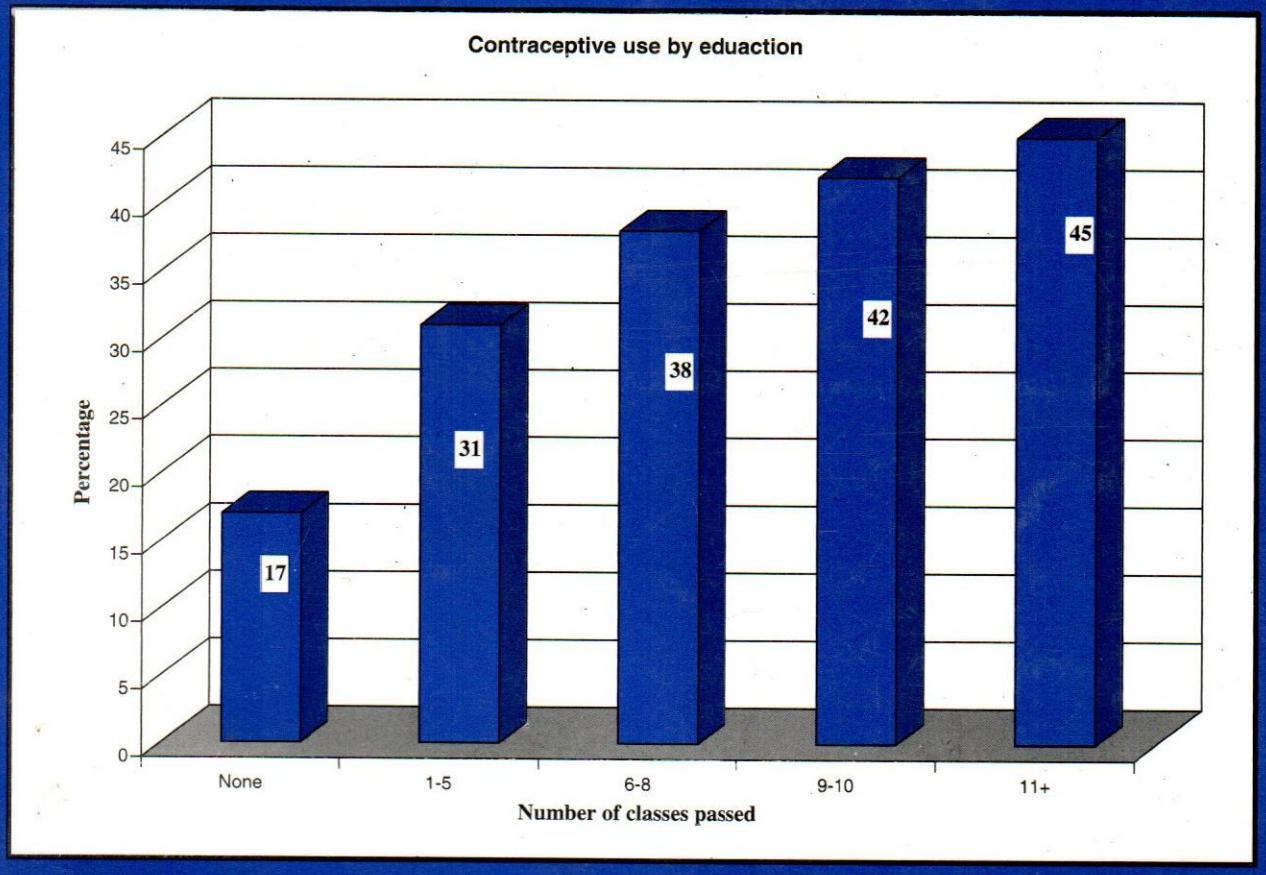
POPULATION AND FAMILY PLANNING INDICATORS 1993-1998

Findings of Contraceptive Prevalence Survey in 12 Large Clusters, 1996

Mehboob Sultan



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2000

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Findings of Contraceptive Prevalence Survey in 12 Large Clusters, 1996

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This report is dedicated to
late Dr. Sultan S. Hashmi (SI)
Honorary Adviser, NIPS (1992-2000)

Foreword

The National Institute of Population Studies started the Population and Family Planning Indicators (PFPI) project in early 1993. The study was longitudinal in nature and was expanded over a period of five years. The main objective of the survey was collection of data on Population and Family Planning Indicators such as crude birth rate (CBR), crude death rate (CDR), rate of natural increase (RNI), total fertility rate (TFR), marital total fertility rate (MTFR), mean age at marriage, singulate mean age at marriage (SMAM), and knowledge and prevalence rate of contraception.

Dr Sultan S. Hashmi, Honorary Resident Adviser, NIPS (1992-2000) who was a renowned demographer and population expert of international repute had originally conceived this project. The idea was to experiment an innovative approach of dual system of data collection on vital events. For this purpose, twelve large segments of population in the four provinces of Pakistan were selected. The study areas comprised five urban blocks of around 1000 households each and 20 villages in the rural areas. The sample areas consisted of over eleven thousand housing units inhabiting a total population of around 72 thousand. The experiment included regular registration of vital events by resident registrars at local level and periodic cross sectional surveys of the same population by female interviewers to collect information on vital events and contraception and fertility related aspects. The data collected through the two different systems were matched and discrepancies removed by further investigating the problem through revisiting the households with discrepant data in each of the sample areas. This is the third report of this longitudinal study on population and family planning indicators.

In the present report, results of the 1996 contraceptive prevalence survey are presented. The report is based on verified data collected through the dual system. Vital events, which were missed out in the survey but were registered in the registration system, have been incorporated in the survey data file and hence the report provides improved information on population indicators for 1996. The experiment however, shows that the registration of vital events is difficult and cumbersome exercise even in limited geographic areas in the context of Pakistan. A sense of responsibility will have to be created among the citizens for registering vital events. Unless such efforts are made, better data on vital events will remain scarce.

I appreciate the efforts of project staff in particular Dr. Abdul Hakim, Director NIPS, Mr. Mehboob Sultan, Senior Fellow and Mr. Faateh-ud-Din Ahmad, Programmer who worked hard on this project and produced this report. I am sure this will prove a useful document for undertaking similar experiments in future.

Ahmad Shamsul Huda
Executive Director

Acknowledgements

Population and Family Planning Indicators project was initiated by NIPS in late 1992. The project was originally funded by USAID for first year of its operation and was later financed through NIPS Annual Development Plan. The study was longitudinal in nature, designed to experiment, a dual system of collecting data on vital events and family planning indicators. The study was carried out in twelve large segments of population covering the four provinces of Pakistan.

The report covers the findings of the 1996 cross-sectional survey in the twelve study areas duly cross-checked with the data collected through registration system. Many people have contributed in this project in various capacities. Their assistance was useful in implementation of the project and is gratefully acknowledged.

I am grateful to Mr. Ahmad Shamsul Huda, Executive Director, NIPS, for his guidance, support and persuasion which was instrumental in bringing out this report. Late, Dr. Sultan S. Hashmi, Honorary Adviser, NIPS was the person who first conceived this project and then followed it through the entire life of the project. His emotional attachment to the cause of collecting reliable data on demographic indicators of Pakistan was the principal driving force in the implementation of the project. Though the project could not be implemented as he conceived it because of lack of funds, nevertheless he relentlessly pursued the project activities to make it a success.

Dr. Abdul Hakim, Director NIPS and Project Director of the study, provided technical support and guidance through the life of the project. His active involvement in the project at various stages led to its successful completion. He also reviewed draft of the report and provided useful suggestions, for which I am grateful.

Many colleagues including Mr. M. N. I. Farooqui, Mr. Khushnud Alam Khan and Mr. Muhammed Saqib Khan also contributed in this project in the capacity of Principal Investigator and Deputy Principal Investigators at various stages of the study. Their contribution was instrumental in carrying forward the implementation of the project.

Mr. Shahid Hameed and Mr. Saud Ehtesham worked as supervisors of the project since its inception. Their hard work and contribution is acknowledged with appreciation. Last but not least, the contribution and assistance provided by Mr. Faateh-ud-Din Ahmad, Programmer NIPS in computerizing the data and generating tables, is gratefully acknowledged.

Mehboob Sultan
Senior Fellow

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Executive Summary

This is the third report on the project 'Population and Family Planning Indicators' and reveals the findings of the Contraceptive Prevalence Survey conducted during 1996 and some demographic indicators estimated on the basis of dual recording system of vital events. The study domain spreads over twelve large clusters all over the country. Six of these clusters were in Punjab and two in each of the three provinces. Out of the twelve clusters five were in urban localities and seven in rural communities. Urban clusters were located in the cities of Rawalpindi, Lahore, Karachi, Peshawar and Quetta. Rural clusters were situated in districts Chakwal, Gujranwala, Multan, Faisalabad, Ghotki, Karak and Mach.

The sample areas for the 1996 survey consisted of 11508 housing units, of which 11107 were occupied and the rest 401 were uninhabited. These 11107 housing units were the sampling frame of the study. Out of 11107 households, 10435 households were successfully interviewed. The rest were either found locked or the occupants refused to be interviewed. In 10435 households, 10593 women were found currently married and between the ages 15-49. These women were eligible for detailed interview. Analysis in this report either relate to the household population or the eligible women who were interviewed. At the household level, the response rate was 93.9 percent and at the women level the response rate was 96.7 percent.

The total population size of the study areas was 71879 at the time of survey, out of which 51.3 percent were male and 48.7 percent were female. The population enumerated in urban localities numbered 29882 whereas 41997 members inhabited rural localities. The sex ratio in the sample areas was 105 males for 100 females. The household size was 6.9 persons per household both in urban and rural areas. The population was found to be broad based with 42 percent of the population below 15 years of age. In urban areas, the proportion of population under 15 was 38.8 percent and in the rural areas the proportion was 44.3 percent. The proportion of women in the reproductive age group comprised 46.5 percent of the total female population and 22 percent of the total population of the areas. Currently married women were 30 percent of the female population and 14.7 percent of the total population of the sample areas.

Marriage was almost universal in the sample areas. More women (9.5 percent) than men married in their teen ages. More rural women (11.7 percent) got married in teen ages compared to their counterparts in urban areas (2.3 percent). More than 90 percent women got married by the age of 35 years both in urban and rural areas. At the aggregate level, two-thirds of women (68 percent) were currently married when they aged fifty or more compared to 89 percent men in the same age group.

The mean age at marriage for women was estimated at 18 years for the study population. It was 18.8 years in urban and 17.3 years in rural areas. The singulate mean age at

marriage, which is an indirect estimation of the mean age at marriage, was found to be 27.2 years for males and 22.9 years for females.

Four-tenths of the study population had no schooling. Fifty-two percent of females and 31 percent male had never been to school. About half of the male and female children of school going age were out of school. At the aggregate level, only one-fourth population of the sample areas had more than middle level education while one in fifteen had more than intermediate level of education.

Sixty-six percent of currently married women had no schooling while only nine percent had some primary schooling. Twenty percent currently married women had more than middle standard education. In rural areas 85 percent currently married women had never been to school and only eight percent had some primary schooling. In urban areas 24 percent currently married women had some college education. Ninety-three percent of the currently married women were housewives.

Fertility was found high in the sample population. Total fertility rate (TFR) of 5.1 was found in the sample areas. The TFR was higher in rural (6.2) than in urban area (3.7). Highest fertility was found in the rural Multan sample area (7.96) and lowest in Karachi (2.67). At the aggregate level, a CBR of 29.6, a CDR of 6.5 and rate of natural increase (RNI) of 2.3 percent was found for the year 1996. Marital total fertility rate of 7.6 was found at the aggregate level, 6.4 for urban areas and 8.5 for rural areas. Other demographic indicators estimated in this study include gross reproduction rate as 2.1, general fertility rate as 148, marital gross reproduction rate as 3.5, mean number of children born as 4.1, and mean number of children surviving as 3.5.

Knowledge of at least one method of family planning was universal in the 12 areas of the study. Pill, IUD, Injectables and female sterilisation methods were known to more than eighty percent women. Nine of ten women new about at least one modern method of contraception.

Thirty-seven percent women had ever used a method of contraception. Twenty-eight percent women at aggregate level, 47 percent in urban areas and 9 percent reported use of modern methods in rural areas. Ever use of traditional methods was higher than all modern methods except condom.

Current use of contraception was reported by 25.5 percent women at the aggregate level, 43 percent in urban areas and 13.5 percent in rural areas. Among current users, condom was the most preferred method followed by sterilisation. In urban areas, 36 percent women were using modern methods and about 13 percent were using traditional methods. In rural areas, about 10 percent women were using modern methods and four percent were using traditional methods. Female sterilisation was preferred in rural areas followed by IUD and rhythm methods.

Contraceptive use increases with age of women, parity, number of surviving children, education and urban status. Employment status does not seem to affect contraceptive use as well as fertility of women. Contraceptive use was highest in Lahore (52.7 percent), followed by Peshawar (48 percent) and Karachi (46 percent).

Mean duration of current use was highest for condom (35 months), followed by IUD (28 months), Pill (25 months) and Injectable (22 months). The duration of current use of condom was higher both in urban (36 months) and rural areas (26 months).

Major reasons for not currently using contraception include breast-feeding (22 percent), want more children (20 percent), pregnancy (16 percent), in-fecundity (11.2 percent), husband opposition (4.4 percent) and religious opposition (3.8 percent).

Contraceptives were available to 45 percent women within a time distance of 30 minutes and to additional 21 percent women within an hour. The remaining 34 percent women had to spend more than one hour to reach the source of their preferred method.

Private sector was the major source of supplying condom, pills and injections. The government sources were found to be the major sources of sterilisation and IUD. Over all 56 percent users of modern contraceptives reported to have used private sources, 39 percent government sources and five percent NGO sources for their most recent supplies.

Private sector is playing an important role in providing family planning services. It appears that this sector has generated greater acceptability and is probably easily accessible to the target population. The programme may like to expand its coverage through the commercial channel in cities and rural areas and improve quality of services at its own infrastructure to meet the large unmet demand for contraception, the existence of which is evident from many surveys in the past one decade. A summary table of the findings is given below for quick reference.

SUMMARY TABLE OF FINDINGS

Indicators	Values
Percent household population under 15 years of age	
All areas	42.0
Urban areas	38.8
Rural areas	44.3
Percent never married under 20 years of age	
Male	98.0
Female	90.4

Mean age at marriage (female)	18
Singulate mean age at marriage	
Male	27.2
Female	22.9
Percent of population five years or above by education	
Male	
No education	30.8
1-5 classes	23.0
6-8 classes	13.2
9-10 classes	24.0
11+ classes	8.9
Female	
No education	52.3
1-5 classes	20.1
6-8 classes	9.2
9-10 classes	14.6
11+ classes	3.9
Percent of currently married women by education and literacy	
No education	63.9
1-5 classes	8.6
6-8 classes	5.8
9-10 classes	10.9
11+ classes	10.8
Percent Literate	35.3
Fertility	
CBR	29
RNI	2.2
TFR	5.1
GRR	2.46
GFR	144
MTFR	7.6
MGRR	3.7
Mean number of children ever born	3.7
Mean number of children surviving	3.4

Contraception knowledge	100.0
	91.7
Any method	100.0
Any modern method	
Any traditional method	
	37.0
Percent ever used contraception	59.5
All areas	21.5
Urban areas	
Rural areas	
Percent currently using contraception	25.5
	43.0
All areas	13.5
Urban areas	17.4
Rural areas	45.3
No education	39.9
Some college education	17.6
Literate	33.4
Illiterate	11.5
Rawalpindi	22.0
Chakwal	52.7
Gujranwala	21.0
Lahore	15.3
Faisalabad	16.1
Multan	45.6
Ghotki	48.4
Karachi	4.2
Peshawar	37.6
Karak	6.3
Quetta	
Mach	
	39.1
Sources of contraceptive supplies	56.3
Government sources	4.6
NGO sources	
Private sources	
	45.2
Accessibility of modern methods including sterilisation	20.8
Up to 30 minutes	34.0
31-60 minutes	
60+ minutes	

Chapter 1
Introduction and Methodology

Chapter 1

INTRODUCTION AND METHODOLOGY

1.2 Background

The Population and Family Planning Indicators project was an innovative project to experiment a dual system of recording vital events. The project was started in late 1992 with the financial assistance from USAID. After termination of USAID assistance in june 1992, the project was continued using funds allocated to NIPS in its ADP, which were coming from SAP and other donors / lenders. The field activities under the project were terminated at the end of 1997. Two reports of the project have since been published. This is the third report, which covers the data collected in the cross-sectional survey of 1996 and the data collected through the Registration system.

The project primarily focussed on the basic population indicators like the crude birth rate (CBR), crude death rate (CDR), rate of natural increase (RNI), total fertility rate (TFR), and contraceptive prevalence rate (CPR). Twelve large areas, each consisting of about one thousand households, were selected from the four provinces. A dual system of data collection was introduced. The vital registration system was adopted to collect data about births and deaths on a continuous basis which was subsequently cross matched with information on the same variables collected through cross sectional surveys in the same areas. The detailed background of the project is given in the first report of the project (Hashmi et. al, 1994). However, a brief description of the project, sample design, sample areas and the research instruments are also reproduced in this report to give the full perspective to the reader.

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

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

The current report is based on verified data collected through the dual system. Vital events which were missed out in the surveys but registered in the registration system have been incorporated in the survey data file and hence the report provides improved information on population indicators for 1996.

1.2 Objectives of the survey

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

1. To estimate and present improved rates of vital events such as births and deaths in the sample areas, based on the dual system of data collection.
2. To provide family planning indicators such as total fertility rate (TFR), knowledge and contraceptive prevalence rate (CPR), Contraceptive mix, age specific and method specific contraceptive prevalence rates, area specific fertility and contraceptive use rates, and reason for not using contraception.
3. To determine accessibility of contraceptives to the population under study.

1.3 Sample Design

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

It was ensured that each cluster had approximately one thousand households and a complete community / village (Patwar Halqa) so as to provide estimates of indicators of a local community based on adequate number. Besides, it was recognised that large clusters were needed to meet requirements of developing and establishing the system of vital statistics / data

collection for obtaining the indicators of population and family planning. Also, large compact clusters were considered necessary provide full time work for the resident registrars. Table 1.1 presents the list of localities selected for the study in the sampled districts.

1.4 Sample Areas:

Punjab

Following six sample areas were selected from the Punjab province.

a) Rawalpindi (Urban)

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

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

b) Chakwal (Rural)

The study area in district Chakwal is an old village named Lawa. The area lies in tehsil Talagang. It is about *110 kilometres from the district* headquarters. The nearest city/town from Lawa is Mianwali which is the headquarter of the adjacent administrative district. Agriculture

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

c) Gujranwala (Rural)

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

d) Lahore (Urban)

Lahore is the second largest city of Pakistan with enumerated population of 5.063 million in the 1998 Census. The locality selected as study area in Lahore is known as

Township situated at a distance of 22 kilometres from the districts courts of Lahore. The population of the area has access to all civic, educational and health facilities either within the area or close by.

e) Multan (Rural)

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

f) Faisalabad (Rural)

The sample area in Faisalabad district consists of two typical Punjabi villages called '70-GB' and '72-GB' situated at a distance of about 35 kilometres from Faisalabad city. People of the area either work in agriculture or as labourers in the cotton industry. Education facilities upto high school are available within the sample area both for boys and girls. Health facilities are available within a radius of six kilometres but a family welfare centre is available within the cluster. However, for specialised maternal and child health care, people have to visit Faisalabad. People use piped water for drinking but provision of natural gas is the major

demand of the people of the area. People are exposed to modern electronic media like TV/dish and radio.

Sindh

g) Karachi (Urban)

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

h) Ghotki (Rural)

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

NWFP

i) Peshawar (Urban)

Peshawar is the capital of the North West Frontier Province. It is a historical city and a commercial centre of the province. The sample area of the study consists of Gulbahar-I,

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

j) Karak (Rural)

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

The sample area of the study comprises Sabirabad, Tarkha Khoi and Metha Khel villages situated at a distance of about 20-30 kilometres from Karak city. The population of the cluster is about 5800. Education facilities are available within the cluster for both boys and girls upto middle level. High school is also available for boys but girls have to travel to the Karak city for schooling beyond middle standard. The villages of the sample area are electrified. The village Sabirabad has a rural health centre and a family welfare centre. Sabirabad has few shops, a Bank, a Post Office, a couple of private medical practitioners, Chemists and a Hakim. Wells are the major source of drinking water.

Balochistan

k) Quetta (Urban)

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

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

l) Mach (Rural)

Mach is a tehsil headquarters of district Bolan. It lies about 60 kilometres south of Quetta. It has rich coal mines. Its climate is dry and hot in summer and temperate in winter. Mach is a small town, having about 14300 population according to the 1998 Census.

The sample area of the study comprises six villages, the largest being killi Satikzai, which is adjacent to the Mach town. Killi Satikzai extends on the local river bed and the houses are usually washed away in heavy rains. Other small villages which make the cluster of the study are scattered around 15-20 kilometres, linked with katcha road/paths. These villages are: Aab-e-Gum, Gishtri, Jalalabad, Banglezai and Lattar. People of the area mostly work in coal mines during winter. In summer, they migrate to Quetta or other places where the temperature is moderate. The residents of the villages use health and schooling facilities of Mach town. People are mostly illiterate and poor.

Table 1.1

Sample areas of the PFPI project

Name of province and districts	Name of sampled clusters	Urban / rural status
Punjab		
Rawalpindi	Chamanabad, People's Colony, Dhok Saydan	Urban
Chakwal	Lawa	Rural
Gujranwala	Mokhal Sinduha, Nathukey, Chak Nizam	Rural
Lahore	Township	Urban
Multan	17 kasi, Kot Rabnawaz	Rural
Faisalabad	Chak 70GB, Chak 72GB	Rural
Sindh		
Karachi	Federal B. Area	Urban
Ghotki	Adilpur, Panjal Satu, Alla Rakhyo	Rural
NWFP		
Peshawar	Gulbahar I-IV	Urban
Karak	Sabirabad, Metha Khel, Tarkha Khoi	Rural
Balochistan		
Quetta	Satellite Town	Urban
Mach	Killi Satikzai, Aab-e-Gum, Gishtri, Jalalabad, Banglezai, Lattar	Rural

1.5 Sample size

Each of the twelve sample clusters was demarcated and housing structures were numbered. Each housing structure was numbered according to the number of households living in it. For example, if a housing unit had two households living in it, it was allocated two numbers, and each of them was identified by the name of the head of the household. Similarly, a housing structure not occupied was also given a number, but was mentioned as a dwelling not occupied (DNO). Table 1.2 shows that the 12 sample areas had 11508 housing units in 1996, out of which 11107 units were inhabited and the remaining 401 were vacant. The inhabited units formed the sample size of the 1996 Contraceptive Prevalence Survey.

At the household level, 10435 households (93.9 percent) were successfully completed, whereas the rest were either not available in the locality for interview during the survey period (5.2 percent) or declined to be interviewed (0.9 percent). The household information presented in this report is thus based on the data collected from 10435 households where interviews were completed. In these households, 10593 women were identified as eligible for detailed interview on reproduction and family planning related matters. Women who were currently married and aged 15-49 years were eligible for interview. Out of these 10593 women, 10247 (96.7 percent) were successfully interviewed. The non-response of 3.3 percent was mainly because of non availability of women (2.5 percent) and the refusal rate was minimal (0.7.percent). Response rate of eligible women was hundred percent in Rawalpindi, Peshawar and Quetta sample areas whereas it was 93.6 percent in Lahore, 91 percent in Gujranwala, and 90 percent in Chakwal sample areas. In rest of the areas response rate was even higher.

Table 1.2
Sample size of households and eligible women by area, PFPI, 1996

Areas	# of housing structures	Status of housing structures		Status of household interviews				Number of eligible women	Completion status of interviews of eligible women		
	Total	Occupied	Not occupied	Completed	Refused	Absent	Total	Identified	Completed	Refused	Absent
Total	11508	11107	401	10435	96	576	11107	10593	10247	77	260
Urban	4536	4446	90	1336	30	80	4446	4294	4171	33	99
Rural	6972	6661	311	6099	66	496	6661	6299	6076	44	161
Sample areas											
Rawalpindi	1100	1090	10	1090	--	--	1090	1022	1145	--	31
Chakwal	1101	1056	45	1044	--	12	1056	835	844	5	75
Gujranwala	1056	929	127	899	8	22	929	1001	860	8	56
Lahore	1024	961	63	888	26	47	961	911	785	21	61
Faisalabad	832	821	11	810	4	7	821	836	730	4	--
Multan	1053	1025	28	974	14	37	1025	1047	988	5	4
Karachi	911	908	3	903	1	4	908	865	792	12	5
Ghotki	933	931	2	930	--	1	931	811	899	8	6
Peshawar	783	781	2	777	2	2	781	803	797	-	20
Karak	990	936	54	879	--	57	936	925	1140	6	9
Quetta	717	706	11	678	1	27	706	693	652	--	--
Mach	1008	963	45	563	40	360	963	844	615	8	11

1.6 Questionnaires

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

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

1.7 Recruitment and Training of field staff

Three categories of staff were recruited for the field work. The first category was of resident registrars. In making selection for the 12 posts of resident registrar, preference was given to those who were residents natives of the same cluster. Out of these 12 registrars, three

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

1.8 Supervisors

The second category of staff is the field supervisor. Although six supervisors have been appointed i.e. one for every two clusters, services of NIPS Associate Fellows are also used as field supervisors, when necessary. Each supervisor has a MA degree and has been given training in the concepts used in supervision, field operation, registration of events and survey techniques. Their job involves establishing rapport with local leaders, working with registrars and enumerators of contraceptive prevalence surveys and solving problems of registration and enumeration in the field. In addition to their own training, they also participated in the training and refresher courses of registrars and interviewers.

The supervisors check the filled-in questionnaires in the field as well as at NIPS headquarters. They are trained to check and follow up discrepancies in data in the field so as to

ensure as reliable and valid information as is possible. Each supervisor has also been trained in the use of personal computer and processing and entering the data obtained through NIPS 1, NIPS 2 and NIPS 3 for the clusters for which he is responsible. The work of each supervisor is evaluated on the basis of quality of data of his respective clusters.

1.9 Interviewers

The third category of field workers are the teams of female interviewers for the contraceptive Prevalence Survey (CPS) using NIPS 4 and NIPS 5. For the 1996-CPS, seven teams of interviewers were selected. Of the 21 female interviewers recruited, eight had MA, an equal number had FA and five, though merely high school graduates, had long experience in interviewing. The interviewers from Punjab, Sindh and Peshawar were trained for a period of two weeks at NIPS while interviewers from Karak and Balochistan were imparted training at their respective headquarters. The training covered techniques of interviewing, establishing rapport with the respondents, probing and obtaining as accurate data as possible. The training included pre-testing of NIPS 4 and NIPS 5 and field instructions and intensive discussion in the class. During field visits, the respective male supervisor of the sample area accompanied each team of female interviewers.

1.10 Data collection and processing

As pointed out earlier, collection of data through NIPS 1 to NIPS 3 was a continuous process. The fieldwork of the 1996-CPS was started in April / May 1996 and completed in September 1996. Office editing of the questionnaires was completed in about three months

after completion of the fieldwork. However, due to heavy work load at the computer section, data entry of the questionnaire, cleaning of the data set and report writing took considerable time.

1.11 Limitations of the data

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

Chapter 2
Population size and structure

Chapter 2

POPULATION SIZE AND STRUCTURE

The 1996 survey of the Population and Family planning Indicators project has enumerated population of the sample areas on de facto basis. In addition to usual members, visitors of the households were also listed in the household schedule. Questions on marital status, education, literacy, work status, and income were also asked about every individual. The current size of the population, its distribution, composition and other characteristics like marital status, education and literacy level are important variables for use in all community level studies. The distribution of population by sex, age group, marital status and literacy are features, the data on which are commonly collected in all-important surveys. These characteristics help to understand the structure of the population and direction of its expansion in the future.

2.1 Household Population

The total population of the study area enumerated in the survey exceeds 71800 (Table 2.1). The population of the urban clusters is 29882 and that of the rural areas is 41997 In terms of number of households the PFPI surveys are the largest surveys so far undertaken in the country. The PFPI, 1993 survey was based on 9968 households, the PFPI 1994 on 12224 households and the current survey is based on a sample size of 10435 households. The variation in the sample size of the three surveys is caused by a difference in response rate in these surveys. The response rate in the 1994 survey was better than the other two surveys.

Overall household size in the sample areas is about seven persons and is surprisingly the same in urban and rural areas. Household size at the cluster level vary from a low of 5.7 persons in Chakwal rural area to a high of 7.7 persons in Gujranwala.

Table 2.1

Number of households, population by sex, sex ratio, household size, by residence and sample areas, PFPI 1996

Residence	Number of Households	*Population*			*Sex Ratio*	Household size
		Total	Male	Female		
Total	10435	71879	36856	35023	105	6.9
Urban	4336	29882	15435	14447	107	6.9
Rural	6099	41997	21421	20576	104	6.9
Sample clusters						
Rawalpindi	1090	7699	3918	3781	104	7.1
Lahore	888	5454	2771	2653	104	6.1
Chakwal	1044	5943	2887	3056	95	5.7
Multan	974	6796	3563	3233	110	7.0
Faisalabad	810	5234	2768	2466	112	6.5
Gujranwala	899	6941	3547	3394	105	7.7
Ghotki	930	5924	3074	2850	108	6.4
Karachi	903	6311	3266	3045	107	7.0
Peshawar	777	5466	2738	2728	100	7.0
Karak	879	7404	3604	3800	95	7.0
Quetta	678	4982	2742	2240	122	7.4
Mach	563	3755	1978	1777	111	6.7

2.2 Age distribution

Table 2.2 gives the percent distribution of the population by age groups. The population of children aged less than 15 years comprises 42 percent, which is slightly less than the 1994 survey (43 percent). However, the proportion of population under 15 years of age as found in the 1996-97 Pakistan Fertility and Family Planning Survey and the 1998 Census (43 percent) is very close to this estimate. The proportion of population under 15 years is smaller in urban (38.8) than rural areas (44.3), which suggests comparatively more decline in fertility in urban areas. Urban and rural proportion of population under 15 years of age has declined by one percentage point between 1994 and 1996. Table 2.3 shows lesser proportion in each successive age group of reproductive population. This indicates that more and more females are entering the reproductive age which, in turn, means that demographic momentum is being built in the population.

Table 2.2

Percent distribution of household population by age and residence, PFPI-1996

Age groups	Residence		
	All areas	Urban	Rural
<10	32.3	28.8	34.8
10-14	9.7	10.0	9.5
15-19	10.9	11.6	10.4
20-24	8.5	9.7	7.6
25-29	7.2	7.9	6.8
30-34	5.9	6.6	5.4
35-39	5.6	6.0	5.4

	Residence		
40-44	4.1	4.6	3.8
45-49	3.6	3.6	3.5
50 & over	12.1	11.2	12.8
	71879	29882	41997
Total	100.0	100.0	100.0

Table 2.3

Percent distribution of household females in reproductive age, by residence, PFPI-1996

Age group	Total	Urban	Rural
15-19	23.2	23.5	22.9
20-24	18.6	19.4	18.0
25-29	16.9	16.9	16.9
30-34	14.0	14.3	13.8
35-39	12.3	12.0	12.5
40-44	8.5	8.4	8.6
45-49	6.5	5.6	7.2
15-49	100.0	100.0	100.0
Total women	16295	7233	16295

2.3 Marital Status

Marriage is almost universal in Pakistani society. By the time both males and females reach 40 years of age, less than three percent remain never married. This happens both in urban and rural areas (Table 2.4). More women (9.5 percent) than men (1.8 percent) marry in their teen ages. Urban-rural differentials are also prominent. More rural women (11.7 percent)

get married in their teen ages than their counterparts in urban areas (2.3 percent). However, more than 90 percent women both in urban and rural areas get married by the time they are 35-39 years of age. At the aggregate level, two-thirds (68 percent) of the women are currently married when they are of 50 years age or more, compared to 89 percent men in the same age group. The percentage of widowhood at this age is more than 20 percentage points higher for women (29.1 percent) than for men (8.7 percent). The differential may be because of the fact that in Pakistani culture more widowed men tend to remarry than widowed women.

Table 2.4

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

Age group	Total					Male					Female				
Total	**Never married**	**Currently married**	**Widowed**	**Divorced /separated**	**Total**	**Never married**	**Currently married**	**Widowed**	**Divorced/ separated**	**Total**	**Never married**	**Currently married**	**Widowed**	**Divorced / separated**	**# of women**
15-19	94.4	5.5	0.0		7854	98.0	1.8	0.0		4078	90.4	9.5			3776
20-24	66.1	33.3	0.2		6094	84.0	15.6	0.2		3056	48.0	51.1	0.3		3.039
25-29	29.2	69.5	0.8		5197	45.5	53.6	0.7		2444	14.8	83.7	0.8		2753
30-34	10.7	87.2	1.5		4230	15.2	83.8	0.6		1948	6.8	90.1	2.3		2282
35-39	4.3	93.1	1.9		4054	5.9	92.4	1.2		2056	2.7	93.9	2.7		1998
40-44	2.7	92.8	3.6		2978	2.8	95.0	1.8		1592	2.6	90.3	5.8		1386
45-49	2.1	91.3	5.8		2554	2.3	95.0	2.2		1493	1.8	86.0	10.7		1061
50 +	2.2	78.9	18.4		8720	1.9	89.1	8.7		4579	2.7	67.6	29.1		4141
Urban															
15-19	96.0	3.9	0.0		3475	98.6	1.2	0.1	0.2	1778	93.3	6.7		0.0	1697
20-24	74.8	25.0	0.0		2908	90.5	9.5		0.6	1502	57.9	41.7	0.1	0.6	1406
25-29	37.4	61.8	0.5		2358	56.4	42.9	0.4	1.2	1134	19.9	79.3	0.5	0.7	1224
30-34	14.2	84.3	1.0		1979	18.8	80.9	0.2	0.2	948	10.0	87.4	1.7	0.5	1031
35-39	5.6	92.6	1.4		1800	7.6	92.0	0.1	0.1	935	3.4	93.3	2.9	0.9	865
40-44	3.2	92.9	3.4		1369	3.5	95.4	1.0	0.4	765	2.8	89.7	6.3	0.3	604

Age group	Total					Male					Female				
45-49	2.2	90.9	6.4		1064	2.6	95.0	2.4	0.1	658	1.5	84.2	12.8	1.3	406
50+	2.3	77.2	20.3		3340	1.6	90.3	7.9	0.3	1775	3.0	62.2	34.3	0.6	1565
Rural															
15-19	93.1	6.8	0.0		4379	97.6	2.3	0.0		2300	88.1	11.7			2079
20-24	58.1	40.9	0.4		3187	77.6	21.6	0.3		1554	39.6	59.2	0.6		1633
25-29	22.4	76.0	1.0		2839	36.0	62.9	0.8		1310	10.7	87.2	1.1		1529
30-34	7.6	89.7	2.0		2251	11.8	86.5	0.9		1000	4.2	92.2	2.8		1251
35-39	3.3	93.6	2.3		2254	4.5	92.8	2.1		1121	2.2	94.4	2.5		1133
40-44	2.2	92.7	3.9		1609	2.1	94.7	2.4		827	2.4	90.7	5.4		782
45-49	2.0	91.5	5.3		1490	2.0	95.1	2.0		835	2.0	87.0	9.5		655
50 & +	2.2	79.9	17.2		5380	2.0	88.3	9.2		2804	2.4	70.8	25.9		276

2.4 Singulate mean age at marriage

The Singulate Mean Age at Marriage (SMAM) is an estimate of the mean number of years lived by a cohort of women (15-49 years) before their first marriage. It is computed from data on marital status collected through census or survey. The basic assumption involved in the calculation is that the change in proportion single from age x to x+1 is a measure of the proportion of a birth cohort who married at that age. Table 2.5 shows singulate mean age at marriage for males and females for various years by different sources. The singulate mean age at marriage found in the current survey is 27.2 years for males and 22.9 years for females. The SMAM has gained very little (0.1 year) both for male and female in the two years period between the two surveys of the PFPI. There is, however, a steady increase in the SMAM over the past four decades. It is observed that the SMAM for females lags behind that for men by over four years.

Table 2.5

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

Source	Year	Male	Female
PFPI, 1996 (sample areas	1996	27.2	22.9
PFFPS, 1996-97	1997	26.3	21.6
PFPI, 1994	1994	27.1	22.8
PFPI, 1993	1993	27.0	22.7
PCPS, 1984-85	1984-85	25.3	20.7
Population Census	1981	25.0	20.7
PFP	1974-75	25.3	19.9

Source	Year	Male	Female
Population Census	1972	24.9	19.8
Population Census	1961	23.6	18.1
Population Census	1951	22.3	16.9

2.5 Level of education

Education changes one's outlook towards life. It changes our behaviour and attitude towards social problems and also about solving them. However, educational levels are relatively low in Pakistan compared to its neighbouring countries like India, Iran, Bangladesh and specially Muslim countries. It is discouraging to note (Table 2.6) that in the sample population four-tenths of the people had no schooling whatsoever. Only 22 percent of the population had some primary schooling. Primary population is not considered to be enough to change the attitude of the masses. More than half of the women (52 percent) have never been to school compared to 31 percent men. Only one-fifth of men (23 percent) and women (20 percent) had some primary schooling. About half of the male and female children of primary school age were out of schools. This depicts a gloomy picture of education in our society. At the aggregate level, only one-fourth population of the sample areas had more than middle level education while one in fifteen had more than intermediate level of education. This situation is worse for female (4 percent) than for male (9 percent). Education needs to be priority area if progress is desired to be made in any field of life.

Table 2.6

Percent Distribution of Population age Five years or above according to level of Education by Age and Sex, PFPI 1996

Sex/Age	No Education	1-5	6-8	9-12	13+	Total	
						Percent	Number
Male							
5-9	49.2	50.8	0.0	0.0	0.0	100.0	5559
10-14	16.6	50.0	29.6	3.8	0.0	100.0	4865
15-19	15.1	11.2	24.2	48.1	1.4	100.0	4078
21-24	15.9	7.9	11.9	46.4	17.8	100.0	3056
25-29	22.0	9.1	11.4	35.6	21.9	100.0	2444
30-34	27.0	9.3	10.9	31.8	21.0	100.0	1948
35-39	29.6	10.3	10.6	32.3	17.2	100.0	2056
40-44	32.3	9.1	10.9	32.0	15.7	100.0	1592
45-49	35.6	10.3	9.0	30.2	14.9	100.0	1493
50-54	40.1	9.8	9.2	26.8	14.1	100.0	1127
55-59	41.3	10.1	9.8	23.8	15.0	100.0	853
60-64	54.7	8.5	9.1	17.9	9.9	100.0	838
65+	64.5	8.1	7.0	15.3	5.2	100.0	1761
Total	30.8	23.0	13.2	24.0	8.9	100.0	31670
Female							
5-9	53.8	46.2	0.0	0.0	0.0	100.0	5132
10-14	26.8	43.5	26.0	3.7	0.0	100.0	4522
15-19	30.0	11.6	18.0	38.6	1.9	100.0	3776
21-24	41.0	9.1	7.6	29.9	12.5	100.0	3.39
25-29	54.7	8.0	6.4	21.0	9.9	100.0	2753
30-34	57.4	10.1	6.0	18.4	8.2	100.0	2282
35-39	65.6	8.0	5.7	15.6	5.3	100.0	1998

40-44	68.1	7.1	5.1	14.8	4.8	100.0	1386
45-49	73.0	6.8	4.8	11.1	4.3	100.0	1061
50-54	76.8	6.0	5.0	9.8	2.4	100.0	1352
55-59	82.1	6.1	4.7	5.8	1.3	100.0	686
60-64	89.2	4.5	2.5	3.1	0.7	100.0	762
65+	93.7	3.5	1.2	1.2	0.4	100.0	1341
Total	52.3	20.1	9.2	14.6	3.9	100.0	30090
Total							
5-9	51.4	48.6	0.0	0.0	0.0	100.0	10691
10-14	21.5	46.9	27.9	3.7	0.0	100.0	9387
15-19	22.2	11.4	21.2	43.5	1.6	100.0	7854
21-24	28.4	8.5	9.7	38.2	15.2	100.0	6095
25-29	39.3	8.5	8.8	27.9	15.5	100.0	5197
30-34	43.4	9.7	8.2	24.6	14.1	100.0	4230
35-39	47.3	9.2	8.1	24.1	11.3	100.0	4054
40-44	49.0	8.2	8.2	24.0	10.6	100.0	2978
45-49	51.1	8.8	7.2	22.3	10.5	100.0	2554
50-54	60.1	7.7	6.9	17.5	7.7	100.0	2479
55-59	59.5	8.3	7.5	15.8	8.9	100.0	1539
60-64	71.1	6.6	5.9	10.9	5.5	100.0	1600
65+	77.1	6.1	4.5	9.2	3.1	100.0	3102
Total	41.3	21.6	11.3	19.4	6.5	100.0	61760

2.6 Literacy

Table 2.7 shows the literacy status in the twelve large clusters of study area. At the aggregate level, slightly over half (56 percent) of the population aged ten years or older were able to read and write a simple letter with understanding. This proportion is higher among

males (68.3 percent) than among females (44.1 percent) and so is in urban (78.1 percent) than rural areas (37.7 percent). Variations are pronounced at the cluster level. As expected, more Karachites are literate than people living in rural areas of Mach and Multan. Literacy is one of the indicators of social uplift of a nation. Again here, rural areas and female of our study population are at a disadvantageous position.

Table 2.7

Percentage Distribution of Literate Population Age 10 years and above by Sex and Sample Area

Region	Male		Female		Total	
	Percent	Number	Percent	Number	Percent	Number
Urban	85.2	11533	70.3	10718	78.1	22251
Rural	54.8	14578	24.3	14240	37.7	28818
Total	68.3	26111	44.1	24958	56.4	51069
Lawa	65.9	2000	29.9	2213	47.0	4213
Guiranwala	55.4	2497	35.2	2403	45.5	4900
Faisalabad	60.9	2005	39.2	1818	50.6	3823
Multan	30.2	2383	12.3	2167	21.6	4550
Lahore	89.0	2137	78.2	2021	83.7	4158
Rawalpindi	74.9	2774	54.8	2619	65.1	5393
Ghotki	66.1	2086	22.1	1881	45.2	3967
Karachi	95.6	2656	89.0	2460	92.4	5116
Karak	68.6	2371	20.2	2634	43.1	5005
Peshawar	84.7	2038	67.0	2069	75.8	4107
Mach	27.9	1236	2.3	1124	15.7	2360
Quetta	82.2	1928	61.3	1549	72.9	3477

2.7 Work status

Table 2.8 shows distribution of the study population by work status. Though forty percent of study population was residing in rural areas, only 2.7 percent of the population was engaged in agriculture whereas more than one-fourth was engaged in other than agriculture sector. House-wives constituted 42 percent of the total women folk. At the household level more male were students (34.5 percent). One fourth of male population at the household level were engaged in other than agriculture sector.

Table 2.8

Percent Distribution of Population aged five years or more by Work Status, Sampled area and Place of Residence

Work Status	Male	Female	Total	
			Percent	Number
FT Employee Agr	2.4	0.1	1.3	788
PT Employee in Agr.	0.2	0.2	0.2	116
FT Employee in other sectors	25.0	2.6	14.1	8696
PT Employee in other sector	0.3	0.1	0.2	108
Self Employed in Agr.	0.5	0	0.3	180
Working on Family Land	1.7	0.1	0.9	566
Self Employed in other sector	13.3	0.5	7.1	4383
UP Family Worker	2.4	1.2	1.9	1145
Looking for Work	3.5	0.5	2.0	1241
Housewife only	0	41.5	20.7	12756

Housewife + Working	0	1.2	0.6	366
Not looking for Work	5.2	12.3	8.7	5343
Student only	34.5	28.1	31.4	19386
Student + Working	0.2	0.1	0.2	107
Under 10 but neither student nor Working	4.8	5.5	5.2	3185
Under 5 or too old to work	3.7	5.3	4.5	2765
Disabled	0.8	0.6	0.7	415
Other	0.6	0.1	0.3	213
Total	100.0	100.0	100.0	100.0

Chapter 3
Characteristics of Respondents

Chapter 3

CHARACTERISTICS OF RESPONDENTS

Women who were currently married and between the ages of 15-49 were eligible for detailed interview. These women were identified in the household schedule and later interviewed. This chapter examines the characteristics of respondents. It is important to know their background characteristics and relate them later to their reproductive health behaviour and the use of family planning. Age of women, their parity status, education, literacy level, and employment status make them distinct groups reacting differently in a given situation.

3.1 Age Composition of respondents

Age distribution of currently married women is an important variable, which shows the proportion of women at risk of pregnancy at a particular period in time. Table 3.1 shows that six out of ten currently married women in the sample areas were in the prime age (25-39 years) of reproduction. The proportion of currently married women in age group 15-19 is shrinking because of increasing age at marriage. This trend seems to continue from the past few decades. It was found to be 12.9 percent in the mid-seventies (Population Council of Pakistan, 1976), 8.2 percent in 1981 (Population Census Organisation, 1984), 7.7 in mid eighties (Population Welfare Division, 1986), 6.5 percent in 1990-91 (NIPS, 1992), 5.6 in 1994 (Sultan, 1994) and 3.4 percent in the current survey.

3.2 Number of living children

The average number of living (surviving) children is another indicator, which throws light on the cumulative fertility of women. The proportion of women with three living children (15.5 percent) is highest among all age groups. Women with 2-4 children comprise 43.2 percent of the sample. It is, however, worth mentioning that one-fifth of the women were having six or more children (Table 3.1).

3.3 Education and literacy of women

Majority of the PFPI respondents (65.7 percent) had no schooling while only nine percent had some primary education. Only 20 percent women had some schooling beyond middle level. Rural women are at a more disadvantageous position as about 85 percent of them have no schooling at all, and only eight percent have some primary education. In urban areas the situation is comparatively better as two-thirds of the women have at least been to school and a quarter (23.6 percent) of them have eleven or more years of schooling. Similarly, two-thirds of women were found illiterate at the aggregate level, 85 percent in rural areas and 36 percent in urban areas (Table 3.1).

3.4 Employment Status of women

In Pakistani society men are considered to be the sole bread earners. Majority of women (93 percent) were not looking for work. These women are housewives. The same situation exists both in urban as well rural areas. Only 5.4 percent women were working either as an employ or they had generated some kind of self-employment (Table 3.1).

Table 3.1

Percent distribution of currently married women 15-49 years, by background characteristics, PFPI 1996

Background characteristics	Percent	# of women
Current age at the time of survey		
15-19	3.4	347
20-24	15.1	1547
25-29	22.1	2268
30-34	20.2	2074
35-39	18.1	1858
40-44	12.3	1257
45-49	8.7	896
Total	100.0	10247
No of living children		
0	12.2	1254
1	13.2	1355
2	14.5	1481
3	15.7	1612
4	13.5	1383
5	11.6	1188
6 and over	19.2	1974
Total	100.0	10247
Education of respondent		
None	63.9	6552
1-5	8.6	889

6-8	5.8	590
9-10	10.9	1114
11 and over	10.8	1102
Total	100.0	10247
Literacy level of respondent		
Literate	35.3	3615
Illiterate	64.7	6632
Total	100.0	10247
Employment status of respondent		
Employee	4.8	492
Self employed	.8	78
Unpaid family worker	1.7	170
Looking for work	.1	11
Not looking for work	92.7	9496
Total	100.0	10247

3.5 Mean age at marriage

The question on age at marriage was not asked in the 1996 survey. However, this question was asked in the 1994 survey from almost the same women and from the same sample areas. It is reasonable to assume that the mean age at marriage will be more or less the same for our study population. Table 3.2 shows the mean age at marriage of women in the sample areas in 1994. According to the 1994 survey, the average age at which the women had married was about 18 years. Women in urban areas married one and a half-year later compared to their counterparts in rural areas. Women in their late twenties or early thirties reported to have

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

Table 3.2

Mean age at marriage of currently married women 15-49 years by residence

Name of area	15-19	20-24	25-29	30-34	35-39	40-44	45-49	15-49	# of women
Urban areas	16.26	18.29	19.43	19.04	18.81	18.90	18.66	18.83	3971
Rawalpindi	16.10	17.56	18.96	18.23	18.29	18.29	18.60	18.15	948
Lahore	16.82	18.94	20.23	19.53	19.13	19.12	18.88	19.37	809
Karachi	17.38	19.47	20.47	20.35	19.50	19.22	19.31	19.78	795
Peshawar	16.58	18.45	19.26	18.95	18.98	19.44	19.38	19.00	764
Quetta	15.64	17.61	18.15	18.18	17.97	17.89	16.68	17.80	655
Rural areas	15.44	17.15	17.5	17.81	17.36	17.47	17.34	17.31	5407
Chakwal	15.84	17.18	17.43	18.13	17.41	17.25	17.69	17.46	722
Gujranwala	16.23	18.06	18.42	19.06	18.77	18.99	18.21	18.46	871
Multan	14.84	16.16	16.07	16.48	15.75	16.52	16.71	16.05	750
Faisalabad	16.47	18.47	19.32	20.05	19.70	19.82	20.61	19.49	566

Karak	16.76	17.87	18.41	18.19	17.49	17.87	18.49	17.94	919
Ghotki	15.31	16.85	16.49	15.88	15.74	15.67	15.13	16.10	808
Mach	14.92	16.12	16.20	16.41	16.26	15.81	16.13	16.01	771
All areas	15.65	17.58	18.32	18.36	18.03	18.13	17.95	17.95	9378

Source: Population and Family Planning Indicators: Contraceptive Prevalence Survey in twelve large clusters-1994, Page-31

Chapter 4
Fertility

Chapter 4

Fertility

In conventional fertility surveys, birth histories are included to collect detailed information on all the births that women have had. Such surveys provide both past and present fertility levels. However, no such birth history was included in the PFFPS surveys. The PFPI surveys conducted in 1993, 1994 and 1996 all collected information on the total number of live births that a respondent had till the time of the interview. However, caution was exercised in these surveys to control memory lapses by asking women to report all those births which were live at the time of delivery for even a moment of time. In 1994 and 1996 surveys information was also asked on the number of still births the woman had in her life. Care was taken that the two types of births were not mixed up. To check on the accuracy, the woman was reminded again about the number of births she had had in her life-time. If there was any discrepancy, the information was corrected at the spot. In order to estimate current fertility, the woman was asked about the date of birth of the last child born alive. Children born alive in the last one year were separated and the data were used for estimation of fertility rates. In addition, data on current pregnancy and its duration were also collected together with the information whether the pregnancy was desired at that time or not. Interviewers were trained to probe effectively on the ages of mothers and their children born alive to estimate accurate fertility measures as far as possible.

In Pakistan fertility has remained high until recently. Recent surveys suggest that fertility has started to follow a declining trend (NIPS, 1992; Hashmi et. al., 1994; Hakim et.

al., 1998). There are various reasons argued to be responsible for this declining trend. The most important among them are increasing age at marriage and prolonged breast-feeding. Contraceptive prevalence is also on increase but not to the extent to hammer a significant dent on fertility.

In this chapter we will examine various summary measures that have been calculated from the PFPI 1996 data to provide figures on current fertility in the urban and rural clusters and also on an aggregate level. These measures include the crude birth rate (CBR), the general fertility rate (GFR), age specific fertility rates (ASFR), marital age specific fertility rates (MASFR), and total fertility rates (TFR)

4.1 Crude Birth Rate

Crude birth rate (CBR) is a term commonly used and easily understood. The crude birth rate indicates the number of live births per 1000 population in a given year. The CBR calculated for the sample clusters is based on the data collected in the household schedule (NIPS 4). Data on births and deaths occurring in the twelve months period prior to the survey were matched with the registration data collected separately from the same areas. The adjusted data have then been used for calculating the crude birth rates, crude death rates and the consequential rate of natural increase for each cluster, for urban and rural areas and for the aggregate population of the study areas (Table 4.1)

It appears that various areas of the study are passing through different stages of fertility transition. Crude Birth Rate is higher in rural than urban areas but at the same time, disparity

also exists within the rural as well as urban areas. At the aggregate level, a CBR of 29.6/1000 and a rate of natural increase of 2.3 percent has been observed. Karachi, where the sample cluster is inhabited by lower middle class, has the lowest crude birth rate of 16.6 per thousand population, followed closely by Peshawar cluster (19.9 /1000) in NWFP. The rate of natural increase of population in these areas is 1.14 percent and 1.6 percent respectively. Among the urban clusters, the highest CBR has been observed in Rawalpindi sample area (31.6/1000) which has a significant proportion of migrants from rural areas of Afghanistan and NWFP. Almost similar trend was observed in the PFPI 1994 survey. The CBR in rural areas varies between 25.1 and 41.6. the highest CBR was recorded in Ghotki and the lowest in Chakwal. The crude death rate in all of the twelve areas varies between 3 and 10.9 per thousand population. The highest rate of natural increase (3.6 percent) has been observed in the Karak sample area and the lowest in Karachi (1.14 percent). Chakwal rural areas also has a low rate of natural increase (1.4 percent). This is because of higher prevalence of mortality in that area (10.9 percent).

Table 4.1

Crude Birth Rate (CBR), Crude Death Rate (CDR) and Rate of Natural Increase (RNI) by sample areas, PFPI-1996

S. No	Name of sample area	CBR	CDR	RNI
	Urban Areas	24.3	4.8	1.95
1	Rawalpindi	31.6	5.2	2.64
2	Lahore	24.0	5.7	1.83
3	Karachi	16.6	5.2	1.14
4	Peshawar	19.9	4.2	1.60

5	Quetta	27.9	3.0	2.50
	Rural Areas	33.4	7.8	2.56
6	Chakwal	25.1	10.9	1.41
7	Multan	31.8	10.9	20.9
8	Faisalabad	26.6	6.9	1.97
9	Gujranwala	32.3	5.5	2.68
10	Ghotki	41.7	9.8	3.19
11	Karak	39.6	4.1	3.55
12	Mach	36.0	6.9	2.90
	All Areas	29.6	6.5	2.31

4.2 Age-Specific Pregnancy Rates

In the PFPI 1996 survey women were asked whether or not they were pregnant at the time of survey. This information is cross-tabulated by age of women and by sample clusters and presented in Table 4.2. At the aggregate level, about 14 percent women were found pregnant at the time of survey. The same proportion of women was found pregnant in 1994 survey also (PFPI, 1994). More rural (16 percent) than urban (10.5 percent) women were found pregnant. Differentials are more noticeable at the cluster level. In urban areas seven to thirteen percent women were pregnant in various clusters. While in rural areas the pregnancy rate was higher in Ghotki (20.7 percent) and lowest in Karak (7.9 percent). The pregnancy rate in Karak appears to be strange as in the 1994 survey the pregnancy rate was highest in Karak amongst all rural areas. This needs further probing and cross examination with the prevalent use of contraception in Karak. In urban areas the lowest rate of pregnancies was reported in

Karachi which being a cosmopolitan area with higher level of education and health and family planning facilities is expected. Generally pregnancies are under reported for the reason that early pregnancies are usually not detected and often not reported especially by younger as well as older women.

Table 4.2
Age-specific pregnancy rates of currently married women 15-49 years by age and sample areas, PFPI 1996

Sample areas	Current age							
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	15-49
Urban areas	**24.5**	**22.0**	**15.9**	**8.9**	**4.4**	**1.6**	**1.2**	**10.3**
Rawalpindi	25.6	26.4	15.1	6.6	6.6	1.3	1.4	10.9
Lahore	20.0	30.5	15.2	16.0	1.3	.8	1.5	11.5
Karachi	12.5	13.5	14.0	4.7	2.2	2.2	.0	7.1
Peshawar	36.0	19.4	16.0	4.8	3.8	.9	.0	8.8
Quetta	18.8	18.7	20.4	14.2	7.3	4.4	5.0	13.3
Rural areas	**22.4**	**22.4**	**19.9**	**18.3**	**11.5**	**9.1**	**5.8**	**16.0**
Chakwal	40.0	22.4	17.3	14.5	6.7	4.7	.9	10.9
Gujranwala	38.6	27.7	20.4	24.4	11.3	5.9	2.2	19.1
Multan	22.9	28.5	22.7	20.1	21.0	14.5	9.0	19.9
Faisalabad	36.4	23.8	19.7	22.0	10.5	9.2	9.2	16.7
Ghotki	20.8	27.3	26.3	19.0	17.5	10.8	10.7	20.7
Karak	14.3	11.4	10.4	7.7	4.3	3.2	.0	7.9
Mach	25.0	21.7	26.3	20.9	13.5	23.1	4.3	19.8
All areas	**23.1**	**22.2**	**18.2**	**14.2**	**8.5**	**5.9**	**4.1**	**13.7**

4.3 General fertility rate

The general fertility rate (GFR) is calculated by dividing the number of births occurring during a specific period of time by the number of women of reproductive age (15-49). The rate is usually expressed per 1000 women. In the PFPI 1996, a GFR of 144 is found at the aggregate level-104 in the urban areas and 176 in the rural areas which compared to 1994 is slightly lower as expected. At the cluster level, the highest GFR was found in Multan (218) and the lowest in Peshawar (41).

4.4 Age-Specific and Total Fertility Rate

Age-specific fertility rates and total fertility rates are more refined estimates of fertility than the CBR or GFR. Total fertility rate is a summary measure that indicates the number of children a woman is likely to have during her reproductive life if she were to experience the age-specific fertility rates prevailing at the time of survey. Table 4.3 shows age-specific fertility rates, total fertility rates and gross reproductive rates observed in the urban / rural clusters and at the aggregate level. Women in rural areas are expected to produce 2-3 children more (6.2) than their counterparts in urban areas (3.7) through their reproductive life. In the prime years of reproduction (20-34), these women are producing one child more than women in urban areas. By the time a rural woman attains the age of 39, she has already given birth to five children (TFR 5.1) compared to three children by the urban woman (TFR 3.3). At the aggregate level, women of the PFPI survey are expected to produce five children on average through their reproductive life. About the same level of fertility was observed in the 1994 PFPI in these twelve areas.

Fertility differentials are prominent at the cluster level. The highest fertility was found in Multan (7.96 children) followed by Ghotki in Sindh (7.45 children). It is close to replacement level in Karachi (2.7) followed by Peshawar (2.8). Among rural areas, fertility in Chakwal is lowest (4 children) which may be because of absence of husbands for larger duration and also because of prevalence of intensive and prolonged breast-feeding in the study area.

4.5 Gross Reproductive Rate (GRR)

Gross reproduction rate, which is simply the sum from ages 15-49 of the age specific fertility rates calculated for female births only, represents the average number of daughters which, ignoring mortality, will take the place of their mothers, assuming that the rates for the current year will continue in future. It is a measure of the average number of daughters produced by women during their complete reproductive life. An approximation to the GRR can also be obtained by multiplying the TFR by the ratio of female births to total births. This makes the reasonable assumption of a constant sex ratio at birth for all ages of mothers. GRR is usually expressed as a rate per women rather than a rate per 1000 women.

The gross reproduction rates given in Table 4.3 have been calculated by multiplying the TFRs by the ratios of female births to total births for the sample areas, and urban-rural residence. The pattern of GRR is the same as that of the TFR. At the aggregate level, a woman is replaced by 2.5 daughters whereas a woman in urban areas is replaced by 1.8 and in rural

areas by three daughters. Similarly, the two extremes at cluster level are Ghotki and Karachi where GRR is 3.8 and 1.3 respectively.

Table 4.3

Age-specific fertility rates (ASFR), total fertility rates (TFR), gross reproduction rates (GRR) and general fertility rates for all women 15-49 years, by sample areas, PFPI-1996

Sample areas	Current age							15-49 years		
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	TFR	GRR	GFR
Urban areas	0.0171	0.1373	0.2349	0.1853	0.0913	0.0596	0.0099	3.69	1.79	104.4
Rawalpindi	0.0201	0.1694	0.2964	0.2162	0.1495	0.1205	0.0227	4.97	2.41	152.2
Lahore	0.0092	0.1107	0.2808	0.1436	0.0679	0.0000	0.0000	3.06	1.47	95.1
Karachi	0.0094	0.0925	0.1882	0.1493	0.0494	0.0367	0.0084	2.67	1.34	81.0
Peshawar	0.0242	0.1434	0.1509	0.1620	0.0395	0.0320	0.0147	2.83	1.36	41.1
Quetta	0.0273	0.2270	0.2553	0.2575	0.1400	0.1000	0.0000	5.04	2.42	154.4
Rural areas	0.0279	0.2033	0.2884	0.2798	0.2224	0.1304	0.0885	6.20	2.98	175.9
Chakwal	0.0218	0.1215	0.2009	0.2067	0.1202	0.0902	0.0357	3.99	1.93	116.1
Gujranwala	0.0312	0.1908	0.2876	0.2311	0.1989	0.1161	0.0625	5.59	2.75	157.2
Multan	0.0177	0.1806	0.3416	0.4145	0.2424	0.2397	0.1554	7.96	3.79	218.3
Faisalabad	0.0077	0.1429	0.2516	0.2571	0.3622	0.0778	0.0889	5.94	2.83	163.5
Karak	0.0273	0.2395	0.3145	0.3194	0.2074	0.0897	0.0423	6.20	2.89	180.2
Ghotki	0.0475	0.2727	0.3457	0.2727	0.2720	0.1395	0.1398	7.45	3.65	210.5
Mach	0.0545	0.2500	0.2345	0.2632	0.2148	0.1923	0.0408	6.25	2.97	197.0
All areas	0.0230	0.1728	0.2655	0.2371	0.1657	0.0996	0.0584	5.11	2.46	144.2

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

The age-specific fertility rates discussed earlier are based on the number of women in each age group of reproductive span, irrespective of their marital status. In the calculation of

marital age-specific fertility, the denominator includes only those women who are married and are, therefore, exposed to child bearing. A married woman in the twelve sample clusters is expected to give birth to 7-8 children in her reproductive life by following the age-specific fertility pattern of the married women. Here, the difference between urban and rural woman is also about two children. Women in multan sample area have the highest marital fertility (9.6 children) compared to all other areas of the study. Married women in Karachi and Peshawar will also give birth to more than five children through their reproductive lives if they respond exactly to the observed marital fertility schedules of the respective areas. The marital gross reproduction rates as shown in Table 4.4 indicate that a married rural woman is expected to be replaced by four daughters whereas the urban woman is likely to be replaced by three daughters when she completes her reproductive life.

Table 4.4

Marital age-specific fertility rates (MASFR), marital total fertility rates (MTFR), and marital gross reproduction rate (MGRR) for currently married women 15-49 years, by sample areas, PFPI 1996

Sample areas	Current age							15-49 years	
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	MTFR	MGRR
Urban areas	0.2544	0.3294	0.2987	0.2120	0.0979	0.0664	0.0117	6.35	3.08
Rawalpindi	0.2051	0.3377	0.3333	0.2333	0.1553	01299	0.0267	7.11	3.44
Lahore	0.2143	0.2650	0.3476	0.1561	0.0714	0.0000	0.0000	5.27	2.52
Karachi	0.2353	0.3304	0.2741	0.2027	0.0548	0.0449	0.0100	5.76	2.90
Peshawar	0.2800	0.3333	0.2105	0.1872	0.0440	0.0357	0.0182	5.54	2.67
Quetta	0.3684	0.3895	0.2981	0.2810	0.1479	0.1039	0.0000	7.94	3.08
Rural areas	0.2377	0.3437	0.3308	0.033	0.2357	0.1439	0.1018	8.48	4.07
Chakwal	0.2222	0.2737	0.2568	0.2312	0.1287	0.1081	0.0413	6.31	3.06

Sample areas	Current age							15-49 years	
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	MTFR	MGRR
Gujranwala	0.2708	0.3529	0.3457	0.2476	0.2169	0.1275	0.0769	8.19	4.04
Multan	0.1389	0.3060	03656	0.4444	0.2532	0.2500	0.1691	9.64	4.59
Faisalabad	0.2000	0.3788	0.3545	0.2827	0.3740	0.0854	0.0988	8.87	4.22
Karak	0.2667	0.3846	0.3560	0.3506	0.2217	0.1000	0.0536	8.67	4.03
Ghotki	0.2692	0.3711	0.3621	0.2970	0.2833	0.1500	0.1585	9.46	4.63
Mach	0.2308	0.2931	0.2378	0.2679	0.2266	0.2083	0.0476	7.56	3.60
All areas	0.2430	0.3383	0.3173	0.2633	0.1764	0.1103	0.0680	7.58	3.66

4.7 Children Ever Born

Table 4.5 shows mean number of children ever born to currently married women of reproductive ages. At the aggregate level mean number of children ever born to women aged between 15-49 was 3.17. It was 3.6 in urban areas and 3.8 in rural areas. By the time a married woman reaches the middle of her reproductive life (30-34), she is already a mother of four children. An average woman of the PFPI sample has more than six children (6.3) when she is in the terminal age group of reproduction. The urban woman on the average produces one child less than her counterpart in the rural areas. Mean number of children varies across the sample clusters. It is lowest in Karachi (3.2) and highest in Ghotki (4.2).

Education has an inverse relationship with the number of children ever born. On the average, a woman with no education has more than four children (4.1) compared to a woman with eleven or more years of schooling (2.5). In urban areas the mean number of children ever

born for women with some college education is 2.6 compared to 4.0 for women with no schooling.

Literacy also makes a difference of one child at the aggregate level. The effect of education in urban and rural areas is almost the same in urban and rural areas. Employment of women does not seem to have any impact on number of children. This may be because of the type of work women of the PFPI sample are involved in. These women are mostly working within their houses or in their fields. Housewives and employed women have the average of children ever born to them.

Table 4.5

Mean number of children ever born of currently married women 15-49 years by background characteristics and by areas, PFPI, 1996

Background characteristics	Urban areas						Rural Areas								All Areas
Current age	Rawalpindi	Lahore	Karachi	Peshawar	Quetta	All urban areas	Chakwal	Gujranwala	Multan	Faisalabad	Ghotki	Karak	Mach	All rural areas	
15-19	.5	.8	.8	.5	.6	.6	.5	.6	.3	.2	.5	.6	.5	.5	.5
20-24	1.4	1.2	1.0	1.5	1.7	1.4	1.2	1.7	1.0	.9	1.6	1.4	1.2	1.4	1.4
25-29	2.5	2.6	2.1	2.5	2.9	2.5	2.3	2.9	2.7	1.9	3.1	2.7	2.3	2.6	2.6
30-34	4.0	3.7	3.0	3.0	4.4	3.7	3.4	4.0	4.1	3.2	4.6	4.2	4.1	3.9	3.8
35-39	5.1	5.0	3.9	4.4	5.1	4.7	4.3	5.2	5.1	4.0	5.9	5.5	5.2	5.0	4.9
40-44	5.7	5.3	5.0	4.8	6.3	5.4	5.3	5.8	6.7	4.9	7.1	5.9	5.9	6.0	5.7
45-49	6.0	5.4	5.7	4.9	7.1	5.7	5.7	6.4	7.3	6.6	8.0	5.8	6.1	6.6	6.3
All ages	3.7	3.7	3.2	3.4	4.1	3.6	3.6	3.8	4.1	3.4	4.2	3.6	3.5	3.8	3.7
Education															
None	4.2	4.5	5.0	4.1	4.8	4.4	3.8	4.1	4.2	3.7	4.5	3.7	3.6	4.0	4.1
1-5	4.1	4.2	4.6	4.1	4.5	4.2	3.2	3.3	3.2	3.6	2.3	3.2	.5	3.1	3.6
6-8	3.1	3.7	4.0	4.1	4.2	3.7	2.6	2.8	3.1	2.3	2.3	2.7	3.0	2.6	3.4
9-10	2.5	3.6	3.3	3.3	3.2	3.2	2.1	2.5	2.0	1.9	1.4	3.2	3.0	2.2	3.1
11 and over	2.4	2.4	2.5	2.6	2.8	2.6	1.8	1.6	.7	2.4	1.8	2.6	--	2.0	2.5
Literacy level															
Literate	3.1	3.4	3.0	3.1	3.4	3.2	2.7	2.9	2.8	2.9	2.1	3.0	2.3	2.7	3.1

Illiterate	4.2	4.5	4.6	4.1	4.8	4.4	3.8	4.1	4.2	3.7	4.5	2.7	3.6	4.0	4.1
Employment status															
Employed	3.8	3.7	2.3	2.9	2.9	3.2	2.9	3.3	4.5	2.9	5.1	3.3	1.7	4.0	3.7
Self employed	4.1	1.8	2.0	2.8	2.3	2.9	3.8	3.7	4.0	3.0	2.7	3.1	5.0	3.3	3.1
Unpaid family worker	3.8	1.7	1.6	1.7	3.5	2.4	2.1	2.4	2.2	2.6	3.8	2.3	1.1	2.7	2.6
Looking for work	--	--	.0	--	.5	.3	--	6.0	--	--	8.0	4.0	--	4.8	3.5
Not looking for work	3.7	3.8	3.3	3.4	4.2	3.7	3.6	3.8	4.1	3.5	4.1	3.7	3.6	3.8	3.7

4.8 Children Surviving

Table 4.6 shows mean number of children who were surviving at the time of survey by background characteristics of the women. The difference between the mean number of children ever born and mean number of children surviving at different ages indicates mortality of children as a woman proceeds through her reproductive life. On the average, a married woman aged between 15 to 49 years has given birth to 3.7 children out of which 3.4 children survive and thus she experiences a loss of about 18 percent children. The data reveal that women in their late forties have experienced a loss of about 12 percent of their children. At the end of the reproductive life, an average married woman of the PFPI survey is expected to have about six surviving children (5.6). Child loss is highest in Ghotki. A woman in Ghotki is expected to experience child loss twice as many as her counterpart in Gujranwala and four times more than women in Faisalabad or in any urban cluster. Child loss is lower in Karak and Mach.

By comparing mean number of children ever born and mean number of children surviving, it becomes evident that children of literate and educated women are expected to survive more than the children of illiterate and non-educated women. Those who have had 11 or more years of education, 96 percent of their children survive whereas uneducated women lose about 12 percent of their children. Not much variation is observed on urban-rural basis. Comparison of table 4.5 and 4.6 suggests that children of literate women have greater chance of survival compared to illiterate women. The data also show that children of housewives are expected to survive longer than those engaged in some kind of economic activity.

4.9 Summary Indicators

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

Table 4.6

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

Background characteristics	Urban areas						Rural areas								
Current age	Rawalpindi	Lahore	Karachi	Peshawar	Quetta	All urban areas	Chakwal	Gujranwala	Multan	Faisalabad	Ghotki	Karak	Mach	All rural areas	All areas
15-19	.5	.8	.8	.5	.6	.6	.5	.5	.2	.2	.4	.5	.5	.4	0.5
20-24	1.4	1.1	1.0	1.5	1.7	1.3	1.0	1.5	.9	.9	1.4	1.4	1.1	1.2	1.3
25-29	2.4	2.4	2.1	2.4	2.8	2.4	2.0	2.7	2.3	1.7	2.6	2.7	2.2	2.4	2.4
30-34	3.6	3.6	2.9	3.3	4.1	3.5	3.0	3.6	3.4	2.9	3.6	4.1	4.0	3.5	3.5
35-39	4.7	4.7	3.8	4.2	5.0	4.5	3.8	4.6	4.4	3.7	4.7	5.3	5.1	4.5	4.5
40-44	5.2	4.8	4.7	4.5	6.1	5.0	4.4	5.2	5.8	4.5	5.8	5.7	5.8	5.3	5.2
45-49	5.4	4.7	5.3	4.5	6.6	5.2	4.9	5.8	6.1	6.0	6.4	5.4	5.8	5.8	5.6
All ages	3.4	3.5	3.0	3.2	3.9	3.4	3.1	3.4	3.5	3.2	3.4	3.5	3.4	3.4	3.4
Education															
None	3.8	4.1	4.6	3.9	4.6	4.1	3.3	3.7	3.5	3.4	3.6	3.6	3.5	3.5	3.6
1-5	3.8	3.8	4.4	4.0	4.3	3.9	2.9	3.0	2.9	3.3	2.1	3.1	.5	2.9	3.3
6-8	2.9	3.3	3.9	3.9	4.0	3.5	2.3	2.6	3.0	2.2	2.0	2.7	3.0	2.5	3.2
9-10	2.4	3.4	3.2	3.2	3.2	3.1	1.9	2.3	1.9	1.7	1.0	3.0	3.0	2.0	2.9
11 and over	2.3	2.3	2.4	2.5	2.7	2.4	1.7	1.6	.7	2.3	1.6	2.3	--	1.9	2.4
Literacy level															
Literate	2.9	3.1	2.9	3.0	3.3	3.0	2.5	2.7	2.6	2.6	1.9	2.8	2.3	2.5	2.9
Illiterate	3.9	4.1	4.2	3.9	4.6	4.1	3.3	3.7	3.6	3.4	3.6	3.6	3.4	3.5	3.6
Employment status															
Employed	3.4	3.2	2.3	2.7	2.8	2.9	2.4	2.7	3.9	2.8	4.2	3.0	1.6	3.5	32.
Self employee	3.3	1.8	2.0	2.3	2.3	2.5	3.0	3.7	3.0	3.0	2.2	2.9	5.0	2.9	2.7
Unpaid family worker	3.4	1.7	1.6	1.7	3.0	2.3	2.0	2.3	1.8	2.5	3.1	2.3	1.1	2.4	2.4
Looking for work	--	--	--	--	--	.3	--	6.0	--	--	8.0	3.8	--	4.6	3.5
Not looking for work	3.4	3.5	3.1	3.3	4.0	3.4	3.2	3.5	3.4	3.2	3.3	3.6	3.5	3.4	3.4

Table 4.7

Summary of fertility and other indicators by sample areas, PFPI-1996

Indicators	Urban areas						Rural areas								Total
	Rawalpindi	Lahore	Karachi	Peshawar	Quetta	All urban	Chakwal	Gujranwala	Multan	Faisalabad	Ghotki	Karak	Mach	All rural	All areas
Crude Birth Rate	31.6	24.0	16.6	19.9	27.9	24.3	25.1	32.3	31.8	26.6	41.7	39.6	36.0	33.4	29.6
Crude Death Rate	5.2	5.7	5.2	4.2	3.0	4.8	10.9	5.5	10.9	6.9	9.8	4.1	6.9	7.8	6.5
Rate of Natural Increase	2.6	1.8	1.1	1.6	2.5	2.0	1.4	2.7	2.1	2.0	3.2	3.6	2.9	2.6	2.3
Total Fertility Rate	4.97	3.06	2.67	2.83	5.04	3.69	3.99	5.59	7.96	5.94	7.45	6.20	6.25	6.20	5.11
Gross Reproduction Rate	2.41	1.47	1.34	1.36	2.42	1.79	1.93	2.75	3.79	2.83	3.65	2.89	2.97	2.98	2.46
General Fertility Rate	152	95	81	41	154	104	116	157	218	164	211	180	197	176	144
Marital Total Fertility Rate	7.11	5.27	5.76	5.54	7.94	6.35	6.31	8.19	9.64	8.87	9.46	8.67	7.56	8.48	7.58
Marital Gross Reproduction Rate	3.44	2.52	2.90	2.67	3.08	3.08	3.06	4.04	4.59	4.22	4.63	4.03	3.60	4.07	3.66
Mean Number of Children Ever Born	3.7	3.7	3.2	3.4	4.1	3.6	3.6	3.8	4.1	3.4	4.2	3.6	3.5	3.8	3.7
Mean Number of Living Children	3.4	3.5	3.0	3.2	3.9	3.4	3.1	3.4	3.5	3.2	3.4	3.5	3.4	3.4	3.4
Mean age at marriage (females)	18.2	19.4	19.8	19.0	17.8	18.8	17.5	18.5	16.1	19.5	16.1	17.9	16.0	17.3	18.0

Chapter 5
Knowledge and use of Family Planning Methods

Chapter 5

KNOWLEDGE AND USE OF FAMILY PLANNING METHODS

The primary objective of the population welfare programme is to improve the standard of living of the people by providing them the means to plan their family size. For this purpose variety of birth control methods are made available to the people both through governmental and commercial channels. The government also uses mass media campaigns to popularise the concept of small family and promoting the use of family planning methods to reduce fertility and rapid growth of population. Performance monitoring indicators of population welfare programme include the level of knowledge and use of family planning methods. Since the initiation of the population welfare programme in the country, periodic surveys have been conducted mostly at national level to determine the level of knowledge and use of family planning methods. These surveys include the 1969 Impact Survey, 1984-85 Pakistan Fertility Survey, 1990-91 Pakistan Demographic and Health Survey, 1994 Pakistan Contraceptive Prevalence Survey and the most recent 1996-97 Pakistan Fertility and Family Planning Survey. Besides, NIPS has also conducted in the past five years three Contraceptive Prevalence Surveys in twelve large areas spread over the four provinces. The current survey is the third in this series. The generalisation of these findings to national level scenario may have its limitations, yet these surveys are important to know the differentials with regard to knowledge and use of family planning methods in the twelve large areas with a population of more than 70000.

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

5.1 Knowledge of Family Planning Methods

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

Table 5.1 shows that all respondents of the PFPI survey had heard about at least one method of contraception. Pill, IUD, injectables and female sterilisation were the most widely known methods. These methods were known to more than 80 percent currently married women in the study areas. Nine of ten women knew about at least one modern method of contraception. Knowledge about a traditional method was universal. Since this survey was repeated in the same areas after a lapse of two years, the unprompted knowledge about

contraceptives has improved over time. Among modern contraceptive methods unprompted knowledge about condom was 55 percent. In addition 14.6 percent women recognised the method when the interviewer read the description of the method. Condom which is a male method is known for its under-reporting both in terms of knowledge and use when the respondents are women.

Table 5.1

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

Methods	Knowledge of contraceptive methods		
	Unprompted knowledge	Prompted knowledge	Total
Any method	84.5	15.5	100.0
Any modern method	84.4	7.6	91.7
Any traditional method	35.6	64.4	100.0
Pill	75.5	11.5	87.0
Condom	57.0	14.0	71.0
Injection	67.4	14.0	81.4
IUD	64.4	17.8	82.2
Female Sterilisation	64.4	17.5	82.0
Male Sterilisation	23.7	8.5	31.9
Rhythm	32.8	15.2	48.0
Withdrawal	34.7	13.0	47.8
Other	1.7	98.3	100.0

5.2 Ever Use of Contraception

Table 5.2 shows ever use of various contraceptive methods in the sample population. At the aggregate level, 37 percent women reported to have ever used a modern or a traditional method of contraception. Ever use was higher in urban (60 percent) than in rural areas (21.5

percent). The use of at least one modern methods was reported by 28.2 percent women in all areas taken together and 46.5 percent in urban and 15.7 percent in rural areas. Similarly, traditional methods were reported to have been ever used by 18 percent women at the aggregate level, 31 percent in urban and 8.5 percent in rural areas. The ever use of rhythm and withdrawal methods was higher than all modern methods except condom at the aggregate level and in urban areas. In rural areas the ever use of rhythm was highest. Both rhythm and withdrawal methods are traditional and have low effectiveness. Besides, many women do not have correct knowledge about the fertile period between the two menstruations. For example, in the 1996-97 PFFPS, 88 percent ever-married women were not aware of the fertile period. Even those who reported to be practising rhythm method 57 percent did not know the correct knowledge of fertile period. However, recent surveys do indicate a rise in the use of traditional methods. This may be because of side effects and inconvenience of the use of modern method.

Table 5.2

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

Methods	Residence		
	Urban	Rural	Total
Any method	59.5	21.5	37.0
Any modern method	46.5	15.7	28.2
Pill	11.0	5.2	7.6
IUD	10.9	3.8	6.7
Injection	7.3	4.1	5.4
Condom	25.7	2.8	12.1
Female Sterilisation	8.5	3.6	5.6

Male Sterilisation	.1	.0	.1
Norplant	.6	.3	.5
Ever used any traditional method	31.0	8.5	17.7
Rhythm	20.0	5.7	11.5
Withdrawal	20.1	4.6	10.9
Others	1.0	0.2	0.5
Number of women	4171	6076	10247

5.3 Ever use of contraceptives by background characteristics

Ever use of contraceptives in the perspective of background characteristics of the currently married women is presented in Table 5.3. The table shows that women tend to use contraceptives as they proceed to higher ages. This phenomenon is prevalent both in urban and rural areas. Seven-tenths of urban currently married women aged 45-49 had ever used a contraceptive method compared to their counterpart in rural areas where the prevalence was less than half of it (30.3 percent). At the aggregate level, over 37 percent women had ever used a method. In urban areas six-tenths of women had ever used a method compared to one-fifth of women in rural areas.

Similarly, ever use also increases with the increase in parity and number of children surviving. More than three-fourths women in urban areas reported to have ever used a contraceptive with four surviving children. At the aggregate level the proportion of such women was 52.6 percent and in rural areas it was 31 percent. Education is also a very strong determinant of contraceptive use. More than sixty- percent women with some college education

reported to have ever used contraception at the aggregate level. However, in rural areas about half of that size had ever used contraception with compatible level of education. Urban rural differentials are wide even with similar level of education because of the prevalent different social systems in the two settings. Literate women are twice more likely to use contraception compared to their illiterate counterparts at the aggregate level. However, the difference is marginal in urban areas. Employment does not seem to influence ever use of contraception as 37 percent housewives (Not looking for work category) reported to have ever used a method compared to employees (41.7 percent) and self employed (33.3 percent). Differentials are also not prominent among different categories both in urban and rural areas.

Table 5.3

Percentage of currently married women 15-49 years who ever used any contraceptive method by background characteristics and residence

Background characteristics	Residence			
	Urban	Rural	Total	# of women
Current age				
15-19	19.8	5.4	9.8	347
20-24	39.6	10.8	233	1547
25-29	53.7	18.4	33.2	2268
30-34	64.6	23.1	41.0	2074
35-39	71.6	25.3	44.7	1858
40-44	67.8	32.1	47.6	1257
45-49	66.8	30.3	43.6	896
Children ever born				
0	4.2	2.0	2.7	1186
1	35.5	8.5	19.6	1217
2	61.5	15.5	35.0	1376
3	69.0	21.5	44.3	1453
4	75.8	31.9	52.8	1367
5+	75.8	31.1	45.8	3648
No of living children				
0	4.5	2.1	2.9	1254
1	*36.3*	*9.0*	*19.9*	*1355*

2	61.9	16.3	35.3	1481
3	71.0	25.1	46.7	1612
4	77.2	31.1	52.6	1383
5+	70.2	32.3	46.8	3162
Educational grades passed				
None	51.3	19.8	26.6	6552
1-5	62.5	33.3	46.6	889
6-8	62.8	32.1	53.2	590
9-10	64.2	21.5	56.9	1114
11 and more	64.1	31.7	61.7	1102
Literacy level				
Literate	63.8	30.6	55.5	3615
Illiterate	51.5	19.9	26.9	6632
Employment status				
Employee	58.3	29.7	41.7	492
Self employed	53.8	12.8	33.3	78
Unpaid Family Worker	39.1	11.3	18.8	170
Looking for work	33.3	.0	9.1	11
Not looking for work	59.9	21.4	37.1	9496
Total	59.5	21.5	37.0	10247

5.4 Current use of contraception

Woman who had knowledge of a contraceptive method and had used ever used a method was asked whether she was using a contraceptive method at the time of survey. Table 5.4 shows percentage of women currently using a contraceptive method by type of method. At the aggregate level, 25.5 percent women were using contraceptives at the time of survey. More urban (43 percent) than rural women (13.5 percent) reported the current use of contraception. Condom was the preferred method (6.1 percent) followed by female sterilisation (5.5 percent) in the sample areas. Male sterilisation was almost non-prevalent. In urban areas 36 percent women were using modern methods and about 13 percent were using traditional methods. Condom was the highest method used (13.1 percent) in the urban areas followed by female sterilisation (8.3 percent) and withdrawal (7.7 percent). In rural areas, where use was 13.5

percent, about 10 percent women were using modern methods and four percent traditional methods. Female sterilisation ranks highest in rural areas followed by IUD and Rhythm method each reported by 1.9 percent women.

Table 5.4

Percent distribution of currently married women using specific contraceptive method by residence

Method	Urban areas	Rural areas	All areas
Any method	43.0	13.5	25.5
Any modern method	36.1	9.7	20.4
Pills	2.6	1.5	1.9
IUD	4.6	1.9	3.0
Injection	1.7	1.4	1.6
Condom	13.1	1.3	6.1
Female sterilisation	8.3	3.6	5.5
Male sterilisation	0.1	0.0	0.1
Any traditional method	12.5	3.8	7.4
Rhythm	4.7	1.9	3.1
Withdrawal	7.7	1.8	4.2
Other	0.1	0.0	0.1
Number of women	4171	6076	10247

5.5 Current use by age

The first panel in Table 5.5 shows the percentage distribution of women by age who are currently using a method of contraception. Contraceptive use increases with the age of a woman and the highest rate of contraception is reported by women age 40 or more. The trend is almost the same both in urban and rural areas. This phenomenon has been observed in all previous surveys in Pakistan.

5.6 Current use by children ever born and surviving

The second and third panel of Table 5.5 shows current use of contraception by number of children ever born and children surviving. A woman is more likely to use contraception when she already has children and they are surviving. This trend is observed both in urban and rural areas. The use is highest when a woman has four surviving children. In Pakistan the ideal family size is still over four children. However, in rural areas women would be contended with five children (Hakim et. al., 1998). Contraceptive use is likely to increase when the ideal family size is further reduced. It is however, encouraging that four-fifths of women at the aggregate level, one-fifth in rural areas and six-tenths in urban areas with four children were using contraception at the time of survey in the sample areas.

5.7 Contraceptive use by education and literacy

Education plays an important role in changing attitude and behaviour of individuals towards various social issues. Use of contraception is also affected by education. Women with some college education are more likely to use contraception compared to those with no education. This trend is visible both at the aggregate level and in urban areas. However, in rural areas the data do not show reasonable variations at different level of education, though contraception is higher among women with some education (16-22 percent) compared to those with no education (12.4 percent). As expected, literacy also has a bearing on contraceptive use. At the aggregate level, more literate women tend to use contraceptive (39.9 percent) than women who are illiterate (17.6 percent). Similarly, 47 percent urban literate women reported

to have been using contraceptives compared 36 percent illiterates. In rural areas, one-fifth literate women were using contraceptives compared to 12 percent illiterates.

5.8 Current use and employment status

Last panel of Table .5.5 shows the percentage of women currently using contraception by employment status. It appears that employment does not seem to affect contraception in the study population in urban areas. Contraceptive use is slightly higher among housewives than among women in employment in the urban areas. In rural areas and at aggregate level, however, marginal variations are observed in contraceptive use between employed and housewives.

Table 5.5

Percentage of currently married women 15-49 years who were current users of contraceptive methods by background characteristics and residence

Background characteristics	Residence			
	Urban	Rural	Total	# of women
Current age				
15-19	8.5	1.7	3.7	347
20-24	23.6	4.4	11.4	1547
25-29	35.1	9.8	20.4	2268
30-34	47.4	14.5	28.7	2074
35-39	58.6	17.5	34.8	1858
40-44	52.4	22.5	35.5	1257
45-49	43.9	22.4	30.2	896
Children ever born				
0	.8	.1	.3	1186
1	17.8	4.6	10.0	1217
2	41.6	8.8	22.7	1376
3	51.1	11.9	30.7	1453
4	58.2	20.4	38.3	1367
5+	53.1	21.0	33.0	3648
No of living children				
0	1.3	.1	.5	1254
1	18.3	4.9	10.3	1355

2	42.3	8.9	22.8	1481
3	51.6	13.6	31.5	1612
4	59.8	21.4	39.3	1383
5+	53.4	22.1	34.1	3162
Educational grades passed				
None	35.9	12.4	17.4	6552
1-5	42.2	22.2	31.3	889
6-8	46.8	18.5	38.0	590
9-10	47.3	15.7	41.9	1114
11 and more	47.4	19.5	45.3	1102
Literacy level				
Literate	46.6	20.2	39.9	3615
Illiterate	36.1	12.4	17.6	6632
Employment status				
Employee	40.8	21.0	29.3	492
Self employed	33.3	7.7	20.5	78
Unpaid Family Worker	28.3	5.6	11.8	170
Looking for work	.0	.0	.0	11
Not looking for work	43.3	13.4	25.6	9496
Total	**42.9**	**13.5**	**25.5**	**10247**

5.9 Current use by sample areas

Table 5.6 shows percent of currently married women using specific contraceptive methods by sample areas. The highest use of a contraceptive method was observed in Lahore (52.7) followed by Peshawar (48.4 percent) and Karachi (45.6 percent). Condom was the first preferred method in Rawalpindi, Karachi, Peshawar Quetta, and Faisalabad sample areas whereas female sterilisation was preferred in Chakwal, Multan, and Ghotki and second preferred in Lahore, Karachi, Gujranwala, Faisalabad, and Karak sample areas. Among rural areas, Gujranwala has the highest current use rate of contraception (22 percent and lowest in Karak (4.2 percent).

Table 5.6

Percent of currently married women aged 15-49 using specific contraceptives, by sample areas and residence

Methods	R. Pindi	Lahore	Karachi	Peshawar	Quetta	All urban	Chakwal	Gujranwala	Multan	F.Abad	Ghotki	Karak	Mach	All rural	All areas
Any method	33.4	52.7	45.6	48.4	37.6	42.9	11.5	22.0	15.3	21.0	16.1	4.2	6.3	13.5	25.5
Any modern method	23.1	29.7	34.2	69.0	28.5	36.1	8.1	8.8	10.4	15.2	16.1	4.2	6.5	9.7	20.5
Any traditional method	10.6	23.1	11.4	7.5	10.7	12.5	3.4	13.1	4.9	5.8	0.0	0.0	0.0	3.8	7.4
Pill	.7	1.1	1.5	5.1	5.7	2.6	--	.3	1.6	1.0	2.9	1.1	4.1	1.5	1.91
IUD	3.3	6.0	.8	9.3	4.1	4.6	1.8	2.9	2.2	.5	3.3	1.4	.2	1.9	2.98
Injectable	1.6	1.3	1.8	.8	3.5	1.7	.8	1.3	1.4	3.4	2.0	.4	1.5	1.4	1.55
Condom	10.1	7.4	18.9	20.5	8.7	13.0	1.1	.6	1.5	6.0	.3	.4	--	1.3	6.09
F. Sterilisation	7.0	13.6	11.1	5.3	4.8	8.3	4.4	3.7	3.6	4.2	7.6	1.1	.7	3.6	5.54
M. Sterilisation	.2	.3	.1	--	--	.1	--	--	--	--	--	--	--	--	.05
Rhythm	1.2	17.8	4.0	1.1	.2	4.7	1.1	9.3	2.7	.1	--	--	--	1.9	3.05
Withdrawal	9.3	5.2	7.1	6.1	10.3	7.6	2.1	3.8	1.9	5.5	--	--	--	1.8	4.19
# of women	1145	785	792	797	652	4171	844	860	988	730	899	1140	615	6076	10247

5.10 Contraceptive use in PFPI 1994 and PFPI 1996: A comparison

A comparison of PFPI survey in 1994 and PFPI survey in 1996 reveal marked differences both in ever use as well as current use of contraception. Generally one would expect that contraceptive use in the later survey would be higher than the previous survey. This however, is not the outcome of this comparison. The 1996 survey has found that 37 percent women had ever used a contraceptive method compared to 39.8 percent in the 1994 survey. Similarly, current use of contraception was higher (27.7 percent) in the earlier compared to the later (25.5 percent). At the cluster level differences are also prominent. For example, in Peshawar, current use of contraception was sixty percent in 1994 compared to 48.4 percent in 1996. In Karak sample area, current use was reported as 18.6 percent in 1994 compared to 4.2 percent in 1996. Collectively in urban areas contraceptive use was 46 percent in 1994 compared to 43 percent in 1996. In rural areas the use reported in 1994 was 14.3 percent compared to 13.5 percent in the 1996 survey. Table 5.7 shows the contraceptive prevalence rate in both the surveys.

It is difficult to analyse both the surveys at this stage and come to the conclusion that a particular survey has under or over reported contraceptive use. However, we would like to see the results with reference to other surveys done around the same time. In 1993 the PFPI first survey was undertaken in which all but not two areas were included. The results of that survey suggest that a CPR adjusted for urban rural proportion was 22 percent and the unadjusted CPR was around 25 percent. The results of both 1994 and 1996 are unadjusted for urban rural proportion. The results of the 1996 survey are very close to the national estimates of 1996-97

Pakistan Fertility and Family Planning Survey. Apparently, the results of the 1996 PFPI should be higher than the 1996-97 PFFPS as the sample of the PFPI is more urban biased. Even the 1996-97 PFFPS show a higher proportion of rural women using contraception (18.6 percent) at the time of survey compared to the 1996 PFPI. Another point, which needs to be considered, is that in three locations (Karak, Ghotki and Mach) women have reported no traditional methods currently used. Reporting of modern methods are also under-reported by two percentage points in PFPI 1996 as compared to PFPI 1994. It appears that the 1996 PFPI has under reported contraceptive use. However, the extent of under reporting and the reasons for it need further investigation of the data of the two surveys. Since the PFPI surveys are done in the same areas responses of individual women at two points in time can be matched especially in the areas where the discrepancy is larger. However, it is a difficult, cumbersome and time consuming exercise but is expected to throw some light nevertheless. Interviewer's bias and other non-sampling errors as well as non-sampling might also have contributed to this problem. Besides, in urban areas, population is frequently changing places and this also could have contributed to this discrepancy. The results may also have been affected by the different size of the sample in both the surveys and different response rates of both the surveys.

Table 5.7

Percent of currently married women reporting current use of contraceptive methods, PFPI 1994 and PFPI 1996

Sample areas	PFPI 1994	PFPI 1996	Difference
	CPR	CPR	
Rawalpindi	30.4	33.4	+3.0
Lahore	53.1	52.7	-0.4
Karachi	40.9	45.6	+4.7

Peshawar	60.2	48.4	-11.8
Quetta	48.6	37.6	-11.0
Chakwal	8.4	11.5	+3.1
Gujranwala	11.9	22.0	+10.1
Multan	16.4	15.3	-1.1
Faisalabad	24.2	21.0	-3.2
Ghotki	17.3	16.1	-1.2
Karak	18.6	4.2	-14.4
Mach	3.6	6.3	+2.7
All Areas	27.7	25.5	-2.2
# of women	9378	10247	+869

5.11 Duration of Current Use of Contraception

Table 5.8 shows the duration of use of the method women of the PFPI 1996 were using at the time of the survey. It was found that the mean duration of Pill was over two years (25 months), while that of condom about three years, IUD 28 months and Injection 22 months at the aggregate level. The duration of use of Condom was longer in urban areas (36 months) followed by Pill (32 months). Condom was also used comparatively for a longer duration in rural areas (25.5 months).

Table 5.8

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

Methods	Duration of use						# of Women
	up to 6 months	7-12 months	13-24 months	Above 24 months	Don't know	Mean duration in months	
All areas							
Pill	23.5	20.4	26.5	29.6	--	25.3	196
Condom	11.5	20.2	22.8	45.4	.2	34.7	624
Injection	28.9	23.9	20.1	27.0	--	22.1	159
IUD	19.0	19.0	20.3	40.7	1.0	28.4	305
Urban areas							
Pill	19.6	17.8	21.5	41.1	--	32.3	107
Condom	11.4	18.8	22.0	46.7	.2	36.0	544
Injection	35.2	22.5	18.3	23.9	--	21.3	71
IUD	21.9	16.1	16.7	44.8	.5	31.1	192
Rural areas							

Pill	28.1	23.6	32.6	15.7	--	16.9	89
Condom	12.5	30.0	21.3	36.3	--	25.5	80
Injection	23.9	25.0	21.6	29.5	--	22.7	88
IUD	14.2	23.9	26.5	33.6	1.8	23.8	113

5.12 Reasons for not using contraception

As indicated earlier the current study shows that 37 percent women had ever used contraceptive methods and 25.5 percent were currently using some kind of family planning methods. This shows that about 31 percent ever users had dropped out of use for one or the other reason. In the PFPI 1996, the women who had discontinued contraceptive use or had never used contraceptives were asked to give the main reason for not using any contraceptive method at the time of survey. The reason given by these women are tabulated by residence in Table 5.9. More than one-fifth women at the aggregate level (22.0 percent), in urban areas (22.9 percent) and rural areas (20.1 percent) expressed that since they were breast-feeding, they were not using any kind of contraception. It appears that the respondents had opted for breast-feeding as a method of contraception rather than using a modern family planning method. Breast-feeding can protect a woman from getting pregnant for a very short duration after delivery. Studies suggest that on the average a woman can be protected from getting pregnant for six months if she breast-feeds a child intensively and without giving the baby any supplements. Beyond six months time, it is highly risky to rely solely on breast-feeding. In this connection breast-feeding promotion campaigns on mass media also in a way convey a wrong message to the general public by saying that breast-feeding is a natural way of birth spacing. This confusion, it seems, is also adding to the non-use of contraception. Another reason for not currently using contraception, given by one-fifth women was that they wanted to become pregnant. This is a genuine reason because these are the women who want children. Many of

them would be of younger ages not having achieved their desired number of children. About one out of six women (16 percent) respondent that pregnancy was the reason for not using contraception at the time of survey. This also is a genuine reason because those who are pregnant are not required to use contraception. Their pregnancy may be timed or mistimed but since we did not ask the women whether their pregnancy was wanted or not, a comment cannot be made. In addition one-tenth women thought to be lacking the ability to give birth to a child and so were not using contraception. Experience of side effects in the past or having a fear of side effect was the reason given by a smaller proportion of women (2.7 percent). However, this reason should not be ignored by the population programme managers as due attention should be given to educate the women about expected side effects of the methods. Similarly, lack of knowledge (2.7 percent) is also a reason the population programme should consider to address. Religious opposition (3.8 percent) and husband opposition (4.4 percent) are the areas, where effective motivational campaigns can bring better results.

Table 5.9

Percent distribution of non-users by reasons for not using contraception

Reasons	Urban	Rural	Total	
			percent	Number
Want more children	22.8	19.4	20.4	1559
Pregnant	15.6	16.1	16.0	1218
Postpartum (just had a baby)	2.2	2.7	2.6	195
Method not effective	.6	.4	.5	37
Husband not present	4.4	2.7	3.2	244
Fear of side effect	4.1	.8	1.8	140
Side effect in past	1.6	.6	.9	69
Menopausal	2.4	3.7	3.3	251
Had hysterectomy	1.2	.2	.5	40
Religious opposed	1.4	4.9	3.8	291
Husband opposed	2.8	5.2	4.4	338
Mother in law opposed	.5	.9	.7	56
Opposed to Family Planning	1.2	2.6	2.1	163

Can't get pregnant	11.4	11.2	11.2	856
Lack of knowledge	2.1	3.0	2.7	204
Breast feeding	20.1	22.9	22.0	1681
Other	5.8	2.9	3.8	290
Total	100.0	100.0	100.0	7632

5.13 Sources of contraceptive supplies

Women who were using contraceptives were asked about the source of contraceptive supplies. Table 5.10 shows the proportion of women using different methods by source of its supply. Medical stores were a major source for pills, as more than 40 percent women were obtaining this method from there. In addition, over one-sixth (16.2 percent) get pills from private doctors and about one-ninth (11.2 percent) were receiving pills from the family welfare centres of the population welfare programme. Overall, about one-third pill users (31.5 percent) avail government facilities like the FWC, worker, lady health worker, reproductive health centres / hospitals etc; 8.1 percent avail NGO centres and the rest 60.4 percent avail private sources like private doctors, stores, private clinics and medical store etc. So far IUD is concerned, more than half of IUD users (57 percent) go to government establishments for insertions, while about one-fifth (18 percent) avail NGO facilities and a quarter of users utilise /private sources. More Injectable users utilise private facilities (52 percent) compared to government (46.6 percent). Condom users go to private sources for their method almost universally as 94 percent users get their supplies either from medical and general stores, or from private doctors and other sources. Women who opt for sterilisation go to government sources especially to hospitals with reproductive health services centres.

Table 5.10

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

Source of supply	Pill	IUD	Injection	Condom	Sterilisation	Total
Government sources						
FWC	11.2	24.3	10.1	1.3	0.0	8.0
FW Worker	2.5	1.6	10.7	.3	0.0	1.8
Lady Health Worker	3.6	2.6	9.4	.3	0.0	2.3
Hospital/RHC	12.2	21.6	14.5	2.7	58.2	22.5
Other government facilities	2.0	6.6	1.9	.3	9.5	4.5
NGO sources						
NGO centre/clinic	8.1	18.0	1.3	.5	1.8	4.6
Private sources						
Private Doctor	16.2	17.4	39.6	5.3	24.8	17.4
Private Hospital/clinic	3.0	4.6	6.3	1.3	5.7	3.7
Medical store	40.6	.7	1.9	55.4	0.0	23.3
General store	.5	-	-	31.8	0.0	10.8
Any other private source		2.6	4.4	.6	0.0	1.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	197	305	159	626	568	1855

5.14 Accessibility of Contraceptives

Accessibility of contraceptives is an important contributor, which facilitates the adoption of family planning methods. Table 5.12 shows that women of the 12 clusters of the PFPI survey are residing close to the sources and have easy accessibility of contraceptives of their choice specially for modern reversible methods. Fourth-tenths of women (42.2 percent) can access their preferred method by walking to the source while 56 percent women would require wheeler transport to reach the source. The time spent to reach the source is also reasonable for almost two-thirds women (66 percent) who can reach the source in an hour or less. One-third (34 percent) women are required to travel for more than an hour to get their method from the source of their choice. By international standard family planning services within a time distance of one-hour is said to be accessible. However, it has to be kept in mind that women in Pakistan are not much mobile and they require to be accompanied when they have to go to a hospital for any purpose irrespective of the distance involved. This is a serious constraint even if the source is near by.

Table 5.12

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

Distance/time to source of supply	Percent
Mode of Transport to source of supply	
Walking	42.2
Vehicles	56.1
Tanga	.9
Other	.8
Total	100.0
Time to source of supply	
Up to 30 Minutes	45.2
31-60	20.8
60+	34.0
Total	100.0
Average time to source of supply	25 Minutes

Chapter 6
Summary of findings

Chapter 6

Summary of Findings

The report reveals findings of contraceptive prevalence survey conducted in 1996 and some of the demographic indicators based on dual recording system. The study has relied on cross sectional survey and vital registration system introduced in twelve large clusters each approximately consisting of 1000 households, spread in the four provinces. The geographical distribution of these clusters include six clusters in Punjab out of which two are urban areas and four, and two clusters, one urban and one rural in each of the remaining three provinces. In 1996 there were 11508 housing units in the twelve areas of the study. At the time of survey, 11107 were inhabited and the rest 401 were unoccupied. These 11107 houses framed the sample size of the 1996 contraceptive prevalence survey.

At the household level, 10435 households (93.9 percent) were successfully interviewed, whereas the rest were either locked at the time of interview (5.2 percent) or refused to be interviewed (0.9 percent). In all, 10593 women were found eligible for detailed interview. Out of these 10247 women or 96.7 percent were successfully interviewed. The non-response of 3.3 percent was mainly due to non-availability of women at the time of survey (2.5 percent) or refusal to give an interview.

The total size of the population of the twelve study areas was 71879 at the time of survey. Out of these 29882 were enumerated in the urban clusters and 41997 in rural areas. Of the total population of the area, 36856 were male (51.3 percent) and 35023 (48.7 percent) were

female. The sex ratio of the population was 105 males per 100 females. The household size was 6.9 both in urban and rural areas and at the aggregate level. Household size was highest in Gujranwala (7.7 persons) and lowest in Chakwal (5.7 persons).

The age distribution of the sample population was consistent with the findings of the 1998 Census and the 1996-97 Pakistan Fertility and family Planning Survey. The proportion of population less than 15 years of age was found as 42 percent. In urban areas, the proportion under 15 was 38.8 percent and in the rural areas it was 44.3 percent. The population of the sample area is broad-based and is indicative of high fertility in the past. The proportion of women in the reproductive age group comprised 46.5 percent of the total female population of the area and 22.7 percent of the total population. Currently married women were 30 percent of the female population and 14.7 percent of the total population of the sample areas.

Marriage is almost universal in the sample areas as is in the over all Pakistani society. More women (9.5 percent) than men marry in their teen ages. More rural women (11.7 percent) get married in teen ages compared to their counterparts in urban areas (2.3 percent). More than 90 percent women get married by the age of 35 years both in urban and rural areas. At the aggregate level, two-thirds of women (68 percent) are currently married when they age fifty or more compared to 89 percent men in the same age group.

The mean age at marriage for women is estimated at 18 years for the study population. It was 18.8 years in urban and 17.3 years in rural areas. The singulate mean age at marriage, which is an indirect estimation of the mean age at marriage, was found to be 27.2 years for males and 22.9 years for females. Various data sources suggest that the singulate mean age at

marriage has risen from 22.3 in 1951 to 26.3 for male and from 16.9 to 21.6 for female at the national level.

Four-tenths of the study population had no schooling. Fifty-two percent of females and 31 percent male had never been to school. About half of the male and female children of school going age were out of school. At the aggregate level, only one-fourth population of the sample areas had more than middle level education while one in fifteen had more than intermediate level of education. This situation is worse for female (4 percent) than for male (9 percent). Only 68 percent male and 44 percent female of age 10 and above were literate. In urban areas literacy was 78 percent compared to 38 percent in rural areas.

Sixty-six percent of currently married women who were interviewed in the survey had no schooling while only nine percent had some primary schooling. Twenty percent currently married women had more than middle standard education. In rural areas 85 percent currently married women had never been to school and only eight percent had some primary schooling. In urban areas 24 percent currently married women had some college education. Ninety-three percent of the currently married women were housewives.

Fertility was found high in the sample population. Total fertility rate (TFR) of 5.1 was found in the sample areas. The TFR was higher in rural (6.2) than in urban area (3.7). Highest fertility was found in the rural Multan sample area (7.96) and lowest in Karachi (2.67). At the aggregate level, a CBR of 29.6, a CDR of 6.5 and rate of natural increase (RNI) of 2.3 was found for the year 1996. Marital total fertility rate of 7.6 was found at the aggregate level, 6.4 for urban areas and 8.5 for rural areas. Other demographic indicators estimated in this study

include gross reproduction rate as 2.1, general fertility rate as 148, marital gross reproduction rate as 3.5, mean number of children born as 4.1, mean number of children surviving as 3.5 and mean age at marriage for females as 18 years.

Knowledge of at least one method of family planning was universal in the 12 areas of the study. Pill, IUD, Injectables and female sterilisation methods were known to more than eighty percent women. Nine of ten women new about at least one modern method of contraception. One-third women had an unprompted knowledge of traditional methods while on prompting all women recognised a traditional method of contraception.

Thirty-seven percent women had ever used a method of contraception. Twenty-eight percent women at aggregate level, 47 percent in urban areas and 9 percent reported use of modern methods in rural areas. Ever use of traditional methods was higher than all modern methods except condom. This means that traditional methods were second preferred method after condom.

Current use of contraception was reported by 25.5 percent women at the aggregate level, 43 percent in urban areas and 13.5 percent in rural areas. Among current users, condom was the most preferred method followed by sterilisation. In urban areas, 36 percent women were using modern methods and about 13 percent were using traditional methods. In rural areas, about 10 percent women were using modern methods and four percent were using traditional methods. Female sterilisation was preferred in rural areas followed by IUD and rhythm methods.

Contraceptive use increases with age of women, parity, number of surviving children, education and urban status. Employment status does not seem to affect contraceptive use as well as fertility of women. Contraceptive use was highest in Lahore (52.7 percent), followed by Peshawar (48 percent) and Karachi (46 percent).

Current use of contraception has fallen by two percentage points in the PFPI 1996 survey compared to PFPI 1994. Reasons for this decline need further probing of the two data sets. It is possible that contraceptive use might have been under-reported in the 1996 survey.

Mean duration of current use was highest for condom (35 months), followed by IUD (28 months), Pill (25 months) and Injectable (22 months). The duration of current use of condom was higher both in urban (36 months) and rural areas (26 months).

Major reasons for not currently using contraception include breast-feeding (22 percent), want more children (20 percent), pregnancy (16 percent), in-fecundity (11.2 percent), husband opposition (4.4 percent) and religious opposition (3.8 percent).

Contraceptives were available to 45 percent women within a time distance of 30 minutes and to additional 21 percent women within an hour. The remaining 34 percent women had to spend more than one hour to reach the source of their preferred method.

Private sector was the major source of supplying condom, pills and injections. The government sources were found to be the major sources of sterilisation and IUD. Over all 56 percent users of modern contraceptives reported to have used private sources, 39 percent government sources and five percent NGO sources. Private sector is providing an important

role in providing family planning services. It appears that this sector has generated greater acceptability and is probably easily accessible to the target population. The programme may like to expand its coverage through the commercial channel in cities and rural areas and improve quality of services at its own infrastructure to meet the large unmet demand for contraception, the existence of which is evident from many surveys in the past one decade.

REFERENCES

Hakim, Abdul, John Cleland and Mansoor-ul-Hassan Bhatti (1998). *Pakistan Fertility and Family Planning Survey 1996-97, Preliminary Report,* National Institute of Population Studies, Islamabad and Centre for Population Studies, London School of Hygiene and Tropical Medicine, London.

Hashmi, Sultan S, M.N.I. Farooqui and Abdul Hakim (1994). *Population and Family Planning Indicators: Results of Pakistan Contraceptive Prevalence Survey-1993,* National Institute of Population Studies, Islamabad.

Hatcher, Robert A., Ward Rinehart, Richard Blackburn and Judith S. Geller (1997). *The Essentials of Contraceptive Technology: A Handbook for Clinic Staff,* Population Information Programme, Centre for Communication Programmes, The Johns Hopkins School of Public Health, Baltimore.

National Institute of Population Studies (1992), *Pakistan Demographic and Health Survey 1990-91,* IRD/Macro International Inc., Columbia, Maryland, USA.

Population Census Organisation (1984). 1981 Census Report of Pakistan, Government of Pakistan, Islamabad.

Population Census Organisation (1998). Provisional Results of Fifth Population and Housing Census held in March, 1998, Government of Pakistan, Islamabad.

Population Council (1998). *Pakistan Contraceptive Prevalence Survey 1994-95. Final Report,* Islamabad.

Population Council of Pakistan (1976) *Pakistan Fertility Survey, Preliminary Report,* Government of Pakistan, Islamabad.

Population Welfare Division (1986). *Pakistan Contraceptive Prevalence Survey 1984/85,* Government of Pakistan, Islamabad.

Sultan, Mehboob, Population and Family Planning Indicators: Findings of Contraceptive Prevalence Survey in Twelve large Clusters, NIPS 1994.

QUESTIONNAIRES

Appendix-A: NIPS-1 **Household Registration Form**

Appendix-B: NIPS-2 **Birth Registration Form**

Appendix-C: NIPS-3 **Death Registration Form**

Appendix-D: NIPS-4 **Household Questionnaire**

Appendix-E: NIPS-5 **Woman's Questionnaire**

Appendix-A

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

Name of District ☐☐

Name of Province ☐

Name of Area ☐

Household No ☐☐☐☐

Urban=1
Rural =2 ☐

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

NB: Use additional sheets if necessary

Name of Registrar.....

Remarks:

Signature and date.....

Appendix-B

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

BIRTH REGISTRATION FORM

DISTRICT
PROVINCE
AREA

HOUSEHOLD NO

NAME OF HEAD OF HOUSEHOLD:_____ Urban=1, Rural=2

1	Name of infant	
2	Relation to head of household	SON 1 DAUGHTER 2 GRAND SON 3 GRAND DAUGHTER 4 GRAND SON 5 GRAND DAUGHTER 6 NEPHEW 7 NIECE 8 OTHER REALTIVE 9 NOT RELATED 10
3	Birth status	BORN ALIVE 1 BORN DEAD 2
4	Sex	MALE 1 FEMALE 2
5	Date of birth	Day Month Year
6	Place of delivery	THIS HOUSE 1 MCH CENTRE 2 FWC 3 HOSPITAL 4 OTHER 5
7	Birth attendant	TRAINED TBA 1 UNTRAINED TBA 2 LHV 3 DOCTOR 4 OTHER 5
8	Nature of birth	SINGLE 1 MULTIPLE 2
9	Name of mother	
10	Age of mother	COMPLETED YEARS
11	Year of birth of mother	YEAR OF BIRTH
12	Date of first marriage of mother	Day Month Year

13	Duration of current marriage of mother	COMPLETED YEARS [ ][ ]
14	Residential status of mother	USUAL RESIDENT 1 VISITOR 2
15	Children ever born to mother including present one	TOTAL [ ] MALE [ ] FEMALE [ ]
16	Living children of mother including present one	TOTAL [ ] MALE [ ] FEMALE [ ]
17	Can mother read and write with understanding	YES 1 NO 2
18	Mother's highest educational grade completed	CLASS PASSED [ ][ ]
19	Mother's employment status (Employer=1, Self employed=2, Employee=3 Unpaid family worker=4, Looking for work=5, Not looking for work=6)	EMPLOYMENT .... STATUS [ ]
20	Name of infant's father	
21	Age of father in Completed years	COMPLETED YEARS [ ][ ]
22	Date of birth of father	D M Y [ ][ ][ ]
23	Can father read and write with understanding	YES 1 NO 2
24	Father's highest educational grade completed	CLASS PASSED [ ][ ]
25	Father's employment status (Employer=1, Self employed=2, Employee=3,Unpaid family worker=4, Looking for work=5 Not looking for work=6)	EMPLOYMENT STATUS [ ]

Name of Registrar_____ Date_____

Signature_____

Appendix-C

NIPS-3

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

DISTRICT ☐
PROVINCE ☐
AREA ☐

HOUSEHOLD NO ☐☐☐☐

Urban=1Rural=2 ☐

NAME OF HEAD OF HOUSEHOLD _____

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

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

Name of Registrar _____

Signature _____

Date _____

Appendix D & E

POPULATION AND FAMILY PLANNING INDICATORS

CONTRACEPTIVE PREVALENCE SURVEY

1996

NATIONAL INSTITUTE OF POPULATION STUDIES
HOUSE NO.7, STREET 70, F-8/3
ISLAMABAD

Appendix D

POPULATION AND FAMILY PLANNING INDICATORS

1996

(HOUSEHOLD QUESTIONNAIRE) NIPS - 4

IDENTIFICATION	
PLACE NAME_____	
NAME OF HEAD OF HOUSEHOLD_____	
PROVINCE	.....
PROJECT AREA	.....
URBAN/RURAL (URBAN =1 , RURAL = 2)	.....
HOUSEHOLD NUMBER	

INTERVIEWER'S NAME	
DATE OF INTERVIEW	Day
.....	Month
.....	Year
RESULT (1=completed, 2=refused, 3=absent ..... 4=dwelling not occupied)	.....

TOTAL IN HOUSEHOLD.....	.....
TOTAL ELIGIBLE WOMEN IN HOUSEHOLD	.....
TOTAL NUMBER OF BIRTHS (Q101)	.....
TOTAL NUMBER OF DEATHS (Q102)	.....

FIELD EDITED BY_____	.....	
OFFICE EDITED BY _____	.....	
KEYED BY_____	.....	

HOUSEHOLD SCHEDULE

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

Line No.	Name of usual residents and visitors	Relationship to head of the household (A)	Status Usual resident=1 Visitor=2	Sex: M=1 F=2	Age in complete years	Marital Status: N.Mar =1 Mard. =2 Wid. =3 Div. =4 Sep. =5	Education Highest class passed	Literate (B) Yes =1 No. =2 AGE LESS THAN FIVE =3	Circle line number of eligible women (C)
1	2	3	4	5	6	7	8	9	10
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15

(A) CODE FOR RELATIONSHIP:

01 = HEAD	06 = FATHER/MOTHER	11 = GRAND FATHER/ MOTHER
02 = WIFE/HUSBAND	07 = FATHER/MOTHER IN LAW	12 = UNCLE/AUNT
03 = SON/DAUGHTER	08 = BROTHER/SISTER	13 = OTHER RALATIVE
04 = SON/DAUGHTER IN LAW	09 = BROTHER/SISTER IN LAW	14 = NON RELATED
05 = GRAND SON/DAUGHTER	10 = NEPHEW/NIECE	

(B) LITERACY:

IF NOT PRIMARY PASSED, ASK HE/SHE CAN READ AND WRITE A SIMPLE LETTER WITH UNDERSTANDING.

(C) ELIGIBLE WOMEN FOR INTERVIEW: CURRENTLY MARRIED AGED 15-49 YEARS

Line No.	Work Status SEE "D" FOR CODES		Monthly Earned Income (Rs)	Monthly Income From Other Sources (Rs)	REMARKS IF ANY
11	12		13	14	15
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

FT Employee in Agr.=01, PT Employee in Agr.=02, FT Employee in other sectors =03, PT Employee in other sectors =04, Self Employed in Agr.=05, Working on family land =06, Self employed in other sectors =07, UP family worker =08, Looking for work =09, Housewife only =10, Housewife + working =11, Not looking for work =12, Student only = 13, Student + working =14, Under 10 but neither student nor working =15, Under 5 or too old to work =16, disabled =17, other_____18
(Specify)

BIRTHS AND DEATHS INFORMATION

H1. Did any live birth occur to the USUAL RESIDENT OR VISITOR in this household during the last twelve months?

Yes---------- 1-- No---------- ----→ H2

	CHILD										MOTHER					
S. No.	Name of Child	Sex: M=1 F =2	S. No. in H.H. Sch. (A)		Date of Birth						Place of birth (B)	Name of Mother	S. No. in H.H. Sch. (C)		Usual Resdt =1 Visitors=2	Order of birth
					Day		Month		Year							
1																
2																
3																

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

H2. Did any death occur to the USUAL RESIDENT OR VISITOR in this household during the last twelve months?

Yes---------- No -------- -------→ H3

S. No.	Name of deceased	Status:Usual residence =1 Visitor =2	Rel. to head H.H. (A)		Sex M=1 F=2	Date of Death						Age at Death						Cause of Death	
						Day		Month		Year		Day		Month		Year			
1																			
2																			
3																			

(A) CODES FOR THE RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD:

Head =1, Wife/Husband =2, Son/Daughter =3, Son/Daughter-in-law =4, Grand Son/Daughter =5, Father/Mother =6, Father/Mother-in-law =7, Brother/Sister =8, Brother/Sister-in-law =9, Nephew/Niece =10, Grand Father/Mother =11, Uncle/Aunt =12, Other relative 13, Not related =14.

(B) CODES FOR CAUSED OF DEATH:

Malaria =1, Typhoid =2, TB =3, Pneumonia =4, Diarrhea =5, Respiratory diseases = 6, Gastric diseases =7, Delivery related =8, Heart attack =9, Cancer = 10, AIDS =11, Accident =12, Murder =13, Drowning =14, Burning =15, Food poisoning =16, Other (_____) =17.
specify

Appendix-E

POPULATION AND FAMILY PLANNING INDICATORS

1996

(WOMAN'S QUESTIONNAIRE) NIPS - 5

IDENTIFICATION	
PLACE NAME_____	
NAME OF HEAD OF HOUSEHOLD_____	
PROVINCE	.....
PROJECT AREA	.....
URBAN/RURAL (URBAN =1 , RURAL = 2)	.....
HOUSEHOLD NUMBER.....	
NAME AND LINE NUMBER OF WOMAN..... (FROM HOUSEHOLD QUESTIONNAIRE)	.....

INTERVIEWER'S NAME	.....
DATE OF INTERVIEW	Day
.....	Month
.....	Year
RESULT (1=completed, 2=refused, 3=absent -.....	.....
CONTRACEPTIVE USE (Current user=1, Non-user =2.....	.....

FIELD EDITED BY_____	.....	
OFFICE EDITED BY--_____	.....	
KEYED BY_____	.....	

SECTION 1

DEMOGRAOHIC CHARACTERSTICS

	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	In which month and year were you born ?	MONTH ..... ☐☐ DK MONTH ..... 98 YEAR ..... ☐☐ DK YEAR 98	
102	What is your age? (WRITE AGE IN COMPLETED YEARS)	CURRENT AGE.. ☐☐	
102A	**RECORD WHETHER:** NO PROBING REQUIRED.....1 AGE DETERMINED BY PROBING.....2 AGE DETERMINED BY I.D. CARD.....3 AGE ESTIMATED BY INTERVIEWER.....4		
103	Now I will ask you about child bearing. Have you ever given birth?	YES .....1 NO.....2-----	> 105
104	How many live births have you ever had? Please be sure to include all children you have given birth to, even if they lived only a short time.	TOTAL..... ☐☐ MALE..... ☐☐ FEMALE..... ☐☐	

105	Have you ever had a still birth?	YES .....1 NO 2	
106	How many still births have you ever had? (NO. OF CHILDREN BORN DEAD)	STILL BIRTHS ☐☐	
107	(CHECK Q-104 AND 106) Just to reconfirm, you had in TOTAL _____ live births and _____ still births during your life. Is that correct?	YES NO → PROBE AND CORRECT 104 AND 106 AS NECESSARY	
108	CHECK Q. 104: AT LEAST ONE LIVE BIRTH ☐	NO LIVE BIRTH ☐ → 114	
109	How many of your children are alive now? (Include those living away from home)	TOTAL---------- ☐☐ MALE---------- ☐☐ FEMALE---------- ☐☐	
110	When did you have your last live birth. Please state the exact date of birth to the extent possible?	DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐	
111	Where did you deliver your last baby?	GOVT HOSPITAL.....1 PRIVATE HOSPITAL.....2 AT HOME.....3	

112	Who attend your last birth?	DOCTOR ..... 1 LHV/NURSE.....2 MIDWIFE/T. DAI.....3 DAI (UNTRAINED)..... 4 OTHERS 5	
113	Is that (last live birth) child still alive?	YES.....1 NO.....2	
114	How long did you breastfeed your last child?	MONTHS ..... ☐☐ STILL BREASTFEEDING....88	
115	Are you pregnant now?	YES.....1 NO.....2 → 117	
116	How many months pregnant are you?	MONTHS ..... ☐☐	
117	Have you and your husband ever discussed the number of children you would like to have?	YES.....1 NO.....2	
118	Do you think that your husband wants the SAME number of children that you want, or does he MORE or FEWER than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DK/NOT SURE.....4	

SECTION 2

KNOWLEDGE ATTITUDE AND PRACTICE OF CONTRACEPTION

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

CIRCLE CODE 1 IN 202 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN THE COLUMN, READING NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF THE METHOD IS MENTIONED AND 3 IF NOT MENTIONED.

THEN FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 202, ASK 203-204 BEFORE PROCEEDING TO THE NEXT METHOD.

		202 Have you ever heared of (METHOD)? (METHOD) READ DESCRIPTION PF EACH METHOD	203 Have you ever used (METHOD)? (METHOD)	204 Do you know where a person could go to get (METHOD)? (METHOD)
1	PILL	YES/SPONT .....1 YES/PROBED .....2 NO.....3	YES .....1 NO 2	YES .....1 NO 2
2	IUD	YES/SPONT .....1 YES/PROBED .....2 NO.....3	YES .....1 NO 2	YES .....1 NO 2
3	INJECTION	YES/SPONT .....1 YES/PROBED .....2 NO.....3	YES .....1 NO 2	YES .....1 NO 2
4	CONDOM	YES/SPONT .....1 YES/PROBED .....2 NO.....3	YES .....1 NO 2	YES .....1 NO 2
5	FRMALE STERILIZATION	YES/SPONT .....1 YES/PROBED .....2 NO.....3	YES .....1 NO 2	YES .....1 NO 2
6	MALE STERILIZATION	YES/SPONT .....1 YES/PROBED .....2 NO.....3	YES .....1 NO 2	YES .....1 NO 2

		202 Have you ever heared of (METHOD)? READ DESCRIPTION PF EACH METHOD	203 Have you ever used the (METHOD)?	204 Do you know where a person could go to get (METHOD)?
07	NORPLANT	YES/SPONT 1	YES .....1 NO 2	YES .....1 NO 2

		YES/PROBED .....2 NO.....3		
08	RHYTHM	YES/SPONT .....1 YES/PROBED .....2 NO.....3	YES .....1 NO 2	
09	WITHDRAWAL	YES/SPONT .....1 YES/PROBED .....2 NO.....3	YES .....1 NO 2	
10	ANY OTHER METHOD I ---------- II ---------- III ---------- (Specify)	YES/SPONT .....1 YES/PROBED .....2 NO.....3	YES .....1 NO 2	
205	CHECK 203: AT LEAST ONE YES (EVER USED) ☐		NOT A SINGLE YES (NEVER USED) ☐ → 212	
206	Are you or your husband currently using any method?		YES.....1 NO.....2 → 212	

207	What method are you or your husband currently using?	PILLS.....1 IUD.....2 INJECTION.....3 CONDOM.....4 FEMALE STERILIZATION.....5 MALE STERILIZATION.....6 NORPLANT.....7 RHYTHM.....8 WITHDRAWAL.....9 OTHER.....10	
208	Since how long have you been using your current method?	MONTHS---------- ☐☐	
209	Where do you usually get the method from?	NOT APPLICABLE ----------99 **GOVERNMENT SOURCES:** FWC----------01 FWC WORKER----------02 VBFP WORKER ----------03 LADY HEALTH WORKER----------04 HOSPITAL/REPRODUCTIVE HEALTH CENTRE----------05 OTHER GOVERNMENT HEALTH FACILITIES----------06 **NGO'S SOURCES:** NGO'S CENTRE/CLINIC----------07 NGO'S WORKER----------08 ANY OTHER NGO SOURCE ---------09 **PRIVATE SOURCES:** PRIVATE DOCTORS----------10 PRIVATE HOSPITAL/CLINIC---------11 MEDICAL STORE----------12 GENERAL STORE----------14 ANY OTHER PRIVATE SOURCE_____ 15	

210	What is the usual mode of transportation to that place?	WALKING.....1 VEHICLES.....2 TANGA.....3 OTHERS.....4	
211	Using that particular mode of transportation, how much time does it take to go from your home to that source get method and come back?	MINUTES..... ☐☐	
212	What is the man reason that you or your husband are not (currently) sing any contraception?	WANT MORE CHILDREN.....01 PREGNANT.....02 POSTPARTUM (JUST HAD A BABY.....03 METHOD NOT EFFECTIVE.....04 HUSBAND NOT PRESENT.....05 FEAR OF SIDE EFFECT .....06 SIDE EFFECT IN PAST.....07 MENOPAUSAL.....08 HAD HYSTERECTOMY.....09 RELIGION OPPOSED .....10 HUSBAND OPPOSED .....11 MOTHER IN LAW OPPOSED.....12 OPPOSED TO F.PLAN.....13 CANT GET PREGNANT.....14 LACK OF KNOWLEDGE.....15 BREAST FEEDING.....16 OTHER _____ 17 (specify)	
213	If they need to go to a health clinic or a hospital, could you need to be accompanied by someone?	COULD GO BY SELF.....1 WOULD NEED TO BE ACCOMPANIED .....2 OTHER RESPONSE..... ...3 (Specify _____ _____)	

	INTERVIEWERS REMARKS:
214	**PRESENCE OF OTHERS AT THE TIME OF INTERVIEW:** RESPONDANT WAS ALONE.....1 CHILDREN UNDER FIVE WERE PRESENT.....2 HUSBAND WAS PRESENT.....3 OTHER MALE ADULT WERE PRESENT.....4 MOTHER -IN-LAW WAS PRESENT.....5 OTHER FEMALE ADULTS WERE PRESENT.....6
215	PLEASE GO THROUGH THE QUESTIONNAIRE CAREFULLY AND MAKE SURE THAT SKIPS ARE FOLLOWED PROPERLY AND INFORMATION IS NOT MISSED OUT.

INTERVIEWED BY _____ DATE_____
(SIGNATURE)

FIELD EDITED BY _____ DATE_____
(SIGNATURE)

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