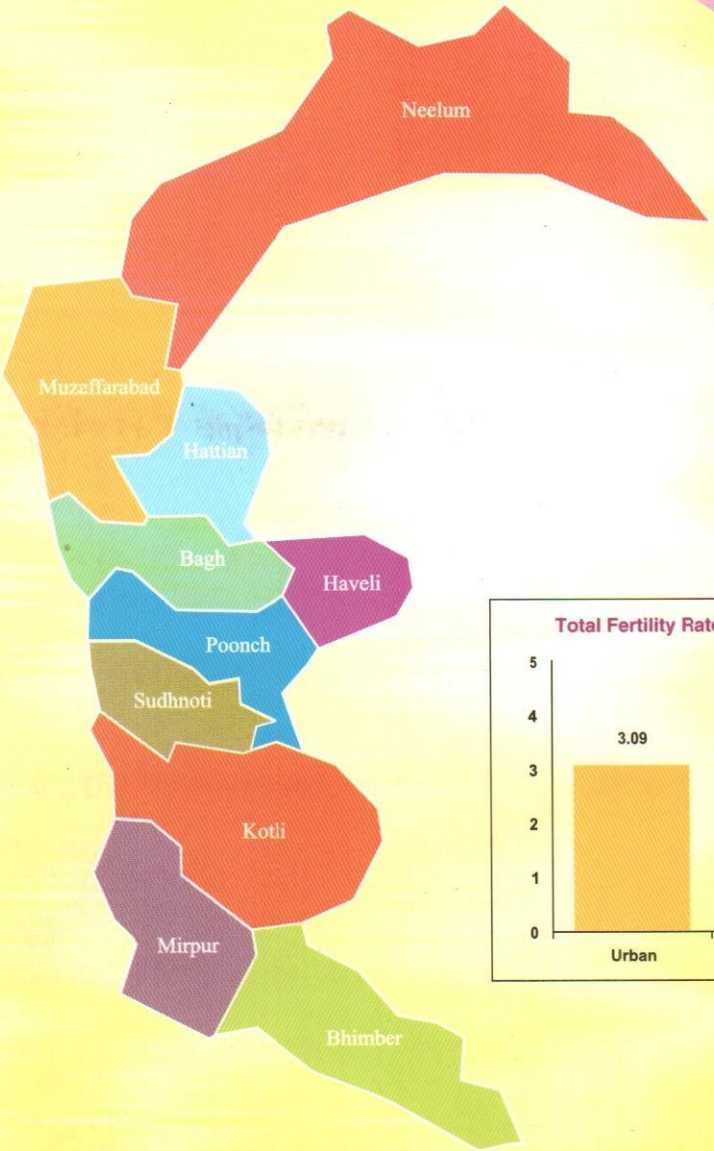
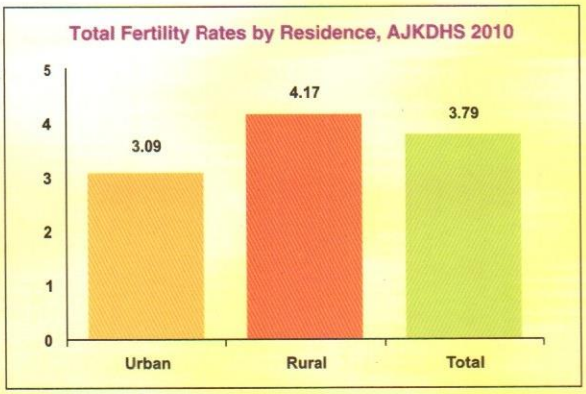
Azad Jammu & Kashmir Demographic and Health Survey 2010





National Institute of Population Studies
Government of Pakistan
Islamabad

AZAD JAMMU AND KASHMIR

DEMOGRAPHIC AND HEALTH SURVEY 2010

National Institute of Population Studies (NIPS)
Islamabad
December, 2011

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Foreword

The National Institute of Population Studies (NIPS) is responsible to provide research-based information to the policy makers, planners and programme managers for improving population welfare and health programmes in the Country. In pursuance of its mandate, the Institute has undertaken a number of studies at national and provincial levels to evaluate the impact of Population Welfare programme in creating awareness and adoption of family planning methods. NIPS have conducted a series of Demographic and Health Survey (PDHS) at the national level. The last DHS was conducted in four provinces during 2006-07. The survey did not cover Federally Administered Tribal Areas (FATA), Federally Administered Northern Area (now renamed as Gilgit Baltistan) and Azad Jammu and Kashmir.

There is a need to have reliable data for Azad Jammu and Kashmir on the pattern of PDHS. Therefore, the Government of AJK requested NIPS to carryout the AJKDHS. The main objective of the survey was to collect information on demographic and health indicators such as fertility rates, family planning knowledge and practice, maternal and child healthcare, nutrition, reproductive health, knowledge about HIV/ AIDS and Tuberculosis (TB). A representative sample of 1,900 households of AJK was selected so as to provide reliable information on various demographic and health indicators.

This report is the outcome of the survey conducted in AJK during November, 2010 to January, 2011; it provides useful information on demographic and health indicators for AJK. The report consists of twelve chapters covering the above mentioned demographic, family planning and heath indicators. I am confident that the information available in the report would provide baseline data for the managers and policy makers of the population welfare and health programmes in AJK.

I am specially grateful to Dr. Firdus Ashiq Awan, Minister and Mr. Shaukat Hayat Durrani, Secretary, Ministry of Population Welfare (defunct) for extending all kind of administrative and financial support required for launching the project AJKDHS and attending the ceremony during the training organized by NIPS. The support provided by Dr. Sajid Ahmad, former Executive Director, NIPS at the initial stages of the project is highly appreciated. I am also grateful to Mr. Mubashir Ali Syed who supported NIPS team in designing the research tools and imparting the training to the field staff in professional manner.

I am thankful to the Government of Azad Jammu and Kashmir for providing logistic support during the execution of field activities. The financial and technical support for the project provided by United Nations Population Fund (UNFPA) is highly acknowledged. Without their support it may not be possible to conduct this survey.

The task was accomplished in a professionally conducive environment by a team of NIPS under the leadership of Mr. Amanullah Bhatti, Project Director, Mr. Zafar Zahir, Principal Investigator, Mr. Faateh ud din Ahmad, Data Processing Manager, Ms. Rabia Zafar, Co-Principal Investigator and Mr. Mubashir Baqai, Deputy Principal Investigator deserve special commendation for successfully conducting the survey and producing this report.

I hope the findings of the AJKDHS will be helpful for monitoring progress of population welfare and health sectors. The study also provides valuable information on reproductive health and family planning in Azad Jammu and Kashmir and could be used as a benchmark for the development plans and the strategy of all the sectors particularly Health and Population Welfare programme.

Saeed Ahmad Khan
Executive Director

Acknowledgements

The Azad Jammu and Kashmir Demographic and Health Survey launched in 2010 and completed with the assistance of several organizations and individuals. First of all, we would like to thank the Ministry of Population Welfare (defunct), particularly Mr. Shaukat Hayat Durrani, Former Secretary for providing administrative support for implementing the survey. We are highly appricative to Mr. Sohail Ahmed, former Secretary, Planning and Development Division for extending the administrative and financial support during finalization of the survey report. We acknowledge the financial assistance of UNFPA, especially Mr. Rabbi Royan, Country Representative and Mr. Yu Yu, Deputy Country Representative, who deserve special appreciation for their cooperation and successful implementation of the project.

The survey could not be materialized without the cooperation of people of AJK especially the female respondents who shared their personal information for the survey, their cooperation is highly acknowledged. We must acknowledge the efforts of the survey teams, especially the female interviewers have put their best to collect information from married women who belong to varied background and residing in far flung areas. Likewise the team supervisors skillfully managed the data collection activities and ensured the quality of data.

We are grateful to Dr. Sajid Ahmad, Former Executive Director NIPS who had taken keen interest for initiating this important survey before leaving NIPS. Mr. Mubashir Ali Syed, former Principal Investigator (PDHS 2006) deserved special appreciation for his technical input during questionnaire design and imparted training to field staff of AJKDHS. We really appreciate the tirless efforts made by Syed Mazhar Hussain Hashmi, Freelance Consultant for providing the technical inputs in data analysis and editing of the report.

NIPS Researchers deserve appreciation for completing the survey with their best efforts and devotion, especial to mention are; Ms. Rabia Zafar, Co-Principal Investigator; Mr. Mubashir Baqai, Deputy Principal Investigator; Mr. Imran Pasha, Research Associate and Mr. Hassan Raza, Office Coordinator.

Mr. Faateh ud din Ahmad, Data Processing Manager, NIPS deserves special thanks for important task of data management and providing the tabulations for this report. We appreciate the contribution of Mr. Faisal Zeb, Mr. Shoaib Khan Lodhi and team of Data Entry Operators (DEO) for their assistance during data processing and analysis.

Last but not the least we are grateful to Mr. Zafar Iqbal Niazi, Secretary (M&F) NIPS, and his staff for their administrative support, as well as Mr. Muhammad Arif, Accounts Officer and his staff for handling the financial matters of the project.

Amanullah Bhatti
(Project Director)

Zafar Zahir
(Principal Investigator)

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Amanullah Bhatti
(Project Director)

Zafar Zahir
(Principal Investigator)

Executive Summary

The National Institute of Population Studies (NIPS) is responsible to carry out substantive and methodological research in the field of population and development. One of the main functions of NIPS is to conduct multi- dimensional demographic, ethnographic and qualitative research, inter disciplinary and cross-sectional studies. In pursuance of its mandate, the Institute has undertaken number of studies at national and provincial levels to evaluate the impact of population welfare programme in creating awareness and adoption of family planning methods.

In the absence of reliable data on demographic and health indicators for Azad Jammu and Kashmir, a need was felt by different stakeholders within the Government of Azad Jammu and Kashmir (AJK) to undertake household demographic survey on the same pattern as of Pakistan Demographic and Health Survey (PDHS). Consequently, the AJK Government has persuaded NIPS to take up the responsibility. Hence the survey was designed on the lines of PDHS and successfully carried out in ten districts of Azad Jammu and Kashmir during December, 2010 to February, 2011.

The main objective of AJKDHS 2010 was to collect quality data about household population, fertility levels and preferences, family planning knowledge and practices, child mortality, health and nutrition of mother and children, unmet need for family planning and knowledge about HIV/AIDS.

Keeping in view the objectives of the survey a sample size of ninety five Primary Sampling Units (1900 households) has been considered sufficient to provide reliable estimates of key indicators for AJK as a whole and urban/rural break up with expected reliability between 5 percent to 7 percent coefficient of variation at 95 percent degree of confidence. The sample also provided more than 1900 ever married women of reproductive ages (15-49 years) residing in the sampled households. A two stage stratified random sample design was adopted for this survey.

The AJKDHS, 2010, reveals that the female population is slightly higher than males. The age structure of the population shows typically of a society with a youthful population, slightly over two third of the population is below 30 years of age. The dependency ratio i.e. the ratio of population below fifteen years and sixty five years and above with working age population (15 – 64 years) is slightly over seventy six percent. According to AJKDHS, the overall sex ratio in Azad Jammu and Kashmir is 96 males per 100 females, an implausibly low ratio that is most probably due to out- migration of male population to other part of the country or overseas for employment.

The data shows that on aggregate, two fifth of the female population in Azad Jammu and Kashmir have no education; the male female gap for those with no education is almost double. Same pattern is also

observed in urban and rural areas. The male female difference for population who have attended any level of education is however less at all levels as compared to those who have never attended school.

Only two-fifth of households (40 percent) in Azad Jammu and Kashmir has access to drinking water within the dwelling. This is higher in urban areas (64 percent) than rural areas (36 percent). Slightly less than half of the population in AJK is using either piped water directly into dwelling/plot or public tap/stand pipe.

The sanitation facilities available to a household is an important indicator to assess health status of household members, non availability of sanitary disposal of waste exposes population to risk of acquiring infections and other diseases. The data reveals that slightly more than half of the households (53 percent) in Azad Jammu and Kashmir using flush toilets. One fifth of the households did not have any type of toilet facility, slightly over one fourth of the households have pit latrines. About three fourth of the urban households have flush to sewer system or to septic tank, whereas, slightly less than half of the rural households have that facility.

The data on fertility indicates that Total Fertility Rate (TFR) in Azad Jammu and Kashmir is 3.8 children per woman for the 3 years period preceding the survey. Fertility in rural areas is higher (4.2 children per woman) as compared to urban areas (3.1 children per woman).

According to AJKDHS, 2010, knowledge of at least one method of family planning is universal among the respondents. Ninety five percent of ever or currently married women ages 15-49 years know at least one method of family planning. Modern methods are more familiar among all women than traditional methods; Ninety four percent of women know at least one modern method, and only half of the respondents know one traditional method. Among women, the most widely known modern methods of contraception are injectables, and pills, eighty seven percent of all women saying they know of these methods.

Women who have the knowledge of methods were asked about their source of knowledge of each known method. Relatives/ friends (84.6 percent) are the most commonly cited source of contraceptive knowledge in AJK while husbands were mentioned by half of the women (49.7 percent) as their source of knowledge. About two fifth of the women heard from the family planning workers and quarter of the respondents from other health workers, whereas twenty nine percent mentioned media as their source of knowledge of any method. Similar trend is followed by specific modern and traditional methods.

Ever use of contraception is slightly higher among currently married women (45 percent) than ever married women (44 percent). The most commonly ever used methods among ever married and currently

married women are condoms (20 percent) and injectables (17 percent), followed by pills (11 percent) and IUD (10 percent). The use of male sterilization and implant are rare.

The condom is the popular method among younger age groups, whereas, injectable is more used by women in age groups 35 years and above. Female sterilization is more likely to be used by women in the elder age groups, while use of pills is more common among women in age groups 30 years and above.

More than one-fourth of currently married AJK women (27 percent) are currently using some method of contraception. Modern methods of contraception are more commonly used (23 percent) than traditional methods (7 percent). Among the modern methods, condoms are the most widely used method, while the rhythm method is the most popular traditional method.

Contraceptive prevalence rate is high among married women in the age group 35-39 years and is lowest for women age 15-19 years. Female sterilization is used more commonly by women age 40-44 years, while married women at the younger age groups (15-39 years) are most likely to prefer use of condoms and injectables.

The survey results indicates that majority (58 percent) of the women got their contraceptives from the public sector outlets (Government), while eighteen percent of users obtained their contraceptives from private sector. Fifteen percent got through other sources (such as medical stores and shops), and less than one percent through the NGO sector.

Fifty percent of currently married women non-users of contraceptives say that they intend to use family planning method in the future, whereas more than one third (36 percent) do not intend to use it, and seven percent are not sure. The total unmet need is about forty six percent; the data indicates that there is a greater need for limiting births than for spacing future births as about one third of the women wants to limit the child birth as against fourteen percent who want to give space in next birth.

The unmet need for spacing is higher among younger women, while unmet need for limiting is higher among older women. It is highest (62.2 percent) among older (45-49 years) women. The unmet need for contraception is highest among women with no education (52 percent), those living in rural areas (46.6 percent) and among women in the poorest and second wealth quintiles.

The total met need for family planning (i.e., current use) is slightly over twenty seven percent of currently married women, among these; a majority is using contraceptive methods because they do not want more children (21 percent) as compared to those who want spacing (6.2 percent).

Overall, the total demand for family planning services is about seventy three percent of currently married women in AJK. Of this total demand, fifty two percent is for limiting child bearing and twenty one percent for spacing.

District wise analysis of data indicate that, Sadhongti has the highest level of unmet need (69.4 percent) followed by Haveli (55 percent), Muzaffarabad (53 percent) and Neelum (53 percent). In Mirpur district unmet need is lowest (24 percent), because it has the highest met need (50 percent). It may be due to the availability of better family planning services there.

On the health side, the results of AJKDHS indicate that eighty two percent of women in AJK receive prenatal care from a skilled health provider, either from doctors (79 percent), or nurses and midwives (4 percent). A very small fraction (less than one percent) receive prenatal care from traditional birth attendants, less than two percent receive care from Lady Health Workers and dispensers/compounders and sixteen percent do not receive any prenatal care.

About two-third (64 percent) mothers receive two or more doses of tetanus toxoid during pregnancy. Mothers in younger age group with lower parity and those residing in urban areas are more likely to receive two TT injections than those in older age groups with higher parity and those residing in rural areas. Similarly, wealthy and highly educated women are more likely than poor and less educated women to receive two injections during pregnancy.

Results of AJKDHS indicate that half (51 percent) of the births in AJK are delivered in health facilities, while forty seven percent of births take place at home. The main reasons given for not delivering in a health facility were; it was too far away or that there was no transport to go to the facility (41percent); it cost too much to deliver in a facility (38 percent) and that it was not necessary (33 percent). Also cited frequently are that it was not customary (23 percent), the delivery occurred too fast to get to a facility (9 percent), their family did not allow it (twelve percent) and the facility was not open (11 percent).

The data shows that half of the women did not receive postnatal care. Slightly more than one-third (36 percent) of women receive postnatal care within four hours of delivery, while three percent receive care between four and twenty three hours after delivery. Four percent receive a check-up within two days of delivery, and care between three and forty-one days after delivery.

In AJK, complete vaccination was given to forty six percent of the children age 12-23 months. The main source of information was the vaccination card (25 percent) and another twenty one percent was given by the mother of the child through memory recall.

Breastfeeding is nearly universal in AJK, with ninety two percent of children born in the five years preceding the survey having been breastfed at some time.

More than four in ten children (46 percent) were breastfed within one hour of birth, and more than eight in ten (83 percent) were breastfed within one day of birth. The percentage of children who were breastfed within one hour and within one day of birth is positively associated with mother's education, i.e., generally, the higher the mother's level of education, higher the percentage of children who were breastfed early. While the household wealth quintile is inversely associated as higher the wealth, lower the percentage of children who were breastfed early.

The level of awareness of AIDS is relatively higher among women age group 25-34 years (55 percent), while ever married women age>35 years, have the lowest level of awareness (42 percent) about AIDS. The knowledge of AIDS is significantly high among currently married women as compared to divorced/separated or widowed women. Two out of five (43 percent), respondents living in rural areas have heard about AIDS, whereas, three-fourth (73 percent) of all urban respondents have heard about AIDS. The level of awareness is strongly associated with the level of education and wealth quintiles; the knowledge about AIDS is almost universal among respondents with secondary or above level of education (93 percent), only quarter of the respondents with no education has ever heard about AIDS

The majority (87 percent) of ever married women age 15-49 years in Azad Jammu and Kashmir have heard about TB. Data by background characteristics reveals that women who live in urban areas, those who have higher education and belonging to the highest wealth quintiles are more likely to have heard about TB than their counterpart in other categories.

Summary Table

MAIN INDICATORS OF DEMOGRAPHIC AND HEALTH, AJKDHS 2010, GBDHS 2008 & PDHS 2006-07

INDICATOR	AJKDHS(1) 2010	GBDHS (2) 2008	PDHS (3) 2006-2007
Characteristics of household population			
Percent population aged 0-4 years	11.4	14.5	13.4
Percent population aged 5-9 years	11.2	15.5	14.3
Percent population aged 10-24 years	36.0	34.6	34.3
Percent population aged 15-64 years	58.8	52.0	55.3
Percent females aged 15-49 years	51.0	46.5	49.7
Average household size (persons)	6.9	8.4	7.2
Housing characteristics			
Piped water into dwelling (percent)	40.2	35.3	35.8
Flush to piped sewer system (percent)	4.6	11.9	28.0
Flush to septic tank (percent)	46.9	36.1	14.6
Background of married women			
Not attended Educational institution (percent)	42.0	76.5	65.0
Education upto primary level (percent)	17.1	6.2	14.2
Education upto middle level (percent)	17.7	5.8	6.3
Education upto secondary level (percent)	14.7	6.7	8.1
Currently working (percent)	10.4	39.2	25.9
Fertility			
Median age at first marriage of women (year)	19.1	16.0	19.1
Total fertility rate (Children per woman)	3.8	4.6	4.1
Total fertility rate (Urban)	3.1	3.8	3.3
Total fertility rate (Rural)	4.2	5.1	4.5
Want No More Children (percent)	50.3	46.2	43.3
Family planning			
Knowledge about any family planning method (percent)	95.0	91.7	95.9
Ever use of any family planning method (percent)	45.1	46.8	48.7
Ever use of modern family planning method (percent)	41.3	45.2	38.8
Ever use of traditional family planning method (percent)	14.3	9.7	25.5
Current use of any family planning method (percent)	27.2**	29.4	29.6
Current use of modern family planning method (percent)	22.9	27.1	21.7

INDICATOR	AJKDHS(1) 2010	GBDHS (2) 2008	PDHS (3) 2006-2007
Current use of traditional family planning method (percent)	6.8	2.3	7.9
Un-met needs for family planning (percent)	45.7	37.6	24.9
Intend to use FP in future (percent)	50.1	44.9	49.9
Mother & child health			
Antenatal care from health professional (percent) (atleast one visit)	81.5	61.4	60.9
Tetanus Toxoid (Atleast 2 injections – percent)	63.5	27.9	53.4
Delivery at health facility (percent)	51.1	38.9	34.3
Delivery at home (percent)	47.3	60.5	64.7
Postnatal care with 24 hours (percent)	39.3	21.6	32.6
Child vaccination (complete vaccination- percent)	45.6	34.4	47.3
Exclusively breastfeeding for children aged less than 6 moths (percent)	35.3	55.5	37.1
Initiation of breastfeeding within one-hour	45.9	59.9	28.8
Intake of iron tablets/ syrup during last pregnancy (percent)	54.3	38.4	44.3
Knowledge about HIV/ AIDS/ TB			
Heard about AIDS (percent)	46.7	12.9	44.2
Comprehensive knowledge about AIDS (percent)	2.8	0.4	5.1
Women said ADIS could be transmitted from mother to child during pregnancy (percent)	35.6	9.7	31.2
Heard about TB (percent)	87.2	71.9	87.7
Comprehensive knowledge about TB (percent)	1.9	1.1	n.a
TB could be transmitted by sharing food	71.5	54.4	n.a
TB could be transmitted through air when coughing and sneezing	65.9	47.9	53.1

n.a: *Data not available*

** *Total may not tally due to simultaneously use of modern and traditional FP methods at the time of survey.*

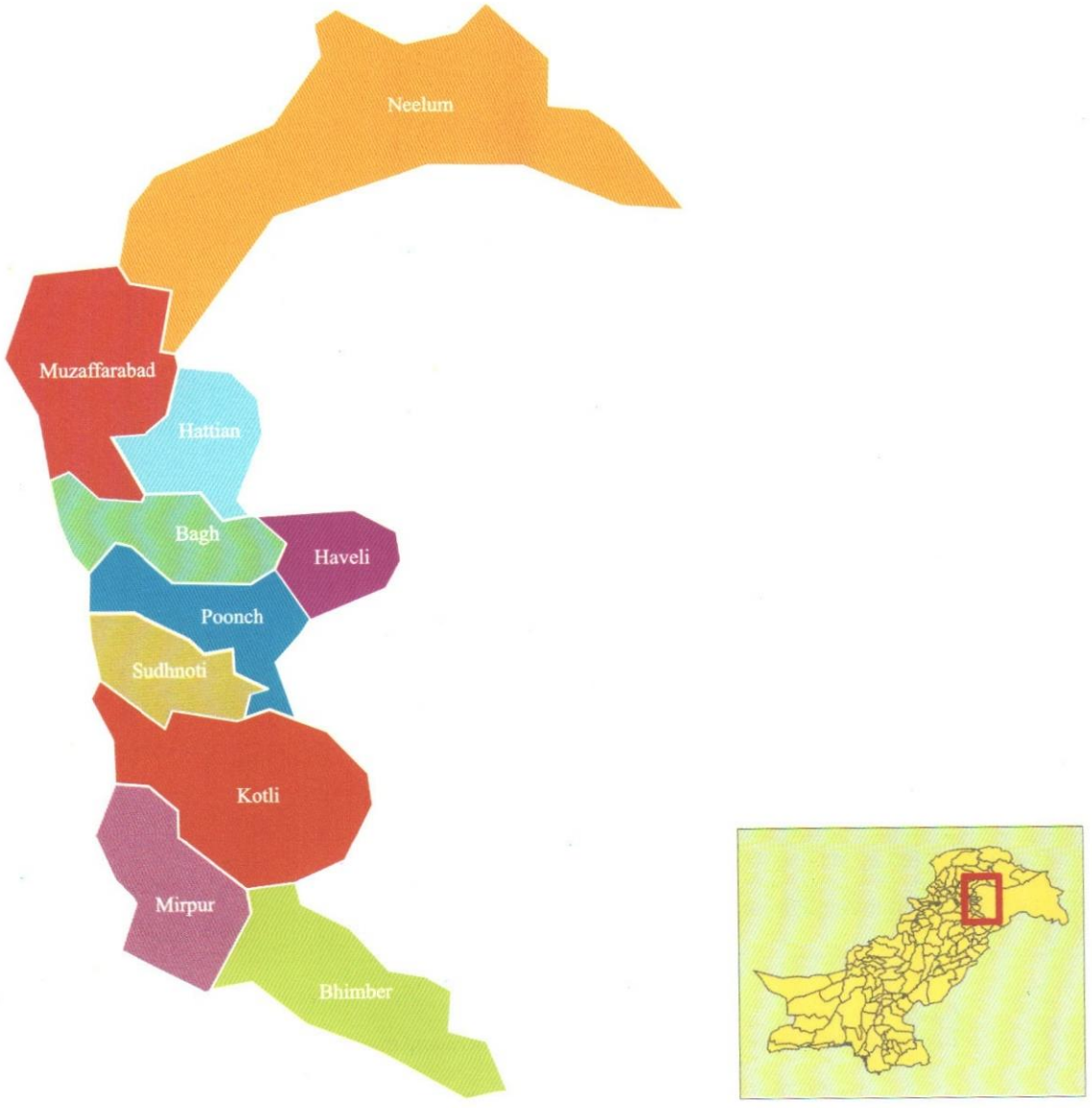
Sources:

(1) *Azad Jammu and Kashmir Demographic and Health Survey, AJKDHS 2010;*

(2) *Gilgit Baltistan Demographic and Health Survey, GBDHS 2008;*

(3) *Pakistan Demographic and Health Survey, PDHS 2006-07*

Map of Azad Jammu and Kashmir



1 INTRODUCTION

Amanullah Bhatti

1.1 Background

The National Institute of Population Studies (NIPS) is responsible to carry out substantive and methodological research in the field of population and development. The institute has conducted population welfare programme impact surveys, evaluation of various components of the programme, has generated reliable indices and provided policy guidelines for planners and administrators of the Planning and Development Division and Population Welfare Programme.

One of the main functions of NIPS is to conduct multi- dimensional demographic, ethnographic and qualitative research, inter disciplinary and cross-sectional studies. Embracing socio-economic issues relating to population, redefined paradigm of reproductive health, population welfare and development through sample surveys and in-depth research studies, so as to provide guidelines to policy makers and programme managers for proper policy formulation, effective strategies and programmes. In pursuance of its mandate, the Institute has undertaken number of studies at national and provincial levels to evaluate the impact of population welfare programme in creating awareness and adoption of family planning methods.

In 2006-07 NIPS has conducted Pakistan Demographic and Health Survey (PDHS). The PDHS, 2006-07 was a national level sample survey designed to provide information on population, family planning, maternal and child health, child survival, AIDS, reproductive health and nutrition in Pakistan. The survey did not cover the geographical area of Federally Administrated Tribal Area (FATA), Federally Administrated Northern Area (FANA) now renamed as Gilgit Baltistan and Azad Jammu and Kashmir. In 2008 NIPS has successfully undertaken a household survey in Gilgit Baltistan on the pattern of PDHS, 2006-07.

In the absence of reliable data on demographic and health indicators, a need was felt by different stakeholders within the Government of Azad Jammu and Kashmir (AJK) to undertake household demographic survey on the same pattern as of PDHS. Consequently, the AJK Government has persuaded NIPS to take up the responsibility. So the survey was designed on the lines of Pakistan Demographic and Health Survey and successfully carried out in ten districts of Azad Jammu and Kashmir during December, 2010 to February, 2011.

1.2 Geography of Azad Jammu and Kashmir

Azad Jammu and Kashmir lies between longitude 73°-75° and latitude 33°-36°and comprises an area of 5,134 square miles (13,297 square kilometres). The topography of the area is mainly hilly and mountainous with valleys and stretches of plains. The area is full of natural beauty with thick forest, fast flowing rivers and winding streams. Main rivers are Jehlum, Neelum and Poonch. The climate is sub-tropical highland type with an average yearly rainfall of 1,300 mm. The elevation ranges from 360 meters in the South to 6,325 meters in the North.

About forty two percent of the total geographical area of AJK (0.6 million hectares approximately) is controlled by the Forest Department. The per capita standing volume and area are 400 cft and 0.2 hectares respectively. Annual wood demand is 1.65 million cubic meters and sustainable production is 0.7 million cubic meters. The area under cultivation is around 166,432 hectares (almost 13 percent of the total area), out of which ninety two percent of the cultivable area is rain-fed.

According to the 1998 population census, Azad Jammu and Kashmir had a population of 2.973, million, which estimated to have grown to 3.4 million in 2004. Almost 100 percent population is Muslim. The rural to urban ratio is 88:12. The population density is 258 persons per Sq Km. The literacy rate has increased from fifty five percent to sixty percent after 1998 census. Infant mortality rate is approximately 56 per 1000 live births, whereas the immunization rate for the children less than 5 years of age is more than eighty eight percent.

1.3 Objectives of Azad Jammu and Kashmir DHS

The Azad Jammu and Kashmir Demographic and Health Survey (AJKDHS,2010) was conducted to address the needs of maternal and child health and family planning programmes and to provide managers and policy makers with reliable and latest information to design their strategies for future interventions based on the empirical evidence.

Moreover, the objectives of AJKDHS 2010 were to collect quality data about household population, fertility levels and preferences, family planning knowledge and practices, child mortality, health and nutrition of mother and children, unmet need for family planning and knowledge about HIV/AIDS. In addition, the objective of this survey was to improve the capacity of relevant organizations, government and non-governmental organizations, to analyze and disseminate survey findings.

More specifically, the objective of AJKDHS is to produce the research findings in a timely manner and ensure that the data are disseminated, so as to be useful for programme managers and policy makers in government and non government organizations. The survey also provides information about socio economic and demographic indicators to measure the improvement (Annex-A).

1.4 Project Team and Responsibilities

The National Institute of Population Studies undertook the responsibility to undertake AJKDHS, 2010. The Project Director of NIPS was responsible for overall management of the survey. To conduct the survey, a project team was constituted, it includes: Principal Investigator, Co-Principal Investigator, Deputy Principal Investigator, Data Processing Manager, Coordinators, Team Supervisors, Female Interviewers and others. (Annex B)

A Technical Advisory Committee comprising of population professionals, demographic experts and researchers from relevant fields was formed (Annex C) to provide assistance regarding survey methodology, questionnaire design, risk management and data collection. The project core team managed the recruitment of field staff, training, data collection, data processing, report writing while the Administration and Accounts sections of NIPS were responsible to deal with project funds and provide logistic support to field staff and core team members.

1.5 Collaboration with Other Organizations

NIPS also coordinated with other organizations to seek their cooperation at Federal Level as well as in Azad Jammu and Kashmir for better implementation of the project. District Population Welfare Officers of all Districts of AJK were approached and they were requested through a letter sent from the Director NIPS to support field staff during data collection. On the other hand, Federal Secretary, Ministry of Population Welfare (defunct) has also written a letter to Chief Secretary of AJK about project activities and to ensure the security of the NIPS survey teams.

Moreover, Project Core Team of NIPS also collaborated with Deputy Commissioner of each District of AJK to avoid any inconvenience during field work. Federal Bureau of Statistics provided a representative sample of Azad Jammu and Kashmir, prepared complete list of primary sampling units (PSUs) and total households in each PSU. The Social Mobilizers of DPWO and other social organizations working in AJK also provided assistance to NIPS survey teams in locating the sampled PSUs and identifying the households during data collection process.

2 METHODOLOGY

Zafar Zahir and Faateh ud din Ahmad

The AJKDHS was undertaken to collect demographic and socio-economic data from households to address monitoring and evaluation needs of population welfare and health programmes of Azad Jammu and Kashmir. The data so collected will also meet the requirements of programme managers and policy makers for effectively planning and implementation of future interventions. The AJKDHS has been designed on the lines of PDHS, 2006-07 and Gilgit Baltistan DHS, 2008 conducted by NIPS.

2.1 Sample Design

The sample design of the survey was provided by Federal Bureau of Statistics and also responsible for drawing a representative sample for the Azad Jammu and Kashmir.

Universe:

The universe for this survey consists of all urban and rural areas of ten districts of AJK excluding military restricted areas.

Sampling Frame:

The sampling frame available with Federal Bureau of Statistics (FBS) was used to draw the representative sample. The FBS has updated its urban frame in 2003; each city/town has been divided in to enumeration blocks consisting of 200-250 households, identifiable through sketch maps. Whereas, for rural areas the lists of villages according to 1998 population census has been taken as rural frame.

Sample Size and its Allocation:

Keeping in view the objectives of the survey a sample size of 95 Primary Sampling Units (1900 households) has been considered sufficient to provide reliable estimates of key indicators for AJK as a whole and urban/rural break up with expected reliability between 5% to 7% coefficient of variation at 95% degree of confidence. The sample also provided more than 1900 ever married women of reproductive ages (15-49 years) residing in the sampled households.

Sample Design:

A two stage stratified random sample design was adopted for this survey.

(ii) Selection of Primary Sampling Units (PSU)

Enumeration block/cluster in the urban domain and village in rural domain has been taken as primary sampling unit (PSU). Sample PSUs have been selected from strata/sub-strata with probability proportional to size (PPS) method of samplings technique. Village wise population of 1998 population census and enumeration block wise number of households collected in 2003 during updating of urban sampling frame have been treated as measure of size (MOS) for selection of sample PSUs in rural and urban strata respectively. Detail distribution of sample PSUs and households by districts and rural/urban areas is presented in table 2.1.

Table 2.1: Distribution of Sample Clusters/ (PSUs) and Households by Districts, AJ&K

Sr. No.	District	Number of clusters (PSUs)		
		Rural	Urban	Total
1.	Muzaffarabad (including Hattian Bala)	12 (240)	6 (120)	18 (360)
2.	Rawalakot	6 (120)	5 (100)	11 (220)
3.	Bagh (including Havali)	8 (160)	3 (60)	11 (220)
4.	Sadhongti	6 (120)	3 (60)	9 (180)
5.	Mirpur	7 (140)	8 (160)	15 (300)
6.	Kotli	9 (180)	5 (100)	14 (280)
7.	Bhimber	7 (140)	3 (60)	10 (200)
8.	Neelum	4 (80)	3 (60)	7 (140)
Total		**59 (1180)**	**36 (720)**	**95 (1,900)**

Note: Figures in parenthesis are the number of households (HH)

(iii) Selection of Secondary Sampling Units (SSU) Households

Households within sample PSUs have been taken as secondary sampling units (SSUs). To get a representative sample, 20 households have been selected from each cluster of rural and urban areas using systematic sampling technique. All ever married women aged 15-49 years residing in the selected household were interviewed to get relevant information.

NIPS undertook fresh listing of all households inhabited in each selected clusters (PSUs). The local office of FBS has provided assistance to NIPS teams in locating selected PSUs. In order to accomplish this task, the supervisor of each survey team was trained to prepare a complete list of households from the selected PSUs in the rural and urban clusters respectively. The process of household listing and selection of sample has been completed well before starting the data collection for the survey.

2.2 Questionnaires for Survey

Keeping in view of survey objectives, three questionnaires: (i) household questionnaire, (ii) woman questionnaire for ever-married women age 15-49 years, and (iii) community profile questionnaire were developed. (See Annex D).

These instruments of data collection were based on the questionnaires used for the PDHS, 2006-07. During the adaptation of these questionnaires, input was sought from variety of experts working in the field of fertility, family planning and reproductive health. NIPS host number of consultative meetings during the questionnaire designing process.

The household questionnaire was used to collect information on background characteristics of usual members of household such as age, sex, headship, marital status, education attainment, housing characteristics, household possessions and for identifying eligible women (ever married of age 15-49 years) .Who were interviewed through woman questionnaire to get information on fertility, reproductive health, family planning, child health, nutrition, knowledge of HIV/AIDS and tuberculosis. Using data on housing characteristics, procession of durable goods, etc., it was possible to develop "Wealth Index" as a background characteristic. It was used for further analysis of various survey variables presented in this report.

The questionnaires were initially developed in English and then translated in Urdu for easy understanding among the interviewers and respondents. The translated questionnaires were pre-tested to detect any possible problems in translations or flow of questionnaire, as well as to assess the time required for each household interview. The pretest also provided valuable experience for the survey organizers about questionnaire design, training mechanisms, and fieldwork logistics. The pretest results were accordingly used to modify the questionnaires.

2.3 Recruitment of Project Staff

Ten teams of field personnel were recruited for data collection. Each team comprised of a supervisor (team leader-male), three female interviewers, and a driver for the vehicle. The supervisor was responsible for overall management of field activities such as establishing a close contact with NIPS office; lodging and boarding of team members in a suitable accommodation; arrangement of transport; identification of sampled cluster, sample selection of households, distribution of field work among interviewers ensuring the quality of data; organizing questionnaires in a sequence after interview and dispatching them to NIPS office, and other related activities.

The female interviewer was responsible for conducting the interview, first she has to fill the household questionnaire and then woman questionnaire with all eligible women (ever married women age 15-49

years) in a sampled household assigned to her by the team leader. Before leaving the household she has to ensure that the interview is completed and all relevant answers were properly recorded on the questionnaire. Further she has to thoroughly edit the questionnaires after completing the day work and then handed it over to the supervisor for further editing. She has to extend cooperation to other team members to complete the field work according to schedule prepared by the supervisor.

The driver of the vehicle, an important member of the team; was responsible for maintaining the vehicle in working condition and ensuring availability of sufficient fuel during the field visits. He was supposed to help the supervisor in locating cluster, establishing rapport with the local community and to provide security to the female team members.

2.4 Training of Field Staff

All female interviewers and team leaders have rigorously participated in a two-week training programme devoted to various aspects of the survey. The training was organized in Islamabad in a local hotel to accommodate all trainees. The resource persons and trainers were drawn from NIPS and experts from other line departments and organizations. The training programme included; a detailed description of the questionnaires; interviewing techniques; how to complete the questionnaire; and special lectures on fertility; reproduction; family planning and population welfare programme. Training sessions consist of classroom lectures, mock interviews, group discussions and practice interviews in the field. Each interviewer has completed at least five interviews during the training period. Finally, the team supervisors were trained on how to manage the field activities, to assign the task to interviewers in the field, and to edit the completed questionnaires.

2.5 Data Collection

2.5.1 Field work

The data collection process was carried out in two stages; firstly the household listing was completed in each cluster (PSU) by trained personnel with the assistance of FBS staff, these persons accompanied the team members for the identification of the geographic boundaries of urban clusters. The rural clusters were located by the team members themselves.

At the second stage, the female interviewers have to conduct interview first for household questionnaire and then with all the eligible women identified in the household on separate questionnaire developed for them. In the evening, each interviewer has to handover edited filled-in questionnaires to supervisor. The supervisor has to check all the questionnaires before he dispatches them to NIPS office. For completing the data collection procedure, each team was assigned 8-10 clusters keeping in view the geographic location of the clusters.

2.5.2 Duration of field work

The households listing was completed between 10-15 days before starting the actual field work. The main field work of survey for collecting information from the households was carried out during November 2010 to January 2011.

2.6 Monitoring and Supervision of Field Work

To ensure the quality of data, a close communication was maintained at all times between the central office of NIPS and field personnel during fieldwork. NIPS also placed two field coordinators to monitor field activities and provide help and guidance to the teams as and when required. Beside, senior management of the project also paid surprise visits to the field areas to cross check the quality of work and provided technical assistance to field staff where needed.

Quality Control Measures

Primarily the supervisor of each team has been responsible to ensure good quality of data through proper field work; efficient team building; and regular editing of questionnaire and verification of responses by re-visit to the household.

As mentioned above, the field coordinators have monitor the data collection process according to laid down procedure and supervise the field staff by checking their performance, provide guidance and on the job training. They also kept a close communication between NIPS office and all the team supervisors during the field operation.

In addition, NIPS project management has also monitored the data collection process and visited each team at least twice a month during the fieldwork. During each visit to field, the NIPS researcher accompanied by a female editor has spot-checked the data collection activities of the team. This includes visiting few households in recently completed cluster and re-interviews the household questionnaire, which subsequently checked against the answers recorded in the original questionnaire. Periodic review sessions were held with the interviewing teams. These review sessions were designed to identify and correct errors detected in the fieldwork.

Finally, NIPS computer programmer has set-up the data management system at NIPS. He has regularly run a set of field check tables from the computerized data at NIPS during fieldwork. Problems that appear from review of these tables were discussed with the relevant teams so that mistakes/ errors are not repeated.

2.7 Data Processing and Analysis

After checking and editing in the field, all questionnaires were sent to the NIPS office in Islamabad for logging in and supplementary checking prior to data entry. Each questionnaire was completely edited by

the trained office editors. Afterward data from the questionnaires were entered onto microcomputers by a team of data entry operators. The Data Processing Manager has developed the software programs for data entry, editing and tabulation for the survey report. He has also imparted training to data processing staff. Efforts were made to match the pace of data processing operation with the data collection and delivery of completed questionnaires. Data editing included; range checks, structure and selected set of checks for internal consistency.

2.8 Response Rate

Table 2.2 presents households and eligible women response rate for the survey. A total of 1900 households were selected as secondary sampling units for enumeration, of which 1897 were occupied at the time of the field survey. Out of 1897 households 1869 (98 percent) were successfully interviewed.

Of the 1869 household interviewed, a total of 1909 ever-married women age 15-49 years were identified of whom 1770 were successfully interviewed, yielding a response rate of 92.7 percent. The main reason for non-response among eligible women was the non-availability of them at home despite repeated visits to the household.

The response rate for households was higher in rural (99.2 percent) than urban areas (97.4 percent), while a reverse pattern was observed for the response rate of eligible women.

Table 2.2: Results of Household and Individual Interviews

Numbers of sampled Households, households interviewed, response rate, eligible Women, women interviewed and response rate, according to Residence and Districts (Un-Weighted) AJKDHS - 2010

Results of interviews	Place of residence		District										Total
	Urban	Rural	Muzaffarbad	Rawalakot	Bagh	Sadhongti	Mirpur	Kotli	Bhimber	Neelum	Hattian Bala	Haveli	
Sampled household	723	1177	281	180	160	120	300	240	200	120	179	120	1900
Occupied household	722	1175	281	180	160	120	300	239	200	119	178	120	1897
Interviewed household	703	1166	277	178	159	118	290	239	196	117	175	120	1869
Household response rate	97.4	99.2	98.6	98.9	99.4	98.3	96.7	100.0	98.0	98.3	98.3	100.0	98.5
Eligible women	712	1197	284	191	137	122	276	267	227	123	161	121	1909
Interviewed women	666	1104	258	184	124	121	254	259	196	107	151	116	1770
Women response rate	93.5	92.2	90.8	96.3	90.5	99.2	92.0	97.0	86.3	87.0	93.8	95.9	92.7
Women's overall response rate	91.1	91.5	89.6	95.3	89.9	97.5	89.0	97.0	84.6	85.5	92.2	95.9	91.4

HOUSEHOLD POPULATION AND HOUSING CHARACTERISTICS

3

Rabia Zafar and Imran Pasha

This chapter presents data on age, sex, household composition, marital status and educational attainment by residence of population from selected households; it also provides information on household's facilities; including source of drinking water, availability of electricity, sanitation facilities, housing construction materials, tenure ship of house and possession of household durable goods. Information on household characteristics and respondents is essential for interpretation of survey findings and also useful in identifying factors that influence the basic demographic indicators of population. For this survey, a household is defined as a person or a group of persons, related or unrelated, who live together in the same dwelling unit and share common arrangements for cooking and eating. The household questionnaire was used to collect information on all usual members of the household (the de jure population).

3.1 Household Population by Age and Sex

The age and sex are important variables for demographic classification in imperative statistics, census, and surveys. These variables are the key to study mortality, fertility, and reproductive health. Generally, a cross-classification with age and sex is useful for effective analysis of data obtained in surveys.

Table 3.1 presents distribution of household population in AJK by five-years age groups, sex and urban-rural residence. Eighty eight percent population reside in rural areas while twelve percent in urban areas. The female population is slightly higher than males.

As can be seen from population pyramid in Figure 3.1, the age structure of the population shows typically of a society with a youthful population, slightly over two third of the population is below 30 years of age. Population below fifteen years of age in AJK is about nine percent less than the population of Gilgit Baltistan (GB) of same age cohort (GBDHS, 2008), indicates low fertility in AJK as compared to GB. The dependency ratio i.e. the ratio of population below fifteen years and sixty five years and above with working age population (15 – 64 years) is slightly over seventy six percent. As compared to this it was quite high (92.3 percent) in GB according to GBDHS, 2008, shows more burden on the working age population of GB than of AJK. The pyramid is broad based, however, slightly narrow at the lowest two bars (age groups, 0-4 and 5-9 years), indicates a declining trend of fertility in recent past. Population sixty five years and above of AJK is almost double (6.3 percent) to that of the population of same age cohort of

GB (3.7 percent), showing better health conditions and care for elderly population in AJK. The sex and age distribution of population is presented in population pyramid below:

Figure 3.1: Population Pyramid

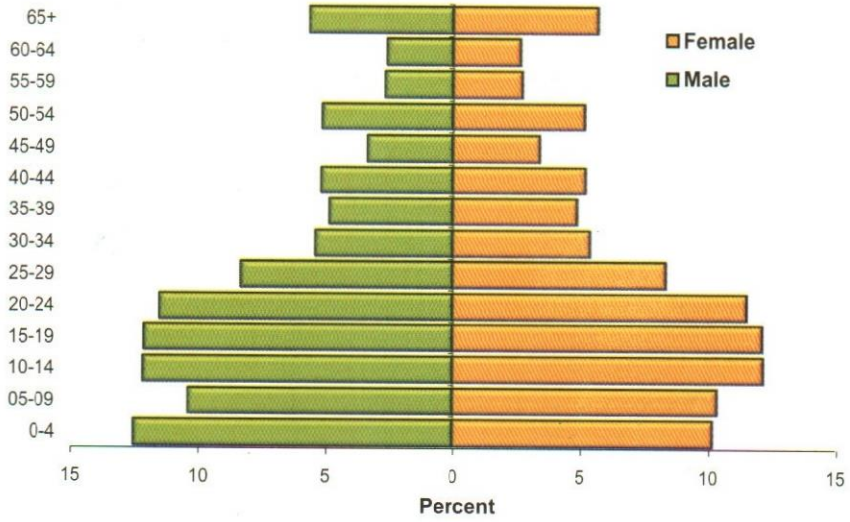


Table 3.1: Household Population by Age, Sex and Residence

Percent distribution of population in sampled households by five year age groups, sex and residence, AJKDHS - 2010

Age groups		Urban			Rural			All areas		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
0 – 4		9.3	10.4	9.9	13.0	10.2	11.6	12.6	10.2	11.4
5 – 9		9.1	8.4	8.8	12.4	10.6	11.5	12.0	10.4	11.2
10 – 14		11.2	11.1	11.2	12.8	12.3	12.6	12.6	12.2	12.4
15 – 19		13.5	12.6	13.1	12.9	12.1	12.5	13.0	12.2	12.6
20 – 24		11.6	10.9	11.2	10.2	11.6	10.9	10.4	11.5	11.0
25 – 29		9.6	10.1	9.8	8.1	8.1	8.1	8.3	8.4	8.3
30 – 34		5.1	5.7	5.4	4.3	5.4	4.8	4.4	5.4	4.9
35 – 39		4.7	5.4	5.1	3.9	4.8	4.4	4.0	4.9	4.5
40 – 44		4.1	5.1	4.6	3.5	5.2	4.4	3.6	5.2	4.4
45 – 49		5.5	4.5	5.0	3.2	3.3	3.2	3.5	3.4	3.4
50 – 54		3.3	4.7	4.0	2.9	5.2	4.1	2.9	5.2	4.1
55 – 59		3.4	2.8	3.1	2.9	2.7	2.8	2.9	2.7	2.8
60 – 64		3.3	2.3	2.8	3.0	2.7	2.8	3.0	2.7	2.8
65 and More		6.3	5.9	6.1	6.9	5.7	6.3	6.9	5.7	6.3
Total	Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	Number	722	726	1449	5597	5856	11453	6319	6583	12902

According to AJKDHS, the overall sex ratio in Azad Jammu and Kashmir is 96 males per 100 females, an implausibly low ratio that is most probably due to out- migration of male population to other parts of the country or overseas for employment and proper reporting of females. The sex ratio is higher in urban

areas (99 males per 100 females) as compared to rural areas (95 males per 100 females). Table 3.2 presents sex ratios by age groups and area. Sex ratios' varies by age group, being over 100 for population under ten years, age group 15-19 years and elderly population (55 years and above) and below 100 for population 20-54 years. The lowest sex ratio (54 males per 100 females) was observed for age group 50-54 years. The low sex ratios of working age population (20-54years) may be due to the fact that men have migrated to other parts of the country or overseas in search of jobs.

The data by age groups indicates that more than half of the total female population falls in childbearing age (15-49 years). Due to high fertility in the country, this segment has been increasing over the last two decades and hence contributes to overall population growth.

Table 3.2: Number of Household Population by Gender and Sex Ratio

Age groups	Gender		Sex Ratio
	Male	Female	
0 – 4	794	672	118
5 – 9	758	684	111
10 – 14	798	803	99
15 – 19	820	800	103
20 – 24	657	758	87
25 – 29	521	550	95
30 – 34	277	357	78
35 – 39	254	321	79
40 – 44	226	342	66
45 – 49	220	224	98
50 – 54	186	342	54
55 – 59	184	179	103
60 – 64	190	176	108
65 and More	434	374	116
Total	6319	6583	96

3.2 Household Composition

The household is considered to be a basic socio- economic unit of society and changes at this level, therefore, have repercussions at the aggregate level of a country as a whole. These changes also have impact on distribution of goods and services and on planning and requirements of community institutions, schools, housing, and health infrastructure (Ekouevi et al., 1991).

Table 3.3 shows distribution of households by sex of head of household and size of households in urban and rural areas. Households in Azad Jammu and Kashmir are predominantly male-headed, with eighty percent of households being headed by a male and twenty percent by a female. The proportion of female-headed households is smaller in urban areas (12 percent) as compared to rural areas (21 percent). The share of female headed households is quite high in AJK as compared to Gilgit Baltistan (6.5 percent). This could be attributed to out-migration of the male population from rural areas to urban and outside Azad Jammu and Kashmir for employment purposes. Female headship of households is of concern to policymakers, particularly to those dealing with poverty issues, as normally it is difficult for a woman to financially manage a household alone (Osaki, 1991).

Table 3.3: Household Composition

Percentage distribution of households by sex of head of household, household size and mean household size, According to residence, AJKDHS - 2010

Characteristics		Urban	Rural	All areas
Household headship	Male	88.1	78.8	79.8
	Female	11.9	21.2	20.2
Household size	1	1.4	.7	.8
	2	5.1	5.2	5.2
	3	4.6	5.3	5.3
	4	8.9	10.8	10.6
	5	14.6	11.8	12.1
	6	14.2	15.0	14.9
	7	12.7	14.8	14.6
	8	10.9	12.6	12.4
	9+	27.6	23.7	24.2
Total	Percent	100.0	100.0	100.0
	Number	208	1661	1869
Average Household size		7.0	6.9	6.9

The data shows that average household size in AJK is 6.9 persons (table 3.3). The household size is slightly larger in urban areas (7 persons) than rural areas (6.9 persons) or in other words, mean number of person per household is approximately the same in both areas.

Table 3.3 indicates that slightly less than one fourth of the households have nine or more members, twenty seven percent households have seven or eight members, one-third (38 percent) of total households have four to six members and only eleven percent have less than four members per household. Analysis by area shows that more than half of the households in both the areas have seven or more members per

household. It is an indication of predominance of extended family system; economic pressure may also force families of middle and low income groups to live in joint family system.

3.3 Education of Household Population

Education is one of the major social factors that influence person's behaviour and attitude. In general, it is observed that women with higher education are better aware of the use of health facilities, family planning methods, and healthcare of their children. Generally, a child enters school at the age of five in primary level of education; this level comprises classes 1- 5. Middle school is of classes 6 - 8; secondary school is of classes 9 and 10, higher secondary and above, is of classes 11 and more.

3.3.1 Educational Attainment of Household Population

The distribution of educational attainment of female and male population by age, sex and residence is presented in tables 3.4 and 3.5 respectively. The data shows that on aggregate two fifth of the female population in Azad Jammu and Kashmir have no education; the male-female gap for those with no education is almost double. Same pattern is also observed in urban and rural areas. The male-female difference for population who have attended any level of education is, however, less at all levels as compared to those who have never attended school.

The proportion of males who have attended primary school is slightly higher than females (twelve percent); however, there is marginal difference in urban areas as compared to rural areas. The male-female gap is below ten percent at all levels of education from middle and above. Interestingly it is only below three percent among the population who have higher or above level of education (i.e. 11.4 males and 8.6 percent female having higher secondary or above level of education). An analysis by area indicates that the proportion of urban females (19.9 percent) who have higher secondary or above level of education is almost double to that of males (9.9 percent). It may be due to out- migration of male population from AJK to other parts of the country and overseas, as was evident from the sex ratio of working age population.

An analysis of data by age groups and level of schooling in AJKDHS-2010 indicates that there has been a marked improvement in the educational attainment of both women and men across the younger age groups as compared to population in age groups fifty and above. As the data shows the proportion with no education has declined significantly from ninety six percent of elder women to just seven percent among women age 10-14 years. The similar trend is emerged among men with no education.

The gap in educational attainment is no longer visible by gender in younger age cohort, while there are differences in educational attainment between males and female in elder age groups.

Table 3.4: Educational Attainment of the Female Household Population

Percent distribution of female household population ages five and above by highest level of school attended

Residence/ Age groups		No Education	Up to Primary	Up to Middle	Up to Secondary	Higher Secondary +	Total	
							Percent	Number
Urban	5 - 9	47.3	52.4	.1	.1	--	100.0	61
	10 - 14	1.7	55.3	37.3	5.7	--	100.0	81
	15 - 19	6.9	5.6	23.3	39.8	24.3	100.0	92
	20 - 24	7.2	3.9	16.0	19.7	53.3	100.0	79
	25 - 29	7.3	6.5	15.4	30.6	40.2	100.0	73
	30 - 34	15.0	11.4	22.1	24.5	27.0	100.0	41
	35 - 39	28.0	13.8	14.6	24.6	19.0	100.0	39
	40 - 44	43.0	17.3	11.0	11.2	17.5	100.0	37
	45 - 49	28.9	15.9	15.2	20.2	19.7	100.0	32
	50 - 54	58.2	12.4	5.1	16.2	8.2	100.0	34
	55 - 59	58.4	15.4	12.6	7.7	6.0	100.0	20
	60 - 64	74.2	11.5	11.0	1.2	2.1	100.0	17
	65 and More	89.6	7.2	1.8	1.4	--	100.0	43
	Total	26.6	19.0	16.4	18.1	19.9	100.0	651
Rural	5 - 9	54.7	45.2	.2	--	--	100.0	624
	10 - 14	7.5	66.6	25.0	.9	--	100.0	722
	15 - 19	11.7	17.8	30.8	28.6	11.1	100.0	708
	20 - 24	14.1	17.1	24.1	19.6	25.2	100.0	680
	25 - 29	24.9	14.1	22.8	20.9	17.3	100.0	477
	30 - 34	32.9	20.9	20.6	17.6	8.0	100.0	315
	35 - 39	56.0	19.3	10.6	10.8	3.4	100.0	282
	40 - 44	65.1	17.8	6.6	8.8	1.7	100.0	305
	45 - 49	76.9	11.5	8.1	2.2	1.2	100.0	191
	50 - 54	85.1	11.7	1.3	1.2	.7	100.0	307
	55 - 59	95.3	4.7	--	--	--	100.0	159
	60 - 64	93.0	6.4	.6	--	--	100.0	159
	65 and More	96.8	3.2	--	--	--	100.0	331
	Total	41.5	25.3	15.4	10.7	7.2	100.0	5260
All areas	5 - 9	54.0	45.8	.1	.0	--	100.0	684
	10 - 14	7.0	65.4	26.2	1.4	--	100.0	803
	15 - 19	11.1	16.4	30.0	29.9	12.6	100.0	800
	20 - 24	13.3	15.7	23.3	19.6	28.1	100.0	758
	25 - 29	22.6	13.1	21.8	22.2	20.3	100.0	550
	30 - 34	30.8	19.8	20.8	18.4	10.2	100.0	357
	35 - 39	52.5	18.6	11.1	12.5	5.3	100.0	321
	40 - 44	62.7	17.8	7.1	9.1	3.4	100.0	342
	45 - 49	70.0	12.1	9.2	4.9	3.9	100.0	224
	50 - 54	82.4	11.8	1.7	2.7	1.4	100.0	342
	55 - 59	91.1	5.9	1.4	.9	.7	100.0	179
	60 - 64	91.2	6.8	1.6	.1	.2	100.0	176
	65 and More	95.9	3.7	.2	.2	--	100.0	374
	Total	39.8	24.6	15.5	11.5	8.6	100.0	5911

Primary=Class 1-5; Middle=Class 6-8; Secondary=Class 9-10; Higher=Class 11 or more;

The rural residents are less likely to attend and stay in school than that of urban residents. As two-fifth (41 percent) of females in rural areas have no education as compared with one-forth (27 percent) of females in urban areas. A similar pattern is portrayed for male population, in rural areas one-fifth (22 percent) of males have no education as against thirteen percent of those in urban areas. The residential differences in educational attainment may because of non availability and inaccessibility of educational institutions in rural areas. Another factor of more proportion of uneducated population in rural setting could be the financial resources and its prior utilization.

Table 3.5: Educational Attainment of the Male Household Population

Percent distribution of male household population ages five and above by highest level of school attended

Residence/ Age groups		No Education	Up to Primary	Up to Middle	Up to Secondary	Higher Secondary +	Total	
							Percent	Number
Urban	5 - 9	49.9	50.0	.1	--	--	100.0	66
	10 - 14	4.5	57.5	36.3	1.7	--	100.0	81
	15 - 19	2.5	7.1	31.9	39.5	19.0	100.0	98
	20 - 24	5.5	7.7	18.4	31.9	36.5	100.0	84
	25 - 29	3.4	7.0	18.5	32.2	38.9	100.0	69
	30 - 34	3.1	9.2	16.6	33.8	37.4	100.0	37
	35 - 39	7.7	10.6	14.6	30.4	36.7	100.0	34
	40 - 44	12.3	9.7	14.7	30.2	33.1	100.0	30
	45 - 49	11.9	8.6	32.7	22.6	24.2	100.0	40
	50 - 54	15.4	14.4	16.7	22.1	31.4	100.0	24
	55 - 59	18.3	10.9	18.8	27.2	24.8	100.0	24
	60 - 64	18.4	19.8	13.8	20.9	27.1	100.0	24
	65 and More	38.3	23.4	16.6	12.1	9.6	100.0	46
	Total	13.5	20.2	20.9	23.2	22.3	100.0	655
Rural	5 - 9	50.8	49.0	.2	--	--	100.0	692
	10 - 14	6.5	64.6	26.1	2.7	.1	100.0	717
	15 - 19	5.3	17.7	34.4	31.0	11.6	100.0	723
	20 - 24	8.9	12.1	23.2	31.9	23.8	100.0	573
	25 - 29	9.3	14.4	27.1	29.5	19.7	100.0	452
	30 - 34	12.9	8.6	33.2	30.1	15.2	100.0	240
	35 - 39	14.8	16.6	18.2	36.3	14.2	100.0	219
	40 - 44	18.2	18.6	18.3	30.2	14.6	100.0	196
	45 - 49	21.8	22.7	16.6	25.6	13.3	100.0	180
	50 - 54	30.4	24.3	18.4	19.0	7.9	100.0	163
	55 - 59	37.2	21.5	12.4	16.8	12.2	100.0	160
	60 - 64	40.2	23.1	14.9	16.3	5.5	100.0	166
	65 and More	61.8	18.3	9.5	8.0	2.4	100.0	388
	Total	22.2	28.4	20.3	19.2	9.9	100.0	4870
All areas	5 - 9	50.7	49.1	.2	--	--	100.0	758
	10 - 14	6.3	63.9	27.2	2.6	.1	100.0	798
	15 - 19	5.0	16.4	34.1	32.0	12.5	100.0	820
	20 - 24	8.5	11.5	22.6	31.9	25.5	100.0	657
	25 - 29	8.5	13.4	26.0	29.9	22.2	100.0	521
	30 - 34	11.6	8.7	31.0	30.6	18.2	100.0	277
	35 - 39	13.8	15.8	17.7	35.5	17.2	100.0	254
	40 - 44	17.5	17.4	17.8	30.2	17.1	100.0	226
	45 - 49	20.0	20.1	19.5	25.1	15.3	100.0	220
	50 - 54	28.5	23.0	18.2	19.4	10.9	100.0	186
	55 - 59	34.7	20.1	13.2	18.1	13.8	100.0	184
	60 - 64	37.5	22.7	14.8	16.8	8.2	100.0	190
	65 and More	59.3	18.9	10.3	8.4	3.1	100.0	434
	Total	21.2	27.4	20.4	19.6	11.4	100.0	5525

Primary=Class 1-5; Middle=Class 6-8; Secondary=Class 9-10; Higher=Class 11 or more;

3.4 Marital Status

Table 3.6 below present the marital status of all women age 15-49 years, it reveals that only about eight percent of women in age group 15-19 years are married, which indicates that teen age marriages are not common in AJK, that can also be seen from the next age group of 20-24 years, where slightly more than one third women are married and even a quarter of women in age group 25-29 years are unmarried. Overall about forty two percent of all women in age group 15-49 years are never married. The divorced/separated rate is almost negligible in AJK. However, it is about three percent in the age group 35- 39 years, which is surprisingly high as compared to other age groups. One in ten women in age group 45-49 years is widowed.

Table 3.6: Current Marital Status

Percent distribution of all women age 15-49 years by current marital status, according to age, AJKDHS, 2010

Age groups	Marital status					Total
	Never married	Married	Widowed	Divorced/ separated	Percent	Number
15 – 19	92.3	7.7	--	--	100.0	800
20 – 24	63.4	35.7	--	.8	100.0	758
25 - 29	24.5	74.3	.6	.6	100.0	550
30 - 34	7.8	89.9	1.3	1.0	100.0	357
35 - 39	3.1	91.6	2.6	2.7	100.0	321
40 - 44	1.7	93.2	4.5	.6	100.0	342
45 - 49	1.3	87.4	9.6	1.7	100.0	224
Total	41.8	55.8	1.6	.8	100.0	3352

3.5 Housing Characteristics

The availability and accessibility of basic household facilities are important in assessing general welfare and socio-economic conditions of population. For AJKDHS-2010, the data was collected regarding drinking water and household sanitation facilities. It included; source of drinking water, time taken for travelling to the nearest source of water, person who usually collects drinking water, and types of sanitation facilities.

3.5.1 Source of drinking water

Table 3.7 provides information on source of drinking water for households and population. Only two-fifth of households (40 percent) in Azad Jammu and Kashmir has access to drinking water within the dwelling. This is higher in urban areas (64 percent) than rural areas (36 percent). Slightly less than half of the population in AJK is using either piped water directly into dwelling/plot or public tap/stand pipe. The second popular source of drinking water is rain water (29 percent), however, wide gap exists in rural (31 percent) and urban households (15 percent). Small proportion of households (9 percent) using drinking

water available through tube wells or borehole. Whereas, the remaining population using other sources like dug well (protected), hand pumps and spring protected or unprotected. A comparison of data on source of drinking water available in Pakistan Social and Living Standards Measurement Survey; 2008-09 (PSLM) conducted by FBS in the four provinces of Pakistan reveals that proportion of population of AJK using piped water as source of drinking water is higher (48 percent) than the population of the country as a whole (35 percent).

Three-fifth (60 percent) of households has water in the premises; therefore they do not have to travel to fetch drinking water. The households not having access to drinking water within their premises were asked about the time for obtaining water. Almost one-fifth (19 percent) households are within the range of thirty minutes travelling time to the source of drinking water and the remaining have to travel thirty minutes or more to get drinking water. Notably one-fifth (20 percent) of rural households travel at least 30 minutes to obtain drinking water compared with only thirteen percent of urban households.

Similarly, a wide urban-rural disparity exists in households having water with in the premises. Slightly over three-fourth (76 percent) of urban households have drinking water within the premises compared to fifty nine percent of rural households.

Table 3.7: Household Drinking Water

Percent distribution of households and population by source and timing to collect drinking water according to residence, AJKDHS – 2010

Drinking water		Households			Population		
		Urban	Rural	Total	Urban	Rural	Total
Source of drinking water	Piped - into dwelling	62.6	37.4	40.2	64.3	36.5	39.6
	Piped - into yard/plot	5.4	9.3	8.9	5.7	9.6	9.1
	Piped - public tap / standpipe	2.3	1.9	1.9	1.9	2.0	2.0
	Tube well or borehole	4.3	9.6	9.0	3.5	11.0	10.1
	Hand pump	1.2	2.8	2.6	1.1	2.7	2.5
	Dug well - protected	4.3	3.7	3.8	4.5	3.1	3.2
	Dug well – unprotected	1.0	.8	.8	1.5	.9	.9
	Spring – protected	2.0	1.9	1.9	1.7	2.0	2.0
	Spring - unprotected	1.1	1.3	1.3	1.0	1.3	1.2
	Rainwater	15.1	30.8	29.1	14.3	30.5	28.7
	Tanker truck	.0	.2	.2	.0	.2	.2
	Water Tanker Truck	.2	.2	.2	.2	.2	.2
	Other	.4	.3	.3	.2	.2	.2
Time to obtain drinking water (round trip)	Water on premises	75.9	58.5	60.4	77.2	58.7	60.8
	Less than 30 minutes	12.7	20.2	19.3	11.8	19.9	19.0
	30 minutes or longer	11.3	21.3	20.2	11.0	21.3	20.1
	Don't know or missing	--	.1	.1	--	.1	.1
Total	Percent	100.0	100.0	100.0	100.0	100.0	100.0
	Number	208	1661	1869	1449	11455	12904

3.5.2 Sanitation Facilities

The sanitation facilities available to a household is an important indicator to assess health status of household members, non availability of sanitary disposal of waste exposes population to risk of acquiring infections and other diseases.

Table 3.8 presents information on household sanitation facilities by type of toilet/latrine.

The data reveals that slightly more than half of the households (53 percent) in Azad Jammu and Kashmir using flush toilets. One fifth of the households do not have any type of toilet facility, this varies greatly among urban and rural areas i.e. only two percent of the urban households have no toilet facility as against twenty three percent of rural households. Slightly over one fourth of the households have pit latrines. About three fourth of the urban households have flush to sewer system or to septic tank, whereas, slightly less than half of the rural households have that facility. According to PSLM, 2008-09 twenty two percent of the total household in the country did not have any toilet facility; the proportion of such category was thirty three percent in rural households.

Table 3.8: Household Sanitation Facilities
Percent distribution of households and population by type of toilet facilities according to residence, AJKDHS - 2010

Type of toilet/latrine facility		Households			Population		
		Urban	Rural	Total	Urban	Rural	Total
Flush - to piped sewer system		16.9	3.1	4.6	17.8	3.1	4.7
Flush - to septic tank		55.0	45.8	46.9	54.6	46.1	47.0
Flush - to somewhere else		1.3	.8	.8	1.3	.7	.8
Flush - don't know where		.1	.4	.3	.1	.4	.4
Pit latrine - ventilated improved pit (VIP)		17.5	20.1	19.8	16.7	20.8	20.3
Pit latrine - with slab		5.3	4.3	4.4	5.7	4.3	4.5
Pit latrine - without slab / open pit		1.4	1.7	1.7	1.3	1.8	1.8
Bucket toilet			.1	.1		.0	.0
No facility/bush/field		2.4	23.4	21.0	2.4	22.4	20.2
Other		.1	.3	.3	.0	.4	.4
Total	Percent	100.0	100.0	100.0	100.0	100.0	100.0
	Number	208	1660	1868	1449	11448	12897

3.5.3 Housing Characteristics

The housing characteristics reflect household's socio-economic status. These also influence environmental conditions, for instance, the use of biomass fuels in a household, exposure to indoor pollution have a direct bearing on the health of households members. Table 3.9 presents households characteristics such as; availability of electricity; housing structure; type of material used for roof and

walls; number of rooms used for sleeping purpose; type of fuel used for cooking. The data reveals that ninety five percent of households in Azad Jammu and Kashmir have electricity; almost all the urban households' have electricity whereas, five percent of rural households do not have electricity. The table further portrays that three-fifth (59 percent) households have pacca structure in contrast to one-fourth (24 percent) households having katcha structure.

The AJKDHS data indicates that four out of ten housing units (37 percent) used reinforced brick cement for the construction of roofs. Slightly over three fifth of the urban households used reinforced brick cement for roof and only thirty four percent of the rural households used the same material for roof. About one fourth of the households used mud/stone for roof, it was mostly in rural areas, and only six percent of the urban households used this material. According to GBDHS, 2008, ninety four percent of the households in GB used thatch/bamboo/wood/mud for construction of roof. This reflects better housing conditions in AJK.

As regards material used for construction of walls the AJKDHS reveals that four out of ten (40 percent) households have used cement block/cement/cloth for construction of main walls of the dwelling. The proportion of such dwellings is higher (51 percent) in urban than rural areas (38 percent). About one fourth of the households used mud/stones for main walls. Thirty one percent of the households in AJK used stone blocks and baked bricks for construction of main walls for the dwellings.

Data on the number of sleeping rooms per household indicates that half of the households' posses three or more rooms for sleeping, whereas on-third (33 percent) have two rooms. A significant difference in urban (65 percent) and rural (48 percent) exists in the availability of three or more sleeping rooms per household. Twelve percent have only one room for sleeping, as compared to this about one fourth of the GB households have only one sleeping room. (GBDHS, 2008)

Eight out of ten households (80 percent) use wood for cooking. This ratio is higher in rural areas (84 percent) than urban areas (46 percent). The second most common fuel is cylinder gas, mainly in urban areas (45 percent). This trend shows that most of the households use solid fuel like wood for cooking which is harmful for the health of the population as well as cause devastation of lives of forests and its inhabitants.

Table 3.9: Household Characteristics

Percent distribution of households and population by housing characteristics and percentage using fuel for cooking, according to residence, AJKDHS – 2010

Housing Characteristics		Households			Population		
		Urban	Rural	All areas	Urban	Rural	All areas
Electricity		99.2	94.8	95.3	98.6	94.9	95.3
Housing structure	Katcha	6.8	26.5	24.3	7.2	25.9	23.8
	Semi-pacca	1.7	3.7	3.5	2.0	4.1	3.9
	Pacca	80.1	56.5	59.2	77.9	57.8	60.0
	Flat	1.0	1.1	1.1	.9	1.1	1.1
	Constructed house/bungalow	8.5	11.6	11.3	10.4	10.8	10.8
	Others	1.8	.4	.6	1.6	.4	.5
Main roof material	Thatch / palm leaf	5.1	20.8	19.0	5.2	20.9	19.1
	Rudimentary roofing		.1	.1		.1	.1
	Iron sheets	17.0	29.4	28.0	16.9	27.6	26.4
	T-iron/wood/brick	12.5	15.7	15.3	13.0	15.3	15.1
	Reinforced brick cement	62.0	33.6	36.7	61.4	35.7	38.6
	Other	3.4	.5	.8	3.5	.4	.8
Main wall material	Mud/ Stones	6.0	26.2	24.0	6.2	26.3	24.1
	Bamboo/ Sticks/ Mud		1.6	1.4		1.4	1.3
	Unbaked Bricks/ Mud	1.2	3.7	3.4	1.1	3.8	3.5
	Plywood Sheets	.1	.0	.1	.1	.1	.1
	Stone Blocks	6.4	13.6	12.8	6.1	13.9	13.0
	Baked Bricks	31.8	16.0	17.8	31.6	15.1	16.9
	Cement Block/ Cement/ Cloth	51.0	38.2	39.6	51.8	38.8	40.3
	Tent/ Cloth	--	.1	.1	--	.1	.1
	Other	3.5	.5	.8	3.1	.5	.8
Rooms used for sleeping	One	7.3	12.7	12.1	4.3	9.3	8.7
	Two	24.8	34.0	33.0	20.3	30.9	29.7
	Three or more	64.7	48.1	49.9	72.3	54.5	56.5
	DK/missing	3.3	5.2	5.0	3.1	5.3	5.0
Cooking fuel	Electricity	.4	.2	.3	.3	.2	.2
	Cylinder gas	44.7	11.6	15.3	43.2	11.1	14.7
	Bio Gas	.2	.1	.1	.0	.3	.3
	Kerosene	.3	.4	.4	.4	.5	.5
	Wood	46.3	84.0	79.8	47.6	84.5	80.3
	Straw/Shrubs/Grass	.9	2.9	2.7	1.2	2.9	2.7
	Cow dung	--	.5	.5	--	.3	.3
	Other	7.1	--	.8	6.9	--	.8
	DK	.1	.2	.2	.2	.2	.2
Total	Percent	100.0	100.0	100.0	100.0	100.0	100.0
	Number	208	1661	1869	1449	11455	12904

3.6 Household Possessions

This section discusses the information on ownership of durable goods and other possessions of household. The household ownership and means of transportation are indicators of socio-economic status. Moreover, particular goods have specific benefits. For example, having access to radio or a TV exposes households members to innovate ideas and remain update with current affairs, a refrigerator prolong the savour of the foods and simultaneously a mean of transport allows greater access to many services away from the local areas. Table 3.10 depicts that less than half (45 percent) of all households have radios. The rural areas are more likely in possession of radios than urban areas. Possession of television is more in urban than rural areas. Six out of ten households (60 percent) have a television, almost eight out of ten have a telephone/mobile (84 percent), and possession of refrigerator is four out of ten (45 percent). Further, more than half of the households (56 percent) own a sewing machine in addition to forty nine percent own a washing machine. Holistically, the rural households are less likely to possess items like televisions, telephones, refrigerators, sewing and washing machines, or water pumps than urban households.

One–fourth (26 percent) of the urban households have motorcycle/scooter for transportation and twelve percent of the rural population use this mode of transportation.

Table 3.10: Household Durable Goods

Percentage of households and population possessing various household accessories, according to residence, AJKDHS - 2010

Household possessions	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
Radio	43.1	45.3	45.0	44.2	47.0	46.6
Television	85.3	57.3	60.4	85.5	60.4	63.2
Refrigerator	76.5	41.8	45.6	77.4	43.2	47.0
Telephone (non-mobile/mobile)	94.9	82.5	83.9	95.5	84.2	85.5
Fan	92.4	71.4	73.7	92.6	73.4	75.6
Room cooler, Air conditioner	23.4	7.8	9.5	23.9	7.1	9.0
Washing machine	77.9	45.2	48.9	80.0	48.2	51.7
Water pump	14.9	10.1	10.7	16.5	10.9	11.5
Bed	92.2	78.0	79.6	93.7	80.3	81.8
Chairs	94.1	88.1	88.8	94.6	89.5	90.1
Almirah/Cabinet	90.4	69.1	71.5	92.2	71.8	74.1
Clock	92.6	77.0	78.7	93.9	80.0	81.6
Sofa	78.6	50.4	53.5	81.9	53.9	57.0
Sewing machine	73.3	54.5	56.5	78.9	58.0	60.3
Camera	31.1	19.7	21.0	32.9	20.9	22.3
Personal computer	30.8	10.3	12.6	33.5	10.1	12.7
Watch	85.7	77.5	78.4	87.4	80.7	81.5
Bicycle	4.9	3.0	3.2	6.2	3.3	3.6
Motorcycle or Scooter	25.9	12.4	13.9	28.8	13.9	15.6
Animal-drawn cart	.2	.6	.6	.1	.5	.5
All areas	208	1661	1869	1449	11455	12904

3.7 Housing tenure

Table, 3.11 presents distribution of households by housing tenure. The data reveals that majority of the households (94 percent) are residing in their own house in AJK, the data by area indicates that eighty eight percent of the urban households have reported that they are living in their own house. the share of households living in their own house is quite high in AJK as compared to the national trend (88 percent) as reported in PSLM, 2008-09, conducted by FBS. About eight percent of the households of urban area in AJK are living in rented houses.

Table: 3.11: Housing Tenure.
Percent distribution of households by Housing Tenure by Place of residence, AJKDHS, 2010

Housing tenure		Urban/Rural		Total
		Urban	Rural	
Rented		7.8	.5	1.3
Rent-free		2.7	3.1	3.1
Mortgaged		.4	.3	.3
Owned		88.2	95.0	94.2
Other		.9	1.1	1.1
Total	Percent	100.0	100.0	100.0
	Number	208	1661	1869

3.8 Socioeconomic Status Index

Socioeconomic Status Index indicates the level of wealth that is consistent with expenditure and income measures (Rutstein et al., 2000). This index is developed recently and is constructed by using household asset data including ownership of a number of consumer items as well as dwelling characteristics, such as source of drinking water, sanitation facilities, and type of material used.

A weight generated through principal components analysis was assigned to each asset (factor score), and the resulting asset scores were standardized in relation to a normal distribution with a mean of zero and standard deviation of one (Gwatkin et al., 2000). Each household was then assigned a score for each asset, and the scores were summed for each household; individuals were ranked according to the score of the household in which they resided by dividing the sample into quintiles from level one (lowest/poorest) to level five (highest/richest). A single asset index was developed for the whole sample; separate indices were not prepared for urban and rural populations. This classification of population by quintiles is used as background variable in the following sections to assess the demographic and health outcomes in relation to socio-economic status.

Table 3.12 presents data on wealth quintiles by residence. About one-fourth (22 percent) of Azad Jammu and Kashmir's population fall in second quintile, population in the middle and fourth wealth quintiles is almost same in proportion (21 percent). The richest quintile and the poorest quintile consists almost the same population (19 percent and 18 percent respectively). This wealth quintile distribution differs significantly by urban-rural residence. More than twice of the population (41 percent) in urban areas are in the richest wealth quintile in contrast to sixteen percent of the rural population. On the other hand, almost twenty percent of the rural population falls in the poorest quintile compared with only three percent of the urban population.

Table 3.12: Percent Distribution of Population by Wealth Quintile, According to Residence, AJKDHS – 2010

Wealth quintile		Urban	Rural	Total
Poorest		3.2	19.5	17.7
Second		7.7	23.8	22.0
Middle		19.9	20.8	20.7
Fourth		28.1	20.2	21.1
Richest		41.1	15.7	18.5
Total	Percent	100.0	100.0	100.0
	Number	1449	11455	12904

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4

CHARACTERISTICS OF RESPONDENTS

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This chapter presents demographic and socioeconomic characteristics of ever married women age 15-49 years interviewed in Azad Jammu and Kashmir Demographic and Health Survey (AJKDHS) 2010. It provides information on key features such as age, level of education, marital status and wealth status. The chapter also covers literacy, employment status, occupation and earnings. Background information of respondents is important for better understanding and analysing social and demographic findings presented in the later part of this report. Mother's education and employment status are positively correlated with reproductive attitudes and behaviours, can be helpful in bringing changes. Especially in patriarchal societies like Azad Jammu and Kashmir where women status is usually low. "Population growth is not only affected by the direct means of fertility management (Family Planning, age at marriage, duration of breast feeding, abortion) but also indirectly by motivation to control fertility, which includes many factors. Central among these factors are reduced mortality, education (particularly of women), economic development (particularly poverty reduction), and the general status of women" (Ministry of Population Welfare, 2002).

4.1 Characteristics of Survey Respondents

Table 4.1 provides back ground characteristics of ever-married women age 15-49 years who were interviewed in AJKDHS, 2010. The age group wise analysis indicates that only three percent of the respondents are in age group 15-19 years. One fifth of the respondents are in age group 25-29 years, which is the maximum, one fourth of the ever married women are in age groups 20-24 and 45-49 years. Whereas, the remaining respondents are evenly distributed in age groups 30-44 years. Over five in ten (54 percent) women are under 35 years of age.

The majority (ninety six percent) of surveyed women age 15-49 years are currently married, only 2.5 percent are widowed, one percent of the women are divorced and negligible proportion is separated. The place of residence is an important variable that determines access to services and exposure to information pertaining to reproductive health. According to AJKDHS, 2010, nine out of ten (89 percent) ever-married women age 15-49 years are residing in rural areas while only eleven percent belongs to urban areas indicating a dominated rural set up.

Another important factor influencing an individual's attitude and approach is education. Slightly over two fifth (42 percent) ever-married women age 15-49 years in Azad Jammu and Kashmir have no education. It means six out of ten women in the reproductive age have any level of schooling. The women who have education, one third have primary or middle level of education, fifteen percent up to secondary and about nine percent have secondary or above level of education.

Wealth and work status are important indicators that determine socio-economic status of women in the society. Respondents are categorized in to five wealth quintiles in ascending order ranging from poorest to richest. Table 4.1 shows that the surveyed women are evenly distributed with slight variation among the four upper quintiles (ranges between 19-22 percent), except the poorest which is sixteen percent. Data on work status reveals that nine out of ten ever-married women are not currently employed, despite of the fact that one fourth of these having up to secondary or higher level of education. It is critical to note that a small proportion of women (10 percent) are currently working for gainful employment. Fig.4.1 below presents distribution of ever married women by education and wealth quintiles.

Figure 4.1: Percentage of Ever Married Women by Education and Wealth Quintiles

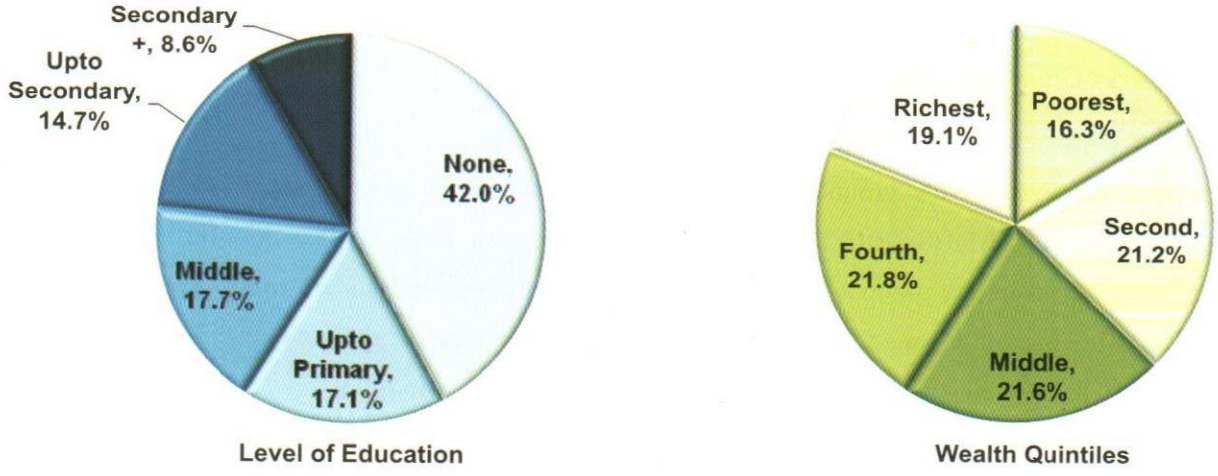


Table 4.1: Percent Distribution of Ever-Married Women Age 15-49 Years by Selected Background Characteristics, AJKDHS – 2010

Background characteristics		Un weighted		Weighted	
		Percent	Number	Percent	Number
Age of respondent	15-19	3.1	55	3.2	57
	20-24	12.6	223	13.8	245
	25-29	20.7	367	21.1	373
	30-34	17.4	308	16.4	290
	35-39	17.2	304	16.4	291
	40-44	16.8	297	17.7	313
	45-49	12.2	216	11.4	202
Current marital status	Currently married/Living together	95.8	1695	95.9	1698
	Widowed	2.8	49	2.5	44
	Divorced	1.2	22	1.3	24
	Separated	.2	4	.3	5
Place of Residence	Urban	37.6	666	11.2	198
	Rural	62.4	1104	88.8	1572
Level of education	None	38.4	679	42.0	743
	Up to Primary	16.0	283	17.1	303
	Middle	17.3	307	17.7	313
	Up to Secondary	15.9	281	14.7	260
	Secondary +	12.4	220	8.6	151
Wealth quintiles	Poorest	15.6	277	16.3	288
	Second	19.2	339	21.2	375
	Middle	21.4	378	21.6	382
	Fourth	22.0	389	21.8	386
	Richest	21.9	387	19.1	339
Work status	Currently Working	11.3	200	10.4	184
	Not currently working	88.7	1570	89.6	1586
Total		100.0	1770	100.0	1770

Note: Education categories refer to the highest level of education completed. Categories are mutually exclusive

4.2 Educational Attainment and Literacy

Education plays a pivotal role in development and progress of a country and it could be a lucrative investment to bring improvement in the quality of life of the people and human development. If the population of the country is educated and adequately provided with knowledge and skills, the development programs can be successfully accomplished. Islam places greater emphasis on acquiring

education. Education not only provides people with new ideas and increases their potential to learn and to respond to new opportunities but also helps to overcome poverty, increase income, improve health and nutrition and bring a change towards planned family size norms hence the nexus can never be underrated.

Table 4.2 presents level of schooling of the ever married women age 15-49 years by background characteristics. Age group wise analysis indicates that more than half of the women in age group 35-39 years have no education, the proportion of this category gradually increasing in the next higher age groups and reached to a maximum of seventy one percent in the last age group (45-49 years). Three fourth of the respondents in age group 15-19 years have primary or above level of education, about two fifth (38.2 percent) of the ever married women in age group 25-29 years have up to secondary or above level of schooling which is the highest among all age groups. The proportion of women with middle level education is high among women ages 15-29 years as compared to other levels of education. The proportion of women with no education is much lower in the urban areas (23 percent) as compared to (44 percent) rural areas. The ratio of women with middle and above level of schooling is high among women of urban areas than rural areas

A review of data by wealth quintiles and education of ever married women indicates positive relationship between level of schooling and wealth quintiles, the women in the poorest quintile are over two times more likely to be uneducated (67 percent) than those in the richest quintile (25 percent). The women with higher level of education are more likely to be in higher quintiles, as evident two fifth of the women (40 percent) in the richest wealth quintile have attained secondary or higher education. Similarly one third of the women in fourth quintile also have same level of education. Figure 4.2 above shows the distribution of women by wealth quintiles and level of education.

Figure 4.2: Percent Distribution of Women by Wealth Quintiles and Level of Education

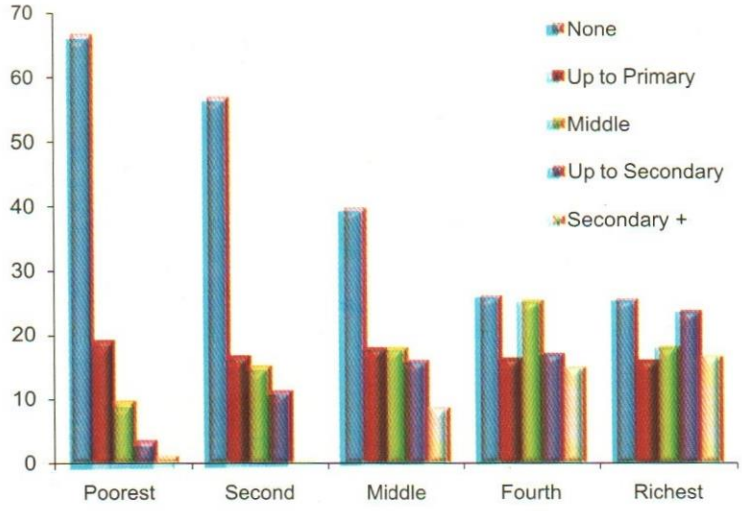


Table 4.2: Percent Distribution of Ever-Married Women Age 15-49 Years by Highest Level of Schooling According to Background Characteristics, AJKDHS – 2010

Background characteristics		None	Up to Primary	Middle	Up to Secondary	Secondary +	Total	
							Percent	Number
Age groups	15-19	27.0	13.3	33.8	22.0	3.9	100.0	57
	20-24	21.4	22.5	29.4	15.7	11.0	100.0	245
	25-29	23.3	14.4	24.1	20.3	17.9	100.0	373
	30-34	31.6	18.0	20.2	20.7	9.5	100.0	290
	35-39	53.6	17.6	12.8	11.2	4.8	100.0	291
	40-44	63.2	19.0	6.3	9.6	2.0	100.0	313
	45-49	70.8	12.2	7.9	5.2	3.9	100.0	202
Residence	Urban	23.3	11.9	18.8	24.1	22.0	100.0	198
	Rural	44.3	17.8	17.5	13.5	6.9	100.0	1572
Wealth quintiles	Poorest	66.6	19.2	9.7	3.5	1.0	100.0	288
	Second	56.8	16.7	15.1	11.2	.2	100.0	375
	Middle	39.6	17.9	18.0	16.0	8.6	100.0	382
	Fourth	26.1	16.4	25.4	17.1	15.0	100.0	386
	Richest	25.5	16.0	18.1	23.7	16.7	100.0	339
Work status	Currently Working	41.0	14.6	11.9	17.0	15.5	100.0	184
	Not currently working	42.1	17.4	18.3	14.4	7.7	100.0	1586
Total		42.0	17.1	17.7	14.7	8.6	100.0	1770

Literacy is generally accepted as facilitating the individual and the society and is associated with number of positive outcomes for health and nutrition. For the AJKDHS-2010, literacy means the respondent's ability to read with understanding all or part of a sentence. The respondents who had never been to school

and those having up to middle level of education were asked to read a sentence in the language they were most likely able to read; those who have attained secondary level or above were assumed to be literate.

Table 4.3 presents the percent distribution of ever-married women age 15-49 years by level of schooling and literacy according to background characteristics. The data reveals that more than half of ever married women age 15-49 years account for as literate in AJK, these include one third of the women who can read with understanding. About three fourth of the women in age groups 15-29 years are literate, the proportion of literate women declined gradually in next higher groups and is minimum (31 percent) in the age group 45-49 years. Urban women (72 percent) are more likely to be literate than rural women (53 percent).

There is noticeable change in literacy level by women's wealth status, ranging between twenty nine percent among women in the poorest wealth quintile to seventy two percent for women in richest wealth quintile. While considering work status there is not much difference among the literate women either working (56 percent) or not working (55 percent). Fig4.3 below presents distribution of women by wealth quintiles and level of literacy.

Figure 4.3: Percent Distribution of Women by Wealth Quintiles and Level of Literacy

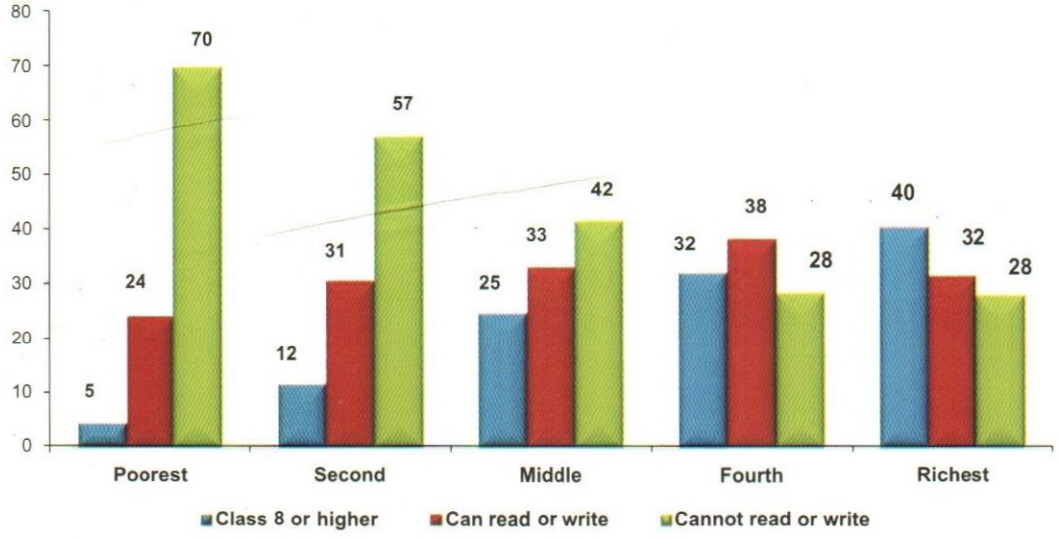


Table 4.3: Percent Distribution of Ever-Married Women Age 15-49 years by Highest Level of Schooling Attended and Level of Literacy, According to Background Characteristics, AJKDHS – 2010

Background characteristics		Class 8 or higher	Can read or write	Cannot read/write at all	Missing	Total	Percentage Literate	Number
Age	15-19	25.9	46.7	25.7	1.7	100	72.6	57
	20-24	26.7	46.9	25.3	1.1	100	73.6	245
	25-29	38.2	36.7	23.7	1.4	100	74.9	373
	30-34	30.1	33.8	36.1	--	100	63.9	290
	35-39	16	24.3	59.2	0.5	100	40.3	291
	40-44	11.5	23.5	64.1	0.8	100	35.1	313
	45-49	9.1	22.3	68	0.6	100	31.4	202
Residence	Urban	46.1	26	26.6	1.3	100	72.1	198
	Rural	20.3	32.7	46.2	0.7	100	53	1572
Wealth quintiles	Poorest	4.5	24.1	70	1.3	100	28.6	288
	Second	11.5	30.7	57.2	0.6	100	42.1	375
	Middle	24.6	33.1	41.7	0.6	100	57.7	382
	Fourth	32.1	38.3	28.3	1.3	100	70.4	386
	Richest	40.4	31.5	27.9	0.2	100	71.9	339
Work status	Currently Working	32.5	24	43.4	0.1	100	56.5	184
	Not currently working	22.1	32.9	44.1	0.9	100	55	1586
Total		23.2	32	44	0.8	100	55.2	1770

4.3 Employment

4.3.1 Employment Status

Participation in gain full employment not only gives women an opportunity to earn income, but also to expose their capabilities to the outside world, authority structures and networks other than kin-based ones (Dixon-Muller, 1993). The empowering effects of employment are dependent on factors such as type of occupation, the continuity of employment, and the type of income. It is generally accepted that women who have a regular job, who earn money, and who perceive that their contribution is a substantial part of total household earnings are more likely to be empowered than other women (Yousef, 1982; Mahmud and Johnston, 1994).

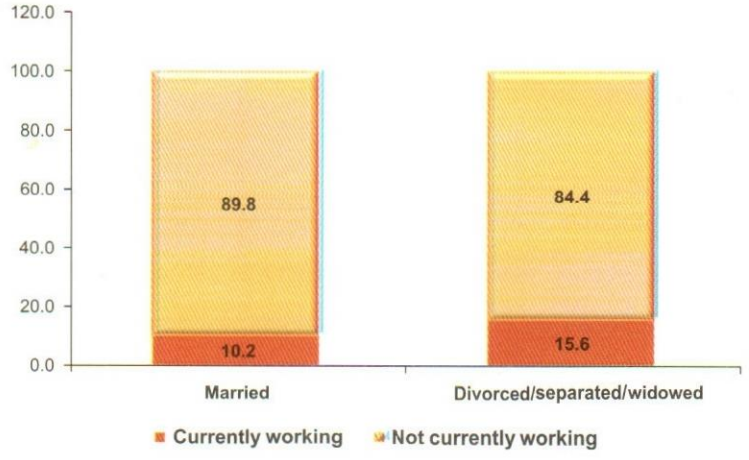
In AJKDHS, 2010 respondents were asked about their labour force participation, including employment status, whether they worked during last seven days prior to the survey, if employed what is the occupation and earnings from the job. Table 4.4 shows that majority of women in Azad Jammu and

Kashmir did not work, during the period survey was conducted, only about 10 percent of ever-married women were currently working while a majority of women (90 percent) did not work in the preceding seven days. As compared to this the proportion of the currently working women was three times higher in Gilgit Baltistan according GBDHS, 2008.

The age group wise analysis shows that over ninety percent of the women in age groups 15-29 years are not currently working, the ratio of those currently working ranges between two percent in age group 15-19 years to eight percent in age group 25-29 years. Among other age groups the proportion of women those working ranges between ten percent in age group 35-39 years to fifteen percent in age group 45-49 years, which is the highest among all age groups. A reason for such a low labour force participation rate among the women in AJK may be due to less opportunity of employment, as majority of the population is residing in the rural areas. The under utilization of such a huge human resource is an alarming situation. For optimum utilization of this, Government may have to initiate some rural based projects, so that the women may get job near to their home.

The data by marital status reveals that the women who are divorced, widowed or separated are more likely to be currently working; sixteen percent of such category of women is currently employed as against ten percent of women who are currently married, figure 4.4 below present's distribution of women by marital status and employment status.

Figure 4.4: Percent Distribution of Women by Marital Status and Employment Status



The proportion of working women increases with the increase in the number of children. In Azad Jammu and Kashmir, as evident from survey findings the women do jobs due to financial constraints. The proportion of currently working women increases with increase in family size. The proportion of currently working women is less than ten percent for women having 1-2 children (8 percent) and it increase to thirteen percent for women who have three or more children.

Current employment and education have a stirring relationship. The highest proportions of currently working women are among those having secondary and above level of education (19 percent), followed by those having up to secondary level of education (12 percent).

There is not much difference in the share of currently working women by residence in AJK; it is twelve percent in urban areas and ten percent in rural areas.

Analysis by wealth quintile and women's employment does not show any consistent pattern. The richest quintile has highest ratio of working women (15 percent), as against eight percent for the poorest, second and fourth quintiles and twelve percent for the middle quintile.

Furthermore, it is observed that two third of working women in Azad Jammu and Kashmir are working for family members, whereas, more than a quarter are self employed (27 percent) and only six percent work for someone else.

Table 4.4: Percent Distribution of Ever-Married Women Age 15-49 Years by Employment Status, According to Background Characteristics, AJKDHS – 2010

Background characteristics		Currently Working	Not currently working	Number	Work for family or for someone else			Number of working women
					For Family Members	For Someone Else	Self Employed	
Age groups	15-19	1.8	98.2	57	--	--	100.0	1
	20-24	6.5	93.5	245	60.6	--	39.4	16
	25-29	8.2	91.8	373	58.3	9.4	32.4	31
	30-34	14.3	85.7	290	79.3	1.6	19.1	41
	35-39	10.1	89.9	291	77.2	--	22.8	29
	40-44	11.2	88.8	313	53.0	15.2	31.9	35
	45-49	15.2	84.8	202	70.6	7.0	22.4	31
Marital status	Married	10.2	89.8	1698	66.3	5.1	28.6	172
	Divorced/separated/ widowed	15.6	84.4	72	71.1	18.8	10.1	11
Number of living children	0	7.8	92.2	249	45.4	12.7	41.9	20
	1-2	7.7	92.3	518	64.5	10.5	25.1	40
	3-4	12.7	87.3	491	71.3	.6	28.0	62
	5+	12.1	87.9	512	70.8	5.7	23.5	62
Level of education	None	10.1	89.9	743	81.8	2.8	15.5	75
	Up to Primary	8.8	91.2	303	73.8	--	26.2	27
	Middle	7.0	93.0	313	67.6	18.5	13.9	22
	Up to Secondary	12.0	88.0	260	58.2	5.5	36.3	31
	Secondary +	18.8	81.2	151	37.6	9.8	52.6	29
Residence	Urban	12.2	87.8	198	45.4	9.0	45.6	24
	Rural	10.1	89.9	1572	70.3	5.5	24.3	160
Wealth quintiles	Poorest	8.2	91.8	288	89.0	--	11.0	24
	Second	8.2	91.8	375	63.6	10.4	26.0	31
	Middle	12.2	87.8	382	70.3	--	29.7	47
	Fourth	8.3	91.7	386	60.6	7.9	31.5	32
	Richest	15.0	85.0	339	60.9	8.9	30.3	51
Total		10.4	89.6	1770	66.6	6.0	27.4	184

4.3.2 Occupation

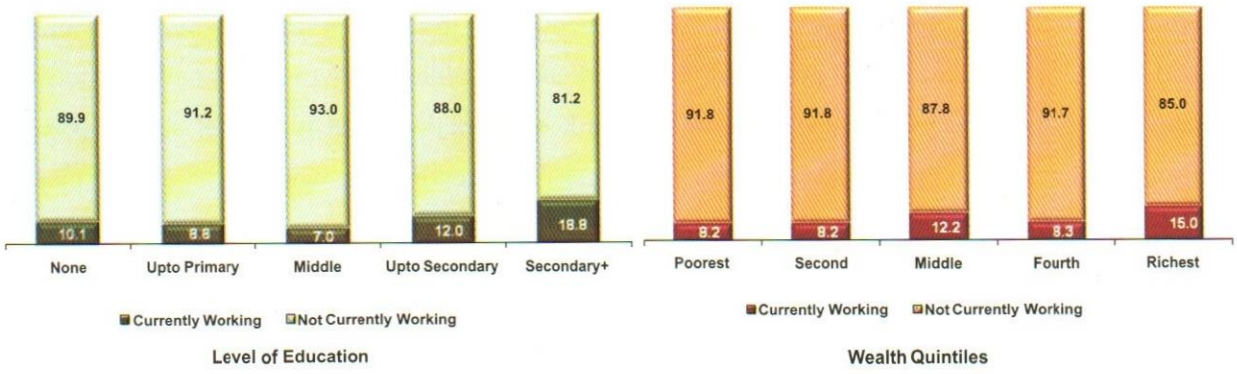
This section depicts the information on respondent's occupation. The respondents, who were currently employed, further asked to specify their occupation. Table 4.5 illustrates distribution of employed ever-married women by occupation according to background characteristics. The data reveals that nine out of ten ever-married women (90 percent) are housewives and not working. Only ten percent are currently working; of these four percent are engaged in agricultural occupation, below three percent are professional/technical and one percent working as production workers. Age group wise data shows that almost all the currently married women age 15-19 years (98 percent) are housewives and currently not employed, those employed are working as production workers. The most common occupations among the employed women in age groups 25 years and above are agriculture and professional/technical.

The data on women's occupation by marital status suggests that the women who are divorced, widowed or separated are mostly (8 percent) engage in agricultural occupation or services (3 percent), the majority of the currently married women are in agricultural or professional/Technical occupations.

Residence has a strong relationship with the type of occupation. As expected the working women in professional/Technical are higher (8 percent) in urban areas than rural areas (two percent), whereas majority (5 percent) of the rural women are in agricultural occupation.

The association of education with nature of occupation is strong. The proportion of working women with no or middle level of education are likely to work in agriculture, there was significant decline in the proportion of agriculture worker with increase in level of education, from six percent among ever-married women with no education to less than one percent among those with secondary or above level of education. The relationship of education with occupation is observed among currently working women, the proportion of professional/technical occupations was highest among women with secondary or above level education (17 percent), it decline to one percent for women having middle level of education. Figure 4.5 below shows the distribution of women by occupation and education level and wealth quintiles.

Figure 4.5: Percentage of Women Currently Working by Level of Education and Wealth Quintiles



The majority of working women (6 percent) in the richest wealth quintile are engaged in the professional/ technical and agricultural occupations (5 percent). The proportion of women working in professional or technical occupations increases with increase in wealth quintiles from poorest to richest.

Table 4.5: Percent Distribution of Ever-Married Women Age 15-49 Years Employed in the 12 Months Preceding the Survey, by Occupation According to Background Characteristics, AJKDHS – 2010

Background characteristics		Professional/ Technical	Service	Agriculture	Production	Other	Housewife	Total	
								Percent	Number
Age	15-19	--	--	--	1.8	--	98.2	100.0	57
	20-24	.6	1.0	3.8	1.1	.0	93.5	100.0	245
	25-29	3.2	.4	1.9	.7	2.0	91.8	100.0	373
	30-34	2.2	1.3	6.4	1.2	3.2	85.7	100.0	290
	35-39	2.4	.4	4.7	1.1	1.5	89.9	100.0	291
	40-44	3.5	.4	5.3	.5	1.5	88.8	100.0	313
	45-49	4.7	1.6	4.7	1.2	3.1	84.8	100.0	202
Marital status	Married	2.7	.7	4.0	1.0	1.7	89.8	100.0	1698
	Divorced/separated/ widowed	1.9	2.8	8.1	--	2.8	84.4	100.0	72
Number of living children	0	2.6	.6	3.7	.6	.4	92.2	100.0	249
	1-2	1.3	.9	3.4	1.1	1.0	92.3	100.0	518
	3-4	3.4	.4	3.9	1.7	3.3	87.3	100.0	491
	5+	3.4	1.0	5.6	.4	1.9	87.9	100.0	512
Level of education	None	.0	.8	5.6	.7	3.1	89.9	100.0	743
	Up to Primary	.4	.7	5.7	1.1	.9	91.2	100.0	303
	Middle	1.1	.7	3.4	1.0	.8	93.0	100.0	313
	Up to Secondary	6.5	.8	1.6	2.1	1.1	88.0	100.0	260
	Secondary +	16.8	.8	.7	.1	.3	81.2	100.0	151
Residence	Urban	7.6	2.1	.4	1.5	.5	87.8	100.0	198
	Rural	2.0	.6	4.7	.9	1.9	89.9	100.0	1572
Wealth quintiles	Poorest	1.3	1.2	3.2	.2	2.3	91.8	100.0	288
	Second	1.5	1.0	4.1	1.2	.4	91.8	100.0	375
	Middle	2.5	.5	4.3	1.5	3.3	87.8	100.0	382
	Fourth	2.2	.3	4.2	.1	1.4	91.7	100.0	386
	Richest	5.9	.8	5.0	1.7	1.6	85.0	100.0	339
Total		2.7	.7	4.2	1.0	1.8	89.6	100.0	1770

4.3.3 Type of Earnings

The percentage distribution of ever-married women, currently employed by type of earnings and employment (agricultural or non-agricultural) is presented below in table 4.6. Fifty eight percent of the currently working women received money for their work and remaining forty two percent do not receive money. Among those receive money, about one fourth keep money with them, another sixteen percent keep some amount and ten percent do not keep any money. The proportion of women who receive money for their work is much higher (77 percent) in the nonagricultural sector than in agricultural sector (23 percent). Over ninety percent women working in agriculture sector do not receive any money; they are working as unpaid family worker.

Figure 4.6: Percentage Distributions of Ever Married Women by Type of Earnings and Sector

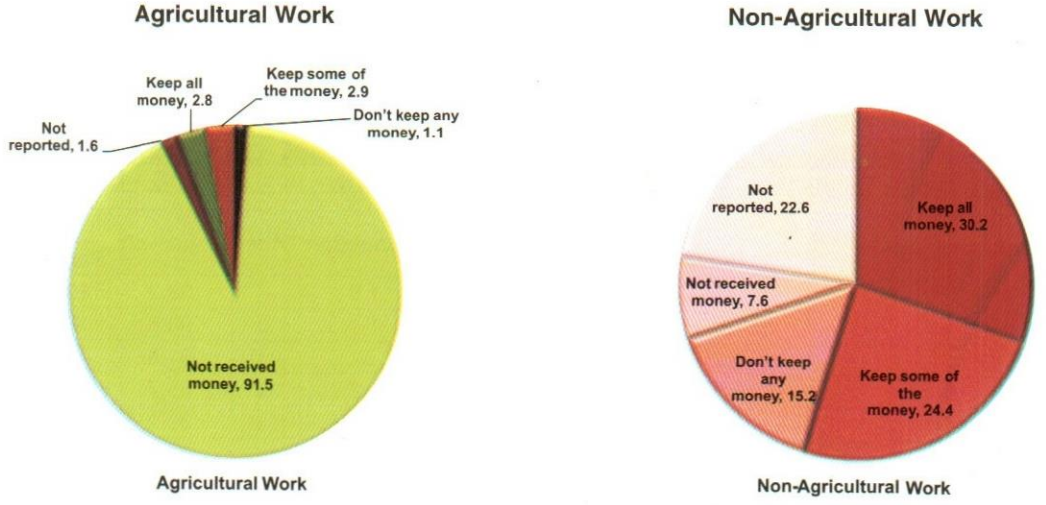


Table 4.6: Percent Distribution of Ever-Married Women Age 15-49 Years Currently Employed, by Type of Earnings, According to Type of Employment (Agriculture or Non-Agriculture), AJKDHS – 2010

Type of earnings	Agriculture work	Non-agriculture work	Total
Keep all money	2.8	30.2	19.1
Keep some of the money	2.9	24.4	15.7
Don't keep any money	1.1	15.2	9.5
Not received money	91.5	7.6	41.6
Not reported	1.6	22.6	14.1
Total	100.0	100.0	100.0
Number of women currently employed	74	109	184

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5

FERTILITY

Amanullah Bhatti and Zafar Zahir

One of the major objectives of the AJKDHS, 2010 is to measure fertility levels, trends and differentials in Azad Jammu and Kashmir. The data on fertility will help to assess the impact of family planning programme in AJK and changes in the proximate determinants of fertility. Azad Jammu and Kashmir Demographic and Health Survey is the first such effort that has provided information regarding fertility in AJK.

The fertility estimates presented in this chapter are based on the reported birth histories of ever-married women 15-49 years old who were interviewed in the AJKDHS. Respondents were first asked to report the aggregate number of sons and daughters they had ever given birth to in their lifetime. To encourage complete reporting, women were asked separately about children still living at home, those living elsewhere and children who had died. In addition information on sex, date of birth and survival status of each child was also collected. This information was used to calculate current fertility and fertility trends over time, as well as cumulative number of children ever born. In addition, estimates of birth intervals and the mother's age at initiation of childbearing were calculated from data on timing of births.

To obtain complete and accurate information on reproduction, interviewers were trained to probe carefully to facilitate the respondent's recall and to check any documents that may include birth dates of children. Moreover, for any intervals of more than three years between births, interviewers were required to probe the reason for long interval to help identify live birth that may have been missed during that time period.

In this chapter, the fertility levels and differentials are further analyzed by selected background characteristics of ever-married women such as place of Residence; educational level; wealth quintile; lifetime fertility (Children Ever-Born and Living); teenage pregnancy; and motherhood.

It is important to note that unlike previous conventional practice of recording births in the birth history in chronological order, in this survey the procedure was reversed and the births order are recorded from the last birth to the first followed by birth in the preceding years. This was done assuming a better reporting of recent births which in turn brings about a good estimate of current fertility that is based on the births in three years preceding the survey.

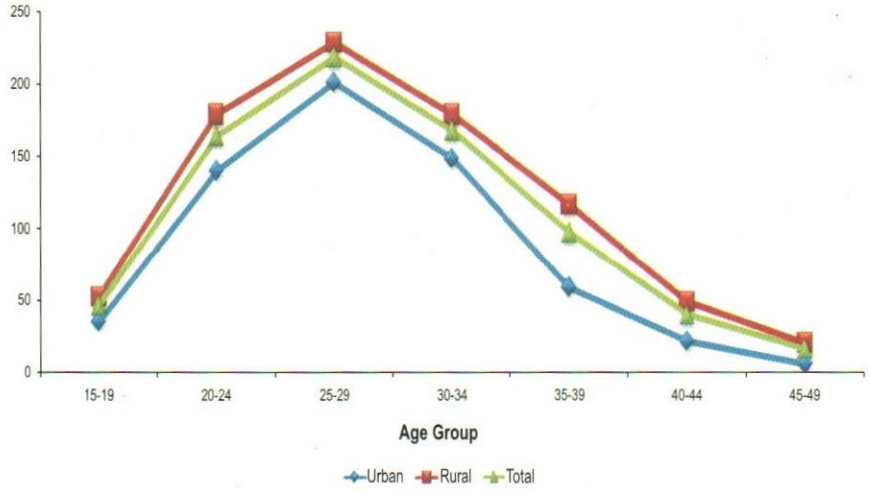
It is important to mention here that the birth history approach has some limitations that might distort fertility levels and patterns. For example; women may include relatives' children as their own or omit children who died in young age (UN, 1983). The results of AJKDHS (2010) should be read with this forewarning in mind.

5.1 Current Fertility

Total Fertility Rate (TFR) is defined as the average number of children a woman would have if she went through her entire reproductive period (15-49) reproducing at the prevailing Age Specific Fertility Rates (ASFRs). The Age Specific Fertility Rates calculated by dividing the number of births to women in specific age group by the number of women lived years during a given period (Figure 5.1).

Table, 5.1 indicates that Total Fertility Rate (TFR) in Azad Jammu and Kashmir is 3.8 children per woman for the 3 years period preceding the survey. Fertility in rural areas is higher (4.2 children per woman) as compared to urban areas (3.1 children per woman) (Figure 5.2). A pattern that is evident at every age group. A relatively lower fertility among urban women could be associated to the factors like better access to family planning and health facilities, better education, economic status, and prevalence of late female marriages. It is encouraging to note that the fertility in AJK is lower as compared Gilgit Baltistan and to that Pakistan.

Figure 5.1: Age Specific Fertility Rates, AJKDHS 2010



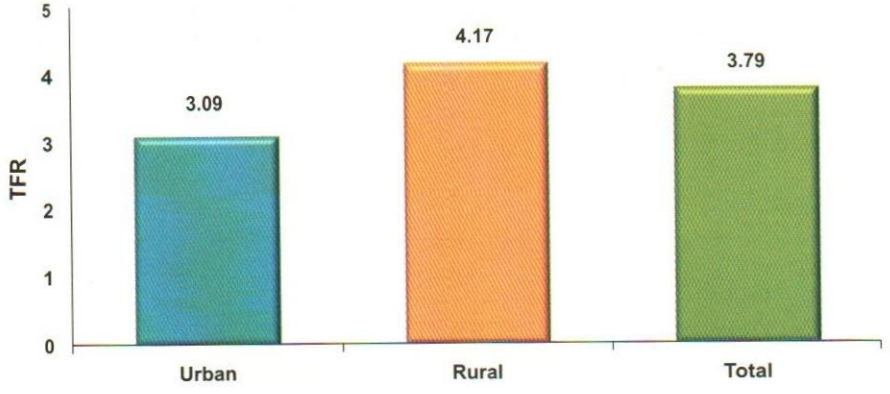
The fertility is at peak to the women in age group 25-29 years. This pattern is also observed in both urban and rural areas. As may be seen from the fig.5.1 the fertility decreases rapidly after age groups 30-34 years.

Table 5.1: Fertility

Age specific fertility rates (ASFR) and total fertility rate (TFR) for three years preceding the survey by residence, AJKDHS (2010)

Age group	Urban	Rural	Total
15-19	36.2	53.8	47.3
20-24	141.0	180.0	165.2
25-29	202.3	230.1	219.9
30-34	149.4	180.0	168.9
35-39	60.3	117.8	98.4
40-44	22.3	50.1	40.8
45-49	6.5	21.3	16.7
TFR	**3.09**	**4.17**	**3.79**

Figure 5.2: Total Fertility Rates by Residence, AJKDHS 2010



The data on current pregnancy status and mean children ever born is present in Table 5.2 which is further analyzed by background characteristics of the woman. It is worth noting that only 5.8 percent of women were currently pregnant at the time of survey which is much lower than what is estimated (8 percent) in Pakistan Demographic and Health Survey, 2006-07. It is more likely that this proportion may be under estimated as women in their early stages of pregnancy may not be aware or uncertain that they are pregnant. Some may even not to declare that they are pregnant.

The differentials in pregnancy levels by urban-rural residence indicate that the proportion of pregnant women is slightly higher in rural areas (6.0 percent) as compared to urban women (5.6 percent), similar pattern is also observed for the mean number of children ever born in urban and rural areas.

The current pregnancy levels by women's education show declining trend with increase in educational levels, women with "no education" have the highest level of pregnancy (6.7 percent) and decreased to 4.5 percent for women with up to secondary level of education. Whereas the women with secondary and above level of education have much higher level of pregnancy (6.0 percent) as compared to that of women who are less educated. However, a consistently decreasing pattern is observed for mean children ever born with level of education. A wide gap was observed in mean children ever born among women (age 40-49 years) with "no education' (5.6 children) and secondary and above level of education (3.3 children).

The wealth quintile shows a fluctuating pattern for both pregnancy status and mean children ever born. The women belonging to poorest wealth quintile have much higher pregnancy level (7.5 percent) as compared to the women in richest quintile (5.3 percent). Similarly, the mean children ever born was quite higher (5.8 children) among poorest women as compared to women in richest quintile (4.5 children).

Table 5.2: Cumulative Fertility by Background Characteristics

Percentage of all women age 15-49 years currently pregnant, and mean number of children ever born to all women age 40-49 years, by background characteristics, AJKDHS (2010)

Background characteristics		Percentage women age 15-49 years currently pregnant	Mean number of children ever born to women age 40-49 years	Number of women
Place of residence	Urban	5.6	4.9	1312
	Rural	6.0	5.5	2014
Level of education	None	6.7	5.6	878
	Up to Primary	6.4	5.2	467
	Middle	5.4	5.0	635
	Up to Secondary	4.5	4.5	683
	Secondary +	6.0	3.3	663
Wealth quintile	Poorest	7.5	5.8	478
	Second	5.6	6.1	642
	Middle	5.3	5.4	681
	Fourth	6.0	4.7	749
	Richest	5.3	4.5	776
Total		5.8	5.2	3326

5.2 Children Ever Born and Children Surviving

A detailed comparison of children ever born and surviving children is presented in table 5.3 for ever and currently married women age 15-49 years. The estimates for ever married women are based on the assumption that all births occur within marriage. About ninety eight percent of all women age 15-19 years were found childless at the time of survey. The proportion of women with no child declined sharply in the subsequent age groups and reaches to its lowest level of nine percent for women belonging to age group 45-49 years. Comparatively only four percent of Pakistani women remained childless at the end of their reproductive age as reported in PDHS, 2006-07 (Ali and Buriro, 2010), a reason for this is that forty two percent of all women aged 15-49 years in AJK remained unmarried as against thirty five percent of all women of same age group in Pakistan, mainly because of higher age at marriage in AJK.

Similar trend is observed among the currently married women except that the proportion of childless women in age group 15-19 years reduced to sixty five percent. Further, currently married women age 45-49 years on the average have six ever born children as against 5.4 mean living children. However, there is slightly less gap between mean ever born children (3.6) and mean living children (3.2) among married women of age group 15-49 years.

The mean number of children ever-born and mean number of living-children increases with rise in age of women, indicates better reporting of birth history.

Table 5.3: Children Ever Born and Living

Percent distribution of all women according to number of children ever-born & mean number of children ever-born and living by age group, AJKHS (2010)

Age group years	Number of children ever born											Total	Number Of women	Mean Number Of Children Ever Born	Mean Number Of Living children	% women (15-49 years) currently pregnant
	0	1	2	3	4	5	6	7	8	9	10+					
All Women																
15-19	97.6	1.9	.5	--	--	--	--	--	--	--	--	100	799	.03	.03	1.50
20-24	78.7	11.3	6.7	2.4	.8	--	--	--	--	--	--	100	715	.39	.37	6.99
25-29	45.8	12.3	16.6	14.1	5.9	3.9	.7	.5		--	--	100	559	1.52	1.39	12.70
30-34	23.9	8.7	12.2	16.3	14.7	12.8	6.3	3.8	1.1	--	.3	100	368	3.04	2.74	9.24
35-39	14.2	3.0	9.4	10.0	18.2	15.8	12.1	7.6	4.8	2.4	2.4	100	330	4.34	3.79	6.67
40-44	11.3	1.9	4.1	7.5	12.5	19.1	14.1	10.3	8.8	4.7	5.9	100	320	5.40	4.77	1.25
45-49	9.4	1.7	3.0	6.4	13.2	14.0	15.7	14.9	11.9	4.7	5.1	100	235	5.82	5.19	.43
Total	53.9	6.5	7.2	6.9	6.7	6.5	4.5	3.3	2.3	1.0	1.2	100	3326	2.05	1.83	5.83
Currently Married Women																
15-19	65.2	30.5	4.3	--	--	--	--	--	--	--	--	100.0	57	.4	.4	16.7
20-24	29.2	38.2	22.3	7.8	2.5	--	--	--	--	--	--	100.0	239	1.2	1.1	21.9
25-29	17.5	16.6	26.8	20.6	9.8	6.3	1.1	1.3	--	--	--	100.0	367	2.2	2.0	17.8
30-34	9.8	10.4	12.6	21.3	17.3	14.8	7.4	5.1	1.2	--	.0	100.0	285	3.3	3.0	11.5
35-39	5.1	3.0	9.2	9.8	20.8	18.2	17.5	7.6	3.9	2.3	2.5	100.0	275	4.6	4.0	7.9
40-44	4.0	1.1	5.3	5.0	11.8	21.8	17.5	11.0	8.4	6.2	7.9	100.0	295	5.7	5.1	1.3
45-49	1.7	1.0	3.4	5.1	16.7	16.6	14.5	15.8	14.0	5.3	5.9	100.0	180	6.0	5.4	.7
Total	13.4	12.5	14.0	12.1	12.6	12.3	8.9	6.0	3.8	2.0	2.4	100.0	1698	3.6	3.2	11.0

5.3 Teenage Fertility

It is important to study the reproductive behaviour of young women, especially the teenager (age 15-19 years). The children born to very young mothers are normally prone to higher risk of sickness and death. Another point of concern is that teenage mothers are more likely to experience complications during pregnancy and are less likely prepared to deal with them which lead to maternal death. A social aspect of early entry into reproductive process denies them the opportunity to pursue educational goals. This in turn reduces their prospects for better careers and lowers their status in society.

Table 5.4 shows the percentage of women age 15-19 years who were mothers or pregnant with their first child at the time of enumeration of AJKDHS, 2010 by selected background characteristics. Data shows that comparatively a higher percentage of women of seventeen years of age (42 percent) were pregnant with first child, as against this one third of the women of sixteen years of age were pregnant for the first time. The data by background characteristics indicates no consistent pattern. It may be due to a small number of women in each category. However, on the whole one-third of teenage women had children and 13 percent of women were pregnant with their first child at the time of survey.

Table 5.4: Teenage Pregnancy and Motherhood

Percentage of women age 15-19 years who have had a live birth or who are pregnant with their first child by background characteristics, AJKDHS (2010)

Background characteristics		Percentage Who are			Total	Number of women
		Mothers	Pregnant With First Child	No Child		
Age	15	100.0	--	--	100.0	1
	16	--	33.7	66.3	100.0	5
	17	19.8	42.3	38.0	100.0	9
	18	51.8	2.7	45.5	100.0	25
	19	21.2	7.7	71.1	100.0	20
Place of residence	Urban	41.9	5.9	52.2	100.0	6
	Rural	32.4	13.6	54.0	100.0	54
Level of education	None	19.8	13.5	66.7	100.0	16
	Primary	51.1	--	48.9	100.0	8
	Middle	22.2	10.4	67.4	100.0	21
	Up to Secondary	57.6	26.1	16.4	100.0	13
	Secondary +	38.7	--	61.3	100.0	2
Wealth quintile	Poorest	--	28.8	71.2	100.0	8
	Second	18.2	--	81.8	100.0	20
	Middle	60.2	16.0	23.8	100.0	14
	Fourth	11.3	4.7	83.9	100.0	7
	Richest	66.9	27.7	5.4	100.0	10
Total		33.3	12.8	53.9	100.0	60

References

1. Ali, Syed Mubashir and Ali Anwar Buriro 2010, "Fertility" in Pakistan Demographic and Health Survey 2006-07, National Institute of Population Studies Islamabad and Macro International Inc, Calverton, Maryland.

6 FAMILY PLANNING

Rabia Zafar and Faateh Uddin Ahmad

The primary objective of this survey was to assess knowledge and use of contraceptive methods among the currently married women in the reproductive age group (15-49 years) in Azad Jammu and Kashmir. This chapter describes women's knowledge, ever use, and current use of contraceptive methods, sources and costs of modern methods, accessibility to family planning services, intent of contraceptive use, and informed choice. In addition, exposure to family planning messages and level of contact with family planning providers are assessed.

6.1 Knowledge of Contraceptive Methods

Information on knowledge of contraception was collected during the survey by asking women to name ways or methods by which a couple could delay or avoid pregnancy. If the respondent failed to mention a particular method spontaneously, the interviewer described the method and asked if the respondent recognized it. In this manner, information was collected for eight modern methods (female and male sterilization, the pill, intra-uterine device (IUD), injectables, implants, condoms and emergency contraception) and two traditional methods (rhythm and withdrawal). Provision was also made within the questionnaire to record any other methods named spontaneously by the respondent. Emphasis is placed on women because they have the exposure to the risk of pregnancy and most methods of contraception are designed for them.

Table 6.1 shows the level of knowledge of contraceptive methods among all women (include currently and ever married women) age 15- 49 years. According to AJKDHS, 2010, knowledge of at least one method of family planning is universal among the respondents. Ninety five percent of ever or currently married women ages 15-49 years know at least one method of family planning.

Modern methods are more familiar among all women than traditional methods; Ninety four percent of women know at least one modern method, and only half of the respondents know one traditional method. Among women, the most widely known modern methods of contraception are injectables, and pills, eighty seven percent of all women saying they know of these methods. The least known methods among women are the emergency contraception and implant which are known to twelve percent or less of all women. Around eight in ten women have heard of female sterilization and seven in ten heard of IUD, and condom. With regard to traditional methods, more than one-third of women have heard of rhythm and

thirty one percent of withdrawal. The level of knowledge of contraceptive methods is slightly better among the currently married women than ever married women.

Table 6.1: Knowledge of Contraceptive Methods

Percentage of ever-married and currently married women age 15-49 years who know any contraceptive method, by specific method, AJKDHS - 2010

Method	Ever Married	Currently Married
Any method	94.7	95.0
Any modern method	94.2	94.4
Female sterilization	80.7	80.8
Male sterilization	18.6	18.8
Pills	86.5	86.7
IUD	70.2	70.4
Injectables	87.6	87.7
Implants	12.0	12.2
Condom	66.3	67.2
Any traditional method	49.6	50.0
Rhythm methods	34.6	34.9
Withdrawal	30.9	31.2
Emergency contraception	7.6	7.5
Mean number of methods known by women age 15-49 years	4.9	5.0
Number of women	1770	1698

The mean number of methods known to currently and ever married women is same (5).

Data by background characteristics presented in table 6.2 show that awareness of family planning methods is widespread. The proportion of currently married women who have heard of at least one contraceptive method exceeds ninety percent in all categories by age, residence, education, and wealth quintiles. It is however, slightly low among women with no education and below ninety percent for women in the poorest quintile. Similarly the knowledge of urban women is slightly better than rural women. The picture is more visible in figure 6.1 below which shows percentage distribution of women by wealth quintiles who have heard of any or modern method.

Figure 6.1: Percentage of Women Age 15-49 Years by Wealth Quintiles who have Heard of any of Contraceptive Method

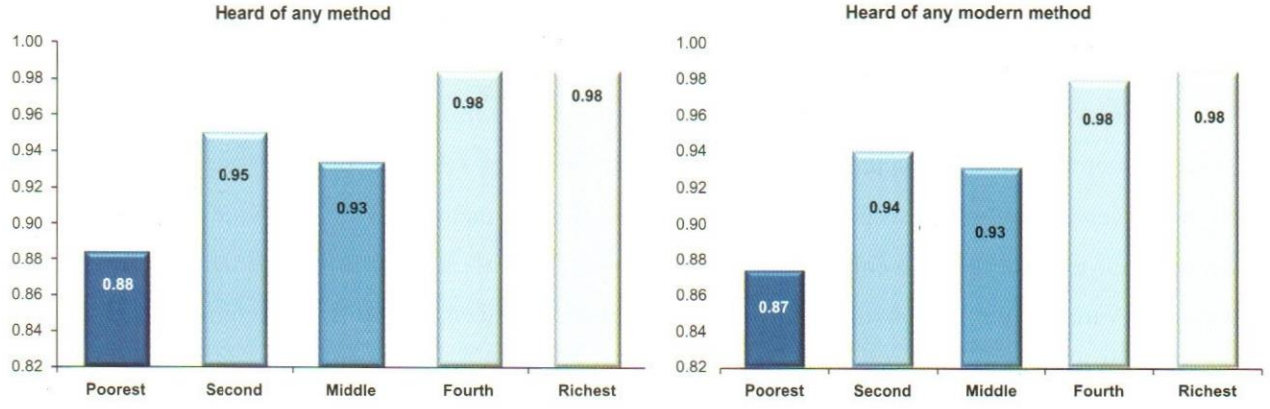


Table 6.2: Knowledge of Contraceptive Methods by Background Characteristics

Percentage of currently married women age 15-49 years who have heard of at least one contraceptive method and who have heard of at least on modern method, by background characteristics, AJKDHS – 2010

Background Characteristics		Heard of any method	Heard of any modern method	Number of Women
Age groups	15-19	93.1	93.1	57
	20-24	95.2	94.6	239
	25-29	96.5	96.3	367
	30-34	95.4	95.4	285
	35-39	94.9	94.2	275
	40-44	94.2	92.7	295
	45-49	93.1	92.4	180
Residence	Urban	97.0	96.9	189
	Rural	94.8	94.1	1508
Education	None	91.9	90.6	701
	Up to Primary	96.4	96.4	292
	Middle	96.5	96.3	297
	Up to Secondary	98.9	98.9	258
	Secondary +	97.3	97.3	149
Wealth quintiles	Poorest	88.4	87.4	271
	Second	95.0	94.0	364
	Middle	93.4	93.1	365
	Fourth	98.4	97.9	373
	Richest	98.4	98.4	325
Total 15-49 years		95.0	94.4	1698

6.1.1 Source of Knowledge

Table 6.3 highlights source of knowledge of respondents about family planning methods. Women who have the knowledge of methods were asked about their source of knowledge of each known method. Relatives/ friends (84.6 percent) are the most commonly cited source of contraceptive knowledge in AJK while husbands were mentioned by half of the women (49.7 percent) as their source of knowledge. About two fifth of the women heard from the family planning workers and quarter of the respondents from other health workers., whereas twenty nine percent mentioned media as their source of knowledge of any method. Similar trend is followed by specific modern and traditional methods.

Table 6.3: Source of Knowledge

Percentage of ever-married and currently married women age 15-49 years who have knowledge of any contraceptive method, by method, according to source of knowledge, AJKDHS-2010

Source of Knowledge	Any method	Any modern method	Female Sterilization	Male Sterilization	Pills	IUD	Injectables	Implants	Condoms	Any traditional method	Rhythm	Withdrawal	Emergency contraception	Others
FP worker	37.4	37.6	21.0	20.7	25.7	27.2	26.2	26.8	21.5	39.9	14.5	8.3	31.2	14.3
Other health personal	25.2	25.4	13.2	17.5	13.5	16.2	14.9	21.5	8.7	28.2	8.0	7.0	25.7	4.5
Husband	49.7	49.8	13.1	14.7	15.3	12.0	13.2	13.6	50.3	62.3	30.6	54.6	8.1	2.3
Relatives/friends	84.6	85.0	72.0	56.0	65.8	67.8	70.0	64.5	53.6	91.0	69.4	53.8	49.3	16.2
Media	29.2	29.4	15.1	18.9	19.8	8.8	16.6	11.6	18.0	34.9	6.1	4.9	8.9	0.7
Others	6.1	6.1	2.7	5.8	2.8	3.0	2.1	3.4	1.7	7.8	3.0	2.5	2.8	8.7
Number	1613	1603	1371	321	1472	1198	1491	210	1140	850	596	530	134	29

6.1.2 Discussion on Side Effects

The users of modern methods who are informed of potential side effects and problems of each method are best able to make an informed choice about the method they would like to use. Users of various modern contraceptive methods, who started the last episode of use within five years preceding the survey, were asked whether, at the time of obtaining knowledge about particular method, they were informed of possible side effects.

Table 6.4: Discussion on Side Effects by Method

Percentage of ever-married and currently married women age 15-49 years who have discussed side effects of contraceptive method, by method, according to residence, AJKDHS-2010

Methods	Urban	Rural	Total
Female sterilization	16.3	18.5	18.3
Male sterilization	3.6	3.8	3.7
Pills	20.5	21.7	21.6
IUD	25.1	22.9	23.1
Injectables	26.3	25.3	25.4
Implants	2.6	3.3	3.3
Condoms	9.4	8.3	8.4
Rhythm	3.2	4.1	4.0
Withdrawal	1.4	2.2	2.1
Emergency contraception	2.8	2.0	2.1
Others	.7	.1	.2
Any method	54.8	43.9	45.1
Any modern method	51.4	40.1	41.3
Any traditional method	18.7	13.8	14.3
Sample	189	1508	1698

The data shows that forty five percent of women were informed about the side effects of any method and forty one percent were informed about the side effects of any modern method. Only fourteen percent got the knowledge about side effects of any traditional method. About one-fourth of women mentioned that they were informed about the side effects of injectables, IUD and pills. Percentage of women is slightly lower (18 percent) who were informed about female sterilization while less than ten percent were informed about the side effect of condoms and below five percent mentioned that they were informed about the side effect for male sterilization, implants and emergency contraception. Similar trend is observed by residence.

6.2 Ever Use of Contraceptive Methods

All women who said that they had heard of a method of family planning were asked, whether they had ever used that method to delay or avoid getting pregnant. Table 6.5 shows the percentage of ever and currently married women, who have ever used specific methods of family planning. Ever use of contraception is slightly higher among currently married women (45 percent) than ever married women (44 percent). The most commonly ever used methods among ever married and currently married women are condoms (20 percent) and injectables (17 percent), followed by pills (11 percent) and IUD (10 percent). The use of male sterilization and implant are rare. Figure 6.2 below shows the distribution of ever married and currently married women by use of specific contraceptive method. The age group wise analysis of data reveals that the use of contraceptive method increases with the increase in age. More than half of all women in age groups 35-49 years have ever used any contraceptive method. The data shows that trend of ever use of any family planning method is similar among ever and currently married women by age.

The condom is the popular method among younger age groups, whereas, injectable is more used by women in age groups 35 years and above. Female sterilization is more likely to be used by women in the elder age groups, while use of pills is more common among women in age groups 30 and above. The use of traditional methods is the highest (22 percent) among women in age group 35-39 years.

Figure 6.2: Percentage of Women Age 15-49 Years who (Ever-Married or Currently Married) by Ever Use of Contraceptive Method

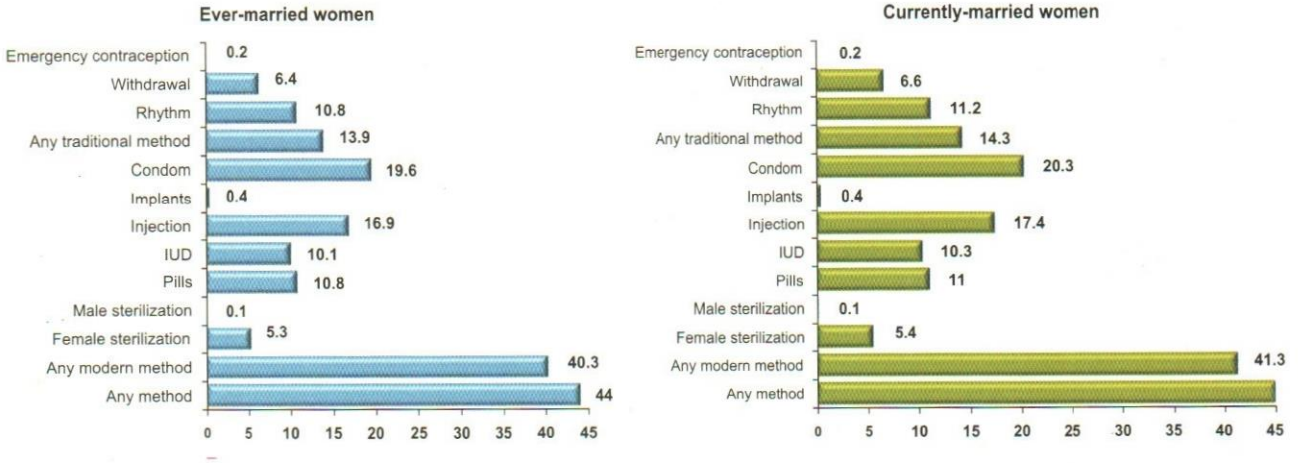


Table 6.5: Ever Use of Contraception

Percentage of ever-married and currently married women age 15-49 who have ever used any contraceptive method, by method, according to age groups, AJKDHS – 2010

Age	Any method	Any modern method	Female sterilization	Male sterilization	Pills	IUD	Injection	Implants	Condom	Any traditional method	Rhythm	Withdrawal	Emergency contraception	Number of women
Ever-Married Women														
15-19	16.5	15.7	.0	.0	5.3	.0	2.9	.0	9.1	1.2	.8	.4	.0	57
20-24	29.5	27.0	.0	.0	4.0	3.4	10.3	.1	20.0	8.4	5.0	4.1	.0	245
25-29	41.1	36.7	.3	.0	7.9	7.3	15.5	.3	22.8	12.8	10.4	6.4	.0	373
30-34	45.9	42.4	2.6	.0	12.2	12.3	18.9	.7	18.3	14.1	9.0	7.6	.4	290
35-39	51.0	47.0	5.4	.0	15.5	12.2	20.6	.8	24.6	21.5	18.3	9.4	.3	291
40-44	52.0	47.1	14.2	.6	13.0	14.2	20.2	.0	17.3	16.3	12.9	6.5	.6	313
45-49	49.8	46.8	12.3	.0	13.6	13.5	18.0	.6	14.1	11.5	9.9	4.8	.0	202
Total	44.0	40.3	5.3	.1	10.8	10.1	16.9	.4	19.6	13.9	10.8	6.4	.2	1770
Currently-Married Women														
15-19	16.5	15.7	.0	.0	5.3	.0	2.9	.0	9.1	1.2	.8	.4	.0	57
20-24	29.8	27.3	.0	.0	4.1	3.5	10.6	.1	20.1	8.7	5.1	4.2	.0	239
25-29	41.8	37.3	.3	.0	8.0	7.4	15.8	.3	23.2	13.0	10.6	6.5	.0	367
30-34	46.4	42.8	2.6	.0	12.3	12.4	19.2	.7	18.5	14.1	8.9	7.6	.4	285
35-39	53.6	49.4	5.7	.0	16.1	12.9	21.7	.8	26.0	22.7	19.3	10.0	.3	275
40-44	53.2	48.4	14.5	.7	13.8	14.7	20.8	.0	18.0	16.8	13.6	6.9	.2	295
45-49	53.1	50.1	13.1	.0	13.8	14.3	19.0	.7	15.8	12.3	10.7	5.2	.0	180
Total	45.1	41.3	5.4	.1	11.0	10.3	17.4	.4	20.3	14.3	11.2	6.6	.2	1698

6.3 Current Use of Contraceptive Methods

The contraceptive prevalence rate (CPR) is the percentage of currently married women age 15-49 years who are using any method of family planning. Table 6.6 shows that more than one-fourth of currently married AJK women (27 percent) are currently using some method of contraception. Modern methods of contraception are more commonly used (23 percent) than traditional methods (7 percent). Among the modern methods, condoms are the most widely used method, while the rhythm method is the most popular traditional method.

Contraceptive prevalence rate is high among married women in the age group 35-39 years and is lowest for women age 15-19 years. As expected, female sterilization is used more commonly by women age 40-44 years, while married women at the younger age groups (15-39 years) are most likely to prefer use of condoms and injectables.

Table 6.6: Current Use of Contraception

Percent distribution of currently married women age 15-49 years by contraceptive method currently used, according to age groups, AJKDHS - 2010

Age	Any method	Any modern method	Any traditional method	Female Sterilization	Male Sterilization	Pills	IUD	Injectables	Implants	Condom	Rhythm	Withdrawal	Emergency contraception	Not currently using	Total	Number of women
15-19	2.9	2.1	0.8	0.0	0.0	0.0	0.0	1.3	0.0	0.8	0.0	0.0	0.0	97.1	100.0	57
20-24	17.8	16.2	2.4	.0	.0	.8	2.2	5.2	.0	9.6	1.8	.5	.0	82.2	100.0	239
25-29	25.1	21.1	5.9	.3	.0	1.1	3.2	3.3	.3	13.8	4.0	3.3	.0	74.9	100.0	367
30-34	29.7	24.9	7.6	2.6	.0	2.5	4.5	7.0	.1	8.6	4.1	4.3	.0	70.3	100.0	285
35-39	34.0	28.9	10.8	5.7	.0	2.7	5.1	5.0	.1	11.6	9.1	4.4	.0	66.0	100.0	275
40-44	32.6	26.1	8.8	14.5	.7	.8	3.0	1.4	.0	6.4	6.4	4.5	.0	67.4	100.0	295
45-49	28.7	24.6	5.3	13.1	.0	2.1	3.3	1.8	.6	3.8	3.6	2.0	.0	71.3	100.0	180
Total	27.2*	22.9	6.8	5.4	.1	1.6	3.5	3.9	.2	9.2	4.8	3.2	.0	72.8	100.0	1698

Note: * Total may not tally due to simultaneously use of modern and traditional FP methods at the time of survey

6.3.1 Current Use of Contraceptive by Background Characteristics

As shown in Table 6.7, married women in urban areas are more likely to use a contraceptive method (33 percent) than their rural counterparts (27 percent). Similarly the use of modern methods are higher in urban (28 percent) than in rural areas (22 percent). However, Injectables are more common among rural women than of urban women.

The data by level of education and contraceptive use reveals that it is positively correlated. The use of contraceptives gradually increases with the level of education. One third of the currently married women with secondary or higher education are current users of any method as against this, quarter of the women with no education are current user of any method.

The proportion of married women using modern methods increases with the number of living children, highest among those having five or more children. Working women are more likely to use any contraception as compared to non working women. Use of any contraceptive methods rises from seventeen percent among married women in the lowest wealth quintile to thirty three percent among those in the fourth wealth quintile, and then drops off slightly for those in the highest wealth quintile. Female sterilization and traditional method are more common among the women in the richest quintile.

Table 6.7: Current Use of Contraception by Background Characteristics

Percent distribution of currently married women age 15-49 years by contraceptive method currently used, according to background characteristics, AJKDHS - 2010

Background characteristics		Any method	Any modern method	Any traditional method	Female Sterilization	Male Sterilization	Pills	IUD	Injectables	Implants	Condom	Rhythm	Withdrawal	Emergency contraception	Not currently using	Total	Number of Women
Place of Residence	Urban	32.7	27.6	7.3	9.9	.1	1.6	3.4	2.0	.3	10.7	6.0	2.6	.0	67.3	100.0	189
	Rural	26.5	22.3	6.7	4.8	.1	1.5	3.5	4.2	.1	9.0	4.7	3.3	.0	73.5	100.0	1508
Level of education	None	25.0	19.9	6.4	7.5	.0	1.6	3.2	3.8	.0	4.8	4.5	3.1	.0	75.0	100.0	701
	Up to Primary	26.6	23.5	6.3	4.6	.0	1.2	2.0	3.6	.4	13.1	5.1	2.2	.0	73.4	100.0	292
	Middle	26.0	22.6	6.5	4.0	.0	1.6	4.4	3.3	.0	9.6	4.4	3.1	.0	74.0	100.0	297
	Up to Secondary	32.2	28.1	7.3	3.0	.7	2.2	5.7	4.7	.4	12.1	5.4	3.1	.0	67.8	100.0	258
	Secondary +	32.7	27.6	8.9	3.6	.0	1.2	1.9	4.9	.3	16.5	5.5	6.3	.0	67.3	100.0	149
Number of living children	0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	100.0	100.0	234
	1-2	21.4	17.8	6.0	.6	.0	1.2	1.7	3.8	.0	11.0	3.7	3.6	.0	78.6	100.0	498
	3-4	32.8	27.5	8.3	4.6	.0	2.6	4.2	6.2	.1	11.7	6.2	3.2	.0	67.2	100.0	477
	5+	40.9	34.6	9.2	13.6	.4	1.6	6.2	3.7	.4	9.3	7.0	4.3	.0	59.1	100.0	489
Work status	Working	29.2	20.6	10.5	4.8	1.3	2.0	4.3	1.3	.1	6.9	6.2	5.6	.0	70.8	100.0	142
	Not working	27.2	23.2	6.5	5.4	.0	1.5	3.4	4.2	.2	9.5	4.7	3.0	.0	72.8	100.0	1547
	Never worked	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	100.0	100.0	9
Wealth quintiles	Poorest	16.5	12.5	5.2	3.4	.0	1.6	1.9	4.3	.0	2.8	4.6	2.3	.0	83.5	100.0	271
	Second	23.4	18.8	6.1	5.5	.1	.9	2.1	5.1	.0	5.4	4.3	2.0	.0	76.6	100.0	364
	Middle	25.7	20.2	7.7	4.7	.0	2.3	4.7	1.0	.0	8.9	5.3	4.2	.0	74.3	100.0	365
	Fourth	35.0	31.6	5.8	4.3	.0	1.8	4.3	7.1	.0	14.8	3.8	2.7	.0	65.0	100.0	373
	Richest	33.2	29.1	8.8	8.7	.6	1.2	3.9	1.9	.8	12.6	6.2	4.8	.0	66.8	100.0	325
Total		27.2	22.9	6.8	5.4	.1	1.6	3.5	3.9	.2	9.2	4.8	3.2	.0	72.8	100.0	1698

6.4 Reasons for Drop Out

The past surveys have revealed a visible gap between ever used and current use of family planning methods but the reasons behind are not explored. Therefore, in AJKDHS reasons of dropout of a specific family planning method were asked from those who ever used that method. The main reasons of drop out of family planning methods are presented in table 6.8.

A small proportion of women have quoted "Wanted children" as a reason of drop out in case of clinical as well as other methods (Pill, IUD, Injections, Condom and Rhythm). Although a high dropout of Implant users (47 percent) was observed but only four women have responded this method. Mainly the experience of side effects forced ten to fourteen percent of users of IUD, injection and pill to drop the particular method.

Drop out justification stated as "difficult to use" was quoted by IUD (20 percent) and pill users (13 percent). Health concerns, stated as the main reason was of particular concern to users of pill (21 percent), injection (19 percent), and IUD (16 percent). Majority of users of condom, withdrawal, pill and injection mentioned the reason of "infrequent sex or husband away". Users of other methods did not consider this as important. Other reasons for drop out of different methods, like fear of side effects, facility is far away, cost too much, fertility reasons, opposition of FP and menopause reported by negligible proportion of respondents.

Table 6.8: Reasons for Drop Out

Percentage distribution of currently married women age 15-49 years, who had stop using specific contraceptive method according to reasons for drop out, AJKDHS 2010

Reason for drop out	Pill	IUD	Injections	Implants	Condom	Rhythm	Withdrawal	Other
Wanted children	6.3	5.0	4.9	47.2	6.6	6.7	1.7	0.0
Due to side effect	9.6	14.0	14.0	0.0	0.6	0.0	0.0	0.0
Fear of side effects	4.0	0.2	4.6	0.0	0.0	0.0	0.0	0.0
Facility far away	0.6	0.0	1.0	0.0	0.5	0.0	0.0	0.0
Cost too much	0.0	0.0	0.8	0.0	0.0	0.0	0.0	0.0
Difficult to use	12.5	20.2	6.6	0.0	1.9	0.0	0.0	0.0
Health concern	20.5	15.9	18.7	38.0	6.6	6.2	1.5	0.0
Fertility reasons	0.0	0.2	3.2	0.0	1.0	1.2	0.0	0.0
Opposition of FP	0.9	1.6	0.6	0.0	0.0	0.0	0.0	0.0
Menopause	3.3	5.1	5.2	3.8	3.8	4.8	5.8	0.0
Infrequent sex/ husband away	14.2	7.7	13.6	0.0	28.4	7.6	19.4	48.9
Others	17.1	19.3	12.8	8.5	22.8	35.0	48.1	0.0
No. of women	**160**	**116**	**228**	**4**	**188**	**107**	**58**	**3**

6.5 Source of Contraception

Information on source of obtaining contraceptives is useful for family planning programme managers and implementers for logistic planning. In the AJKDHS, 2010 women who reported using a modern contraceptive method at the time of the survey were asked about the source from where they obtained the method last time. As some women may not know in which exact category their source falls (e.g., government hospital, private health centre, etc.), interviewers were instructed to note the full name of the source or facility. Supervisors were also instructed to verify the name of source, asking respondents in the clusters for the names of local family planning outlets, if necessary. This practice was observed to improve the accuracy of source reporting.

Table 6.9: Source of Modern Contraception Methods

Percent distribution of users of modern contraceptive methods age 15-49 years most recent source of method, according to AJKDHS – 2010

Source	Female sterilization	Pills	IUD	Injectables	Condoms	Total
Public sector	65.6	82.5	69.5	67.3	42.1	58.4
NGO sector	1.9	--	.6	--	--	.5
Private sector	12.7	6.8	19.6	17.7	22.4	17.6
Other sources	7.5	--	6.3	7.3	27.7	14.9
DK/not mentioned	12.2	10.7	4.0	7.7	7.8	8.7
RHS/Govt Hospital	65.1	12.0	58.5	44.3	10.5	36.0
Govt Health Centre, MCH, BHU/ RHC	2.3	11.8	4.5	9.5	2.3	4.2
Family Welfare centre	--	4.8	.8	--	3.6	2.2
Mobile service camp	.9	--	4.3	--	--	.9
Village Based Family Planning Worker	--	--	3.3	1.8	.1	.9
Lady Health Worker	6.4	63.9	1.0	14.5	28.4	18.7
Other Govt	--	--	--	2.9	--	.5
NGO Sector	2.2	--	.6	--	--	.6
Green star clinic	6.7	--	.7	--	.2	1.7
Key Clinic	--	--	--	2.2	--	.4
Other Doctors	1.0	7.6	10.0	10.2	3.0	4.7
Pharmacy/ Drug Store	--	--	3.1	4.1	17.9	8.0
Homeopath	--	--	--	1.0	--	.2
TBA/ Dai	--	--	--	--	.0	.0
Other Private Med	6.8	--	6.6	1.7	2.7	4.1
Shop	--	--	--	--	21.5	8.8
Friend/ Relative	--	--	2.2	--	5.6	2.6
Others	8.6	--	4.4	7.9	2.3	4.7
Dk	--	--	--	--	1.7	.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	91	26	59	67	156	389

Table 6.9 shows the percent distribution of users of modern contraceptive methods by the most recent source of obtaining method. It indicates that majority (58 percent) of the women got their contraceptives from the public sector outlets. (Government), while eighteen percent of users obtained their contraceptives from private sector. Fifteen percent got through other sources (such as medical stores and shops), and less than one percent through the NGO sector. The most common single source of contraceptives in AJK is government hospitals, which provides to more than one-third of all users of modern methods. Lady health workers are the second most common source of family planning methods, more than one-fifth of users got their contraceptives from them, followed by other private sources e.g. shop and friends/relative (11 percent). Clinical methods, like IUDs, female sterilization and injectables are more commonly obtained from the Government hospitals as compared to that of pills, and especially condoms. Almost two third of women who are sterilized obtained the procedure at RHC/Govt. hospitals and the same proportion of users got their pills supply from lady health workers. More than half of all condom users also got their supplies from Lady Health Workers.

6.6 Future Use of Contraception

In the AJKDHS, currently married women age 15-49 years who were not using a contraceptive method were asked about their intention to use any family planning method in future. The results are presented in Table 6.10.

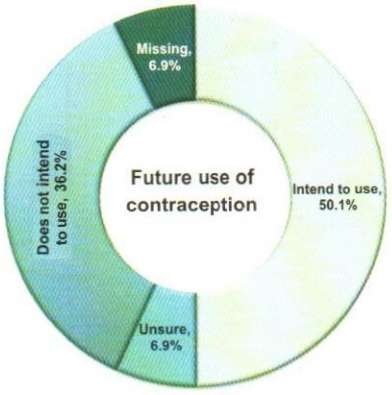
Table 6.10: Future Use of Contraception

Percent distribution of currently married women age 15-49 years who are not using a contraceptive method by intention to use in the future, according to province and number of living children, AJKDHS - 2010

Intention	Number of living children					Total
	0	1	2	3	4+	
Intend to use	56.5	59.6	55.0	52.7	39.1	50.1
Unsure	9.4	7.1	6.5	4.4	6.5	6.9
Does not intend to use	18.8	28.2	35.7	38.7	48.5	36.2
Missing	15.3	5.1	2.8	4.3	5.8	6.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	234	218	173	169	441	1235

Fifty percent of currently married women non-users of contraceptives say that they intend to use family planning method in the future, whereas more than one third (36 percent) do not intend to use it, and seven percent are not sure. Fig.6.3 shows the distribution future intention of non users.

Figure 6.3: Percent Distribution of Future Intention of Non Users



More than half of the non users women who intend to use contraception are among those who have no child or those having 1-3 children, the proportion was the highest for those women who have one child.. Those who do not intend to use contraception in future are mostly those having three or more children.

6.7 Reasons for not intending to Use

As mentioned above, thirty six percent of married women do not intend to use any contraception in future. Consequently, the reasons why they do not want to use any family planning method are of great interest to programme managers and policy makers. Table 6.11 presents the distribution of currently married non-users who do not intend to use a contraceptive method in the future by main reason.

Table 6.11 shows that sub fecund/infecundity is the most commonly cited reason (15 percent). Desire for more children and infrequent sex was mentioned by thirteen percent of non users currently married women. Other reasons for not using any method are health concerns (9 percent), menopausal/hysterectomy (7 percent) and religious prohibitions were each cited by 6-9 percent of women as the main reason for not intending to use a family planning method in the future.

Table 6.11: Reasons for not Intending to Use Contraception in the Future

Reason for not intending to use contraception in the future Percent distribution of currently married women age 15-49 who are not using contraception and who do not intend to use in the future by main reason for not intending to use by residence, AJK 2010

Reasons		Urban	Rural	Total
Infrequent Sex		5.2	13.6	12.9
Menopausal/ Hysterectomy		15.5	6.6	7.4
Sub fecund/ In fecund		13.5	15.2	15.1
Wants more children		10.2	13.7	13.3
Respondent Opposed		1.1	.2	.3
Husband Opposed		4.8	4.9	4.9
Other Opposed		--	.4	.4
Religion Prohibition		3.9	6.2	6.0
Knows no method		--	3.2	2.9
Knows no source		.1	.9	.8
Health Concern		15.3	7.9	8.5
Fear of side effects		.5	3.9	3.6
Lack of access / too far		--	.4	.4
Cost to much		--	.4	.4
Inconvenient to use		1.1	.2	.2
Interferes with Body's Normal processes		1.1	.6	.7
Other		14.8	16.0	15.9
DK/not mentioned		12.8	5.8	6.4
Total	Percent	100.0	100.0	100.0
	Number	50	502	551

6.8 Exposure to Family Planning Messages

Information on the level of public exposure to a particular type of media allows policymakers to assess the most effective media for various target groups in the population. To gauge the effectiveness of such media on the dissemination of family planning information, respondents in the AJKDHS, 2010 were asked whether they had heard or seen a family planning message on the radio, television and print media in the month preceding to the interview.

Table 6.12 indicates that about fifty nine percent have not been exposed to family planning messages through the media. Those who have exposure, majority of the women (30 percent) watch family planning messages on television while almost eleven percent heard messages through radio and ten percent of

women read messages in the print media. Among those who have heard massages on radio the proportion of young women age 15-19 years was high, similarly those who have seen FP massages on T.V the share of women age 25-29 years was high.

The urban women are more likely to see family planning messages through television and print media than women of rural area, forty five percent of women in urban areas are exposed to family planning messages through television, compared with only twenty eight percent of women in rural areas. Exposure to family planning messages through media generally rises with level of education and wealth quintile.

Table 6.12: Exposure to Family Planning Messages

Percent distribution of currently married women age 15-49 years who heard or saw a family planning message on the radio or television in the month preceding the survey, according to background characteristics, AJKDHS - 2010

Background characteristics		Radio	Television	Newspaper/ magazine	Poster	Booklet	Other sources	Never heard/ read	Number
Age of respondent	15-19	17.1	33.0	1.0	3.7	.4	6.3	57.5	57
	20-24	12.9	32.0	4.0	9.1	--	7.6	55.8	239
	25-29	9.5	37.4	8.0	8.4	2.4	9.1	53.0	367
	30-34	14.7	28.9	4.7	2.8	1.0	7.7	57.4	285
	35-39	11.3	32.5	4.0	8.2	1.1	7.2	54.7	275
	40-44	6.5	20.2	.9	2.5	--	5.6	71.4	295
	45-49	8.2	24.9	.2	.5	--	3.9	67.2	180
Place of Residence	Urban	11.1	45.3	3.9	3.5	1.6	8.5	48.3	189
	Rural	10.7	28.0	3.9	5.8	.8	6.9	60.6	1508
Level of education	None	6.5	17.4	.1	1.9	--	4.1	74.2	701
	Up to Primary	10.4	28.4	3.9	5.2	.6	12.9	57.8	292
	Middle	11.0	40.2	9.2	8.9	1.4	6.6	50.2	297
	Up to Secondary	17.8	38.5	4.1	10.7	1.2	9.7	45.2	258
	Secondary +	18.9	56.8	11.0	7.4	4.0	6.2	34.5	149
Wealth quintiles	Poorest	5.7	.8	.5	1.9	.7	6.3	85.8	271
	Second	11.9	9.5	1.0	1.3	.3	4.0	79.2	364
	Middle	10.3	25.5	.6	2.7	1.4	9.7	58.6	365
	Fourth	11.6	47.5	7.3	8.2	1.0	8.3	44.6	373
	Richest	13.1	61.9	9.9	13.3	1.1	7.1	32.4	325
Total		10.7	30.0	3.9	5.5	.9	7.1	59.3	1698

6.9 Contact of Non-Users with Family Planning Providers

In the AJKDHS, 2010 married women who were not using any family planning method were asked if they had been visited by a field-worker who talked to them about family planning in the twelve months preceding the survey. This information is especially useful for determining if non-users of family planning are being approached by family planning service providers.

The data in table 6.13 show that all currently married women who are not using any family planning method and are approached by field-workers to discuss family planning issues. About three fourth (74 percent) have discussion on children's health and about two-third (65 percent) reported that they have their discussion on family planning issues, twenty eight percent have discussions on other health issues. This implies that many opportunities are lost when potential users can be educated on the benefits of family planning. Differentials by background characteristics indicate that urban women are more likely to have discussion on family planning than the rural non user women, children's health are more discussed by women of both areas as compared to family planning. The women in the poorest wealth quintile have more discussions on family planning and children's health issues, where as the respondents health was not discussed by the LHW. The women with five or more children have also discussed more on family planning as compared to others. The respondents health in less likely to be discussed than other issues.

Table 6.13: Contact of Nonusers with Family Planning Providers by Background Characteristics

Among currently married women age 15-49 years who are not using contraceptives, the percentage who were visited in the 12 months preceding the survey by a field worker of Lady Health Worker (LHW) and who discussed family planning and the percentage who were visited and discussed health issues. AJKDHS - 2010

Background characteristics		Women who were visited by field worker/LHW		Family planning	Respondent's health	Children's health	Other health	Women who were visited by LHW
		Percentage	Number					
Place of Residence	Urban	39.3	62	60.9	11.6	74.8	24.5	24
	Rural	44.3	400	65.3	10.5	74.1	28.4	177
Level of education	None	37.1	175	53.5	17.5	63.8	24.4	65
	Up to Primary	44.7	78	74.9	8.8	82.3	44.7	35
	Middle	47.8	77	77.6	12.1	71.0	23.5	37
	Up to Secondary	54.0	83	66.2	4.5	83.0	22.7	45
	Secondary +	40.7	49	56.9	2.4	79.4	30.4	20
Number of living children	1-2	38.7	106	66.0	7.6	75.6	18.6	41
	3-4	50.4	156	61.8	13.4	80.1	29.4	79
	5+	40.9	200	67.0	9.5	67.7	31.2	82
Wealth quintiles	Poorest	28.4	45	94.5	.0	72.0	57.4	13
	Second	46.5	85	68.2	20.4	62.0	22.8	40
	Middle	45.8	94	70.6	18.1	65.7	23.4	43
	Fourth	50.5	131	60.9	4.8	78.7	27.6	66
	Richest	37.4	108	52.4	6.0	88.2	29.2	40
Total 15-49 years		43.6	462	64.8	10.6	74.1	27.9	202

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7

OTHER DETERMINANTS OF FERTILITY

Mubashir Baqai and Imran Pasha

There are various physiological, cultural, social, economic, behavioral, demographic and ecological factors that influence levels and trends of fertility. Research studies shows that fertility level in most populations can be described by some key proximate determinants that define the risk of becoming pregnant. These determinants are marriage, post partum amenorrhea, abstinence from sexual relations and onset of menopause. This chapter deals with main factors other than contraception those expose women to risk of becoming pregnant. The population of Azad Jammu and Kashmir is mostly Muslim and in Islam the sex is only allowed after marriage. Therefore sexual activities usually take place within marriage, hence marriage exposes the woman to risk of child bearing and the start of menopause culminated to the end of women reproductive period. Therefore study of proximate determinants is important for understanding fertility behavior.

7.1 Marital Status

In a Muslim society like AJK marriage is regarded as social and religious obligation and to get married is universal. The duration of time during which women are exposed to the risk of child bearing, affects the number of children women potentially can bear. In order to reduce fertility levels age at marriage has strong influence as the period of exposure to child bearing is depend on it. Thus an increase in age at marriage of woman can play a vital role in reducing fertility.

In Azad Jammu and Kashmir marriage means the commencement of culturally approved period for giving birth. Women on average will have more children when married in early age due to longer period of exposure for getting pregnant. A reason for high fertility in the Country may be that most of the marriages are take place in early ages. For male and female the minimum legal age for marriage is 18 and 16 years respectively. In this regard two important terms Nikah and Rukhsati are differentiated. When the girl is legally married but there is a possibility that she may yet be living or not living with the husband, while Rukhsati is an occasion when bride goes to husband home and they begin to start living together as husband and wife. Difference between Nikah and Rukhsati were to be made clear to the respondents by the Interviewers while conducting interview as instructed to them. Therefore, respondent's marriage is taken as Rukhsati rather than Nikah.

Figure 7.1: Percentage of Women Age 15-49 Years by Current Marital Status

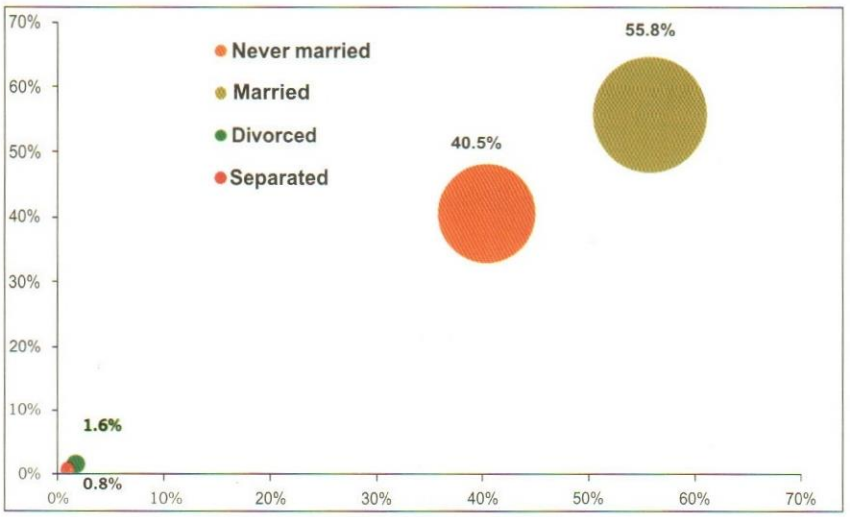


Table 7.1 presents distribution of all Women of reproductive age by marital status. The data reveals that two fifth of the women of reproductive age group are never married in AJK. The picture is more visible in figure 7.1,

Nine in ten women in age group 15-19 years are never married, it is an encouraging sign that young age marriages are not very common in Azad Jammu and Kashmir, it is also evident from the next group (20-24 years) where about two third of the women are also never married. The ratio of this category decline sharply in next higher groups and the marriage is almost universal among women in ages 40 years and above, as only one percent of the women are such who remain never married.

Table 7.1: Current Marital Status

Percent distribution of all women age 15-49 years by current marital status, according to age AJKDHS, 2010

Age groups	Never married	Married	Divorced	Separated	Total	All areas
15 – 19	88.2	7.7	--	--	100.0	800
20 – 24	62.7	35.7	--	.8	100.0	758
25 – 29	24.1	74.3	.6	.6	100.0	550
30 – 34	7.8	89.9	1.3	1.0	100.0	357
35 – 39	3.1	91.6	2.6	2.7	100.0	321
40 – 44	1.4	93.2	4.5	.6	100.0	342
45 – 49	1.3	87.4	9.6	1.7	100.0	224
Total 15-49	40.5	55.8	1.6	.8	100.0	3352

The above table shows that divorce or separation is not common in Azad Jammu and Kashmir as majority of women in age groups 25 years and above are currently married, and only two percent are either

divorced or separated. This trend is almost similar to Gilgit Baltistan, however marginally high as compared to national divorce or separation rate as observed from PDHS, 2006-07.

7.2 Husbands Staying Elsewhere

Woman's risk of becoming pregnant decreases when her husband stayed elsewhere which resultantly affects the fertility. Table 7.2, depicts that more than one-fourth of husbands of currently married women in Azad Jammu and Kashmir are living somewhere else, due to less employment opportunities as the topography of Azad Jammu and Kashmir is consist of mountains, they have to work in other part of the country. Age group wise analysis indicates almost same trends in all age groups; however, the ratio of husbands staying elsewhere is comparatively higher for women in age groups 20-24 years and 30-34 years (33 percent).

The urban -rural differential is quite high as three in ten women in rural areas reported that their husbands are staying somewhere else (30 percent), as compared to these fourteen percent husbands of the urban areas women's are living somewhere else.

The data by level of education of women shows no significant impact of education on the husbands living somewhere else, the ratio of women with middle, secondary and above is however, slightly high, as compare to women with no education or upto primary level of education. Wealth quintiles wise analysis indicates that the husbands of women in poorest and richest quintiles are less likely to live some where else as compared to women in other quintiles.

Table 7.2: Cohabitation and Polygyny

Percentage of currently married women age 15-49 years whose husbands are staying elsewhere according to background characteristics, AJKDHS, 2010

Background characteristics		Percentage staying elsewhere	Total
Age of respondent	15-19	28.8	57
	20-24	32.7	239
	25-29	28.6	367
	30-34	33.0	285
	35-39	25.6	275
	40-44	25.5	295
	45-49	22.9	180
Place of Residence	Urban	13.8	189
	Rural	30.1	1508
Level of Education	None	27.2	701
	Up to Primary	25.4	292
	Middle	34.0	297
	Secondary	30.0	258
	Higher	25.0	149
Wealth Quintiles	Poorest	25.6	271
	Second	29.6	364
	Middle	30.8	365
	Fourth	30.8	373
	Richest	23.4	325
Total		28.3	1698

7.3 Marriage between Relatives

It is a common feature in the Country that most of the marriages take place among relatives, according to PDHS; 2006-07 sixty seven percent of the marriages took place among the relatives. Similar trend is observed in Azad Jammu and Kashmir, where sixty nine percent of marriages take place among relatives. Of the total marriages, sixty five percent are consanguineous unions between first and second cousins. There is no significant difference among first cousin marriages from mother's or father's side. Age group wise analysis of data indicates that there are more events of consanguineous marriages in the elder age groups as compared to women in younger age groups, indicates a positive change in AJK society. The data by age at marriage of respondents indicates that more than half of the women who got married at the age of thirty years or above have no relationship with their husbands.

Residence wise data indicates that consanguineous marriages are more common in rural areas as compared to urban areas. No significant difference is observed in consanguineous marriages by level of education of the respondents. More consanguineous marriages take place among the richest quintile and comparatively less in the middle quintile as compared to other quintiles. (58 eight percent)

Table 7.3: Marriage Between Relatives

Percent distribution of ever-married women by their Relationship with husbands, according to background characteristics, AJKDHS, 2010

Background characteristics		Cousin on father's side	Cousin on mother's side	Second cousin	Other relationship	No relation	Percent	Total (N)
Age of respondent	15-19	20.9	21.5	13.8	2.4	41.4	100.0	57
	20-24	20.2	19.1	22.1	5.9	32.8	100.0	245
	25-29	16.6	19.0	30.5	2.8	31.2	100.0	373
	30-34	17.0	21.6	22.8	5.6	33.1	100.0	290
	35-39	16.4	20.8	31.9	3.4	27.5	100.0	291
	40-44	20.3	20.1	29.5	2.5	27.6	100.0	313
	45-49	21.9	14.8	27.5	2.0	33.8	100.0	202
Age at marriage	Less than 15	14.4	14.3	37.2	5.8	28.3	100.0	130
	15 - 19	22.1	20.3	27.3	2.6	27.7	100.0	738
	20-24	17.5	20.1	25.7	4.1	32.6	100.0	611
	25-29	14.3	16.6	25.7	3.8	39.5	100.0	199
	30 and More	8.0	15.9	18.3	5.0	52.8	100.0	47
Place of Residence	Urban	19.0	18.5	24.6	2.5	35.3	100.0	198
	Rural	18.4	19.6	27.6	3.8	30.6	100.0	1572
Level of education	None	19.2	20.0	27.5	3.2	30.2	100.0	743
	Up to Primary	19.6	20.3	27.4	1.2	31.5	100.0	303
	Middle	14.8	21.3	27.0	3.7	33.1	100.0	313
	Secondary	20.1	17.2	24.7	5.7	32.5	100.0	260
	Higher	18.1	16.0	30.3	7.1	28.6	100.0	151
Wealth quintiles	Poorest	21.5	19.5	26.5	2.1	30.3	100.0	288
	Second	17.1	19.8	26.9	1.4	34.8	100.0	375
	Middle	15.7	16.4	25.6	4.1	38.2	100.0	382
	Fourth	19.2	19.7	26.6	5.3	29.3	100.0	386
	Richest	20.0	22.6	30.6	5.0	21.8	100.0	339
Total		18.5	19.5	27.2	3.6	31.1	100.0	1770

7.4 Median Age at First Marriage

The table 7.4 relates to median age at first marriage for women of age group 25-49 years by background characteristics. The data shows that urban women tend to marry two years after rural women. Age group wise analysis indicates that age at first marriage of urban women in age group 25-29 years is slightly high as compared to other age groups. Similar trend is observed in rural areas. The data by level of education of women reveals that the women with secondary or above level of education tends to marry about six years after as compared to the women with no education. Age at first marriage of women in AJK gradually increases with the increase in level of education. There is a mix pattern in the median age at marriage of women by wealth quintile.

Table 7.4: Median Age at First Marriage

Median age at first marriage among women age 25-49 years by five year age group according to background characteristics, AJKDHS - 2010

Background characteristics		25-29	30-34	35-39	40-44	45-49	25-49
Place of Residence	Urban	22.3	21.3	21.8	18.2	20.5	20.7
	Rural	19.7	19.0	18.7	18.5	19.1	19.0
Level of education	None	18.7	17.8	17.7	18.0	19.0	18.0
	Up to Primary	19.1	16.8	18.3	18.9	19.1	18.3
	Middle	19.1	20.7	19.4	19.0	19.1	19.3
	Up to Secondary	20.9	21.1	20.2	22.4	21.6	21.0
	Secondary +	22.8	24.3	24.2	23.9	21.1	23.7
Wealth quintiles	Poorest	18.8	17.0	18.0	17.2	20.0	18.0
	Second	18.6	17.6	17.2	18.9	18.2	18.3
	Middle	19.9	20.0	19.7	18.6	19.1	19.3
	Fourth	20.4	21.5	19.7	18.7	20.2	20.4
	Richest	21.3	19.9	18.8	19.0	19.7	19.6
Total		20.0	19.1	18.8	18.5	19.3	19.1

7.5 Menopause

To determine the start of infecundity of an individual woman is difficult, however, there are certain methods for estimating it for a given population. One indicator of infecundity is the binging of menopause. For this survey menopausal woman is that who is not pregnant, her postpartum amenorrhea has not started and who's last menstrual occurred six or more months preceding the survey. Normally the occurrence of menopausal period increases in women with their age. Table 7.5 presents the percentage of ever married women age 30-49 years who are Menopausal by age groups. A review of table, 7.5 reveals that the percentages of menopausal varies in all age groups. However, it is high among women in age group 44-47 years. The data by residence reveals that prevalence of menopausal women is higher in urban areas (8 percent) as compared to rural areas (6 percent).

Table 7.5: Menopause

Percentage of ever-married women age 30-49 years who are Menopausal, by Age, AJKDHS - 2010

Current age	Urban		Rural		Total	
	Percentage of menopause	Number of women	Percentage of menopause	Number of women	Percentage of menopause	Number of women
30-34	2.0	34	3.8	256	3.6	290
35-39	2.4	36	4.1	255	3.9	291
40-41	2.3	18	8.7	157	8.0	175
42-43	12.6	11	3.7	92	4.6	103
44-45	14.9	13	15.4	115	15.3	128
46-47	29.4	11	12.1	48	15.2	58
48-49	19.2	9	1.7	42	4.7	51
Total	7.7	130	6.4	965	6.5	1095

7.6 Miscarriage, Abortion and Still Births

The level of fertility is affected by abortion and other pregnancy "waste" such as miscarriage and still birth. It is very difficult to capture correct information about the intensity of induced abortion. However an attempt has been made in AJKDHS, 2010 to collect such information, therefore number of questions were included about pregnancies that did not end in live births. Table 7.6 depicts that more than nineteen percent ever married women reported that they had miscarriage during their reproductive life. In contrast to this only eight percent of the ever married women reported miscarriage in PDHS, 2006-07. The proportion of women having induced abortion in Azad Jammu and Kashmir is more than two times high than the national figure, therefore there is a need for in depth research to find out reasons for large number of miscarriages in AJK and measures may be taken for its reduction. Age group wise data shows that the proportion of miscarriages increases with the age of women and it is the highest (twenty nine percent) among age group 45-49 years. The proportion of women having miscarriages is two percent high among rural areas women than of urban areas. No association is observed in the prevalence of miscarriages and level of education. The highest (twenty seven percent) miscarriages are reported among women with up to primary level of education. The women in poorest quintiles have more miscarriages as compared to other wealth quintiles. The data on still births in AJKDHS, 2010 reveals that about four percent women reported that they have still births. Age group wise data depicts that seven percent of the women in age group 35-44 years have still births. The rural areas women are likely to have more still births than women of urban areas. Similarly women with no education have more still births (seven percent) as compared to women having education. The women in poorest wealth quintile have about six percent still births, whereas mix trend is observed in other wealth quintiles.

Table 7.6: Pregnancy Terminations

Among ever-married women, the percentage who had a miscarriage, abortion and/or still births, according to Background characteristics, AJKDHS - 2010

Current age		Pregnancy termination during life time			Number of women
		Percentage who had miscarriage	Percentage who had abortion	Percentage who had still births	
Age groups	15-19	8.9	.0	.0	57
	20-24	12.1	.0	1.6	245
	25-29	16.3	1.8	3.3	373
	30-34	19.0	.4	4.3	290
	35-39	22.7	.1	7.2	291
	40-44	20.7	.4	7.3	313
	45-49	28.7	.0	3.1	202
Place of Residence	Urban	17.2	.3	3.1	198
	Rural	19.4	.6	4.6	1572
Level of education	None	18.6	.1	6.5	743
	Up to Primary	27.0	.4	4.4	303
	Middle	15.0	1.6	1.9	313
	Up to Secondary	17.8	.9	2.9	260
	Secondary +	16.9	.0	2.5	151
Wealth quintiles	Poorest	23.3	.0	6.3	288
	Second	17.0	.5	3.5	375
	Middle	19.9	.1	5.7	382
	Fourth	18.5	1.3	3.5	386
	Richest	17.9	.8	3.5	339
Total		19.2	.5	4.4	1770

8

FERTILITY PREFERENCE

Zafar Zahir

The information on future fertility preferences of a population is very important to assess the potential demand for family planning and to project future fertility. The programme managers and policy makers are interested to know about future reproductive intention to determine the unmet need for future family planning programme. This chapter presents future desire of children and family size norms of AJK women. The chapter also explores the level of unwanted and mistimed pregnancies.

The analysis is based on the responses of ever-married women of reproductive age (15-49 years) of AJK to questions about: 'wants to have additional children in future, if so, how long she would prefer to wait before the next child'. The pregnant women were asked about their desire for additional children after the one they are expecting and the timing of next child. It is important to note that woman's fertility preference may not necessarily predict her reproductive behavior, because the childbearing decisions are not made only by the woman but are affected by the attitude of other family members, particularly of husband and the mother in-law, both have influence on reproductive decisions.

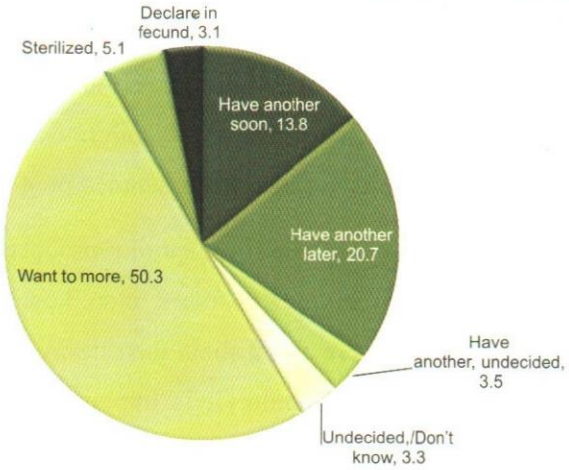
8.1 Desire for More Children

Fertility preferences relating to future childbearing is a major indicator of future fertility, however, sterilized women and those who stated that they are infecund, have no impact on the future fertility as their potential contribution towards fertility has been ceased.

The data on future childbearing also provide information on the potential need of a couple for contraceptive services for spacing and limiting births. In AJKDHS, the currently married, non-sterilized and not pregnant women were asked: "would you like to have (a/another) child or would you prefer not to have any (more) children?" If the response was 'yes' then they were asked: "How long would you like to wait from now before the birth of (a/another) child?" For currently married pregnant women, the questions were phrased differently: "after the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?" In case of 'yes', reply they were asked, "after the birth of the child you are expecting now, how long would you like to wait before the birth of another child?" Responses to these questions are presented in table 8.1 and further reviewed in relation to current fertility of the woman.

It is important to note that half of the currently married women ages 15-49 years do not want any more children in future and another five percent are already sterilized (table 8.1). Of the reaming, only fourteen percent women expressed the desire that they need another child soon and twenty one percent women want a child after two years or more. Only a small proportion of women (3.5 percent) were undecided about their future childbearing. It means that about two third women in AJK want either no more children or to delay the next pregnancy for two or more years. The picture is more visible in the fig.8.1 below.

Figure 8.1: Fertility Preference of Currently Married Women Age 15-49 Years



The desire for terminating childbearing is associated with the number of children a woman already has. The desire to bring an end to childbearing (including those women who are sterilized) increases with the number of living, ranging between thirty nine percent among women with two children to eighty three percent among those with seven or more children. The women with low parity (3-4 children) need to be approached by the service providers of Population Welfare Programme to motivate them for accepting family planning methods.

Table 8.1: Fertility Preferences by Number of Living Children

Percent distribution of currently married women age 15-49 years by desire for children, according to number of living children AJKDHS 2010

Desire for Children		Number of Living Children (Including Current Pregnancy)								Total
		0	1	2	3	4	5	6	7+	
Have another soon		56.3	22.5	14.6	8.9	4.8	1.5	--	1.1	13.8
Have another later		13.5	57.5	35.5	22.1	6.7	4.2	1.6	.5	20.7
Have another, undecided		10.6	4.8	2.8	5.1	2.8	.6	--	.4	3.5
Undecided/Don't know		3.5	6.0	4.7	2.2	5.7	1.4	.1	--	3.3
Want no more		2.5	7.4	38.9	56.7	74.3	75.9	84.7	83.3	50.3
Sterilized		--	.2	1.7	3.3	4.9	14.3	8.1	13.9	5.1
Declared in fecund		13.5	1.6	1.8	1.8	.8	2.2	5.5	.8	3.1
Total	Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	Number	175	259	275	245	240	203	145	156	1698

Table 8.2 and figure 8.2 shows currently married women who want no more children by number of living children and background characteristics. A review of data by residence indicates that more than half of the women from both urban and rural areas want to terminate childbearing (56 percent and 55 percent respectively). Data by educational attainment of women indicates fluctuating trends for the desire of limiting children. The proportion who wants to cease childbearing is high among women with no education or up to primary level as compared to those who are with middle or higher level of education. Similarly, the highest proportions (62.8 percent) who do not want another child are found among women belonging to poorest wealth quintile as compared to women in other quintiles. Figure 8.2 presents the distribution of women who desire to limit the childbearing. The figure below indicates that the desire of limiting children is strongly associated with the number of children a woman already has, it is almost universal among women who have seven or more children and more than ninety percent among women with five or six living children.

Figure 8.2: Desire to Limit Childbearing Among Currently Married Women by Number of Living Children

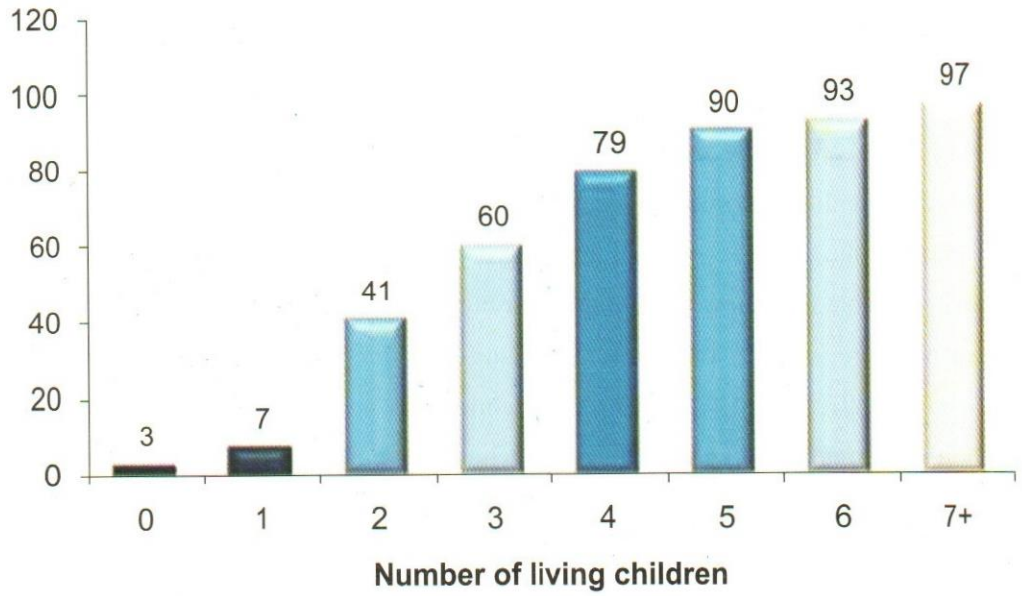


Table 8.2: Desire to Limit Childbearing

Percentage of currently married women age 15-49 years want no more children, by number of living children (including current pregnancy) according to background characteristics AJKDHS 2010

Background Characteristics		Number of Living Children (Including Current Pregnancy)								Total
		0	1	2	3	4	5	6	7+	
Place of Residence	Urban	.0	5.0	38.0	66.6	82.9	91.2	92.6	98.9	56.0
	Rural	2.8	7.9	41.0	59.0	78.6	90.2	92.8	97.0	55.4
Level of education	None	.0	11.5	41.0	60.6	83.7	89.1	95.8	97.1	68.7
	Up to Primary	6.8	.5	31.1	64.1	84.9	85.8	80.0	94.7	55.3
	Middle	.0	2.1	39.8	51.6	73.4	93.5	94.6	98.6	40.3
	Up to Secondary	.0	18.6	37.5	59.4	61.8	95.8	93.8	100.0	46.7
	Secondary +	12.5	5.0	56.6	69.1	83.6	100.0	98.2	100.0	39.0
Wealth quintiles	Poorest	.0	12.7	42.3	52.5	82.1	89.6	89.3	94.1	62.8
	Second	.0	8.5	27.3	74.2	90.8	87.2	93.9	98.3	60.7
	Middle	4.3	1.1	37.1	53.8	89.6	81.6	99.8	99.5	50.3
	Fourth	.0	4.4	42.1	60.0	63.4	98.8	85.2	100.0	48.1
	Richest	8.4	15.7	50.8	63.0	64.2	96.5	98.4	95.3	57.9
Total		2.5	7.6	40.6	59.9	79.2	90.2	92.8	97.2	55.5

Future fertility preferences depend not only on the number of living children, but also on the sex composition of the children. Most couples want to have some children of both sexes; however, in Azad Jammu and Kashmir, there is a stronger preference for sons over daughters. One way to measure son preference is to examine the proportion of women who want no more children by the number of sons they already have. Because the desire to stop childbearing depends on the total number of children as well as the sex composition, table 8.3 below present the distribution of currently married women of reproductive ages who want no more children by number of living children. The result shows that there is strong preference of sons in AJK. The desire for no more children is positively associated with the number of living sons. More than ninety percent of the women who have four children with two or three sons do not want to have more children, similarly more than three fourth of the women who have three children with two sons, are more likely to have no more children. The proportion of wanting no more children decline with the number of living sons. However, the proportion of women who have only one child either male or female is quite low, indicates a desire to have complete family with children of both sex.

Table 8.3: Desire to Limit Childbearing by Sex of Living Children

Percentage of currently married, non pregnant woman age 15-49 years who want no more children, by number of living children and sons, AJKDHS 2010

Background characteristics		Percentage who want no more children/are sterilized	Number of women
No Children		2.4	234
One Child	No Sons	12.6	118
	One Son	14.7	122
Two Children	No Sons	17.5	41
	One Son	46.5	147
	Two Sons	47.2	68
Three Children	No Sons	10.8	27
	One Son	56.8	86
	Two Sons	77.2	105
	Three Sons	66.9	31
Four Children	No Sons	19.2	10
	One Son	62.3	52
	Two Sons	91.9	81
	Three Sons	95.4	59
	Four Sons	77.5	25
Five Children	No Sons	47.3	7
	Less than Two Son	87.3	42
	Two or Three Sons	95.2	268
	Four or More Sons	94.3	172
Total		55.5	1698

8.2 Need for Family Planning

A major concern of the family planning programme and maternal health care services is to asses the size of potential demand for contraception and to identify women who are in need of contraceptive services. Table 8.4 presents estimates of unmet need[1], met need for family planning services and total demand for

1 Unmet need for spacing: Includes women who are fecund and not using family planning and who say they want to wait two or more years for their next birth, or who say they are unsure whether they want another child, or who want another child but are unsure when to have the child. In addition, unmet need for spacing includes pregnant women whose current pregnancy was mistimed, or whose current pregnancy was unwanted but who now say they want more children. Unmet need for spacing also includes amenorrheic women whose last birth was mistimed, or whose last birth was unwanted but who now say they want more children.

Unmet need for limiting: Includes women who are fecund and not using family planning and who say they do not want another child. In addition, unmet need for limiting includes pregnant women whose current pregnancy was unwanted but who now say they do not want more children or who are undecided whether they want another child. Unmet need for limiting also includes amenorrheic women whose last birth was unwanted but who now say they do not want more children or who are undecided whether they want another child. 2 Using for spacing is defined as women who are using some method of family planning and say they want to have another child or are undecided whether to have another. Using for limiting is defined as women who are using and who want no more children. Note that the specific methods used are not taken into account here.

family planning in Azad Jammu and Kashmir according to background characteristics. By definition "Unmet need" refers to women whose last birth or current pregnancy was mistimed or unwanted or who are not currently using family planning methods but do not want another child soon. Menopausal and in fecund women are excluded from the unmet need category. Women with "met need" for family planning include women who are currently using family planning methods. The "total demand" for family planning is represented by the sum of unmet need and met need. Table below presents information for currently married women on unmet need, met need, and total demand for family planning according to whether the need or demand is for spacing or limiting births.

As can be seen from table 8.4, the total unmet need is about forty six percent; a review of data indicates that there is a greater need for limiting births than for spacing future births as about one third of the women wants to limit the child birth as against fourteen percent who want to give space in next birth. The total met need for family planning (i.e., current use) is slightly over twenty seven percent of currently married women, among these; a majority is using contraceptive methods because they do not want more children (21 percent) as compared to those who want spacing (6.2 percent).

As expected, unmet need for spacing is higher among younger women, while unmet need for limiting is higher among older women. The unmet need is highest (62.2 percent) among older (45-49 years) women. The unmet need for contraception is highest among women with no education (52 percent). The unmet need for women living in rural areas (46.6 percent) is likely to more than women in urban areas (38.2 percent). Unmet need is also higher among women in the poorest and second wealth quintile.

District wise analysis of data indicate that, Sadhongti has the highest level of unmet need (69.4 percent) followed by Haveli (55 percent), Muzaffarabad (53 percent) and Neelum (53 percent). In Mirpur district unmet need is lowest (24 percent), because it has the highest met need (50 percent). It may be due to the availability of better family planning services there.

Overall, the total demand for family planning services is about seventy three percent of currently married women in AJK. Of this total demand fifty two percent is for limiting child bearing and twenty one percent for spacing. In views of this high demand of family planning services in Azad Jammu and Kashmir, efforts should be made by the policymakers and programme mangers to reach these potential clients of family planning to meet their requirements. In this way the current use of contraception (CPR) will improve and the fertility could be reduced in AJK.

Table 8.4: Need and Demand for Family Planning Among Currently Married Women

Percentage of currently married women age 15-49 years with unmet need, percentage with met need, the total demand for family planning and percentage of total demand for contraception that is satisfied, by background characteristics, AJKDHS 2010

Background Characteristics		Met need			Unmet need			Total demand			Number
		Limiting	Spacing	Total	Limiting	Spacing	Total	Limiting	Spacing	Total	
District	Muzafarabad	17.9	5.2	23.1	35.0	18.0	53.0	52.9	23.2	76.1	236
	Rawalakot	24.4	3.9	28.2	32.7	11.6	44.3	57.1	15.4	72.5	225
	Bagh	23.7	8.5	32.2	29.7	11.9	41.7	53.5	20.5	73.9	113
	Sadhongti	6.4	2.4	8.8	47.5	21.9	69.4	53.8	24.3	78.1	126
	Mirpur	35.7	14.4	50.1	12.6	11.2	23.8	48.3	25.6	73.9	173
	Kotli	23.0	6.9	29.9	27.9	14.9	42.7	49.6	21.8	71.4	417
	Bhimber	14.7	5.6	20.3	38.9	10.4	49.4	53.7	16.0	69.7	185
	Neelum	8.4	1.0	9.4	37.1	15.5	52.6	45.5	16.5	62.0	73
	Hattian Bala	24.3	4.1	28.4	28.1	9.1	37.2	52.4	13.2	65.6	87
	Haveli	19.5	4.7	24.1	39.6	15.6	55.2	59.1	20.2	79.3	62
Residence	Urban	25.6	7.1	32.7	25.4	12.9	38.2	50.8	20.0	70.8	189
	Rural	20.4	6.1	26.4	32.4	14.3	46.6	52.4	20.3	72.7	1508
Age of respondent	15-19	.0	2.9	2.9	10.6	28.3	38.9	10.6	31.2	41.8	57
	20-24	7.1	10.7	17.8	10.0	31.2	41.2	17.0	41.9	59.0	239
	25-29	12.7	12.5	25.1	14.7	25.0	39.7	26.0	37.5	63.5	367
	30-34	22.5	6.7	29.2	26.7	14.6	41.2	49.2	21.2	70.4	285
	35-39	31.6	2.5	34.0	42.4	4.0	46.3	73.9	6.4	80.4	275
	40-44	30.6	2.0	32.6	50.8	.9	51.7	81.3	2.9	84.3	295
	45-49	28.7	.0	28.7	61.2	1.0	62.2	89.7	1.0	90.7	180
Level of education	None	22.6	2.4	25.0	43.1	9.3	52.4	65.8	11.7	77.4	701
	Up to Primary	21.4	5.2	26.6	29.8	15.9	45.8	51.1	21.1	72.2	292
	Middle	18.9	7.1	26.0	20.7	19.9	40.6	37.9	27.1	65.0	297
	Up to Secondary	18.3	13.4	31.7	23.8	15.1	39.0	42.1	28.6	70.7	258
	Secondary +	21.2	11.5	32.7	15.8	19.8	35.6	37.1	31.3	68.4	149
Wealth quintiles	Poorest	14.5	1.9	16.5	44.9	12.3	57.1	59.4	14.2	73.6	271
	Second	19.8	3.6	23.4	37.9	14.2	52.0	57.7	17.8	75.5	364
	Middle	19.7	6.0	25.7	26.3	18.5	44.7	46.0	24.5	70.4	365
	Fourth	23.9	11.1	35.0	24.2	11.1	35.3	46.8	22.2	69.0	373
	Richest	25.7	7.1	32.8	27.9	14.1	42.0	53.6	21.1	74.8	325
All		21.0	6.2	27.2	31.6	14.1	45.7	52.3	20.3	72.5	1698

Note: The sample of AJKDHS is representative at Azad Jammu and Kashmir level. The readers are cautioned about the interpretation of the results at district level.

8.3 Ideal Number of Children

As mentioned earlier fertility preferences are influenced by the number of children a woman already has. In this survey, another measure of fertility preference that is less influenced by the existing number of children is estimated based on ideal number of children. The question about ideal family size required a woman to respond to a question on the number of children she would like to have in her whole life regardless of the number of children (if any) that she already had.

The data in table 8.5 may be divided into three categories. The first category is of women who have attained their ideal family size, i.e., women whose ideal number of children is exactly the same as their

number of living children. The second category of women is those whose surviving children have exceeded their ideal family size, and the third category consists of women who have not yet achieved their ideal family size.

Table 8.5 shows the distribution of respondents by ideal number of children according to actual number of living children. It shows that more than half of ever-married women (55.5 percent) with four living children consider the ideal family size to be four children. But many women in Azad Jammu and Kashmir have had more children than they prefer. Over all, a preference of a 2-child family size is stated by just seventeen percent women and another thirteen percent consider 3-children as their ideal family size. The mean ideal number of children is 3.4 in Azad Jammu and Kashmir for both ever and currently married women. The data indicates a strong association between the ideal number of children and the actual number of living children. The mean ideal number of children increases from 3 children for women who have one child to four children for those who have seven or more children. This pattern clearly indicates the ideal family size is quite small as compared to actual number of children a woman have in AJK.

This situation requires attention of family planning programme personnel in Azad Jammu and Kashmir. The revamping of the programme activities will reduce fertility rate that in turn may able to achieve the ideal family size as desired by the women in AJK.

Table 8.5: Ideal Number of Children
Percent distribution of ever-married women age 15-49 years by ideal number of children, AJKDHS 2010

Ideal Number of Children		Number of Living Children								Total
		0	1	2	3	4	5	6	7+	
0		2.2	2.0	3.3	3.1	2.0	3.9	7.7	8.1	3.6
1		2.3	1.5	.0	.6	.2	1.8	3.3	--	1.2
2		29.5	31.4	28.3	7.9	6.7	4.4	8.4	3.7	16.5
3		16.6	22.4	28.1	27.3	6.1	9.6	15.4	5.1	17.5
4		32.5	28.4	28.1	36.6	55.5	34.9	29.8	30.6	34.7
5		5.1	6.6	3.2	8.1	9.2	16.4	6.0	10.1	7.8
6 +		1.7	.6	.7	2.8	3.6	1.8	14.2	10.1	3.7
Others		10.1	7.0	8.2	13.6	16.7	27.3	15.2	32.4	15.1
Total	Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	Number	249	251	266	261	231	201	158	152	1770
Ever-married women	Mean	3.1	3.0	3.0	3.6	3.9	3.7	3.6	4.0	3.4
	Number	224	233	245	225	192	146	134	103	1503
Currently married women	Mean	3.1	3.1	3.0	3.6	3.9	3.7	3.6	4.0	3.4
	Number	214	225	237	218	188	142	129	98	1453

Table 8.6 present the mean ideal number of children for ever-married women by selected background characteristics. The mean ideal number of children generally increases with age, from 2.7 children for younger age women (15-19 years) to 3.7 among the older age women (45-49 years). Surprisingly, the data do not show large differential for urban-rural residence, mean ideal number of children is estimated as 3.4 for rural women compared with 3.3 children for urban women. Similarly, very small variation is found in ideal number of children by education of women. The ideal family size is 3.5 children for women with no education and further increases to 3.6 children for women with up to primary level and then decline to 3.2 children for women who have acquired higher secondary or more education. In other words attainment of higher education did not bring substantial change as for as ideal family size is concern. A fluctuating trend is observed between ideal family size and wealth quintile, it ranges between 3.3 children for the women in the richest quintile to 3.5 for the women in the poorest and fourth quintiles. The picture is more visible in Fig. 8.3 below:

Figure 8.3: Mean Ideal Number of Children, by Background Characteristics

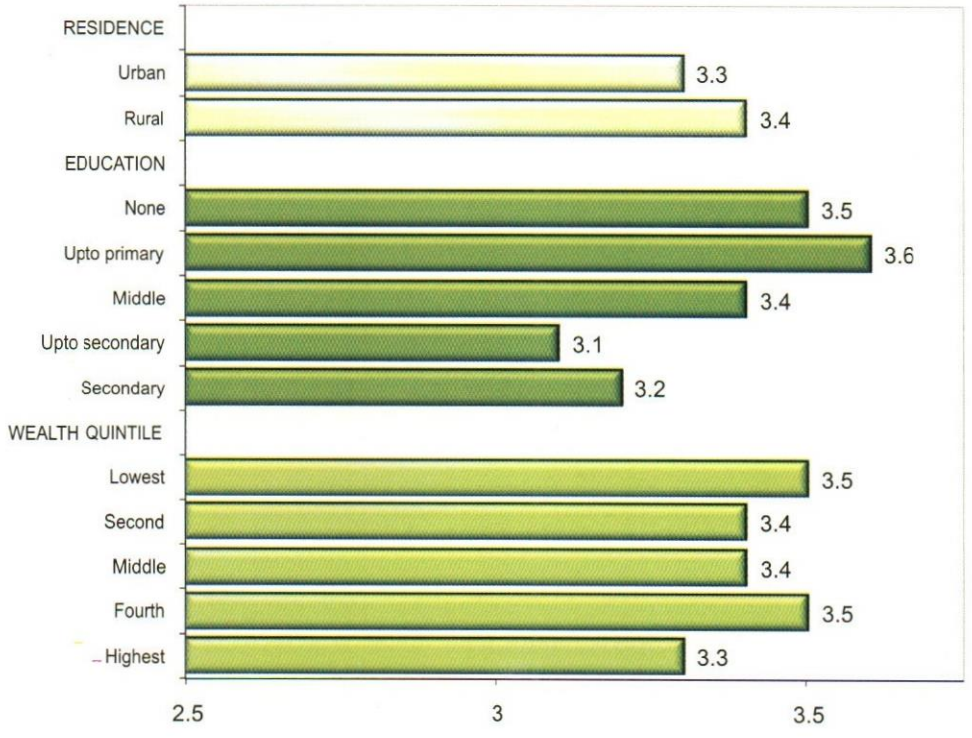


Table 8.6: Mean Ideal Number of Children

Mean ideal number of children for ever married women age 15-49 years by background characteristics, AJKDHS, 2010

Background characteristics		Mean number of children	Number of women*
Age of respondent	15-19	2.7	55
	20-24	3.2	216
	25-29	3.3	346
	30-34	3.4	262
	35-39	3.6	240
	40-44	3.7	236
	45-49	3.7	147
Place of Residence	Urban	3.3	174
	Rural	3.4	1329
Level of education	None	3.5	598
	Up to Primary	3.6	260
	Middle	3.4	268
	Up to Secondary	3.1	234
	Secondary +	3.2	143
Wealth Quintile	Poorest	3.5	253
	Second	3.4	320
	Middle	3.4	328
	Fourth	3.5	323
	Richest	3.3	279
Total		3.4	1503

** Excludes those who were not given the Numeric answers*

8.4 Couple's Agreement on Family Size

The decisions about childbearing are usually made by couples and not by the women herself. In a patriarchal society like the one of Azad Jammu and Kashmir, couples agreement on family size has very important implications.

It is encouraging to note that more than two-third of husband and wife (66.3 percent) want the same number of children in AJK (table 8.7). This mutual agreement is found very high (75 percent) in case of desired family size of 4 children. However, more than nineteen percent of women reported that their husbands want more children than they do, while a negligible proportion of women said that their husbands want fewer children than they do. About thirteen percent of women reported that they do not know about their husband's ideal number of children.

Table 8.7: Couple's Agreement on Family Size

Percent distribution of currently married, non sterilized women by couple agreement on same number of children and husband desire of children, AJKDHS, 2010

Wife Desired Family Size	Husband's desire for children				Total	
	Both want same	Husband's wants more	Husband's wants' fewer	Don't Know	Percent	Number
Up to 2	58.7	21.0	1.3	19.0	100.0	346
3	61.5	26.0	1.3	11.2	100.0	286
4	75.1	15.8	1.3	7.9	100.0	566
5	72.1	15.9	.3	11.7	100.0	125
6 +	57.9	34.3	.2	7.5	100.0	59
Others	60.7	14.2	4.9	20.3	100.0	226
Total	66.3	19.2	1.7	12.9	100.0	1608

8.5 Wanted and Unwanted Fertility

Unwanted fertility can be derived from Azad Jammu and Kashmir Demographic and Health Survey, 2010 data where women were asked question about the prior planning of births. In other words, whether a birth was planned (wanted then), mistimed (wanted later), or not wanted at all.

The data on percentage distribution of women by births in the five years preceding the survey by planning status of the birth is presented in table 8.8. On the whole about thirty one percent of the births in the five-year period preceding the survey were not wanted at the time of conception which include twenty percent wanted later and, eleven percent not wanted at all.

The planning status of mistimed births (wanted later) does not portray a consistent increasing pattern with background characteristics of mother. But in general, younger women (20-24 years) as well as women with middle level of education reported a higher proportion of children that are mistimed.

The proportion of births that are mistimed (wanted later) at the time of conception increases sharply with birth order ranging from eleven percent at first birth to twenty four percent at 4-5 births and then decline to seventeen percent for six and more birth order.

However, the planning status of births that are not wanted at all shows an increasing pattern by age of mother and birth order and inverse relationship is observed by education and wealth quintile of women in Azad Jammu and Kashmir.

Table 8.8: Fertility Planning Status

Percent distribution of births to women age 15-49 years the five years preceding the survey (Including current pregnancies) by status of birth according to birth order and background characteristics, AJKDHS 2010

Background characteristics		Planning status of last Pregnancy			Total	
		Wanted then	Wanted later	Wanted no more	Percent	Number
Age of respondent	15-19	88.8	11.2	--	100.0	20
	20-24	75.5	23.9	.6	100.0	168
	25-29	72.8	23.5	3.7	100.0	293
	30-34	66.1	21.3	12.7	100.0	192
	35-39	66.1	12.2	21.7	100.0	144
	40-44	57.8	14.1	28.1	100.0	85
	45-49	53.1	14.7	32.3	100.0	24
Birth Order	1	88.6	11.4	--	100.0	190
	2 – 3	75.4	23.2	1.3	100.0	350
	4 – 5	62.3	24.4	13.2	100.0	218
	6 +	43.5	17.3	39.2	100.0	167
Place of Residence	Urban	72.3	20.3	7.4	100.0	92
	Rural	69.0	20.0	11.1	100.0	833
Level of education	None	61.1	20.1	18.8	100.0	316
	Up to Primary	68.6	18.8	12.6	100.0	166
	Middle	73.5	23.6	2.9	100.0	183
	Up to Secondary	74.9	18.7	6.4	100.0	169
	Secondary +	80.2	17.3	2.5	100.0	91
Wealth quintiles	Poorest	62.9	21.4	15.6	100.0	165
	Second	67.5	15.9	16.6	100.0	191
	Middle	66.9	22.7	10.4	100.0	215
	Fourth	69.0	24.2	6.8	100.0	197
	Richest	81.9	14.5	3.6	100.0	158
Total		69.3	20.0	10.7	100.0	925

Reference:

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3. *amily Size PrefPreference*" 2008. NIPS, Islamabad/ Macro International Inc.
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9 REPRODUCTIVE HEALTH

Rabia Zafar and Amanullah Bhatti

According to World Health Organization (WHO) the reproductive health addresses the reproductive process, function and system at all stages of life. Reproductive health therefore implies that people are able to have a responsible, satisfactory and safe sex life and they have the capability to reproduce and the right to decide it, when, how often to do so. Implicit in this are the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice and right of access to appropriate health care service that will enable women to go safely through pregnancy and child birth and provide couple with the best chance of having a healthy baby.

The prenatal and postnatal care a mother receives during pregnancy, at the time of delivery and soon after delivery is important for the survival and well-being of both mother and her child. This chapter presents findings in these areas of importance to reproductive health and also addresses problems in access to health care. These findings are important to formulate policies and programmes and also to design appropriate strategies and interventions to improve maternal and child health care services.

9.1 Prenatal Care

Information on prenatal care is of great value in identifying subgroups of women who do not utilize such services and to take measures to bring improvement in these services. The prenatal care can keep woman and her baby healthy. Children of mothers who do not get prenatal care are three times more likely to have low birth weight and five times more likely to die than those born to mothers who got care. The data on prenatal care collected through AJK Demographic and Health Survey (AJKDHS, 2010) provide details on the type of service provider, the number of prenatal visits made, the stage of pregnancy at the time of the first and last visits, the services and information provided during prenatal care, including status of tetanus toxoid vaccination.

The main purpose of prenatal care during pregnancy is to identify and treat problems such as pre-eclampsia, anaemia and infection. Prenatal care also provides opportunities for women to learn the danger signs of pregnancy and delivery, to be immunized against tetanus, to learn about infant care, and be treated for existing conditions, such as anaemia and other complications. Advice is also given on a range of issues, including place of delivery and referral of mothers. During the enumeration, In the AJKDHS, 2010, interviewers asked each woman about the source of prenatal care she may have received for her

most recent birth and name of person who provided that care. If a woman received prenatal care from more than one provider, the provider with the highest level of qualifications was recorded. Table 9.1 shows the percentage distribution of women who had a live birth in the five years preceding the survey, categorized by the type of prenatal care provider and by background characteristics.

The results in table 9.1 indicate that eighty two percent of women in AJK receive prenatal care from a skilled health provider, either from doctors (78 percent), or nurses and midwives (4 percent). A very small fraction (less than one percent) receive prenatal care from traditional birth attendants, less than two percent receive care from Lady Health Workers and dispenser /compounders and sixteen percent do not receive any prenatal care. The prenatal care received by AJK women from skilled health provider is significantly high as compared to the women of Gilgit Baltistan and women in the country as a whole (61 percent) according GBDHS, 2008 and PDHS, 2006 -07.

A review of data by back ground characteristics for women age 15-49 years received prenatal care indicates an inverse relationship between age of mother and birth order with prenatal care services received by skilled health providers, the mother in younger ages (less than 25 years) are more likely to receive services by skilled health providers as compared to mothers with ages thirty five years or more. Similarly the mothers for their first births (94 percent) also more likely to receive prenatal care by skilled health providers than mother with second or higher birth order. It declines to sixty three percent for mothers with birth order six and higher.

Women's level of education is associated with prenatal care coverage. Women with secondary and higher education are much more likely to receive prenatal care from a skilled health provider than those with no education (ninety eight percent versus sixty six percent). The proportion of women who get no prenatal care declines as education increases. More than one forth (29 percent) of women with no education get no prenatal care at all. (as can be seen in Fig.9.1below). Similarly, women in the higher wealth quintiles are, more likely to get prenatal care from a skilled health provider. Two-fifth women in the poorest wealth quintile did not get any prenatal care.

Figure 9.1: Percentage of Women Age 15-49 Years with Live Births who Visited Health Facility by Level of Education

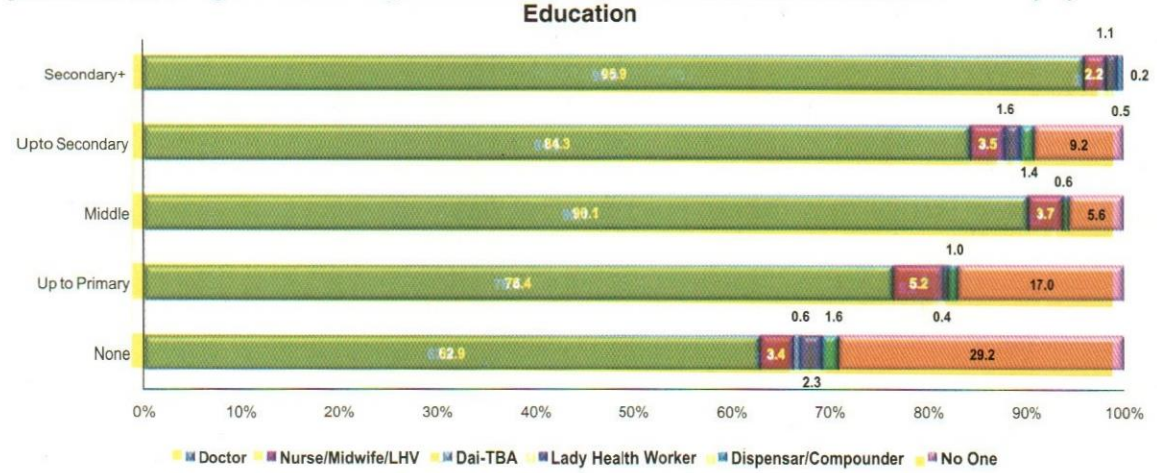


Table 9.1: Prenatal Care

Percent distribution of women age 15-49 years who had a ANC visits for last live birth according to background characteristics, AJK DHS – 2010

Background characteristics		Person who assisted in antenatal check-ups						Total	Percentage receiving antenatal from skilled providers	Total
		Doctor	Nurse/ Midwife/ LHV	Dai-TBA	Lady Health Worker	Dispenser/ Compounder	No one			
Age of mother	< 25	82.2	6.4	--	2.1	.7	8.6	100.0	88.7	188
	25-34	82.5	2.7	.3	.9	1.1	12.6	100.0	85.1	486
	35 +	65.6	3.6	.3	1.3	1.7	27.6	100.0	69.2	254
Birth Order	1	88.2	5.3	--	.5	1.8	4.2	100.0	93.5	190
	2 - 3	83.9	2.9	.2	1.1	.1	11.8	100.0	86.8	350
	4 - 5	73.0	3.6	.6	1.7	2.8	18.3	100.0	76.6	220
	6 +	59.5	3.7	--	2.0	.4	34.4	100.0	63.2	168
Level of education	None	62.9	3.4	.6	2.3	1.6	29.2	100.0	66.3	319
	Up to Primary	76.4	5.2	--	.4	1.0	17.0	100.0	81.6	166
	Middle	90.1	3.7	--	--	.6	5.6	100.0	93.8	183
	Up to Secondary	84.3	3.5	--	1.6	1.4	9.2	100.0	87.9	169
	Secondary +	95.9	2.2	--	1.1	.5	.2	100.0	98.1	91
Wealth quintiles	Poorest	51.3	4.6	.4	1.0	1.8	40.8	100.0	55.9	165
	Second	70.1	5.5	--	4.1	1.1	19.2	100.0	75.6	191
	Middle	83.0	5.8	.6	--	.5	10.1	100.0	88.8	216
	Fourth	88.6	1.7	--	--	1.8	7.9	100.0	90.3	199
	Richest	93.9	.2	--	1.4	.6	3.9	100.0	94.1	158
Total		77.8	3.7	.2	1.3	1.2	15.9	100.0	81.5	928

9.1.1 Number and Timing of Prenatal Care Visits

Prenatal care is more beneficial in preventing adverse pregnancy outcomes when it is sought early in the pregnancy and is continued till delivery. Early detection of problems in pregnancy leads to more timely referrals in case of women in high-risk categories or with complications; this is particularly true in AJK where physical barriers pose a challenge to health care delivery. Health professionals recommend that the first prenatal visit occur within the first three months of pregnancy, that subsequent visits continue on a monthly basis through the 28th week of pregnancy, and that visits thereafter take place every two weeks

up to the 36th week (or until birth). Under normal circumstances, WHO recommends that a woman without complications should have at least four prenatal care visits, the first of which should take place during the first trimester. Table 9.2 presents information on the number of visits and the timing of the first visit.

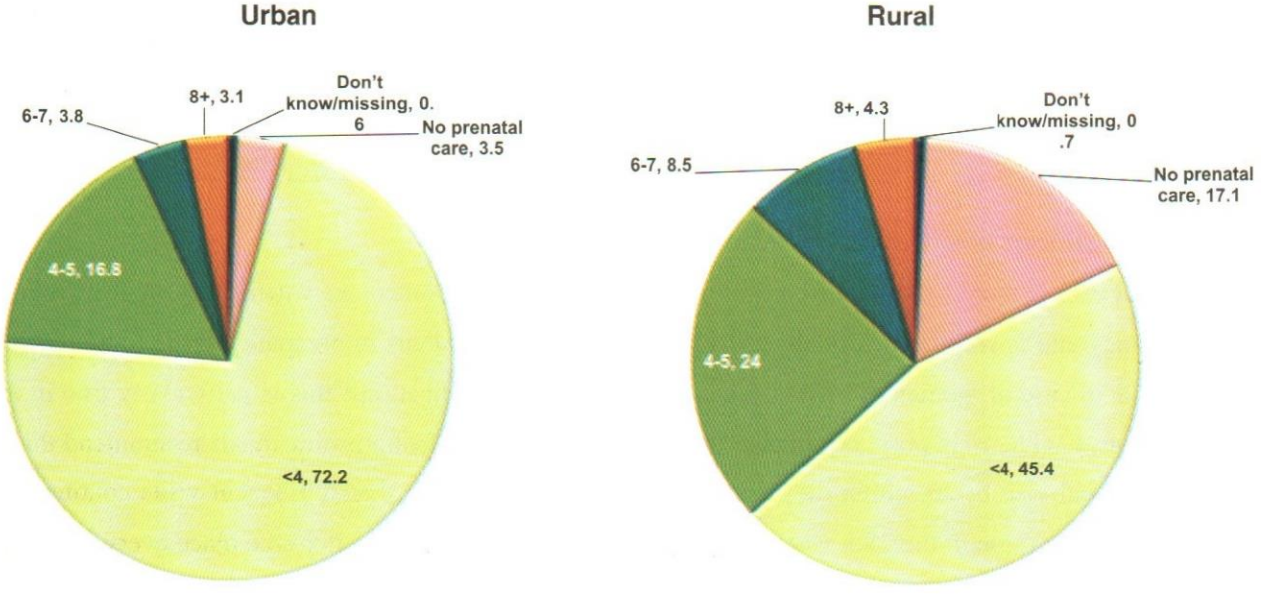
Table 9.2: Number of Prenatal Care Visits and Timing of First Visit

Percent distribution of women age 15-49 years who had a live birth in the five years preceding the survey by number of pre-natal care visits for the most recent live birth and by the timing of the first visit among women with pre-natal care, median month pregnant at first visit according to residence: AJKDHS – 2010

Number of timing of prenatal care visits		Urban	Rural	Total
Number of prenatal care visits	None	3.9	17.2	15.9
	1	8.0	12.3	11.8
	2-3	25.7	34.5	33.6
	4+	62.4	36.1	38.7
Number of months pregnant at time of first prenatal care visit	No prenatal care	3.5	17.1	15.7
	< 4	72.2	45.4	48.1
	4-5	16.8	24.0	23.3
	6-7	3.8	8.5	8.1
	8+	3.1	4.3	4.2
	Don't know/missing	.6	.7	.6
Months pregnant at first antenatal visit		3.0	3.0	3.0
Number of women with prenatal care		89	692	781

According to AJKDHS, 2010, slightly less than two fifth (39 percent) of pregnant women make four or more prenatal visits. Sixty-two percent of urban women make four or more prenatal care visits, compared with more than one-third of rural women (36 percent). Fig. 9.2 below presents percentage of women by number of prenatal visits and area.

Figure 9.2: Percentage of Women by Number Prenatal Visits by area



Besides, most of the women received prenatal care early in the pregnancy. Nearly half (48 percent) of the women obtain prenatal care in the first trimester of pregnancy, and about three-fourth (71percent) receive care before the sixth month of pregnancy. Visits during the first trimester were much more common in urban areas (72 percent) than in rural areas (45percent) Overall, the average number of months of pregnancy at first visit is three.

9.1.2 Components of Prenatal Care

Measuring the content of prenatal care is essential for assessing quality of prenatal care services. Pregnancy complications are a primary source of maternal and child morbidity and mortality. Therefore, pregnant women should routinely receive information on the signs of complications and need to be tested for these at all prenatal care visits. In order to assess the quality of prenatal services, respondents were asked whether they had been advised of complications or received certain screening tests during at least one of their prenatal care visits. Table 9.3 presents information on the percentage of women who took iron tablets or syrup, took calcium, who are informed about the signs of pregnancy complications, and who received selected services during prenatal care visits for their most recent birth in the last five years. Fig. 9.3 below shows the distribution of women who took medicine during prenatal care

Figure 9.3: Percentage of Women with Live Births During the Last 5-Years Who Took Medicines as Prenatal Care

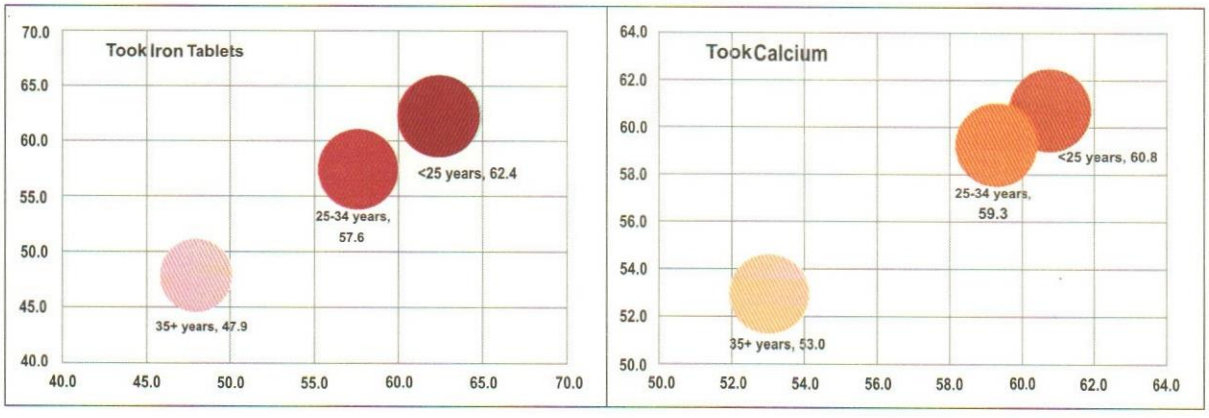


Table 9.3 shows that more than half (fifty six percent) of women with a live birth in last five years took iron tablets or syrup and calcium tablets (58 percent) during the pregnancy of their most recent birth. Women in younger age group with low parity, residing in urban areas, those with a higher level of education are more likely to take iron supplements than women in older age group with high parity, living in rural areas and less educated. Generally, the women in higher wealth quintiles, are more likely to take iron supplements during pregnancy. These patterns are similar for women who took calcium tablets.

Table 9.3: Components of Prenatal Care

Among women age 15-49 years with a live birth in the five years preceding the survey, the percentage who took iron tablets or syrup and calcium tablets during the pregnancy of the most recent child, and among women receiving prenatal care (ANC) for the most recent live birth in the five years preceding the survey, the percentage receiving specific prenatal services, according to background characteristics, AJKDHS – 2010

Background characteristics		Women with a live birth in the last 5-yrs, the percentage who took medicines		Number of women with birth in last 5-yrs	Women who received prenatal care for birth in the last 5 yrs					Number of women with prenatal care
		Percentage who took Iron tablets	Percentage who took Calcium		Weight	Blood pressure	Urine	Blood	U/S exam	
Age of mother	< 25	62.4	60.8	188	34.9	86.4	64.1	64.9	34.9	171
	25-34	57.6	59.3	486	47.7	87.8	69.8	59.2	47.7	425
	35 +	47.9	53.0	254	52.0	84.1	61.1	56.2	52.0	184
Birth Order	1	72.7	67.7	190	48.8	92.6	73.0	71.4	48.8	182
	2 - 3	54.2	63.1	350	45.5	86.8	67.2	58.1	45.5	309
	4 - 5	56.9	52.1	220	43.4	86.3	65.1	57.4	43.4	180
	6 +	39.1	43.3	168	46.5	76.7	56.2	49.0	46.5	110
Place of Residence	Urban	72.3	79.0	92	72.4	91.6	82.7	75.4	72.4	89
	Rural	54.1	55.5	836	42.5	86.0	64.4	57.7	42.5	692
Level of education	None	39.9	43.7	319	33.2	78.3	63.3	51.3	33.2	226
	Up to Primary	54.6	56.1	166	50.1	83.3	66.4	65.0	50.1	138
	Middle	58.9	68.1	183	46.2	94.2	68.2	60.5	46.2	172
	Up to Secondary	70.1	65.0	169	51.5	89.9	65.0	59.6	51.5	154
	Secondary +	82.2	76.8	91	61.1	92.2	74.0	71.7	61.1	91
Wealth quintiles	Poorest	35.5	36.4	165	41.3	77.0	66.9	51.7	41.3	97
	Second	55.1	57.5	191	44.9	85.6	68.5	62.7	44.9	154
	Middle	59.6	58.8	216	46.6	83.7	62.1	57.3	46.6	194
	Fourth	61.4	62.7	199	47.5	91.6	61.5	56.7	47.5	183
	Richest	66.2	73.3	158	47.1	91.6	76.0	68.6	47.1	152
Total		55.9	57.8	928	45.9	86.6	66.5	59.7	45.9	781

Among the women who received prenatal care, forty six percent reported they were weighed; eighty seven percent had their blood pressure measured. Two-thirds of women gave urine sample and sixty percent gave blood sample. Forty-six percent of pregnant women said their ultra sound examination was done.

Socioeconomic characteristics that are related to obtaining quality prenatal care include residence, level of education, and wealth. Women in urban areas are more likely to receive all specified components of prenatal care than women of rural areas. Similarly, women with more education and those in higher wealth quintiles are more likely to receive most of the components of prenatal care than women with none or less education and in poorer quintiles.

9.1.3 Reasons for not Receiving Prenatal Check-ups

Table 9.4 presents percentage of women who had a live birth in five years preceding to the survey and did not receive any prenatal check-up for their most recent birth, and gave specific reasons for not receiving it. Almost half (47 percent) of the mothers did not consider having a check-up to be necessary. The next most commonly cited reasons were the health facility too far (33 percent), prenatal care costs too much (29 percent), non availability of transport (70 percent) and that they were not allowed by their families to go for any check-up (14 percent). Eight percent of women who did not get prenatal care said that they have no time to go for checkups and fewer cited reasons such as, did not want to see a male doctor, no one to go with her to the health facility, and service was not good

Among women who did not receive prenatal care during their last pregnancy, younger mothers and those who have one child were more likely than other women to say that they did not get prenatal care because the health facility was too far. This proportion is especially high in rural areas (34 percent) compared with urban areas. Women with up to primary education (48 percent) and those in the lowest wealth quintile (51 percent) are most likely to report that they do not get prenatal care because the health facility was too far. Similar trends are also observed for those who stated that transport is not available.

The results in table 9.4 suggest the dire need to inform mothers about the importance of prenatal checkups in order to control the other barriers that prevent mothers from seeking prenatal care. The most common reasons reported deal with lack of concern, cost of services and accessibility. Utilization of prenatal care services could be enhanced by lowering direct and indirect costs involved in health care and making services more accessible.

Table 9.4: Reasons of not Getting Prenatal Care

Among women age 15-49 years with a live birth in the five years preceding the survey who did not see anyone for prenatal care for their most recent birth, percentage who cite specific reasons for not getting prenatal care, according to background characteristics, AJKDHS – 2010

Background characteristics		Not necessary	Cost too much	Too far	No transport	No one to go with	Service not good	No time to go	Don't know where to go	Did not want to see a male doctor	Long waiting time	Not allowed to go	Others	Number of women
Age of mother	< 25	16.5	13.2	38.7	30.9	.0	.0	4.3	.0	.0	.0	27.0	6.2	16
	25-34	47.8	34.1	25.6	7.9	1.1	.0	12.3	.0	5.3	.0	18.6	8.1	61
	35 +	52.9	28.5	38.5	20.8	1.1	1.7	5.4	.0	5.2	.0	7.1	7.4	70
Birth Order	1	24.3	.0	44.4	42.1	.0	.0	8.7	.0	.0	.0	18.6	12.4	8
	2 – 3	47.9	20.7	29.8	6.0	1.6	.0	1.8	.0	5.9	.0	27.7	5.7	41
	4 – 5	48.6	31.8	30.9	16.4	.0	.0	13.5	.0	4.5	.0	10.1	9.6	40
	6 +	47.9	37.3	35.7	20.6	1.4	2.1	8.9	.0	4.6	.0	6.5	6.8	58
Place of Residence	Urban	29.3	32.9	4.5	.0	4.0	.0	4.0	.0	2.2	.0	45.0	14.0	3
	Rural	47.2	29.1	33.9	16.9	.9	.8	8.3	.0	4.7	.0	13.3	7.4	144
Level of education	None	44.2	29.5	29.4	18.1	1.6	.0	6.9	.0	5.8	.0	15.0	10.5	93
	Up to Primary	37.7	37.6	47.8	20.7	.0	4.3	19.8	.0	5.0	.0	15.0	.7	28
	Middle	72.3	37.0	37.0	6.7	.0	.0	.0	.0	.0	.0	.0	10.5	10
	Up to Secondary	63.3	7.0	27.5	6.5	.0	.0	.0	.0	.5	.0	16.5	.5	15
	Secondary +	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	0
Wealth quintiles	Poorest	42.1	42.5	51.2	26.4	2.2	.0	6.3	.0	4.5	.0	13.8	8.4	67
	Second	55.7	32.6	33.0	10.5	.0	.0	10.2	.0	5.4	.0	7.4	6.6	37
	Middle	43.2	10.3	4.3	12.9	.0	5.6	18.8	.0	8.5	.0	25.2	6.0	22
	Fourth	53.6	1.2	9.5	.0	.0	.0	.0	.0	.0	.0	9.5	1.2	16
	Richest	41.3	.0	.0	.0	.0	.0	.0	.0	.0	.0	29.3	26.0	6
Total		46.8	29.1	33.2	16.6	1.0	.8	8.2	.0	4.7	.0	14.1	7.6	148

9.1.4 Tetanus Toxoid Vaccination

Tetanus toxoid (TT) immunization is given to pregnant women to protect infants from neonatal tetanus. In addition these injections protect women from developing tetanus among them or suffering from sepsis. If a woman has received no previous TT injections, she needs two doses of TT during pregnancy for full protection. However, if a woman was immunized before she became pregnant she may require one injection or not require any TT injections during pregnancy, depending on the number of injections she has already received and the timing of the last injection. For a woman to have lifetime protection, a total of five doses are required.

In Pakistan over the past sixty years the percentage of mothers who received at least two tetanus toxoid injections during pregnancy has almost doubled from twenty nine percent in 2001 (NHS 2001) to fifty three percent in 2006-07 (PDHS, 2008).

The AJKDHS, 2010 collected data on whether or not women received at least two TT injections during pregnancy. These results are presented in table 9.5 above for women's most recent live birth in the five years preceding the survey.

Table 9.5 shows that about two-third (64 percent) mothers receive two or more doses of tetanus toxoid during pregnancy. Mothers in younger age group with lower parity and those residing in urban areas are more likely to receive two TT injections than those in older age groups with higher parity and those residing in rural areas. Similarly, wealthy and highly educated women are more likely to receive two injections during pregnancy than poor and less educated women.

Table 9.5: Tetanus Toxoid Injections

Among mothers age 15-49 years with a live birth in the five years preceding the survey the percentage receiving two or more tetanus toxoid injections (TT) during the pregnancy for the last live birth according to background characteristics, AJK DHS – 2010

Background characteristics		Percentage receiving two+ injections during last pregnancy	Number of women with birth in last 5-yrs
Age of mother	< 25	75.1	188
	25-34	68.2	486
	35 +	45.8	254
Birth Order	1	80.2	190
	2 – 3	69.8	350
	4 – 5	57.5	220
	6 +	39.1	168
Place of Residence	Urban	69.5	92
	Rural	62.8	836
Level of education	None	48.1	319
	Up to Primary	64.6	166
	Middle	76.4	183
	Up to Secondary	70.1	169
	Secondary +	77.0	91
Wealth quintiles	Poorest	39.5	165
	Second	54.5	191
	Middle	67.4	216
	Fourth	72.1	199
	Richest	83.1	158
Total		63.5	928

9.1.5 Complications During Pregnancy

In the AJKDHS, the mother was asked if she experienced any problem like severe headaches, blurred vision, swelling of hands, swelling of face, vaginal bleeding or spotting, fits or convulsions, and epigastric pain during the pregnancy.

As shown in table 9.6 most commonly reported pregnancy-related health problems are; severe headaches (56 percent), followed by epigastric pain (48 percent), blurred vision (30 percent), swelling of hands, and swelling of the face (25 percent). Vaginal bleeding, and fits or convulsions are not common and reported by only six percent of women. Fig. 9.4 below presents the picture clearly.

Large variations are found by background characteristics in the prevalence of problems during pregnancy but no consistent pattern is observed.

Figure 9.4: Percentage of Women Who Had Specific Problems During Pregnancy With Live Birth

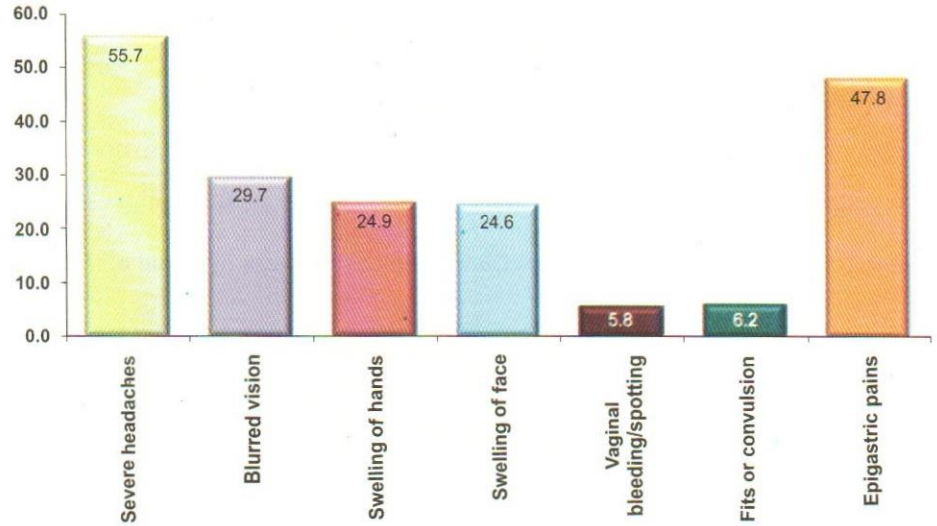


Table 9.6: Pregnancy Complications

Among women age 15-49 years who had a live birth in the five years preceding the survey, the percentage who had specific problems during the pregnancy live birth, according to background characteristics AJK DHS – 2010

Background characteristics		Severe headaches	Blurred vision	Swelling of hands	Swelling of face	Vaginal bleeding/ spotting	Fits or convulsion	Epigastric pains	Number of women with birth in last 5-yrs
Age of mother	< 25	48.6	16.6	25.4	25.4	.0	.0	40.5	188
	25-34	63.7	30.0	25.6	25.4	4.4	5.2	51.6	486
	35 +	50.3	32.3	24.2	23.7	8.3	8.6	46.2	254
Birth Order	1	16.3	.0	16.3	16.3	.0	.0	.0	190
	2 - 3	60.0	20.5	19.5	29.3	2.3	6.5	60.1	350
	4 - 5	57.1	34.1	20.1	17.4	2.0	11.1	39.1	220
	6 +	57.0	37.2	33.2	27.4	11.8	3.5	51.8	168
Place of Residence	Urban	28.8	19.1	21.8	4.4	4.0	2.2	55.9	92
	Rural	56.3	29.9	25.0	25.1	5.9	6.3	47.7	836
Level of education	None	57.3	26.9	26.8	28.8	3.9	5.2	43.4	319
	Up to Primary	58.0	39.7	22.5	22.4	.0	9.2	52.6	166
	Middle	42.1	31.6	20.6	19.9	.0	6.7	50.5	183
	Up to Secondary	51.6	27.0	20.9	6.9	31.8	7.0	64.7	169
	Secondary +	.0	.0	.0	.0	.0	.0	.0	91
Wealth quintiles	Poorest	59.0	33.7	20.7	20.7	3.8	5.0	41.0	165
	Second	73.5	40.1	42.7	32.8	.0	10.6	49.2	191
	Middle	46.7	22.6	17.5	33.0	.0	8.8	65.1	216
	Fourth	26.8	2.0	14.4	13.2	31.5	.0	68.7	199
	Richest	18.2	18.2	18.2	18.2	18.2	.0	.0	158
Total		55.7	29.7	24.9	24.6	5.8	6.2	47.8	928

9.2 Delivery Care

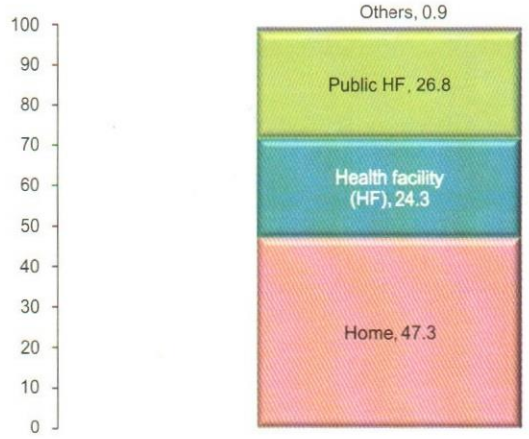
Increasing the proportion of babies that are delivered in health facilities is an important factor in reducing the health risks to both the mother and the baby. Proper medical attention and hygienic conditions during delivery can reduce the risks of complications and infection that can cause morbidity and mortality to

either the mother or the baby. Table 9.7 presents the percentage distribution of live births in the five years preceding the survey, by place of delivery and according to background characteristics.

9.2.1 Place of Delivery

Results in table 9.7 indicate that half (51 percent) of the births in AJK are delivered in health facilities, while forty seven percent of births take place at home. A more visible picture can be seen in Fig.9.5.

Figure 9.5: Percentage of Live Births During the Last 5-Years by Place of Delivery



Births to older women and births of higher order are more likely to occur at home. The proportion of births took place at home decreases as level of education and wealth quintile of the mother increase. For example, sixty seven percent of children whose mothers have no education are born at home, compared with nineteen percent of those whose mothers have secondary or more education.

Table 9.7: Place of Delivery

Percent distribution of live births in the five years preceding the survey by place of delivery and percentage delivered in a health facility according to background characteristics, AJK DHS – 2010

Background characteristics		Place of delivery					Total	Percentage delivered in a health facility	Number of Births
		Public health facility	Private health facility	Home	Others	Missing			
Age of mother	< 25	35.2	27.5	35.7	1.5	--	100.0	62.7	188
	25-34	27.6	22.1	49.6	--	.7	100.0	49.7	486
	35 +	18.9	26.2	51.6	2.0	1.2	100.0	45.1	254
Birth Order	1	49.0	26.4	23.7	.8	.1	100.0	75.4	190
	2 – 3	25.1	28.5	45.1	.8	.4	100.0	53.6	350
	4 – 5	19.8	16.0	62.1	1.2	.8	100.0	35.8	220
	6 +	14.0	24.2	59.4	.6	1.7	100.0	38.3	168
Level of education	None	13.2	17.2	67.4	1.1	1.2	100.0	30.4	319
	Up to Primary	24.2	25.4	50.2	.2	--	100.0	49.6	166
	Middle	28.5	27.7	42.1	1.2	.5	100.0	56.2	183
	Up to Secondary	48.5	22.7	27.7	1.1	.0	100.0	71.2	169
	Secondary +	35.3	43.6	19.1	.1	1.9	100.0	78.9	91
Wealth quintiles	Poorest	13.6	5.3	78.9	1.4	.9	100.0	18.9	165
	Second	34.4	9.9	54.3	1.3	.1	100.0	44.3	191
	Middle	26.4	28.7	43.6	--	1.3	100.0	55.1	216
	Fourth	25.7	34.9	36.9	1.7	.8	100.0	60.6	199
	Richest	33.2	42.4	24.3	--	.1	100.0	75.6	158
Total		26.8	24.3	47.3	.9	.7	100.0	51.1	928

9.2.2 Reasons for not Delivering at a Facility

Women whose most recent birth in the five years preceding the survey did not occur in health facility were asked reason for not delivering in a facility. As shown in table 9.8, the main reasons given for not delivering in a health facility were; it was too far away or that there was no transport to go to the facility (41percent); it cost too much to deliver in a facility (38 percent) and that it was not necessary (33 percent). Also cited frequently are that it was not customary (23 percent), the delivery occurred too fast to get to a facility (19 percent), their family did not allow it (twelve percent) and the facility was not open (11 percent). Very few women said they did not deliver in a facility because there were no female service providers at the facility.

The proportions of mothers who mentioned the most common reasons like health facility was too far or no transport was available and the delivery cost was too much are highest in older age group, with low and high parity, living in rural areas, up to primary level education and belongs to poorest wealth quintile.

Table 9.8: Reasons of not Delivering in a Facility

Among women who had a live birth in the five years preceding the survey and who did not deliver the most recent birth in a health facility, percentage citing specific reasons for not delivering in a facility according to background characteristics, AJKDHS – 2010

Background characteristics		Cost too much	Facility not open	Too far/no transportation	No female provider at health facility	Did not allow	Not necessary	Not customary	No time/baby came too fast	Others	Number of women
Age of mother	< 25	23.0	.0	32.1	9.2	33.8	22.2	7.9	5.2	7.3	70
	25-34	31.0	9.4	32.8	1.7	11.5	36.8	43.4	15.2	8.4	241
	35 +	48.2	15.1	52.3	2.3	6.6	31.7	6.2	26.2	16.7	137
Birth Order	1	32.7	.0	69.2	19.7	.0	30.8	.0	11.1	15.8	46
	2 – 3	29.0	3.9	34.7	2.6	29.2	35.5	34.9	7.6	6.3	161
	4 – 5	37.0	10.5	43.8	.0	6.7	29.9	23.6	31.2	4.5	139
	6 +	45.9	18.3	40.8	2.8	3.3	33.4	16.3	19.7	21.7	101
Place of Residence	Urban	28.1	.0	2.5	.0	17.6	15.5	54.6	5.4	9.2	25
	Rural	37.9	11.1	42.2	2.9	11.7	33.3	22.3	19.3	12.0	423
Level of education	None	34.8	11.4	38.2	4.0	13.2	29.0	22.1	20.6	12.8	218
	Up to Primary	60.2	13.6	58.3	.0	3.5	43.4	23.5	17.5	6.4	84
	Middle	35.2	8.6	46.9	.0	.0	33.7	33.7	1.0	30.1	79
	Up to Secondary	12.5	.0	24.6	.0	29.9	44.6	21.7	22.0	.9	49
	Secondary +	--	--	--	--	--	--	--	--	--	18
Wealth quintiles	Poorest	47.3	13.5	53.7	1.5	6.8	22.3	17.3	27.6	8.8	132
	Second	38.6	15.1	35.2	7.7	2.5	46.7	33.1	10.8	10.6	106
	Middle	27.4	.0	40.0	.0	39.0	23.4	23.4	8.5	38.7	94
	Fourth	2.6	.0	.0	.0	27.4	67.4	46.0	.0	2.6	77
	Richest	.0	.0	.0	.0	30.3	49.1	.0	20.6	.0	38
Total		37.7	10.8	41.3	2.8	11.8	32.9	23.1	18.9	11.9	447

9.2.3 Use of Home Delivery Kit

At the time of delivery both the mother and baby are exposed to the risk of infection tetanus and sepsis are the leading causes of maternal and neonatal deaths. These infections occur mainly as a result of contamination from an unclean delivery environment and harmful delivery practices, including the use of unclean materials during the delivery. Safe delivery kit and its proper use can be a vital component in improving hygienic and safe delivery at homes, particularly for deliveries conducted by unskilled service providers.

Table 9.9 presents the percentage distribution of women who had a live birth in the five years preceding the survey but whose live birth was not delivered in a health facility using safe delivery kit and percent distribution by what was used to tie the cord and the type of utensil used to cut the cord, according to place of residence.

The data shows that more than three-fourth of the women (76 percent) used un- boiled thread to tie the cord. Urban rural difference is not much, in rural settings; women are more likely to use un -boiled thread (76 percent) than in urban settings (72 percent).

More than half of the women (51 percent) reported that a new razor blade was used to cut the cord, while twenty one percent reported use of scissors and sixteen percent mentioned the use of knife. The use of new razor blades is higher in rural areas (51 percent) than urban areas (45 percent). The women reporting use of scissor two time higher in urban settings (40 percent) than rural settings (20 percent). Use of old razor blades and toka/choppers to cut the umbilical cord is not very common in AJK.

Table 9.9: Use of Home Delivery Kits

Among women who had a live birth in the five years preceding the survey and whose last live birth was not delivered in a health facility, percentage who used a safe delivery kit for the last live birth and percent distribution by what was used to tie the cord and utensil used to cut the cord by urban-rural areas, AJKDHS, 2010

Percentage using a safe delivery kit		Urban	Rural	Total
Used to TIE the umbilical cord	Un boiled thread	71.6	75.7	75.5
	Boiled thread	12.7	17.2	16.9
	Washed clamps	11.1	3.5	3.9
	Unwashed clamps	.3	.7	.7
	Other	4.3	2.9	2.9
Used to cut the umbilical cord	New razor blade	44.9	51.2	50.8
	Old razor blade	.9	9.1	8.7
	Scissors	40.0	20.1	21.2
	Knife	9.2	16.0	15.7
	Toka, chopper	--	.2	.1
	Other	5.1	3.4	3.5
Total	Total	100.0	100.0	100.0
	Number of women	25	417	442

9.3 Postnatal Care

The postnatal period is defined as the first six weeks after birth. This period is critical to the health and survival of a mother and her newborn. The most vulnerable time for both is during the hours and days after birth. Lack of care and opportunities during this time period may result in death or disability in newborns and children. Majority of postnatal maternal deaths occur during the first 24 hours after childbirth and first week after the baby is born.

9.3.1 Timing of First Postnatal Check-Ups

To assess the extent of postnatal care utilization, respondents were asked whether, for their most recent birth in the five years preceding the survey, they had received a health check after the delivery, and if so, the timing of the first check-up is presented according to background characteristics in table 9.10.

Table 9.10 shows that half of the women did not receive postnatal care. Slightly more than one-third (36 percent) of women receive postnatal care within four hours of delivery, while three percent receive care between four and twenty three hours after delivery. Four percent receive a check-up within two days of delivery, and care between three and forty one days after delivery.

Women in older age group and births of higher order are more likely not to receive postnatal care than those of younger age group and lower order. Similarly, mothers in the poorest wealth quintile are four times more likely not to utilise postnatal care services than women in the richest wealth quintile. The proportion of women who do not receive postnatal care decreases with increase in level of education. Women with at least secondary or above level of education and those in the richest wealth quintile are more likely than other women to utilize postnatal services.

Table 9.10: Timing of First Postnatal Checkup

Among women age 15-49 years giving birth in the five years preceding the survey, the percent distribution of the mothers first postnatal check up for the last live birth by time after delivery, according to background characteristics, AJKDHS – 2010

Background characteristics		Timing after delivery of mother's first postnatal check-up						Total	Number of women
		Less than 4-hrs	4-23 hours	2 days	3-41 days	Don't know/ missing	No checkup		
Age of mother	< 25	39.0	3.7	3.6	3.5	3.6	46.6	100.0	188
	25-34	37.0	3.5	4.3	3.4	4.4	47.4	100.0	486
	35 +	32.9	1.5	4.6	1.9	3.2	55.8	100.0	254
Birth Order	1	49.4	5.0	3.4	4.2	3.7	34.3	100.0	190
	2 - 3	38.0	3.3	4.9	3.6	5.5	44.6	100.0	350
	4 - 5	28.4	1.6	5.2	2.2	1.9	60.7	100.0	220
	6 +	28.3	1.9	2.7	1.4	3.4	62.4	100.0	168
Level of education	None	23.2	3.3	2.0	1.2	3.1	67.1	100.0	319
	Up to Primary	32.1	3.8	2.2	7.1	2.0	52.9	100.0	166
	Middle	39.3	1.3	8.6	1.0	3.0	46.8	100.0	183
	Up to Secondary	47.6	2.9	5.9	3.0	8.7	31.8	100.0	169
	Secondary +	62.5	4.0	4.1	5.4	3.4	20.6	100.0	91
Wealth quintiles	Poorest	9.2	1.1	1.8	1.1	1.9	84.9	100.0	165
	Second	26.2	5.0	1.8	4.0	3.9	59.2	100.0	191
	Middle	35.4	2.6	4.2	1.8	3.7	52.4	100.0	216
	Fourth	47.6	1.4	10.0	5.5	5.2	30.3	100.0	199
	Richest	63.8	5.2	2.7	2.2	4.8	21.3	100.0	158
Total		36.3	3.0	4.3	3.0	3.9	49.6	100.0	928

9.3.2 Type of Provider of First Postnatal Check-up

Results in table 9.11 indicate that forty six percent of women in AJK received postnatal care from a medical professional, i.e. a doctor, nurse or midwife. A small proportion (2 percent) received postnatal care from traditional birth attendants, and a negligible fraction received postnatal care from LHW/dispenser/compounder.

Review of respondents by background characteristics and type of provider of postnatal care in table 9.11 shows that the mother's age and the child's birth order are strongly related to type of health provider. Younger mothers with lower parity women are more likely than their older counterparts and those with higher parity to receive postnatal care from a medical professional. Similarly, women with higher education and those in wealthier quintiles have greater use of a medical professional than those with lower education and in poorer quintiles.

Table 9.11: Type of Provider of First Postnatal Check-Up

Among women age 15-49 years giving birth in the five years preceding the survey, the percent distribution by type of provider of the last live birth, according to background characteristics, AJK DHS, 2010

Background characteristics		Type of health provider of mother's first postnatal check-up					Total	Number of women
		Doctor/ Nurse/ LHV	Dai/TBA	LHW/ dispenser/ compounder/ other	Don't know/ missing	No check-up		
Age of mother	< 25	49.2	2.8	.5	.9	46.6	100.0	188
	25-34	48.0	1.4	1.2	2.1	47.4	100.0	486
	35 +	38.7	1.6	2.6	1.3	55.8	100.0	254
Birth Order	1	63.6	1.0	.8	.3	34.3	100.0	190
	2 - 3	49.1	2.1	1.5	2.6	44.6	100.0	350
	4 - 5	34.7	1.6	2.3	.7	60.7	100.0	220
	6 +	32.5	2.0	.9	2.2	62.4	100.0	168
Level of education	None	27.1	3.2	1.5	1.1	67.1	100.0	319
	Up to Primary	43.3	1.1	.7	2.0	52.9	100.0	166
	Middle	51.4	.7	1.0	.1	46.8	100.0	183
	Up to Secondary	60.2	.7	2.8	4.5	31.8	100.0	169
	Secondary +	76.7	1.6	.6	.6	20.6	100.0	91
Wealth quintiles	Poorest	12.2	.8	.7	1.4	84.9	100.0	165
	Second	34.0	3.2	2.2	1.4	59.2	100.0	191
	Middle	42.7	1.9	1.5	1.4	52.4	100.0	216
	Fourth	63.3	.7	2.1	3.5	30.3	100.0	199
	Richest	76.6	1.8	.2	.1	21.3	100.0	158
Total		45.7	1.7	1.4	1.6	49.6	100.0	928

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10 CHILD HEALTH

Zafar Zahir

The importance of child health cannot be denied as children are more affected by diseases because of their weak and immature immune system. The parents belonging to poor socio-economic society are more likely to have children with low weight and small size at birth, making them even more vulnerable to health hazards. In the back drop of these facts, the study of child health becomes even more important.

10.1 Size of Child at Birth

In AJKDHS, 2010, women who have live birth five years preceding the survey were asked about size of their last child at the time of birth. Data presented in table 10.1, indicate that two third of the babies were of average size at the time of birth, about one percent of the babies were of larger than average size, sixteen percent were of smaller than average size and eleven percent of very small size. The babies born with very small size are at greater risk of morbidity and mortality than new born of other size.

A review of data shows that the mothers in older age group, high birth order, residing in rural areas, without education and in poorest wealth quintile are more likely to have baby of very small size at birth.

Table 10.1: Child's Size at Birth

Percent distributions of all live births in the five years preceding the survey by mother's estimate of baby's size at birth according to background characteristics, AJKDHS-2010

Background characteristics		Size of child at birth					Total	Number of children
		Very large	Larger than average	Average	Smaller than average	Very small		
Age of mother	< 25	1.9	6.0	54.2	28.0	9.9	100.0	188
	25-34	.4	5.5	70.1	14.1	9.9	100.0	486
	35 +	2.0	4.1	70.2	10.6	13.1	100.0	254
Birth Order	1	1.3	1.1	60.9	25.1	11.5	100.0	190
	2 – 3	.7	6.5	69.3	16.0	7.6	100.0	350
	4 – 5	1.9	5.6	72.3	10.3	9.9	100.0	220
	6 +	.7	7.0	61.5	13.0	17.9	100.0	168
Place of Residence	Urban	.8	4.7	74.9	14.9	4.7	100.0	92
	Rural	1.1	5.3	66.0	16.1	11.5	100.0	836
Level of education	None	1.0	4.5	62.4	18.2	13.9	100.0	319
	Up to Primary	1.2	5.1	67.3	13.4	13.0	100.0	166
	Middle	2.6	8.6	70.0	11.9	6.9	100.0	183
	Up to Secondary	.2	4.5	63.6	24.0	7.8	100.0	169
	Secondary +	.1	2.6	81.7	6.3	9.3	100.0	91
Wealth quintiles	Poorest	1.5	3.3	61.3	15.3	18.7	100.0	165
	Second	1.1	3.9	65.3	21.2	8.4	100.0	191
	Middle	.9	3.9	67.4	15.4	12.4	100.0	216
	Fourth	.2	7.1	71.7	12.1	8.9	100.0	199
	Richest	2.1	8.3	67.8	15.9	5.8	100.0	158
Total		1.1	5.2	66.9	16.0	10.8	100.0	928

10.2 Child Immunization

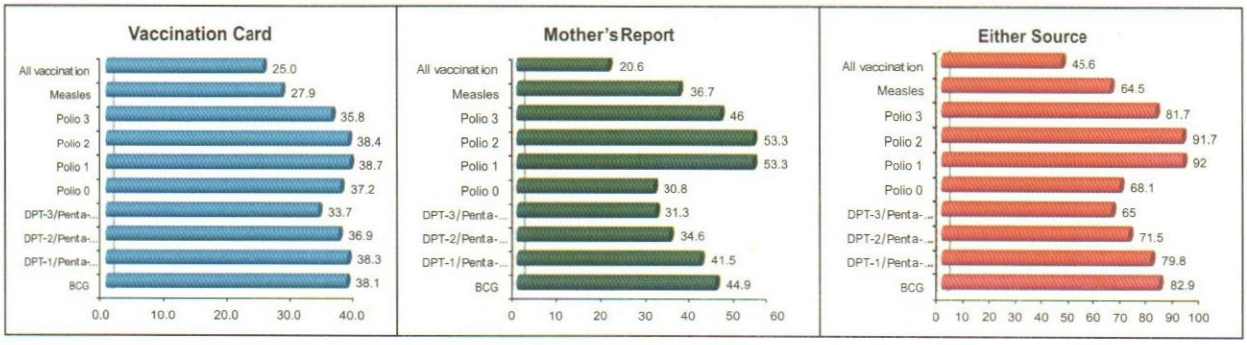
WHO recommended guidelines for child immunization is implemented in Pakistan under expanded programme on immunization (EPI). It is recommended that all children receive a BCG vaccination against tuberculosis, three doses of DPT vaccine for the prevention of diphtheria, pertussis (whooping cough), and tetanus; three doses of polio vaccine; and a vaccination against measles during the first year of child's life.

10.2.1 Vaccination Coverage

In AJKDHS, 2010, information on vaccination coverage is recorded from the immunization cards and in case of unavailability of the card, mothers were asked to recall whether the child had received BCG, Polio, DPT (including the number of doses for Polio and DPT) and measles vaccinations. Table 10.2

shows that in AJK, complete vaccination was given to forty six percent of the children age 12-23 months. The main source of information was the vaccination card (25 percent) and another twenty one percent was given by the mother of the child through memory recall. Fig. 10.1 below presents distribution of children vaccinated according to source of information.

Figure 10.1: Percentage of Children Age 12-23 Months Who Received Specific Vaccination



A breakdown of immunization coverage by various antigens indicates that majority of the children have been given polio 1 and 2 (92 percent) followed by polio 3 (82 percent) and two third were given polio 0, which was given within the first week of child's birth. The coverage for other vaccines was; BCG (83 percent); DPT1 (80 percent); DPT2 (72 percent); DPT3 (65 percent); and Measles (64.5 percent).

Table 10.2: Vaccinations by Source of Information

Percentage of children age 12-23 months who received specific vaccine at any time before the survey by source of information (vaccination card or mother's report, AJKDHS-2010)

Source of Information	BCG	DPT-1/ Penta-1/ Combo-1	DPT-2/ Penta-2/ Combo-2	DPT-3/ Penta-3/ Combo-3	Polio 0	Polio 1	Polio 2	Polio 3	Measles	All vaccination	No vaccination	Number of children
Vaccination card	38.1	38.3	36.9	33.7	37.2	38.7	38.4	35.8	27.9	25.0	--	98
Mother's report	44.9	41.5	34.6	31.3	30.8	53.3	53.3	46.0	36.7	20.6	7.2	151
Either source	82.9	79.8	71.5	65.0	68.1	92.0	91.7	81.7	64.5	45.6	7.2	249

10.2.2 Differentials in Vaccination Coverage

Table 10.3 presents percentage distribution of children age 12-23 months by coverage of vaccination according to the background characteristics of mothers. The data shows that children of mothers in age group 35years and above are more likely than those in other age groups to have received complete doses of basic vaccinations. Likewise, children of mothers with birth order 4-5 children and of mothers residing in urban areas, children of mothers with middle level education and, those in richest quintile are more likely than others to have received complete vaccination. The highest proportion (61 percent) of children who are fully vaccinated is of mothers in the richest wealth quintile.

Table 10.3: Vaccinations by Background Characteristics

Percentage of children age 12-23 months who received specific vaccine at any time before the survey by background characteristics, AJKDHS-2010

Background characteristics		BCG	DPT-1/ Penta-1/ Combo-1	DPT-2/ Penta-2/ Combo-2	DPT-3/ Penta-3/ Combo-3	Polio 0	Polio 1	Polio 2	Polio 3	Measles	All vaccination	No vaccination	Number of children
Age of mother	< 25	90.6	85.3	68.3	58.8	80.5	97.6	97.6	96.8	80.5	47.7	2.4	54
	25-34	82.9	81.0	75.8	69.1	65.7	90.0	89.6	76.2	57.6	42.6	8.5	137
	35 +	75.8	72.0	64.5	61.2	62.1	91.4	91.4	80.7	66.0	50.8	8.6	57
Birth Order	1	85.2	87.3	76.6	67.6	83.0	87.9	87.9	87.4	64.3	47.4	8.0	42
	2 - 3	88.8	85.7	77.5	69.1	74.2	95.9	95.9	78.2	65.5	40.2	3.9	99
	4 - 5	78.5	71.7	66.2	63.1	57.5	91.3	90.2	81.7	66.5	53.2	8.7	59
	6 +	74.3	71.4	61.4	56.8	55.5	88.4	88.4	84.0	60.2	45.7	11.6	48
Residence	Urban	92.1	81.3	74.5	69.2	90.3	95.0	95.0	89.3	84.8	59.2	3.9	18
	Rural	82.2	79.7	71.3	64.7	66.3	91.8	91.5	81.1	63.0	44.5	7.5	231
Level of education	None	71.6	70.9	58.7	51.7	57.5	86.5	85.8	77.3	57.7	39.2	13.5	99
	Up to Primary	94.1	86.6	80.8	68.4	78.7	97.5	97.5	82.8	75.8	48.0	2.5	51
	Middle	94.7	86.9	81.6	81.6	72.4	95.6	95.6	94.5	69.2	60.9	4.4	45
	Up to Secondary	80.4	81.0	77.2	72.7	67.8	96.4	96.4	75.8	64.9	40.6	3.1	41
	Secondary +	93.2	94.4	80.2	72.6	92.8	86.5	86.5	86.5	55.1	48.1	--	13
Wealth quintiles	Poorest	76.8	64.0	47.4	45.9	49.3	87.6	86.1	86.1	54.3	30.9	12.4	47
	Second	79.2	72.6	65.0	51.5	63.6	89.6	89.6	78.3	56.0	29.6	10.4	48
	Middle	80.2	88.9	81.8	71.5	66.8	93.5	93.5	85.9	68.8	58.2	6.5	67
	Fourth	90.6	84.4	82.6	79.7	79.5	96.5	96.5	75.7	68.5	48.7	.6	60
	Richest	89.6	87.4	74.8	73.0	85.6	90.2	90.2	83.2	77.5	60.9	9.1	28
Total		82.9	79.8	71.5	65.0	68.1	92.0	91.7	81.7	64.5	45.6	7.2	249

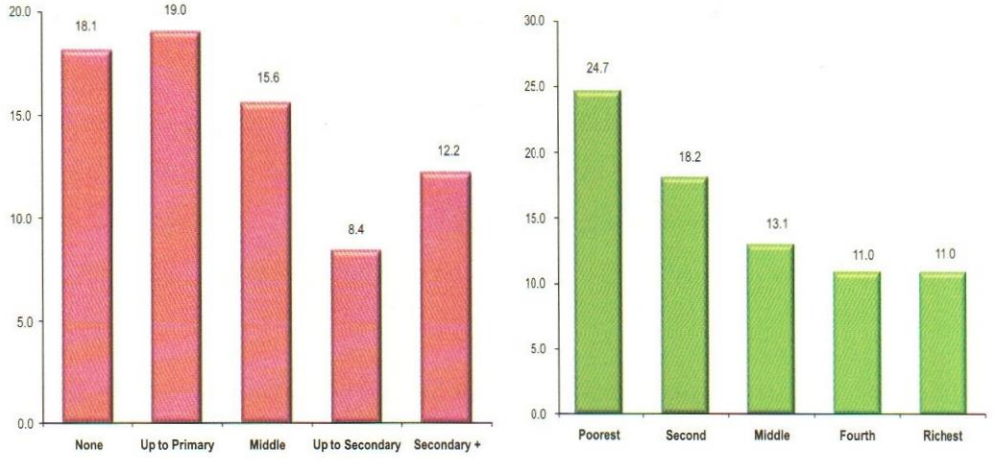
10.3 Childhood Diseases

In AJKDHS, 2010 information was collected from the mothers who have children under age five years and got ill with the symptoms of acute respiratory infections (ARI), fever, and diarrhea in two weeks before the survey. Information was also collected whether these children receive treatment or not.

10.3.1 Prevalence and Treatment of ARI

Table 10.4 shows the prevalence of ARI was about fifteen percent among children under five years of age. The data by background characteristic reveals that children of mothers in age group 25-30 years; mothers with highest birth order (6+), residing in rural areas, mothers with primary level of education and belonging to households in poorest wealth quintile are more likely to have symptoms of ARI than children of mothers in other categories. The picture is more visible in figure 10.2 below.

Figure 10.2: Percentage of Children who have Symptoms of ARI by Background Characteristics, AJKDHS 2010



The data on treatment seekers for ARI shows that seventy two percent of the children have been provided the treatment from a health facility or by a health provider. Mothers below 35 years of age are more likely than older mothers to seek treatment for their children.

Table 10.4: Prevalence and Treatment of Symptoms of ARI

Among children under age five, the percentage who had symptoms of acute respiratory infection (ARI) in the two weeks preceding the survey, percentage who received specific treatment, according to background characteristics, AJKDHS-2010

Background characteristics		Children under age five		Children under age five with symptoms of ARI	
		Percentage with symptoms of ARI	Number of children	Percentage for whom treatment was sought from a health facility or provider	Number of children with ARI
Age of mother	< 25	14.5	188	75.5	27
	25-34	17.2	486	76.3	84
	35 +	12.7	254	59.5	32
Birth Order	1	11.8	190	81.3	22
	2 – 3	13.2	350	75.4	46
	4 – 5	19.8	220	81.7	43
	6 +	18.5	168	48.2	31
Residence	Urban	12.1	92	72.9	11
	Rural	15.8	836	72.3	132
Level of education	None	18.1	319	66.4	58
	Up to Primary	19.0	166	60.3	32
	Middle	15.6	183	87.8	28
	Up to Secondary	8.4	169	79.7	14
	Secondary +	12.2	91	88.4	11
Wealth quintiles	Poorest	24.7	165	59.0	41
	Second	18.2	191	70.1	35
	Middle	13.1	216	73.3	28
	Fourth	11.0	199	86.5	22
	Richest	11.0	158	88.8	17
Total		15.4	928	72.3	143

Note: Because of small member of cases, some of the findings are not interpreted

10.3.2 Prevalence and Treatment of Fever

Data relating to prevalence of fever and treatment sought from a health facility or a health provider is presented in table 10.5.

It is noted that the prevalence of fever was as high as thirty eight percent among children below five years of age during two weeks preceding the survey. Relatively the proportion of children suffering from fever was high among those belong to young mothers (age<25), mothers of 1st birth order, residing in rural areas, mothers having up to primary level of education and of mothers belonging to second wealth quintile.

Further, it is observed that sixty two percent of the children who have fever sought treatment from a health facility or a health provider. Among these children, the treatment seekers share is relatively high among mothers aged 25-34 years; mother's of birth order 4-5; those residing in urban areas; mothers with middle level education and those who belong to richest wealth quintile.

Table 10.5: Prevalence and Treatment of Fever

Among children under age five, the percentage who had a fever in the two weeks preceding the survey, and the percentage of children for whom treatment was sought from a health facility or provider by background characteristics AJKDHS-2010

Background characteristics		Children under age five		Children under age five with fever	
		Percentage with Fever	Number of children	Percentage for whom treatment was sought from a health facility or provider	Number of children with fever
Age of mother	< 25	43.9	188	62.0	82
	25-34	37.4	486	67.6	182
	35 +	35.4	254	51.2	90
Birth Order	1	41.5	190	61.6	79
	2 – 3	35.7	350	63.7	125
	4 – 5	37.5	220	74.2	82
	6 +	40.2	168	45.1	68
Residence	Urban	37.2	92	76.5	34
	Rural	38.2	836	60.6	320
Level of education	None	38.9	319	58.4	124
	Up to Primary	44.7	166	50.3	74
	Middle	37.3	183	74.9	68
	Up to Secondary	30.0	169	71.0	51
	Secondary +	40.5	91	62.9	37
Wealth quintiles	Poorest	41.2	165	47.4	68
	Second	41.7	191	58.9	80
	Middle	33.8	216	61.9	73
	Fourth	41.0	199	69.8	81
	Richest	33.0	158	74.5	52
Total		38.1	928	62.1	354

10.3.3 Prevalence of Diarrhea

Data of AJKDHS, 2010 reveal that the prevalence of all types of diarrhea was twenty percent among children age under five years during two weeks preceding the survey. Moreover, the diarrhea with blood was reported for only one percent of children. The incidence of diarrhea is comparatively higher among children belonging to mothers in younger age (<25 years) ;among male children; children of mothers at birth order 6 and above; children of mother having no education; mothers residing in rural areas and those belonging to poorest wealth quintile.

Table 10.6: Prevalence of Diarrhea

Percentage of children under age five who had diarrhea in the two weeks preceding the survey, by background characteristics, AJKDHS-2010

Background characteristics		Diarrhea in the two weeks preceding the survey		
		All Diarrhea	Diarrhea with Blood	Number of children
Age of mother	< 25	26.2	2.1	188
	25-34	20.7	.7	486
	35 +	15.0	2.3	254
Sex of child	Male	20.8	1.6	503
	Female	19.7	1.2	426
Birth Order	1	22.1	.5	190
	2 – 3	19.5	1.5	350
	4 – 5	18.1	1.6	220
	6 +	22.7	2.1	168
Residence	Urban	14.4	.7	92
	Rural	20.9	1.5	836
Level of education	None	22.5	2.4	319
	Up to Primary	19.0	1.8	166
	Middle	19.8	.1	183
	Up to Secondary	16.9	.3	169
	Secondary +	21.7	2.1	91
Wealth quintiles	Poorest	30.1	1.7	165
	Second	20.6	2.3	191
	Middle	19.7	2.2	216
	Fourth	19.4	.6	199
	Richest	11.4	.0	158
Total		20.3	1.4	928

10.3.4 Treatment of Diarrhea

In case of children suffering from diarrhea, it is highly recommended that the treatment should be sought from a health professional and oral rehydration therapy (ORT) should be given at the earliest.

The data of AJKDHS, 2010, indicate that more than half of the children suffering from diarrhea (53 percent) have been taken to a health facility or provider for treatment. Better treatment seeking practice for children suffering from diarrhea is observed among mothers of younger age group (under 25 years); mothers at birth order 1, those residing in urban areas; who have secondary or above level education, and mothers who belong to fourth wealth quintile (Table 10.7). About three fourth of the children suffering from bloody diarrhea were taken to health provider, more female children were taken to health provider than male.

Table 10.7: Diarrhea Treatment

Among children under age five who had diarrhea in the two weeks, preceding the survey, the percentage who were taken for treatment to a health provider, percentage given oral dehydration therapy (ORT), the percentage given increased fluids the percentage given ORT or increased fluids, and the percentage who were given other treatment by background characteristics, AJKDHS-2010

Background characteristics		Percentage of children with diarrhea taken to health provider	Oral rehydration therapy (ORT)					Other treatments					Number of children with Diarrhea
			ORS packets or pre-packaged liquid	Recommended home fluid (RHF)	Either ORS or RHF	Increased fluids	Either ORS or increased fluid	Pills/syrup	Injection	IV drip	Home remedy/ others	No treatment	
Age of mother	< 25	67.8	51.7	3.5	55.3	7.5	59.2	36.7	.0	.0	6.9	56.4	49
	25-34	43.5	44.0	21.4	57.2	8.7	52.6	41.4	.0	4.7	7.9	44.2	101
	35 +	57.6	53.1	52.2	79.9	8.2	57.8	50.2	.0	.0	16.9	33.0	38
Sex of child	Male	47.5	48.0	26.9	62.8	10.2	57.0	42.0	.0	.4	10.0	45.8	104
	Female	59.2	47.6	18.0	59.3	5.8	53.5	41.9	.0	5.1	8.8	44.2	84
Type of diarrhea	Non-bloody	51.1	45.5	22.8	58.7	7.9	53.4	39.6	.0	2.7	10.2	46.4	175
	Bloody	74.0	78.8	25.2	96.0	13.3	82.2	72.6	.0	.0	.0	27.4	13
Birth Order	1	61.4	50.3	8.6	54.4	6.3	56.5	35.7	.0	.0	8.3	56.0	42
	2 – 3	58.9	52.4	18.1	64.3	4.6	57.0	36.0	.0	5.5	10.9	44.9	68
	4 – 5	51.7	42.2	22.7	61.9	3.0	45.2	47.5	.0	2.5	9.1	40.9	40
	6 +	33.1	43.0	47.8	62.9	22.4	62.0	53.6	.0	.0	8.6	37.8	38
Residence	Urban	63.1	38.3	17.9	50.0	7.2	45.5	49.1	.0	5.2	9.8	35.9	13
	Rural	51.9	48.6	23.3	62.1	8.3	56.2	41.4	.0	2.3	9.4	45.8	175
Level of education	None	53.9	50.4	34.8	70.0	10.5	59.1	45.2	.0	5.6	15.5	33.7	72
	Up to Primary	27.7	49.2	24.5	63.7	14.3	63.5	34.7	.0	.6	9.7	55.0	32
	Middle	54.4	35.7	6.9	42.5	5.4	41.1	36.0	.0	.1	3.5	55.2	36
	Up to Secondary	58.6	54.0	26.3	68.3	5.3	59.3	53.7	.0	.0	8.1	38.2	29
	Secondary +	77.0	49.7	2.1	49.7	.0	49.7	35.5	.0	2.3	.0	62.1	20
Wealth quintiles	Poorest	33.6	46.2	26.1	64.8	22.6	66.2	36.0	.0	.0	13.5	50.5	50
	Second	55.9	37.3	23.6	57.9	.5	37.8	53.9	.0	2.5	6.8	36.8	39
	Middle	52.5	61.4	32.1	72.1	9.5	70.9	50.3	.0	7.2	13.6	28.8	43
	Fourth	73.3	39.2	3.3	39.8	.2	39.4	21.5	.0	.0	5.4	68.3	38
	Richest	54.9	61.8	33.2	79.3	.0	61.8	55.9	.0	3.6	3.1	37.4	18
Total		52.7	47.8	23.0	61.3	8.3	55.4	41.9	.0	2.5	9.5	45.1	188

The children should also be given the treatment with oral rehydration solution (ORS) so as to avoid dehydration caused by diarrhea. The data in table 10.7 reveals that slightly over three fifth of the children (61 percent) suffering from diarrhea were provided either ORS treatment or recommended homemade fluid (RHF).

The data also shows interesting results of treatment seeking behaviour among mothers with various background characteristics. The old age (35+ years) mothers are found to be more conscious of providing ORT to their children suffering from diarrhea. The mothers residing in rural areas, those with educational level upto secondary; and those belonging to richest wealth quintile are more likely to provide ORT than mothers belonging to other categories.

10.3.5 Feeding Practices during Diarrhea

It is highly recommended that children who have suffered with diarrhea should be given liquid and solid food in more amount than normal quantity. The data on feeding practice during diarrhea is presented in table 10.8. It is observed that a very low proportion of children (only eight percent) were given more than the normal quantity of liquid. As against this, two third of the children were given liquid less than normal quantity.

A similar pattern is observed in case of feeding for solid food to the children while suffering from diarrhea, i.e. forty six percent of children were given somewhat less than normal diet and, a visible proportion of children (30 percent) were given much less food during diarrhea. Giving less than normal liquid and food to children suffering from diarrhea is an extremely dangerous practice that should be eliminated by campaigning through electronic and print media as well as by using the service of Lady Health Workers.

The above mentioned analysis of child health data clearly indicate some gaps in EPI coverage, treatment seeking behavior of mothers for children's illnesses due to ARI, fever and diarrhea. Therefore, the programme managers of health department should give attention to these issues in order to reduce morbidity and mortality among children.

Table 10.8: Feeding Practices During Diarrhea

Percent distribution of children under age five who had diarrhea in the two weeks preceding the survey by amount of liquids and food offered compared with normal practice, the percentage of children given increased fluids and continued feeding during the diarrhea episode and the percentage of children given ORT or increased fluids and continued feeding during the episode of diarrhea, by background characteristics, AJKDHS-2010

Background characteristics		Amount of liquids offered				Total	Amount of food offered				Total	Number of children with diarrhea
		Much less	Somewhat less	About the same	More		Much less	Somewhat less	About the same	More		
Age of mother	< 25	18.7	53.0	20.8	7.5	100.0	31.2	52.1	8.5	8.1	100.0	49
	25-34	18.4	51.9	20.9	8.8	100.0	28.3	51.1	14.5	6.2	100.0	101
	35 +	36.0	24.2	31.7	8.2	100.0	34.9	23.4	29.7	11.9	100.0	38
Birth Order	1	28.8	40.5	24.4	6.3	100.0	40.0	46.4	9.4	4.3	100.0	42
	2 - 3	17.4	55.5	22.3	4.8	100.0	29.6	48.4	14.0	8.0	100.0	68
	4 - 5	28.7	54.0	14.2	3.0	100.0	28.7	50.1	14.2	6.9	100.0	40
	6 +	15.8	29.7	32.1	22.4	100.0	22.9	34.8	29.5	12.8	100.0	38
Residence	Urban	32.3	46.8	13.7	7.2	100.0	32.2	45.1	12.9	9.8	100.0	13
	Rural	21.3	46.5	23.8	8.4	100.0	30.3	45.7	16.3	7.7	100.0	175
Level of education	None	31.3	31.4	26.9	10.5	100.0	39.7	35.4	14.5	10.4	100.0	72
	Up to Primary	16.1	43.6	26.1	14.3	100.0	30.7	44.5	18.1	6.7	100.0	32
	Middle	5.9	59.7	28.6	5.7	100.0	9.7	61.6	28.6		100.0	36
	Up to Secondary	17.1	65.6	11.9	5.3	100.0	23.3	54.1	5.6	17.0	100.0	29
	Secondary +	33.4	55.8	10.9	--	100.0	42.6	44.2	10.9	2.3	100.0	20
Wealth quintiles	Poorest	19.3	28.9	29.1	22.6	100.0	35.8	31.5	18.1	14.5	100.0	50
	Second	27.9	50.9	20.7	.5	100.0	31.3	46.1	15.0	7.6	100.0	39
	Middle	24.3	41.9	24.2	9.5	100.0	39.0	36.6	14.7	9.7	100.0	43
	Fourth	18.2	57.4	24.2	.2	100.0	19.2	59.7	20.8	.2	100.0	38
	Richest	19.6	73.9	6.5	--	100.0	17.3	73.7	6.5	2.5	100.0	18
Total		22.1	46.5	23.1	8.3	100.0	30.4	45.7	16.1	7.9	100.0	188

11 NUTRITION

Rabia Zafar

Appropriate feeding practices are essential for the survival and healthy growth of infants and young children. The mother's nutritional well-being before and during pregnancy can influence the health of her child later on. Mother's nutritional status also influences her ability to have a successful pregnancy and delivery, and to successfully breastfeed her baby after birth. The benefits of breastfeeding for both mother and child are undeniable and they are influenced by both the duration and intensity of breastfeeding. The age at which a child starts receiving complementary foods also influences their nutritional status.

This chapter reviews the nutritional status of children and women in AJK. The specific issues discussed are infant and young child feeding practices, including breastfeeding and feeding with solid/semisolid foods; diversity of foods fed and frequency of feeding; and micronutrient intake among children and women.

11.1 Breastfeeding and Supplementations

Feeding practices play a fundamental role in determining the optimal growth and development of infants. Poor breastfeeding and infant feeding practices have adverse consequences for the health and nutritional status of children which effects their mental and physical development. Breastfeeding also affects mother return to fertility and the length of interval between pregnancies. To minimize the morbidity and mortality the UNICEF and WHO recommended that children should be exclusively breastfed and given no other liquid or solid food or plain water for the first six months of life and that children be given solid or semisolid complementary foods beginning with the seventh month of life.

11.1.1 Initial Breastfeeding

UNICEF and WHO recommend that children be fed colostrum (the first breast milk) immediately after birth and continue to be exclusively breastfed even if regular breast milk has not begun flowing.

Table 11.1 shows the percentage of children born in the five years before the survey by breastfeeding status and the timing of initial breastfeeding, by background characteristics. Breastfeeding is nearly universal in AJK, with ninety two percent of children born in the five years preceding the survey having been breastfed at some time.

More than four in ten children (46 percent) were breastfed within one hour of birth, and more than eight in

ten (83 percent) were breastfed within one day of birth. The percentage of children who were breastfed within one hour and within one day of birth is positively associated with mother's education, i.e., generally, the higher the mother's level of education, higher the percentage of children who were breastfed early. While the household wealth quintile is inversely associated as higher the wealth, lower the percentage of children who were breastfed early. Table 11.1 shows that the sixty eight percent of last born children in the five years preceding the survey received first milk colostrum. The likelihood of a child receiving colostrum increases with mother's education. Children who are born in urban areas are more likely to receive colostrums than the children living in rural areas. There are no marked differences in the proportion of children who received colostrum by other background characteristics. Children who received a prelacteal feed that is, something other than breast milk during the first three days of life is quite high in AJK (51 percent). Children those born to younger mothers, with no education, and mothers in the fourth wealth quintiles and residing in urban areas are more likely to receive a prelacteal feed than other children.

Table 11.1: Initial Breast Feeding

Percentage of children born in the five years preceding the survey who were ever breasted, and for the last children born in the five years preceding the survey ever breasted, the percentage who started breastfeeding within one hour or within one day of birth, Percentage who received a prenatal feed, Percentage who were given colostrums, by background characteristics AJKDHS-2010

Background characteristics		Percentage ever breastfed	Number of children	Percentage who started breastfeeding within 1-hr of birth	Percentage who started breastfeeding within 1-day of birth	Percentage who were given colostrums	Percentage who received a prelacteal feed	Number of last-born children ever breastfed
Age of mother	< 25	92.9	188	41.9	73.9	64.0	54.9	174
	25-34	94.4	486	47.0	86.8	70.2	51.0	459
	35 +	87.1	254	46.9	82.9	65.3	49.5	222
Marital status	Married	92.3	921	45.8	83.2	67.9	51.3	851
	Divorced/ separated/ widowed	58.7	7	73.7	74.8	26.3	70.4	4
Place of Residence	Urban	88.7	92	57.9	84.1	74.1	53.4	82
	Rural	92.4	836	44.7	83.1	67.0	51.2	773
Level of education	None	90.1	319	43.0	79.9	57.6	52.7	288
	Up to Primary	93.3	166	48.6	83.5	72.0	47.3	155
	Middle	92.0	183	41.0	85.0	70.4	51.7	168
	Up to Secondary	93.2	169	52.1	82.8	75.3	52.4	158
	Secondary +	94.8	91	49.2	90.9	74.7	51.7	87
Wealth quintiles	Poorest	87.3	165	50.2	80.5	65.2	31.8	144
	Second	90.3	191	46.8	85.4	69.7	44.8	173
	Middle	94.5	216	44.0	85.6	69.4	52.0	204
	Fourth	95.0	199	46.8	82.9	69.0	67.9	189
	Richest	92.2	158	42.3	80.3	63.7	56.4	146
Total 15 – 49 years		92.1	928	45.9	83.2	67.7	51.4	855

11.1.2 Breastfeeding Status

The standard indicator of exclusive breastfeeding is the percentage of children less than six months of age who are exclusively breastfed. The standard indicator of timely complementary feeding is the percentage of children age 6-9 months who are breastfed and receiving complementary foods. The WHO recommends that breastfeeding be continued through the second year of life. Use of bottles with nipples is not recommended at any age.

Information on breastfeeding and supplementation was obtained in the AJKDHS, 2010 by asking mothers about the current breastfeeding status of youngest child born in three years before the survey and living with the mother, food (liquids or solids) given to the child the day before the survey.

Table 11.2(a) indicates that only eight percent of the children below three years of age are found to be exclusively breastfed. The exclusive breastfeeding is comparatively high among children of young mothers, living in urban areas and highly educated (secondary and above) than others. There is no visible association of exclusive breastfeeding with wealth quintiles as observed. The practice of exclusively breastfeeding is the lowest among children of older mothers (35 years and above). More than one-tenth (14 percent) are fed with other milk and slightly more than one-third (35 percent) with complementary food. Complementary feed is more likely to be given by older mothers, living in rural setup, with no education and belongs to fourth level of wealth quintile. Fig. 11.1 below shows distribution of women uses exclusively breastfeeding by level of education and wealth quintiles.

Figure 11.1: Percentage of Women Use Exclusively Breast Feeding for their Children by Education and Wealth

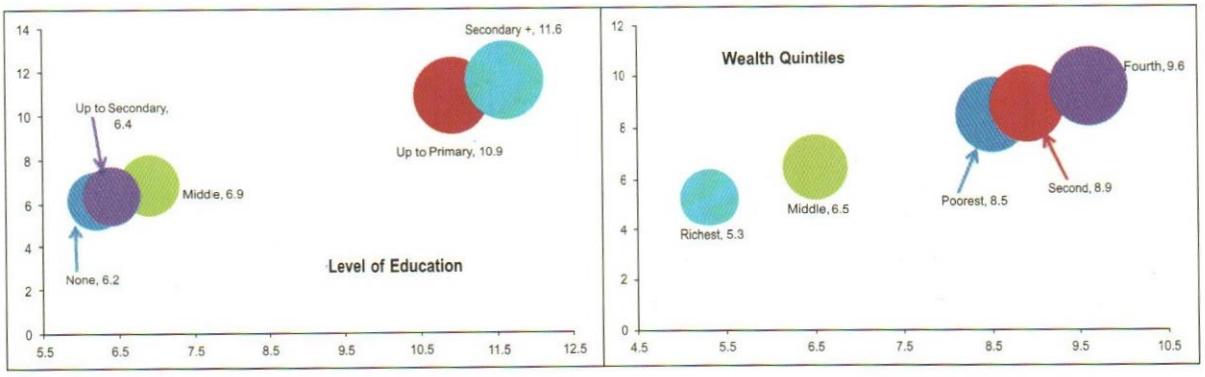


Table 11.2(a) also presents the data on use of bottle nipple among children less than 3 years of age. Overall use of bottle nipple is quite common in AJK as half of the children using bottle nipples for feeding. The proportion of children having bottle feeding is higher among children whose mothers belong to old age group, living in urban areas highly educated (secondary and above) and in fourth wealth quintile.

Table 11.2(a): Breastfeeding Status

Percent distribution of most recent births under three years who are living with their mother by breastfeeding status and the percentage currently breastfeeding and the percentage of all children under three years using a bottle with nipple, according to background characteristics, AJKDHS-2010

Background characteristics		Status of Breastfeeding practice								Total	Percentage currently breast-feeding	Percentage using a bottle with nipple	Number of women
		Exclusively breastfeeding	With Plain water	With non milk liquid juices	Other milk	Complementary foods	Not currently breastfed	Not ever breastfed	Missing				
Age	< 25	9.8	6.6	1.3	15.8	35.5	24.2	6.7	--	100.0	69.1	48.9	176
	25-34	9.1	5.7	.8	14.2	33.3	28.1	8.1	.6	100.0	63.7	49.0	385
	35 +	1.7	1.9	.2	11.0	37.5	31.7	16.0	--	100.0	52.3	52.9	147
Marital status	Married	7.8	5.2	.8	14.0	34.8	28.0	9.1	.3	100.0	63.0	49.6	703
	Divorced/ separated/ widowed	--	--	--	--	21.4	21.4	57.2	--	100.0	21.4	78.6	5
Place of Residence	Urban	8.3	.9	.9	15.2	27.9	33.2	13.1	.5	100.0	53.7	54.3	73
	Rural	7.7	5.6	.8	13.8	35.5	27.3	9.0	.3	100.0	63.7	49.3	635
Level of education	None	6.2	6.4	.4	10.3	38.7	27.1	10.8	--	100.0	62.1	37.0	227
	Up to Primary	10.9	6.5	1.3	11.8	33.2	27.8	8.6	--	100.0	63.6	45.7	127
	Middle	6.9	5.7	.4	16.6	35.6	24.6	10.2	--	100.0	65.2	54.5	155
	Up to Secondary	6.4	3.7	1.8	18.1	28.5	31.1	8.6	1.7	100.0	60.2	61.1	130
	Secondary +	11.6	--	--	15.9	33.8	32.1	6.3	.3	100.0	61.6	68.0	69
Wealth quintiles	Poorest	8.5	12.4	.8	15.5	29.9	21.0	11.8	--	100.0	67.2	30.0	124
	Second	8.9	3.8	2.9	8.1	36.1	26.8	11.8	1.6	100.0	61.4	36.1	140
	Middle	6.5	6.0	.0	16.3	29.7	33.4	8.0	.1	100.0	58.6	52.8	170
	Fourth	9.6	2.5	.2	15.8	48.3	18.2	5.5	--	100.0	76.3	65.3	149
	Richest	5.3	1.6	--	13.5	28.5	40.1	10.9	--	100.0	49.0	62.2	125
Total		7.8	5.2	.8	13.9	34.7	27.9	9.4	.3	100.0	62.7	49.8	708

Table 11.2(b) shows the percent distribution of youngest children below three years living with the mothers by breastfeeding status and children less than three years using a bottle with a nipple, according to age in months. Early introduction of foods that are low in energy and nutrients or prepared under unhygienic conditions may result in under nutrition and infection with foreign organisms, which may result in a lower immunity to disease among young children. Among children 0-3 months, four in ten (40 percent) are exclusively breastfed while more than one third (35 percent) of children, 0-5 moths are exclusively breastfed.

After six months of age, breast milk alone does not provide sufficient nutrition for the infant; thus, children over the age of six months should not be exclusively breastfed. Table 11.2(b) shows the highest proportion of exclusively breastfeed children (43 percent) in the age group of 0-1 months. This proportion gradually decreases with age of 6 months a substantial decrease (9.6 percent) is observed. Thirty one percent of children age 6-8 months, living with their mothers received some kind of complementary food, as per recommended guidelines.

Bottle feeding which is not recommended by WHO, is practiced by thirty nine percent of children age 0-1 month in AJK. Improper sanitation with bottle feeding can introduced diarrheal diseases to infants. Infant formulas and other types of milk do not provide comparable nutrition to breast milk for infants less than 6 months of age. For these reasons, bottle feeding puts infants at higher risk of illness and mal nutrition.

However, this practice is common in AJK. Table 11.2(b) shows that about forty nine percent children were given a bottle with a nipple as early as three months of age. The results also show that forty six percent of children less than six months of age are bottle-fed.

Table 11.2(b): Breastfeeding Status by Child Age

Percent distribution of most recent births under three years who are living with their mother by breastfeeding status and the percentage currently breastfeeding and the percentage of all children under three years using a bottle with nipple, according to age in months, AJKDHS-2010

Age (In months)	Status of Breastfeeding practice								Total	Percentage currently breastfeeding	Percentage using a bottle with nipple	Number of women
	Exclusively breastfeeding	With Plain water	With non milk liquid juices	Other milk	Complementary foods	Not currently breastfed	Not ever breastfed	Missing				
00 - 01	42.5	8.5	--	34.5	6.0	--	7.9	.6	100.0	92.1	39.1	34
02 - 03	36.5	3.5	--	46.0	2.4	--	11.5	--	100.0	88.5	57.6	42
04 - 05	29.4	19.8	--	24.7	12.2	6.6	7.3	--	100.0	86.0	41.3	50
06 - 08	9.6	6.2	--	23.4	31.3	14.3	15.1	--	100.0	70.6	53.9	76
09 - 11	.1	10.7	3.1	16.0	46.2	15.4	5.3	3.1	100.0	79.2	62.0	73
12 - 17	2.0	3.1	1.9	9.2	52.8	22.3	8.8	--	100.0	69.0	55.2	156
18 - 23	--	2.4	.2	8.6	51.8	28.5	8.4	--	100.0	63.1	50.2	93
24 - 35	--	1.4	.0	1.8	26.4	60.3	10.1	--	100.0	29.6	41.0	184
00 - 03	39.2	5.7	--	40.9	4.0	--	9.9	.3	100.0	90.1	49.4	76
00 - 05	35.3	11.3	--	34.5	7.3	2.6	8.9	.2	100.0	88.5	46.2	126
06 - 09	6.7	7.9	--	21.2	33.6	17.1	11.4	2.1	100.0	71.4	56.0	109
12 - 15	2.9	3.7	1.0	11.7	53.0	19.1	8.6	--	100.0	72.3	53.8	103
12 - 23	1.2	2.9	1.3	9.0	52.4	24.6	8.6	--	100.0	66.8	53.3	249
20 - 23	--	1.6	.3	3.5	56.3	34.5	3.8	--	100.0	61.7	54.7	66
06 - 23	2.6	4.9	1.4	13.1	47.2	21.0	9.3	.6	100.0	69.8	55.0	398
Total	7.8	5.2	.8	13.9	34.7	27.9	9.4	.3	100.0	62.7	49.8	708

11.1.3 Complementary Foods

The World Health Organization recommends the introduction of solid food to infants around the age of six months because at this age breast milk by itself is no longer sufficient to maintain a child's optimal growth. Appropriate complementary nutrition includes feeding children a variety of foods to ensure that nutrient requirements are met. In the transition to eating a healthy diet, children age six months or older should be fed small quantities of solid and semisolid foods throughout the day. During this transition from breastfeeding to complementary feeding at ages 6-23 months the prevalence of malnutrition among young children increases substantially. This phenomenon is attributed primarily to increased infections and poor feeding practices.

Table 11.3 provides information on the types of food given to the youngest child under three years living with the mother on the day and night preceding the survey, according to breastfeeding status. The percentage of children receiving solid or mushy food increases gradually by age. It is encouraging to note that at 6-8 months of age nearly half of children are consuming solid or mushy food. However, the introduction of other milk or infant formula takes place earlier than the recommended age of six months. Even among the youngest group of breastfeeding children (0-1 months), thirty eight percent receive infant formula in addition to breast milk.

Table 11.3 indicates that on the average nineteen percent of breastfed children in the age group 6-23 months receive infant formula or other milk. This proportion is little higher (24 percent) among non breastfed children. Only one percent breastfeeding children and two percent non breastfeeding children age 6-23 months are given other liquids besides infant formula or other milk. In the age bracket 6-23 months more than half (55 percent) breastfeeding children and two third (67 percent) non breastfeeding children have started taking mushy or solid foods.

Table 11.3: Foods and Liquids Consumed by Children (Breastfeeding Children)

Among the most recently born living children under three years of age who are living with the mother, percentage who consumed specific type of liquid or food in the day or night preceding the interview, according to breastfeeding status and age AJKDHS-2010

Age (In months)	Infant formula/other milk	Other liquid	Any mushy or solid food	Number of children
Breastfeeding Children				
00 – 01	37.5	.0	6.5	31
02 – 03	52.0	.0	2.8	37
04 – 05	28.7	.0	14.2	43
06 – 08	33.2	.0	44.4	54
09 – 11	20.2	3.9	58.4	58
12 – 17	13.4	2.7	76.5	107
18 – 23	13.7	.4	82.1	59
24 – 35	6.0	.1	89.1	55
00 – 03	45.4	.0	4.5	68
00 – 05	39.0	.0	8.2	111
06 – 09	29.7	.0	47.0	78
12 – 15	16.2	1.3	73.4	75
12 – 23	13.5	1.9	78.5	166
20 – 23	5.6	.5	91.3	41
06 – 23	18.7	1.9	67.7	278
Total	22.2	1.2	55.4	444
Non-Breastfeeding Children				
00 – 01	28.2	.0	.0	3
02 – 03	69.6	.0	.0	5
04 – 05	27.9	31.8	.0	7
06 – 08	67.7	.0	10.7	22
09 – 11	5.5	2.3	56.9	15
12 – 17	19.0	3.8	63.8	48
18 – 23	10.6	.0	69.1	34
24 – 35	4.9	1.5	85.2	129
00 – 03	55.0	.0	.0	8
00 – 05	42.0	15.3	.0	15
06 – 09	48.8	.0	19.9	31
12 – 15	29.6	.0	51.6	29
12 – 23	15.5	2.2	66.0	83
20 – 23	12.9	.0	75.3	25
06 – 23	24.0	1.8	54.5	120
Total	15.6	2.4	66.6	264

11.2 Micronutrient Intake

Micronutrient deficiencies are a result of inadequate intake of micronutrient-rich foods and the inadequate utilization of available micronutrients in the diet as a result of infections, parasitic infestations, and other

factors. Measures of micronutrient fortification, micronutrient supplementation with iron and vitamin A and micronutrient status in terms of night blindness are discussed in this section for both women and children.

11.2.1 Micronutrient Intake among Children

The AJKDHS, 2010 collected information on the consumption of vitamin A supplements. Table 11.4 shows the intake of these key micronutrients among children. Both vitamin A and iron are important to a child's healthy development. Vitamin A is an essential micronutrient for the immune system. Severe vitamin A deficiency can cause eye damage, increase the severity of infections such as measles and diarrheal diseases in children and can slow recovery from illness. Periodic dosing (usually every six months) of vitamin A supplements is one method of ensuring that children at risk do not develop vitamin A deficiency. Iron is essential for cognitive development. Low iron intake also contributes to anemia. Iron requirements are at peak between the ages of 6 and 11 months, when growth is extremely rapid.

Table 11.4 shows that forty four percent of children age 6-59 months received a vitamin A supplement in the six months preceding the survey. Children age 6-8 months are the least likely to receive the vitamin A supplements when compared with older children. Children living in urban areas, those born to primary passed mothers, children of mothers age 25 -34 years, and in the middle wealth quintile are more likely to have received vitamin A supplements in past 6 months than other children. Forty three percent of breastfeeding children received vitamin A supplements compared with forty five percent of non breastfeeding children.

Table 11.4: Micronutrient Intake Among Children

Among all children 6-59 months, percentage who were given vitamin A supplements in the six months preceding the survey, by background characteristics AJKDHS-2010

Background characteristics		Percentage given Vitamin-A supplements	Number of children
Age of mother	< 25	35.1	155
	25-34	49.6	408
	35 +	40.6	239
Marital status	Married	44.4	795
	Divorced/separated/ widowed	1.9	7
Sex of child	Male	43.1	437
	Female	45.3	--
Age (in months)	06 - 08	26.2	365
	09 - 11	34.9	73
	12 - 17	40.0	156
	18 - 23	43.5	93
	24 - 35	53.6	184
	36 - 47	46.7	139
	48 - 59	51.5	81
Breastfeeding practices	Currently breastfeeding	43.3	340
	Not breastfeeding	44.7	463
Place of Residence	Urban	47.2	78
	Rural	43.7	725
Level of education	None	43.6	292
	Up to Primary	48.8	144
	Middle	37.4	153
	Up to Secondary	45.8	139
	Secondary +	47.1	74
Wealth quintiles	Poorest	35.7	143
	Second	42.6	165
	Middle	48.5	189
	Fourth	44.5	173
	Richest	48.1	132
Total 15 - 49		44.1	802

11.2.2 Micronutrient Intake among Women

Adequate micronutrient intake by women has important benefits for both women and their children. Breastfeeding children benefit from micronutrient supplementation that mothers receive, especially vitamin A. Iron supplementation of women during pregnancy protects mother and infant against anemia. Anemia results in an increased risk of premature delivery and low birth weight. Finally, iodine deficiency is also related to a number of adverse pregnancy outcomes.

Table 11.5 presents the data on micronutrient intake for mothers of young children by background characteristics.

In addition to improving food intake, supplementation is an important strategy for addressing micronutrient deficiencies. Postpartum supplementation with vitamin A is important in reducing the proportion of women experiencing night blindness. Vitamin A deficiency can lead to increased risk of mortality and morbidity as well as night blindness. Table 11.5 shows that only twenty nine percent of women reported that they had received a vitamin A capsule in the two months after delivery of their last-born child. Women in younger age (< 25 years) those living in urban areas, women with higher education, and women living in the richest wealth quintile are more likely to have received a vitamin A dose postpartum than other women.

More than one-tenth (13 percent) of mothers reported having difficulty seeing at night during their most recent pregnancy in the past five years. Women in older age group, belongs to rural setting and from poorest wealth quintile are more likely to report the night blindness.

Iron supplementation during pregnancy is important to avoid problems of iron deficiency for both the woman and her fetus. The results in table 11.5 indicate that forty six percent women who gave birth during the five years preceding the survey did not receive any iron supplementation during the pregnancy for their last birth. Among women who reported that they took iron supplements, the majority took the supplements for less than 60 days (twenty four percent), eight percent took the iron supplements for 60-89 days, and twenty one percent took the supplements as per the recommendations, i.e., for 90 or more days. Variations in the intake of iron supplementation are observed during pregnancy by background characteristics, the women in older age living in rural areas, uneducated and belongs to poor wealth quintile are more likely not to receive any supplements.

Table 11.5 also indicated that forty three percent women did not take calcium during her last pregnancy. Variation in the intake of calcium during pregnancy according to number of days and by background characteristics are similar to those observed for vitamin A supplements.

Table 11.5: Micronutrient Intake Among Women

Among all women with a child born in the five years preceding the survey, percentage who received vitamins dose in the first two months after the birth of last child, percentage who suffered from night blindness during the pregnancy of the last born child, and the percentage who took iron tablets or syrup during pregnancy of last birth and the percentage of women who took calcium tablets during pregnancy of last birth, by background characteristics AJKDHS-2010

Background characteristics		Percentage who received Vitamin-A	Night blindness reported	Number of days women took iron tablets or syrup during pregnancy of last birth					Number of days women took calcium tablets pregnancy of last birth					Total	Number of children
				None	< 60	60 - 89	90 +	Don't know	None	< 60	60 - 89	90 +	Don't know		
Age	< 25	30.5	12.0	39.4	33.4	6.6	18.5	2.0	39.3	31.7	11.6	16.3	1.1	100.0	188
	25-34	28.4	12.0	44.2	22.6	6.8	25.8	.6	41.5	25.7	7.8	23.9	1.1	100.0	486
	35 +	29.1	14.4	53.3	19.8	12.5	12.6	1.8	48.2	25.0	12.1	12.5	2.1	100.0	254
Marital status	Married	28.9	12.6	45.9	23.9	8.3	20.8	1.2	43.0	26.6	9.7	19.3	1.4	100.0	921
	Divorced/ separated/ widowed	43.2	17.4	28.5	41.3	15.4	14.8	--	25.9	43.9	15.4	14.8	--	100.0	7
Place of Residence	Urban	44.3	7.0	29.4	17.9	9.4	42.3	1.0	21.9	32.9	9.9	34.1	1.2	100.0	92
	Rural	27.3	13.3	47.5	24.7	8.2	18.3	1.2	45.2	26.0	9.8	17.6	1.4	100.0	836
Level of education	None	19.0	14.0	61.5	21.6	6.1	10.3	.6	56.8	27.1	7.0	8.5	.5	100.0	319
	Up to Primary	37.1	18.2	49.2	19.7	9.5	19.6	1.9	44.7	16.9	11.5	22.7	4.1	100.0	166
	Middle	26.9	14.2	41.7	32.6	9.0	15.8	.9	32.5	39.4	10.0	16.4	1.7	100.0	183
	Up to Secondary	37.1	5.8	31.7	22.3	7.3	37.6	1.2	36.1	24.1	11.7	28.0	.1	100.0	169
	Secondary +	38.6	7.4	18.3	26.7	14.6	37.6	2.8	24.6	22.7	12.1	39.8	.8	100.0	91
Wealth quintiles	Poorest	16.4	21.4	64.5	18.7	4.6	10.5	1.7	63.6	20.9	3.3	10.6	1.6	100.0	165
	Second	27.2	14.2	46.0	24.8	7.9	20.0	1.3	43.3	28.1	9.6	16.7	2.3	100.0	191
	Middle	29.6	13.0	44.0	23.7	12.1	20.2	--	43.0	23.0	14.4	18.8	.8	100.0	216
	Fourth	29.8	8.0	39.4	23.3	8.0	27.3	2.1	37.4	24.7	10.3	26.6	1.0	100.0	199
	Richest	42.7	6.9	36.2	30.1	7.9	24.8	1.1	27.6	38.8	9.7	22.6	1.2	100.0	158
Total		29.0	12.6	45.7	24.0	8.3	20.7	1.2	42.9	26.7	9.8	19.2	1.4	100.0	928

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12 KNOWLEDGE OF HIV/AIDS AND TUBERCULOSIS

Faateh ud din Ahmad and Hassan Raza

Acquired immune deficiency syndrome (AIDS) is caused by a human immunodeficiency virus (HIV) that weakens the immune system, making the body susceptible to and unable to recover from other diseases. It was first recognized internationally in 1981. HIV/AIDS is a pandemic with cases reported from every country. According to the UNAIDS epidemiological update, in 2007, the total number of people living with HIV worldwide was thirty three million

Throughout the duration of the pandemic, more than twenty one million people have already died from AIDS. In 2007 alone two million people succumbed to the illness, largely due to inadequate access to HIV prevention and treatment services. Every day, over 7,500 more people become infected with HIV. On a global level, the HIV pandemic remains the one of the most serious infectious disease challenges facing public health. This concern has been addressed and recognized within international forums, and is represented as a primary concern within the Millennium Development Goals.

Pakistan is a signatory to the Millennium Development Goals (MDGs). One of these goals states that Pakistan will "Halt and begin to reverse the spread of HIV/AIDS" by the year 2015. The primary objective of this programme is to seek not only a halt but reversal of HIV/AIDS spread. The project seeks to contain the epidemic among the group most at risk, and prevent it from establishing among the bridge groups and the general population. The National AIDS Programme latest figures show that over 4,000 HIV cases have so far been reported since 1986, but UN and government estimates put the number of HIV/AIDS cases around 97,000 ranging from lowest estimate 46,000 to highest estimate-210,000.

The government of AJK is aware of global HIV/AIDS epidemic and is fully committed to implement the proposed programme through a multi-sectoral approach. By the end of 2007, there were twenty eight HIV positive persons and six full blooming cases in Azad Jammu & Kashmir. National, Provincial and AJK AIDS control programmes through a participatory process have prepared a strategic framework to effectively deal with HIV/AIDS epidemic. The strategic framework informs the basis of enhanced HIV/AIDS control programme.

This chapter presents findings of AJKDHS, 2010, about current levels of knowledge (general and specific) on AIDS and Tuberculosis (TB) related issues among the ever married women age 15-49 years,

such as the proportion who have ever heard about AIDS, methods of preventing AIDS, misconceptions about AIDS, and other AIDS,TB related issues.

12.1 Knowledge of AIDS

In order to collect adequate information about the level of HIV/AIDS knowledge, AJK DHS, 2010 respondents were asked a general question, whether they have ever heard about the AIDS illness. All those who responded in the affirmative were asked additional questions about various ways of spread and prevention of AIDS including; whether it is possible to reduce chance of getting the AIDS virus by using a condom at every sexual intercourse. Further more, to get an assessment of the level of possible misconceptions, respondents were also asked whether they think it is possible that a person can get AIDS from mosquito bites, sharing food with a person who has AIDS or through witchcraft or supernatural means.

Table 12.1 below present percentages of ever married women age 15-49 years who have heard of AIDS by background characteristics.

Table 12.1: Knowledge of AIDS
Percentage of ever married women age 15-49 years who have heard of AIDS by background characteristics, AJKDHS-2010

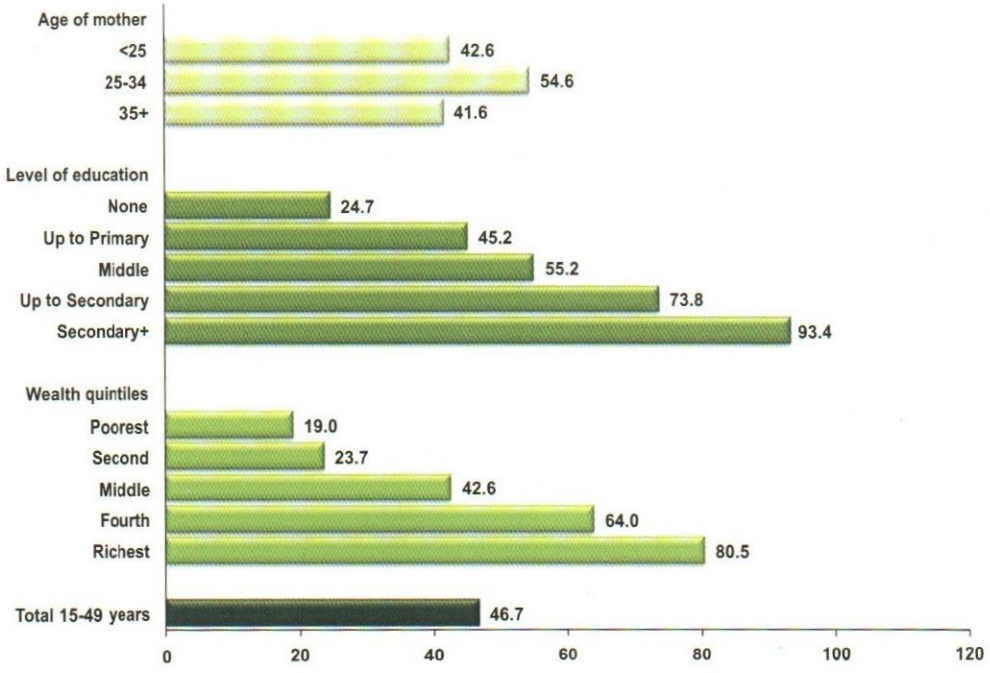
Background characteristics		Has heard of AIDS	Number of women
Age of mother	< 25	42.6	302
	25-34	54.6	662
	35 +	41.6	805
Marital status	Married	47.0	1698
	Divorced/separated/widowed	38.3	72
Place of Residence	Urban	73.3	198
	Rural	43.3	1572
Level of education	None	24.7	743
	Up to Primary	45.2	303
	Middle	55.2	313
	Up to Secondary	73.8	260
	Secondary +	93.4	151
Wealth quintiles	Poorest	19.0	288
	Second	23.7	375
	Middle	42.6	382
	Fourth	64.0	386
	Richest	80.5	339
Total 15 – 49 years		46.7	1770

The level of awareness of AIDS is relatively higher among women age group 25-34 years (55 percent), while ever married women age>35 years, have the lowest level of awareness (42 percent) about AIDS.

The knowledge of AIDS is significantly high among currently married women as compared to divorced/separated or widowed women. Two out of five (43 percent), respondents living in rural areas have heard about AIDS, whereas, three-fourth (73 percent) of all urban respondents have heard about AIDS. The level of awareness is strongly associated with the level of education and wealth quintiles; the knowledge about AIDS is almost universal among respondents with secondary or above level of education (93 percent), only quarter of the respondents with no education has ever heard about AIDS. Similarly the level of awareness is the lowest among the women in the poorest quintile (19 percent) and it is eighty one percent among the respondents in the richest quintile.

The picture is more visible in figure 12.1 below.

Figure 12.1: Percentage of Ever Married Women Age 15-49 Years Who Have Heard of AIDS by Background Characteristics, AJKDHS-2010



12.2 Knowledge of Ways to Prevent HIV/AIDS

To ascertain the knowledge about the prevention of HIV/AIDS, respondents were asked specific question about whether it is possible to reduce the chances of getting AIDS virus by using a condom at every sexual encounter. Table 12.2 present the results. Only five percent of women age 15-49 years replied in affirmative. This shows ineffectiveness of the programme efforts in creating awareness about prevention of HIV/AIDS virus in Azad Jammu & Kashmir. Among these (5 percent) women, the knowledge of prevention of AIDS virus by using condoms at every sexual intercourse is relatively high among respondents in the age group 25-34 years (7 percent) as compared to women in younger and older ages.

Surprisingly, rural women have more knowledge (5 percent) about specific method of prevention than their urban counterparts; however, the difference is not significant (less than 1 percent).

Table 12.2 Knowledge of HIV/AIDS Prevention Methods

Percentage of ever-married women age 15-49 years who, in response to prompted questions, say that people can reduce the risk of getting the AIDS virus by using condoms every time they have sexual intercourse, by background characteristics, AJKDHS-2010

Background characteristics		Percentage who say AIDS can be prevented by using Condoms	Number of women
Age of mother	< 25	4.0	302
	25-34	6.7	662
	35 +	4.4	805
Marital status	Married	5.3	1698
	Divorced/separated/widowed	3.2	72
Place of Residence	Urban	4.6	198
	Rural	5.3	1572
Level of education	None	4.6	743
	Up to Primary	5.2	303
	Middle	7.3	313
	Up to Secondary	4.3	260
	Secondary +	5.5	151
Wealth quintiles	Poorest	5.7	288
	Second	3.9	375
	Middle	3.1	382
	Fourth	6.0	386
	Richest	7.8	339
Total 15 – 49 years		5.2	1770

Table 12.2 reveals that the AIDS prevention awareness is not associated with the respondent's level of education as the awareness level is found slightly higher among women with middle level of education than women with other educational levels. However, the AIDS prevention knowledge is slightly higher among the women in fourth and richest wealth quintiles than others.

12.3 Comprehensive Knowledge of HIV/AIDS

The AJKDHS, 2010, also includes questions to assess the prevalence of common misconceptions about AIDS and HIV transmission. Respondents were asked whether they think it is possible that a person can get HIV/AIDS from mosquito bites, by supernatural means like witchcraft, or by sharing food with a person who has AIDS.

The data presented in table 12.3 indicates that the proportion of women age 15-49 years who have accurate knowledge about the ways in which the AIDS virus can and cannot be transmitted is relatively low. One in five (21 percent), women know that AIDS cannot be transmitted by mosquito bites. Twelve

percent correctly stated that a person cannot get the AIDS virus by supernatural means. Eighteen percent women correctly believe that a person cannot become infected by sharing food with a person who has AIDS. By background characteristics, women in age 25-34 years, those living in urban areas, the ones with higher education and the women in the richest wealth quintile are more likely to have proper knowledge about transmissions of HIV/AIDS virus.

Table 12.3 also provides an assessment of the level of comprehensive knowledge of HIV/AIDS prevention and transmission. Comprehensive knowledge of HIV/AIDS is comprised of the following information:

(i) Knowing that using condom at every sexual contact is essential, and (ii) Rejecting the two common local misconceptions that HIV/AIDS can be transmitted through mosquito bites and by sharing food. Table 12.3 reveals that the percentage of ever married women age 15-49 years with comprehensive knowledge of AIDS is very low (3 percent). The data by background characteristics indicates that women living in urban areas, with secondary and above level of education and in the richest wealth quintile are more likely to have comprehensive knowledge of HIV/AIDS than others.

Table 12.3: Comprehensive Knowledge of AIDS

Percentage of women age 15-49 years who say that a healthy looking person can have the AIDS virus and who, in response to prompted questions, correctly reject local misconceptions about AIDS transmission or prevention, and the percentage with a comprehensive knowledge about AIDS, by background characteristics, AJKDHS-2010

Background characteristics		Knowledge about AIDS	Percentage of women who say that			Percentage with a comprehensive knowledge about AIDS	Do you know any person having AIDS or died from AIDS	Number of women
			AIDS cannot be transmitted by mosquito bite	A person cannot be effected by sharing food with a person who has AIDS	AIDS cannot be transmitted by supernatural means			
Age of mother	< 25	42.6	17.6	14.3	9.5	1.2	5.2	302
	25-34	54.6	23.7	22.1	13.1	3.3	4.4	662
	35 +	41.6	19.6	17.0	10.9	3.0	4.0	805
Marital status	Married	47.0	21.0	18.4	11.6	2.9	4.6	1698
	Divorced/ separated/ widowed	38.3	17.3	19.5	7.8	.5	.0	72
Place of Residence	Urban	73.3	45.0	36.6	17.4	7.6	3.0	198
	Rural	43.3	17.8	16.2	10.7	2.2	4.5	1572
Level of education	None	24.7	7.2	7.4	4.1	.7	3.2	743
	Up to Primary	45.2	18.6	18.7	10.6	2.4	3.3	303
	Middle	55.2	23.2	17.9	14.5	3.4	4.5	313
	Up to Secondary	73.8	40.4	33.8	24.1	5.7	5.3	260
	Secondary +	93.4	53.7	47.0	21.4	7.7	10.3	151
Wealth quintiles	Poorest	19.0	2.9	4.3	2.7	.5	.0	288
	Second	23.7	10.6	7.8	5.2	1.2	.8	375
	Middle	42.6	21.9	16.1	9.2	3.0	3.2	382
	Fourth	64.0	24.3	22.3	17.8	3.9	11.3	386
	Richest	80.5	42.1	40.6	21.3	5.0	5.4	339
Total 15 – 49 years		46.7	20.8	18.4	11.5	2.8	4.4	1770

12.4 Knowledge of HIV Transmission from Mother to Child

An important route of transmission of HIV in the general population is mother to child transmission (MTCT). The government of Pakistan has launched a programme to reduce this route of transmission.

In AJKDHS, 2010, women were asked whether they know that AIDS virus can be transmitted from mother to child during pregnancy, during delivery, and through breastfeeding. Table 12.4 indicates that thirty six percent women know that HIV can be transmitted from mother to children during pregnancy (MTCT) and thirty percent ever married women know that the virus can be transmitted during delivery while one third (32 percent) of women are aware that the virus can be transmitted during breastfeeding.

Knowledge of HIV transmission during pregnancy and through delivery and breastfeeding is positively associated with women's education and wealth quintiles. Seventy two percent women with higher educational level are aware of HIV transmission during pregnancy, while half of the women (55 percent) with same level of education are aware of HIV transmission through delivery and sixty two percent women know that the HIV virus can be transmitted from mother to child by breastfeeding, Similarly, awareness about transmission of HIV/AIDS through the above stated routes increase with the raise in wealth quintile. Urban women are also more likely to know the transmission route than women living in rural areas. Whereas, women in age group 25-24 years are also more likely to know HIV/AIDS virus transmission route than women in other age groups.

Table 12.4: Knowledge of Prevention of Mother-to-Child Transmission of HIV

Percentage of ever-married women who know that HIV can be transmitted from mother to child during pregnancy, at delivery, and by breastfeeding, by background characteristics, AJKDHS-2010

Background characteristics		Percentage of women who know that AIDS can be transmitted			Number of women
		During pregnancy	During delivery	By Breastfeeding	
Age of mother	< 25	29.9	25.7	30.1	302
	25-34	43.7	35.8	38.3	662
	35 +	31.1	26.3	28.0	805
Marital status	Married	35.6	29.7	32.3	1698
	Divorced/ separated/ widowed	35.5	31.5	30.9	72
Place of Residence	Urban	53.4	45.8	43.2	198
	Rural	33.4	27.8	30.9	1572
Level of education	None	18.6	17.1	18.1	743
	Up to Primary	34.0	26.5	30.9	303
	Middle	42.7	35.8	39.0	313
	Up to Secondary	56.5	48.0	48.6	260
	Secondary +	71.6	54.7	62.3	151
Wealth quintiles	Poorest	12.0	11.1	12.5	288
	Second	18.5	17.1	20.0	375
	Middle	32.9	27.9	31.1	382
	Fourth	48.2	39.5	42.0	386
	Richest	63.3	50.7	52.8	339
Total 15 – 49 years		35.6	29.8	32.2	1770

12.5 Knowledge of Tuberculosis

The AJKDHS, 2010 also collected data on women's knowledge and attitudes concerning tuberculosis (TB). The respondents were asked "have you ever heard of an illness called tuberculosis". All those who have the knowledge about TB were asked additional questions like how TB spreads from one person to another and that TB can be cured, finally they were asked whether doctor or nurse ever told them that they have TB.

Table 12.5 shows that majority (87 percent) of ever married women age 15-49 years in Azad Jammu and Kashmir have heard about TB. Data by background characteristics reveals that, women who lived in urban areas, those who have higher education and belonging to the highest wealth quintile are more likely to have heard about TB than their counterparts in other categories. The percentage is more visible in figure 12.2 below.

Figure 12.2: Percentage of Ever Married Women Age 15-49 Years Who Have Heard of Tuberculosis by Background Characteristics, AJKDHS-2010

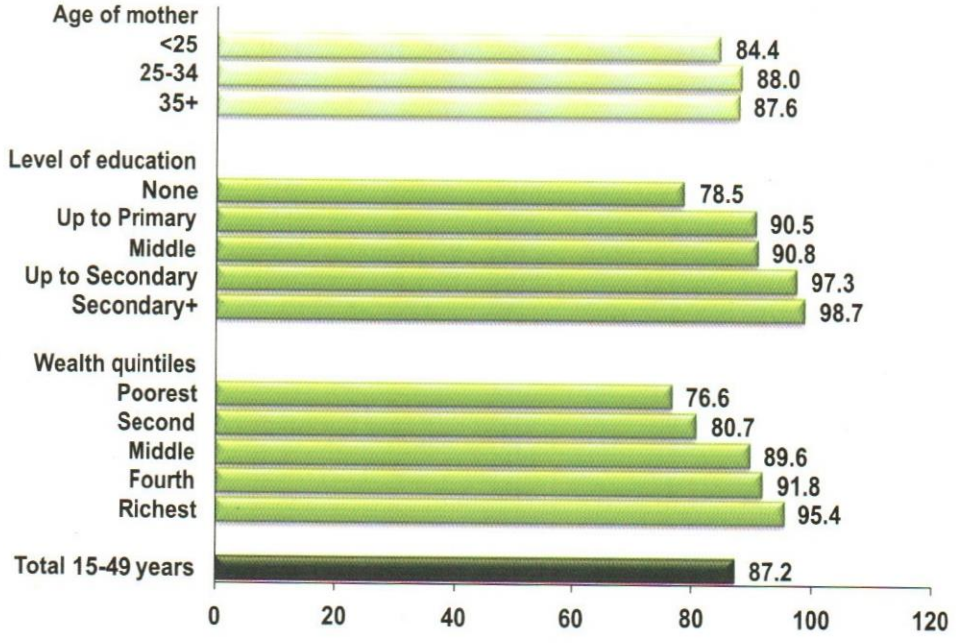


Table 12.5: Knowledge of Tuberculosis

Percentage of ever-married women age 15-49 who have heard of tuberculoses by background characteristics AJKDHS-2010

Background characteristics		Has heard of TB	Number of women
Age of mother	< 25	84.4	302
	25-34	88.0	662
	35 +	87.6	805
Marital status	Married	87.4	1698
	Divorced/ separated/ widowed	81.6	72
Place of Residence	Urban	94.1	198
	Rural	86.3	1572
Level of education	None	78.5	743
	Up to Primary	90.5	303
	Middle	90.8	313
	Up to Secondary	97.3	260
	Secondary +	98.7	151
Wealth quintiles	Poorest	76.6	288
	Second	80.7	375
	Middle	89.6	382
	Fourth	91.8	386
	Richest	95.4	339
Total 15 – 49		87.2	1770

12.6 Comprehensive Knowledge of Tuberculosis Transmission

In AJKDHS, 2010 to assess respondents' knowledge about common misconceptions about TB transmission, question was asked whether they think it is possible that a person can get TB from mosquito bite, through air when coughing and sneezing, through sexual contact or through sharing food with a person who has TB.

Table 12.6 elaborates comprehensive knowledge about TB. It shows that twenty five percent of ever-married women reported that TB can be transmitted through sexual contact and two-third (66 percent) reported TB can spread through air when coughing and sneezing, while about three fourth (72 percent) ever-married women age 15-49 years reported that TB can spread by sharing food with person who is suffering from TB illness. Surprisingly, the misconception is high among urban women, those with higher education and women living in households belonging to richest wealth quintile. Table also depicts the misconception about the spread of TB disease. Only four percent of ever married women have the misconception that TB can be transmitted by mosquito bites.

Moreover, eight out of ten ever married women (81 percent) know that TB is curable. Table 12.6 also shows that very small proportion (2 percent) of ever-married women age 15-49 years have comprehensive knowledge about the TB.

Table 12.6: Comprehensive Knowledge of Tuberculosis

Percentage of women age 15-49 years who say that a healthy looking person can have the tuberculosis and who, in response to prompted questions, correctly reject local misconceptions about tuberculosis transmission or prevention, and the percentage with a comprehensive knowledge about tuberculosis, by background characteristics, AJKDHS-2010

Background characteristics		Percentage with a comprehensive knowledge about TB	Percentage who say that				TB can be cured	Number of women
			Through air when coughing and sneezing	A person effected by sharing food with a person who has TB	Through sexual contact	Through mosquito bites		
Age of mother	< 25	1.6	64.6	66.7	27.2	5.2	77.3	302
	25-34	2.3	67.1	71.1	23.7	2.2	81.8	662
	35 +	1.7	65.5	73.6	24.7	4.7	81.4	805
Marital status	Married	2.0	66.0	71.7	25.4	3.9	81.0	1698
	Divorced/separated/widowed	.0	63.7	68.4	9.9	3.4	78.2	72
Place of Residence	Urban	.9	81.6	82.4	17.6	1.5	91.6	198
	Rural	2.0	64.0	70.2	25.7	4.1	79.5	1572
Level of education	None	2.4	53.0	62.8	23.6	5.9	70.7	743
	Up to Primary	.7	66.3	76.5	20.2	2.9	78.6	303
	Middle	.6	67.0	72.3	23.6	2.6	87.3	313
	Up to Secondary	3.4	86.4	81.6	33.2	1.2	95.3	260
	Secondary +	2.1	91.2	85.2	27.9	2.8	97.1	151
Wealth quintiles	Poorest	2.0	46.1	56.2	20.7	6.2	65.4	288
	Second	3.6	58.4	66.2	20.1	4.7	73.1	375
	Middle	1.7	68.5	71.6	26.6	1.5	86.6	382
	Fourth	1.7	71.9	79.4	32.5	2.8	86.7	386
	Richest	.5	81.5	81.4	22.5	4.7	89.4	339
Total 15 – 49		1.9	65.9	71.5	24.8	3.8	80.8	1770

12.7 Safe Injection Practices

Failure to follow safe injection practices increases the risk of transmission of blood-born pathogens. To obtain information on the prevalence of injection, AJKDHS respondents were asked about the total number of injections that they had in the 12 months before the survey, how many of these injections were administered by a health care provider, where they obtained the syringe for the last injection, and whether the person who gave that injection took the syringe and needle from a new, unopened package.

Table 12.7 presents data on the prevalence of injections among AJKDHS respondents. The results indicate that more than two-fifth (44 percent) of women had at least one injection in 12 months before the survey, with an average of four injections per women.

Table 12.7 also shows data by background characteristics of the women who received these injections. The results reveal that the prevalence of injections tends to decrease with increase in age of respondents and increase with the raise in wealth quintiles, while the mean number of injections received in last 12 months does not have significant variation by background characteristics of respondents.

In addition to the basic information on the frequency of injections, the AJKDHS included question concerning the safety of injections. Respondents who had a recent injection were asked whether the provider has taken the syringe and needle from a new unopened package, ninety four percent reported that the provider has followed this basic injection safety procedure. Safe injection practice is not strongly positively associated with education as there is no significant variation with the women with high level of education while it has increasing trend with wealth quintile except for the richest quintile. Women living in urban areas are slightly more likely to have safe injections than women of rural areas, however, the difference is negligible (0.6 percent).

Table 12.7: Prevalence of Medical Injections

Percentage of ever-married women age 15-49 who received at least on medical injection in the 12 months preceding the survey, the average number of medical injections per person in the 12 months preceding the survey, and among those who received a medical injection the percentage of last medical injections for which the syringe and needle were taken from a new, unopened package, by background characteristics, AJKDHS-2010

Background characteristics		Percentage who received a medical injection in the past 12-months	Average No. of medical injections per women in the past 12-months	Number of women	For last injection, syringe and needle taken from a new, unopened package	Women receiving medical injection in the past 12-months
Age of mother	< 25	53.4	3.7	302	97.2	161
	25-34	51.6	3.2	662	92.5	342
	35 +	33.2	3.7	805	93.8	268
Marital status	Married	44.1	3.5	1698	93.7	748
	Divorced/ separated/ widowed	31.7	3.3	72	100.0	23
Place of Residence	Urban	41.4	2.5	198	94.5	82
	Rural	43.8	3.6	1572	93.9	689
Level of education	None	33.0	2.9	743	89.5	245
	Up to Primary	41.1	4.2	303	91.2	125
	Middle	55.8	3.7	313	98.1	175
	Up to Secondary	52.7	3.5	260	96.1	137
	Secondary +	59.2	4.9	151	98.4	90
Wealth quintiles	Poorest	29.7	1.8	288	87.5	86
	Second	31.7	2.3	375	90.8	119
	Middle	45.3	3.5	382	94.9	173
	Fourth	52.6	3.8	386	98.5	203
	Richest	56.2	5.9	339	93.0	190
Total		43.5	3.5	1770	93.9	771

Reference:

1. 2008 Report on the global AIDS epidemic, UNAIDS, 2008, Wikipedia
2. National AIDS control program report, 2008
3. (Formatting needed for reference?)

ANNEXES

A. List of indicators – AJKDHS 2010

- **Fertility and reproduction:**
  - Age-specific and total fertility rates;
  - Fertility preferences (percent who want no more children, ideal number of children);
  - Level of unwanted and mistimed births.
- **Family Planning:**
  - Knowledge of contraceptive methods,
  - Contraceptive prevalence rate;
  - Reasons for non-use;
  - Unmet need for family planning services;
- **Determinants of Fertility:**
  - Median age at first marriage;
  - Percent of husband staying elsewhere;
  - Percent of women have abortion
- **Practice of MCH Care:**
  - Antenatal Care Visits;
  - Delivery at Health facility;
  - Postnatal Care Visits;
  - Breastfeeding Pattern;
  - Utilization of health facilities;
- **Knowledge about TB, HIV/AIDS:**
  - Awareness of HIV/AIDS mode of transmission;
  - Awareness of tuberculosis and mode of transmission;
  - Knowledge of a place to get treatment for health problem;
- **Housing Characteristics:**
  - Housing structure;
  - Source of drinking water and type of toilet facility;
  - Possession of durable items by the household members;
  - Measurement of household socio-economic status (wealth index).

B. Persons involved in AJKDHS 2010

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S.No.	Name	Designation/ Organization
1.	Dr. Sajid Ahmad	Chairman/ Executive Director, NIPS
2.	Mr. Amanullah Bhatti	Project Director/ Director (R&S), NIPS
3.	Dr. Mumtaz Eskar	Director General (Technical Wing) M/0 Population Welfare (Defunct)
4.	Mr. Abdul Ghaffar Khan	Director General (Project) M/0 Population Welfare (Defunct)
5.	Syed Mubashir Ali	Former Principal Investigator, PDHS (NIPS) Freelance Consultant
6.	Mr. Mehboob Sultan	Former Director (R&S), NIPS Freelance Consultant
7.	Mr. Iqbal Ahmad	Former Director (HRD), NIPS Freelance Consultant
8.	Mr. Muhammad Ramzan	Director (Sample design), Federal Bureau of Statistics (FBS)
9.	Mr. Tariq Masud	UNFPA Coordinator – MoPW
10.	Mr. Zeeshan Arif	Director, Population Welfare Department, AJK, Muzaffarabad
11.	Dr. Sabir Abbassi	District Health Officer, Health Department, AJK, Muzaffarabad
12.	Dr. Bushra Shams	District Programme Officer, UNFPA, Muzaffarabad
13.	Ms. Azra Aziz	Senior Fellow, NIPS
14.	Ms. Aysha Sheraz	Fellow, NIPS
15.	Mr. Zafar Zahir	Principal Investigator (PI), AJKDHS/ Associate Fellow, NIPS
16.	Mr. Faateh ud Din Ahmad	Data Processing Manager, NIPS
17.	Ms. Rabia Zafar	Co-Principal Investigator, AJKDHS/ Associate Fellow
18.	Mr. Mubashir Baqai	Deputy Principal Investigator/ Associate Fellow, NIPS
19.	Mr. Imran Pasha	Project Coordinator AJKDHS/ Research Associate, NIPS
20.	Mr. Hassan Raza	Office Coordinator, AJKDHS, NIPS

D. AJKDHS Field Staff

Team No.	Team Name	Name	Designation	District of residence
Field Coordinator		Raja Muhammad Iqbal khan	Field Coordinator	Bagh
Team No-01	Muzaffarabad-1	Ghulam Nabi Butt	Supervisor	Muzaffarabad
		Shazia Kanwal	Interviewer	Bagh
		Irum Latif	Interviewer	Muzaffarabad
		Farhat Ara	Interviewer	Muzaffarabad
Team No-02	Muzaffarabad-2	Muhammad Irfan Siddique	Supervisor	Muzaffarabad
		Huma Ashiq Khan	Interviewer	Rawalakot
		Nosheen Sadiq	Interviewer	Rawalakot
		Farhat Hashmi	Interviewer	Bagh
Team No-03	Muzaffarabad-3	Anjum Kiani	Supervisor	Bagh
		Zahida Perveen	Interviewer	Bagh
		Syeda Zakia Batool	Interviewer	Bagh
		Kaneez Fatima	Interviewer	Bagh
Team No-04	Bagh	Syed Akif Arshad	Supervisor	Bagh
		Fakhr un Nisa	Interviewer	Bagh
		Syeda Salma Fatima	Interviewer	Bagh
		Shazia Afzal	Interviewer	Bagh
Team No-05	Rawalakot	Tariq Mehmood	Supervisor	Rawalakot
		Lubna Sharaf	Interviewer	Rawalakot
		Mehnaz Akhtar	Interviewer	Rawalakot
		Shabana Shafique	Interviewer	Rawalakot
Team No-06	Sudnuti	Azhar Ali	Supervisor	Sudhnutti
		Saiqa Basher	Interviewer	Rawalakot
		Saima Mujeed	Interviewer	Rawalakot
		Amna Zareen	Interviewer	Rawalakot
Team No-07	Mirpur-1	Nisar Hussain	Supervisor	Kotli
		Samreen Akhtar	Interviewer	Rawalakot
		Shabnam Latif	Interviewer	Rawalakot
		Khalida Kanwal	Interviewer	Bagh
Team No-08	Mirpur-2	Muhammad Shahzad.	Supervisor	Bagh
		Jamila Yousaf	Interviewer	Bagh
		Shabnam Nazir	Interviewer	Bagh
		Uzma Shafique	Interviewer	Bagh
Team No-09	Bimber	Raja Shahid iqbal Khan	Supervisor	Bagh
		Rozia Haleem	Interviewer	Rawalakot
		Kishwar Naz	Interviewer	Rawalakot
		Shagufta Liaqat	Interviewer	Rawalakot
Team No-10	Kotli	Faisal Khurshid	Supervisor	Kotli
		Rahila Azam	Interviewer	Rawalakot
		Zobia Talib	Interviewer	Rawalakot
		Rabia Arif	Interviewer	Rawalakot

E. Questionnaires

NATIONAL INSTITUTE OF POPULATION STUDIES

AZAD JAMMU AND KASHMIR DEMOGRAPHIC AND HEALTH SURVEY 2010-11

COMMUNITY QUESTIONNAIRE

(FOR RURAL SAMPLE CLUSTER ONLY)

(IF MORE THAN ONE VILLAGE IN THE SAMPLE CLUSTER, GET INFORMATION FROM THE LARGEST)

IDENTIFICATION

DISTRICT (MUZAFFARABAD=1; RAWALAKOT=2; BAGH=3; SADHONGTI=4; MIRPUR=5; KOTLI=6; (BHIMBER=7; NEELUM=8; HATTIAN BALA=09; HAVELI=10)

DISTRICT _____ ☐☐

TEHSIL _____

CLUSTER NUMBER ..... ☐☐

INFORMATION ABOUT THE PARTICIPANTS

PEOPLE WHO PARTICIPATED TO PROVIDE INFORMATION (WRITE NAME AND POSITION, E.G., VILLAGE LEADER, NAZIM, COUNCILLOR, RELIGIOUS LEADER, CHOWKIDAR, LOCAL FEMALE OR MALE TEACHER, LHV OR LHW)

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

DATE / RESULT

DAY ☐☐

MONTH ☐☐

YEAR 2 0 1 0

INT. NUMBER ☐☐☐

RESULT * ☐

*RESULT CODES:

1 COMPLETED

2 UNABLE TO FIND SUITABLE RESPONDENTS

9 OTHER _____ (SPECIFY)

LANGUAGE OF QUESTIONNAIRE: **ENGLISH**

INTERVIEWER/SUPERVISOR	OFFICE EDITOR	KEYED BY
NAME _____	☐☐	☐☐
DATE _____		

1. GENERAL DESCRIPTION

NO.	QUESTIONS	CODING CATEGORIES	SKIP
101	How far is the district headquarters from this village? ASK FROM THE CENTER OF THE LARGEST VILLAGE	KILOMETERS ..... ☐☐ 95 KMS. OR MORE 95	
102	Is the road to the district headquarters **mainly** a katcha road or a pukka road?	MAINLY KATCHA ..... 1 MAINLY PUKKA 2	
103	How far is it from this village to the road that goes to the district headquarters? ASK FROM THE CENTER OF THE LARGEST VILLAGE	LESS THAN 1 KM. ..... 00 KILOMETERS ..... ☐☐ 95 KMS. OR MORE 95	
104	How do most people get from here to the road?	WALK ..... 01 RICKSHAW ..... 02 BICYCLE ..... 03 MOTORBIKE ..... 04 PRIVATE CAR / TAXI / SUZUKI VAN TRACTOR TROLLY ..... 05 TONGA/CATTLE CART ..... 06 BUS / TRUCK ..... 07 OTHER _____ 96 (SPECIFY)	
105	If a woman in this village has a serious problem with her pregnancy, where would she go for treatment? _____ (NAME OF PLACE)	DHQ HOSPITAL ..... 01 THQ HOSPITAL ..... 02 MCH CENTRE ..... 03 RHC ..... 04 BHU ..... 05 PRIVATE CLINIC / HOSPITAL ..... 06 DAI / BIRTH ATTENDANT ..... 07 LADY HEALTH WORKER 08	
106	How would she reach (NAME OF PLACE IN 105)?	WALK ..... 01 RICKSHAW ..... 02 BICYCLE ..... 03 MOTORBIKE ..... 04 PRIVATE CAR / TAXI / SUZUKI VAN TRACTOR TROLLY ..... 05 TONGA/CATTLE CART ..... 06 BUS / TRUCK ..... 07 OTHER _____ 96 (SPECIFY)	→ 108
107	Is transport available during the night time?	YES ..... 1 NO ..... 2 DOES NOT KNOW/NOT SURE 8	
108	How long would it take to reach the facility using this means? GIVE TIME IN MINUTES ONLY.	MINUTES ..... ☐☐☐ DOES NOT KNOW 998	
109	Is there a Lady Health Worker in this village?	YES ..... 1 NO ..... 2 DOES NOT KNOW/NOT SURE 8	→ 201

NO.	QUESTIONS	CODING CATEGORIES	SKIP
110	What services does she provide? CIRCLE ALL MENTIONED.	ANTENATAL CARE ..... A DELIVERY ..... B CHILD IMMUNIZATIONS ..... C CHILD CARE SERVICE ..... D FAMILY PLANNING ..... E GENERAL AILMENTS ..... F OTHER _____ X (SPECIFY)	
111	Does the LHW make house visits on a regular basis?	YES ..... 1 NO ..... 2 DOES NOT KNOW/NOT SURE 8	

2. AVAILABILITY OF FACILITIES AND SERVICES

Now I would like to ask you about facilities and other services that may be in this village or at some distance.

	Type of facility/service	201 Is the (FACILITY / SERVICE) in this village?	202 How far away is (FACILITY/ SERVICE) from this village? **IF >95 KMS, WRITE 95.**
a.	Medical store?	YES . 1 NO 2 →	KMS. . . . .
b.	General store or shop?	YES . 1 NO 2 →	KMS. . . . .
c.	Motorized public transport?	YES . 1 NO 2 →	KMS. . . . .
d.	Non-motorized public transport?	YES . 1 NO 2 →	KMS. . . . .
e.	Post office?	YES . 1 NO 2 →	KMS. . . . .
f.	Bank?	YES . 1 NO 2 →	KMS. . . . .
g.	Primary school for **boys**?	YES . 1 NO 2 →	KMS. . . . .
h.	Primary school for **girls**?	YES . 1 NO 2 →	KMS. . . . .
i.	Secondary school for **boys**?	YES . 1 NO 2 →	KMS. . . . .
j.	Secondary school for **girls**?	YES . 1 NO 2 →	KMS. . . . .
k.	Any ambulance service?	YES . 1 NO 2 →	KMS. . . . .
l.	Ultrasound services for pregnant women?	YES . 1 NO 2 →	KMS. . . . .
m.	A waste water drainage scheme?	YES . 1 NO 2	
n.	A drinking water scheme?	YES . 1 NO 2	
o.	Television service?	YES . 1 NO 2	
p.	Cable television connections	YES . 1 NO 2	
q.	Any land-line telephone service?	YES . 1 NO 2	
r.	Mobile telephone coverage?	YES . 1 NO 2	
s.	Any public call office (PCO)?	YES . 1 NO 2	

3. AVAILABILITY OF HEALTH FACILITIES

NO.	QUESTIONS	CODING CATEGORIES	SKIP
301	Please tell me how far away each of the following facilities are from here? **ASK FROM THE CENTER OF THE (LARGEST) VILLAGE**	**IF LESS THAN 1 KM PUT 00** **IF 95 KMS. OR MORE PUT 95**	
	a. Dai?	KILOMETERS	
	b. A **functioning*** basic health unit (BHU)?	KILOMETERS	
	c. A rural health center (RHC)?	KILOMETERS	
	d. A government dispensary.	KILOMETERS	
	e. A **functioning*** MCH Centre.	KILOMETERS	
	f. A private doctor.	KILOMETERS	
	g. A dispenser or a compounder.	KILOMETERS	
	h. A family welfare center (FWC) or somewhere else to get family planning.	KILOMETERS	
	i. A hakeem or homeopath.	KILOMETERS	
	j. A hospital.	KILOMETERS	
302	Think back over the last 3 years, has any woman in this village died because of a problem of pregnancy or died during childbirth or within 6 weeks of childbirth?	YES ..... 1 NO ..... 2 DOES NOT KNOW/NOT SURE 8	→ END
303	Please tell me about the death(s). WHO IT WAS, WHEN IT OCCURRED.	WHO WAS IT - NAME / WIFE OF: _____ _____ WHEN DID IT OCCUR: _____ _____ END OF INTERVIEW	

* **Funtioning** facility: Presence of LHV to provide required services on regular basis.

NATIONAL INSTITUTE OF POPULATION STUDIES
AZAD JAMMU AND KASHMIR DEMOGRAPHIC AND HEALTH SURVEY 2010

HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION

DISTRICT (MUZAFFARABAD=01; RAWALAKOT=02; BAGH=03; SADHONGTI=04; MIRPUR=05; KOTLI=06; (BHIMBER=07; NEELUM=08; HATTIAN BALA=09; HAVELI=10) ..... ☐☐

AREA (URBAN=1; RURAL=2) ..... ☐

TEHSIL _____

CLUSTER NUMBER ..... ☐☐

HOUSEHOLD NUMBER ..... ☐☐

NAME OF HOUSEHOLD HEAD _____

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY ☐☐ MONTH ☐☐ YEAR 2010
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER ☐☐
RESULT*	_____	_____	_____	RESULT ☐
NEXT VISIT: DATE / TIME	_____ _____ _____	_____ _____ _____		TOTAL NUMBER OF VISITS ☐

*RESULT CODES:

1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER _____ (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD ☐☐

TOTAL ELIGIBLE WOMEN ☐☐

LINE NO. OF RESPONDENT ☐☐

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	☐☐	☐☐
DATE _____ ☐☐	DATE _____ ☐☐		

السلام علیکم!

میرا نام۔۔۔۔۔۔۔۔۔۔۔۔ ہے۔اور میں (NIPS, Islamabad) میں کام کرتی ہوں۔ہم صحت کے مختلف مسائل سے متعلق آزاد جموں وکشمیر میں سروے کررہے ہیں۔اگر آپ اس سروے میں شریک ہوکر ہماری مدد کریں گے تو ہم آپ کے بڑے شکرگزار ہوں گے۔اس سروے میں سب سے پہلے ہم آپ کے کنبے کے بارے میں چند ایک سوال پوچھتے ہیں۔ہم آپکو یقین دلاتے ہیں کہ آپ کے جوابات صیغہ راز میں رکھیں جائیں گے۔اس سروے میں آپ کی شرکت کلی طور پر رضا کارانہ ہے۔اگر آپ کسی سوال کا جواب نہیں دینا چاہتیں تو آپ مجھے بتادیں، میں آپ سے اگلا سوال پوچھ لوں گی۔آپ یہ انٹرویو کسی وقت بھی ختم کرسکتی ہیں لیکن ہم امید کرتے ہیں کہ آپ اس سروے میں شریک ہوں گے کیونکہ آپ کے خیالات اس وقت ہمارے لیے بڑی اہمیت کے حامل ہیں۔اب کیا آپ اس سروے کے بارے میں مجھ سے کچھ پوچھنا پسند کریں گی؟ کیا میں اب آپ کا انٹرویو لینا شروع کروں؟

Signature of interviewer: _____ Date: تاریخ _____

RESPONDENT AGREES TO BE INTERVIEWED ..... 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED .... 2 → END

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household.

اَب ہم آپ سے اُن لوگوں کے بارے میں معلومات لینا چاہیں گے جو عام طور پر آپ کے گھرانے میں رہتے ہیں

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	AGE 12 OR OLDER	IF AGE 5 YEARS OR OLDER			ELIGIBILITY
						EDUCATION			
	Please give me the names of the persons who usually live in your household, starting with the head of the household. برائے مہربانی آپ مجھے ان افراد کے نام بتائیں جو عام طور پر آپکے گھرانے میں رہتے ہیں AFTER LISTING NAMES, RELATIONSHIP AND SEX FOR EACH PERSON, ASK Qs. 2A-2B TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK QUESTIONS IN COLUMNS 5-9 FOR EACH PERSON. گھرانے کے سربراہ سے شروع کریں۔	What is the relationship of (NAME) to the head of the household? گھرانے کے سربراہ سے (نام) کا کیا رشتہ ہے؟ (SEE CODES) (BELOW)	Is (NAME) male or female? (نام) مرد ہے یا عورت ہے؟	How old is (NAME)? (نام) کی کیا عمر ہے؟ IF LESS THAN 1 YEAR, WRITE '00'. IF AGE 96 YEARS OR MORE, WRITE '96'.	MARITAL STATUS What is (NAME'S) current marital status? (نام) کی موجودہ ازدواجی حیثیت کیا ہے؟ (SEE CODES) (BELOW)	Has (NAME) ever attended school? کیا (نام) نے کبھی سکول میں پڑھا ہے؟	What is the highest class of school (NAME) completed? (نام) نے آخری جماعت کونسی پاس کی ہے؟ (SEE CODES) BELOW)	IF AGE LESS THAN 25 YRS Is (NAME) still in school? کیا (نام) اب بھی سکول / کالج / یونیورسٹی میں پڑھتا/پڑھتی ہے؟	CIRCLE LINE NUMBER OF ALL **WOMEN** AGE 15-49 WHO ARE MARRIED, WIDOWED OR DIVORCED OR SEPARATED
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
			M F	IN YEARS	M W D/S N	YES NO	CLASS	YES NO	
01		0 1	1 2		1 2 3 4	1 2 → GO TO 10		1 2	01
02			1 2		1 2 3 4	1 2 → GO TO 10		1 2	02
03			1 2		1 2 3 4	1 2 → GO TO 10		1 2	03
04			1 2		1 2 3 4	1 2 → GO TO 10		1 2	04
05			1 2		1 2 3 4	1 2 → GO TO 10		1 2	05
06			1 2		1 2 3 4	1 2 → GO TO 10		1 2	06
07			1 2		1 2 3 4	1 2 → GO TO 10		1 2	07
08			1 2		1 2 3 4	1 2 → GO TO 10		1 2	08
09			1 2		1 2 3 4	1 2 → GO TO 10		1 2	09
10			1 2		1 2 3 4	1 2 → GO TO 10		1 2	10

CODES FOR Q. 3
RELATIONSHIP TO HEAD OF HOUSEHOLD:

01 =	سربراہ	09 =	جیٹھ، دیور، دیورانی، جیٹھانی، نند، سالا، سالی، بھابھی
02 =	بیوی یا خاوند	10 =	بھانجے، بھانجیاں، بھتیجے، بھتیجیاں
03 =	بیٹا یا بیٹی	11 =	دادا، دادی، نانا، نانی
04 =	داماد یا بہو	12 =	خالہ، خالو، چچا، چچی، ماموں، ممانی
		13 =	دیگر رشتہ دار
05 =	پوتا یا پوتی، نواسہ یا نواسی	14 =	لے پالک یا سوتیلے بچے
06 =	والدین	15 =	کوئی رشتہ نہیں
07 =	ساس اور سسر	16=	گھریلو نوکر
08 =	بہن یا بھائی	98 =	معلوم نہیں

CODES FOR Q. 6
MARITAL STATUS

1 =	حالیہ شادی شدہ
2 =	بیوہ/رنڈوا
3 =	طلاق یافتہ / علیحدگی ہو چکی
4 =	غیر شادی شدہ

CODES FOR Q. 8
EDUCATION CLASS:

00 = LESS THAN 1 YEAR COMPLETED
01 = CLASS 1;
02 = CLASS 2
...
10 = MATRIC, CLASS 10
11 = CLASS 11
....
16 = MASTER'S DEGREE OR MBBS, PhD, MPHIL, BSc (4 YEARS)
98 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	AGE 12 OR OLDER	IF AGE 5 YEARS OR OLDER			ELIGIBILITY
						EDUCATION			
	Please give me the names of the persons who usually live in your household, starting with the head of the household. برائے مہربانی آپ مجھے ان افراد کے نام بتائیں جو عام طور پر آپ کے گھرانے میں رہتے ہیں گھرانے کے سربراہ سے شروع کریں۔ AFTER LISTING NAMES, RELATIONSHIP AND SEX FOR EACH PERSON, ASK Qs. 2A-2B TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK QUESTIONS IN COLUMNS 5-9 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? گھرانے کے سربراہ سے (نام) کا کیا رشتہ ہے؟ **(SEE CODES) (BELOW)**	Is (NAME) male or female? (نام) مرد ہے یا عورت ہے؟	How old is (NAME)? (نام) کی کیا عمر ہے؟ IF LESS THAN 1 YEAR, WRITE '00'. IF AGE 96 YEARS OR MORE, WRITE '96'.	MARITAL STATUS What is (NAME'S) current marital status? (نام) کی موجودہ ازدواجی حیثیت کیا ہے؟ **(SEE CODES) (BELOW)**	Has (NAME) ever attended school? کیا (نام) نے کبھی سکول میں پڑھا ہے؟	What is the highest class of school (NAME) **completed?** (نام) نے آخری جماعت کونسی پاس کی ہے؟ **(SEE CODES) BELOW)**	IF AGE LESS THAN 25 YRS Is (NAME) still in school? کیا (نام) اب بھی سکول / کالج / یونیورسٹی میں پڑھتا/پڑھتی ہے؟	CIRCLE LINE NUMBER OF ALL **WOMEN** AGE 15-49 WHO ARE MARRIED, WIDOWED OR DIVORCED OR SEPARA-TED
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
			M F	IN YEARS	M W D/S N	YES NO	CLASS	YES NO	
11			1 2		1 2 3 4	1 2 GO TO 10		1 2	11
12			1 2		1 2 3 4	1 2 GO TO 10		1 2	12
13			1 2		1 2 3 4	1 2 GO TO 10		1 2	13
14			1 2		1 2 3 4	1 2 GO TO 10		1 2	14
15			1 2		1 2 3 4	1 2 GO TO 10		1 2	15
16			1 2		1 2 3 4	1 2 GO TO 10		1 2	16
17			1 2		1 2 3 4	1 2 GO TO 10		1 2	17
18			1 2		1 2 3 4	1 2 GO TO 10		1 2	18
19			1 2		1 2 3 4	1 2 GO TO 10		1 2	19
20			1 2		1 2 3 4	1 2 GO TO 10		1 2	20

TICK HERE IF CONTINUATION SHEET USED ☐

Just to make sure that I have a complete household listing:

اس بات کو یقینی بنانے کے لیے کہ میں نے گھرانے کے تمام افراد کے نام درج کر لیے ہیں۔ ذرا بتائیں کہ:۔

2A) Are there any other persons such as small children or infants that we have not listed?
Yes → 1 (فہرست میں شامل کریں)
No 2

کیا کچھ افراد اور ہیں مثلاً بچے یا شیر خوار جو اوپر دی گئی فہرست میں شامل ہونے سے رہ گئے ہوں۔

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here?
Yes → 1 (فہرست میں شامل کریں)
No 2

کیا ایسے دیگر لوگ ہیں جو آپ کے خاندان کے ارکان نہ ہوں جیسے گھریلو ملازم، کرایہ دار اور دوست احباب جو عام طور پر آپ کے ساتھ رہتے ہوں؟

IF NO MORE MEMBERS, GO TO 5

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
11	What is the main source of drinking water for members of your household? آپ کے گھرانے میں پینے کا پانی زیادہ تر کون سے ذریعے سے حاصل ہوتا ہے؟	**پائپ کے ذریعے پانی** گھر میں پانی کا کنکشن ..... 01 احاطہ میں پانی کا کنکشن ..... 02 پبلک / محلہ کا نلکا ..... 03 ٹیوب ویل / بور ..... 04 ہینڈ پمپ ..... 05 **گھر کا کنواں** ڈھکا ہوا محفوظ کنواں ..... 06 کھلا ہوا غیر محفوظ کنواں ..... 07 **پبلک کنواں** ڈھکا ہوا محفوظ کنواں ..... 08 کھلا ہوا غیر محفوظ کنواں ..... 09 **زمینی پانی** چشمہ ..... 10 دریا / ندی ..... 11 تالاب / جھیل ..... 12 ڈیم ..... 13 بارش کا پانی ..... 14 CART WITH SMALL TANK ..... 15 **ٹینکر ٹرک** ..... 16 **بوتل کا پانی** ..... 17 دیگر _____ 96 وضاحت کریں۔	→ 13
12	How long does it take to go there, get water, and come back? وہاں تک جانے، پانی لینے اور واپس آنے میں کتنا وقت لگتا ہے؟	منٹ ..... [ ][ ][ ] پانی گھر میں دستیاب ہے ..... 995 معلوم نہیں 998	
13	How many rooms in this household are used for sleeping? اس گھرانے میں سونے کے لیے کتنے کمرے استعمال کیے جاتے ہیں؟	سونے کے کمروں کے تعداد ..... [ ][ ]	
14	What kind of toilet facility do members of your household usually use? آپ کے کنبے کے افراد عام طور پر رفع حاجت / پاخانے کے لیے کس قسم کی سہولت کا استعمال کرتے ہیں؟	**FLUSH OR POUR FLUSH TOILET** فلش جو پبلک لائن سے منسلک ہے ..... 01 فلش جو سپٹک نظام سے منسلک ہے ..... 02 فلش جو کہیں اور سے منسلک ہے ..... 03 فلش جس کا پتہ نہیں کہاں سے منسلک ہے ..... 04 **گڑھے والی لٹرین** ڈھکے ہوئے گڑھے والی لٹرین ..... 05 گندی ہوا کیلئے پائپ گڑھے والی لٹرین ..... 06 بغیر ڈھکے ہوئے گڑھے والی لٹرین / کھلا گڑھا ..... 07 بالٹی والی لٹرین ..... 08 کوئی سہولت نہیں / جھاڑیوں / کھیتوں میں ..... 09 دیگر _____ 96 وضاحت کریں	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
15	Does your household have: کیا آپ کے گھر میں یہ چیزیں موجود ہیں؟	YES NO Electricity? بجلی ..... 1 2 Radio? ریڈیو ..... 1 2 Television? ٹیلی ویژن ..... 1 2 Refrigerator? فریج / ریفریجریٹر ..... 1 2 Mobile telephone or land line telephone? موبائل فون یا لائن فون ..... 1 2 Fan پنکھا ..... 1 2 Room cooler, air conditioner? روم کولر ایئر کنڈیشنر ..... 1 2 Washing machine? واشنگ مشین ..... 1 2 Water pump? واٹر پمپ ..... 1 2 Bed? پلنگ ..... 1 2 Chairs? کرسیاں ..... 1 2 Almirah / cabinet? الماری ..... 1 2 Clock? گھڑی ..... 1 2 Sofa? صوفہ ..... 1 2 Sewing machine? سلائی مشین ..... 1 2 Camera? کیمرہ ..... 1 2 Personal computer? کمپیوٹر 1 2	
16	Does any member of this household own: کیا گھرانے کے کسی فرد کے پاس یہ چیزیں ہیں؟	YES NO A watch? گھڑی ..... 1 2 A bicycle? سائیکل ..... 1 2 A motorcycle or motor scooter? موٹر سائیکل یا سکوٹر ..... 1 2 An animal-drawn cart? ریڑھا یا چھکڑا جسے کوئی جانور چلائے ..... 1 2 A car or truck or tractor? کار یا ٹرک یا ٹریکٹر 1 2	
17	Is this house rented, rent-free, mortgaged, or or owned by a member of the household? کیا یہ گھر کرائے کا ہے، بغیر کرائے کا ہے، رہن رکھا گیا ہے یا گھرانے کے کسی فرد کی ملکیت ہے؟	کرائے کا ..... 1 بغیر کرائے کا ..... 2 رہن رکھا گیا ..... 3 ذاتی ملکیت ..... 4 دیگر 6	
18	Main source of energy for cooking? آپ کا گھرانہ کھانا پکانے کے لیے زیادہ تر کون سا ایندھن استعمال کرتا ہے؟	بجلی ..... 01 سلنڈر (مائع گیس) ..... 02 بائیوگیس (گوبر گیس) ..... 03 مٹی کا تیل ..... 04 لکڑی ..... 05 گھاس پھوس / جھاڑیاں ..... 06 اوپلے ..... 07 دیگر _____ 96 وضاحت کریں	
19	HOUSING STRUCTURE: **[RECORD OBSERVATION]**	کچا ..... 1 کچی اینٹوں پر مٹی یا سیمنٹ کا پلاسٹر ..... 2 پکا ..... 3 فلیٹ ..... 4 پتھر اور سیمنٹ سے بنا ہوا / بنگلہ ..... 5 دیگر _____ 6 وضاحت کریں	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
20	MAIN MATERIAL OF THE ROOF: چھت کا خاص میٹریل کیا ہے؟ **RECORD OBSERVATION**	قدرتی چھت بھوسے/بانس/لکڑی/مٹی کی چھت ..... 1 RUDIMENTARY ROOFING گتے/پلاسٹک کی چھت ..... 2 FINISHED ROOFING لوہے کی چادر/ایسبسٹاس جیسے میٹریل سے ..... 3 ٹی-آئرن/لکڑی/اینٹیں ..... 4 سیمنٹ کی اینٹیں/آر سی سی ..... 5 دیگر _____ 6 وضاحت کریں	
21	MAIN MATERIAL OF THE WALLS: دیواروں کا خاص میٹریل کیا ہے؟ **RECORD OBSERVATION**	قدرتی دیواریں مٹی/پتھروں سے ..... 01 بانس/چھڑیاں/مٹی کے ساتھ ..... 02 RUDIMENTARY WALLS کچی اینٹیں/مٹی سے ..... 03 پلائی ووڈ سے ..... 04 گتے/پلاسٹک سے ..... 05 FINISHED WALLS پتھر کے بلاک سے ..... 06 اینٹوں سے ..... 07 سیمنٹ کے بلاک سے/سیمنٹ سے ..... 08 خیمہ/کپڑے سے ..... 09 دیگر _____ 96 وضاحت کریں	

NATIONAL INSTITUTE OF POPULATION STUDIES

AZAD JAMMU AND KASHMIR DEMOGRAPHIC AND HEALTH SURVEY 2010

EVER-MARRIED WOMAN'S QUESTIONNAIRE

IDENTIFICATION

DISTRICT (MUZAFFARABAD=01; RAWALAKOT=02; BAGH=03; SADHONGTI=04; MIRPUR=05; KOTLI=06; (BHIMBER=07; NEELUM=08; HATTIAN BALA=09; HAVELI=10) .....
AREA (URBAN=1; RURAL=2)

TEHSIL _____

CLUSTER NUMBER .....

HOUSEHOLD NUMBER .....

NAME OF HOUSEHOLD HEAD _____

NAME AND LINE NUMBER OF WOMAN _____

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY ☐☐
				MONTH ☐☐
				YEAR 2 0 1 0
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER ☐☐
RESULT*	_____	_____	_____	* RESULT ☐
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS ☐
TIME	_____	_____		

*RESULT CODES:

1	COMPLETED	4	REFUSED		
2	NOT AT HOME	5	PARTIALY COMPLETED	7	OTHER _____ (SPECIFY)
3	POSTPONED	6	INCAPACITATED		

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	☐☐	☐☐
DATE _____ ☐☐	DATE _____ ☐☐		

تعارف اور رائے السلام علیکم!

میرا نام ۔۔۔۔۔۔۔۔۔۔۔۔ ہے ۔اور میں (NIPS, Islamabad) میں کام کرتی ہوں ۔ہم صحت کے مختلف مسائل سے متعلق آزاد جموں وکشمیر میں سروے کررہے ہیں ۔اگر آپ اس سروے میں شریک ہوکر ہماری مدد کریں گے تو ہم آپ کے بڑے شکر گزار ہوں گے ۔اس سروے میں سب سے پہلے ہم آپ کے کنبے کے بارے میں چند ایک سوال پوچھتے ہیں ۔ہم آپکو یقین دلاتے ہیں کہ آپ کے جوابات صیغہ راز میں رکھیں جائیں گے ۔اس سروے میں آپ کی شرکت کلی طور پر رضا کارانہ ہے ۔اگر آپ کسی سوال کا جواب نہیں دینا چاہتیں تو آپ مجھے بتادیں، میں آپ سے اگلا سوال پوچھ لوں گی ۔آپ یہ انٹرویو کسی وقت بھی ختم کرسکتی ہیں لیکن ہم امید کرتے ہیں کہ آپ اس سروے میں شریک ہوں گے کیونکہ آپ کے خیالات اس وقت ہمارے لیے بڑی اہمیت کے حامل ہیں ۔اب کیا آپ اس سروے کے بارے میں مجھ سے کچھ پوچھنا پسند کریں گی؟ کیا میں اب آپ کا انٹرویو لینا شروع کروں؟

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED ..... 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED .... 2→ END

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	**RECORD THE TIME.**	گھنٹے ..... [ ][ ] منٹ ..... [ ][ ]	
102	In what month and year were you born? آپ کس مہینے اور سال میں پیدا ہوئیں؟	مہینہ ..... [ ][ ] مہینہ معلوم نہیں ..... 98 سال ..... [ ][ ][ ][ ] سال معلوم نہیں 9998	
103	How old are you? آپ کی عمر کیا ہے؟ **COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT**	عمر مکمل سالوں میں ..... [ ][ ]	
104	What is your current marital status? Are you married, Godforbid widowed, divorced, or separated? آپ کی موجودہ ازدواجی حیثیت کیا ہے؟ کیا آپ شادی شدہ خدانخواستہ بیوہ، طلاق یافتہ یا آپ کی علیحدگی تو نہیں ہو چکی؟	حالیہ شادی شدہ ..... 1 بیوہ ..... 2 طلاق یافتہ ..... 3 → 106 علیحدگی ہو چکی ..... 4 → 106 غیر شادی شدہ ..... 5 → 819	
105	Is your husband usually living with you now or is he staying elsewhere? کیا آج کل آپ کے شوہر آپ کے ساتھ رہتے ہیں یا وہ کہیں اور رہ رہے ہیں؟	آپ کے ساتھ رہتا ہے ..... 1 کہیں اور رہتا ہے 2	
106	Is/was there a blood relationship between you and your husband? کیا آپ اور آپ کے شوہر کے درمیان خون کا کوئی رشتہ ہے / تھا؟	ہاں ..... 1 نہیں ..... 2 → 107A	
107	What type of relationship (is/was) it? وہ کیا رشتہ ہے/تھا؟	چچازاد ..... 1 ماموزاد ..... 2 قریبی رشتہ دار ..... 3 کوئی اور رشتہ ہے 6	
107A	Have you been married only once or more than once? کیا آپکی شادی صرف ایک مرتبہ ہوئی یا ایک سے زیادہ مرتبہ؟	ایک مرتبہ ہوئی ..... 1 ایک سے زیادہ مرتبہ 2	
108	**CHECK: 107A** In what month and year did you start living with your (first) husband? آپ نے اپنے (پہلے) شوہر کے ساتھ کس مہینے اور سال سے رہنا شروع کیا؟	مہینہ ..... [ ][ ] مہینہ معلوم نہیں ..... 98 سال ..... [ ][ ][ ][ ] → 110 سال معلوم نہیں 9998	
109	How old were you when you first started living with him? جب آپ نے اس کے ساتھ رہنا شروع کیا تھا تو آپ کی عمر کیا تھی؟	عمر مکمل سالوں میں ..... [ ][ ]	
110	Have you ever attended school? کیا آپ نے کبھی سکول میں پڑھا ہے؟	ہاں ..... 1 نہیں ..... 2 → 113	
111	What is the highest class you passed ? آپ نے آخری کون سی جماعت پاس کی ہے؟ **WRITE '00' IF LESS THAN CLASS ONE;** **WRITE '16' = IF MA, MPHIL, PHD, MBBS, BSC/4YEARS**	جماعت ..... [ ][ ]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	**CHECK 111** 00 - 08 جماعت 9 جماعت یا اس سے بڑی	→ 114	
113	Can you read and write a simple letter with understanding? کیا آپ ایک سادہ خط، سمجھ بوجھ کے ساتھ پڑھ اور لکھ سکتی ہیں؟	ہاں ..... 1 نہیں 2	
114	How old is/was your husband? آپ کے شوہر کی کتنی عمر ہے/ تھی؟	عمر مکمل سالوں میں	
115	Did your (last) husband ever attend school? کیا آپ کے (پچھلے) شوہر نے کبھی سکول میں تعلیم حاصل کی تھی؟	ہاں ..... 1 نہیں 2	→ 118
116	What was the highest class he passed? انھوں نے آخری کون سی جماعت پاس کی تھی؟ **WRITE '00' IF LESS THAN CLASS ONE;** **WRITE '16' = IF MA,MPHIL,PHD, MBBS, BSC(4 YEARS)**	جماعت ..... معلوم نہیں 98	
117	**CHECK 116** 00 - 08 جماعت 9 جماعت یا اس سے بڑی	→ 119	
118	Can (could) your husband read and write a simple letter with understanding? کیا آپکے شوہر پوری سمجھ بوجھ کے ساتھ ایک سادہ خط پڑھ اور لکھ سکتے ہیں؟	ہاں ..... 1 نہیں 2	
119	How often do you listen to radio in a week? آپ ہفتہ میں کتنے دن ریڈیو سنتی ہیں؟	روزانہ ..... 1 ہفتے میں کم از کم ایک بار ..... 2 کبھی کبھار ..... 3 کبھی نہیں 4	
120	How often do you watch television in a week? آپ ہفتہ میں کتنے دن ٹی وی دیکھتی ہیں؟	روزانہ ..... 1 ہفتے میں کم از کم ایک بار ..... 2 کبھی کبھار ..... 3 کبھی نہیں 4	
121	What is your mother tongue? آپ کی مادری زبان کیا ہے؟	اردو ..... 01 پنجابی ..... 02 پشتو ..... 03 سندھی ..... 04 ہندکو ..... 05 انگریزی ..... 06 کشمیری ..... 07 پہاڑی ..... 13 گوجری ..... 14 دیگر _____ 96	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given live birth? اَب میں اُن تمام بچوں کے بارے میں پوچھنا چاہوں گی جن کو آپ نے اپنی تمام زندگی میں جنم دیا۔ کیا آپ نے کبھی کسی زندہ بچے کو جنم دیا ہے؟	ہاں ..... 1 نہیں 2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you? کیا آپ کے ایسے کوئی بیٹے اور بیٹیاں ہیں جن کو آپ نے جنم دیا ہو اور وہ اَب آپ کے ساتھ رہتے ہوں؟	ہاں ..... 1 نہیں 2	→ 204
203	How many sons live with you? آپ کے ساتھ کتنے بیٹے رہتے ہیں؟ And how many daughters live with you? **IF NONE, RECORD '00'.** آپ کے ساتھ کتنی بیٹیاں رہتی ہیں؟	گھر میں بیٹے ..... ☐☐ گھر میں بیٹیاں ..... ☐☐	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you? کیا آپ کے ایسے کوئی بیٹے اور بیٹیاں ہیں جن کو آپ نے جنم دیا ہو اور وہ حیات بھی ہوں لیکن آپ کے ساتھ نہ رہتے ہوں؟	ہاں ..... 1 نہیں 2	→ 206
205	How many sons are alive but do not live with you? کتنے بیٹے حیات ہیں جو آپ کے ساتھ نہیں رہتے؟ And how many daughters are alive but do not live with you? کتنی بیٹیاں حیات ہیں جو آپ کے ساتھ نہیں رہتیں؟ **IF NONE, RECORD '00'.**	بیٹے کہیں اور رہتے ہیں ..... ☐☐ بیٹیاں کہیں اور رہتی ہیں ..... ☐☐	
206	Have you ever given birth to a boy or girl who was born alive but later died? کیا آپ نے کبھی ایسے لڑکے یا لڑکی کو جنم دیا ہے جو زندہ **IF NO, PROBE:** پیدا ہوا/ ہوئی لیکن بعد میں فوت ہو گیا/ ہو گئی ہو؟ Any baby who cried or showed signs of life but did not survive? کیا کوئی ایسا بچہ/ بچی جو پیدا ہونے کے بعد رویا/ روئی ہو یا زندگی کی کوئی علامت ظاہر کی ہو لیکن زندہ نہ بچ سکا/ سکی ہو؟	ہاں ..... 1 نہیں 2	→ 208
207	How many boys have died? آپ کے کتنے لڑکے فوت ہوئے؟ And how many girls have died? اور کتنی لڑکیاں فوت ہوئیں؟ **IF NONE, RECORD '00'.**	فوت شدہ لڑکے ..... ☐☐ فوت شدہ لڑکیاں ..... ☐☐	
208	SUM ANSWERS TO 203, 205, 207. **ENTER TOTAL. IF NONE, RECORD '00'.**	کل تعداد ..... ☐☐	
209	**CHECK 208:** Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? یقین دہانی کیلئے مجھے بتایئے کیا میں صحیح سمجھی ہوں کہ آپ نے اپنی زندگی میں کل _____ بچے پیدا کئے ہیں۔ کیا یہ تعداد درست ہے؟ YES ☐ NO ☐ → PROBE AND CORRECT 201-208 AS NECESSARY.		
210	**CHECK 208:** ایک یا زیادہ پیدائشیں ☐ کوئی پیدائش نہیں ☐		→ 226

211 Now I would like to talk to you about your last three live births, whether still alive or not, starting with the last birth.

اب میں آپ کے آخری تین پیدا ہونے والے بچوں کے ناموں کو لکھنا چاہوں گی۔ چاہے وہ زندہ ہیں یا نہیں۔ سب سے آخری بچے/بچی کے نام سے شروع کریں۔

RECORD NAMES OF THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

212	213	214	215	216	217	218	219	220	221	222
What name was given to your last (next-to-last) baby? آپ کے آخری یا اس سے پہلے والے بچوں کے نام کیا ہیں؟ (NAME)	Were any of these births twins? کیا یہ جڑواں بچے تھے؟	Is (NAME) a boy or a girl? کیا (نام) لڑکا ہے یا لڑکی؟	In what month and year was (NAME) born? (نام) کس مہینے اور سال میں پیدا ہوا تھا/ہوئی تھی؟ **PROBE:** What is his/her birthday? **RECORD MONTHS** 1 THROUGH 12 **OR SEASONS** WINTER = 21 SPRING = 22 SUMMER = 23 MONSOON = 24 AUTUMN = 25 DON'T KNOW = 98	Is (NAME) still alive? کیا (نام) زندہ ہے؟	**IF ALIVE:** How old is (NAME)? (نام) کی کیا عمر ہے؟ **WRITE AGE IN COMPLETED YEARS. WRITE 00' IF UNDER 1**	**IF ALIVE:** Is (NAME) living with you? کیا (نام) آپ کے ساتھ رہتا/رہتی ہے؟	**IF ALIVE:** RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	**IF DEAD:** How old was (NAME) when he/she died? وفات کے وقت (نام) کی عمر کیا تھی؟ **IF '1 YR', PROBE:** How many months old was (NAME)? **RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.**	**IF DEAD:** Where did (NAME) die? (نام) کہاں فوت ہوا/ہوئی؟	Were there any other livebirths between (NAME) and (NAME OF PREVIOUS BIRTH), including any children who died after birth?* (نام) اور (اس سے پہلے بچے کا نام) کی پیدائش کے درمیان کیا کوئی اور زندہ بچہ یا بچی پیدا ہوئے تھے ان میں وہ بچہ یا بچی بھی شامل ہیں جو پیدائش کے بعد انتقال کر گئے ہوں؟
01	1 ایک 2 ایک سے زیادہ	1 ... لڑکا 2 ... لڑکی	مہینہ/موسم ☐☐ سال ☐☐☐☐ معلوم نہیں 9998	1 ... ہاں 2 ... نہیں → 220	عمر سالوں میں ☐☐	1 ..... ہاں 2 ..... نہیں	لائن نمبر ☐☐ (GO TO 222)	1 ..... دن 2 ..... مہینے 3 ..... سال ☐☐	1 گھر 2 ہسپتال 6 دیگر	1 ..... ہاں زندہ پیدائش شامل کریں 2 ..... نہیں گلی پیدائش پر جائیں
02	1 ایک 2 ایک سے زیادہ	1 ... لڑکا 2 ... لڑکی	مہینہ/موسم ☐☐ سال ☐☐☐☐ معلوم نہیں 9998	1 ... ہاں 2 ... نہیں → 220	عمر سالوں میں ☐☐	1 ..... ہاں 2 ..... نہیں	لائن نمبر ☐☐ (GO TO 222)	1 ..... دن 2 ..... مہینے 3 ..... سال ☐☐	1 گھر 2 ہسپتال 6 دیگر	1 ..... ہاں زندہ پیدائش شامل کریں 2 ..... نہیں گلی پیدائش پر جائیں
03	1 ایک 2 ایک سے زیادہ	1 ... لڑکا 2 ... لڑکی	مہینہ/موسم ☐☐ سال ☐☐☐☐ معلوم نہیں 9998	1 ... ہاں 2 ... نہیں → 220	عمر سالوں میں ☐☐	1 ..... ہاں 2 ..... نہیں	لائن نمبر ☐☐ (GO TO 222)	1 ..... دن 2 ..... مہینے 3 ..... سال ☐☐	1 گھر 2 ہسپتال 6 دیگر	1 ..... ہاں زندہ پیدائش شامل کریں 2 ..... نہیں گلی پیدائش پر جائیں
04	1 ایک 2 ایک سے زیادہ	1 ... لڑکا 2 ... لڑکی	مہینہ/موسم ☐☐ سال ☐☐☐☐ معلوم نہیں 9998	1 ... ہاں 2 ... نہیں → 220	عمر سالوں میں ☐☐	1 ..... ہاں 2 ..... نہیں	لائن نمبر ☐☐ (GO TO 222)	1 ..... دن 2 ..... مہینے 3 ..... سال ☐☐	1 گھر 2 ہسپتال 6 دیگر	1 ..... ہاں زندہ پیدائش شامل کریں 2 ..... نہیں گلی پیدائش پر جائیں
05	1 ایک 2 ایک سے زیادہ	1 ... لڑکا 2 ... لڑکی	مہینہ/موسم ☐☐ سال ☐☐☐☐ معلوم نہیں 9998	1 ... ہاں 2 ... نہیں → 220	عمر سالوں میں ☐☐	1 ..... ہاں 2 ..... نہیں	لائن نمبر ☐☐ (GO TO 222)	1 ..... دن 2 ..... مہینے 3 ..... سال ☐☐	1 گھر 2 ہسپتال 6 دیگر	1 ..... ہاں زندہ پیدائش شامل کریں 2 ..... نہیں گلی پیدائش پر جائیں

*IN CASE OF WOMEN WHO HAVE GIVEN BIRTH TO ONE CHILD ONLY ; WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (NAME) AND YOUR (FIRST) MARRIAGE? PLEASE ADD BIRTH(s) IN TABLE.

223 Have you had any live births since the birth of (NAME OF LAST BIRTH)?
کیا (آخری بچے کا نام) کی پیدائش کے بعد آپ کے گھر کوئی زندہ بچہ یا بچی پیدا ہوا تھا/ہوئی تھی؟ اگر جواب ہاں میں ہے تو جدول میں پیدائش لکھیں
IF YES, WRITE BIRTH(S) IN TABLE

ہاں 1
نہیں 2

224

CHECK: 215 ہر پیدائش کا مہینہ اور سال ریکارڈ کرلیا ہے .....
CHECK: 217 ہر زندہ بچے کی موجودہ عمر کو ریکارڈ کرلیا ہے .....
CHECK: 220 ہر مردہ بچے کی وفات کے وقت عمر کو ریکارڈ کرلیا ہے .....
CHECK: 220 12 ماہ یا ایک سال کی عمر میں فوت ہونے والے بچے کی صحیح عمر مہینوں میں معلوم کرنے کیلئے مختلف طریقوں سے پوچھا .....

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	Are/were any of your children suffering mental or physical disability at birth? کیا آپکی اولاد میں سے کوئی خدانخواستہ پیدائشی طور پر ذہنی یا جسمانی معذور ہے یا تھا؟	ہاں ..... 1 نہیں 2	
226	Are you pregnant now? کیا آپ آج کل حاملہ ہیں؟	ہاں ..... 1 نہیں ..... 2 غیر یقینی 8	→ 229
227	How many months pregnant are you? آپ کتنے ماہ سے حاملہ ہیں؟	مہینے ..... [ ][ ]	
228	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 have any (more) children at all? جب آپ حاملہ ہوئیں، کیا اُس وقت آپ حمل چاہتی تھیں یا چاہتی تھیں کہ کچھ وقت کے بعد ہوتا یا آپ کو (اور) بچوں کی بلکل کوئی خواہش نہیں تھی؟	اسی وقت ..... 1 کچھ وقت کے بعد ..... 2 کبھی نہیں 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth? کیا آپ کا حمل کبھی ضائع ہوا یا آپ نے حمل کبھی گروایا یا آپ کو کبھی مردہ بچے کی پیدائش ہوئی؟	ہاں ..... 1 نہیں 2	→ 231
230	How many pregnancies have you had that did not result in a live birth. How many of these pregnancies were miscarried, aborted or ended in a still birth? آپ کو کتنے ایسے حمل ہوئے جن سے کسی زندہ بچے کی پیدائش نہ ہوئی ہو؟ ان میں سے کتنے حمل ضائع ہوئے، کتنے حمل گروائے یا کتنے بچے مردہ پیدا ہوئے؟ **IF 7 OR MORE, RECORD '7'.**	ضائع حمل کی تعداد ..... [ ] گروائے گئے حمل کی تعداد ..... [ ] مردہ بچوں کی تعداد ..... [ ]	
231	When did your last menstrual period start? آپ کو آخری ماہواری کب شروع ہوئی تھی؟ _____ (DATE, IF GIVEN) **IF LESS THAN A WEEK, RECORD DAYS, IF ONE WEEK AND LESS THAN ONE MONTH RECORD WEEKS. IF ONE MONTH AND LESS THAN A YEAR RECORD MONTHS, IF YEAR OR MORE RECORD YEARS.**	کتنے دن پہلے ..... 1 [ ][ ] کتنے ہفتہ پہلے ..... 2 [ ][ ] کتنے مہینہ پہلے ..... 3 [ ][ ] کتنے سال پہلے ..... 4 [ ][ ] ماہواری آنا بند ہوگئی ہے/ بچہ دانی نکلوادی گئی ... 994 آخری پیدائش سے پہلے ..... 995 کبھی ماہوراری نہیں آئی 996	

SECTION 3. PREGNANCY, LABOUR/DELIVERY AND POSTNATAL CARE

301	**CHECK 208:** ایک یا زیادہ زندہ پیدائشیں ☐ ↓ / کوئی زندہ پیدائش نہیں ☐ → 501	
301A	**CHECK 215:** Birth Since Jan 2005 ☐ ↓ / No birth Since Jan 2005 ☐ → 501	
302	**ENTER IN THE BIRTH NUMBER, NAME, AND SURVIVAL STATUS OF LAST BIRTH** Now I would like to ask you some questions about the health of your Last child born since January 2005. اب میں آپکے آخری بچے کے بارے میں پوچھنا چاہوں گی جسکی پیدائش جنوری 2005 کے بعد ہوئی ہو۔	
303	BIRTH NUMBER FROM 212	LAST BIRTH BIRTH NO. ☐☐
304	FROM 212 AND 216	NAME _____ زندہ ☐ ↓ / فوت شدہ ☐ ↓
305	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all? جب (نام) آپ کے پیٹ میں تھا/ تھی تو کیا آپ اُس وقت حمل چاہتی تھیں یا پھر یہ چاہتی تھیں کہ یہ حمل کچھ عرصہ بعد ہو یا آپ کو (اور) بچوں کی بالکل خواہش نہیں تھیں؟	اُسی وقت ..... 1 (SKIP TO 307) ← کچھ وقت کے بعد ..... 2 کبھی نہیں ..... 3 (SKIP TO 307) ←
306	How much longer would you have liked to wait? آپ کتنا عرصہ اور انتظار کرنا چاہتی تھیں؟	مہینہ ..... 1 ☐☐ سال ..... 2 ☐☐ معلوم نہیں 998
307	Did you see anyone for antenatal care for this pregnancy? کیا آپ حمل کے دوران چیک اپ کے لیے کسی کے پاس گئی تھیں؟ **IF YES:** Whom did you see? کس کے پاس گئی تھیں؟ Anyone else? کسی اور کے پاس بھی گئی تھیں؟ **PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD THE ALL MENTIONED.**	**طبی ماہرین** ڈاکٹر ..... A نرس/میڈ وائف/ ایل ایچ وی ..... B **دیگر افراد** تربیت یافتہ دائی/ غیر تربیت یافتہ دائی ... C لیڈی ہیلتھ ورکر ..... D ہومیوپیتھک ..... E حکیم ..... F ڈسپنسر / کمپوڈر G دیگر _____ X وضاحت کریں کوئی نہیں ..... Y (SKIP TO 313) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____
308	Where did you receive antenatal care for this pregnancy? آپ نے اپنے حمل کے دوران چیک اپ کہاں کروایا تھا؟ Anywhere else? کسی اور جگہ سے بھی چیک اپ کروایا تھا؟ **FOR ANY HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE.** _____ (NAME OF PLACE(S) **PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND RECORD ALL MENTIONED.**	**گھر** A ..... اپنے گھر B ..... کسی اور کے گھر **سرکاری شعبہ جات** C ..... سرکاری ہسپتال D ذیلی مرکز صحت / زچہ بچہ سنٹر بنیادی مرکز صحت / E ..... خاندانی فلاحی مرکز F _____ دیگر وضاحت کریں **پرائیویٹ میڈیکل مرکز** **پرائیویٹ ہسپتال** H ..... کلینک I ..... پرائیویٹ ہسپتال J ..... ہومیوپیتھک K ..... ڈسپنسر / کمپوڈر L ..... حکیم M _____ دیگر پرائیویٹ وضاحت کریں X _____ دیگر وضاحت کریں
309	The first time you went for antenatal care did you go because you had a problem or did you go just for a check-up? جب آپ پہلی بار اپنے حمل کا چیک اپ کروانے گئی تھیں تو کیا آپ کو کوئی مسئلہ درپیش تھا یا پھر آپ صرف اپنا چیک اپ کرانے گئی تھیں؟	1 ..... مسئلہ کے لئے 2 ..... صرف چیک اپ کے لئے
310	How many months pregnant were you when you first received antenatal care for this pregnancy? جب آپ نے اپنا اس حمل کا چیک اپ کروایا تو اُس وقت آپ کو کتنے ماہ کا حمل تھا؟	☐☐ مہینہ ..... 98 ..... معلوم نہیں
311	How many times did you receive antenatal care during this pregnancy? اس حمل کے دوران آپ نے کتنی بار اپنا چیک اپ کروایا تھا؟	☐☐ کتنی مرتبہ ..... 98 ..... معلوم نہیں
312	As part of your antenatal care during this pregnancy, were any of the following measures taken at least once? اِس حمل کے دوران آپ کے چیک اپ کے وقت کم از کم ایک بار:	ہاں / نہیں
	Were you weighed? کیا آپ کا وزن کیا گیا تھا؟	1 ..... وزن / 2
	Was your blood pressure measured? کیا آپ کا بلڈ پریشر دیکھا گیا تھا؟	1 ..... بلڈ پریشر / 2
	Did you get a urine test? کیا آپ نے پیشاب کا ٹیسٹ کروایا تھا؟	1 ..... پیشاب / 2
	Did you get a blood test? کیا آپ نے خون کا ٹیسٹ کروایا تھا؟	1 ..... خون / 2
	Did you have an ultra sound exam? کیا آپ نے اپنا الٹرا ساؤنڈ کروایا تھا؟	1 ..... الٹراساؤنڈ / 2 (SKIP TO 314)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____
313	Why didn't you see anyone for an antenatal check-up? آپ اپنے حمل کا چیک اپ کروانے کے لیے کسی کے پاس کیوں نہیں گئی تھیں؟ **CIRCLE CODES ALL MENTIONED.**	A ..... ضروری نہیں سمجھا B ..... بہت مہنگا تھا C ..... بہت دور تھا D ..... ٹرانسپورٹ نہیں تھی E ..... کوئی ساتھ جانے والا نہیں تھا F ..... خدمات اچھی نہیں تھیں G ..... جانے کے لئے ٹائم نہیں تھا H ..... پتہ نہیں کہاں جانا تھا I ..... ڈاکٹر مرد تھا J ..... زیادہ انتظار کرنا پڑتا تھا K ..... جانے کی اجازت نہیں تھی X _____ دیگر وضاحت کریں
314	Do you know your blood group? کیا آپ کو اپنا بلڈ گروپ معلوم ہے؟	1 ..... ہاں 2 ..... نہیں
315	When you were pregnant with (NAME), did anyone talk to you about how to have a safe delivery? I mean things like using a safe delivery kit or a a clean blade to cut the baby's cord or asking the person who helps you to wash their hands? جب آپ (نام) سے حاملہ تھیں تو کسی نے آپ کو یہ مشورہ دیا تھا کہ کس طرح محفوظ زچگی ہوسکتی ہے جیسے زچگی کے لیے صاف کٹ کا استعمال یا ناڑو کاٹنے کے لیے صاف بلیڈ کا استعمال یا زچگی کروانے والی خاتون کو ہاتھ دھونے کا کہنا؟	1 ..... ہاں 2 ..... نہیں 8 ..... معلوم نہیں
316	During this pregnancy, were you given an injection in the buttocks or your arm to prevent the baby from getting tetanus, that is, convulsions after birth? بچے کو تشنج سے محفوظ رکھنے کے لیے اس حمل کے دوران آپ کو بازو یا کولہے میں ٹیکہ لگایا گیا تھا؟	1 ..... ہاں 2 ..... نہیں (SKIP TO 317A) 8 ..... معلوم نہیں
317	During this pregnancy, how many times did you get this tetanus injection? اس حمل کے دوران کتنی بار آپ کو تشنج سے بچاؤ کا ٹیکہ لگایا گیا تھا؟	☐ ..... وقت 8 ..... معلوم نہیں
317A	Before this pregnancy, how many years ago did you receive that tetanus injection? اس حمل سے پہلے آپ نے تشنج سے بچاؤ کیلئے ٹیکہ کتنے سال پہلے لگوایا تھا؟	☐☐ ..... سال پہلے 97 ..... کوئی ٹیکہ نہیں لگوایا
318	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? اس حمل کے دوران کیا آپ کو فولاد کی گولیاں یا شربت دیا گیا تھا یا آپ نے انھیں خود خریدا تھا؟ **SHOW TABLETS/SYRUP.**	1 ..... ہاں 2 ..... نہیں (SKIP TO 320) 8 ..... معلوم نہیں
319	During the whole pregnancy, for how many days did you take the tablets or syrup? حمل کے تمام عرصہ کے دوران آپ نے کتنے دن گولیاں یا شربت استعمال کیا تھا؟ **IF ANSWER NOT NUMERIC, ASK FOR APPROXIMATE NUMBER.**	☐☐☐ ..... دن 997 ..... نہیں لی 998 ..... معلوم نہیں

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____
320	During this pregnancy, were you given or did you take calcium tablets? اس حمل کے دوران کیا آپ کو کیلشیم کی گولیاں دی گئیں یا آپ نے انہیں خریدا تھا؟	ہاں ..... 1 نہیں ..... 2 (SKIP TO 322) معلوم نہیں 8
321	During the whole pregnancy for how many days did you take the tablets? حمل کے تمام عرصہ کے دوران آپ نے کتنے دِن گولیوں کا استعمال کیا تھا؟	... دن نہیں لی ..... 997 معلوم نہیں 998
322	During this pregnancy, did you have difficulty with your vision during daylight? اس حمل کے دوران کیا آپ کو دن کے وقت دیکھنے میں کوئی مسئلہ درپیش آیا تھا؟	ہاں ..... 1 نہیں ..... 2 معلوم نہیں 8
323	During this pregnancy, did you suffer from night blindness *[Punjabi=andirata]* اس حمل کے دوران کیا آپ کو رات کے وقت دیکھنے میں کوئی مشکل پیش آئی یعنی (اندھراتا) ہوا؟	ہاں ..... 1 نہیں ..... 2 معلوم نہیں 8
324	When you were pregnant with (NAME), did you have any of the following problems?: جب آپ کے پیٹ میں (نام) تھا/تھی تو کیا آپ کو کوئی بھی مسئلہ درپیش تھا یعنی:	ہاں / نہیں
	Severe headaches? شدید سر کا درد ہوا؟	..... 1 / 2
	Blurred vision? دھندلا نظر آیا؟	..... 1 / 2
	Swelling of your hands? ہاتھوں پر سُوجن یا ورم ہوا؟	..... 1 / 2
	Swelling of your face? چہرہ پر سوجن یا ورم ہوا؟	..... 1 / 2
	Vaginal bleeding /spoting شرمگاہ سے خون آیا یا خون کے دھبے لگے؟	..... 1 / 2
	Fits or convulsions? جھٹکے یا دورے پڑے؟	..... 1 / 2
	Epigastric pains? معدے کے اوپر والے حصے میں درد ہوا؟	..... 1 / 2
325	**CHECK 324:**	کوئی ایک ہاں / تمام نہیں (SKIP TO 331)
326	Were any of these problems so severe that you were afraid you might die? کیا اِن مسائل میں سے کوئی مسئلہ اسقدر شدید تھا جس کی وجہ سے آپ کو یہ خوف ہوا ہو کے آپ فوت ہو جائیں گی؟	ہاں ..... 1 نہیں ..... 2 یاد نہیں 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____
327	Did you seek advice or treatment for the problem(s)? کیا آپ نے ان تکالیف کے حل کے لیے علاج یا مشورہ کیا تھا؟ **IF YES:** Whom did you see? آپ کس کے پاس گئی تھیں؟ Anyone else? اس کے علاوہ کسی اور کے پاس بھی گئی تھیں؟ **PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.**	طبی ماہرین A ڈاکٹر ..... نرس/میڈوائف/ B ایل ایچ وی ..... دیگر افراد تربیت یافتہ دائی/ C غیر تربیت یافتہ دائی ..... D لیڈی ہیلتھ ورکر ..... E ہومیوپیتھک ..... F حکیم ..... G ڈسپنسر / کمپوڈر ..... X _____ دیگر وضاحت کریں Y کوئی نہیں ..... (SKIP TO 330)
328	Where did you seek treatment for the problem(s)? آپ نے ان تکالیف کا علاج کہاں سے کروایا تھا؟ Anywhere else? کسی اور جگہ سے بھی علاج کروایا تھا؟ **PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND RECORD ALL MENTIONED.**	گھر A اپنے گھر پر ..... B کسی اور کے گھر ..... سرکاری شعبہ جات C گورنمنٹ ہسپتال ..... D بنیادی مرکز صحت/زچہ بچہ سنٹر ..... بنیادی مرکز صحت/ E خاندانی فلاحی مرکز ..... F _____ دیگر وضاحت کریں پرائیویٹ طبی شعبہ H پرائیویٹ ہسپتال/کلینک ..... I پرائیویٹ ڈاکٹر ..... J ہومیوپیتھک ..... K ڈسپنسر / کمپوڈر ..... L حکیم ..... دیگر پرائیویٹ طبی سہولت _____ M X _____ دیگر وضاحت کریں
329	How long after you first started having the (first) problem did you seek advice or treatment? ان تکالیف کے شروع ہونے کے کتنے عرصہ بعد آپ نے ان کے بارے میں مشورہ لیا تھا یا علاج کروایا تھا؟ **IF LESS THAN ONE DAY, RECORD HOURS IF LESS THAN ONE WEEK, RECORD DAYS. IF MORE THAN ONE WEEK, RECORD WEEKS.**	1 ... گھنٹے 2 ... دن 3 ... ہفتے 998 ..... یاد نہیں (SKIP TO 331)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____
330	Why didn't you see anyone for the problem(s)? ان تکالیف کے علاج کے لیے آپ کسی کے پاس کیوں نہیں گئی تھیں؟ **RECORD ALL MENTIONED.**	A ضروری نہیں سمجھا B بہت مہنگا تھا C بہت دور تھا D ٹرانسپورٹ نہیں تھی E کوئی ساتھ جانے والا نہیں تھا F خدمات اچھی نہیں تھیں G جانے کے لئے ٹائم نہیں تھا H پتہ نہیں کہاں جانا تھا I ڈاکٹر مرد تھا J زیادہ انتظار کرنا پڑتا تھا K جانے کی اجازت نہیں تھی X دیگر _____ وضاحت کریں
331	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small? جب (نام) پیدا ہوا/ ہوئی تو کیا یہ بہت بڑا تھا/ تھی، اوسط سے بڑا تھا/ تھی اوسط درجے کا تھا/ تھی اوسط سے چھوٹا تھا/ تھی یا بہت چھوٹا تھا/ تھی؟	1 بہت بڑا 2 اوسط سے بڑا 3 اوسط درجے کا 4 اوسط سے چھوٹا 5 بہت چھوٹا 8 معلوم نہیں
332	Who assisted with the delivery of (NAME)? (نام) کی پیدائش میں کس نے مدد کی تھی؟ Anyone else? اس کے علاوہ کوئی اور تھا؟ **PROBE FOR THE TYPE OF PERSON AND RECORD ALL MENTIONED.** جانے کی اجازت نہیں تھی **IF RESPONDENT SAYS NO ONE ASSISTED, ASK IF ANY ADULTS WERE PRESENT AT THE DELIVERY.**	**طبی ماہرین** A ڈاکٹر نرس/میڈوائف/ B ایل ایچ وی دیگر افراد تربیت یافتہ دائی/ C غیر تربیت یافتہ دائی D لیڈی ہیلتھ ورکر E ہومیوپیتھک F حکیم رشتہ دار دوست G (جو دائی نہ ہو) X دیگر _____ وضاحت کریں Y کوئی نہیں
333	Where did you give birth to (NAME)? (نام) کہاں پیدا ہوا تھا/ ہوئی تھی۔ **IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.** _____ (NAME OF PLACE)	**گھر** 11 آپکے گھر (SKIP TO 338) 12 کسی اور کے گھر **سرکاری شعبہ جات** 13 گورنمنٹ ہسپتال 14 دیہی مرکز صحت/ چھوٹا بچہ سنٹر 15 دیگر سرکاری _____ وضاحت کریں **پرائیویٹ طبی شعبہ جات** 16 پرائیویٹ ہسپتال/کلینک 17 دیگر پرائیویٹ طبی سہولت _____ وضاحت کریں 96 دیگر _____ وضاحت کریں (SKIP TO 338)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____
334	Before you were discharged after (NAME) was born, did any health personnel check on your health? (نام) کی پیدائش کے بعد اور ہسپتال سے جانے سے پہلے کیا کسی صحت کے عملے نے آپ کی صحت کا چیک اپ کیا تھا؟	ہاں ..... 1 نہیں ..... 2 (SKIP TO 337)
335	How many hours, days or weeks after delivery did the first check take place? زچگی کے کتنے گھنٹے، دن یا ہفتوں بعد آپ کا پہلا چیک اپ ہوا تھا؟ **IF LESS THAN ONE HOUR RECORD 00 HOURS** **IF LESS THAN ONE DAY, RECORD HOURS.** **IF LESS THAN ONE WEEK, RECORD DAYS.** **IF MORE THAN ONE WEEK, RECORD WEEKS.**	گھنٹے ... 1 دن ... 2 ہفتے ... 3 یاد نہیں 998
336	Who checked on your health at that time? اُس وقت آپ کی صحت کا چیک اپ کس نے کیا تھا؟ **PROBE FOR MOST QUALIFIED PERSON.**	طبی ماہرین ڈاکٹر ..... 11 نرس/میڈوائف/ایل ایچ وی ..... 12 دیگر افراد تربیت یافتہ دائی/غیر تربیت یافتہ دائی ..... 13 لیڈی ہیلتھ ورکر ..... 14 ہومیوپیتھک ..... 15 حکیم ..... 16 دیگر _____ 96 وضاحت کریں (SKIP TO 351)
337	After you were discharged, did any health care provider or a traditional birth attendant check on your health? ہسپتال سے فارغ ہونے کے بعد کیا کسی طبی عملے یا روایتی دائی نے آپ کا چیک اپ کیا تھا؟	ہاں ..... 1 (SKIP TO 344) نہیں ..... 2 (SKIP TO 351)
338	Why didn't you deliver in a health facility? آپ نے کسی ہسپتال یا کلینک وغیرہ میں بچے کو جنم کیوں نہیں دیا؟ **PROBE:** Any other reason? کوئی اور وجہ؟ **RECORD ALL MENTIONED.**	مہنگا بہت تھا ..... A سہولت کھلی نہیں تھی ..... B بہت دور/ٹرانسپورٹ نہیں تھی C سہولت پر اعتماد نہیں تھا/خدمات اچھی نہیں تھیں ..... D سہولت پر کوئی خاتون کارکن نہیں تھی ..... E شوہر/خاندان کی طرف سے اجازت نہیں تھی ..... F ضروری نہیں سمجھا ..... G ایسی روایت نہیں تھی ..... H وقت نہیں تھا/بچہ جلد پیدا ہو گیا I دیگر _____ X وضاحت کریں

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____
339	Was a safe delivery kit used during this delivery? کیا اس زچگی کے لیے ایک محفوظ کٹ استعمال کی گئی تھی؟	ہاں ..... 1 نہیں ..... 2 معلوم نہیں 8
340	What was used to TIE the umbilical cord? ناڑ (نال) باندھنے کے لیے کیا چیز استعمال کی گئی؟	بغیر اُبالا ہوا دھاگہ ..... 1 اُبالا ہوا دھاگہ ..... 2 دھلا ہوا کلپ ..... 3 بغیر دھلا کلپ ..... 4 بال ..... 5 دیگر _____ 6
341	What was used to CUT the umbilical cord? ناڑ (نال) کاٹنے کے لیے کیا چیز استعمال کی گئی؟	نیا ریذر/بلیڈ ..... 1 پرانا ریذر بلیڈ ..... 2 قینچی ..... 3 چاقو ..... 4 ٹوکا/چاپڑ ..... 5 دیگر _____ 6
342	Was the instrument boiled before using or not boiled? اس اوزار کو استعمال سے پہلے اُبالا گیا تھا یا نہیں اُبالا گیا تھا؟	اُبلا ہوا ..... 1 بغیر اُبلا ..... 2 معلوم نہیں 8
343	After (NAME) was born, did any health care provider or a traditional birth attendant check on your health? (نام) کی پیدائش کے بعد کیا کسی طبی عملے یا روایتی دائی نے آپ کی صحت کا چیک اپ کیا تھا؟	ہاں ..... 1 نہیں ..... 2 (SKIP TO 347) ←
344	How many hours, days or weeks after delivery did the first check take place? زچگی سے کتنے گھنٹے، دن یا ہفتوں بعد آپ کا پہلا چیک اپ ہوا تھا؟ **IF LESS THAN 1 DAY, RECORD HOURS. IF LESS THAN 1 WEEK, RECORD DAYS; IF ONE WEEK OR MORE, RECORD WEEKS.**	گھنٹے ..... 1 ☐☐ دن ..... 2 ☐☐ ہفتے ..... 3 ☐☐ معلوم نہیں 998
345	Who checked on your health at that time? اُس وقت آپ کا چیک اپ کس نے کیا تھا؟ **PROBE FOR MOST QUALIFIED PERSON.**	**طبی ماہرین** ڈاکٹر ..... 11 نرس/میڈوائف/ ایل ایچ وی ..... 12 **دیگر افراد** تربیت یافتہ دائی/ غیر تربیت یافتہ دائی ..... 13 لیڈی ہیلتھ ورکر ..... 14 ہومیو پیتھک ..... 15 حکیم ..... 16 ڈسپنسر/کمپوڈر ..... 17 دیگر _____ 96 وضاحت کریں

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____
346	Where did this first check take place? سب سے پہلا چیک اپ کہاں ہوا تھا؟ **IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, RECORD THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.** _____ (NAME OF PLACES)	**گھر** آپکے گھر ..... 11 کسی اور کے گھر ..... 12 **سرکاری شعبہ جات** گورنمنٹ ہسپتال ..... 13 دیہی مرکز صحت/ بچہ بچہ سنٹر ..... 14 بنیادی مرکز صحت/ خاندانی فلاحی مرکز ..... 15 دیگر سرکاری _____ 16 وضاحت کریں **پرائیویٹ طبی شعبہ جات** پرائیویٹ ہسپتال کلینک ..... 17 دیگر پرائیویٹ طبی سہولت _____ 18 وضاحت کریں دیگر _____ 96 وضاحت کریں
347	In the two months after (NAME) was born, did any health care provider or dai or a LHW or hakim check on his/her health? (نام) کی پیدائش کے دو مہینے تک کیا کسی عملہ صحت، دائی، لیڈی ہیلتھ ورکر یا حکیم نے بچہ/بچی کی صحت کا چیک اپ کیا تھا؟	ہاں ..... 1 نہیں ..... 2 (SKIP TO 351) ← معلوم نہیں 8
348	How many hours, days or weeks after the birth of (NAME) did the first check take place? کتنے گھنٹے، دن یا ہفتوں بعد (نام) کا پہلا چیک اپ ہوا تھا؟ **IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS. IF ONE WEEK OR MORE, RECORD WEEKS.**	گھنٹے ..... 1 ☐☐ دن ..... 2 ☐☐ ہفتے ..... 3 ☐☐ معلوم نہیں 998
349	Who checked on (NAME)'s health at that time? اُس وقت (نام) کی صحت کا چیک اپ کس نے کیا تھا؟ **PROBE FOR MOST QUALIFIED PERSON.**	**طبی ماہرین** ڈاکٹر ..... 11 نرس/میڈوائف/ ایل ایچ وی ..... 12 **دیگر افراد** تربیت یافتہ دائی/ غیر تربیت یافتہ دائی ..... 13 لیڈی ہیلتھ ورکر ..... 14 ہومیوپیتھک ..... 15 حکیم ..... 16 دیگر _____ 96 وضاحت کریں

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____
350	Where did this first check of (NAME) take place? (نام) کا سب سے پہلا چیک اپ کہاں ہوا تھا؟ **IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, RECORD THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.** _____ (NAME OF PLACE)	**گھر** آپکے گھر ..... 11 کسی اور کے گھر ..... 12 **سرکاری شعبہ جات** گورنمنٹ ہسپتال ..... 13 دیہی مرکز صحت/چھوٹا سنٹر/بنیادی مرکز صحت ..... 14 خاندانی فلاحی مرکز ..... 15 _____ دیگر سرکاری 16 وضاحت کریں **پرائیویٹ طبی شعبہ جات** پرائیویٹ ہسپتال/کلینک ..... 17 دیگر پرائیویٹ طبی سہولت _____ 18 وضاحت کریں _____ دیگر 96 وضاحت کریں
351	In the first two months after delivery, did you receive a vitamin A dose like this? زچگی کے پہلے دو ماہ میں کیا آپ نے وٹامن اے کے اس طرح کے کیپسول (دوائی) لیئے تھے؟ **SHOW AMPULES/CAPSULE/SYRUP.**	ہاں ..... 1 نہیں 2
352	Has your menstrual period returned since the birth of (NAME)? کیا (نام) کی پیدائش کے بعد آپ کو دوبارہ ماہواری آنا شروع ہوئی؟	ہاں ..... 1 نہیں ..... 2 (SKIP TO 354)
353	For how many months after the birth of (NAME) did you not have a period? (نام) کی پیدائش کے کتنے مہینے بعد تک آپ کو ماہواری نہیں آئی؟	مہینے ..... [ ][ ] معلوم نہیں 98
354	Did you ever breastfeed (NAME)? کیا (نام) کو آپ نے کبھی اپنا دودھ پلایا تھا؟	ہاں ..... 1 نہیں ..... 2 (SKIP TO 362)
355	How long after birth did you first put (NAME) to the breast? (نام) کی پیدائش کے کتنی دیر بعد آپ نے پہلی بار اُسے اپنا دودھ پلایا تھا؟ **IF LESS THAN 1 HOUR, RECORD '00' HOURS.** **IF LESS THAN 23 HOURS, RECORD HOURS.** **OTHERWISE, RECORD DAYS.**	فوراً ..... 000 گھنٹے 1 [ ][ ] دن 2
356	Did you give the (NAME) the thick milk (colostrum) that comes first or did you discard it? کیا آپ نے (نام) کو وہ گاڑھا دودھ جو سب سے پہلے نکلتا ہے پلایا تھا یا آپ نے اُسے ضائع کر دیا تھا؟	گاڑھا دودھ دیا جو سب سے پہلے نکلتا ہے ..... 1 ضائع کر دیا ..... 2 یاد نہیں 8
357	In the first three days after delivery, was (NAME) given anything to drink other than breast milk? پیدائش کے بعد پہلے 3 دنوں میں (نام) کو ماں کے دودھ کے علاوہ کچھ اور پینے کو دیا تھا؟	ہاں ..... 1 نہیں ..... 2 (SKIP TO 359)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____
358	What was (NAME) given to drink? (نام) کو پینے کے لیے کیا دیا تھا؟ Anything else? اس کے علاوہ کچھ اور چیز دی تھی؟ **RECORD ALL LIQUIDS MENTIONED.**	ماں کے دودھ کے علاوہ کوئی اور دودھ ..... A سادہ پانی ..... B شہد یا میٹھا پانی ..... C گھی / مکھن ..... D پھل کا جوس ..... E ڈبے کا دودھ ..... F گھٹی ..... G سبز قہوہ ..... H دیگر _____ X وضاحت کریں
359	**CHECK 304:** IS CHILD LIVING?	زندہ ☐ فوت شدہ ☐ (SKIP TO 361)
359A	**CHECK 215:** A child is born after 2007 ☐ A child is born before 2007 ☐ → 361	
360	Are you still breastfeeding (NAME)? کیا آپ اب بھی (نام) کو اپنا دودھ پلا رہی ہیں؟	ہاں ..... 1 (SKIP TO 362) نہیں 2
361	For how many months did you breastfeed (NAME)? آپ نے کتنے مہینے (نام) کو اپنا دودھ پلایا تھا؟ **IF LESS THAN ONE MONTH, RECORD '00'**	مہینہ ..... ☐☐ معلوم نہیں 98
362	**CHECK 304:** IS CHILD LIVING?	زندہ ☐ فوت شدہ ☐ (SKIP TO 401)
363	Yesterday or last night, did (NAME) drink or eat: پچھلے 24 گھنٹوں میں (نام) نے کیا: Plain water? سادہ پانی پیا؟ Baby formula or other milk? بچوں کا ڈبے والا دودھ یا کوئی اور دودھ پیا؟ Juice, soda, tea, rice water? جوس، سوڈا، چائے، چاولوں کی پیچ (پانی) پی؟ Any mushy or solid food? کوئی مسلی ہوئی یا ٹھوس غذا کھائی؟	ہاں نہیں معلوم نہیں پانی ..... 1 2 8 دودھ ..... 1 2 8 جوس ..... 1 2 8 کھانا 1 2 8
364	Did (NAME) drink anything from a bottle with a nipple yesterday or last night? کیا (نام) نے کل دن یا پچھلی رات نپل والی بوتل سے کچھ پیا تھا؟	ہاں ..... 1 نہیں ..... 2 معلوم نہیں 8

SECTION 4. CHILD VACCINATION, HEALTH AND NUTRITION

401 **CHECK 208:** ایک یا ایک سے زیادہ زندہ پیدائش ☐ ↓ کوئی زندہ پیدائش نہیں ☐ → 501

401A ENTER IN THE BIRTH NUMBER, NAME, AND SURVIVAL STATUS FOR LAST LIVE BIRTH .

402 BIRTH NUMBER FROM 212 — LAST BIRTH
پیدائش کا نمبر ..... ☐☐

403 FROM 212 AND 216 — NAME _____
زندہ ☐ ↓ فوت شدہ ☐ → 501

404 Do you have a card where (NAME'S) vaccinations are written down?
کیا آپ کے پاس کوئی ایسا کارڈ ہے جس میں (نام) کو لگائے گئے حفاظتی ٹیکوں کا اندراج ہو؟ کیا میں اسے دیکھ سکتی ہوں؟

IF YES:

May I see it please?

ہاں دیکھ لیا 1
ہاں / نہیں دیکھا ..... 2 (SKIP TO 407)
کارڈ موجود نہیں 3

405 (1) COPY DATE OF BIRTH IF GIVEN. IF NOT ON CARD, LEAVE IT BLANK.

(2) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.

(3) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.

(1) اگر تاریخ پیدائش کارڈ پر درج ہے تو اسکو پیدائش کے خانوں میں لکھ لیں اگر درج نہیں تو خالی چھوڑ دیں۔

(2) ہر حفاظتی ٹیکے کی تاریخ کو کارڈ پر سے نقل کر لیں

(3) یہ معلوم ہو جائے کہ ٹیکہ لگا ہے مگر اسکی تاریخ کا اندراج موجود نہیں، تو دن کے کالم میں "44" لکھیں۔

	LAST BIRTH DAY	MONTH	YEAR
BIRTH			
BCG			
POLIO 0 (POLIO GIVEN AT BIRTH)			
POLIO 1			
POLIO 2			
POLIO 3			
COMBO1=1/PENTA1=2/DPT1=3 (CIRCLE ONE OF THE THREE)			
COMBO2=1/PENTA2=2/DPT2=3 (CIRCLE ONE OF THE THREE)			
COMBO3=1/PENTA3=2/DPT3=3 (CIRCLE ONE OF THE THREE)			

Is COMBO or PENTA Circled

☐ Yes → Go to Measels

☐ No → Continue with HBV 1

HBV 1			
HBV 2			
HBV 3			
MEASLES-1			
MEASLES-2			

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____
406	Has (NAME) received any vaccinations that are not recorded on this card including vaccinations received in national immunization day campaign **RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, HBV 1-3 , Combo 1-3, Penta 1-3 OR MEASLES VACCINES.** کیا (نام) کو کوئی ایسا حفاظتی ٹیکہ لگوایا گیا ہے یا قطرے پلائے گئے جس کا اس کارڈ پر اندراج نہیں کیا گیا ہو۔ اس میں حفاظتی ٹیکوں یا قطرے پلانے کی قومی مہم میں لگائے گئے ٹیکے یا قطرے بھی شامل ہیں۔	ہاں ..... 1 (حفاظتی ٹیکوں کے بارے میں مختلف طریقوں سے پوچھنے کے بعد 405 میں دن کے کالم میں 66 لکھیں) (SKIP TO 409) نہیں ..... 2 (SKIP TO 409) معلوم نہیں 8
407	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunisation campaign? کیا (نام) نے بیماریوں سے بچاؤ کے لیے کبھی کوئی حفاظتی ٹیکہ لگوایا یا قطرے پیئے اس میں حفاظتی ٹیکوں کی قومی مہم میں لگائے گئے ٹیکے یا قطرے بھی شامل ہیں؟	ہاں ..... 1 نہیں ..... 2 (SKIP TO 410) معلوم نہیں 8
408	Please tell me if (NAME) received any of the following vaccinations: اگر (نام) نے ان میں سے کوئی ٹیکے لگوائے یا قطرے پیئے ہوں تو مہربانی فرما کر مجھے بتائیں کہ کیا:	
408A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar? ٹی بی سے بچاؤ کے لیے بی سی جی کا ٹیکہ لگوایا تھا جس سے بازو یا کولہے میں لگوانے سے عام طور پر ایک نشان پڑ جاتا ہے	ہاں ..... 1 نہیں ..... 2 معلوم نہیں 8
408B	Polio vaccine, that is, drops in the mouth? کیا پولیو کی دوا کے قطرے پلائے گئے تھے؟	ہاں ..... 1 نہیں ..... 2 (SKIP TO 408E) معلوم نہیں 8
408C	Was the first time polio drops were received in the first 2 weeks after birth or later? کیا پہلی بار پولیو کے قطرے پیدائش کے بعد پہلے دو ہفتوں میں پلائے گئے یا دو ہفتوں کے بعد؟	پہلے دو ہفتے ..... 1 بعد میں 2
408D	How many times was the polio vaccine received? پولیو کی دوا کے قطرے کتنی بار پلائے گئے تھے؟ **IF 7 OR MORE TIMES RECORD 7**	قطرے پلانے کی تعداد ..... ☐☐ معلوم نہیں 8
408E	A DPT/PENTA/COMBO vaccination, that is, an injection given in the thigh or buttocks,(sometimes at the same time as polio drops)? کیا DPT/PENTA/COMBO کا ٹیکہ لگوایا تھا جو ران یا کولہے میں لگایا جاتا ہے (بعض اوقات اسی وقت پولیو سے بچاؤ کے قطرے بھی پلا دیئے جاتے ہیں)	ہاں ..... 1 نہیں ..... 2 (SKIP TO 408G) معلوم نہیں 8
408F	How many times was a DPT/PENTA/CPMBO vaccination received? CIRCLE THE NAME OF INJECTION DPT/PENTA/COMBO کا حفاظتی ٹیکہ کتنی بار لگایا تھا؟	لگائے گئے ٹیکوں کی تعداد ..... ☐☐ معلوم نہیں 8
408F1	Check 408E. Is COMBO/PENTA Recorded ☐ ہاں → Go to 408 I ☐ نہیں → Continue with 408G	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____
408G	A hepatitus HBV vaccination, that is an injection given in the thigh or buttocks, sometimes at the same time as polio drops? کالا یرقان (ہیپاٹائٹس)، ایچ بی وی HBV کے بچاؤ کے لیے کیا ران یا کولہوں میں ٹیکہ لگایا گیا تھا۔ بعض اوقات اُسی وقت پولیو سے بچاؤ کے قطرے بھی پلا دیئے جاتے ہیں؟	ہاں ..... 1 نہیں ..... 2 (SKIP TO 408I) ← معلوم نہیں 8
408H	How many times was an HBV vaccination received? ایچ بی وی HBV یعنی کالا یرقان سے بچاؤ کا حفاظتی ٹیکہ کتنی بار لگایا گیا تھا؟	☐ لگائے گئے ٹیکوں کی تعداد ..... معلوم نہیں 8
408I	An injection to prevent measles? کیا خسرہ سے بچاؤ کے لیے ٹیکہ لگوایا گیا تھا؟	ہاں ..... 1 نہیں ..... 2 معلوم نہیں 8
409	Did (NAME) ever receive a polio vaccine (drops in the mouth) during a national immunisation day campaign? کیا (نام) نے کبھی پولیو سے بچاؤ کی قومی مہم کے دوران پولیو کی دوا کے قطرے (جو منہ میں ڈالے جاتے ہیں) لیے تھے؟ **IF YES, CHECK 405 OR 408D IS 1 OR MORE.**	ہاں ..... 1 نہیں 2
410	Has (NAME) ever received a vitamin A dose like this? **SHOW VIT.A CAPSULES.** کیا (نام) نے کبھی وٹامن اے کے اس طرح کے کیپسول کھائے ہیں؟	ہاں ..... 1 نہیں ..... 2 معلوم نہیں 8
411	Has (NAME) had diarrhea in the last 2 weeks? کیا (نام) کو پچھلے 2 ہفتوں میں دست آئے تھے؟	ہاں ..... 1 نہیں ..... 2 (SKIP TO 423) ← معلوم نہیں 8
412	Was there any blood in the stools? کیا پاخانے کے ساتھ خون آیا تھا؟	ہاں ..... 1 نہیں ..... 2 معلوم نہیں 8
413	Has (NAME) had diarrhea in the last 24 hours ? کیا (نام) کو پچھلے 24 گھنٹوں میں دست آئے؟	ہاں ..... 1 نہیں ..... 2 (SKIP TO 415) ← معلوم نہیں 8
414	How many times did (NAME) pass stool in the last 24 hours ? (نام) کو پچھلے 24 گھنٹوں میں کتنی دفعہ دست آئے؟	☐☐ دستوں کی تعداد .....
415	Now I would like to know how much (NAME) was given to drink during the diarrhea. اب میں جاننا چاہوں گی کہ دستوں کے دوران (نام) کو پینے کے لیے کتنا کچھ دیا گیا تھا؟ Was he/she given less than usual to drink, about the same amount, or more than usual to drink or nothing to drink? کیا (نام) کو عام دنوں کے مقابلے میں پینے کے لیے کم دیا گیا تھا، وہی مقدار دی گئی تھی یا عام دنوں سے بھی زیادہ دیا گیا تھا یا کچھ بھی نہیں دیا گیا تھا؟ **IF LESS, PROBE:** Was he/she given much less than usual to drink or somewhat less? کیا اُسے عام دنوں کے مقابلے میں پینے کے لیے بہت کم دیا گیا تھا یا تھوڑا سا کم دیا گیا تھا؟	معمول سے کم ..... 1 معمول کے مطابق ..... 2 معمول سے زیادہ ..... 3 پینے کو کچھ نہیں دیا ..... 4 معلوم نہیں 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____
416	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? جب (نام) کو دست آئے تھے تو کیا اُسے عام دنوں کے مقابلے میں کھانے کے لیے کم دیا گیا تھا، وہی مقدار دی گئی تھی، زیادہ دی گئی تھی یا پھر کھانے کے لیے کچھ بھی نہیں دیا گیا تھا؟ **IF LESS, PROBE:** Was he/she given much less than usual to eat or somewhat less? کیا اُسے عام دنوں کے مقابلے میں کھانے کو بہت کم دیا گیا تھا یا تھوڑا سا کم دیا گیا تھا؟	1 معمول سے کم 2 معمول کے مطابق 3 معمول سے زیادہ 4 کھانا دینا بند کر دیا 8 معلوم نہیں
417	Did you seek advice or treatment for the diarrhea from any source? کیا آپ نے کسی سے دست کے بارے میں مشورہ لیا تھا یا علاج کرایا تھا؟	1 ہاں 2 نہیں (SKIP TO 420)
418	Where did you seek advice or treatment? آپ نے کہاں سے مشورہ لیا تھا یا علاج کرایا تھا؟ Anywhere else? اس کے علاوہ کسی اور جگہ سے؟ **FOR ANY HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE.** _____ (NAME OF PLACE-S) **PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND RECORD ALL MENTIONED.**	**سرکاری شعبہ جات** A سرکاری ہسپتال B دیہی مرکز صحت / چھ بچہ بنیادی مرکز صحت / C خاندانی فلاحی مرکز D خاتون ہیلتھ ورکر E _____ دیگر سرکاری وضاحت کریں **پرائیویٹ طبی شعبہ جات** F پرائیویٹ ہسپتال / کلینک G کیمسٹ H پرائیویٹ ڈاکٹر I ہومیوپیتھک J ڈسپنسر / کمپوڈر K _____ دیگر پرائیویٹ طبی سہولت وضاحت کریں **دیگر سہولت** L دوکان M حکیم N غیر تربیت یافتہ دائی / تربیت یافتہ دائی X _____ دیگر وضاحت کریں
419	How many days after the illness began did you first seek advice or treatment for (NAME)? بیماری شروع ہونے کے کتنے دن بعد آپ نے (نام) کے لئے پہلی بار علاج یا مشورہ کیا تھا؟ **IF THE SAME DAY RECORD '00'**	☐☐ دن

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____
420	Was he/she given any of the following to drink at any time since he/she started having the diarrhea: دست شروع ہونے کے بعد کیا کسی وقت (نام) کو پینے کے لیے:	
420A	A fluid made from a special packet called ORS or Nimkol? ایک خصوصی پیکٹ سے تیار کردہ محلول دیا گیا تھا یعنی نمکول یا ORS؟	معلوم نہیں 8 نہیں 2 ہاں 1 نمکول (او آر ایس پیکٹ سے تیار کردہ محلول)
420B	A drink made at home with sugar, salt and water? چینی ۔نمک اور پانی سے گھر میں تیار کردہ محلول دیا گیا تھا؟	معلوم نہیں 8 نہیں 2 ہاں 1 گھر میں تیار کردہ محلول
421	Was anything (else) given to treat the diarrhea? کیا دست کے علاج کے لیے کوئی (اور) چیز دی گئی تھی؟	ہاں ..... 1 نہیں ..... 2 (SKIP TO 423) ← معلوم نہیں 8
422	What (else) was given to treat the diarrhea? دست کے علاج کے لیے (اور) کیا کچھ دیا گیا تھا؟ Anything else? اس کے علاوہ کچھ اور؟ **RECORD ALL TREATMENTS GIVEN.**	گولیاں/شربت ..... A ٹیکہ ..... B IV بوتل (ڈرپ) ..... C گھریلو علاج/ جڑی بوٹیاں/اسپغول ..... D دیگر _____ X وضاحت کریں
423	Has (NAME) been ill with a fever at any time in the last 2 weeks? کیا (نام) کو پچھلے 2 ہفتوں میں کسی وقت بخار ہوا تھا؟	ہاں ..... 1 نہیں ..... 2 معلوم نہیں 8
424	Has (NAME) had an illness with a cough at any time in the last 2 weeks? کیا (نام) کو پچھلے دو ہفتوں میں کسی وقت کھانسی کے ساتھ طبیعت خراب ہوئی تھی؟	ہاں ..... 1 نہیں ..... 2 (SKIP TO 427) ← معلوم نہیں 8
425	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing? جب (نام) کو کھانسی تھی تو کیا وہ عام دنوں کے مقابلے میں تیز تیز سانس لیتا تھا/لیتی تھی یا سانس لینے میں مشکل آئی تھی؟	ہاں ..... 1 نہیں ..... 2 (SKIP TO 428) ← معلوم نہیں 8
426	Were these breathing symptoms due to a problem in the chest or to a blocked or runny nose? کیا سانس کی یہ علامات سینے میں تکلیف کی وجہ سے یا ناک کے بند یا بہنے کی وجہ سے ہوئی تھیں؟	صرف سینہ ..... 1 صرف ناک ..... 2 دونوں ..... 3 دیگر _____ 6 وضاحت کریں معلوم نہیں ..... 8 (SKIP TO 428) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____
427	**CHECK 423:** HAD FEVER ہاں ☐	نہیں ☐ → 501
428	Did you seek advice or treatment for the illness from any source? کیا آپ نے کسی سے اس بیماری کے بارے میں مشورہ لیا یا علاج کرایا تھا؟	1 ہاں ..... 2 نہیں ..... (SKIP TO 501)
429	Where did you seek advice or treatment? آپ نے کہاں سے مشورہ لیا یا علاج کرایا تھا؟ Anywhere else? اس کے علاوہ کسی اور جگہ سے؟ FOR ANY HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S) **PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND RECORD ALL MENTIONED.**	**سرکاری شعبہ جات** A سرکاری ہسپتال ..... B دیہی مرکز صحت / چھ بچہ ..... C بنیادی مرکز صحت / خاندانی فلاحی مرکز ..... D لیڈی ہیلتھ ورکر ..... E _____ دیگر سرکاری وضاحت کریں **پرائیویٹ طبی شعبہ جات** F پرائیویٹ ہسپتال / کلینک ..... G کیمسٹ ..... H پرائیویٹ ڈاکٹر ..... I ہومیوپیتھک ..... J ڈسپنسر / کمپوڈر ..... K _____ دیگر پرائیویٹ طبی سہولت وضاحت کریں **دیگر سہولت** L دوکان ..... M حکیم ..... N تربیت یافتہ دائی / غیر تربیت یافتہ دائی ..... X _____ دیگر وضاحت کریں
430	How many days after the illness began did you first seek advice or treatment for (NAME)? بیماری شروع ہونے کے کتنے دن بعد آپ نے (نام) کے لیے پہلی بار علاج و مشورہ لیا تھا؟ **IF THE SAME DAY, RECORD '00'.**	☐☐ دن .....

SECTION 5. CONTRACEPTION

501 Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.
اب میں خاندانی منصوبہ بندی کے بارے میں بات کرنا چاہوں گی۔ یعنی حمل میں تاخیر کرنے یا اس سے بچنے کے مختلف طریقے یا ذرائع جنہیں میاں بیوی استعمال کر سکتے ہیں۔

Which ways or methods have you heard about?
آپ نے کن طریقوں یا ذرائع کے بارے میں سنا ہے؟

FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK:

CIRCLE CODE 1 IN 501 FOR EACH METHOD MENTIONED SPONTANEOUSLY.
THEN PROCEED DOWN COLUMN 501, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 & 2 CIRCLED IN 501, ASK 502.

A. CHECK 104:
CURRENTLY MARRIED → (next)
ELSE → NEXT METHOD

B. CHECK 226:
NOT PREG/UNSURE → (next)
PREGNANT → NEXT METHOD

		Q.501 Have you ever heard of (METHOD)? کیا آپ نے کبھی METHOD کے بارے میں سُنا ہے؟	Q. 502 From whom and where you have heard about (METHOD)? آپ نے METHOD کے بارے میں کس سے اور کہاں سے سُنا؟	Q. 503 Had someone discussed about side effects of (METHOD)? کیا کسی نے METHOD کے مضر اثرات کے بارے میں بتایا تھا؟	Q. 504 Have you ever used (METHOD)? کیا آپ نے کبھی Method استعمال کیا ہے؟	Q. 505 Are you currently using (METHOD)? کیا آپ آجکل کوئی METHOD استعمال کر رہی ہیں؟	Q.506 What are the reasons for not currently using (METHOD) آجکل METHOD استعمال نہ کرنے کی وجوہات کیا ہیں؟ [IF STERILISED, ASK NEXT METHOD]
01	**FEMALE STERILISATION** Women can have an operation to avoid having any more pregnancies. **عورت کی نس بندی** عورتیں مزید بچوں کی پیدائش سے بچنے کے لیے آپریشن کرا سکتی ہیں۔	ہاں/خود بتایا 1 ہاں/پوچھنے پر بتایا 2 نہیں 3 →	FP WORKER A OTHER HEALTH PERSONAL B HUSBAND C RELATIVES/FRIENDS D MEDIA E OTHERS X	ہاں 1 نہیں 2	Have you ever had an operation to avoid having any more pregnancies? کیا آپ نے کوئی آپریشن کرایا ہے تاکہ کوئی حمل نہ ہو؟ ہاں 1 نہیں 2 →		
02	**MALE STERILISATION** Men can have an operation to avoid having any more pregnancies. **مردوں کی نس بندی** مرد مزید بچوں کی پیدائش سے بچنے کے لیے آپریشن کرا سکتے ہیں۔	ہاں/خود بتایا 1 ہاں/پوچھنے پر بتایا 2 نہیں 3 →	FP WORKER A OTHER HEALTH PERSONAL B HUSBAND C RELATIVES/FRIENDS D MEDIA E OTHERS X	ہاں 1 نہیں 2	Has your husband ever had an operation to avoid having any more children? کیا آپ کے خاوند نے کوئی آپریشن کرایا ہے تاکہ کوئی حمل نہ ہو؟ ہاں 1 نہیں 2 →		
03	**PILL** Women can take a pill every day to avoid becoming pregnant. **گولیاں** عورتیں حمل سے بچنے کے لیے ایک گولی روزانہ کھا سکتی ہیں۔	ہاں/خود بتایا 1 ہاں/پوچھنے پر بتایا 2 نہیں 3 →	FP WORKER A OTHER HEALTH PERSONAL B HUSBAND C RELATIVES/FRIENDS D MEDIA E OTHERS X	ہاں 1 نہیں 2	ہاں 1 نہیں 2 →	ہاں 1 نہیں 2 →	مزید بچوں کی خواہش A ذیلی اثرات کی وجہ سے B ذیلی اثرات کا خوف C سہولت کافی دور تھی/پہنچنے میں مشکل D بہت مہنگا E استعمال کرنے میں دشواری F صحت سے متعلق خدشات G بارآوری سے متعلق وجوہات H خاندانی منصوبہ بندی کی مخالفت I ماہواری ختم ہو گئی ہے J میاں بیوی کم ملتے ہیں/شوہر گھر سے دور رہتا ہے K دیگر X
04	**IUD** Women can have a loop or coil placed inside them by a doctor or a trained health worker. **چھلا** عورتیں کسی ڈاکٹر یا تربیت یافتہ ہیلتھ ورکر سے اپنے اندر ایک چھلا رکھوا سکتی ہیں۔	ہاں/خود بتایا 1 ہاں/پوچھنے پر بتایا 2 نہیں 3 →	FP WORKER A OTHER HEALTH PERSONAL B HUSBAND C RELATIVES/FRIENDS D MEDIA E OTHERS X	ہاں 1 نہیں 2	ہاں 1 نہیں 2 →	ہاں 1 نہیں 2 →	مزید بچوں کی خواہش A ذیلی اثرات کی وجہ سے B ذیلی اثرات کا خوف C سہولت کافی دور تھی/پہنچنے میں مشکل D بہت مہنگا E استعمال کرنے میں دشواری F صحت سے متعلق خدشات G بارآوری سے متعلق وجوہات H خاندانی منصوبہ بندی کی مخالفت I ماہواری ختم ہو گئی ہے J میاں بیوی کم ملتے ہیں/شوہر گھر سے دور رہتا ہے K دیگر X

Which ways or methods have you heard about?
FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK:

CIRCLE CODE 1 IN 501 FOR EACH METHOD MENTIONED SPONTANEOUSLY.
THEN PROCEED DOWN COLUMN 501, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 & 2 CIRCLED IN 501, ASK 502.

A. CHECK 104:
CURRENTLY MARRIED → **B. CHECK 226:** NOT PREG/UNSURE

ELSE → NEXT METHOD

PREGNANT → NEXT METHOD

		Q.501 Have you ever heard of (METHOD)? کیا آپ نے کبھی METHOD کے بارے میں سُنا ہے؟	Q. 502 From whom and where you have heard about (METHOD)? آپ نے METHOD کے بارے میں کس سے اور کہاں سے سُنا؟	Q. 503 Had someone discussed about side effects of (METHOD)? کیا کسی نے METHOD کے مضر اثرات کے بارے میں بتایا تھا؟	Q. 504 Have you ever used (METHOD)? کیا آپ نے کبھی Method استعمال کیا ہے؟	Q. 505 Are you currently using (METHOD)? کیا آپ آجکل کوئی METHOD استعمال کر رہی ہیں؟	Q.506 What are the reasons for not currently using (METHOD) آجکل METHOD استعمال نہ کرنے کی وجوہات کیا ہیں؟
05	**INJECTABLES** Women can have an injection by a health provider that stops them from becoming pregnant for one or more months. **انجکشن** عورتیں کسی ڈاکٹر یا تربیت یافتہ ہیلتھ ورکر سے انجکشن لگوا سکتی ہیں جس سے وہ ایک یا اس سے زائد ماہ تک حاملہ نہیں ہو سکتیں۔	ہاں/خود بتایا 1 ہاں/پوچھنے پر بتایا 2 نہیں 3	FP WORKER A OTHER HEALTH PERSONAL B HUSBAND C RELATIVES/FRIENDS D MEDIA E OTHERS X	ہاں 1 نہیں 2	ہاں 1 نہیں 2	ہاں 1 نہیں 2	مزید بچوں کی خواہش A ذیلی اثرات کی وجہ سے B ذیلی اثرات کا خوف C سہولت کافی دور تھی/پہنچنے میں مشکل D بہت مہنگا E استعمال کرنے میں دشواری F صحت سے متعلق خدشات G بارآوری سے متعلق وجوہات H خاندانی منصوبہ بندی کی مخالفت I ماہواری ختم ہوگئی ہے J میاں بیوی کم ملتے ہیں/شوہر گھر سے دور رہتا ہے K بگھ X
06	**IMPLANTS** Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years. **راڈ** عورتیں کسی ڈاکٹر سے اپنے بازو کے اوپر کے حصے میں چھوٹے چھوٹے راڈ رکھوا سکتی ہیں جس سے وہ ایک یا اس سے زائد سال تک حاملہ نہیں ہوتیں	ہاں/خود بتایا 1 ہاں/پوچھنے پر بتایا 2 نہیں 3	FP WORKER A OTHER HEALTH PERSONAL B HUSBAND C RELATIVES/FRIENDS D MEDIA E OTHERS X	ہاں 1 نہیں 2	ہاں 1 نہیں 2	ہاں 1 نہیں 2	مزید بچوں کی خواہش A ذیلی اثرات کی وجہ سے B ذیلی اثرات کا خوف C سہولت کافی دور تھی/پہنچنے میں مشکل D بہت مہنگا E استعمال کرنے میں دشواری F صحت سے متعلق خدشات G بارآوری سے متعلق وجوہات H خاندانی منصوبہ بندی کی مخالفت I ماہواری ختم ہوگئی ہے J میاں بیوی کم ملتے ہیں/شوہر گھر سے دور رہتا ہے K بگھ X
07	**CONDOM** Men can put a rubber sheath on their organ before sexual intercourse. **کنڈوم** مرد مباشرت یعنی میاں بیوی کے ملاپ سے پہلے ربڑ کا خول یعنی کنڈوم استعمال کر سکتے ہیں۔	ہاں/خود بتایا 1 ہاں/پوچھنے پر بتایا 2 نہیں 3	FP WORKER A OTHER HEALTH PERSONAL B HUSBAND C RELATIVES/FRIENDS D MEDIA E OTHERS X	ہاں 1 نہیں 2	ہاں 1 نہیں 2	ہاں 1 نہیں 2	مزید بچوں کی خواہش A ذیلی اثرات کی وجہ سے B ذیلی اثرات کا خوف C سہولت کافی دور تھی/پہنچنے میں مشکل D بہت مہنگا E استعمال کرنے میں دشواری F صحت سے متعلق خدشات G بارآوری سے متعلق وجوہات H خاندانی منصوبہ بندی کی مخالفت I ماہواری ختم ہوگئی ہے J میاں بیوی کم ملتے ہیں/شوہر گھر سے دور رہتا ہے K بگھ X
08	**RHYTHM METHOD** Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant. **وقتی پرہیز کا طریقہ** ہر ماہ اُن دنوں میں جب عورت کے حاملہ ہونے کے امکانات زیادہ ہوتے ہیں، مباشرت یعنی میاں بیوی کے ملاپ سے پرہیز کر کے حاملہ ہونے سے بچا جا سکتا ہے۔	ہاں/خود بتایا 1 ہاں/پوچھنے پر بتایا 2 نہیں 3	FP WORKER A OTHER HEALTH PERSONAL B HUSBAND C RELATIVES/FRIENDS D MEDIA E OTHERS X	ہاں 1 نہیں 2	ہاں 1 نہیں 2	ہاں 1 نہیں 2	مزید بچوں کی خواہش A ذیلی اثرات کی وجہ سے B ذیلی اثرات کا خوف C سہولت کافی دور تھی/پہنچنے میں مشکل D بہت مہنگا E استعمال کرنے میں دشواری F صحت سے متعلق خدشات G بارآوری سے متعلق وجوہات H خاندانی منصوبہ بندی کی مخالفت I ماہواری ختم ہوگئی ہے J میاں بیوی کم ملتے ہیں/شوہر گھر سے دور رہتا ہے K بگھ X

Which ways or methods have you heard about?
FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK:

CIRCLE CODE 1 IN 501 FOR EACH METHOD MENTIONED SPONTANEOUSLY.
THEN PROCEED DOWN COLUMN 501, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 & 2 CIRCLED IN 501, ASK 502.

A. CHECK 104:
CURRENTLY MARRIED → B. CHECK 226:
ELSE → NEXT METHOD
NOT PREG/UNSURE → PREGNANT → NEXT METHOD

		Q.501 Have you ever heard of (METHOD)? کیا آپ نے کبھی METHOD کے بارے میں سُنا ہے؟	Q. 502 From whom and where you have heard about (METHOD)? آپ نے METHOD کے بارے میں کس سے اور کہاں سے سُنا؟	Q. 503 Had someone discussed about side effects of (METHOD)? کیا کسی نے METHOD کے مضر اثرات کے بارے میں بتایا تھا؟	Q. 504 Have you ever used (METHOD)? کیا آپ نے کبھی Method استعمال کیا ہے؟	Q. 505 Are you currently using (METHOD)? کیا آپ آجکل کوئی METHOD استعمال کر رہی ہیں؟	Q.506 What are the reasons for not currently using (METHOD) آجکل METHOD استعمال نہ کرنے کی وجوہات کیا ہیں؟
09	**WITHDRAWAL, AZAL** Men can be careful and pull out before ejaculation. **عزل/اخراج** مرد احتیاط کر سکتے ہیں اور اخراج سے پہلے جدا ہو سکتے ہیں۔	ہاں/خود بتایا ..... 1 ہاں/پوچھنے پر بتایا ..... 2 نہیں 3	FP WORKER ..... A OTHER HEALTH PERSONAL B HUSBAND ..... C RELATIVES/FRIENDS ... D MEDIA ..... E OTHERS X	ہاں ..... 1 نہیں 2	ہاں ..... 1 نہیں 2	ہاں ..... 1 نہیں 2	مزید بچوں کی خواہش ..... A ذیلی اثرات کی وجہ سے ..... B ذیلی اثرات کا خوف ..... C سہولت کافی دوری/اچھے میں مشکل ..... D بہت مہنگا ..... E استعمال کرنے میں دشواری ..... F صحت سے متعلق خدشات ..... G پارٹنر کی سے متعلق وجوہات ..... H خاندانی منصوبہ بندی کی مخالفت ..... I ماہواری ختم ہو گئی ہے ..... J میاں بیوی کم ملتے ہیں/شوہر گھر سے دور رہتا ہے ..... K دیگر X
10	**EMERGENCY CONTRACEPTION** Women can take pills up to five days after sexual intercourse to avoid becoming pregnant. **ہنگامی مانع حمل طریقے** مباشرت یعنی میاں بیوی کے ملاپ کے بعد حمل سے بچنے کے لیے خواتین 5 دن تک مانع حمل گولیاں کھا سکتی ہیں۔	ہاں/خود بتایا ..... 1 ہاں/پوچھنے پر بتایا ..... 2 نہیں 3	FP WORKER ..... A OTHER HEALTH PERSONAL B HUSBAND ..... C RELATIVES/FRIENDS ... D MEDIA ..... E OTHERS X	ہاں ..... 1 نہیں 2	ہاں ..... 1 نہیں 2	ہاں ..... 1 نہیں 2	مزید بچوں کی خواہش ..... A ذیلی اثرات کی وجہ سے ..... B ذیلی اثرات کا خوف ..... C سہولت کافی دوری/اچھے میں مشکل ..... D بہت مہنگا ..... E استعمال کرنے میں دشواری ..... F صحت سے متعلق خدشات ..... G پارٹنر کی سے متعلق وجوہات ..... H خاندانی منصوبہ بندی کی مخالفت ..... I ماہواری ختم ہو گئی ہے ..... J میاں بیوی کم ملتے ہیں/شوہر گھر سے دور رہتا ہے ..... K دیگر X
11	Have you heard of any other ways or methods that women or men can use to avoid pregnancy? کیا آپ نے کسی اور طریقے یا ذریعے کے بارے میں سنا ہے جسے عورتیں یا مرد استعمال کر کے حمل سے بچ سکتے ہیں؟	ہاں/خود بتایا ..... 1 وضاحت کریں وضاحت کریں نہیں 3	FP WORKER ..... A OTHER HEALTH PERSONAL B HUSBAND ..... C RELATIVES/FRIENDS ... D MEDIA ..... E OTHERS X	ہاں ..... 1 نہیں 2	ہاں ..... 1 نہیں 2	ہاں ..... 1 نہیں 2	مزید بچوں کی خواہش ..... A ذیلی اثرات کی وجہ سے ..... B ذیلی اثرات کا خوف ..... C سہولت کافی دوری/اچھے میں مشکل ..... D بہت مہنگا ..... E استعمال کرنے میں دشواری ..... F صحت سے متعلق خدشات ..... G پارٹنر کی سے متعلق وجوہات ..... H خاندانی منصوبہ بندی کی مخالفت ..... I ماہواری ختم ہو گئی ہے ..... J میاں بیوی کم ملتے ہیں/شوہر گھر سے دور رہتا ہے ..... K دیگر X

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
507	**CHECK 504:** ایک بھی "ہاں" نہیں (NEVER USED) ☐ کم از کم ایک "ہاں" (EVER USED) ☐		→ 510
508	Have you ever used anything or tried in any way to delay or avoid getting pregnant? کیا آپ نے کبھی کوئی چیز استعمال کی یا کوئی طریقہ آزمایا ہے تا کہ حمل میں تاخیر یا اس سے بچا جا سکے؟	ہاں ..... 1 نہیں 2	→ 513
509	What have you used or done? آپ نے کون سی چیز یا طریقہ استعمال کیا؟ **CORRECT 504 (AND 501 - 503 IF NECESSARY).**		
510	**CHECK 505:** طریقہ استعمال کرتی ہے ☐ طریقہ استعمال نہیں کرتی ہے ☐		→ 514
511	Where did you obtain (CURRENT METHOD) the last time? آخری مرتبہ آپ نے (موجودہ طریقہ) کہاں سے حاصل کیا تھا؟ **IF STERILISED:** Where did the sterilisation take place? نس بندی کہاں کی گئی تھی؟ IF SOURCE IS HOSPITAL, HEALTH CENTER, OR FWC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	**سرکاری شعبہ جات** دیہی مرکز صحت/سرکاری ہسپتال ..... 01 گورنمنٹ ہیلتھ سنٹر/زچہ بچہ سنٹر/بنیادی مرکز صحت/ دیہی مرکز صحت ..... 02 خاندانی فلاحی مرکز ..... 03 موبائل کیمپ ..... 04 دیہی خاندانی منصوبہ بندی ورکر ..... 05 لیڈی ہیلتھ ورکر ..... 06 دیگر سرکاری _____ 07 این جی او ..... 08 **پرائیویٹ شعبہ جات** سبز ستارہ کلینک ..... 09 چابی کلینک ..... 10 دیگر ڈاکٹر ..... 11 میڈیکل سٹور/فارمیسی ..... 12 حکیم ..... 13 ہومیو کلینک ..... 14 تربیت یافتہ دائی/غیر تربیت یافتہ دائی ..... 15 دیگر _____ 16 وضاحت کریں **دیگر ذرائع** دوکان (جو میڈیکل سٹور نہ ہو) ..... 17 دوست/رشتہ دار ..... 18 دیگر _____ 19 وضاحت کریں معلوم نہیں 98	
512	Since what month and year have you been using (CURRENT METHOD) without stopping? آپ کس مہینے اور سال سے (موجودہ طریقہ) مسلسل استعمال کر رہی ہیں؟ **IF STERILISED:** In what month and year was the sterilisation performed? کس مہینہ اور سال میں نس بندی کا آپریشن ہوا؟ **PROBE:** For how long have you been using (CURRENT METHOD) now without stopping? آپ کتنے عرصہ سے (موجودہ طریقہ) مسلسل استعمال کر رہی ہیں؟	مہینہ ..... ☐☐ سال ..... ☐☐☐☐ معلوم نہیں 98	→ 514

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
513	What is the main reason you never used a method? اس کی سب سے بڑی وجہ کیا ہے کہ آپ نے خاندانی منصوبہ بندی کا طریقہ کبھی بھی استعمال نہیں کیا؟	ذیلی اثرات سے خوف زدہ ..... 01 مذہبی وجوہات ..... 02 خاندانی منصوبہ بندی کلینک جانا نہیں چاہتی / جانے میں شرم محسوس ہونا ..... 03 خاندانی منصوبہ بندی کی سہولت مہیا نہیں ..... 04 قسمت پر یقین ..... 05 بہت مہنگا ..... 06 شوہر / دوسرے افراد کی مخالفت ..... 07 حاملہ نہیں ہو سکتی ..... 08 بچے نہیں ہیں / ابھی شادی ہے ..... 09 خواہش کے مطابق بچوں کی تعداد نامکمل ..... 10 قدرتی وقفہ ..... 11 بچے کو اپنا دودھ پلاتی ہے ..... 12 دیگر _____ 96 معلوم نہیں 98	
514	In the last 12 months, were you visited by a fieldworker or a Lady Health Worker who talked to you about family planning? پچھلے بارہ مہینوں میں کیا آپ کو کوئی فیلڈ ورکر یا لیڈی ہیلتھ ورکر ملنے آئی ہے جس نے آپ کو خاندانی منصوبہ بندی کے بارے میں بتایا ہو؟	ہاں ..... 1 نہیں 2	→ 517
515	How many visits did she pay in the last 12 months? پچھلے بارہ ماہ کے دوران اُس نے کتنی مرتبہ آپکے گھر آپ سے ملاقات کی؟	کتنی مرتبہ آئی ..... [ ][ ]	
516	On the last visit, what did she discuss? **CIRCLE ALL MENTIONED.** پچھلی ملاقات کے دوران اُس نے کن موضوعات پر بات چیت کی؟ Probe:- کسی اور موضوع پر بھی،	خاندانی منصوبہ بندی ..... A جواب دہندہ کی صحت ..... B بچوں کی صحت ..... C دیگر صحت ..... D	
517	Have you visited a health/FP facility for any reason in the last 12 months? کیا آپ پچھلے بارہ ماہ کے دوران کسی وجہ سے صحت یا خاندانی منصوبہ بندی کے مرکز گئیں؟	ہاں ..... 1 نہیں 2	→ 601
518	Did you visit the health/FP facility alone or someone accompanied you? کیا آپ صحت / خاندانی منصوبہ بندی کے مرکز تنہا گئیں یا کسی کو ساتھ لے کر گئیں؟	کسی کے ساتھ ..... 1 تنہا 2	
519	On the last occasion what was the main reason that you attended that health/FP facility? پچھلی مرتبہ جب آپ صحت / خاندانی منصوبہ بندی کے مرکز گئیں تو وہاں جانے کی خاص وجہ کیا تھی؟	بچہ بیمار ..... 01 جواب دہندہ بیمار ..... 02 کوئی خاندان کا فرد بیمار تھا ..... 03 حمل کے دوران / زچگی کے بعد معائنہ ..... 04 حفاظتی ٹیکوں کا کورس ..... 05 خاندانی منصوبہ بندی ..... 06 دیگر _____ 96 وضاحت کریں	

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP
601	**CHECK 104:** حالیہ شادی شدہ ☐		علیحدگی ہو چکی/طلاق یافتہ/ بیوہ ☐	→ 610
602	**CHECK 504:** نس بندی نہیں ہوئی ☐		مرد یا عورت کی نس بندی ہوئی ہو ☐	→ 610
603	**CHECK 226:** NOT PREGNANT OR UNSURE ☐	PREGNANT ☐		
	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? اَب میں آپ سے مستقبل کے بارے میں کچھ سوالات پوچھنا چاہوں گی۔ کیا آپ چاہیں گی کہ آپ کے ہاں (ایک اور) بچہ ہو یا آپ اِس بات کو ترجیح دیں گی کہ (اور) بچے نہ ہوں؟	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children? اب میں آپ سے مستقبل کے بارے میں کچھ سوالات پوچھنا چاہوں گی آپ اِس ہونے والے بچے کی پیدائش کے بعد چاہیں گی کہ آپ کے ہاں ایک اور بچہ پیدا ہو یا اس بات کو ترجیح دیں گی کہ اَب اور بچے نہ ہوں؟	1 مزید بچہ 2 مزید نہیں → 605 3 حاملہ نہیں ہو سکتی → 610 4 ابھی فیصلہ نہیں کیا/معلوم نہیں اور حاملہ → 605 5 ابھی فیصلہ نہیں کیا / معلوم نہیں/ حاملہ نہیں → 605	
604	**CHECK 226:** NOT PREGNANT OR UNSURE ☐	PREGNANT ☐		
	How long would you like to wait from now before the birth of (a/another) child? آپ اَب سے اگلے بچے کی پیدائش تک کتنا عرصہ انتظار کرنا پسند کریں گی؟	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? آپ ہونے والے بچے کی پیدائش کے بعد اگلے بچے کی پیدائش تک کتنا عرصہ انتظار کرنا پسند کریں گی؟	☐☐ 1 مہینہ 2 سال 993 جلدی/ابھی 994 حاملہ نہیں ہو سکتی → 610 996 دیگر _____ 998 معلوم نہیں (وضاحت کریں)	
605	**CHECK 226:** حاملہ نہیں/غیر یقینی ☐		حاملہ ☐	→ 607
606	**CHECK 505:** جن سے نہیں پوچھا ☐ نہیں	آج کل استعمال نہیں کر رہی ہے ☐ نہیں	آج کل استعمال کر رہی ہے ☐ ہاں	→ 610
607	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future? کیا آپ سمجھتی ہیں کہ آپ مستقبل میں کسی بھی وقت حمل سے بچاؤ یا اِس میں تاخیر کرنے کے لیے کوئی بھی طریقہ استعمال کریں گی؟		1 ہاں → 609 2 نہیں 8 معلوم نہیں	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
608	What is the main reason that you think you will not use a contraceptive method at any time in the future? آپ مستقبل میں کسی بھی وقت حمل سے بچاؤ کا طریقہ استعمال کرنے کا ارادہ نہیں رکھتیں۔ آپ کے نزدیک اس کی سب سے اہم وجہ کیا ہے؟	**بارآوری سے متعلق وجوہات** شوہر زیادہ نہیں مانتا ..... 01 ماہوراری بند ہونا/ بچہ دانی نکلوا دینا ..... 02 بچہ پیدا کرنے کی صلاحیت کم ہونا/نہ ہونا ..... 03 مزید بچوں کی خواہش ..... 04 **استعمال میں مخالفت** جواب دہندہ کی مخالفت ..... 05 شوہر کی مخالفت ..... 06 دوسرے افراد کی مخالفت ..... 07 مذہبی ممانعت ..... 08 **معلومات میں کمی** کوئی طریقہ معلوم نہیں ..... 09 کسی سہولت کے بارے میں معلوم نہیں ..... 10 **مانع حمل ادویات سے متعلق وجوہات** صحت سے متعلق خدشات ..... 11 ذیلی اثرات کا خوف ..... 12 سہولت تک پہنچ نہیں/بہت دور ہے ..... 13 بہت مہنگا ..... 14 استعمال میں دشواری ..... 15 جسم کی عام کارکردگی میں مداخلت ..... 16 دیگر _____ 96 معلوم نہیں 98	→ 610
609	Which method would you perfer to use? آپ کون سا طریقہ استعمال کرنے کو ترجیح دیں گی؟	گولیاں ..... 01 چھلا ..... 02 ٹیکے ..... 03 راڈ ..... 04 کنڈوم ..... 05 عورت کی نس بندی ..... 06 مرد کی نس بندی ..... 07 وقتی پرہیز ..... 08 اخراج/ازل ..... 09 96 غیر یقینی / معلوم نہیں _____ 98	
610	**CHECK 216:** HAS LIVING CHILDREN ☐ → NO LIVING CHILDREN ☐ If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? آپ ماضی پر نگاہ ڈالیں جب آپ کے ہاں کوئی بچہ نہیں تھا اور سوچیں اگر آپ کو اپنی پوری زندگی کے لیے بچوں کی کل تعداد کا انتخاب کرنے کا اختیار ہوتا تو آپ کتنے بچے چاہتیں؟ If you could choose exactly the number of children to have in your whole life, how many would that be? اگر آپ کو اپنی پوری زندگی کے لیے بچوں کی کل تعداد کا انتخاب کرنے کا اختیار ہو تو آپ کتنے بچے چاہیں گی؟ **PROBE FOR A NUMERIC RESPONSE.**	کوئی نہیں ..... 00 → 612 تعداد ..... ☐☐ دیگر _____ 96 → 612 وضاحت کریں	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
611	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter? آپ کیا چاہیں گی کہ ان میں سے کتنے لڑکے ہوں اور کتنی لڑکیاں ہوں اور کتنے بچے چاہے وہ لڑکے ہوں یا لڑکیاں؟	کوئی بھی / لڑکیاں / لڑکے تعداد [ ][ ][ ][ ][ ][ ] 96 ریگر _____ وضاحت کریں	
612	In the last month have you heard/read a message about family planning on/in: کیا آپ نے پچھلے ایک ماہ کے دوران خاندانی منصوبہ بندی کے بارے میں کوئی پیغام سُنا/پڑھا؟ **[RECORD ALL MENTIONED]**	A ریڈیو پر سنا ہے B ٹیلی ویژن پر سنا/دیکھا ہے C اخبار یا رسالے میں پڑھا ہے D پوسٹر پر دیکھا/پڑھا ہے E کسی کتابچہ وغیرہ میں پڑھا ہے X کسی اور ذریعہ سے سنا/دیکھا ہے Y نہیں سنا/دیکھا/پڑھا	
613	In the last one month have you discussed family planning with your friends, neighbours or relatives? کیا آپ نے پچھلے ایک ماہ کے دوران اپنے دوستوں، پڑوسیوں یا رشتہ داروں سے کبھی خاندانی منصوبہ بندی کے متعلق بات چیت کی ہے؟	1 ہاں 2 نہیں	→ 615
614	With whom? [RECORD ALL MENTIONED] کس سے بات چیت کی؟	A شوہر B ماں C باپ D بہن E بھائی F بیٹی G ساس H دوست/پڑوسی دوسرے رشتے دار X ریگر _____ وضاحت کریں	
615	**CHECK 104:** حالیہ شادی شدہ ☐↓ طلاق یافتہ/بیوہ/علیحدگی ہو چکی ☐		→ 701
616	Have you talked to your husband about family planning in the past year? If "YES" once or twice or more often? کیا آپ نے گذشتہ ایک سال کے دوران اپنے شوہر سے خاندانی منصوبہ بندی کے متعلق بات چیت کی ہے؟ اگر ہاں تو ایک دفعہ یا دو دفعہ یا اکثر و بیشتر؟	1 پچھلے سال نہیں 2 ایک یا دو دفعہ 3 اکثر و بیشتر	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
617	Now I want to ask you about your husband's views on family planning. Do you think that your husband approves or disapproves of couples using a method to aviod pregnancy? اب میں آپ سے آپ کے شوہر کے خاندانی منصوبہ بندی کے متعلق خیالات کے بارے میں جاننا چاہوں گی۔ کیا آپ کے شوہر حمل روکنے کیلئے میاں بیوی کے خاندانی منصوبہ بندی کے طریقے اپنانے کو اچھا سمجھتے ہیں یا بُرا؟	اچھا سمجھنا ..... 1 بُرا سمجھنا ..... 2 معلوم نہیں 8	
618	Do you think your husband wants the same number of children that you want, or does he want more or fewer than you want? آپ کا کیا خیال ہے کہ آپ کے شوہر بھی اُتنے ہی بچے چاہتے ہیں جتنے آپ چاہتی ہیں یا وہ آپ کی خواہش سے زیادہ بچے چاہتے ہیں یا کم بچے چاہتے ہیں؟	اتنے ہی بچے ..... 1 مزید بچے ..... 2 کم بچے ..... 3 معلوم نہیں 8	
619	Does your husband want to have another child? کیا آپکے شوہر مزید بچے کی خواہش رکھتے ہیں؟	ہاں ..... 1 نہیں 2	

SECTION 7. SOCIO-ECONOMIC AND HEALTH RELATED INFORMATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	**CHECK 104:** حالیہ شادی شدہ ⚑ حالیہ شادی شدہ	حالیہ شادی شدہ نہیں ☐	→ 705
702	What is your husband's occupation? آپ کے شوہر کا کیا پیشہ ہے؟ That is, what kind of work does he mainly do? وہ زیادہ تر کس قسم کا کام کرتے ہیں؟	☐☐ _____ _____ _____	
703	**CHECK 702:** شوہر زرعت کے شعبے سے وابستہ ہیں ⚑	زرعت سے وابستہ نہیں ☐	→ 705
704	Does your husband work mainly on his own land or family land or does he rent land or does he work on someone else's land? کیا آپکے شوہر زیادہ تر اپنی یا اپنے خاندان کی زمین پر کام کرتے ہیں، یا انہوں نے زمین کرائے پر لے رکھی ہے یا کسی اور کی زمین پر کام کرتے ہیں؟	شوہر کی / خاندانی زمین ..... 1 کرائے کی زمین ..... 2 کسی اور کی زمین 3	
705	As you know, aside from your own work, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work? جیسا کہ آپ جانتی ہیں کہ گھریلو کام کاج کے علاوہ کچھ عورتیں کام کرتی ہیں اور انھیں معاوضہ نقد رقم یا جنس کی صورت میں ادا کیا جاتا ہے۔ بعض عورتیں اشیا فروخت کرتی ہیں، چھوٹا موٹا کاروبار کرتی ہیں، اپنے خاندان کے کھیت پر کام کرتی ہیں یا اُن کے کاروبار میں ہاتھ بٹاتی ہیں۔ پچھلے 7 دنوں میں آپ نے ان میں سے کوئی کام کیا ہے یا کوئی دوسرا کام کیا ہے؟	ہاں ..... 1 نہیں 2	→ 707
706	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason? اگرچہ آپ نے پچھلے 7 دنوں میں کوئی کام نہیں کیا ہے لیکن کیا آپ ایسا کوئی کام یا کاروبار کرتی ہیں جہاں سے آپ رخصت، بیماری، چھٹیوں، زچگی کی رخصت یا کسی اور وجہ سے غیر حاضر ہوں؟	ہاں ..... 1 نہیں 2	→ 712
707	What is your occupation, that is, what kind of work do you mainly do? آپ کا پیشہ کیا ہے (تھا) یعنی آپ زیادہ تر کس قسم کا کام کرتی ہیں (تھیں)؟	☐☐ _____ _____ _____	
708	In your current work, do you work for a member of your family, for someone else, or are you self-employed? آپکے موجودہ کام میں کیا آپ اپنے خاندان کے کسی مرد کیلئے کام کر رہی ہیں یا کسی اور کیلئے کام کرتی ہیں، یا یہ کام آپ کا اپنا ہے؟	خاندان کے فرد کے لئے ..... 1 کسی اور کے لئے ..... 2 ذاتی کام 3	
709	Do you receive money for the work you do? جو کام آپ کرتی ہیں، کیا آپکو اُس کام کے پیسے ملتے ہیں؟	ہاں ..... 1 نہیں 2	→ 711

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
710	Do you keep all the money, some or none of the money especially at your disposal? کیا آپ تمام رقم یا اس کا کچھ حصہ خاص طور پر اپنے استعمال کے لئے رکھتی ہیں یا کچھ بھی نہیں رکھتیں؟	ساری رقم رکھتی ہے ..... 1 کچھ رقم رکھتی ہے ..... 2 کوئی رقم نہیں رکھتی 3	
711	Do you do this work at home or away from home? آپ یہ کام گھر پر کرتی ہیں یا گھر سے دور کرتی ہیں؟	گھر ..... 1 گھر سے دور 2	
712	We are interested in knowing about property that belongs only to you. Do you own: **[READ OUT]** ہم آپکی اپنی جائیداد کے بارے میں جاننا چاہتے ہیں کیا آپکے اپنے نام پر کوئی زرعی زمین، کمرشل پلاٹ یا زمین، مکان یا کوئی کاروبار ہے؟	زرعی زمین ..... A تجارتی زمین ..... B گھر ..... C کاروبار ..... D کوئی نہیں ..... Y	→ 714
713	Who gets the income of this property/Business? اس جائیداد یا کاروبار کی آمدنی کون لیتا ہے؟	جواب دہندہ ..... 1 شوہر/بیٹا ..... 2 دونوں ..... 3 کوئی اور ..... 4 کوئی آمدن نہیں 5	
714	If you need to go to a health clinic or hospital, could you go by yourself or would you need to be accompanied by someone else? اگر آپ کو صحت کے مرکز یا ہسپتال جانا پڑے تو کیا آپ اکیلی جا سکتی ہیں یا کسی کو ساتھ لے جانا پڑے گا؟	خود ..... 1 کسی کے ساتھ ..... 2 یہ منحصر ہے ..... 3 معلوم نہیں 8	
715	How far is the nearest health facility from your house? نزدیک ترین صحت کا مرکز آپکے گھر سے کتنی دور ہے؟	فاصلہ (کلومیٹر میں) ..... [ ][ ][ ] معلوم نہیں 998	

SECTION 8. HIV/AIDS AND TUBERCULUSIS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about something else. Have you ever heard of an illness called AIDS? کیا آپ نے ایڈز کی بیماری کے بارے میں کبھی کچھ سنا ہے؟	ہاں ..... 1 نہیں 2	→ 808
802	Can people get the AIDS virus from mosquito bites? کیا لوگوں کو مچھر کے کاٹنے سے ایڈز کا مرض ہوسکتا ہے؟	ہاں ..... 1 نہیں ..... 2 معلوم نہیں 8	
803	Can people get the AIDS virus by sharing food with a person who has AIDS? کیا ایڈز کے مریض کے ساتھ کھانا کھانے سے ایڈز کی بیماری لگ سکتی ہے؟	ہاں ..... 1 نہیں ..... 2 معلوم نہیں 8	
804	Can people get the AIDS virus because of witchcraft or other supernatural means? کیا لوگوں کو سحر، جادو یا دیگر مافوق الفطرت چیزوں سے ایڈز کا مرض لگ سکتا ہے؟	ہاں ..... 1 نہیں ..... 2 معلوم نہیں 8	
805	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex? کیا لوگ مباشرت یعنی میاں بیوی کے ملاپ کے وقت ہر بار کنڈوم استعمال کر کے ایڈز کے مرض لگنے کے امکانات کم کر سکتے ہیں؟	ہاں ..... 1 نہیں ..... 2 معلوم نہیں 8	
806	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS? کیا آپ ذاتی طور پر کسی ایسے شخص کو جانتے ہیں جو ایڈز کے مرض میں مبتلا ہو یا کوئی ایسا شخص جو ایڈز سے ہلاک ہو گیا ہو؟	ایسے آدمی کو جانتی ہے جسے ایڈز ہے ..... 1 ایسے آدمی کو جانتی ہے جو ایڈز سے مر گیا ..... 2 نہیں ..... 3 معلوم نہیں 8	
807	Can the virus that causes AIDS be transmitted from a mother to a child: کیا ایڈز کا مرض ایک ماں سے بچے میں منتقل ہو سکتا ہے:	معلوم نہیں نہیں ہاں	
	During pregnancy? حمل کے دوران؟	حمل کے دوران 1 2 8	
	During delivery? زچگی کے دوران؟	زچگی کے دوران 1 2 8	
	By breastfeeding? ماں کا دودھ پلانے سے؟	پنا دودھ پلانے سے 1 2 8	
808	Have you ever heard of an illness called tuberculosis or TB? کیا آپ نے تپ دق یا ٹی بی کی بیماری کے بارے میں کبھی سُنا ہے؟	ہاں ..... 1 نہیں 2	→ 814
809	How does tuberculosis spread from one person to another? تپ دق ایک شخص سے دوسرے شخص میں کس طرح پھیلتی ہے؟ **PROBE:** Any other ways? اس کے علاوہ کسی اور طریقے سے؟ **RECORD ALL MENTIONED.**	کھانستے اور چھینکتے ہوئے ہوا کے ذریعے ..... A وہی برتن استعمال کرنے سے ..... B تپ دق کے مریض کو چھونے سے ..... C ساتھ کھانا کھانے سے ..... D جنسی تعلقات سے ..... E مچھر کے کاٹنے سے ..... F دیگر _____ X وضاحت کریں معلوم نہیں ..... Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	Can tuberculosis be cured? کیا تپ دق کا علاج ہو سکتا ہے؟	ہاں ..... 1 نہیں ..... 2 معلوم نہیں 8	→ 812
811	What is the duration of treatment of TB now a days? آج کل تپ دق کا علاج کتنے عرصہ میں ہو جاتا ہے؟ **IF MORE THAN 7 MONTHS, RECORD 7**	مہینہ ..... ☐ معلوم نہیں 8	
812	Have you ever been told by a doctor or nurse or LHV that God forbid you have/had tuberculosis? کیا کسی ڈاکٹر، نرس یا LHV نے آپ کو کبھی بتایا کہ آپ کو خدانخواستہ تپ دق ہے/ تھی؟	ہاں ..... 1 نہیں ..... 2 معلوم نہیں 8	→ 814
813	Do/did you get treatment for TB from any health personal? کیا آپ کسی بھی طبی ماہر سے تپ دق کا علاج کروا رہی ہیں/ کروا لیا تھا؟	ہاں ..... 1 نہیں ..... 2 معلوم نہیں 8	
814	Now I would like to ask you some questions relating to other health matters. Have you had an injection for any reason in the last 12 months? اب میں آپ سے آپ کی صحت کے متعلق کچھ اور سوال پوچھنا چاہوں گی۔ کیا گزشتہ 12 مہینوں میں آپ نے کسی بھی وجہ سے کوئی ٹیکہ لگوایا تھا؟ **IF YES:** How many injections have you had? آپ نے کتنے ٹیکے لگوائے؟ **IF NUMBER OF INJECTION IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'** **IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.**	ٹیکوں کی تعداد ..... ☐☐ کوئی نہیں 00	→ 818
815	Among these injections, how many were given by a doctor, nurse, pharmacist, dentist, LHV or any other health worker? ان ٹیکوں میں کتنے ٹیکے ڈاکٹر، نرس، دوائیاں بیچنے والے دوکاندار، دندان ساز، LHV یا کسی اور ہیلتھ ورکر نے لگائے تھے؟ **IF NUMBER OF INJECTION IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'** **IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.**	ٹیکوں کی تعداد ..... ☐☐ کوئی نہیں 00	→ 818

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
816	The last time you had an injection from where did you get the syringe? آخری بار جب آپ کو کسی نے ٹیکہ لگایا تھا۔ تو سرنج آپ نے کہاں سے لی تھی؟ **IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE SOURCE.** **PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.** **IF SYRINGE WAS PURCHASED FROM A CHEMIST CODE "23"** _____ (NAME OF PLACE)	سرکاری شعبہ سرکاری ہسپتال/تولیدی مرکز صحت ..... 11 زچہ بچہ سنٹر دیہی مرکز صحت ..... 12 بنیادی مرکز خاندانی منصوبہ بندی کا سنٹر ..... 13 موبائل کیمپ ..... 14 لیڈی ہیلتھ وزیٹر کی ہیلتھ ورکر کا گھر (مرکز صحت) ..... 15 دیگر سرکاری _____ 16 وضاحت کریں پرائیویٹ طبی شعبہ پرائیویٹ ڈاکٹر/ کلینک ..... 21 دانتوں کا کلینک/ آفس ..... 22 کیمسٹ ..... 23 نرس کا آفس یا گھر/ ہیلتھ سنٹر ..... 24 ڈسپنسر/ کمپوڈر ..... 25 دیگر پرائیویٹ طبی سہولت _____ 26 دوسری جگہ ..... 31 دیگر _____ 96 وضاحت کریں	
817	Did the person who gave you that injection take the syringe and needle from a new, unopened package? جس شخص نے آپ کو ٹیکہ لگایا تھا۔ کیا اُس نے یہ سرنج اور سوئی ایک نئے بند لفافے یا پیکٹ سے نکالی تھی؟	ہاں ..... 1 نہیں ..... 2 معلوم نہیں 8	
818 818A	Did you think that can protect herself/himself from getting Hepatitise B,C and HIV AIDS if: آپ کے خیال میں کیا کالا یرقان یعنی ہیپاٹائٹس B یا C اور ایڈز سے بچا جا سکتا ہے اگر: A syringe and needle from a new unopened packet is used while giving an injection? ٹیکہ لگاتے وقت بند پیکٹ سے نکالی نئی سرنج اور سوئی استعمال کی جائے؟	ہاں ..... 1 نہیں ..... 2 معلوم نہیں 8	
818B	If need be blood tested for Hepatitise B,C and HIV AIDS virus is transfused? ضرورت پڑنے پر ہیپاٹائٹس B, C اور ایڈز سے پاک ٹسٹ شدہ خون کا استعمال کیا جائے؟	ہاں ..... 1 نہیں ..... 2 معلوم نہیں 8	
819	RECORD THE TIME.	گھنٹہ ..... [ ][ ] منٹ ..... [ ][ ]	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

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