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**Prevalence, Perceptions and Health Seeking
Behavior for Obstetric Complications,
Korangi 8, Karachi, Pakistan**

Final Report

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LIST OF ABBREVIATIONS

IEC	Information, Education and Counseling
TBAs	Traditional Birth Attendants
SMP	Safe Motherhood Project
SMP technical team	Dr Fariyal F. Fikree, Dr Sadiqua N. Jafarey and Ms Nazo Kureshy

CHAPTER ONE

INTRODUCTION

The research was conducted in our intervention site - Korangi # 8, a squatter settlement of Karachi with a population of nearly 60,000 to provide baseline indicators regarding knowledge of complications during pregnancy, delivery and the postpartum period for the purpose of evaluation of the Information, Education and Communication [IEC] campaign to be subsequently conducted in the area.

Rationale:

The goal of the Safe Motherhood Project was to improve access to and use of essential obstetric services for women with maternal complications. The community-based IEC intervention to achieve this goal was through counseling women and men in the community to recognize and refer to an identified tertiary healthcare facility, a women suffering from any of the following major obstetric complications:

1. Hemorrhage [antepartum and postpartum]
2. Eclampsia
3. Prolonged/Obstructed labor
4. Puerperal sepsis

A pre and post intervention survey was therefore designed to assess the effectiveness of the IEC strategy. The purpose of the pre-intervention survey was:

1. To assess health seeking behavior for general and obstetric problems among women and men.
2. To assess the prevalence of antenatal care, tetanus toxoid and utilization of health care providers and facilities for delivery among women
3. To assess the knowledge of serious obstetric morbidities among women and men
4. To assess the knowledge of emergency obstetric complications among women and men.
5. To assess the prevalence of obstetric complications, their perceived seriousness and health care sought among women and men.
6. To assess the main impediments to seeking care for obstetric complications.

This research report presents the findings of the pre-intervention survey. It is important to note that, due to time constraints, a post-intervention survey could not be conducted. Therefore, the results presented in this report only serve as a framework for other project information being presented and not for the purpose of being used to assess the effectiveness of the IEC strategy.

CHAPTER TWO

METHODS

Design of the Questionnaire

The questionnaire development represented an iterative process involving the SMP [Safe Motherhood Project] technical team. The final questionnaire was the result of several revisions and two pretests. Initially, qualitative research was conducted among women and men to ascertain their perceptions regarding obstetric complications, the expressions used to describe these conditions and their healthcare seeking practices. The information gleaned from these interviews were then incorporated in the development of the categories for the concerned questions. [Appendix A - Women and Men Baseline Survey Questionnaire]

The fundamental themes in the questionnaire were defined based on our project objectives. These included:

1. Socio-demographic characteristics of the household
2. Detailed reproductive history
3. Health seeking behavior pattern - general and specific for obstetric complications
4. Knowledge, experience and health seeking behavior for complications during pregnancy, delivery and postpartum period for the previous two pregnancies.
5. Family planning
6. Domestic violence

Initially, the women's questionnaire was developed and subsequently a modified version for men was developed which included:

1. Socio-demographic information
2. Health seeking behavior pattern - general and specific for obstetric complications
3. Knowledge, experience and health seeking behavior for complications during pregnancy, delivery and postpartum period for the previous two pregnancies.
4. Family planning

The final questionnaires for both men and women was originally prepared in English and then translated into Urdu and Pushto and then back-translated to English in order to check the accuracy in the meaning of the translated questionnaires.

Based on the pretests and the final version of the questionnaire, an interviewers manual of instruction was developed.

Training

The interviewers recruited for the survey were carefully selected based on their previous field experience, a minimum of twelve years of schooling¹, preferably with experience in social sciences or with conducting such interviews. Female interviewers were designated to interview women and male interviewers to interview men. Upon hiring, the interviewers were given a two-day training session of 4-5 hours each by the supervisors of the survey and the project coordinator of the project. The training focused on the goals and objectives of the survey, understanding the questionnaire and how to ask various questions etc. Training was also imparted on how to ask questions on potentially sensitive reproductive health topics [for example domestic violence], technical knowledge on obstetric complications, and on answering questions that respondents might ask on reproductive health issues. Finally, as part of the overall training program, mock interviews were conducted among the interviewers and then they were supervised in the field by the experienced interviewers for the first three days of the survey.

Training was not limited to the initial two day training but continued during the data gathering phase - intense in the first week but tapering off in subsequent weeks.

Data Quality Assurance

The field team comprised a field manager, field assistant, interviewers [male and female] and volunteers. Data quality assurance was the responsibility of the field supervisor (male and female) and the project coordinator. On a daily basis, all questionnaires were initially reviewed at the field site by the field manager for identifying whether there were any questions not filled and subsequently at the department by the field supervisors and initially by the project coordinator for completeness and correct coding. Any errors identified in the completed data forms were then reviewed with the respective interviewers who made the relevant corrections following re-interviewing.

The field supervisors made on-site visits thrice a week on an ad-hoc basis and conducted spot checks for data quality.

Sample Size

As the IEC intervention was planned to focus mainly on Urdu/Punjabi and Pushto speaking populations, our eligibility criteria was:

1. Ever-married women
2. Reproductive age group (15- 49 years)
3. Recently (in the past fourteen months) delivered (livebirth, stillbirth or abortion)
4. Main language Urdu/Punjabi or Pushto

¹ Some of the female interviewers had postgraduate qualifications

We identified wives and then interviewed their spouses. Thus, we have four sub-groups in our study population comprising:

1. Pathan - wife
2. Pathan - husband
3. Urdu/Punjabi - wife
4. Urdu/Punjabi - husband

The criteria considered for sample size assessments was an increase in the knowledge of obstetric complications of a certain proportion of the target population by a certain unit. Two sample size calculations were conducted based on different methodologies. We identified 10 indicators in our survey instruments which would assist us in developing a knowledge score before and after the IEC intervention. Method One, assuming a unit change in knowledge of one unit in the knowledge score, with a standard deviation of 2.5, resulted in a sample size estimate of 187 in each sub-group. Method Two, assuming a change of 50% in any particular characteristic of interest with a bound error of 7% and a confidence level of 95%, resulted in a sample size of 197 in each sub-group. Based on these calculations the total sample size of completed interviews in the baseline survey was 800 with 200 in each sub-group.

Field Work

A household census was conducted between July - August, 1997 for the purpose of identifying respondents [wives] who met our eligibility criteria. Following identification of the study respondents, the baseline survey was conducted from August - October 31, 1997. Out of a total of 591 women and 664 men eligible households contacted, we completed interviews on 396 women and 363 men. We tagged 259 couples amongst these 759 respondents. [Appendix B]. The refusal rate varied by sub-groups and gender. Overall, the refusal rate was highest for Pushto men (14.9%) and least among Urdu/Punjabi men (5.7%). In addition, overall migration rate in this dynamic population was high - among women it was 15.6% and among men it was 24.7%. [Appendix B]

Editing and Coding

Data editing and cleaning was done in several stages:

1. On-site by field manager and field supervisors
2. In the department by the field supervisors
3. In the coding process

Coding was necessary for several of the open-ended questionnaires as well as for the "others" category. Specifically, on review of the "others" category for those questions on obstetric complications, it was noted that both men and women were reporting several significant obstetric complications which were not included in our pre-coded questionnaire. As the interviewers had been instructed to specifically mention in the "others" category any complication which they felt

was not included in the categories listed, we were able to examine the list of “others” in detail and make relevant modifications in the categories listed.

Data Entry and Processing

Once coding was completed and verified, data were double entered by two different data entry operators using the data entry program of *EpilInfo*. The data sets were validated twice using the *EpilInfo* software package. Discrepancies identified were then reconciled through recourse to the original questionnaires. In addition, consistency checks were also run to identify any problems not elicited in the validation process prior to data analysis.

Problems during field work

As with other such demographic surveys, we also faced several field based problems. These included:

1. Non-availability of the male respondents - a major problem as the majority of men were either unskilled workers or taxi drivers and returned home quite late at night.
2. Law and order situation in the city prevented our field team to venture into the community late at night or to spend overnight in the community so that they could conduct interviews early the next morning.
3. Migration was highest among men: 24.7% percent of identified male respondents could not be reached as they had migrated when we reached their household [Appendix B].
4. Refusal was highest among Pushto men: 14.9% [Appendix B].
5. Interpersonal problems among the field team members, though within normal expectations sometimes affected operations and morale. However, with the removal of inadequate staff this problem was solved.

CHAPTER THREE

RESULTS

Section I: Household Characteristics

A profile of the socioeconomic and demographic characteristics of the study population is presented in this section to provide background information about the respondents interviewed.

Demographic characteristics (Table I.1)

The households in Korangi #8 tended to be large - average household size was 8.7 (\pm 4.9), though interestingly about 17.2 % of all households had four or fewer members.

Women were on average five years younger than the spouses. The mean age of women was 26.4 (\pm 6.1) years while that for the spouses was 32.8 (\pm 8.5). The majority of women (59.8%) were between 20 - 29 years while the majority of the spouses (42.7%) were between 30 - 39 years. Nearly 60.0% of women reported that they had been married for over ten years.

While only 29% of women could read and/or write or reported any formal schooling [literate], the majority (70.8%) of the spouses were literate. Furthermore, only 1.3% of women reported being gainfully employed, though unemployment among the spouses was moderately high (14.9%).

The mean parity (livebirths) was 3.9 (\pm 2.6) with nearly 63.0% reporting four or fewer livebirths.

Housing characteristics (Table I.2)

Electricity is nearly universal (99.2%) and nearly 87.4% of households report piped gas as their source of fuel. However, availability of clean piped water is a major problem in the area. Only 30.8% of households report tap inside their house. The most frequently reported source of water was a vendor (23.7%). On the other hand, sewerage disposal was excellent with nearly universal (97.5%) availability of "pour flush" as the method of sewerage disposal though where garbage disposal is considered, nearly one-quarter of the respondents report that they throw their garbage in the lane.

Presence of household durable goods (Table I.2 and Appendix D)

Information on the socioeconomic status of households was elicited by asking respondents whether specific household goods were present in their homes. Household items such as fan, iron and sewing machine were reported by over 70% of the respondents while under 10% reported owning such items as car, VCR or dish antenna [Appendix D - Table D.1]

A composite index was computed for socioeconomic status based on ownership of thirteen household assets². In this report, “*household assets*” will be considered as a proxy indicator for socioeconomic status. The classification of low, average and high socioeconomic status was based on cut-off values representing approximately two standard deviations below the mean. Thus, women who reported owning up to four items were considered as belonging to the low socioeconomic strata; those reporting owning five to eight items were considered as belonging to the average socioeconomic strata while owning nine or more items were considered as belonging to the upper socioeconomic strata. On the basis of this classification, nearly 11.0% of the households were classified in the high socioeconomic category while nearly 40.0% were in the low socioeconomic category (Table I.2)

² Household assets included ownership of such items as iron, sewing machine, refrigerator, washing machine, motorcycle, car etc

Section II : Maternal Health

In this section we present the results of the detailed questions regarding antenatal and delivery care for the index pregnancy though the questionnaire elicited such information for all pregnancies reported. Furthermore, pregnancy history questions were asked only from women. [Appendix A].

Use of antepartum health care in the index pregnancy (Table II.1)

Of the 396 women interviewed, 57.1% reported that they went for at least one antenatal care visit. The majority of these visits (57.5%) were at a private clinic or maternity home. Of the 226 women who reported seeking antenatal care, nearly all (94.7%) reported seeking antenatal care up to five times. It is interesting to note that nearly 20.0% of such visits were not for booking purposes which reflects that these women would not be seeking facility-based delivery.

Coverage of tetanus toxoid immunization during the index pregnancy is poor - 33.1% of women reported receiving at least one dose of tetanus toxoid during the index pregnancy though 26.5% reported receiving two doses during the index pregnancy.

Use of intrapartum health care in the index pregnancy (Table II.1)

A total of 396 pregnancies were reported, of which 93.2% were livebirths. The delivery attendant was either a doctor (33.3%) or a dai (32.0%) though deliveries were by far conducted at home (66.4%).

There were 21 abortions (20 spontaneous and one induced) reported among the 396 pregnancies. Nine of the 20 spontaneous and the induced abortion were attended to by a doctor while only two of the 20 spontaneous abortions were attended by a TBA. However, eleven of the 20 spontaneous abortions (55%) were at home while four of the spontaneous (20%) and the induced abortion were conducted at a private clinic.

Section III : Health Seeking Behavior

Health seeking behavior for women and men including their perspectives on availability of transport are presented in this section.

Health seeking behavior (Table III.1)

The most commonly used health facility reported by men and women in Korangi #8 was a private facility. Use of a government health facility as the type of health facility most often used was reported by only 5.1% of men and 6.6% of women. On the other hand, when questioned about the largest health facility frequented, though reported usage of public facilities increased to 31.1% and 27,8% by men and women respectively, private facilities were still the mainstay for large hospitals.

Transport availability (Table III.1)

The type of transport used to reach any of the largest health facility was either taxi or bus though men reported taxi (66.3%) more frequently than women (41.2%). However, when questioned about the time when such transport was available, nearly 80% of men reported daytime only while nearly 70% of women reported anytime.

Section IV : Obstetric Complications

The validity of obstetric complications varies in the context of reported complications, severity and life threatening consequences. However, the health seeking behavior pattern of those who perceive an obstetric complication, irrespective of its validity, is important in the provision of health care. We elicited information on perceptions of serious and emergency (life threatening) obstetric complications during antenatal, natal and postnatal period by men and women. We followed this by detailed questioning on how many women reported morbidity in the three phases of the index and next to the index pregnancy, whether the complication was perceived as serious and whether care was sought. If care was sought, the location where women sought such care was asked. Finally, if care was not sought we probed into the reasons why care was not sought.

The results presented here for the obstetric complications reported are limited to the index pregnancy.

Perceived serious pregnancy-related health problems (Table IV.1)

Abortion (14.4%), hemorrhage (9.1%) and high fever (18.7%) were the most frequently perceived serious obstetric complications reported by women in the antenatal, natal and postnatal phases of pregnancy respectively. Interestingly, a similar pattern was reported by men though hemorrhage (13.5%) and high fever (19.3%) were reported more often.

Perceived emergency obstetric complications (Table IV.2)

Vaginal bleeding was universally reported by men and women as the most common known emergency obstetric complication. “*Frank bleeding*” (12.6%) during antenatal period and “*excessive bleeding*” during natal (15.9%) and postnatal (22%) periods of pregnancy were the most common emergency obstetric complications reported by women. A similar pattern was reported by men.

Perceived health seeking behavior for obstetric complications (Table IV.3)

We asked men and women whether consultation to a health care provider was warranted if a pregnant women had facial edema, and then to which type of health care provider. The vast majority of men (94.8%) and women (81.1%) reported that a health care provider should be consulted. Furthermore, over 90% of men and women reported that a doctor should be consulted for this complication.

A similar line of questioning was asked for the case of a women who had severe headache or blurring of vision. For both of these obstetric complications, consulting a health care provider were most commonly reported by men and women. In addition, a doctor was the health care provider most often consulted.

Finally, we asked whether referral to a tertiary hospital, for antepartum “*spotting*” that either lasted for more than 24 hours or converted to “*fresh*” bleeding, was necessary - 95.6% of men though fewer women (85.6%) reported that referral to a tertiary hospital was necessary.

Antepartum morbidity (Table IV.4, Table IV.5 and Table IV.6)

Prevalent morbidities during the antepartum phase of pregnancy were facial edema (women 23.7%; men 10.2%), severe vomiting (women 19.9%; men 10.5%), dysuria (women 15.4%; men 10.7%) and hypertension (women 14.4%; men 12.4%). Although the type of major morbidities reported by men and women were similar but the magnitude of the prevalence varied - men generally reported lower prevalence than women. For example, severe vomiting was reported by nearly 20% of women though only 10.5% of men reported this morbidity. Antepartum hemorrhage was reported by nearly 9% of women and 7% of men while convulsions were reported by 8 of 396 women (2%) and 13 of 363 men (3.6%)

Non-obstetric morbidities were rarely reported by women and men though more men reported such morbidities. For example, diabetes was reported by 0.6% of men and by 0.3% of women while jaundice was reported by 3.9% of men and 2.5% of women.

Among the women and men who reported an obstetric morbidity we further enquired about:

1. Whether they considered this morbidity serious
2. Whether they sought care
3. The health care provider and health facility where care was sought
4. If care was not sought, the reasons for not seeking care.

Except for facial edema where only 62.8% of women and 59.5% of men reported that facial edema was a serious morbidity, the other antepartum morbidities were equally likely to be considered serious by men and women. Interestingly, convulsions was considered serious by 87.5% of women and 92.3% of men, though hypertension was considered serious by 91.2% of women and 100% of men. On the other hand, vaginal bleeding was considered serious by 88.9% of men and 94.1% of women.

All eight women who reported convulsions sought care though only ten of the thirteen men (76.9%) who reported convulsions sought care. On the other hand, 97.8% of men reported that their wives sought care for hypertension though fewer women (78.9%) sought care. Care was sought for vaginal bleeding by 82.4% of women and 85.2% of men.

Generally speaking, private health facility was the usual source of care for all types of obstetric morbidities reported. Furthermore, men and women were equally likely to report private health facility as the mode for source of care. For example, 82.1% of women and 82.6% of men reported seeking health care from a private facility for vaginal bleeding though for facial edema nearly 21% of women reported going to a government facility. Interestingly, 25% of women reported home as the source of care for convulsions while none of the men reported that they sought care at home for convulsions.

Men and women were equally likely to report seeking care from doctors for the various obstetric morbidities reported. However, for vaginal bleeding, 10.7% of women and 8.7% of men reported a nurse/lady health visitor/midwife as the health care provider consulted. Only 62.5% of women reported seeking care from a doctor for convulsions though 90% of the men reported that doctors were the health care providers sought for such morbidities. Women instead consulted TBAs (12.5%) and others (25.0%).

The most common reason for not seeking care was the perception that the condition was “*not serious*”. For example, of the 15 men who reported that their wives did not seek care for facial edema, 66.7% reported that they felt that the condition was “*not serious*”. Interestingly, “*facility too far*” was not reported by any women though men did report this as a possible reason for their wives not seeking care. On the other hand, “*child care not available*” was reported by women but not by men as a possible reason for not seeking care.

Intrapartum morbidity (Table IV.7, Table IV.8 and Table IV.9)

Prevalent morbidities during the intrapartum phase of pregnancy were “*excessive*” bleeding after birth (women 11.1%; men 4.7%) and labor greater than 18 hours (women 7.8%; men 3%). Cesarean sections were reported by 3.3% of women and 3.9% of men. Perineal and vaginal tears were reported more often by women (4.5%) than men (0.3%). Ruptured uterus was reported by three women though only one spouse reported this complication. Generally speaking, these morbidities were more often reported by women than by spouses though convulsions were more often reported by men (2.5%) than women (1.3%).

Among the women and men who reported an obstetric morbidity we further enquired about:

1. Whether they considered this morbidity serious
2. Whether they sought care
3. The health care provider and health facility where care was sought
4. If care was not sought, the reasons for not seeking care.

All major intrapartum morbidities were considered serious morbidities by both men and women. For example, all women and men perceived convulsions, ruptured uterus and breech as a serious obstetric morbidity.

Health seeking behavior for the major obstetric morbidities such as convulsions, ruptured uterus, prolonged labor and “*excessive*” bleeding after birth were generally sought though fewer women reported seeking care as compared to men. Interestingly, for “*excessive*” bleeding after birth, 94.1% of men reported that their wives sought care but only 70.5% of women reported seeking care. On the other hand, 93.5% of women sought care for prolonged labor though only 72.7% of men reported that their wives sought care.

Private health facility was the usual source of care for all types of obstetric morbidities reported by both men and women. However, for such morbidities as prolonged labor and ruptured uterus government facility (women 17.2%; men 37.5%; and women 50%; men 100% respectively) was reported, albeit more often by men. Home was also often mentioned as the source of care for prolonged labor, “*excessive*” bleeding after birth and tear, more often by women. For example, 20.7% of women reported home as the source of care for prolonged labor in comparison to 12.5% of men.

Doctors were the usual health care provider sought as reported by both men and women though TBAs were also sought for such morbidities as prolonged labor and vaginal bleeding prior to and after birth. However, women more often reported utilizing TBAs as compared to men. The only obstetric morbidity where men reported consulting a TBA was for prolonged labor (women 13.8%; men 12.5%).

The reasons cited for not seeking care were “*could not afford, not serious and facility too far*”. Interestingly, “*transport not available*” was not reported by either men or women as a reason for not seeking care. The most common reasons reported by the thirteen women who did not seek care for “*excessive*” bleeding after birth were “*could not afford*” (30.8%) and “*not serious*” (30.8%). The reason offered by the only woman who reported that she did not seek care for convulsions was that she “*could not afford*” it.

Postpartum morbidity (Table IV.10, Table IV.11 and Table IV.12)

The most common postpartum morbidities reported by both women and men were abdominal pain, high fever and foul vaginal discharge. Women reported each of these three morbidities (32.1%, 19.9% and 15.7% respectively) more often than men (5.8%, 7.7% and 3.3% respectively). Convulsions were reported by six women and six men.

Among the women and men who reported an obstetric morbidity we further enquired about:

1. Whether they considered this morbidity serious
2. Whether they sought care
3. The health care provider and health facility where care was sought
4. If care was not sought, the reasons for not seeking care.

Convulsions were considered serious by the all the women (six) and men (six) who reported this complication. Among the three conditions which could help identify puerperal sepsis (abdominal pain, high fever and foul vaginal discharge) over 70% of women and men perceived abdominal pain and high fever to be serious but only 58.3% of men and 69.4% of women perceived foul vaginal discharge to be serious. Mastitis was reported by 7.3% of women and 4.7% of men.

The majority of women and men reported seeking care for any of the postpartum morbidities reported. However, the general trend was that men reported seeking care more often than women. Though all men who reported convulsions sought care for their wives, only 83.3% of women reported that they sought care. For the conditions that can identify puerperal sepsis, women and men mostly sought care for abdominal pain (women 61.4%; men 95.2%) and high fever (women 84.8%; men 100%) but less often for foul vaginal discharge (women 51.6%; men 75%).

The usual source of care for all types of postpartum morbidities reported by both men and women were private facility. However government facilities were also sought though less often. For example, though 75% of women reported going to a private health facility for foul vaginal discharge, but 12.5% of them did seek care from a government facility. Similarly, though 77.8% of men reported that their wives sought care from a private facility for foul vaginal discharge but a much higher percentage (22.2%) reported going to a government facility.

Doctors were the usual health care provider sought for any postpartum morbidity as reported by both men and women. The second most common type of health care provider used were either TBAs or others. For example, for convulsions, women reported only seeking care from doctors but of the six men who reported convulsions as a postpartum morbidity, five sought care for their wives from doctors and one man reported self treatment (others). TBAs were sought for

abdominal pain (women 7.7%) and mastitis (women 5.9%) by women though men reported that their wives sought a TBA for abdominal pain (men 5%) only.

The most common reasons cited by the twelve women who did not seek care for high fever were “*not serious*” (33.3%) and “*could not afford*” (25%). Interestingly none of the men reported that they considered high fever as “*not serious*”. On the other hand, the reasons cited by the fifty percent of women and 25% of men who reported that they did not consider foul vaginal discharge as a serious morbidity were either “*not serious*” (women 36.7%; men 100%) or “*could not afford*” (women 26.7%; men 0%). Interestingly, “*no transport*” was not cited as a reason for not seeking care for any postpartum morbidity by either men or women though “*no child care*” was a reason reported - more often cited by women than men.

CHAPTER FOUR

DISCUSSION

The demographic characteristics of the study population is similar to other urban squatter settlements of Karachi: large households, moderately high male unemployment and low female education level. However, civic amenities such as sewerage, availability of electricity and source of fuel was comparatively better than in other such communities though water supply was a major problem with only 30.8% of the sample population reporting piped water (Table I.2).

Nearly 60% of women reported that they went for an antenatal visit, mostly to a doctor. Furthermore, though the majority of deliveries occurred at home and were mainly attended by dais, doctors also conducted nearly 34% of all deliveries (Table II.1) . The results therefore suggest that women are going for antenatal care and having institutional deliveries with trained attendants.

However, our survey instrument was not geared to address the underlying factor/s which lead women to go for the antenatal visit [clinical or preventive visit] or the nature of care offered by the health care provider. Hence, we cannot assess the usefulness of these visits for safe pregnancy. We therefore suggest that questions be developed to address these issues as greater insight into the reason and nature of these antenatal visits will, we believe, assist in developing appropriate counseling strategies for women and training strategies for health care providers.

Appropriate antenatal care includes provision of tetanus toxoid immunization. Though 57.1% of women (226/396) reported going for an antenatal visit, only 33.1% of all women report being immunized against tetanus (Table II.1). The poor coverage of tetanus toxoid immunization supports our earlier suggestion that the survey instrument needs to include questions based on gathering information on nature of care offered during antenatal visits.

In Pakistan, use of primary level public health facilities for health care problems is not the norm in urban areas though tertiary level public health facilities are overcrowded with patients coming for minor and major health problems. However, in rural areas the mainstay of even primary health care is public facilities. The results of our study also suggest that the primary health care provider is mainly in the private sector. Availability of transport, especially for medical emergencies, was assumed to be a major problem as one of the major reasons highlighted by Jafarey et al's study³ on reasons why 150 women were brought in dead to a public hospital was the lack of transport. Our data suggests that lack of transport is not a major delay factor as nearly 70% of women reported that transport was available anytime of the day.

Comparing the perceived complications during the three phases of pregnancy with the actual complications reported, the data suggests hemorrhage and high fever were also the most common complications perceived and actually reported during the intrapartum and postpartum periods.

³ Jafarey SN and Korejo R. Mothers brought dead: An inquiry into causes of delay. Soc Sci Med 1993. 36(3):371-372

Interestingly, nearly 5% of all index pregnancies ended in abortion while abortion was the most common perceived complication during the antepartum period.

Though men and women generally reported similar obstetric complications the frequency of such complications were reported more often by women than men. For example, foul vaginal discharge during the postpartum period was reported by 15.7% of women but only by 3.3% of men. This discrepancy in frequency of reported obstetric complications raises several questions such as the reticence among men to report their wives obstetric complication, unawareness of complications or not considered serious or life threatening. However, it is interesting to note that where convulsions are concerned, the data suggests that men report such events more often than women suggesting that for this life-threatening event men are either made aware of the condition or consider this complication serious.

To define the utilization of healthcare, specifically maternity services, we asked a series of questions which would assist us in defining whether the morbidity was considered serious and if so, the type of health care facility sought. Furthermore, we also investigated the reasons men and women reported that they did not consider the reported obstetric morbidity serious. We need to place in perspective that not all the potentially serious conditions, as we have defined them, could become serious, so we would expect that some, though reported, were not considered serious by the respondents. Furthermore, as the data collected is retrospective, men and women may now report conditions as “*not serious*” though at that time it may have been serious. This could be specially true for some conditions such as facial edema where nearly 40% of men and women responded that this condition was “*not serious*”.

On the other hand, the perception of the vast majority of respondents for such conditions as hypertension and jaundice, were that these conditions were serious but a little over 20% of women did not seek care for hypertension. Reasons for not seeking care for hypertension were either “*no specific reason, no child care or could not afford*” (Table IV.5). However for life-threatening conditions such as convulsions and hemorrhage approximately 10% of men and women did not perceive this to be serious. Considering the responses for life-threatening conditions such as hemorrhage and convulsions to be valid, then our results suggest that raising health awareness among women and men to recognize and respond to life-threatening conditions is important.

Furthermore, during the intrapartum period, “*excessive*” bleeding after birth was reported by 11% of women though about 14% did not consider this serious and nearly 30% did not seek care. As remarked earlier, there could be several reasons for this lack of perception of severity of postpartum hemorrhage, but wherever the “*truth*” lies, this lack of recognition of seriousness of a life-threatening obstetric complication lends further support to our earlier recommendation for raising health awareness among women for early recognition and timely referral for obstetric complications. Interestingly, though there were only 17 of the 363 men (4.7%) who reported hemorrhage but only one of them (5%) did not perceive this as serious or did not seek care [Table IV.7]. This leads us to suggest that men maybe informed that their wives are hemorrhaging excessively only when this condition is perceived as “*very serious*” by the women and/or the birth attendant. However, educating men about the potential severity of postpartum hemorrhage is important and needs to be advocated.

Convulsions in any of the three phases of pregnancy is life-threatening and, as most of the index deliveries were conducted at home (65.5% - Table II.1), the health seeking behavior pattern for this complication is extremely important. Comparing the responses from men and women, generally speaking, all men perceived convulsions as serious and sought care if the convulsion occurred in the intrapartum or post-partum periods but nearly 23% did not seek care if the convulsion occurred during the antepartum period. On the other hand, women were much less likely to either perceive this condition as serious or to seek care in any of the three phases of pregnancy but more so in the intrapartum and postpartum periods. (Table IV.4, IV.7 and IV.10).

By and large, the major reasons for not seeking care, irrespective of the phase of pregnancy and delivery were “*lack of perception of severity of the complication and accessibility to care in the context of costs, distance and unavailability of child care*” (Tables IV.5, IV.6, IV.8, IV.9, IV.11 and IV.12) though surprisingly, “*poor services*” were not reported as a reason for not seeking care. These financial, geographic and cultural barriers, we believe, are not impossible to overcome with creative intervention strategies such as assistance in payment schedules, alternative transport facilities through use of “*Edhi*” ambulance system and preparation of an emergency plan especially to look into “*child-care*” issues.

In summary, our results indicate that there is a substantial lack of recognition of serious obstetric complications both by men and women which, we feel, plays a significant role in the high level of obstetric complications and their possible adverse outcomes rather than the accessibility barriers of distance, costs and lack of child care at home. We therefore suggest that, from a community perspective, a critical element for Safe Motherhood intervention in this area is to raise awareness among men and women for early recognition and timely referral of obstetric complications.

CHAPTER FIVE

LIMITATIONS

The magnitude of some of the obstetric complications reported in this study is comparatively high. For example, postpartum hemorrhage is reported by 11% of women and ruptured uterus [an extremely rare event] is reported by three of the 396 women interviewed. The validity of these results is questionable and though considerable effort was expended to make the interviewers explain the various complications in as simple and uniform a method as possible, we may not have been able to achieve this. Consequently, discrepancies may have crept in as either the interviewers, who did not have a health background, were not able to probe in-depth into the type of complication or the respondents may not have understood this. We tried to assess the discrepancy between what the “true” complication was and what the respondent reported by in-depth re-interviewing of the three women who reported a ruptured uterus. Of these three women, one could not be re-interviewed as she had migrated while of the remaining two, one reported a uterine prolapse and the other a perineal/vaginal tear. Consequently, the prevalence of complications reported is not very robust and must be interpreted with caution though it does provide an insight into the immensity of the problem.

In the light of these limitations we suggest the following to improve the quality of the data on reported obstetric morbidity:

1. The questions need to be further refined and pre-tested in a hospital setting
2. The manual of instruction needs to be further elaborated so as to provide detailed notes on the depth of probing that needs to be conducted whenever a woman reports an obstetric complication
3. Interviewers need to have a health background so that they can better probe into the nature of the morbidity
4. Re-interviewing of those women who report an obstetric morbidity should be conducted by a physician

QUESTIONNAIRE - WOMEN

Name of Respondent: _____

Name of Husband: _____

Location (Please specify)

Sector 8A		Sector 8D	
Sector 8B		Sector 8E	
Sector 8C		Sector 8F	

CHS-Number _____

Address _____

Name of Interviewer _____

Visit #	Date	Status
1	___ / ___ / ___	1 - Complete 2 - Incomplete 3 - Refusal 4 - Not at home
2	___ / ___ / ___	1 - Complete 2 - Incomplete 3 - Refusal 4 - Not at home
3	___ / ___ / ___	1 - Complete 2 - Incomplete 3 - Refusal 4 - Not at home

MODULE A. BACKGROUND INFORMATION				
#	Questions and Filters	Coding categories	Skip to	Answers
<i>I would like to ask you some questions about you and your husband</i>				
Q1	How old are you?			Years
Q2	In what month and year were you born?	(a) Month 98. Don't know (b) Year 98. Don't know		Month Year
Q3	Where were you born? (Specify):	(a) City 98. Don't know (b) Province 98. Don't know		City Province
Q4	What is the main language that you speak at home?	1. Urdu 2. Balochi 3. Sindhi 4. Hindko 5. Punjabi 6. Pushto 7. Other (specify):		
Q5	What is your religion?	1. Muslim 2. Christian 3. Other (specify):		
Q6	Are you now married, widowed, divorced or separated?	1. Married 2. Widowed 3. Divorced 4. Separated		
Q7	How old were you when you first got married? (completed years)			
Q8	How many years have you been married? <i>[since the first marriage]</i>			
Q9	Does your husband have any other wives besides you?	1. Yes 2. No 98. Don't know	⇒ Q11 ⇒ Q11	

Q10	If yes, how many others?	<ol style="list-style-type: none"> 1. One other 2. Two others 3. Three or more others 98. Don't know 		
<p>Housing characteristics <i>The next set of questions are about your home and your way of life.</i></p>				
Q11	Interviewer's observation about the main type of construction.	<ol style="list-style-type: none"> 1. Pucca (concrete with pucca roof) 2. Pucca (concrete with tin/asbestos roof) 3. Semi Pucca A (Tin roof/plastered/unplastered wall) 4. Semi Pucca B (Mud/Thatch roof/plastered/unplastered wall) 5. Wooden structure/Structure made of reeds and wood only (<i>Jhonpre</i>) 6. Other (specify): 		
Q12	Do you own this house?	<ol style="list-style-type: none"> 1. Yes 2. No, live on rent 3. Other (specify): 		
Q13	How many rooms are in your household excluding kitchen, bathroom and storage room?			Number of rooms:
Q14	Does your household have electricity?	<ol style="list-style-type: none"> 1. Yes 2. No 		
Q15	Most of the time, what kind of fuel do you use for cooking?	<ol style="list-style-type: none"> 1. Electricity or piped-in gas 2. Bottled gas 3. Kerosene 4. Home-produced gas/bio-gas 5. Wood/charcoal/dung cakes 6. Other (specify): 98. Don't know 		

Q16	Do you own a pedestal/ceiling fan?	1. Yes 2. No 98. Don't know		
Q17	Do you own an iron?	1. Yes 2. No 98. Don't know		
Q18	Do you own a sewing machine?	1. Yes 2. No 98. Don't know		
Q19	Do you own a grinder/blender?	1. Yes 2. No 98. Don't know		
Q20	Do you own a refrigerator?	1. Yes 2. No 98. Don't know		
Q21	Do you own a washing machine?	1. Yes 2. No 98. Don't know		
Q22	Do you own a radio/cassette player?	1. Yes 2. No 98. Don't know		
Q23	Do you own a TV?	1. Yes 2. No 3. Other (specify): 98. Don't know		
Q24	Do you own a VCR?	1. Yes 2. No 3. Other (specify): 98. Don't know		
Q25	Do you own a Dish?	1. Yes 2. No 3. Other (specify): 98. Don't know		

Q26	Do you own a bicycle?	1. Yes 2. No 98. Don't know		
Q27	Do you own a motor cycle/scooter?	1. Yes 2. No 98. Don't know		
Q28	Do you own a car/pick-up?	1. Yes 2. No 3. Other (specify). 98. Don't know		
Q29	What is the main source of drinking water? <i>[Please note ONLY the main source]</i>	1. Tap in home 2. Community tap 3. Hand pump in home 4. Tanker 5. Underground well 6. Tube well 7. Vendors 8. Other (specify): 98. Don't know		
Q30	What is the main source of water for domestic use? <i>[Please note ONLY the main source]</i>	1. Tap in home 2. Community tap 3. Hand pump in home 4. Tanker 5. Underground well 6. Tube well 7. Vendors 8. Other (specify): 98. Don't know		
Q31	How do you usually purify your drinking water? <i>[one method only]</i>	1. Do nothing 2. Filter only 3. Use purifying tablets 4. Use alum 5. Filter & use alum 6. Filter & purifying tablets 7. Alum & purifying tablets 8. Boil 9. Boil & use alum 10. Boil & filter 11. Boil & purifying tablets 12. Sulphur 13. Other (specify). 98. Don't know		

Q32	What type of latrine/toilet facility does this house have? (Indicate main type)	<ol style="list-style-type: none"> 1. Use open space 2. Latrine (pour or flush) 3. Closed pit (soak pit) 4. Other (specify): 98. Don't know 		
Q33	Where do you put household rubbish regularly?	<ol style="list-style-type: none"> 1. Have rubbish bin in the house 2. Collect rubbish in a corner in the house 3. Keep rubbish outside the house 4. Throw rubbish in the lanes 5. Other (specify): 98. Don't know 		

MODULE B. REPRODUCTIVE HISTORY

Q34	How many times have you EVER been pregnant?			Number
Q35	How many of your children were born alive?			Number
Q36	How many of your children are currently alive?			Number

MODULE C. HEALTH SEEKING BEHAVIOR

#	Questions and Filters	Coding Categories	Skip to	Answers
Q37- Q45	Where have you EVER gone for/received health care?	1. Yes 2. No 88 Did not respond spontaneously 98 Don't know 99. NA		Use SPN column to code spontaneous responses. Use PRM column to code prompted responses. SPN PRM
Q37	Government health center			
Q38	Private hospital/maternity home			
Q39	Government hospital			
Q40	Private doctor/clinic			
Q41	Hakim/homeopath			
Q42	Dai			
Q43	Faith healer (Pir/fakir)			
Q44	Pharmacy (Medical store)			
Q45	Other (specify):			
Q46	Where do you usually go for your health problems? <i>[single response desired for facility/provider most utilized]</i>	1. Nowhere 2. Does not have a usual source of health care 3. Government health center 4. Private hospital 5. Government hospital 6. Private doctor/clinic 7. Hakim/homeopath 8. Faith healer (Pir/fakir) 9. Dai 10. Pharmacy (Medical store) 11. Other (specify):	=> Q48 => Q48	
Q47	Where is _____ <i>[name site/provider as mentioned in question above]</i> located?			Location

Q48- Q57	Who are the health care providers in your area?	1. Yes 2. No 88. Did not respond spontaneously 98. Don't know 99. NA		Use SPN column to code spontaneous responses. Use PRM column to code prompted responses.	
				SPN	PRM
Q48	Hakim/homeopath				
Q49	Dais				
Q50	Faith healer (Pir/fakir)				
Q51	Prime Minister Prgm LHW(s)				
Q52	Dispensers/Compounders				
Q53	Midwife				
Q54	Lady Health Visitor (LHV)				
Q55	Nurse				
Q56	Doctor				
Q57	Other (specify):				
Q58	Which large hospital is nearest to your house?	1. JPMC [Jinnah Hospital] 2. Korangi #5/Sultan Hospital 3. Civil Hospital 4. Other (specify): 98 Don't know			
Q59	What transport do you usually use to go to _____ [name of large hospital mentioned]?	1. Taxi 2. Rickshaw 3. Bus 4. Borrowed car/pick-up 5. Own car/pick-up 6. Other (specify): 99. NA			
Q60	How much time does it take to get to _____ [name of large hospital mentioned] from your house using that transport?	988 Don't know 99 NA		Minutes	
Q61	During what time is the transport easily available to you?	1 Day time only 2 Night time only 3. Any time 99 NA			

Q62	If a health emergency arises that requires transport, how will you arrange for it?	<ol style="list-style-type: none"> 1. Borrow from friends/neighbors 2. Borrow from relatives 3. Hire a taxi 4. Own car 5. Other (specify): 		
Q63	What kind of service do you think _____ [<i>name of large hospital mentioned</i>] gives?	<ol style="list-style-type: none"> 1. Excellent 2. Good 3. Fair 4. Poor 5. No opinion 98. Don't know 99. NA 		
Q64	If you have a serious/dangerous problem, will you go to _____ [<i>name of large hospital mentioned</i>]?	<ol style="list-style-type: none"> 1. Yes 2. Yes, if no facility available in private hospital 3. No (specify why not). 4. Other (specify): 99. NA 		

MODULE D. ANTENATAL CARE AND PREGNANCY

#	Questions and Filters	Coding Categories	Skip to	Answers
Q65- Q68	<i>Now, I will ask you a series of questions related to care during pregnancy.</i>			
Q65	In what month of pregnancy do you think a healthy pregnant woman should go for her first check-up?	98. Don't know		Month of gestation
Q66	How often do you think she should go during her pregnancy?	1. Whenever doctor calls 2. Whenever she has a problem 3. < 5 times 4. 5-10 times 5. 10+ times 98. Don't know		
Q67	Do you think going for a check-up can prevent serious pregnancy complications that could occur in a normal pregnancy?	1. Yes 2. No 98. Don't know		
Q68	Did you receive antenatal care in your last pregnancy?	1. Yes 2. No 98. Don't know		

Now, I will ask you a series of questions related to your understanding of what can go wrong in pregnancy.

Q69- Q77	What kind of serious pregnancy-related health problems can a woman experience when she is pregnant?	1. Yes 2. No 88. Did not respond spontaneously 98. Don't know 99. NA		Use SPN column to code spontaneous responses. Use PRM column to code prompted responses.	
				SPN	PRM
Q69	Abortion				
Q70	Anemia				
Q71	Vaginal bleeding				
Q72	High blood pressure				
Q73	Convulsions				
Q74	Breathlessness				
Q75	Tiredness				
Q76	Diarrhea				
Q77	Other (specify)				
Q78- Q82	What are the emergency complications that a pregnant woman could have that would require her to go to JPMC?	1. Yes 2. No 88. Did not respond spontaneously 98. Don't know 99. NA		Use SPN column to code spontaneous responses. Use PRM column to code prompted responses.	
				SPN	PRM
Q78	Continuous spotting (more than one day)				
Q79	Spotting that increases to frank bleeding				
Q80	Frank bleeding (with or without pain)				
Q81	Convulsions				
Q82	Other (specify)				
Q83	Is it normal to have swelling of feet during pregnancy?	1. Yes 2. No 98. Don't know			
Q84	Is it normal to have swelling of hands during pregnancy?	1. Yes 2. No 98. Don't know			

Q85	Is it normal to have swelling of the face during pregnancy?	1. Yes 2. No 98. Don't know		
Q86	If a woman has swelling of face during pregnancy do you think she should consult a health care provider?	1. Yes 2. No 98. Don't know	⇒ Q88 ⇒ Q88	
Q87	Which health care provider should she consult?	1. Dai 2. Lady Health Visitor (LHV) 3. Lady Health Worker (LHW) 4. Midwife 5. Nurse 6. Doctor 7. Other (specify):		
Q88	If a pregnant woman has severe headache or blurring of vision do you think she should consult a health care provider?	1. Yes 2. No 98. Don't know	⇒ Q90 ⇒ Q90	
Q89	Which health care provider should she consult?	1. Dai 2. Lady Health Visitor (LHV) 3. Lady Health Worker (LHW) 4. Midwife 5. Nurse 6. Doctor 7. Other (specify):		
A woman has spotting towards the final months of her pregnancy.				
Q90	Do you think this is a serious condition?	1. Yes 2. No 98. Don't know		

Q91	Is spotting/slight bleeding before the 6 th month of pregnancy serious?	1. Yes 2. No 98. Don't know		
Q92	If you were pregnant and experienced spotting who would you consult first?	1. Dai 2. Lady Health Visitor (LHV) 3. Lady Health Worker (LHW) 4. Midwife 5. Nurse 6. Doctor 7. Family member (specify): 8. Other (specify):		
Q93	If a pregnant woman suffers from spotting do you think it is necessary to take her to the local health care provider?	1. Yes 2. No 98. Don't know	=> Q95	
Q94	Why do you think it is not necessary to take her to the local health care provider?			
Q95	If a pregnant woman has spotting that lasts for more than 24 hours or she has fresh bleeding where should she go first?	1. Government health center 2. Private hospital 3. Jinnah hospital (JPMC) 4. Other government hospital 5. Private doctor/clinic 6. Other (specify).		
Q96	If the spotting lasts for more than 24 hours or she has fresh bleeding do you think she should be taken to JPMC?	1. Yes 2. No 98. Don't know	=> Q98	
Q97	Why do you think it is not necessary to take her to JPMC?			
Q98	In your last pregnancy did you suffer from spotting?	1. Yes 2. No 98. Don't know	=> Q109 => Q109	

Q99	How long did the spotting last?	1. ≤ 1 day 2. > 1 day 3. Other (specify):		
Q100	Did it convert to fresh bleeding?	1. Yes 2. No 98. Don't know		
Q101	Did you go to any health care provider?	1. Yes 2. No 98. Don't know	⇒ Q109 ⇒ Q109	
Q102	Who was the first health care provider?	1. Dai 2. Lady Health Visitor (LHV) 3. Lady Health Worker (LHW) 4. Midwife 5. Nurse 6. Doctor 7. Other (specify): 98. Don't know		
Q103	Did you go to any other health care provider?	1. Yes 2. No 98. Don't know	⇒ Q109 ⇒ Q109	
Q104	Who was that health care provider?	1. Dai 2. Lady Health Visitor (LHV) 3. Lady Health Worker (LHW) 4. Midwife 5. Nurse 6. Doctor 7. Other (specify): 98. Don't know		
Q105	Did you go to any other health care provider?	1. Yes 2. No 98. Don't know	⇒ Q109 ⇒ Q109	

Q106	Who was that health care provider?	<ol style="list-style-type: none"> 1. Dai 2. Lady Health Visitor (LHV) 3. Lady Health Worker (LHW) 4. Midwife 5. Nurse 6. Doctor 7. Other (specify): 98. Don't know 		
Q107	Did you go to any other health care provider?	<ol style="list-style-type: none"> 1. Yes 2. No 98. Don't know 	<p>⇒ Q109</p> <p>⇒ Q109</p>	
Q108	Who was that health care provider?	<ol style="list-style-type: none"> 1. Dai 2. Lady Health Visitor (LHV) 3. Lady Health Worker (LHW) 4. Midwife 5. Nurse 6. Doctor 7. Others (specify): 98. Don't know 		
Q109	Do you think a pregnant woman should take iron tablets during pregnancy?	<ol style="list-style-type: none"> 1. Yes 2. Yes, if doctor recommends 3. No 98. Don't know 		
Q110	Did you take iron tablets in your last pregnancy?	<ol style="list-style-type: none"> 1. Yes 2. No 98. Don't know 	<p>⇒ Q113</p> <p>⇒ Q113</p>	
Q111	During which month of your last pregnancy did you begin taking iron tablets?	98. Don't know		Month of gestation
Q112	How long did you take iron tablets during your last pregnancy?	<ol style="list-style-type: none"> 1. 1-3 months taken 2. 4-6 months taken 3. 7-9 months taken 4. Whenever remembered 5. Other (specify): 	<p>⇒ Q114</p> <p>⇒ Q114</p>	
Q113	Why did you not take iron tablets during your entire pregnancy?	<ol style="list-style-type: none"> 1. Nausea 2. Diarrhea 3. Whenever doctor/health care provider advised 4. Other (specify): 98. Don't know 		

Experience of Complications During Pregnancy

ID Code: -----/-----/-----

Complication	1		2		3		4		5		6	
	Did you have this? 1. Yes 2. No 98. Don't Know 99. NA		Did you think this was serious? 1. Yes 2. No 98. Don't Know 99. NA		Did you seek care? 1. Yes 2. No 98. Don't Know 99. NA		Where? 1. Private clinic 2. Maternity home 3. Private hospital 4. Govt. MCH center 5. Govt. hospital 6. Pharmacy 7. Home 8. Other (specify) 98. Don't know 99. NA		From Whom? 1. Doctor 2. Nurse 3. Midwife 4. LHV 5. LHW (PM program) 6. Dai 7. Traditional healer (hakim/homeopath) 8. Faith healer 9. Self treatment 10. Other (specify) 98. Don't know 99. NA		If no care sought, why not? 1. Health facility too far 2. Could not afford 3. No transport 4. Not serious 5. Poor service 6. No child care 7. Did not know where to go 8. Other (specify) 9. No reason 10. Home treatment 98. Don't know 99. NA	
	(If column A = 2, then, C,E,G,I & K = 99) (If column B = 2, then, D,F,H,J, & L = 99) (If column A = 98, then, C,E,G,I & K = 98) (If column B = 98, then, D,F,H,J, & L = 98) (if col. 3 = 1 then col. 6 = 99) (if col. 3 = 2 then col. 4 & 5 = 99)											
	A	B	C	D	E	F	G	H	I	J	K	L
	Last Preg	Next to last Pregnancy	Last Preg	Next to last Pregnancy	Last Preg	Next to last Pregnancy	Last Preg	Next to last Pregnancy	Last Preg	Next to last Pregnancy	Last Preg	Next to last Pregnancy
FACIAL EDEMA	114	115	116	117	118	119	120	121	122	123	124	125
BLEEDING	126	127	128	129	130	131	132	133	134	135	136	137
CONVULSIONS	138	139	140	141	142	143	144	145	146	147	148	149
SEVERE VOMITING	150	151	152	153	154	155	156	157	158	159	160	161
HYPERTENSION	162	163	164	165	166	167	168	169	170	171	172	173
DYSURIA/BURNING	174	175	176	177	178	179	180	181	182	183	184	185
DIABETES	186	187	188	189	190	191	192	193	194	195	196	197
JAUNDICE	198	199	200	201	202	203	204	205	206	207	208	209

Q210a	Did you receive a blood transfusion during your last pregnancy?	1. Yes 2. No 98. Don't know		
Q210b	Did you receive a blood transfusion during your next to last pregnancy?	1. Yes 2. No 98. Don't know 99. NA		

MODULE E. DELIVERY

#	Questions and Filters	Coding Categories	Skip to	Answers	
<i>Now, I would like to ask you some questions about a woman's delivery period.</i>					
Q211- Q218	What kind of serious problems can a woman experience during delivery?	1. Yes 2. No 88. Did not respond spontaneously 98. Don't know 99. NA		Use SPN column to code spontaneous responses. Use PRM column to code prompted responses. SPN PRM	
Q211	Vaginal bleeding				
Q212	Excessive bleeding before birth of baby				
Q213	Excessive bleeding after birth of baby				
Q214	Convulsions				
Q215	Placenta does not come out				
Q216	Baby dies before coming out				
Q217	High fever				
Q218	Other (specify):				
Q219- Q225	What are the emergency complications that a woman could have during delivery that would require her to go to JPMC?	1. Yes 2. No 88. Did not respond spontaneously 98. Don't know 99. NA		Use SPN column to code spontaneous responses. Use PRM column to code prompted responses. SPN PRM	
Q219	Duration of labor more than 18 hours for primigravida				
Q220	Duration of labor more than 12 hours for multigravida				
Q221	Excessive bleeding				
Q222	Labor does not start even after 24 hours of rupture of membranes				
Q223	Convulsions				
Q224	High blood pressure				
Q225	Other (specify):				

A woman who is full term pregnant for the first time has been in labor for more than 24 hours. Her contractions are weaker now and she still has not delivered.

Q226	Can she deliver her baby normally without any help?	1. Yes 2. No 98. Don't know	⇒ Q228	
Q227	What can help in speeding up the delivery? <i>[list all possible responses]</i>	1. Injections 2. Abdominal massage 3. Other (specify): 98. Don't know		

A woman who has just delivered feels ghabrahat and weakness. The dai lifts her razai and discovers that the sheets are soaked in blood.

Q228	Is it necessary to take this woman to JPMC immediately?	1. Yes 2. No (specify): 98. Don't know		
------	---	--	--	--

Experience of Complications During Delivery

ID Code: -----/-----/-----

Complication	1		2		3		4		5		6					
	Did you have this?		Did you think this was serious?		Did you seek care?		Where?		From Whom?		If no care sought, why not?					
	1. Yes 2. No 98. Don't Know 99. NA		1. Yes 2. No 98. Don't Know 99. NA		1. Yes 2. No 98. Don't Know 99. NA		1. Private clinic 2. Maternity home 3. Private hospital 4. Govt. MCH center 5. Govt. hospital 6. Pharmacy 7. Home 8. Other (specify) 98. Don't know 99. NA		1. Doctor 2. Nurse 3. Midwife 4. LHV 5. LHW (PM program) 6. Dai 7. Traditional healer (hakim/homeopath) 8. Faith healer 9. Self treatment 10. Other (specify) 98. Don't know 99. NA		1. Health facility too far 2. Could not afford 3. No transport 4. Not serious 5. Poor service 6. No child care 7. Did not know where to go 8. Other (specify) 9. No reason 10. Home treatment 98. Don't know 99. NA					
(if column A = 2, then, C, E, G, I, & K = 99) (if column B = 2, then, D, F, H, J, & L = 99) (if column A = 98, then, C, E, G, I, & K = 98) (if column B = 98, then, D, F, H, J, & L = 98) (if col. 3 = 1 then col. 6 = 99) (if col. 3 = 2 then col. 4 & 5 = 99)																
	A	B	C	D	E	F	G	H	I	J	K	L				
	Last Preg	Next to last Pregnancy	Last Preg	Next to last Pregnancy	Last Preg	Next to last Pregnancy	Last Preg	Next to last Pregnancy	Last Preg	Next to last Pregnancy	Last Preg	Next to last Pregnancy				
LABOR GREATER THAN 18 HOURS	229	230	231	232	233	234	235	236	237	238	239	240				
BREECH	241	242	243	244	245	246	247	248	249	250	251	252				
TWINS	253	254	255	256	257	258	259	260	261	262	263	264				
CONVULSIONS	265	266	267	268	269	270	271	272	273	274	275	276				
EXCESSIVE BLEEDING BEFORE BIRTH	277	278	279	280	281	282	283	284	285	286	287	288				
EXCESSIVE BLEEDING AFTER BIRTH	289	290	291	292	293	294	295	296	297	298	299	300				
RUPTURED UTERUS	301	302	303	304	305	306	307	308	309	310	311	312				
PERINEAL/VAGINAL TEAR	313	314	315	316	317	318	319	320	321	322	323	324				
CESAREAN SECTION	325	326	327	328	329	99	330	99	331	332	333	334	335	99	336	99
INSTRUMENTAL DELIVERY	337	338	339	340	341	99	342	99	343	344	345	346	347	99	348	99
EPISIOTOMY	349	350	351	352	353	99	354	99	355	356	357	358	359	99	360	99

MODULE F. POSTPARTUM

#	Questions and Filters	Coding Categories	Skip to	Answers	
<i>After the baby has been born and the placenta has come out, other problems can also happen.</i>					
Q361- Q366	What kind of serious problems can a woman experience during the postpartum period?	1. Yes 2. No 88. Did not respond spontaneously 98. Don't know 99. NA		Use SPN column to code spontaneous responses. Use PRM column to code prompted responses. SPN PRM	
Q361	Convulsions				
Q362	High fever				
Q363	Smelly discharge/dysuria				
Q364	Mastitis				
Q365	Diarrhea				
Q366	Other (specify)				
Q367- Q371	What are the emergency complications that a woman could have after the baby is born that would require her to go to JPMC?	1. Yes 2. No 88. Did not respond spontaneously 98. Don't know 99. NA		Use SPN column to code spontaneous responses. Use PRM column to code prompted responses. SPN PRM	
Q367	Abdominal pain with high fever and vomiting				
Q368	Excessive bleeding				
Q369	Convulsions				
Q370	Vaginal bleeding				
Q371	Other (specify)				

Experience of Complications During Postpartum Period

ID Code: ----/----/----

Complication	1		2		3		4		5		6	
	Did you have this? 1. Yes 2. No 98. Don't Know 99. NA		Did you think this was serious? 1. Yes 2. No 98. Don't Know 99. NA		Did you seek care? 1. Yes 2. No 98. Don't Know 99. NA		Where? 1. Private clinic 2. Maternity home 3. Private hospital 4. Govt. MCH center 5. Govt. hospital 6. Pharmacy 7. Home 8. Other (specify) 98. Don't know 99. NA		From Whom? 1. Doctor 2. Nurse 3. Midwife 4. LHV 5. LHW (PM program) 6. Dai 7. Traditional healer (hakim/homeopath) 8. Faith healer 9. Self treatment 10. Other (specify) 98. Don't know 99. NA		If no care sought, why not? 1. Health facility too far 2. Could not afford 3. No transport 4. Not serious 5. Poor service 6. No child care 7. Did not know where 8. Other (specify) 9. No reason 10. Home treatment 98. Don't know 99. NA	
	(If column A = 2, then, C,E,G,I & K = 99) (If column B = 2, then, D,F,H,J, & L = 99) (If column A = 98, then, C,E,G,I & K = 98) (If column B = 98, then, D,F,H,J, & L = 98) (if col. 3 = 1 then col. 6 = 99) (if col.3 = 2 then col. 4 & 5 = 99)											
	A	B	C	D	E	F	G	H	I	J	K	L
	Last Preg	Next to last Pregnancy	Last Preg	Next to last Pregnancy	Last Preg	Next to last Pregnancy	Last Preg	Next to last Pregnancy	Last Preg	Next to last Pregnancy	Last Preg	Next to last Pregnancy
CONVULSIONS	372	373	374	375	376	377	378	379	380	381	382	383
HIGH FEVER	384	385	386	387	388	389	390	391	392	393	394	395
FOUL VAGINAL DISCHARGE	396	397	398	399	400	401	402	403	404	405	406	407
ABDOMINAL PAIN	408	409	410	411	412	413	414	415	416	417	418	419
MASTITIS	420	421	422	423	424	425	426	427	428	429	430	431
DYSURIA/BURNING	432	433	434	435	436	437	438	439	440	441	442	443

MODULE G. FAMILY PLANNING

Now I would like to talk about the various methods a couple can use to delay or avoid a pregnancy.

	Column A	Column B
	<p>What are the various methods of family planning you have ever heard of?</p> <p>AFTER MARKING SPONTANEOUS POSITIVE RESPONSES. ASK:</p> <p>Have you ever heard of the _____ (Method)?</p>	<p>Have you or your husband ever used _____ (Method)?</p>
	<p>1. Yes / Spontaneous 2. Yes / Probed 5 No / Probed</p>	<p>1. Yes 5 No 99. NA</p>
(a) Oral Pill: Women can take an oral pill every day	<u>444</u>	<u>445</u>
(b) IUD: Women can have a loop or coil placed inside them by a doctor or a nurse	<u>446</u>	<u>447</u>
(c) Diaphragm/Jelly/Foam: These are external barrier methods that a woman can use to avoid pregnancy	<u>448</u>	<u>449</u>
(d) Condom: Men can use a rubber sheath during sexual intercourse	<u>450</u>	<u>451</u>

	Column A	Column B
	<p>What are the various methods of family planning you have ever heard of?</p> <p>AFTER MARKING SPONTANEOUS POSITIVE RESPONSES. ASK:</p> <p>Have you ever heard of the _____ (Method)?</p>	<p>Have you or your husband ever used _____ (Method)?</p>
	<p>1. Yes / Spontaneous 2. Yes / Probed 5. No / Probed</p>	<p>1. Yes 5. No 99 NA</p>
(e) Injections: Women can have an injection given by a doctor or nurse which stops them from becoming pregnant for several months	<u>452</u>	<u>453</u>
(f) Norplant: Women can have a small tube placed under the skin on the inside of the arm by a doctor to prevent pregnancy	<u>454</u>	<u>455</u>
(g) Female Sterilization: Women can have an operation to avoid having any more children	<u>456</u>	<u>457</u>
(h) Male Sterilization: Men can have an operation to avoid having any more children	<u>458</u>	<u>459</u>
(i) Induced Abortion: An intentional attempt by some women to terminate an unwanted pregnancy	<u>460</u>	<u>461</u>
(j) Withdrawal: Men can be careful and pull out before climax	<u>462</u>	<u>463</u>
(k) Rhythm: Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant	<u>464</u>	<u>465</u>

	Column A	Column B
	What are the various methods of family planning you have ever heard of? AFTER MARKING SPONTANEOUS POSITIVE RESPONSES. ASK: Have you ever heard of the _____ (Method)?	Have you or your husband ever used _____ (Method)?
	1. Yes / Spontaneous 2. Yes / Probed 5. No / Probed	1. Yes 5. No 99. NA
(l) Abstinence: Couples can abstain from sexual intercourse to avoid pregnancy	<u>466</u>	<u>467</u>
(m) Other method (Specify):	<u>468</u>	<u>469</u>

Q470	Are you or your husband currently using any family planning method?	1. Yes 2. No 98. Don't know	⇒ Q472 ⇒ Q472	
Q471	If yes, which one? <i>[list all possible responses, if applicable]</i>	1. Oral pill 2. IUD 3. Diaphragm/Jelly/Foam 4. Condoms 5. Injections 6. Norplant 7. Female Sterilization 8. Male Sterilization 9. Induced Abortion 10. Withdrawl 11. Rhythm 12. Abstinence 13. Other method (specify):		

MODULE H. PHYSICAL VIOLENCE

#	Questions and Filters	Coding Categories	Skip to	Answers
Q472	Which family members are present now?	<ol style="list-style-type: none"> 1. Husband 2. Only Mother-in-law 3. Only Sister-in-law 4. Both Mother-in-law and Sister-in-law 5. Children 6. Other (specify) 7. No one 		
<p><i>In Pakistan, the rate of domestic violence on women is very high. Therefore, I would like to ask you some questions regarding this which will be helpful in understanding this problem in Pakistan and its impact on women. You are free to refrain from answering these questions. If you agree to answer them, please be assured that your responses will be confidential.</i></p>				
Q473- Q479	<p>Has your husband ever done any of the following:</p> <p><i>If ALL responses are "Never" or "Don't Know", go to Q 489</i></p>	<ol style="list-style-type: none"> 1. Never 2. Once or twice during married life 3. Once a year 4. Two or three times a year 5. Often but less than once a month 6. About once a month 7. More than once a month 98. Don't know 		
Q473	Pushed or shoved or grabbed you?			
Q474	Pulled your hair?			
Q475	Slapped you?			
Q476	Kicked you?			
Q477	Hit you with some object?			
Q478	Choked you?			
Q479	Threatened you with a weapon (specify)?			
Q480	When you were physically abused, was this generally under the influence of something?	<ol style="list-style-type: none"> 1. None 2. Alcohol 3. Other drug (specify): 4. Other (specify): 98. Don't know 		

Q481	In what area of your body did he hit you generally? <i>[List all possible responses]</i>	<ol style="list-style-type: none"> 1. Arm/hands 2. Head/face/neck 3. Abdomen 4. Shoulders 5. Vagina 6. Thigh/legs/feet 7. Chest 8. Stomach (pregnancy) 9. Other (specify): 		
Q482	What injuries have you EVER sustained? <i>[List all possible responses]</i>	<ol style="list-style-type: none"> 1. Sore muscles/sprains 2. Scratches/bruises 3. Black eye/swollen eye 4. Cut lip/chipped teeth/broken nose 5. Head injuries 6. Knocked out/unconscious 7. Broken bones 8. Burns 9. Other (specify): 10. None 		
Q483	Has your husband EVER hit you when you were pregnant?	<ol style="list-style-type: none"> 1. Yes 2. No 98. Don't know 	⇒ Q488 ⇒ Q488	
Q484	Was the abuse during your pregnancy more frequent than what you were used to?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Other (specify): 98. Don't know 		
Q485	Was the abuse during your pregnancy more forceful than what you were used to?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Other (specify): 98. Don't know 		
Q486	Did you have any problem with the pregnancy or delivery during which you were physically abused?	<ol style="list-style-type: none"> 1. Yes 2. No 98. Don't know 	⇒ Q488	
Q487	What type of problem? <i>[Specify and identify which pregnancy]</i>			Specify

Q488	What have you tried to do about your husband's physical abuse?	<ol style="list-style-type: none"> 1. Bear with it/weep 2. Witchcraft 3. Talked to elders/family 4. Went to police 5. Shouted/hit back 6. Other (specify): 		
Q489	Have you ever participated in having sexual relations with your husband when you did not want to?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't wish to answer 		

MODULE I. INTERVIEWERS COMMENTS

#	Questions and Filters	Coding Categories	Answers
Q490	Who was present during the interview or any part of it? <i>[List all possible responses]</i>	1. No one. Entire interview done in privacy 2. Husband 3. Mother-in-law 4. Children 5. Sister-in-law 6. Other (specify):	
Q491	How cooperative was the respondent?	1. Very Cooperative 2. Cooperative 3. Indifferent	
	Interviewer's comments:		

QUESTIONNAIRE - MEN

Name of Respondent: _____

Name of the Wife: _____

Location (Please specify)

Sector 8A		Sector 8D	
Sector 8B		Sector 8E	
Sector 8C		Sector 8F	

CHS number _____

Address _____

Name of Interviewer _____

Visit #	Date	Status
1	___ / ___ / ___	1 - Complete 2 - Incomplete 3 - Refusal 4 - Not at home
2	___ / ___ / ___	1 - Complete 2 - Incomplete 3 - Refusal 4 - Not at home
3	___ / ___ / ___	1 - Complete 2 - Incomplete 3 - Refusal 4 - Not at home

MODULE A. BACKGROUND INFORMATION				
#	Questions and Filters	Coding categories	Skip to	Answers
<i>I would like to ask you some questions about you and your wife.</i>				
Q1	How old are you?			Years
Q2	In what month and year were you born?	(a) Month 98. Don't know (b) Year 98. Don't know		Month Year
Q3	Where were you born? (Specify):	(a) City 98. Don't know (b) Province 98. Don't know		City Province
Q4	What is the main language that you speak at home?	1. Urdu 2. Balochi 3. Sindhi 4. Hindko 5. Punjabi 6. Pushto 7. Other (specify):		
Q5	What is your religion?	1. Muslim 2. Christian 3. Other (specify):		
Q6	Are you now married, widowed, divorced or separated?	1. Married 2. Widowed 3. Divorced 4. Separated		
Q7	How old were you when you first got married? (completed years)			
Q8	How many years have you been married? <i>[since the first marriage]</i>			

Q9	Do you have any other wives besides this wife?	<ol style="list-style-type: none"> 1. Yes 2. No 	⇒ Q11	
Q10	If yes, how many others?	<ol style="list-style-type: none"> 1. One other 2. Two others 3. Three or more others 		

MODULE B. REPRODUCTIVE HISTORY

Q11	How many times has your wife EVER been pregnant?			Number
Q12	How many of your children were born alive?			Number
Q13	How many of your children are currently alive?			Number

MODULE C. HEALTH SEEKING BEHAVIOR

#	Questions and Filters	Coding Categories	Skip to	Answers
Q14- Q21	Where have you EVER gone for/received health care?	1. Yes 2. No 88. Did not respond spontaneously 98. Don't know 99. NA		Use SPN column to code spontaneous responses. Use PRM column to code prompted responses. SPN PRM
Q14	Government health center			
Q15	Private hospital			
Q16	Government hospital			
Q17	Private doctor/clinic			
Q18	Hakim/homeopath			
Q19	Faith healer (Pir/fakir)			
Q20	Pharmacy (medical store)			
Q21	Other (specify).			
Q22	Where do you usually go for your health problems? <i>[single response desired for provider most utilized]</i>	1. Nowhere 2. Does not have a usual source of health care 3. Government health center 4. Private hospital 5. Government hospital 6. Private doctor/clinic 7. Hakim/homeopath 8. Faith healer (Pir/fakir) 9. Dai 10. Pharmacy (medical store) 11. Other (specify):	⇒ Q 24 ⇒ Q 24	
Q23	Where is _____ <i>[name site/provider as mentioned in question above]</i> located?			Location

Q24- Q33	Who are the health care providers in your area?	1. Yes 2. No 88. Did not respond spontaneously 98. Don't know 99. NA		Use SPN column to code spontaneous responses. Use PRM column to code prompted responses. SPN PRM
Q24	Hakim/homeopath			
Q25	Dais			
Q26	Faith healer (Pir/fakir)			
Q27	Prime Minister Prgm LHW(s)			
Q28	Dispensers/Compounders			
Q29	Midwife			
Q30	Lady Health Visitor (LHV)			
Q31	Nurse			
Q32	Doctor			
Q33	Other (specify):			
Q34	Which large hospital is nearest to your house?	1. JPMC [Jinnah Hospital] 2. Korangi #5/Sultan Hospital 3. Civil Hospital 4. Other (specify): 98. Don't know		
Q35	What transport do you usually use to go to _____ [name of large hospital mentioned]?	1. Taxi 2. Rickshaw 3. Bus 4. Borrowed car/pick-up 5. Own car/pick-up 6. Other (specify): 99. NA		
Q36	How much time does it take to get to _____ [name of large hospital mentioned] from your house using that transport?	988. Don't know 99. NA		Minutes
Q37	During what time is the transport easily available to you?	1. Day time only 2. Night time only 3. Any time 99. NA		

Q38	If a health emergency arises that requires transport, how will you arrange for it?	<ol style="list-style-type: none"> 1. Borrow from friends/neighbors 2. Borrow from relatives 3. Hire a taxi 4. Own car 5. Other (specify): 		
Q39	What kind of service do you think _____ [name of large hospital mentioned] gives?	<ol style="list-style-type: none"> 1. Excellent 2. Good 3. Fair 4. Poor 5. No opinion 98. Don't know 99. NA 		
Q40	If you have a serious/dangerous problem, will you go to _____ [name of large hospital mentioned]?	<ol style="list-style-type: none"> 1. Yes 2. Yes, if no facility available in private hospital 3. No (specify why not) 4. Other (specify): 99. NA 		

MODULE D. ANTENATAL CARE AND PREGNANCY

#	Questions and Filters	Coding Categories	Skip to	Answers
Q41-Q44	<i>Now, I will ask you a series of questions related to care during pregnancy.</i>			
Q41	In what month of pregnancy do you think a healthy pregnant woman should go for her first check-up?	98. Don't know		Month of gestation
Q42	How often do you think she should go during her pregnancy?	1. Whenever doctor calls 2. Whenever she has a problem 3. < 5 times 4. 5-10 times 5. 10+ times 98. Don't know		
Q43	Do you think going for a check-up can prevent serious pregnancy complications that could occur in a normal pregnancy?	1. Yes 2. No 98. Don't know		
Q44	Did your wife receive antenatal care in her last pregnancy?	1. Yes 2. No 98. Don't know		

Q45- Q53		Now, I will ask you a series of questions related to your understanding of what can go wrong in pregnancy.			
	What kind of serious pregnancy-related health problems can a woman experience when she is pregnant?	1. Yes 2. No 88. Did not respond spontaneously 98. Don't know 99. NA		Use SPN column to code spontaneous responses. Use PRM column to code prompted responses.	
				SPN	PRM
Q45	Abortion				
Q46	Anemia				
Q47	Vaginal bleeding				
Q48	High blood pressure				
Q49	Convulsions				
Q50	Breathlessness				
Q51	Tiredness				
Q52	Diarrhea				
Q53	Other (specify):				
Q54- Q58		What are the emergency complications that a pregnant woman could have that would require her to go to JPMC?			
		1. Yes 2. No 88. Did not respond spontaneously 98. Don't know 99. NA		Use SPN column to code spontaneous responses. Use PRM column to code prompted responses.	
				SPN	PRM
Q54	Continuous spotting (more than one day)				
Q55	Spotting that increases to frank bleeding				
Q56	Frank bleeding (with or without pain)				
Q57	Convulsions				
Q58	Other (specify):				
Q59	Is it normal to have swelling of feet during pregnancy?	1. Yes 2. No 98. Don't know			
Q60	Is it normal to have swelling of hands during pregnancy?	1. Yes 2. No 98. Don't know			

Q61	Is it normal to have swelling of the face during pregnancy?	1. Yes 2. No 98. Don't know		
Q62	If a woman has swelling of face during pregnancy do you think she should consult a health care provider?	1. Yes 2. No 98. Don't know	⇒ Q64 ⇒ Q64	
Q63	Which health care provider should she consult?	1. Dai 2. Lady Health Visitor (LHV) 3. Lady Health Worker (LHW) 4. Midwife 5. Nurse 6. Doctor 7. Other (specify):		
Q64	If a pregnant woman has severe headache or blurring of vision do you think she should consult a health care provider?	1. Yes 2. No 98. Don't know	⇒ Q66 ⇒ Q66	
Q65	Which health care provider should she consult?	1. Dai 2. Lady Health Visitor (LHV) 3. Lady Health Worker (LHW) 4. Midwife 5. Nurse 6. Doctor 7. Other (specify):		
A woman has spotting towards the final months of her pregnancy.				
Q66	Do you think this is a serious condition?	1. Yes 2. No 98. Don't know		

Q67	Is spotting/slight bleeding before the 6 th month of pregnancy serious?	1. Yes 2. No 98. Don't know		
Q68	If your wife was pregnant and experienced spotting, who would you consult first?	1. Dai 2. Lady Health Visitor (LHV) 3. Lady Health Worker (LHW) 4. Midwife 5. Nurse 6. Doctor 7. Family member (specify): 8. Other (specify):		
Q69	If a pregnant woman suffers from spotting do you think it is necessary to take her to the local health care provider?	1. Yes 2. No 98. Don't know	=> Q71	
Q70	Why do you think it is not necessary to take her to the local health care provider?			
Q71	If a pregnant woman has spotting that lasts for more than 24 hours or she has fresh bleeding where should she go first?	1. Government health center 2. Private hospital 3. Jinnah hospital (JPMC) 4. Other government hospital 5. Private doctor/clinic 6. Other (specify):		
Q72	If the spotting lasts for more than 24 hours or she has fresh bleeding do you think she should be taken to JPMC?	1. Yes 2. No 98. Don't know	=> Q74	
Q73	Why do you think it is not necessary to take her to JPMC?			
Q74	In her last pregnancy did your wife suffer from spotting?	1. Yes 2. No 98. Don't know	=> Q85 => Q85	

Q75	How long did the spotting last?	1. ≤ 1 day 2. > 1 day 3. Other (specify):		
Q76	Did it convert to fresh bleeding?	1. Yes 2. No 98. Don't know		
Q77	Did your wife go to any health care provider?	1. Yes 2. No 98. Don't know	⇒ Q85 ⇒ Q85	
Q78	Who was the first health care provider?	1. Dai 2. Lady Health Visitor (LHV) 3. Lady Health Worker (LHW) 4. Midwife 5. Nurse 6. Doctor 7. Other (specify): 98. Don't know		
Q79	Did she go to any other health care provider?	1. Yes 2. No 98. Don't know	⇒ Q85 ⇒ Q85	
Q80	Who was that health care provider?	1. Dai 2. Lady Health Visitor (LHV) 3. Lady Health Worker (LHW) 4. Midwife 5. Nurse 6. Doctor 7. Other (specify): 98. Don't know		
Q81	Did she go to any other health care provider?	1. Yes 2. No 98. Don't know	⇒ Q85 ⇒ Q85	

Q82	Who was that health care provider?	<ol style="list-style-type: none"> 1. Dai 2. Lady Health Visitor (LHV) 3. Lady Health Worker (LHW) 4. Midwife 5. Nurse 6. Doctor 7. Other (specify): 98. Don't know 		
Q83	Did she go to any other health care provider?	<ol style="list-style-type: none"> 1. Yes 2. No 98. Don't know 	<p>⇒ Q85</p> <p>⇒ Q85</p>	
Q84	Who was that health care provider?	<ol style="list-style-type: none"> 1. Dai 2. Lady Health Visitor (LHV) 3. Lady Health Worker (LHW) 4. Midwife 5. Nurse 6. Doctor 7. Other (specify): 98. Don't know 		
Q85	Do you think a pregnant woman should take iron tablets during pregnancy?	<ol style="list-style-type: none"> 1. Yes 2. Yes, if doctor recommends 3. No 98. Don't know 		
Q86	Did your wife take iron tablets in her last pregnancy?	<ol style="list-style-type: none"> 1. Yes 98. No 98. Don't know 	<p>⇒ Q90</p> <p>⇒ Q90</p>	
Q87	During which month of your last pregnancy did you begin taking iron tablets?	98. Don't know		Month of gestation
Q88	How long did your wife take iron tablets during her last pregnancy?	<ol style="list-style-type: none"> 1. 1-3 months taken 2. 4-6 months taken 3. 7-9 months taken 4. Whenever remembered 5. Other (specify): 	<p>⇒ Q90</p> <p>⇒ Q90</p>	
Q89	Why did your wife not take iron tablets during her entire pregnancy?	<ol style="list-style-type: none"> 1. Nausea 2. Diarrhea 3. Whenever doctor/health care provider advised 4. Other (specify): 98. Don't know 		

Experience of Complications During Pregnancy

ID Code: -----/-----/-----

Complication	1		2		3		4		5		6	
	Did your wife have this? 1. Yes 2. No 98. Don't Know 99. NA		Did you think this was serious? 1. Yes 2. No 98. Don't Know 99. NA		Did you seek care? 1. Yes 2. No 98. Don't Know 99. NA		Where? 1. Private clinic 2. Maternity home 3. Private hospital 4. Govt. MCH center 5. Govt. hospital 6. Pharmacy 7. Home 8. Other (specify) 98. Don't know 99. NA		From Whom? 1. Doctor 2. Nurse 3. Midwife 4. LHV 5. LHW (PM program) 6. Dai 7. Traditional healer (hakim/homeopath) 8. Faith healer 9. Self treatment 10. Other (specify) 98. Don't know 99. NA		If no care sought, why not? 1. Health facility too far 2. Could not afford 3. No transport 4. Not serious 5. Poor service 6. No child care 7. Did not know where 8. Other (specify) 9. No reason 10. Home treatment 98. Don't know 99. NA	
	(If column A = 2, then, C,E,G,I & K = 99) (If column B = 2, then, D,F,H,J, & L = 99) (if col. 3 = 1 then col. 6 = 99) (if col. 3 = 2 then col. 4 & 5 = 99)						(If column A =98, then, C, E, G, I, & K = 98) (If column B=98, then, D, F, H, J, & L = 98)					
	A	B	C	D	E	F	G	H	I	J	K	L
	Last Preg	Next to last Pregnancy	Last Preg	Next to last Pregnancy	Last Preg	Next to last Pregnancy	Last Preg	Next to last Pregnancy	Last Preg	Next to last Pregnancy	Last Preg	Next to last Pregnancy
FACIAL EDEMA	90	91	92	93	94	95	96	97	98	99	100	101
BLEEDING	102	103	104	105	106	107	108	109	110	111	112	113
CONVULSIONS	114	115	116	117	118	119	120	121	122	123	124	125
SEVERE VOMITING	126	127	128	129	130	131	132	133	134	135	136	137
HYPERTENSION	138	139	140	141	142	143	144	145	146	147	148	149
DYSURIA/BURNING	150	151	152	153	154	155	156	157	158	159	160	161
DIABETES	162	163	164	165	166	167	168	169	170	171	172	173
JAUNDICE	174	175	176	177	178	179	180	181	182	183	184	185

Q186a	Did your wife receive a blood transfusion during her next to last pregnancy?	1. Yes 2. No 98. Don't know		
Q186b	Did your wife receive a blood transfusion during her next to last pregnancy?	1. Yes 2. No 98. Don't know 99. NA		

MODULE E: DELIVERY

#	Questions and Filters	Coding Categories	Skip to	Answers	
<i>Now, I would like to ask you some questions about a woman's delivery period.</i>					
Q187- Q194	What kind of serious problems can a woman experience during delivery?	1. Yes 2. No 88. Did not respond spontaneously 98. Don't know 99. NA		Use SPN column to code spontaneous responses. Use PRM column to code prompted responses. SPN PRM	
Q187	Vaginal bleeding				
Q188	Excessive bleeding before birth of baby				
Q189	Excessive bleeding after birth of baby				
Q190	Convulsions				
Q191	Placenta does not come out				
Q192	Baby dies before coming out				
Q193	High fever				
Q194	Other (specify)				
Q195- Q201	What are the emergency complications that a woman could have during delivery that would require her to go to JPMC?	1. Yes 2. No 88. Did not respond spontaneously 98. Don't know 99. NA		Use SPN column to code spontaneous responses. Use PRM column to code prompted responses. SPN PRM	
Q195	Duration of labor more than 18 hours for primigravida				
Q196	Duration of labor more than 12 hours for multigravida				
Q197	Excessive bleeding				
Q198	Labor does not start even after 24 hours of rupture of membranes				
Q199	Convulsions				
Q200	High blood pressure				
Q201	Other (specify)				

A woman who is full term pregnant for the first time has been in labor for more than 24 hours. Her contractions are weaker now and she still has not delivered.

Q202	Can she deliver her baby normally without any help?	1. Yes 2. No 98. Don't know	⇒ Q204	
Q203	What can help in speeding up the delivery? <i>[list all possible responses]</i>	1. Injections 2. Abdominal massage 3. Other (specify): 98. Don't know		

A woman who has just delivered feels ghabrahat and weakness. The dai lifts her razai and discovers that the sheets are soaked in blood.

Q204	Is it necessary to take this woman to JPMC immediately?	1. Yes 2. No (specify): 98. Don't know		
------	---	--	--	--

Experience of Complications During Delivery

Complication	1		2		3		4		5		6	
	Did your wife have this? 1. Yes 2. No 98. Don't Know 99. NA		Did you think this was serious? 1. Yes 2. No 98. Don't Know 99. NA		Did you seek care? 1. Yes 2. No 98. Don't Know 99. NA		Where? 1. Private clinic 2. Maternity home 3. Private hospital 4. Govt. MCH center 5. Govt. hospital 6. Pharmacy 7. Home 8. Other (specify) 98. Don't know 99. NA		From Whom? 1. Doctor 2. Nurse 3. Midwife 4. LHV 5. LHW (PM program) 6. Dai 7. Traditional healer (hakim/homeopath) 8. Faith healer 9. Self treatment 10. Other (specify) 98. Don't know 99. NA		If no care sought, why not? 1. Health facility too far 2. Could not afford 3. No transport 4. Not serious 5. Poor service 6. No child care 7. Did not know where 8. Other (specify) 9. No reason 10. Home treatment 98. Don't know 99. NA	
	(if column A =2, then, C, E, G, I, & K = 99) (if column B = 2, then, D, F, H, J, & L = 99) (if col. 3 = 1 then col. 6 =99) (if col. 3 = 2 then col. 4 & 5 = 99)				(if column A =98, then, C, E, G, I, & K = 98) (If column B=98, then, D, F, H, J, & L = 98)							
	A	B	C	D	E	F	G	H	I	J	K	L
	Last Preg	Next to last Pregnancy	Last Preg	Next to last Pregnancy	Last Preg	Next to last Pregnancy	Last Preg	Next to last Pregnancy	Last Preg	Next to last Pregnancy	Last Preg	Next to last Pregnancy
LABOR GREATER THAN 18 HOURS	205	206	207	208	209	210	211	212	213	214	215	216
BREECH	217	218	219	220	221	222	223	224	225	226	227	228
TWINS	229	230	231	232	233	234	235	236	237	238	239	240
CONVULSIONS	241	242	243	244	245	246	247	248	249	250	251	252
EXCESSIVE BLEEDING BEFORE BIRTH	253	254	255	256	257	258	259	260	261	262	263	264
EXCESSIVE BLEEDING AFTER BIRTH	265	266	267	268	269	270	271	272	273	274	275	276
RUPTURED UTERUS	277	278	279	280	281	282	283	284	285	286	287	288
PERINEAL/VAGINAL TEAR	289	290	291	292	293	294	295	296	297	298	299	300
CESARIAN SECTION	301	302	303	304	305 99	306 99	307	308	309	310	311 99	312 99
INSTRUMENTAL DELIVERY	313	314	315	316	317 99	318 99	319	320	321	322	323 99	324 99
EPISIOTOMY	325	326	327	328	329 99	330 99	331	332	333	334	335 99	336 99

MODULE F. POSTPARTUM

#	Questions and Filters	Coding Categories	Skip to	Answers	
Q337- Q342	<i>After the baby has been born and the placenta has come out, other problems can also happen.</i>				
	What kind of serious problems can a woman experience during the postpartum period?	1. Yes 2. No 88. Did not respond spontaneously 98. Don't know 99 NA		Use SPN column to code spontaneous responses. Use PRM column to code prompted responses. SPN PRM	
Q337	Convulsions				
Q338	High fever				
Q339	Smelly discharge/dysuria				
Q340	Mastitis				
Q341	Diarrhea				
Q342	Other (specify):				
Q343- Q344	What are the emergency complications that a woman could have after the baby is born that would require her to go to JPMC?	1. Yes 2. No 88. Did not respond spontaneously 98. Don't know 99 NA		Use SPN column to code spontaneous responses. Use PRM column to code prompted responses. SPN PRM	
Q343	Abdominal pain with high fever and vomiting				
Q344	Excessive bleeding				
Q345	Convulsions				
Q346	Vaginal bleeding				
Q347	Other (specify):				

Experience of Complications During Postpartum Period

ID Code: _____

Complication	1		2		3		4		5		6	
	Did your wife have this? 1. Yes 2. No 98. Don't Know 99. NA		Did you think this was serious? 1. Yes 2. No 98. Don't Know 99. NA		Did you seek care? 1. Yes 2. No 98. Don't Know 99. NA		Where? 1. Private clinic 2. Maternity home 3. Private hospital 4. Govt. MCH center 5. Govt. hospital 6. Pharmacy 7. Home 8 Other (specify) 98. Don't know 99. NA		From Whom? 1. Doctor 2. Nurse 3. Midwife 4. LHV 5. LHW(PM program) 6. Dai 7. Traditional healer (hakim/homeopath) 8. Faith healer 9. Self treatment 10. Other (specify) 98. Don't know 99. NA		If no care sought, why not? 1. Health facility too far 2. Could not afford 3. No transport 4. Not serious 5. Poor service 6. No child care 7. Did not know where 8. Other (specify) 9. No reason 10. Home treatment 98. Don't know 99. NA	
	(If column A = 2, then, C,E,G,I & K = 99) (If column B = 2, then, D,F,H,J, & L = 99) (If col. 3 = 1 then col. 6 = 99) (If col.3 = 2 then col. 4 & 5 = 99)						(If column A =98, then, C, E, G, I, & K = 98) (If column B=98, then, D, F, H, J, & L = 98)					
	A	B	C	D	E	F	G	H	I	J	K	L
	Last Preg	Next to last Pregnancy	Last Preg	Next to last Pregnancy	Last Preg	Next to last Pregnancy	Last Preg	Next to last Pregnancy	Last Preg	Next to last Pregnancy	Last Preg	Next to last Pregnancy
CONVULSIONS	348	349	350	351	352	353	354	355	356	357	358	359
HIGH FEVER	360	361	362	363	364	365	366	367	368	369	370	371
FOUL VAGINAL DISCHARGE	372	373	374	375	376	377	378	379	380	381	382	383
ABDOMINAL PAIN	384	385	386	387	388	389	390	391	392	393	394	395
MASTITIS	396	397	398	399	400	401	402	403	404	405	406	407
DYSURIA/BURNING	408	409	410	411	412	413	414	415	416	417	418	419

Now I would like to talk about the various methods a couple can use to delay or avoid a pregnancy.

MODULE G: FAMILY PLANNING

	Column A	Column B
	<p>What are the various methods of family planning you have ever heard of?</p> <p>AFTER MARKING SPONTANEOUS POSITIVE RESPONSES. ASK:</p> <p>Have you ever heard of the _____(Method)?</p>	<p>Have you or your wife ever used _____ (Method)?</p>
	<p>1. Yes / Spontaneous 2. Yes / Probed 5. No / Probed</p>	<p>1. Yes 5. No 99. NA</p>
(a) Oral Pill: Women can take an oral pill everyday	<u>420</u>	<u>421</u>
(b) IUD: Women can have a loop or coil placed inside them by a doctor or a nurse	<u>422</u>	<u>423</u>
(c) Diaphragm/Jelly/Foam: These are external barrier methods that a woman can use to avoid pregnancy	<u>424</u>	<u>425</u>
(d) Condom: Men can use a rubber sheath during sexual intercourse	<u>426</u>	<u>427</u>

	Column A	Column B
	<p>What are the various methods of family planning you have ever heard of?</p> <p>AFTER MARKING SPONTANEOUS POSITIVE RESPONSES. ASK:</p> <p>Have you ever heard of the _____ (Method)?</p>	<p>Have you or your wife ever used _____ (Method)?</p>
	<p>1. Yes / Spontaneous 2. Yes / Probed 5. No / Probed</p>	<p>1. Yes 5. No 99. NA</p>
(e) Injections: Women can have an injection given by a doctor or nurse which stops them from becoming pregnant for several months	<u>428</u>	<u>429</u>
(f) Norplant: Women can have a small tube placed under the skin on the inside of the arm by a doctor to prevent pregnancy	<u>430</u>	<u>431</u>
(g) Female Sterilization: Women can have an operation to avoid having any more children	<u>432</u>	<u>433</u>
(h) Male Sterilization: Men can have an operation to avoid having any more children	<u>434</u>	<u>435</u>
(i) Induced Abortion: An intentional attempt by some women to terminate an unwanted pregnancy	<u>436</u>	<u>437</u>
(j) Withdrawal: Men can be careful and pull out before climax	<u>438</u>	<u>439</u>
(k) Rhythm: Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant	<u>440</u>	<u>441</u>

	Column A	Column B
	What are the various methods of family planning you have ever heard of? AFTER MARKING SPONTANEOUS POSITIVE RESPONSES. ASK: Have you ever heard of the _____(Method)?	Have you or your wife ever used _____(Method)?
	1. Yes / Spontaneous 2. Yes / Probed 5. No / Probed	1 Yes 5 No 99 NA
(l) Abstinence: Couples can abstain from sexual intercourse to avoid pregnancy	442	443
(m) Other method (Specify)	444	445

Q446	Are you or your wif currently using any family planning method?	1. Yes 2. No 98. Don't know	⇒ Q448 ⇒ Q448	
Q447	If yes, which one? <i>[list all possible responses. if applicable]</i>	1 Oral pill 2 IUD 3 Diaphragm/Jelly/Foam 4. Condoms 5. Injections 6. Norplant 7 Female Sterilization 8 Male Sterilization 9 Induced Aborton 10 Withdrawal 11 Rhythm 12 Abstinence 13. Other method (specify)		

MODULE H: INTERVIEWERS COMMENTS

#	Questions and Filters	Coding Categories	Answers
Q448	Who was present during the interview or any part of it? <i>[list all possible responses]</i>	1. No one. Entire interview done in privacy 2. Wife 3. Mother 4. Children 5. Brother 6. Other (specify):	
Q449	How cooperative was the respondent?	1. Very Cooperative 2. Cooperative 3. Indifferent	
	Interviewers comments?		

Field Work

Table B.1: Number of completed interviews by sub-groups, Korangi 8, Karachi, Pakistan.

Urdu / Punjabi	Women	Men
Tagged pair	132	132
Single	61	42
Total	193	174
Pushto		
Tagged pair	127	127
Single	76	62
Total	203	189
Both Ethnic Groups		
Tagged pair	259	259
Single	137	104
Grand Total	396	363

Tagged pair Paired husband and wife questionnaires
 Single Unpaired husband and wife questionnaires

Table B.2: Percentage distribution of refusal and migration by sub-groups and gender.
Korangi 8, Karachi, Pakistan.

Urdu / Punjabi	Women	Men
Refusal	6.1	5.7
Migration	17.8	18.4
Pushto		
Refusal	8.4	14.9
Migration	13.4	29.3
Both Ethnic Groups		
Refusal	7.3	11.0
Migration	15.6	24.7

Household Durable Goods

Table C.1: Percentage of household durable goods, Korangi #8, Karachi, Pakistan

Item	Percent
Fan	98.0
Iron	80.6
Sewing machine	70.2
Grinder / Blender	23.7
Refrigerator	31.6
Washing machine	48.5
Radio / cassette player	59.3
Television	64.4
VCR	6.6
Dish Antenna	3.8
Bicycle	24.5
Motor-cycle / scooter	11.1
Car / Pick-up	6.1

Tables

Table I.1: Percentage of women (n=396) and men (n=363) with selected demographic characteristics, Korangi 8, Karachi, Pakistan

Characteristics	Women		Men	
	n	%	n	%
Current Age				
< 20	40	10.1	2	0.6
20 - 29	237	59.8	136	37.5
30 - 39	106	26.8	155	42.7
40 - 49	13	3.3	53	14.6
50+	0	0.0	12	4.7
Education Level				
Illiterate	281	71.0	139	35.1
Literate	115	29.0	257	70.8
Occupation				
Employed	5	1.3	337	85.1
Unemployed	N.A.	N.A.	59	14.9
Housewife	391	98.7	NA	NA
Ethnicity				
Mohajir	62	15.7	44	12.1
Pathan	191	48.2	165	45.5
Others	143	36.1	154	38.9
Marital status				
Married	395	99.7	N.A.	
Widowed	1	0.3		
Duration of Marriage				
≤ 10 years	162	40.9	N.A.	
> 10 years	234	59.1		
Gravidity				
1 - 2	114	28.8		
3 - 5	153	38.6	N.A.	
6+	129	32.6		
Parity				
Nulliparous	4	1.0		
1 - 2	139	35.1	N.A.	
3 - 5	163	41.2		
6+	90	22.7		

Table I.2: Percentage of women (n=396) with selected housing characteristics. Korangi 8, Karachi, Pakistan

Characteristics	Women	
	n	%
Type of housing construction material		
Pucca	378	95.5
Semi-pucca	18	4.5
Ownership of house		
Yes	222	56.1
No	174	43.9
Number of rooms		
1 - 2	241	60.8
3 - 4	115	29.0
5+	40	10.1
Availability of electricity		
Yes	393	99.2
No	3	0.8
Fuel used for cooking		
Piped gas	346	87.4
Bottled gas	8	2.0
Kerosene	6	1.5
Others	36	9.1
Main source of drinking water		
Tap inside	122	30.8
Community tap	41	10.4
Hand pump in home	5	1.3
Tanker	56	14.1
Vendor	94	23.7
Underground well	5	1.3
Others	73	18.4
Type of toilet facility		
Pour flush	386	97.5
Open space	9	2.5
Others	1	0.3
Garbage disposal		
Rubbish bin in house	226	57.1
Collect rubbish in corner of house	15	3.8
Keep rubbish outside the house	43	10.9
Throw rubbish in lane	103	26.0
Others	9	2.3
Household assets		
1 - 4	155	39.1
5 - 8	198	50.0
9+	43	10.9

Table II.1: Percentage of women with selected characteristics for the index pregnancy. Korangi 8, Karachi, Pakistan

Characteristics	n	%
Antenatal care (n=396)		
Yes	226	57.1
No	170	42.9
Location of Antenatal care (n=226)		
Home	16	7.1
Private clinic/ Maternity home	130	57.5
Govt.Hospital/Maternity home	80	35.4
Type of Antenatal visits (n=226)		
Booked	184	81.4
Unbooked	42	18.6
Number of Antenatal visits (n=226)		
≤ 5	214	94.7
6 - 10	12	5.3
Duration of Pregnancy (n=375) ¹		
Fullterm	364	97.1
Premature	11	2.9
Type of Outcome (n=396)		
Livebirth	369	93.2
Stillbirth	6	1.5
Abortion - Spontaneous	20	5.1
Abortion - Induced	1	0.3
Delivery attendant (n=369) ²		
Relative / Neighbour	64	17.3
Dai	118	32.0
Midwife/LHV/Nurse	59	16.0
Doctor	123	33.3
Others	5	1.4
Place of delivery (n=369) ³		
Home	245	66.4
Private clinic / Maternity home	73	19.8
Government clinic / Maternity home	51	13.8
Sex (n=375) ⁴		
Male	199	52.9
Female	177	47.0

1. n = 375 as there were 21 abortions reported
2. n = 369 - only for livebirths
3. n = 369 - only for livebirths
4. n = 375 as there were 21 abortions reported

Table III.1: Percentage of women and men for selected characteristics of health seeking behavior. Korangi 8, Karachi, Pakistan

Characteristics	Women		Men	
	n	%	n	%
Health Facility generally used	n=381¹		n=356²	
Government facility	25	6.6	18	5.1
Private facility	347	91.1	331	93.0
Hakim / Homeopath	1	0.3	3	0.8
Dai	2	0.5	0	0.0
Others	6	1.6	4	1.1
Largest Health Facility used				
Public Hospital	110	27.8	113	31.1
Private Hospital	158	39.9	246	67.8
Don't know	128	32.3	4	1.1
Transport usually used	n=257³		n=359⁴	
Taxi	106	41.2	238	66.3
Rickshaw	6	2.3	5	1.4
Bus	97	37.7	84	23.4
Car	11	4.3	17	4.7
Others	37	14.4	15	4.2
Time transport available	n=257³		n=359⁴	
Daytime only	77	30.0	286	79.7
Night time only	1	0.4	1	0.3
Anytime	179	69.6	72	20.0

1. n = 381 as 7 and 8 women responded nowhere or does not have a usual source of healthcare respectively
2. n = 356 as 4 and 3 men responded nowhere and does not have a usual source of health care respectively
3. n = 257 as there are 128 + 11 as they were not aware of the largest health facility used
4. n = 359 as 4 men responded that they were not aware of the largest health facility used

Table IV.1: Percentage distribution of perceived serious pregnancy-related health problems during antenatal, natal and postnatal period for women (n=396)and men.(n=363) Korangi 8, Karachi, Pakistan

Characteristics	Women		Men	
	n	%	n	%
Antenatal Period				
Abortion	57	14.4	53	14.6
Anemia	23	5.8	40	11.0
Vaginal bleeding	33	8.3	35	9.6
Hypertension	27	6.8	51	14.0
Convulsions	11	2.8	3	0.8
Breathlessness	12	3.0	18	5.0
Natal Period				
Vaginal Bleeding	36	9.1	49	13.5
Excessive bleeding before birth	37	9.3	15	4.1
Excessive bleeding after birth	22	5.6	12	3.3
Convulsions	8	2.0	8	2.0
Retained placenta	21	5.3	9	2.5
Stillbirth	13	3.3	37	10.2
High fever	14	3.5	41	11.3
Post Natal Period				
Convulsions	10	2.5	5	1.4
High fever	74	18.7	70	19.3
Vaginal discharge	18	4.6	3	0.8
Mastitis	7	1.8	5	1.4

Table IV.2: Percentage distribution of perceived emergency obstetric complications during antenatal, natal and postnatal period for women (n=396) and men (n=363). Korangi S, Karachi, Pakistan

Characteristics	Women		Men	
	n	%	n	%
Antenatal Period				
Continued spotting for more than 24 hours	9	2.3	5	1.4
Spotting that increases to frank bleeding	4	1.0	5	1.4
Frank bleeding	50	12.6	36	9.9
Convulsions	11	2.8	5	1.4
Natal Period				
<u>Duration of labor:</u>				
Primigravida > 18 hours	10	2.5	11	3.0
Multigravida > 12 hours	39	9.8	10	2.8
Excessive bleeding	63	15.9	47	12.9
Premature rupture of membranes	2	0.5	3	0.8
Convulsions	11	2.8	11	3.0
Hypertension	29	7.3	21	5.8
Post Natal Period				
Abdominal pain, high fever, vomiting	27	6.8	7	1.9
Excessive bleeding	87	22.0	55	15.2
Convulsions	14	3.5	5	1.4
Vaginal bleeding	29	7.3	32	8.8

Table IV.3: Percentage distribution of perceived health seeking behavior of selected obstetric complications for women (n=396) and men (n=363). Korangi 8, Karachi, Pakistan

Characteristics	Women		Men	
	n	%	n	%
Pre-Eclampsia				
<u>Consult HCP for facial edema</u>				
Yes	321	81.1	344	94.8
No	50	12.6	8	2.2
Don't know	25	6.3	11	3.0
<u>Type of HCP consulted</u>				
Dai	1	0.3	3	0.9
Midwife / Nurse	6	1.9	4	1.2
Doctor	313	97.5	336	97.7
Others	1	0.3	1	0.3
<u>Consult HCP for severe headache/blurring vision</u>				
Yes	348	87.9	358	98.6
No	23	5.8	1	0.3
Don't know	25	6.3	4	1.1
<u>Type of HCP consulted</u>				
Dai	5	1.4	5	1.4
Midwife / Nurse	1	0.3	1	0.3
Doctor	342	98.3	352	98.3
Antepartum hemorrhage				
<u>Referral to tertiary hospital</u>				
Yes	339	85.6	347	95.6
No	34	8.6	11	3.0
Don't know	23	5.8	5	1.4

Table IV.4: Percentage of women and men who reported specific antepartum morbidities, percentage who perceived morbidities as serious and percentage who sought care. Korangi 8, Karachi, Pakistan.

Morbidity	Women						Men					
	Reported morbidity		Perceived serious		Sought care		Reported morbidity		Perceived serious		Sought care	
	n	%	n	%	n	%	n	%	n	%	n	%
Facial edema	94	23.7	59	62.8	48	51.1	37	10.2	22	59.5	22	59.5
Vaginal bleeding	34	8.6	32	94.1	28	82.4	27	7.4	24	88.9	23	85.2
Convulsions	8	2.0	7	87.5	8	100.0	13	3.6	12	92.3	10	76.9
Severe vomiting	79	19.9	60	75.9	55	69.6	38	10.5	28	73.7	28	73.7
Hypertension	57	14.4	52	91.2	45	78.9	45	12.4	45	100.0	44	97.8
Dysuria	61	15.4	45	73.8	42	68.9	39	10.7	27	69.2	30	76.9
Diabetes	1	0.3	1	100.0	0	0.0	2	0.6	1	50.0	1	50.0
Jaundice	10	2.5	9	90.0	9	90.0	14	3.9	14	100.0	13	92.9

Table IV.5: Care seeking behavior for specific antepartum morbidities, by source of care, type of health care provider sought and reasons for not seeking care as reported by women. Korangi 8, Karachi, Pakistan

	Facial Edema		Vaginal Bleeding		Convulsions		Severe vomiting		Hypertension		Dysuria		Diabetes		Jaundice	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
	n = 48		n = 28		n = 8		n = 55		n = 45		n = 42		n = 0		n = 9	
Source of Care																
Private Facility	36	75.0	23	82.1	5	62.5	45	81.8	37	82.2	33	78.6			7	77.8
Government facility	10	20.8	2	7.1	0	0.0	5	9.1	7	15.6	6	14.3	NA		0	0.0
Pharmacy	0	0.0	0	0.0	0	0.0	3	5.5	0	0.0	1	2.4			0	0.0
Home	1	2.1	2	7.1	2	25.0	2	3.6	1	2.2	2	4.8			1	11.1
Others	1	2.1	1	3.6	1	12.5	0	0.0	0	0.0	0	0.0			1	11.1
	n = 48		n = 28		n = 8		n = 55		n = 45		n = 42		n = 0		n = 9	
Type of Health Care Provider																
Doctor	46	95.8	23	82.1	5	62.5	49	89.1	42	93.3	36	85.7			8	88.9
Nurse / Midwife / LHV	0	0.0	3	10.7	0	0.0	1	1.8	3	6.7	3	7.1	NA		0	0.0
TBA	2	4.2	2	7.1	1	12.5	1	1.8	0	0.0	2	4.8			0	0.0
Others	0	0.0	0	0.0	2	25.0 ¹	4	7.3	0	0.0	1	2.4			1	11.1
	n = 46		n = 6		n = 0		n = 24		n = 12		n = 19		n = 1		n = 1	
Reasons care not sought																
Facility too far	0	0.0	0	0.0			0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Could not afford	8	17.4	0	0.0			3	12.5	2	16.7	4	21.1	1	100.0	0	0.0
No transport	0	0.0	0	0.0			0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Not serious	20	43.5	3	50.0	NA		12	50.0	1	8.3	6	31.6	0	0.0	0	0.0
Poor service	0	0.0	0	0.0			0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
No child care	2	4.3	0	0.0			0	0.0	2	16.7	0	0.0	0	0.0	0	0.0
No knowledge of where to go	0	0.0	0	0.0			1	4.2	0	0.0	1	5.3	0	0.0	1	100.0
No reason	8	17.4	1	16.7			5	20.8	5	41.7	3	15.8	0	0.0	0	0.0
Others	8	17.4	2	33.3			3	12.5	2	16.7	5	26.3	0	0.0	0	0.0

1. Faith healer and self treatment.

Table IV.6: Care seeking behavior for specific antepartum morbidities, by source of care, type of health care provider sought and reasons for not seeking care as reported by men. Korangi 8, Karachi, Pakistan

	Facial Edema		Vaginal Bleeding		Convulsions		Severe vomiting		Hypertension		Dysuria		Diabetes		Jaundice	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
	n = 22		n = 23		n = 10		n = 28		n = 44		n = 30		n = 1		n = 13	
Source of Care																
Private Facility	18	81.8	19	82.6	9	90.0	23	82.1	38	86.4	24	80.0	1	100.0	8	61.5
Government facility	2	9.1	3	13.0	0	0.0	4	14.3	6	13.6	2	6.7	0	0.0	1	7.7
Pharmacy	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	3.3	0	0.0	0	0.0
Home	1	4.5	0	0.0	0	0.0	1	3.6	0	0.0	1	3.3	0	0.0	0	0.0
Others	1	4.5	1	4.3	1	10.0	0	0.0	0	0.0	2	6.7	0	0.0	4	30.8
	n = 22		n = 23		n = 10		n = 28		n = 44		n = 30		n = 1		n = 13	
Type of Health Care Provider																
Doctor	19	86.4	20	87.0	9	90.0	26	92.9	39	88.6	25	83.3	1	100.0	8	61.5
Nurse / Midwife / LHV	1	4.5	2	8.7	1	10.0	1	3.6	5	11.4	2	6.7	0	0.0	1	7.7
TBA	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	3.3	0	0.0	0	0.0
Others	2	9.1	1	4.3	0	0.0	1	3.6	0	0.0	2	6.7	0	0.0	4	30.8
	n = 15		n = 4		n = 3		n = 10		n = 1		n = 9		n = 1		n = 1	
Reasons care not sought																
Facility too far	1	6.7	1	25.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Could not afford	0	0.0	1	25.0	2	66.7	2	20.0	1	100.0	3	33.3	0	0.0	1	100.0
No transport	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Not serious	10	66.7	1	25.0	0	0.0	4	40.0	0	0.0	2	22.2	0	0.0	0	0.0
Poor service	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
No child care	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
No knowledge of where to go	0	0.0	0	0.0	0	0.0	2	20.0	0	0.0	0	0.0	0	0.0	0	0.0
No reason	4	26.7	0	0.0	0	0.0	1	10.0	0	0.0	4	44.4	1	100.0	0	0.0
Others	0	0.0	1	25.0	1	33.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Don't know	0	0.0	0	0.0	0	0.0	1	10.0	0	0.0	0	0.0	0	0.0	0	0.0

Table IV.7: Percentage of women and men who reported specific intrapartum morbidities, percentage who perceived morbidities as serious and percentage who sought care. Korangi 8, Karachi, Pakistan.

Morbidity	Women						Men					
	Reported morbidity		Perceived serious		Sought care		Reported morbidity		Perceived serious		Sought care	
	n	%	n	%	n	%	n	%	n	%	n	%
Labor greater than 18 hours	31	7.8	28	90.3	29	93.5	11	3.0	8	72.7	8	72.7
Breech	12	3.0	12	100.0	9	75.0	4	1.1	4	100.0	4	100.0
Twins	1	0.3	1	100.0	1	100.0	2	0.6	1	50.0	1	50.0
Convulsions	5	1.3	5	100.0	4	80.0	9	2.5	9	100.0	9	100.0
Excessive bleeding before birth	18	4.5	15	83.3	16	88.9	11	3.0	10	90.9	10	90.9
Excessive bleeding after birth	44	11.1	38	86.4	31	70.5	17	4.7	16	94.1	16	94.1
Ruptured uterus	3	0.8	3	100.0	2	66.7	1	0.3	1	100.0	1	100.0
Perineal / vaginal tear	18	4.5	15	83.3	14	77.8	1	0.3	1	100.0	1	100.0
Cesarean section	13	3.3	12	92.3	NA		14	3.9	13	92.9	NA	
Instrumental delivery	4	1.0	4	100.0	NA		7	1.9	6	85.7	NA	
Episiotomy	17	4.3	14	82.4	NA		14	3.9	12	85.7	NA	

Table IV.8: Care seeking behavior for specific intrapartum morbidities, by source of care, type of health care provider sought and reasons for not seeking care as reported by women. Korangi 8, Karachi, Pakistan

	Prolonged Labor		Breech		Convulsions		Twins		Bleeding before birth		Bleeding after birth		Ruptured Uterus		Tear	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
	n= 29		n = 9		n = 4		n = 1		n = 16		n = 31		n = 2		n = 14	
Source of Care																
Private Facility	16	55.1	5	71.4	4	100.0	1	100.0	9	56.3	18	58.1	1	50.0	6	42.9
Government facility	5	17.2	3	28.7	0	0.0	0	0.0	3	18.8	3	9.7	1	50.0	5	35.7
Pharmacy	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	6.5	0	0.0	0	0.0
Home	6	20.7	0	0.0	0	0.0	0	0.0	4	25.0	8	25.8	0	0.0	3	21.4
Others	2	6.9	1	14.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	n = 29		n = 9		n = 4		n = 1		n = 16		n = 31		n = 2		n = 14	
Type of Health Care Provider																
Doctor	22	75.9	6	75	4	100.0	1	100.0	12	75.0	21	67.7	2	100.0	9	64.3
Nurse / Midwife / LHV	2	6.9	2	25	0	0.0	0	0.0	1	6.3	2	6.5	0	0.0	3	21.4
TBA	4	13.8	1	0.0	0	0.0	0	0.0	2	12.5	6	19.4	0	0.0	1	7.1
Others	1	3.4	0	0.0	0	0.0	0	0.0	1	6.3	2	6.5	0	0.0	1	7.1
	n = 2		n = 3		n = 1		n = 0		n = 2		n = 13		n = 1		n = 4	
Reasons care not sought																
Facility too far	1	50.0	0	0.0	0	0.0			0	0.0	0	0.0	0	0.0	0	0.0
Could not afford	0	0.0	0	0.0	1	100.0			0	0.0	4	30.8	0	0.0	1	25.0
No transport	0	0.0	0	0.0	0	0.0			0	0.0	0	0.0	0	0.0	0	0.0
Not serious	1	50.0	0	0.0	0	0.0			2	100.0	4	30.8	0	0.0	0	0.0
Poor service	0	0.0	1	33.3	0	0.0	NA		0	0.0	0	0.0	0	0.0	0	0.0
No child care	0	0.0	0	0.0	0	0.0			0	0.0	1	7.7	0	0.0	0	0.0
No knowledge of where to go	0	0.0	0	0.0	0	0.0			0	0.0	0	0.0	0	0.0	0	0.0
No reason	0	0.0	0	0.0	0	0.0			0	0.0	2	15.4	0	0.0	1	25.0
Others	0	0.0	2	66.7	0	0.0			0	0.0	2	15.4	1	100.0	2	50.0

Table IV.9: Care seeking behavior for specific intrapartum morbidities, by source of care, type of health care provider sought and reasons for not seeking care as reported by men. Korangi 8, Karachi, Pakistan

	Prolonged Labor		Breech		Convulsions		Twins		Bleeding before birth		Bleeding after birth		Ruptured Uterus		Tear	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
	n = 8		n = 4		n = 9		n = 1		n = 10		n = 16		n = 1		n = 1	
Source of Care																
Private Facility	4	50.0	4	100.0	8	88.9	1	100.0	8	80.0	12	75.0	0	0.0	1	100.0
Government facility	3	37.5	0	0.0	0	0.0	0	0.0	1	10.0	1	6.3	1	100.0	0	0.0
Pharmacy	0	0.0	0	0.0	0	0.0	0	0.0	1	10.0	1	6.3	0	0.0	0	0.0
Home	1	12.5	0	0.0	0	0.0	0	0.0	0	0.0	2	12.5	0	0.0	0	0.0
Others	0	0.0	0	0.0	1	11.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	n = 8		n = 4		n = 9		n = 1		n = 10		n = 16		n = 1		n = 1	
Type of Health Care Provider																
Doctor	7	87.5	4	100.0	9	100.0	1	100.0	9	90.0	13	81.3	1	100.0	1	100.0
Nurse / Midwife / LHV	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
TBA	1	12.5	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Others	0	0.0	0	0.0	0	0.0	0	0.0	1	10.0	3	18.8	0	0.0	0	0.0
	n = 3		n = 0		n = 0		n = 1		n = 1		n = 1		n = 0		n = 0	
Reasons care not sought																
Facility too far	0	0.0					0	0.0	1	100.0	0	0.0				
Could not afford	3	100.0					1	100.0	0	0.0	0	0.0				
No transport	0	0.0					0	0.0	0	0.0	0	0.0				
Not serious	0	0.0	NA		NA		0	0.0	0	0.0	1	100.0	NA		NA	
Poor service	0	0.0					0	0.0	0	0.0	0	0.0				
No child care	0	0.0					0	0.0	0	0.0	0	0.0				
No knowledge of where to go	0	0.0					0	0.0	0	0.0	0	0.0				
No reason	0	0.0					0	0.0	0	0.0	0	0.0				
Others	0	0.0					0	0.0	0	0.0	0	0.0				

Table IV.10: Percentage of women and men who reported specific postpartum morbidities, percentage who perceived morbidities as serious and percentage who sought care. Korangi 8, Karachi, Pakistan.

Morbidity	Women						Men					
	Reported morbidity		Perceived serious		Sought care		Reported morbidity		Perceived serious		Sought care	
	n	%	n	%	n	%	n	%	n	%	n	%
Convulsions	6	1.5	6	100.0	5	83.3	6	1.7	6	100.0	6	100.0
High fever	79	19.9	68	86.1	67	84.8	28	7.7	26	92.9	28	100.0
Foul vaginal discharge	62	15.7	43	69.4	32	51.6	12	3.3	7	58.3	9	75.0
Abdominal pain	127	32.1	99	78.0	78	61.4	21	5.8	15	71.4	20	95.2
Mastitis	29	7.3	22	75.9	17	58.6	17	4.7	13	76.5	16	94.1
Dysuria	46	11.6	34	73.9	28	60.9	22	6.1	17	77.3	21	95.5

Table IV.11: Care seeking behavior for specific postpartum morbidities, by source of care, type of health care provider sought and reasons for not seeking care as reported by women. Korangi 8, Karachi, Pakistan

	High Fever		Abdominal pain		Convulsions		Foul vaginal discharge		Mastitis		Dysuria	
	n	%	n	%	n	%	n	%	n	%	n	%
	n = 67		n = 78		n = 5		n = 32		n = 17		n = 28	
Source of Care												
Private Facility	59	88.1	60	76.9	5	100.0	24	75.0	12	70.6	23	82.1
Government facility	2	3.0	7	9.0	0	0.0	4	12.5	3	17.6	4	14.3
Pharmacy	2	3.0	2	2.6	0	0.0	0	0.0	0	0.0	1	3.6
Home	4	6.0	7	9.0	0	0.0	3	9.4	2	11.8	0	0.0
Others	0	0.0	2	2.6	0	0.0	1	3.1	0	0.0	0	0.0
	n = 67		n = 78		n = 5		n = 32		n = 17		n = 28	
Type of Health Care Provider												
Doctor	63	94.0	64	82.1	5	100.0	25	78.1	14	82.4	25	89.3
Nurse / Midwife / LHV	1	1.5	6	7.7	0	0.0	3	9.4	1	5.9	2	7.1
TBA	0	0.0	6	7.7	0	0.0	0	0.0	1	5.9	0	0.0
Others	3	4.5	2	2.6	0	0.0	4	12.5	1	5.9	1	3.6
	n = 12		n = 49		n = 1		n = 30		n = 12		n = 18	
Reasons care not sought												
Facility too far	0	0.0	1	2.0	0	0.0	0	0.0	0	0.0	0	0.0
Could not afford	3	25.0	11	22.4	1	100.0	8	26.7	0	0.0	2	11.1
No transport	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Not serious	4	33.3	15	30.6	0	0.0	11	36.7	4	33.3	9	50.0
Poor service	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	5.6
No child care	1	8.3	1	2.0	0	0.0	0	0.0	0	0.0	0	0.0
No knowledge of where to go	0	0.0	1	2.0	0	0.0	1	3.3	0	0.0	0	0.0
No reason	2	16.7	8	16.3	0	0.0	6	20.0	3	25.0	3	16.7
Others	2	16.7	11	22.4	0	0.0	3	10.0	5	41.7	3	16.7
Don't know	0	0.0	1	2.0	0	0.0	1	3.3	0	0.0	0	0.0

Table IV.12: Care seeking behavior for specific postpartum morbidities, by source of care, type of health care provider sought and reasons for not seeking care as reported by men. Korangi 8, Karachi, Pakistan

	High Fever		Abdominal pain		Convulsions		Foul vaginal discharge		Mastitis		Dysuria	
	n	%	n	%	n	%	n	%	n	%	n	%
	n = 28		n = 20		n = 6		n = 9		n = 16		n = 21	
Source of Care												
Private Facility	24	85.7	16	80.0	5	83.3	7	77.8	13	81.3	17	80.9
Government facility	3	10.7	3	15.0	0	0.0	2	22.2	2	12.5	3	14.3
Pharmacy	1	3.6	0	0.0	1	16.7	0	0.0	0	0.0	1	4.8
Home	0	0.0	1	5.0	0	0.0	0	0.0	1	6.3	0	0.0
Others	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	n = 28		n = 20		n = 6		n = 9		n = 16		n = 21	
Type of Health Care Provider												
Doctor	27	96.4	18	90.0	5	83.3	8	88.9	14	87.5	17	80.9
Nurse / Midwife / LHV	0	0.0	1	5.0	0	0.0	0	0.0	2	12.5	3	14.3
TBA	0	0.0	1	5.0	0	0.0	0	0.0	0	0.0	0	0.0
Others	1	3.6	0	0.0	1	16.7	1	11.1	0	0.0	1	4.8
	n = 0		n = 1		n = 0		n = 3		n = 1		n = 1	
Reasons care not sought												
Facility too far			0	0.0			0	0.0	0	0.0	0	0.0
Could not afford			0	0.0			0	0.0	0	0.0	0	0.0
No transport			0	0.0			0	0.0	0	0.0	0	0.0
Not serious			0	0.0			3	100.0	0	0.0	1	100.0
Poor service	NA		0	0.0	NA		0	0.0	0	0.0	0	0.0
No child care			1	100.0			0	0.0	0	0.0	0	0.0
No knowledge of where to go			0	0.0			0	0.0	0	0.0	0	0.0
No reason			0	0.0			0	0.0	1	100.0	0	0.0
Others			0	0.0			0	0.0	0	0.0	0	0.0