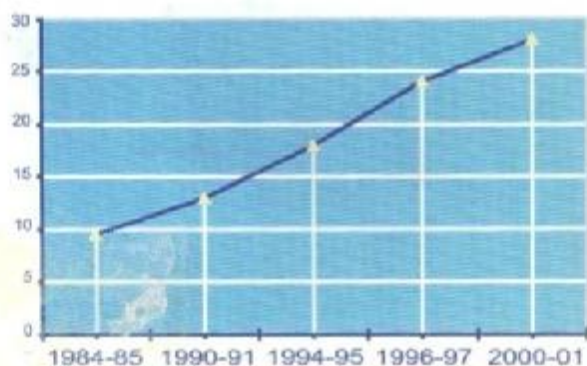


# PAKISTAN REPRODUCTIVE HEALTH AND FAMILY PLANNING SURVEY 2000-01

## PRELIMINARY REPORT



National Institute of Population Studies  
Islamabad  
July, 2001



Abdul Hakim  
Mehboob Sultan  
Faateh ud din

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SURVEY (2000-01)

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July, 2001



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## Foreword

*Assessing and evaluating the Population Welfare Programme of Pakistan is one of the major objectives of the National Institute of Population Studies (NIPS). In this context NIPS conducted the Pakistan Reproductive Health and Family Planning Survey (PRHFPS), 2000-01. This survey was planned, organised and executed during August, 2000 to April, 2001. The fieldwork was carried out between November, 2000 to January, 2001. Information has been collected on household, environment, marriage patterns, reproductive health, fertility, family planning awareness, contraception, infant mortality, attitudes towards family planning, delivery of family planning services and decision making and mobility of women. It is a pioneer survey on reproductive health of women at national level.*

*The survey provides an up-to-date set of relevant data useful to evaluate Population Welfare Programme, health aspects and overall demographic situation in the country. The results produced through the survey provide policy makers, planners and academicians with a clear picture about the current level of population, reproductive health and family planning indicators and trends in the recent past and guidance for the future. This preliminary report presents the main findings of the survey and more in-depth and detailed report will be available later in 2001.*

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

*The NIPS Staff of PRHFPS specially Dr. Abdul Hakim, Project Director, Mr. Mehboob Sultan, Principal Investigator and Mr. Faateh ud din Ahmad, Programmer deserve special commendation for successfully conducting the survey and producing this report.*

*The support rendered by the Ministry of Population Welfare and Provincial Population Welfare Departments of Punjab, Sindh, NWFP and Balochistan is acknowledged. The transport facilities to the field teams in Punjab, provided by Key Social*

*Marketing and Green Star helped timely mobility of field teams of Punjab, for which we are highly obliged to them.*

*I hope the results, will be useful to planners, decision-makers and managers of the Population Welfare and health Programmes and those directly and indirectly involved with the implementation of these programmes.*

**Ahmad Shamsul Huda**  
**Executive Director**

## Acknowledgements

*Keeping in view the importance and role of the Population Welfare Programme in curbing fast growth of population and addressing women's reproductive health issues in Pakistan, the National Institute of Population Studies (NIPS) undertook the evaluation of the programme and status of reproductive health through a major survey "Pakistan Reproductive Health and Family Planning Survey (PRHFPS) 2000-01".*

*The PRHFPS was completed in many stages: planning for the project, questionnaire design, sample selection, translation of questionnaire, pre-testing, field work, data editing, data entry and data processing. The survey data from the field was collected by teams of female interviewers led by supervisors under the immediate supervision of coordinators. We acknowledge assistance of several individuals, organisations and technical committee of the project for their assistance at various stages of the project.*

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

*Efforts of several individuals who worked in the field for the collection of data are commendable. Thanks are, in particular, due to teams of female interviewers who undertook the difficult task to interview and collect data. The logistic arrangements, safe mobility of teams and guidance in the field was provided by the field supervisors whose dedicated contributions are acknowledged. The guidance and supervision provided by the Deputy Principal Investigator, Mr. Ayazuddin, and the provincial coordinators, Mr. Javed Sikandar and Mr. Shahid Hameed (Punjab), Mr. Ali Anwar Buriro (Sindh), Mr. Badar ud din Tanweer (NWFP), Mr. Shahid Munir (Balochistan) and Mr. Saud Ehtesham (FANA) are appreciated and acknowledged. The Deputy Principal Investigator and coordinators also helped in successfully conducting training programmes at provincial levels and edited questionnaires during and after data collection.*

*Data entry operators especially Mr. Iftikhar Ahmed, Mr. Sabir Tabbasim and Mr. Muhammad Akbar also deserve appreciation for entering the data into the computer accurately and timely. We are also obliged to Mr. Muhammad Saqib Khan, Secretary (M&F) for his active support in field management and Mr. Fazal Hussain, Accounts Officer, for disbursement of finances to field staff.*

*We are highly obliged to Professor John Cleland, London School of Hygiene and Tropical Medicine (LSHTM) and Professor Gavin W. Jones, Australian National University, Canberra for their valuable comments on the earlier draft of the report, which helped us to finalise the report.*

*We are obliged to Mr. Shamsul Huda, Executive Director, NIPS who provided administrative leadership and all kinds of support and directions in respect of project designing, training and management of the project activities at all stages. His contribution of instituting an effective system of monitoring, supervision, tabulation and analysis ensured timely accomplishment of the project. We are also thankful to him for his valuable comments and reviewing the earlier draft of this report.*

*Finally we wish to thank the entire field staff for doing hard work of data collection and thousands of respondents without whose cooperation, the publication of this report would not have been possible.*

**Abdul Hakim, PhD  
Mehboob Sultan  
Faateh ud din**

## Executive Summary

The National Institute of Population Studies (NIPS), has the primary responsibility of providing research-based support to population welfare and reproductive health programme. In this context, as envisaged in the 9<sup>th</sup> Five-Year Plan, the Pakistan Reproductive Health and Family Planning Survey (PRHFPS) 2000-01 was conducted by NIPS. The survey interviewed 6857 households in a representative sample of the four provinces of Pakistan. In these households 7411 ever-married women aged 15 - 49 years were interviewed. The survey focused on the objectives of assessing reproductive health and family planning programme.

The findings of the survey reveal latest status of socio-economic, demographic reproductive health and family planning indicators. The estimated singulate mean age at marriage is 27.1 years for males and 22.7 years for females. These figures indicate that the trend of steady rise in age at marriage reported by previous surveys is continuing, but with little evidence that the gap between males and females is narrowing.

The spread of education continues, with less than 24 percent of males aged 15 to 19 having no schooling. However, the figure is nearly 43 percent for females, showing that female education still lags well behind that for males. In this age group 54 percent males compared with 38 percent females proceed beyond primary education.

The information collected on reproductive health indicators include: Fertility, contraception, prenatal care, place of delivery, postnatal care, current health, adolescents, infertility, abortion, breast cancer, AIDS/RTIs/STDs, hepatitis, Infant, child and maternal mortality. Most of the reproductive health indicators reveal that reproductive health issues have not been fully addressed in Pakistan.

Only 35 percent women received any antenatal check-up from a doctor, 77 percent had delivered their babies at home, 28 percent women had unwanted births, and 28 percent had received postnatal care. Due to shyness and cultural inhibitions, mothers do not



educate their daughters about body and emotional changes at the onset of puberty. Infertile women (5 percent) usually visit traditional healers for treatment. Although abortion is illegal in Pakistan, about 23 percent women had experienced at least one or more spontaneous and 3 percent induced abortion in their life. The breast examination is not common in Pakistan. About 42 percent women had heard about AIDS, mainly from television and radio. A fairly large proportion of women had knowledge of hepatitis 'A' (78 percent), however, the knowledge of hepatitis B/C was found much lower (46 percent). Reasons for spreading hepatitis B/C were not much known to majority of women. Infant morality and maternal mortality rates are still high in Pakistan, that is 85 per 1000 live births and 533 per 100,000 live births respectively.

The average total fertility rate (TFR) for the last four years is estimated to be 4.8 children. Thus the slow decline reported by similar surveys in the past continues, and represents a fall of 1.5 children since the Pakistan Fertility Survey (PFS) of 1975. Levels of fertility are strongly associated with levels of education: women who have some education have a TFR at least one and half child lower than those with no education.

Awareness of family planning is widespread. Knowledge about at-least one modern method of contraception, at the national level is over 96 percent. Over 41 percent of women had heard some family planning message on TV or radio during the 3 months before their interview. Two thirds of them approve of family planning, though less than half think that their husbands approve. Knowledge of sources of supply has improved dramatically since 1990/91.

Twenty eight percent of currently married women are current users of contraception, continuing the rise from the 11.8 percent reported by the Pakistan Demographic and Health Survey (PDHS) of 1991, the 17.8 percent found by the Pakistan Contraceptive Prevalence Survey (PCPS) in 1995 and the 23.9 percent found by the Pakistan Fertility and Family Planning Survey (PFFPS) in 1997. Female sterilisation has been found to be the most accepted method for current use and its acceptance increases with an increase in age and number of living children. It is found that 11 percent of women with more than 4 living children, or aged over 35, have chosen sterilisation to limit their family size. Among other modern methods except female sterilisation, condom, IUD, pill and injectables contribute to the overall CPR, but traditional methods, particularly

withdrawal, make up nearly a third of current use. Use is nearly twice as high in urban areas as in rural ones, and rises sharply with levels of education

About 61 percent of women have a need for family planning, comprised of 42 percent who would like to limit their family to the current size and 19 percent who would like to space the next child by at least two years. Of these, more than 54 percent are not current users. The overall unmet need is 33 percent, with 21 percent for limiting and 12 percent for spacing. This unmet need is highest in rural areas and among women with no education.

The findings show improvement in the population, family planning and other reproductive health indicators since 1990-91 PDHS and 1996-97 PFFPS as shown in summary table. A decline in fertility and infant mortality has been noted. However, the increase in contraceptive prevalence has been only modest. The magnitude of unmet need for family planning is still large which suggest acceleration of reproductive health and family planning services in the country.

### Summary Table

INDICATORS	1990-91 PDHS	1996-97 PFFPS	2000-01 PRHFS
Percent Household Population			
Under 15 years	44.5	43.1	41.3
Percent Never Married under 20 years			
Male	93.8	96.2	97.1
Female	78.1	82.9	84.8
Singulate Mean Age at marriage (years)			
Males	26.3	26.5	27.1
Females	21.6	22.0	22.7
Percent Education 5 years or above			
Males			
No Education	43.4	35.5	36.0
Upto Primary	29.8	31.1	31.4
Above Primary	26.7	33.4	32.6
Females			
No Education	67.8	60.6	58.1
Upto Primary	19.9	24.0	24.8
Above Primary	12.3	15.4	17.1

INDICATORS	1990-91 PDHS	1996-97 PFFPS	2000-01 PRHFS
Percent Education Ever Married Women (15-49 years)			
No Education	79.2	74.9	71.5
Upto Primary	9.1	10.5	12.7
Upto Middle	4.4	4.4	4.6
Upto Secondary	6.2	4.6	6.9
Above Secondary	1.1	5.6	4.3
Percent Household Possession			
Electricity	61.4	77.7	82.5
Radio	35.4	39.8	37.1
Television	27.0	41.6	41.3
Total Fertility Rate	5.4	5.4	4.8
Percent Knowledge of Family Planning			
Any Method	77.9	94.3	95.7
Any Modern Method	77.2	93.4	95.0
Percent Ever Used Contraception			
Any Method	20.7	36.4	40.2
Any Modern Method	16.2	27.9	33.7
Percent Currently Using Contraception			
Any Method	11.8	23.9	27.6
Any Modern Method	9.0	16.9	20.2
Any Traditional Method	2.8	7.0	7.4
No Education	7.8	18.9	22.2
Secondary Education	38.0	43.5	46.9
Rural	5.8	18.6	21.7
Urban	25.7	36.6	39.7
Major urban	31.0	39.9	45.6
Other urban	18.8	32.3	29.8
Punjab	13.0	26.6	30.0
Sindh	12.4	23.4	26.8
NWFP	8.6	18.7	23.5
Balochistan	2.0	7.1	15.9
Percent Desire for children and Unmet need			
Desiring No More Children	39.9	45.9	43.9
Total Demand for Family Planning	39.9	61.4	60.6
Demand satisfied	29.7	39.0	45.5
Unmet Need for Family Planning	28.0	37.5	33.0
Mortality and Health Care			
Neonatal Mortality Rate	51	54	54.4
Post-neonatal Mortality Rate	39	40	32.5
Infant Mortality Rate	91	92	85.1
Child Mortality Rate	30	21	19.6
Under Five Mortality Rate	117	111	103.0
Maternal Mortality Rate	--	--	533
Percent Antenatal Care	30	36	51.1
Percent Delivery at Home	85	83	76.7
Current Health (Percent)			
Hepatitis-A	--	--	2.2
Hepatitis-B/C	--	--	0.2
Tuberculosis	--	--	1.1
Diabetes	--	--	1.3
High Blood Pressure	--	--	9.8
Asthma	--	--	1.9

INDICATORS	1990-91 PDHS	1996-97 PFFPS	2000-01 PRHFS
Percent Abortion			
Spontaneous	--	--	23.3
Induced	--	--	2.9
Percent Women with Breast-lump	--	--	1.4
Acquired Immune Deficiency Syndrome (AIDS)			
Percent Heard about AIDS	--	--	41.7
Among those who heard about AIDS			
Knows a Person with AIDS or died of AIDS	--	--	1.9
Has a family member/close friends with AIDS or died of AIDS	--	--	0.9



## Chapter 1

### INTRODUCTION AND METHODOLOGY

The Pakistan Reproductive Health and Family Planning Survey (PRHFPS) was conducted in 2000-01 by the National Institute of Population Studies (NIPS), Islamabad. The PRHFPS was undertaken not only in the four provinces of Pakistan, but also in the Northern Areas and Azad Jammu and Kashmir. Technical direction was provided by a Steering Committee comprising experts from NIPS, Pakistan Institute of Development Economics (PIDE), Federal Bureau of Statistics (FBS), Population Council, Ministry of Population Welfare and Ministry of Health. In addition, members of the Advisory Committee of NIPS also provided valuable suggestions at the design stage of research protocols.

This preliminary report contains selected key findings from the four provinces of Pakistan. A detailed report on the findings of the survey will be published later in 2001. Separate reports on the findings of the survey covering Northern Areas and Azad Jammu and Kashmir will also be published during 2001. Throughout the report, findings from the PRHFPS have been compared with the findings of previous surveys conducted in Pakistan in regard to fertility and contraceptive prevalence such as the 1975 Pakistan Fertility Survey (PFS), the 1984-85 Pakistan Contraceptive Prevalence Survey (PCPS), the 1990-91 Pakistan Demographic and Health Survey (PDHS), the 1994-95 Pakistan Contraceptive Prevalence Survey (PCPS) and the 1996-97 Pakistan Fertility and Family Planning Survey (PFFPS). Since this survey has collected data on all components of reproductive health for the first time at the national level its comparison to pilot studies undertaken in the past has also been made, in particular with District Jhelum report (Hakim et.al; 1999).

#### 1.1 Objectives

The survey collected data on reproductive health, fertility and family planning and their determinants in order to provide policy makers and programme managers with information useful for evaluating and improving the programme relating to reproductive health and family planning. The specific objectives of the survey are to assess:

1. Fertility level and differentials;

2. Contraceptive level and differentials;
3. Safe motherhood: Antenatal and postnatal care, obstetric care, anaemic cases, prevalence/identification of obstetric emergencies and experiences with service delivery, pregnancy losses, breast-feeding practices;
4. Infant and child mortality and perceived causes;
5. Immunisation of children and expectant mothers;
6. Suspected cases of RTIs/STDs and awareness of these problems among women;
7. Maternal morality, and
8. Prevalence of infertility

## 1.2 Sample

A national sample of 7332 households was drawn from the country covering Punjab, Sindh, NWFP and Balochistan. The sample design was developed by the FBS, Government of Pakistan. The universe consisted of all urban and rural areas of four provinces of Pakistan and Federal territory of Islamabad as defined in 1998 Population Census, excluding FATA and military restricted areas, which comprise 4 percent of the total population. The urban and rural samples consisted of 3240 and 4092 households respectively.

A sampling frame was drawn by the Federal Bureau of Statistics in mid-2000 using the 1998 census list of clusters in rural areas and similar updated information for urban areas. The basic design proposed was a two-stage stratified sample with area units at the first stage and households at the second.

The FBS uses a standard stratification scheme at the area stage of sampling. The first step was to stratify by urban/rural. In the urban sector, Major Urban and Other Urban formed sub-strata. In PRHFPS, there were 12 major urban areas. They were Lahore, Gujranwala, Multan, Faisalabad, Rawalpindi, Sialkot and Sargodha from Punjab, Karachi and Hyderabad from Sindh, Peshawar from NWFP, Quetta from Balochistan and Islamabad, the capital of Pakistan. All other cities and towns are classified as Other Urban. The blocks within the cities and towns of the urban sub-strata were stratified into high, medium and low-income areas. In the rural sector, villages were stratified by provinces and districts. The next step was to select 180 urban blocks in the urban sample and 187 villages,

dehs and mouzas in the rural sample. Thus there were a total of 367 area units or Primary Sampling Units (PSUs).

Staff from the regional and field offices of the FBS prepared household lists in each selected cluster. From these lists 22 households per cluster were selected randomly in rural areas and 18 in urban areas. Two rural clusters contained fewer than 22 households, and in these cases all the households found were included in the sample. Thus the rural sample contained 22 fewer households than intended.

In each selected household a list was prepared of all the household members, who were usual residents in the household at the time of survey (*de jure* members). From this list, ever-married women aged 15-49 years were identified for the detailed interview. Details of the sample design, including expected and actual coverage of the sample in urban and rural areas in each of the four provinces is shown in table 1.1.

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



Table 1.1

Coverage of Sample Areas (PSUs), Households and Ever-Married Women Aged 15-49, by Province and Residence (Unweighted)

Province/ Residence	Primary sampling units			Households			Ever-married women Aged 15-49		
	Sampled	Covered		Sampled	Interviewed		Identified	Interviewed	
		Number	Percent		Number	Percent		Number	Percent
<b>Pakistan</b>	367	367	100.0	7332	6857	93.5	7411	6579	88.8
Total urban	180	180	100.0	3240	3013	93.0	3200	2826	88.3
Major urban	103	103	100.0	1854	1695	91.4	1742	1524	87.5
Other urban	77	77	100.0	1386	1318	95.1	1458	1302	89.3
Rural	187	187	100.0	4092	3844	93.9	4211	3753	89.1
<b>Punjab</b>	180	180	100.0	3608	3448	95.6	3467	3015	87.0
Total urban	88	88	100.0	1584	1488	93.9	1475	1282	86.9
Major urban	58	58	100.0	1044	959	91.9	936	809	86.4
Other urban	30	30	100.0	540	529	98.0	539	473	87.8
Rural	92	92	100.0	2024	1960	96.8	1992	1733	87.0
<b>Sindh</b>	94	94	100.0	1868	1684	90.1	2003	1791	89.4
Total urban	50	50	100.0	900	811	90.1	906	805	88.9
Major urban	33	33	100.0	594	530	89.2	557	491	88.2
Other urban	17	17	100.0	306	281	91.8	349	314	90.0
Rural	44	44	100.0	968	873	90.2	1097	986	89.9
<b>NWFP</b>	57	57	100.0	1154	1119	97.0	1267	1167	92.1
Total urban	25	25	100.0	450	430	95.6	488	435	89.1
Major urban	8	8	100.0	144	135	93.8	168	146	86.9
Other urban	17	17	100.0	306	295	96.4	320	289	90.3
Rural	32	32	100.0	704	689	97.9	779	732	94.0
<b>Balochistan</b>	36	36	100.0	702	606	86.3	674	606	89.9
Total urban	17	17	100.0	306	284	92.8	331	304	91.8
Major urban	4	4	100.0	72	71	98.6	81	78	96.3
Other urban	13	13	100.0	234	213	91.0	250	226	90.4
Rural	19	19	100.0	396	322	81.3	343	302	88.0

Table 1.1 shows the un-weighted data and it can be seen that Punjab, as the most populous province, has 49.2 percent of the sample while Balochistan, the least populous, has 9.6 percent. Sindh and NWFP have 25.5 and 15.7 percent of the sample households respectively.

All 367 primary sampling units (PSUs) selected were successfully covered, in all the provinces and areas. In total 7332 households were selected of which 6857 were located and visited, indicating a response rate of 93.5 percent. This represents a household coverage of 96 percent in Punjab, 90 percent in Sindh, 97 percent in NWFP, and 86 percent in Balochistan.

In the located households a total of 7411 eligible women were identified of whom 6579 were successfully interviewed, giving a response rate of 89 percent. The response rate

was highest in NWFP (92 percent), followed by Balochistan (90 percent), Sindh (89 percent) and Punjab (87 percent). Reasons for non-response at household level are given in table 1.2.

**Table 1.2**

**Results of Household Interviews by Province and Residence (Unweighted)**

Province / Residence	Completed	No adult at home	Refused	Dwelling vacant / destroyed	Others	Number
<b>Pakistan</b>	93.5	3.5	1.0	1.3	.8	7332
Total urban	93.0	3.6	1.9	.9	.6	3240
Major urban	91.4	4.4	3.0	.6	.5	1854
Other urban	95.1	2.5	.5	1.2	.8	1396
Rural	93.9	3.3	.3	1.6	.8	4092
<b>Punjab</b>	95.6	3.2	.9	.2	.2	3608
Total urban	93.9	3.8	1.8	.3	.3	1584
Major urban	91.9	4.9	2.5	.4	.4	1044
Other urban	98.8	1.7	.4	--	--	540
Rural	96.8	2.7	.2	.1	.1	2024
<b>Sindh</b>	90.1	5.4	1.6	2.0	.9	1868
Total urban	90.1	4.0	3.0	1.9	1.0	900
Major urban	89.2	4.0	4.5	1.3	.8	594
Other urban	91.8	3.9	--	2.9	1.3	306
Rural	90.2	6.7	.2	2.2	.7	968
<b>NWFP</b>	97.0	1.6	.7	.4	.3	1154
Total urban	95.6	3.1	.9	.4	--	450
Major urban	93.8	4.9	1.4	--	--	144
Other urban	96.4	2.3	.7	.7	--	306
Rural	97.9	.7	.6	.4	.4	704
<b>Balochistan</b>	86.3	2.6	.7	6.1	4.3	702
Total urban	92.8	2.0	1.0	1.6	2.6	306
Major urban	98.6	--	--	--	1.4	72
Other urban	91.0	2.6	1.3	2.1	3.0	234
Rural	81.3	3.0	.5	9.6	5.6	396

The non-response was largely because of the absence of eligible women at the time of survey. Very few women however, refused to be interviewed (table 1.3).

Table 1.3

Results of Individual Interviews by Province and Residence (Unweighted)

Province / Residence	Completed	Eligible women not at home	Refused	Partly completed	Others	Number
<b>Pakistan</b>	88.8	10.0	.7	.3	.2	7411
Total urban	88.3	9.4	1.3	.7	.3	3200
Major urban	87.5	9.5	2.0	.6	.4	1742
Other urban	89.3	9.3	.4	.8	.3	1458
Rural	89.1	10.4	.3	.1	.1	4211
<b>Punjab</b>	87.0	11.8	.7	.2	.3	3467
Total urban	86.9	10.8	1.4	.5	.5	1475
Major urban	86.4	10.8	1.9	.2	.6	936
Other urban	87.8	10.8	.4	.9	.2	539
Rural	87.0	12.6	.3	.1	.2	1992
<b>Sindh</b>	89.4	9.2	.8	.4	.1	2003
Total urban	88.9	8.5	1.5	1.0	.1	906
Major urban	88.2	8.3	2.3	1.3	--	557
Other urban	90.0	8.9	.3	.6	.3	349
Rural	89.9	9.8	.2	--	.1	1097
<b>NWFP</b>	92.1	6.7	.7	.3	.2	1267
Total urban	89.1	8.2	1.4	.8	.4	488
Major urban	86.9	10.1	2.4	--	.6	168
Other urban	90.3	7.2	.9	1.3	.3	320
Rural	94.0	5.8	.3	--	--	779
<b>Balochistan</b>	89.9	8.8	.6	.6	.1	674
Total urban	91.8	7.6	--	.3	.3	331
Major urban	96.3	2.5	--	1.2	--	81
Other urban	90.4	9.2	--	--	.4	250
Rural	88.0	9.9	1.2	.9	--	343

### 1.3 Questionnaire

The PRHFPS questionnaire has two parts: a Household Schedule and a Woman's Questionnaire. The household schedule collects information on background characteristics of the household and demographic characteristics of all usual household members. The main purpose of the household schedule was to identify ever-married women, age 15-49, who were eligible for detailed interview using the woman's questionnaire.

Assistance in questionnaire design was solicited from a wide range of experts. The topics covered in the questionnaire were background characteristics; reproduction; adolescents; prenatal, obstetric and postnatal care; women health, contraception; pregnancy and breastfeeding; marriage; fertility preferences and socio-economic factors. Based on the past experience, special care went into the design of the questionnaire. The questionnaire

was comprehensively pre-tested in the field before printing and use. The questionnaire was translated into major languages of the country (Urdu, and Sindhi).

#### **1.4 Selection of Field Staff**

Keeping in view the importance of the survey, special care was taken in the selection of staff for project management, supervision, quality control, data collection, data entry, analysis and report writing. The Director, NIPS being a qualified and experienced demographer, was designated as Project Director. A Senior Fellow of NIPS, having vast experience was designated as Principal Investigator. Another experienced Fellow of NIPS, was designated as Deputy-Principal Investigator. One qualified and experienced mid-level professional of NIPS was designated as Office Coordinator to assist the Project Director and Principal Investigator. Four mid-level professionals of NIPS, were designated as Provincial Coordinators.

A total of 21 teams were constituted for the field work in Pakistan. Each team had a male supervisor and 3 female interviewers.

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

#### **1.5 Training**

A four-week each three training programmes were conducted, at Abbottabad, Lahore, and Karachi for provincial field staff. All field coordinators, field supervisors and interviewers belonging to respective provinces, attended the training sessions. Staff members from NIPS, FBS and Regional Training Institutes of Population Welfare conducted the training sessions. The training was mainly conducted by the core staff involved in the survey. However, guest lecturers from FBS, Regional Training Institutes and Population Welfare Training Institute of the M/o of population Welfare, Sociology department of the Punjab University and individual experts also delivered lectures on various aspects of the survey. The field staff for Balochistan province, attended training at

Karachi, while staff of Northern Areas and Azad Jammu and Kashmir attended training at Abbottabad.

The training programme was conducted through lectures, discussions, role play and practice interviews in the field. All the questions in various sections of the questionnaire were discussed in detail and instructions were communicated when needed. The Executive Director and Director, NIPS personally monitored and visited training sessions at the three locations.

## **1.6 Data Collection**

After the training was completed satisfactorily, the survey was conducted by 21 field teams between October 2000 and January 2001. Eight teams were deployed in Punjab, five in Sindh and four each in NWFP and Balochistan. Each survey team comprised of one male supervisor and three female interviewers. Female interviewers obtained information on household schedule and women questionnaire. Male supervisor was responsible for quality of data and also responsible for survey logistics. Provincial co-ordinator was responsible for management of the survey in the province. A system of supervision, control and monitoring developed for the project and its effective operationisation through regular two-way feedback, field visits by coordinators and senior officials have ensured high quality of data collection and speedy accomplishment of task by the teams.

## **1.7 Data Management and Analysis**

All the completed questionnaires were sent to the National Institute of Population Studies, Islamabad for editing, data entry and processing. The Office Coordinator was responsible for receiving the questionnaires of each cluster in NIPS, organising the system of manual editing of the questionnaires and coordinating with the Programmer for data entry. Seven Editors were deployed to undertake technical editing of the questionnaires under the supervision of the Deputy Principal Investigator. The data entry and checking was programmed and supervised by the Programmer of NIPS, using UN-DESD programme PC-Edit (version 4.1). Four trained data entry operators carried out the job. Tabulation for this report was performed using SPSS version 7.5, and MS Access 97 was used for additional data checking and for computation of the fertility and child mortality rates.

## Chapter 2

### BACKGROUND CHARACTERISTICS

#### 2.1 Age Distribution

Table 2.1 shows the weighted age distribution of the de jure household population, and the sex ratios by five-year age groups.

Table 2.1

Age and Sex Structure of Household Population

Age Group	Males		Females		Both sexes		Sex Ratio
	Number	Percent	Number	Percent	Number	Percent	
0-4	3548	13.6	3548	14.0	7096	13.8	1.00
5-9	3706	14.2	3668	14.4	7374	14.3	1.01
10-14	3587	13.7	3227	12.7	6814	13.2	1.11
15-19	2982	11.4	3145	12.4	6127	11.9	0.94
20-24	2363	9.1	2403	9.5	4766	9.3	0.98
25-29	1840	7.1	1958	7.7	3798	7.4	0.93
30-34	1511	5.8	1472	5.8	2983	5.8	1.03
35-39	1299	5.0	1201	4.7	2500	4.9	1.08
40-44	1046	4.0	980	3.9	2027	3.9	1.07
45-49	860	3.3	607	2.4	1467	2.8	1.42
50-54	771	3.0	1092	4.3	1862	3.6	0.71
55-59	613	2.3	637	2.5	1249	2.4	0.96
60-64	750	2.9	557	2.2	1308	2.5	1.35
65-69	407	1.6	313	1.2	720	1.4	1.30
70-74	386	1.5	293	1.2	680	1.3	1.32
75-79	119	.5	122	.5	241	.5	0.98
80+	303	1.2	202	.8	505	1.0	1.50
Total	26090	100.0	25426	100.0	51516	100.0	1.03

Figure 2.1 shows the overall age distribution graphically. The age pyramid has a shape that is typical of a young population with high fertility, but the base is clearly undercut. The smaller size of the age group below five years has been observed in other surveys and 1998 population census and is only partly due to a recent fertility decline. Some

of the deficit of the 0-4 year olds is probably caused by age exaggeration. However, comparing this distribution with the one from the earlier surveys, it appears that the age displacement problem is less severe in the PRHFPS.

The very high sex ratio of 1.42 at age 45-49, and the low ratio of 0.71 for the 50-54 year olds indicate pronounced out-transference of women beyond the age of eligibility for the in-depth interview. This seems to be caused by, in certain cases, mis-reporting of women's ages in the household questionnaire.

Figure 2.1  
Age Pyramid

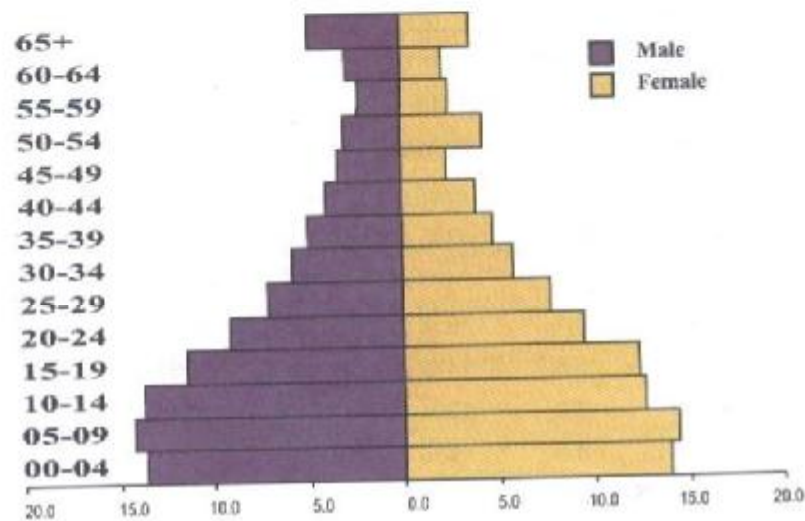


Table 2.2 shows the trend in the household age distribution from various sources, starting with the 1981 Census. The age distributions have not changed very much over the last 20 years. The proportion of the population younger than 15 has come down to 41.3 percent in the PRHFPS, from 44.5 percent in the 1981 Census, providing some evidence of a fertility decline. The proportion of young people is higher (47.0 percent) in the PCPS, 1994-95 but this is probably due to the fact that PCPS, 1994-95 only sampled household with currently married women.

**Table 2.2****Percent Distribution of Household Population by Age Group**

Age Group	Census 1981	PDHS 1991	PCPS 1994	PFFPS 1997	Census 1998	PRHFPS 2000
0 - 4	15.3	13.4	16.4	14.4	14.6	13.8
5 - 9	16.0	17.4	16.9	15.4	15.7	14.3
10 - 14	13.2	13.7	13.7	13.3	12.9	13.2
15 - 19	9.5	10.2	9.8	11.4	10.4	11.9
20 - 24	7.6	8.1	7.6	8.6	9.1	9.3
25 - 29	6.7	7.1	6.7	7.4	7.5	7.4
30 - 34	5.6	5.4	5.9	5.6	6.3	5.8
35 - 39	5.1	4.6	5.5	4.7	4.8	4.9
40 - 44	4.7	4.0	4.0	3.6	4.4	3.9
45 - 49	3.7	3.0	3.4	2.9	3.5	2.8
50 - 54	3.6	3.2	2.6	3.2	3.2	3.6
55 - 59	2.0	2.4	1.7	2.7	2.1	2.4
60 - 64	2.7	2.7	1.8	2.6	2.1	1.4
65 and More	4.3	5.0	2.7	4.3	3.4	2.8

**2.2 Marital Status**

Table 2.3 shows the current marital status of males and females by five-year age group. It is clear that in Pakistani society marriage is still universal for both men and women. The median age at first marriage among ever-married women (25-49 years) is 18 years and still over 50 percent of women are married to their first cousins. (Tabulation will be presented in the main report).



**Table 2.3**

Percent Distribution of Households Members, by Marital Status and Age

Age	Male			Female		
	Never Married	Married	Widowed/ Divorced/ Separated	Never Married	Married	Widowed/ Divorced/ Separated
10 - 14	99.6	0.2	0.2	99.3	0.7	0.1
15 - 19	97.1	2.6	0.2	84.8	15.0	0.2
20 - 24	78.7	20.8	0.5	47.7	51.1	1.2
25 - 29	44.1	55.0	0.9	17.6	81.1	1.4
30 - 34	16.5	81.7	1.8	5.4	92.1	2.5
35 - 39	7.2	90.5	2.3	2.6	93.0	4.4
40 - 44	2.9	94.8	2.3	2.1	91.8	6.1
45 - 49	1.4	94.3	4.3	2.4	89.2	8.4
50 - 54	1.3	93.5	5.2	0.9	83.6	15.4
55 - 59	0.9	89.8	9.3	0.5	75.0	24.6
60 - 64	2.0	88.5	9.5	1.4	65.1	33.5
65 and More	0.7	79.6	19.8	0.8	38.1	61.1
Total	50.8	46.2	3.0	41.4	51.2	7.4
Number	9565	8703	569	7534	9332	1344

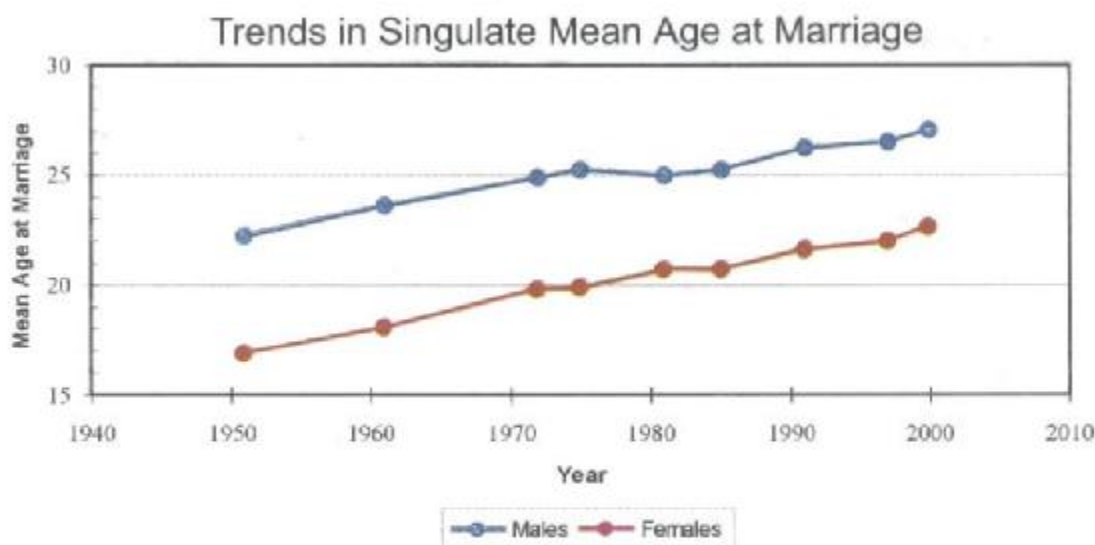
The proportions never married can be used to calculate the singulate mean age at marriage. The singulate mean ages at marriage for men and women are estimated to be 27.1 and 22.7 years, respectively. Table 2.4 and the corresponding figure 2.2 show trends in singulate mean age at marriage and indicate that age at marriage for both sexes continues to rise over time. There is little indication of narrowing in the gap between male and female singulate mean age at marriage.

**Table 2.4**

Trends in Singulate Mean Age at Marriage for Males and Females (Years)

Survey	Census 1951	Census 1961	Census 1972	PFS 1975	Census 1981	PCPS 1985	PDHS 1991	PFFPS 1997	PRHFPS 2000
Male	22.3	23.6	24.9	25.3	25.0	25.3	26.3	26.5	27.1
Female	16.9	18.1	19.8	19.9	20.7	20.7	21.6	22.0	22.7

Figure 2.2



### 2.3 Education

Education is considered to be an important factor in explaining demographic trends and variations. The educational attainment of the population is summarised in Table 2.5. Whilst younger age groups show an encouraging fall in the proportion with no education (see Figure 2.3), women are still lagging well behind men, with almost 43 percent of girls in age-group 15-19 still having no education. Progress beyond primary education is higher for boys in the 15-19 age group compared to girls (Figure 2.4). The urban-rural difference in schooling is pronounced, with 69 percent of rural females having received no schooling at all. Balochistan is the province with the lowest levels of educational attainment, both for males and females. NWFP has a larger sex differential in educational attainment, with 70 percent of females and 37 percent of males having received no schooling.

Figure 2.3

Percentage with No Schooling by age, comparing Males and Females

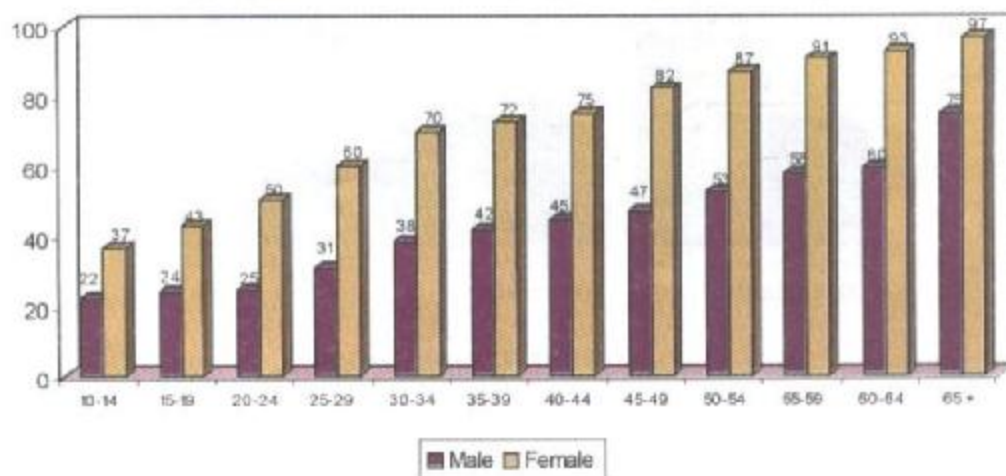


Table 2.5

Percent Distribution of Persons Aged 5 Years or More by Educational Attainment  
Residence, Province and Age

Background characteristics		Male			Female		
		No Education	Upto Primary	Above Primary	No Education	Upto Primary	Above Primary
Residence	Urban	22.7	31.0	46.3	37.0	29.3	33.7
	Rural	42.7	31.7	25.6	68.9	22.4	8.6
Province	Punjab	35.1	31.7	33.3	53.9	26.8	19.3
	Sindh	33.5	32.1	34.4	57.5	23.7	18.8
	NWFP	36.7	33.6	29.8	70.0	21.2	8.9
	Balochistan	57.4	19.9	22.7	75.4	16.8	7.8
Household Member Age	5 - 9	36.2	63.7	0.1	47.5	52.4	0.1
	10 - 14	22.2	58.3	19.6	36.6	48.2	15.2
	15 - 19	24.1	21.8	54.2	42.8	19.7	37.6
	20 - 24	24.7	16.2	59.0	50.2	14.7	35.2
	25 - 29	31.0	16.0	53.0	59.9	14.0	26.0
	30 - 34	38.2	15.5	46.2	69.5	13.4	17.1
	35 - 39	41.8	17.3	40.9	72.4	13.0	14.6
	40 - 44	44.5	16.9	38.7	75.1	13.3	11.5
	45 - 49	46.7	18.9	34.4	82.0	7.7	10.2
	50 - 54	52.8	16.7	30.5	87.0	7.3	5.7
	55 - 59	57.6	15.7	26.7	90.6	5.0	4.4
60 - 64	59.5	17.9	22.6	92.6	4.8	2.6	
	65 and More	74.8	12.5	12.7	96.7	2.4	0.9
Total		36.0	31.4	32.6	58.1	24.8	17.1
Number		8113	7086	7343	12716	5416	3745

Figure 2.4

Educational Attainment for the 15 to 19 Age Group, Comparing Males and Females

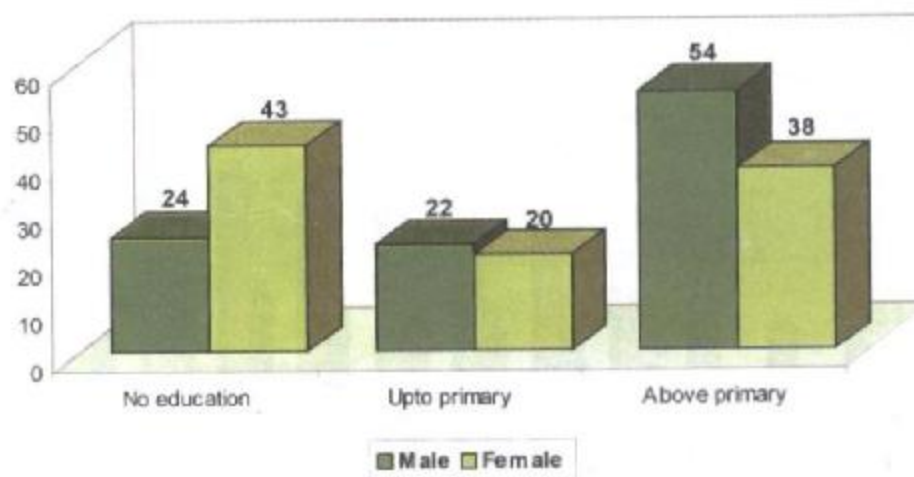


Table 2.6 and figure 2.5 show more detailed information on the education of ever-married women of reproductive ages in the provinces and according to urban - rural residence.

A high proportion of the women had not been to school at all. As has been found previously, education levels are much higher in urban areas than in rural areas, with 83 percent of rural women of reproductive ages having had no schooling. There are again major differences among the four provinces and urban-rural areas (Table 2.6). Education levels tend to be highest in Punjab, followed by Sindh, NWFP and Balochistan. About half of the urban women have had some schooling, while among rural women only 17 percent have received any formal schooling.

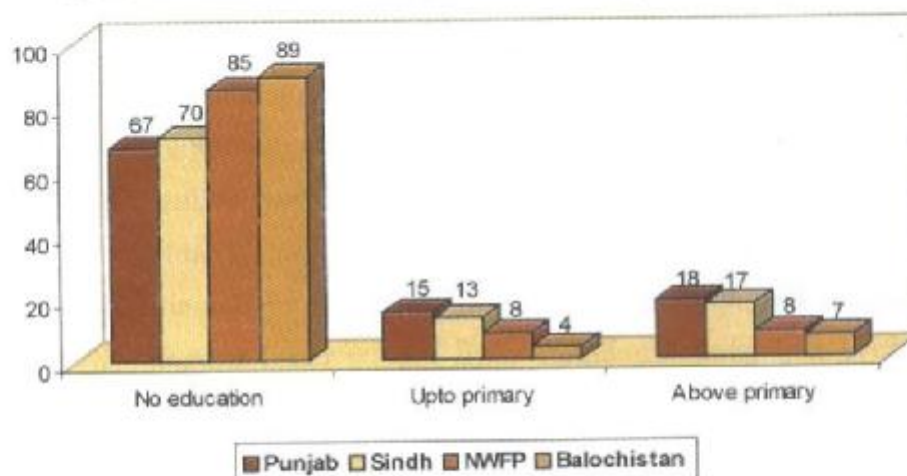
**Table 2.6**

**Percent Distribution of Education Attainment, Among Ever-Married Women Aged 15-49  
by Province and Residence**

Province/Residence		Level of Education					Total	Number
		No Education	Upto Primary	Upto Middle	Upto secondary	Above Secondary		
Punjab	Urban	42.7	17.7	10.5	16.5	12.7	100.0	1162
	Rural	78.6	13.2	3.2	3.9	1.2	100.0	2481
	Total	67.1	14.6	5.5	7.9	4.9	100.0	3643
Sindh	Urban	51.5	17.2	7.9	14.7	8.7	100.0	805
	Rural	87.9	9.1	1.0	1.2	0.8	100.0	857
	Total	70.3	13.1	4.3	7.7	4.6	100.0	1662
NWFP	Urban	72.2	9.3	6.2	7.0	5.3	100.0	154
	Rural	87.1	7.2	1.9	2.4	1.4	100.0	831
	Total	84.8	7.5	2.6	3.1	2.0	100.0	985
Balochistan	Urban	66.3	9.7	6.3	5.8	11.9	100.0	58
	Rural	94.9	1.9	1.5	0.9	0.8	100.0	232
	Total	89.2	3.5	2.5	1.8	3.0	100.0	289
Pakistan	Urban	48.6	16.7	9.1	14.9	10.7	100.0	2179
	Rural	82.9	10.7	2.4	2.9	1.1	100.0	4400
<b>Total</b>		<b>71.5</b>	<b>12.7</b>	<b>4.6</b>	<b>6.9</b>	<b>4.3</b>	<b>100.0</b>	<b>6579</b>

Figure 2.5

Level of Education Ever-married Women Aged 15-49 by Province



## 2.4 Household Possessions

While it is often difficult to estimate income and expenditure levels of households in simple cross-sectional surveys, ownership of consumer durables is an alternative way of measuring the economic status of households using a set of proxy variables which represent the purchasing power that the household enjoys. In general the ownership of durables has not gone up much since the PDHS, except for television. Particularly relevant for reproductive health and family planning programmes is ownership of televisions and radios, which provide access to the Government's mass media campaigns. In the PDHS in 1990-91, 27 percent of the population owned a television while by the time of the PFFPS in 1996-97, this had risen to 38 percent, and now in PRHFPS 2000-01, it has reached to 41 percent (table 2.7). Over a quarter of all rural households have a television. However, ownership of radios has changed little between 1990-91 (35 percent) and 1996-97 (36 percent) to 2000-01 (37 percent). Ownership of consumer durables is much higher in urban than in rural areas. This difference has important implications for planning information campaigns to spread reproductive health and family planning knowledge as well as for the setting of affordable user fees for family planning services.

Table 2.7

Percentage of Households that Own Specified Consumer Durables  
by Residence and Province

Consumer durables	Residence				Province				Total
	Total Urban	Major Urban	Other Urban	Rural	Punjab	Sindh	NWFP	Balochistan	
Electricity	97.7	99.2	95.2	74.6	86.4	80.5	81.2	41.4	82.5
Gas Connection	65.9	86.7	29.1	1.4	19.3	44.0	7.6	17.2	23.3
Electric Heater	5.6	3.6	9.3	1.9	2.5	3.1	6.1	3.7	3.1
Gas Heater	16.9	21.5	8.6	0.7	7.6	2.2	4.5	12.5	6.2
Geyser (Gas/Electric/Wood)	12.4	14.3	9.2	1.0	5.6	4.9	2.2	4.4	4.9
Vacuum Cleaner	2.4	3.2	1.0	0.2	0.8	1.4	0.6	1.5	0.9
Microwave oven	3.4	4.6	1.4	0.1	1.2	1.9	0.3	1.3	1.2
Cooking range	4.6	6.1	2.0	0.3	1.6	2.5	0.6	3.0	1.8
Dish Antenna/Cable TV	17.9	21.3	11.9	2.8	6.2	14.0	4.8	9.9	7.9
Radio/Tape recorder	47.5	47.9	46.8	31.8	34.0	43.2	45.2	22.6	37.1
VCR/VCP	14.7	14.7	14.6	3.0	6.0	10.2	5.4	8.0	7.0
Television	68.6	74.1	58.8	27.3	42.0	49.6	31.3	17.6	41.3
Telephone	26.3	30.2	19.2	4.4	12.0	13.7	8.9	8.8	11.9
Refrigerator	42.6	48.9	31.5	8.5	20.1	26.2	12.7	9.3	20.1
Room Cooler	13.1	13.0	13.1	2.7	7.8	4.1	4.1	2.3	6.2
Air conditioner	6.6	7.0	5.9	1.0	2.4	4.4	2.7	2.1	2.9
Washing machine	59.9	68.2	45.1	12.6	29.8	34.6	17.3	16.2	28.6
Dish-washer	2.2	3.0	0.7	0.3	0.5	2.3	0.2	1.5	0.9
Bicycle	34.3	32.1	38.2	36.9	47.5	20.3	18.4	16.0	36.0
Camera/Video Camera	8.2	9.2	6.6	2.9	4.1	4.9	7.4	3.1	4.7
Personal computer	2.8	4.0	0.8	0.1	0.8	2.3	0.0	0.7	1.0
Motorcycle	16.3	18.0	13.4	5.5	10.5	9.8	2.1	8.8	9.1
Car/Jeep	6.1	7.6	3.4	1.4	2.5	4.1	2.7	5.4	3.0

## 2.5 Media Exposure

Table 2.8 shows the extent of exposure to mass media among ever-married women. The indicators used are the proportion of women reading a newspaper, listening to the radio or watching television daily, once a week and those being exposed at least once a while to these media. When targeting information on reproductive health and family planning it is clear that TV and radio are the most effective media, reaching at least 39 percent and 36 percent (respectively) of rural respondents. Among the urban women, about 32 percent listen to the radio and 77 percent watch TV. The effectiveness of newspaper publicity is obviously much lower because of the high levels of illiteracy. About 8 percent in rural and 32 percent in urban areas ever read newspapers.

**Table 2.8**

**Percent Distribution of Ever-Married Women According to Exposure to Mass Media, by Background Characteristics**

Background Characteristics	Read newspaper			Watch television			Listen to radio			Number
	Daily	Once a week	Once in a while	Daily	Once a week	Once in a while	Daily	Once a week	Once in a while	
<b>Province</b>										
Punjab	1.5	3.9	12.2	29.4	7.6	14.0	5.4	4.1	19.0	3643
Sindh	3.9	22	11.9	40.3	4.1	23.6	12.8	8.5	23.1	1662
NWFP	0.5	1.1	6.8	21.3	5.2	10.5	9.6	4.3	31.8	965
Balochistan	1.8	1.5	3.5	15.6	1.8	5.1	8.7	3.5	9.1	229
<b>Residence</b>										
Total urban	4.7	6.5	21.2	52.0	7.8	17.6	7.3	4.3	20.0	2179
Major urban	6.3	7.4	22.7	54.7	9.2	16.7	5.6	4.0	15.9	1355
Other urban	2.0	5.1	18.7	47.6	5.4	19.2	9.9	5.0	26.8	825
Rural	0.7	1.2	5.9	19.6	5.2	14.5	8.4	5.6	22.2	4400
<b>All</b>	<b>2.0</b>	<b>3.0</b>	<b>10.9</b>	<b>30.3</b>	<b>6.1</b>	<b>15.5</b>	<b>8.1</b>	<b>5.2</b>	<b>21.5</b>	<b>6579</b>

## 2.6 Household Characteristics

The average household size in Pakistan consists of 7.4 members (Table 2.9). However, 22 percent households have ten or more usual members. The average household size is highest in Balochistan (8.5), followed by Sindh (7.9), NWFP (7.7) and Punjab (7.0).

**Table 2.9**

Percent Distribution of Household According to Number of Household Members by Province

Number of Usual members	Province				All
	Punjab	Sindh	NWFP	Balochistan	
1	1.6	1.0	0.6	0.0	1.3
2	4.3	4.6	3.3	4.5	4.2
3	6.2	5.1	6.3	3.5	5.8
4	9.9	9.1	7.1	5.2	9.1
5	11.8	9.8	11.3	10.1	11.2
6	14.3	12.8	11.4	10.7	13.4
7	12.4	10.1	12.1	10.5	11.8
8	12.1	10.0	11.8	9.0	11.4
9	9.8	9.0	10.8	13.0	9.9
10	5.6	6.8	7.8	8.6	6.3
11	4.3	5.1	5.2	6.0	4.7
12	2.1	4.4	3.6	5.1	3.0
13	1.7	3.2	2.0	4.6	2.2
14	1.0	2.4	1.9	1.7	1.5
15	1.0	1.3	1.3	1.8	1.1
16 +	2.0	5.2	3.6	5.7	3.1
Total	100.0	100.0	100.0	100.0	100.0
Number	4071	1576	917	292	6857
Mean size	7.0	7.9	7.7	8.4	7.4

A large majority of Pakistanis are living in houses having one bedroom. It is evident from table 2.10 that 62 percent household having 4 or more members are living in one-bedroom houses.

**Table 2.10**

Percent Distribution of Household Members per Bedroom by Province

Usual household members per bedroom	Province				All
	Punjab	Sindh	NWFP	Balochistan	
1	3.4	3.6	1.1	3.6	3.1
2	13.6	13.9	10.1	13.1	13.2
3	22.7	19.1	21.5	23.9	21.8
4	22.4	18.3	19.4	16.3	20.8
5 +	37.8	45.2	47.9	43.1	41.1
Total	100.0	100.0	100.0	100.0	100.0
Number	4071	1576	917	292	6857
Mean	4.2	4.6	4.6	4.4	4.4



The household characteristics indicate that electricity is available in 83 percent households with 98 percent in urban and 75 percent in rural areas. Gas connection is available to only 23 percent household at national level and it is still negligible in rural areas (1.4 percent). Flush facility is available in 47 percent households with only a quarter of rural population having this facility. Still a large proportion (40 percent) of households have no toilet-facility (Table 2.11).

**Table 2.11**

**Percent Distribution of Household According to Housing Characteristics by Residence**

Housing characteristics	Residence				Total	
	Total Urban	Major Urban	Other Urban	Rural		
Electricity	97.7	99.2	95.2	74.6	82.5	
Gas connection	65.9	86.7	29.1	1.4	23.3	
Toilet facility	Flush	88.1	94.4	76.9	25.4	46.7
	Bucket	5.6	2.7	10.6	10.8	9.0
	Pit (Septic Tank)	2.1	1.1	3.8	3.5	3.0
	Other	0.2	0.2	0.2	1.1	0.8
	No Facility	4.1	1.6	8.5	59.1	40.4
Housing Structure	Katcha	10.3	7.6	15.0	47.7	35.0
	Semi-Pacca	21.3	16.6	29.7	32.0	28.4
	Pacca	50.2	52.2	46.8	15.1	27.1
	Flat	8.4	12.5	1.1	0.3	3.0
	Constructed House/Bungalow	9.1	11.1	5.7	1.3	4.0
	Other	0.7	0.1	1.8	3.6	2.6
Ownership of house	Owned	73.6	69.5	80.8	88.9	83.7
	Mortgaged	1.1	1.0	1.2	1.2	1.2
	Rented	21.7	26.0	14.0	1.9	8.6
	Rent free	3.2	2.8	3.9	7.6	6.1
	Other	0.5	0.7	0.1	0.4	0.4
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	
<b>Number</b>	<b>2329</b>	<b>1488</b>	<b>842</b>	<b>4528</b>	<b>6857</b>	

## Chapter 3

### REPRODUCTIVE HEALTH OF WOMEN

Through this survey, a pioneering effort has been made to collect information on all indicators of reproductive health at national level. Though, earlier the subject has been explored partially and in limited geographic areas by Agha Khan University, Karachi and NIPS (Hakim et al; 1999), the need to collect information at national and provincial level was convincingly expressed in all circles having interest in this field. This chapter covers basic information collected on almost all aspects of reproductive health including infant, child and maternal mortality.

#### 3.1 Prenatal Care

For the health of mother and child, prenatal care is important. It is noted that over 50 percent women received any antenatal care in their last pregnancy and over one-third women (35 percent) reported having been to a doctor for antenatal check-ups (Table 3.1). Prenatal care is positively correlated with education and urban residence. Data show that more women with higher level of education tend to visit health professionals (doctors, nurses, FWWs, LHVs) for prenatal care (94 percent) compared to women with lower level of education or with no schooling (33 percent). Similarly, more urban (73 percent) than rural women (32 percent) receive prenatal care from health professionals.

Table 3.1

Percent Distribution of Last Birth in the Three Year Preceding the Survey According to Sources of Antenatal Care (ANC) During Pregnancy by Background Characteristics

Background characteristics	Sources of antenatal care						No one	Number
	Doctor	Nurse/ FWW/LHV	TBA/Dai	VBFPW/ LHW	Hakim/ Homoeopath	Other		
Mother's age at Birth	< 20	29.8	8.0	5.8	0.9	--	0.7	187
	20 - 24	36.4	10.2	6.7	0.5	0.3	0.3	745
	25 - 34	36.4	8.8	6.4	0.7	0.2	1.0	1702
	35 +	29.5	6.9	5.2	0.3	0.6	0.4	669
Birth Order	1	45.2	9.8	4.9	0.6	--	1.1	554
	2-3	38.2	10.3	7.0	0.9	--	0.5	1022
	4-5	33.2	8.0	5.8	0.9	0.9	1.0	801
	6 +	25.7	6.6	6.1	0.1	0.2	0.5	898
Residence	Total Urban	63.0	10.1	4.7	0.3	--	0.4	916
	Major Urban	72.5	8.3	3.8	0.4	--	0.1	538
	Other Urban	49.6	12.6	6.0	0.2	--	1.0	379
	Rural	23.7	8.2	6.7	0.7	0.4	0.8	2386
Province	Punjab	28.2	12.2	8.4	0.8	0.5	0.5	1795
	Sindh	54.7	5.1	3.7	0.2	--	--	835
	NWFP	29.2	4.4	2.8	0.3	--	2.8	522
	Balochistan	18.2	1.8	5.3	0.6	--	0.3	150
Education Levels	No Education	24.5	8.2	6.4	0.4	0.4	0.9	2423
	Upto Primary	45.0	12.1	8.6	2.4	--	0.2	404
	Upto Middle	63.3	11.3	7.8	0.1	--	--	116
	Upto Secondary	78.3	8.8	2.0	--	--	--	223
	Above Secondary	87.7	5.8	1.4	--	--	0.7	136
All		34.6	8.7	6.2	0.6	0.3	0.7	3303

Table 3.2 shows that women who did not get prenatal care during their last pregnancy reported to have been constrained by non-affordability (21 percent) followed by health facility being too far (7 percent) and the poor quality of service (2 percent). A significant number of women (47 percent) also abstained from visiting a health professional for prenatal check-ups on the ground that they did not encounter any health problem during pregnancy. This may be partly due to economic pressure and non-availability of services, which need attention.

**Table 3.2**

**Percentage of Women who did not Receive Antenatal Care During Last Pregnancy  
by Reasons and Background Characteristics**

<b>Reasons</b>	<b>Percent</b>	<b>Number</b>
Health facility too far	7.2	117
Could not afford	20.7	334
No transport	0.6	9
Healthy/No problem	47.0	760
Poor service	2.0	32
Did not know where to go	1.1	18
Other	4.7	77
No reason	16.7	269
<b>Total</b>	<b>100.0</b>	<b>1616</b>

As seen earlier, only 50 percent women had a prenatal checkup during their last pregnancy. Table 3.3 shows that nearly one-third of the women were diagnosed as anaemic and only 39 percent of them had a blood test. Those who were diagnosed for anaemia, nearly half of them received treatment from a doctor and over one-third did not receive any treatment at all. The stated incidence of anaemia is higher among educated and urban women who presumably are more health conscious and seek treatment for anaemia during pregnancy.

Table 3.3

Percentage of Women Diagnosed as Anaemic During Recent Pregnancy in Three Years Period Prior to Survey with Blood Test and Treatment Received from Health Professional by Background Characteristics

Background characteristics	+	Percent Anaemic		Number	Blood test performed	Received treatment from:			Number
		Diagnosed by Health professional	Diagnosed by Others			Doctor	Others	No treatment	
Age of woman at child birth	< 20	19.4	1.6	187	51.1	58.8	12.7	27.1	39
	20 - 24	19.5	5.6	745	36.2	48.5	13.7	36.6	167
	25 - 34	25.9	7.6	1702	39.5	51.1	12.4	35.7	571
	35 +	23.9	11.5	689	38.8	44.8	11.3	43.6	237
Birth Order	1	18.0	1.1	554	50.4	66.2	8.5	25.3	106
	2-3	25.6	5.7	1022	44.2	54.1	11.3	33.1	320
	4-5	28.3	8.2	801	38.1	47.6	12.6	37.1	292
	6 +	21.2	13.1	898	29.9	41.0	13.0	45.9	308
Residence	Total Urban	39.5	2.7	916	57.8	67.3	5.0	28.6	386
	Major Urban	46.7	0.7	538	66.7	70.8	3.4	28.4	255
	Other Urban	29.3	5.5	379	40.7	60.6	8.4	32.7	132
	Rural	17.7	9.5	2386	27.3	38.7	17.3	42.6	648
Province	Punjab	20.9	9.1	1795	28.0	39.3	14.6	44.5	537
	Sindh	37.0	3.9	835	59.9	65.3	5.2	29.3	342
	NWFP	16.0	9.8	522	28.6	46.6	19.1	31.9	134
	Balochistan	10.8	2.8	150	32.1	66.3	19.0	19.1	20
Education	None	18.8	8.6	2423	33.1	40.8	13.8	43.7	664
	1 - 5	32.6	9.2	404	32.1	51.1	13.3	32.6	169
	6 - 8	36.2	2.1	116	62.1	75.0	6.0	22.1	44
	9 - 10	44.1	1.1	223	62.8	77.8	5.7	19.7	101
	11 +	40.1	0.2	136	64.5	74.7	5.8	19.3	55
All		23.7	7.6	3303	38.7	49.4	12.1	37.3	1034

### 3.2 Place of Delivery

For the safe health of mother and child, it is imperative that all deliveries are catered at hospitals/clinics under the supervision of qualified doctors. However, it is noted that 77 percent women had delivered their last babies at home and only 23 percent deliveries occurred in government and private hospitals (Table 3.4). Even in urban areas more than half of the deliveries are occurring in home and only one fifth deliveries are occurring in public hospitals compared to over one fourth in private hospitals. There are not much differentials among provinces except that in Sindh where nearly 36 percent deliveries occurred in hospitals. Again education is positively correlated with deliveries in hospitals, that is, women with higher education, are more likely to be delivering their babies in hospitals.

**Table 3.4**

Percent Distribution of Mothers by Place of Their Last Delivery in Three Years Preceding the Survey by Selected Background Characteristics

Background characteristics	Place of Delivery				Number
	Home	Government Health facility	Private Health facility	Other	
Birth Order	1	67.3	14.6	18.1	554
	2-3	71.5	13.2	14.6	1022
	4-5	80.3	8.3	10.8	801
	6 +	85.2	6.9	7.7	698
Residence	Total Urban	51.3	20.2	28.0	916
	Major Urban	39.0	28.1	32.3	538
	Other Urban	68.7	9.0	21.8	379
	Rural	86.5	6.9	6.3	2386
Province	Punjab	79.3	9.5	10.8	1795
	Sindh	63.9	15.1	20.8	835
	NWFP	87.7	6.8	5.5	522
	Balochistan	78.8	11.4	7.0	150
Education	No Education	85.8	7.0	7.0	2423
	Upto Primary	69.1	13.0	17.3	404
	Upto Middle	55.4	24.9	18.8	116
	Upto Secondary	36.4	26.6	37.0	223
	Above Secondary	21.6	29.3	47.1	136
<b>All</b>	<b>76.7</b>	<b>10.6</b>	<b>12.3</b>	<b>0.4</b>	<b>3303</b>

Women in the PRHFP survey were asked about the outcome of the last pregnancy – whether it ended in a live birth or in a still birth. It was found that 98 percent were live births while 2 percent pregnancies ended in still births (Table 3.5). It is noted that over one-quarter pregnancies were either mistimed or unwanted. Nearly 13 percent women wanted no more pregnancies, while about 16 percent wanted to delay or postpone their last pregnancies. This is a very large magnitude and need attention of policy makers as women's reproductive health and family planning needs are not fully met. By providing services to these women, it is not only improving their reproductive health, but also enhancing contraceptive prevalence affecting fertility negatively.

Table 3.5

Percent Distribution of Most Recent Births by Survival Status at the time of Delivery and Desire of Women for the Last Pregnancy

Background characteristics	Status of last birth		Desire for last pregnancy					Number	
	Live birth	Still birth	Wanted then	Wanted later	Wanted no more	No preference	DK		
Age of woman at child birth	< 20	95.3	4.7	90.8	7.5	--	0.4	1.2	187
	20 - 24	98.6	1.4	80.1	15.1	1.9	2.4	0.5	745
	25 - 34	98.1	1.9	64.0	18.3	12.6	4.8	0.3	1702
	35 +	97.3	2.7	50.1	11.0	29.2	9.4	0.3	669
Birth Order	1	99.1	0.9	94.7	4.6	--	0.1	0.6	554
	2-3	98.9	1.1	75.3	19.4	2.1	2.9	0.3	1022
	4-5	98.3	1.7	63.0	18.9	13.0	5.0	0.0	801
	6 +	98.7	1.3	40.7	15.0	33.1	10.5	0.8	898
Residence	Total Urban	97.8	2.2	63.9	18.2	14.1	3.7	0.1	916
	Major Urban	98.3	1.7	64.4	18.0	14.5	3.0	0.1	538
	Other Urban	97.1	2.9	63.2	18.6	13.5	4.6	0.1	379
	Rural	98.0	2.0	67.3	14.4	12.3	5.4	0.5	2386
Province	Punjab	97.8	2.2	66.1	15.8	12.8	4.6	0.7	1795
	Sindh	97.8	2.2	67.3	16.9	12.4	3.3	0.1	835
	NWFP	98.6	1.4	62.8	14.6	14.0	8.5	0.1	522
	Balochistan	97.4	2.6	76.2	7.1	11.0	5.6	0.1	150
Education	None	97.7	2.3	65.0	14.3	14.1	6.0	0.5	2423
	1 - 5	98.0	2.0	67.1	17.8	12.4	2.6	--	404
	6 - 8	100.0	--	75.8	15.2	7.2	1.8	--	116
	9 - 10	98.3	1.7	69.5	20.6	7.8	2.0	0.1	223
	11 +	99.3	0.7	73.9	21.2	4.2	0.7	--	136
All		97.9	2.1	66.3	15.5	12.8	5.0	0.4	3303

### 3.3 Postnatal Care

Table 3.6 shows that Post-natal care is less common (28 percent), compared to ante-natal care seen earlier. Almost half of those who received postnatal care (47 percent) turned to the traditional source of trained or untrained birth attendants commonly known as "Dais", while the same proportion of mothers got postnatal care from health professionals including doctors (41 percent) and paramedics (7 percent). As expected, educated and women living in urban areas tend to get postnatal care comparatively more from doctors.

Table 3.6

Percentage of Women Who Received Postnatal Care for the Recent Pregnancy in Three Years Preceding Survey, by Sources and Background Characteristics

Background characteristics	Any Postnatal care received	Number	Sources of postnatal care						Total	Number
			Doctor	Nurse/FWW/LHV	TBA/Dai	VBFPW/LHW	Hakim/Homoeopath	Other		
Age of woman at child birth	< 20	187	38.9	4.9	53.8	—	0.4	1.9	100.0	54
	20 - 24	745	43.5	9.5	44.7	0.1	0.9	1.4	100.0	214
	25 - 34	1702	42.7	6.5	45.6	0.4	0.0	4.7	100.0	446
	35 +	669	34.6	5.6	52.6	—	1.6	5.7	100.0	198
Birth Order	1	554	56.5	9.0	32.5	0.1	—	1.8	100.0	176
	2-3	1022	45.4	8.8	42.8	0.4	0.7	1.9	100.0	296
	4-5	801	36.5	6.1	51.0	0.3	—	6.2	100.0	187
	6 +	898	27.4	3.6	61.6	—	1.3	5.9	100.0	244
Residence	Total Urban	916	69.9	7.4	21.5	0.3	0.1	0.7	100.0	289
	Major Urban	538	83.7	2.6	13.6	—	0.1	0.0	100.0	166
	Other Urban	379	50.6	14.2	32.7	0.8	0.2	1.6	100.0	120
	Rural	2386	27.5	6.7	59.4	0.2	0.8	5.5	100.0	624
Province	Punjab	1795	30.6	7.2	61.1	—	0.7	0.3	100.0	513
	Sindh	835	66.1	4.6	28.7	0.2	—	0.4	100.0	252
	NWFP	522	31.3	9.5	32.8	0.8	1.1	24.5	100.0	131
	Balochistan	150	51.0	12.4	23.4	2.7	—	10.5	100.0	17
Education	None	2423	29.7	6.4	58.3	0.1	0.5	4.9	100.0	628
	1 - 5	404	52.0	14.2	28.1	1.2	0.2	4.3	100.0	101
	6 - 8	116	65.3	3.2	31.1	0.4	—	—	100.0	34
	9 - 10	223	70.5	9.2	18.1	—	2.2	—	100.0	82
	11 +	136	79.5	0.1	18.8	0.1	—	1.4	100.0	68
All		3303	40.9	6.9	47.4	0.2	0.6	4.0	100.0	912

### 3.4 Current Health

To ascertain current health of women, they were asked two questions. First “Do you suffer now from any of the following health problems?”. The names of the listed health problems were read out by the interviewers. Second, “Who told you that you were suffering from this?” Data collected on the basis of these questions are presented in table 3.7, which show the current health status of women. It is found that most cited health problem among ever-married women is gastric (18 percent), followed by joint disease (13 percent), irregular/painful menstruation and high blood pressure (10 percent). Over one-fifth women in NWFP and Balochistan are suffering from gastritis. Hepatitis B/C which has the potential to spread rapidly is reported to be negligible (0.2 percent) among ever-married women of reproductive age. Similarly, tuberculosis is less prevalent at national level (1 percent) but is high among women in Balochistan (5 percent). The prevalence of asthma is high in Balochistan and NWFP, compared to Punjab and Sindh.



Table 3.7

Percentage of Ever Married Women with Selected Health Problems by Residence and Province

Current health problem	Residence				Province				All
	Total Urban	Major Urban	Other Urban	Rural	Punjab	Sindh	NWFP	Balochistan	
Tuberculosis	0.6	0.3	1.0	1.3	0.9	1.3	0.5	4.8	1.1
Diabetes	2.3	2.7	1.5	0.8	1.1	1.6	1.0	2.2	1.3
High blood pressure	13.4	12.2	15.3	8.1	9.6	10.2	11.4	4.8	9.8
Irregular/Painful menstruation	10.5	9.4	12.3	10.4	9.0	12.3	12.2	11.9	10.4
Heart disease	2.5	2.3	2.9	2.7	2.8	2.8	1.2	4.5	2.6
Goitre	2.7	2.5	3.1	1.9	2.0	1.8	2.4	5.3	2.2
Kidney disease	4.8	4.9	4.6	4.0	4.1	3.6	5.6	6.0	4.3
Asthma	1.3	0.8	2.2	2.2	1.6	1.7	2.7	4.1	1.9
Joint disease	12.9	11.6	14.9	13.7	13.7	16.0	7.2	16.7	13.4
Gastritis	16.8	15.4	19.1	17.9	17.0	15.8	21.6	21.3	17.6
Hepatitis-A	1.1	0.7	1.9	2.7	1.7	2.9	1.5	5.6	2.2
Hepatitis-B/C	0.2	0.3	0.1	0.2	0.1	0.1	0.3	0.5	0.2
Other	3.1	2.2	4.7	4.1	3.8	3.4	4.4	2.6	3.8

### 3.5 Adolescents

Table 3.8 contains information pertaining to any counseling/assistance received by women at the time of puberty, by source of assistance. Ever-married women of the PRHFPS were asked to recall whether their mothers had discussed with them about the likely changes in body, which are embarrassing for girls at the onset of puberty. Only one out of ten women recalled that their mothers did discuss the issue with them. However, almost nine-tenths of women expressed that they had faced problem coping with the situation at first menstruation. At the onset of puberty, mothers, friends/relatives and elder sisters were reported to be helpful in providing assistance in almost all cases (96 percent). In Sindh, mothers were more helpful (59 percent) but women in NWFP relied more on friends (41 percent) rather than in mothers (27 percent) or elder sisters (25 percent).

**Table 3.8**

**Percentage of Ever-Married Women Who Received Any Counselling/Assistance at the Time of Puberty by Source of Assistance, by Residence and Province**

Residence/Province	Counselling received through mother	Faced problems at first menstruation	Person who provided assistance								Number	
			Mother	Elder sister	Friend/Relative	Neighbour	Teacher	Doctor	Read in book/Literature	Other		
Residence	Total Urban	13.1	81.0	47.8	22.0	27.8	0.9	0.2	--	0.2	1.2	2179
	Major Urban	13.6	75.6	48.6	22.4	26.9	0.6	0.1	--	0.1	1.3	1355
	Other Urban	12.0	89.9	48.5	21.3	29.2	1.4	0.2	--	0.4	1.1	825
	Rural	8.2	88.5	45.1	16.4	31.4	1.9	0.2	0.0	0.1	2.8	4400
Province	Punjab	7.6	88.3	45.2	19.3	31.8	1.2	0.2	0.0	0.2	2.1	3643
	Sindh	14.1	79.7	58.5	15.4	23.1	1.2	0.1	--	--	1.6	1662
	NWFP	7.3	87.7	26.9	24.6	40.7	3.4	0.1	--	0.4	3.9	985
	Balochistan	21.4	87.5	48.5	30.8	16.6	1.4	--	--	0.2	2.8	289
<b>All</b>		<b>9.8</b>	<b>86.0</b>	<b>46.0</b>	<b>19.6</b>	<b>30.2</b>	<b>1.5</b>	<b>0.2</b>	<b>0.0</b>	<b>0.2</b>	<b>2.3</b>	<b>8579</b>

Table 3.9 shows that when these women were asked whether they had discussed with their daughters, the problems faced at the time of puberty, 38 percent reported to have had such discussion. Among those who had discussed, 63 percent reported that these discussions took place at the time of first menstruation while a quarter had discussed before the menstruation and 13 percent after the menstruation. Almost all women reported to have educated their daughters about menstruation periods but comparatively smaller proportion educated them about hygiene practices (63 percent), nutritional education (22 percent), breast development (17 percent) or psychological problem (16 percent).

**Table 3.9**

**Percentage of Ever-Married Women Having Daughters Aged 10 Years and Older According to Timing of Assistance and Kind of Education Provided, by Residence and Province**

Residence/Province	Discussed adolescent problems		Timing of Assistance			Daughter was educated about						Number	
	Number		Before first menstruation	At first Menstruation	After first Menstruation	Menstrual Periods	Hygiene practices	Breast-development	Psychological problem	Nutritional education	Other		
Residence	Total Urban	46.1	899	29.9	60.2	9.9	98.9	73.6	22.8	23.7	29.9	3.3	414
	Major Urban	50.0	584	34.8	56.5	8.6	99.9	82.6	24.9	25.8	31.1	3.4	292
	Other Urban	38.9	315	18.3	68.8	12.9	96.4	52.2	17.7	18.7	27.1	3.1	123
	Rural	32.8	1573	19.2	65.0	15.9	98.8	53.3	12.7	10.3	16.3	2.1	516
Province	Punjab	40.5	1361	12.8	75.9	11.3	98.9	71.8	13.1	12.2	21.6	4.2	551
	Sindh	43.0	588	43.8	40.6	15.6	98.8	58.7	31.8	30.3	29.2	0.2	253
	NWFP	20.0	411	31.3	53.3	15.4	99.0	17.3	3.6	6.4	15.0	0.2	82
	Balochistan	39.2	112	36.3	45.0	18.6	97.3	49.5	10.5	4.9	6.0	0.7	44
<b>All</b>		<b>37.6</b>	<b>2472</b>	<b>24.0</b>	<b>62.8</b>	<b>13.2</b>	<b>98.8</b>	<b>62.4</b>	<b>17.2</b>	<b>16.3</b>	<b>22.4</b>	<b>2.6</b>	<b>938</b>

About 57 percent women did not consider important to educate their adolescent daughters about body and emotional changes (Table 3.10).

The main reasons indicated for not educating adolescent daughters about body and emotional changes at the onset of puberty are shyness, indecent or culturally unacceptable and the hope that daughters would get to know by themselves at puberty.

**Table 3.10**

**Percentage of Ever-Married Women who do not Think Important to educate their Adolescent Daughters about Body and Emotional Changes at the Onset of Puberty and Reasons for not Educating by Residence and Province**

Residence/Province		Educating adolescents not important	Number	Reasons					Number
				Shyness	Indecent/culturally not acceptable	Would tell at menstruation	Daughter will get to know herself	Other	
<b>Residence</b>	Total Urban	45.3	1280	28.1	19.5	19.1	30.7	2.6	580
	Major Urban	40.7	771	27.6	18.6	23.8	27.1	3.0	314
	Other Urban	52.2	509	28.6	20.7	13.7	34.9	2.1	266
	Rural	62.0	2827	32.0	20.0	13.5	33.6	0.9	1752
<b>Province</b>	Punjab	54.3	2282	32.1	16.9	18.2	30.9	1.9	1240
	Sindh	61.8	1073	24.8	19.8	14.5	40.7	0.3	663
	NWFP	60.1	574	35.6	31.2	5.9	26.2	1.1	345
	Balochistan	47.0	177	45.4	17.7	6.4	27.7	2.9	83
<b>All</b>		<b>56.8</b>	<b>4107</b>	<b>31.0</b>	<b>19.9</b>	<b>14.9</b>	<b>32.9</b>	<b>1.3</b>	<b>2332</b>

### 3.6 Infertility

A woman is considered infertile if she is living with her husband for two or more years after marriage, is not using any contraceptive and has not conceived a child during this period. The proportion of such women with primary infertility was found about 5 percent in the PRHFP survey (Table 3.11). Variation in infertility is visible across the provinces. It is higher in the province of Balochistan and Sindh, and lower in NWFP.

While 41 percent infertile women had visited Hakims and Homoeopaths, only 13 percent infertile women were receiving treatment from Hakims/Homoeopaths at the time of survey. Over half of them had ever visited a Moulvi or Pir for consultation and advice. Those who visited these traditional healers, about half of them (48 percent) received 'Tavez' (amulet) and over one-fourth were advised to recite a 'Wazifa' (chanting of holy verses) or were given something to eat. As a common practice 70 percent infertile women had pledged a 'Manat' (vow) hoping to have a child.

**Table 3.11**

Percentage of Women Aged 20 and more Who were Married Two or More Years and Have Had no Live Birth by Residence and Province

Residence/Province		Percentage	Number
<b>Residence</b>	Total Urban	4.9	2089
	Major Urban	4.8	1305
	Other Urban	5.0	784
	Rural	4.7	4095
<b>Province</b>	Punjab	4.4	3469
	Sindh	5.8	1534
	NWFP	3.9	916
	Balochistan	6.5	265
<b>All</b>		<b>4.7</b>	<b>6183</b>

**Table 3.12**

Percent Distribution of Infertile Women Who visited Hakim/Homoeopath/Moulvi/Pir for Their Problem or Ever Pledged 'Manat' by Residence and Province

Residence/Province	Hakim/Homeopath		Moulvi/Pir, visited	Prescribed			Ever Pledged Manat	
	Visited	Under treatment		Tavez	Wazifa	Something to eat		
<b>Residence</b>	Total Urban	38.0	10.7	43.2	35.8	16.9	13.9	65.8
	Major Urban	33.1	6.5	37.7	31.8	16.0	9.0	67.6
	Other Urban	45.7	17.3	51.9	42.1	18.3	21.8	63.0
	Rural	42.1	14.2	58.6	54.5	26.3	26.4	70.5
<b>Province</b>	Punjab	52.4	16.8	60.1	55.2	24.5	26.3	74.0
	Sindh	26.6	9.5	41.2	34.4	14.1	15.2	62.3
	NWFP	32.7	3.5	52.3	52.0	37.2	21.1	60.6
	Balochistan	27.1	16.4	56.9	46.4	25.9	21.9	74.4
<b>All</b>	<b>40.7</b>	<b>12.9</b>	<b>53.3</b>	<b>48.0</b>	<b>23.0</b>	<b>22.0</b>	<b>68.9</b>	

### 3.7 Abortion

In Pakistan, abortion is illegal except when the life of mother is at risk. Unfortunately, no authentic data on this indicator is available from any source in Pakistan. In the PRHFP survey, all ever-married women were asked whether they ever experienced a pregnancy, which ended in a miscarriage or an abortion? Those who responded positively were then asked about the total number of spontaneous and induced abortions. Table 3.13 shows that about 23 percent ever-married women had experienced at least one or more spontaneous abortions and only 3 percent admitted

spontaneous abortions and only 3 percent admitted to have had one or more induced abortions in their life. Induced abortions may be under reported for obvious reason of disapproval by the religion. Yet the prevalence of abortion, which at times can be fatal, is significant and needs attention of both policy makers and service providers.

**Table 3.13**

**Percentage of Ever-Married Women Who Ever Had an Abortion by Residence and Province**

Residence/Province		Number of spontaneous abortions				Number of induced abortions				Number
		0	1	2	3+	0	1	2	3+	
<b>Residence</b>	Total Urban	76.6	14.8	4.8	3.9	96.1	2.4	1.0	0.5	2179
	Major Urban	77.7	14.6	5.2	2.6	95.6	3.3	1.1	0.0	1355
	Other Urban	74.8	15.1	4.2	6.0	96.9	0.9	0.9	1.3	825
	Rural	76.7	14.6	4.7	4.0	97.6	1.1	0.3	1.0	4400
<b>Province</b>	Punjab	76.9	14.5	4.4	4.2	95.8	2.2	0.7	1.3	3643
	Sindh	74.9	15.5	6.1	3.5	98.8	0.8	0.3		1662
	NWFP	77.6	14.5	4.1	3.8	98.1	0.8	0.6	0.5	985
	Balochistan	79.9	12.3	3.8	4.0	99.8	0.2		0.1	289
<b>All</b>		<b>76.7</b>	<b>14.7</b>	<b>4.7</b>	<b>3.9</b>	<b>97.1</b>	<b>1.6</b>	<b>0.5</b>	<b>0.8</b>	<b>6579</b>

### 3.8 Breast Cancer

The breast examination is not common among Pakistani women. Table 3.14 shows those who got their breast examined for cancer, did so casually. Only a negligible proportion (1 percent) reported that they got their breast examined once in year.

Women who had ever noticed lump in their breast constitute 1.4 percent while one percent women visited doctor to get the lump examined and half of them were found with malignant lump (table 3.15).

Table 3.14

Percent of Ever-Married Women According to Frequency of Breast Examination for Lump by Province and Residence

Province/Residence		Frequency of breast examination for lump				Number
		Monthly	Once a year	Once a while	Never	
Province	Punjab	0.7	0.8	2.0	96.4	3643
	Sindh	0.7	1.0	3.9	94.4	1662
	NWFP	0.3	0.5	5.4	93.9	985
	Balochistan	--	0.5	1.1	98.3	289
Residence	Total Urban	1.1	1.2	4.3	93.3	2179
	Major Urban	0.8	0.9	5.1	93.3	1355
	Other Urban	1.7	1.8	3.1	93.5	825
	Rural	0.4	0.6	2.3	96.7	4400
All		0.6	0.8	3.0	95.6	6579

Table 3.15

Percentage of Ever-Married Women with Breast-Lump According to the Nature of Lump Diagnosed Pathologically, by Residence and Province

Province/Residence		Women with lump	Women with lump diagnosed by doctor	Malignant	Benign	Total
Province	Punjab	1.7	1.3	0.6	0.7	3643
	Sindh	1.1	0.9	0.5	0.5	1662
	NWFP	0.9	0.5	0.4	0.1	985
	Balochistan	0.7	0.3	0.0	0.3	289
Residence	Total Urban	1.9	1.5	0.7	0.8	2179
	Major Urban	1.7	1.4	0.6	0.9	1355
	Other Urban	2.2	1.7	0.9	0.8	825
	Rural	1.1	0.8	0.4	0.4	4400
All		1.4	1.0	0.5	0.5	6579

### 3.9 AIDS/RTIs/STDs

Efforts were made to obtain information about AIDS/RTIs and STDs. It is found that 42 percent of ever married women had ever heard about AIDS (Table 3.16). Among those who had heard, their major source was TV/Radio (37 percent), followed by relatives/ friends/neighbours (9 percent), husbands (7 percent), newspapers/posters/pamphlets (6 percent) and medical personnel (2 percent). Education and urban residence have positive correlation with knowledge about AIDS.

Table 3.17 shows that those who had heard about AIDS, majority reported that the disease spreads through sexual activity (77 percent), blood transfusion (60 percent)

and contaminated equipment (55 percent). However, comparatively smaller proportion of women (40 percent) reported that the disease can be transferred from mother to baby. Fewer women had opined that the disease can also be spread by using clothes/utensils of the sick person, touching a sick person or using the combined toilet.

**Table 3.16**

**Percentage of Ever-Married Women who have Heard About AIDS by Source of Information and Background Characteristics**

Background characteristics	Ever heard of AIDS	Source of information						Number	
		Husband	Relatives/ Friends/ Neighbours	TV/Radio	Newspapers/ Posters/ Pamphlets	Medical personnel	Other		
Age	15 – 19	38.1	6.9	6.0	34.3	3.5	1.2	1.9	396
	20 – 24	41.8	8.6	9.4	36.4	5.5	2.0	0.8	1075
	25 – 29	44.2	8.5	10.1	39.5	6.7	2.4	0.5	1419
	30 – 34	43.5	8.1	9.2	38.8	6.4	3.0	1.4	1238
	35 – 39	41.3	6.7	8.9	35.5	6.3	1.4	1.2	1070
	40 – 44	40.4	6.0	8.5	36.2	6.0	2.3	1.5	874
	45 – 49	36.4	4.6	7.4	32.1	4.2	1.5	0.9	508
Residence	Total Urban	74.4	11.9	16.0	67.8	12.1	4.2	1.4	2179
	Major Urban	80.4	12.3	17.0	72.8	13.6	3.8	1.5	1355
	Other Urban	64.5	11.1	14.4	59.7	9.5	4.8	1.4	825
	Rural	25.5	5.2	5.4	21.6	2.9	1.1	0.9	4400
Province	Punjab	42.0	6.2	7.0	38.3	6.1	2.2	1.0	3643
	Sindh	47.1	8.3	12.3	41.9	6.7	2.3	0.8	1662
	NWFP	38.2	10.9	11.3	29.3	4.8	2.0	2.1	985
	Balochistan	19.6	5.9	5.9	15.0	3.5	1.7	0.2	289
Education Levels	None	26.3	4.9	6.3	21.7	0.4	0.8	0.7	4706
	1 – 5	66.8	9.2	12.1	61.6	7.1	2.9	1.7	834
	6 – 8	83.1	15.4	17.4	73.8	16.9	7.4	2.1	305
	9 – 10	93.0	14.8	15.8	89.5	26.0	6.5	1.8	452
	11 +	97.4	23.7	23.3	92.3	49.9	10.0	3.2	282
All		41.7	7.4	8.9	36.9	5.9	2.1	1.1	6579

Table 3.17

Percentage of Ever-Married Women who have heard About AIDS According to Knowledge of AIDS Transmission by Background Characteristics

Background characteristics		Reported mode of AIDS transmission							Number	
		Sexual intercourse	Blood transfusion	Contaminated equipment	From mother to child	Use of utensils/ Clothes	By touching a sick person	Toilet usage		Other
Age	15 - 19	71.1	53.8	47.1	33.4	11.4	6.8	1.7	4.4	151
	20 - 24	75.0	56.5	50.9	36.1	9.5	8.3	4.5	3.2	450
	25 - 29	80.1	63.4	58.7	45.6	10.2	5.6	5.1	2.4	627
	30 - 34	76.0	61.0	54.3	40.7	10.2	7.4	5.8	2.3	539
	35 - 39	73.8	57.2	56.5	35.7	13.2	8.2	6.0	2.6	442
	40 - 44	79.9	63.2	56.8	40.9	10.7	7.2	3.7	2.8	353
	45 - 49	74.1	55.0	48.7	34.5	11.0	9.1	5.2	4.3	185
Residence	Total Urban	81.2	63.6	58.8	42.3	11.1	7.6	6.2	2.5	1621
	Major Urban	83.0	65.7	59.9	42.9	12.5	8.7	7.0	2.4	1090
	Other Urban	77.4	59.9	56.6	41.0	8.3	5.2	4.6	2.7	532
	Rural	69.8	53.8	48.6	35.4	10.3	7.0	3.1	3.4	1124
Province	Punjab	76.4	59.0	59.3	36.0	8.9	6.1	3.9	2.9	1529
	Sindh	79.6	63.4	45.2	43.3	12.9	8.7	6.9	1.2	783
	NWFP	69.1	53.0	54.5	46.0	14.7	10.2	5.4	6.5	377
	Balochistan	84.6	73.0	60.4	36.7	6.4	2.2	1.6	0.5	57
Education Levels	None	67.7	48.7	39.5	29.4	8.6	5.3	2.6	2.8	1240
	1 - 5	75.2	59.0	57.3	39.4	10.1	7.6	4.6	3.1	557
	6 - 8	84.2	67.7	62.4	40.8	12.6	6.9	5.7	2.3	254
	9 - 10	88.4	74.4	73.2	53.1	13.5	9.4	8.1	2.0	420
	11 +	93.5	80.8	81.8	63.1	16.0	13.0	10.6	4.3	274
All		76.5	59.7	54.6	39.5	10.8	7.3	4.9	2.8	2745

Those who had heard about AIDS, a smaller proportion (2 percent) knew a person with AIDS or who died of AIDS. About 1 percent women had a family member/close friend with AIDS or who had died of AIDS (Table 3.18).

Table 3.18

Percent of Ever-Married Women Having Knowledge of AIDS According to Knowledge of Person/Close Friend/Family Member with AIDS or Who Died of AIDS, by Residence and Province

Province/Residence		Knows a person with AIDS or who died of AIDS	Has a family member/close friend/with AIDS or who died of AIDS	Number
Province	Punjab	2.0	0.8	1529
	Sindh	1.3	0.8	783
	NWFP	2.6	1.4	377
	Balochistan	2.0	1.9	57
Residence	Total Urban	1.5	0.6	1621
	Major Urban	0.9	0.3	1090
	Other Urban	2.8	1.3	532
	Rural	2.4	1.3	1124
All		1.9	0.9	2745



Table 3.19 shows data about specific health problem related to different symptoms of RTIs/STDs (Table 5.19). Most frequently cited symptoms are back pain (37 percent), followed by vaginal discharge (25 percent), hip pain (17 percent), lower abdominal pain (9 percent), burning micturation (7 percent), smelling discharge (6 percent), coloured discharge, repeated fever, weight-loss and skin rash (4 percent).

**Table 3.19**

**Percentage of Ever-Married Women Having Specific Women Health Problems Related to Different Symptoms of RTIs/STDs by Province and Residence**

Current health problems	Residence				Province				All
	Total Urban	Major Urban	Other Urban	Rural	Punjab	Sindh	NWFP	Balochistan	
Irregular/Painful menstruation	10.5	9.4	12.3	10.4	9.0	12.3	12.2	11.9	10.4
Any vaginal discharge	24.7	23.1	27.4	25.9	30.4	19.1	18.9	22.2	25.5
Coloured discharge	4.1	3.8	4.6	3.9	4.3	4.6	1.7	3.1	4.0
Smelling discharge	5.3	4.7	6.3	6.3	7.6	5.7	1.2	3.5	6.0
Ulcer or cuts on genitals	2.1	1.5	3.2	3.1	1.5	3.5	4.9	6.7	2.8
Back pain	35.8	34.0	38.8	38.2	35.6	37.7	41.0	46.6	37.4
Hip pain	13.7	11.5	17.1	18.1	16.4	16.3	17.0	21.3	16.7
Burning micturation	6.1	5.2	7.5	6.9	5.0	8.5	7.1	13.9	6.6
Bleeding after sex	0.7	0.7	0.7	1.3	0.6	1.9	0.6	3.4	1.1
Repeated infection	1.2	1.2	1.1	1.6	1.1	1.8	1.0	4.8	1.4
Chronic cough	1.9	1.3	2.7	3.1	1.9	4.1	1.4	9.8	2.7
Repeated fever	3.1	2.7	3.8	4.5	3.4	5.6	3.0	7.3	4.1
Weight loss	3.6	3.0	4.8	3.5	2.3	5.9	2.5	8.4	3.5
Urethral discharge	2.7	2.5	3.1	2.8	2.1	2.7	4.4	6.6	2.8
Lower abdominal pain	7.3	5.7	9.9	10.3	10.1	7.2	8.5	13.4	9.3
Skin rash	3.9	3.4	4.6	4.2	3.9	3.9	4.5	5.5	4.1
Haemorrhoid	3.4	2.4	5.0	3.5	4.2	1.8	3.6	3.2	3.5
Frequent/Excessive urination	5.4	4.5	6.8	7.1	5.8	5.9	9.5	10.1	6.5

It is encouraging to find that about 71 percent women had ever discussed her health problem with husbands (Table 3.20). Husbands attitude indicate that 57 percent husbands took women to the doctor, 27 percent asked women to see the doctor, while 16 percent husbands were indifferent (Table.3.20).

**Table 3.20**

Percentage of Currently Married Women Having Ever Discussed Her Health Problem with Husband and Attitude of Husband, by Province and Residence

Province/Residence		Discussed problem with husband		Husbands attitude			Number
		Percentage	Number of women	Took to doctor	Asked women to see doctor	Indifferent	
Residence	Total Urban	71.1	2102	57.4	31.6	11.0	1494
	Major Urban	68.6	1309	58.9	32.1	9.0	898
	Other Urban	75.2	793	55.2	30.7	14.1	596
	Rural	71.5	4268	57.4	24.6	18.0	3051
Province	Punjab	76.4	3516	60.3	27.2	12.5	2685
	Sindh	68.2	1616	58.4	24.9	16.7	1102
	NWFP	63.7	954	45.0	31.4	23.6	608
	Balochistan	53.3	284	48.7	17.8	33.4	151
<b>All</b>		<b>71.4</b>	<b>6370</b>	<b>57.4</b>	<b>26.9</b>	<b>15.7</b>	<b>4546</b>

### 3.10 Hepatitis

A fairly large proportion of women had knowledge of hepatitis-A (78 percent). Whereas the knowledge of hepatitis-B/C is low (46 percent). The knowledge of Hepatitis-B/C was found much low in Balochistan and Sindh; while it is highest in NWFP both for Hepatitis-A and B/C. Reasons for spreading Hepatitis-B/C are not much known to majority of women (Table 3.21).

**Table 3.21**

Percentage of Ever-Married Women by Knowledge of Hepatitis and Reasons for Its Spreading by Province and Residence

Knowledge of Hepatitis and reason for spreading		Residence				Province				Total
		Total Urban	Major Urban	Other Urban	Rural	Punjab	Sindh	NWFP	Balochistan	
Knowledge of Hepatitis	Hepatitis-A	79.6	75.3	86.5	77.9	80.7	67.7	92.4	65.8	78.5
	Hepatitis-B/C	50.7	44.5	60.8	44.3	49.3	37.7	54.0	33.9	46.4
Reason for Hepatitis A	Food (Including drinks)	36.2	36.9	35.0	26.1	22.7	35.3	42.5	35.9	29.4
	Hot weather/contagious	40.8	40.2	41.8	30.9	38.4	28.4	27.5	38.0	34.2
	Other	4.9	4.4	5.9	4.5	5.1	3.7	3.6	7.3	4.6
Reasons for Hepatitis B/C	Sexual intercourse	11.6	13.2	9.2	3.8	5.9	8.7	4.8	5.0	6.4
	Blood transfusion	13.0	14.7	10.3	3.7	6.3	8.9	4.9	6.3	6.8
	Syringe	9.6	10.0	8.8	2.9	4.6	5.4	6.5	5.7	5.1
	From mother to child	6.1	6.4	5.7	2.4	3.0	5.1	3.3	4.3	3.6
	Other	2.5	2.1	3.2	2.5	2.9	1.6	1.6	5.0	2.5

### 3.11 Mortality

#### 3.11.1 Child Mortality

Infant mortality is a basic and commonly used indicator of health conditions in a country. During mid 1990s, at community level, an extensive programme for family planning and primary health care was launched in Pakistan. The programme aimed to provide large-scale health care in rural and urban areas. Lady Health Workers were recruited to provide these services at the community level, and by 2001 around 55,000 workers were in position throughout the country, deployed by Ministry of Health and Ministry of Population Welfare. These programmes have shown their impact. Other major regular efforts to improve child survival include: control of diarrhoeal disease, management of acute respiratory infection, the Expanded Programme on Immunisation (EPI) and nutrition.

The risk of death is highest during the first four weeks following birth compared with the remaining 48 weeks of the first year. For this reason infant mortality is subdivided into neonatal mortality which occurs within the first four weeks of birth and post-neonatal mortality which occurs from the 5th to 52nd week, or 29 days to 364 days. The following rates are used to measure early childhood mortality:

Neonatal mortality:	The probability of dying within the first month of life.
Post-neonatal mortality:	The probability of dying between the first month of life and exact age one year, having survived the first month.
Infant mortality:	The probability of dying before the first birthday.
Child mortality	The probability of dying between the first and fifth birthday, having survived the first year.
Under-five mortality	The probability of dying before the fifth birthday.

Table 3.22 shows infant and child mortality rates for four-year period preceding the PRHFPS. These have been calculated by life-table technique.

**Table 3.22****Infant and Child Mortality Rates for Four-Year Periods Preceding the Survey**

Years preceding survey	Neonatal mortality (NN)	Post-neonatal mortality (PNN)	Infant mortality (1q0)	Child mortality (4q1)	Under-five mortality (5q0)
<b>Males</b>					
1997-2000	68.1	33.0	98.8	15.1	112.4
<b>Females</b>					
1997-2000	40.2	31.9	70.9	24.3	93.4
<b>Both sexes</b>					
1997-2000	54.4	32.5	85.1	19.6	103.0
<b>PFFPS 1992-96</b>	<b>54.0</b>	<b>40.0</b>	<b>92.0</b>	<b>21.0</b>	<b>111.0</b>

Overall, the estimated infant mortality rate has fallen from 92 per 1,000 live births in the period 1992-96 (PFFPS 1996-97), to 85 per 1,000 live births in the period 1997-00 (PRHFPS 2000-01). The neonatal mortality rate for the most recent period 1997-00 is 54 per 1,000 live births, while the post-neonatal mortality rate is 33 per 1,000 live births. The proportion of neonatal deaths is high compared to the post-natal deaths, indicating a need to focus child survival efforts at pregnant women and neonates.

During the period 1992-96 to 1997-00, child mortality has declined slightly from 21 to 20 per 1,000 and under-five mortality has fallen from 111 to 103 per 1,000 live births. There is clear evidence of sex differentials in infant and child mortality, which may be partly due to under reporting of female children and partly to preferential treatment of male children in Pakistani society.

### 3.11.2 Maternal mortality

Estimation of maternal mortality is problematic especially in the developing World. The main sources of information on maternal deaths are vital registration, health service statistics, and community based surveys. Vital registration system is virtually non-existent in the developing world and where it does exist, it is incomplete and covers partial geographic areas. Health service statistics suffer from selectivity problems and under or over estimate maternal mortality. Household surveys are rarely used for the estimation of maternal mortality, as large samples are required for this purpose.

As direct investigations require a large sample, several indirect methods have been proposed for the estimation of maternal mortality. One of these methods is the "Sisterhood method" developed in 1989 by Graham and others and applied to data collected in The Gambia. The method has since been widely used for indirect estimation of maternal mortality especially in African populations. The input data required for the method comes from four simple questions, which can be included in a cross sectional survey. Relatively, surveys with small sample size covering approximately 4000 adult respondents can yield reliable estimates of maternal mortality (WHO/UNICEF, 1997). The PRHFP survey included the following four recommended questions for acquiring input data for the application of the "Sisterhood method" for indirect estimation of maternal mortality for Pakistan.

- How many sisters (born to the same mother) have you ever had who were ever married (including those who are now dead)?
- How many of these ever-married sisters are alive now?
- How many of these ever-married sisters are dead?
- How many of these dead sisters died while they were pregnant, or during childbirth, or during the six weeks after the end of pregnancy?

Table 3.23 demonstrates the application of the "Sisterhood method" to the data collected in this survey. Nearly 6600 women aged 15-49 years at the time of survey have reported on an average 2.1 ever-married sisters. Among them 530 sisters were not alive at the time of survey. Among them 179 (34 percent) died because of maternal reasons. Following the procedure developed by Graham et al (1989), the lifetime probability of dying from maternal causes for a female has been calculated as 2.5 percent. This estimate of lifetime probability refers to, on an average, 11.8 years before the survey. For computing more conventional measure of maternal mortality ratio, an estimate of total fertility rate is required to be applied. With the TFR of 4.8 and the sisterhood data for the PRHFP survey imply a maternal mortality ratio of 533 per 100,000 live births in Pakistan in 1990. The method can also estimate time-trends in maternal mortality ranging from 6 to 12 years prior to survey if the numbers of ever-married sisters in each group are large enough. Since the sample errors in each age group are large and the numbers of ever-married sisters are not enough, the estimation of maternal mortality is aggregated at national level and for the year 1990 only.

Table 3.23

Estimation of Maternal Mortality Ratio for Pakistan Using Sisterhood Method

Age group	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)
	No. of respondents	No. of ever married sisters	No. of married sisters dead	Percent died of maternal causes	No of maternal deaths	Mean number of ever married sisters	Adjusted ever married sisters*	Adjustment factor	Sister units of exposure to risk	Lifetime probability of dying	Reference time	
15-19	396	545	14	71.4	10	1.38	843	0.107	90	0.111	5.7	
20-24	1075	1652	38	28.9	11	1.54	2290	0.206	472	0.023	6.8	
25-29	1419	2666	75	34.7	26	1.88	2666	0.343	914	0.028	8.1	
30-34	1238	2659	124	32.2	40	2.15	2559	0.503	1337	0.030	9.7	
35-39	1070	2404	97	28.9	28	2.24	2404	0.664	1596	0.017	11.7	
40-44	874	1999	95	28.4	27	2.28	1999	0.802	1603	0.017	14.3	
45-49	508	1177	88	42.0	37	2.31	1177	0.900	1059	0.035	17.5	
Total	6579	13102	530	33.8	179	2.13	14038	-	7071	0.025	11.8	

TFR=4.8

\* Derived by multiplying the number of respondents by the average number of ever-married sisters per respondent reported for the age groups 25+, that is, 2.31.

MMR=  $1 - \{(\text{Probability of survival})^{1/\text{TFR}}\}$

MMR=533/100000 live births around 12 years prior to survey



## Chapter 4

### FERTILITY

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

#### 4.1 Children Ever Born and Surviving

Tables 4.1 and 4.2 show the average number of children ever born to all women aged 15-49 years and to currently married women aged 15-49 years respectively. For all women, mean number of children ever born is 2.6 (Table 4.1) and it increases smoothly from 0.10 to 6.74 as the age group increases from 15-19 to 45-49. By her early 20s, the average woman has given birth to nearly one child. Women in their early 30s have an average of 4.3 births, and this figure rises to 6.4 births for women aged 40-44 years. The average mean number of children ever born for currently married women is 4.1 (Table 4.2). The estimates for currently married women are similar to those for all women at older ages. As expected, at younger ages the currently married women record considerably more births than all women.



**Table 4.1**

**Mean Number of Children Ever Born to All Women, by Age and Background Characteristics**

Background Characteristics	Age							All	Number
	15-19	20-24	25-29	30-34	35-39	40-44	45-49		
<b>Province</b>									
Punjab	.07	.78	2.22	4.20	5.27	6.23	6.47	2.50	6728
Sindh	.14	1.03	2.54	4.15	5.03	6.17	7.21	2.50	2898
NWFP	.11	1.05	2.94	4.66	5.94	7.30	6.69	2.97	1594
Balochistan	.13	.78	2.63	5.02	6.05	6.89	8.07	2.66	553
<b>Residence</b>									
Total urban	.07	.60	2.13	3.81	4.88	5.64	5.74	2.25	4225
Major urban	.06	.50	1.85	3.73	4.58	5.37	5.47	2.12	2898
Other urban	.09	.76	2.63	3.94	5.43	6.18	6.18	2.47	1536
Rural	.11	1.04	2.56	4.54	5.56	6.90	7.35	2.75	7547
<b>Education</b>									
None	.08	.80	2.50	4.62	5.59	6.75	7.09	2.48	9611
Up to primary	.70	1.46	2.85	3.81	5.12	6.11	5.46	3.51	936
Up to middle	.42	1.32	2.12	3.97	5.22	4.47	5.73	3.02	364
Up to secondary	.18	1.11	1.95	3.05	3.90	4.68	5.09	2.50	522
Above secondary	.65	.59	1.43	2.44	2.89	3.84	3.40	2.00	339
All	.10	.88	2.41	4.29	5.33	6.40	6.74	2.57	11772

**Table 4.2**

**Mean Number of Children Ever Born to Currently Married Women by Age and Background Characteristics**

Background Characteristics	Age							All	Number
	15-19	20-24	25-29	30-34	35-39	40-44	45-49		
<b>Province</b>									
Punjab	.60	1.66	2.78	4.49	5.43	6.51	6.94	4.10	3516
Sindh	.67	1.82	3.09	4.53	5.49	6.40	7.50	3.95	1616
NWFP	.63	1.79	3.49	4.92	6.17	7.62	7.04	4.51	954
Balochistan	.88	1.79	3.27	5.09	6.26	6.79	8.28	4.49	284
<b>Residence</b>									
Total urban	.63	1.52	2.72	4.11	5.14	5.86	6.18	3.87	2102
Major urban	.59	1.40	2.49	4.05	4.80	5.56	5.83	3.73	1309
Other urban	.69	1.69	3.09	4.22	5.78	6.46	6.75	4.10	793
Rural	.65	1.61	3.11	4.85	5.78	7.16	7.68	4.27	4268
<b>Education</b>									
None	.67	1.95	3.33	5.02	5.96	7.15	7.56	4.59	4547
Up to primary	.73	1.45	2.85	3.94	4.97	5.82	5.67	3.50	808
Up to middle	.50	1.44	2.36	4.07	5.12	4.54	6.26	3.23	301
Up to secondary	.20	1.20	1.99	3.23	3.86	4.68	4.81	2.59	439
Above secondary	.84	.62	1.59	2.44	3.26	3.68	3.65	2.11	275
All	.64	1.73	2.98	4.59	5.58	6.66	7.15	4.14	6370

The figures show that women in rural areas, and women with no education tend to have more children than those in other categories. There is likelihood of considerable overlap in these groups, since it is the women in rural areas who have the least education. Provincial differences in CEB are somewhat erratic, which urges caution in drawing conclusions.

Figure 4.1 shows mean CEBs and mean numbers of surviving children by women's age. At age 30, the average Pakistani woman has over two surviving children. At age 40, this number is about five children. Clearly the country is still a long way from achieving a stable population in which women, on average have only two surviving children. Figure 4.2 displays the pattern by Urban-Rural. The higher cumulative fertility is visible in rural areas, compared to urban in all age groups.

Figure 4.1

Mean Number of Children Ever Born and Surviving, Among All Women, by Age

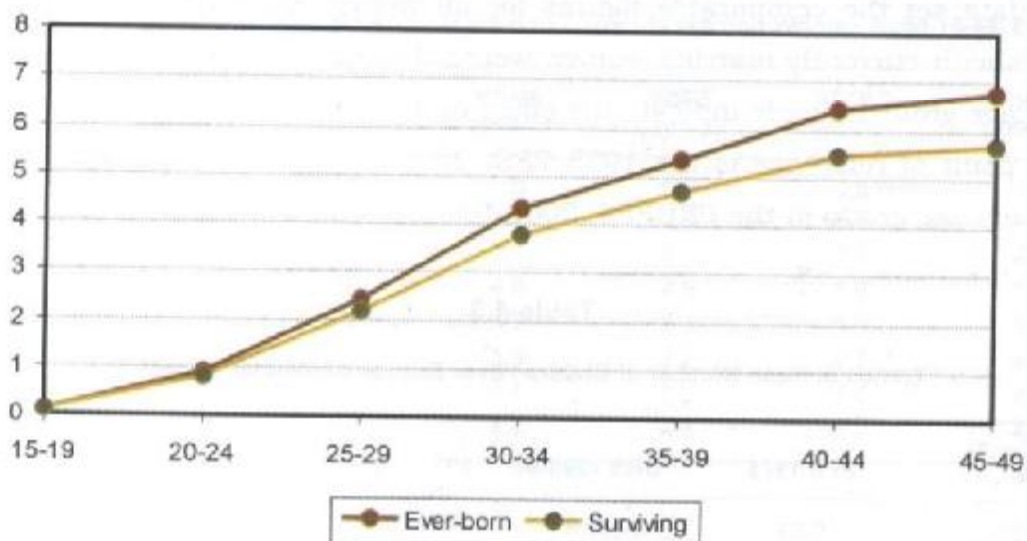
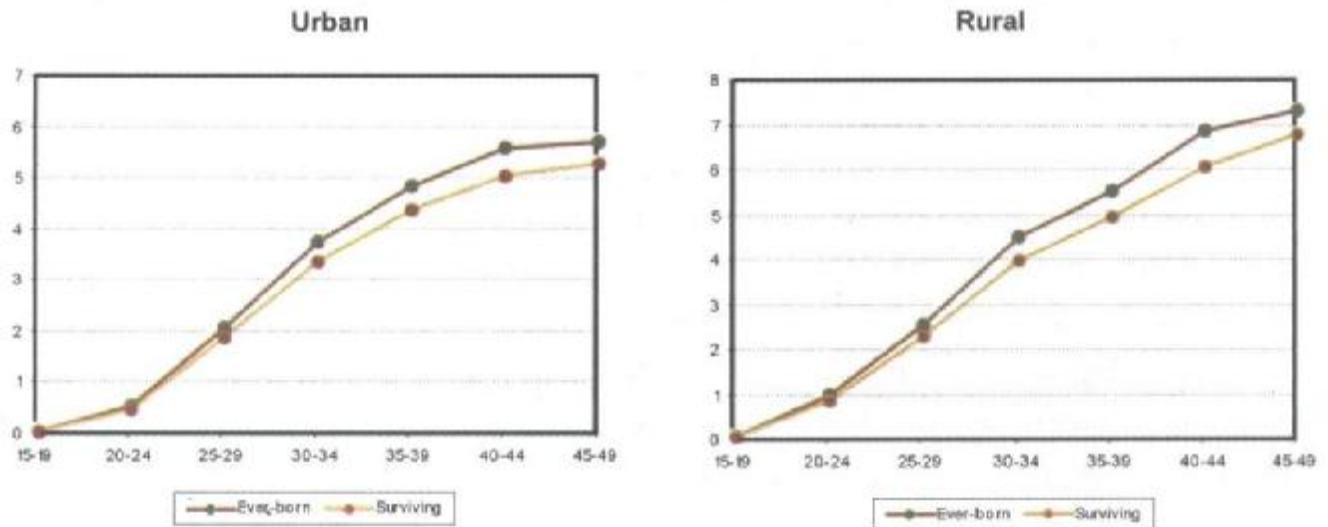


Figure 4.2

Mean Number of Children Ever Born and Surviving, Among All Women by Age and Residence



#### 4.2 Trends in Mean Number of Children Ever Born and Surviving

Table 4.3 gives trends in average CEBs for all women since 1975. For the 1994-95 PCPS data set the comparable figures for all women were not available as only households with currently married women were selected. The fall of average CEBs for the young age groups clearly indicate the effect on fertility of the later age at marriage. The main point of reference is the 1975 PFS, 25 years ago. The average CEBs have fallen in each age group in the PRHFPS, 2000-01.

Table 4.3

Trends in Mean Number of Children Ever Born to All Women by Age

Age	PFS 1975	PDHS 1990-91	PFFPS 1996-97	PRHFPS 2000-01
15-19	0.23	0.16	0.11	0.10
20-24	1.48	0.95	1.02	0.88
25-29	3.09	2.61	2.75	2.41
30-34	4.80	4.29	4.62	4.29
35-39	5.88	5.49	5.58	5.33
40-44	6.88	6.26	6.43	6.40
45-49	6.83	6.42	7.17	6.74
All Ages	4.3	2.6	2.8	2.6

Table 4.4 shows trends in the mean numbers of children ever born to currently married women, as reported by various surveys over the past twenty-five years.

Interpretation of these trends should be seen in the light of differences in survey methods adopted by the successive surveys. For instance, the PCPS surveys did not use a complete birth listing to establish numbers of children, and the PDHS sample appears to have a problem with the omission of children. If these surveys are ignored, the trend over time indicates modest declines between ages 20 and 40. Above this age, there is not much evidence of decline. It appears that fertility decline is relatively recent and has affected younger but not older women, whose peak childbearing years are further back in the past and thus their cumulative fertility in successive surveys has not shown much decline. However, there does not appear to be any delay in childbearing after marriage among women in age group 15-19 and to some extent, 20-24 years. Any overall fertility decline can thus mainly be attributed to the increase in age at marriage.

**Table 4.4**

Trends in Mean Number of Children Ever Born to Currently Married Women Aged 15-49, by Age

Age	PFS 1975	PCPS 1984-85	PDHS 1990-91	PCPS 1994-95	PFFPS 1996-97	PRHFPS 2000-01
15-19	0.6	0.6	0.6	0.6	0.6	0.6
20-24	1.9	1.8	1.6	1.8	1.7	1.7
25-29	3.4	3.4	3.1	3.3	3.3	3.0
30-34	5.2	5.0	4.6	4.9	4.8	4.6
35-39	6.4	6.1	5.7	6.3	5.9	5.6
40-44	7.5	7.0	6.5	7.2	6.7	6.7
45-49	7.4	7.5	6.6	7.5	7.5	7.2
All	4.3	4.3	4.1	4.5	4.2	4.1

The number of surviving children is the net outcome of fertility and child mortality. Table 4.5 shows trends in mean numbers of surviving children among currently married women. The average numbers of surviving children are somewhat higher in the 1996-97 and 2000-01 surveys than in the previous surveys. It appears likely that the modest declines in marital fertility have been offset by improvements in child survival.

**Table 4.5**

Trends in Mean Number of Living Children to Currently Married Women Aged 15-49, by Age

Age	PFS 1975	PCPS 1984-85	PDHS 1990-91	PCPS 1994-95	PFFPS 1996-97	PRHFPS 2000-01
15-19	0.5	0.6	0.6	0.5	0.5	0.6
20-24	1.5	1.5	1.4	1.6	1.5	1.5
25-29	2.8	2.8	2.7	2.8	2.8	2.7
30-34	4.0	4.2	4.0	4.2	4.3	4.0
35-39	4.9	5.1	5.0	5.3	5.0	4.9
40-44	5.2	5.5	5.6	5.9	5.8	5.7
45-49	5.1	5.7	5.6	6.2	6.3	6.0
All	3.2	3.5	3.5	3.4	3.7	3.6

### 4.3 Age-Specific and Total Fertility Rates

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

Table 4.6a & b shows the age-specific fertility rates (ASFR) and total fertility rate (TFR) calculated for four-year periods prior to the survey by province and residence. Four-year periods has been taken for calculation of these rates to reduce sampling error and to minimise the displacement of births.

A total fertility rate at national level has been estimated at 4.8. Fertility peaks at age-group 25-29 (258 births per 1000 women). Across provinces total fertility rate for women aged 15-49 is lowest in Punjab and Sindh (4.7), followed in ascending order by NWFP (5.1) and Balochistan (5.4). As expected TFR is lowest in major urban (3.44) and highest is rural area (5.4). In other urban area TFR is 4.02.

**Table 4.6a**

Age-Specific Fertility Rates, Total Fertility Rates for the Four-Year Period  
Preceding the Survey, by Province

Age	Province				All
	Punjab	Sindh	NWFP	Balochistan	
15-19	53	83	79	76	65
20-24	204	225	222	187	211
25-29	264	237	254	297	258
30-34	208	182	231	246	206
35-39	122	122	153	153	128
40-44	60	54	62	102	61
45-49	21	44	18	14	26
<b>TFR 15 - 49</b>	<b>4.66</b>	<b>4.73</b>	<b>5.09</b>	<b>5.37</b>	<b>4.77</b>

**Table 4.6b**

Age-Specific Fertility Rates, Total Fertility Rates, for the four-year Period  
Preceding the Survey, by Residence

Age	Residence				All
	Total urban	Major urban	Other urban	Rural	
15-19	41	34	48	79	65
20-24	171	170	172	233	211
25-29	234	216	261	270	258
30-34	156	152	163	233	206
35-39	90	89	90	151	128
40-44	29	22	40	80	61
45-49	14	5	30	34	26
<b>TFR 15 - 49</b>	<b>3.67</b>	<b>3.44</b>	<b>4.02</b>	<b>5.40</b>	<b>4.77</b>

#### 4.4 Comparison of PRHFPS Fertility Trend Estimates with Other Sources

The data in Table 4.7 suggest that fertility rates have dropped significantly in the last four years. However, because of possibility of omissions and shifting, the results need to be interpreted with caution. Some births are likely to have been displaced across the 4-year boundary as a result of exaggeration of children's ages by the respondents. Omission of recent births is also a common feature of such surveys. This appears evidenced by the sex ratio of 1.00 in the age group 0-4 year olds (as shown earlier in Table 2.1). A more detailed analysis of these factors and appropriate methods of adjustment will appear in later detailed report.

The possible displacement of births away from the survey and the likely omission of recent births both have the effect of biasing downwards the estimate of the

TFR for the most recent period. Because these data problems have probably affected the estimates of levels from previous surveys more than in the 1996-97 PFFPS or 2000-01 PRHFPS, the estimate calculated for the PRHFPS survey is certainly a strong evidence of a continued decline in fertility.

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

**Table 4.7**

**Trends in Age Specific and Total Fertility Rates**

Age	PFS 1970/75	PCPS 1984	PDHS 1988/91	PCPS 1994	PFFPS 1992/96	PRHFPS 1997/00
15-19	104	64	84	44	83	65
20-24	266	223	230	227	249	211
25-29	314	263	268	307	278	258
30-34	264	234	229	243	215	206
35-39	204	209	147	179	148	128
40-44	93	127	73	92	75	61
45-49	8	71	40	36	24	26
<b>TFR</b>	<b>6.27</b>	<b>5.95</b>	<b>5.4</b>	<b>5.64</b>	<b>5.36</b>	<b>4.77</b>

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

Overall a consistent downwards trend is apparent (Table 4.7). The rate of decline in TFR shown is probably generally correct. From the PFS in 1975 to the PRHFPS 2000/01 survey the TFR has fallen by one and half child, equivalent to about 24 percent. Overall it seems safe to conclude that the slow decline in fertility in Pakistan is continuing, and that the current TFR is close to 4.8.

#### 4.5 Differentials in Recent Total and Marital Fertility and Mean Children Ever Born

Table 4.8 shows the preliminary estimates of total fertility rates, total marital fertility rates and children ever born of women aged 40-49 years by province, residence and education. The children ever born shown in table 4.8 indicates average parity of women aged 40-49 years. The total marital fertility rates represent the sum of age-specific rates for currently married women only, from age 15 to 49 years. The levels of TFR may suffer from the biases described previously, but the differentials are likely to be reliable.

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

**Table 4.8**

Differentials in Fertility for 1997-2000

	Total Fertility Rate 1992 - 96	Total Marital Fertility Rate 1992 - 96	Mean Children Ever Born of Aged 40-49
<b>Province</b>			
Punjab	4.7	7.4	6.6
Sindh	4.7	6.8	6.7
NWFP	5.1	7.2	7.3
Balochistan	5.4	7.4	7.3
<b>Residence</b>			
Urban	3.7	6.5	5.9
Rural	5.4	7.6	7.3
<b>Education</b>			
None	5.1	7.3	7.2
Up to Primary	4.2	6.6	5.8
Up to Middle	3.2	6.4	5.0
Upto Secondary	3.6	6.9	4.8
Above Secondary	3.8	6.4	3.7
<b>All</b>	<b>4.8</b>	<b>7.2</b>	<b>6.8</b>





## Chapter 5

### KNOWLEDGE AND USE OF CONTRACEPTION

#### 5.1 Knowledge of Methods

One of the important determinants of contraceptive use is the knowledge of different methods of family planning among the currently married women. A major aim of the Population Welfare programme of Pakistan has been to promote awareness of family planning nation-wide. As in previous surveys, the 2000-01 PRHFPS measured both spontaneous awareness of methods and prompted knowledge (i.e. recognition of a method when a name and brief description is read out by the interviewer). Table 5.1 indicates the prompted knowledge of currently married women regarding contraceptive methods and trends since 1990-91 PDHS.

**Table 5.1**  
Trends in Awareness of Specific Methods, Among Currently Married Women

Contraceptive Method	Percent of Currently Married Women Knowing Method of Contraception			
	PDHS 1990/91	PCPS 1994/95	PFFPS 1996/97	PRHFPS 2000/01
<b>Any Method</b>	77.9	90.7	94.3	95.7
<b>Any Modern Method</b>	77.2	90.5	93.4	95.0
Pill	62.2	72.7	86.6	91.1
IUD	51.5	73.4	82.4	84.4
Injectable	62.2	80.5	86.0	90.2
Implant	---	---	14.9	19.9
Vaginal Methods	12.7	9.0	13.8	--
Condom	35.3	46.0	61.2	69.9
Female Sterilization	69.7	86.2	88.5	88.8
Male Sterilization	20.2	15.4	31.0	31.6
<b>Any Traditional Method</b>	25.7	39.8	54.3	50.3
Periodic Abstinence	17.8	23.3	33.7	23.8
Withdrawal	14.3	28.5	40.7	42.4
Other	3.5	4.3	3.7	1.9

The 2000-01 PRHFPS documents a substantial rise in knowledge of different methods of family planning since the beginning of the decade. Among currently married women, 96 percent are aware of any method of family planning, with 95 percent knowing at least one modern method, and 50 percent knowing of any traditional methods. Knowledge of so-called 'female methods' (female sterilisation, IUD, Pills, Injectables) is in general higher than that of 'male methods', (condom, male sterilization and withdrawal). Part of this difference, however, probably reflects women's shyness to acknowledge awareness of male methods. The most widely known method is Pill, known by nearly 91 percent of currently married women, but closely followed by Injection, 90 percent and IUD, 84 percent.

Table 5.2 and Figure 5.1 show knowledge of contraceptive methods by background characteristics. The PRHFPS, 2000-01 found some variation in knowledge of any modern method according to a range of background characteristics. Figure 5.1 shows the broad picture of variations in awareness by education, and the small differences between provinces. It is striking that awareness is universally high, with Balochistan as an outlier where still only 62 percent women know at least any method. Minor variations in knowledge also occur between educational and urban-rural sectors of the population, with 94 percent of both rural women and non-educated women having knowledge of modern contraception.

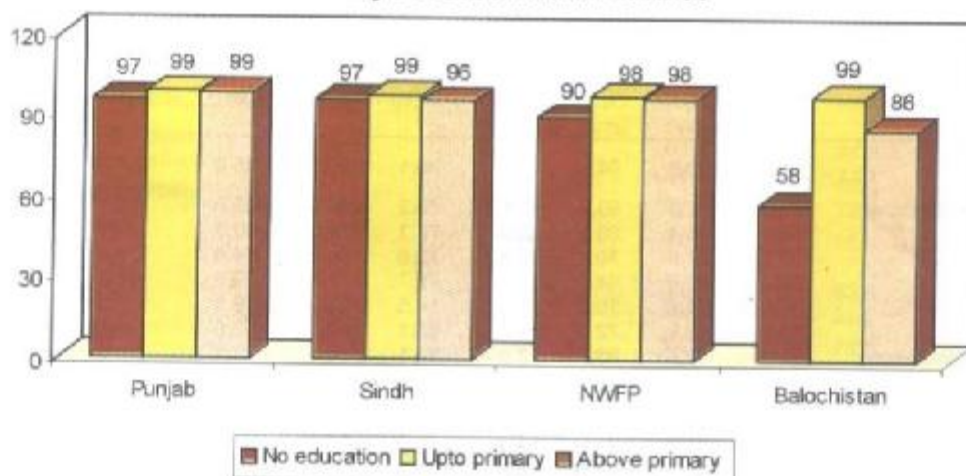
**Table 5.2**

*Awareness of Modern Method Among Currently Married Women, by Province, Residence and Education*

Residence/ Educational level	Province								Total	
	Punjab		Sindh		NWFP		Balochistan		Percent	N
	Percent	N	Percent	N	Percent	N	Percent	N		
<b>Residence</b>										
Total Urban	96.9	1122	96.3	776	92.6	148	92.5	55	97.3	2102
Major Urban	99.4	680	95.3	568	95.3	41	92.2	20	97.4	1309
Other Urban	98.3	443	99.1	208	91.6	107	92.7	35	97.3	793
Rural	97.2	2393	97.5	840	91.4	806	54.2	228	93.9	4268
<b>Level of Education</b>										
None	97.0	2350	96.8	1136	90.4	807	58.3	254	93.6	4547
Upto Primary	99.4	515	98.5	211	98.3	71	98.5	10	99.1	808
Above Primary	99.1	651	96.3	269	97.6	75	86.2	20	99.0	1015
<b>Total</b>	<b>97.8</b>	<b>3516</b>	<b>96.9</b>	<b>1616</b>	<b>91.6</b>	<b>954</b>	<b>61.7</b>	<b>284</b>	<b>95.0</b>	<b>8370</b>

Figure 5.1

Awareness of Modern Methods, Among Currently Married Women by Education and Province



## 5.2 Knowledge of Supply Sources

For methods to be used, awareness of methods themselves usually has to be accompanied by knowledge of places where they can be obtained. For each method known, respondents were asked whether they knew a source where that method could be obtained. Table 5.3 shows the percentage of currently married women who know where specific methods of contraception can be obtained. It should be noted that women who had never heard of a particular method are automatically classified as having no knowledge of a supply source.

Generally, knowledge of where to obtain modern contraceptives is quite high, and has risen sharply since the early 1990s. Around 70 to 77 percent of the currently married women know where to get the pill, the IUD or the injectable, and 76 percent know a place for female sterilisation. In the 1990-91 PDHS only 37 percent knew where they could get sterilisation services and 25 to 30 percent knew where to obtain the pill, the IUD or the injection.

**Table 5.3**

Percentage of Currently Married Women who Know a Source of Supply or Advice for Specific Methods, by Residence and Province

Contraceptive method	Residence				Province				All
	Total Urban	Major urban	Other urban	Rural	Punjab	Sindh	NWFP	Balochistan	
<b>Any Method</b>	94.2	93.8	94.7	83.5	89.1	89.7	85.3	52.6	87.0
<b>Any Modern Method</b>	93.0	92.6	93.7	81.5	86.9	89.0	83.0	52.1	85.3
Pill	84.4	83.4	86.0	72.6	76.3	79.6	80.0	49.4	78.5
IUD	78.3	77.6	79.4	65.6	73.8	69.8	64.4	38.6	69.8
Injectable	83.2	82.7	84.0	71.2	75.7	77.8	77.8	44.3	75.1
Implant	26.8	31.6	18.8	11.1	14.5	26.0	9.1	7.9	16.3
Condom	75.2	76.9	72.5	48.8	63.1	52.1	52.9	36.1	57.6
Female sterilisation	83.5	83.4	83.7	73.0	79.1	80.8	71.1	36.8	76.4
Male sterilisation	38.1	41.4	32.6	18.9	32.0	12.7	15.3	20.8	25.2
<b>Any traditional method</b>	53.5	59.2	44.1	32.3	49.4	30.5	25.1	12.5	39.3
Abstinence	30.0	35.0	21.6	12.1	15.9	23.9	17.9	11.1	18.0
Withdrawal	43.6	46.5	38.8	28.8	45.8	18.9	17.3	11.1	33.2
<b>Number of Women</b>	<b>2102</b>	<b>1309</b>	<b>793</b>	<b>4268</b>	<b>3516</b>	<b>1616</b>	<b>954</b>	<b>284</b>	<b>6370</b>

### 5.3 Contact with Health and Family Planning Workers and Facilities

The Ministry of Population Welfare (MoPW) has introduced the scheme of Village Based Family Planning Workers (VBFPW) as a major initiative of the Population Welfare Programme at the grass root levels. The village based family planning workers are trained to make home visits and to provide contraceptive services to the women, at their homes. A similar scheme involving Lady Health Workers (LHW) is being implemented by the Ministry of Health. Respondents in the PRHFPS were asked whether they had been visited at home by a health or family planning worker in the last 12 months. Table 5.4 shows the percentage of currently married women who had been visited by any such worker. Figure 5.2 shows the same figures graphically, by Province and Type of Area.

Overall 28.5 percent of currently married women have been visited by a health or family planning worker compared to 16 percent in the 1996-97 PFFPS. Urban-rural differentials are more pronounced in Punjab, NWFP and Balochistan province. Generally these figures on home visits seem rather low, but this is partly due to the fact that not all communities are covered by any of these workers schemes. Table 5.4 also shows, for women who had been visited at home, the percentage of workers who raised the topic of family planning or family health on the last visit. It is observed that health issues were discussed more than family planning.

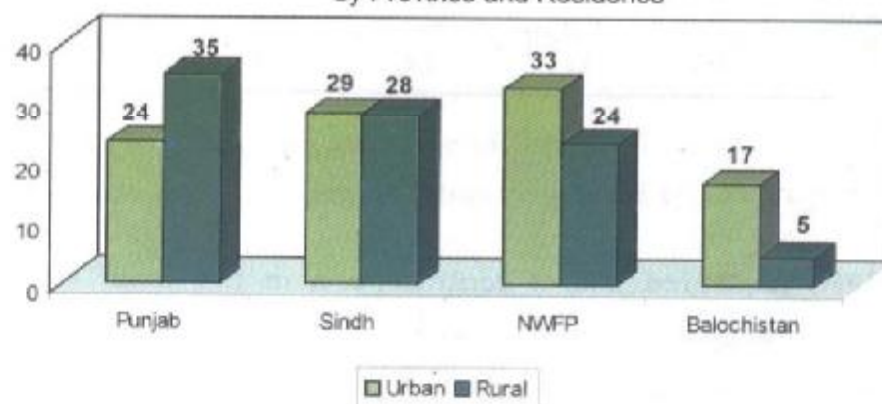
**Table 5.4**

**Percentage Currently Married Women Visited in the Last 12 Months by a Health or Family Planning Worker and Nature of Discussion at Last Visit**

Residence/Province		Visit at home by VBFPWs/LHW		Discussed Family planning	Discussed Health	Number
		Percent visited	Number			
Residence	Total Urban	25.9	2102	61.8	77.5	543
	Major Urban	17.8	1309	73.9	74.1	232
	Other Urban	39.2	793	52.8	79.9	311
	Rural	29.8	4268	41.6	85.5	1273
Province	Punjab	31.3	3516	38.3	85.8	1099
	Sindh	28.4	1616	65.5	81.2	459
	NWFP	24.9	954	54.1	73.9	238
	Balochistan	7.1	284	72.8	82.7	20
<b>Total</b>		<b>28.5</b>	<b>6370</b>	<b>47.6</b>	<b>83.1</b>	<b>1816</b>

**Figure 5.2**

**Percentage Visited at Home by a Health and Family Planning Worker by Province and Residence**



#### **5.4 Exposure to Family Planning Messages, Discussion and Approval**

The PRHFPS collected information about exposure of women to family planning messages and results are summarised in table 5.5. The Ministry of Population Welfare has mainly used the electronic media to disseminate messages on family planning. The table indicates that television is the most important medium for reaching women with information about family planning. This is indeed consistent with the higher rates of exposure to electronic media reported in table 2.8. Reading materials reach fewer women, primarily because literacy is low.

**Table 5.5**

**Percentage of Ever-Married Women Who Have Heard a Family Planning Message on Radio, TV or the Printed Media During the Last Few Months by Selected Background Characteristics**

Background Characteristics	Family planning message					Number
	Heard on radio	Seen on television	Read In newspaper / magazine	Read in poster	Read in leaflet or brochure	
<b>Residence</b>						
Total urban	20.3	68.9	12.3	7.2	3.7	2102
Major urban	15.9	70.9	13.2	7.7	3.7	1309
Other urban	27.7	65.5	10.8	6.3	3.6	793
Rural	21.4	31.2	2.6	2.5	1.6	4268
<b>Province</b>						
Punjab	17.7	47.3	6.0	4.5	2.1	3516
Sindh	28.6	50.0	7.0	4.4	2.9	1616
NWFP	21.7	27.2	3.3	2.0	1.9	954
Balochistan	18.3	17.7	4.4	3.2	2.2	284
<b>Education</b>						
None	18.1	31.2	.8	1.1	0.9	4547
Up to primary	28.0	66.9	7.5	5.6	2.7	808
Up to middle	23.8	72.2	15.5	6.7	3.4	301
Up to secondary	29.9	82.9	23.1	15.8	7.4	439
Above secondary	33.1	87.9	44.3	27.8	15.0	275
<b>All</b>	<b>21.1</b>	<b>43.6</b>	<b>5.8</b>	<b>4.1</b>	<b>2.3</b>	<b>6370</b>

## 5.5 Ever Use

The PRHFPS measured use of contraception in two main ways: "ever" and "current" use of contraception. Table 5.6 shows comparison with results on ever use from previous surveys leading to an evaluation of the extent to which the Population Welfare Programme is achieving its stated objectives for raising use of contraceptives among couples in Pakistan.

Table 5.6

Percentage of Currently Married Women who Ever-used Specific Method  
by Different Sources

Method	PCPS 1984-85	PDHS 1990-91	PCPS 1994-95	PFFPS 1996-97	PRHFPS 2000-01
<b>Any Method</b>	11.8	20.7	28.0	36.4	40.2
<b>Any Modern Method</b>		16.2	22.6	27.9	33.7
Pill	4.6	4.5	5.8	7.8	10.1
IUD	1.6	3.3	5.4	7.3	9.0
Injectables	1.5	3.3	5.3	6.9	10.4
Implants				.0	0.2
Vaginal Methods	0.5	0.5	0.7	.5	—
Condom	4.0	7.2	9.4	10.5	13.7
Female Sterilization	2.2	3.5	5.0	6.1	6.9
Male Sterilization	0.0	0.1	0.0	.0	0.1
<b>Any Traditional Method</b>		8.9	10.8	16.1	17.1
Periodic Abstinence	0.3	5.0	3.2	7.4	6.0
Withdrawal	1.5	3.8	9.0	10.6	13.4
Others	0.4	1.9		1.6	1.0
<b>Number</b>	<b>7405</b>	<b>6364</b>	<b>7922</b>	<b>7582</b>	<b>6370</b>

The overall proportion of currently married women who have ever used any method of contraception in the 2000-01 PRHFPS is 40.2 percent, up from 20.7 percent in the 1990-91 PDHS, 28.0 percent in 1994-95 PCPS and 36.4 percent in 1996-97 PFFPS (table 5.6). In particular, ever use of the pill, IUD and injectables has become more widespread. However, the condom has been used by more couples than any other modern method.

As expected, table 5.7 shows that ever use is higher in urban than in rural areas. Over half of the urban couples (57 percent) have ever used a method of birth control, and 49 percent have ever used a modern method. Across provinces, ever use of any method is highest in Punjab (43 percent) followed by NWFP, Sindh and Balochistan. Balochistan lags behind from other provinces, with ever use of only 21 percent of any method and 18 percent of women reporting ever use of modern contraception. It is of interest to note that ever use of two modern reversible methods pill and injectables is higher in NWFP, compared to other provinces.



Table 5.7

Percentage Who Ever Used Specific Methods, Among Currently Married Women by Province and Residence

Methods Used	Residence		Province				Total
	Urban	Rural	Punjab	Sindh	NWFP	Balochistan	
Used Any Method	56.5	32.1	43.3	36.4	40.5	21.3	40.2
Used Modern Method	49.4	26.0	35.2	32.8	34.4	18.4	33.7
Pill	13.0	8.7	8.6	11.2	14.9	7.0	10.1
IUD	13.3	6.9	11.7	5.1	7.3	3.1	9.0
Injection	12.8	9.2	9.2	9.7	17.4	5.8	10.4
Implant	.3	.1	.1	.1	.3	.0	.2
Condom	27.3	7.1	16.1	13.9	7.7	4.0	13.7
Female Sterilisation	10.2	5.3	6.8	9.0	5.1	3.3	6.9
Male Sterilisation	.2	.0	.2			.0	.1
Used Any Traditional Method	26.1	12.7	21.2	12.3	13.2	6.5	17.1
Abstinence	9.8	4.2	5.7	7.2	6.2	3.0	6.0
Withdrawal	20.8	9.7	17.9	6.7	10.8	3.8	13.4
Others	1.4	.9	1.2	1.0	.6	.4	1.0
Number	2102	4268	3516	1616	954	284	6370

## 5.6 Current Use

A more commonly used measure of contraceptive uptake is current use of family planning. Current use refers to the proportion of women who report using any method of contraception at the time of the survey. Table 5.8 and figure 5.3 show that the upward trend in current use of contraceptives has continued over time. Nationally, 27.6 percent of women reported in PRHFPS 2000-01 that they currently use some method of contraception, which was 23.9 percent four years ago in the 1996-97 PFFPS. This is not a substantial rise and shows that the Population Welfare Programme is not exactly meeting the targets set in the Ninth Five Year Plan (1998-2003). It is evident that contraceptive prevalence increased 100 percent from 1990-91, PDHS (11.8) to 1996-97, PFFPS (23.9) in six years. In later part of 1990s, it increased only by 16 percent from 1996-97 PFFPS (23.9 percent) to 2000-01 PRHFPS (27.6 percent). Hence the momentum of contraceptive prevalence built in early 1990s has been slowed down in 2000, which need serious attention of planners and programme managers.

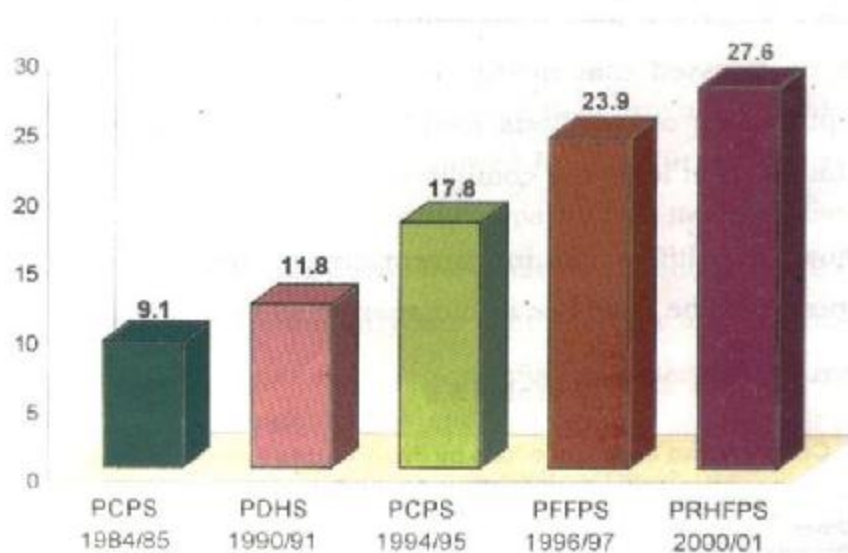
**Table 5.8**  
**Percentage of Currently Married Women who are Currently Using**  
**Specific Methods by Various Sources**

Method	PCPS 1984/85	PDHS 1990/91	PCPS 1994/95	PFFPS 1996/97	PRHFPS 2000/01
<b>Any Method</b>	9.1	11.8	17.8	23.9	27.6
<b>Any Modern Method</b>	7.6	9.0	12.6	16.9	20.2
Pill	1.4	0.7	0.7	1.6	1.9
IUD	0.8	1.3	2.1	3.4	3.5
Injectables	0.6	0.8	1.0	1.4	2.6
Vaginal Methods	0.1	0.0	0.0	0.1	0.0
Condom	2.1	2.7	3.7	4.2	5.5
Female Sterilization	2.6	3.5	5.0	6.0	6.9
Male Sterilization	0.0	0.0	0.0	0.0	0.0
<b>Any Traditional Method</b>	1.5	2.8	5.2	7.0	7.4
Periodic Abstinence	0.1	1.3	1.0	1.9	1.6
Withdrawal	0.9	1.2	4.2	4.6	5.3
Others	0.5	0.3		0.5	0.5
<b>Number</b>	<b>7405</b>	<b>6364</b>	<b>7922</b>	<b>7582</b>	<b>6370</b>

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

**Figure 5.3**

**Trends in Contraceptive Prevalence Rate**



Comparing the results of the 2000-01 PRHFPS with data from the 1990-91 PDHS, 1994-95 PCPS and 1996-97 PFFPS (Table 5.8) reveals that all modern methods show increase in use, except for male sterilisation which remains extremely rare, demonstrating the lack of attention to this method. Traditional methods also show some increase, but reporting of these methods is known to be very sensitive to

question wording and interviewer skills. In any case, although current use has increased since 1984, it is still low. More efforts are needed to increase current use.

Figure 5.4

### Choice of Method Among Current Users

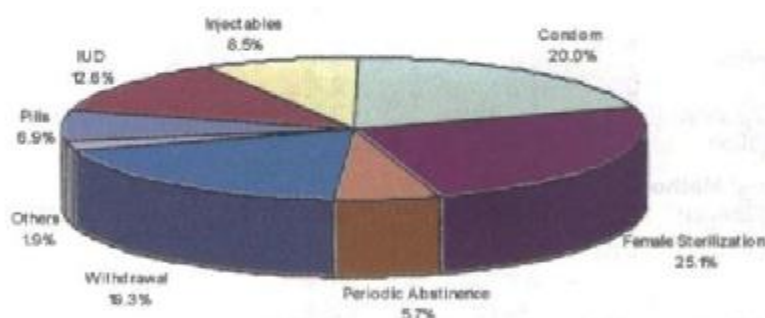


Figure 5.4 shows the choices that current users make for their methods, for the whole of the country. Nearly a quarter of contraceptive users women are sterilized. The most popular temporary method is Condom (20 percent), closely followed by withdrawal (19 percent) and IUD (13 percent). Even though the popularity of injection and pill is rising, only 9 percent and 7 percent of current users chose these spacing methods. It should be stressed that nearly half (45 percent) of all couples who are practising contraception rely on methods (condom, withdrawal, periodic abstinence) that require the initiative or at least the compliance of husbands.

Table 5.9 shows the differences in current contraceptive use by province and urban/rural residence, and the rates are also displayed in figure 5.5.

Table 5.9

#### Contraceptive Prevalence Rate by Province and Residence

Province	Total Urban		Major Urban		Other Urban		Rural		Total	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number
Punjab	41.5	1122	46.3	680	34.2	443	24.6	2393	30.0	3516
Sindh	39.4	776	45.3	568	23.1	208	15.3	840	26.8	1616
NWFP	30.2	148	42.2	41	25.6	107	22.3	806	23.5	954
Balochistan	31.7	55	38.0	20	28.1	35	12.1	228	15.9	284
Total	39.7	2102	45.6	1308	29.8	793	21.7	4268	27.6	6370

As expected, contraceptive use is higher in major urban (46 percent) compared to other urban (30 percent) or rural areas (22 percent). However, whereas in the 1990-91 PDHS the proportion of urban women using a modern method was nearly four times that of rural women, in the 2000-01 PRHFPS this ratio is less than two. Use among rural women in Pakistan is increasing, with 15.3 percent using a modern method compared to 4.8 percent in the beginning of the 1990s and 12.8 percent in 1996-97.

Figure 5.5

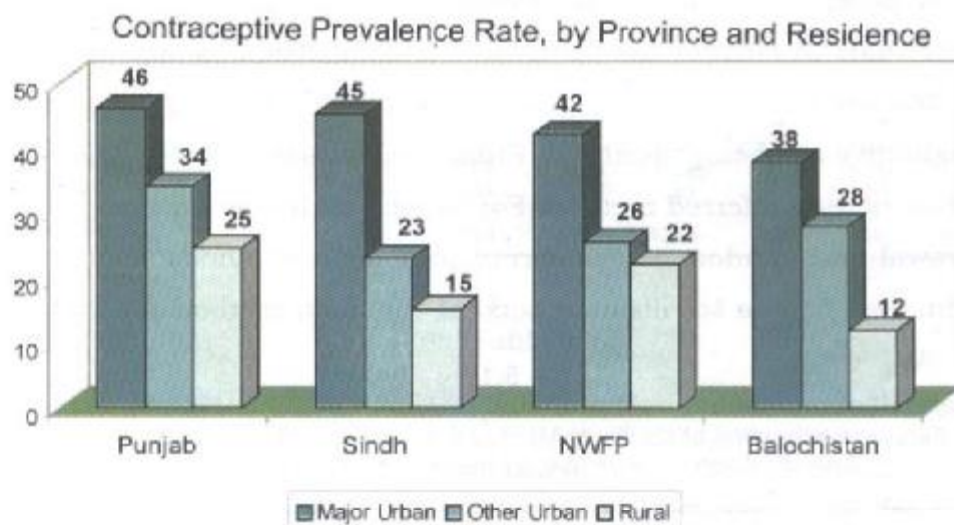


Table 5.9 also shows that similar trends exist in provinces. Contraceptive use in all the provinces are higher in major urban followed by other urban and rural areas. Women living in major urban and rural areas are comparatively more educated and have easy access to family planning methods. Some unexpected differentials have been noted even in major or other urban areas, particularly low contraceptive use in urban Sindh. Perhaps, major urban areas in Sindh are more heterogeneous and other urban areas probably lack in urban amenities, resulting in lower rates. Also the varying strength of programmes across provinces may have caused some differentials in contraceptive use.

Examination of method-specific use shows that female sterilisation and withdrawal are the most commonly used methods among rural women whereas urban women tend to opt for female sterilisation and condoms. Female sterilisation is the most commonly used modern method in all the four provinces of Pakistan. In NWFP and Balochistan, the most used spacing modern method is the injection while in Punjab and Sindh it is condom (Table 5.10).

and Balochistan, the most used spacing modern method is the injection while in Punjab and Sindh it is condom (Table 5.10).

Some methods of contraception are more appropriate for older women who wish to stop childbearing; these include more long acting methods such as the IUD or permanent methods such as male or female sterilisation. Other methods, such as condoms, oral contraceptives and injectable contraceptives, are more suitable for women who have not ceased childbearing altogether but wish to extend the period between births or postpone further child bearing to some later date. Tables 5.11 and 5.12 show differentials in current use of contraceptive method by age and number of living children. The use of sterilisation rises with age, with 14 percent of women at the end of the reproductive age being sterilised. From the age group 30-34 onwards, female sterilisation becomes the preferred method. For women with one surviving child, use is low and withdrawal and condom are preferred over other methods. Only at a family size of 5 children, does female sterilisation become the main method of choice.

**Table 5.10**

**Percent Distribution of Currently Married Women According to Method Specific Contraceptive use, by Residence and Province**

Contraceptive method	Residence				Province				Total
	Total urban	Major urban	Other urban	Rural	Punjab	Sindh	NWFP	Balochistan	
<b>Any method</b>	39.7	45.6	29.8	21.7	30.0	26.8	23.5	15.9	27.6
<b>Any modern method</b>	30.1	33.8	24.0	15.3	20.9	21.5	18.0	12.6	20.2
Pill	2.3	2.2	2.4	1.7	1.1	2.8	3.4	2.4	1.9
IUD	4.6	4.9	4.2	2.9	4.7	1.5	3.0	1.7	3.5
Injectables	2.4	2.4	2.3	2.3	1.8	2.3	4.4	3.1	2.3
Implants	.1	.1		.0	.0	.1			.0
Vaginal methods									
Condom	10.5	12.3	7.5	3.0	6.5	5.9	2.1	2.1	5.5
Female sterilisation	10.2	11.8	7.6	5.3	6.7	9.0	5.1	3.3	6.9
Male sterilisation	.0	.1		.0	.1				.0
<b>Any traditional method</b>	9.6	11.8	5.9	6.3	9.1	5.4	5.5	3.3	7.4
Periodic Abstinence	1.2	1.3	1.1	1.8	1.7	1.8	.9	1.0	1.6
Withdrawal	8.0	10.1	4.4	4.0	6.8	3.2	4.3	1.9	5.3
Other	.4	.4	.4	.6	.6	.4	.3	.4	.5
Not currently using	60.3	54.4	70.2	78.3	70.0	73.2	76.5	84.1	72.4
<b>Number</b>	<b>2102</b>	<b>1309</b>	<b>793</b>	<b>4268</b>	<b>3516</b>	<b>1616</b>	<b>954</b>	<b>284</b>	<b>6370</b>

**Table 5.11**

**Method-Specific Contraceptive Prevalence, by Age**

Contraceptive method	Age							All
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
<b>Any method</b>	4.81	14.76	23.35	33.20	39.27	40.19	25.77	27.60
<b>Any modern method</b>	2.04	8.92	16.80	25.94	27.82	31.70	18.99	20.21
Pill	.18	1.43	2.60	1.36	2.41	3.09	.59	1.91
IUD	.75	2.08	3.50	4.89	4.30	4.03	2.22	3.47
Injectables	.40	1.57	3.02	4.09	1.68	2.33	.71	2.35
Implants	--	.10	--	--	--	.20	--	.04
Condom	.70	3.60	6.16	8.27	6.94	5.37	1.67	5.49
Female sterilisation	--	.13	1.47	7.15	12.49	16.66	13.81	6.90
Male sterilisation	--	--	.05	.17	--	--	--	.04
<b>Any traditional method</b>	2.77	5.84	6.55	7.26	11.45	8.49	6.78	7.39
Periodic abstinence	1.06	1.73	1.35	1.58	2.57	1.22	.80	1.58
Withdrawal	1.71	4.07	5.13	5.21	7.51	6.38	5.12	5.30
Other	--	.04	.07	.47	1.36	.89	.86	.51
<b>Number</b>	393	1050	1390	1212	1026	830	470	6370

**Table 5.12**

**Percent Distribution of Currently Married Women According to Method Specific Contraception use by Number of Living Children**

Contraceptive method	Number of living children							All
	0	1	2	3	4	5	6+	
<b>Any method</b>	.8	12.3	24.9	29.8	36.7	39.1	39.2	27.6
<b>Any modern method</b>	.5	7.1	16.4	19.7	29.7	31.2	30.1	20.2
Pill	--	1.1	2.4	2.0	1.6	3.2	2.6	1.9
IUD	--	.7	3.3	3.6	6.8	4.1	4.7	3.5
Injectables	--	.6	2.5	2.4	2.7	3.6	3.7	2.3
Implants	--	--	.1	--	--	--	.1	.0
Condom	.5	3.9	7.0	7.4	9.5	6.9	4.2	5.5
Female sterilisation	--	.8	1.1	4.3	9.0	13.5	14.7	6.9
Male sterilisation	--	--	--	--	.1	--	.1	.0
<b>Any traditional method</b>	.3	5.2	8.5	10.1	9.0	7.8	9.1	7.4
Periodic Abstinence	--	1.2	2.4	2.2	1.1	2.5	1.6	1.6
Withdrawal	.3	4.0	5.8	7.3	7.4	4.2	6.6	5.3
Other	--	--	.3	.5	.5	1.1	.9	.5
Not currently using	99.2	87.7	75.1	70.2	61.3	60.9	60.8	72.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<b>Number</b>	817	789	885	861	839	657	1512	6370

Table 5.13

Trends in Current Use of any Method, Among Currently Married Women by age, Number of Living Children, Residence and Education

Background Characteristics	Percentage currently using any method			
	PDHS 1990-91	PCPS 1994-95	PFFPS 1996-97	PRHFS 2000/01
<b>Age</b>				
15-19	2.6	3.4	6.2	4.8
20-24	6.3	10.1	9.9	14.8
25-29	9.6	17.1	21.0	23.3
30-34	13.4	20.1	30.6	33.2
35-39	20.4	25.8	33.8	39.2
40-44	15.8	23.7	35.4	40.2
45-49	11.8	17.3	27.5	25.8
<b>Number of Living Children</b>				
0	0.1	1.0	.6	0.8
1	3.2	10.1	8.9	12.3
2	10.7	13.9	19.8	24.9
3	11.1	19.6	25.5	29.8
4	17.1	23.1	33.3	38.7
5	18.0	26.7	31.4	39.1
6	18.4 (6+)	26.5	39.9	39.2 (6+)
7+		21.0	35.0	
<b>Education</b>				
None	7.8	12.8	18.9	22.2
Up to Primary	17.8	26.3	35.1	35.7
Up to Middle	29.5	35.9	36.8	43.9
Secondary +	38.0	42.3	43.5	46.9
<b>Residence</b>				
Major Urban			39.9	45.6
Other Urban	25.7	32.0	32.3	29.8
Rural	5.8	11.0	18.6	21.7
<b>Total</b>	<b>11.8</b>	<b>17.8</b>	<b>23.9</b>	<b>27.6</b>

In order to examine the characteristics of women using contraception and trends more closely, table 5.13 shows further differentials in current contraceptive use according to age and number of living children, education and type of area. Figures from the 1990-91 PDHS, the 1994-95 PCPS and the 1996-97 PFFPS are shown for comparative purposes. The data indicate that the major increases in contraceptive use have occurred among women with no education, in rural areas and with a higher number of children. Use is highest, however, among women with at least some education, reinforcing the widely held view that education is an important determinant of contraceptive use. Similarly, overall use is growing faster among older women, suggesting use mostly for family limitation rather than spacing.

## 5.7 Source of Current Method

Further information is available in the 2000-01 PRHFPS on the source of all methods of contraception, whether government health and family planning services or private doctors and clinics. Some methods can be easily obtained over the counter in pharmacies or other general shops and are now being promoted through Government and donor-funded social marketing schemes. Table 5.14 and figures 5.6 show sources of contraceptive methods among current users of specific modern methods. This information is useful for examining the potential for expansion of government services into poorly source areas as well as for involving the private sector in expanding delivery of family planning.

Family planning methods are primarily provided through government sources whether directly through its own family planning or health establishment (57 percent). Outreach workers, such as the Village Based Family Planning Workers and the Lady Health Workers account for only 3.8 percent of users. Pharmacies and drug stores who acquire contraceptives on their own or who receive subsidised supplies through Government/donor sponsored social marketing schemes, contribute substantially to the provision of pill and condoms. Over half of pill and condom users obtain supplies from these sources. It is encouraging that private hospitals, clinics and other sources now supply over one quarter of current users. Private sources of supply are particularly important for the IUD and injectables.

Figure 5.6  
Sources of Modern Methods

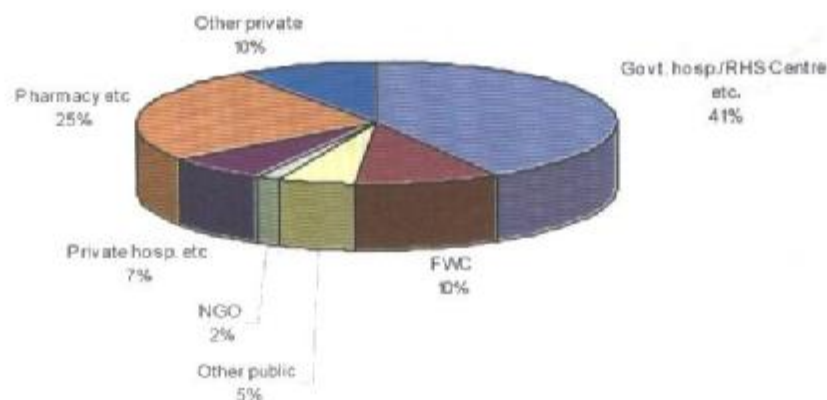




Table 5.14

**Percent Distribution of Current Users of Modern Methods  
According to Most Recent Source of Supply**

Source of supply or information	Pill	IUD	Injectable	Implants	Condom	Female sterilisation	Male sterilisation	All modern methods
<b>Public sector (total)</b>	<b>40.0</b>	<b>65.0</b>	<b>62.4</b>	<b>60.8</b>	<b>17.3</b>	<b>86.1</b>	--	<b>56.6</b>
Reproductive health services centre / Hospitals	6.7	25.2	25.4	60.8	2.4	70.8	83.0	33.1
Government health centre / BHU / RHC/MCH	5.2	13.4	13.2	--	1.4	11.3	--	8.5
Family welfare centre	14.0	22.4	12.4	--	8.4	2.8	--	9.9
Mobile service units	1.3	.5	1.8	--	--	--	--	.4
Village based family planning worker	5.0	--	2.9	--	.3	--	--	.9
Lady health worker	7.8	1.8	6.7	--	4.1	--	--	2.9
Other government	--	1.7	--	--	.7	1.2	--	.9
<b>NGO Centres</b>	<b>--</b>	<b>2.4</b>	<b>.6</b>	<b>--</b>	<b>.5</b>	<b>3.3</b>	<b>--</b>	<b>1.8</b>
<b>Private sector (total)</b>	<b>18.2</b>	<b>30.8</b>	<b>31.7</b>	<b>39.2</b>	<b>25.2</b>	<b>10.6</b>	<b>--</b>	<b>21.4</b>
Green Star Clinic	.7	2.9	2.7	39.2	.7	--	--	1.2
Key Clinic	3.0	1.7	1.6	--	.1	--	--	.8
Other doctors	.7	9.6	11.6	--	.8	4.5	17.0	4.9
Pharmacy / drug Store	11.1	--	6.4	--	23.2	--	--	8.1
Hakim	--	--	.9	--	--	--	--	.1
Homoeopath	--	--	--	--	--	--	--	--
TBA/Dai	.5	3.6	3.9	--	--	--	--	1.1
Mobile clinic	--	--	--	--	--	--	--	--
Other private Source	2.2	13.0	4.6	--	.4	6.1	--	5.2
Shop (other than drug store)	29.4	--	4.9	--	50.4	--	--	17.0
Friend/Relative	5.6	1.4	.1	--	.9	--	--	1.0
Other	6.9	.5	.4	--	5.6	--	--	2.3
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>--</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Number</b>	<b>122</b>	<b>221</b>	<b>150</b>	<b>3</b>	<b>350</b>	<b>440</b>	<b>3</b>	<b>1287</b>

## Chapter 6

### FERTILITY PREFERENCES, UNMET NEED AND REASONS FOR NON-USE

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

#### 6.1 Desire for More Children

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

The figures in table 6.1 show the percentage of currently married women in the PRHFPS who want no more children according to a number of background characteristics such as education, age, number of living children, urban/rural residence and province. It should be noted that couples who are sterilized are automatically classified as wanting no more children. Desire for more children is strongly associated with age and number of living children. About 43 percent of the women with 3 living children want another child, but only 14 percent of those with 5 children want to continue childbearing. Since age and parity are highly correlated, much the same pattern is observed with age. About 60 percent of 25-29 year olds still want another child, but this figure drops to 21 percent for the 35-39 year olds.

Table 6.1

## Percent Distribution of Desire for More Children, Among Currently Married Women, by Background Characteristics

Background characteristics		Have another child	No More/ None	Says she cant get pregnant	Up to God	Undecided or DK
Province	Punjab	42.1	46.1	3.5	7.1	1.1
	Sindh	47.5	42.5	2.8	6.5	0.8
	NWFP	40.3	42.9	5.5	10.5	0.8
	Balochistan	48.5	28.7	2.8	16.4	3.6
Residence	Total Urban	36.8	53.0	3.8	5.1	1.3
	Major Urban	35.3	55.8	3.5	4.3	1.1
	Other Urban	39.3	48.3	4.3	6.5	1.5
	Rural	46.8	39.5	3.4	9.2	1.0
Education Levels	None	41.8	43.6	4.0	9.5	1.1
	Upto Primary	43.2	47.1	3.1	5.7	0.9
	Upto Middle	44.8	49.0	1.9	3.4	0.9
	Upto Secondary	51.6	43.9	1.2	2.3	1.0
	Above Secondary	58.9	34.9	3.3	1.8	1.1
Respondent Age	15 - 19	87.3	2.9	0.5	8.3	1.1
	20 - 24	79.7	10.9	0.9	7.3	1.3
	25 - 29	60.0	30.0	1.2	7.7	1.2
	30 - 34	34.0	53.8	1.5	9.1	1.6
	35 - 39	21.1	65.5	3.2	9.8	0.4
	40 - 44	10.9	74.6	6.8	7.0	0.7
	45 - 49	8.4	66.9	20.1	3.6	1.0
Number of Living Children*	0	85.3	0.5	8.4	4.8	0.9
	1	88.5	4.3	1.6	5.0	0.6
	2	68.7	20.2	1.6	7.9	1.6
	3	42.5	43.0	2.6	10.3	1.5
	4	24.7	61.8	2.8	9.8	1.0
	5	14.2	72.7	3.6	7.7	1.8
	6+	6.6	79.9	4.2	8.7	0.6
All		43.5	43.9	3.6	7.9	1.1

\* Including any current pregnancy

Looking at the proportion of women wanting no more children, we see a clear divide between urban and rural populations. The desire for more children does not vary much between provinces, but there is a clear differential in the proportion of women who do want to stop childbearing. The difference between the two is explained by different proportions of women with a fatalistic attitude. This is particularly strong in Balochistan, where nearly 16.4 percent of currently married women indicated that their attitude to whether or not to have another child is 'Up to God'. Apart from the women with a fatalistic approach to childbearing, most women stated a clear preference whether or not to have another child with only 1.1 percent being undecided.

## 6.2 Unmet Need

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

**Table 6.2**

**Trends in the Percentages of Currently Married Women who Want no More Children by Number of Living Children**

Number of living children	PCPS 1984-85	PDHS 1990-91	PCPS 1994-95	PFFPS 1996-97	PRHFPS 2000-01
0	.7	1.7	.6	0.1	0.0
1	4.2	3.8	8.4	3.2	1.9
2	17.2	16.6	23.2	21.4	17.2
3	36.2	35.8	48.3	38.7	40.8
4	58.0	51.5	68.5	59.0	60.5
5	74.9	63.3	78.3	71.1	72.7
6	82.8	71.1	83.7	78.9	75.9
7+	89.7	74.2	90.1	85.7	80.8
Total	43.4	39.9	53.4	45.9	44.0
<b>Number</b>	<b>7405</b>	<b>6364</b>	<b>7922</b>	<b>7582</b>	<b>6370</b>

The PCPS, 1994-95 survey has tended to report higher levels of desire for no more children than the PCPS 1984-85, PDHS 1990-91, PFFPS 1996-97 or PRHFPS 2000-01. These differences may be due to differences in question wording, and make it difficult to decide whether attitudes are changing. However, there is an increase between the PCPS 1984-85, and from the PDHS 1990-91 to PRHFPS 2000-01, and so it seems reasonable to argue that the proportion of women wanting no more children is increasing. When comparing the change in fertility preference since the early 1990s, it is clear that, among women with two living children, there is no rise in the proportion wanting to stop. From family size of three children onwards, the desire to stop childbearing has shown increase over the last ten years.

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

Where women express a desire to have more children but are current users of contraception, there is an indication that they are using family planning to space their births.

**Table 6.3**  
**Percentage of Currently Married Women With Unmet Need, Met Need and Total Demand for Family Planning Services, by Selected Background Characteristics**

Background characteristics	Unmet need for family planning			Met need for family planning			Total demand for family Planning			Percent of demand satisfied	Number
	Spacing	Limiting	Total	Spacing	Limiting	Total	Spacing	Limiting	Total		
<b>Province</b>											
Punjab	11.6	21.2	32.8	7.5	22.5	30.0	19.1	43.6	62.8	47.8	3516
Sindh	13.3	19.5	32.9	6.1	20.8	26.8	19.4	40.3	59.7	45.0	1616
NWFP	12.7	22.6	35.3	5.2	18.3	23.5	17.9	40.9	58.8	40.3	954
Balochistan	10.1	18.2	28.3	5.2	10.7	15.9	15.3	26.9	44.2	36.0	284
<b>Residence</b>											
Urban	10.7	19.4	30.1	8.4	31.2	39.7	19.1	50.6	69.8	56.9	2102
Rural	12.6	21.6	34.4	5.9	15.6	21.7	18.7	37.3	56.0	36.6	4268
<b>Education</b>											
None	12.2	23.2	35.4	4.1	18.1	22.2	16.3	41.3	57.6	38.8	4547
Up to primary	11.6	18.6	30.4	10.0	25.7	35.7	21.6	44.5	66.2	54.0	606
Up to middle	12.7	14.9	27.6	10.2	33.7	43.9	22.9	45.6	71.5	61.4	301
Secondary +	12.1	10.9	23.1	18.2	27.5	45.7	30.3	38.4	68.7	66.5	714
<b>Age</b>											
15-19	19.2	2.0	21.1	4.8	0.0	4.8	24.0	2.0	25.9	18.5	363
20-24	23.6	6.7	30.4	12.3	2.5	14.8	35.9	9.2	45.1	32.7	1050
25-29	19.0	13.6	32.8	11.6	11.7	23.3	30.6	25.5	56.1	41.6	1390
30-34	10.0	23.6	33.8	5.7	27.5	33.2	15.6	51.3	67.0	49.5	1212
35-39	5.2	27.1	32.3	3.5	35.8	39.2	8.6	82.9	71.6	54.9	1026
40-44	1.1	35.9	37.0	70.7	38.5	40.2	2.7	74.5	77.2	52.0	630
45-49	0.2	41.0	41.2	0.0	25.8	25.8	0.2	66.6	66.9	38.5	470
<b>Living children</b>											
0	3.6	0.6	4.2	0.5	0.3	0.8	4.1	0.6	4.9	15.4	617
1	24.3	1.2	25.5	11.3	1.0	12.3	35.6	2.2	37.8	32.6	769
2	24.7	8.6	33.3	17.3	7.6	24.9	42.0	16.2	58.3	42.6	885
3	17.0	19.9	36.9	10.5	19.2	29.8	27.5	39.1	66.7	44.6	661
4	11.4	24.4	35.8	5.5	33.2	38.7	16.9	57.6	74.5	51.9	839
5	6.8	34.9	41.7	2.7	36.4	39.1	9.5	71.3	80.8	48.4	657
6+	3.0	41.5	44.5	1.8	37.4	39.2	4.8	78.9	83.7	46.9	1521
<b>All</b>	<b>12.1</b>	<b>20.9</b>	<b>33.0</b>	<b>6.7</b>	<b>20.9</b>	<b>27.6</b>	<b>18.8</b>	<b>41.8</b>	<b>60.6</b>	<b>45.5</b>	<b>6370</b>

Table 6.3 is based on all currently married women. Women are classified as having a need for family planning if they have expressed a desire to have no more children (they wish to *limit* their family size) or if they wish to delay their next child for two years or more (a need for birth *spacing*). If they are current users of contraception they are considered to have a *met need* for family planning; otherwise they have an *unmet need*. Thus of all 6370 currently married women in the sample, 20.9 percent have expressed a desire for no more children and are current users of contraception, 6.7 percent want to delay the next birth and are currently using some method. Thus, for 27.6 percent of the currently married women need for contraception is met (they are current users and do not want another child immediately). From amongst the all currently married women, 33.0 percent do not want

another child immediately or any time in the future but are not using a method indicating magnitude of an unmet need for family planning. Among these, 20.9 percent would require for limiting and 12.1 percent for spacing. In total, 60.6 percent of the currently married women have a demand for family planning, and of these 27.6 percent are current users, so their need is satisfied. Even among the 20-24 year olds the total demand for family planning is about 45 percent and this rises to 77 percent for women 40-44 year old. At lower parities (1-2 children) and younger ages the demand for spacing is higher compared to limiting, but with higher parities (3 or more children) or from age 35-39, women predominantly want to limit rather than space childbirth. The demand for limiting as well as spacing is higher among urban women. Although demand for child spacing methods is similar across the provinces, less than one-third (29 percent) of Balochi women want to limit their families, whereas 44 percent of Punjabi women want to stop childbearing. The demand for family planning increases with educational level but the correlation of met need for family planning with education is even stronger. This indicates both a smaller family norm among the better educated and a greater ability to act on fertility preferences.

### **6.3 Reasons for Non-use**

Table 6.4 shows the main reasons for non-use given by respondents who have never used any method, with the urban-rural and provincial differentials. Wanting more children was the main reason given for non-use, cited by about 41 percent women who had never used a method. These include women who have no children or they are recently married (18 percent) and those who have not yet completed their desired family size (23 percent). The other most important reasons for never-use mentioned were natural spacing (15.6 percent), husband/other opposed (9 percent) and religion (7 percent). Religious reason is more prominent after desire for more children among Balochi women. Husbands opposition is more prominent among urban women compared to rural women. In smaller provinces and rural areas non availability of family planning facility has also been noted a visible reason which need attention.

**Table 6.4**

**Percent Distribution of Currently Married Never-Users According to Reason for Non-use of Family Planning, by Residence and Province**

Reasons for never use	Residence		Province				Total
	Urban	Rural	Punjab	Sindh	NWFP	Balochistan	
Afraid of side effects	4.8	2.9	2.8	5.1	3.3	1.1	3.4
Religious reasons	5.9	7.1	4.7	4.4	13.0	21.4	6.8
Don't want or shy to go to FP centre	1.0	1.1	1.4	.7	.2	1.5	1.1
FP facility not available	.5	3.8	1.2	4.6	4.5	8.0	3.0
Fatalistic	1.5	4.6	6.2	1.0	2.4	.5	3.9
Cost too much	1.7	1.3	.8	2.9	1.1	1.3	1.4
Husband / other opposed	10.3	8.7	7.6	10.1	12.5	8.7	9.1
Can't get pregnant	3.9	2.0	2.4	2.2	2.7	3.9	2.4
Have no children / newly married	22.1	16.2	18.9	17.4	16.4	11.0	17.6
Have not had desired number of children	15.4	25.7	24.8	21.8	20.4	21.9	23.2
Natural spacing	18.8	14.6	16.5	20.5	7.6	5.3	15.6
Breast-feeding	4.8	3.3	4.2	2.8	2.9	5.3	3.7
Other	8.1	7.2	6.8	6.1	11.9	7.6	7.4
Don't know	1.1	1.5	1.8	.4	1.2	2.5	1.4

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BY  
PRODUCTION PRINTING UNIT MoPW LAHORE.