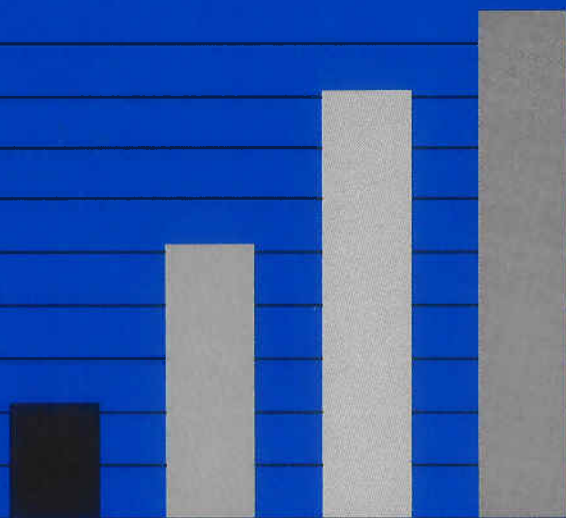


Pakistan



Demographic and Health Survey 1990-91

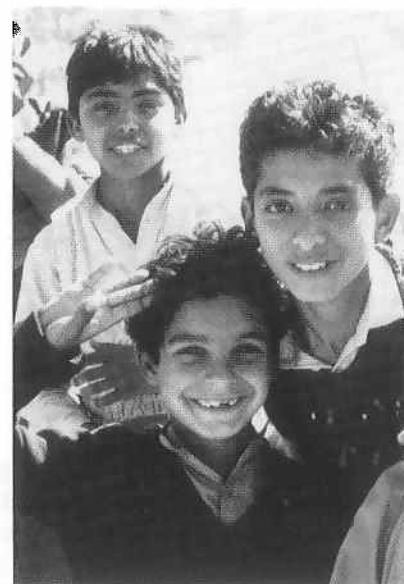
SUMMARY REPORT



PAKISTAN DEMOGRAPHIC AND HEALTH SURVEY 1990-91


SUMMARY

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National Institute of Population Studies
No. 8, Street 70, F-8/3
Islamabad, Pakistan

July 1992



This report summarises the findings of the 1990-91 Pakistan Demographic and Health Survey (PDHS) conducted by the National Institute of Population Studies, in collaboration with the Federal Bureau of Statistics. IRD/Macro International Inc. provided technical assistance. Funding was provided by the U.S. Agency for International Development and the Government of Pakistan.

The PDHS is part of the worldwide Demographic and Health Surveys (DHS) programme, which is designed to collect data on fertility, family planning, and maternal and child health. Additional information on the Pakistan survey may be obtained from the National Institute of Population Studies, No. 8, Street 70, F-8/3, Islamabad, Pakistan (Telephone 850205; Fax 851977; Telex 54139 NIPS PK). Additional information about the DHS programme may be obtained by writing to: DHS, IRD/Macro International Inc., 8850 Stanford Boulevard, Suite 4000, Columbia, MD 21045, USA (Telephone 410-290-2800; Fax 410-290-2999; Telex 198116).

This project is a research exercise. There could be differences in the findings of this survey and other data available from different sources. This is an understandable situation. Questions have been especially raised about the data on fertility, the contraceptive method mix and immunisations. The users of these data may observe caution while interpreting these differences and may draw their own conclusions.



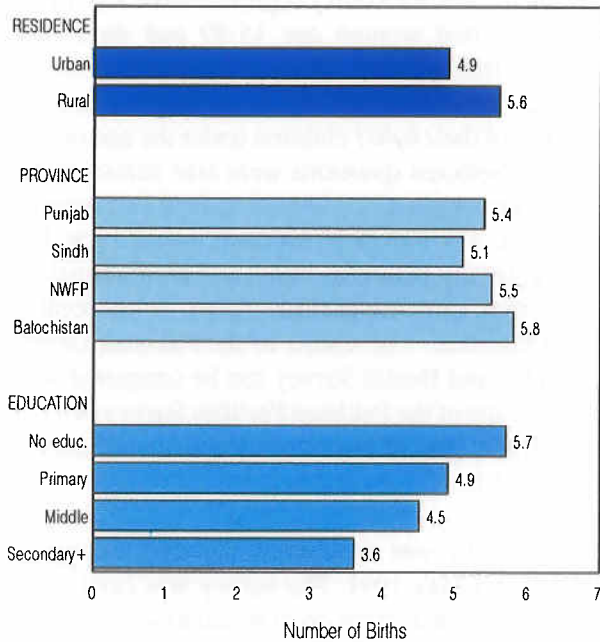
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Background

The Pakistan Demographic and Health Survey (PDHS) is a nationally representative survey of ever-married women age 15-49 and their husbands. Interviewers collected information on the reproductive histories of 6,611 women and on the health of their 6,407 children under the age of five years. Selected questions were also administered to a subsample of 1,354 husbands of interviewed women. The PDHS provides information on fertility, family planning, infant and child mortality, maternal care, vaccination status, breastfeeding and nutrition. The results of the Pakistan Demographic and Health Survey can be compared with the results of the Pakistan Fertility Survey of 1975 and the Pakistan Contraceptive Prevalence Survey of 1984-85.

The PDHS was conducted between December 1990 and May 1991. The survey was carried out by the National Institute of Population Studies, in collaboration with the Federal Bureau of Statistics. IRD/Macro International Inc. provided technical assistance to the project through a contract with the U.S. Agency for International Development, which also provided funding for the survey.

Figure 1
Total Fertility Rates by Selected
Characteristics



IRD/ICEGO

Fertility

Levels and Trends

Although fertility levels remain high, they have decreased in recent years in response to a rapidly rising age at marriage and a modest increase in the use of family planning methods.

- At current fertility levels (1986-91), Pakistani women will have an average of 5.4 children by the end of their reproductive years. This represents a decline of as much as one child over the 15 years preceding the survey, according to data from earlier national surveys. (The exact magnitude of the decline is disputed and will be the subject of future research.)
- There are large differences in fertility by education: women with no formal education (who comprise 79 percent of all women) can be expected to have, on average, two more children during their reproductive years than women with at least some secondary education (5.7 versus 3.6).

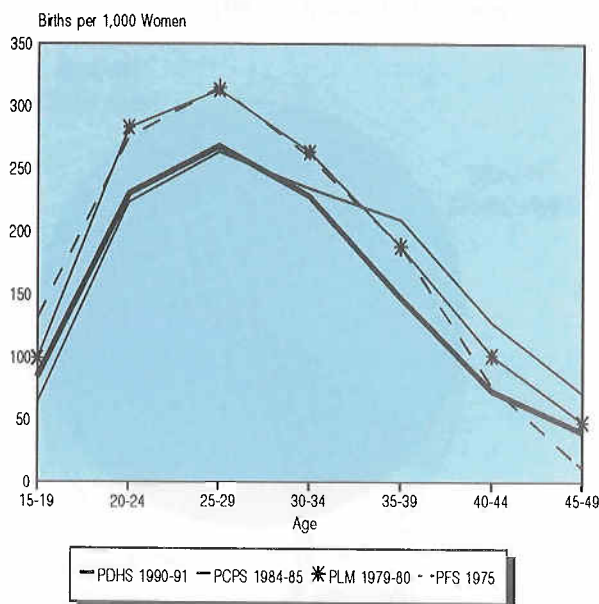
At current fertility rates, women with at least some secondary education will bear two fewer children during their reproductive years than women with no formal education.

- Residence has a smaller impact on fertility than education. The average woman living in a large city will have one child less than her rural counterpart (4.7 versus 5.6). Total fertility rates vary even less among provinces: they range from 5.1 in Sindh to 5.8 in Balochistan.
- Currently married women age 15-49 have had an average of 4.1 children, while completed fertility among women age 40-49 is 6.5 children per woman, on average.
- Birth intervals are relatively short: the median length is 29 months. Fully one-third of all births occur less than 24 months after the previous birth; for half of these births, the interval is shorter than 18 months.

Marriage

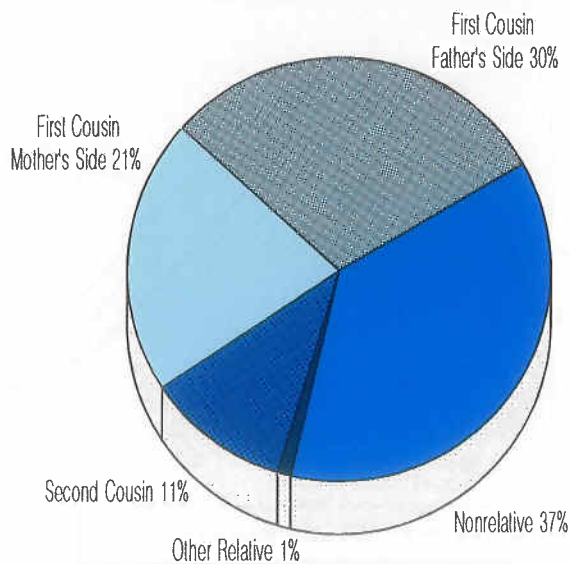
- By the time women are in their mid-thirties, nearly all (98 percent) are married, and 71 percent of women age 15-49 are currently married.
- Early marriage is becoming less popular. The average age at first marriage has increased from age 17 in 1951 to nearly 22 in 1990-91. Among women age 25-49, one in six married before the age of 15; in the youngest age group (15-19), only one in fourteen married that early. Nearly 40 percent of women in their early twenties have never been married, and less than half of women in that age group married before age 20.

Figure 2
Age-specific Fertility Rates
Pakistan 1970-1991



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Figure 3
Marriage Between Relatives and
Between Nonrelatives
(Ever-married Women 15-49)



- Most women are married to a close blood relative: half are married to their first cousin, and an additional 11 percent are married to their second cousin. Only 37 percent of married women were not related to their spouse before marriage. While consanguineous marriage (i.e., marriage between blood relatives) is most common in rural areas, nearly half of women living in major cities are married to a first or second cousin.

Over 60 percent of women are married to their first or second cousin.

- Although permitted by law with some restrictions, polygynous marriages are rare. Only 5 percent of currently married women are in a polygynous union.

Teenage Pregnancy and Motherhood

- Sixteen percent of teenagers (women age 15-19) are already mothers or are pregnant with their first child. The percentage rises rapidly with age: only 6 percent of women age 15 or 16 are pregnant or mothers, compared with 31 percent of those age 19.
- Rural teenagers are twice as likely as their urban counterparts to have begun childbearing. Education has an even greater impact: teenagers with no formal education are twice as likely to have begun childbearing as those who have attended primary school and four times as likely as those who have gone to middle school or beyond.



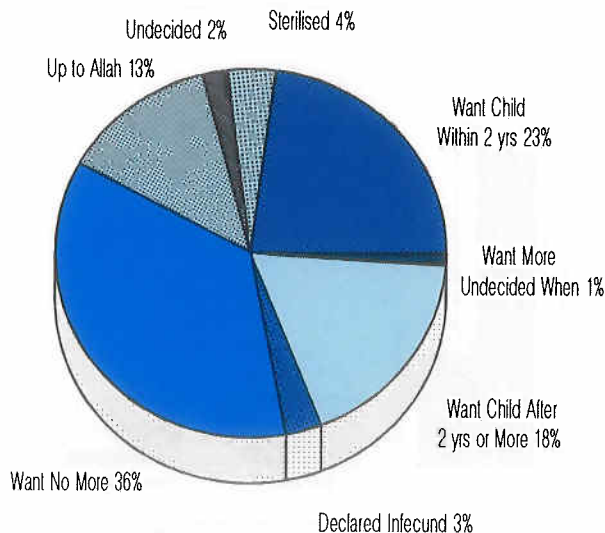
Fertility Preferences

- More than one-third of currently married women do not want to have any more children and an additional four percent have already been sterilised. Another 18 percent want an additional child, but not in the next two years.
- Almost half of the women with four living children and 62 percent of those with six living children say they want to cease childbearing.

Fifty-four percent of currently married women want either to postpone their next birth at least two years or to cease childbearing altogether.

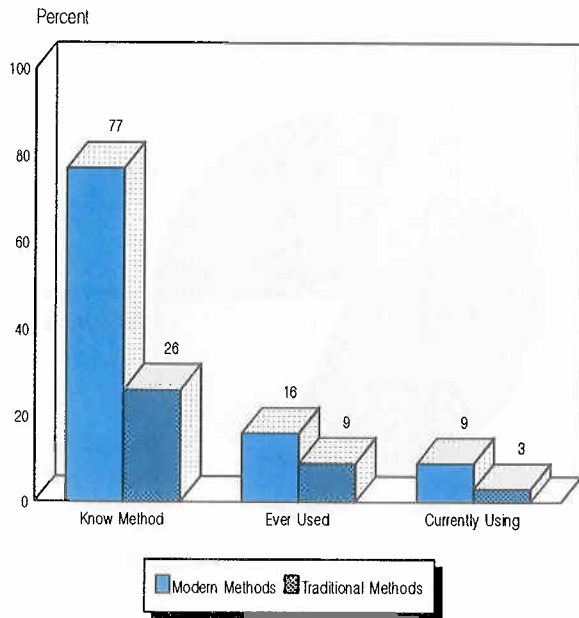
- The ideal number of children, according to Pakistani women, is about four (4.1). This contrasts sharply with the total fertility rate of 5.4. However, most women (60 percent) say the ideal number of children is up to Allah.
- Many Pakistanis still prefer boys over girls. Among currently married women who are not pregnant but want another child, nearly half would prefer to have a boy. Only 5 percent would prefer a girl, while 46 percent say it would make no difference.

Figure 4
Fertility Preferences
(Currently Married Women 15-49)



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Figure 5
Knowledge and Use of Family Planning
 (Currently Married Women 15-49)



Family Planning

Knowledge of Contraception

- Knowledge of modern methods of family planning is widespread: more than three-quarters of currently married women know of at least one method. However, only 45 percent know where they could go to obtain a modern method.

While more than three-quarters of women know of a modern contraceptive method, only 45 percent know where to obtain it.

- Contraceptive knowledge varies greatly by residence. In major cities, 94 percent of the women know of a modern method, compared with 71 percent in rural areas. Knowledge is lowest in Balochistan, where only 37 percent know of a modern method and 24 percent can name a source of supply.
- Husbands and wives are equally knowledgeable about modern methods of family planning, but husbands are more likely to know a source of supply.



IFD/ARNOLD

Use of Contraception

- Twenty-one percent of currently married women have used a contraceptive method at some time, but only 12 percent are currently using any method. While contraceptive use is still not widespread, it has nearly tripled in the 15 years preceding the survey.

Only 12 percent of married women currently use a family planning method.

- Nine percent of currently married women use a modern method of family planning, while the remaining 3 percent use a traditional method. The most widely used modern methods are female sterilisation (4 percent), the condom (3 percent), and the IUD (1 percent). Among traditional methods, the two most widely used are periodic abstinence (rhythm) and withdrawal (1 percent each).
- Husbands and wives report similar levels of current contraceptive use, but husbands are more likely to report use of condoms and traditional methods of family planning.
- Contraceptive use varies greatly by residence and education. Only 6 percent of rural women currently use contraception, compared with 31 percent of women living in major cities. Likewise, contraceptive use ranges from 8 percent among women with no schooling to 38 percent among women with at least some secondary education.

Figure 6
Use of Modern Contraceptive Methods
by Education
(Currently Married Women 15-49)

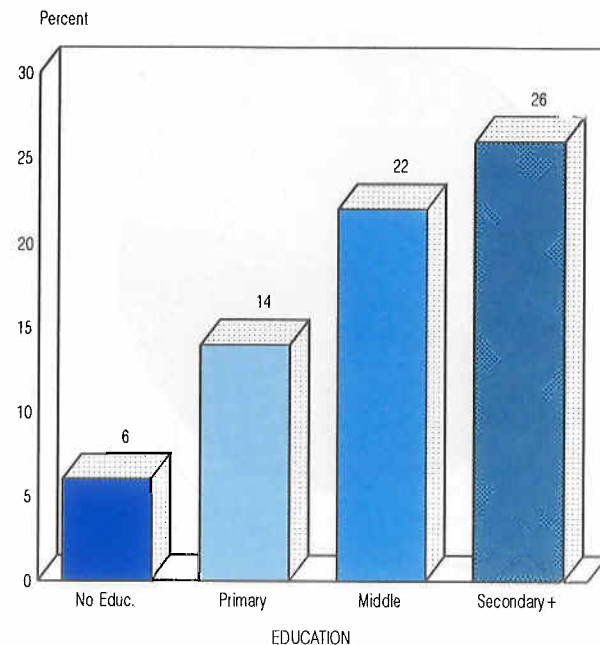
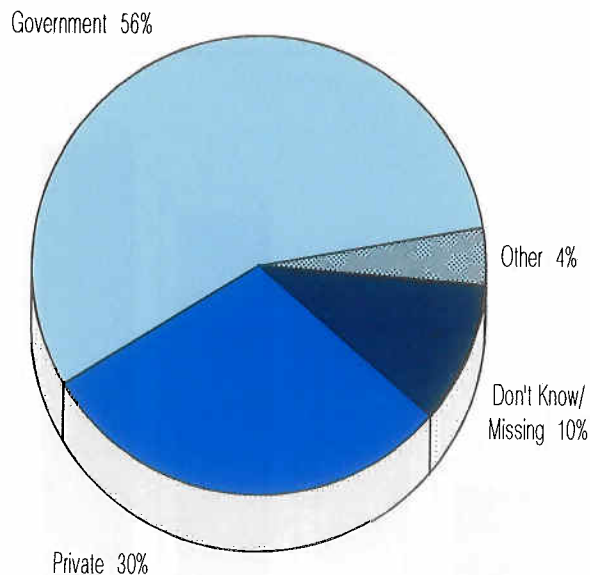


Figure 7
Sources of Family Planning Among Current Users of Modern Methods

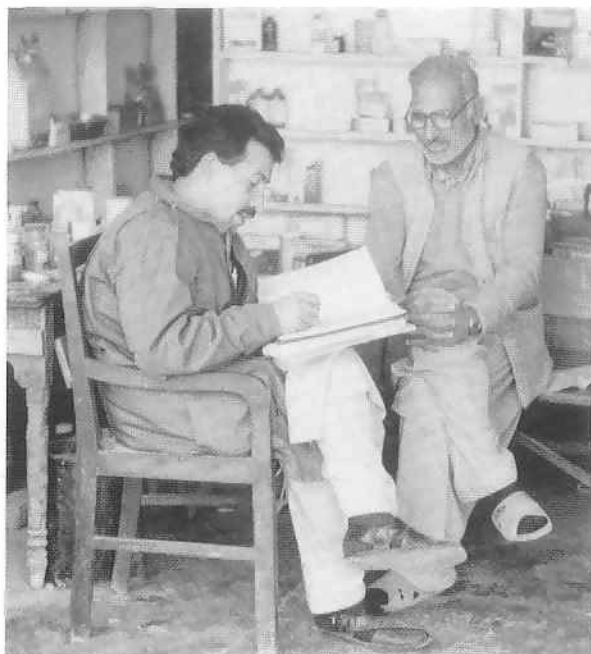


- The government is the most important provider of family planning services, supplying over half of all modern methods used. Over 80 percent of IUD users and sterilised women obtained their services from the public sector. The pill and condom, however, are more often obtained from the private sector.
- Urban women have better access to family planning services than do rural women. The median time required to reach a source of supply is half as long for women in urban areas as it is for women in rural areas (30 minutes versus 61 minutes).

Attitudes toward Family Planning

- Most women approve of couples using family planning to avoid a pregnancy, but only one in four had discussed family planning with her husband in the year preceding the survey. Lack of communication can be a cause of misunderstanding: in one-third of cases in which the wife said her husband disapproved of family planning, the husband said he approved.

Most women approve of couples using family planning to avoid a pregnancy.



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- Of those women who are not currently using contraception, 71 percent do not intend to use a family planning method in the future. Their most common reasons for not using contraception are the desire (particularly of younger women) for more children (43 percent) and religious concerns (13 percent). Lack of knowledge about family planning is also an important deterrent (11 percent).

Exposure to Family Planning Messages

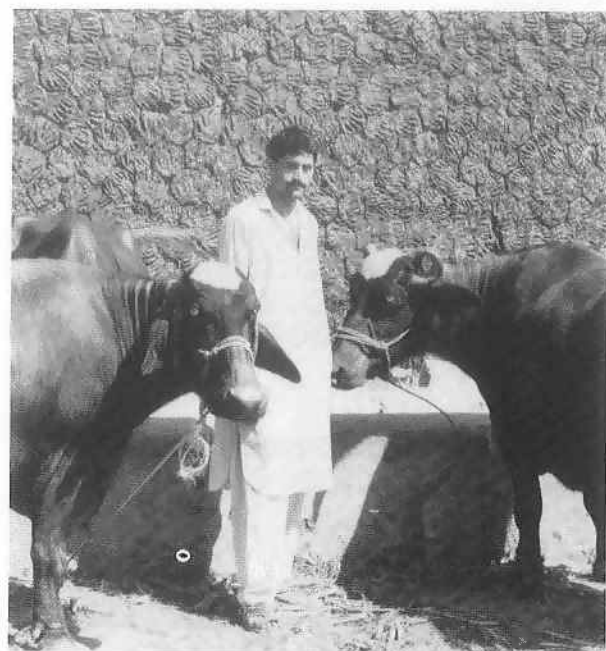
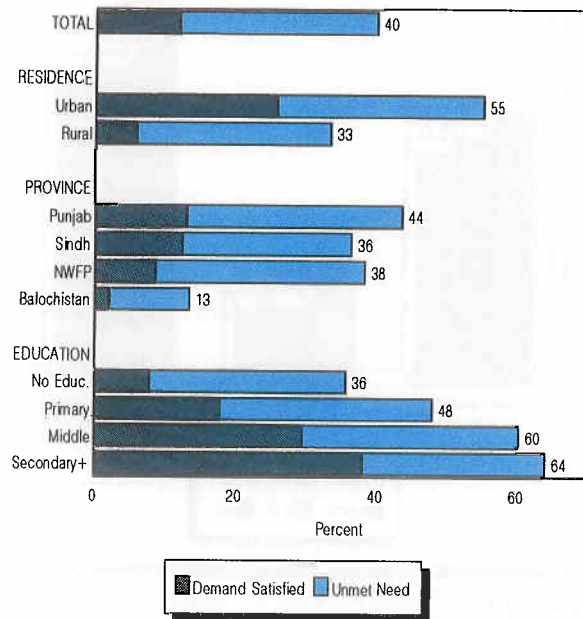
- Only 21 percent of ever-married women were exposed to a family planning message on the radio or television in the month preceding the survey. However, a large majority of those women thought the media messages were effective in persuading couples to use family planning.
- Only one in five ever-married women believes that broadcasting family planning messages on the radio or television is not acceptable. Nearly half say it is acceptable, while the remainder are unsure. Husbands are even more likely than their wives to find family planning messages on radio and television acceptable.

Unmet Need for Family Planning Services

- Forty percent of currently married women have a need for family planning: 27 percent to stop childbearing and 13 percent to space their children.
- Since only 12 percent of married women are currently using contraception, 28 percent have an unmet need for family planning services.

More than one in four currently married women has an unmet need for family planning.

Figure 8
Demand for Family Planning by Selected Characteristics
(Currently Married Women 15-49)



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Figure 9
Trends in Infant and Child Mortality

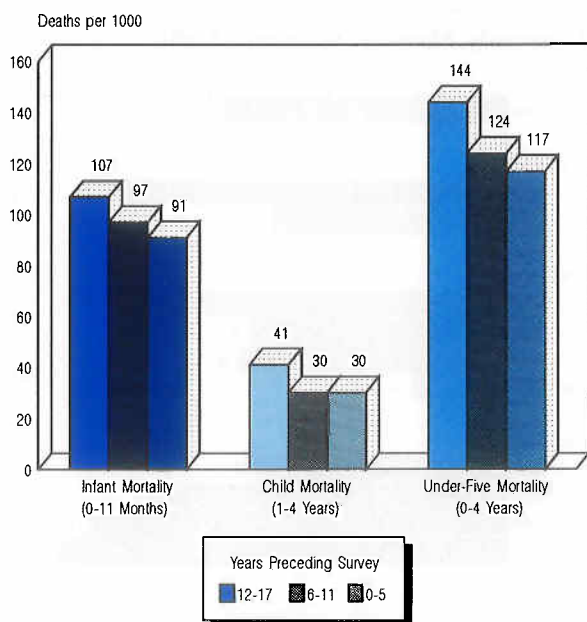
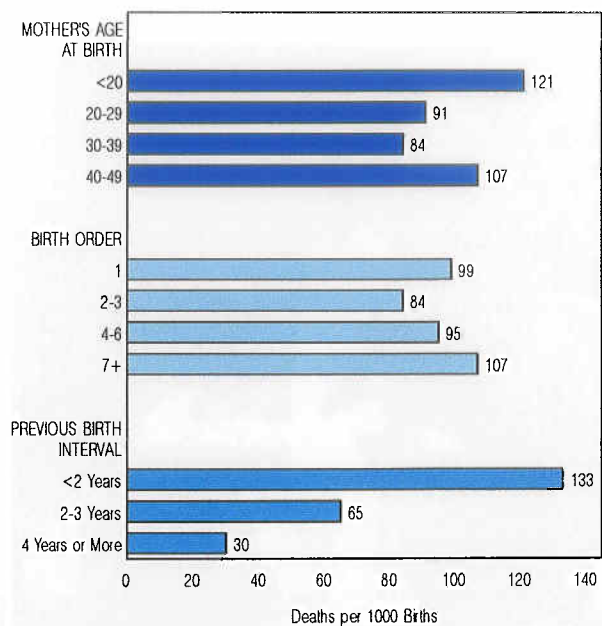


Figure 10
Infant Mortality by Selected Characteristics



Maternal and Child Health

Infant and Child Mortality

- The level of infant and child mortality remains high. During the six years preceding the survey, 91 of every 1000 live-born infants died before their first birthday. For every 1000 infants alive at their first birthday, 30 died before their fifth birthday. Thus, 12 percent of Pakistani children die before their fifth birthday.

One in 11 children dies before reaching the age of one year.

- Childhood mortality has declined substantially since the early 1970s. Infant mortality fell by 35 percent, and child mortality by 62 percent. Overall, under-five mortality dropped by 43 percent to 117 deaths per 1000.
- During infancy, mortality is greater among boys than girls; the differential is substantial during the neonatal period and narrows during the postneonatal period. The situation is reversed for children age 1-4: mortality is 66 percent higher for girls than boys.
- A short birth interval, of less than 2 years, more than doubles an infant's risk of dying when compared with birth intervals of 2 to 3 years and more than quadruples the risk when compared with birth intervals of 4 years or longer. Risks are also greater for children born to women under the age of 20 or over the age of 40 and for children with six or more siblings.

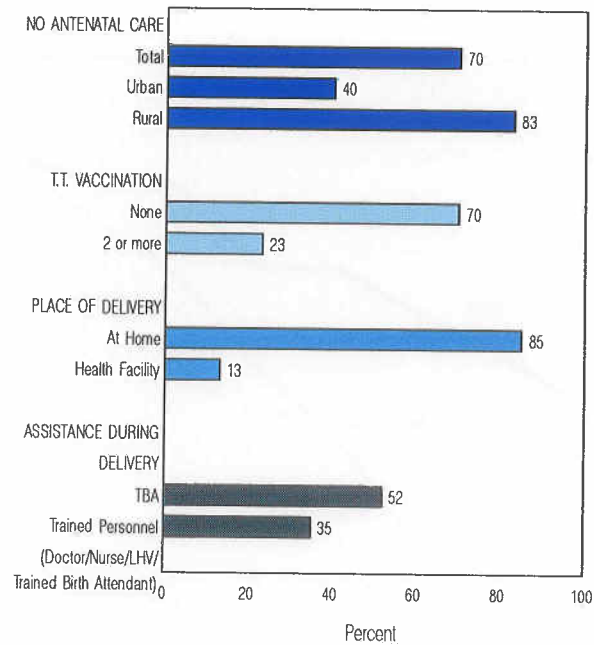
Children born after a short birth interval are at much greater risk of dying than children born after a long birth interval.

- Under-five mortality is lower in urban than rural areas (94 versus 132 deaths per 1000). Differentials by education are even greater, ranging from 50 deaths per 1000 for women with at least some secondary education to 128 deaths per 1000 for those with no formal education.

Antenatal Care and Assistance at Delivery

- Most pregnant women have received no antenatal care. During the five years preceding the survey, mothers received antenatal care in only 30 percent of births. Similarly, women received a tetanus toxoid injection in only 30 percent of births.
- There are substantial differences in antenatal care by residence and by education. The percentage of births receiving antenatal care is just 17 percent in rural areas, compared with 71 percent in major cities. Antenatal care ranges from 22 percent for mothers with no education to 85 percent for mothers with at least some secondary education.

Figure 11
Antenatal Care, Place of Delivery, and Assistance during Delivery

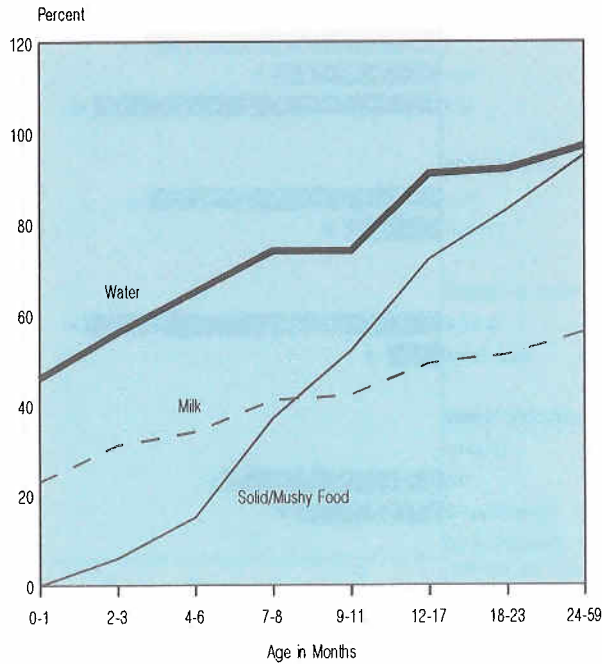


* Doctor, nurse, LHV, trained birth attendant



IRD/ARNOLD

Figure 12
Percentage of Children Under Five Given Water, Milk, or Solid/Mushy Food the Day Before the Interview



IR/D/ICEGO

- Most babies (85 percent) are delivered at home, usually without the assistance of trained medical personnel. Over half of all deliveries are assisted by traditional birth attendants, another 17 percent by a trained birth attendant, and 19 percent by a doctor or nurse.

Most pregnant women receive no antenatal care and deliver their babies at home.

Breastfeeding

- Breastfeeding is nearly universal: 94 percent of babies start out at the breast. It is also prolonged: the median duration is 20 months. Even in the major cities and among the most educated women, the median duration is over one year.
- Supplements are introduced at an early age. Only 27 percent of babies under two months of age are fed only breast milk. Most (57 percent) receive supplements other than water.

Nearly all babies are breastfed, but supplements frequently are introduced during the first months of life.

- One in six newborns age 0-1 months is fed from a bottle with a nipple in addition to being breastfed.

Immunisation

- Of children age 12-23 months, 70 percent have been vaccinated for tuberculosis (BCG vaccine) and 50 percent for measles. Sixty percent have received at least the first two doses in the three-dose series of DPT and polio vaccines; there is a substantial drop-off between the second and third doses, however.
- More than one-third of children age 12-23 months are fully immunised, but 28 percent have received no vaccinations at all.

The immunisation programme has made considerable progress, but there are still large numbers of unprotected children.

- Forty-six percent of children in urban areas are fully immunised, compared with 30 percent in rural areas. Coverage also varies by province, ranging from a low of 18 percent in Balochistan to a high of 39 percent in Punjab.
- Boys are more likely to have been vaccinated against childhood diseases than girls.

Treatment of Childhood Diseases

- During the two weeks preceding the survey, 16 percent of children under age five had symptoms of acute lower respiratory infection (cough accompanied by rapid breathing). Two-thirds were taken to a health facility or provider, and 85 percent received some form of treatment.

Figure 13
Vaccination Coverage Among Children Age 12-23 Months

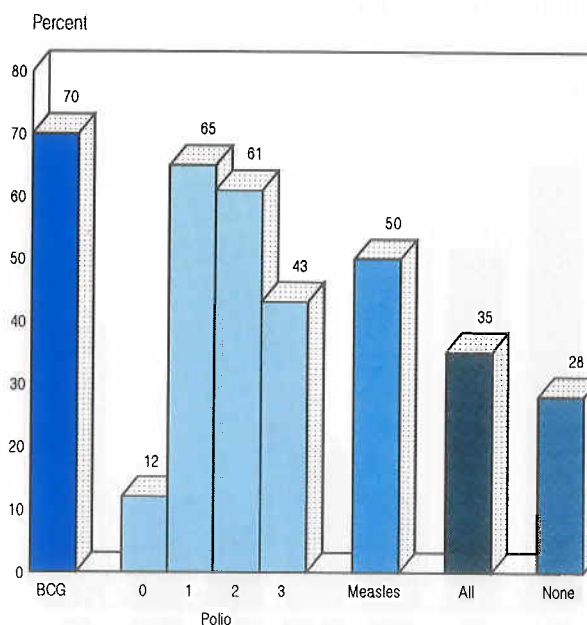


Figure 14
Treatment of Diarrhoea in the Two Weeks
Preceding the Survey
(Children Under Five)

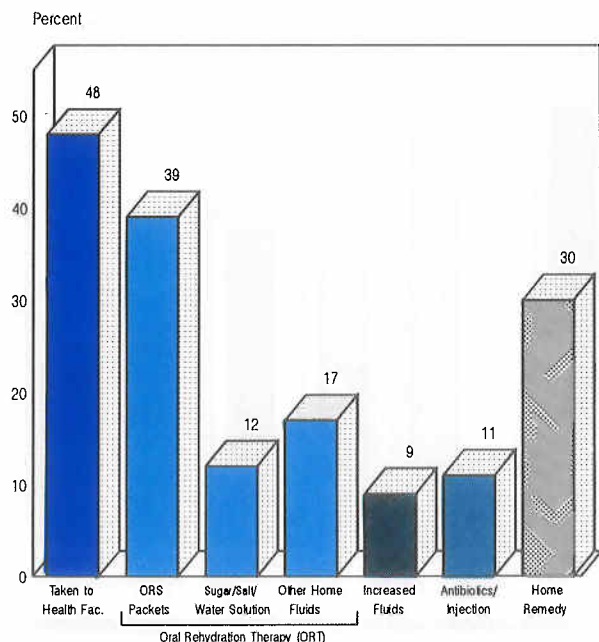
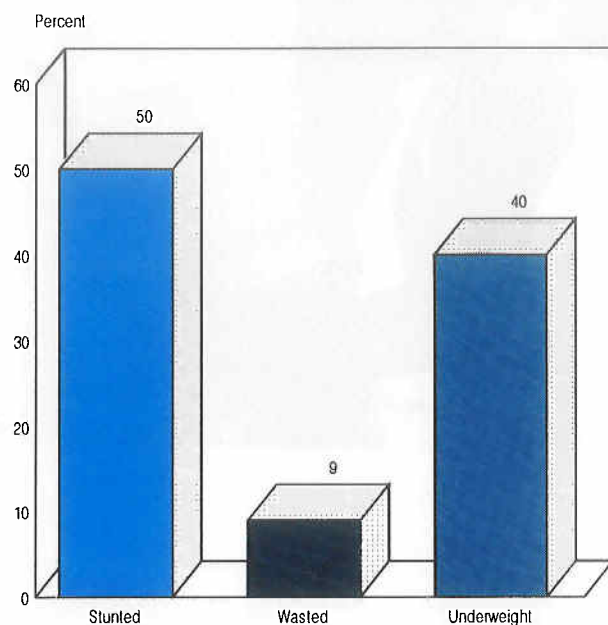


Figure 15
Nutritional Status of Children Under Five



- Over the same time period, 30 percent of the children suffered from fever, which may be a sign of malaria or other illness. Two-thirds were taken to a health facility or provider.
- Fifteen percent of the children had diarrhoea during the two weeks before the survey. About half were taken to a health facility or provider; 39 percent were treated with a solution prepared from ORS packets, 12 percent were treated with home solution (sugar, salt and water), and 17 percent received other home fluids.
- Knowledge and use of ORS packets are widespread: 90 percent of mothers are familiar with ORS packets, and nearly two-thirds have used the packets at some time. Three-quarters of the mothers who have used ORS mixed the solution correctly the last time they prepared it.

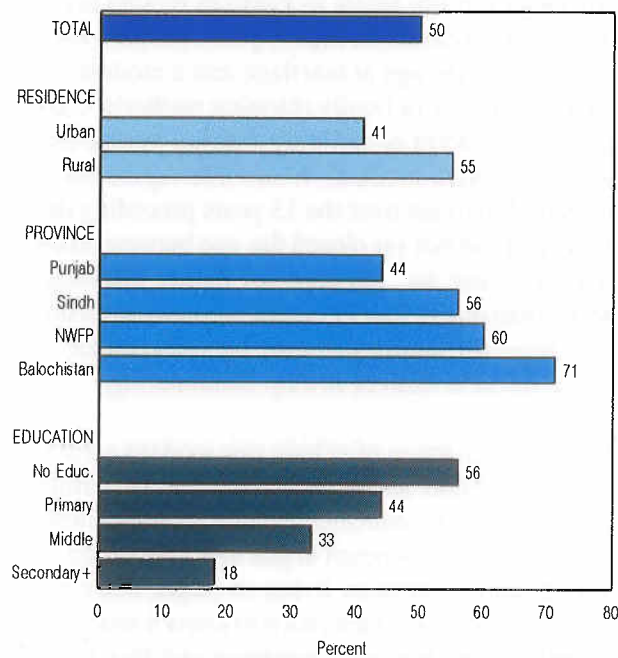
Nutritional Status of Children

- Half of all children under five years of age are short for their age (stunted), relative to an international reference population. The prevalence of stunting increases steadily with age, climbing from 17 percent among children under 6 months of age to 63 percent among four year olds. Stunting reflects chronic undernutrition: when children receive insufficient calories and protein over a long period of time, their growth is retarded.

Half the children under age 5 suffer from chronic undernutrition.

- There are marked differentials in the prevalence of stunting. It is especially high in Balochistan, in rural areas, and among the children of mothers with no education. Wasting suggests acute undernutrition in recent months and may be related to illness. Children who are wasted are at a much higher risk of mortality than are stunted children.

Figure 16
Chronic Undernutrition (Stunting) by Selected Characteristics (Children Under Five)



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Conclusions

Fertility and Family Planning

Although fertility levels in Pakistan remain high, they have declined in recent years because of a rapid rise in the age at marriage and a modest increase in the use of family planning methods. Currently, 12 percent of currently married women use a contraceptive method. While this represents a threefold increase over the 15 years preceding the survey, it has not yet closed the gap between contraceptive use and the need for family planning. More than one in four Pakistani women has an unmet need for family planning services, either to space the next birth or to stop childbearing.

Most women know of at least one modern contraceptive method and approve the use of family planning. Urban, educated women are much more likely than other women to put that knowledge to use, however. Women living in major cities are twice as likely as rural women to know a source of supply for modern contraceptives and five times as likely to be current users. Differences of the same magnitude exist between women who have attended secondary school and women with no formal education.

Husbands report levels of contraceptive knowledge and use similar to those of their wives. While most men (56 percent) approve of family planning, women are more likely to favour family planning than are their husbands. Since husbands usually have a predominant role in family decisionmaking in Pakistan, efforts to educate and motivate husbands about family planning and to promote communication between spouses should be increased.

Maternal and Child Health

The government of Pakistan has made substantial progress in its endeavour to improve survival among young children. Mortality among children under the age of five has declined by 43 percent since the early 1970s, with particularly large gains for children age 1-4 years. Children born less than two years after the mother's previous birth are at particularly high risk of dying before reaching age five. Therefore, efforts should be made to encourage couples to space their births for the benefit of their children. There are also important disparities in infant and child mortality by mother's education and urban-rural residence.

Women who have attended secondary school or who live in major cities receive antenatal care for the large majority of their births. In contrast, rural and uneducated mothers receive antenatal care for just one birth in five. Tetanus continues to be an important cause of neonatal death in Pakistan, but pregnant women receive tetanus toxoid injections to prevent the illness in only 30 percent of births. The majority of deliveries (85 percent) take place at home, in most cases attended by a trained or traditional birth attendant.

The Expanded Programme on Immunisation has met with considerable success in Pakistan. More than 60 percent of children age 12-23 months have received a BCG vaccination and at least two doses of DPT and polio vaccines. More than one-third of children in this age group are fully immunised, although 28 percent have never been vaccinated. Children of educated mothers and those who live in urban areas are more likely than others to be immunised.

Many children were ill in the two weeks preceding the survey: 16 percent had symptoms of acute lower respiratory infection, 15 percent had diarrhoea, and 30 percent had fever. Most, however, were taken to a health provider or facility for treatment. Government efforts to educate women about oral rehydration therapy have been especially successful: 90 percent of women recognize ORS packets, and two-thirds have used them at some time.

Inadequate nutrition continues to pose a serious problem: half of children under age five are chronically undernourished, while nine percent are wasted. There is a marked deterioration in nutritional status as early as the first year of life. Mother's level of education is the single most important factor, followed by place of residence. Mothers of children at risk need special education about infant feeding practices and nutritional intake, so that the physical and mental growth of their children will not be impaired.



IFD/BICEGO

Fact Sheet

1990 Population Data National Institute of Population Studies

Total population (millions)	112
Urban population (percent)	30
Annual natural increase (percent)	3.0
Population doubling time (years)	23
Crude birth rate (per 1,000 population)	39.4
Crude death rate (per 1,000 population)	9.6
Life expectancy at birth (years)	61

Pakistan Demographic and Health Survey 1990-91

Sample Population

Ever-married women age 15-49	6,611
Husbands of interviewed women	1,354

Background Characteristics of Women Interviewed

Percent urban	30.5
Percent with no education	79.2
Percent attended secondary or higher	7.3

Marriage and Other Fertility Determinants

Percent of women 15-49 currently married ¹	71.1
Percent of women 15-49 ever married ¹	73.8
Singulate mean age at marriage for females (in years)	21.7
Singulate mean age at marriage for males (in years)	26.5
Percent of women married to first cousin ²	50.3
Median age at first marriage among women age 25-49	18.6
Median duration of breastfeeding (in months) ³	19.9
Median duration of postpartum amenorrhoea (in months) ³	6.5
Median duration of postpartum abstinence (in months) ³	2.3

Fertility

Total fertility rate ⁴	5.4
Mean number of children ever born to women age 45-49 ¹	6.4

Desire for Children

Percent of currently married women who:	
Want no more children	36.4
Want to delay their next birth at least 2 years	17.6
Mean ideal number of children among women 15-49 ⁵	4.1
Percent of women giving a non-numeric response to ideal family size	60.8
Percent of births in the last 5 years which were:	
Unwanted	13.0
Mistimed	8.4

Knowledge and Use of Family Planning

Percent of currently married women:	
Knowing any method	77.9
Knowing a modern method	77.2
Knowing a modern method and knowing a source for the method	44.9
Had ever used any method	20.7
Currently using any method	11.8

Percent of currently married women currently using:

Pill	0.7
IUD	1.3
Injection	0.8
Condom	2.7
Female sterilisation	3.5
Periodic abstinence	1.3
Withdrawal	1.2
Other traditional	0.3

Mortality and Health

Infant mortality rate ⁶	90.5
Under-five mortality rate ⁶	117.4
Percent of births ⁷ whose mothers:	
Received antenatal care from a doctor or nurse ⁸	25.6
Received 2 or more tetanus toxoid injections	23.3
Percent of births ⁷ whose mothers were assisted at delivery by:	
Doctor or nurse ⁸	18.8
Trained birth attendant	16.6
Traditional birth attendant	52.2
Percent of children 0-1 month who are breastfeeding	90.0
Percent of children 4-5 months who are breastfeeding	88.4
Percent of children 10-11 months who are breastfeeding	73.9
Percent of children 12-23 months who received: ⁹	
BCG	69.7
DPT (three doses)	42.7
Polio (three doses)	42.9
Measles	50.2
All vaccinations	35.1

Percent of children under 5 years¹⁰ who:

Had diarrhoea in the 2 weeks preceding the survey	14.5
Had a cough accompanied by rapid breathing in the 2 weeks preceding the survey	16.0
Had a fever in the 2 weeks preceding the survey	30.1
Are chronically undernourished (stunted) ¹¹	50.0
Are acutely undernourished (wasted) ¹¹	9.2

¹ Based on all women

² Based on ever-married women

³ Current status estimate based on births during the 36 months preceding the survey

⁴ Based on births to women 15-49 years during the period 0-5 years preceding the survey

⁵ Based on ever-married women. Excludes women who gave a non-numeric response to ideal family size (61 percent of women 15-49)

⁶ Rates are for the period 0-5 years preceding the survey (early 1985 to early 1991)

⁷ Figure includes births in the period 1-59 months preceding the survey

⁸ Includes Lady Health Visitor or Family Welfare Worker

⁹ Based on information from vaccination cards and mothers' reports

¹⁰ Figures include children born in the period 1-59 months preceding the survey

¹¹ Stunting assessed by height-for-age, wasting assessed by weight-for-height; the percent undernourished are those below -2 SD from the median of the international reference population, as defined by the U.S. National Centre for Health Statistics, and recommended by the World Health Organisation.