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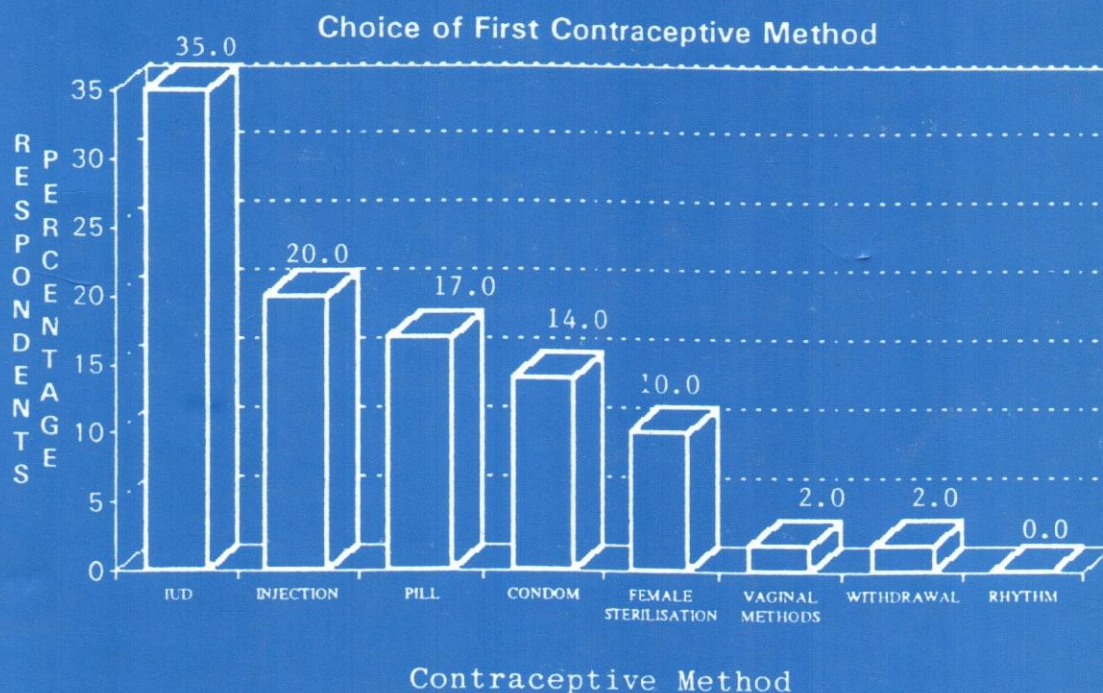
# CHOICE OF METHOD AND DROP-OUTS IN FAMILY PLANNING

FIRST REPORT

By

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national institute of  
**population studies**

ISLAMABAD - 1993



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National Institute of Population Studies (NIPS) established in 1986, is an autonomous research organization responsible for undertaking evaluation of components of Family Welfare Programme, inter-disciplinary and action oriented research, impact studies of the Population Welfare Programme and dissemination of information on population activities. It is managed by a Board of Governors.

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## PREFACE

One of the major tasks of National Institute of Population Studies is to undertake activities for improving and evaluating the Population Welfare Programme (PWP). The present study is a step in this direction. For this study an ultimate sample of 375 acceptors from 20 Family Welfare Centres (FWCs) in Punjab and NWFP was selected and followed-up to find out the reasons due to which acceptors make a choice of certain contraceptive method or drop-out from it.

The findings of this study reveal that the major factor in the choice of method is the suggestibility of Family Welfare Workers(FWWs) followed by the opinion of satisfied users. For dropping out from family planning, besides the desire for having children, which is the desire of younger women to complete their family size, the major factor is the side effects followed by the health problems both in case of IUD users.

These findings are of immense importance to the Population Welfare Programme for improving the role of Family Welfare Workers(FWWs) and using the satisfied clients as effective motivators of family planning. At the same time, it seems necessary that effective arrangements should be made in the programme to follow-up the acceptors, particularly, of IUD users and to treat the side effects as promptly as is feasible and to counter dissemination of misinformation.

The survey and analysis for this study were designed and carried out under USAID Technical and Financial Assistance which are gratefully acknowledged.

The preparatory work of the survey was started during the first quarter of 1993 under the direction of Dr. M.S. Jillani, the former Executive Director of NIPS.

In this report, survey design, procedures and problems encountered have been specifically illustrated for the guidance of programme managers, researchers and field staff as the response rate has been quite low.

October, 1993

**Tewfiq Fehmi**  
Executive Director





## ACKNOWLEDGEMENTS

Population Welfare Programme in the Public Sector has a history of more than 30 years. A rich expertise is available to the organisation. However, besides exogenous factors of culture, religion and under-development, it has certain organisational weaknesses which is likely to lower the success of the programme. It is, therefore, imperative that continuous evaluation of the programme and its components be carried out to know and rectify the bottlenecks. The National Institute of Population Studies (NIPS) takes up various issues in the matter and provides feedback to the Ministry of Population Welfare (MPW).

This study "Choice of Method and Drop-outs in Family Planning" was undertaken by NIPS in 1993 with a view to know the reasons why respondents prefer a particular contraceptive method and why they drop-out after using a method. Also the object was to find out factors due to which the acceptors completely drop-out from using any family planning method.

The study was undertaken in several steps. First the study design was prepared, then questionnaire was prepared, the interviewers were trained in the use of questionnaire and they, along with questionnaires were pretested in the field following which data were collected, processed, analysed and the first report has been prepared.

\* The authors of the report are grateful to Dr. M.S. Jillani, who was then Executive Director of NIPS when the study was initiated, for providing administrative support and guidance.

The authors are thankful to Mr. Tewfiq Fehmi, Executive Director, NIPS, who provided his full executive support due to which all financial and administrative arrangements for the study were made and also for his reviewing the earlier draft. Thanks are due to Dr. Abdul Hakim, Director NIPS for his useful suggestions. The authors are also thankful to field staff who conducted the interviews specially Mr. Mubashir Baqai for supervising the data collection.

The acknowledgements would not be complete if authors do not thank Mr. Mushtaq Ahmad Programmer and Mr. Mohammed Sabir Tabassam who handled the data entry and data processing and who, on occasions, worked round the clock to complete the work.

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**Dr. Sultan S. Hashmi**  
**Mansoor ul Hassan Bhatti**  
National Institute of Population Studies





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## CHAPTER I

### INTRODUCTION

#### I.1 BACKGROUND

Rapid population growth at the rate of 2.9 percent per annum continues to dampen the gains made in social and economic development. The basic as well as acquired needs and demands for goods and services as well as aspirations of the people and prices are rising. While literacy level is increasing, the absolute number of illiterates, unemployed and poor are rising. These are some of the major out-comes of population pressure which are leading to social and psychological frustrations.

Viewing these problems, Population Welfare Programme (PWP), which started during the Second Five Year Plan 1960-65 has been making efforts to check the rapid population growth but so far it could only reduce the birth rate to the tune, the death rate was reduced but in terms of growth rate, the reduction has not been very visible.

A remarkable improvement has been made in Information, Education and Communication (IEC) to bring awareness about family planning. Extensive publicity is being made through population walks and electronic and print media. Knowledge about family planning is being imparted through interpersonal contacts, various other publicity campaigns, and its level among eligible couples has risen. The over all knowledge of any contraception rose to 78 percent [1, P.54]. But improvements in population coverage and service delivery has been lagging behind inspite of many innovations. Private and public health outlets and Non-Governmental Organisations (NGOs) have been involved for service delivery but more rigorous efforts, as envisaged for the programme in the Eighth Five Year Plan 1993-98 are urgently needed to achieve viable results.

In order to strengthen PWP efforts, continuous evaluation of various components of the programme is urgently needed. The present study, undertaken by the National Institute of Population Studies (NIPS), is an attempt in this direction.



In this study, an attempt is made to partially answer the following questions: Why some couples, who have the knowledge of family planning methods and who have been actually using the contraceptive methods, either shift to some other method or stop using the method altogether after some time ? Are some users scared of using modern methods ? There has been a sizable gap between the percentages of ever users and current users due to drop-outs as reported in various surveys:

**Table I.1**

**PERCENTAGE OF EVER USERS, CURRENT USERS AND DROP-OUTS,  
PFS 1975, PCPS 1984-85 AND PDHS 1990-91**

SURVEY	EVER USERS (Percent)	CURRENT USERS (Percent)	DROP-OUTS (Percent)
PFS 1975	10.5	5.2	5.3 [2, P.76, 84]
PCPS 1984-85	11.8	7.6	4.2 [2, P.76, 84]
PDHS 1990-91	20.7	11.8	8.9 [1, P.58]

It is hypothesized that non-availability of method of choice may well be one of the factors for non-use as well as for drop-out.

It is with this background that "Choice of Method and Drop-outs in Family Planning(CMDO)" has been undertaken. In this report, only some preliminary results are presented. A more comprehensive final report will follow. These results should be regarded as provisional and subject to modification, although the final figures may not differ substantially from those presented in this report.

## **I.2 OBJECTIVES OF THE SURVEY**

1. To determine factors which are associated with low current use and drop-out rates
2. To find out reasons for choices or preferences of the respondents for particular contraceptive methods
3. To suggest measures which could be undertaken to provide methods of choice and to reduce the drop-out rates to the minimum and

4. To contribute to the improvement of service delivery and performance of the programme.

### **I.3 SAMPLE DESIGN**

The sample design for the survey is three staged. In the first stage, five districts were selected, three from Punjab and two from NWFP. The study was restricted to these two provinces. Sindh was excluded due to political disturbances at the time when the survey was planned. Balochistan, which is sparsely populated, was excluded to minimize the cost and to complete the survey field work and checking of questionnaires by 30th June, 1993, the date on which USAID, who supported the survey, terminated the financial assistance.

In the second stage, 25 Family Welfare Centres (FWCs) were selected at random from the five districts, but later three FWCs were dropped due to time constraint and two FWCs were dropped as Family Welfare Workers (FWWs) of these centres were not available. Thus the sample of 25 FWCs was reduced to 20 FWCs. In the third stage, from the reduced sample of 20 FWCs, a stratified systematic random sample of 1929 women was selected who were acceptors of various methods from FWCs. The households of those sampled acceptors were the sampled households.

In addition to the registered sampled acceptors, 27 new eligible women were found in the selected households who were currently married and were in the reproductive age of 15-49 years. They were also interviewed.

### **I.4 COVERAGE OF THE SAMPLE**

The position with regard to the coverage is presented in Table I.2.

Out of 1929 sampled acceptors of family planning methods, only 375 or 19.4 percent could be traced. So CMDOS respondents include 375 sampled acceptors of family planning methods plus 27 new eligible women found in sampled households. The lowest response rate of 8.4 percent was found for Mianwali district followed by 16.2 percent for Peshawar and 16.9 percent for Sialkot. This is a matter of concern to the programme managers at all levels. Further analysis of this problem is presented subsequently.

Table I.2

COVERAGE OF FAMILY WELFARE CENTRES AND SAMPLED  
ACCEPTORS FOR FOLLOW-UP BY PROVINCE  
AND DISTRICT, CMDOS 1993

Province\ District	Number of Family Welfare Centres Covered	Sampled Acceptors				New Eligible Women
		Total	Covered (Interviewed)		Not Covered	
			Number	Per-cent		
Punjab	13	1238	244	19.7	994	25
Rawalpindi	4	391	140	35.8	251	19
Sialkot	4	384	65	16.9	319	6
Mianwali	5	463	39	8.4	424	0
N.W.F.P	7	691	131	19.0	560	2
Peshawar	5	494	80	16.2	414	1
Mansehra	2	197	51	25.9	146	1
Total	20	1929	375	19.4	1554	27

## I.5 QUESTIONNAIRE

The CMDOS questionnaire had two components: household questionnaire and the individual respondent questionnaire.

The household questionnaire listed all usual members of a sampled household plus current visitors who were present in the household at the time of survey. Some basic information collected through this part included such characteristics of each listed person as age, sex, marital status, education, literacy, employment status and resident status. Also information was collected on births and deaths which occurred in the household during the past 12 months. All this information will be analysed separately.

The individual questionnaire was used to collect information from CMDOS respondents (followed up women currently married 15-49) on the following topics:

Socio-Economic characteristics such as age, education and literacy of both respondent and her husband, nuptiality, fertility and pregnancy, knowledge and use of contraception, choice of family planning methods, reasons for choice of family planning methods and reasons for drop-out.

The questionnaire was discussed at length, pretested and approved by the Technical Advisory Committee. The committee, besides senior staff of NIPS was composed of representatives from the Ministry of Population Welfare (MPW) and Pakistan Institute of Development Economics (PIDE). The questionnaire was worded in English with Urdu translation.

#### **I.6 FIELD STAFF: RECRUITMENT, TRAINING AND PRETESTING OF QUESTIONNAIRE**

Three teams were constituted for the field work. Each team had one male supervisor and three female interviewers. Two teams conducted the survey in Punjab and one team in NWFP. In all, three supervisors and nine interviewers were recruited.

A six days training programme was conducted for the field staff. The major topics covered in the training programme were as follows:

- Introduction to family welfare programme in Pakistan
- Objectives of the survey
- Procedures of the field survey and roles of interviewers and supervisors
- How to fill questionnaire
- Interviewing technique and
- Importance of correct data collection.

The training was held during the first week of February, 1993 at NIPS, Islamabad. At the end of the training, the field staff pretested the questionnaire in selected areas in and around Islamabad. The questionnaire and the performance of teams of interviewers were discussed and problems were clarified. The questionnaire as well as instructions were modified and improved before the teams were despatched to the field.

## **CHAPTER II**

### **FIELD WORK AND PROBLEMS**

#### **II.1 FIELD OPERATIONS**

The survey was conducted from mid-February to the end of April, 1993. One survey team covered Rawalpindi and Sialkot, the second team covered Mianwali and the third team covered Peshawar and Mansehra districts.

Locating the houses from area to area , village to village, on hilly areas as well as in planes was the most difficult task facing the field staff.

Before starting the interview, one of the major tasks of an interviewer was to establish rapport with the respondent. The interviewers explained to the respondents that the information would remain confidential, no individual names would be used under any situation and that all information would be pooled to write a report. Efforts were made to obtain the information in the absence of other family members but it was not entirely successful. However, it was ensured that all questions were answered by the respondent herself.

The following instructions were followed by the interviewers for conducting the interview:

1. Open the interview with a smile and greeting such as "Assalam-o-Alakum"
2. Try to interview the respondent alone
3. Be impartial throughout the interview
4. Do not prompt responses
5. Do not alter the wording or structure of questions
6. Handle hesitant and reluctant respondents tactfully
7. Do not raise expectations of the respondents
8. Do not rush the interview and
9. Do not start conversation on domestic or political problems.

## **II.2 PROBLEMS EXPERIENCED IN THE FIELD**

In this report, it was considered necessary to list the problems experienced in the field for the guidance of the future researchers.

The major problem during the field work was the arrangement of accommodation for the field staff specially for female interviewers. In the first place, efforts were made to get the accommodation in the nearest rest-house but it was not possible always. So other possible arrangements of accommodation were made. Principal of Regional Training Institute (RTI), Rawalpindi and concerned District Population Welfare Officers (DPWOs) provided full cooperation in providing accommodation where ever it was possible.

In one case, the FWC was found locked. However, with the help of neighbours, the residence of FWW was traced and she was contacted. In another case, the FWC was found locked for two days. However on the third day the centre was found open and FWW provided the records for sample selection. These two centres were in addition to other two FWCs which were found closed and had to be excluded from the survey.

In one area of FWC, Kala Bagh, Kot Chandana village, people did not cooperate for the identification of houses of sampled clients. In some households, people did not like that women should provide information regarding names and other characteristics of household members.

In some other cases, women obtained the methods from the centres secretly, even without telling their husbands and they were hesitant to divulge this information. One respondent did not acknowledge her visit to the centre as her husband was around. However, in most of the cases, the people were cooperative.

In some cases, sampled respondents were scattered in many small hamlets, sometimes 4-5 miles apart and there were only 1 or 2 sampled respondents per hamlet. So the team had to travel to about 40-50 hamlets to cover the sample of about 90-99 cases. There were other households located in hilly areas and difficult terrains.

### II.3 LOCATION OF CLIENTS

While drawing the samples of ever users from FWC records, it was noticed that in most cases Family Welfare Workers (FWWs) did not write down the complete addresses of the clients. For example, they often wrote only the name of the client, her husband's name and name of the town, block or village. Thus the houses of sampled acceptors could not be traced in almost 20 percent of the cases.

There is a specific column in the client register for noting down the "Complete Address" of the client which is not properly filled. Officers from the ministry, province, division, district and tehsil levels may ensure while visiting FWCs that complete addresses are written.

Some acceptors of family planning methods had concealed their original names and were registered under fictitious names. In such cases, respondents could not be located. They are included in the category of "address incomplete" who were about 20 percent of the total cases.

In many cases, it was found that FWWs, in order to show their progress or complete the 'target', made hypothetical entries of acceptors. Thus cases of non-existent or "not found" acceptors constituted major category of 48 percent of the total sampled clients as shown in Table II.1. The non-existence of some such cases was informally admitted by the FWWs or it was discovered in the field. In some cases, it was observed, that the same acceptors were repeated in the register at the FWCs in order to exaggerate the number. Such cases were encountered at the time of drawing a sample. Apart from clients who had accepted a method for the first time, FWWs had the tendency of converting old cases to new cases, in particular, when an acceptor changed the method. This also increased the frequency of new acceptors artificially.

The presentation is thus based on data collected from 375 respondents out of 1929 sampled women plus 27 women who were not registered with FWCs, but were eligible and were living in the sampled households. In other words, the response rate was only 19.4 percent. Details are presented in Table II.1.



**Table II.1**

**PERCENT DISTRIBUTION OF SAMPLED RESPONDENTS  
BY OUTCOME OF SURVEY, CMDOS 1993**

outcome	Number	Percent
Completed	375	19.4
Address Incomplete	390	20.2
Address Vacant\ Not Dwelling	23	1.2
No Adult At Home\ House Locked	48	2.5
Sampled Acceptor Died\Shifted Away	41	2.1
Acceptors Not Found	921	47.7
Sampled Acceptor Not Eligible	5	0.3
Eligible Respon- dent Not At Home	44	2.3
Interview Refused	29	1.5
Address far beyond sampled area jurisdiction\ Inaccessible	53	2.7
Total	1929	100.0

**II.4 FIELD CHECKING AND TRANSMISSION OF QUESTIONNAIRES**

Besides supervision of the team and arrangement of accommodation, supervisor of each team had examined each and every completed questionnaire and ensured that all necessary corrections were made before leaving the field.

All the completed questionnaires were then sent to NIPS for further checking, coding, data entry and processing.

## **CHAPTER III**

### **SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS**

The following socio-demographic information was collected through questionnaire from 375 sampled respondents:

- Age
- Educational Level
- Literacy
- Educational Level of Husband and
- Literacy of Husband.

A profile of the socio-demographic characteristics of the CMDOS respondents is presented in this chapter to provide a general background information about interviewed respondents.

#### **III.1 AGE DISTRIBUTION**

Special attention was paid in CMDOS to get as accurate information on age as was possible. During the one week's training programme special emphasise was laid on probing techniques regarding age. However in Pakistan, as in many developing countries, age reporting can not be considered very accurate. This is due to large scale illiteracy and lower educational level. However, efforts were made to get the information on age with minimum reporting errors.

Table III.1 shows the percent distribution of respondents of CMDOS by five year age groups. There were no respondents in age group 15-19 which was expected as women in such early age do not use contraceptive methods. Largest percentage of women using contraception was in the most fertile age group 25-29 while next largest groups were 30-34 and 35-39. These three groups i.e. 25-39 cover almost 78 percent of the respondents who were found in CMDOS.

Table III.1

**PERCENT DISTRIBUTION OF SAMPLED RESPONDENTS  
BY CURRENT AGE, CMDOS 1993**

Age	Number of Respondents	Percent Respondents
20-24	27	7.2
25-29	101	26.9
30-34	96	25.6
35-39	95	25.3
40-44	43	11.5
45-49	13	3.5
Total	375	100.0

### **III.2 EDUCATIONAL LEVEL OF RESPONDENTS AND THEIR HUSBANDS**

Table III.2 shows the educational level of respondents and their husbands. More than half of the respondents had no formal or informal education whereas 9 percent had only informal education.

Informal education is arranged specially for girls , who study at home with the help of any educated person in the family or by engaging a private tutor. Some people get education in informal schools called "Madrassas" organised by the community at the Mosques.

However about 35 percent of women had formal schooling where as about 7 percent were Matriculate and 5 percent had college education. These levels are higher than the national average for women observed in 1981 census which showed that 15.6 percent women of 15-49 years of age had formal schooling which included 3.3 percent matric and 2.2 percent having college education [3]. It may, however, be kept in view that this group is a special group who had accepted family planning and had obtained

contraceptive methods from FWCs. It was expected that they would have a higher educational level than women in general, majority of whom are non-users of any contraceptive method.

Education of husbands, as expected, was higher than their wives. (Table III.2). It is evident that comparatively more husbands had higher educational level i.e. middle and above and more wives were in lower educational level i.e. primary and below.

**Table III.2**

**PERCENT DISTRIBUTION OF RESPONDENTS (WIVES) AND THEIR HUSBANDS BY EDUCATIONAL LEVEL, CMDOS 1993**

Educational Level	Respondents (Percent)	Husbands of Respondents (Percent)
No Formal or Informal Schooling.	56.3	35.7
Only Informal Education	9.1	0.8
Less Than Primary	4.0	4.5
Primary	13.3	11.7
Middle	5.3	8.5
Matric	6.9	22.1
Higher	5.1	16.5
Total	100.0	100.0
Number	375	375

### III.3 LITERACY

Literacy is closely associated with the success of any development activity. Literacy rate of population having 10 years age and above has improved in Pakistan from 17 percent in 1961 to 22 percent in 1972, to 26 percent in 1981 and to 35 percent

in 1993. But still it is very low. The current literacy level for males is 47 percent and for females it is 22 percent. [4, p. 119]. Specific group of women who were respondent in CMDOS and their husbands had higher literacy level as it was 33 percent for wives (respondents) and 62 percent for their husbands. This shows as expected that literate and educated women are trying more than the illiterate and less educated women to seek family planning services.

## **CHAPTER IV**

### **FERTILITY**

Although the main objective of CMDO was to obtain the information regarding choice and preferences of family planning acceptors for various methods and reasons for drop- out, some information was also obtained regarding live births, outcome of last pregnancy, living children and pregnancy. In this chapter, attempt is made to provide some analysis of the fertility data. More data and analysis will be presented in the final report.

#### **IV.1 CHILDREN EVER BORN**

Table IV.1 shows the percentage distribution of Children Ever Born (CEB) by age of mother (respondents). About 23 percent respondents, on the average, had 0 to 3 children, about 54 percent had 4 to 6 children and the remaining 23 percent had 7 to 11 children. The table, as expected, shows that the parity increases with age. The mean number of CEB increases from 2.5 in age group 20 to 24 years to 8.2 in age group 45 to 49 years. There was no respondent as expected in the youngest age group 15-19.

The mean number of CEB is higher in each age group obtained in the present survey than reported in PCPS because CMDOS sample comprises of acceptors of family planning who generally have higher level of fertility as low parity women generally do not resort to family planning until their desired family size is completed. Also for the same reason the over all average number of children ever born (5.1) observed in CMDOS 1993 is higher than that observed in PCPS (4.3) for all currently married women in the reproductive age.

#### **IV.2 OUT-COME OF LAST PREGNANCY**

A question was asked from the respondents that when they were pregnant last time, did they have a live birth ? The purpose of the question was to know the outcome of last pregnancy.

**Table IV.1**

*PERCENT DISTRIBUTION OF SAMPLED RESPONDENTS BY  
CHILDREN EVER BORN AND MEAN NUMBER OF CHILDREN EVER BORN ACCORDING TO  
CURRENT AGE GROUP, CMDOS 1993*

<i>Children Ever Born</i>										Mean Number of CEB CMDOS
Current Age	0-1	2	3	4	5	6	7	8	9-11	
20-24	18.5	25.9	37.0	18.5						2.5
25-29	3.0*	19.8	15.8	30.7	19.8	5.9	4.0*	1.0*		3.8
30-34	1.0*	8.3	9.4	18.8	24.0	20.8	11.5	4.2*	2.1*	5.0
35-39		3.1*	1.0*	15.5	20.6	24.7	16.5	13.4	5.1	5.9
40-44			2.4*	12.2	14.6	17.1	12.2	9.8*	31.7	7.1
45-49			7.7*			23.1*	7.7*	23.1*	38.5	8.2
20-49	9	38	38	74	69	60	37	25	25	5.1
Percent	2.4	10.1	10.1	19.7	18.4	16.0	9.9	6.7	6.7	

\*Frequencies less than 5



Table IV.2 shows the percent distribution of responses to the question. About 98 percent women had live births. Other figures are not significant. Only one had still birth and 5 had abortions.

**Table IV.2**

**PERCENT DISTRIBUTION OF SAMPLED RESPONDENTS  
BY OUTCOME OF LAST PREGNANCY, CMDOS 1993**

Outcome of Last Pregnancy	Number	Percent
Live Birth	369	98.4
Still Birth	1	0.3
Abortion	5	1.3
Total	375	100.0

**IV.3 AGE OF LAST LIVE BIRTH IF ALIVE**

Table IV.3 shows the percent distribution of respondents by age of last live birth if the child was alive. About 11 percent women had their last children of ages under one year, 58 percent had last children of ages 1 to 4 years, 24 percent had last children who were five or more years old. It is noted that last child born of seven percent women had died.

**Table IV.3**

**PERCENT DISTRIBUTION OF SAMPLED RESPONDENTS  
BY AGE OF LAST LIVE BIRTH, CMDOS 1993**

Age of Last Live Birth if Alive (Completed Years)	Number	Percent
Under 1 year	40	10.8
1 Year	37	10.0
2 Years	71	19.2
3 Years	68	18.4
4 Years	40	10.8
5 Years and More	88	23.9
Dead	25	6.8
Total	369	100.0

#### IV.4 LIVING CHILDREN

Table IV.4 shows the percentage of respondents by living children and by age. About 14 percent had two or less living children, about 36 percent had three to four living children, 31 percent had five to six living children and 19 percent had seven to eleven living children. It means more than two-third had three to six living children.

**Table IV.4**

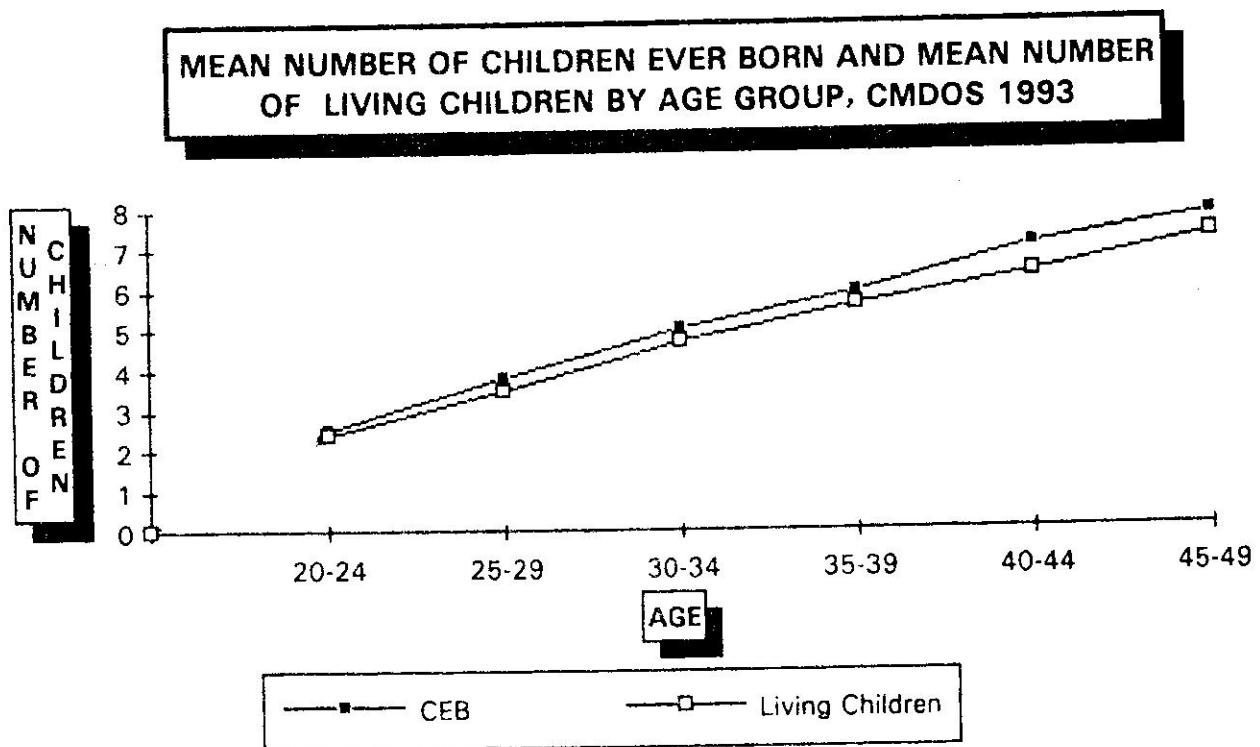
*PERCENT DISTRIBUTION OF SAMPLED RESPONDENTS BY LIVING CHILDREN AND MEAN NUMBER OF LIVING CHILDREN ACCORDING TO CURRENT AGE GROUP  
CMDOS 1993*

Current Age	LIVING CHILDREN									No. of Women	Mean Number of Living Children
	0-1	2	3	4	5	6	7	8	9-11		
20-24	18.5	33.3	33.3	14.8*						27	2.4
25-29	4.0*	19.8	22.8	31.7	16.8	4.0*	1.0*			101	3.5
30-34	1.0*	9.4	15.6	21.9	21.9	16.7	7.3	5.2	1.0*	96	4.7
35-39	0.0	3.1*	4.1*	19.6	21.6	21.6	20.6	8.2	1.0*	95	5.5
40-44	2.4*		4.9*	12.2	14.6	19.5	17.1	9.8*	19.6	43	6.5
45-49			7.7*		7.7*	15.4*	15.4*	23.1*	30.8*	13	7.4
20-49	11	41	54	81	66	51	37	20	14	375	4.7
Percent	3.0	10.9	14.4	21.6	17.6	13.6	9.9	5.3	3.7	100.0	

\*Frequencies less than 5

Mean number of living children, for this particular sample increases from 2.4 in age group 20 to 24 to 7.4 in age group 45 to 49. The average number of living children for all women 15-49 was 4.7. This means that the survival ratio of the children ever born alive was 0.9294. Figure IV.1 shows a comparison of mean number of CEB and children living.

FIGURE IV.1



SOURCE: TABLE IV.1 AND TABLE IV.4

## **CHAPTER V**

### **CONTRACEPTIVE AWARENESS AND USE**

Information, Education and Communication (IEC) component of Pakistan Population Welfare Programme is well advanced and effective as according to 1990-91 PDHS, 77.9 percent of eligible women had the awareness of at least one method [1, P.54]. In the present survey, since the respondents were acceptors of contraceptive methods, all of them had the awareness of at least any one method. However, knowledge about individual method varied.

#### **V.1 AWARENESS OF VARIOUS CONTRACEPTIVE METHODS**

It was important to get the information regarding awareness of respondents for various contraceptive methods to link it with the use of contraceptive methods. The question on the topic was phrased, "Now I would like to talk about family planning-the various methods that a couple can use to delay or avoid pregnancy. (Pause) What ways or family planning methods do you know?" The results are shown in Table V.1 and Figure V.1.

The knowledge or awareness for oral pill, condom, injection, IUD and female sterilisation ranged from 95 to 98 percent. The 2 to 5 percent ignorance is probably shown by those respondents who never used these methods but were using other methods.

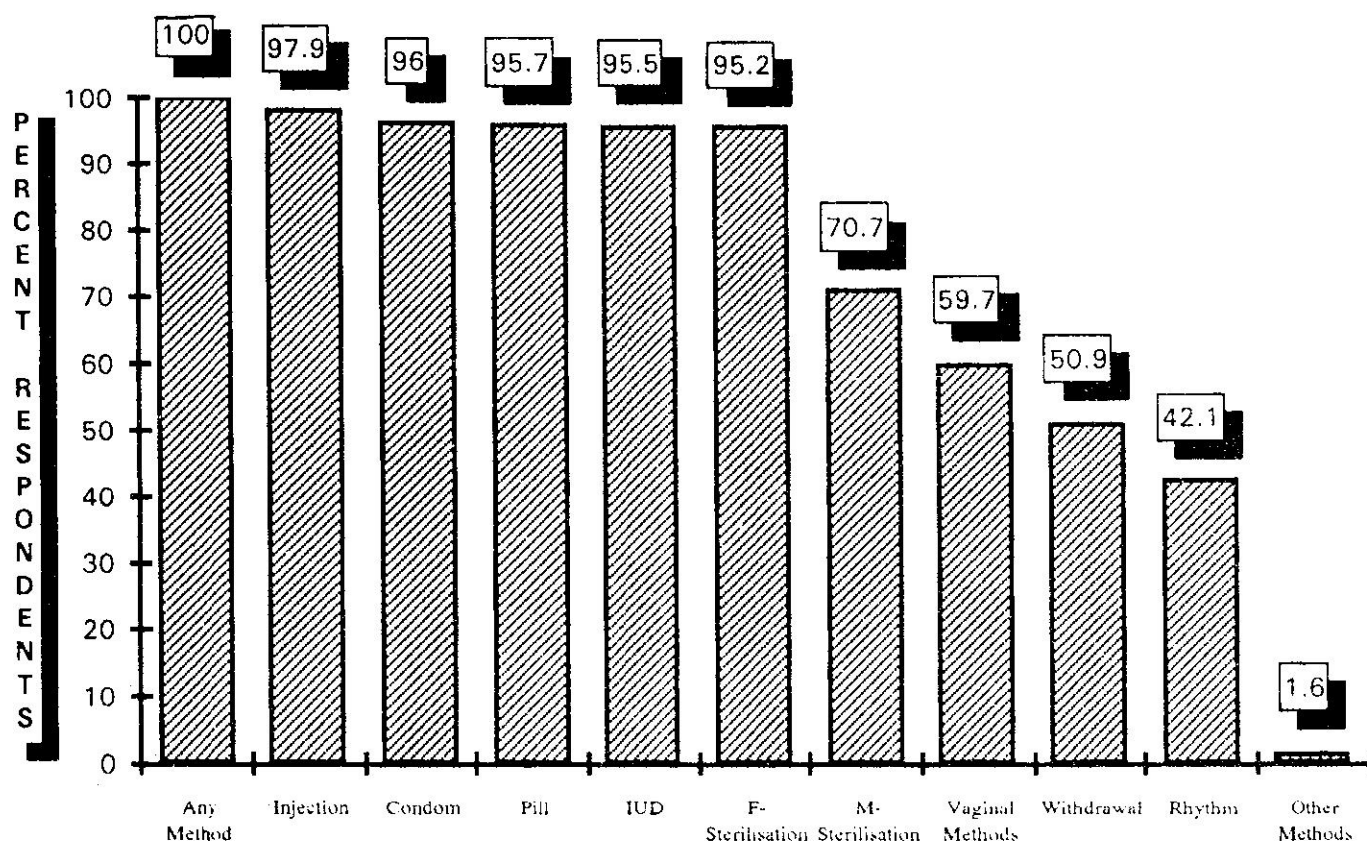
Table V.1

NUMBER AND PERCENTAGE OF RESPONDENTS BY  
AWARENESS OF CONTRACEPTIVE METHODS, CMDOS 1993

Contraceptive Methods	Awareness of Specific Method	
	Number of Women	Percent
Any Method	375	100.0
Pill	359	95.7
Condom	360	96.0
Vaginal Methods	224	59.7
Injection	367	97.9
IUD	358	95.5
Female Sterilisation	357	95.2
Male Sterilisation	265	70.7
Rhythm	158	42.1
Withdrawal	191	50.9
Other Methods	6	1.6
Number of Women	375	100.0

FIGURE V.1

PERCENTAGE OF RESPONDENTS BY KNOWLEDGE OF  
CONTRACEPTIVE METHODS, CMDOS 1993



CONTRACEPTIVE METHODS

SOURCE: TABLE V.1

The awareness about male sterilisation and vaginal methods was 71 and 60 percent respectively whereas awareness about withdrawal and Rhythm methods was as low as 51 and 42 percent respectively. This shows that there is a considerable ignorance about some specific methods.

It may, however, be mentioned that among 27 newly found eligible women 23 i.e. 85.2 percent had the awareness of at least one of the methods which indicates that IEC component of the Population Welfare Programme is making significant progress.

## V.2 EVER USE OF CONTRACEPTION

Any respondent who was using a contraceptive method currently or had used it any time in the past, is ever user of contraception. The respondents who had the awareness of specific methods, were asked if they ever used any of contraceptive methods. The responses are tabulated by current age of respondents in Table V.2.

**Table V.2**

**PERCENTAGE OF RESPONDENTS BY EVER USE OF CONTRACEPTIVE METHODS AND AGE, CMDOS 1993**

Contraceptive Methods	Age of Women						Total
	20-24	25-29	30-34	35-39	40-44	45-49	
Any Method	100.0	100.0	100.0	100.0	100.0	100.0	100.0
IUD	55.6	63.4	61.5	51.6	44.2	30.8	56.0
Injection	29.6	36.6	34.4	21.1	46.5	23.1	32.3
Condom	37.0	36.6	19.8	22.1	9.3	23.1	25.1
Pill	33.3	18.8	32.3	20.0	25.6	38.5	25.1
Female Sterilisation		5.9	15.6	28.4	30.2	30.8	17.3
Vaginal Methods		1.0	3.1	7.4	2.3		3.2
Rhythm	7.4			2.1			1.1
Withdrawal		5.9	5.2	4.2	11.6		5.3
Total No.	27	101	96	95	43	13	375



Ever use of any one method was evidently 100.0 percent as respondents were all acceptors. Specifically, ever use of IUD was found to be the highest i.e. 56.0 percent. This is because IUD is one of the clinical methods which is provided at FWCs. The result would have been quite different if the sample was not confined to FWCs' clients and was drawn from general public as in that case ever use of other methods would have dominated.

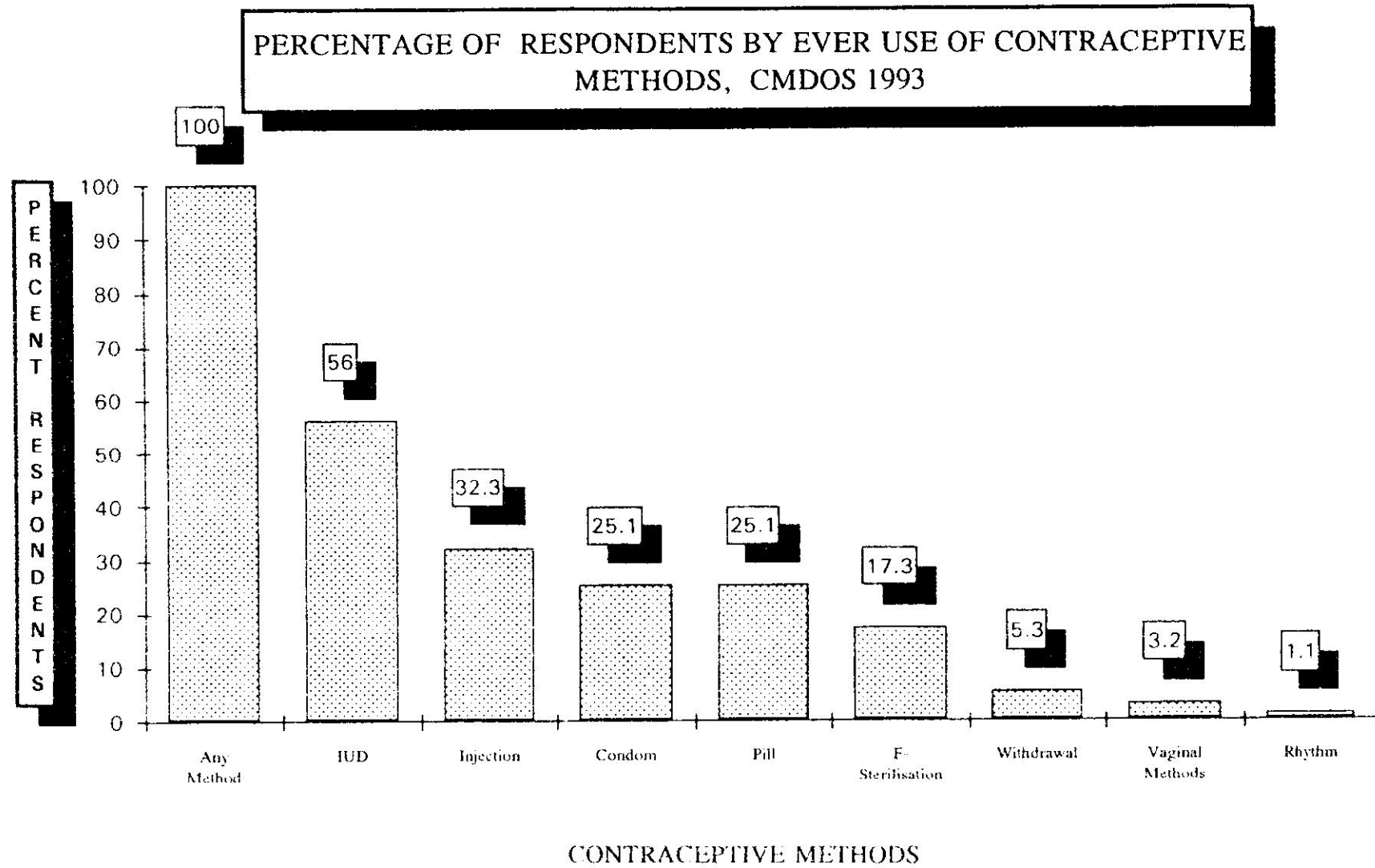
The ever use of injection is 32.3 percent which is second highest. This method was recently introduced and is becoming quite popular. One injection protects a woman for 3 months. The ever use of this method could have surpassed IUD but its non-availability at FWCs is a major factor for dropping this method.

The level of ever use of pill and condom is equal, i.e. 25.1 percent which is the third highest percentage. The Population Welfare Programme has been supplying these contraceptives to FWCs without any interruption.

Female sterilisation is 17.3 percent. This method is not offered at Family Welfare Centres(FWCs). It only means that 17.3 percent respondents were referred by Family Welfare Centres for contraceptive surgery to contraceptive surgery centres which could be most probably Reproductive Health Centres (RHCs) A or B type.

The ever use of various contraceptive methods is also shown in Figure V.2.

FIGURE V.2



SOURCE: TABLE V.2

### **V.3 AGE WHEN CONTRACEPTIVE METHOD WAS FIRST USED**

Table V.3 provides the percent distribution of respondents by age when respondents first used a contraceptive method.

**Table V.3**

**PERCENT DISTRIBUTION OF EVER USERS OF CONTRACEPTIVE METHODS BY AGE WHEN METHOD WAS FIRST USED, CMDOS 1993**

Age When Method was First Used	Number of Women	Percent Women
15-19	18	4.8
20-24	82	21.9
25-29	114	30.4
30-34	102	27.2
35-39	46	12.3
40-44	12	3.2
45-49	1	0.3
Total	375	100.0

It is observed that about 27 percent respondents started using contraceptive methods at early age when they were in age group 15 to 24 while more than half i.e. about 58 percent started practicing family planning when they were in age group 25-34. However, 15 percent started family planning after age 35. It is evident that the highest percentage of women started using contraception when they were in the prime reproductive age 25-29 years followed by women in age 30-34 years. If adequate and effective services are provided to women of these age groups, a significant decline in the level of fertility can be achieved in a short period of time.

### **V.4 NUMBER OF CHILDREN EVER BORN WHEN CONTRACEPTIVE METHOD WAS FIRST USED**

Table V.4 provides the percent distribution of respondents by the number of children ever born (CEB) when they first used a method.

**Table V.4**

**PERCENT DISTRIBUTION OF  
EVER USERS OF CONTRACEPTIVE METHODS BY  
CHILDREN EVER BORN WHEN THEY FIRST USED  
A CONTRACEPTIVE METHOD, CMDOS 1993**

Children Ever Born	Number of Ever Users	Percent of Ever Users
0	2	.5
1	44	11.7
2	49	13.1
3	47	12.5
4	66	17.6
5	55	14.7
6	46	12.3
7	31	8.3
8	18	4.8
9	9	2.4
10	5	1.3
11	3	0.8
<b>Total</b>	<b>375</b>	<b>100.0</b>

The number and percentage of contraceptive users increased with minor decline of women who had 3 children ever born alive, from 0.5 percent who had no children to about 18 percent who had four children and then percentage started declining with increase in the number of children ever born. The minor decline in the number and percentage of users who had 3 children may be attributed to chance variation or disliking of the number '3' due to cultural reason.

A little more than one quarter respondents started family planning when they had 0 to 2 CEB, about 30 percent started contraceptive use when they had 3 to 4 CEB, another one quarter started using of contraceptive methods when they had as many as 5 to 6 CEB, while the rest about 18 percent adopted family planning when they had more than 6 CEB.

## **V.5 CURRENT USERS**

Table V.5 and Figure V.3 show the situation with regard to the current use of contraceptive methods by the respondents. Total current use for this group is found to be as 73.3 percent and the rest 26.7 percent had dropped out.

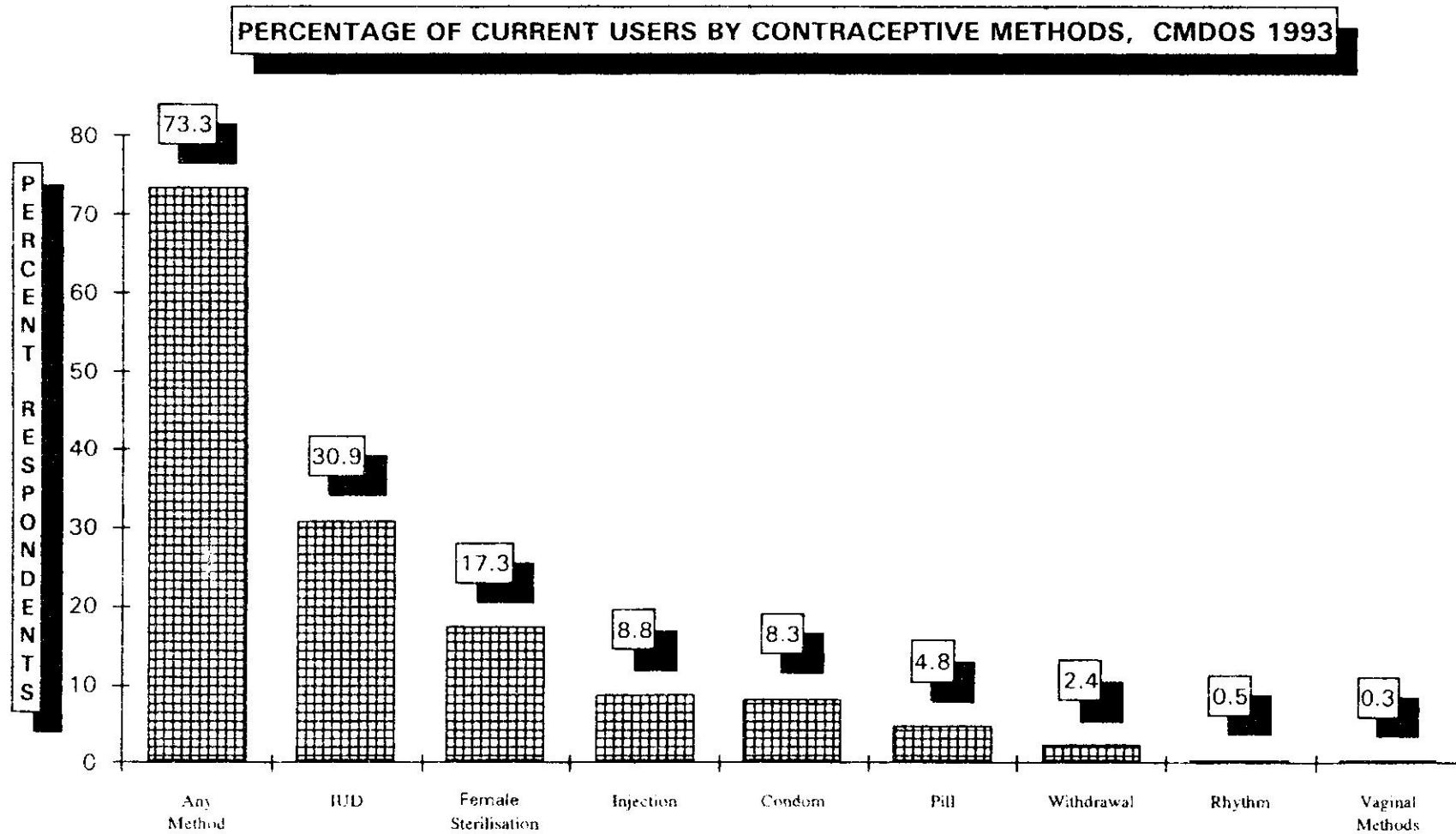
Table V.5

NUMBER AND PERCENTAGE OF CURRENT USERS  
BY CONTRACEPTIVE METHODS, CMDOS 1993

Contraceptive Methods Used	Number of Women	Percent
Any Method	275	73.3
IUD	116	30.9
Injection	33	8.8
Condom	31	8.3
Pill	18	4.8
Female Sterilisation	65	17.3
Vaginal Methods	1	0.3
Rhythm	2	0.5
Withdrawal	9	2.4
Currently Non-users (Drop-outs)	100	26.7
Total	375	100.0

As far as current use of IUD is concerned, it is the highest, 31 percent, followed by female sterilisation. The current use of sterilisation is 17 percent. The current use of injections is 9 percent followed closely by condom 8 percent. The current use of pill is quite low i.e. 5 percent whereas current use of withdrawal is negligible i.e. 2 percent. Frequencies of current use of vaginal methods and rhythm are not significant. Male sterilisation is zero as it is not offered at the FWCs.

FIGURE V.3



CONTRACEPTIVE METHODS

SOURCE: TABLE V.5

## **CHAPTER VI**

### **CHOICE OF FAMILY PLANNING METHODS**

The major objective of the survey was to find out the choices and preferences of family planning methods, reasons for choice of specific method and reasons for drop-outs if any.

In Pakistan, each individual is free to practice or not practice contraception and is free to choose the family planning method of her/his choice. When a woman visits a Family Welfare Worker, she informs her about different family planning methods available and discusses with her the merits and de-merits of each method but it is the clients own choice to select any method. In this chapter, some analysis of the data on choice of methods is presented.

#### **VI.1 CHOICE OF FIRST METHOD AND SUBSEQUENT CHANGES IN CHOICE**

Initially a woman may select a method and may continue, if she is satisfied. Otherwise, she may change the method or drop it out. A woman may change methods several times. So five changes were recorded. This was appropriate as there were no instances in which any woman changed the method more than 5 times.

Analysis of the responses to the question on choice revealed that largest percentage of respondents (34.7), as shown in the Table VI.1, made first choice for IUD followed by 19.7 percent, 17.3 percent and 14.4 percent respectively for injections, pill and condom respectively. A smaller percentage of 9.9 females chose sterilisation while only 4.0 percent preferred vaginal methods or practiced withdrawal.

Table VI.1

PERCENTAGE OF EVER USERS OF CONTRACEPTIVE METHODS  
BY FIRST, SECOND, THIRD, FOURTH OR FIFTH CHOICE OF  
SPECIFIC METHOD, CMDOS 1993

Contraceptive Methods	Choice As 1st Method	Choice As 2nd Method	Choice As 3rd Method	Choice As 4th Method	Choice As 5th Method
IUD	34.7	33.2	42.2	41.2	33.3*
Injection	19.7	22.8	7.8	11.8*	16.7*
Pill	17.3	12.0	4.7	17.6*	16.7*
Condom	14.4	16.8	17.2	11.8*	16.7*
Female Sterilisation	9.9	8.7	17.2	5.9*	16.7*
Vaginal Methods	2.1	1.1*	3.1*	0*	0*
Rhythm	0	0.5*	3.1*	5.9*	0
Withdrawal	1.9	4.9	4.7*	5.9*	0
Total	100.0	100.0	100.0	100.0	100.0
Total Number of Women	375	184	64	17	6

\* Frequencies less than 5.

After practicing first method for some time, about half the women changed to the second method. Again IUD was the choice of the largest percentage (33.2) followed by the choice for injection (22.8 percent), condom (16.8 percent), pill (12.0 percent) and female sterilisation (8.7 percent).

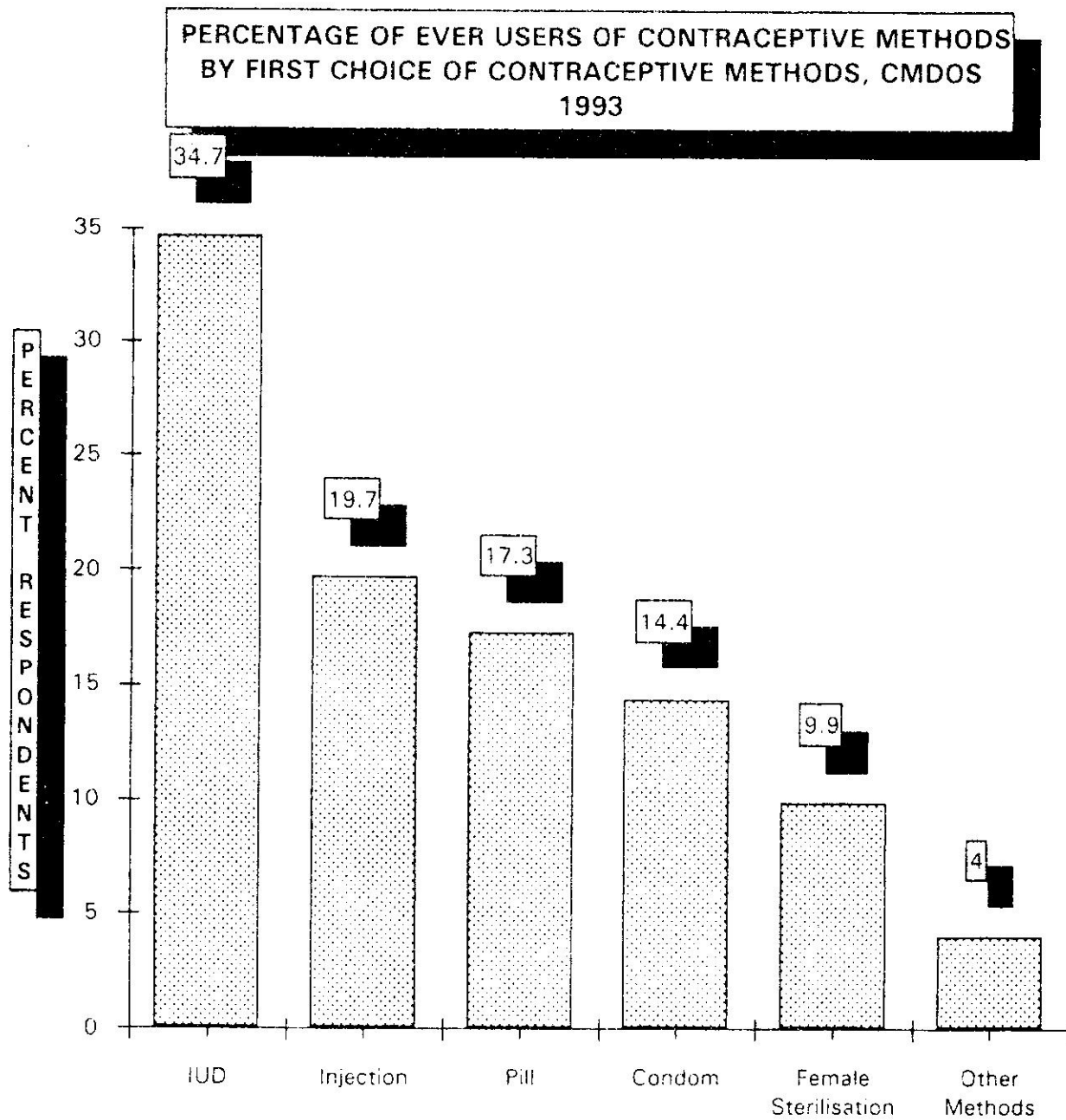


About one third who were using second method, changed to third method. This time again IUD was accepted by 42.2 percent, female sterilisation by 17.2 percent and condom by husbands of 17.2 percent of women.

One quarter of those who made third choice changed to fourth method and a negligible percentage changed to fifth method but the numbers are too small to draw significant inferences.

First choice for contraceptive method and subsequent changes in choice are also shown in Figures VI.1 and VI.2.

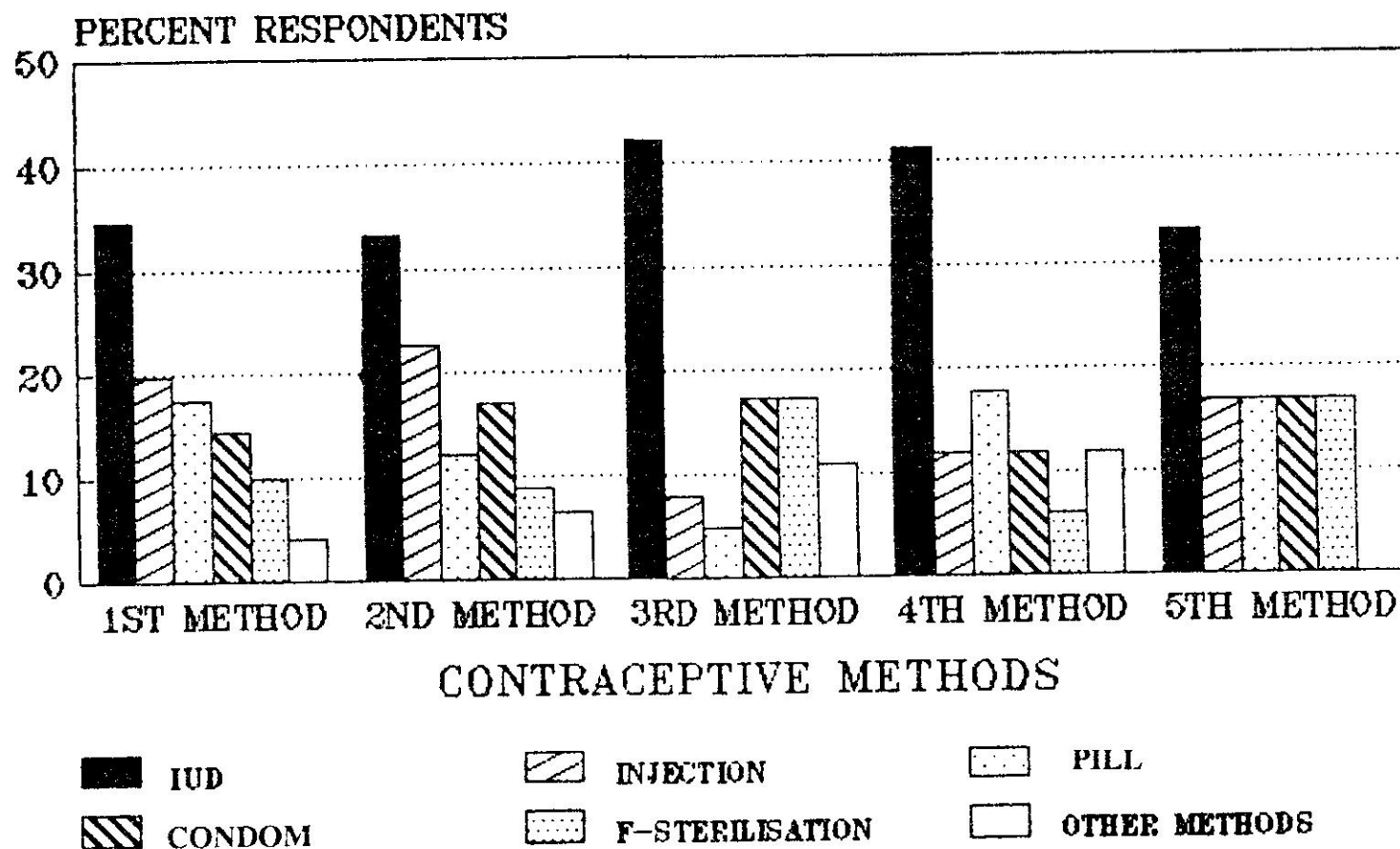
FIGURE VI.1



CONTRACEPTIVE METHODS

SOURCE: TABLE VI.1

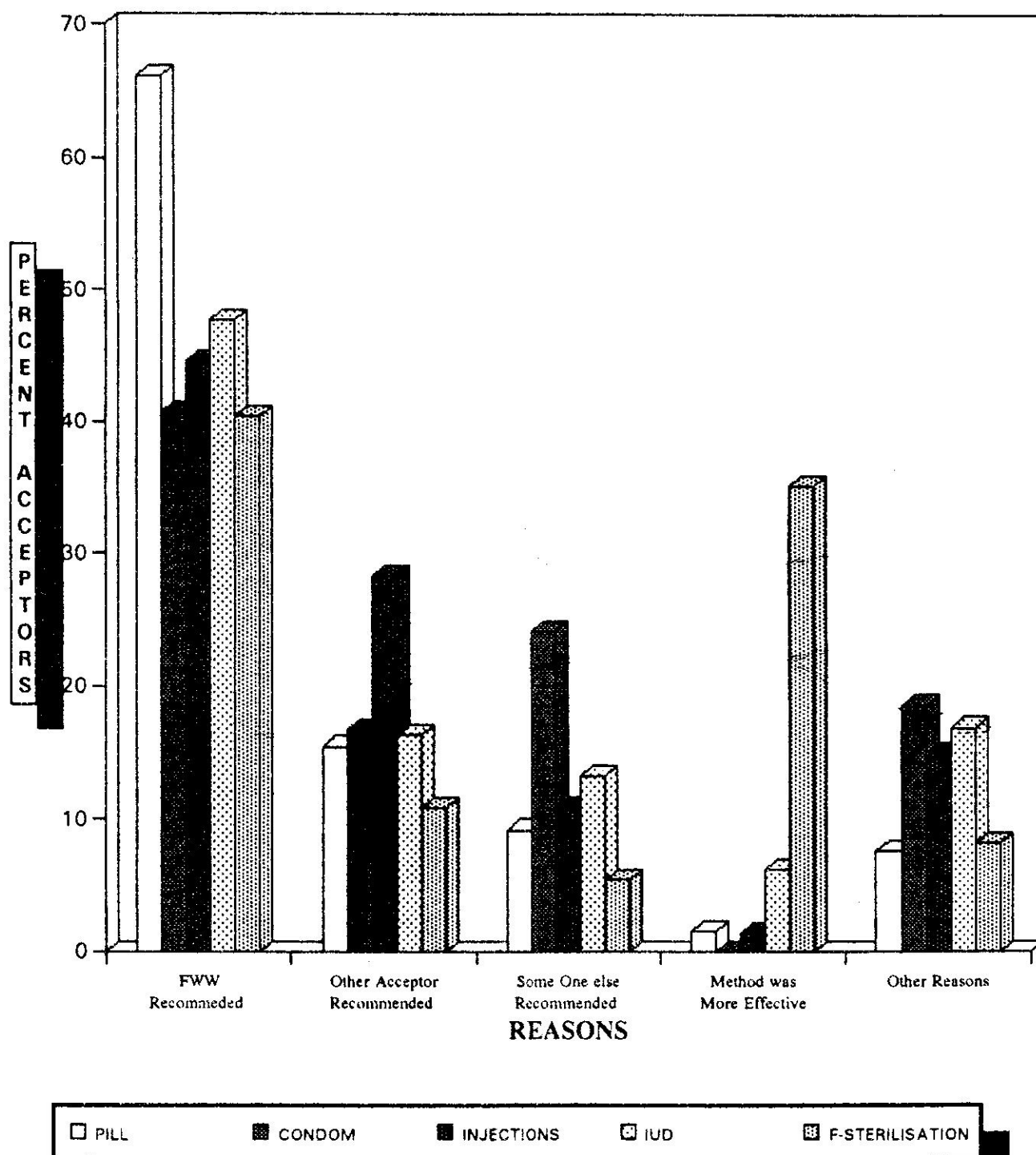
FIGURE VI.2  
PERCENTAGE OF EVER USERS OF CONTRACEPTIVE METHODS BY  
CHANGE IN CHOICE OF CONTRACEPTIVE METHODS,  
CMDOS 1993



SOURCE: TABLE VI.1



**FIGURE VI.3**  
**PERCENTAGE OF EVER USERS OF CONTRACEPTIVE METHODS BY**  
**MAJOR REASONS FOR FIRST CHOICE, CMDOS 1993**



SOURCE: TABLE VI.2

This shows that FWW was the major factor in the choice of a method rather than the respondents themselves. It seems that acceptors mostly rely on FWW for a choice. Table VI.2 shows that half of the respondents made the choices on the recommendation of the FWW and 17.3 percent were influenced by other users most probably the satisfied users. The third largest percentage (13.6) of women were persuaded by someone else. This shows that interpersonal contact is the major factor influencing the women to accept and use contraception.

However, it is interesting to note that 40.5 percent acceptors of female surgery accepted the method for the reason that it was recommended by FWW but also 35.1 percent stated that it was more effective method. This shows the importance of the interpersonal relation between the FWW and the clients but in special case of female sterilisation, a high percentage of women themselves thought over it and took the decision of accepting the method considering it more effective.

### **VI.3 CHOICE OF IUD**

It is observed that in all five choices, IUD is the most accepted method as 227 out of 375 or 61 percent acceptors ever used IUD.

Actually IUD was the main contraceptive method offered by the Family Planning Programme since 1965 while a few years back female sterilisation also became popular. Recently, acceptance of injection is also on the increase but IUD still remains the most preferred method.

Table VI.3 explains the reasons for all choices of IUD. The major reason, as usual, comes out to be that FWW recommended this method. This reason covers 56 percent of IUD acceptors, while about 26 percent chose the method in consultation with other acceptors or someone else. However, a small group i.e. 6 percent selected this method considering themselves that it was more effective.

### **VI.4 CHOICE OF INJECTION**

Injections were introduced during 1979. The trend of its acceptance has sharply increased as observed from performance reports of Ministry of Population Welfare.

Table VI.3

NUMBER AND PERCENTAGE OF SAMPLED EVER USERS OF CONTRACEPTIVE METHODS BY  
REASONS FOR CHOICE OF A METHOD, CMDS 1993

Major Reasons For Choice	IUD		Injection		Oral Pill		Condom		Sterilisation		Vaginal Methods		Other Methods	
	Number of women	Percent	Number of women	Percent	Number of women	Percent	Number of women	Percent	Number of women	Percent	Number of women	Percent	Number of women	Percent
FWW Recommended the Method	127	56	64	52	62	66	41	41	25	38	10	83	1	4
	31	14	27	22	13	14	14	14	5	8	0	0	1	4
	Someone else Recommended the Method	27	12	15	8	9	25	25	7	11	2	17	9	38
	Method is More Effective	13	6	4	3	1	3	3	23	35	0	0	0	0
	Other Reasons	29	13	14	11	10	17	17	5	9	0	0	13	54
Total	227	100.0	124	100.0	94	100.0	100	100.0	65	100.0	12	100.0	24	100.0

The situation with regard to the use and choice of injections may be observed from Table VI.3. The method was used by 33 percent of total acceptors (375) as first or subsequent choice. It is higher than acceptance of other methods except IUD.

In this case, again 52 percent of acceptors of injections used the method on the recommendations of FWWs whereas 34 percent were influenced by other acceptors or someone else to use the method.

#### **VI.5 CHOICE OF PILLS**

About 25 percent of total acceptors chose oral pills as first, second, third, fourth or fifth method. It is observed from Table VI.3 that 66 percent acceptors of oral pills chose this method or changed to it on the advice of FWW. However in case of 14 percent, pill was accepted on the recommendation of other acceptors while 9 percent chose the method on the recommendation of someone else.

The source of oral pills as well as condoms are not limited to Family Welfare Centres. These are also available through social marketing of contraception system. Acceptance of these methods can also be increased by improving the quality of services provided by FWCs and also through publicity.

#### **VI.6 CHOICE OF CONDOMS**

As shown in Table VI.3, about 27 percent of total acceptors preferred condoms as first or changed method. Again in this case, 41 percent acceptors of condoms used the method on the recommendations of FWWs while in 39 percent cases, the method was recommended by another acceptor or someone else. About 17 percent accepted it for other reasons.

#### **VI.7 CHOICE OF FEMALE STERILISATION**

Surgical contraception in Pakistan is purely voluntary because this method is permanent and non-reversible and since it involves surgery, it has some risk of complications. So a written consent is obtained from the acceptor of contraceptive surgery. However, since it is the most effective contraception, it is quite popular among women and its acceptability is sharply increasing. Also Pakistan has established specialised institutions for surgery which have been named as Reproductive Health Service Centres (RHSC) A and B where qualified lady doctors perform contraceptive surgery. Transport as a small incentive to cover the cost of travel is also provided to acceptors of the method.



In the current survey, the acceptance of female surgery has been reported at 17 percent. According to Table VI.3 it is seen that in this case also 38 percent acceptors decided for surgery on the advice of FWW. It is possible that the surgical contraception may be a last resort. However, 35 percent went for operation on their own as according to them it was most effective. It is important that contraceptive surgery is provided purely on voluntary basis because it is a permanent and non-reversible method. At the same time, facilities for contraceptive surgery may be increased to meet the increasing demand.

#### **VI.8 CHOICE OF VAGINAL METHODS**

Vaginal methods include foam and diaphragm. During 1960-65, when Population Welfare Programme was a part of Health Programme, vaginal methods were quite popular, perhaps due to the fact that at that time, services of IUD and contraceptive surgery were rarely available while injections were not yet introduced. However, in the current sample of total acceptors(375), only 3 percent were found as acceptors of vaginal methods. It is suggested that this method should be made available as one of the choices and that it should not be discouraged.

Table VI.3 reveals that in case of this method, 83 percent (10 out of 12) acceptors used the method on the recommendations of FWWs.

#### **VI.9 CHOICE OF OTHER METHODS (RHYTHM AND WITHDRAWAL)**

These methods included rhythm and withdrawal. Only 6 percent of the total acceptors (375) practiced rhythm or withdrawal methods as first or subsequent choice. Major reason for the use of these methods was the recommendation by someone else or for other unspecified reasons as shown in table VI.3.

#### **VI.10. FIRST CHOICE WAS LAST CHOICE**

The study reveals that nearly 137 (excluding 54 drop-outs) out of 375 or 37 percent of acceptors (ever users) stuck to the first method. This shows that only slightly more than one third of acceptors were satisfied with the first choice of method. This proportion is low and points to the need for improving the quality of services and information given to the acceptors through follow up visits and encouraging continuity.

## **CHAPTER VII**

### **DROP-OUTS**

A total of 26.7 percent acceptors of family planning methods dropped-out and they no longer remained current users (Figure VII.1). This Chapter presents the reasons for drop-out.

#### **VII.1 REASONS FOR DROP-OUT**

Table VII.1 shows various reasons for dropping-out of contraceptive use. Altogether there were 100 out of 375 respondents who had dropped-out from using any contraceptive method. The numbers in the table are presented in absolute numbers as the frequencies are small and in some cases negligible. The major drop-outs have been among IUD users. In this case, 45 out of 210 ever users or 21 percent of users of this method dropped-out. Of the 45 drop-outs, 18 drop-outs were due to side effects, 17 wanted more children, 6 dropped-out due to health problems and one drop-out was due to non-availability of supply.

It is noted with concern that a large proportion of drop-out of IUD users was due to side effects which requires urgent attention of programme managers to ensure that follow up and treatment of side effects are conducted on priority basis. Also precautions should be taken to overcome the rumours of side effects. Although, only one user has dropped-out due to non-availability of IUD, it is an urgent matter for programme managers to ascertain that adequate supplies are on hand. There are three miscellaneous cases which included at least one in which husband objected to his wife using IUD. This situation will further be probed in the study of "Male Attitude And Motivation Towards Family Planning" which is being undertaken by NIPS.

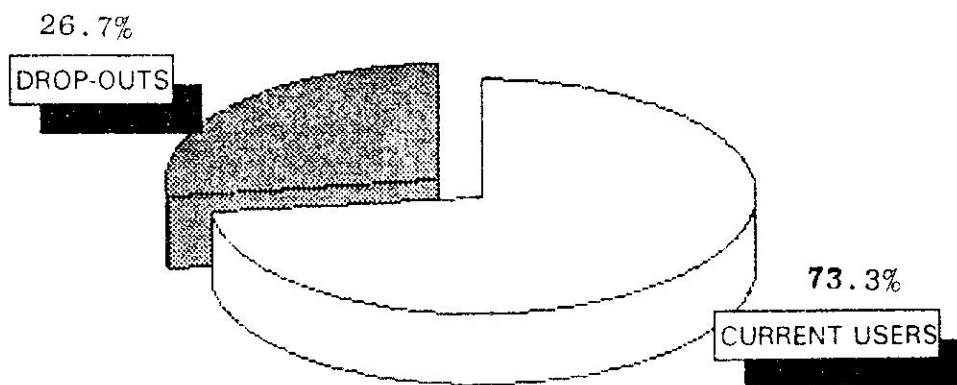
**Table VII.1**

*NUMBER OF DROP-OUTS IN VARIOUS CONTRACEPTIVE METHODS BY REASONS,  
CMDOS 1993*

Contraceptive Methods	MAJOR REASON FOR DISCONTINUATION						
	Total	Wanted more Child- ren	Side Effects	Health Problems	Discont- inuation of Supplies/ Methods were not available	Method was not Effective	Other Reasons
IUD	45	17	18	6	1		3
Injection	27	6	3	3	14		1
Pill	10	3	1	3	1		2
Condom	17	9		1	1	3	3
Vaginal Methods	1	1					
Total	100	36	22	13	17	3	9

FIGURE VII.1

PERCENTAGE OF RESPONDENTS BY CURRENT USERS AND  
DROP-OUTS, CMDOS 1993



□ CURRENT USERS    ■ DROP-OUTS

Following IUD, there were drop-outs among injection users in which case 27 users out of 121 ever users dropped-out. The reasons given are, six drop-outs were due to the need for more children as they were spacers, three dropped-out due to side effects, three due to health problems, one due to miscellaneous reasons and 14 dropped-out due to non-availability of supply. This is a serious matter and deserves special attention of programme managers to ensure that adequate stock is maintained to avoid interruption of this type.

Of the 94 ever users of pill, there were 10 drop-outs, three for wanting more children, one for side effect, three due to health problems, one due to non-availability of supply and two due to miscellaneous reasons. Again, it is suggested that side effects are eliminated by prompt follow-up and treatment of both side effects and health problems.

There were 94 respondents whose husbands were using condoms and out of those, there were 17 respondents whose husbands dropped-out of using condoms. There were nine who were spacers and wanted more children to complete their desired family size, one due to health problem, one due to non-availability of supply, three thought that the method was not effective and three gave other reasons. These reasons show that husbands require more information and education for the use of condom.

It is observed that use of vaginal methods is not a very popular contraceptive method. Only 12 out of 375 respondents used this method. Of the 12 users, one dropped-out for wanting more children.

In summary, out of 100 total drop-outs, 36 dropped-out for having more children to complete their desired family size, 22 experienced side effects, 13 had health problems, 17 had to stop using due to non-availability of supplies, three thought that the method was not effective and nine reported miscellaneous reasons.

## SUMMARY OF FINDINGS

The main objectives of the study "Choice of Contraceptive Method and Drop-outs in Family Planning" was to find out preferences of acceptors for contraceptive methods and to know reasons for changing the methods or to completely drop-out from family planning.

A sample of 1929 females was selected from family planning acceptors who got the contraceptive methods from 20 Family Welfare Centres of Punjab and NWFP and a follow-up study was conducted. In the field only 375 acceptors could be located. There were two major factors for not locating the acceptors, first was that either acceptor or her address was not found which accounted for 48 percent of the acceptors and the second was that the address of the acceptor was incomplete which accounted for 20 percent. The main findings of the study are as follows.

### **1. Awareness of Contraceptive Methods**

The awareness of any method was evidently 100 percent as it was a special sample of 100 percent ever-users. The awareness for oral pills, injection, IUD and female sterilisation ranged from 95 to 98 percent, the awareness for male sterilisation and vaginal methods was 71 and 60 percent respectively, whereas the awareness for withdrawal and rhythm was 51 and 42 percent respectively. The percentages are lower for women who had not used or heard of those methods.

### **2. Ever Use of Contraception**

Again the ever use of any method was naturally 100 percent as the respondents were all acceptors of family planning. The ever use of individual methods was: IUD 56 percent, injection 32 percent, pill and condom each 25 percent, female sterilisation 17 percent, withdrawal 5 percent, vaginal methods 3 percent and rhythm only 1 percent. Male sterilisation was not reported at all as no such facility is provided at the FWCs.

### **3. Current Use of Contraception**

Current use of any method was 73 percent whereas for specific methods current use was: IUD 31 percent, female sterilisation 17 percent, injection 9 percent, condom 8 percent, pill 5 percent and withdrawal only 2 percent.

#### **4. Choice of Methods**

Of the total 375 women, 227 or 61 percent ever used IUD, injectable was used by 124 out of 375 women or by 33 percent followed by husbands of 100 women or 27 percent who used condom, 94 women or 25 percent women who used pill, 65 women or 17 per cent accepted sterilisation and the rest used withdrawal or vaginal methods.

Ever use with regard to the frequency of the method, all methods were ever used by 646 times (Table VI.3). IUD was the most frequently ever used method. Its incidence was 35 percent followed by injection 19 percent, condom 15 percent, pill 15 percent, sterilisation 10 percent and the rest around 6 percent were withdrawal and vaginal methods.

#### **5. Choice of First Method**

Largest percentage of respondents (35 percent) made first choice for IUD followed by injection 20 percent, pill 17 percent, condom 14 percent and female sterilisation 10 percent in that order.

#### **6. Change of Methods**

After practicing first method for some time half changed the methods. Again IUD was the choice of the largest percentage followed by the choice for injection, condom, pill and female sterilisation in that order.

About one third who were using second method, changed to third method. This time again IUD was accepted by highest percentage of changers.

One quarter of those who made the third choice changed to fourth method and a negligible percentage changed to the fifth method.

At each change preference for IUD, inspite of incidence of side effects, remained the highest.

#### **7. Reasons for First Choice**

Major reason for accepting almost any method was that it was recommended by the FWWs. Half of the respondents made the choice on the recommendation of FWWs. The second major reason to select a method was the advice and influence of other users, while the third reason was persuasion of other persons. However, in case of

female surgery 41 percent of acceptors of the method chose it on the advice of FWW, while 35 percent made their own choice considering the method as most effective.

#### **8. Drop-Outs**

A total of 26.7 percent acceptors dropped-out whereas 73.3 percent acceptors remained the current users.

Major reason for dropping out was to have more children. It was reported by 36 percent of the drop-out women. These were mainly younger women with low parity who wanted to complete their desired family size. Second major reason was side effects of contraceptive use. It was reported in case of 22 percent drop-out women. These were mostly IUD acceptors. The third major reason for dropping out was discontinuation of supplies. These women were 17 percent of the total drop-outs. The non-availability of supply was reported by injection users and thus the acceptors dropped-out of using contraception as the method of choice was not available.



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## ILLUSTRATIONS

CEB	Children Ever Born
CMDO	Choice of Method and Drop-outs
CMDOS	Choice of Method and Drop-outs Survey
DPWOs	District Population Welfare Officers
FWWS	Family Welfare Workers
IEC	Information, Education and Communication
IUD	Intra-Uterine device
MPW	Ministry of Population Welfare
NGOs	Non-Governmental Organisations
NIPS	National Institute of Population Studies
NWFP	North West Frontier Province
PCPS	Pakistan Contraceptive Prevalence Survey
PDHS	Pakistan Demographic and Health Survey
PFS	Pakistan Fertility Survey
PIDE	Pakistan Institute of Development Economics
PWP	Population Welfare Programme
RTI	Regional Training Institute
USAID	United States Assistance for International Development

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