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# Baseline Household Survey

# Multan District

May 2010





# **Family Advancement for Life and Health (FALAH)**

## **Multan**

**Baseline Household Survey**

**May 2010**

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# Glossary of Terms

<b>ANC</b>	<b>Antenatal Care</b>
<b>ASFRs</b>	<b>Age-specific Fertility Rates</b>
<b>BHU</b>	<b>Basic Health Unit</b>
<b>CBR</b>	<b>Crude Birth Rate</b>
<b>CEB</b>	<b>Children Ever Born</b>
<b>CPR</b>	<b>Contraceptive Prevalence Rate</b>
<b>DHQ</b>	<b>District Headquarter</b>
<b>EC</b>	<b>Emergency Contraception</b>
<b>ECP</b>	<b>Emergency Contraceptive Pill</b>
<b>EmOC</b>	<b>Emergency Obstetric Care</b>
<b>FALAH</b>	<b>Family Advancement for Life and Health</b>
<b>FP</b>	<b>Family Planning</b>
<b>HANDS</b>	<b>Health and Nutrition Development Society</b>
<b>IUD</b>	<b>Intra Uterine Device</b>
<b>LAM</b>	<b>Lactational Amenorrhea Method</b>
<b>LHW</b>	<b>Lady Health Worker</b>
<b>MCH</b>	<b>Maternal and Child Health</b>
<b>MNH</b>	<b>Maternal and Neonatal Health</b>
<b>MoH</b>	<b>Ministry of Health</b>
<b>MoPW</b>	<b>Ministry of Population Welfare</b>
<b>MSU</b>	<b>Mobile Service Unit</b>
<b>MWRA</b>	<b>Married Women of Reproductive Age</b>
<b>NGO</b>	<b>Non Governmental Organization</b>
<b>NIPS</b>	<b>National Institute of Population Studies</b>

<b>PAIMAN</b>	<b>Pakistan Initiative for Mothers and Newborns</b>
<b>PC</b>	<b>Population Council</b>
<b>PDHS</b>	<b>Pakistan Demographic and Health Survey</b>
<b>PNC</b>	<b>Postnatal Care</b>
<b>PSLMS</b>	<b>Pakistan Social and Living Standard Measurement Survey</b>
<b>PSU</b>	<b>Primary Sampling Unit</b>
<b>Pvt.</b>	<b>Private</b>
<b>RH</b>	<b>Reproductive Health</b>
<b>RHC</b>	<b>Rural Health Center</b>
<b>RHSC(A)</b>	<b>Reproductive Health Services Center- A</b>
<b>RSPN</b>	<b>Rural Support Programmes Network</b>
<b>SMAM</b>	<b>Singulate Mean Age at Marriage</b>
<b>TBA/Dai</b>	<b>Traditional Birth Attendant</b>
<b>TFR</b>	<b>Total Fertility Rate</b>
<b>THQ</b>	<b>Tehsil Headquarter</b>
<b>ToR</b>	<b>Terms of Reference</b>
<b>TT</b>	<b>Tetanus Toxoid</b>
<b>UC</b>	<b>Union Council</b>
<b>UNDP</b>	<b>United Nations Development Program</b>
<b>USAID</b>	<b>United States Agency for International Development</b>
<b>WHO</b>	<b>World Health Organization</b>



## Executive Summary

The Family Advancement for Life and Health (FALAH) project conducted a baseline household survey for Multan, one of the project districts.

The survey was conducted between September and November, 2009, using a probability sample of 580 households in 40 clusters in Multan. It included interviews with 525 currently married women aged 15-49 (“married women of reproductive age”, or MWRA), along with 200 married men, of whom 194 were married to women included in the sample. As a separate activity, a mapping study<sup>1</sup> was also carried out in Multan during the period between October, 2009 and January, 2010. Selected data from that study are included in this report, although a separate report is also available. The FALAH project is primarily focused on birth spacing and family planning.

### ***Household and Respondent Characteristics***

According to the UNDP’s Pakistan National Human Development Report 2003, Multan ranked 44<sup>th</sup> out of 91 districts on the overall Human Development Index. The characteristics of our sample are generally similar to those found in other surveys. Some key indicators are presented in Table A.

**Table A: Selected key district characteristics from Multan household survey**

Indicator	Value
Percentage of households in rural areas	58.0
Percentage of households with electricity	94.3
Percentage of households with an indoor water supply	93.0
Percentage of households with a flush toilet	74.9
Percentage of households with a television	65.7
Percentage of literate female respondents	46.1
Percentage of respondents with literate husbands	70.5
Total fertility rate	3.3

Electricity was available to 94 percent of the sample households, and ownership of appliances requiring electricity, such as televisions, refrigerators, washing machines, etc.,

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<sup>1</sup> Mapping Survey of Health and Reproductive Health Services.

was common in district Multan. Vast majority of the households had some indoor water supply (93 percent), and three quarters (75 percent) had a flush toilet facility. Moreover, literacy was relatively high in Multan. About 46 percent of the female respondents and 70 percent of their husbands were literate. Of the female respondents, 52 percent said they watched TV, 7 percent listened to the radio, and 8 percent read newspapers or magazines.

### ***Service Availability***

There was a wide range of health and reproductive health facilities in Multan district. Of the 6465 facilities in the district, 2000 were public while 4465 were in the private sector. These health facilities included health houses of Lady Health Workers and were widely scattered around the district, so the simple services such as antenatal check-ups, iron tablets for anemia, and non-clinical contraceptive methods were readily available in both public and private sectors. However, access to services requiring specialized care was difficult. For example, there were only 212 facilities –6 public, 206 private – which were able to offer Caesarean section deliveries. There were 177 facilities which were able to provide female sterilization.

### ***Fertility***

There is evidence that fertility has been declining in Multan. The crude birth rate was 26 per 1000 population, and the total fertility rate was 3.3 children per woman. Both these rates were lower than what is generally found in Pakistan. Fertility was higher for illiterate women and wives of illiterate men. Many births were spaced too close; for example, about 68 percent of the closed birth intervals were less than 36 months. Nearly a quarter of all current pregnancies in the sample occurred among women who already had at least two children under five years old in the household.

### ***Preference for Children***

According to female respondents, the median “ideal” family size was 4 children, which is a common finding for Pakistan. Regarding desire for more children in the future, 22.5 percent said they wanted another child soon (within two years), 22 percent said they wanted another child, but only after two or more years, and 55.6 percent said they did not want more children. The proportion wanting more children soon decreased rapidly with the number of living children, while the proportion not wanting more children increased. The proportion of women wanting more children later was highest for women with one child. Almost four-fifths of the female respondents said their husband wanted the same number of

children as they did, while less than one fifth of women said their husband wanted more children than they did.

### ***Contraceptive Knowledge and Use***

All currently married women knew of at least one contraceptive method. The contraceptive prevalence rate (the percentage of MWRA currently using any method of contraception) was 45.3 percent, substantially higher than the average for Punjab (33.2 percent) and national averages (29.6 percent). The most commonly methods being used were withdrawal (13.1 percent), female sterilization (11 percent), and condoms (10.5 percent). Past users comprised 21.5 percent of MWRA; withdrawal, pills, condoms, injectables, and IUD were all common past methods. Seventy-six percent of current users did not want more children, while 24 percent wanted more, but at a later time. Most users reported obtaining their supplies and services from Government department sources or through their husbands.

### ***Experience with Contraceptive Methods***

The reasons stated by respondents for choosing their current or past method varied by method. However, commonly cited reasons included easy availability, suitability for respondent and husband, convenience of use, could be used for long period, no or fewer side effects, and low cost. Costs were generally low; only 13 percent paid more than Rs.50 the last time they obtained their contraceptive method. Travel time was usually not excessive; nearly a quarter of women reported requiring more than 30 minutes to reach their service outlet. Information provided to respondents at the time of acceptance of FP method often did not include information on contraindications or side effects. Clients generally reported being reasonably treated by providers; however, a few of them were not satisfied with the attitude of the providers. A variety of side effects were reported by current and past users, and it did not appear that these were effectively dealt with by providers.

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

Asked hypothetically about hindrances a couple might face if they wanted to avoid or delay pregnancy, women typically mentioned husband's disapproval, side effects, and problems of managing side effects; less frequently mentioned reasons included people finding out about contraceptive use, method failure, or distance/cost. Past users were most likely to discontinue use because of desire for more children, side effects or because of method

failure. For past users, the reasons for current non-use were most often related to childbearing, but infrequent sex/husband away and side effects were also frequently mentioned. Never users were most likely to say they were not using for reasons relating to childbearing, but husband's opposition and fear of side effects were also common reasons. Knowledge of at least one contraceptive method was same among never using respondents as that of general distribution given in table 7.1. A majority of never users said they could discuss family planning easily with their husbands. About 37.4 percent of never users expressed their intent to use contraception in the future. The information obtained in this study, indicates that substantial number of women in Multan were more willing to practice birth spacing and family planning.

### ***Unmet Need for Family Planning***

A woman is said to have "unmet need" for family planning if she says she wants to limit or delay pregnancies, but is at risk of conceiving due to the lack of contraceptive use. By this definition, 20.6 percent of the women in this sample were considered to have an unmet need; 11.4 percent for limiting, and 9.1 percent for spacing. This proportion was lower than the national levels of unmet need. Unmet need for limiting was higher among illiterate women, while unmet need for spacing was higher among literate women. Women with unmet need tended to have the following characteristics: they typically had fear of side effects caused by various contraceptive methods, and husband/in laws opposition.

### ***Reproductive Preferences and Behavior of Men***

The findings reveal that 90.5 percent of all men knew at least one modern contraceptive method. Rhythm was one of the least known contraceptive methods among men in Multan. Near to three quarters of the men either did not want more children in the future or wanted to delay the next pregnancy. Forty-six percent of the male respondents reported that they or their wives were currently using any family planning methods, and 36 percent were using modern contraceptive methods. Among the current users, 92 percent were very satisfied with their current contraceptive method.

Of those who were not using a contraceptive method, 28 percent reported that they were not intending to use any FP method in future. Fear of side effects and a desire for more children were the prominent reasons for not using any FP method. Of those who did intend to use contraceptives in the future, 38.5 percent reported the use of female sterilization. It would be important to include specific interventions aimed at influencing men's attitude

towards their role and responsibility in the overall health of the family and in birth-spacing and limiting needs.

### ***Conclusion***

Multan is characterized by a reasonable standard of living, a variety of public and private reproductive health facilities, and availability of maternal and neonatal health care. In this setting, knowledge and approval of family planning were high, and contraceptive prevalence, at 45.3 percent, was higher than that for Pakistan as a whole. However, there is much need for improvement; unmet need for family planning remained at 20.6 percent, with total demand for family planning services being 66 percent. Some of the important topics that should be addressed in an improved program are husbands' attitude, inter-spousal communication, fear of side effects, and knowledge of different contraceptives and their sources. Also, the concept of birth spacing needs to be stressed to lengthen birth intervals, which are often too short.



# Chapter 1

## Introduction

### Background

#### The FALAH Project

The Family Advancement for Life and Health (FALAH) project is a 5-year project funded by the United States Agency for International Development (USAID) to support birth spacing and family planning in Pakistan. The FALAH Project works with the Government of Pakistan (particularly the Ministry of Population Welfare and the Ministry of Health) at Federal, Provincial, and District levels as well as with the private sector to improve birth spacing information and services.

The FALAH project will specifically focus on 26 districts. These are:

- **Balochistan:** Gwadar, Jaffarabad, Khuzdar, Lasbela, Quetta, Kech and Zhob;
- **Khyber Pakhtunkhwa:** Charsadda, Mansehra, Mardan and Swabi;
- **Punjab:** Bahawalpur, Dera Ghazi Khan, Jhelum, Khanewal, Multan and Rajanpur;
- **Sindh:** Dadu, Ghotki, Jacobabad, Karachi (townships of Godap, Liyari, Orangi), Larkana, Sanghar, Shikarpur, Sukkur, and Thatta.

The aims of the FALAH project are:

- a) To increase demand for and practice of birth spacing;
- b) To increase access to and quality of family planning services in the public sector;
- c) To increase the coverage and quality of family planning services in the private sector;
- d) To increase the coverage of social marketing of contraceptives, and provide support to the commercial sector for marketing contraceptives in order to strengthen contraceptive security.

At the district level, FALAH is working to integrate communication and services through a “whole district” approach, involving all available resources in the public and private sectors. FALAH is being implemented by a team of seven partner organizations: Population Council (as lead agency), Jhpiego, Greenstar Social Marketing, Save the Children (US), Mercy Corps, Health and Nutrition Development Society (HANDS), and the Rural Support Programmes Network (RSPN). FALAH is also coordinating its activities with the PAIMAN, especially in the PAIMAN districts, and with other projects as appropriate. In Multan, district-level activities are being coordinated by Save the Children (US) and RSPN, with Greenstar providing information and services through social marketing and other partners supporting specific activities as needed

## Multan District

The origin of the name Multan is obscure. Hiuen Tsiang who visited this place in 641 A.D., calls this place Mu-lo-san Pu-lu. Alberuni quoting a Kashmiri author calls this place Multana. According to another source the early name of the town was Multarang or Multaran. This place has been called by different names at different times. In the time of Narsing Bhagwan its name was Kashep Puri. Later on it was known as Parlhad Puri and then as Bhag Pura and Samb Pura. In the time of Bhagwan Krishan the town acquired the name of ‘Mitroon’ and later on called as Multan.

The district Multan is surrounded on the east by Lodhran and Khanewal districts, on the north by Khanewal district, on the south by Bahawalpur district and on the west by river Chenab across which Muzaffargarh district is situated. The total population of Multan district was 3,116,851 in 1998 with an increase of 58.2 percent since 1981 when it was 1,970,075. The average growth rate was 2.7 percent during this period. The total area of the district is 3,720 square kilometers which gives population density of 838 persons per square kilometer as against 529 persons observed in 1981 indicating a fast growth rate of the district. The urban population was 1,314,748 or 42.2 percent of the total population of the district which grew at an average rate of 2.9 percent during 1981-98 and had decreased from 3.9 percent observed during 1972-81. Siraiki is the predominant language being spoken by 60.7 percent of the population followed by Punjabi (21.6 percent), Urdu (15.9 percent) and Pushto (0.6 percent).

Migration patterns are important to analyze the economic and social development of communities. According to the 1998 census, 5 percent of the district population consisted of lifetime in-migrants, 47.9 percent of whom came from other districts of Punjab, 5.8 percent



from Sindh, Khyber Pakhtunkhwa and Balochistan, while remaining 46.3 percent Pakistani who had repatriated from other countries.

Ethnologically, the population of Multan district is derived from Semitic and from Indo-Aryan races. However, the elements of the two have got closely intermixed during the past many centuries, therefore, it is impossible to find a pure specimen of any of the two races. The Multan district has a variety of tribes and castes. The main tribes are Syed, Qureshi, Arain, Kamboh, Pathan, Baloch, Jat and Rajput which have numerous casts and sub-castes.

According to the Pakistan National Human Development Report 2003,<sup>2</sup> Multan stood 44<sup>th</sup> among 91 districts in Pakistan, and 24<sup>th</sup> of 29 districts in the Punjab (UNDP, 2003). In the Planning Commission's Millennium Development Goals report, 2006, district-level data (based on the Pakistan Social and Living Standards Measurement Survey, 2004-05) was shown for various measures of education, gender equity, infant mortality, and environmental sustainability. In these comparisons, Multan ranked above average on most measures of education and literacy, immunization, and water supply. In terms of sanitation, however, Multan was ranked very high - 12<sup>th</sup> out of 34 in Punjab and 47<sup>th</sup> out of 98 districts nationally (Planning Commission of Pakistan 2006; Government of Pakistan 2006).

## **The Multan Baseline Household Survey**

In Multan (as in each of the 26 FALAH focus districts), the Population Council implemented a baseline sample household survey to learn about knowledge, attitude, and practice regarding fertility, reproductive health, and child spacing/family planning. This represents one of two major studies to establish baseline indicators for the FALAH project. The other is a mapping survey to compile complete, digitized maps of all facilities providing reproductive health, including maternal, neonatal and child health, and birth spacing/family planning services. This baseline survey will be compared with an endline survey towards the end of the project to assess progress.

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<sup>2</sup> In 2003, the districts of Pakistan were ranked according to the Human Development Index based on the following indicators - Literacy Rate, Enrollment Ratio, Immunization Ratio, Infant Survival Ratio, Real GDP per capita, Educational Attainment Index, Health Index, and Income Index.

## Objectives

The objectives of the Multan Baseline Household Survey are:

- To obtain baseline measurements for those FALAH indicators that can best be measured through such surveys;
- To obtain detailed information on the knowledge, attitudes and practices of married couples of Multan district regarding reproductive health, so as to meet their needs more effectively;
- More specifically, to obtain information needed to improve reproductive health services and to design appropriate social mobilization activities.

## Methodology

### Study Population

FALAH is primarily a district-level project which intends to improve the health of women and children of the district over a five-year period. The baseline household survey covers married women of reproductive age (15-49 years old) and their husbands living in the community. The objective is to understand and measure the general knowledge, attitudes and practices of these married couples regarding family planning.

### Sample Design and Size

The systematic stratified sample technique was used to select a representative sample of the district. The universe consists of all urban and rural households of the district. The numbers of blocks selected in urban areas, along with the number of villages selected in rural areas are presented in the following table. A total of 40 blocks/villages were selected, with 15 households selected per block/village. The selection procedure was as follows:

#### Urban Sample

The required number of enumeration blocks was selected with probability proportional to size (number of circles) by adopting a multistage stratified sampling design. First, the "enumeration circles", i.e., the smallest units available in the 1998 Population District Census Reports as demarcated by the Population Census Organization, were selected. The maps of these circles were obtained from the Population Census Organization already divided into blocks of approximately 250-300 households depending upon the number of households in each circle. Next, one block was randomly selected from each circle. The

listing of each randomly chosen block was then carried out by the enumeration teams before selecting the sampled households. A fixed number of 15 households was drawn from each sample enumeration block by using systematic random sampling.

### Rural Sample

The 1998 Population Census list of villages was used as the sampling frame for the selection of rural sample. Villages in rural areas have been treated as primary sampling units (PSUs). Sample PSUs were selected with probability proportional to size (number of households). Households within the sample PSUs were considered secondary sampling units. The listing of each village was then prepared by the enumeration teams before selecting the sampled households. A fixed number of 15 households were selected from each sample enumeration village by the systematic random technique.

**Table 1.1: Results of households and eligible women (MWRA) interviews**

<b>Results</b>	<b>Rural</b>	<b>Urban</b>	<b>Total</b>
Sample blocks/villages	23	17	40
Households interviewed	331	249	580
Eligible women identified	331	241	572
Eligible women not interviewed	31	13	44
Eligible women interviewed	300	228	528
Incomplete interviews	0	3	3
<b>Total completed women's interviews</b>	<b>300</b>	<b>225</b>	<b>525</b>

### Selection of Respondents

Within each household, all married women aged 15-49 (MWRA) were interviewed. In addition, husbands of MWRA who were present were also interviewed to a maximum of five per block. If fewer than five husbands could be interviewed from the 15 sampled households, additional interviews were sought from neighboring households.

### Questionnaire Design

Two questionnaires were developed for this survey; one for women and another for men. The questionnaires contained sufficient information to estimate all FALAH indicators to be collected by the household survey, as well as additional information of interest to the project.

The questionnaires were pre-tested in urban and rural areas of Islamabad. The main objective of the pre-testing was to examine the suitability and effectiveness of questions in eliciting adequate responses, and to determine if there would be any linguistic problems faced either by interviewers or by respondents. The pre-testing also helped determine the approximate time required to complete one questionnaire.

In the pre-test, interviewers recorded their experiences with regard to each question. After making all of the revisions on the basis of the pre-test, the questionnaires were finalized and translated into Urdu.

### **Hiring of Interviewers and Supervisors**

Since the respondents in the baseline survey were currently married women and their husbands, female interviewers were hired to interview female respondents and male interviewers for male respondents. The required numbers of interviewers were hired locally by advertising through local newspapers. A logistics supervisor and a data quality supervisor were also hired for each team.

### **Training of Interviewers and Supervisors**

In order to ensure that the training provided for interviewers was of high quality, and that interviewers understood the definitions and concepts on which the questions were based, the Population Council conducted a two-week training for the Multan team in Islamabad. During the training, interviewers conducted 2-3 field interviews in order to prepare for the actual interview process.

Training regarding the importance of the criteria for the selection of primary sampling units, mapping and listing procedures, sample selection, field operation procedures, and selection of particular households and respondents was also provided by specialists.

### **Quality Assurance**

To ensure the quality of the data, Population Council staff monitored fieldwork by accompanying the field teams. While supervising the fieldwork, Population Council supervisory staff was also available to provide on-the-spot guidance to interviewers in case any part of the questionnaire was unclear to them. This ensured the completeness and accuracy of each questionnaire.

### **Data Entry and Edit Procedures**

Data processing was initiated in the field with the checking of the questionnaires. Each team leader completed on-the-spot checks and preliminary editing of questionnaires during the enumeration period. Editing instructions were provided to the team supervisors, which emphasized the importance of completing each questionnaire, correctly identifying each eligible respondent, and the completeness of household composition. Each team leader did the preliminary editing of completed questionnaires during the enumeration period. On receipt of the questionnaires at the Islamabad office, a special team of experienced staff edited the completed questionnaires. After the editing and coding were completed, the questionnaires were dispatched to the data entry center. The data was analyzed using SPSS for Windows.

### **Fieldwork**

Fieldwork for Multan was carried out between September 29 and November 13, 2009.



# Chapter 2

## Household Characteristics

### Geographic Distribution

Multan district is divided into four Tehsils, Jalapur, Multan city, Multan Saddar and Shujaabad. Entire study population of Tehsil Multan saddar is rural, while more than 84 percent of study population of Tehsils Jalapur and Shujaabad is rural. In contrast, 80 percent of Tehsil Multan city study population is urban. Table 2.1 and Figure 2.1 show the distribution of the population according to residence (urban and rural) and by Tehsil, with comparisons to the distribution of the 1998 National Population and Housing Census.

**Table 2.1: Percentage distribution of population in sample households by residence and tehsil, and comparison with 1998 census data**

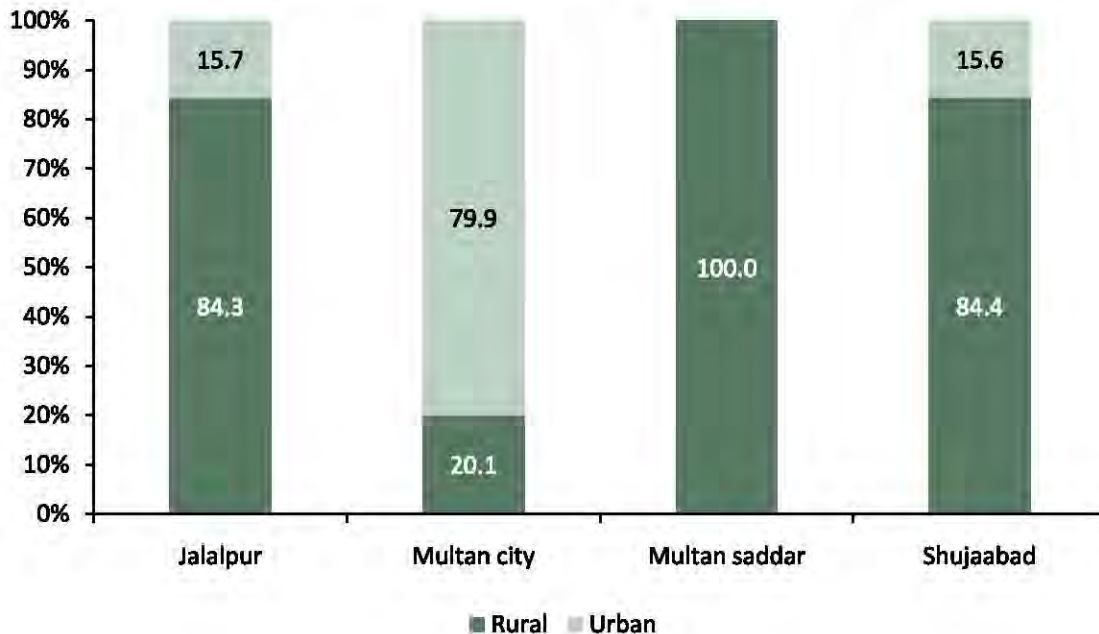
Tehsil	Rural			Urban			Total	
	N	%	1998 Census %	N	%	1998 Census %	N	%
Jalalpur	376	84.3	81.0	70	15.7	9.0	446	100.0
Multan city	363	20.1	20.2	1444	79.9	79.8	1807	100.0
Multan Saddar	982	100.0	96.7	0	0.0	3.3	982	100.0
Shujaabad	491	84.4	86.6	91	15.6	13.4	582	100.0
<b>Total</b>	<b>2212</b>	<b>58.0</b>	<b>57.8</b>	<b>1605</b>	<b>42.0</b>	<b>42.2</b>	<b>3817</b>	<b>100.0</b>

As table 2.1 shows that the distribution of the population of the 580 households in the sample by urban-rural residence and tehsil closely follows the distribution recorded for the whole district in the 1998 Census (Population Census Organization 2000). District Multan is about 58 percent rural, 42 percent urban. About 47 percent of the sample population is in

Multan city, while about 26 percent, 15 percent and 12 percent lived in tehsils Multan Sadder, Shujaabad and Jalapur respectively.

The mother tongue of 61 percent of the sample population was Saraiki followed by Urdu 23 percent and Punjabi 15 percent.

**Figure 2.1: Rural- urban distribution of population in sample households**



## Age-Sex Distribution

The distribution of the population of the 580 households in the sample by male and female has been recorded, which reflects that there was a total male population of 1931 and a total female population of 1886, yielding an overall total of 3817. Table 2.2 shows the population distribution of the sampled households by age and sex; Figure 2.2 shows the same information in the form of an age-sex pyramid.

The population is typical of a society with past high fertility trends and sharply declining percentages by age; the median age was 20 years. The age-sex ratio of the age groups from 15 to 59, suggests there were more females than males. Exceptions can be found in the 25-29 and 45-49 age brackets, where there were more males than females. This suggests that discrimination in health care provision for females has been weakening in Multan.

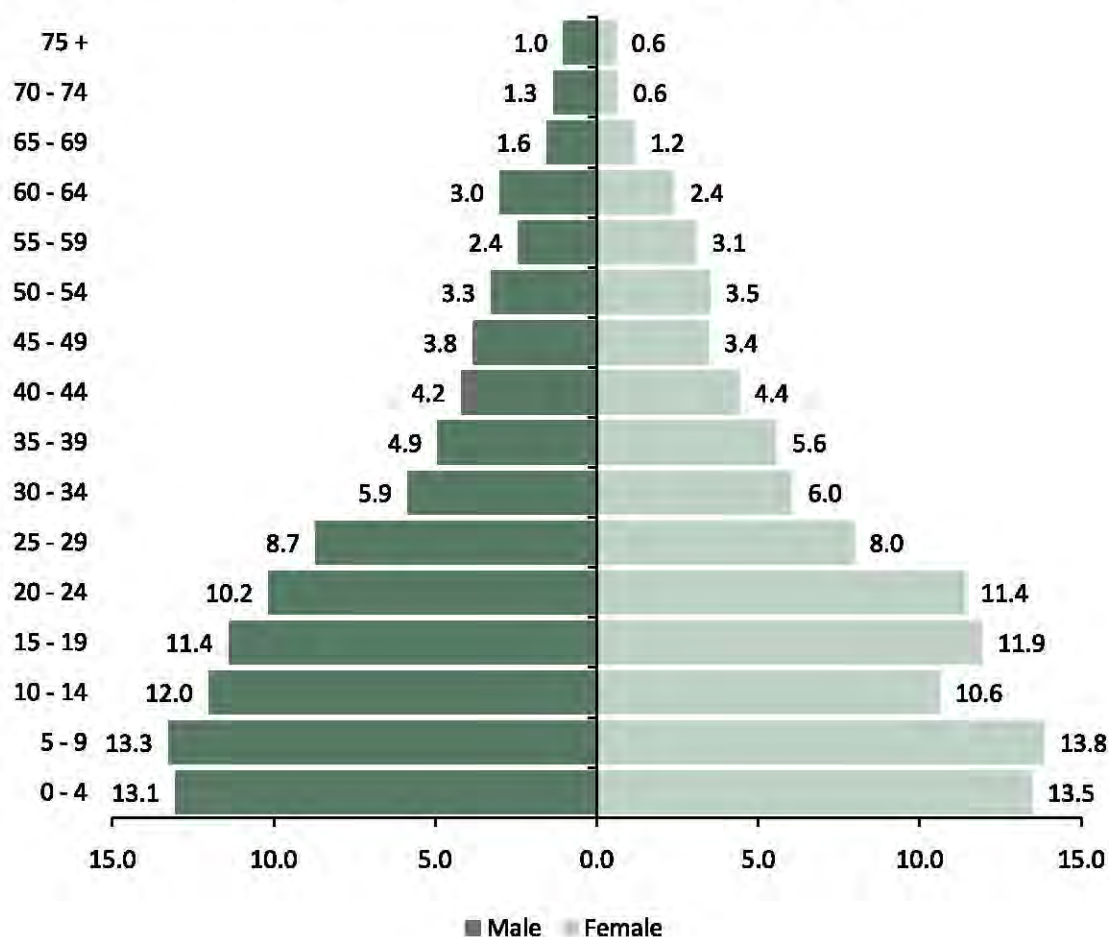


Of the total population of the sampled household, 25 percent consisted of females 15-49 years of age (957 women of the total population of 3817), and 13 percent consisted of children under 5 years old. These individuals comprised the population of primary interest to the FALAH project, and most of the analysis in this report will be focused on them.

**Table 2.2: Distribution of sample household population by age and sex**

Age group	Sex of household member					
	Male		Female		Total	
	N	%	N	%	N	%
0 - 4	252	13.1	254	13.5	506	13.3
5 - 9	256	13.3	261	13.8	517	13.5
10 - 14	232	12.0	200	10.6	432	11.3
15 - 19	220	11.4	225	11.9	445	11.7
20 - 24	196	10.2	215	11.4	411	10.8
25 - 29	168	8.7	150	8.0	318	8.3
30 - 34	113	5.9	114	6.0	227	5.9
35 - 39	95	4.9	105	5.6	200	5.2
40 - 44	81	4.2	83	4.4	164	4.3
45 - 49	74	3.8	65	3.4	139	3.6
50 - 54	63	3.3	66	3.5	129	3.4
55 - 59	47	2.4	58	3.1	105	2.8
60 - 64	58	3.0	45	2.4	103	2.7
65 - 69	30	1.6	22	1.2	52	1.4
70 - 74	26	1.3	12	0.6	38	1.0
75 +	20	1.0	11	0.6	31	0.8
<b>Total</b>	<b>1931</b>	<b>100.0</b>	<b>1886</b>	<b>100.0</b>	<b>3817</b>	<b>100.0</b>

**Figure 2.2: Percentage of sample household population by sex and age group**



## Marital Status

Table 2.3 shows that higher proportions of women at younger ages were married than men. It is worth mentioning that a significant share of women was widowed/divorced/separated above the age of 40 years as compared to men. It also indicates remarriages of men after being widowed. The divorce/separation rate was quite low among men. It may be important to note that at age groups higher than 35 there was no woman who was never married. The singulate mean age at marriage for women was 23 years compared to 27 years for men.

**Table 2.3: Distribution of household population by marital status, sex and age**

Age group	Married		Widow/Divorced/Separated		Never married	
	Men	Women	Men	Women	Men	Women
15 - 19	2.3	14.2	0.0	0.4	97.7	85.3
20 - 24	18.9	48.4	0.5	1.4	80.6	50.2
25 - 29	49.4	78.0	2.4	1.3	48.2	20.7
30 - 34	84.1	90.4	4.4	5.3	11.5	4.4
35 - 39	92.6	95.2	1.1	4.8	6.3	0.0
40 - 44	96.3	84.3	2.5	15.7	1.2	0.0
45 - 49	97.3	69.2	1.4	30.8	1.4	0.0
50 - 54	92.1	75.8	7.9	24.2	0.0	0.0
55 - 59	83.0	70.7	17.0	29.3	0.0	0.0
60 - 64	91.4	64.4	8.6	35.6	0.0	0.0
65 - 69	90.0	36.4	10.0	63.6	0.0	0.0
70 - 74	88.5	41.7	11.5	58.3	0.0	0.0
75 +	50.0	18.2	50.0	81.8	0.0	0.0
<b>All ages 15+</b>	<b>56.1</b>	<b>60.3</b>	<b>4.0</b>	<b>11.0</b>	<b>39.9</b>	<b>28.7</b>

## Household Characteristics and Wealth Indicators

Several household characteristics that reflect the wealth and well-being of its inhabitants were assessed. Some of these may have a direct bearing on health; for example, clean indoor water supply and flush toilets are important for hygiene, while access to a radio or television can assist in learning about good health practices and services. Other characteristics, that relate more to the general well-being of the household, may correlate with good health – for example, by indicating ability to buy sufficient food for good nutrition or pay for quality health care.

## Physical Characteristics of Households

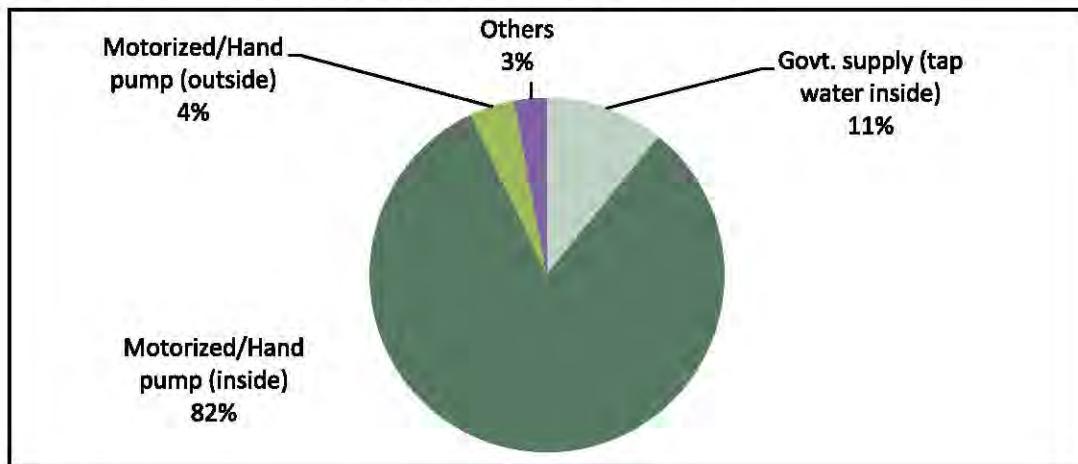
Table 2.4 shows selected physical characteristics of the sample households. A considerable majority of the households had an indoor water supply (93 percent), and some type of flush toilet. It is important to note that there was substantial difference between the source of indoor water for rural and urban areas. Nearly 40 percent of rural households used fields as their toilets, while no urban household used this.

Most households in rural areas (72 percent) use firewood for cooking, while 97 percent households in urban areas use Sui gas. About 94 percent household had electricity. The roofs of most houses were made with guarder/T-iron and concrete (51 percent and 25 percent respectively), and had bricks (32 percent) and cemented (19 percent) floors, while majority of the walls (86 percent) were made of burnt bricks or cement blocks. These indicators show that Multan is a well developed area.

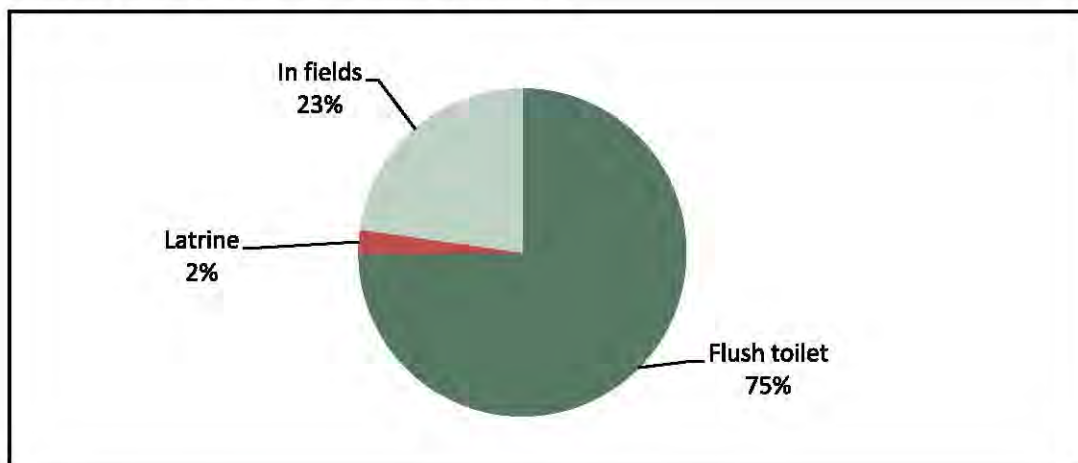
Table 2.4: Distribution of households with selected physical characteristics by residence

Characteristic	Rural	Urban	Total
<b>Main source of drinking water</b>			
Govt. supply (tap water inside)	0.0	25.3	10.9
Govt. supply (communal)	0.0	2.0	0.9
Motorized/Hand pump (inside)	93.4	67.1	82.1
Motorized/Hand pump (outside)	6.3	1.2	4.1
Tube-well	0.3	0.0	0.2
Water filtration plant	0.0	4.4	1.9
<b>Sanitation facility</b>			
Flush to sewerage	0.9	66.3	29.0
Flush connected to septic tank	21.5	9.6	16.4
Flush connected to open drain	33.8	23.7	29.5
Raised latrine	0.3	0.0	0.2
Pit latrine	3.6	0.4	2.2
In fields	39.9	0.0	22.8
<b>Main type of fuel used for cooking</b>			
Electric heater	0.6	0.0	0.3
Fire wood	72.2	2.0	42.1
Gas cylinder	1.2	0.0	0.7
Natural gas (Sui gas)	12.7	97.2	49.0
Dry Dung	13.3	0.8	7.9
<b>Electrical connection</b>			
Yes	90.0	100.0	94.3
No	10.0	0.0	5.7
<b>Main material of roof</b>			
Concrete	9.4	46.6	25.3
Iron sheet	0.6	0.4	0.5
Guarder and T-iron	57.4	41.8	50.7
Wood/Bamboo and mud	32.6	11.2	23.4
<b>Main material of floor</b>			
Earth/Sand/Mud	53.8	1.6	31.4
Chips	4.2	27.7	14.3
Ceramic tiles	0.0	1.6	0.7
Marble	0.6	4.4	2.2
Cement	11.2	29.7	19.1
Bricks	30.2	34.9	32.2
<b>Main material of walls</b>			
Burnt bricks/Blocks	76.4	98.0	85.7
Mud bricks/Mud	23.3	2.0	14.1
Wood/Bamboo	0.3	0.0	0.2
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>N</b>	<b>331</b>	<b>249</b>	<b>580</b>

**Figure 2.3: Distribution of water supply for Multan households**



**Figure 2.4: Toilet facilities for Multan households**



## Ownership of Household Assets

Another indicator of household wealth can be the ownership of durable consumer goods, as shown in Table 2.5. These 18 items are suggestive of wealth in a variety of ways. They represent different types of need - e.g., transport, communications, comfort - along with different tastes and levels of expenditure. Some have specific relevance to the FALAH objectives; for example, electronic media can be used to access health messages or to reach health facilities, and telephones to summon help when needed. Others are suggestive of more general well-being.

The distribution of these items depicts the expansion in consumer purchasing power that has characterized Pakistan in recent years, although comparable past data for Multan was not available to us. Several items requiring electricity were available in many of the households. About two-third of all households (66 percent) had television sets, while less than half (44 percent) had refrigerators. Slightly more than one-third of the households (35 percent) had a radio, and three-fifth (60 percent) had sewing machines. About 73 percent of all households interviewed owned a mobile phone, while 9 percent owned a computer – these would be figures of particular interest to communications specialists. The recent expansion in information technology in Pakistan is reflected by a considerable number of households owning mobile phones and an increasing trend in the usage of computers. However, 38 percent of households had motor cycle but generally motorized transport (four wheels) remains fairly uncommon, suggesting difficulties in arranging for transport in health emergencies.

**Table 2.5: Percentage of sample households owning selected items by residence**

Household item	Rural	Urban	Total
Wall clock	56.2	93.6	72.2
Chairs	41.7	80.7	58.4
Bed	33.8	84.7	55.7
Sofa	15.7	65.1	36.9
Sewing machine	51.4	72.3	60.3
Camera	1.5	14.9	7.2
Radio/Tape recorder	23.3	49.8	34.7
Television	46.8	90.8	65.7
Refrigerator	23.0	72.7	44.3
Land line telephone	2.1	22.5	10.9
Mobile phone	59.8	91.6	73.4
Room cooler/ Air conditioner	9.4	55.4	29.1
Washing machine	23.3	81.9	48.4
Bicycle	53.2	36.9	46.2
Motor cycle	25.4	53.8	37.6
Jeep/Car	3.0	14.1	7.8
Tractor	2.4	0.0	1.4
Computer	1.2	20.1	9.3
<b>N</b>	<b>331</b>	<b>249</b>	<b>580</b>

## Standard of Living Index

The data provided above can be used to get an overall index of the economic well-being of a household, both for a general estimation of the economic development for an area, and for use in investigating the relationship between household wealth and reproductive health behavior. One such index is the standard of living index (SLI), developed for international comparisons with data from the Demographic and Health Surveys (Rutstein, S.O., and K. Johnson, 2004). This index gives each household a score of 0-1 or 0-2 on each of the following: source of drinking water, toilet facilities, material of floor, availability of electricity, ownership of a radio, ownership of a TV, ownership of a refrigerator, and means of transportation. For the whole household, the value of the index can range from 0 to 12. Table 2.6 gives the distribution of the SLI for sample households. The median index for all households was 7; for rural households it was 5, and for urban households it was 8. Nearly 82 percent of all households fell in the range from 3 to 10. This index will be used later in this report to examine differences in reproductive health knowledge and behavior.

**Table 2.6: Percent distribution of sample households by residence and standard of living index**

Standard of living index	Rural		Urban		Total	
	N	%	N	%	N	%
1	25	7.6	0	0.0	25	4.3
2	63	19.0	0	0.0	63	10.9
3	34	10.3	0	0.0	34	5.9
4	33	10.0	1	0.4	34	5.9
5	48	14.5	7	2.8	55	9.5
6	38	11.5	32	12.9	70	12.1
7	25	7.6	43	17.3	68	11.7
8	38	11.5	54	21.7	92	15.9
9	19	5.7	46	18.5	65	11.2
10	8	2.4	49	19.7	57	9.8
11	0	0.0	14	5.6	14	2.4
12	0	0.0	3	1.2	3	0.5
<b>Total</b>	<b>331</b>	<b>100.0</b>	<b>249</b>	<b>100.0</b>	<b>580</b>	<b>100.0</b>
<b>Median</b>	<b>na</b>	<b>5</b>	<b>na</b>	<b>8</b>	<b>na</b>	<b>7</b>

na=not applicable.



# Chapter 3

## Respondent Characteristics

The primary source of data from the Household Survey is the interviews conducted with 525 currently married women of reproductive age. The background characteristics of these respondents are described in this chapter.

### Age

Table 3.1 shows the age distribution of the female respondents. Since many younger women were not married yet, the numbers at the age group of 15-19 years were relatively small; at older ages, the numbers declined as reflected in the overall shape of the age pyramid. Most of the women (21 percent) were in the age group of 25-29, as by that time most women were married. About 63 percent of the sample respondents were under the age of 35; urban-rural differences were visible.

**Table 3.1: Age distribution of female respondents by residence**

Age group	Rural		Urban		Total	
	N	%	N	%	N	%
15 - 19	18	6.0	10	4.4	28	5.3
20 - 24	61	20.3	29	12.9	90	17.1
25 - 29	68	22.7	44	19.6	112	21.3
30 - 34	61	20.3	38	16.9	99	18.9
35 - 39	47	15.7	47	20.9	94	17.9
40 - 44	26	8.7	37	16.4	63	12.0
45 - 49	19	6.3	20	8.9	39	7.4
<b>Total</b>	<b>300</b>	<b>100.0</b>	<b>225</b>	<b>100.0</b>	<b>525</b>	<b>100.0</b>

## Education and Literacy

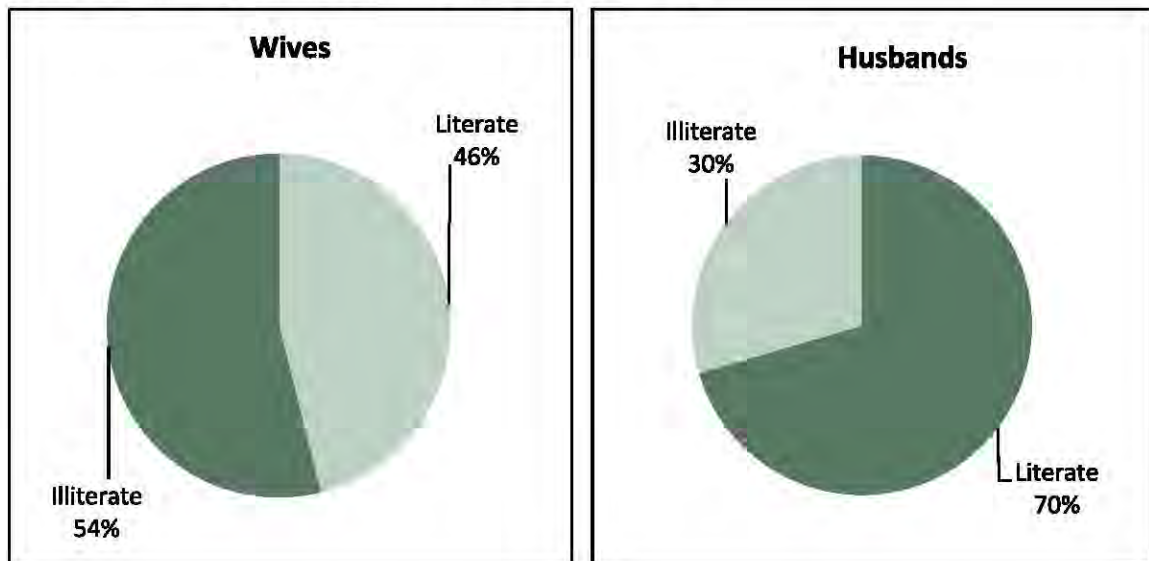
Levels of schooling completed and literacy rates for respondents and their husbands are provided in Table 3.2; literacy rates are also shown in Figure 3.1. Literacy rates for females and males were very encouraging (46 percent for females and 70 percent for males).

**Table 3.2: Percent distribution of MWRA and husbands by educational achievement, literacy status, age and residence**

Variable	Age of respondent			Residence		Total
	15 - 24	25 - 34	35 - 49	Rural	Urban	
<b>Respondent (women)</b>						
Proportion literate	52.5	48.3	39.8	27.7	70.7	46.1
<b>Education level</b>						
No education	46.6	53.6	62.8	74.7	29.8	55.4
Up to primary	25.4	12.3	11.7	13.3	17.3	15.0
Up to Secondary	25.4	22.3	14.3	9.3	34.2	20.0
Above secondary	2.5	11.8	11.2	2.7	18.7	9.5
<b>N</b>	<b>118</b>	<b>211</b>	<b>196</b>	<b>300</b>	<b>225</b>	<b>525</b>
<b>Respondent's husband</b>						
Proportion literate	72.9	69.7	69.9	58.7	86.2	70.5
<b>Education level</b>						
No education	24.6	30.3	33.2	42.0	14.2	30.1
Up to primary	19.5	17.1	14.8	18.0	15.1	16.8
Up to Secondary	40.7	33.6	34.2	30.0	42.7	35.4
Above secondary	14.4	19.0	17.9	9.7	28.0	17.5
Don't know	0.8	0.0	0.0	0.3	0.0	0.2
<b>N</b>	<b>118</b>	<b>211</b>	<b>196</b>	<b>300</b>	<b>225</b>	<b>525</b>

Table 3.2 shows that both literacy and education levels were higher in urban areas. In fact, literacy of women was substantially higher in Multan than that of other areas of Pakistan.

**Figure 3.1: Literacy status of women and their husbands**

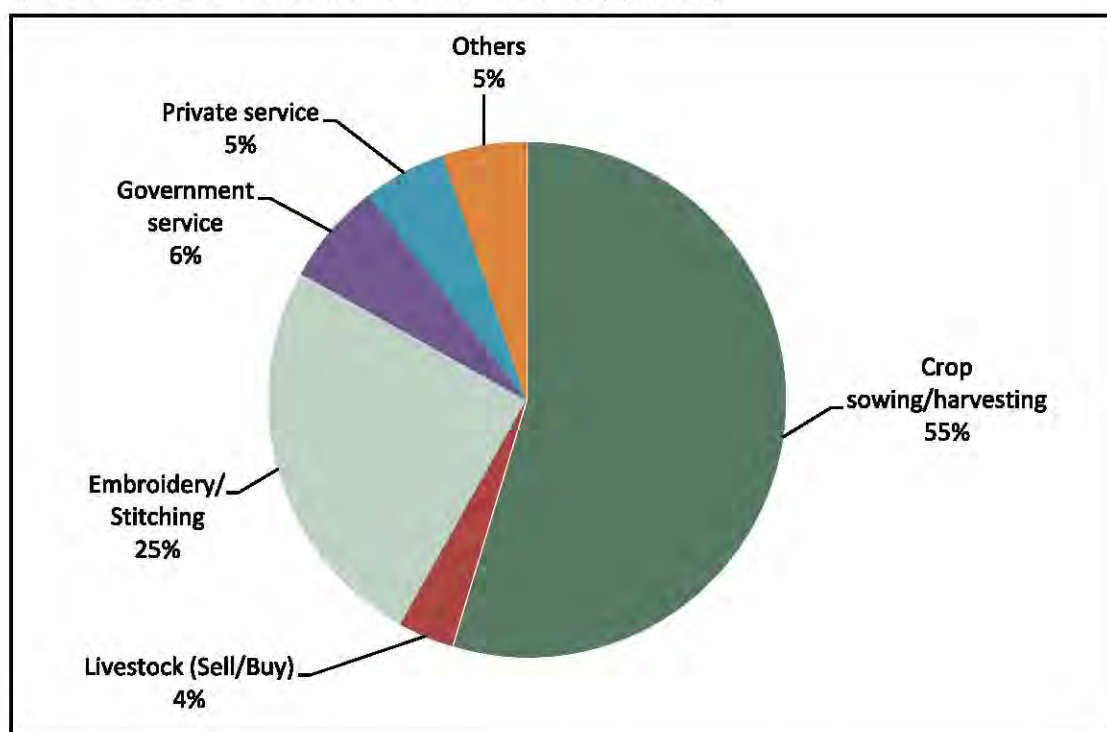


## Occupation and Work Status

For men, occupation is both an economic and social classification; some occupations usually indicate higher income levels than others, while at the same time may represent social status and life-style. Men are expected to work for pay. The situation is somewhat different for women. A woman may choose to work in order to supplement household income during times of financial hardship. However, a woman’s time spent working for pay is considered to compete with time spent on household management and child care. Therefore it is worthwhile to examine men and women’s work separately.

Only 172 of the 525 female respondents reported working for cash; their economic activities/occupations are shown in Figure 3.2.

**Figure 3.2: Type of work of women working for pay (n=172)**



**Table 3.3: Distribution of occupational categories of respondent's husbands by residence**

Economic Activity/Occupation	Rural	Urban	Total
Agriculture/Livestock/Poultry	22.3	1.3	13.3
Petty trader	12.0	17.3	14.3
Labor (Daily wages)	40.0	22.2	32.4
Government service	8.3	16.0	11.6
Private service	9.7	19.6	13.9
Own business	1.7	10.2	5.3
Abroad	2.0	4.4	3.0
Unemployed	3.7	8.0	5.5
Others	0.0	0.9	0.4
Don't know	0.3	0.0	0.2
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>N</b>	<b>300</b>	<b>225</b>	<b>525</b>

The largest number of husbands worked as hired laborers for daily wages. About one in eight men (13 percent) worked in the agriculture/livestock or poultry sector. Overall, about 46 percent of the respondents' husbands were either in agriculture or daily labor. About a quarter (26 percent) of the women interviewed stated that Government or private service were their husband's occupation. Trading was not very common and employed about 14 percent of men. About 5 percent had their own businesses while 3 percent were working abroad. However, about 5 percent were unemployed which indicates that a fair number of people required employment.

## Female Mobility

Female respondents were asked about their ability to go to places outside their homes. Only a few women reported being able to go to any of the places named without permission, while on the other hand, a very small percentage of women reported not being able to go out at all. This percentage became nil when speaking about health center where nearly two-third of the women were allowed to go, but had to be accompanied by someone. Generally, it is encouraging to note that a majority of women were not restricted from visiting health centers and could go there when/if needed to.

**Table 3.4: Women's reports regarding mobility outside the home by degree of permission and destination**

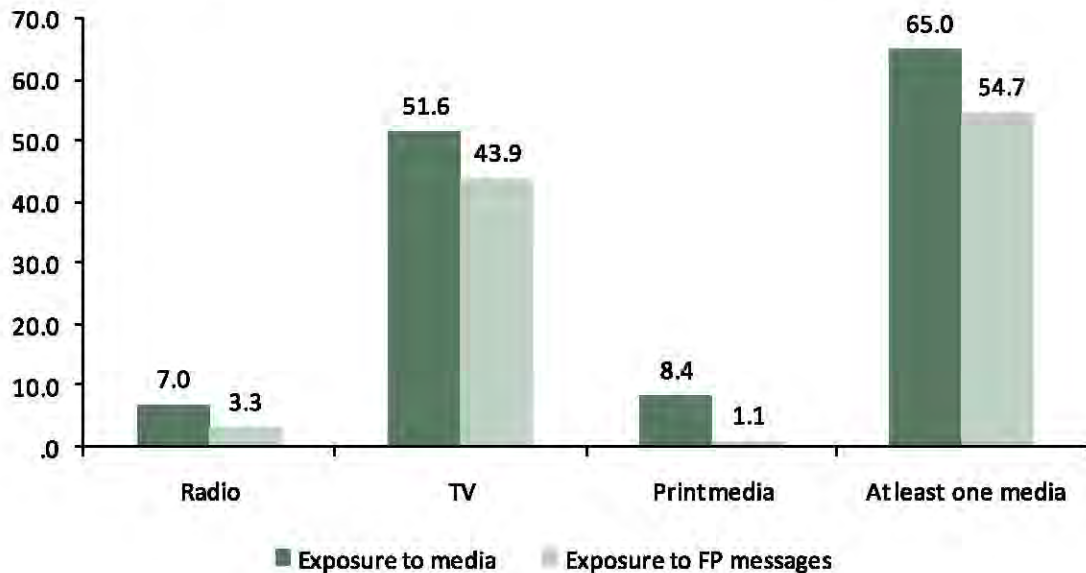
Destination	Degree of permission				Total	
	Without permission	With permission	With someone	Can't go/ Doesn't go	%	N
Market	18.1	25.9	55.6	0.4	100.0	525
Health center	16.2	21.3	62.5	0.0	100.0	525
Relatives/friends	7.2	21.5	71.2	0.0	100.0	525
Out of village/ town	1.9	12.4	84.8	1.0	100.0	525

## Mass Media Access and Exposure to Family Planning Messages

For the development of communication activities, it is important to know which mass media forms are available, and to what extent they are used by various segments of the population. Table 2.5 shows that 66 percent of the sample households owned a television, while 35

percent owned a radio. Figure 3.3 shows the proportions of respondents who reported that they watch TV, listen to the radio, or read newspapers or magazines. Overall in Multan, women have fairly high access to media, in fact nearly two third of the women (65 percent) reported access to any medium. Substantially higher proportion of women watched TV (52 percent), while radio (7 percent) and print media (8 percent) were used less.

**Figure 3.3: Distribution of MWRA according to exposure to media and FP messages, by type of media**



Furthermore, women who reported access to any sort of media were asked if they had ever seen, heard, or read any message regarding various methods of family planning through these mediums. Only 3 percent of the women said that they had heard about family planning messages on radio. About 44 percent of women had seen family planning messages on the television. According to Figure 3.3, only 1 percent of the respondents said that they had ever read a family planning message in print media. Overall, about 55 percent of the women had ever been exposed to any family planning message through any of these mediums.

# Chapter 4

## Service Availability

Health status and practices in a district can only be understood in the context of the health facilities and trained personnel available to the population of that district. As a companion activity to the Multan Household Survey, the FALAH project undertook a mapping of health and reproductive health services study in the FALAH districts. The fieldwork in Multan was carried out from October, 2009 to January, 2010. In this survey, all facilities and providers for reproductive health, public and private, including family planning as well as maternal health, were identified and visited. Exact locations of these facilities were determined by using a global positioning system (GPS) device and the characteristics and activities of the facility and its staff were examined. The full results of this study are presented in a separate report titled "Mapping of Health and Reproductive Health Services-Multan district". Some basic results are provided to give an overview of the context in which the knowledge, attitudes and behavior of the men and women of the household survey sample can be understood.

These results represent a range of maternal and reproductive health services being provided in Multan. In this chapter the tables summarize these findings, and are illustrated by maps indicating the location of various types of providers and facilities

## Multan District Data

There are a total of 6465 health facilities in Multan district: 2000 are public and 4465 are from the private sector (225 – Greenstar Social Marketing; 4240 from other private organizations). Some facilities only provide limited care, such as LHW health houses in the public sector, and dispensaries and traditional practitioners in the private sector.

## Reproductive Health Facilities

The distribution of reproductive health facilities in public and private sectors per union council are shown on maps 4.1 to 4.3. Map 4.1 shows the distribution of government static facilities by union council population density. Map 4.2 shows the availability of LHWs: 56 union councils have 10 to 20 LHWs, 46 union councils have less than 10 LHWs, while 27 union councils have more than 20 LHWs. On average, there are about 14 LHWs per union council. Map 4.3 shows the distribution of private facilities in the district.

The gross density of reproductive health facilities, that is the number of facilities per union council, is shown in map 4.4. The variation is considerable: There are 88 union councils with more than 40 reproductive health facilities and there is only one union council with less than 20 facilities. Reproductive health services are available in the entire district, with an average of 50 facilities per union council.

## Family Planning Facilities:

Table 4.1 shows the availability of family planning services in Multan district. Overall, family planning services are available in about half the facilities present in the district. The availability of clinical methods is rare except injectables, which are available at over one-third of the facilities. IUDs are available at about one-tenth of the facilities in the district, whereas female sterilization services are available at only a few facilities in the entire district. Moreover, male sterilization services are also available at only 6 public and 16 private facilities while Norplant is completely non-available throughout the district.

Among non-clinical methods, almost all public facilities are providing condoms and pills and LHWs are the major contributing factor in this provision, while these methods are not frequently available in private facilities. Moreover, emergency contraceptive pills are available at only 14 public and 141 private facilities.



**Table 4.1: Number and proportion of facilities providing specified family planning services in Multan district, by sector and MWRA per facility**

Service	Sector										MWRA per facility
	Government		LHWs		Private GSM		Private others		Total		
	N	%	N	%	N	%	N	%	N	%	
Injectables	191	74.3	1665	95.5	201	89.3	658	15.5	2715	42.0	225
IUD/Copper T	161	62.6	na	na	156	69.3	268	6.3	585	9.0	1043
Norplant	0	0.0	na	na	0	0.0	0	0.0	0	0.0	na
Female sterilization	14	5.4	na	na	57	25.3	106	2.5	177	2.7	3448
Male sterilization	6	2.3	na	na	6	2.7	10	0.2	22	0.3	27744
Condom	194	75.5	1743	100.0	195	86.7	760	17.9	2892	44.7	211
Pills	191	74.3	1743	100.0	203	90.2	794	18.7	2931	45.3	208
ECP	14	5.4	0	0.0	67	29.8	74	1.7	155	2.4	3938
Any FP method	196	76.3	1743	100.0	208	92.4	934	22.0	3081	47.7	198
Any clinical method	192	74.7	1665	95.5	202	89.8	700	16.5	2759	42.7	221
Any non-clinical method	196	76.3	1743	100.0	204	90.7	851	20.1	2994	46.3	204
<b>Total facilities</b>	<b>257</b>	<b>100.0</b>	<b>1743</b>	<b>100.0</b>	<b>225</b>	<b>100.0</b>	<b>4240</b>	<b>100.0</b>	<b>6465</b>	<b>100.0</b>	<b>94</b>

**Note:** Multiple responses possible.

Clinical method include; injectables, IUDs, Norplant, female sterilization and male sterilization.

na; not applicable

The geographic distribution of these services is as important as the number. Maps 4.5 to 4.7 show the availability of female sterilization, IUDs, and injectables, as illustrations. Female sterilization is available in 64 union councils from both public and private sectors. Availability of IUDs is more widespread as 125 union councils have this service available there. Injectables are readily available in the district.

## Maternal Health Facilities:

Provision of maternal health care services is a prerequisite of reproductive health care. Facilities available in Multan district to provide maternal health care are shown in Table 4.2. Anemia treatment is the most frequently available service in both public and private facilities. Service availability of antenatal check-ups and tetanus protection is higher in the public sector than private. However, normal delivery services are available in one-tenth of the facilities throughout the district, mainly in the private sector. Caesarean section services are available at only 6 public facilities whereas 206 private facilities are providing this service. Along with the sheer number of facilities, their geographic distribution is of critical importance. Map 4.8 and 4.9 show the prevalence of essential and comprehensive EmOC services in Multan district. There are 5 union councils with no basic obstetric facilities. Map 2.9 shows that comprehensive EmOC services are available in 170 facilities of 59 union councils of the district while this service is not available in 70 union councils.

**Table 4.2: Number and proportion of facilities providing specified maternal health care services in Multan district, by sector and MWRA per facility**

Service	Sector										MWRA per facility
	Government		LHWs		Private GSM		Private others		Total		
	N	%	N	%	N	%	N	%	N	%	
Antenatal check-up	242	94.2	1743	100.0	202	89.8	1079	25.4	3266	50.5	187
Anemia treatment	241	93.8	1743	100.0	220	97.8	3755	88.6	5959	92.2	102
TT injection	152	59.1	1704	97.8	142	63.1	359	8.5	2357	36.5	259
Normal delivery	111	43.2	na	na	166	73.8	347	8.2	624	9.7	978
Caesarean section	6	2.3	na	na	72	32.0	134	3.2	212	3.3	2879
<b>Total facilities</b>	<b>257</b>	<b>100.0</b>	<b>1743</b>	<b>100.0</b>	<b>225</b>	<b>100.0</b>	<b>4240</b>	<b>100.0</b>	<b>6465</b>	<b>100.0</b>	<b>94</b>

Note: Multiple responses possible. na; not applicable

## Service Providers:

The number of service providers of different categories and number of women per provider are shown in Table 4.3. There are a total of 1954 MBBS doctors active in Multan district; less than a quarter of them are female. However, female paramedics outnumber male

paramedics. There are 1725 female paramedics, among whom majority are nurses whereas, cadres of medical assistants and health technicians are rarely available. The number of women per provider or facility may be a good indicator of the status of health in the district. Overall, there are 312 MWRA per MBBS physician. Since a majority of women prefer female service providers, this number is as high as 1372 women per female MBBS doctor. For female paramedics, there are 354 MWRA per female paramedic. For LHVs, who have important technical expertise in taking care of women's health needs, the ratio is 1,147 MWRA per LHV, which is inadequate.

Map 4.10 shows the availability of MBBS doctors by gender in each union council. Male doctors are not available in 7 union councils. On the other hand, there are 17 union councils having more than 20 male MBBS doctors. In contrast female MBBS doctors are not available in 61 union councils and there are only 23 union councils with more than 5 female MBBS doctors.

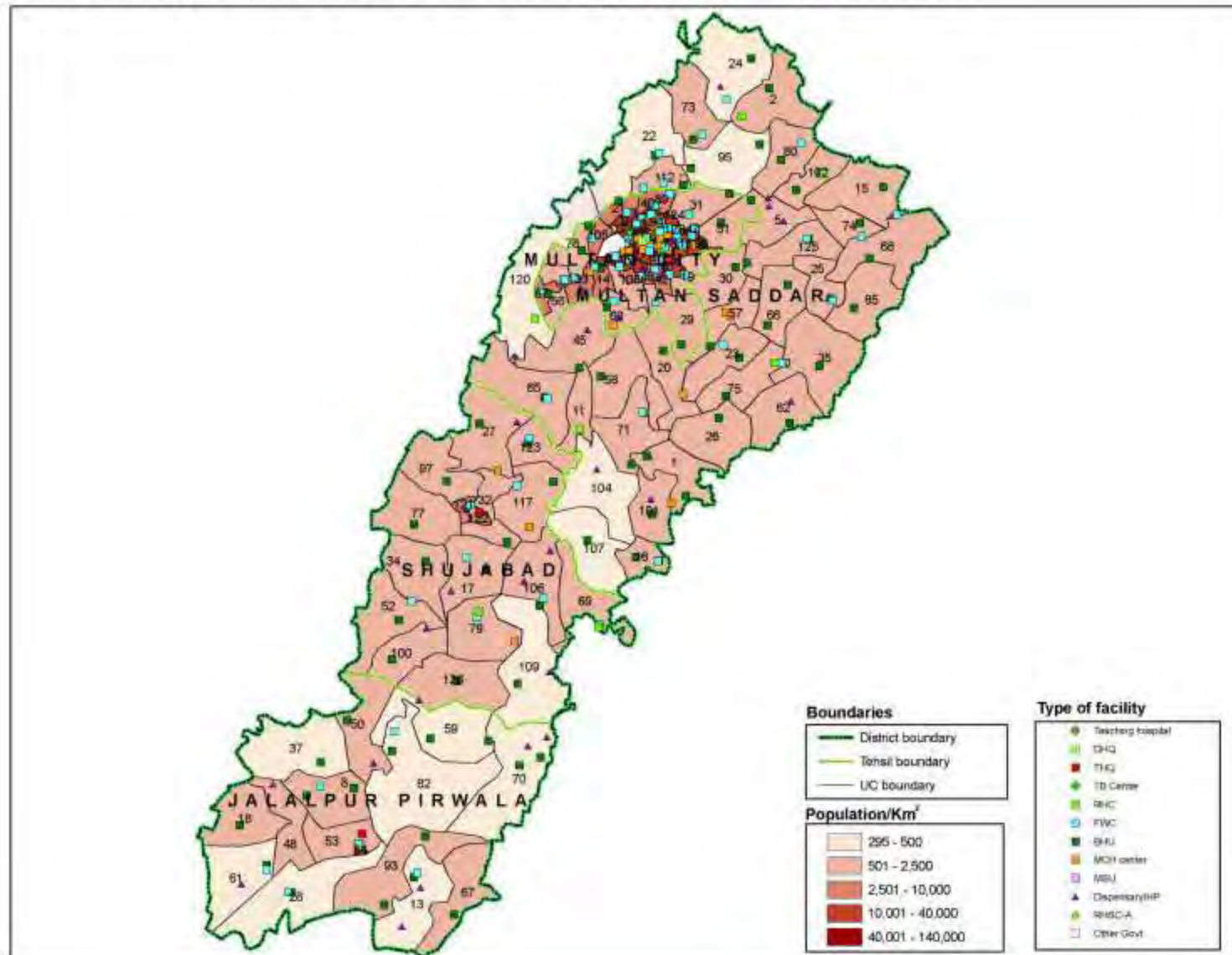
**Table 4.3: Number of reproductive health care providers in Multan district, by sector and category, and MWRA per service provider**

Provider	Sector						Total		MWRA per provider
	Government		Private GSM		Private others		N	%	
	N	%	N	%	N	%	N	%	
<b>Doctors (MBBS)</b>									
Male	433	74.3	150	59.8	926	82.7	1509	77.2	404
Female	150	25.7	101	40.2	194	17.3	445	22.8	1372
<b>Total</b>	<b>583</b>	<b>100.0</b>	<b>251</b>	<b>100.0</b>	<b>1120</b>	<b>100.0</b>	<b>1954</b>	<b>100.0</b>	<b>312</b>
<b>Female paramedics</b>									
Medical assistant	1	0.2	11	3.3	8	1.0	20	1.2	30519
Nurse	441	75.8	170	51.4	551	67.9	1162	67.4	525
Medical/ health technician	5	0.9	5	1.5	1	0.1	11	0.6	55489
Lady health visitor	135	23.2	145	43.8	252	31.0	532	30.8	1147
<b>Total</b>	<b>582</b>	<b>100.0</b>	<b>331</b>	<b>100.0</b>	<b>812</b>	<b>100.0</b>	<b>1725</b>	<b>100.0</b>	<b>354</b>
<b>Male paramedics</b>	<b>111</b>	<b>100.0</b>	<b>40</b>	<b>100.0</b>	<b>127</b>	<b>100.0</b>	<b>278</b>	<b>100.0</b>	<b>2196</b>

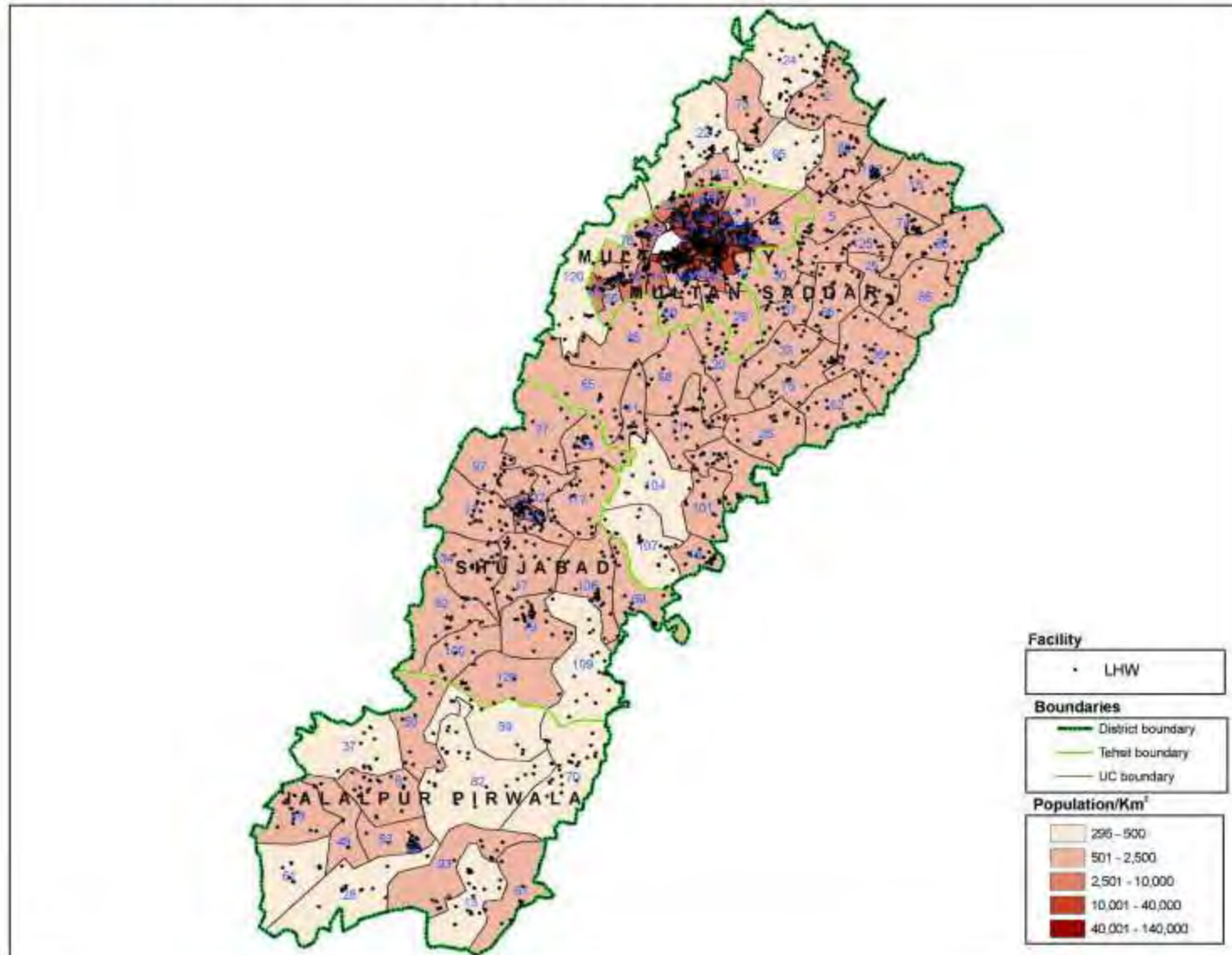
### List of Union Councils

1	5/Faiz	34	Gardezpur	67	Kotla Chakar	100	Punjani
2	Aalum Pur	35	Ghariaala	68	Kotla Maharani	101	Qadir Pur Lar
3	Abbas Colony	36	Ghaus Pura	69	Kotli Najabatt	102	Qadir Pur Ran Town
4	Abbas Pura	37	Ghazi Pur	70	Lal Wah	103	Qasab Pura
5	Abbaspur	38	Glass Factory	71	Lar	104	Qasba
6	Abid Colony	39	Guldin Colony	72	Latifabad	105	Qasim Bela
7	Akhtarabad	40	Gulgasht Colony	73	Lutef Abad	106	Raja Ram
8	Ali Pur Sadaat	41	Gulnoor Colony	74	Luthar	107	Rana Wahan
9	Almdi Sura	42	Gulshan Panj Faiz	75	Makhdoom Rashid Town	108	Rangeel Pur
10	Ashraf Colony	43	Gulzeb Colony	76	Manzooraabad	109	Rasul Pur
11	Ayazabad Maral	44	Hakeeman Wala	77	Marha	110	Sadiq Colony
12	Bagh Dewan	45	Hamid Pur Kanora	78	Masood Pur Tibba	111	Saleem Colony
13	Bahadar Pur	46	Hassan Parwana Colony	79	Matotli	112	Saleh Mehey
14	Bakher Arbi	47	Hassanabad	80	Matti Tal	113	Shadman Colony
15	Bangal Wala	48	Inayat Pur	81	Mehrban Colony	114	Shah Gardez
16	Basti Malook	49	Iqbal Nagar	82	Mian Pur Bailey Wala	115	Shah Risal
17	Basti Mithu	50	Jahan Pur	83	Mohallah Kamangran	116	Shah Rukan-e-Alam Colony
18	Beet Kech	51	Jahangir Abad	84	Mohallah Qadeeraabad	117	Shahpur Ubha
19	Bhaini	52	Jalalpur Khakhi	85	Multani Wala	118	Shamsabad Colony
20	Billi Wala	53	Jalalpur Pirwala Town 01	86	Mumtazabad Colony	119	Sharif Pura
21	Binda Sandhila	54	Jalalpur Pirwala Town 02	87	Muzaffar Abad	120	Sher Shah
22	Boch Khusro Abad	55	Jamal Pura Colony	88	Nazimabad Colony	121	Shujabad Town 01
23	Boote Wala	56	Jhakharpur	89	Neelkot	122	Shujabad Town 02
24	Bosan	57	Jhok Lashkar Pur	90	New Multan	123	Sikandar Abad
25	Budhla Sant	58	Kabir Pur	91	New Nazimabad Colony	124	Taraf Mubarik Doim
26	Chak No 18/MR	59	Karam Ali Wala	92	Niazabad	125	Tatepur
27	Chak R.S	60	Kayan Pur	93	Nuraja Bhutta	126	Thatha Ghulwan
28	Darab Pur	61	Khan Bela	94	Officers Colony	127	Timber Market
29	Dera Budhu Malik	62	Khan Pur Maral	95	Panj Koha	128	Wapda Colony
30	Domehrah	63	Khanqah Inayat Shah	96	Panjnad Colony	129	Writers Colony
31	Dorana Langana	64	Khawaja Farid Colony	97	Paunta		
32	Gajuhata	65	Khokhar	98	Peoples Colony		
33	Garden Town	66	Kothiwala	99	Piran Ghaib		

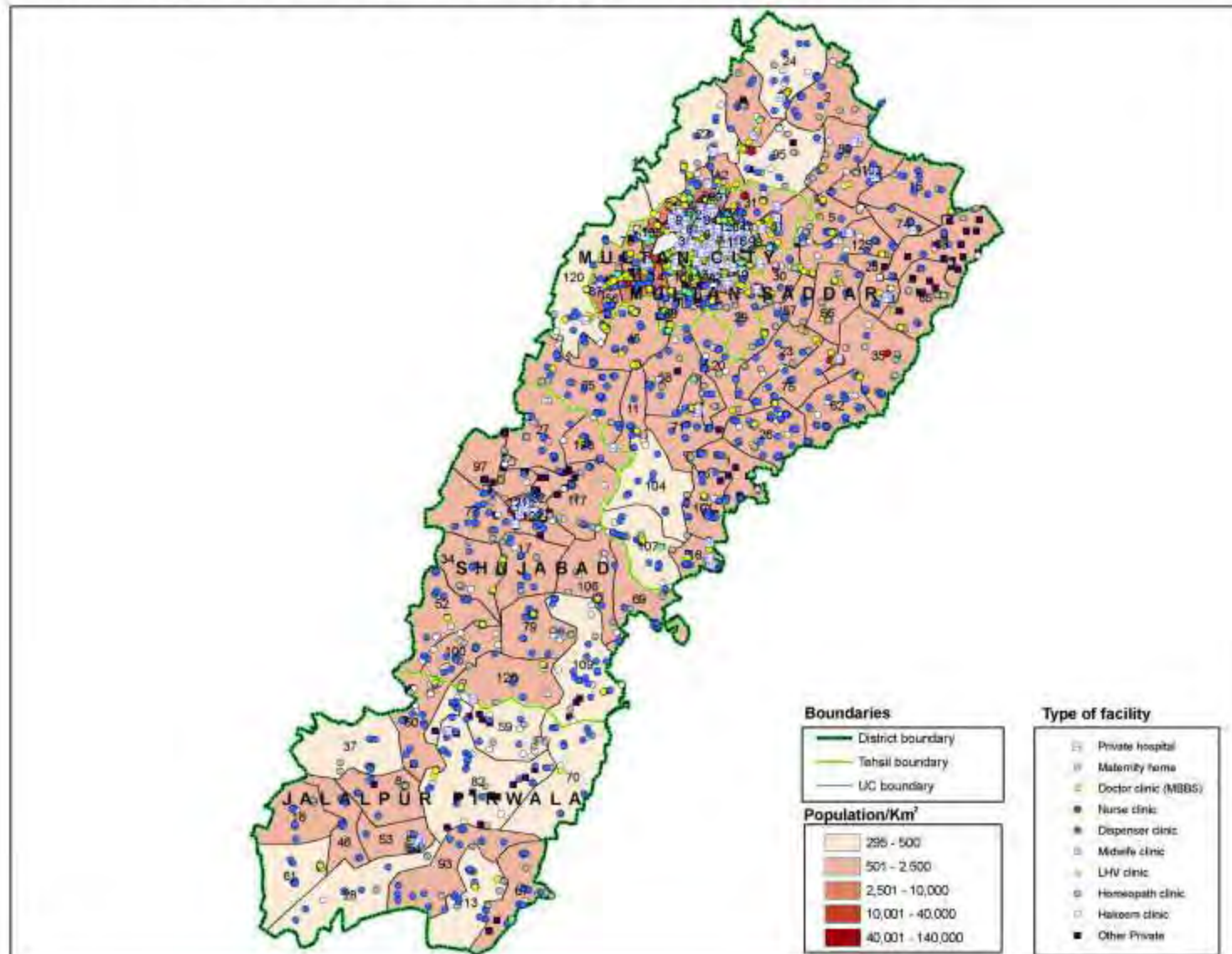
Map 4.1: Location of government facilities in Multan district, by population density of union council



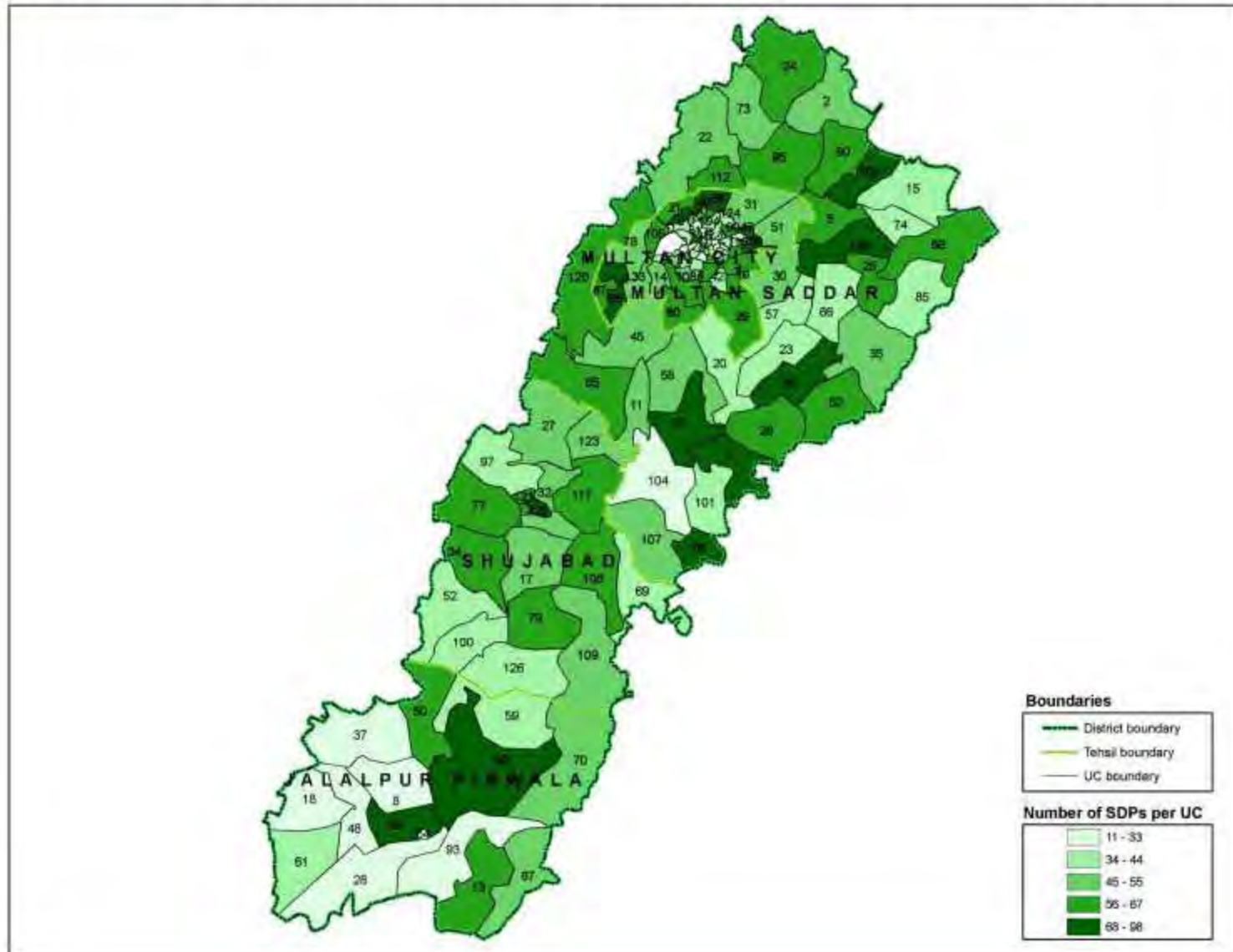
**Map 4.2: Location of LHWs in Multan district, by population density of union council**



Map 4.3: Location of private facilities in Multan district, by population density of union council

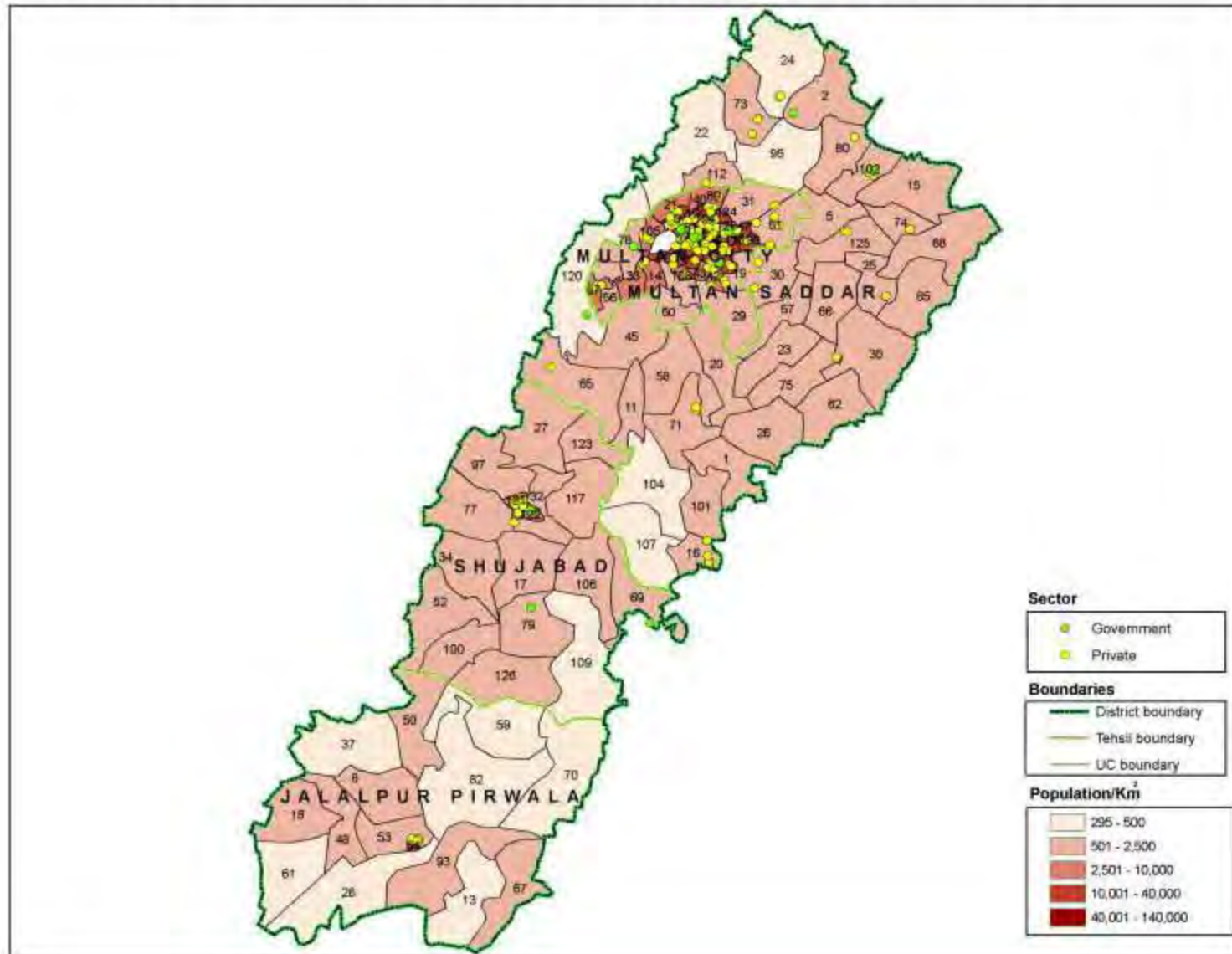


**Map 4.4: Total number of reproductive health service delivery points (public and private) in Multan district, by union council**

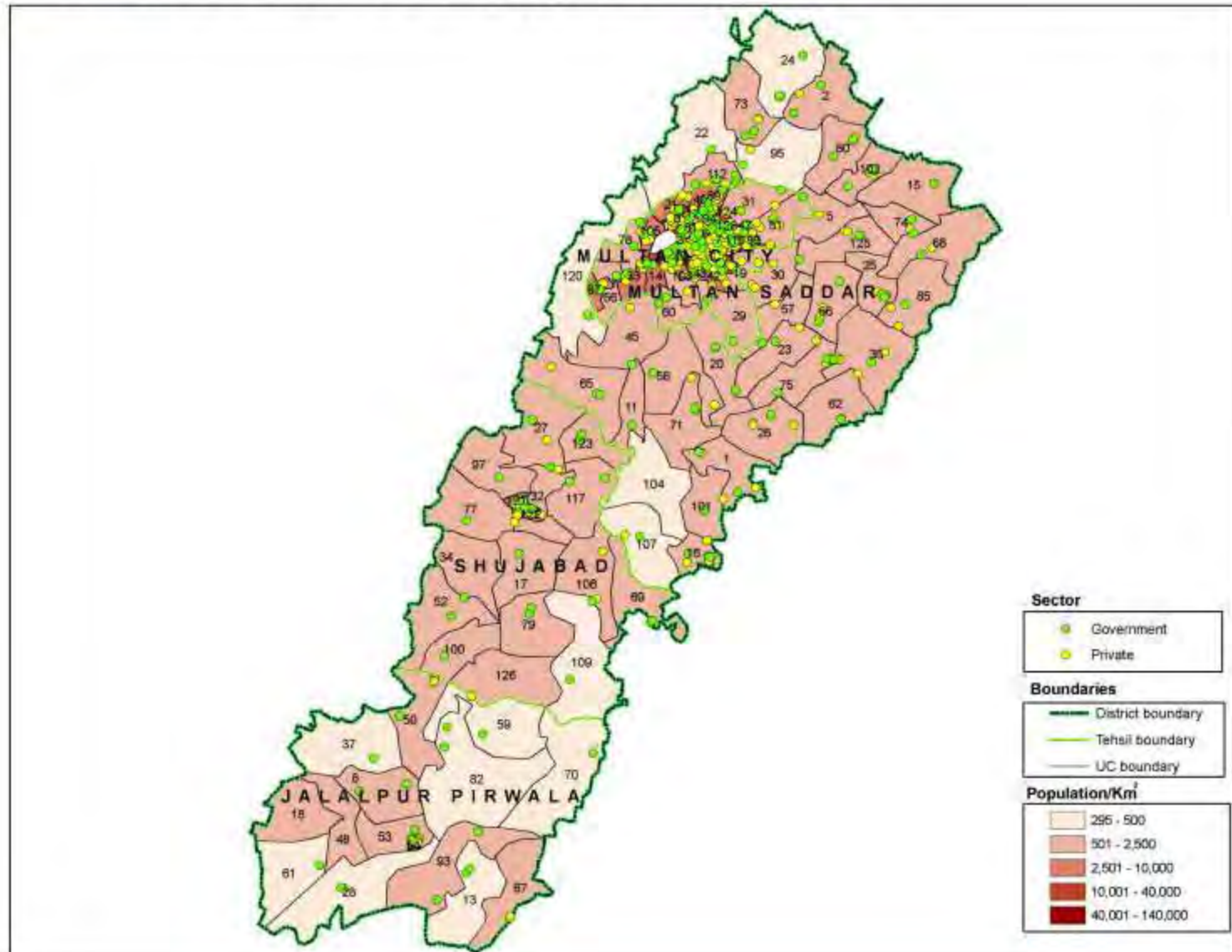




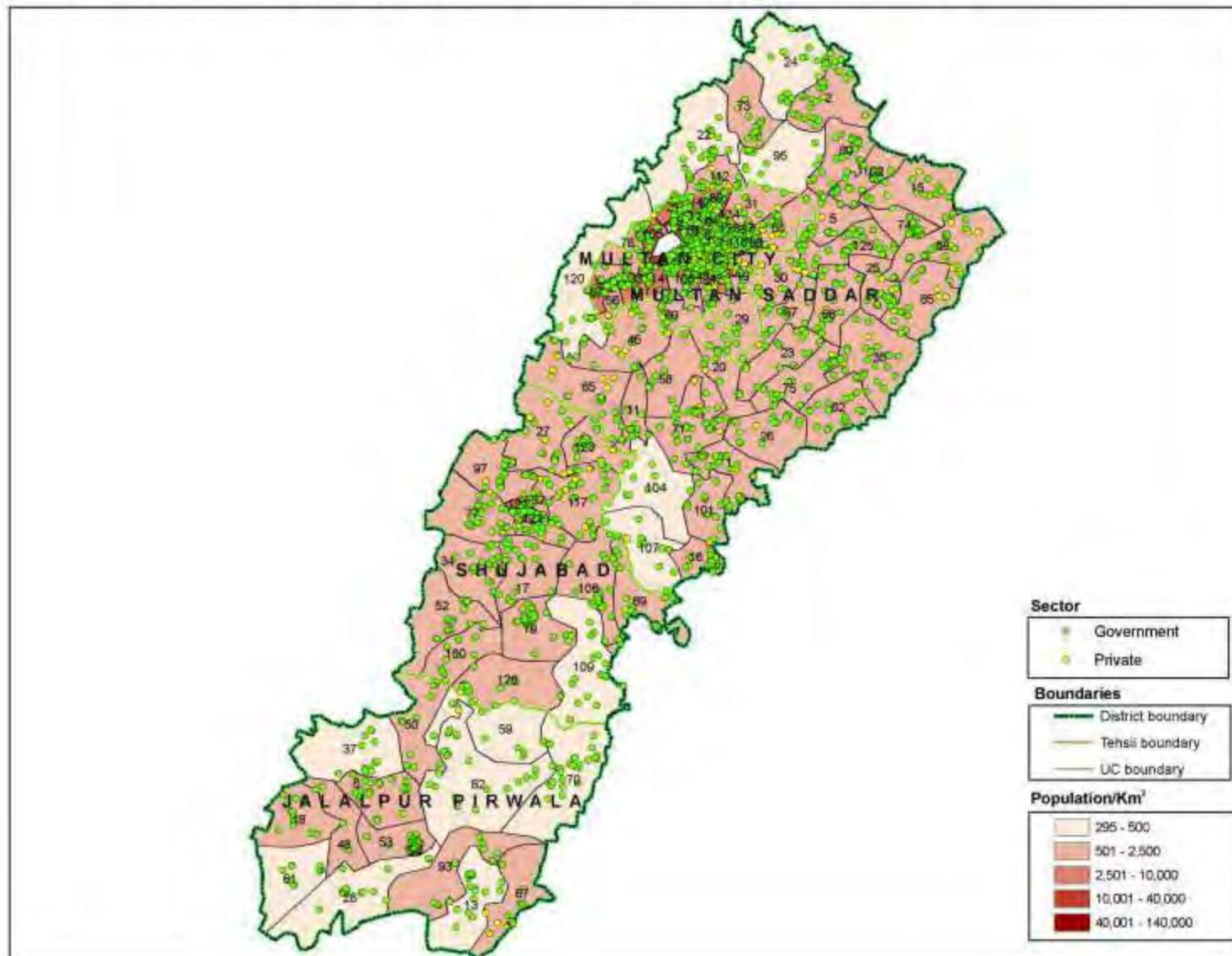
Map 4.5: Location of female sterilization facilities in Multan district, by population density of union council



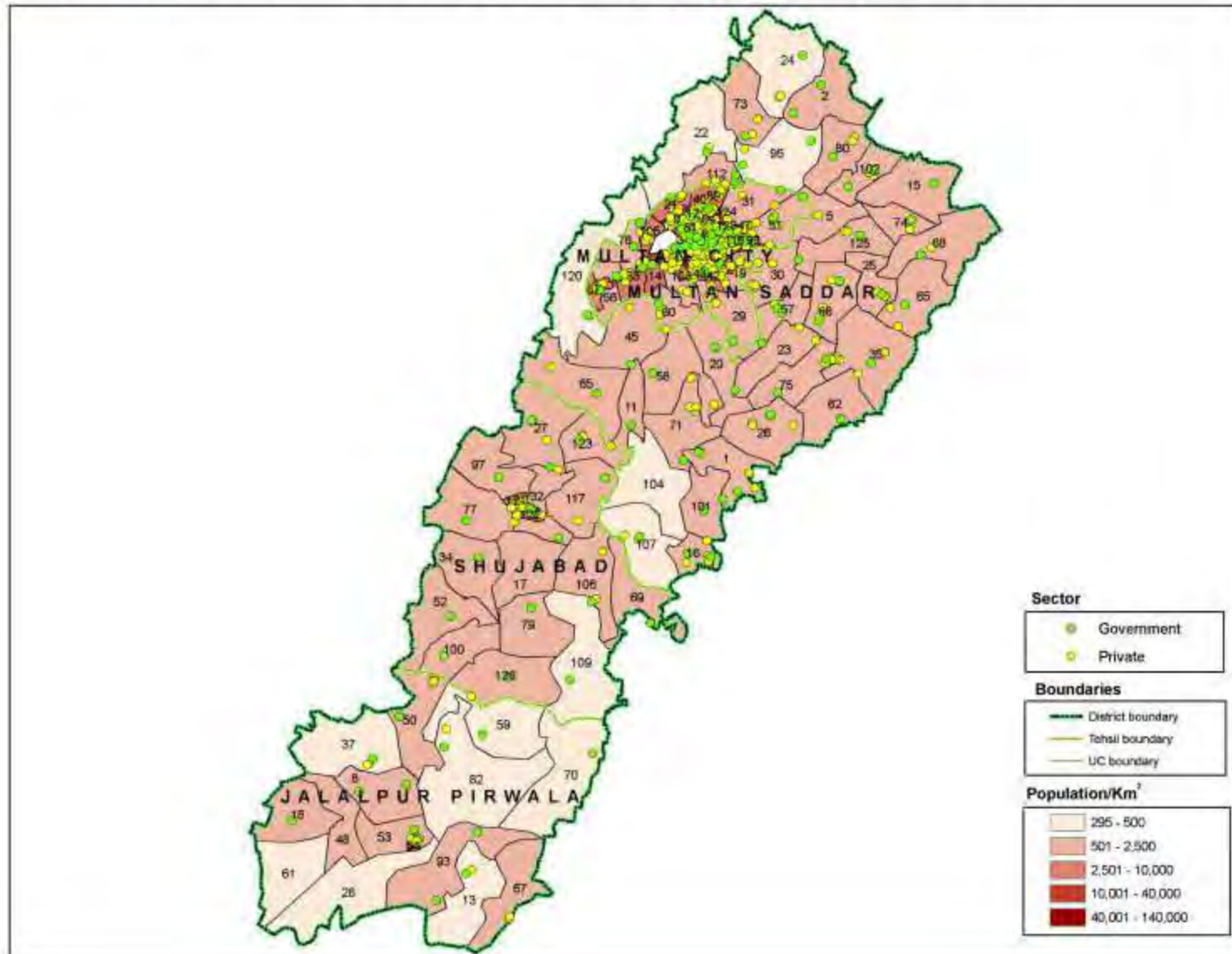
**Map 4.6: Location of IUD facilities in Multan district, by population density of union council**



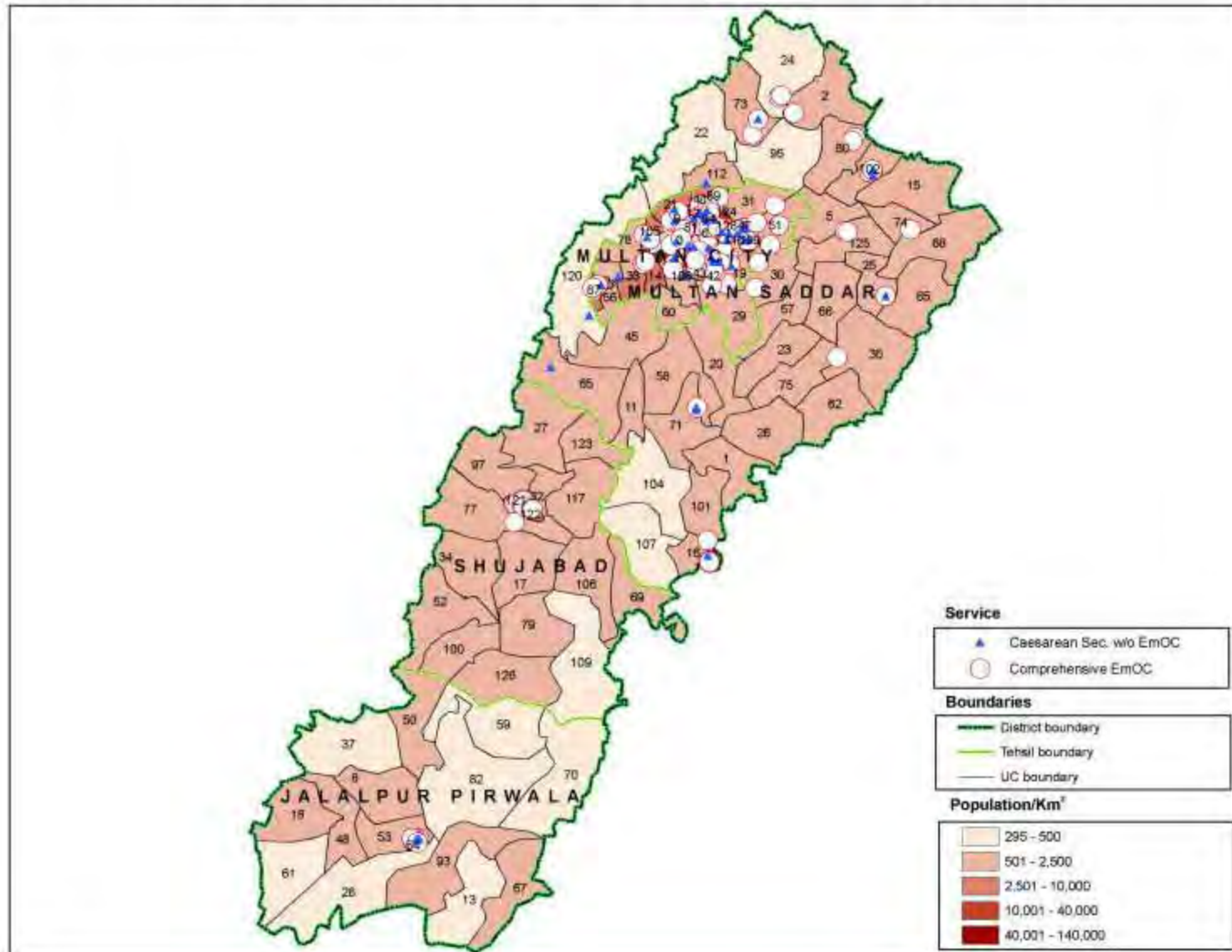
Map 4.7: Location of injectables contraceptive services in Multan district, by population density of union council



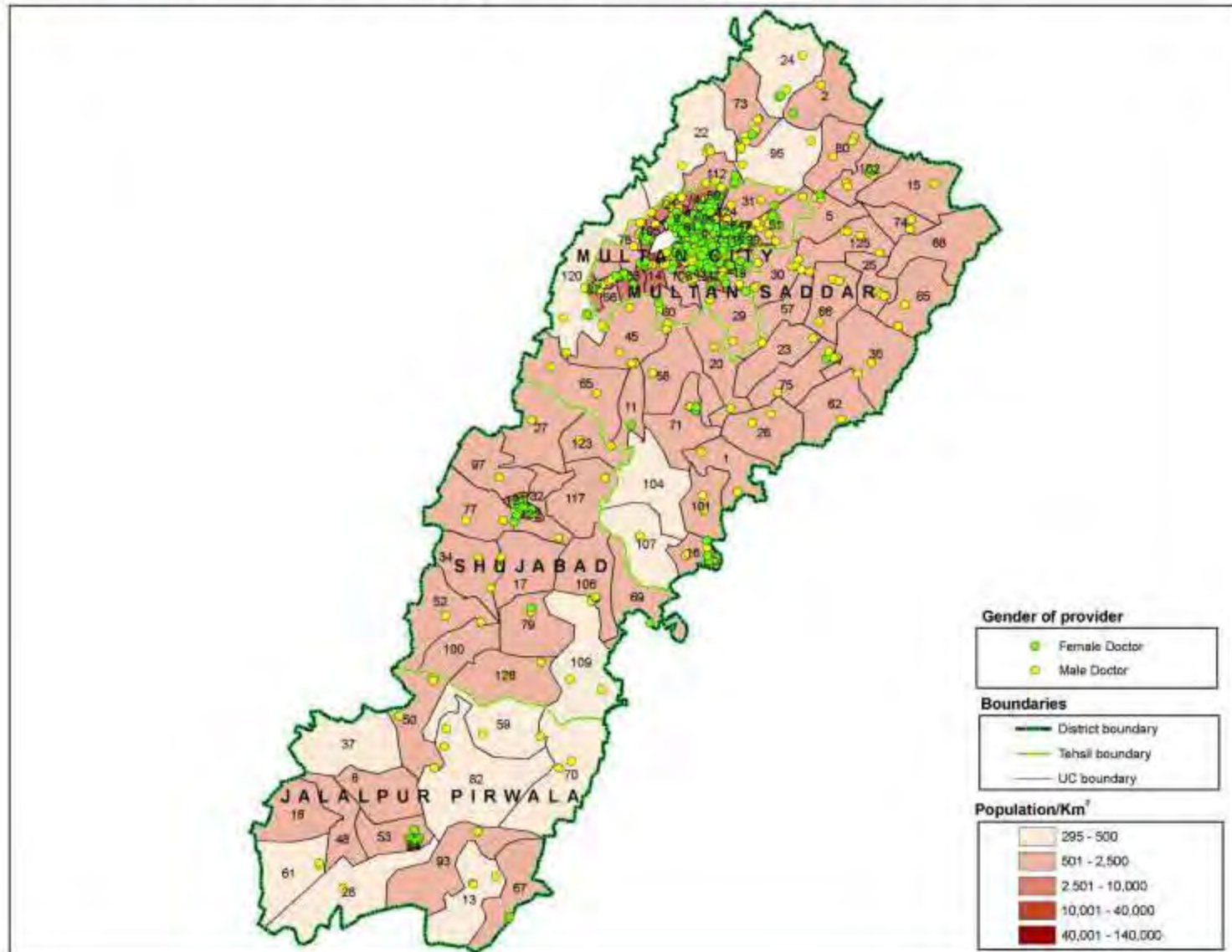
**Map 4.8: Location of essential obstetric services in Multan district, by population density of union council**



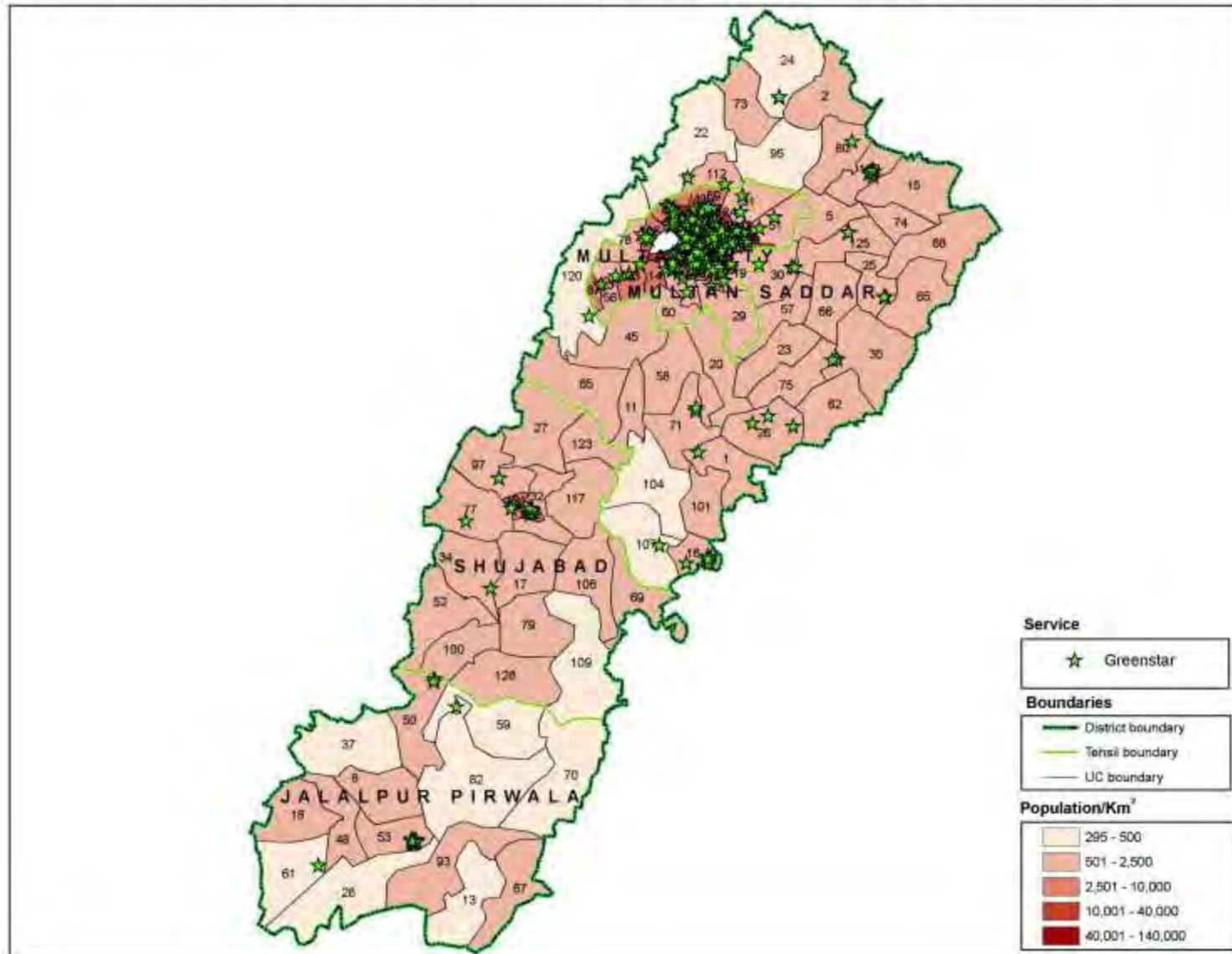
Map 4.9: Location of emergency obstetric care facilities in Multan district, by population density of union council



**Map 4.10: Location of doctors in Multan district, by gender and population density of union council**



Map 4.11: Location of Greenstar Social Marketing SDPs in Multan district, by population density of union council







# Chapter 5

## Fertility

The main objective of this baseline survey was to monitor and evaluate progress on the level of knowledge and acceptance of birth spacing methods to improve maternal and child health. Some information on fertility, such as the number of children ever born and living children, was collected from the female respondents. This information was used to obtain the level of cumulative fertility.

Other information collected in this baseline survey included the dates of all the live births, along with the current status of the child at the time of the survey. If a mother was unable to remember her child's date of birth she was asked how long ago her live birth took place. Births that occurred during the last three years were ascertained from these responses. The number of births obtained through this procedure was then used to analyze current fertility. For a family planning program, it is essential to be informed about fertility levels to understand couples' responses to family planning.

## Cumulative Fertility

### Children Ever Born and Living

The number of children a woman has ever borne reflects fertility in the past; it therefore provides a somewhat different picture of fertility levels, trends, and differentials than do period measures of fertility such as the CBR and the TFR. Table 5.1 shows the percent distribution of all currently married women by the number of children ever born (CEB). The table shows this distribution by the age of the woman at the time of the survey.

**Table 5.1: Distribution of MWRA by age of mother and number of children ever born (CEB)**

Age group	Children ever born				%	Mean CEB	N
	0	1 - 2	3 - 4	5 or more			
15 - 19	64.3	35.7	0.0	0.0	100.0	0.4	28
20 - 24	17.8	63.3	17.8	1.1	100.0	1.6	90
25 - 29	9.8	25.0	48.2	17.0	100.0	3.1	112
30 - 34	11.1	11.1	32.3	45.5	100.0	4.1	99
35 - 39	8.5	7.4	35.1	48.9	100.0	4.6	94
40 - 44	1.6	6.3	12.7	79.4	100.0	6.3	63
45 - 49	0.0	2.6	10.3	87.2	100.0	6.9	39
<b>Total</b>	<b>12.4</b>	<b>22.5</b>	<b>28.0</b>	<b>37.1</b>	<b>100.0</b>	<b>3.8</b>	<b>525</b>

The table shows that the mean number of children ever born (Table 5.1) and living children (Table 5.2) increased with the age of the mother, as would be expected in data of good quality. Table 5.3 shows the mean number of sons and daughters by the age of the mother. Among the currently married women aged 15-49 in Multan, the mean number of children ever born was 3.8. These tables show that the mean number of children ever born increased steadily with a woman's age, reaching a high of 6.9 children per woman at the age of 45-49. On average, these women had 5.9 living children, and each woman of this age group had lost 1 child during her reproductive life.

The tables also show that early childbearing was fairly common in Multan. Table 5.1 shows that about 36 percent of married women aged 15-19 years had already given birth to at least one child. Women aged 45-49 years had completed their childbearing years. Among currently married women in this age group, 13 percent had reached the end of childbearing with fewer than five children ever born, and 87 percent had more than five or more children ever born. Data show that all women aged 45-49 had at least one live birth in their reproductive period, suggesting non-existence of primary infertility (i.e., the proportion of couples who are unable to have a live birth) in this sample. The sex ratio at birth was 100 males per 100 females, both for children ever born and living children (Table 5.3).

**Table 5.2: Distribution of MWRA by age of mother and number of living children (LC)**

Age group	Number of living children					Total N	Mean LC
	0	1-2	3-4	5 or more	Total		
	%	%	%	%	%		
15 – 19	64.3	35.7	0.0	0.0	28	100.0	0.4
20 – 24	20.0	63.3	16.7	0.0	90	100.0	1.4
25 – 29	9.8	28.6	52.7	8.9	112	100.0	2.7
30 – 34	11.1	17.2	38.4	33.3	99	100.0	3.6
35 – 39	8.5	14.9	37.2	39.4	94	100.0	4.1
40 – 44	1.6	7.9	25.4	65.1	63	100.0	5.4
45 – 49	0.0	2.6	20.5	76.9	39	100.0	5.9
<b>Total</b>	<b>12.8</b>	<b>25.9</b>	<b>32.6</b>	<b>28.8</b>	<b>525</b>	<b>100.0</b>	<b>3.3</b>

**Table 5.3: Mean number of children ever born and children surviving by sex of child and age of mother**

Age group	Mean of children						N
	Ever born			Surviving			
	Boys	Girls	Total	Boys	Girls	Total	
15 – 19	0.1	0.3	0.4	0.1	0.3	0.4	28
20 – 24	0.8	0.7	1.6	0.8	0.7	1.4	90
25 – 29	1.6	1.5	3.1	1.4	1.3	2.7	112
30 – 34	2.2	1.9	4.1	1.9	1.7	3.6	99
35 – 39	2.3	2.3	4.6	2.1	2.0	4.1	94
40 – 44	2.8	3.5	6.3	2.4	3.0	5.4	63
45 – 49	3.7	3.2	6.9	3.3	2.7	5.9	39
<b>Total</b>	<b>1.9</b>	<b>1.9</b>	<b>3.8</b>	<b>1.7</b>	<b>1.7</b>	<b>3.3</b>	<b>525</b>

## Differentials in Children Ever Born and Surviving

Table 5.4 shows that differences in the mean number of children by literacy and by educational levels of currently married women were pronounced. On average, literate women had 1.7 fewer children than illiterate women. As expected, fertility also declined with the level of education. Those who had “up to primary” education had on average 3.1 children ever born compared to 4.6 children born to those who had no schooling. Those women who had “above secondary” education had 2.5 children ever born.

**Table 5.4: Mean number of children ever born, living and dead, by background characteristics**

<b>Characteristic</b>	<b>Mean number of CEB</b>	<b>Mean number of LC</b>	<b>Proportion dead</b>	<b>N</b>
<b>Literacy of respondent</b>				
Literate	2.9	2.7	0.0592	242
Illiterate	4.6	3.9	0.1566	283
<b>Schooling of respondent</b>				
No education	4.6	3.9	0.1578	291
Up to primary	3.1	2.9	0.0650	79
Up to Secondary	2.7	2.6	0.0427	105
Above secondary	2.5	2.4	0.0403	50
<b>Residence</b>				
Rural	4.0	3.4	0.1469	300
Urban	3.5	3.2	0.0867	225
<b>Literacy of respondent's husband</b>				
Literate	3.5	3.2	0.1038	370
Illiterate	4.5	3.7	0.1592	155
<b>Schooling of husband</b>				
No education	4.6	3.8	0.1623	158
Up to primary	4.0	3.6	0.1067	88
Up to Secondary	3.6	3.1	0.1229	186
Above secondary	2.8	2.7	0.0350	92
<b>Standard of living index</b>				
Low	4.7	3.8	0.1914	99
Medium low	4.4	3.8	0.1420	78
Medium high	3.9	3.5	0.1081	121
High	3.2	2.9	0.0793	227
<b>Economic activity/ occupation of husband</b>				
Agriculture/Livestock/Poultry	4.3	3.5	0.1933	70
Petty trader	3.4	3.1	0.0934	75
Labor (Daily wages)	4.0	3.4	0.1331	170
Government service	3.8	3.5	0.0730	61
Private service	3.1	2.8	0.0837	73
Own business	3.7	3.5	0.0481	28
Abroad	3.1	2.8	0.1200	16
Unemployed	5.1	4.2	0.1824	29
<b>Total</b>	<b>3.8</b>	<b>3.3</b>	<b>0.1229</b>	<b>525</b>

Differentials are also observed on the basis of the literacy levels and economic activity of husbands. Those respondents who had literate husbands had 3.5 children ever born compared to 4.5 children ever born to those who had illiterate husbands. The differentials relating to background characteristics of husbands were somewhat similar to those relating to the background characteristics of the currently married women themselves. Women with illiterate husbands and who themselves were illiterate had almost the same number of children ever born. Women with husbands not working currently (unemployed) had the highest number of children ever born (5.1 children). Women with husbands who were abroad or working in private sector had the lowest number of children ever born (3.1 children for each).

**Table 5.5: Mean number of children ever born and living by age and literacy of mother**

Age group	Literate				Illiterate			
	Mean number of CEB	Mean number of LC	N	%	Mean number of CEB	Mean number of LC	N	%
15 – 19	0.5	0.5	17	7.0	0.3	0.3	11	3.9
20 – 24	1.4	1.3	45	18.6	1.8	1.6	45	15.9
25 – 29	2.5	2.3	56	23.1	3.6	3.2	56	19.8
30 – 34	3.2	3.1	46	19.0	4.8	3.9	53	18.7
35 – 39	3.6	3.5	48	19.8	5.6	4.7	46	16.3
40 – 44	5.3	4.9	21	8.7	6.9	5.7	42	14.8
45 – 49	5.1	4.9	9	3.7	7.4	6.3	30	10.6
<b>Total</b>	<b>2.9</b>	<b>2.7</b>	<b>242</b>	<b>100.0</b>	<b>4.6</b>	<b>3.9</b>	<b>283</b>	<b>100.0</b>

Table 5.5 further explains the relationship of age of mothers and literacy with mean number of children ever born and their survival. It is evident that the mean number of children ever born to literate mothers was lower (2.9 children) compared to those mothers who were illiterate (4.6 children). Similarly, the survival of children with literate mothers was considerably better than those born to illiterate mothers. Literate mothers were younger than illiterate mothers. In the below 30 age group, 49 percent of the mothers were literate, as compared to 40 percent who were illiterate. It is not only that, literate women had fewer children overall, but younger literate women (15-24 years) also had fewer children ever born compared to illiterate women.

## Current Fertility

### Crude Birth Rate

The crude birth rate (CBR), though a crude measure of fertility is the most widely understood and used fertility measure. In this survey, it is calculated from the number of births during the last three years before the survey, and the mid-period total population in sample households. The baseline survey provided an estimate of 26 births per thousand population (Table 5.6).

### Age-specific Fertility Rates and Total Fertility Rate

The total fertility rate (TFR) is a more refined measure of fertility than the CBR. Age-specific fertility rates (ASFRs) and the TFR have been calculated based on births to currently married women and the number of women living in the sample households. One of the limitations of measuring ASFRs was the low number of births in the sample during the last three years. The findings show a pattern of ASFRs common in developing countries; rates rose rapidly till age 25-29, and then declined with increasing age. A TFR of 3.3 for the period 2004-2007 was obtained from the set of ASFRs calculated from the data presented in Table 5.6, compared to 4.1 for Pakistan as a whole reported in the PDHS (NIPS/PDHS, 2008).

**Table 5.6: Number of women in sample households and number of births during the last three years before the survey, by age of women, and ASFRs, TFR and CBR**

Age group	Women	Births	Age specific fertility rates (ASFR)
15 - 19	225	11	16.3
20 - 24	215	91	141.1
25 - 29	150	107	237.8
30 - 34	114	49	143.3
35 - 39	105	28	88.9
40 - 44	83	10	40.2
45 - 49	65	0	0.0
<b>Total</b>	<b>957</b>	<b>296</b>	<b>na</b>
<b>CBR: 25.8</b>			
<b>TFR: 3.3</b>			

na=not applicable.

## Mothers with Children Under Five Years

If mothers have a child while breastfeeding an older child, they are often less able to produce breast milk for the older child (Adair et al., 1994). When children are weaned too soon, their growth suffers; they are more likely to suffer from diarrheal diseases (Bohiler et al., 1995). Milk diminution is more likely to occur as women have more children and are undernourished (Garner et al., 1994). In addition, when children are close in age, they compete for resources as well as for maternal care. She may also not be able to breastfeed the newborn properly, placing the newborn at higher risk for nutritional deficiency and infectious diseases contracted from older siblings.

Table 5.7 shows that there were a significant number of women with the burden of care for several young children. Among those who already had two living children less than 5 years of age, 19.4 percent were currently pregnant. Moreover, among women who had three living children less than 5 years of age, 4.3 percent were currently pregnant. For the health of such mothers and their children, it is particularly important that birth spacing becomes a part of their married life.

**Table 5.7: Distribution of mothers by pregnancy status and number of children under 5 years**

Number of children < 5 years	Currently pregnant		Currently not pregnant		Total
	N	%	N	%	
0	18	7.8	213	92.2	231
1	24	16.6	121	83.4	145
2	24	19.4	100	80.6	124
3	1	4.3	22	95.7	23
4	0	0.0	2	100.0	2
<b>N</b>	<b>67</b>	<b>12.8</b>	<b>458</b>	<b>87.2</b>	<b>525</b>

## Preceding Birth Interval

Women with short birth intervals are at higher risk for delivering premature, low-birth-weight or small-for-gestational age infants (Fuentes-Affelick and Hessol, 2000; Miller et al., 1995; Zhu et al., 1999). The length of the preceding birth interval is very important for the health of both mothers and babies. Table 5.8 shows the length of last closed birth interval for women with two or more births by background characteristics of mothers at the time of the survey.

**Table 5.8: Distribution of women with preceding birth intervals (birth to birth) by background characteristics**

Characteristic	Less than 18 months	18 - 23 months	24 - 35 months	36 - 47 months	48 or more months	Total	N
<b>Age group</b>							
15 - 19	100.0	0.0	0.0	0.0	0.0	100.0	1
20 - 24	36.4	21.8	27.3	14.5	0.0	100.0	55
25 - 29	15.3	25.2	27.9	17.1	14.4	100.0	111
30 - 34	5.2	19.0	32.8	13.8	29.3	100.0	58
35 - 39	14.0	14.0	30.2	11.6	30.2	100.0	43
40 - 44	20.0	6.7	33.3	13.3	26.7	100.0	15
45 - 49	100.0	0.0	0.0	0.0	0.0	100.0	1
<b>Number of live births</b>							
2	30.0	22.0	28.0	8.0	12.0	100.0	50
3	18.7	18.7	28.0	20.0	14.7	100.0	75
4	11.7	28.3	30.0	15.0	15.0	100.0	60
5	12.9	9.7	19.4	19.4	38.7	100.0	31
6+	16.2	19.1	35.3	11.8	17.6	100.0	68
<b>Education level</b>							
No education	16.6	20.9	28.2	16.6	17.8	100.0	163
Up to primary	18.9	21.6	37.8	8.1	13.5	100.0	37
Up to Secondary	19.7	23.0	26.2	14.8	16.4	100.0	61
Above secondary	21.7	8.7	30.4	13.0	26.1	100.0	23
<b>Standard of living Index</b>							
Low	22.0	25.6	24.4	14.6	13.4	100.0	82
Medium low	10.9	15.2	41.3	15.2	17.4	100.0	46
Medium high	23.4	28.1	23.4	12.5	12.5	100.0	64
High	14.1	13.0	31.5	16.3	25.0	100.0	92
<b>Total</b>	<b>18.0</b>	<b>20.4</b>	<b>29.2</b>	<b>14.8</b>	<b>17.6</b>	<b>100.0</b>	<b>284</b>

A short interval has traditionally been viewed as a risk factor for poor pregnancy outcomes, particularly neonatal mortality, in developing countries (Cleland and Sathar, 1984). It has been observed in several studies that the death risks of an index child whose birth closes a short birth interval are higher than those experienced by an index child whose birth closes a



longer birth interval (Mahmood, 2002). It has been found that children born within the preceding interval of 18 months experienced higher mortality risks during infancy than those born in an interval of two to three years (Cleland and Sathar, 1984).

Table 5.8 shows that 18 percent of children were born with a birth interval of less than 18 months. About 68 percent were born with a birth interval of less than 36 months, while 32 percent were born after three years or more. The differentials by mother's age, educational level and standard of living index are also shown. Younger and lower-parity women – particularly women 15-19 years old and of parity 2 – were substantially more likely to have short birth intervals.



# Chapter 6

## Preference for Children

In order to understand how to best meet the family planning needs of couples, it is essential to understand how they feel about the number of the children they want, as well as the timing of those births. In general, couples' views on this typically evolve over the course of their reproductive years: in the beginning, they want their first children quickly; toward the end of their reproductive lives, they are quite sure they want to stop. At some point in the middle, they may go through a period of ambivalence, where their views are uncertain and conflicted. Husbands and wives may or may not agree on these matters, and may or may not communicate well. Often, it is difficult to determine what couples truly feel about these issues because they themselves may not be certain. However, we asked questions and recorded responses, and investigated in as much depth as possible.

### Ideal Number of Children

One way of investigating fertility preference was to ask respondents, regardless of their current fertility status, how many children they would ideally want. The exact wording, asked of female respondents, is (English translation): "If you could choose the exact number of children to have in your whole life, how many would that be?" Table 6.1 shows the responses.

The median "ideal" number, in the sense indicated above, was four children; 69 percent of the respondents wanted four or fewer children. Eleven percent said they wanted two children, while nearly 5 percent of the women, also said that they wanted seven or more children.

**Table 6.1: Distribution of MWRA with ideal number of children for their family by residence**

Number of children	Rural		Urban		Total	
	N	%	N	%	N	%
2	22	7.3	35	15.6	57	10.9
3	43	14.3	47	20.9	90	17.1
4	128	42.7	87	38.7	215	41.0
5	52	17.3	30	13.3	82	15.6
6	37	12.3	20	8.9	57	10.9
7+	18	6.0	6	2.7	24	4.6
<b>Total</b>	<b>300</b>	<b>100.0</b>	<b>225</b>	<b>100.0</b>	<b>525</b>	<b>100.0</b>

## Desire for More Children

### Levels of Desire for More Children

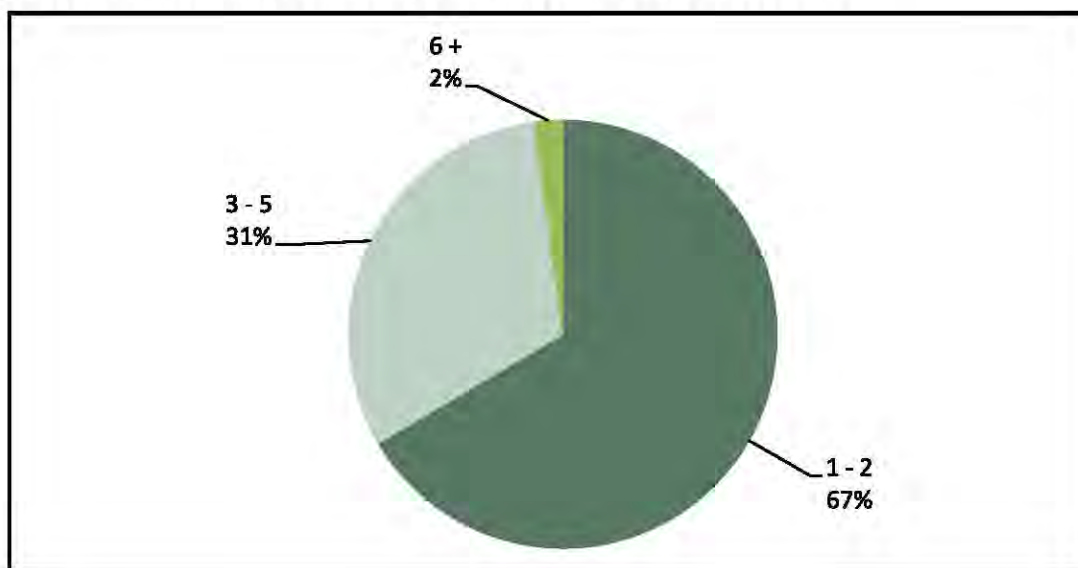
A more immediate measure of fertility preference is whether a couple wants more children; if so, do they want the next child now or later, and how many more do they want. The desire for future children was closely linked with the number of children a couple already had. Table 6.2 shows that whether respondents wanted more children soon, later (after 2 years or more) or not at all, this was based on the number of living children they already had. About 56 percent of the women did not want more children than they already had. About 22 percent wanted more children soon but this proportion of women wanting more children soon declined sharply after the first birth; even most mothers with a single living child would like to wait before having a second. Most women with three or more living children did not want to have more children, while for those with six or more, virtually all women (99 percent) wanted to stop.

**Table 6.2: Distribution of MWRA by desire for next child and current number of living children**

Number of living children	Desire for next child			Total	
	Soon	Later	Never	N	%
0	83.6	16.4	0.0	67	100.0
1	35.1	59.6	5.3	57	100.0
2	32.9	40.5	26.6	79	100.0
3	10.5	26.3	63.2	95	100.0
4	5.3	11.8	82.9	76	100.0
5	1.6	6.3	92.1	63	100.0
6 +	1.1	0.0	98.9	88	100.0
<b>Total</b>	<b>22.5</b>	<b>21.9</b>	<b>55.6</b>	<b>525</b>	<b>100.0</b>
<b>N</b>	<b>118</b>	<b>115</b>	<b>292</b>	<b>525</b>	<b>100.0</b>

Women who wanted more children were asked to state how many more they wanted. As shown in Figure 6.1, about two third of all respondents (67 percent) who wanted more children said they wanted one or two more, whereas nearly one third (31 percent) said that they wanted 3 to 5 more children. About two percent of the women said that they wanted six or more children.

**Figure 6.1: Distribution of women by desire for more children in future**



## Socioeconomic Correlates of Desire for Children

A woman's stated desire to have more children was analyzed in relation to four possible socioeconomic determinants: standard of living index (SLI), respondent's age, literacy and residence (Table 6.3). Age, literacy and residence of respondents had a strong association with desire for more children. For example, 70 percent of women aged 25 or more years did not want more children compared to 6 percent of women aged less than 25 years who wanted no more children. Literate women were more likely to want the next child at a later time (24 percent) compared to the illiterate women (21 percent). On the other hand, illiterate women were more likely not to have more children (62 percent) compared to the literate women (48 percent). Likewise, 60 percent of women living in urban area did not want more children compared to 53 percent of women living in rural area who wanted no more children.

**Table 6.3: Distribution of MWRA by reported desire for more children and background characteristics**

Characteristics	Desire for next child			Total	
	Soon	Later	Never	N	%
<b>Standard of living index</b>					
Low	19.2	22.2	58.6	99	100.0
Medium low	17.9	21.8	60.3	78	100.0
Medium high	22.3	19.8	57.9	121	100.0
High	25.6	22.9	51.5	227	100.0
<b>Age group</b>					
< 25	43.2	50.8	5.9	118	100.0
25 or more	16.5	13.5	70.0	407	100.0
<b>Literacy of respondent</b>					
Literate	28.5	23.6	47.9	242	100.0
Illiterate	17.3	20.5	62.2	283	100.0
<b>Residence</b>					
Rural	22.7	24.7	52.7	300	100.0
Urban	22.2	18.2	59.6	225	100.0
<b>Total</b>	<b>22.5</b>	<b>21.9</b>	<b>55.6</b>	<b>525</b>	<b>100.0</b>
N	118	115	292	100.0	525

## Son Preference

In Pakistan, there is known to be a substantial preference for sons over daughters. The belief that a family is incomplete without sons is stronger than the corresponding belief for daughters. In this questionnaire, respondents were asked how many daughters they would be willing to have before stopping if they did not have a son. Correspondingly, if they did not have a daughter, they were asked how many sons they would be willing to have before having a daughter. Less than one percent said there was no limit to the number of sons before a daughter whereas 3 percent of women said there would be no limit in the number of daughters before having a son. For those respondents who gave a number, the median in both cases was four children.

**Table 6.4: Son and daughter preferences by the respondents**

Response	Number of daughters for desire of son		Number of sons for desire of daughters	
	N	%	N	%
Numeric responses	510	97.1	523	99.6
Other non-numeric responses	1	0.2	0	0.0
Up to God	0	0.0	1	0.2
No limit	14	2.7	1	0.2
<b>Total</b>	<b>525</b>	<b>100.0</b>	<b>525</b>	<b>100.0</b>
Median*	4	na	4	na

\*Of the numeric responses. na=not applicable.

## Strength of Preference

The strength of preferences asked in such surveys can be questioned. The need for birth spacing can be presumed to be greater if a couple is strongly motivated to not have more children, or to delay the next pregnancy, than if this does not matter much to them. We asked the women whether, if they became pregnant soon, they would be pleased, worried, accepting, or indifferent. Results are shown in Table 6.5 and Table 6.6. (This question excludes those 255 of the total 525 women who wanted a next child soon, were currently pregnant, had been sterilized, had been through menopause or had a hysterectomy.)

About 81 percent of the women, who did not want more children at all, said that they would be worried if they became pregnant in the future, whereas, 14 percent of the women who did not want more children reported that they would accept it. Among those women who

wanted to delay their next pregnancy for more than 2 years, two-fifth (40 percent) would be worried while another two-fifth (40 percent) said they would accept it and only 6 percent would be pleased. The considerably high proportion of those saying they would be worried if they became pregnant lends credibility to their earlier statement that they wanted to delay or stop childbearing.

**Table 6.5: Distribution of MWRA who did not want more children soon by reaction if become pregnant in near future**

Reaction if pregnant	Desire for next child		Total	
	Later	Never	%	N
Pleased	5.9	0.5	2.2	6
Worried	40.0	81.1	68.1	184
Accept it	40.0	14.1	22.2	60
Doesn't matter	14.1	3.2	6.7	18
Others	0.0	1.1	0.7	2
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>270</b>
<b>N</b>	<b>85</b>	<b>185</b>	<b>270</b>	<b>270</b>

**Table 6.6: Distribution of MWRA who do not want more children soon by problem faced if they become pregnant**

Problems faced if pregnant	Desire for next child		Total	
	Later	Never	%	N
Own health	67.1	82.2	77.4	209
Health of youngest child	76.5	47.3	56.5	152
Caring of children	63.5	64.1	63.9	172
Schooling of children	28.6	64.1	53.0	142
Family economic situation	56.0	81.0	73.1	196
<b>N</b>	<b>84</b>	<b>184</b>	<b>na</b>	<b>268</b>

Respondents could give more than one response, na=not applicable.

Further, women who expressed a desire to not have more children, or to delay their next child, were asked what problems they would face if they became pregnant soon. Table 6.6 shows their responses. The problems most commonly faced by those who did not want more children at all were own health (82 percent), followed by economic situation of family (81 percent), caring of children (64 percent) and schooling of children (64 percent), while the least common problem was health of youngest child (47 percent). Health care (their

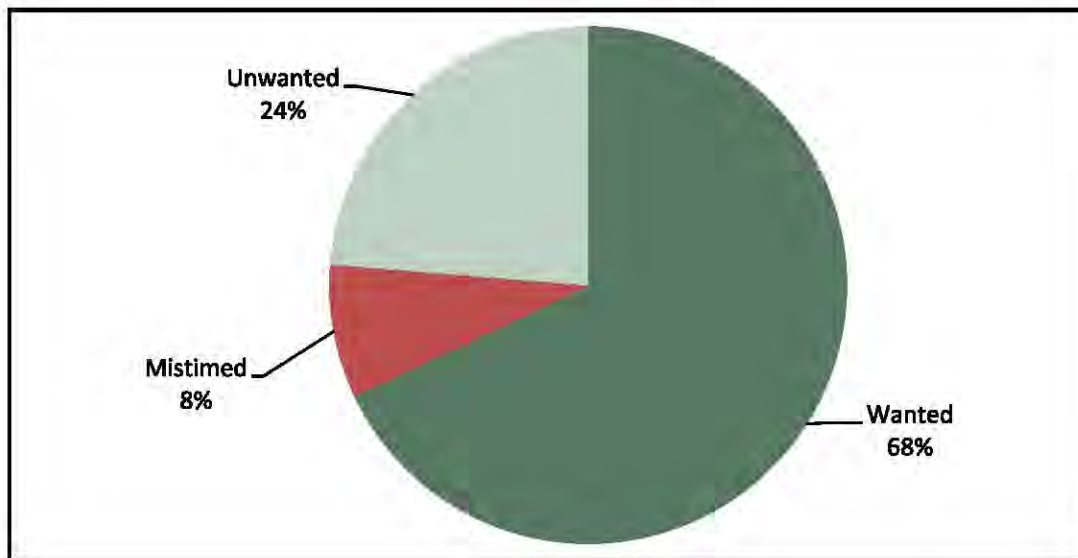


own and that of their youngest child), and caring for children were the most commonly cited, along with the family's economic situation by those who wanted to delay the next child.

## Attitude towards Last Pregnancy

Another important dimension of fertility preference relates to whether the last pregnancy was wanted at that time, was mistimed (i.e., wanted later), or was not wanted at all. Pregnancies that are unwanted cause hardship in many ways, and represent a failure to realize a couple's right to have the number of children they want, at the time they are wanted. This can be somewhat difficult to determine precisely in surveys. Sometimes parents report that an unwanted pregnancy was actually wanted, but it is less common to report that a child was wanted when in fact it was not. In this survey, as shown in Figure 6.2, about one-third of women interviewed reported that their last pregnancy was unwanted (24 percent) or mistimed (8 percent).

**Figure 6.2: Distribution of MWRA by attitude towards their last pregnancy**



## Women's Perception of Fertility Preferences of Husbands

Women were asked whether they thought their husbands wanted the same number of children as they did. In Table 6.7, their responses are tabulated according to the woman's ideal family size. Nearly 80 percent of the women thought that their husbands wanted the same number of children as they did. Nearly 17 percent of the women thought their husbands wanted more children than they did, while only about 3 percent thought their husbands wanted fewer children. These proportions did not vary systematically according to the woman's ideal family size.

**Table 6.7: Distribution of MWRA according to perception of husband's desire for more children by woman's ideal family size**

Ideal family size of women	Perceived husband's desire for more children				Total	
	Same number	More children	Fewer children	Don't know	%	N
1 - 2 children	73.7	21.1	5.3	0.0	100.0	57
3 - 4 children	82.0	14.8	2.3	1.0	100.0	305
5 + children	77.3	20.2	1.8	0.6	100.0	163
<b>Total</b>	<b>79.6</b>	<b>17.1</b>	<b>2.5</b>	<b>0.8</b>	<b>100.0</b>	<b>525</b>
<b>N</b>	<b>418</b>	<b>90</b>	<b>13</b>	<b>4</b>	<b>na</b>	<b>525</b>

na=not applicable

# Chapter 7

## Contraceptive Knowledge and Use

The FALAH baseline household survey obtained data on contraceptive knowledge and use by first asking respondents of the methods they knew, if any (spontaneous knowledge). Then, for each method not mentioned by the respondent, that method was named by the interviewer and described, and the respondent was asked if she knew of it, whether she had ever used it, and if she was using it currently. This approach is standard in such surveys in Pakistan and elsewhere. In addition, respondents were asked to report their most recent source of contraceptive methods.

### Knowledge

For many years, at least 95 percent of married women of reproductive age in Pakistan have known of at least one method of contraception. Table 7.1 shows that this holds true for Multan as well; all women (100 percent) knew of at least one method. A majority of the female respondents knew of the most commonly used program methods – female sterilization, injections, pills, and condoms. Methods like contraceptive pills, IUD and injections were known to higher proportions of women in Multan than in the PDHS 2006-07. Conversely, more women in the PDHS knew of the less-common methods, i.e., rhythm (“safe period”), withdrawal, male sterilization, norplant, and emergency contraceptive pills (NIPS/PDHS, 2008).

**Table 7.1: Distribution of MWRA by knowledge (prompted) of contraceptive methods, by methods and residence**

<b>Method</b>	<b>Rural</b>	<b>Urban</b>	<b>Total</b>
Female sterilization	100.0	99.6	99.8
Male sterilization	54.7	64.0	58.7
Pill	98.7	100.0	99.2
IUD	96.7	95.1	96.0
Injectables	99.0	100.0	99.4
Nor plant	58.0	64.0	60.6
Condom	89.7	98.2	93.3
Rhythm	26.7	36.9	31.0
Withdrawal	86.0	92.4	88.8
others FP method	4.3	1.8	3.2
Emergency Pills	9.3	32.9	19.4
Any FP method	100.0	100.0	100.0
Any modern FP method	100.0	100.0	100.0
Any traditional FP method	88.3	94.2	90.9
<b>N</b>	<b>300</b>	<b>225</b>	<b>525</b>

## Use of Contraceptive Methods

### Levels of Ever Use and Current Use

For the purpose of analyzing the use of contraception in a population, currently married women of reproductive age (typically taken to be 15-49 years of age) are generally divided into “ever users,” i.e., women who have used some form of contraception at some point, and “never users,” who have not. The ever users are further divided into current users and past users. These categories are in standard use in Pakistan and internationally.

Of all the married women interviewed in our sample, 67 percent reported having used some method of contraception during their married lives (Table 7.2). This was higher than the proportion obtained in the PDHS 2006-07 for Pakistan as a whole (48.7 percent) (NIPS/PDHS, 2008).

The proportion of currently married women of reproductive age who were currently using some form of contraception, commonly known as the contraceptive prevalence rate (CPR) is one of the central indicators of the status of family planning programs. It shows the degree to which couples are actively involved in spacing or limiting births, and the proportions by method (the method mix) indicates the means couples are using to do this. Historically, the Program in Pakistan has been characterized by the availability and use of a wide variety of methods, but at relatively low levels. For the last several years, the national CPR seems to have remained at about 30 percent (NIPS, 2001; NIPS, 2007; Population Council, 2006; NIPS/PDHS, 2008).

**Table 7.2: Percentage distribution of MWRA by contraceptive use status and residence**

Method	Ever users				Current users				Past users			
	Rural	Urban	Total	N	Rural	Urban	Total	N	Rural	Urban	Total	N
Pill	20.3	20.0	20.2	106	2.7	3.1	2.9	15	17.7	16.9	17.3	91
IUD	13.3	15.6	14.3	75	4.0	2.7	3.4	18	9.3	12.9	10.9	57
Injectable	20.0	15.6	18.1	95	4.3	2.7	3.6	19	16.0	12.9	14.7	77
Nor plant	0.0	0.4	0.2	1	0.0	0.0	0.0	0	0.0	0.4	0.2	1
Condom	17.3	32.0	23.6	124	7.3	14.7	10.5	55	10.0	17.3	13.1	69
Rhythm method	2.0	1.8	1.9	10	0.0	0.0	0.0	0	2.0	1.8	1.9	10
Withdrawal	31.7	44.9	37.3	196	11.3	15.6	13.1	69	20.3	29.3	24.2	127
Female sterilization	11.0	11.1	11.0	58	11.0	11.1	11.0	58	0.0	0.0	0.0	0
Male sterilization	0.0	0.9	0.4	2	0.0	0.0	0.0	0	0.0	0.0	0.0	0
Other FP method	1.3	0.4	1.0	5	0.7	0.4	0.6	3	0.7	0.0	0.4	2
Any FP method	62.3	72.9	66.9	351	41.0	51.1	45.3	236	21.3	21.8	21.5	113
Any modern FP method	57.0	64.9	60.4	317	29.0	35.1	31.6	166	28.0	29.8	28.8	151
Any traditional FP method	33.0	45.3	38.3	201	12.0	16.0	13.7	72	21.0	29.3	24.6	129
<b>N</b>	<b>300</b>	<b>225</b>	<b>na</b>	<b>525</b>	<b>300</b>	<b>225</b>	<b>na</b>	<b>525</b>	<b>300</b>	<b>225</b>	<b>na</b>	<b>525</b>
Emergency pills	0.0	2.2	1.0	na	na	na	na	na	na	na	na	na

na = not applicable.

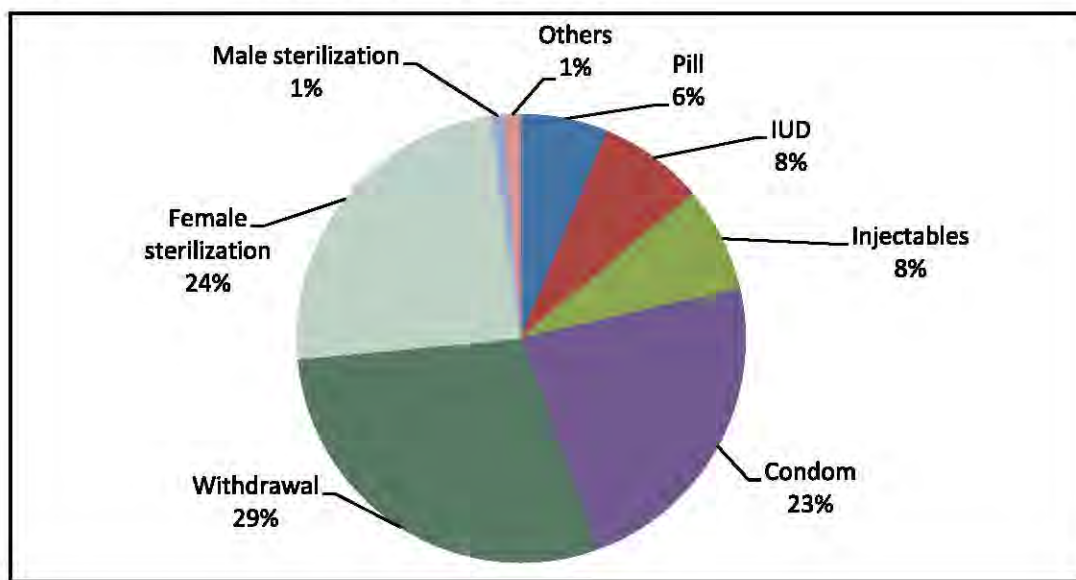
Current use of family planning in Multan, compared with Pakistan in general was substantially high (see Table 7.2). A total of 45 percent of all married women in the sample

were currently using some method of contraception (CPR), compared to 29.6 percent for Pakistan in the 2006-07 PDHS, and 33.2 percent for Punjab (NIPS/PDHS, 2008).

The methods most commonly being used were withdrawal, female sterilization, condoms, injectables and IUD. As shown in Table 7.2, the use of injectables at 3.6 percent was unusually high by national standards (2.3 percent). Similarly, the use of female sterilization, at 11 percent, was considerably higher than in the national data (8.2 percent). Overall, 31.6 percent of married women were using modern methods, whereas a considerable proportion of women, 13.1 percent were using withdrawal.

If we compare ever use and the current use of individual methods, Table 7.2 shows that overall 106 women had started using pills as their family planning method, but 91 discontinued it. This means that more than 85 percent of pill users stopped using this method. Similarly, 76 percent and 81 percent of the women stopped using IUDs and injectables respectively. The reasons for stopping the use of these methods are given in chapter 9. Figure 7.1 shows the distribution of the women who were using some contraceptive method by method mix.

**Figure 7.1: Distribution of current users by method mix**

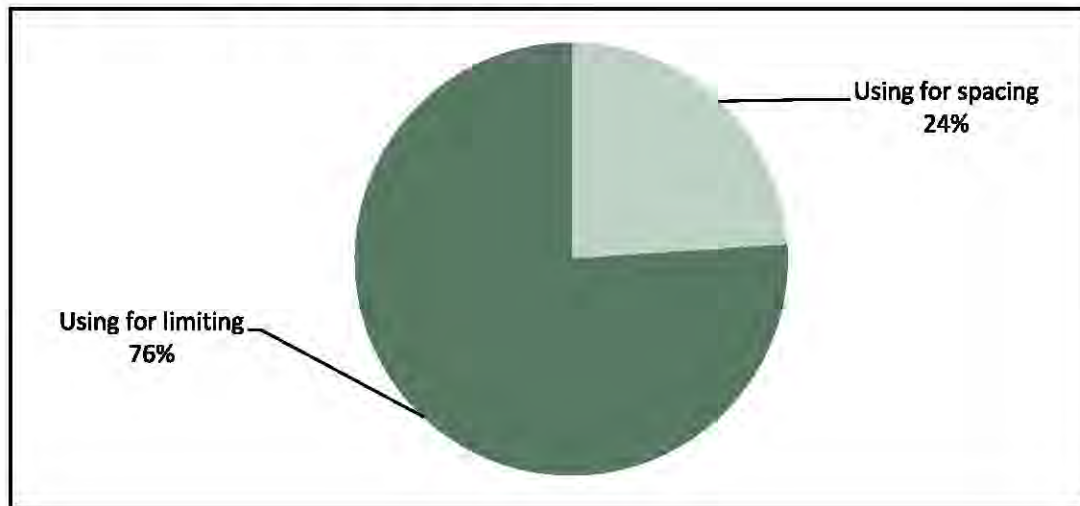


### Current Use and Desire for Children

For current contraceptive users, it is important to determine how many women were using contraception for spacing purpose or to stop having children altogether. Overall, 76 percent

of current users were doing so for limiting purpose, compared to 24 percent for spacing (Figure 7.2).

**Figure 7.2: Current use and desire for children**

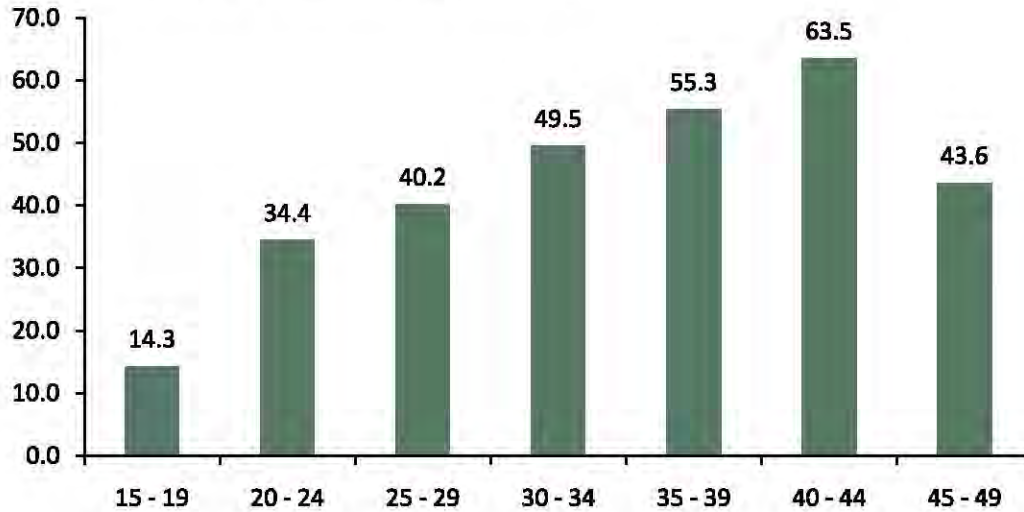


### Correlates of Contraceptive Use

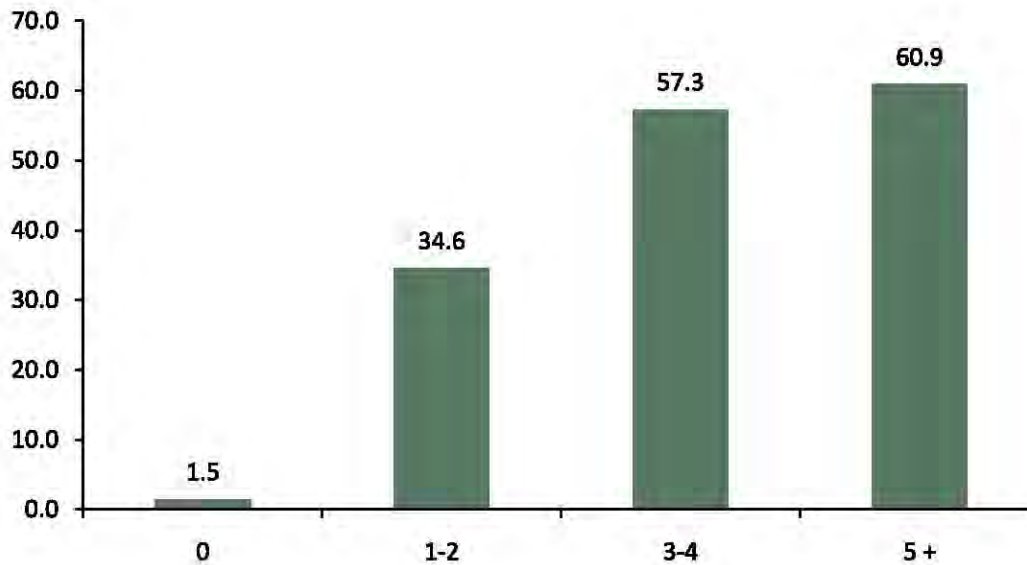
Figures 7.3 and 7.4 show the relationship between contraceptive prevalence and the woman's age and number of living children. The shape of the graph is similar to that seen in other Pakistani and international studies, with low prevalence among both younger and older women, and higher prevalence in between. Between ages 30 and 34, prevalence was nearly half of all the women in the age group whereas, between ages 35 and 44, prevalence was more than half of all women in the age group.

Figure 7.4 indicates the contraceptive prevalence by number of living children; those who had a higher number of children had a higher contraceptive prevalence rate. A maximum CPR of 61 percent has been recorded for women with five or more children.

**Figure 7.3: Contraceptive prevalence by woman's age**



**Figure 7.4: Current contraceptive use by number of living children**



Contraceptive use is associated with higher socioeconomic status and urban residence, as shown in Table 7.3. Respondents in households with the high SLI had a substantially higher contraceptive prevalence (47 percent) than those with the lowest SLI (38 percent). Conversely, women from households with low SLI were more likely to be never users (39 percent) compared to highest SLI (29 percent). Similarly, women living in urban area had



higher (51 percent) contraceptive prevalence than women in rural areas (41 percent). On the other hand, women living in rural area were more likely to be never users (38 percent) compared to urban women (27 percent). Likewise, literate respondents had slightly higher contraceptive prevalence (46 percent) compared to illiterate respondents (45 percent). Correspondingly, illiterate respondents were more likely to be never users (34 percent) compared to literate respondents (32 percent). Ownership of television was also associated with higher current use and less never use.

**Table 7.3: Distribution of women by contraceptive use status and selected characteristics**

Characteristic	Contraceptive use status			Total	
	Current user	Past user	Never user	N	%
<b>Standard of living index</b>					
Low	38.4	22.2	39.4	99	100.0
Medium low	46.2	24.4	29.5	78	100.0
Medium high	47.1	15.7	37.2	121	100.0
High	47.1	23.3	29.5	227	100.0
<b>Ownership of Television</b>					
Yes	46.8	20.7	32.5	363	100.0
No	42.0	23.5	34.6	162	100.0
<b>Literacy of respondent</b>					
Literate	45.9	21.9	32.2	242	100.0
Illiterate	44.9	21.2	33.9	283	100.0
<b>Residence</b>					
Rural	41.0	21.3	37.7	300	100.0
Urban	51.1	21.8	27.1	225	100.0
<b>Total</b>	<b>45.3</b>	<b>21.5</b>	<b>33.1</b>	<b>525</b>	<b>100.0</b>

## Source of Method

With many types of outlets available to obtain various contraceptive methods, it is important to know which ones are being used, and for which methods. Table 7.4 shows, the place from which current and past users, combined, last time obtained their contraceptive method.

From this table, it is clear that the source depends on the method of contraception being used. Pills, and injectables were usually obtained from LHWs and condoms through the respondent's husband; IUDs were inserted in private facilities or at DHQ/THQ hospitals. Female sterilization was carried out in DHQ/THQ hospital or at private hospitals or clinics.

**Table 7.4: Distribution of ever users of specific contraceptive method by most recent source of supply**

Source of method	FP method ever used						Total
	Pill	IUD	Injectables	Condom	Female sterilization	Male sterilization	
Govt. hospital (DHQ/THQ)	2.6	21.4	15.2	1.3	56.9	0.0	19.5
BHU/RHC/MCH	0.0	17.9	18.2	1.3	5.2	0.0	6.4
LHW	36.8	0.0	21.2	31.2	0.0	0.0	19.1
Other public facility	0.0	0.0	0.0	0.0	3.4	0.0	0.8
Pvt. doctor	5.3	7.1	12.1	0.0	1.7	0.0	3.8
Pvt. hospital/clinic	2.6	50.0	12.1	0.0	32.8	0.0	16.1
Dispenser/Compounder	0.0	0.0	6.1	0.0	0.0	0.0	0.8
Pharmacy, chemists	23.7	0.0	12.1	1.3	0.0	0.0	5.9
TBA/Dai	0.0	0.0	0.0	1.3	0.0	0.0	0.4
Grocery shop/general store	0.0	0.0	0.0	3.9	0.0	0.0	1.3
Husband brings method	28.9	3.6	0.0	59.7	0.0	100.0	25.4
Don't know	0.0	0.0	3.0	0.0	0.0	0.0	0.4
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>N</b>	<b>38</b>	<b>28</b>	<b>33</b>	<b>77</b>	<b>58</b>	<b>2</b>	<b>236</b>

# Chapter 8

## Experience with Contraceptive Methods

An important part of the success of a birth spacing program is to ensure that users are able to choose the method that is right for them, and to provide appropriate support for that method. All methods have their strengths and weaknesses, and no one method is right for everyone. By looking carefully at the experience of those who have used contraceptive methods, both currently and in the past, we can gain insights into the problems users face, and how to solve them. We asked a series of questions regarding the experience of current and past users; for past users who had used more than one method, we inquired only about their most recent method.

### Reasons for Method Choice

In the survey, current and past users were asked the reasons they chose a particular method. A list of possible reasons was read out to them and the results are shown in Table 8.1. Overall, the reasons for current and past users were similar, so the data has been combined. Among the most common reasons for choosing a method was easy availability, convenient to use, suitability for respondent and husband, can be used for long period, no or fewer side effects, and low cost. Cited less frequently were method always available and provider advice. However, no other method available as a reason was not reported by any respondent. Clients tend to make decisions according to the known attributes of the various methods, but not always. For example, about 88 percent of the injectable users cited lack of side effects, even though the method is in fact associated with a number of common side effects.

**Table 8.1: Distribution of ever users of specific contraceptive method by reason for choosing that method**

Reason for choosing	Contraceptive method						Total
	Pill	IUD	Injectables	Condom	Female sterilization	Male sterilization	
Easily available	100.0	100.0	97.0	100.0	93.1	100.0	97.9
Low cost	100.0	75.0	84.8	100.0	81.0	100.0	90.3
Convenient to use	100.0	92.9	97.0	100.0	94.8	100.0	97.5
Suitable for R/husband	97.4	96.4	97.0	100.0	94.8	100.0	97.5
No/fewer side effects	84.2	89.3	87.9	100.0	89.7	100.0	91.9
Can be used for long period	84.2	96.4	87.9	96.1	100.0	100.0	94.1
No other method available	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Method always available	89.5	82.1	97.0	100.0	1.7	0.0	70.8
Provider advised	36.8	50.0	51.5	40.3	55.2	0.0	45.8
Others	0.0	3.6	3.0	0.0	1.7	0.0	1.3
<b>N</b>	<b>38</b>	<b>28</b>	<b>33</b>	<b>77</b>	<b>58</b>	<b>2</b>	<b>236</b>

Respondents could give more than one response.

To look more specifically at why some users preferred traditional methods to modern ones, 69 current traditional method users were asked why they were not using modern methods. Side effects were the main issue: 56 percent cited fear of side effects, and 41 percent reported their own experience of side effects (Table 8.2).

**Table 8.2: Distribution of MWRA using traditional methods by reasons for not using modern contraceptive methods**

Reasons	Rural	Urban	Percentage
Fear of side effects	44.1	68.6	56.5
Husband's disapprove	14.7	14.3	14.5
Experienced side effects	44.1	37.1	40.6
Method not available	2.9	0.0	1.4
Cost too much	2.9	2.9	2.9
<b>N</b>	<b>34</b>	<b>35</b>	<b>69</b>

Respondents could give more than one response.

## Cost, Distance and Time to Reach a Facility

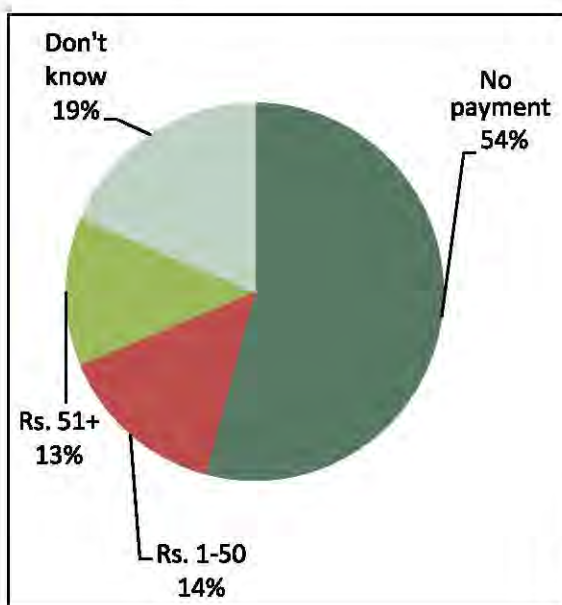
Costs incurred by users of contraceptive methods vary widely according to method, and whether they are obtained in the public or private sector, along with other factors. Table 8.3 and Figure 8.1 show costs reported by women the last time they obtained the contraceptive. Fifty-four percent of the clients were not charged for their contraceptives, including all of

the female sterilization users (who were typically reimbursed for expenses involved). Nearly one tenth (9.6 percent) of the women interviewed paid up to 20 rupees for their method; this holds true for pill, injectables and condom users. Since the husband was most likely to obtain condoms, slightly over half (51 percent) of the wives were unaware of the associated costs. Another 13 percent of the respondents reportedly paid more than 50 rupees for their method; these methods included IUD and injectables; but for the IUD, there was a one-time cost, so the monthly cost may be quite low.

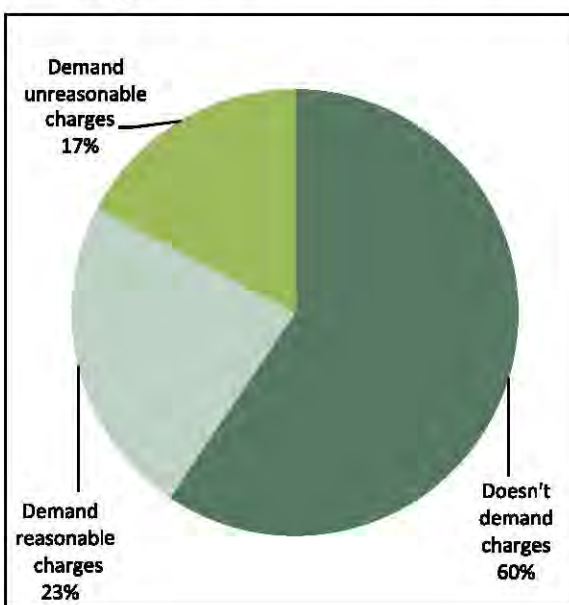
**Table 8.3: Distribution of costs of current specific contraceptive method**

Contraceptive method	Cost (In rupees)					Total	
	No payment	1-20	21-50	51+	Don't know	%	N
Pill	33.3	40.0	6.7	0.0	20.0	100.0	15
IUD	5.6	.0	22.2	72.2	0.0	100.0	18
Injectables	33.3	11.1	11.1	44.4	0.0	100.0	18
Condom	32.7	14.5	1.8	0.0	50.9	100.0	55
Female sterilization	100.0	0.0	0.0	0.0	0.0	100.0	58
Male sterilization	100.0	0.0	0.0	0.0	0.0	100.0	2
<b>Total</b>	<b>54.2</b>	<b>9.6</b>	<b>4.8</b>	<b>12.7</b>	<b>18.7</b>	<b>100.0</b>	<b>166</b>

**Figure 8.1A: Cost in rupees of contraceptive supply for current method**



**Figure 8.1B: Attitude towards service charges for current method other than contraceptive**



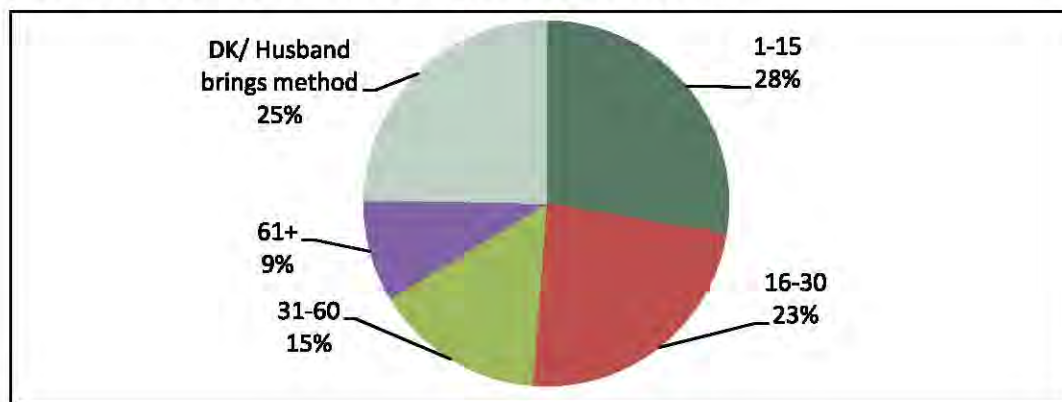
Current users were also asked whether their facility charged them for services, other than the method itself. Of the 116 users who were asked this question, 60 percent said they were not charged, 23 percent said that they were charged a reasonable amount, and 17 percent said they were charged an unreasonable amount (Figure 8.1B).

The time usually needed for current users to obtain a specific method is shown in Table 8.4, while Figure 8.2 shows the overall travel time in minutes to obtain the contraceptive method. More than a quarter of women (28 percent) did not need more than 15 minutes to obtain their contraceptive method; this includes injectables and pills. Another quarter of women (25 percent) were unaware of the time involved to procure contraceptives as their husbands were the ones who obtained them. For another 24 percent of women, particularly female sterilization and IUD users, it took more than half an hour to reach the service delivery; but in these cases, there was usually no need to visit frequently.

**Table 8.4: Distribution of current contraceptive users by time to reach specific contraceptive service**

Methods	Time (in minutes)				DK/Husband brings method	Total	
	1-15	16-30	31-60	61+		%	N
Pill	33.3	13.3	6.7	0.0	46.7	100.0	15
IUD	27.8	22.2	38.9	11.1	0.0	100.0	18
Injectables	66.7	22.2	11.1	0.0	0.0	100.0	18
Condom	30.9	9.1	0.0	1.8	58.2	100.0	55
Female sterilization	12.1	41.4	25.9	20.7	0.0	100.0	58
Male sterilization	0.0	0.0	0.0	0.0	100.0	100.0	2
<b>Total</b>	<b>27.7</b>	<b>23.5</b>	<b>15.1</b>	<b>9.0</b>	<b>24.7</b>	<b>100.0</b>	<b>166</b>

**Figure 8.2: Travel time (in minutes) for contraceptive supplies**



## Treatment by Provider

### Information Provided

Current and past users were asked what information the service provider might have provided to them at the time they chose their contraceptive method. For this purpose, a list of important topics was read out to them (Table 8.5). The accuracy of clients' responses may be questioned due to problems of recall or understanding. However, it appears that the information that was provided to respondents was insufficient. The most common topics respondents reported being informed about were regarding the effectiveness of the chosen method, how method works, other methods, advantages, and how to use the method. A few were told about possibility of switching, what to do if experienced side effects, possible side effects and contraindications. Condom users were given less information than users of other clinical methods, perhaps because these were often obtained by husbands. There is a need to emphasize that the providers give comprehensible information about the method selected by the clients, especially hormonal contraceptives.

**Table 8.5: Distribution of ever users of contraceptives by information provided at acceptance for specific method**

Information provided at acceptance	Family planning method						%
	Pill	IUD	Injectables	Condom	Female sterilization	Male sterilization	
How the method works	44.7	60.7	48.5	33.8	67.2	0.0	48.7
How to use the method	52.6	42.9	39.4	33.8	34.5	0.0	38.6
Contraindications	15.8	35.7	15.2	6.5	10.3	0.0	13.6
Effectiveness	52.6	100.0	81.8	37.7	96.6	0.0	67.8
Advantages	26.3	67.9	42.4	33.8	58.6	0.0	43.6
Possible side effects	10.5	71.4	27.3	7.8	25.9	0.0	22.9
What to do if experienced side effects	28.9	82.1	18.2	6.5	27.6	0.0	25.8
Possibility of switching	31.6	75.0	45.5	26.0	0.0	0.0	28.8
About other methods of FP	42.1	67.9	42.4	36.4	46.6	0.0	44.1
<b>N</b>	<b>38</b>	<b>28</b>	<b>33</b>	<b>77</b>	<b>58</b>	<b>2</b>	<b>236</b>

Respondents could give more than one response.

## Treatment at Facility

Current users were asked about various aspects of their treatment the last time they visited a provider for family planning. As Table 8.6 shows, responses were mainly positive, but with some exceptions. Ninety-six percent of the respondents said the staff was available, 94 percent said the provider examined them properly and 58 percent stated that their provider did not demand charges for services. However, 35 percent reported that the provider was unable to deal with the side effects.

**Table 8.6: Percent current users responding positively on treatment at last visit, by aspect of treatment**

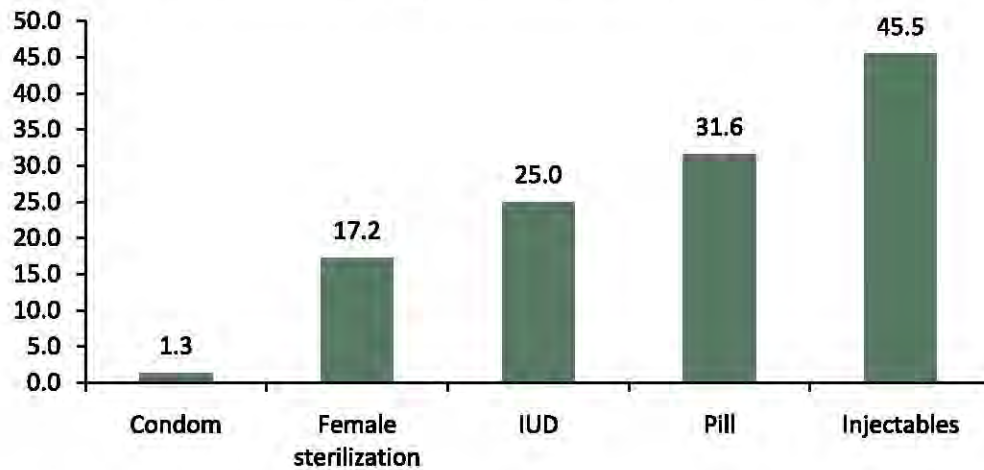
Aspect of treatment	Percentage
Staff attitude cooperative	83.2
Provider available	95.8
Attend/examine properly	94.1
Doesn't demand charges	58.0
Can deal with side effects	65.5

## Side Effects

Current users were asked if they had experienced, or were experiencing, any side effects using their current method. Past users were asked if side effects were among the reasons for their discontinuation of a method. If so, a list of possible side effects was read out to them, and they were asked if they had experienced any of them. Multiple responses were allowed. Twenty current users and 25 past users (13 percent of all current and past users) responded positively. As shown in Figure 8.3, side effects were most commonly reported by injectable, pills and IUD users (45 percent, 32 percent and 25 percent respectively), and they were least commonly reported by condom users (1.3 percent). When asked to respond to a list of possible side effects, women tended to report a variety of side effects, including many not associated with the method, regardless of the method used.

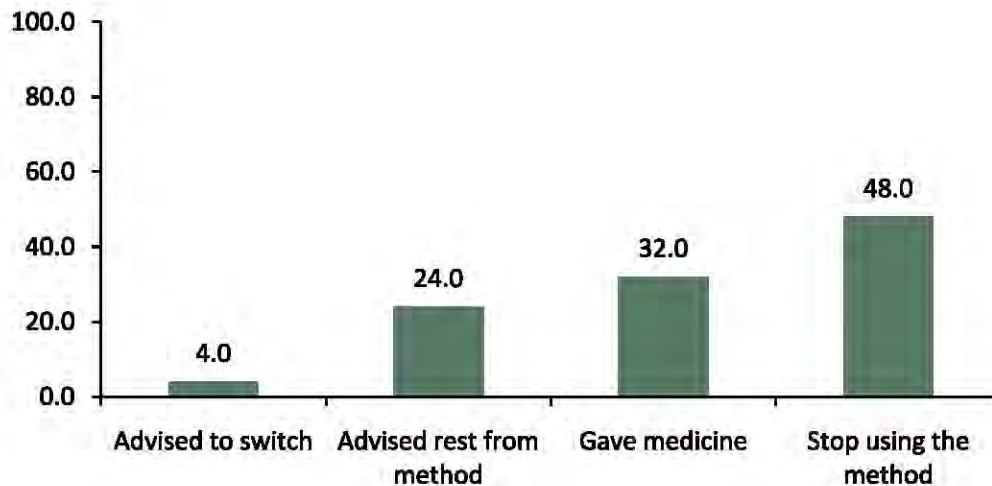


**Figure 8.3: Percent ever users who experienced side effects by method used**



Of the 25 past users who reported experiencing side effects, 15 said they had consulted someone for managing these side effects; in 8 of these 15 cases, this was said to be a doctor. These respondents were asked if the provider had given any of a list of possible responses. None of them was advised to continue using the method, 48 percent were advised to stop, and 32 percent were given medication. A quarter of women (24 percent) were advised rest from method whereas only 4 percent were advised to switch to another method (Figure 8.4).

**Figure 8.4: Distribution of provider responses upon consultation for side effects among past users**





# Chapter 9

## Reasons for Non-use

There are many reasons why a couple may not be using birth spacing at any given time. The woman may already be pregnant, the couple may want another child soon, the woman may already have passed menopause, or believe herself to be sterile. However, a couple may want to avoid having children, but may not be using any contraception due to a lack of knowledge of methods or places to obtain it, fear of side effects, opposition of husband or family, or concern that birth spacing may be against religion. To understand how best to meet the needs of such people, it is important to understand the reasons why couples were not using birth spacing, in relation to the situation they are currently in.

## Hindrances to Use

One way to understand the common hindrances to contraceptive use is to ask respondents about their opinion on how others feel about contraception in general. This is based on the assumption that people may share their true feelings when speaking about others. All respondents were asked, "If a couple wants to avoid or space a birth, which of the following hindrances might they face?" Each item on the list was read out to the respondent. Table 9.1 shows the responses given by female respondents, according to whether they were current users, past users or never users.

**Table 9.1: Distribution of opinions of MWRA regarding hindrances faced by couples wanting to avoid or space a birth, by family planning use status**

Hindrance	Use of family planning					
	Current user		Past user		Never user	
	N	%	N	%	N	%
Husband's disapproval	222	93.3	110	97.3	171	98.3
Other people may find out about contraceptive use	74	31.1	39	34.5	70	40.2
Distance and travel costs to FP outlet	111	46.6	68	60.2	95	54.6
Probability of getting pregnant while using	136	57.1	58	51.3	72	41.4
Fear of side effects	224	94.1	106	93.8	160	92.0
Problem of managing side effects	218	91.6	105	92.9	155	89.1
FP is against religion	123	51.7	63	55.8	101	58.0
<b>Total</b>	<b>238</b>	<b>na</b>	<b>113</b>	<b>na</b>	<b>174</b>	<b>na</b>

Respondents could give more than one response, na=not applicable.

Some hindrances that couples might faced were almost universally acknowledged. More than 95 percent past and never users mentioned the possibility of their husband's disapproval. More than 90 percent all users cited fear of side effects. More than 90 percent current and past users also mentioned the problems associated with managing side effects while religious concerns were shown by more than 50 percent all users. Reasons such as "the distance and costs of going to FP outlets" and "other people might find out about their use" were rated less important. However, the possibility of getting pregnant while using a method also carried considerable weight.

## Past Users

### Reasons for Discontinuing Contraceptive Use

Past users were asked about their reasons for discontinuing their last contraceptive method. Several reasons were given; the most common reasons were desire for another child, side effects, method failure, rest from method, and husband's advice (Table 9.2). Method failure results from using methods that have high failure rates. Clinical methods do have associated side effects; but as we have seen, providers rarely tried to counsel users through the temporary experience of common, non-dangerous side effects.

**Table 9.2: Distribution of past contraceptive users by reason for discontinuing last method**

Reason	Percentage
Wanted another child	41.6
Fear of side effects	0.9
Side effects experienced	22.1
Method failure	18.6
Method inconvenient to use	1.8
Rest from method	17.7
Missed the dose	1.8
Provider's advice	8.0
Infrequent sex/Husband away	9.7
Husband's advice	14.2
In laws oppose	0.9
Menopause	11.5
<b>N</b>	<b>113</b>

Respondents could give more than one reason.

## Reasons for Current Non-use

It is important to know the reasons for non-use among those couples who have used contraception in the past, but are not currently doing so. Past users were read out a list of possible reasons for currently not using a contraceptive method, with more than one reason possible. The results are shown in Table 9.3. The most common reasons overall were currently pregnant, rest from method, desire for another child, and breastfeeding/amenorrheic.

**Table 9.3: Distribution of past users by reason for current non-use**

Reason	Percentage
Fear of side effects	9.7
Want another child	16.8
Currently pregnant	29.2
Rest from method	18.6
Provider's advice	7.1
Infrequent sex/husband away	10.6
Breast feeding/Lactational amenorrhea	15.9
Menopause/hysterectomy	14.2
Just not using/too lazy	0.9
Others	12.5
<b>N</b>	<b>113</b>

Respondents could give more than one reason.

## Never Users

### Reasons for Non-use

The 174 women in the sample who reported never use were asked about various possible reasons for not using contraception, with each reason read out separately. As shown in Table 8.4, the most important reason was desire for more children (79 percent) followed by difficult or unable to conceive (25 percent), and fear of side effects (22 percent). Many women cited opposition of their husband (20 percent) and in-laws (9 percent) as a significant reason. Other reasons included: currently breastfeeding, infrequent sex/husband away, respondent/husband infertile, inconvenience of method use and shyness to consult about FP. Very few reported cost not affordable, and lack of access/unavailability of supply.

**Table 9.4: Distribution of never users by reason for never use**

Reason	Percentage
Husband opposes	20.1
In laws oppose	8.6
Fear of side effects	22.4
Lack of access/Unavailability	0.6
Cost not affordable	1.1
Shy to consult about family planning	3.4
Method inconvenient to use	5.7
Infrequent sex/Husband away	6.9
Difficult/Unable to conceive	25.3
Breastfeeding/Lactational amenorrhea	15.1
Respondent/Husband infertile	6.9
Wanted (more) children	79.2
Others	0.6
<b>N</b>	<b>174</b>

Respondents could give more than one reason.

## Attitude towards Birth Spacing and Limiting

It is important to see the extent to which never users disapproved of family planning in principle, as opposed to accepting it in principle but were not using a method for some other reason. Table 9.5 shows that among never users about 13 percent of the women disapproved of birth spacing and 14 percent disapproved of limiting. Slightly more women approved of spacing than of limiting family size.

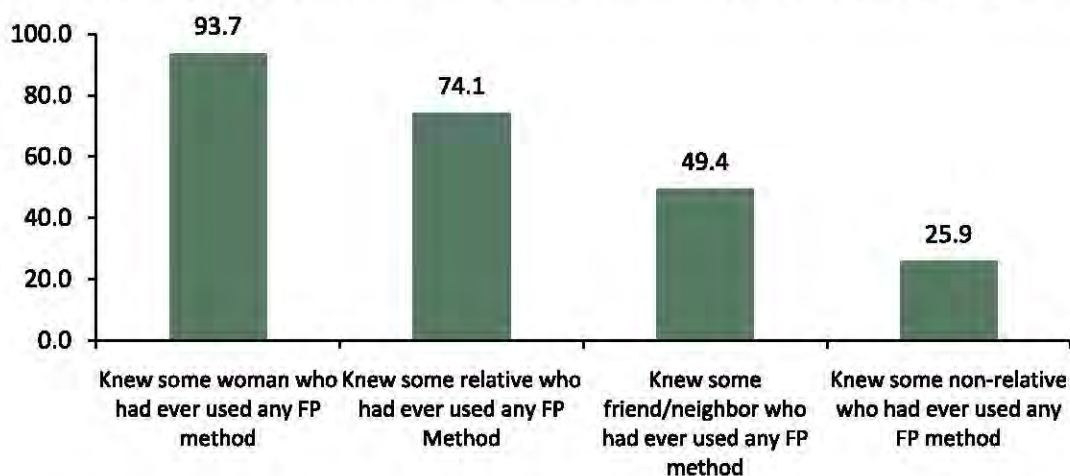
**Table 9.5: Distribution of never users by attitude towards spacing and limiting birth**

Attitude	Attitude towards spacing		Attitude towards limiting	
	N	%	N	%
Approve	152	87.4	149	85.6
Disapprove	22	12.6	25	14.4
<b>Total</b>	<b>174</b>	<b>100.0</b>	<b>174</b>	<b>100.0</b>

## Knowledge of Contraceptive Users, Methods and Facilities

Of the 174 female never users in the sample, 94 percent reported knowing another woman who had ever used a method to delay or avoid pregnancy. As shown in the Figure 8.1, about 74 percent of the respondents had a relative who had used some method, and nearly half (49 percent) knew of a friend or neighbor who had ever been a user of contraception.

**Figure9.1: Percent of never users who knew some woman who had ever used any FP method**



All never-using women knew at least one method. Most never-users knew a variety of methods as shown in Table 9.6.

**Table 9.6: Distribution of never users by knowledge of contraceptive methods**

Method	Percentage
Pill	98.9
IUD	94.3
Injectables	98.9
Nor plant	42.0
Condom	86.2
Rhythm	20.1
Withdrawal	78.2
Female sterilization	100.0
Male sterilization	42.5
Emergency Pills	11.5
Other FP method	1.7
Any FP method	100.0
Any modern FP method	100.0
Any traditional FP method	82.2
N	174

Respondents could give more than one response.



Of the 174 never users, only 5 percent did not know of a place from which they could obtain a method. For those who did know, the places they were aware of are shown in Table 8.7. The sources best known were the private hospitals /clinics, department of Health outlets, District/Tehsil Headquarters hospitals, LHWs, pharmacies/chemists and BHUs/ RHCs/ MCH centers.

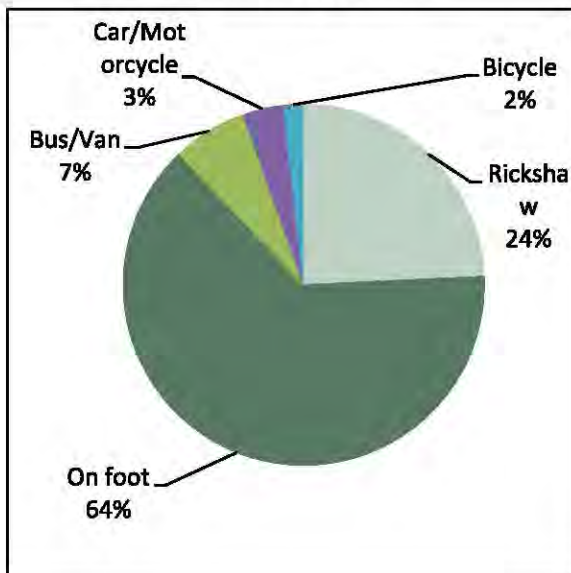
**Table 9.7: Knowledge of sources of contraception of never users, by source of supply**

Source	Percentage
Knowledge of at least one service provider	94.8
DHQ/THQ hospital	59.2
BHU/RHC/MCH Centre	23.0
Family Welfare Center	5.7
Mobile service unit camp	1.1
Lady Health Worker	50.0
Green star clinic	4.6
Private hospital/ Clinic/ Doctor	65.5
Dispenser/ Compounder	1.7
Pharmacy/ Chemists	37.9
Homeopathic/ Hakim	0.6
TBA/ Dai	6.9
Grocery shop (not pharmacy/ chemist)	9.2
<b>N</b>	<b>174</b>

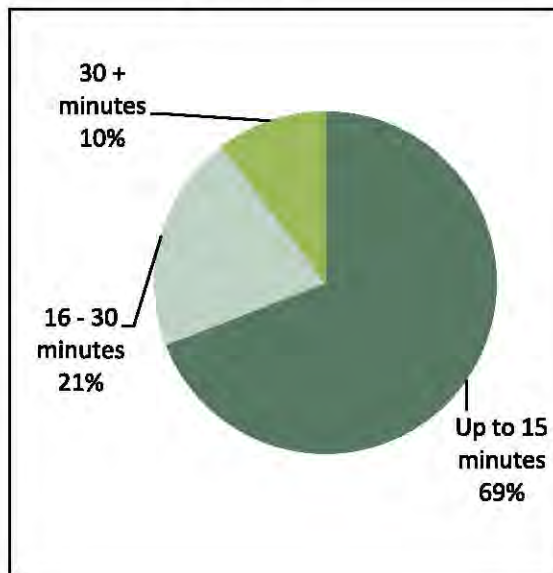
Respondents could give more than one response.

When asked which of the facilities named was nearest, respondents were most likely to name private hospitals /clinics, pharmacy/chemist, BHU/RHC/MCH centers and government hospitals. Most women reported going to these facilities on foot, or sometimes by rickshaw (Figure 9.2). Of the 165 respondents who indicated the time needed to go to the nearest facility, more than two-thirds (69 percent) reported the time of 15 minutes or less. Twenty one percent gave a time frame of 16-30 minutes while 10 percent indicated a time of more than 30 minutes (Figure 9.3). It appears that time required to obtain the contraceptive did not have a significant impact on never users.

**Figure 9.2: Mode of transport to nearest facility/provider**



**Figure 9.3: Time to reach nearest facility/provider**



## Intent to Use

When never users were asked whether they intended to use contraception in the future, slightly less than two-fifths of the female respondents (37 percent) said that they intended to use a method while 12 percent refused to do so. However, slightly over two fifth of respondents (43 percent) were unsure (Table 9.8). Most of the low parity women who had not yet used a method (39 percent) expressed their intent to use contraception in the future, compared to women with 3 or more children.

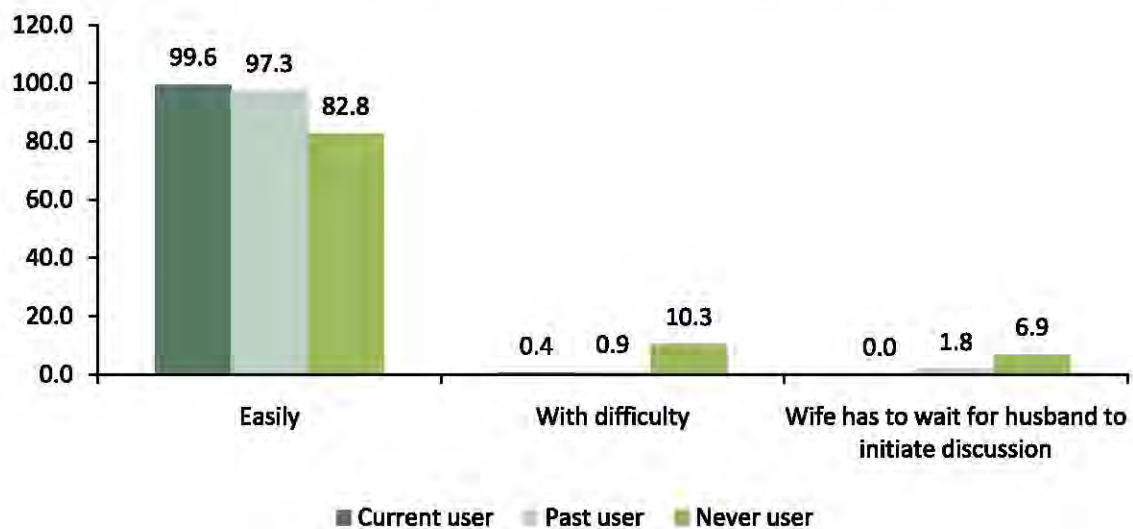
**Table 9.8: Distribution of never users by intent to use a method in future and number of living children**

Number of living children	Intention to use FP method in future				Total	
	Yes	No	Unsure/ Uncertain	Can't get pregnant	%	N
0	45.3	1.6	43.8	9.4	100.0	64
1-2	38.9	13.0	46.3	1.9	100.0	54
3-4	32.3	16.1	51.6	.0	100.0	31
5 or more	20.0	32.0	24.0	24.0	100.0	25
<b>Total</b>	<b>37.4</b>	<b>12.1</b>	<b>43.1</b>	<b>7.5</b>	<b>100.0</b>	<b>174</b>
N	65	21	75	13	100.0	174

## Inter-spousal Communication

One of the determinants of contraceptive use is inter-spousal discussion on family planning. Women were asked if they were able to approach their husbands to discuss family planning with ease, with difficulty, or if they had to wait for their husband to initiate the discussion. Most women said they could do so easily (Figure 9.4).

**Figure 9.4: Women's reports regarding ease of approach to husband to discuss family planning**



However, this varied by use status. Almost all current users, and 97 percent of past users, said they could approach their husbands easily, and very few said they had to wait for their husband to initiate the discussion. However, for never users, about 83 percent of women reported being able to approach their husbands easily, with 10 percent reporting that they could only do so with difficulty, and another 7 percent of women saying they had to wait for their husbands to begin the conversation.



# Chapter 10

## Unmet Need

“Unmet need” for family planning is a term long used to help focus attention in a family planning program on those who need it. Conceptually, unmet need refers to women who say they do not want more children, or want them later, and are at risk of conceiving, but are not currently using contraception. Women currently pregnant or who are experiencing postpartum amenorrhea are considered (in this formulation) to have an unmet need if their current (if pregnant) or last (if amenorrheic) pregnancy was said to be unwanted or mistimed. Women who want to delay their next pregnancy are considered to have an unmet need for spacing; those who do not want more children at all are considered to have an unmet need for limiting. Women with an unmet need in this sense are those for whom there is an inconsistency between what they say they want and what they are doing; these women would appear to be in need of some support to avoid unwanted pregnancy.

## Levels and Correlates

Table 10.1 shows the levels of unmet need for spacing and limiting among married women of reproductive age in Multan. Of the 525 women, 21 percent were judged to be in unmet need. This proportion is lower than is typically found using the same definition in Pakistan, where unmet need tends to be around one-third of all MWRA. The lower proportion may be a reflection of the relatively high contraceptive prevalence.

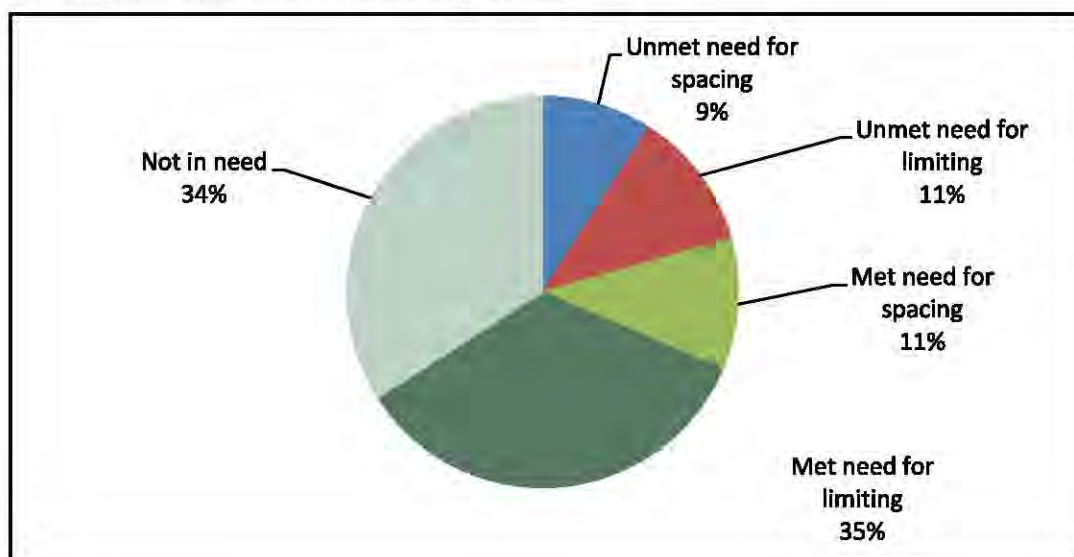
Of the 21 percent women who had unmet need, 9.1 percent was for spacing, while 11.4 percent was for limiting. Unmet need for spacing was concentrated among women with one or two children. Unmet need for limiting gradually increased with the number of children, and was highest among women with five or more children.

**Table10.1: Distribution of women with unmet need for spacing and limiting by background characteristics**

Characteristic	Unmet need			Met need			Total demand	Not in need	Total	
	For spacing	For limiting	Total	For spacing	For limiting	Total			%	N
<b>Age of respondent</b>										
15 - 24	17.8	1.7	19.5	26.3	3.4	29.7	49.2	50.8	100.0	118
25 - 34	9.5	14.7	24.2	10.9	33.6	44.5	68.7	31.3	100.0	211
35 - 49	3.6	13.8	17.3	1.5	54.1	55.6	73.0	27.0	100.0	196
<b>Type of community</b>										
Rural	10.7	13.0	23.7	10.3	30.7	41.0	64.7	35.3	100.0	300
Urban	7.1	9.3	16.4	11.6	39.6	51.1	67.6	32.4	100.0	225
<b>Literacy of respondent</b>										
Literate	10.3	9.9	20.2	14.5	31.4	45.9	66.1	33.9	100.0	242
Illiterate	8.1	12.7	20.8	7.8	37.1	44.9	65.7	34.3	100.0	283
<b>Education of respondent</b>										
No education	8.2	13.4	21.6	7.6	37.1	44.7	66.3	33.7	100.0	291
Up to primary	12.7	10.1	22.8	13.9	25.3	39.2	62.0	38.0	100.0	79
Up to Secondary	10.5	8.6	19.0	18.1	32.4	50.5	69.5	30.5	100.0	105
Above secondary	6.0	8.0	14.0	10.0	38.0	48.0	62.0	38.0	100.0	50
<b>Children ever born</b>										
None	3.1	0.0	3.1	0.0	0.0	0.0	3.1	96.9	100.0	65
1 - 2	22.0	3.4	25.4	31.4	3.4	34.7	60.2	39.8	100.0	118
3 - 4	10.2	13.6	23.8	10.9	44.9	55.8	79.6	20.4	100.0	147
5 or more	2.6	18.5	21.0	2.1	56.9	59.0	80.0	20.0	100.0	195
<b>Ownership of TV</b>										
Yes	9.1	9.6	18.7	11.8	35.0	46.8	65.6	34.4	100.0	363
No	9.3	15.4	24.7	8.6	33.3	42.0	66.7	33.3	100.0	162
<b>Standard of Living Index</b>										
Low	8.1	18.2	26.3	8.1	30.3	38.4	64.6	35.4	100.0	99
Medium low	11.5	15.4	26.9	11.5	34.6	46.2	73.1	26.9	100.0	78
Medium high	10.7	9.1	19.8	8.3	38.8	47.1	66.9	33.1	100.0	121
High	7.9	8.4	16.3	13.2	33.9	47.1	63.4	36.6	100.0	227
<b>Total</b>	<b>9.1</b>	<b>11.4</b>	<b>20.6</b>	<b>10.9</b>	<b>34.5</b>	<b>45.3</b>	<b>65.9</b>	<b>34.1</b>	<b>100.0</b>	<b>525</b>

The correlations between unmet need and various socioeconomic indicators vary by whether the unmet need was for spacing or for limiting (Table 10.1). Unmet need for limiting was strongly associated with low SLI, illiteracy, and rural residence. Unmet need for spacing was also linked with literate women and rural residence while association with SLI was weak. It is possible that educated women were more aware of the need to space their births, but were inhibited from doing so for various reasons. However, once they have reached their desired family size, educated women may be more able to use family planning than uneducated women. However, conclusions should be tentative, given the small sample sizes involved. Figure 10.1 shows the need and demand for family planning of the sampled women.

**Figure 10.1: Need and demand for family planning**



## Total Demand

The sum of current use (“met need”) and unmet need is often called “total demand” for family planning. It would normally be expected to rise with the number of living children a couple has. Table 10.1 shows total demand by number of children and various socioeconomic indicators. Overall, total demand was 66 percent of all married women of reproductive age. As the table shows, total demand does rise rapidly, and fairly consistently, by the number of children. Even at 1-2 children, three-fifths (60 percent) of the women demanded family planning and it increased to reach 80 percent for those with 3-4 children.

## Strength of Preference

It is of interest to look at the responses of women in unmet need (those not currently pregnant) according to their reaction if they became pregnant in the near future (Table 10.2). More than two-fifths of the women (44 percent) with unmet need for spacing said they would be worried if they became pregnant again, while nearly a quarter of women (23 percent) indicated that they would accept it, and only 8 percent would be pleased. Of those with unmet need for limiting, nearly four-fifths (79 percent) said they would be worried if they became pregnant while 15 percent indicated that they would accept it. However, no woman with unmet need for limiting would be pleased. It is important to note that women who have decided to limit their family have started to understand the consequences of an unwanted pregnancy. For that reason, they would not be pleased about unwanted pregnancy. However, 15 percent of women with unmet need for limiting indicated that they would accept it.

**Table 10.2: Distribution of non-pregnant women with unmet need for spacing and limiting, by strength of desire to avoid pregnancy**

Reaction if become pregnant in near future	Unmet need for spacing		Unmet need for limiting	
	N	%	N	%
Pleased	3	7.7	0	0.0
Worried	17	43.6	41	78.8
Accept it	9	23.1	8	15.4
Doesn't matter	10	25.6	3	5.8
<b>Total</b>	<b>39</b>	<b>100.0</b>	<b>52</b>	<b>100.0</b>

## Reasons of Non-use

Past and never users were asked why they were not using some method of contraception. For those later classified as having unmet need, results are shown in Table 10.3. Some of these reasons represent barriers as perceived by the women, the most important of these were fear of side effects and the opposition of husbands and in-laws. On the other hand, many women with defined unmet need gave reasons that did not reflect perceived need, at least at present. Such reasons included wanting more children, currently pregnant, infrequent sex/husband away, breastfeeding, and difficulty in conceiving and. Some of these



women may have more need than they realize; for example, women currently pregnant or amenorrheic may be in need of contraception in the near future.

**Table 10.3: Women with unmet need for spacing and limiting by stated reasons for non-use of contraception**

Reason	Unmet need for spacing	Unmet need for limiting	Total unmet need
	%	%	%
Fear of side effects	29.2	36.7	33.3
Husband opposes	8.3	23.3	16.7
In laws oppose	2.1	8.3	5.6
Rest from method	4.2	16.7	11.1
Shy to consult about FP	4.2	3.3	3.7
Provider's advice	2.1	6.7	4.6
Cost not affordable	0.0	3.3	1.9
Just not using/too lazy	0.0	1.7	0.9
Method inconvenient to use	6.3	8.3	7.4
<b>Total perceived barriers</b>	<b>37.5</b>	<b>65.0</b>	<b>52.8</b>
Infrequent sex/Husband away	12.5	6.7	9.3
Natural spacing	2.1	0.0	0.9
Difficult/Unable to conceive	2.1	3.3	2.8
Want (more) children	58.3	6.7	29.6
Currently pregnant	10.4	11.7	11.1
Breast feeding/Lactational amenorrhea	8.3	8.3	8.3
<b>Total no perceived need</b>	<b>81.3</b>	<b>35.0</b>	<b>55.6</b>
Others	6.3	5.0	5.6
<b>Total</b>	<b>48</b>	<b>60</b>	<b>108</b>

Respondents could give more than one reason

## Unmet Need for Spacing: Profile

Women with unmet need for spacing comprised 48 (9.1 percent) of MWRA. As shown in Table 10.4, they were characterized by:

**Living Children:** Most (60 percent) had 1 or 2 living children.

**Family Planning Use:** Less past users (35 percent) than never users (65 percent).

**Strength of Preference:** Moderate (44 percent “worried” if they became pregnant earlier than they wanted compared to those who were pleased (8 percent) or accept (23 percent) the unwanted pregnancy).

**Intent to Use FP in Future:** High (about 69 percent intended to use an FP method in future).

**Approval of FP:** Very high (92 percent approved of using an FP method for spacing purpose).

**FP Communication with Husband:** High (88 percent had communicated with husbands on FP in the past one year; while only 4 percent said approaching the husband was “difficult”).

**Obstacles to FP Use:** Fear of side effects (29 percent); husband and in-laws opposition (8 percent and 2 percent respectively) (Table 10.3).

**Table 10.4: Percent distribution of MWRA in unmet need for spacing and limiting by selected characteristics**

Characteristic	Unmet need for spacing		Unmet need for limiting	
	N	%	N	%
<b>Number of living children</b>				
0	2	4.2	0	0.0
1-2	29	60.4	5	8.3
3-4	15	31.3	27	45.0
5 or more	2	4.2	28	46.7
<b>Contraceptive use status</b>				
Current user	0	0.0	0	0.0
Past user	17	35.4	33	55.0
Never user	31	64.6	27	45.0
<b>Reaction if become pregnant in near future</b>				
Pleased	3	7.7	1	1.9
Worried	17	43.6	41	77.4
Accept it	9	23.1	8	15.1
Doesn't matter	10	25.6	3	5.7
<b>Intention to use a method in future</b>				
Yes	33	68.8	32	53.3
No	1	2.1	12	20.0
Unsure/Uncertain	14	29.2	16	26.7
<b>Approval of FP</b>				
Approve	44	91.7	52	86.7
Disapprove	4	8.3	8	13.3
<b>FP communication with husband in past one year</b>				
Never	6	12.5	11	18.3
Once or twice	23	47.9	23	38.3
More often	19	39.6	26	43.3
<b>Approach the topic of FP with husband</b>				
Easily	43	89.6	49	81.7
With difficulty	2	4.2	8	13.3
Respondent has to wait for husband to initiate discussion	3	6.3	3	5.0
<b>Total</b>	<b>48</b>	<b>na</b>	<b>60</b>	<b>na</b>

na=not applicable

## Unmet Need for Limiting: Profile

Women with unmet need for limiting comprised 60 (11.4 percent) of all MWRA. As shown in Table 10.4, they were characterized by:

**Living Children:** A strongly positive association with number of living children; 47 percent had 5+ living children.

**Family Planning Use:** More past users (55 percent) than never users (45 percent).

**Strength of Preference:** High (77 percent would be “worried” if they became pregnant compared to those who accept (15 percent) the unwanted pregnancy).

**Intent to Use FP in Future:** Moderate (about 53 percent intended to use an FP method in future).

**Approval of FP:** Very high (87 percent approved of FP for limiting purpose).

**FP Communication with Husband:** High (82 percent had communication with husband on FP in the past year; while 13 percent said approaching the husband was “difficult”).

**Obstacles to FP Use:** Fear of side effects (37 percent); husbands and in-laws opposition (23 percent and 8 percent respectively) (Table 10.3).

# Chapter 11

## Reproductive Preferences and Behavior of Men

It is often the case that in matters relating to family planning the focus has too often been more on women, despite the fact that husbands are equal partners in the reproductive process and often have greater responsibility for decision-making in the family. In addition, women often mention their husbands as a constraint to the use of contraception (NIPS/PDHS, 2008; Population Council, 1995). The objectives of interviewing husbands/men in the FALAH baseline survey were to explore their perspectives on birth spacing/family planning and to use the information obtained to design the communication strategy for the FALAH project. Overall, the planned sample size was 200 husbands in each district. The intention was to interview as many husbands as possible who were available when the household interviews were undertaken. Knowing that some number of husbands might be at their places of work during the timing of the interviews, the plan was to then make up for any of the husbands who were unavailable, by interviewing other married men available in the selected communities in order to come as close as possible to meeting the objective of interviewing 200 husbands/men in each FALAH district. In Multan, the field team was able to interview 194 men who were husbands of the married women of reproductive age who had been interviewed for the survey plus 6 married men living in the selected areas who were not husbands of the female respondents. In this chapter, the results for the respondents' husbands and the other married men who were interviewed (N = 200) are always grouped together, whether the reference is to "men," "male respondents," "married men," or "husbands."

A husband's approval of family planning is a powerful factor in explaining contraceptive use (Tawiah, 1997). In families, fertility decisions occur within specific social contexts and according to prevailing social norms that restrict individual decisions on fertility and behaviors related to spacing of births, stopping childbearing, and using contraception. Earlier studies suggest that the husband's approval of and discussion about family planning

are important predictors of a woman's contraceptive use and fertility desire (Bongaarts and Bruce, 1995; Mahmood and Ringheim, 1997).

This baseline survey investigates social and demographic differentials, and knowledge, ever use and current use of family planning methods. It also explores how approval and discussion of birth spacing/family planning influence the use of contraceptive methods. Traditionally, the measurement of contraceptive use has been based on women's self-reports of current use. The rationale for interviewing men was to investigate their perspective on the issues of fertility and family planning.

## Background Characteristics

Table 11.1 shows the background characteristics of the men interviewed in the survey. It shows that nearly 5 percent of the men were under 25 years of age and about 14 percent were 50 years of age and above.

As shown in Table 11.1, men were substantially better educated than the sampled currently married women of reproductive age. Thirty percent of the male respondents had not been to school, compared to 55 percent of the MWRA (Table 3.2). It also shows that 52 percent of the men had more than primary education, whereas 30 percent of the women had attained that level of education (Table 3.2).

The occupations of men are also presented in Table 11.1. The highest proportion (32.5 percent) of men were working as daily wage laborers, 19.5 percent were working in agriculture-related activities, and 19.5 percent were running their own business.

**Table 11.1: Background characteristics of male respondents**

<b>Characteristic</b>	<b>Percentage</b>
<b>Age</b>	
15-19	0.5
20-24	4.0
25-29	16.0
30-34	19.0
35-39	19.0
40-44	14.5
45-49	13.0
50-54	6.5
55+	7.5
<b>Education</b>	
Proportion literate	70.0
No education	29.5
Up to primary	18.0
Up to middle	16.0
Up to Secondary	21.0
Above secondary	15.5
<b>Occupation</b>	
Agriculture/Livestock/Poultry	19.5
Petty trader	5.0
Labor	32.5
Govt. service	10.0
Pvt. Service	11.0
Own business	19.5
Unemployed	1.5
Others	1.0
<b>N</b>	<b>200</b>

## Contraceptive Knowledge and Use

Among the interviewed men in Multan, nearly 91 percent knew of at least one method of contraception, while all women (100 percent) knew of at least one method. As presented in Table 11.2, knowledge of modern methods was highest for the condoms (65.5 percent), followed by pills (63 percent), injectables (54.5 percent), female sterilization (37.5 percent) and IUD (26 percent). The least known methods were rhythm (5 percent), Norplant (5.5 percent), and male sterilization (12 percent). Knowledge of at least one traditional method was prevalent among only 24 percent of the men.

The pattern of ever use and current use of contraception reported by husbands is also shown in Table 11.2. Of the MWRA, 67 percent reported having used some method of contraception during their married lives (Table 7.2). For the men, a considerably lower (57 percent) reported they had ever used any contraceptive method. The most common ever used method was condoms (21.5 percent), followed by withdrawal (16.5 percent), IUD (14.5 percent), female sterilization (13 percent), injectables (12 percent) and pill (11.5 percent).

As mentioned in Table 7.2, about 45 percent of the MWRA reported using a family planning method in Multan, while current use reported by male respondents was slightly higher as 46 percent. The most common current method reported by male respondents was female sterilization (13 percent), followed by condom (12 percent), withdrawal (9.5 percent), injectables (4 percent), IUD (3.5 percent), and pills (3 percent). The use of traditional methods was also substantial; about 10 percent of current users relied on such methods. Since traditional methods are far less reliable than modern methods, an important goal of the FALAH project may be to shift users of traditional methods to more effective modern methods. Although 3 percent of the respondents knew about the emergency contraceptive pill, but none of the men reported ever using it.



**Table 11.2: Distribution of male respondents by contraceptive knowledge and use status**

<b>Method</b>	<b>Knowledge</b>	<b>Ever use</b>	<b>Current use</b>
Female sterilization	37.5	13.0	13.0
Male sterilization	12.0	1.0	1.0
Pill	63.0	11.5	3.0
IUD	26.0	14.5	3.5
Injectables	54.5	12.0	4.0
Norplant	5.5	0.0	0.0
Condom	65.5	21.5	12.0
Rhythm	5.0	4.0	0.5
Withdrawal	22.0	16.5	9.5
Others	0.5	0.0	0.0
At least one FP method	90.5	57.0	46.0
At least one modern FP method	90.5	48.5	36.0
At least one traditional FP method	24.0	19.0	10.0
Emergency Pills	3.0	0.0	na
<b>N</b>	<b>200</b>	<b>200</b>	<b>200</b>

na=not applicable

Table 11.3 shows ever use and current use of modern contraception among respondents by background characteristics. There was a positive relationship between education level and contraceptive use. Fifty-two percent of the respondents who had secondary and above education reported current use of any contraceptive method, compared to 50 percent and 34 percent who had below secondary and no education, respectively.

**Table 11.3: Percentage of male respondents reporting ever use or current use of a contraceptive method, by selected background characteristics**

Characteristic	Ever used at least one FP method	Currently using any FP method	N
<b>Education level</b>			
No education	45.8	33.9	59
Below secondary	61.8	50.0	68
Secondary and above	61.6	52.1	73
<b>Number of living children</b>			
None	0.0	0.0	21
1-2	45.2	38.1	42
3-4	72.0	57.3	75
5+	66.1	53.2	62
<b>Future desire for children</b>			
Soon	25.0	15.9	44
Later	42.9	31.4	35
Never	75.4	63.2	114
Don't know	28.6	28.6	7
<b>Total</b>	<b>57.0</b>	<b>46.0</b>	<b>200</b>

Table 11.3 also shows that among those who had 5 or more children, 53 percent were currently using family planning methods, compared to 57 percent who had 3-4 children and 38 percent who had 1-2 children. The similar pattern was observed in ever use of contraceptives by number of living children.

Table 11.3 also shows contraceptive ever use and current use by the future desire for children. Among the male respondents who said they did not want any more children, 63 percent were currently using any contraceptive method. Of those respondents who wanted to delay the next pregnancy, 43 percent had ever used any contraceptive method, and 31 percent were currently using some method.

## Source of Contraceptive Methods

As shown in Table 11.4, among those who reported the last source for obtaining contraceptive methods, about 34 percent reported that they obtained their last method

from the pharmacy/chemist/grocery shop/general store. LHWs were the source of contraceptives for 15 percent of ever users in Multan.

**Table 11.4: Distribution of male ever users by the last reported source of contraceptive supply**

Source	Percentage
Govt. hospital (DHQ/THQ)	18.2
BHU/RHC/MCH Centre	3.4
FWC	3.4
LHW	14.8
Other public	2.3
Pvt. doctor	1.1
Pvt. hospital/clinic	21.6
Pharmacy, chemist	22.7
Grocery shop/general store	11.4
Wife brings method	1.1
<b>Total</b>	<b>100.0</b>
<b>N</b>	<b>88</b>

## Approval of Family Planning

Respondents were asked about their approval of birth spacing and use of any form of contraception for spacing purpose. A husband's opposition may prevent his wife from using contraception, even when she wants to delay or stop childbearing (Casterline, Perez, and Biddlecom, 1997). In Multan, interestingly almost all male respondents (98 percent) approved spacing between children; and 84 percent approved the use of any form of contraception for spacing between children (Table 11.5). Few number of men (15 percent) disapproved of using any form of contraception to space between children.

**Table 11.5: Distribution of male respondents' attitude towards spacing and use of contraceptives for spacing**

Variable	Percentage
<b>Spacing between children</b>	
Approve	98.0
Disapprove	2.0
<b>Total</b>	<b>100.0</b>
<b>N</b>	<b>200</b>
<b>Using FP methods for spacing</b>	
Approve	84.4
Disapprove	15.1
Other	0.5
<b>Total</b>	<b>100.0</b>
<b>N</b>	<b>200</b>

## Satisfaction Level of Current Users

Satisfaction of the user with his/her contraceptive method is an important factor in whether or not he/she continues with the method. Male contraceptive users were asked to report how satisfied they were with their present contraceptive method. Table 11.6 shows nearly 92 percent of the current users were very satisfied with their current method; while another 8 percent were somewhat satisfied. None of the male current users reported that he was not satisfied. These users would seem to be in need of more information on their current method, as well as on other available methods so that they may continue using a family planning method.

**Table 11.6: Level of male respondents' satisfaction with their current method**

Level of satisfaction	Percentage
Very satisfied	91.7
Somewhat satisfied	8.3
<b>Total</b>	<b>100.0</b>
<b>N</b>	<b>72</b>

The reasons the male respondents stopped using their last method are presented in Table 11.7. The table shows that wanting another child was the main reason for stopping the use of a family planning method. However, 41 percent of male past users stopped using their method because they wanted to have rest from the method. Twenty-three percent stopped the method due to experience of side effects. More than 9 percent of the past users stopped using a contraceptive due to method failure. This contraceptive failure may be a reason for those who were relying on natural methods. There were also a few cases where the wife opposed the use of the method.

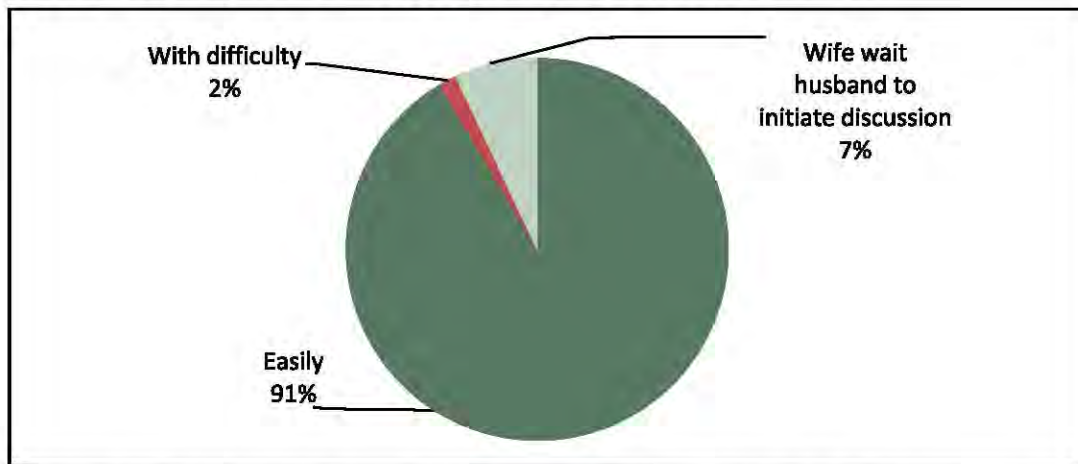
**Table 11.7: Percentage distribution of male past contraceptive users by reason for discontinuing last method by residence**

Reason	Rural	Urban	Total
Experienced side effects	16.7	30.0	22.7
Want another child	58.3	50.0	54.5
Method failure	8.3	10.0	9.1
Rest from method	41.7	40.0	40.9
Health concern	8.3	0.0	4.5
Service provider's advice	0.0	30.0	13.6
Infrequent sex/respondent away	8.3	10.0	9.1
Wife opposes	8.3	10.0	9.1
<b>N</b>	<b>12</b>	<b>10</b>	<b>22</b>

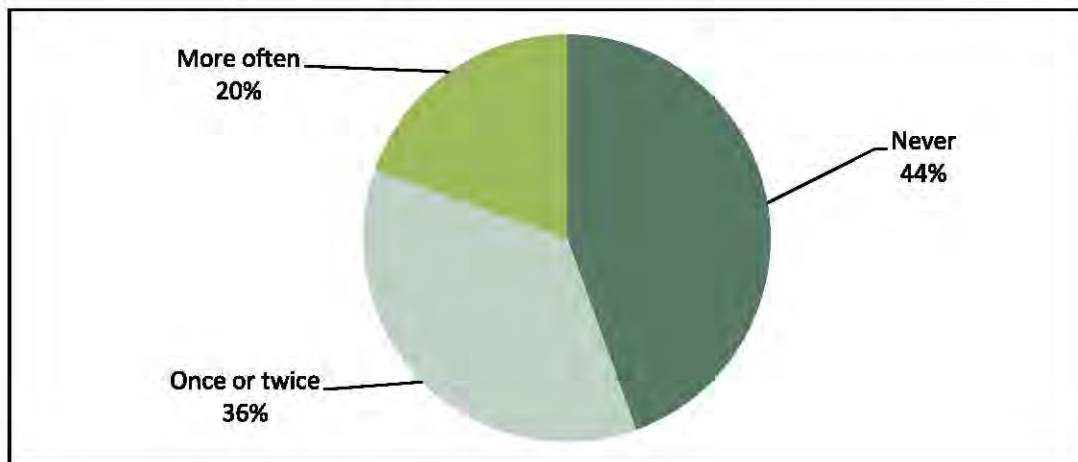
## Inter-spousal Communication

One of the determinants of contraceptive use is inter-spousal discussion on fertility intentions and family planning. Husbands were asked if during the last year their wives could approach them to discuss family planning easily, with difficulty, or if they had to wait for their husbands to initiate the discussion; the responses are shown in Figure 11.1. Ninety-one percent of the men reported that their wives could talk to them about family planning and fertility-related issues easily. However, Figure 11.2 shows that 44 percent of the men reported that their wives had never approached them during the last year on this issue. Twenty percent of the men reported that their wives had talked more often about this subject during the last year, and 36 percent reported they had talked once or twice.

**Figure 11.1: Men's reports of ease of approach by their wives to discuss FP**



**Figure 11.2: Men's reports of frequency of discussion on FP with wife in last year**



## Potential Users

Men who had never used any contraceptive method were asked about their intended future use of contraceptives and their method preferences. Table 11.8 shows that 45 percent intended to use contraception in the future, while 28 percent did not. However, considerable proportion of the respondents (27 percent) were uncertain about their future use of contraception.

**Table 11.8: Distribution of male never users by intent to use contraceptive methods in future**

Intent	Percentage
Will use	45.3
Will not use	27.9
Unsure/Uncertain	26.7
<b>Total</b>	<b>100.0</b>
<b>N</b>	<b>86</b>

As shown in Table 11.9, the major reason husbands said they did not intend to use a contraceptive method was fear of side effects (71 percent). Forty-two percent of men reported their desire for more children, while 29 percent reported that they did not need contraception because their wives were unable to conceive. For 29 percent, opposition of wife was the main reason, whereas 17 percent were shy about visiting family planning clinics.

**Table 11.9: Distribution of male never users according to reasons for not intending to use contraceptive methods in future**

Reason	Percentage
Wife opposes	29.2
In laws/parents oppose	4.2
Fear of side effects	70.8
Lack of access/unavailability	8.3
Cost too much	0.0
Shy to go to FP clinic	16.7
Inconvenient to use	0.0
Infrequent sex/respondent away	12.5
Difficult/unable to conceive	29.2
Breast feeding/ Lactational amenorrhea	12.5
Respondent/wife infertile	4.2
Want more children	41.7
<b>N</b>	<b>24</b>

Respondents could give more than one reason.

Table 11.10 shows the distribution of the male respondents who intended to use a specific contraceptive method in the future. It is observed that higher proportions wanted to use female sterilization (38.5 percent), condoms (18 percent), pill (13 percent), injectables (13 percent) and IUD (8 percent) in that order.

**Table 11.10: Distribution of male never users who intend to use a specific contraceptive method in the future**

Method	Percentage
Female sterilization	38.5
Pills	12.8
IUD	7.7
Injectable	12.8
Condom	17.9
Rhythm	2.6
Withdrawal	5.1
Others	2.6
Total	100.0
<b>N</b>	<b>39</b>

## Fertility Desire

Men were asked about the number of their living children and their desire for more children. Table 11.11 shows that 22 percent of the respondents wanted another child soon (within two years). Another 17.5 percent wanted to delay their next child for more than two years. However, slightly less than three-fifth of the respondents (57 percent) did not want any more children at all.

**Table 11.11: Distribution of male respondents by desired timing for next child and number of living children**

Number of living children	Desire for next children				Total	
	Soon	Later	Never	Don't know/ unsure	%	N
0	85.7	14.3	0.0	0.0	100.0	21
1	37.5	56.3	6.3	0.0	100.0	16
2	34.6	26.9	38.5	0.0	100.0	26
3	9.1	30.3	57.6	3.0	100.0	33
4	7.1	11.9	78.6	2.4	100.0	42
5	3.8	0.0	92.3	3.8	100.0	26
6+	11.1	2.8	75.0	11.1	100.0	36
<b>Total</b>	<b>22.0</b>	<b>17.5</b>	<b>57.0</b>	<b>3.5</b>	<b>100.0</b>	<b>200</b>

The desire to stop having children was positively associated with the number of living children. Thirty-eight percent of the respondents who had 2 children did not want any more children, while 92 percent who had 5 children did not want more.



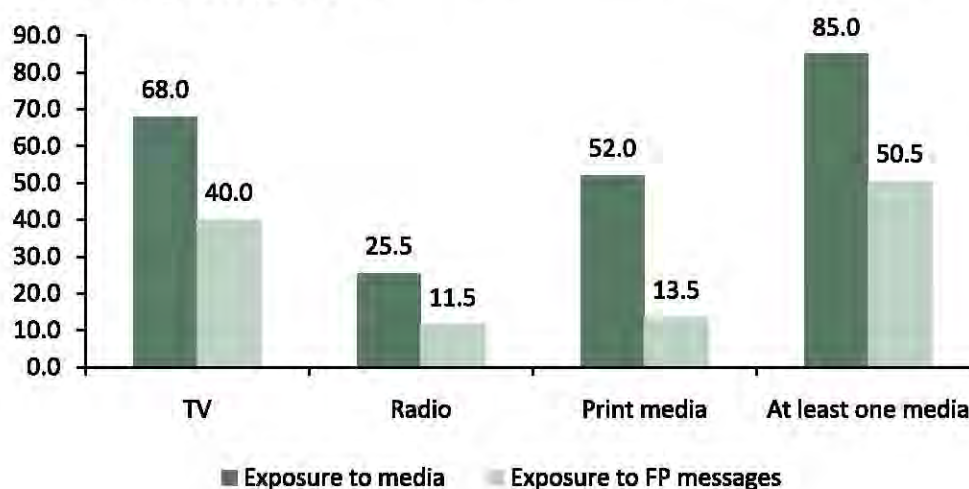
When the percentage of respondents who did not want more children is combined with the percentage of those who wanted to postpone having another child for at least two years, the sum comes to three quarter of all of the men. Of these two groups combined, only 56 percent reported current use of any contraceptive method. This suggests that there is a substantial need for family planning, but motivational programs and service delivery are not keeping pace with this need.

## Mass Media Access and Exposure to FP Messages

For the development of communication activities, it is important to know which forms of mass media were available and to what extent they are used by various segments of the population. Figure 11.3 shows the proportion of men who reported that they watched TV, listened to the radio, or read newspapers or magazines. Radio and TV were the most commonly accessed mediums: 68 percent of the male respondents in Multan watched TV and 25.5 percent listened to the radio.

Furthermore, respondents who reported access to any sort of media were asked if they had ever seen, heard, or read any message pertaining to methods of family planning through these mediums. Forty percent of the men had seen FP messages on the television, and 11.5 percent had ever listened to a family planning message on the radio. Overall, 50.5 percent of the male respondents and 55 percent of the female respondents had seen or listened to a family planning message from at least one medium.

**Figure 11.3: Distribution of male respondents according to exposure to media and FP messages, by type of media**





# References

Adair, L., Popkin, B., and Guilkey, D. 1994. *The duration of breastfeeding: How is it affected by biological, socioeconomic, health sector, and food industry factors?* Demography 30(1): 63.

Bohler, E. and Bergstrom, S. 1995. *Subsequent pregnancy affects morbidity of previous child.* Journal of Biosocial Science 27(4): 431-442. Oct. 1995.

Bongaarts, J., and J. Bruce. 1995. *The Causes of Unmet Need for Contraception and the Social Content of Services.* Studies in Family Planning 26(2): 57-75.

Caldwell, J.C. 1976. *Toward a Restatement of Demographic Transition Theory.* Population and Development Review 2(3-4): 321-366.

Casterline, J.B., A.E. Perez, and A.E. Biddlecom. 1997. *Factors Underlying Unmet Need in the Philippines.* Studies in Family Planning 28(3): 173-191.

Casterline J. B., *et al* 2001. *Obstacles to Contraceptive Use in Pakistan: A Study in Punjab.* Studies in Family Planning. 32(2): 95-110.

Cleland and Sathar. 1984. *The Effect of Birth Spacing on Childhood Mortality in Pakistan.* Population Studies, Vol. 38, No. 3 (Nov., 1984), pp. 401-418.

Fuentes-Affelick, E. and Hessel, N.A. 2000. *Interpregnancy interval and the risk of premature infants.* Obstetrics and Gynecology 95(3): 383-390. Mar. 2000.

Garner, P., Smith, T., Baea, M., Lai, D., and Heywood, P. 1994. *Maternal nutritional depletion in a rural area of Papua New Guinea.* Tropical and Geographical Medicine 46(3): 169-171. 1994.

Government of Pakistan. 2005. *Pakistan Social and Living Standards Measurement Survey 2004-05: National/Provincial.* Islamabad: Federal Bureau of Statistics.

Government of Pakistan. 2006. *Pakistan Social and Living Standards Measurement Survey 2004-05: Provincial/District.* Islamabad: Federal Bureau of Statistics.

Mahmood, Arshad. 2002. *Determinants of Neonatal and Post-Neonatal Mortality in Pakistan.* The Pakistan Development Review, Vol. 41, No. 4, Part (Winter 2002), pp.723-744.

Mahmood, N. and K. Ringheim. 1997. *Knowledge, Approval and Communication about Family Planning as Correlates of Desired Fertility among Spouses in Pakistan*. International Family Planning Perspectives 23(3): 122-129, 145.

Miller, J.E. 1994. *Birth order, Interpregnancy Interval and Birth Outcomes among Filipino Infants*. Journal of Biosocial Science 26(2): 243-259. Apr. 1994.

NIPS (National Institute of Population Studies). 2001. *Pakistan Reproductive Health and Family Planning Survey 2000-01*. Islamabad.

NIPS (National Institute of Population Studies). 2007. *Status of Women, Reproductive Health and Family Planning Survey: Main Report*. Islamabad.

NIPS/ DHS (National Institute of Population Studies and MEASURE DHS, Macro International). 2007. *Pakistan Demographic and Health Survey 2006-07: Preliminary Report*. Calverton, Maryland: Macro International Inc.

Planning Commission of Pakistan. 2006. *Pakistan Millennium Development Goals Report 2006*. Islamabad: Center for Research on Poverty and Income Distribution.

Population Census Organization. 2000. *District Census Report of Multan*. Islamabad: Statistics Division, Government of Pakistan.

Population Council. 1997. *The Gap between Reproductive Intentions and Behavior: A Study of Punjab Men and Women*. Islamabad: The Population Council.

Population Council. 2006. *Women's Health in Pakistan 2005*. Islamabad. Unpublished.

Population Council. 2007. *Diversification of Family Planning Activities in Pakistan (DFPAP): Performance Monitoring Plan*. Islamabad: The Population Council. Unpublished.

Population Council. 2008. *Communication, Advocacy and Mobilization (CAM) Strategy for the FALAH Project: A Draft Strategy*. Islamabad: The Population Council. Unpublished.

Rutstein, S.O., and K. Johnson. 2004. *The DHS Wealth Index*. DHS Comparative Report No. 6. Calverton, Maryland, USA: ORC Macro.

Tawiah, E.O. 1997. *Factors Affecting Contraceptive Use in Ghana*. Journal of Biosocial Science 29(2): 141-149.

UNDP (United Nations Development Program). 2003. *Pakistan National Human Development Report 2003*. Karachi.

UNFPA/PC (United Nations Population Fund and Population Council). 2007. *Report of the Seminar on Unpacking Unmet Need for Family Planning in Pakistan*. Islamabad: The Population Council.

Westoff C. F. and Bankole A. 1999. *Mass Media and Reproductive Behavior in Pakistan, India, and Bangladesh*. Demographic and Health Surveys Analytic Reports No.10. Calverton, Maryland: Macro International Inc.

WHO. 2006. *Policy Brief on Birth Spacing- Report from a World Health Organization Technical Consultation*. WHO Department of Reproductive Health and Research and Department of Making Pregnancy Safe.

Zhu, B.P., Rolfs, R.T., Nangle, B.E., and Horan, J.M. 1999. *Effect of the Interval between Pregnancies on Perinatal Outcomes*. New England Journal of Medicine 340(8): 589-594. Feb 25, 1999.