUGHTERS _____ TOTAL</p>	<p>S</p> <p>D</p> <p>T</p> <input type="text"/> <input type="text"/> <input type="text"/>



206	<p>How old is your youngest child? (LAST LIVE BIRTH ONLY)</p> <p>آپ کے سب سے چھوٹے بچے کی عمر کیا ہے - ؟</p> <p>AGE IN MONTHS _____</p> <p>(ENTER 96 IF MORE THAN 8 YEARS)</p> <p>(ENTER 97 IF CHILD IS DEAD)</p>	<input type="text"/>
207	<p>Where did you deliver your last baby?</p> <p>آپ کے آخری بچے کی پیدائش کہاں ہوئی تھی - ؟</p> <p>1 Government Hospital 2 Private Hospital 3 Home 4 Other place _____</p>	<input type="text"/>
208	<p>Who attended your last birth?</p> <p>آپ کی آخری زچگی کن کے ہاتھوں میں ہوئی - ؟</p> <p>1 Doctor 2 LHV / Nurse 3 Trained Dai 4 Untrained Dai 5 Other ..... (specify)</p>	<input type="text"/>
209	<p>Are you pregnant now?</p> <p>کیا آپ اس وقت حاملہ ہیں - ؟</p> <p>1 YES 2 NO _____ &gt; SKIP TO Q-211</p>	<input type="text"/>



## SECTION-3

## HOUSEHOLD SCHEDULE

Now I would like some information about the people who usually live in this household.

Line No	Usual members of the household	Relationship to head of household (A)	Sex: M=1 F=2	Age in completed years	Marital status: NM = 1 M = 2 W = 3 D = 4 S = 5	Education: Classes completed (B)	Literacy: (C) YES = 1 NO = 2
1	2	3	4	5	6	7	8
	گھرانے میں عام طور پر رہنے والوں کا نام		جنس	عمر مکمل سالوں میں		تعلیم - سب سے بڑھی کلاس جو مکمل کی	خواندگی
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

## (A) CODE FOR RELATIONSHIP:

01 = HEAD  
02 = WIFE OR HUSBAND  
03 = SON OR DAUGHTER  
04 = SON OR DAUGHTER IN LAW  
05 = GRAND SON OR DAUGHTER

06 = FATHER/MOTHER  
07 = FATHER/MOTHER IN LAW  
08 = BROTHER/SISTER  
09 = BROTHER/SISTER IN LAW  
10 = NEPHEW/NIECE

11 = MOTHER  
12 = UNCLE/AUNT  
13 = OTHER RELATIVE  
14 = NOT RELATED

## (C) LITERACY:

IF NOT PRIMARY PASSED, ASK IF CAN READ AND WRITE A SIMPLE LETTER WITH UNDERSTANDING

(B) No education=00, Primary=05, Matric=10, MA=16; LLB=17, Doctor=18, Engineer=19, PhD=20



### RECORD YOUR OBSERVATIONS

Q 214

Main material of outer walls:	1 Baked Bricks/ cemented blocks / cement 2 Unbaked bricks and mud 3 Wood / Bamboo 4 Other (specify) .....
Main material of roof:	1 RCC/RBC 2 T-Iron / Wood / Bricks 3 Asbestos / Iron Sheets 4 Wood / Bamboo 5 Other (specify).....
Main material of floor:	1 Baked bricks 2 Mud 3 Cement 4 Chips 5 Marble 6 Other (specify) .....



ANNEX

3

LIST OF FIELD STAFF







## Annex-III

LIST OF FIELD STAFFPUNJAB

Zafar Iqbal Qamar  
Sajida Nahid  
Bushra Parveen  
Tazeem Zafar

Supervisor  
Interviewer  
Interviewer  
Interviewer

SINDH

Ali Anwar Buriro  
Asia Begum  
Rizwana Tabassum  
Asmat Kahar

Supervisor  
Interviewer  
Interviewer  
Interviewer

NWFP

Ali Anwar Buriro  
Farida Bano  
Shazia Rahim

Supervisor  
Interviewer  
Interviewer

BALUCHISTAN

Zafar Iqbal Qamar  
Aabida Balooch  
Ayesha Balooch

Supervisor  
Interviewer  
Interviewer









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