

**POPULATION
AND
FAMILY PLANNING INDICATORS**

**FINDINGS OF
CONTRACEPTIVE PREVALENCE SURVEY
IN TWELVE LARGE CLUSTERS
1994**

Mehboob Sultan



NATIONAL INSTITUTE OF POPULATION STUDIES

#8, Street 70, F 8/3, Islamabad.

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Foreword

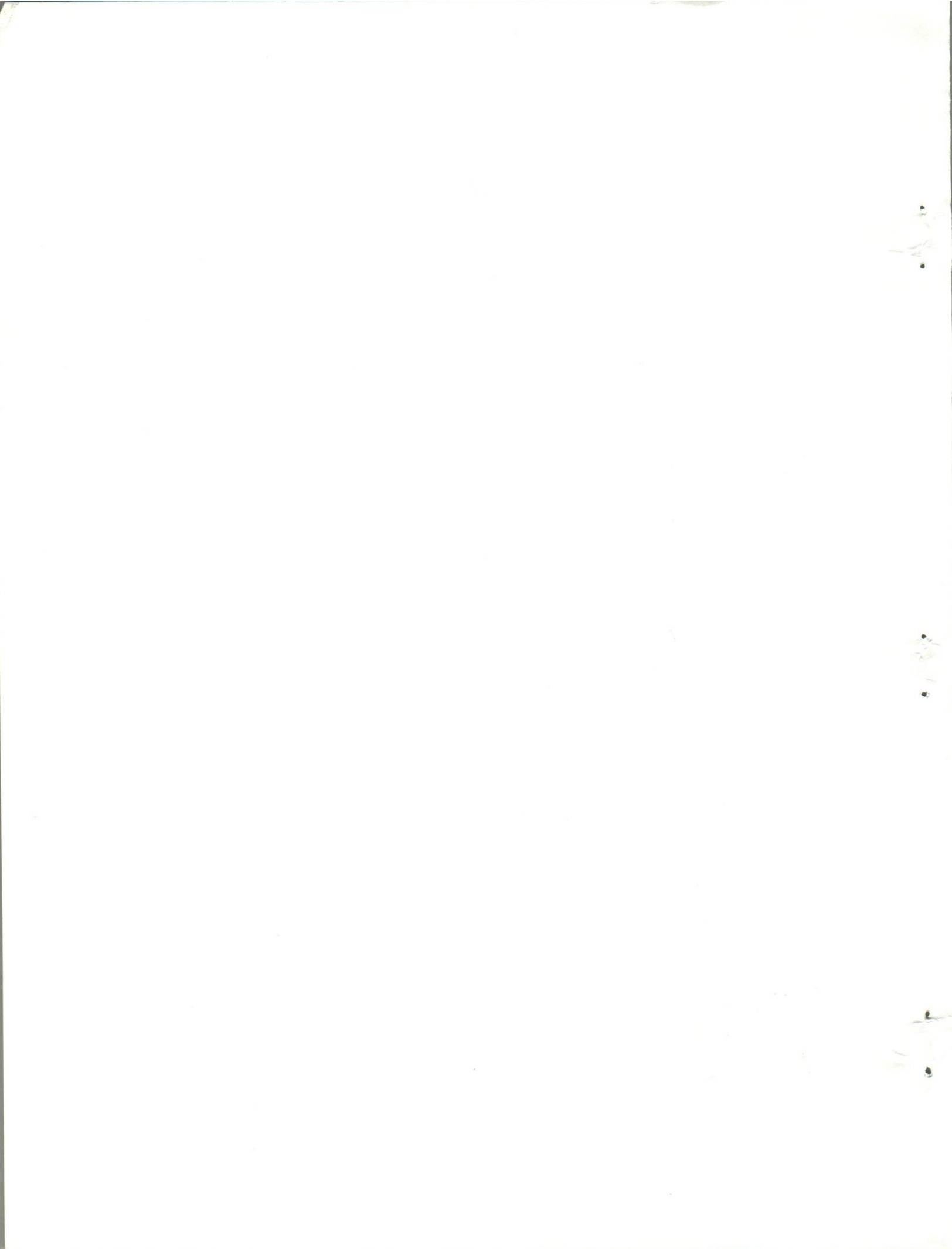
This is the second report of the longitudinal study of Population and Family Planning Indicators, initiated in 1992. The project was started as an experiment in a dual system of data collection on vital events in twelve large segments of population in the four provinces of Pakistan. The experiment included regular registration of vital events by resident registrars at local level and periodic cross sectional surveys of the same population by female interviewers to collect information on vital events and contraception and fertility related aspects. The data collected through the two different systems were matched and discrepancies removed by further investigating the problem through revisiting the households with discrepant data in each of the sample areas. The study areas comprise five urban blocks of around 1000 households each and 20 villages in the rural areas. In terms of number of households covered-12224-this is one of the largest surveys so far undertaken in the country.

The survey aims at collecting data on population and family planning indicators such as crude birth rate (CBR), crude death rate (CDR), rate of natural increase (RNI), total fertility rate, total marital fertility rate, mean age at marriage, singulate mean age at marriage (SMAM) and knowledge and prevalence rate of contraception. Since the sample population comprises large areas, the study also provides useful information on population and family planning in selected local areas.

Collection of vital statistics is an area requiring community interest and involvement. In developed countries, vital statistics are collected through an organised system which generates data on required indicators. These data are timely available for use by various agencies, universities and research scholars. The system of data collection on vital events in Pakistan has deteriorated over time and is currently almost non functional. The problems faced during the course of this study suggest that it is almost impossible for one organization to collect these data unless a sense of responsibility is created among the citizens and they are fully motivated to fulfil their obligation of registering vital events occurring at the household level and in the community.

The National Institute of Population Studies is in the process of preparing the final report of the study covering five years of its operation. Only the final report can tell how far has the Institute been successful in its experiment of a dual system of data collection on vital events. Meanwhile, this second report of the longitudinal study is presented with the hope that it will effectively meet the need for data on vital events.

Ismail Patel
Executive Director



Acknowledgements

I wish to acknowledge the contribution of all those persons who were, in one way or the other, involved in this study. This longitudinal project was started in 1992 when Dr. M. S. Jillani was the Executive Director of the Institute. His guidance and advice and the guidance and advice of all Executive Directors who succeeded him, including Mr. Tewfiq Fehmi, Mr. Ijaz Ahmad, Mr. Muzaffar Mehmood Qureshi, Mr. Mahbub Ahmad and Mr. Ismail Patel, are highly appreciated. I am specially grateful to Mr. Ismail Patel, who not only provided valuable comments but also painstakingly edited an earlier draft of the report.

Dr. Sultan S. Hashmi, Resident Advisor, NIPS, originally conceived this project and has wholeheartedly followed it through. Without his advice and guidance the project would have not taken off. The contribution and active involvement of Dr. Abdul Hakim, Director, NIPS has also been instrumental in rejuvenating the project's activities at all stages.

The supervisory work of the project was pretty hard. The contribution of Mr. Shahid Hamid, Mr. Saud Ehtesham, Mr. Ross Wahid, Mr. Zulfiqar Aleem, Mr. Raza Hassan and Mr. Najib Hussain as supervisors is gratefully acknowledged. The contribution of Mr. Shahid Hamid and Ross Wahid was specially distinguishable and deserves special commendation.

I will also like to appreciate the hard work of registrars and female interviewers, whose painstaking efforts at data collection made this project possible.

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Mehboob Sultan
Principal Investigator

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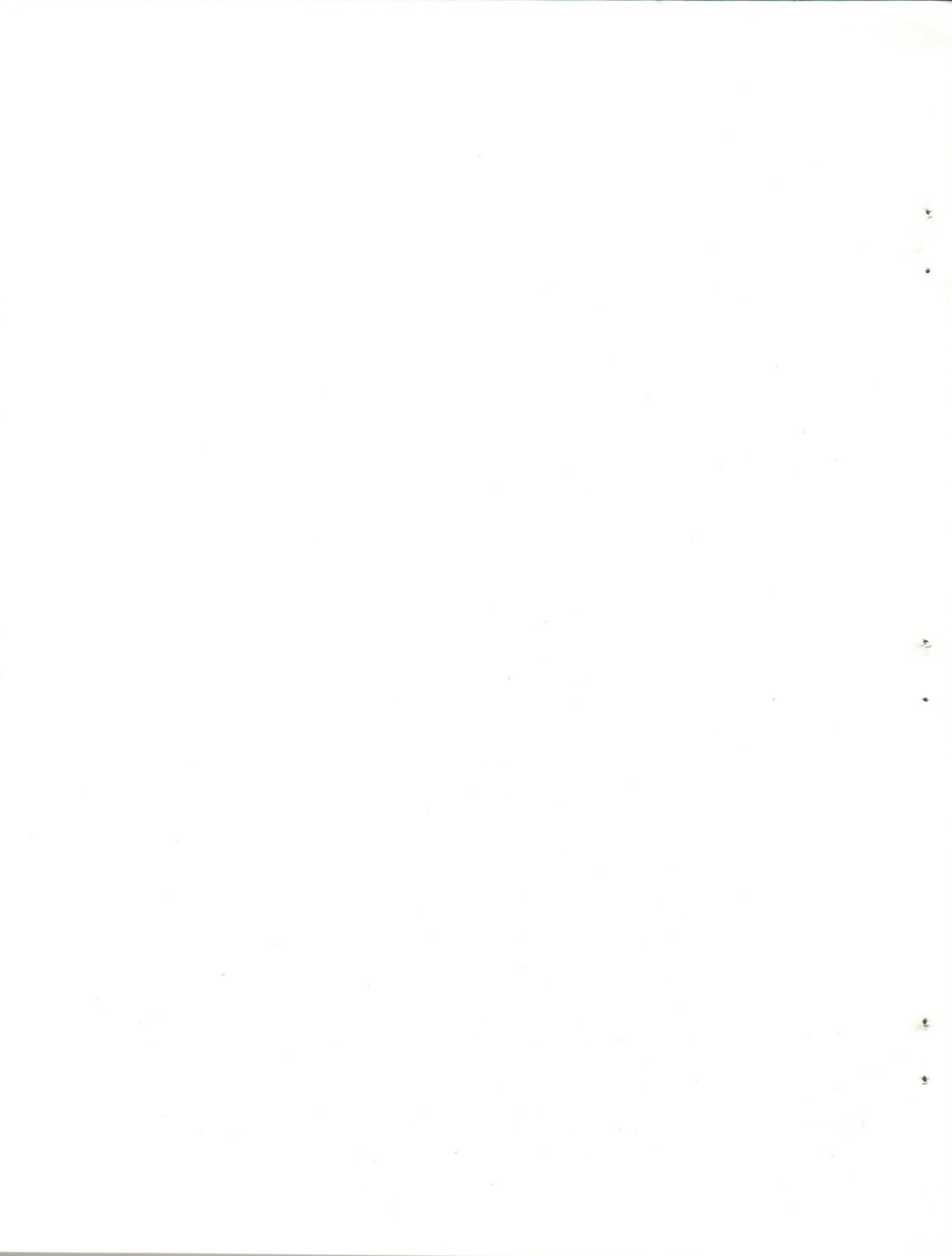


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List of Supervisors / Interviewers

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3	Shazia Yousaf	Interviewer
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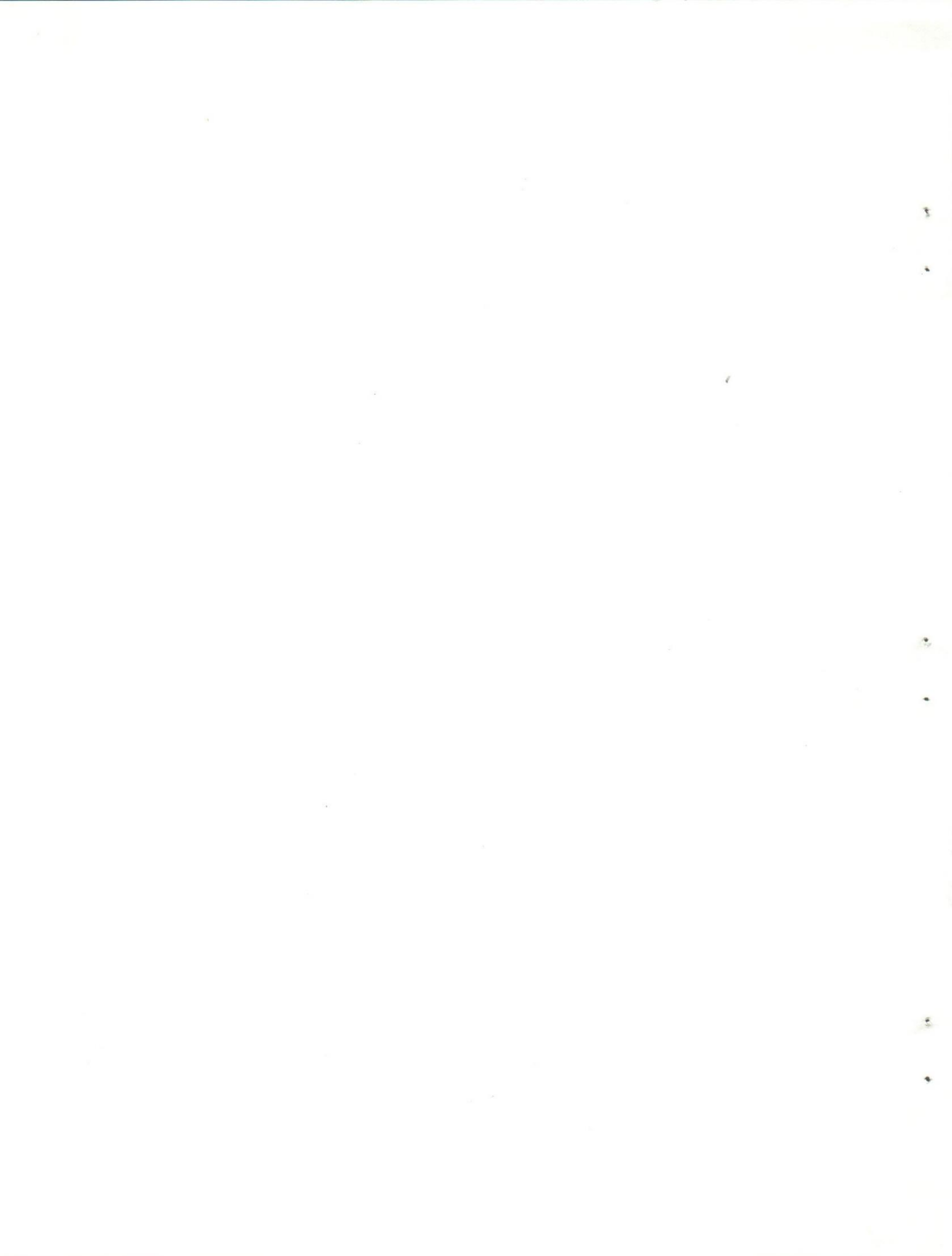
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4. Mr. Zulfiqar Ali
FAISALABAD.
5. Mrs Farzana Naveed
Lahore.
6. Ms Ghazala Butt,
GUJRANWALA.

SINDH

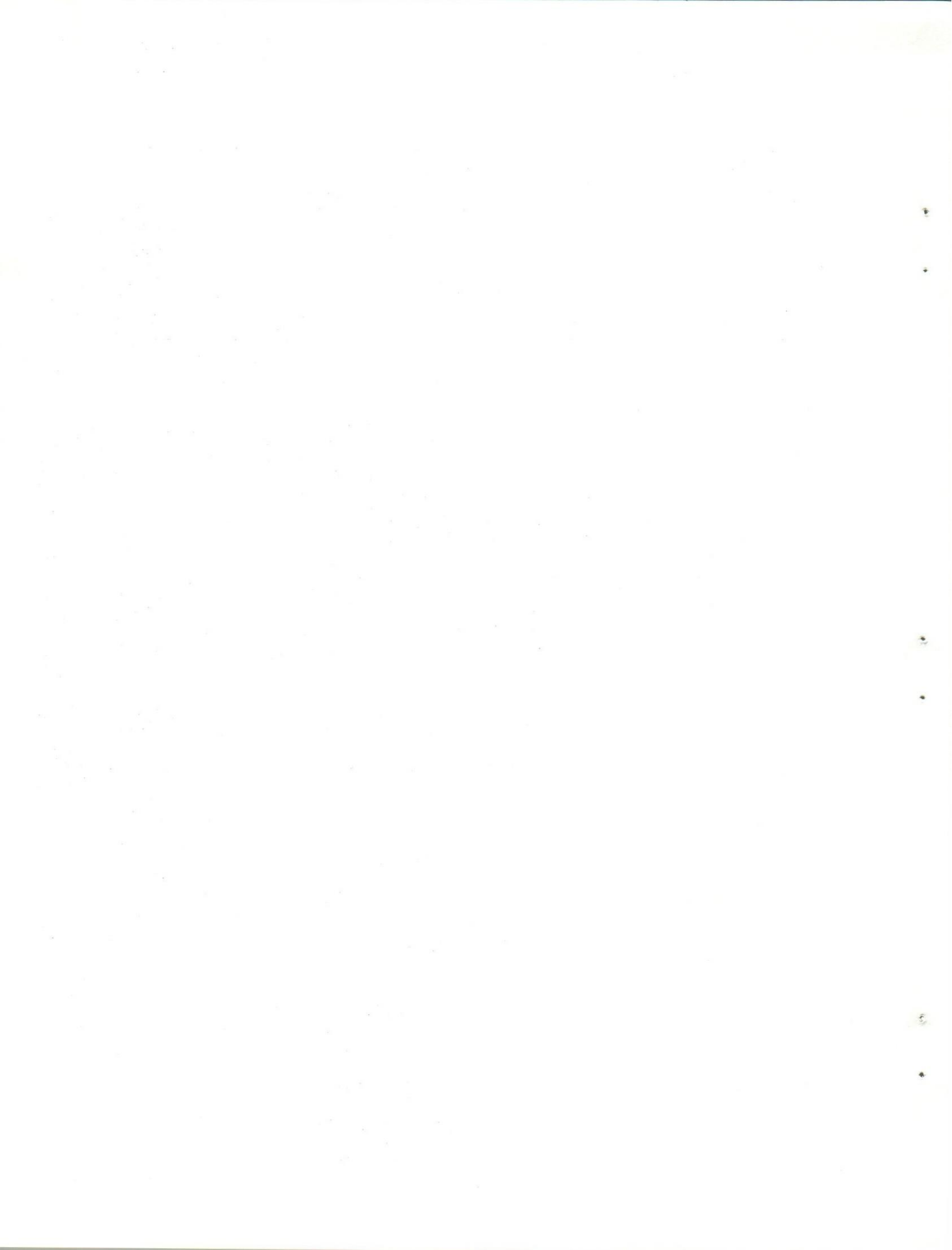
7. Mr. Imdadullah Soomro
Ghotki.

NWFP

8. Mrs Imrana Aziz,
Peshawar.
9. Mr. Wali Zada
KARAK.

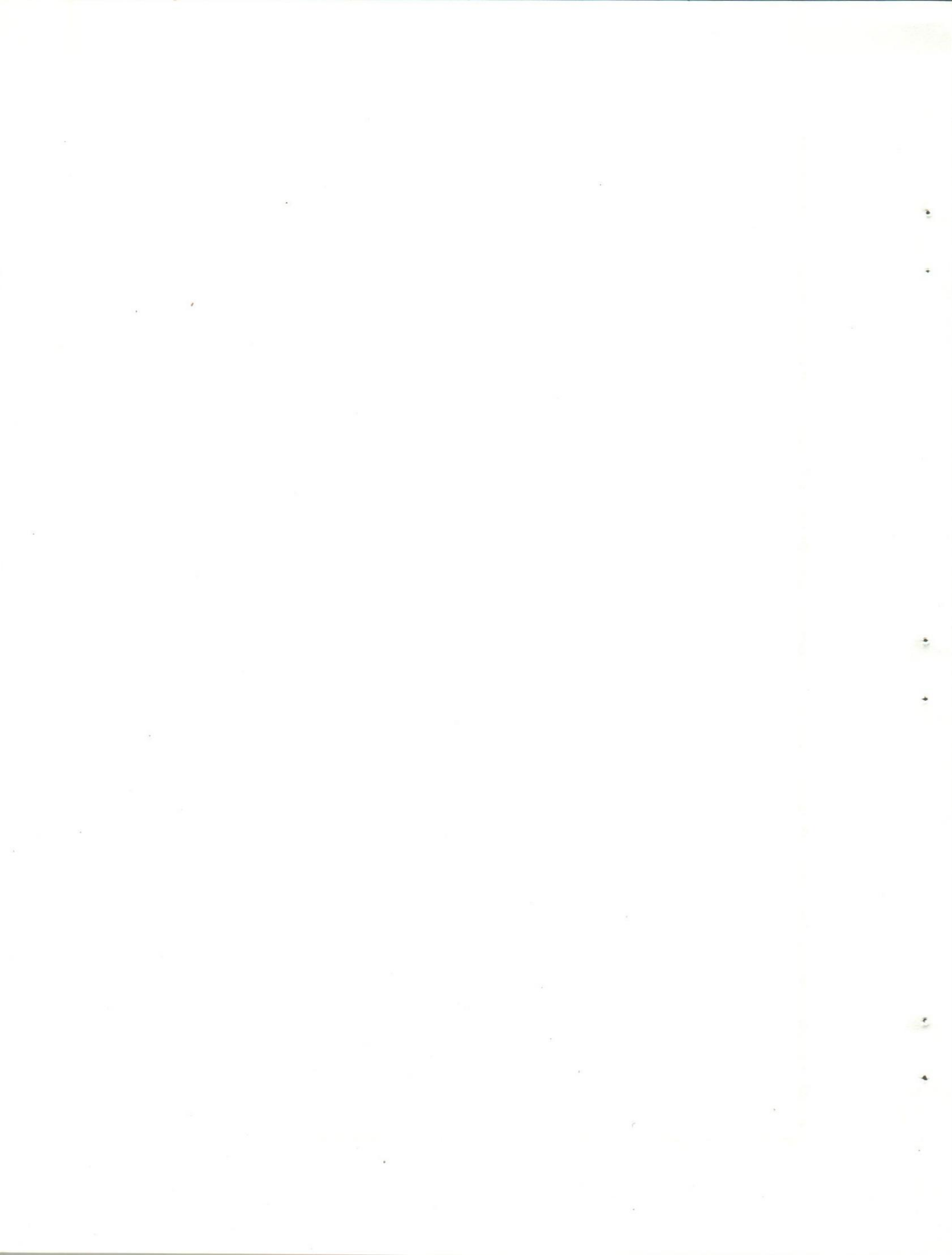
BALUCHISTAN

10. Mrs. Shakila Bano
Quetta.
11. Syed Shabir Hussain Shah
Mach.



Chapter 1

Introduction and Methodology



Introduction and Methodology

1.1 Background

The Population and Family Planning Indicators project was started by NIPS in late 1992 with the objective of assessing and improving population and family planning indicators such as, crude birth rate (CBR), crude death rate (CDR), rate of natural increase (RNI), total fertility rate (TFR), contraceptive prevalence rate (CPR). Another purpose was to gain experience to help develop the registration system of the vital statistics, especially of births and deaths. Twelve large areas, each consisting of about one thousand households, were selected from the four provinces. A dual system of data collection was introduced. The vital registration system was adopted to collect data about births and deaths on a continuous basis which was subsequently cross matched with information on the same variables collected through cross sectional surveys in the same areas. Detailed background of the project is given in the first report of the project (Hashmi et. al, 1994).

The sample areas selected for this experimental study include two urban and four rural areas from Punjab, and one urban and one rural area each from the provinces of Sindh, NWFP and Balochistan. In each of the sample areas, a full time Resident Registrar was appointed to demarcate the sample area and number each household, enumerate household members and population of the area on a specially designed format, to collect information on births and deaths on a continuous basis and to report to NIPS the occurrence of vital events on

prescribed formats. To supervise the work of the Resident Registrars, six full time Supervisors were appointed, each having been assigned two sample areas.

The cross sectional surveys are conducted in the sample areas periodically by especially recruited survey teams comprising one supervisor and three female interviewers each. In the cross sectional surveys, information on vital events is also collected together with information on family planning. Data on vital events collected from the two sources are then matched and discrepancies, if any, are resolved by investigating the events in the sample areas. The dual system thus yields more reliable data on vital events.

The current report is based on verified data collected through the dual system. Vital events which were missed out in the surveys but registered in the registration system have been incorporated in the survey data file and hence the report provides improved information on population indicators.

1.2 Objectives of the survey

As pointed out earlier, the current survey is a continuation of the dual system adopted for the study. Its main objectives include:

1. To estimate and present improved rates of vital events such as births and deaths in the sample areas, based on the dual system of data collection.
2. To provide family planning indicators such as total fertility rate (TFR), knowledge and contraceptive prevalence rate (CPR), Contraceptive mix; age specific and method specific contraceptive prevalence rates,

area specific fertility and contraceptive use rates, and reason for not using contraception.

3. To determine accessibility of contraceptives to the population under study.

1.3 Sample Design

A four stage sample design was developed for undertaking the experiment for developing and estimating population and family planning indicators (PFPIs) in 12 large clusters, five urban and seven rural. These clusters were selected on probability basis from PSUs of urban localities / rural Talukas / Union Councils which, in turn, were obtained from Tehsils / Talukas of urban / rural districts of the four provinces excluding the Federally Administered Tribal Areas (FATA).

It was ensured that each cluster had approximately one thousand households and a complete community / village (Patwar Halqa) so as to provide estimates of indicators of a local community based on adequate number. Besides, it was recognised that large clusters were needed to meet requirements of developing and establishing the system of vital statistics / data collection for obtaining the indicators of population and family planning. Also, large compact clusters were considered necessary provide full time work for the resident registrars. Table 1.1 presents the list of localities selected for the study in the sampled districts.

1.4 Sample Areas:

Punjab

Following six sample areas were selected from the Punjab province.

a) Rawalpindi (Urban)

Rawalpindi is the fourth largest city of Pakistan. According to the preliminary results of the 1998 census, the population of Rawalpindi city was 1.406 million as of March 1998 (PCO, 1998). The city has grown at an average rate of 3.4 percent per annum over the last seventeen years.

The study areas comprise Chamanabad, Peoples Colony and Dhok Syedan localities lying in the south west of Rawalpindi city. The localities are newly constructed and inhabited mostly by migrant population, including Afghan Muhajirin (Refugees). Education facilities upto high school level are available for both boys and girls of the area. Hospital and family welfare centre are available at a distance of four kilometres. The areas are electrified and people use wells as a source of drinking water in the absence of municipal water supply scheme. Lack of sewerage system is a problem faced by the residents of the study areas.

b) Chakwal (Rural)

The study area in district Chakwal is an old village named Lawa. The area lies in tehsil Talagang. It is about 110 kilometres from the district headquarters. The nearest city/town from Lawa is Mianwali which is the headquarter of the adjacent administrative district. Agriculture is the main source of livelihood of the people. However, a significant proportion of male are in the Army. The village is

connected with Mianwali and Talagang by gravel road. The village is electrified and education facilities upto high school are available for both boys and girls. Hospital and MCH centre are located at a distance of 60 kilometres whereas the nearest FWC is located at a distance of 15 kilometres. The only Rural Health Centre in the village remains without a doctor for most of the time. The village has a small market which has a Chemist shop, a Private Medical Practitioner, a Post Office and a Bank. Being barani (rain-fed) area, agriculture produce is very low.

c) Gujranwala (Rural)

The study areas in district Gujranwala consist of Mokhal Sindhuwa, Nathukey and Chak Nizam villages. These villages are located nearby each other and are at a distance of about 30 kilometres from Gujranwala city. Agriculture is the major source of living. Land is fertile and yields high agriculture production. The three villages are electrified, have a primary school for boys and a Basic Health Unit. Primary school, middle school for girls and a high school for boys are situated at 4-6 kilometres from the villages. However, high school for girls is located about 12 kilometres from the sample area. Hospital/MCH centre are located at 30 kilometres and a private medical practitioner is available at a distance of about 12 kilometres. The villages have no water supply schemes and the only source of drinking water is the hand pump.

d) Lahore (Urban)

Lahore is the second largest city of Pakistan with enumerated population of 5.063 million in the 1998 Census. The locality selected as study area in Lahore is known as Township situated at a distance of 22 kilometres from the districts courts of Lahore. The population of the area has access to all civic, educational and health facilities either within the area or close by.

e) Multan (Rural)

The sample area of Multan lies on both sides of the Vehari road, outside the city area of Multan. The area starts from 17-Kasi and extends upto a village called Kot Rabnawaz. The sample area is electrified, has an FWC run by NGO, a government dispensary, and a private medical practitioner. There are no schools either for boys or girls within the cluster and the students have to travel 3-5 kilometres for primary and higher schooling. However, transport is abundantly available and commutation to and from school is not a major problem. For health facilities, the residents have to travel to Multan city. Rural health facilities like rural health centre and basic health units are at a distance of 8-10 kilometres. The major source of drinking water is hand pump and agriculture is the main source of living.

f) Faisalabad (Rural)

The sample area in Faisalabad district consists of two typical Punjabi villages called '70-GB' and '72-GB' situated at a distance of about 35 kilometres from Faisalabad city. People of the area either work in agriculture or as labourers in the cotton industry. Education facilities upto high school are available within

the sample area both for boys and girls. Health facilities are available within a radius of six kilometres but a family welfare centre is available within the cluster. However, for specialised maternal and child health care, people have to visit Faisalabad. People use piped water for drinking but provision of natural gas is the major demand of the people of the area. People are exposed to modern electronic media like TV/dish and radio.

Sindh

g) Karachi (Urban)

Karachi with a population of 9.269 million enumerated in the 1998 Census is the largest city and the biggest commercial centre of the country. The sample area of the study, called Federal B. Area, is in the central district of Karachi. Health and educational facilities are available either within or in close vicinity of the study area.

h) Ghotki (Rural)

The study areas in district Ghotki are Adilpur, Panjal Satu and Alla Rakhyo villages. About 82 percent population of the study area reside in Adilpur village and majority of them are Hindus. Adilpur is an old village with small streets and small houses. Almost every house has a hand-pump as a source of drinking water. The other two small villages are typical traditional Sindhi villages. Adilpur is at a distance of about 10 kilometres from the district headquarters. The village has educational facilities upto high school level and a family welfare centre of the Population Welfare Department. People of the cluster mainly do business and farming.

NWFP

i) Peshawar (Urban)

Peshawar is the capital of the North West Frontier Province. It is a historical city and a commercial centre of the province. The sample area of the study consists of Gulbahar-I, Gulbahar-II, Gulbahar-III and Gulbahar-IV. The area is inhabited by middle class people. The residents are educated and mostly engaged in services or commercial and entrepreneurial jobs. Majority of the people are *Kharies*, who speak Hindko in their homes but can communicate in Pushto as well. The sample cluster has 916 houses and an estimated population of around 5800. Education, health and other civic facilities are available either within the locality or close by.

j) Karak (Rural)

Karak is about 165 kilometre south of Peshawar. It was made an administrative district after the 1981 Census. It is surrounded by Kohat and Hangu on its north, Mianwali and Attock on the west, Laki Marwat and Bannu on its South and FATA on the east. Karak is known for salt mines and has the distinction of being inhabited by a single tribe called Khattak. Agriculture is the major source of living but the produce is marginal as it is dependent on rain.

The sample area of the study comprises Sabirabad, Tarkha Khoi and Metha Khel villages situated at a distance of about 20-30 kilometres from Karak city. The population of the cluster is about 5800. Education facilities are available within the cluster for both boys and girls upto middle level. High school is also

available for boys but girls have to travel to the Karak city for schooling beyond middle standard. The villages of the sample area are electrified. The village Sabirabad has a rural health centre and a family welfare centre. Sabirabad has few shops, a Bank, a Post Office, a couple of private medical practitioners, Chemists and a Hakim. Wells are the major source of drinking water.

Balochistan

k) Quetta (Urban)

Quetta is the capital of Balochistan province and a big commercial centre. The population of Quetta was enumerated in the 1998 Census at 0.56 million and it is the ninth most populous city of Pakistan. The general topographic character of the district is mountainous. Quetta lies in the active seismic region, and, therefore, earthquakes are common there and sometimes cause much damage. The climate of Quetta is generally dry and cold. It lies outside the range of the monsoon currents and the rainfall is irregular and scanty. The heaviest rainfall and snowfall occur in January and February. Quetta city is linked with Karachi via Kalat, Khuzdar and Bela. It is 1490 kilometres from Islamabad and 715 kilometres from Karachi.

The sample area of the study is located in Satellite Town-a newly built residential area of Quetta city. Part of the sample area consists of a labour colony. The cluster has educational and health facilities either within the locality or in close vicinity. The people of the sample area are mostly Pushto speaking. Tap-water is available for drinking. People of the area are mostly engaged in services or commercial enterprises.

(1.4 percent). The household information presented in this report is thus based on the data collected from 12224 households where interviews were completed. In these households, 10593 women were identified as eligible for detailed interview on reproduction and family planning related matters. Women who were currently married and aged 15-49 years were eligible for interview. Out of these 10593 women, 9378 (88.5 percent) were successfully interviewed. The non response of 11.5 percent was mainly because of non availability of women (10.5 percent) and the refusal rate was minimal (1.0 percent). More than one-quarter of the women were absent from their homes in Faisalabad (31.8 percent) and in Multan (27.9 percent) followed by Chakwal where 13.3 percent were not available for interview during the period the respective interviewing teams were in the sample areas. The response rate was highest in Karak (99.4 percent) whereas more refusals were experienced in Peshawar (4.8 percent).

Table 1.2
Sample size of households and eligible women by area, PFPI, 1994

Areas	# of housing structures	Status of housing structures		Status of household interviews				Number of eligible women			Completion status of interviews of eligible women		
	Total	Occupied	Not occupied	Completed	Refused	Absent	Total	Identified	Completed	Refused	Absent		
Total	13871	13093	778	12224	179	690	13093	10593	9378	102	1113		
Urban	5838	5384	454	5018	123	243	5384	4294	3971	78	245		
Rural	8033	7709	324	7206	56	447	7709	6299	5407	24	868		
Sample areas													
Rawalpindi	1383	1264	19	1142	24	98	1264	1022	948	15	59		
Chakwal	1192	1089	103	1072	2	15	1089	835	722	2	111		
Gujranwala	1148	1103	45	1069	2	32	1103	1001	871	5	125		
Lahore	1137	1087	50	1017	20	50	1087	911	809	5	97		
Faisalabad	1083	1027	56	978	1	48	1027	836	566	4	266		
Multan	1261	1213	48	1135	21	57	1213	1047	750	5	292		
Karachi	1234	1150	84	1083	34	33	1150	865	795	17	53		
Ghotki	1077	1052	25	985	20	47	1052	811	808	2	1		
Peshawar	916	865	51	804	32	29	865	803	764	39	0		
Karak	1079	1035	44	993	10	32	1035	925	919	6	0		
Quetta	1168	1018	150	972	13	33	1018	693	655	2	36		
Mach	1193	1190	3	974	0	216	1190	844	771	0	73		

1.6 Questionnaires

Five questionnaires, NIPS 1, NIPS 2, NIPS 3, NIPS 4, and NIPS 5 (reproduced in Appendix A-E) have been designed to collect data on vital events and contraceptive prevalence from the sample areas of the study. NIPS 1, NIPS 2 and NIPS 3 are the forms used by the registrar to register the household population (NIPS 1), register births (NIPS 2) and register deaths (NIPS 3). These forms are filled in duplicate and one copy is sent to the National Institute of Population Studies periodically while the other is retained by the registrar for his record.

NIPS 4 and NIPS 5 are the questionnaires used for the household surveys. NIPS 4 is meant for information about household members, their relationship to the head of the household, their state of usual residence, their sex, age, marital status, education and literacy and for the identification of the women eligible for detailed interview about her reproductive life and use of contraception. Besides, this questionnaire is also used to collect data on births and deaths which occurred in each household during 12 months period preceding the survey. Women eligible for detailed interview are those who are currently married and aged 15-49 years. The detailed interview of these eligible women is recorded on NIPS 5 which is also called woman's questionnaire.

1.7 Recruitment and Training of field staff

Three categories of staff were recruited for the field work. The first category was of resident registrars. In making selection for the 12 posts of resident registrar, preference was given to those who were residents natives of the same cluster. Out of these 12 registrars, three have passed matriculation, three have FA and six have BA degrees. They were given one week rigorous training at NIPS in concepts used in the registration questionnaires, interviewing techniques, techniques of probing and of eliciting responses. They were also given lectures on population problems and the need for developing and estimating vital statistics. Besides, they were trained to prepare sketch maps of clusters, to number and update of lists of households and to develop rapport with local leaders/informants, such as numberdars, religious leaders, traditional birth attendants (TBAs), barbers, and other important persons of their respective clusters. At the end of the training, all registrar-designate pre-tested the questionnaires (NIPS 1, NIPS 2, and NIPS 3) and instructions and were finally given a test of competency, before being appointed as registrars and sent to their respective sampled clusters.

1.8 Supervisors

The second category of staff is the field supervisor. Although six supervisors have been appointed i.e. one for every two clusters, services of NIPS Associate Fellows are also used as field supervisors, when necessary.

Each supervisor has a MA degree and has been given training in the concepts used in supervision, field operation, registration of events and survey techniques. Their job involves establishing rapport with local leaders, working with registrars and enumerators of contraceptive prevalence surveys and solving problems of registration and enumeration in the field. In addition to their own training, they also participated in the training and refresher courses of registrars and interviewers.

The supervisors check the filled-in questionnaires in the field as well as at NIPS headquarters. They are trained to check and follow up discrepancies in data in the field so as to ensure as reliable and valid information as is possible. Each supervisor has also been trained in the use of personal computer and processing and entering the data obtained through NIPS 1, NIPS 2 and NIPS 3 for the clusters for which he is responsible. The work of each supervisor is evaluated on the basis of quality of data of his respective clusters.

1.9 Interviewers

The third category of field workers are the teams of female interviewers for the contraceptive Prevalence Survey (CPS) using NIPS 4 and NIPS 5. For the 1994 CPS, seven teams of interviewers were selected. Of the 21 female interviewers recruited, eight had MA, an equal number had FA and five, though merely high school graduates, had long experience in interviewing. These interviewers were trained for a period of two weeks at NIPS in the techniques of interviewing, establishing rapport with the respondents, probing and obtaining

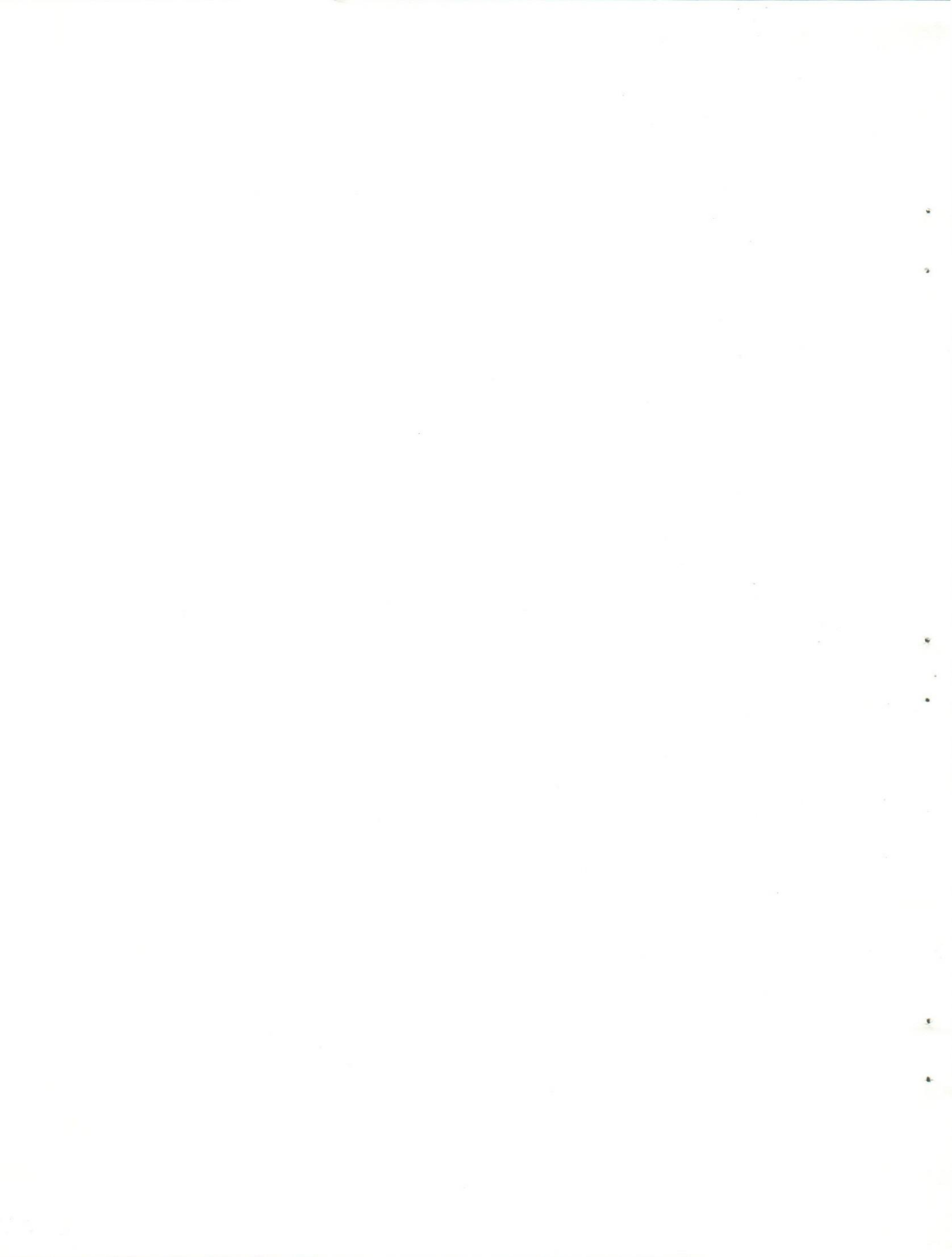
as accurate data as possible. The training included pre-testing of NIPS 4 and NIPS 5 and field instructions and intensive discussion in the class. During field visits, each team of female interviewers was accompanied by the respective male supervisor of the sample area.

1.10 Data collection and processing

As pointed out earlier, collection of data through NIPS 1 to NIPS 3 is a continuous process. The field work of the 1994 CPS was started in June and completed in October, 1994. Office editing of the questionnaires was completed in about three months after completion of the field work. However, due to heavy work load at the computer section, data entry of the questionnaire, cleaning of the data set and report writing took considerable time.

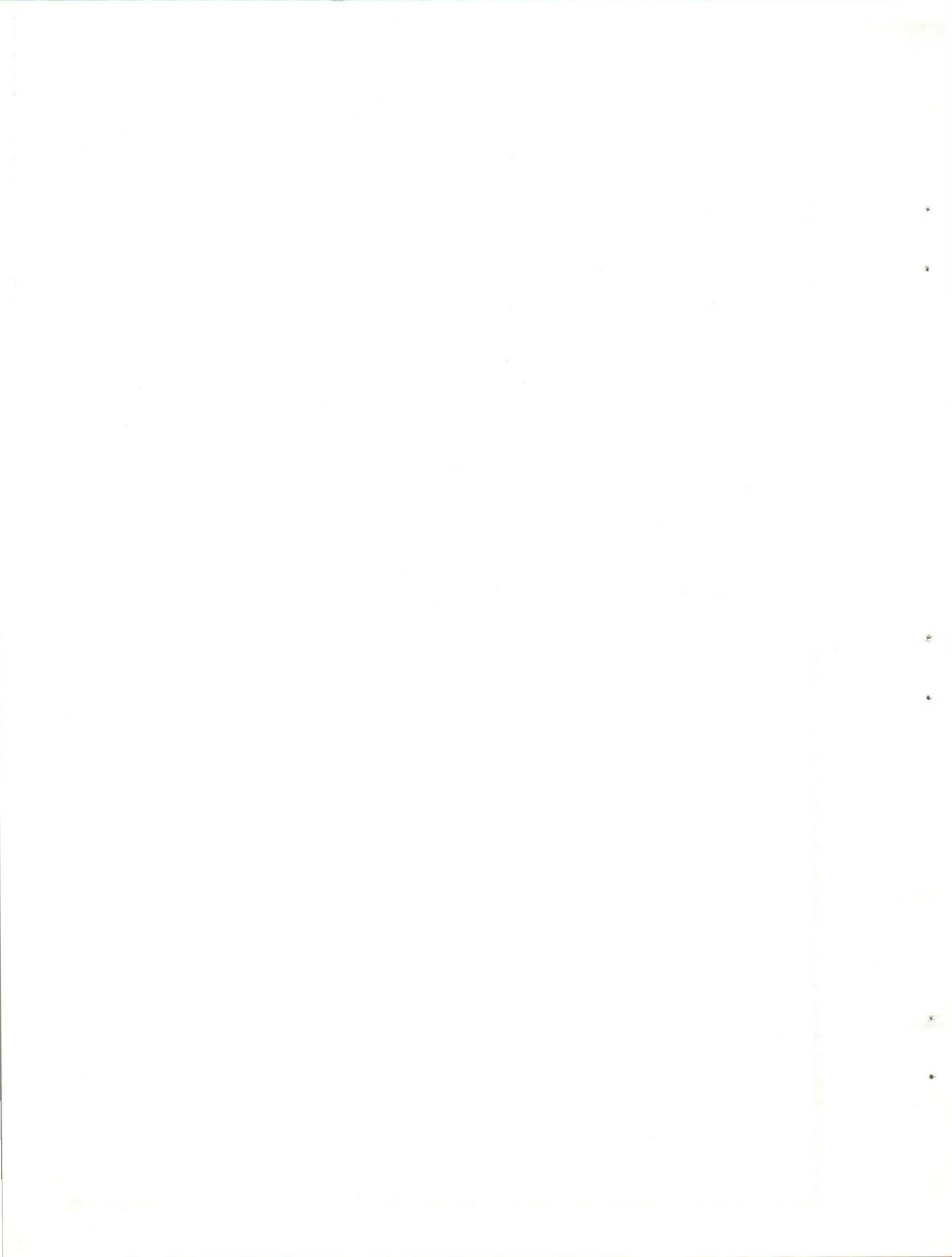
1.11 Limitations of the data

As the title of the survey indicates, the study relates to 12 large segments of population, each having its own social and cultural background, conditioned by the level of economic and social development. These areas, are thus, neither representative of the districts and provinces in which they are located, nor the findings of the study at the aggregate level can be generalised. However, the findings may be helpful in understanding the attitudinal variation in contraceptive use and reproductive behaviour of women in selected areas.



Chapter 2

Population Size and Structure



Population size and structure

The current size of the population, its distribution, composition and other characteristics like marital status, education and literacy level are important variables for use in all community level studies. The PFPI project, because of its 12 large clusters, has an added advantage of providing information through dual system which could be used for developing the much needed vital statistics in the country. Also, the data set can be utilised for additional analysis and comparative study of the sample areas.

2.1 Household Population

The total population of the study area enumerated in the survey exceeds 74 thousands (Table 2.1). The population of the urban clusters is 29955 and that of the rural areas is 44057. In terms of number of households (12224), it is one of the largest survey so far undertaken in the country. The PFPI, 1993 survey was based on 9968 households. The current survey has thus covered 2256 additional households. The reason for this increase in the number of households was better coverage of the sample areas and certain adjustments in the clusters. Overall household size in the sample areas is above six persons. Although urban-rural differentials are not very wide, household size at the cluster level vary from a low of 5.1 in Quetta to a high of 7.96 in Karak.

Table 2.1
Number of households, population by sex, sex ratio, household size, by residence and sample areas, PFPI 1994

Residence	Number of Households	Population			Sex Ratio	Household size
		Total	Male	Female		
Total	12224	74012	38130	35882	106.3	6.05
Urban	5018	29955	15470	14482	106.8	5.97
Rural	7206	44057	22660	21384	106.0	6.11
Sample clusters						
Rawalpindi	1142	6609	3364	3245	103.6	5.79
Lahore	1017	6219	3120	3099	100.7	6.12
Chakwal	1072	5508	2659	2849	93.3	5.14
Multan	1135	6853	3632	3221	112.8	6.04
Faisalabad	978	6246	3227	3019	106.9	6.39
Gujranwala	1069	7296	3709	3587	103.4	6.83
Ghotki	985	5228	2755	2473	111.4	5.31
Karachi	1083	6313	3253	3060	106.3	5.83
Peshawar	804	5848	3010	2838	106.1	7.27
Karak	993	7908	4039	3869	104.4	7.96
Quetta	972	4966	2723	2243	121.4	5.11
Mach	974	5018	2639	2379	110.9	5.15

2.2 Age distribution

Table 2.2 gives the percent distribution of the population by age groups. The population of children aged less than 15 years comprises 43 percent, which is about the same as estimated by the Pakistan Fertility and Family Planning Survey, 1996-97 (Hakim et al, 1997). The proportion of population under 15 years is smaller in urban (39.7) than rural areas (45.3), which suggests comparatively more decline in fertility in urban areas. Table 2.3 shows lesser proportion in each successive age group of reproductive population. This indicates that more and more females are entering the reproductive age which, in turn, means that demographic momentum is being built in the population.

Table 2.2
Percent distribution of household population by age and residence, PFPI-1994

Age groups	Residence		
	All areas	Urban	Rural
<10	29.7	26.2	32.1
10-14	13.3	13.5	13.2
15-19	10.7	11.8	10.0
20-24	8.5	9.6	7.8
25-29	7.5	8.0	7.1
30-34	5.7	6.2	5.4
35-39	5.3	5.8	4.9
40-44	4.0	4.4	3.7
45-49	3.3	3.9	2.9
50 & over	12.1	10.7	14.0
Total	74012 100.0	30074 100.0	43938 100.0

Table 2.3

Percent distribution of household females in the reproductive age, by residence, PFPI-1994

Age group	Total	Urban	Rural
15-19	23.8	24.2	23.4
20-24	19.7	19.7	19.8
25-29	17.6	16.9	18.2
30-34	13.1	12.8	13.4
35-39	11.9	11.9	11.8
40-44	8.1	8.4	7.8
45-49	5.8	6.1	5.6
15-49	100.0	100.0	100.0
Total women	16318	7233	9085

2.3 Marital Status

Marriage is almost universal in Pakistani society. By the time both males and females reach 39 years of age, only less than five percent remain never married. This happens both in urban and rural areas (Table 2.4). More women (16 percent) than men (2.3 percent) marry in their teen ages. Urban-rural differentials are also prominent. More rural women (21.9 percent) get married in their teen ages than their counterparts in urban areas (8.8 percent). However, more than 90 percent women both in urban and rural areas get married by the time they are 30-34 years of age. At the aggregate level, two-thirds of the women are currently married when they are of 50 years age or more, compared to 87.3 percent men in the same age group. The percentage of widowhood at this age is 19 percentage points higher for women (29.1 percent) than for men (10.0). The differential may be because of the fact that in Pakistani culture more widowed men tend to remarry than widowed women.

Table 2.4
Current age-specific marital status of household population 15 years and over, by residence, PFPI-1996

Age group	Total					Male					Female				
	Never married	Currently married	Widowed	Divorced/separated	Total	Never married	Currently married	Widowed	Divorced/separated	Total	Never married	Currently married	Widowed	Divorced/separated	# of women
Total	90.7	9.0	0.1	0.2	7940	97.4	2.3	0.0	0.1	4064	83.6	16.0	0.2	0.2	3876
15-19	59.8	38.6	0.6	0.7	6292	78.8	19.7	0.7	0.8	3073	41.8	56.6	0.5	0.8	3219
20-24	27.2	70.8	1.0	1.0	5522	41.3	56.9	0.7	1.2	2643	14.3	83.5	1.3	0.8	2879
25-29	10.7	87.4	1.1	0.7	4222	15.8	82.7	0.8	0.5	2081	5.8	91.9	1.4	0.8	2141
30-34	4.4	93.1	1.9	0.6	3908	6.0	92.6	1.1	0.4	1974	2.8	93.6	2.7	0.9	1934
35-39	3.1	92.8	3.2	0.8	2934	4.1	93.9	1.0	1.0	1616	1.8	91.5	5.9	0.8	1318
40-44	0.3	92.1	5.3	1.0	2442	1.5	96.3	1.6	0.5	1491	1.8	85.6	11.0	1.6	951
45-49	2.0	78.0	19.0	0.7	8935	1.9	87.3	10.0	0.7	4738	2.2	67.5	29.1	0.9	4197
50+															
Urban															
15-19	95.1	4.8	0.0	0.0	3563	98.9	1.0	0.0	0.2	1811	91.2	8.8	0.1	0.0	2124
20-24	70.2	28.7	0.6	0.6	2885	86.8	12.0	0.5	0.6	1461	53.1	45.7	0.6	0.6	1795
25-29	35.3	63.2	0.5	1.0	2398	52.3	46.4	0.1	1.2	1175	19.0	79.3	1.0	0.7	1656
30-34	13.0	85.7	0.9	0.4	1861	18.3	81.2	0.2	0.2	935	7.7	90.3	1.5	0.5	1215
35-39	4.6	93.3	1.6	0.5	1758	6.0	93.3	0.6	0.1	895	3.0	93.3	2.8	0.9	1071
40-44	3.3	92.5	3.7	0.4	1317	0.8	12.8	1.7	0.4	711	2.0	90.1	7.6	0.3	712
45-49	2.2	91.5	5.8	0.6	1159	1.7	97.4	0.8	0.1	720	3.0	81.8	13.9	1.3	512
50+	1.7	76.3	21.5	0.4	3217	1.8	89.0	8.8	0.3	1731	1.6	61.5	36.3	0.6	2711
Rural															
15-19	87.1	12.4	0.2	0.3	4377	96.3	3.4	0.1	0.1	2253	77.4	21.9	0.2	0.3	1752
20-24	51.1	47.0	0.6	0.9	3407	71.5	26.6	0.9	0.8	1612	32.8	65.3	0.3	1.1	1424
25-29	21.0	76.6	1.3	0.9	3124	32.4	65.3	1.2	1.1	1468	10.9	86.7	1.5	0.9	1223
30-34	8.9	88.7	1.3	0.9	2361	13.7	84.0	1.2	0.9	1146	4.4	93.2	1.4	0.9	926
35-39	4.3	92.9	2.1	0.7	2150	5.9	92.0	1.5	0.6	1079	2.6	93.8	2.7	0.9	863
40-44	2.8	93.1	2.8	1.2	1617	3.8	93.0	1.4	1.3	905	1.7	92.7	4.5	1.1	606
45-49	1.2	92.8	4.8	1.2	1283	1.4	95.3	2.3	0.9	771	0.8	88.9	8.6	1.8	439
50 & +	2.2	79.0	17.6	0.9	5718	2.0	86.3	10.7	0.8	3007	2.5	70.9	25.2	1.1	1486

2.4 Singulate mean age at marriage

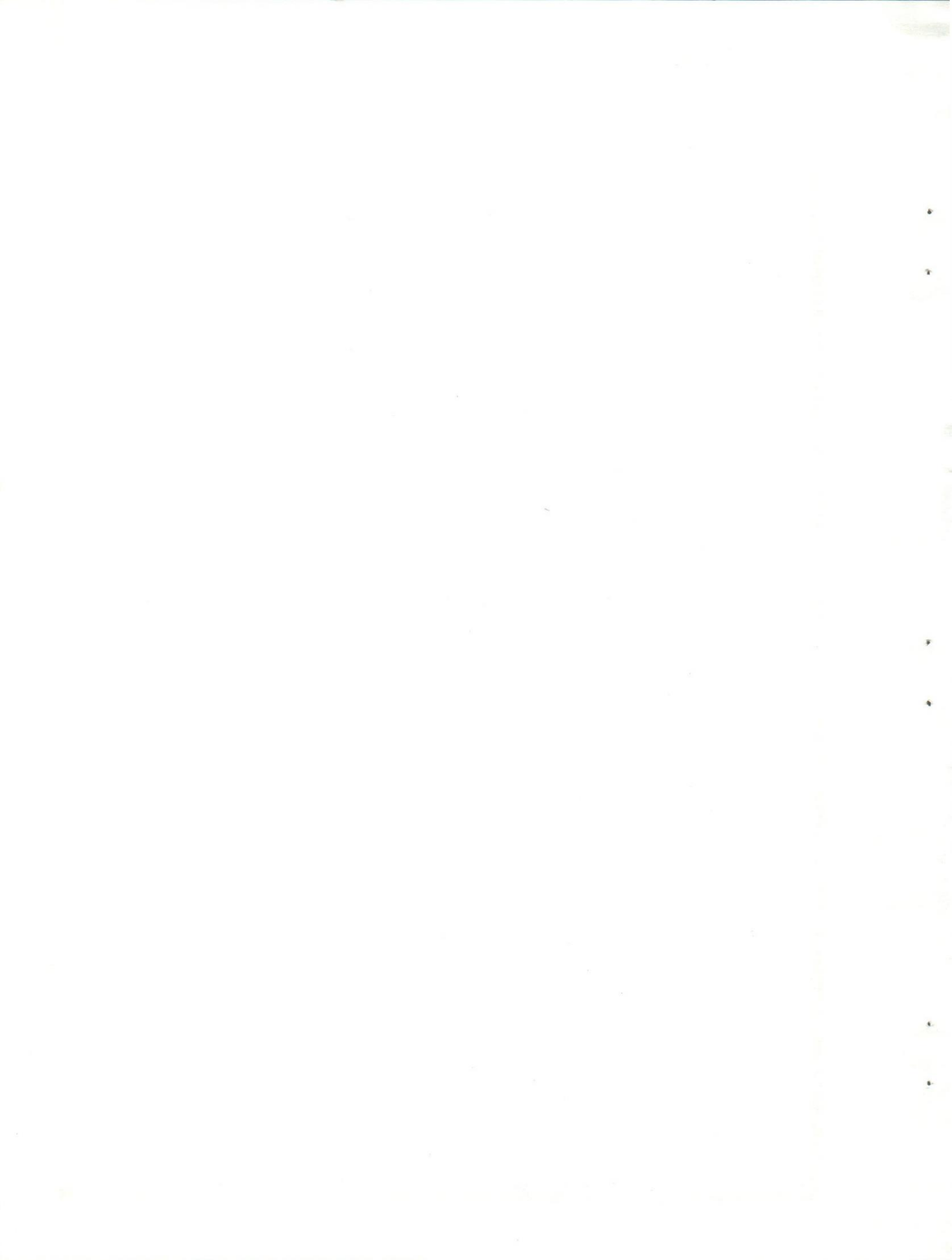
The Singulate Mean Age at Marriage (SMAM) is an estimate of the mean number of years lived by a cohort of women (15-49 years) before their first marriage. It is computed from data on marital status collected through census or survey. The basic assumption involved in the calculation is that the change in proportion single from age x to $x+1$ is a measure of the proportion of a birth cohort who married at that age. Table 2.5 shows singulate mean age at marriage for males and females for various years by different sources. There is a steady increase in the SMAM over the past four decades. However, it is observed that the SMAM for females lags behind that for men by over four years.

Table 2.5
Singulate mean age at marriage for Pakistan for different years by sex and source, 1951-1996

Source	Year	Male	Female
PFPI, 1993	1993	27.0	22.7
PFPI, 1994	1994	27.1	22.8
PCPS, 1984-85	1984-85	25.3	20.7
Population Census	1981	25.0	20.7
PFP	1974-75	25.3	19.9
Population Census	1972	24.9	19.8
Population Census	1961	23.6	18.1
Population Census	1951	22.3	16.9

Chapter 3

Characteristics of Respondents and Husbands



Characteristics of Respondents and Husbands

This chapter examines the characteristics of respondents and their husbands. Women who were identified as eligible for detailed interview (Woman's Questionnaire) are the ones who were currently married and between the ages 15-49 at the time of interview. It is important to know their background characteristics and relate them later to their reproductive health behaviour and the use of family planning. Age of women, their parity status, education, literacy level, employment status and similar background characteristics of their husbands make them distinct groups reacting differently in a given situation. This and the subsequent chapters are based on the detailed interviews of these women.

3.1 Age Composition of respondents

Table 3.1 shows the age distribution of 9378 women who were interviewed in this survey. The highest proportion of women (22.9) is in the age group 25-29. More than half of the respondents (58.3 percent) were between ages 20-34. The proportion of currently married women in the youngest age group (15-19) has been declining in the past few decades. It was found to be 12.9 percent in the mid seventies (Population Council of Pakistan, 1976), 8.2 percent in 1981 (Population Census Organization, 1984), 7.7 in mid eighties (Population Welfare Division, 1986), 6.5 percent in 1990-91 (NIPS, 1992), and 5.6 in the current study. Since the sample of this survey has not been weighted for urban-rural residence, the proportion of women in the age group 15-19 may not be strictly comparable with the other sources mentioned above. If weighted figures are used, the proportion of currently married women may slightly rise to about six.

3.2 Number of living children

The average number of living (surviving) children is another indicator which throws light on the cumulative fertility of women. The proportion of women with three living children (15.5 percent) is highest among all age groups. Women with 2-4 children comprise 43 percent of the sample. It is, however, worth mentioning that one-fifth of the women were having six or more children at the time of survey (Table 3.1).

3.3 Education and literacy of women

Majority of the PFPI respondents (61.3 percent) had no schooling. About one in ten women had some primary education (9.6) while seven percent women had passed some classes of middle standard. Women with higher than middle class education were only 22 percent. Slightly less than four in ten women (39.2 percent) reported to be literate (Table 3.1).

3.4 Employment Status of women

Since men are considered to be the sole bread earners in Pakistan, not many women are working outside their homes. On the whole, about nine out of ten women, who were primarily house-wives, did not report to be looking for any kind of work either. Those who were gainfully employed constituted only six percent (Table 3.1).

3.5 Education and literacy level of husbands

Husband's educational status is comparatively better than their wives. Slightly over one-fourth of husbands (25.7 percent) had had eleven or more years of schooling. But a very significant proportion of husbands (29.2 percent) had no education at all. One out of eleven

husbands had some primary education while over one-third (35.9 percent) had completed six to ten grades. On the whole, 71 percent husbands were reported to be literate (Table 3.1).

3.6 Employment Status of Husbands

About 84 percent men were either employed somewhere or were running their own enterprises. In addition, one out of ten men (9.5 percent) was working in the agriculture sector, either on his own land or on rented land or working for others. Unpaid family workers were not significant (0.3 percent), but comparatively more men (3.2 percent) were not even looking for any kind of gainful employment (Table 3.1).

Table 3.1
Percent distribution of currently married women 15-49 years, by background characteristics, PFPI 1994

Background characteristics	Percent	# of women
<i>Current age at the time of survey</i>		
15-19	5.6	529
20-24	16.8	1571
25-29	22.9	2143
30-34	18.6	1744
35-39	17.3	1620
40-44	11.4	1073
45-49	7.4	698
Total	100.0	9378
<i>No of living children</i>		
0	12.3	1155
1	12.9	1207
2	13.7	1289
3	15.5	1449
4	13.8	1295
5	11.3	1056
6 and over	20.5	1927
Total	100.0	9378

Education of respondent		
None	61.3	5750
1-5	9.6	897
6-8	7.1	663
9-10	10.7	1007
11 and over	11.3	1062
Total	100.0	9378
Literacy level of respondent		
Illiterate	60.8	5698
Literate	39.2	3680
Total	100.0	9378
Employment status of respondent		
Employee	3.5	325
Self employed	2.5	237
Unpaid family worker	4.6	433
Looking for work	1.8	170
Not looking for work	87.6	8213
Total	100.0	9378
Education grade passed by husband		
None	29.2	2738
1-5	9.3	868
6-8	12.1	1131
9-10	23.8	2232
11 and over	25.7	2409
Total	100.0	9378
Literacy level by husband		
Literate	70.8	6638
Illiterate	29.2	2740
Total	100.0	9378
Employment status of husband		
Self employed	28.4	2661
Employee	55.2	5175
Unpaid family worker	0.3	32
looking for work	3.4	316
Not looking for work	3.2	302
Works on own land	6.8	640
Works on rented/other's land	2.7	252
Total	100.0	9378

3.7 Mean age at marriage

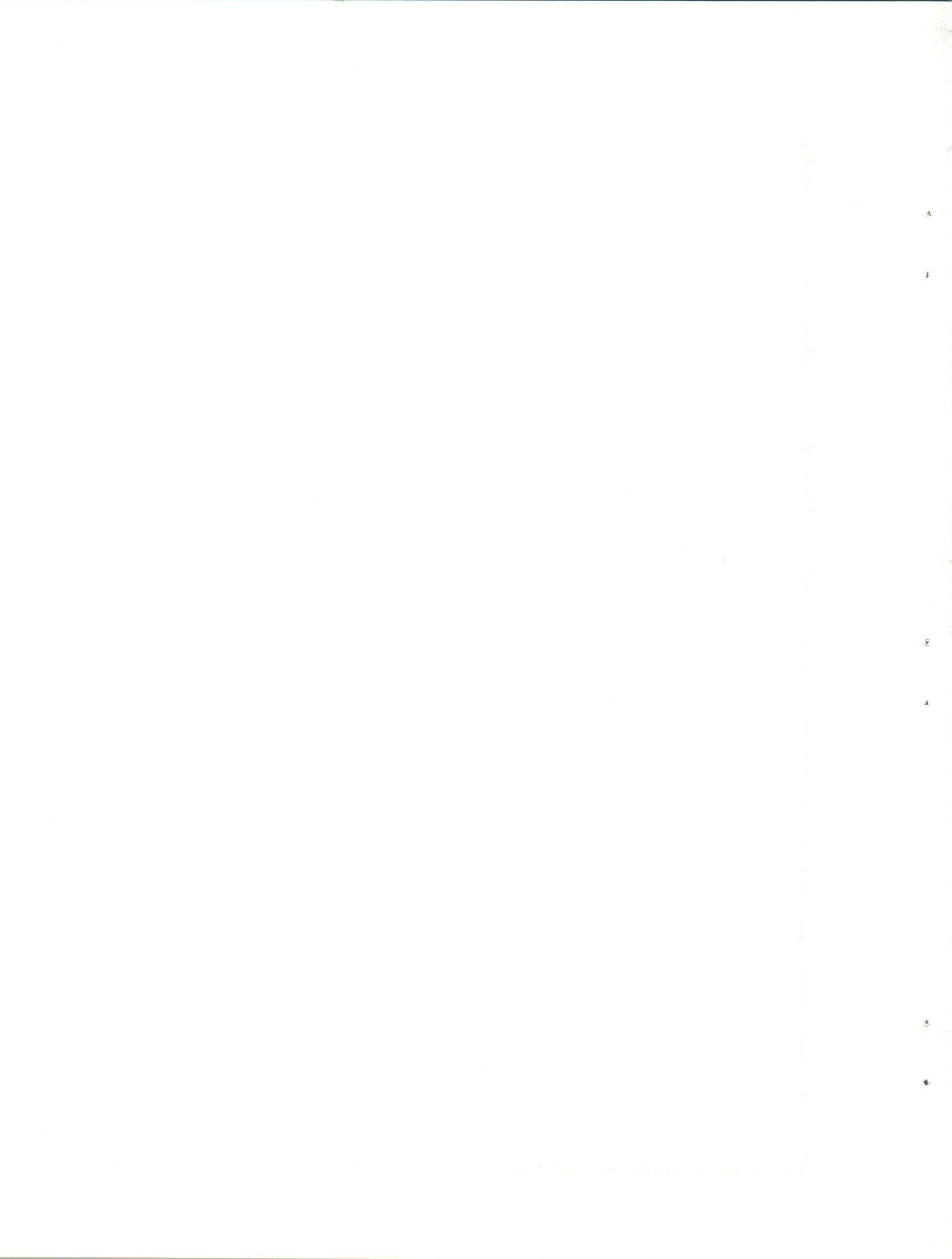
Table 3.2 shows the mean age at marriage of women in the sample areas. The average age at which the women had married was about 18 years. Women in urban areas married one and a half year later compared to their counterparts in rural areas. Women in their late twenties or early thirties reported to have married later than the women younger or older to them, both in urban and rural areas and also at the aggregate level. Marrying comparatively late is a phenomenon which is developing in urban areas especially in major cities. In the Karachi sample area, the mean age at marriage is the highest (19.8 years) but is followed by a rural area of Faisalabad (19.5 years). This needs to be further investigated as the sample area of Faisalabad is a typical rural Punjabi area. Mean ages at marriage in Lahore (19.37 years) and Peshawar (19.0 years) are the third and fourth highest in the twelve clusters of this study. As expected, Mach rural sample area of Balochistan is experiencing the lowest age at marriage (16 years) followed by Ghotki in Sindh where the average age at marriage is 16.1 years. Differentials in age at marriage in the twelve sample areas may be attributed to the different matrimonial customs and traditions prevailing in these areas.

Table 3.2
Mean age at marriage of currently married women 15-49 years by residence, PFPI 1994

Name of area	15-19	20-24	25-29	30-34	35-39	40-44	45-49	15-49	# of women
<i>Urban areas</i>	16.26	18.29	19.43	19.04	18.81	18.90	18.66	18.83	3971
Rawalpindi	16.10	17.56	18.96	18.23	18.29	18.29	18.60	18.15	948
Lahore	16.82	18.94	20.23	19.53	19.13	19.12	18.88	19.37	809
Karachi	17.38	19.47	20.47	20.35	19.50	19.22	19.31	19.78	795
Peshawar	16.58	18.45	19.26	18.95	18.98	19.44	19.38	19.00	764
Quetta	15.64	17.61	18.15	18.18	17.97	17.89	16.68	17.80	655
<i>Rural areas</i>	15.44	17.15	17.5	17.81	17.36	17.47	17.34	17.31	5407
Chakwal	15.84	17.18	17.43	18.13	17.41	17.25	17.69	17.46	722
Gujranwala	16.23	18.06	18.42	19.06	18.77	18.99	18.21	18.46	871
Multan	14.84	16.16	16.07	16.48	15.75	16.52	16.71	16.05	750
Faisalabad	16.47	18.47	19.32	20.05	19.70	19.82	20.61	19.49	566
Karak	16.76	17.87	18.41	18.19	17.49	17.87	18.49	17.94	919
Ghotki	15.31	16.85	16.49	15.88	15.74	15.67	15.13	16.10	808
Mach	14.92	16.12	16.20	16.41	16.26	15.81	16.13	16.01	771
<i>All areas</i>	15.65	17.58	18.32	18.36	18.03	18.13	17.95	17.95	9378

Chapter 4

Fertility levels



Fertility

One of the objectives of this survey was to examine reproductive behaviour of the currently married women of reproductive age in the twelve clusters. The fertility estimates presented in this chapter are based on the information provided by the respondents about their children born alive in their reproductive life. Caution was exercised to control memory lapses by asking women to report all those births which were live at the time of delivery for even a moment of time. In addition, information was also asked on the number of still births the woman had in her life. Care was taken that the two types of births were not mixed up. To check on the accuracy, the woman was reminded again about the number of births she had had in her life time. If there was any discrepancy, the information was corrected at the spot. In order to estimate current fertility, the woman was asked about the date of birth of the last child born alive. Children born alive in the last one year were separated and the data were used for estimation of fertility rates. In addition, data on current pregnancy and its duration were also collected together with the information whether the pregnancy was desired at that time or not. Interviewers were trained to probe effectively on the ages of mothers and their children born alive to estimate accurate fertility measures as far as possible.

Until recently, fertility rates had remained very high in Pakistan. Recent studies, however, suggest some departure from this trend and it is reported that fertility has started to decline due to various reasons, prominent among them being the increasing age at marriage (NIPS, 1992; Hashmi et. al., 1994; Hakim et. al., 1998). Contraceptive prevalence is also on increase but not to the extent to hammer a significant dent on fertility. Various summary measures have been calculated from the PFPI, 1994 data to provide a complete picture of recent fertility in the urban

and rural clusters and also on an aggregate level. These measures include the crude birth rate (CBR), the general fertility rate (GFR), age specific fertility rates (ASFR), marital age specific fertility rates (MASFR), and total fertility rates (TFR).

4.1 Crude Birth Rate

As the very name suggests, crude birth rate is not a sophisticated measure of fertility but even so is most commonly used and easily understood. The CBR calculated for the sample clusters is based on the data collected in the household schedule (NIPS 4). Data on births and deaths occurring in the twelve months period prior to the survey were matched with the registration data collected separately from the same areas. The adjusted data have then been used for calculating the crude birth rates, crude death rates and the consequential rate of natural increase for each cluster, for urban and rural areas and for the aggregate population of the study areas (Table 4.1).

It appears that various areas of the study are passing through different stages of fertility transition. Fertility is higher in rural than urban areas but at the same time, disparity also exists within the rural as well as urban areas. At the aggregate level, a CBR of 29/1000 and a rate of natural increase of 2.2 percent has been observed. Karachi, where the sample cluster is inhabited by lower middle class, has the lowest crude birth rate of 17 per thousand population, followed closely by Peshawar cluster (16 /1000) in NWFP. The rate of natural increase of population in these areas is 1.1 percent and 1.2 percent respectively. Among the urban clusters, the highest CBR has been observed in Rawalpindi sample area (33/1000) which has a significant proportion of migrants from rural areas of Afghanistan and NWFP. The CBR in rural areas varies between 30 in three of the Punjab areas to 41 in Balochistan (Mach). The crude death rate in all of the twelve areas varies between 4 and 10. The highest rate of natural increase (3.4 percent) has been

observed in the Mach sample area comprising six villages with population working mostly in coal mines.

Table 4.1

Crude Birth Rate (CBR), Crude Death Rate (CDR) and Rate of Natural Increase (RNI) by sample areas, PFPI, 1994

S. No	Name of sample area	CBR	CDR	RNI
	Urban Areas	23	5	1.8
1	Rawalpindi	33		2.7
2	Lahore	23	5	1.8
3	Karachi	17	6	1.1
4	Peshawar	16	4	1.2
5	Quetta	27	4	2.3
	Rural Areas	33	9	2.4
6	Chakwal	30	10	2.0
7	Multan	30	10	2.0
8	Faisalabad	30	10	2.0
9	Gujranwala	35	7	2.8
10	Ghotki	35	5	3.0
11	Karak	31	10	2.1
12	Mach	41	7	3.4
	All Areas	29	7	2.2

4.2 Age-Specific Pregnancy Rates

The age-specific pregnancy rates obtained from the PFPI, 1994 survey data are presented in Table 4.2. At the aggregate level, 14 percent women were found pregnant at the time of survey. More rural (17.1 percent) than urban (9.7 percent) women were found pregnant. Differentials are more noticeable at the cluster level. More than one-fifth (22.1 percent) of women were pregnant in the Karak sample area whereas in Karachi and Faisalabad areas, the pregnancy rate was below 8 percent. The actual pregnancy rates may even be higher because early pregnancies are generally not detected and often not reported.

Table 4.2

Age-specific pregnancy rates of currently married women 15-49 years by age and sample areas, PFPI 1994.

Sample areas	Current age							
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	15-49
<i>Urban areas</i>	26.5	21.0	13.8	8.9	3.9	0.8	0.3	9.7
Rawalpindi	32.4	17.1	15.0	12.8	5.8	2.1	0.0	12.3
Lahore	27.3	29.7	17.0	9.3	3.2	0.0	1.3	10.8
Karachi	23.1	18.4	12.6	5.4	2.7	0.0	0.0	7.0
Peshawar	26.3	21.6	9.0	7.4	3.1	0.9	0.0	7.9
Quetta	12.0	20.2	15.3	8.8	5.0	1.6	0.0	10.2
<i>Rural areas</i>	20.6	23.1	21.0	18.8	12.0	7.8	6.9	17.1
Chakwal	24.0	21.4	21.3	22.6	6.0	7.6	6.2	16.1
Gujranwala	29.8	26.1	20.2	11.5	10.8	7.4	0.0	16.1
Multan	27.5	29.6	18.3	19.4	8.0	7.1	5.3	18.8
Faisalabad	46.7	27.2	17.9	21.1	7.6	6.2	2.4	16.3
Ghotki	8.1	20.0	17.5	20.3	14.0	5.6	7.5	15.1
Karak	22.0	24.5	30.6	23.6	17.3	13.3	17.8	22.1
Mach	15.3	13.8	21.1	12.2	16.0	4.8	9.0	14.4
<i>All areas</i>	22.1	22.3	18.0	14.3	8.3	4.6	3.9	14.0

4.3 General fertility rate

The general fertility rate (GFR) is calculated by dividing the number of births occurring during a specific period of time by the number of women of reproductive age (15-49). The rate is usually expressed per 1000 women. In the PFPI 1994, a GFR of 148 was found at the aggregate level-107 in the urban areas and 181 in the rural areas. At the cluster level, the highest GFR was found in Mach (240) and the lowest in Karachi (76).

4.4 Age-Specific and Total Fertility Rate

Age-specific fertility rates and total fertility rates are more refined estimates of fertility than the CBR or GFR. Total fertility rate is a summary measure that indicates the number of children a woman is likely to have during her reproductive life if she were to experience the age-specific fertility rates prevailing at the time of survey. Table 4.3 shows age-specific fertility rates, total fertility rates and gross reproductive rates observed in the urban / rural clusters and at the

aggregate level (also see Figures 4.1-4.3). Women in rural areas are expected to produce three children more (6.3) than their counterparts in urban areas (3.4) through their reproductive life. In the prime years of reproduction (20-34), these women are producing one child more than women in urban areas. By the time a rural woman attains the age of 39, she has already given birth to five children compared to three children by the urban woman. At the aggregate level, women of the PFPI survey are expected to produce 4.9 children on average through their reproductive life.

Fertility differentials are prominent at the cluster level. The highest fertility was found in Mach in Balochistan (8.1 children) followed by Karak in NWFP (6.6 children). It is close to replacement level in Karachi (2.4) followed by Peshawar (2.6). Women in rural clusters of Multan and Chakwal are experiencing low fertility (4.9). Fertility in these areas is slightly lower than in the urban cluster of Rawalpindi (5.0), which as pointed out earlier, is inhabited by migrant population known for higher fertility. Multan rural area is situated on both side of the main road and is adjacent to the city area and people may have an easy access to services. But people of the sample area are mostly poor and their living condition is also not so good.

4.5 Gross Reproductive Rate (GRR)

Gross reproduction rate, which is simply the sum from ages 15-49 of the age specific fertility rates calculated for female births only, represents the average number of daughters which, ignoring mortality, will take the place of their mothers, assuming that the rates for the current year will continue in future. It is a measure of the average number of daughters produced by women during their complete reproductive life. An approximation to the GRR can also be obtained by multiplying the TFR by the ratio of female births to total births. This makes the

reasonable assumption of a constant sex ratio at birth for all ages of mothers. GRR is usually expressed as a rate per women rather than a rate per 1000 women.

The gross reproduction rates given in Table 4.3 have been calculated by multiplying the TFRs by the ratios of female births to total births for the sample areas, and urban-rural residence. The pattern of GRR is the same as that of the TFR. At the aggregate level, a woman is replaced by 2.4 daughters whereas a woman in urban areas is replaced by 1.7 and in rural areas by three daughters. Similarly, the two extremes at cluster level are Mach and Peshawar where GRR is 4.0 and 1.1 respectively.

Table 4.3
Age-specific fertility rates (ASFR), total fertility rates (TFR), gross reproduction rates (GRR) and general fertility rates for all women 15-49 years, by sample areas, PFPI-1994

Sample areas	Current age							15-49 years		
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	TFR	GRR	GFR
Urban areas	0.0211	0.1580	0.2240	0.1458	0.0904	0.0446	0.0023	3.4308	1.71	107
Rawalpindi	0.0435	0.2492	0.3061	0.1606	0.1412	0.1017	0.0000	5.0116	2.58	160
Lahore	0.0073	0.1711	0.2072	0.1858	0.0798	0.0221	0.0000	3.3661	1.74	100
Karachi	0.0071	0.0992	0.1913	0.1077	0.0539	0.0211	0.0000	2.4017	1.34	76
Peshawar	0.0163	0.1094	0.1950	0.1095	0.0632	0.0229	0.0000	2.5816	1.12	85
Quetta	0.0421	0.2527	0.1522	0.1972	0.1367	0.0132	0.0172	4.0567	1.83	129
Rural areas	0.0485	0.2202	0.2993	0.2568	0.1989	0.1222	0.1222	6.3406	3.07	181
Chakwal	0.0123	0.1880	0.2605	0.2096	0.1714	0.0565	0.0879	4.9307	2.62	147
Gujranwala	0.0518	0.2401	0.3790	0.3251	0.2270	0.1121	0.0274	6.8123	3.27	214
Multan	0.0741	0.2830	0.2996	0.2176	0.0938	0.0109	0.0000	4.8947	2.31	171
Faisalabad	0.0208	0.1271	0.2943	0.2412	0.1296	0.1778	0.0143	5.0260	2.35	150
Karak	0.0218	0.1803	0.2669	0.3045	0.2591	0.1129	0.1818	6.6371	3.37	176
Ghotki	0.0573	0.2448	0.2450	0.1880	0.1648	0.1646	0.0694	5.6550	2.60	168
Mach	0.1159	0.3248	0.3506	0.2568	0.2701	0.2429	0.0588	8.0993	3.99	240
All areas	0.0359	0.1929	0.2671	0.2078	0.1489	0.0850	0.0452	4.9142	2.40	148

Figure 4.1
Age Specific Fertility Rates, PFPI 1994

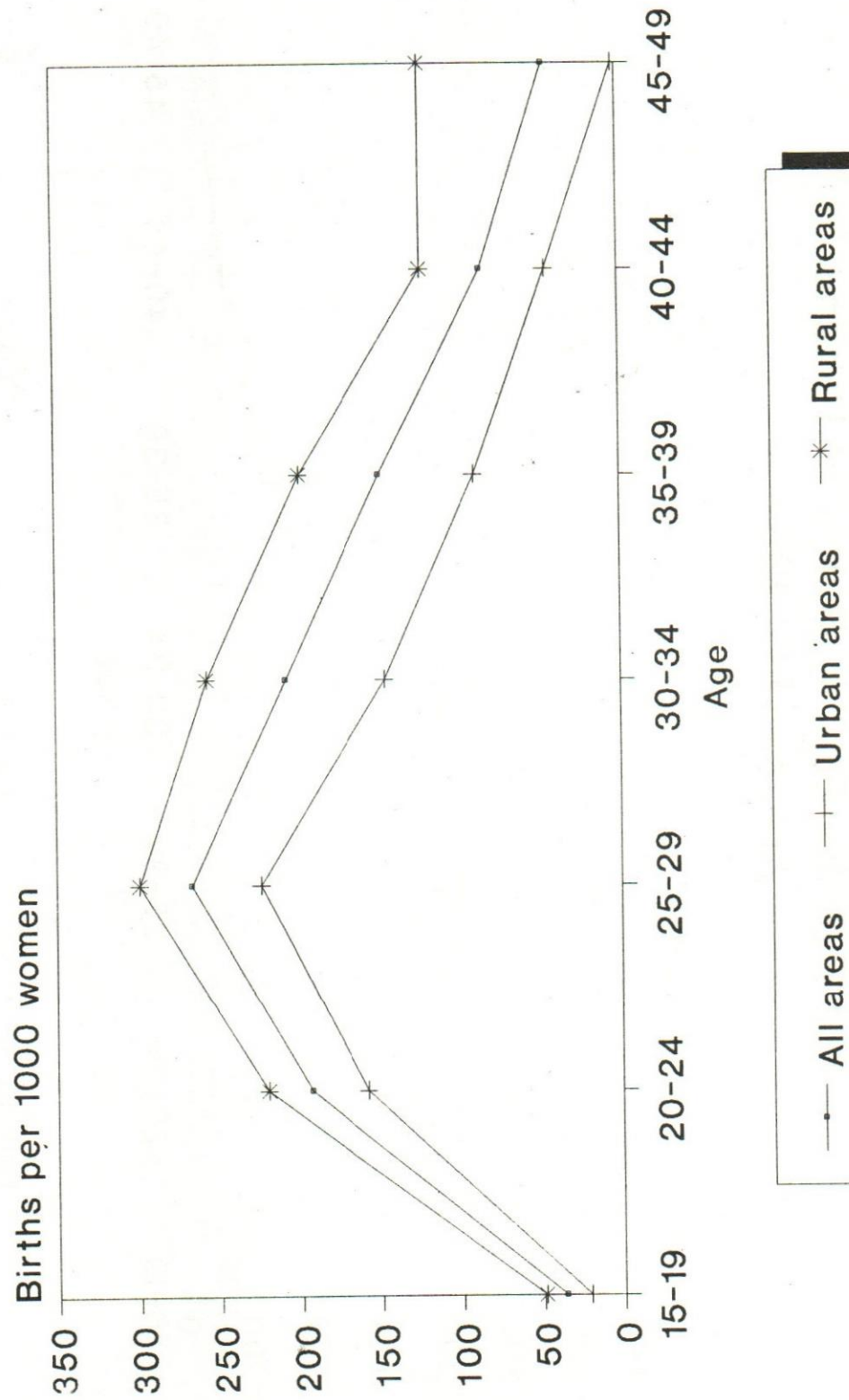


Figure 4.2
Age Secific Frtality Rates of Urban
Areas, PFPI 1994

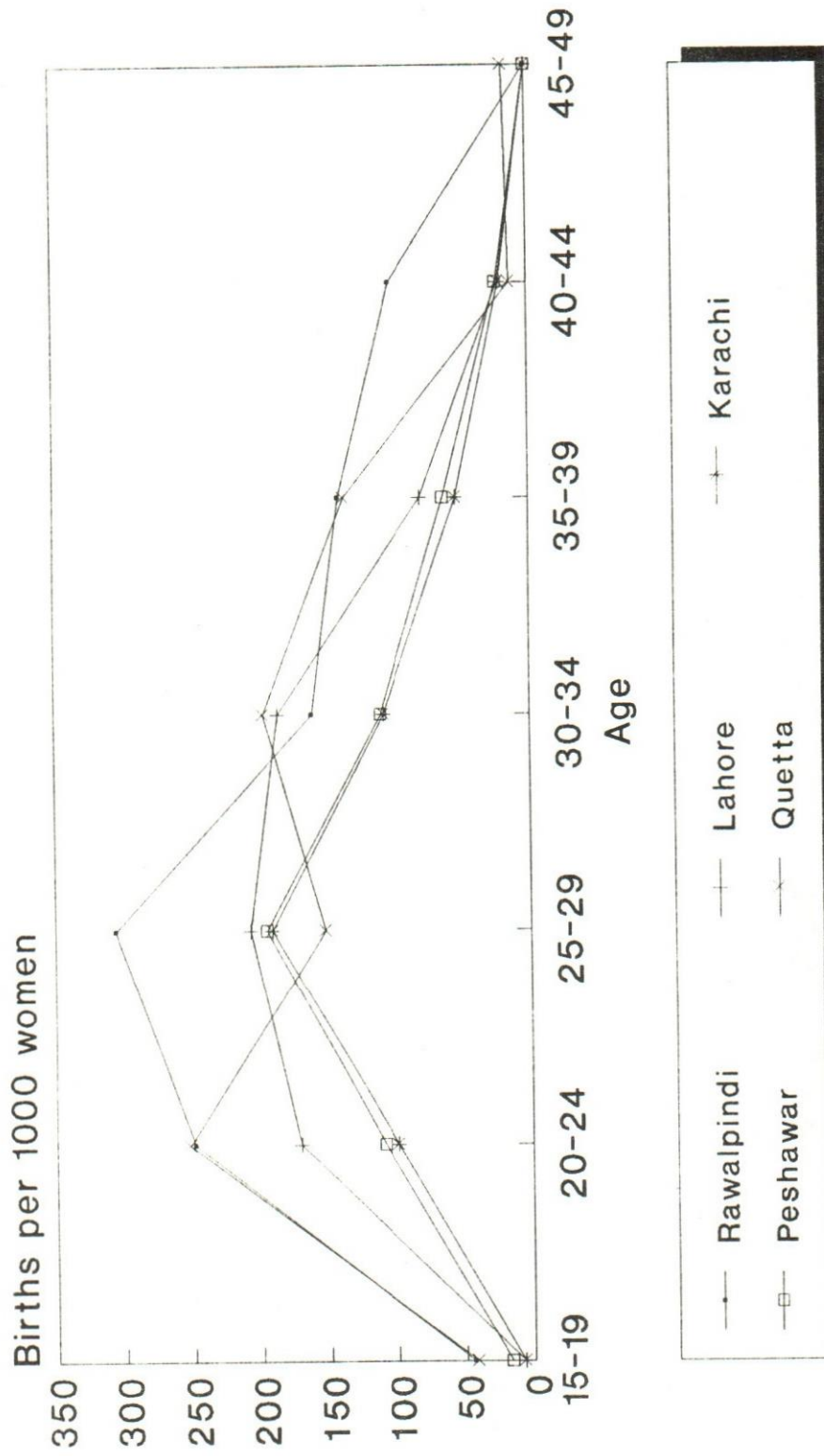
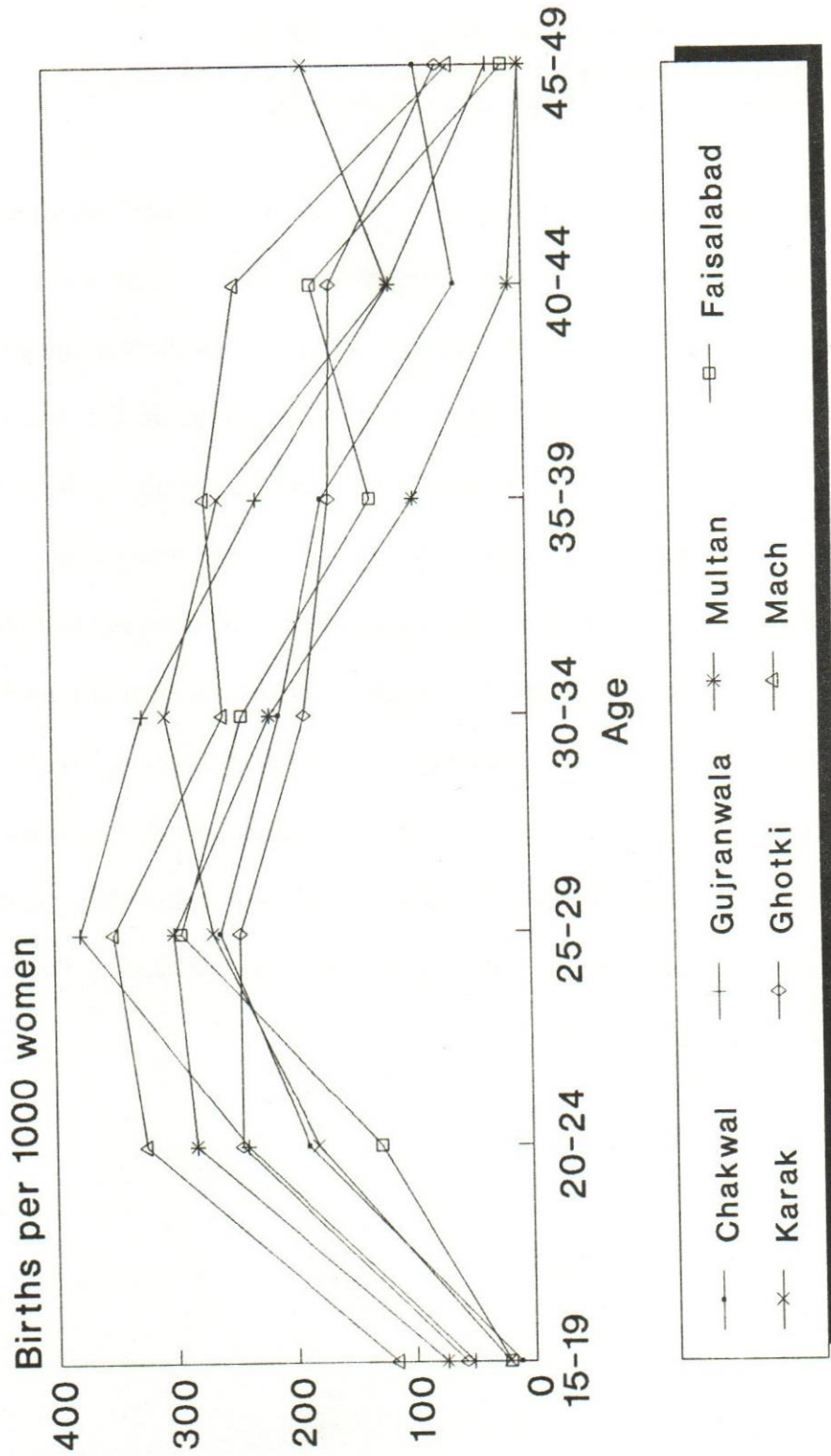


Figure 4.3
Age Specific Fertility Rates of Rural
Areas, PFPI 1994



4.6 Age-Specific Marital Fertility Rates (ASMFR), Marital Age-Specific Fertility Rates (MASFR), and Marital Gross Reproduction Rates (MGRR)

The age-specific fertility rates discussed earlier are based on the number of women in each age group of reproductive span, irrespective of their marital status. In the calculation of marital age-specific fertility, the denominator includes only those women who are married and are, therefore, exposed to child bearing. A married woman in the twelve sample clusters is expected to give birth to seven children in her reproductive life by following the age-specific fertility pattern of the married women. Here, the difference between urban and rural woman is also about two children. Women in Gujranwala sample area have the highest marital fertility (10 children) compared to all other areas of the study. Married women in Karachi and Peshawar will also give birth to more than five children through their reproductive lives if they respond exactly to the observed marital fertility schedules of the respective areas. The marital gross reproduction rates as shown in Table 4.4 indicate that a married rural woman is expected to be replaced by four daughters whereas the urban woman is likely to be replaced by three daughters when she completes her reproductive life.

Table 4.4

Marital age-specific fertility rates (MASFR), marital total fertility rates (MTFR), and marital gross reproduction rate (MGRR) for currently married women 15-49 years, by sample areas, PFPI 1994

Sample areas	Current age							15-49 years	
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	MTFR	MGRR
<i>Urban areas</i>	0.2574	0.3570	0.2856	0.1630	0.0983	0.0501	0.0031	6.0720	3.02
Rawalpindi	0.2059	0.3867	0.3382	0.1686	0.1484	0.1134	0.0000	6.8059	3.51
Lahore	0.2727	0.4054	0.2614	0.1863	0.0823	0.0263	0.0000	6.1721	3.19
Karachi	0.2308	0.3571	0.2857	0.1293	0.0541	0.0256	0.0000	5.4129	3.02
Peshawar	0.2632	0.2784	0.2528	0.1358	0.0675	0.0278	0.0000	5.1269	2.23
Quetta	0.4000	0.3269	0.2803	0.1971	0.1513	0.0794	0.0200	7.2744	3.27
<i>Rural areas</i>	0.2265	0.3500	0.3451	0.2798	0.2098	0.1307	0.0800	8.1093	3.93
Chakwal	0.1200	0.3130	0.3063	0.2256	0.1810	0.0652	0.1077	6.5937	3.50
Gujranwala	0.3617	0.4507	0.4194	0.3694	0.2462	0.1158	0.0385	10.008	4.80
Multan	0.2375	0.3396	0.3143	0.2326	0.0973	0.0179	0.0000	6.1958	2.92
Faisalabad	0.2667	0.3086	0.3655	0.2456	0.1333	0.1692	0.0244	7.5670	3.53
Karak	0.2195	0.3605	0.3500	0.3508	0.2822	0.1239	0.2222	9.5457	4.84
Ghotki	0.2027	0.3105	0.2678	0.1864	0.1744	0.1778	0.0746	6.9713	3.21
Mach	0.1982	0.3615	0.3684	0.2846	0.2720	0.2540	0.0746	9.0665	4.47
<i>All areas</i>	0.2344	0.3526	0.3201	0.2288	0.1586	0.0932	0.0444	7.1610	3.50

4.7 Children Ever Born

As a normal function of family, the number of children increases as a woman ages. Table 4.5 shows mean number of children ever born to currently married women of reproductive ages. At the aggregate level mean number of children ever born to women aged between 15-49 was 4.14. It was 4.01 in urban areas and 4.24 in rural areas. By the time a married woman reaches the middle of her reproductive life (30-34), she is already a mother of four children. An average woman of the PFPI sample has about seven children (6.52) when she is in the terminal age group of reproduction. The urban woman on the average produces one child less (6.02) than her counterpart in the rural areas (6.94). Mean number of children varies across the sample clusters. If in Peshawar a woman produces a little over four children, a woman in Balochistan sample areas has on the average more than eight children by the time she is about to complete her reproductive life, irrespective of her residential status.

Education has an inverse relationship with the number of children ever born. On the average, a woman with no education has more than four children (4.33) compared to a woman with eleven or more years of schooling (2.6). The same pattern prevails in urban as well as rural areas where the difference between the mean number of children ever born to currently married women is a little over two children. However, at the cluster level the difference varies.

Literacy also makes a difference of one child at the aggregate level and also in rural areas whereas the difference in urban areas as a whole is one and half child. Employment of women does not seem to have any impact on number of children. This may be because of the type of work women of the PFPI sample are involved in. These women are mostly working within their houses or in their fields. Women who are self employed are found with higher number of children than those who are employed with some one else.

Husband's education has a weaker association with the number of children ever born compared to woman's education. At the aggregate level, an average man with eleven years of schooling has 3.4 children ever born to his wife compared to 4.6 children with no schooling at all. Similarly, the difference between the number of children ever born when the husband has no education compared to eleven or more years of schooling is about the same both in urban (1.38) and rural areas (1.39). Literacy of husband has slightly less impact on number of children ever born compared to the literacy of the woman herself.

Husbands who were neither employed nor were looking for work had the highest number of children ever born (4.9) followed by those who were working in agriculture sector (4.5). Unpaid family workers and those who were employed had 2.9 and 3.7 children ever born on average respectively.

Table 4.5

Mean number of children ever born of currently married women 15-49 years by background characteristics and by areas, PFPI, 1994

Background characteristics	Urban areas							Rural Areas							All Areas
	Rawalpindi	Lahore	Karachi	Peshawar	Quetta	All urban areas	Chakwal	Gujranwala	Multan	Faisalabad	Ghotki	Kerak	Mach	All rural areas	
Current age															
15-19	0.69	0.54	0.31	0.74	0.88	0.69	0.28	0.91	0.83	0.33	0.61	0.56	0.77	0.68	0.69
20-24	1.77	1.59	1.10	1.36	1.72	1.55	1.29	1.46	2.16	1.25	1.53	1.09	1.70	1.52	1.53
25-29	2.88	2.59	2.20	2.69	3.2	2.71	2.81	3.00	4.33	2.73	3.05	2.35	3.66	3.13	2.95
30-34	4.49	3.80	3.37	3.60	4.69	3.99	3.74	4.40	5.72	4.08	4.95	3.87	5.02	4.49	4.27
35-39	5.12	4.99	4.42	4.37	5.87	4.91	4.89	5.57	7.30	5.22	5.42	5.93	6.42	5.85	5.42
40-44	6.05	5.21	5.46	4.41	6.65	5.44	5.76	6.28	7.39	6.55	6.96	6.64	7.33	6.63	6.08
45-49	6.00	5.74	5.67	4.24	8.44	6.02	6.15	6.83	7.37	6.07	6.76	7.18	8.12	6.94	6.52
All ages	3.93	4.05	3.93	3.69	4.27	4.01	4.11	4.10	4.43	4.11	4.13	4.25	4.52	4.24	4.14
Education															
None	4.27	5.05	5.65	4.18	5.62	4.82	3.84	4.37	4.74	4.27	3.94	4.05	4.29	4.21	4.33
1-5	3.91	4.63	4.12	4.12	4.51	3.52	3.22	2.89	3.08	3.45	2.30	2.84	4.00	3.05	3.52
6-8	3.18	3.77	4.04	3.92	4.04	3.73	2.40	2.37	4.00	2.84	1.40	2.58	2.00	2.57	3.45
9-10	2.50	3.19	4.06	3.33	3.46	3.38	2.04	1.93	1.25	2.48	1.00	2.60	1.67	2.03	3.23
11 and over	2.32	2.50	2.62	2.72	2.76	2.63	1.83	2.25	1.67	2.17	1.28	1.90	5.00	1.94	2.60
Literacy level															
Illiterate	4.24	5.18	5.55	4.13	5.65	4.80	3.82	4.41	4.70	4.27	3.94	4.04	4.28	4.20	4.32
Literate	3.17	3.41	3.32	3.17	3.45	3.30	2.76	2.80	3.35	3.13	2.07	2.69	3.67	2.85	3.19
Employment status															
Self employed	4.32	5.25	4.29	4.86	3.00	4.57	4.07	4.05	4.31	5.27	3.64	4.00	0.00	4.13	4.22
Employee	2.97	3.16	2.70	2.90	2.90	2.90	2.78	3.52	4.89	3.67	3.15	2.55	3.20	3.85	3.30
Unpaid family worker	2.00	4.00	4.61	---	4.00	4.46	4.33	4.24	5.23	5.68	4.09	4.75	4.5	4.44	4.45
Looking for work	3.00	1.60	1.88	2.00	---	2.10	---	4.25	5.68	3.00	3.52	4.00	---	3.81	3.61
Not looking for work	3.74	3.82	3.53	3.36	4.52	3.77	3.58	3.81	4.51	3.70	3.73	3.90	4.28	3.95	3.87
Education of husband															
None	4.22	4.89	6.52	4.38	5.46	4.77	4.66	4.50	4.77	4.51	4.00	5.46	4.48	4.57	4.60
1-5	4.66	5.13	4.43	3.27	6.47	5.00	3.89	3.80	4.85	3.87	4.24	4.52	4.3	4.25	4.43
6-8	3.46	3.72	4.71	4.15	4.83	3.98	3.27	3.47	3.76	3.45	3.91	3.89	3.51	3.62	3.74
9-10	3.36	3.77	3.88	3.23	3.97	3.60	3.29	3.17	3.82	3.71	3.19	3.19	2.09	3.28	3.43
11 and over	3.54	3.34	3.21	3.22	3.94	3.39	3.13	3.37	3.07	2.86	2.57	3.64	3.41	3.18	3.35
Literacy level of husband															
Illiterate	4.20	4.87	6.27	4.33	5.66	4.76	4.60	4.57	4.78	4.50	4.01	5.40	4.50	4.57	4.61
Literate	3.58	3.68	3.46	3.28	4.18	3.61	3.33	3.38	4.19	3.55	3.57	3.58	3.41	3.54	3.58
Employment status of husband															
Self employed	3.78	3.54	4.05	3.51	4.67	3.83	4.42	3.84	4.71	3.79	3.79	4.60	3.98	4.15	3.99
Employee	3.55	3.85	3.28	3.20	4.19	3.60	2.92	3.33	4.42	3.49	3.48	3.56	4.22	3.73	3.67
Unpaid family worker	---	---	6.00	---	4.33	4.75	---	3.00	---	---	3.00	0.33	---	2.33	2.94
looking for work	4.14	4.62	4.73	3.37	4.93	4.26	3.73	3.79	4.59	3.95	1.69	3.04	---	3.20	3.64
Not looking for work	5.53	5.00	4.48	5.00	5.16	5.05	4.58	4.00	5.09	5.50	4.56	4.75	5.01	4.81	4.89
Works in agriculture	0.00	3.63	9.00	3.00	5.17	3.90	4.63	4.29	5.31	4.65	4.32	5.43	6.23	4.54	4.53

4.8 Children Surviving

Table 4.6 shows mean number of children who were surviving at the time of survey by background characteristics of the women and their husbands. The difference between the mean number of children ever born and mean number of children surviving at different ages indicates mortality of children as a woman proceeds through her reproductive life. On the average, a married woman aged between 15 to 49 years has given birth to 4.14 children out of which 3.45 children survive and thus she experiences a loss of about 17 percent children. The data reveal that women in their late forties have experienced a loss of about 15 percent of their children. At the end of the reproductive life, an average married woman of the PFPI survey is expected to have about six surviving children (5.57). In rural areas, a woman between 44-49 years of age is expected to lose her children twice as many (1.24) as her counterpart in urban areas (0.64).

By comparing mean number of children ever born and mean number of children surviving, it becomes evident that children of literate and educated women are expected to survive more than the children of illiterate and non-educated women. Those who have had 11 or more years of education, 97 percent of their children survive whereas uneducated women lose about 14 percent of their children. However, in rural areas a woman with grade 11 or more education loses on the average 12 percent of her children while the loss of children of women with no education is 15 percent. In urban areas, survival of children is higher (97 percent) for mothers with higher secondary or more education than a mother with no education (89.6 percent). Urban-rural differentials in child survival may also be attributed to availability of health services in urban areas.

Self employed women are expected to lose their children twice (22 percent) than housewives (11 percent) who are categorised as women not looking for work. Similarly, literate, educated and employed husbands are more likely to have more surviving children than those who lack these attributes.

4.9 Summary Indicators

Table 4.7 gives summary of fertility and other indicators by sample areas and urban-rural residence. These indicators, already discussed above, are summarised in this table for the convenience of the reader.

Table 4.6
Mean number of living children of currently married women 15-49 years by background characteristics and by areas, PFPI, 1996

Background characteristics	Urban areas										Rural areas									
	Rawalpindi	Lahore	Karachi	Peshawar	Quetta	All urban areas	Chakwal	Gujranwala	Multan	Faisalabad	Ghorki	Karak	Mach	All rural areas	All areas					
Current age																				
15-19	0.62	0.55	0.31	0.74	0.76	0.63	0.24	0.77	0.66	0.27	0.59	0.49	0.60	0.59	0.60					
20-24	1.62	1.42	1.09	1.34	1.52	1.43	1.10	1.33	1.81	1.15	1.38	1.05	1.35	1.33	1.37					
25-29	2.68	2.47	2.17	2.66	2.92	2.57	2.49	2.72	3.43	2.41	2.77	2.16	2.89	2.70	2.65					
30-34	4.07	3.63	3.33	3.59	4.18	3.76	3.27	3.92	4.75	3.67	4.36	3.54	4.20	3.93	3.85					
35-39	4.55	4.62	4.36	4.32	5.19	4.58	4.08	4.89	5.85	4.78	4.90	5.51	5.10	5.07	4.84					
40-44	5.29	4.92	5.34	4.34	5.83	5.08	4.89	5.38	5.98	5.51	6.09	6.09	5.59	5.65	5.38					
45-49	5.12	5.08	5.47	4.27	7.14	5.42	5.18	5.98	5.50	4.93	5.96	6.04	6.06	5.70	5.57					
All ages	3.33	3.55	3.47	3.31	3.89	3.49	3.11	3.41	3.68	3.40	3.34	3.61	3.36	3.42	3.45					
Education																				
None	3.75	4.60	5.43	4.15	4.78	4.32	3.26	3.82	3.80	3.68	3.50	3.70	3.37	3.59	3.74					
1-5	3.56	4.22	4.04	4.08	3.74	3.81	2.86	2.62	2.60	3.18	2.15	2.74	3.63	2.76	3.19					
6-8	2.94	3.58	3.96	3.92	3.73	3.55	2.25	2.29	3.42	2.72	1.40	2.52	1.33	2.43	3.28					
9-10	2.36	3.06	4.01	3.28	3.29	3.28	1.88	1.63	1.25	2.45	1.00	2.60	1.67	1.91	3.13					
11 and over	2.08	2.36	2.58	2.69	2.64	2.56	1.67	2.25	1.67	1.50	1.14	1.90	5.00	1.71	2.52					
Literacy level																				
Illiterate	3.73	4.69	5.32	4.12	4.80	4.29	3.24	3.86	3.76	3.68	3.50	3.70	3.37	3.58	3.73					
Literate	2.91	3.22	3.28	3.13	3.19	3.16	2.50	2.55	2.89	2.88	1.95	2.57	3.22	2.60	3.03					
Employment status																				
Self employed	3.79	4.81	4.29	4.71	2.50	4.19	3.67	3.56	3.28	4.27	3.09	4.00	0.00	3.40	3.45					
Employee	2.61	2.84	2.66	2.90	2.70	2.74	2.28	3.11	4.19	3.33	2.85	2.64	2.20	3.34	2.99					
Unpaid family worker	2.00	4.00	4.43	----	3.50	4.29	3.67	3.60	4.31	4.62	3.40	4.65	3.75	3.80	3.86					
Looking for work	2.20	1.60	1.88	2.00	----	1.90	----	4.25	4.37	3.00	3.41	4.00	----	3.55	3.36					
Not looking for work	3.35	3.56	3.47	3.32	3.98	3.52	3.07	3.39	3.64	3.29	3.33	3.56	3.37	3.39	3.45					
Education of husband																				
None	3.52	4.38	5.88	4.29	4.63	4.14	4.00	3.97	3.78	3.85	3.48	4.93	3.52	3.81	3.87					
1-5	4.13	4.48	4.29	3.18	5.25	4.37	3.32	3.28	3.90	3.43	3.79	4.05	3.28	3.63	3.45					
6-8	3.16	3.44	4.68	4.02	4.18	3.66	2.69	2.96	3.29	3.21	3.48	3.51	2.72	3.16	3.33					
9-10	3.12	3.59	3.84	3.25	3.47	3.42	2.85	2.90	3.15	3.27	2.98	2.98	1.89	2.94	3.16					
11 and over	3.22	3.16	3.16	3.18	3.62	3.25	2.79	3.00	2.64	2.61	2.36	3.41	3.06	2.91	3.18					

Table 4.7
Summary of fertility and other indicators by sample areas, PFPI-1994

Indicators	Urban areas										Rural areas										Total	
	Rawalpindi	Lahore	Karachi	Peshawar	Quetta	All urban	Chakwal	Gujranwala	Multan	Faisalabad	Ghotki	Karak	Mach	All rural	All areas							
Crude Birth Rate	33	23	17	16	27	23	35	30	30	35	31	41	33	29								
Crude Death Rate	6	5	6	4	4	5	10	7	10	5	10	9	7	7								
Rate of Natural Increase	2.7	1.8	1.1	1.2	2.3	1.8	2.0	2.8	2.0	3.0	2.1	2.4	2.2	2.2								
Total Fertility Rate	5.0	3.4	2.4	2.6	4.1	3.4	4.9	6.8	4.9	5.7	6.6	8.1	6.3	4.9								
Gross Reproduction Rate	2.4	1.5	1.2	1.1	1.8	1.6	2.3	2.9	1.7	2.6	3.4	3.7	2.5	2.1								
General Fertility Rate	160	100	76	85	129	107	147	214	171	176	168	240	181	148								
Marital Total Fertility Rate	6.8	6.2	5.4	5.1	7.3	6.1	6.6	10.0	6.2	7.0	9.5	9.1	8.1	7.2								
Marital Gross Reproduction Rate	3.5	3.2	3.0	2.2	3.3	3.0	3.5	4.8	2.9	3.2	4.8	4.5	3.9	3.5								
Mean Number of Children Ever Born	3.9	4.1	3.9	3.7	4.3	4.0	4.1	4.1	4.4	4.1	4.3	4.5	4.2	4.1								
Mean Number of Living Children	3.3	3.6	3.5	3.3	3.9	3.5	3.1	3.4	3.7	3.3	3.6	3.4	3.4	3.5								
Mean age at marriage (females)	18.2	19.4	19.8	19.0	17.8	18.8	17.5	18.5	16.1	16.1	17.9	16.0	17.3	18.0								

Chapter 5
Family Size Preferences

Family Size Preferences

This chapter discusses the desired number of children women would like to have in their reproductive life as well as characteristics of women who do not want additional children. It also discusses whether women who were pregnant at the time of the survey actually wanted to become pregnant at that particular time. But before going into these points, it is worthwhile to examine whether women discuss with their husbands about the total number of children they would like to have? Do they have preference for a small or a large family? And why do they have such preferences?

5.1 Inter-spousal Discussion

Husband-wife discussion is a prologue to any decision they would mutually arrive at. Decisions taken with mutual understanding are the ones that are adhered to and are long lasting. In primitive societies, where women are not given due importance and power to decide rests solely with men, often exhibit high fertility. Women who can initiate the topic of their interest for discussion are the ones who can also exert their point of view and thus play a vital role in decision making.

Table 5.1 shows that about half of the women (49.8 percent) had ever discussed with their husbands about the total number of children they should have in their life. More urban (61.8 percent) than rural (41 percent) women talked about this subject with their husbands. The proportion of such women is high (55.6 percent) in the prime age group of reproduction (30-34). More women in Lahore sample area (89.7 percent) entered into such discussion whereas less than one percent women in Mach (Balochistan) had ever discussed this topic with their husbands. It has been seen in the preceding chapter

that a Machian woman has the highest fertility (TFR of 8.1 per woman) in the twelve study areas and it will be indicated in the proceeding chapter that the Machian woman is least likely to use contraception.

Number of living children a woman already has is also considered a factor which stimulates husband-wife discussion on fertility related subjects. However, no specific pattern is established in the PFPI survey. Forty percent of women with six or more children had discussed with their husbands about the number of children compared to 41.4 percent women with no children. The proportion is highest (56.9 percent) for women with two living children (Table 5.1)..

Education, however, does play an important role in facilitating husband-wife discussion on fertility related matters. The proportion of women who had discussed with their husbands increases with the increase in education. Two-fifths women with no education had discussed with their husbands as against about three-fourths (73.8 percent) women with 11 or more years of schooling. Women in Lahore, Karak and Peshawar are more likely to talk to their husbands about their reproduction than women in the Balochistan sample areas. Similarly, more literate and employed women talk to their husbands about children than do illiterate and unemployed women (Table 5.1).

Table 5.1

Percentage distribution of currently married women 15-49 years who discussed with their husbands about the total number of children they would like to have by background characteristics, and by areas PFPI, 1994

Background characteristics	Urban areas									Rural areas						Total All areas			
	Rawalpindi			Lahore			Karachi			Peshawar			Quetta				All urban		
	Chakwal	Gujranwala	Multan	Faisalabad	Ghotki	Karak	Mach	All rural											
<i>Current age</i>																			
15-49	36.8	81.8	69.2	57.9	4.0	40.4	36.0	21.3	43.8	66.7	35.1	43.9	0.9	27.7	31.0				
20-24	54.7	91.9	69.4	62.9	23.1	59.9	26.7	31.7	39.6	67.9	51.6	45.6	0.8	37.1	45.7				
25-29	60.4	92.0	74.2	67.4	31.2	65.7	36.3	52.8	41.7	70.3	54.1	60.6	0.7	46.1	54.3				
30-34	69.8	91.9	68.7	67.9	36.5	67.9	54.9	51.6	51.2	64.0	50.0	46.1	0.8	45.7	55.6				
35-39	64.5	89.9	66.2	60.1	21.0	62.3	48.3	49.2	43.4	74.3	39.5	38.1	0.0	40.8	50.7				
40-44	58.8	83.3	68.4	51.9	17.5	59.9	42.4	37.9	30.4	63.1	56.7	46.9	1.6	41.5	50.0				
45-49	39.7	87.2	50.0	59.5	6.0	51.1	36.9	44.2	26.3	56.1	43.3	46.7	3.0	35.2	42.6				
All ages	58.3	89.7	67.4	62.6	24.9	61.8	40.7	44.8	41.7	67.5	49.0	47.1	0.9	41.0	49.8				
<i>No of living children</i>																			
0	43.7	89.9	65.9	59.6	13.3	54.3	38.9	22.1	34.3	63.6	49.6	50.0	0.7	34.4	41.4				
1	51.1	94.6	69.7	74.6	21.3	62.2	28.6	33.1	43.3	67.9	47.1	47.0	0.0	38.3	47.5				
2	66.1	90.2	77.5	78.3	43.0	72.7	43.7	59.2	44.9	76.4	50.4	47.3	1.8	45.0	56.9				
3	55.9	89.4	73.3	66.3	30.8	65.4	44.3	44.6	39.3	66.0	51.3	55.8	0.0	44.5	54.8				
4	66.9	88.4	69.5	62.8	24.5	65.0	38.9	45.8	53.0	71.8	43.5	42.1	1.2	42.0	52.9				
5	63.2	91.9	58.7	54.5	30.6	61.7	45.6	54.2	40.7	73.0	45.3	36.7	1.3	42.0	50.9				
6 and over	62.1	86.2	56.7	33.3	15.2	51.7	45.2	49.4	38.8	59.3	52.1	48.1	1.1	41.0	45.1				

<i>Education</i>															
None	49.7	85.1	47.3	27.0	12.6	44.6	39.9	44.7	40.1	63.9	47.7	45.0	0.7	38.2	39.5
1-5	64.0	86.6	42.3	44.0	19.7	58.7	42.1	42.1	53.8	71.2	64.8	63.2	0.0	52.5	55.1
6-8	66.2	93.2	60.0	52.8	32.1	64.7	50.0	51.0	50.0	62.5	50.0	71.0	33.3	56.6	62.7
9-10	71.3	92.5	67.6	64.7	42.3	70.9	37.5	48.1	75.0	93.1	55.6	80.0	33.3	62.7	70.0
11 and over	68.3	90.8	75.1	82.0	34.6	73.8	58.3	75.0	66.7	91.7	57.1	90.0	0.0	73.5	73.8
<i>Literacy level</i>															
Illiterate	49.8	84.1	46.1	28.5	12.9	43.4	40.3	45.7	40.1	63.4	47.9	44.9	0.7	38.3	39.3
Literate	67.4	91.4	69.7	70.0	34.1	69.6	42.6	43.0	56.8	75.1	58.6	72.0	11.1	54.7	66.0
<i>Employment Status</i>															
Employed	66.0	89.4	79.6	84.8	31.8	71.0	39.4	39.4	41.8	62.5	63.2	46.2	0.0	45.8	56.6
Unemployed	57.9	89.8	66.5	61.1	24.4	61.3	40.8	45.2	41.7	67.7	47.9	47.1	0.9	40.7	49.4

5.2 Approval of small / large families

In the 1994 PFPI survey, respondents were asked whether they were in favour of a large family or a small family. They were also asked to give reasons for their preferences for family size. Table 5.2 shows that overall eight out of ten women favoured small families. More urban women favoured small families (88.1 percent) than their counterparts in rural areas. But even in the rural areas, the proportion of women favouring small families was quite high (75.3 percent). It is a different matter though that the PFPI survey omitted the question about what the respondents meant by a small family. That question assumes significance as the concept of small family may be different for different women. However, in a contemporary survey conducted by NIPS, this question was asked of the respondents. According to that survey, about 89 percent of the respondents believed that a family upto four children is small (Bhatti and Hakim, 1996). Various other surveys conducted in the recent past also suggest that 3-4 children are considered to be ideal by Pakistani women (NIPS, 1992; Population Council, 1998; Hashmi et. al., 1994).

More than three-fourths of the women (76.7 percent) who favoured large families believed that large families are a source of strength or happiness. This view was shared almost equally by urban and rural women favouring large families. However, not many of these women reported that children provide old age security (5.3 percent) but at least one out of six women was of the view that children are a source of help in business as well as of more earnings. This view was expressed almost equally by urban (15 percent) and rural respondents (17 percent) who favoured large families.

The 81 percent women who favoured small families did so mostly for economic reasons (86 percent). About one-third of these women believed that small family is less of an economic burden. In addition, one-third women favoured small families because it makes it possible to provide children with higher education. One in seven women related small family with better health of mother. All this goes to show that women are now considering more children to be a liability, requiring increasing investments for their rearing, upbringing and education and are also cognisant of the economic prosperity of the family as a whole.

Table 5.2

Percent distribution of currently married women 15-49 years, by approval / disapproval of large / small families and reasons thereof, PFPI 1994

Reasons for favouring large/ small families	Urban areas	Rural areas	Total
Reasons for favouring large family			
Source of strength	25.7	34.3	32.0
Source of happiness	49.3	43.0	44.7
Sense of security	9.7	3.8	5.3
Source of help in business / work	12.2	11.7	11.8
More earnings	2.5	5.6	4.8
Other	0.6	1.6	1.3
Total	100.0	100.0	100.0
# of women	474	1333	1807
Reasons for favouring small family			
Easy to feed	10.2	12.0	11.2
Can provide higher education	23.2	24.1	23.7
good for mother's health	13.9	14.2	14.0
Small family is prosperous	21.7	15.6	18.4
Less economic burden	31.0	33.9	32.6
Other	0.1	0.1	0.1
Total	100.0	100.0	100.0
# of women	3497	4074	7571

5.3 Desired Number of Children

Table 5.3 shows mean number of children desired by currently married women by their background characteristics. Mean number of children desired varies with age. Younger women desire between 3-4 children whereas older women desire more than five children in their reproductive life. At the aggregate level, currently married women desire an average of 4.67 children-4.34 children in urban areas and 4.97 in rural areas. The mean varies between 3.89 children in Peshawar to 5.85 in Karak.

The mean number of children desired also increases with the number of living children. Women with small number of children have a lower mean for their desire for children in their entire reproductive life. Women who already have more children have a higher mean of desired children. It is important to clarify that the desired number of children is different from the ideal number of children. The desired number can be the same or more than the living number of children but cannot be less than the number of living children the respondents already have. Whereas the ideal number of children can be more, less or the same as the number of living children.

Education plays an important role in framing the desire for number of children. Educated women are more likely to have a desire for less number of children than those with no education. At the aggregate level, mean number of children desired by women with secondary or more education is lower (3.53) than women with no education (5.17). The same pattern is observed for educated and uneducated women in urban, rural and at cluster level. Similarly, literate and employed women have lower desire for children than illiterate and unemployed women.

Table 5.3
 Mean desired number of children of currently married women 15-49 years by background characteristics and by sample areas, PFPI 1996

Background characteristics	Urban areas							Rural areas							Total
	Rawalpindi	Lahore	Karachi	Peshawar	Quetta	All urban areas	Chakwal	Gujranwala	Multan	Faisalabad	Ghokri	Karak	Mach	All rural areas	
Current age															
15-19	3.54	4.00	3.83	3.08	3.52	3.57	3.78	3.76	3.17	2.89	3.52	4.7	4.36	3.68	3.63
20-24	3.20	3.50	3.67	2.96	3.48	3.35	3.76	3.86	3.49	3.49	3.56	4.78	4.00	3.83	3.61
25-29	3.82	3.53	3.64	5.17	4.05	3.67	4.02	4.19	4.43	3.80	4.17	5.17	4.48	4.32	4.01
30-34	4.71	3.99	4.15	3.98	4.76	4.30	4.44	4.68	5.34	4.56	5.17	5.65	5.54	5.03	4.67
35-39	4.73	4.82	4.71	4.45	5.59	4.88	4.73	5.36	6.24	5.26	5.42	6.55	5.91	5.71	5.29
40-44	5.57	4.95	5.51	4.41	6.00	5.21	5.39	5.86	6.21	5.84	6.59	6.80	6.21	6.16	5.69
45-49	5.40	5.10	5.52	4.39	7.14	5.52	5.47	6.12	5.78	4.90	6.25	6.83	6.67	6.01	5.78
All ages	4.38	4.24	4.43	3.89	4.83	4.34	4.51	4.72	4.88	4.56	4.86	5.85	5.63	4.97	4.67
No of living children															
0	2.79	3.05	3.44	2.90	3.48	3.14	3.41	3.39	3.11	3.02	3.60	4.69	4.08	3.63	3.41
1	3.13	2.84	3.29	2.85	3.06	3.05	3.33	3.67	2.96	3.04	3.54	5.01	4.00	3.72	3.40
2	2.92	2.87	3.23	2.51	3.03	2.90	3.51	3.43	3.10	3.24	3.32	4.29	3.09	3.47	3.18
3	3.50	3.27	3.32	3.18	3.72	3.36	3.70	3.83	3.61	3.45	3.72	4.80	3.75	3.83	3.57
4	4.21	4.14	4.24	4.07	4.20	4.16	4.25	4.49	4.26	4.30	4.30	5.22	4.35	4.48	4.31
5	5.17	5.05	5.15	5.03	5.25	5.13	5.34	5.20	5.20	5.22	5.37	6.19	5.19	5.39	5.26
6 and over	7.01	7.01	7.28	6.84	7.62	7.18	7.13	7.05	7.53	7.21	7.40	7.72	7.50	7.39	7.31
Education															
None	4.90	5.14	5.75	4.87	5.71	5.21	4.63	4.97	4.99	4.73	4.99	5.97	5.68	5.16	5.17
1-5	4.38	4.73	4.77	5.71	4.84	4.59	4.23	4.21	4.02	4.47	3.94	5.71	5.00	4.28	4.42
6-8	4.02	4.19	4.73	4.40	4.56	4.32	4.21	3.96	4.36	4.46	3.70	4.31	3.33	4.14	4.28
9-10	3.44	3.87	4.85	3.77	4.07	4.05	3.95	3.75	2.43	3.86	3.50	4.78	3.67	3.80	4.03
11 and over	3.30	3.24	3.80	3.32	3.77	3.55	3.18	3.67	2.00	2.40	3.33	3.78	6.00	3.19	3.53
Literacy level															
Illiterate	4.88	5.19	5.70	4.88	5.72	5.20	4.60	5.02	4.96	4.74	4.99	5.97	5.70	5.16	5.17
Literate	3.91	3.96	4.30	3.68	4.16	4.00	4.10	4.13	4.06	4.23	3.89	4.69	4.31	4.17	4.04
Employment Status															
Employed	3.89	3.83	3.66	3.46	3.77	3.71	3.90	4.66	4.74	4.62	4.56	4.10	4.5	4.57	4.17
Unemployed	4.41	4.26	4.49	3.92	4.90	4.38	4.54	4.72	4.90	4.55	4.88	5.88	5.63	5.00	4.70

5.4 Want Children in Future?

The 1994 PFPI survey enquired of the respondents about their desire for children in addition to what they already had. The question was posed differently to the women who were pregnant at the time of survey. They were asked the number of children they wanted in future in addition to the one they were expecting at the time of survey. Hence the child the woman was pregnant with was considered alive for the purpose of tabulating desire according to the number of living children. Table 5.4 gives percentage break-up of currently married women desiring additional children by number of living children they already had. Figures 5.1-5.3 show fertility preferences of currently married women at the aggregate level and in urban/rural areas.

Desire for additional children recedes with the number of children a woman already has (Figure 5.4). Half of the women with three or less children are desirous of the additional child within two years while one-third of these women would like to wait for more than two years for the next child to come. Women who do not want additional children at all comprise 55 percent of the total. The proportion of those who do not desire children in future increases with the number of children a woman already has. Sixty percent women with three living children would like to stop childbearing altogether. The proportion increases sharply with each additional child and it reaches to 88 percent for women with six or more children. These are the potential users of family planning methods if contacted, motivated and provided access to their method of choice in a manner and procedure acceptable to them.

In urban areas, the desire for additional children dampens when the woman is already a mother of three living children. Three-fourths of such women like to stop child bearing in urban areas. The corresponding proportion for women with three children in rural areas is 45 percent. Ninety-four percent of women with five living children in urban areas and three-fourths of women in rural areas want to stop childbearing altogether. These potential clients of the family planning programme are out there to be reached and converted into users.

Table 5.4

Percent distribution of currently married women by desire for more children, according to number of living children, PFPI 1994

Desire for more children	Number of living children *							Total
	0	1	2	3	4	5	6 and over	
ALL AREAS								
Within two years	13.6	18.2	11.3	6.5	2.5	1.2	0.6	6.9
After two years	1.0	15.5	11.4	5.5	2.6	1.8	0.4	5.2
Whenever in happens	54.7	36.1	26.7	15.1	8.2	5.8	4.3	18.8
Undecided about timings	28.4	24.8	20.1	13.0	9.3	7.4	6.5	14.4
Want no more	2.2	5.4	30.5	59.9	77.4	83.8	88.2	54.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
# of women	895	1197	1329	1504	1340	1069	2044	9378
URBAN AREAS								
Within two years	26.1	28.6	13.5	6.2	2.1	0.6	0.3	9.0
After two years	2.7	25.5	17.3	7.2	2.4	1.7	0.6	7.8
Whenever in happens	55.2	30.3	18.3	7.4	4.4	2.9	1.8	13.2
Undecided about timings	13.4	8.9	4.8	3.8	1.4	0.8	0.8	4.0
Want no more	2.7	6.6	46.1	75.4	89.7	93.9	96.5	66.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
# of women	299	482	562	745	633	478	772	3971
RURAL AREAS								
Within two years	7.4	11.2	9.6	6.9	3.0	1.7	0.9	5.4
After two years	0.2	8.7	7.0	3.8	2.8	1.9	0.2	3.3
Whenever in happens	54.5	40.0	32.9	22.7	11.6	8.1	5.8	22.9
Undecided about timings	35.9	35.5	31.3	22.0	16.3	12.7	10.0	22.0
Want no more	2.0	4.6	19.2	44.7	66.3	75.6	83.1	46.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
# of women	596	715	767	759	707	591	1272	5407

* Includes current pregnancy

Figure 5.1
Fertility Preferences among Currently
Married Women 15-49

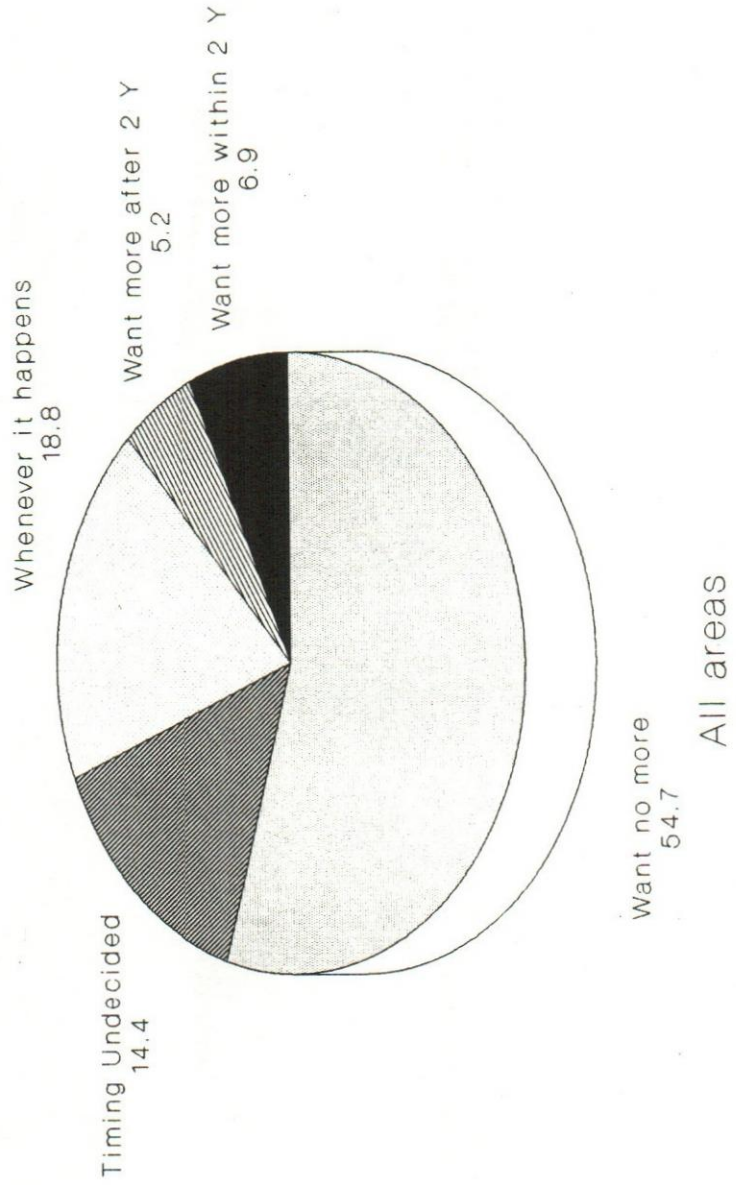


Figure 5.2
Fertility Preferences among Currently
Married Women 15-49

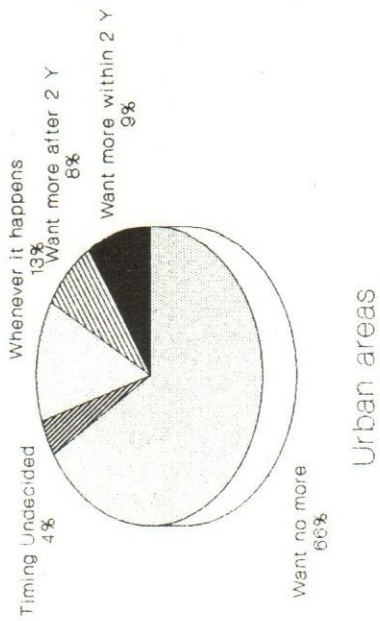


Figure 5.3
Fertility Preferences among Currently
Married Women 15-49

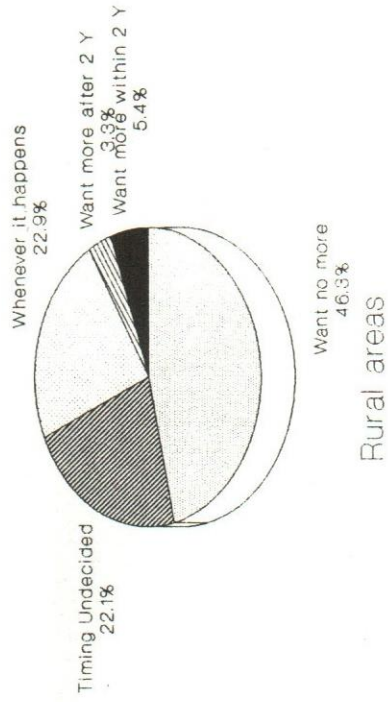


Figure 5.4 Fertility Preferences among Currently Married Women 15-49 Years by Number of Living Children, PFPI 1994

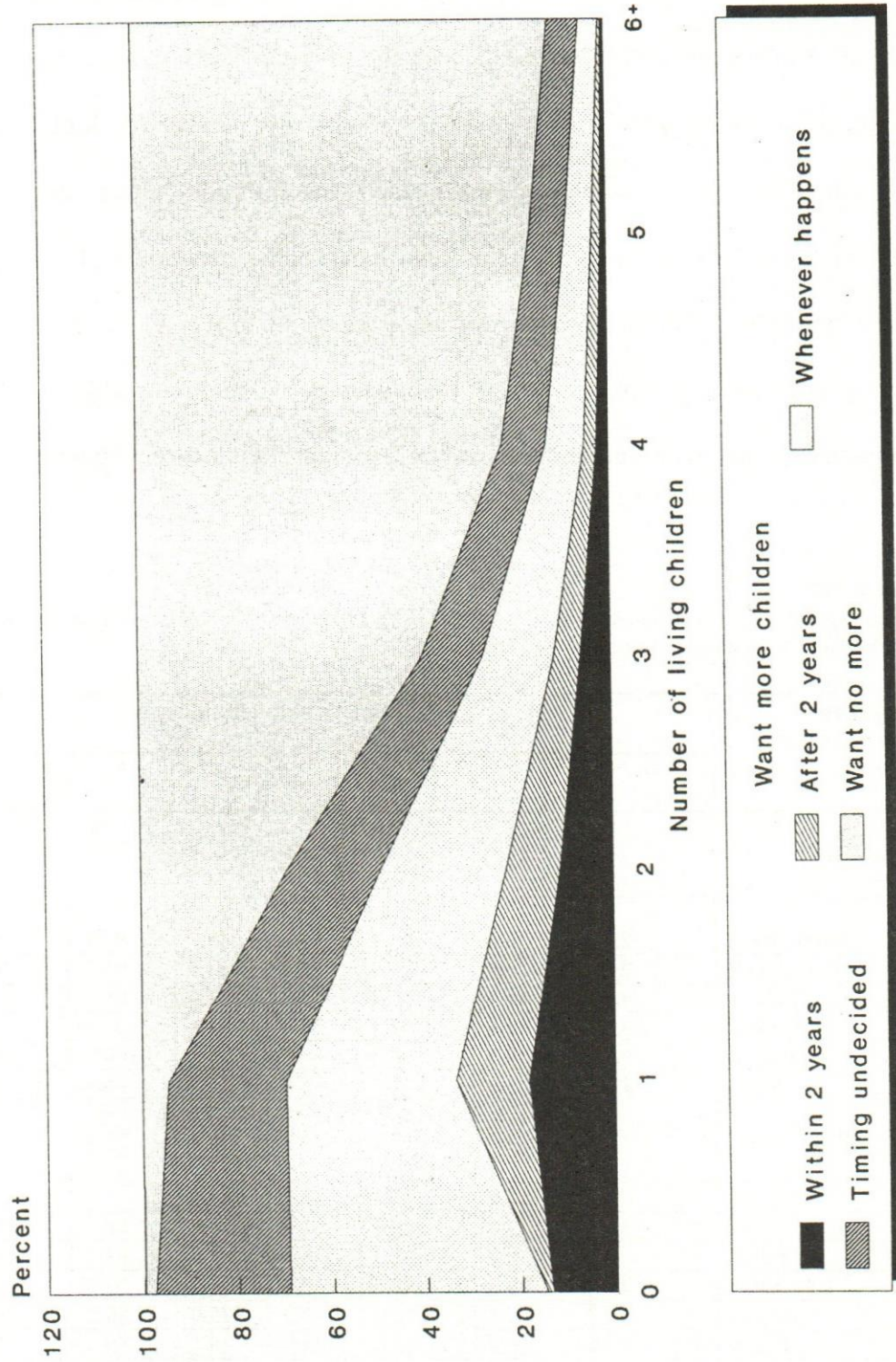


Table 5.5 shows that as a woman progresses in age, education and literacy and attains employment and urban residence, she is more likely to have lesser and lesser desire for additional children when she already has the number of children she wanted. The survey shows that nine out of ten women with four children in urban areas, three-fourths of rural women with five children, three-fourths of women of any age between 15-49 with four children, 83 percent of women with some secondary or higher education having three children, three-fourths of literate women with three children and 85 percent employed women with four children want to terminate childbearing altogether.

Table 5.5

Percentage of currently married women 15-49 years who want no more children, by number of living children and selected background characteristics, PFPI 1994

Background characteristics	Number of living children							Any # of Children
	0	1	2	3	4	5	6+	
<i>Residence</i>								
Urban areas	2.7	6.6	46.1	75.4	89.7	93.9	96.5	66.1
Rawalpindi	2.0	4.8	34.1	65.1	83.5	93.0	93.8	57.9
Lahore	4.5	11.1	43.9	77.7	91.9	98.2	98.7	70.5
Karachi	4.7	4.6	39.5	77.4	88.8	91.0	99.4	63.4
Peshawar	0.0	9.6	66.7	89.7	96.1	100.0	100.0	77.1
Quetta	2.1	3.9	45.8	56.8	85.7	85.9	88.2	62.7
Rural areas	2.0	4.6	19.2	44.7	66.3	75.6	83.1	46.3
Chakwal	0.0	6.9	17.2	46.0	69.5	75.4	86.3	44.7
Gujranwala	7.1	2.5	20.8	51.9	71.0	88.1	94.1	53.2
Multan	0.4	6.5	28.3	58.8	81.7	93.5	95.4	59.7
Faisalabad	0.0	10.3	27.1	60.2	81.7	92.5	93.3	57.2
Ghotki	1.9	5.1	22.0	47.9	75.0	80.2	93.0	49.1
Karak	2.2	0.8	13.0	22.9	46.6	59.8	71.0	37.0
Mach	1.6	2.2	8.9	20.9	39.5	38.8	58.6	27.1
All areas	2.2	5.4	30.5	59.9	77.4	83.8	88.2	54.7

<i>Age Groups</i>								
15-19	1.3	1.0	14.9	43.5	25.0	0.0	50.0	5.1
20-24	2.0	2.0	23.7	43.3	71.9	61.9	100.0	18.6
25-29	1.2	5.1	22.8	51.2	66.4	77.4	86.6	41.7
30-34	1.1	3.3	36.8	66.3	73.5	79.5	80.7	63.5
35-39	9.1	21.0	49.5	73.4	83.3	87.3	85.9	77.0
40-44	3.4	38.5	83.9	77.1	90.9	90.6	93.3	86.7
45-49	11.8	70.6	80.0	90.3	96.2	92.9	93.5	90.3
15-49	2.2	5.4	30.5	59.9	77.4	83.8	88.2	54.7
<i>Educational grades passed</i>								
None	2.1	4.9	20.8	45.5	68.3	78.6	85.8	51.8
1-5	4.2	6.1	19.5	64.5	83.3	93.3	92.3	54.2
6-8	3.7	9.3	39.3	65.5	89.2	88.2	98.1	61.1
9-10	1.3	4.2	42.7	78.6	90.3	98.1	100.0	63.6
11 and over	0.9	5.9	55.1	82.9	94.2	93.2	98.2	58.4
<i>Literacy level</i>								
Literate	3.4	6.1	41.7	74.5	89.5	93.1	96.8	59.8
Illiterate	1.6	4.9	20.9	45.7	67.9	78.5	85.6	51.4
<i>Employment status</i>								
Employed	3.6	13.4	46.9	70.7	85.1	94.9	95.8	62.1
Unemployed	2.1	5.0	29.2	59.1	76.9	83.2	87.8	54.2
Total # of women	895	1197	1329	1504	1037	1069	2044	9378

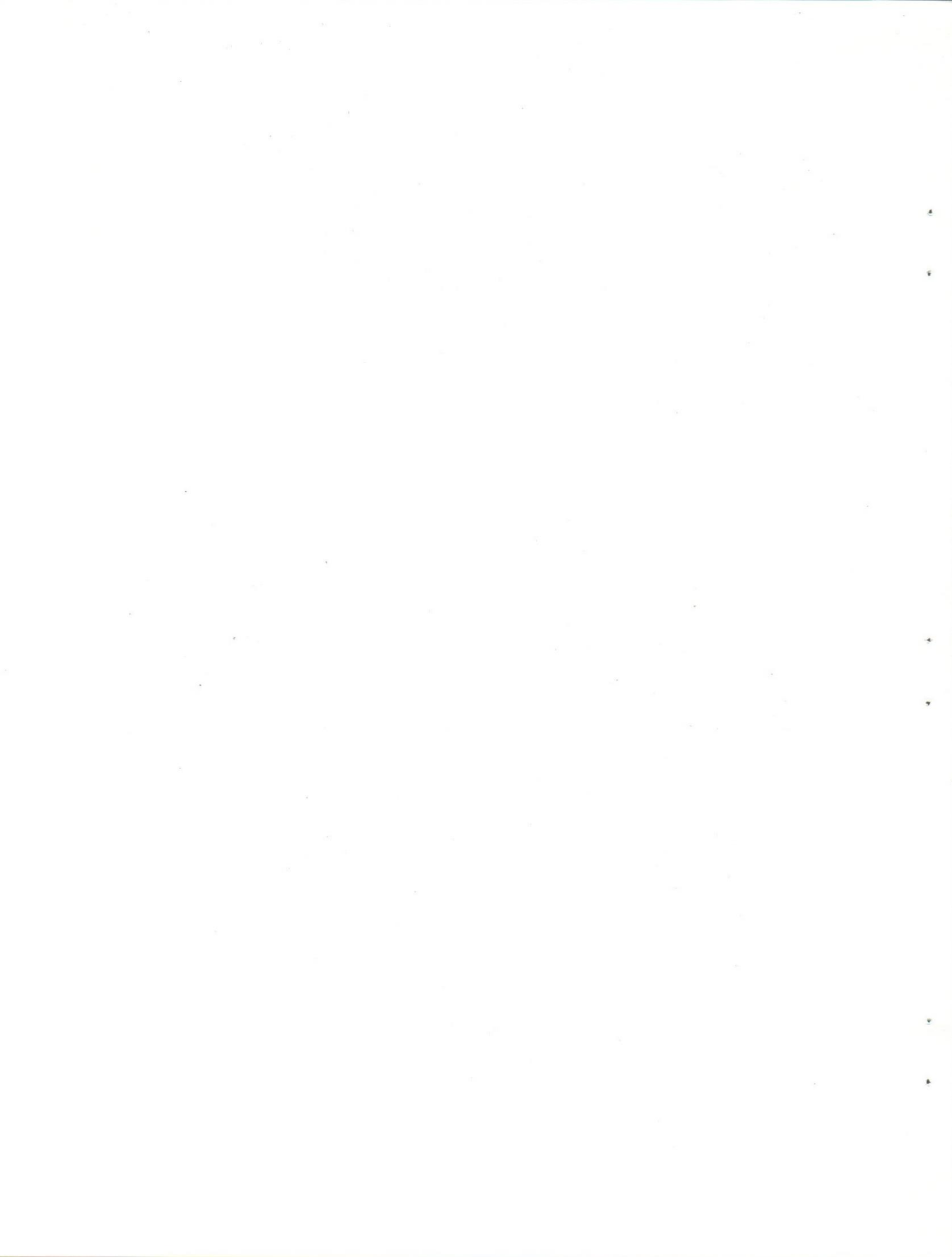
5.5 Mistimed and Unwanted Pregnancies

The 1994 PFPI survey also enquired from the pregnant woman whether or not they wanted to become pregnant at the time they actually became pregnant. Table 5.6 reveals that about one-third of the pregnancies of women aged between 15-49 were mistimed. Two-fifths of the pregnant women wanted to become pregnant later and 11.5 percent did not want the pregnancy at all. Thirty-eight percent of the women with three living children, 51.5 percent women with four living children, 54 percent women with five living children and 60 percent women with six or more living children had the current pregnancy mistimed. About a quarter (24.3 percent) of these women did not want the pregnancy at all.

Table 5.6
Percent distribution of pregnant women aged 15-49 years by status of their desire for current pregnancy, by background characteristics, PFPI, 1994

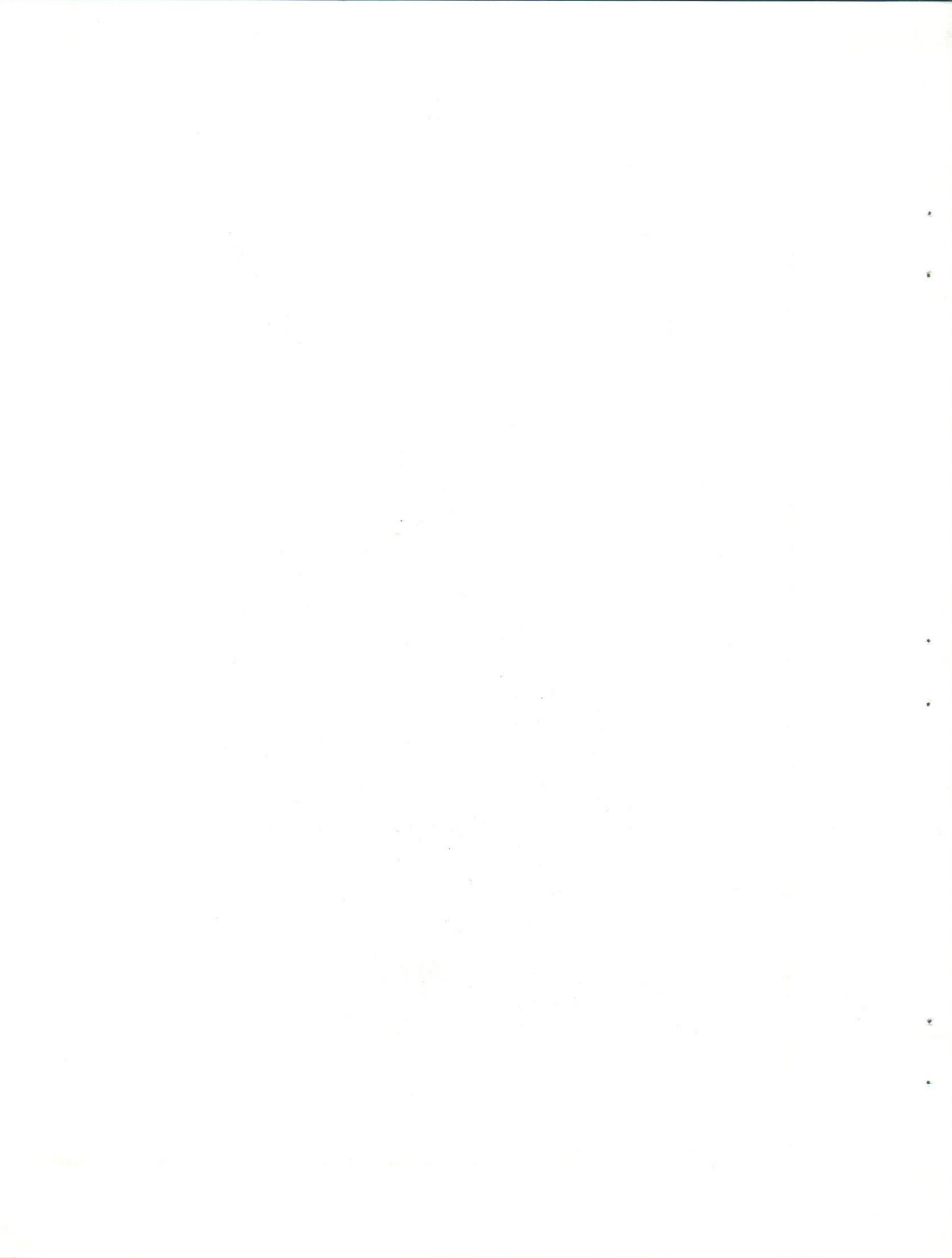
Background characteristics	Status of desire for current pregnancy				Total	# of women
	Wanted then	Wanted later	Did not want at all			
<i>Current age</i>						
15-19	82.9	15.4	1.7	100.0	117	
20-24	78.6	18.0	3.4	100.0	350	
25-29	65.5	23.4	11.2	100.0	385	
30-34	62.0	20.4	17.6	100.0	250	
35-39	50.7	26.9	22.4	100.0	134	
40-44	40.8	26.5	32.7	100.0	49	
45-49	55.6	29.6	14.8	100.0	27	
Total	67.2	21.3	11.5	100.0	1312	
<i>No of living children</i>						
0	95.4	4.2	0.4	100.0	260	
1	75.9	21.9	2.2	100.0	270	
2	65.7	30.0	4.3	100.0	230	
3	62.3	28.6	9.1	100.0	175	
4	48.5	24.6	26.9	100.0	130	
5	46.2	21.4	32.5	100.0	117	
6 and more	40.0	25.4	34.6	100.0	130	

<i>Educational grades passed</i>					
None	64.2	22.5	13.3	100.0	889
1-5	76.5	14.4	9.1	100.0	132
6-8	72.4	18.4	9.2	100.0	76
9-10	68.6	23.5	7.8	100.0	102
11 and more	75.2	19.5	5.3	100.0	113
<i>Literacy level</i>					
Illiterate	64.5	22.2	13.3	100.0	884
Literate	72.9	19.4	7.7	100.0	428
<i>Employment status</i>					
Employed	45.8	28.8	25.4	100.0	59
Unemployed	68.2	20.9	10.9	100.0	1253



Chapter 6

Knowledge and use of family planning methods



Knowledge and Use of Family Planning Methods

Measuring the level of knowledge and use of contraception is of primary importance for the population welfare programme in Pakistan. Since the initiation of the population welfare programme in the country, periodic surveys have been conducted mostly at national level to determine the level of knowledge and use of family planning methods. These surveys include the 1969 Impact Survey, 1984-85 Pakistan Fertility Survey, 1990-91 Pakistan Demographic and Health Survey, 1994 Pakistan Contraceptive Prevalence Survey and the most recent 1996-97 Pakistan Fertility and Family Planning Survey. Besides, NIPS has also conducted in the past five years three Contraceptive Prevalence Surveys in twelve large areas spread over the four provinces. The current survey is the second in this series. The generalisation of these findings to national level scenario may have its limitations, yet these surveys are important to know the differentials with regard to knowledge and use of family planning methods in the twelve large areas with a population of more than 80000.

In this chapter, the current level of knowledge and use of family planning methods in the twelve areas will be examined along with other aspects related to this subject.

6.1 Knowledge of Family Planning Methods

The question used to elicit knowledge and ever use of family planning methods has been adapted from the Demographic and Health Surveys questionnaire used all over the world. This is more simpler and more logical in order compared to the one used by

the World Fertility Surveys and Contraceptive Prevalence Surveys series undertaken the world over. The question phrased is: "Now I would like to ask you about family planning, the various ways or methods that a couple can use to delay or avoid a pregnancy. What ways or methods have you heard about?". The respondent was first to report all methods she knew about without any probing. Once she completed her spontaneous reporting, the interviewer read out the names and short description of the methods on the list but not mentioned by the respondent and asked if she had heard about them and which one she knew about. In this way, complete information about her knowledge of contraception was obtained. The respondent was then asked about each of the methods she reported to have heard about whether she has ever used it.

Table 6.1 shows that all respondents of the PFPI survey had heard about at least one method of contraception, surgical contraception being the most widely known method among the respondents (86 percent) with half of them reporting spontaneously that they knew this method. More than eight out of ten women knew about modern methods except condoms and male sterilisation which were known to 68 percent and 31 percent respectively. Being male methods, these are less commonly reported by female respondents. Methods categorised as "others" included mainly 'Implants' and were reported without any assistance of the interviewers. This method is in use in Pakistan on an experimental basis.

Table 6.1

Percentage of currently married women 15-49 years reporting knowledge of specific contraceptive method, PFPI 1994

Methods	Knowledge of contraceptive methods		
	Unprompted knowledge	Prompted knowledge	Total
Any method	100.0	100.0	100.0
Pill	62.0	20.9	82.9
Condom	34.2	33.3	67.5
Injection	56.0	27.9	83.9
IUD	45.5	35.6	81.1
Female Sterilization	43.9	42.1	86.0
Male Sterilization	8.8	22.5	31.3
Rhythm	13.2	28.6	41.8
Withdrawal	14.7	29.6	44.3
Other	5.5	-	5.5

6.2 Ever Use of Contraception

At the aggregate level, the ever use of at least one method of contraception is 39.8 percent (Table 6.2). More urban (62.5 percent) than rural (23 percent) women had ever used a method of contraception. Condom is reported to have been ever used by a higher proportion of women at the aggregate level (13 percent) with 26.4 percent in urban areas and only 3.3 percent in rural areas. Middle and old age women have used a contraceptive method more than the younger women (Table 6.3). The ever use of Withdrawal method is picking up and this finding is consistent with those of other major surveys like 1994-95 PCPS and 1996-97 PFFPS. Ever use of contraception increases with age both in urban and rural areas with some distortions at age 40 and over (Table 6.4). Similar pattern is seen for ever use with number of living children. Education, literacy and employment status also affect ever use of contraception. Women with these attributes are more likely to have ever used a method of contraception.

Table 6.2

Percentage of currently married women 15-49 years reporting ever use of specific contraceptive method by residence, PFPI 1994

Methods	Residence		
	Urban	Rural	Total
Pill	10.4	6.3	8.0
Condom	26.4	3.3	13.1
Injection	7.3	5.1	6.1
IUD	12.0	4.5	7.7
Female Sterilization	9.1	4.1	6.2
Male Sterilization	0.1	0.1	0.1
Rhythm	11.0	2.8	6.2
Withdrawal	16.7	5.2	10.1
Others	2.3	0.6	1.3
At least one method	62.5	23.0	39.8

Table 6.3

Percentage of currently married women 15-49 years who ever used specific contraceptive method by age, PFPI 1994

Methods	Current age							
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	15-49
Any method	10.4	24.6	37.7	46.2	50.7	47.1	44.1	39.8
Pill	1.3	4.5	6.8	9.1	11.1	10.8	10.7	8.0
Condom	3.6	9.4	14.6	16.6	13.8	15.1	10.6	13.1
Injectable	1.3	2.9	5.6	8.7	7.5	7.6	5.7	6.1
IUD	0.6	3.7	8.5	10.6	10.6	7.6	5.6	7.7
Female sterilization	0.0	0.6	2.2	5.8	11.9	12.6	13.5	6.2
Male sterilization	0.2	0.1	0.1	0.1	0.1	0.1	0.3	0.1
Rhythm	2.1	3.3	6.3	7.2	7.7	7.5	7.9	6.2
Withdrawal	4.0	6.3	9.5	12.8	13.0	10.5	11.0	10.1
Other	0.9	0.8	1.5	1.7	1.5	1.5	1.0	1.3

Background characteristics	Residence		
	Urban	Rural	Total
Total	62.5	23.0	39.8
Current age			
15-19	19.9	7.1	10.4
20-24	42.6	13.7	24.6
25-29	60.0	21.5	37.7
30-34	70.6	26.5	46.2
35-39	72.7	32.2	50.7
40-44	72.1	25.3	47.1
45-49	62.5	28.3	44.1
No of living children			
0	3.2	1.2	1.9
1	39.7	10.9	22.0
2	62.8	21.3	39.2
3	74.6	25.0	49.5
4	77.2	31.0	52.9
5	79.5	28.0	51.0
6 and more	72.5	35.1	49.6
Educational grades passed			
None	51.8	20.7	27.2
1-5	61.7	27.1	41.2
6-8	67.5	38.4	60.5
9-10	68.2	39.1	65.0
11 and more	66.8	51.0	66.1
Literacy level			
Illiterate	51.8	20.7	27.1
Literate	66.6	31.8	58.3
Employment status			
Employed	66.0	29.9	45.4
Unemployed	62.0	22.1	39.0

Table 6.4
 Percentage of currently married women 15-49 years who ever used any contraceptive method by background characteristics and residence, PFP 1993, 1994, and 1996

6.3 Current Use of Contraception

Table 6.5 shows that in the PFPI sample areas, the current use of contraception is estimated at 27.7 percent. More than one-fifth of women (20.4 percent) were using modern methods and 7.3 percent were using traditional methods. The more commonly used method was condom, followed by female sterilisation and withdrawal (Figure 6.1).

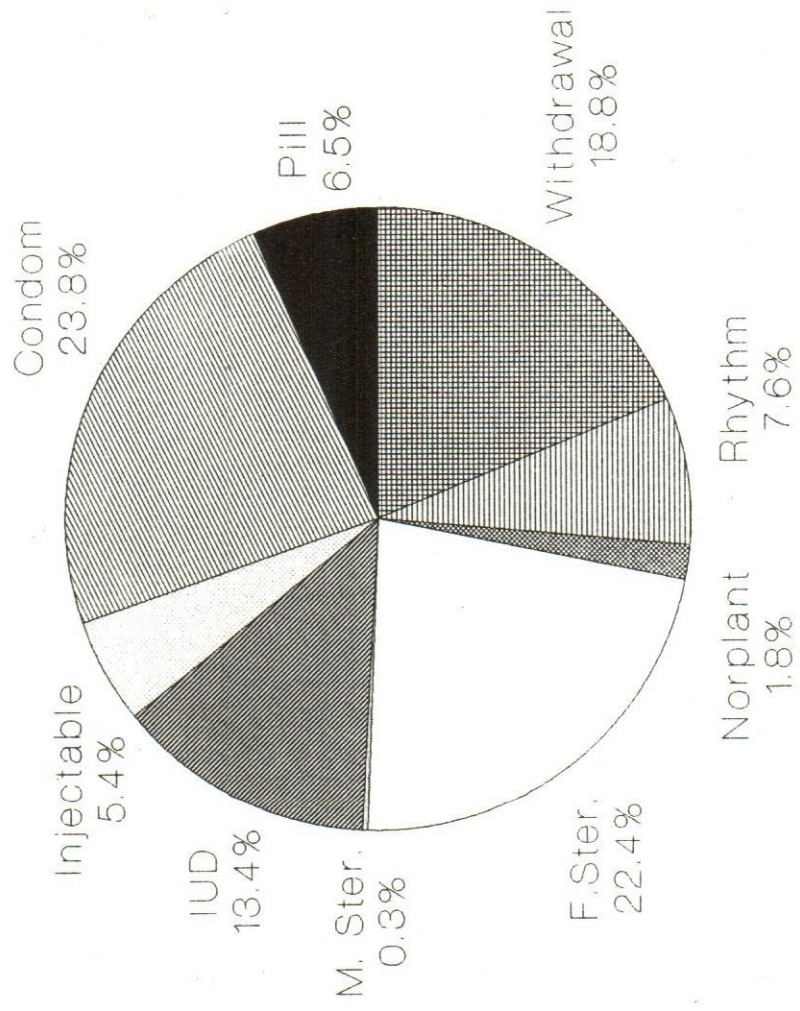
Current use of contraception was higher in urban (45.9 percent) than in rural areas (14.3 percent). Highest contraceptive use rate was observed in Peshawar sample area (60.2 percent) followed by Lahore (53.1 percent), Quetta (48.6 percent) and Karachi (40.9 percent). The use of modern as well traditional methods is higher in urban (32.7 percent and 13.2 percent respectively) than in rural areas (11.3 percent and 3 percent respectively). Women in Mach, Chakwal and Gujranwala sample areas are the least users of contraception. The reported use rate in these areas is 3.6 percent, 8.4 percent and 11.9 percent respectively. As seen in Chapter 4, fertility in Mach, Chakwal and Gujranwala is also high. Similarly, fertility in high contraceptive prevalence areas is low but not truly corresponding to the level of use of contraception in these areas. Karachi with a CPR of 40.9 percent has the lowest TFR of 2.4, Peshawar with a CPR of 60 percent has a TFR of 2.6 and Lahore with a CPR of 53 percent has a TFR of 3.4. Since contraception is one of the determinants of fertility but not the only determinant, variations in other factors like age at marriage, breast-feeding practices, abortions and a host of other factors may account for such differences. Similarly, methods of contraception used may also affect fertility rather differently. In Peshawar sample area, the most common methods used are condom (23.8 percent) and IUD (12.2 percent) but in the Karachi sample area more

women use sterilisation (11.1 percent) than in Peshawar (6.5 percent). Thus women in Karachi use more effective methods which may be one of the reasons for a lower fertility rate there.

Table 6.5
Percent distribution of currently married women aged 15-49 years currently using specific contraceptive methods by residence and sample areas, PFPI 1994

Methods	Urban areas						Rural areas								Total	
	Rawalpindi	Lahore	Karachi	Peshawar	Quetta	All urban	Chakwal	Gujranwala	Multan	Faisalabad	Ghotki	Karak	Mach	All rural	All areas	
<i>Any method</i>	30.4	53.1	40.9	60.2	48.6	45.9	8.4	11.9	16.4	24.2	17.3	18.6	3.6	14.3	27.7	
<i>Any modern method</i>	22.0	34.3	29.5	48.4	31.2	32.7	6.9	7.3	12.3	14.8	16.9	17.0	2.7	11.3	20.4	
Pill	0.7	1.6	0.6	3.0	4.0	1.9	0.4	0.2	1.2	0.7	2.8	4.2	1.8	1.7	1.8	
Condom	8.4	12.7	13.3	23.8	11.8	13.8	1.0	1.3	0.9	2.3	0.1	3.0	0.1	1.3	6.6	
Injectable	1.2	0.6	1.1	2.0	2.4	1.4	0.1	1.1	1.1	2.1	1.7	3.4	0.5	1.5	1.5	
IUD	3.6	4.6	2.5	12.2	5.8	5.6	1.5	1.5	2.7	1.9	5.2	3.4	0.0	2.4	3.7	
F. sterilization	7.6	13.0	11.1	6.5	6.7	9.0	3.9	3.0	6.0	7.1	6.9	2.5	0.3	4.1	6.2	
M. sterilization	0.1	0.1	0.1	0.0	0.0	0.1	0.0	0.1	0.0	0.2	0.0	0.0	0.0	0.0	0.1	
Other	0.4	1.7	0.8	0.9	0.5	0.9	0.0	0.1	0.4	0.5	0.2	0.5	0.0	0.3	0.5	
<i>Any traditional method</i>	8.4	18.8	11.4	11.8	17.4	13.2	1.5	4.6	4.1	9.4	0.4	1.6	0.9	3.0	7.3	
Rhythm	2.4	7.4	7.0	0.7	0.6	3.7	0.4	0.8	0.9	2.5	0.2	1.6	0.0	0.9	2.1	
Withdrawal	6.0	11.4	4.4	11.1	16.8	9.5	1.1	3.8	3.2	6.9	0.2	0.0	0.9	2.1	5.2	
<i>Number of women</i>	948	809	795	764	655	3971	722	871	750	566	808	919	771	5407	9378	

Figure 6.1
Contraceptive Mix



Current use of contraception increases systematically up to age 39 and tapers off thereafter (Table 6.6). This tapering may be caused by comparatively small number of women in these age groups and the prevalence of sub-fecundity which increases with age. The use rate increases with age more rapidly in urban than in rural areas. Similarly women are more likely to use contraception with increase in the number of living children. Only one out of eight women with one living child is using contraception whereas about four out of ten women use contraception when they have five children. In urban areas, more than six out of ten women (62.2 percent) are currently using contraception when they have five children compared to one-fifth of such women in rural areas.

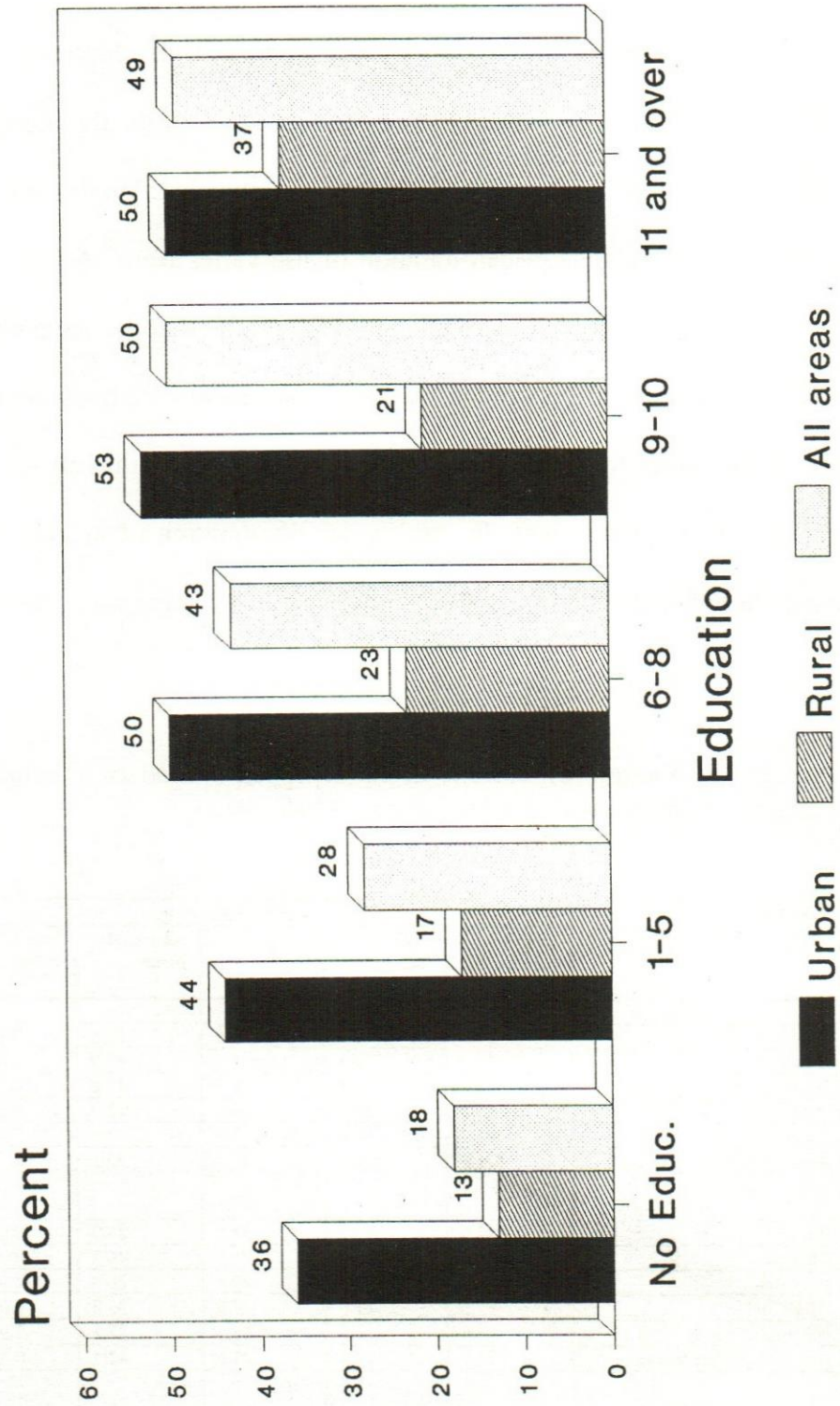
Education plays a key role in promoting contraceptive use (Figure 6.2). Women with no education are less likely to use contraception than woman with some years of schooling. Current use of contraception is highest when a woman has some schooling at high school level. Even in rural areas, women with high school education are thrice more likely to use contraception than women with no education. Half of women with 11 or more years of schooling were currently using contraception in the urban areas. More literate women were currently using contraception (42.6 percent) compared to illiterate (18 percent). No relationship was, however, found between employment of women and current use of contraception.

Table 6.6

Percentage of currently married women 15-49 years who are currently using contraceptive methods, by background characteristics and residence, PFPI 1994

Background characteristics	Urban		Rural		Total	
	%age	No	%age	No	%age	No
Total	45.9	3971	14.2	5407	27.7	9378
<i>Current age</i>						
15-19	10.3	136	3.1	393	4.9	529
20-24	29.3	591	7.4	980	15.7	1571
25-29	41.6	900	12.4	1243	24.6	2143
30-34	53.7	779	15.2	965	32.4	1744
35-39	59.2	743	23.6	877	39.9	1620
40-44	55.1	499	18.6	574	35.6	1073
45-49	39.9	323	17.9	375	28.1	698
<i>No of living children</i>						
0	1.0	403	0.4	752	0.6	1155
1	24.2	463	5.6	744	12.8	1207
2	40.3	556	10.6	733	23.4	1289
3	55.0	714	14.6	735	34.5	1449
4	60.4	614	20.3	681	39.3	1295
5	62.2	473	19.7	583	38.7	1056
6 and more	56.8	748	24.1	1179	36.8	1927
<i>Educational grades passed</i>						
None	36.2	1192	13.2	4558	18.0	5750
1-5	44.0	366	16.8	531	27.9	897
6-8	49.8	504	22.6	159	43.3	663
9-10	53.0	896	20.9	110	49.5	1006
11 and more	49.8	1013	36.7	49	49.2	1062
<i>Literacy level</i>						
Illiterate	36.4	425	13.2	596	17.9	5698
Literate	49.9	1398	19.5	171	42.6	3680
<i>Employment status</i>						
Employed	45.6	241	18.4	321	30.1	562
Unemployed	45.9	3730	13.9	5086	27.5	8816

Figure 6.2
 Current Use of Contraception by
 Education and Residence, PFPI 1994



6.4 Duration of Current Use of Contraception

Consistent use of contraception is important for regulating fertility. In the 1994 PFPI, current users of contraceptives were asked about the duration of use of the current method reported by them. Table 6.7 shows the duration of use of specific modern contraceptive methods. Mean duration of use varies from 16.9 months for Injection to 28.5 months for Norplant. It is encouraging to note that the duration of use exceeds one year for majority of the women for almost all modern methods. Mean duration of use is above two years for all methods in urban areas. The continuous use of condom exceeds three years in urban areas. In rural areas, the duration of use exceeds one year for all methods and is the highest for IUD which, on the average, was in use for 22.3 years.

Table 6.7
Percent distribution of current users of specific modern contraceptive methods by duration of use, according to residence, PFPI 1994

Methods	Duration of use						# of women
	up to 6 months	7-12 months	13-24 months	Above 24 months	Don't know	Mean duration in months	
<i>All areas</i>							
Pill	37.5	19.6	15.5	27.4	0.0	21.4	168
Condom	16.9	18.5	20.9	42.9	0.8	33.9	616
Injection	32.4	30.9	19.1	17.6	0.0	16.9	136
IUD	20.3	21.7	26.0	32.0	0.0	24.8	350
Others (Norplant)	22.9	14.6	22.9	37.5	2.1	28.5	48
Any of the above method	22.2	20.6	21.5	35.2	0.5	27.9	1318
<i>Urban areas</i>							
Pill	23.0	13.5	17.6	45.9	0.0	31.5	74
Condom	14.6	17.0	21.5	46.2	0.0	36.1	548
Injection	28.6	25.0	19.6	26.8	0.0	23.2	56
IUD	17.6	21.6	27.0	33.8	0.0	26.2	222
Others (Norplant)	17.6	8.8	23.5	47.1	2.9	34.7	34
Any of the above method	16.9	18.0	22.5	42.1	0.5	32.6	934
<i>Rural areas</i>							
Pill	48.9	24.5	13.8	12.8	0.0	13.4	94
Condom	35.3	30.9	16.2	16.2	1.5	15.8	68
Injection	35.0	35.0	18.8	11.3	0.0	12.5	80
IUD	25.0	21.9	24.2	28.9	0.0	22.3	128
Others (Norplant)	35.7	28.6	21.4	14.3	0.0	14.1	14
Any of the above method	35.2	27.1	19.0	18.5	0.3	16.63	384

6.5 Husband's Approval to Use Contraception

It appears that husband's approval is a prerequisite when it comes to family planning. Table 6.8 clearly brings out that husband's approval is necessary to use contraception no matter how convinced the woman herself may be. More than nine out of ten women believe that it is necessary to get husband's approval for using contraception. And this is regardless of their age, parity, education level and employment status. This fact deserves to be seriously considered by the population welfare programme managers and efforts need to be targeted at motivating and involving male folks in family planning. Without male motivation and involvement, efforts to increase contraception cannot be realistically expected to bear the desired fruit. A very negligible proportion of women have responded that their husband's approval is not necessary and they can do something without taking their partner into confidence.

Table 6.8

Percent distribution of currently married women 15-49 years by their responses to a situation where a woman is convinced to use contraception but husband may or may not approve of family planning: Does husband approval or disapproval really matter, by background characteristics of respondents, PFPI 1994

Background characteristics	If a woman is convinced to use family planning methods, does husbands' approval /disapproval matter						
	Husband approval necessary	Husband approval not necessary	Depends	Woman can use FP without being noticed	Other responses	Total	Number of women
<i>Current age</i>							
15-19	94.9	2.1	2.6	0.2	0.2	100.0	529
20-24	92.7	3.6	2.9	0.6	0.2	100.0	1571
25-29	91.7	4.0	3.1	0.8	0.3	100.0	2143
30-34	91.7	4.1	2.5	1.3	0.5	100.0	1744
35-39	91.5	3.9	3.4	0.9	0.3	100.0	1620
40-44	92.5	4.1	2.6	0.7	0.1	100.0	1073
45-49	93.1	3.0	3.2	0.3	0.4	100.0	698

<i>No of living children</i>							
0	93.0	3.5	2.9	0.4	0.2	100.0	1155
1	92.5	3.8	3.1	0.5	0.1	100.0	1207
2	91.9	3.3	3.9	0.8	0.2	100.0	1289
3	91.7	3.5	3.0	1.2	0.6	100.0	1449
4	91.5	4.2	3.0	0.9	0.4	100.0	1295
5	93.8	3.3	1.6	1.0	0.2	100.0	1056
6 and more	91.7	4.3	2.9	0.6	0.5	100.0	1927
<i>Educational grades passed</i>							
None	93.1	3.7	2.2	0.7	0.3	100.0	5750
1-5	91.1	5.6	2.7	0.4	0.2	100.0	897
6-8	93.5	2.3	3.5	0.6	0.2	100.0	663
9-10	90.1	3.3	5.4	1.1	0.2	100.0	1006
11 and more	89.9	4.0	4.2	1.1	0.8	100.0	1062
<i>Literacy level</i>							
Illiterate	93.1	3.7	2.2	0.7	0.3	100.0	5698
Literate	90.9	3.9	4.0	0.9	0.3	100.0	3680
<i>Employment status</i>							
Employed	89.5	6.2	1.8	2.1	0.4	100.0	562
Unemployed	92.4	3.6	3.0	0.7	0.3	100.0	8816

6.6 Reasons for Discontinuation

Information about the method used for substantial duration and the reason for its discontinuation was elicited from 1138 women who had abandoned use after accepting contraception. The objective of this question was to see why women discontinue after adopting a contraceptive method and using it continuously for some time. Table 6.9 also enlists the reason why women discontinued contraception after using it for a considerable length of time. If the duration of use is considered, it becomes evident that about one-third of the women (32.0 percent) had just abandoned the use of contraception within six months of starting it. In addition, more than one-fifth of women (20.8 percent) had used the methods for one to two years and an additional 23 percent women had used contraceptive methods for more than two years. When these women were asked why did

Sources of Supply

Availability of and accessibility to contraceptives are two important factors affecting contraceptive use. This chapter will discuss the sources from where the current users of contraceptives obtained the methods of their choice, how far away they were situated and how much time had to be spent in obtaining contraceptives.

7.1 Sources of contraceptives

Table 7.1 and Figures 7.1-7.6 show the sources from which the current users obtain their methods. Four out of five modern methods of contraceptives i.e. Pills, Injections, condoms, and Norplant are obtained mostly from private sources. Three-fourths of pill users reported to have been obtaining their pills from the private sources. Medical stores and private doctors are major sources of providing pills in the private sector. More than half of injection users are getting their method from private sources, on top being private doctors. Similarly, 94 percent of condom users go to private sources for their method, the most preferred place being the medical store. Norplant is also obtained from the private source by most of its users (62.5 percent).

More than half of the women using IUD (52.6 percent) were obtaining it from government sources, especially the family welfare centres (21.7 percent), while about one-third of the IUD users were getting it from private doctors.

Table 7.1

Percent distribution of currently married women age 15-49 years who were currently using specific methods of contraception by source of supply, PFPI 1994

Source of supply	Pill	IUD	Injection	Condom	Norplant	Total
Government sources	30.4	52.6	46.3	5.9	35.5	26.6
FWC	10.7	21.7	13.2	2.3	18.8	10.2
FW Worker	4.8	5.4	10.3	2.1	4.2	4.2
Hospital/RHC	9.5	12.6	10.3	1.0	8.3	6.4
MSU	0.0	0.3	3.7	0.0	0.0	0.5
Other government facilities	5.4	12.6	8.8	0.5	4.2	5.3
NGO sources	3.6	7.7	0.7	0.5	2.1	2.9
NGO centre/clinic	3.6	7.7	0.7	0.3	0.0	2.7
Other NGO source	0.0	0.0	0.0	0.2	2.1	0.2
Private sources	66.1	39.6	52.9	93.7	62.5	70.5
Private Doctor	21.4	31.1	33.8	3.7	20.8	17.0
Private Hospital/clinic	0.6	5.4	3.7	0.3	10.4	2.4
Medical store	41.7	1.1	14.0	79.9	2.1	44.5
General store	1.2	0.0	0.7	9.3	0.0	4.6
Any other private source	1.2	2.0	0.7	0.5	29.2	2.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	168	350	136	616	48	1318

Figure 7.1
Sources of contraceptives

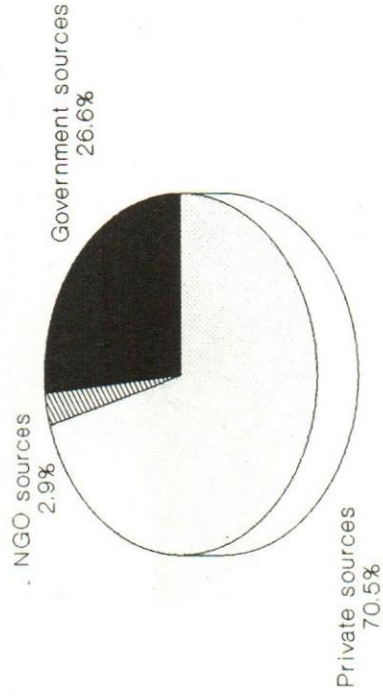


Figure 7.2
Sources of Pills

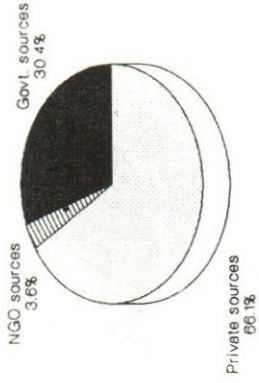
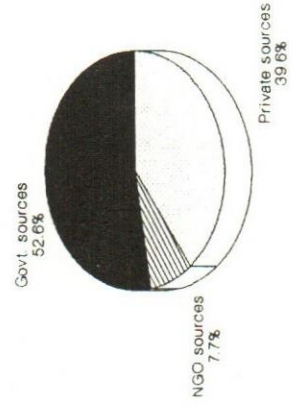


Figure 7.3
Sources of IUD



Contraceptives include:
Pill, IUD, Injection, Condom & Norplant

Figure 7.5
Sources of Condom

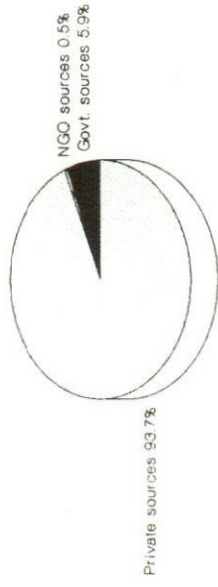


Figure 7.4
Sources of Injection

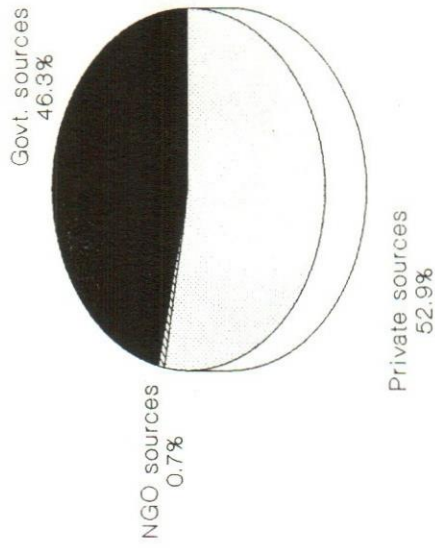
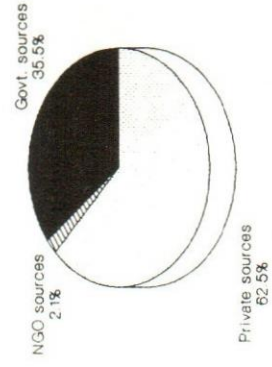


Figure 7.6
Sources of Norplant



they discontinue the use of contraception, about one-third women (31.1 percent) reported that they discontinued use to get pregnant. These women were certainly spacers and had a genuine reason to discontinue. However, one-quarter of women reported side effects of methods to be the reason for discontinuation. In addition, about one-fifth (19.2 percent) of the women said that the method they were using failed and they got pregnant. As far as method effectiveness is concerned, it is established that in the first year of its use, the failure rate does not exceed 0.6 percent for Pills, IUD, Injection, Sterilisation and Norplant. The higher failure rate of three percent is recorded for condom only (Hatcher et. al., 1997). If women are informed about the correct way of using contraceptives, the failure rate can be minimised. In other words, dropout can be prevented by 44 percent, if quality services are provided and the prescribed procedures are adopted by the service providers in dispensing contraceptives. In the current instance, had there been no drop outs due to side effects and the so called method failure, the current use of contraceptives would have been 33 percent instead of 27.7 percent in the study areas.

Table 6.9

Percent distribution of past-users by duration of use and reasons for discontinuation, according to methods used for longer duration, PFPI, 1994

Duration of use and reason for discontinuation	Methods							All methods
	Pill	IUD	Injection	Condom	Rhythm	Withdrawal	Other	
Duration of pat use in months								
Less than 1 month	0.4	0.0	0.0	0.3	7.0	3.3	7.1	1.5
1-6 months	36.2	22.1	0.6	21.6	37.7	21.1	42.9	29.5
7-12 months	24.7	19.5	43.2	24.8	13.2	27.6	7.1	23.5
13-24 months	16.5	26.6	27.7	25.8	14.0	24.3	28.6	20.8
25-36 months	9.5	18.8	12.9	13.4	9.6	11.8	14.3	12.1
36+ months	11.9	12.3	9.0	13.7	7.9	10.5	0.0	11.0
Don't Know	0.8	0.7	6.6	0.4	10.6	1.4	0.0	1.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	243	154	155	306	114	152	14	1138
Major reason for discontinuation								
Wanted child	16.0	18.8	18.1	39.9	49.1	49.3	35.7	31.1
Method failed and got pregnant	20.2	14.9	19.4	22.2	14.9	19.7	14.3	19.2
Method inconvenient	2.1	12.3	2.6	3.9	6.1	2.6	7.1	4.6
Method not available	3.7	0.6	5.8	0.7	0.0	0.0	7.1	2.0
Side effects	43.6	46.1	39.4	14.1	0.0	0.7	14.3	25.0
Husband went away	3.3	4.5	3.9	8.5	8.8	11.8	0.0	6.6
Husband opposed	4.1	1.4	5.8	3.9	9.6	5.3	0.0	4.6
Family opposed	3.3	0.7	1.9	1.0	0.9	2.0	7.1	1.8
Other reasons	3.7	0.7	3.2	5.8	10.6	8.6	14.3	5.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	243	154	155	306	114	152	14	1138

Chapter 7

Sources of supply



Overall, private doctors and medical stores are the preferred private sector sources for obtaining contraceptives and in the public sector, it is the family welfare centres. However, when it comes to surgical contraception, government hospitals are the most preferred place. As can be seen from Table 7.2 and Figure 7.7, more than three-fourths (76.2 percent) users of surgical contraception had obtained this method from government hospitals. These hospitals include hospitals with Reproductive Health Services Centres (RHS) 'A' and 'B' type which are funded by the Population Welfare Programme. The contribution of the NGO's hospitals or clinics for surgical contraception is minimal (1.7 percent) but that of the private sector is substantial here too as more than one-fifth (22.1 percent) of the users of surgical contraception have availed of private sector facilities.

The RHS centres are required to provide transport to clients after the operation and also pay Rs. 50 per client of surgical contraception. This practice, as appears from the data, is not strictly adhered to. Only 55.6 percent users of the government hospitals and 40 percent users of the NGO facilities were paid the prescribed amount (Rs 50) and only one-third of them were provided with transport. There may be different reasons for this lapse, including non availability of transport and required funds for the purpose. This, however, needs to be looked into. If all sterilisation clients are reported to have been paid and transport recorded to have been provided in the programme books, this may raise certain suspicions about their genuineness.

Surgical contraception is offered free of cost in the public sector. More than nine out of ten users of public service facilities have so reported. But in ten percent cases, both public sector and NGO facilities have charged some amount for the service. The fee

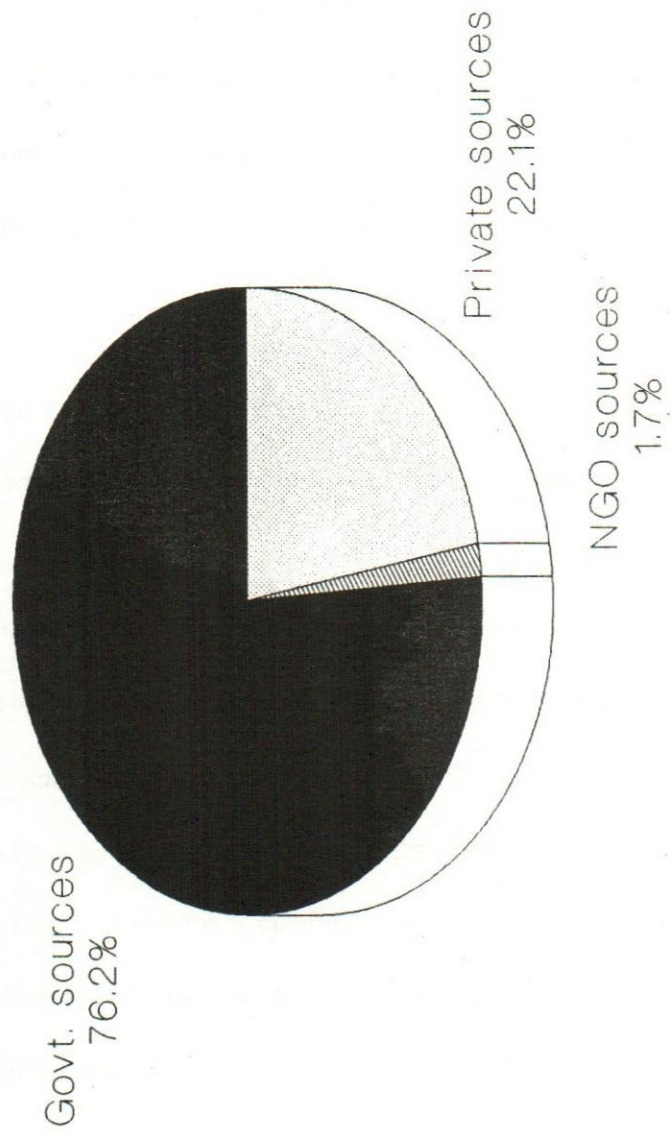
charged varies from Rs. 100 to Rs.10000 in the public sector and Rs 200 or less by the NGOs. The average fee charged by the public sector is Rs 162 and that by the NGOs is Rs 20. Private sector appears to be quite expensive. The average fee charged by the private sector is Rs 4430. The fee ranges between free of cost to more Rs 10000 per case. More than one-quarter of the users were charged between Rs 1000-3000.

Table 7.2

Percent distribution of acceptors of contraceptive surgery according to place of operation, whether amount received for medicines, and amount of fee paid for operation, PFPI 1994.

	Government Hospitals	NGO Hospitals	Private Hospitals
Transport provided to patients	33.0	40.0	0.0
Received money by clients	55.6	40.0	0.0
Fee charged by facility			
Average fee (Rs)	162	20	4430
Free of cost	90.4	90.0	7.0
Up to Rs. 100	0.7	0.0	3.9
101-200	0.7	10.0	1.6
201-500	0.9	0.0	8.6
510-1000	0.9	0.0	6.3
1001-3000	2.7	0.0	26.6
3001-5000	0.9	0.0	7.8
5001-10000	0.7	0.0	17.2
10000+	0.0	0.0	9.4
Amount of fee not known	2.1	0.0	11.6
Total	100.0	100.0	100.0
Number of women	446	10	129

Figure 7.7
Sources of Contraceptive Surgery



7.2 Accessibility of Contraceptives

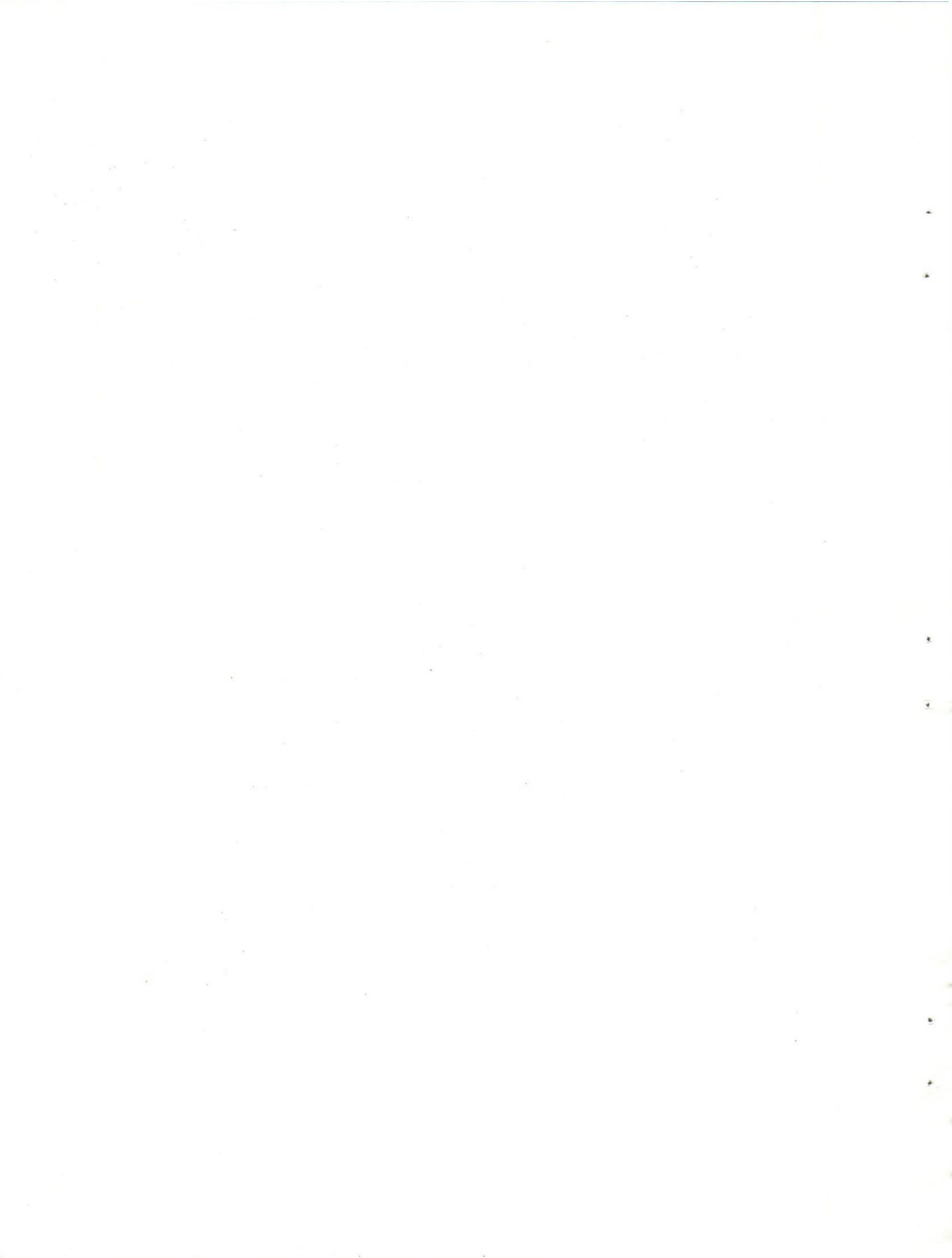
The data suggest that contraceptives like Pill, IUD, Condom, Injection and Norplant were available to a high majority of the women (85.2 percent) in the twelve sample clusters within a distance of five kilometres. In five percent cases, women were required to travel from 6-10 Km, four percent women had their method of choice within a distance of 11-20 km and in six percent cases they travelled more than twenty kilometres (Table 7.3).

More than eight-tenths women (82.1 percent) had to spend upto 30 minutes to reach the facility to get a method and an additional 13 percent could get to the source of the method of their choice within an hour. By international standards, family planning services within a time distance of one hour are said to be accessible. However, it has to be borne in mind that women in Pakistan are least likely to travel on their own for any medical help. In the 1990-91 PDHS, 66 percent women at national level and 80 percent women in the rural areas reported that they were required to be accompanied by someone to go to a health facility for acquiring a service irrespective of the distance involved. In such a high dependency situation, the international standards just wont apply to Pakistan and community distribution system will have to be resorted for better results.

Table 7.3

Percent distribution of currently married women aged 15-49 years using specific modern contraception methods (Pill, IUD, Condom, Injection and Norplant) by distance and time to source of supply, PFPI 1994.

Distance / time to source of supply	Percent
<u>Distance to source of supply</u>	
Up to 5 kilometres	85.2
6-10	5.2
11-15	2.2
16-20	1.6
20+	5.8
Average distance to source of supply	4.2 Kilometres
<u>Time to source of supply</u>	
Up to 30 Minutes	82.1
31-60	12.8
60+	5.1
Average time to source of supply	25 Minutes





Chapter 8
Summary and Policy Implications



Summary and Policy Implications

The 1994 PFPI study area had 13871 housing units, of which 13093 units were inhabited and the rest 778 were vacant. At the household level, 12224 households were successfully completed. The household information presented in this report is thus based on data collected for 12224 households. In these households, 10593 women were identified as eligible for detailed interview. Out of them, 9378 (88.5 percent) were successfully interviewed. The non response of 11.5 percent was mainly because of non availability of women (10.5 percent) and the refusal rate was minimal (1.0 percent). The non response rate due to non availability was considerably high in the study areas of Faisalabad (31.8 percent), Multan (27.9 percent) and Chakwal (13.3 percent). The response rate was the highest in Karak (99.4 percent) whereas more refusals were experienced in Peshawar (4.8 percent).

The total population of the area enumerated in the survey was 74012 out of which 29955 were residing in urban and 44057 in rural areas. In terms of household size (12224), it is the largest sample size survey so far undertaken in the country. Overall household size in the sample areas is above six persons. Although urban-rural differentials are not very wide, the cluster level household size varies from a low of 5.1 in Quetta to a high of 7.96 in Karak.

The population of children under 15 years comprise 43 percent, which is about the same as estimated by the 1996-97 Pakistan Fertility and Family Planning Survey. The

proportion of population under 15 years of age is smaller in urban (39.7 percent) than rural areas (45.3 percent), which suggests comparatively faster decline in fertility in urban areas.

The proportion of currently married woman was highest (22.9 percent) in the age group 25-29. The proportion of currently married women in the youngest age group is on decline in the past few decades. It was found to be 12.9 percent in the mid seventies, 8.2 percent in 1981, 7.7 percent in mid eighties, 6.5 percent in 1990-91 and 5.6 percent in the current study. This suggests that the marriage age is persistently increasing in Pakistan.

The number of living children is a factor influencing women's reproduction. The proportion of women with three children (15.5 percent) was the highest among all age groups. Women with 2-4 children comprised 43 percent of the sample. However, one-fifth of the women had six or more children at the time of survey.

Majority of the PFPI survey women (61.3 percent) had no schooling. About one in ten women had some primary education (9.6 percent) while seven percent women had passed some classes of middle standard. Women with higher than middle education were only 22 percent. About four-tenths women reported to be literate. Husband's education status was found to be better than their wives. Slightly over one-fourth of husbands (25.7 percent) had eleven or more years of schooling but a greater proportion of husbands (29.2 percent) had no education at all. One out of eleven husbands had some primary education

while over one-third (35.9 percent) had six to ten grades to their credit. On the whole, 71 percent husbands were reported to be literate.

Majority of the husbands (84 percent) were either employed or were running their own businesses. In addition, one out of ten men was working in agriculture sector, either on his own or rented land. Unpaid family workers were not significant (0.3 percent) but comparatively more men (3.2 percent) were not looking for any kind of employment.

The average age at which the women had married was about 18 years. Women in urban areas married one and a half year later compared to their counterparts in rural areas. Women in their late twenties or early thirties reported to have married later than women younger or older to them, both in urban and rural areas and also at the aggregate level. Mean age at marriage was found to be the highest in Karachi (19.8 years) and lowest in Mach (16 years).

The age specific pregnancy rates reveal that 14 percent of the currently married women were pregnant at the time of survey. More rural (17.1 percent) than urban women (9.7 percent) were pregnant. Differentials are striking at cluster level. Pregnancy rate was highest in Karak (22.1 percent) and lowest in Karachi (7 percent). The actual pregnancy rates may slightly be higher as early pregnancies are generally not detected and often not reported.

Women of the PFPI survey are expected to produce 4.9 children on average in their reproductive life. Women in rural areas are expected to produce three children more (6.3 children) than their counterparts in urban areas (3.4 children) in their entire reproductive life. In the prime years of reproduction (20-34), these women are producing one child more than women in urban areas. By the time a rural women attains the age of 39 she has already given birth to five children compared to three children born to the urban women.

Fertility differentials are prominent at the cluster level. The highest fertility was found in Mach in Balochistan (8.0 children) followed by Karak in NWFP (6.6 children). Fertility is close to replacement level in Karachi (2.4 children) and Peshawar (2.6). Women in rural areas of Multan and Chakwal have approximately the same fertility level as that observed in the urban cluster of Rawalpindi.

A married woman in the twelve sample clusters is expected to give birth to seven children in her reproductive life by following the age specific fertility pattern of the married women. The difference between urban and rural woman is also about two children. Women in Gujranwala sample area have the highest marital fertility (10 children) compared to all other areas of the study. Married women in Karachi and Peshawar will also give birth to more than five children through their reproductive life if they respond exactly to the observed marital fertility schedules of the respective areas. Based on the marital fertility schedules, an urban woman is expected to be replaced by three daughters and a rural women by four.

The pattern of gross reproduction rate (GRR) is the same as that of TFR. At the aggregate level, a woman is replaced by 2.4 daughters. A woman in urban areas is replaced by 1.7 daughters and the one in rural areas by three daughters. The two extremes at the cluster level are Peshawar and Mach where the GRR is 1.1 and 4.0 respectively.

At the aggregate level, mean number of children ever born to women aged between 15-49 years was 4.14. It was 4.01 in urban areas and 4.24 in rural areas. By the time a married woman reaches the middle of her reproductive life (30-34), she is already mother of four children. An average woman of the PFPI sample has about seven children (6.52) when she is in the terminal age group of reproduction. The urban woman on the average produces one child less (6.02) than her counterpart in the rural areas (6.94). Mean number of children varies across the sample clusters. If in Peshawar a woman produces a little over four children, a woman in Balochistan sample areas has on the average more than eight children by the time she is about to complete her reproductive life, irrespective of her residential status.

Education has an inverse relationship with the number of children ever born. On the average, a woman with no education has more than four children (4.33) compared to woman with eleven or more years of schooling (2.6). The same pattern prevails in urban as well as rural areas where the difference between the number of children ever born to currently married women with and without education is little over two children.

Literacy also makes a difference of one child at the aggregate level and also in rural areas. The difference between literate and illiterate women with regard to mean number of children ever born in urban areas as a whole is of one and a half child. Employment of women does not seem to have any impact on average number of children. This may be because of the type of work the women of the PFPI sample were involved in.

Husband's education has a weaker association with the number of children ever born compared to woman's education. At the aggregate level, an average man with eleven years of schooling has 3.4 children ever born to his wife compared to 4.6 children with no schooling at all. Similarly, the difference between number of children ever born when the husband has no education compared to one with eleven or more years of schooling is about the same both in urban (1.38) and rural areas (1.39). Similarly, literacy of husband has slightly less impact on number of children ever born compared to the literacy of the woman herself.

The difference between the mean number of children ever born and mean number of children surviving at different ages indicate mortality of children as a woman proceeds through her reproductive life. On the average, a married woman aged 15-49 years gives birth to 4.14 children out of which only 3.45 children survive and thus she bears a loss of about 17 percent children. The data reveal that women in their late forties have experienced a loss of about 15 percent of their children. At the end of reproductive life, an average married woman of the PFPI survey is expected to have about six surviving children (5.57). In rural areas, a woman between 44-49 years of age is expected to lose her children twice as many (1.24) as her counterpart in urban areas (0.64). Children of

literate and educated women are expected to survive more than children of illiterate and non educated women. Those who have eleven or more years of education, 97 percent of their children survive whereas uneducated women lose about 14 percent of their children. In rural areas, on the average a woman with grade 11 or more education loses 12 percent of her children as against 15 percent loss of children of woman with no education. In urban areas, survival of children is even higher (97 percent) for mothers with higher secondary or more education than a mother with no education (89.6 percent). These urban-rural differentials in child survival may be attributed to availability, accessibility and acceptability of health services in urban areas.

The PFPI survey data show that about half of the currently married women (49.8 percent) had ever discussed with their husbands about the total number of children they should have in their life. More urban (61.8 percent) than rural women (41 percent) talked about this subject with their husbands. The proportion of such women was high (55.6 percent) in the prime age group of reproduction (30-34). 89.7 percent women in Lahore sample area discussed the subject with their husbands whereas less than one percent women in Mach (Balochistan) did so.

Education plays an important role in facilitating husband-wife discussion on fertility related matters. The proportion of women who had discussion with their husbands about the number of children they should have, increases with the increase in education. Two-fifths women with no education had discussed the topic with their husbands as against three-fourths (73.8 percent) women with eleven or more years of schooling. More women in Lahore, Karak and Peshawar talked to their husbands about

their reproduction than women in Balochistan sample areas. Similarly, more literate and employed women talked to their husbands about childbearing than illiterate and unemployed women.

A very high majority of women (80.7 percent) in the PFPI survey had favoured small families. The proportion of such women was higher in urban (88.1 percent) than rural areas (75.3 percent). More than three-fourths of women (76.7 percent) who favoured large families believed that large families are a source of strength or happiness. This view was almost equally shared by urban and rural women favouring large families. However, not many of these women reported that children provide security (5.3 percent) but at least one out of six women was of the view that children are a source of help in business and lead to more earnings. This view was almost equally expressed by urban (15 percent) and rural respondents who favoured large families.

The 81 percent women who favoured small families did so mostly for economic reasons (86 percent). About one-third of these women believed that small family is less of an economic burden. In addition, one-third women favoured small families as that made it possible to provide children with higher education. One in seven women related small family with better health of mother. The data suggest that women now consider more children to be a liability requiring increasing investments for rearing, upbringing and education and are also cognisant of prosperity of the family as a whole.

Mean number of children desired varies with age. Younger women desire between 3-4 children whereas older women desire more than five children in their reproductive life. Overall, currently married women desire an average of 4.67 children at an aggregate

level-4.34 children in urban areas and 4.97 children in rural areas. The average number of children desired varies between 3.89 children in Peshawar to 5.85 children in Karak.

Education plays an important role in framing the desire for number of children. Educated women are more likely to desire to have less number of children compared to women with no education. At the aggregate level, mean number of children desired by women with secondary or more education is lower (3.53) than that desired by women with no education (5.17). The same pattern is observed for educated and uneducated women in urban and rural areas and at cluster level. Similarly, literate and employed women have lower desire for children than illiterate and unemployed women.

Desire for additional children recedes with the number of living children a woman already has. Half of the women with three or less children are desirous of an additional child within two years while one-third of these women would like to wait for more than two years for the next child to come.

In the PFPI survey, more than half of the women (55 percent) reported that they do not have any desire for any additional child in the future. The proportion of women who do not desire additional children in future increases with the number of children a woman already has. Sixty percent women with three living children would like to stop child bearing altogether. The proportion increases drastically with each additional child and it reaches 88 percent for women with six or more children. These women, together with those who want to postpone childbearing for two or more years, are the potential clients of family planning. If contacted, motivated and provided an access to their method

of choice in a manner and procedure acceptable to them, they can easily be converted into users.

In urban areas, the desire for additional children dampens when the woman is already a mother of three living children. Three-fourths of such women like to stop child bearing in urban areas. The corresponding proportion in rural areas is 45 percent. Ninety-four percent of women with five living children in urban areas and three-fourths of women in rural areas want to stop child bearing altogether. These potential clients of the family planning programme are out there to be reached and converted into users.

The data suggest that as a woman progresses in age, education and literacy and attains employment and urban residence, she is more likely to have lesser and lesser desire for additional children when she already has the number of children she wanted. The survey shows that nine out of ten women in urban areas and three-fourths of rural women with five children, three-fourths of women of any age between 15-49 years with four children, 83 percent of women with some secondary or higher education and with three children, three-fourths of literate women with three children and 85 percent employed women with four children want to terminate child bearing altogether.

Of those who were pregnant at the time of the survey, one-third women thought that their pregnancies were mistimed. Two-fifths of the pregnant women wanted to become pregnant later and 11.5 percent did not want the pregnancy at all. Thirty-eight percent of the women with three living children, 51.5 percent women with four living children, 54 percent women with five living children and 60 percent women with six or

more living children had the current pregnancy mistimed. About a quarter (24.3 percent) of these women did not want the pregnancy at all.

All respondents of the PFPI Survey knew about at least one method of contraceptives. Surgical contraception was the most known method (86 percent). More than eight out of ten women knew about modern methods of contraception except condoms and male sterilization which were known to 68 percent and 31 percent women respectively. Being male methods, these are less commonly reported by female respondents.

At the aggregate level, the ever use of at least one method of contraception is 39 percent. More urban (62.2 percent) than rural women (22.5 percent) had ever used a method of contraception. Condom is reported to have been ever used by higher proportion of women at the aggregate level (13 percent) and in urban areas (26.4 percent). More middle and old age women have used a contraceptive method than younger women. The ever use of withdrawal is picking up. Ever use of contraception increases with age both in urban and rural areas with some distortion at age 40 and over. Similar pattern is seen for ever use with number of children. Education, literacy and employment status also affect the ever use of contraception. Women with these attributes are more likely to have ever used contraception.

Current use of contraception was estimated at 27.7 percent. More than one-fifth of the women (20.4 percent) were using modern methods and 7.3 percent were using traditional methods. The more commonly used method was condom (6.6 percent) followed by female sterilization (6.2 percent) and withdrawal (5.2 percent).

Current use of contraception was higher in urban (45.9 percent) than in rural areas (14.3 percent). Highest contraceptive use was found in Peshawar sample area, followed by Lahore, Quetta and Karachi. The use of modern as well traditional methods is higher in urban (32.7 percent and 13.2 percent respectively) than in rural areas (11.3 percent and 3 percent respectively). Smaller number of women in Mach, Chakwal and Gujranwala use contraception. The reported use in these areas is 3.6 percent, 8.4 percent and 11.9 percent respectively.

Education plays an important role in promoting contraceptive use. Women with no education are less likely to use contraception than women with some years of schooling. Current use of contraception is the highest when a woman has some schooling at high school level. Even in rural areas, women with high school education are thrice more likely to use contraception than a woman with no education.

Mean duration of current use of contraception varies from 16.9 months for injection to 28.5 months for Norplant. The duration of use exceeds one year for majority of women for almost all modern methods. Mean duration of use is above two years for all methods in urban areas. The continuation of use of condom exceeds three years in urban areas. In rural areas, the duration of use is above one year for all methods and is the highest for IUD which, on the average, was in use for 22.3 years.

Husband's approval is a prerequisite for using contraception. More than nine out of ten women, irrespective of their age, parity, education and employment status believe that it is necessary to get husband's approval for using contraception. Efforts, therefore, need to be targeted to motivate and involve men in family planning.

Women who discontinued contraceptive use were asked about the method they had used for substantial duration and the reason for its discontinuation. One-third of the women had abandoned the use of contraception just within six months of starting it. In addition, one-fifth of the women had used a method for 1-2 years and an additional 23 percent had used contraceptive methods for more than two years. The reasons for discontinuation of contraception as reported by these women reveal that about one-third of them wanted to get pregnant, a quarter of them had discontinued because of side effects and one-fifth got pregnant while using contraception. Although modern methods are highly effective, the use effectiveness may vary from person to person. If women are counselled properly and correct use is explained to them, the failure rate can be minimised. The 1994 PFPI Survey reveals that had there been no dropout due to side effects and method failure, the current use of contraceptives would have been 33 percent instead of 27.7 percent in the study areas.

Current users of the 1994 PFPI Survey obtained their methods from various sources. Four of five modern methods of contraception i.e. Pills, Injections, condoms and Norplant were obtained from private sources. Three-fourths of pill users, more than half of Injection users, 94 percent of condom users and about two-thirds of Norplant users reported to have been getting these methods from private sources. IUDs were mostly obtained (52.6 percent) from the government sources, especially from the FWCs (21.7 percent). However, about one-third of IUD users got the method from private doctors. Overall, private doctors and medical stores are the preferred private sector sources for obtaining contraceptives while in the public sector it is the family welfare centres.

Surgical contraception was mostly done at the government hospitals with RHS 'A' and 'B' type centres, funded by the population welfare programme. The contribution of NGO hospitals or clinics was limited (1.7 percent) in the sample areas, but the contribution of private sector was quite substantial (22.1 percent).

Reproductive Health Services Centres are required to provide transport and pay Rs 50 to the clients after operation. This was, however, not strictly followed. Only 55.6 percent users of the government hospitals and 40 percent users of the NGO facilities were paid the prescribed amount and only one-third of them were provided with transport. There may be different reasons for this lapse, including non availability of transport facilities and inadequacy of funds for the purpose.

A very high majority of respondents (90.4 percent) who had had sterilization reported to have received the service without having to pay any fee. However, ten percent respondents reported to have paid a fee ranging from Rs. 100 to Rs.10000 to government hospitals and Rs. 200 or less to the NGOs.

A high majority of current users of Pills, IUDs, Injection, condoms and Norplant (85.2 percent) reported to have access to these methods within a distance of five kilometres. In five percent cases, the users travelled 6-10 km, four percent travelled 11-20 km and six percent users travelled more than twenty Km to get their method. More than eight-tenths women had to spend upto thirty minutes to reach the facility to get a method and an additional 13 percent could get to the source of the method of their choice within an hour.

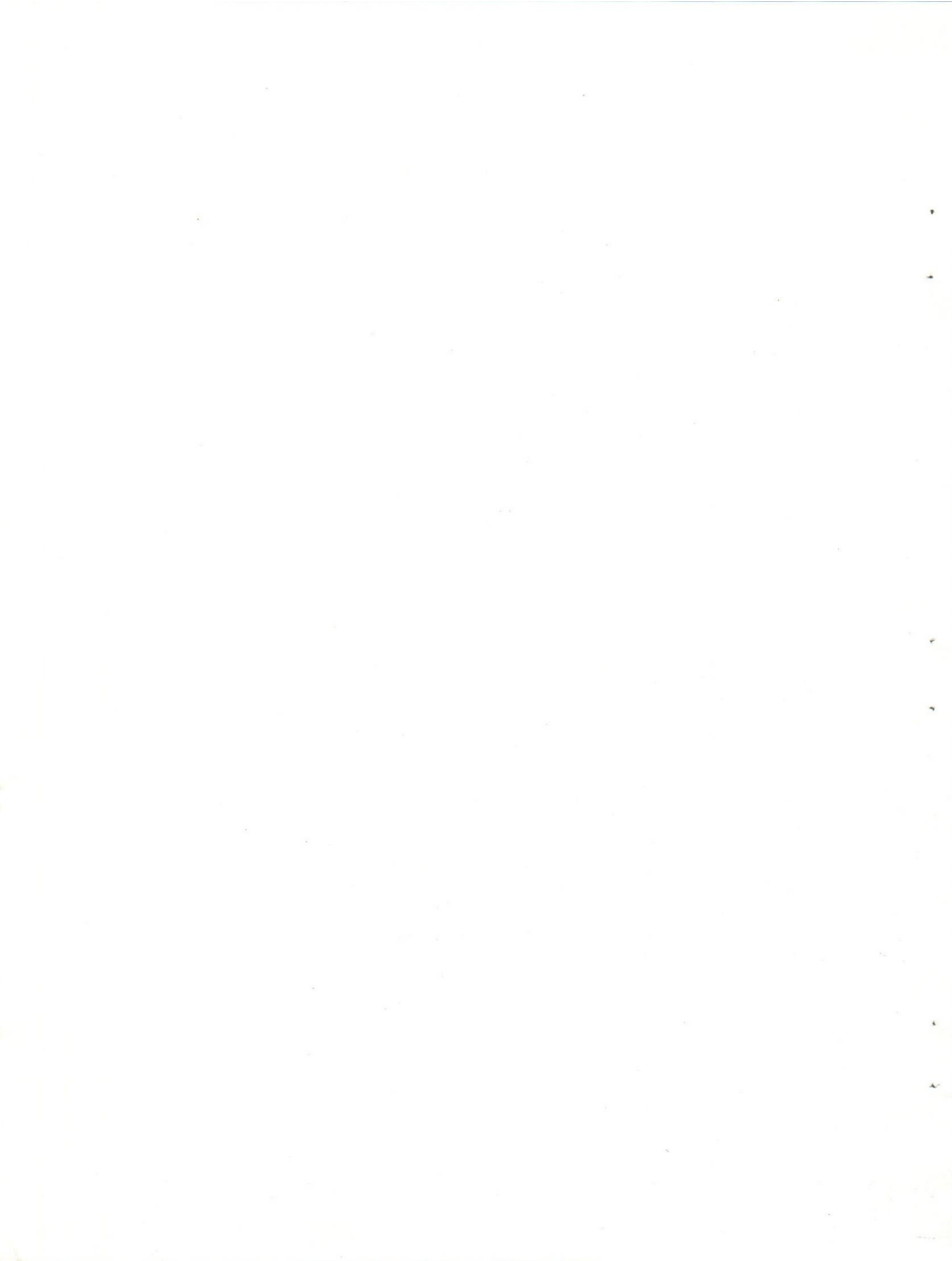
It appears from the foregoing paragraphs that contraceptive use is high in many areas of the study. There are, however, large differentials in contraceptive use across the study areas. Disadvantaged areas like Mach in Balochistan, where education is not common, knowledge about family planning is very low, mobility of women is restricted and the terrain to the health and family planning services is inhospitable, the use of contraception is minimal (3.6 percent). In urban areas like Peshawar, Lahore, Quetta and Karachi, where availability of and accessibility to contraception is quite high, the level of literacy and education is comparatively better and women are more mobile and exposed to electronic media, the use of contraception ranges between 40-60 percent. The effect of contraception on fertility is also visible in these areas. In two of the areas i.e. Peshawar and Karachi, the TFR is close to replacement level whereas in Mach area a woman on the average is likely to bear more than eight children in her reproductive life.

Over ninety percent women favour small families. Most of them favour small families because of economic pressure, yet not all of them are using contraceptives. On the average, women desire 3-4 children but end up having a higher number of children. Contraceptives are available to majority of women within a distance of five kilometres but the use rate does not correspond to this availability. More than half of the women do not want any additional children yet they are not taking any preventive measure to avoid pregnancy. Studies elsewhere show that close and more frequent contact between the service providers and the prospective users can bridge the gap between desire for no more children and use of contraception. Village Based Family Planning Worker's scheme has the potential to reach out to these women who are in dire need of proper counselling. This component needs sharper focus to yield better results.

The private sector is playing an important role in providing family planning services. It appears that this sector has generated greater acceptability among family planning users, which is an encouraging sign. The programme may continue to patronise the private sector with the ultimate objective of making it self sustainable.

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Appendixes**QUESTIONNAIRES**

Appendix-A: NIPS-1	Household Registration Form
Appendix-B: NIPS-2	Birth Registration Form
Appendix-C: NIPS-3	Death Registration Form
Appendix-D: NIPS-4	Household Questionnaire
Appendix-E: NIPS-5	Woman's Questionnaire



Appendix-A

**Government of Pakistan
Ministry of Population Welfare
National Institute of Population Studies
HOUSEHOLD REGISTRATION FORM (NIPS-1)**

Name of District

Name of Province

Name of Area

Household No

Urban=1

Rural =2

S.No	Name of usual resident	Relationship to head of household	Sex	Age in completed years	Marital status	Education	Literacy	Employment status
	Register all those persons who are usual residents of this household	01=Household 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=grand Father / Mother 12=Uncle / Aunt 13=Other relative 14=Not related	1=Male 2=Female	If less than one year write "00"	1=Never married 2=Married 3=Widowed 4=Divorced 5=Separated	Highest class passed. 00=None 01=One 03=Three 07=Seven 10=Matric 12=FA 14=BA 16=MA 17=Doctor 18=Engineer 19=M.Phill 20=Ph.D	If less than 5 classes passed ask if he/she can read and write a simple letter with understanding. 1=Yes 2=No	1=Employer 2=Self employed 3=Employee 4=Unpaid family worker 5=Looking for work 6=Not looking for work 7=Student 8=Not applicable
01		0	1					
02								
03								
04								
05								
06								
08								
09								
10								
11								

NB: Use additional sheets if necessary

Name of Registrar.....

Remarks:

Signature and date.....

Appendix-B

NIPS-2
 NATIONAL INSTITUTE OF POPULATION STUDIES
 HOUSE NO 8, STREET 70, F 8/3, ISLAMABAD
 BIRTH REGISTRATION FORM

DISTRICT
 PROVINCE
 AREA

HOUSEHOLD NO

NAME OF HEAD OF HOUSEHOLD: _____

Urban=1, Rural=2

1	Name of infant																					
2	Relation to head of household	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50px;">SON</td><td style="text-align: right;">1</td></tr> <tr><td>DAUGHTER</td><td style="text-align: right;">2</td></tr> <tr><td>GRAND SON</td><td style="text-align: right;">3</td></tr> <tr><td>GRAND DAUGHTER</td><td style="text-align: right;">4</td></tr> <tr><td>GRAND SON</td><td style="text-align: right;">5</td></tr> <tr><td>GRAND DAUGHTER</td><td style="text-align: right;">6</td></tr> <tr><td>NEPHEW</td><td style="text-align: right;">7</td></tr> <tr><td>NIECE</td><td style="text-align: right;">8</td></tr> <tr><td>OTHER REALTIVE</td><td style="text-align: right;">9</td></tr> <tr><td>NOT RELATED</td><td style="text-align: right;">10</td></tr> </table>	SON	1	DAUGHTER	2	GRAND SON	3	GRAND DAUGHTER	4	GRAND SON	5	GRAND DAUGHTER	6	NEPHEW	7	NIECE	8	OTHER REALTIVE	9	NOT RELATED	10
SON	1																					
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GRAND SON	3																					
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GRAND DAUGHTER	6																					
NEPHEW	7																					
NIECE	8																					
OTHER REALTIVE	9																					
NOT RELATED	10																					
3	Birth status	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50px;">BORN ALIVE</td><td style="text-align: right;">1</td></tr> <tr><td>BORN DEAD</td><td style="text-align: right;">2</td></tr> </table>	BORN ALIVE	1	BORN DEAD	2																
BORN ALIVE	1																					
BORN DEAD	2																					
4	Sex	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50px;">MALE</td><td style="text-align: right;">1</td></tr> <tr><td>FEMALE</td><td style="text-align: right;">2</td></tr> </table>	MALE	1	FEMALE	2																
MALE	1																					
FEMALE	2																					
5	Date of birth	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Day</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </table>	Day	Month	Year																	
Day	Month	Year																				
6	Place of delivery	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50px;">THIS HOUSE</td><td style="text-align: right;">1</td></tr> <tr><td>MCH CENTRE</td><td style="text-align: right;">2</td></tr> <tr><td>FWC</td><td style="text-align: right;">3</td></tr> <tr><td>HOSPITAL</td><td style="text-align: right;">4</td></tr> <tr><td>OTHER</td><td style="text-align: right;">5</td></tr> </table>	THIS HOUSE	1	MCH CENTRE	2	FWC	3	HOSPITAL	4	OTHER	5										
THIS HOUSE	1																					
MCH CENTRE	2																					
FWC	3																					
HOSPITAL	4																					
OTHER	5																					
7	Birth attendant	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50px;">TRAINED TBA</td><td style="text-align: right;">1</td></tr> <tr><td>UNTRAINED TBA</td><td style="text-align: right;">2</td></tr> <tr><td>LHV</td><td style="text-align: right;">3</td></tr> <tr><td>DOCTOR</td><td style="text-align: right;">4</td></tr> <tr><td>OTHER</td><td style="text-align: right;">5</td></tr> </table>	TRAINED TBA	1	UNTRAINED TBA	2	LHV	3	DOCTOR	4	OTHER	5										
TRAINED TBA	1																					
UNTRAINED TBA	2																					
LHV	3																					
DOCTOR	4																					
OTHER	5																					
8	Nature of birth	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50px;">SINGLE</td><td style="text-align: right;">1</td></tr> <tr><td>MULTIPLE</td><td style="text-align: right;">2</td></tr> </table>	SINGLE	1	MULTIPLE	2																
SINGLE	1																					
MULTIPLE	2																					
9	Name of mother																					
10	Age of mother	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">COMPLETED YEARS</td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </table>	COMPLETED YEARS																			
COMPLETED YEARS																						
11	Year of birth of mother	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">YEAR OF BIRTH</td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </table>	YEAR OF BIRTH																			
YEAR OF BIRTH																						
12	Date of first marriage of mother	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Day</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </table>	Day	Month	Year																	
Day	Month	Year																				

13	Duration of current marriage of mother	COMPLETED YEARS	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
14	Residential status of mother	USUAL RESIDENT VISITOR	<table style="border: none;"> <tr> <td style="text-align: right; padding-right: 10px;">1</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: right; padding-right: 10px;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>	1		2			
1									
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15	Children ever born to mother including present one	TOTAL MALE FEMALE	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>						
16	Living children of mother including present one	TOTAL MALE FEMALE	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>						
17	Can mother read and write with understanding	YES NO	<table style="border: none;"> <tr> <td style="text-align: right; padding-right: 10px;">1</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: right; padding-right: 10px;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>	1		2			
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18	Mother's highest educational grade completed	CLASS PASSED	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
19	Mother's employment status (Employer=1, Self employed=2, Employee=3 Unpaid family worker=4, Looking for work=5, Not looking for work=6)	EMPLOYMENT STATUS	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 40px; height: 20px;"></td> </tr> </table>						
20	Name of infant's father		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 40px; height: 20px;"></td> </tr> </table>						
21	Age of father in Completed years	COMPLETED YEARS	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
22	Date of birth of father		<table style="border: none;"> <tr> <td style="text-align: center; padding: 0 5px;">D</td> <td style="text-align: center; padding: 0 5px;">M</td> <td style="text-align: center; padding: 0 5px;">Y</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>	D	M	Y			
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23	Can father read and write with understanding	YES NO	<table style="border: none;"> <tr> <td style="text-align: right; padding-right: 10px;">1</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: right; padding-right: 10px;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>	1		2			
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24	Father's highest educational grade completed	CLASS PASSED	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
25	Father's employment status (Employer=1, Self employed=2, Employee=3, Unpaid family worker=4, Looking for work=5 Not looking for work=6)	EMPLOYMENT STATUS	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 40px; height: 20px;"></td> </tr> </table>						

Name of Registrar _____

Date _____

Signature _____

13	Duration of current marriage of mother	COMPLETED YEARS	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
14	Residential status of mother	USUAL RESIDENT VISITOR	1 2						
15	Children ever born to mother including present one	TOTAL MALE FEMALE	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>						
16	Living children of mother including present one	TOTAL MALE FEMALE	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>						
17	Can mother read and write with understanding	YES NO	1 2						
18	Mother's highest educational grade completed	CLASS PASSED	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
19	Mother's employment status (Employer=1, Self employed=2, Employee=3 Unpaid family worker=4, Looking for work=5, Not looking for work=6)	EMPLOYMENT STATUS	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 40px; height: 20px;"></td> </tr> </table>						
20	Name of infant's father		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
21	Age of father in Completed years	COMPLETED YEARS	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
22	Date of birth of father		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 15px; text-align: center;">D</td> <td style="width: 15px; text-align: center;">M</td> <td style="width: 15px; text-align: center;">Y</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	D	M	Y			
D	M	Y							
23	Can father read and write with understanding	YES NO	1 2						
24	Father's highest educational grade completed	CLASS PASSED	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
25	Father's employment status (Employer=1, Self employed=2, Employee=3, Unpaid family worker=4, Looking for work=5 Not looking for work=6)	EMPLOYMENT STATUS	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 40px; height: 20px;"></td> </tr> </table>						

Name of Registrar _____

Date _____

Signature _____

Appendix-C

NIPS-3
Government of Pakistan
Ministry of Population Welfare
National Institute of Population Studies
DEATH REGISTRATION FORM

DISTRICT
 PROVINCE
 AREA

HOUSEHOLD NO

--	--	--	--

Urban=1Rural=2

--

NAME OF HEAD OF HOUSEHOLD _____

1	Name of deceased _____	
2	Father / husband's name _____	
3	Sex of deceased	Male 1 Female 2
4	Relationship to head of household	Self 1 Wife 2 Husband 3 Father 4 Mother 5 Son 6 Daughter 7 Grand Son 8 Grand Daughter 9 Grand Son 10 Grand Daughter 11 Brother 12 Sister 13 Uncle 14 Aunt 15 Nephew 16 Niece 17 Other relative 18 Not related 19
5	Cause of death	Malaria 1 Typhoid Fever 2 TB 3 Pneumonia 4 Diarrhoea 5 Respiratory Diseases 6 Gastric Diseases 7 Delivery related 8 Heart attack 9 Cancer 10 Aids 11 Accident 12 Murder 13 Drowning 14 Burning 15 Food poisoning 16 Other reasons 17

6	Place of death	This house 1 Hospital 2 Other place 3
7	Date of death	Day Month Year <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year <input type="text"/> <input type="text"/> <input type="text"/>
8	Date of birth of deceased	<input type="text"/> <input type="text"/> <input type="text"/>
9	Residential status of deceased	Usual resident 1 Visitor 2
10	Age at the time of death	Years..... <input type="text"/> <input type="text"/>
11	Marital status of deceased	Never married 1 Currently Married 2 Widowed 3 Divorced 4 Separated 5
12	Education of deceased	Classes completed <input type="text"/> <input type="text"/>
13	Employment status of deceased	Employer 1 Self employed 2 Employee 3 Unpaid family worker 4 Looking for work 5 Not looking for work 6 Student 7 Less than ten years 8

Name of Registrar _____

Signature _____

Date _____

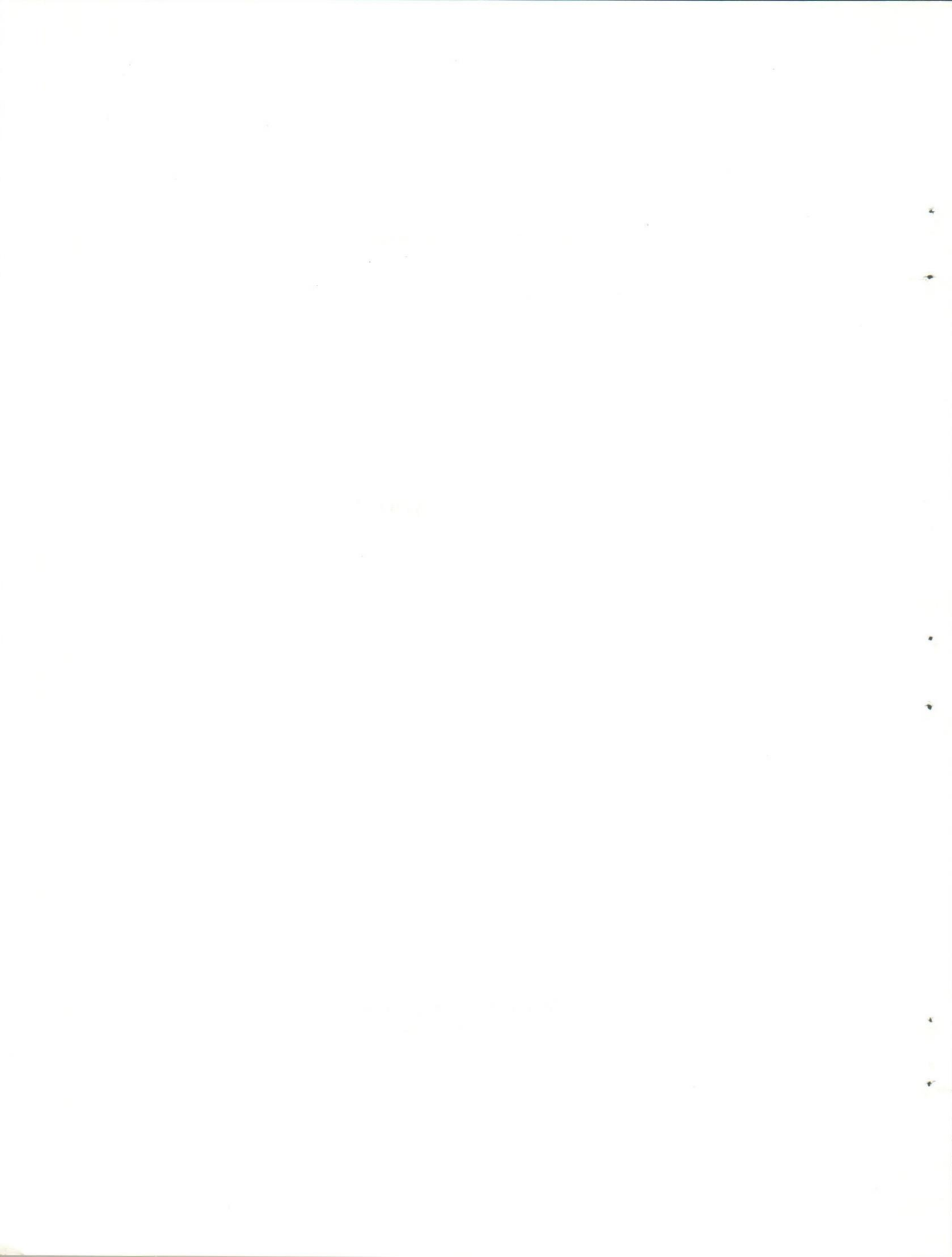


Appendix-D

POPULATION AND FAMILY PLANNING INDICATORS
CONTRACEPTIVE PREVALENCE SURVEY-1994

HOUSEHOLD QUESTIONNAIRE

National Institute of Population Studies
Islamabad



POPULATION AND FAMILY PLANNING INDICATORS
 CONTRACEPTIVE PREVALENCE SURVEY
 1994

(HOUSEHOLD QUESTIONNAIRE)

NIPS-4

IDENTIFICATION					
PLACE NAME _____					
NAME OF HEAD OF HOUSEHOLD _____					
PROVINCE <input style="width: 40px; height: 20px;" type="text"/>				
PROJECT AREA <input style="width: 40px; height: 20px;" type="text"/>				
URBAN/RURAL (urban = 1, rural = 2) <input style="width: 40px; height: 20px;" type="text"/>				
HOUSEHOLD NUMBER <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				

INTERVIEWER'S NAME <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
DATE OF INTERVIEW	DAY ... <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
.....	MONTH.. <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
.....	YEAR .. <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
RESULT (1=completed, 2=refused, 3=absent 4=dwelling not occupied) <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
TOTAL IN HOUSEHOLD <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
TOTAL ELIGIBLE WOMEN IN HOUSEHOLD <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
TOTAL NUMBER OF BIRTHS (Q H1) <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
TOTAL NUMBER OF DEATHS (Q H2) <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>			

FIELD EDITED BY _____ <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>	
OFFICE EDITED BY _____ <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>	
KEYED BY _____ <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>	

Household schedule

Now I would like to ask some information about the people who usually live in your household or who are staying with you as visitors.

Line No	Names of usual residents and visitors	Relationship to head of the household	Status: UR=1 V=2	Sex: M=1 F=2	Age in completed years	Marital status N.Mar=1 Mard=2 Wid=3 Div=4 Sep=5	Education: Highest class passed	Literate: Yes=1 No=2 age<5=3	Circle Line No of eligible woman
1	2	3	4	5	6	7	8	9	10
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15

(A) Code for Relationship:

01=Head	08=Brother/Sister
02=Wife/Husband	09=Brother/Sister-in-law
03=Son/Daughter	10=Nephew/Niece
04=Son/Daughter-in-law	11=Grand Father/Mother
05=Grand Son/Daughter	12=Uncle/Aunt
06=Father/Mother	13=Other Relative
07=Father/Mother-in-law	14=Not Related

(B) Literacy:

If not Primary passed, ask if he/she can read and write a simple letter with understanding.

Abbreviations:

UR= Usual Resident, V= Visitor, M= Male, F= Female, N.Mar= Never Married, Mard = Married, Wid= Widowed, Div= Divorced, Sep= Separated.

(C) ELIGIBLE WOMAN FOR INTERVIEW: Currently Married Aged 15-49 Years

BIRTHS AND DEATHS INFORMATION

H-1 Did any live birth occur to the usual resident or visitor in this household during the last twelve months?

Yes..... No..... → H2

S.No	Name of child	Sex M=1 F=2	CHILD				Place of birth (B)	MOTHER			
			S.No in HH Sch. (A)	Date of Birth				Name of Mother	S.No in HH Sch. ©	UR=1 Vis=2	Order of birth
				Day	Month	Year					
1											
2											
3											

- (A) If child died=50, if child was born to a visitor and is not present = 51.
- (B) This house=1, Health facility=2, Outside sample area=3,
- (C) If mother died = 50, if mother was a visitor in the past =51.

H-2: Did any death occur to the usual resident or visitor in this household during the last twelve months?

Yes..... No..... → H3

S.No	Name of deceased	UR=1 Vis=2	Rel. to HHH. (A)	Sex	Date of death			Age at death			Cause of death (B)
					Day	Month	Year				
1											
2											
3											

(A) Codes for relationship to head of the household:

Head=1, Wife/husband=2, Son/daughter=3, Son/daughter-in-law=4, Grand son/daughter=5, Father/Mother=6, Father/Mother-in-law=7, Brother/sister=8, Brother/sister-in-law=9, Nephew/Niece=10, Grand Father/Mother=11, Uncle/Aunt=12, Other Realative=13, Not Related=14.

(B) Codes for cause of death:

Malaria=1, Typhoid=2, TB=3, Diarrhea=4, Respiratory diseases=5, Gastric diseases=6, Delivery related=7, Heart attack=8, Cancer=9, AIDS=10, Accident=11, Murder=12, Drowning=13, Burning=14, Food poisoning=15, Pneumonia=16. Other (specify).....=16.

H-3: Do you have following items in your household?

	Yes	No		Yes	No		Yes	No
Electricity	1	2	Air Conditioner	1	2	Water source:		
Television	1	2	Washing Machine	1	2	Inside house	1	2
Radio/Tape Recorder	1	2	Fridge/Refrigerator	1	2	Daily Newspaper	1	2
VCR/VCP	1	2	Bi-cycle	1	2			
Room Cooler	1	2	Motor cycle	1	2			
			Car/Pic-up	1	2			

H-4: How many rooms are in this house?

Rooms

--	--

H-5: What kind of toilet facility does your house have?

Flush.....1
 Bucket.....2
 Pit.....3
 Other.....4
 No facility.....5

H-6: Record your observations:

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

Remarks:

Appendix-E

POPULATION AND FAMILY PLANNING INDICATORS

CONTRACEPTIVE PREVALENCE SURVEY-1994

WOMAN'S QUESTIONNAIRE

National Institute of Population Studies
Islamabad

POPULATION AND FAMILY PLANNING INDICATORS CONTRACEPTIVE PREVALENCE SURVEY 1994

(WOMAN'S QUESTIONNAIRE)

NIPS-5

IDENTIFICATION							
PLACE NAME _____	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>						
NAME OF HEAD OF HOUSEHOLD _____							
PROVINCE							
PROJECT AREA							
URBAN/RURAL (urban = 1, rural = 2)							
HOUSEHOLD NUMBER							
NAME AND LINE NUMBER OF ELIGIBLE WOMAN (FROM HOUSEHOLD QUESTIONNAIRE)	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>						

INTERVIEWER'S NAME	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			
DATE OF INTERVIEW	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			
.....	DAY ...			
.....	MONTH..			
.....	YEAR ..			
RESULT (1=completed, 2=refused, 3=absent)	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>			
CONTRACEPTIVE USE current user= 1 	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>			
non-user= 2 				

FIELD EDITED BY _____	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>	
OFFICE EDITED BY _____	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>	
KEYED BY _____	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>	

SECTION 1
SOCIOECONOMIC AND DEMOGRAPHIC CHARACTERISTICS

	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	In what month and year were you born?	MONTH <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DK MONTH 98 YEAR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DK YEAR 98	
102	What is your age? (WRITE AGE IN COMPLETED YEARS)	CURRENT AGE..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
102A	RECORD WHETHER:		
	NO PROBING REQUIRED	1	
	AGE DETERMINED BY PROBING	2	
	AGE DETERMINED BY I.D. CARD	3	
	AGE ESTIMATED BY INTERVIEWER	4	
103	What was your age when you started living with your husband?	AGE AT MARRIAGE .. <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	>107
105	What was the highest class that you passed at school/college?	HIGHEST CLASS PASSED <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	

106	CHECK 105 FOR HIGHEST CLASS PASSED LESS THAN 5	1	5 OR MORE	2	>108
		V			
107	Can you read and write a simple letter with understanding?			YES 1 NO 2	
108	Has your husband ever attended school?			YES 1 NO 2	>111
109	What is the highest class that your husband passed at school/college?			HIGHEST CLASS PASSED ... <input type="text"/> <input type="text"/>	
110	CHECK 109 FOR HIGHEST CLASS PASSED LESS THAN 5	1	5 OR MORE	2	>112
		V			
111	Can your husband read and write a simple letter with understanding?			YES 1 NO 2	
112	What is your employment status?			SELF EMPLOYED 1 EMPLOYEE 2 UNPAID FAMILY WORKER . 3 LOOKING FOR WORK 4 NOT LOOKING FOR WORK . 5	>114

<p>113</p>	<p>Do you have employees/servants who work for you in your business? If so how many?</p>	<p>YES1 NO OF EMPLOYEES <input type="text"/> <input type="text"/> < NO2</p>	
<p>114</p>	<p>What kind of work does your husband mainly do?</p>	<p>HUSBAND WORKS IN AGRICULTURE 1 HUSBAND WORKS IN OTHER SECTORS: 2</p>	<p>→117</p>
<p>115</p>	<p>What is the employment status of your husband?</p>	<p>SELF EMPLOYED 1 EMPLOYEE 2 UNPAID FAMILY WORKER . 3 LOOKING FOR WORK 4 NOT LOOKING FOR WORK . 5</p>	<p>→201</p>
<p>116</p>	<p>Does your husband have employees/servants who work for him in his business? If so how many?</p>	<p>YES1 NO OF EMPLOYEES <input type="text"/> <input type="text"/> > NO 2</p>	<p>→201 →201</p>
<p>117</p>	<p>Does your husband mainly work on HIS OWN OR FAMILY LAND, or does he RENT LAND, or does he work on SOMEONE ELSE'S LAND?</p>	<p>HIS / FAMILY LAND 1 RENTED LAND 2 SOMEONE ELSE'S LAND .. 3</p>	

206	CHECK Q 202 AT LEAST ONE LIVE BIRTH	1 ↓	NO LIVE BIRTH	2	→213						
207	How many of your children are alive now? (include those living away from home)	TOTAL MALE FEMALE		<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
208	When did you have your last live birth. Please state the exact date of birth to the extent possible?	<table border="1" style="display: inline-table; vertical-align: middle;"> <thead> <tr> <th style="text-align: center;">DAY</th> <th style="text-align: center;">MONTH</th> <th style="text-align: center;">YEAR</th> </tr> </thead> <tbody> <tr> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> <td style="width: 30px; height: 20px;"> </td> </tr> </tbody> </table>		DAY	MONTH	YEAR					
DAY	MONTH	YEAR									
209	At the time you became pregnant with your last child, did you want to become pregnant THEN, did you want to wait until LATER or did you want NO MORE children at all?	THEN 1 LATER 2 NO MORE 3									
210	Is that (last live birth) child alive?	YES 1 NO 2		→213							
211	Are you currently breast-feeding that child?	YES 1 NO 2		→213							

212	How long did you breast-feed that child?	MONTHS <input type="text"/> <input type="text"/>	
213	Are you pregnant now?	YES 1 NO 2	->216
214	How many months pregnant are you?	MONTHS <input type="text"/> <input type="text"/>	
215	At the time you became pregnant, did you want to become pregnant THEN, did you want to wait until LATER, or did you NOT want to become pregnant at all?	THEN 1 LATER 2 NOT AT ALL 3	
216	Have you ever discussed with your husband about the total number of children you should have?	YES 1 NO 2	
217	Do you want to have children in the future (IF PREGNANT, in addition to the one you are expecting)?	YES 1 NO 2	->220
218	How many more children do you want to have?	TOTAL <input type="text"/> <input type="text"/> MALE <input type="text"/> <input type="text"/> FEMALE <input type="text"/> <input type="text"/> DK/NOT SURE 98	

219	When will you prefer to have your next child (IF PREGNANT, in addition to the one you are expecting)? (IF 8 OR MORE YEARS ENTER 96)	AFTER MONTHS ... <input type="text"/> <input type="text"/> WHEN EVER IT HAPPENS..... 97 DK/NOT SURE 98
220	What is the highest level of school/college that you would like your sons to attend?	NONE01 PRIMARY02 MIDDLE03 SECONDARY04 B.A.05 M.A.06 ENGINEER07 DOCTOR08 AS MUCH AS THEY CAN 09 DK/NOT SURE98
221	What is the highest level of school that you would like your daughters to attend?	NONE01 PRIMARY02 MIDDLE03 SECONDARY04 B.A.05 M.A.06 ENGINEER07 DOCTOR08 AS MUCH AS THEY CAN ..09 DK/NOT SURE98

SECTION 3
KNOWLEDGE, ATTITUDE AND PRACTICE OF
CONTRACEPTION

301 Now I would like to ask you about family planning, the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about?

CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN THE COLUMN, READING NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF THE METHOD IS MENTIONED AFTER PROBING AND 3 IF NOT MENTIONED AFTER PROBING. THEN FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 302, ASK 303 BEFORE PROCEEDING TO THE NEXT METHOD.

		302 Have you ever heard of (METHOD)?	303 Have you ever used (METHOD)
		READ DESCRIPTION OF EACH METHOD	
01	PILL	YES/SPONT 1 YES/PROBED 2 NO 3	YES 1 NO 2
02	IUD	YES/SPONT 1 YES/PROBED 2 NO 3	YES 1 NO 2
03	INJECTION	YES/SPONT 1 YES/PROBED 2 NO 3	YES 1 NO 2
04	CONDOM	YES/SPONT 1 YES/PROBED 2 NO 3	YES 1 NO 2
05	FEMALE STERILIZATION	YES/SPONT 1 YES/PROBED 2 NO 3	YES 1 NO 2
06	MALE STERILIZATION	YES/SPONT 1 YES/PROBED 2 NO 3	YES 1 NO 2

	<p>302 Have you ever heard of (METHOD)?</p> <p>READ DESCRIPTION OF EACH METHOD</p>	<p>303 Have you ever used (METHOD)</p>
<p>07 RHYTHM</p>	<p>YES/SPONT 1 YES/PROBED 2 NO 3 </p>	<p>YES 1 NO 2</p>
<p>08 WITHDRAWAL</p>	<p>YES/SPONT 1 YES/PROBED 2 NO 3 </p>	<p>YES 1 NO 2</p>
<p>09 ANY OTHER METHOD</p> <p>i _____</p> <p>ii _____</p> <p>iii _____ (specify)</p>	<p>YES/SPONT 1 NO 2 </p>	<p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p>
<p>304 CHECK 303: AT LEAST ONE YES (EVER USED) <input type="checkbox"/> 1 NOT A SINGLE YES (NEVER USED) <input type="checkbox"/> 2 —>323</p>		
<p>305 Are you or your husband currently using any method?</p>	<p>YES 1 NO 2 </p>	<p>—>320</p>

<p>310</p>	<p>Where do you usually get the method from? (FOR RHTTHM AND WITHDRAWAL METHODS SKIP TO Q324)</p>	<p>GOVERNMENT SOURCES: FWC01 F. PLANNING WORKER ...02 HOSPITAL/REPRODUCTIVE HEALTH CENTRE03 OTHER GOVT. HEALTH FACILITIES04 MOBILE SERVICE UNITS..05 NGO'S SOURCES NGO'S CENTRE/CLINIC ..06 ANY OTHER NGO SOURCE _____ 07 PRIVATE SOURCES: PRIVATE DOCTOR08 PRIVATE HOSPITAL / CLINIC 09 MEDICAL STORE 10 GENERAL STORE 11 ANY OTHER PRIVATE SOURCE _____ 12</p>	
<p>311</p>	<p>What is the usual mode of transportation to that place?</p>	<p>WALKING 1 VEHICLES 2 TANGA 3 OTHER _____ 4 (specify)</p>	
<p>312</p>	<p>Using that particular mode of transportation, how much time does it take to go from your home to that source?</p>	<p>MINUTES <input type="text"/> <input type="text"/> <input type="text"/></p>	
<p>313</p>	<p>How many kilometers away is that source from your home?</p>	<p>KILOMETERS <input type="text"/> <input type="text"/></p>	<p>->324</p>

314	When were you or your husband sterilized?	MONTH YEAR DK/DONT REMEMBER	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>					98
315	Where were you or your husband sterilized?	GOVERNMENT HOSPITAL .. 1 NGO HOSPITAL/CLINIC... 2 PRIVATE HOSPITAL 3	>318					
316	Did you receive any amount of money after the operation?	YES 1 NO 2						
317	Were you provided any transport back to your home after the operation?	YES 1 NO 2						
318	How much fee did you pay for the operation?	RS.	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>					
319	Do you think that the decision of having operation was at the RIGHT TIME, or it was TOO EARLY or it was TOO LATE?	RIGHT TIME 1 TOO EARLY 2 TOO LATE 3	>324					

320	<p>You did use some kind of family planning method in the past, what was the method that you used most?</p> <p>(EVER USERS BUT NOT CURRENT USERS)</p>	<p>PILL 1 IUD 2 INJECTION 3 CONDOM 4 RHYTHM 5 WITHDRAWAL 6 OTHER 7</p>	
321	<p>What was the maximum length of time that you used that method?</p>	<p>MONTHS <input type="text"/></p>	
322	<p>Why did you stop using that method?</p> <p>(EVER USERS BUT NOT CURRENT USERS)</p>	<p>WANTED CHILD 1 METHOD FAILED AND GOT PREGNANT ... 2 METHOD INCONVENIENT . 3 METHOD NOT AVAILABLE 4 SIDE EFFECTS 5 HUSBAND WENT AWAY ... 6 HUSBAND OPPOSED 7 FAMILY OPPOSED 8 OTHER 9 (specify)</p>	
323	<p>What is the main reason that you or your husband are not (currently) using any contraception?</p> <p>(EVER USERS BUT NOT CURRENT USERS AND NON USERS)</p>	<p>WANT MORE CHILDREN ...01 PREGNANT02 POSTPARTUM (JUST HAD A BABY)....03 METHODS NOT EFFECTIVE.04 HUSBAND NOT PRESENT ..05 FEAR OF SIDE EFFECTS .06 SIDE EFFECTS IN PAST .07 MENOPAUSAL08 HAD HYSTERECTOMY09 RELIGION OPPOSES 10 HUSBAND OPPOSES 11 MOTHER IN LAW OPPOSES 12 OPPOSED TO F. PLANG.. 13 CANT GET PREGNANT.... 14 LACK OF KNOWLEDGE ... 15 BREAST FEEDING 16 OTHER 17 (specify)</p>	

324	Are you in favour of large family or you are in favour of a small family?	LARGE FAMILY..... 1 SMALL FAMILY 2	→326
325	In what sense do you think that large family is desirable? (CIRCLE ONE MAJOR REASON)	SOURCE OF STRENGTH1 SOURCE OF HAPPINESS ...2 SENSE OF SECURITY3 HELP IN BUSINESS/FARMS 4 MORE EARNINGS 5 OTHER 6	→327
326	In what sense do you think that small family is desirable? (CIRCLE ONE MAJOR REASON)	EASY TO FEED 1 CAN PROVIDE HIGHER EDUCATION 2 GOOD FOR MOTHER'S HEALTH 3 SMALL FAMILY IS PROSPEROUS 4 LESS ECONOMIC BURDEN.. 5 OTHER ----- 6 (specify)	
327	If a woman is convinced to use family planning methods, does it really matter whether the husband approves or disapproves of family planning?	HUSBAND APPROVAL NECESSARY 1 HUSBAND APPROVAL NOT NECESSARY 2 DEPENDS 3 WOMAN CAN USE METHODS WITHOUT BEING NOTICED 4 OTHER ----- 5 (specify)	

INTERVIEWERS REMARKS:

328 PRESENCE OF OTHERS AT THE TIME OF INTERVIEW:

RESPONDENT WAS ALONE	1
CHILDREN UNDER FIVE YEARS WERE PRESENT ..	2
CHILDREN AGED 5-15 YEARS WERE PRESENT	3
HUSBAND WAS PRESENT	4
OTHER MALE ADULTS WERE PRESENT	5
MOTHER-IN-LAW WAS PRESENT	6
OTHER FEMALE ADULTS WERE PRESENT	7

329 PLEASE GO THROUGH THE QUESTIONNAIRE CAREFULLY AND MAKE SURE THAT SKIPS ARE FOLLOWED PROPERLY AND INFORMATION IS NOT MISSED OUT.

INTERVIEWED BY: -----
(Signature)

DATE -----

FIELD EDITED BY: -----
(Signature)

DATE -----



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