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FALAH
FAMILY ADVANCEMENT FOR LIFE & HEALTH

Baseline Household Survey

Karachi

Lyari, Orangi and Gadap

May 2010

Population Council

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Population Council

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Glossary of Terms

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

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

Executive Summary

The Family Advancement for Life and Health (FALAH) project conducted baseline household surveys for Lyari, Orangi and Gadap towns between October 2009 to January 2010 in a probability sample of 600 households in 40 clusters. The survey included interviews with 546 currently married women 15-49 years ("married women of reproductive age" or MWRA) along with 199 married men in Lyari, 538 women and 192 men in Orangi and 582 women and 200 men in Gadap. As a separate activity, a mapping study[1] was also carried out in these three towns of Karachi during the period between October, 2009 and January, 2010. The FALAH project is primarily focused on birth spacing and family planning.

Household and Respondent Characteristics

Karachi is primarily an urban district of Sindh province. According to the Pakistan National Human Development Report 2003, Karachi stood 5th among 91 districts of Pakistan on the Human Development Index. The characteristics of our sample are generally similar to those found in other surveys; some key indicators are given in Table A.

Table A: Selected key district characteristics from Lyari, Orangi and Gadap household survey

	Value		
Variable	**Lyari**	**Orangi**	**Gadap**
Percentage of households in rural areas	0.0	0.0	70.2
Percentage of households with electricity	99.8	100.0	89.3
Percentage of households with indoor water supply	89.5	94.6	66.7
Percentage of households with flush toilet	100.0	99.8	66.5
Percentage of households with television	92.2	87.3	68.8
Percentage of literate female respondents	66.1	74.0	41.4
Percentage of respondents with literate husbands	74.5	79.7	66.5
Total fertility rate	2.8	2.8	3.5

Electrification is complete in all of the sample households in Lyari and Orangi, while 89 percent of the households had electricity in Gadap town. Ownership of appliances that require electricity was as follows: televisions (92 percent in Lyari, 87 percent in Orangi and 69 percent in Gadap), refrigerators (71 percent in both Lyari and Orangi and 41 percent in Gadap) and washing machines (82 percent in both Lyari and Orangi and 49 percent in

[1] Mapping Survey of Health and Reproductive Health Services.

Gadap). A majority of households (90 percent in Lyari, 95 percent in Orangi and 67 percent in Gadap) had some indoor water supply, and all of the households in Lyari and Orangi had a flush toilet while 67 percent in Gadap had a flush toilet. Only 8 percent in Lyari, 12 percent in Orangi and 17 percent in Gadap of women were working for wages. Female literacy was high in all the three towns: 66 percent in Lyari, 74 percent in Orangi and 41 percent of the females in Gadap were literate. Likewise, 75 percent, 80 percent and 67 percent of their husbands were literate in Lyari, Orangi and Gadap respectively. About 72 percent, 67 percent and 58 percent of the respondents said they watched TV, only 3 percent, 8 percent and 6 percent listened to the radio and 6 percent, 16 percent and 6 percent read newspapers or magazines in Lyari, Orangi and Gadap respectively. Most women who had heard of any FP message in all the three towns had heard it on television.

Fertility

The crude birth rate was 21, 23 and 26 per thousand population in Lyari, Orangi and Gadap, respectively. The fertility rate was 2.8 in both Lyari and Orangi and stood at 3.5 children per woman in Gadap. Fertility was higher for illiterate women and wives of illiterate men and in households with a medium low standard of living index in all the three towns. Many births were spaced too closely. For example, 58 percent in Lyari, 62 percent in Orangi and 65 percent of the birth intervals in Gadap were less than 36 months. Among those who already had two living children under 5 years of age, 10 percent, 14 percent and 11 percent were currently pregnant in Lyari, Orangi and Gadap respectively.

Maternal and Neonatal Care

The household survey obtained data on selected key indicators of maternal and neonatal health from a sample of 251 women in Lyari, 273 in Orangi and 331 women in Gadap who had delivered a child during the previous four years. Of these women, 89 percent, 86 percent and 71 percent in Lyari, Orangi and Gadap respectively had visited a health provider at least once for antenatal care. About 70 percent, 74 percent and 54 percent had two or more tetanus toxoid immunizations in Lyari, Orangi and Gadap respectively. About 89 percent, 72 percent and 66 percent were delivered by a skilled birth attendant in Lyari, Orangi and Gadap respectively. About 88 percent, 71 percent and 65 percent were delivered in a public or private health facility in Lyari, Orangi and Gadap respectively. Almost all the respondents had at least one postnatal check-up in all the three towns.

Table B: Selected key MCH and family planning indicators from the Lyari, Orangi and Gadap baseline survey

Indicator	Value		
	Lyari	Orangi	Gadap
Percentage of mothers with at least one antenatal care visit	89.2	86.0	71.3
Percentage of mothers with at least two tetanus shots	69.7	74.0	54.4
Percentage of most recent deliveries conducted by a skilled birth attendant	89.2	71.8	65.9
Percentage of most recent deliveries in a facility	88.4	70.7	65.0
Percentage of MWRA not wanting more children	48.4	58.9	41.1
Percentage of MWRA wanting to delay next birth for at least two years	28.6	21.6	25.8
Percentage of MWRA knowing at least one contraceptive method	99.8	100.0	99.8
Contraceptive prevalence rate	51.1	50.4	34.4
Percentage of MWRA who are past users of contraception	18.7	21.6	17.0
Percentage of MWRA with unmet need for family planning	15.9	18.6	22.9
Percentage of MWRA with unmet need for spacing	7.1	5.8	10.0
Percentage of MWRA with unmet need for limiting	8.8	12.8	12.9
Total demand for family planning (CPR + unmet need)	67.0	69.0	57.2

Preference for Children

The median "ideal" family size according to the women respondents was 4 children in all the three towns. Regarding desire for more children in the future, 23 percent, 20 percent and 33 percent said they wanted another child soon (within two years) in Lyari, Orangi and Gadap respectively. About 29 percent, 22 percent and 26 percent said they wanted another child, but only after two years, and 48 percent, 59 percent and 41 percent said they did not want more children in Lyari, Orangi and Gadap respectively. The proportion wanting more children soon decreased rapidly with the number of living children, while the proportion not wanting more increased in all the three towns. The proportion wanting more children later was highest for women with one child in all the three towns. About 63 percent, 65 percent and 50 percent of the women respondents in Lyari, Orangi and Gadap respectively said their husband wanted the same number of children that they did, while 19 percent, 24 percent and 32 percent said their husband wanted more children than they did in Lyari, Orangi and Gadap respectively.

Contraceptive Knowledge and Use

Almost all currently married women knew of at least one contraceptive method in all the three towns. The contraceptive prevalence rate (the percentage of MWRA currently using some method of contraception) was 51 percent, 50 percent and 34 percent in Lyari, Orangi

and Gadap respectively. The most common modern method in use was condoms. Past users comprised 19 percent, 22 percent and 17 percent of MWRA in Lyari, Orangi and Gadap respectively; Pills, injectables and condoms were common modern methods in the past. Sixty-three percent, 71 percent and 65 percent of the current users in Lyari, Orangi and Gadap respectively did not want more children, while 37 percent, 29 percent and 35 percent wanted more, but at a later time in Lyari, Orangi and Gadap respectively. Most users reported obtaining their contraceptive supplies from their husbands or private hospitals/clinics.

Experience with Contraceptive Methods

Stated reasons for a respondent's choice of her current or past method varied by method but commonly cited reason was effectiveness for long period in case of IUD users and female sterilization in all the three towns. Costs were generally low (only 5 percent, 8 percent and 10 percent paid more than Rs.50 the last time they obtained their method in Lyari, Orangi and Gadap respectively) and did not appear to be a major obstacle to contraceptive use. Similarly, travel time was usually not excessive; 10 percent, 11 percent and 15 percent in Lyari, Orangi and Gadap respectively reported requiring more than 30 minutes reaching their service. Regarding the provision of information at the time of acceptance of a method, a few were provided information on other methods. Clients generally reported being reasonably treated by providers, and 57 percent, 55 percent and 65 percent respondents in Lyari, Orangi and Gadap respectively reported that providers did not demand charges and 25 percent, 22 percent and 54 percent in Lyari, Orangi and Gadap respectively were of the view that provider was unable to deal with side effects. A variety of side effects were reported by users; 44 percent, 57 percent and 50 percent were treated with medicine in Lyari, Orangi and Gadap respectively.

Reasons for Non-use

A majority of all users in all the three towns mentioned husband's possible disapproval as a reason for not using a contraceptive method. More than 90 percent never users acknowledged religious concerns in Lyari and Orangi. Fear of side effects was mentioned by 69 percent, 88 percent and 70 percent in Lyari, Orangi and Gadap respectively, while the problems of managing side effects was reported by 66 percent, 85 percent and 68 percent in Lyari, Orangi and Gadap respectively. Past users were most likely to discontinue use because of desire for more children, experience of side effects and method failure in all the

three towns; their reasons for current non-use were most often: desire of another child, infrequent sex/ husband away, breastfeeding/lactational amenorrhea and fear of side effects in all the three towns. Never users were most likely to say they were not using contraceptives for the desire of more children in all the three towns. Apart from this, women were more likely to cite fear of side effects and breastfeeding/lactational amenorrhea in all the three towns. Knowledge of at least one service provider was 42 percent, 36 percent and 45 percent among never users in Lyari, Orangi and Gadap respectively. A large majority of female current and past users said they could discuss family planning easily with their husbands in all the three towns, but 50 percent of the never users in Gadap town said they could do so. About 35 percent, 22 percent and 26 percent of the never users in Lyari, Orangi and Gadap respectively expressed their intent to use contraceptives in the future, while 28 percent, 51 percent and 38 percent in Lyari, Orangi and Gadap respectively said they would not do so. However, 36 percent, 23 percent and 35 percent were unsure who might be future prospectus users in Lyari, Orangi and Gadap respectively.

Unmet Need for Family Planning

A woman is said to be in "unmet need" for family planning if she says she does not want more children, or wants them later, and is at the risk of conceiving but is not using any method of contraception. By this definition, 16 percent, 19 percent and 23 percent of the women in Lyari, Orangi and Gadap respectively were in unmet need, 9 percent for limiting and 7 percent for spacing in Lyari, 13 percent for limiting and 6 percent for spacing in Orangi and 13 percent for limiting and 10 percent for spacing in Gadap. Unmet need for limiting was higher among illiterate women, and among women with five or more children in all the three towns. Unmet need for spacing was higher among literate women and those with 1-2 children in all the three towns.

Reproductive Preferences and Behavior of Men

The findings reveal that 93 percent in Orangi, 85 percent of men in Gadap and almost all men in Lyari knew at least one modern contraceptive method. The least known modern contraceptive methods among men were norplant (8 percent in Lyari, 4 percent in Orangi and 2 percent in Gadap) and male sterilization (14 percent in Lyari, 3 percent in Orangi and also 3 percent in Gadap). Fifty five percent, 60 percent and 46 percent of the men in Lyari, Orangi and Gadap respectively did not want more children in the future. About 30 percent,

18 percent and 27 percent wanted to delay the next pregnancy in Lyari, Orangi and Gadap respectively. About 56 percent, 59 percent and 43 percent of the male respondents in Lyari, Orangi and Gadap respectively reported that they or their wives were currently using any family planning method, and 44 percent in both Lyari and Orangi and 34 percent in Gadap were using modern contraceptive methods. Among the current users, 97 percent in Lyari, 88 percent in Orangi and 85 percent in Gadap were very satisfied with their current contraceptive method.

Of those who were not using a contraceptive method, 46 percent in Lyari, 48 percent in Orangi and 28 percent in Gadap reported that they were not intending to use any FP method in the future while 5 percent in Lyari, 30 percent in Orangi and 33 percent in Gadap were not sure. The main reason for not intending to use any method was difficult/ unable to conceive (73 percent in Lyari, 55 percent in Orangi and 65 percent in Gadap). Of those who did intend to use contraceptives in the future, condom was the most preferred method in Lyari and Orangi. It would be important to include specific interventions aimed at influencing men's attitude towards their role and responsibility in the overall health of the family and in birth spacing and limiting needs.

Conclusion

In Lyari, Orangi and Gadap towns of Karachi knowledge and approval of family planning were high with high contraceptive prevalence rate as 51 percent in Lyari, 50 percent in Orangi and 34 percent in Gadap town. Unmet need for family planning remains moderate at 16 percent in Lyari, 19 percent in Orangi and 23 percent in Gadap. Therefore, there is a room for improvement; among the important reasons that should be addressed in an improved program are husbands' attitude, inter-spousal communication, fear of side effects, and knowledge of various contraceptive methods and their sources. Also, the importance of birth spacing needs to be emphasized to encourage couples to lengthen birth intervals between children, which are often too short and can affect the health of both the mother and the child.

Chapter 1

Introduction

Background

The FALAH Project

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

The FALAH project specifically focuses on 26 districts. These are:

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

The aims of the FALAH project are:

a) To increase demand for and practice of birth spacing;

b) To increase access to and quality of family planning services in the public sector;

c) To increase the coverage and quality of family planning services in the private sector;

d) To increase the coverage of social marketing of contraceptives and provide support to the commercial sector for marketing contraceptives to strengthen contraceptive security;

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

Karachi

FALAH is working in three towns of Karachi – Lyari, Orangi and Gadap. The total population of these three towns was 1,621,250 according to 1998 census report, whereas the total population of the Karachi was 9,802,134 according to 1998 Census. Therefore, the three towns of Karachi – Lyari, Orangi and Gadap, constitute about 17 percent of the total population of Karachi according to 1998 census. Karachi is one of the largest industrial cities of Pakistan. The population of Karachi increased rapidly after 1947 due to in migration when about 0.6 million people migrated. Karachi is therefore one of the most cosmopolitan cities in Pakistan. As a port city, Karachi also plays an important part in the economic development of the country (Population Census Organization, 2000).

According to the Pakistan National Human Development Report 2003, Karachi stood 5th among 91 districts of Pakistan (UNDP, 2003). According to Pakistan's Millennium Development Goals Report 2006, the performance of the city government in achieving most of the indicators of MDGs is noticeable; for instance Karachi stands first for adult literacy rate, 39th on immunization, 42nd on water supply, and 11th on sanitation across the country (Planning Commission of Pakistan, 2006; Government of Pakistan, 2006).

The Karachi Baseline Household Survey

In Karachi (as in other FALAH project districts), Population Council conducted a baseline sampled household survey in three townships of Karachi (Lyari, Orangi and Gadap) to learn about knowledge, attitude, and practices regarding fertility, reproductive health and child spacing/family planning. This represents one of two major studies to establish baseline indicators for the FALAH project. The other is a mapping exercise to compile complete and digitized maps of all facilities providing reproductive health services, including maternal health, neonatal and child health, and birth spacing/family planning. Baseline survey results will be compared with an end line survey towards the end of the project to assess progress.

Objectives

The objectives of the Karachi (Lyari, Orangi and Gadap) Baseline Household Survey are:

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

Methodology

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

Sample Design and Size

The systematic stratified sample technique was used to select a representative sample of the towns. The universe consisted of all urban and rural households of the town for Gadap town and only urban for Lyari and Orangi towns. A total of 40 blocks/villages were selected,

with 15 households selected per block/village in Gadap town. The selection procedure, which was the same for each town, is described below.

Urban Sample

The required numbers of enumeration blocks were selected with probability proportional to size (number of circles) by adopting a multistage stratified sampling design. The "enumeration circles," i.e., the smallest units available in the 1998 Population District Census Reports, as demarcated by the Population Census Organization, were then selected. The maps of these circles, obtained from the Population Census Organization, were already divided into blocks of approximately 250-300 households depending upon the number of households in each circle. One block was then randomly selected from each circle. The household listing of each randomly chosen block was carried out by the enumeration teams before selecting the sampled households. A fixed number of 15 households were drawn from each sample enumeration block using systematic random sampling.

Rural Sample

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

Selection of Respondents

Within each household, all married women of reproductive age (MWRA) 15-49 were interviewed. In addition, husbands of MWRA who were present were also interviewed to a maximum of 5 per block; if fewer than 5 husbands could be interviewed from the 15 sampled households, additional interviews were sought from neighboring households.

Table 1.1 presents enumerated number of households and eligible women of reproductive age in three townships (Lyari, Orangi and Gadap) of Karachi.

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

Results	Lyari	Orangi	Godap
Sample blocks/villages	40	40	40
Households refused	0	8	0
Households interviewed	600	592	600
Eligible women identified	613	600	661
Eligible women not interviewed	66	53	78
Eligible women interviewed	547	547	583
Incomplete interviews	1	9	1
Total completed women's interviews	**546**	**538**	**582**

Questionnaire Design

Two questionnaires, one for women and the other for men, were developed for this survey. The questionnaires contained sufficient information to make estimates of all FALAH indicators that the household survey aimed to collect as well as additional information of interest to the project.

The questionnaires were pre-tested in both urban and rural areas of Islamabad. The main objective of the pre-testing was to examine the suitability and effectiveness of questions in eliciting adequate responses, to check if the interviewers or respondents would face any language problems and to determine the approximate time required to complete one questionnaire.

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

Hiring of Interviewers and Supervisors

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

Training of Interviewers and Supervisors

In order to ensure that the training provided for interviewers was of high quality, and that interviewers understood the definitions and concepts underlying the language of the questions, a two-week training of the Lyari, Orangi and Gadap teams was conducted by the Population Council in Karachi. During the training, interviewers conducted 2-3 field interviews in order to prepare for the actual interview process.

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

Quality Assurance

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

Data Entry and Edit Procedures

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

Fieldwork

Fieldwork for three townships of Karachi was carried out between October 2009 and January, 2010.

Chapter 2

Household Characteristics

Geographic Distribution

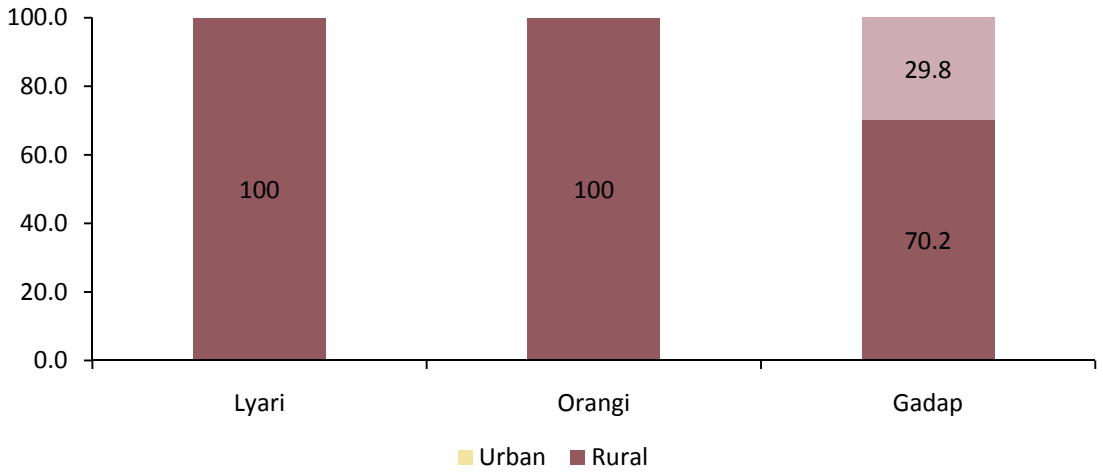
Karachi is divided into eighteen townships. The FALAH project is working in three townships named Lyari, Orangi and Gadap. Table 2.1 and Figure 2.1 show the distribution of the population of sample households in these three townships according to residence.

Table 2.1: Distribution of population in sample households of three towns by residence

	Lyari		Orangi		Gadap	
Residence	**N**	**%**	**N**	**%**	**N**	**%**
Urban	4006	100.0	4185	100.0	1339	29.8
Rural	0	0.0	0	0.0	3147	70.2
Total	**4006**	**100.0**	**4185**	**100.0**	**4486**	**100.0**

Table 2.1 shows the distribution of the population of the 600 households sample of each town by urban-rural residence. Seventy percent of the sample population of Gadap town lived in rural areas while whole population of Lyari and Orangi towns lived in urban localities. Thirty percent of the sample population resided in urban localities of Gadap.

Figure 2.1: Rural-urban distribution of population in sample households of three townships by residence



Age-Sex Distribution

Table 2.2 shows the population of the sampled households by age and sex.

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

	Lyari			Orangi			Gadap		
Age group	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
00 -04	11.4	9.8	10.7	11.8	12.1	12.0	13.0	13.9	13.5
05-09	11.3	10.4	10.9	11.5	12.6	12.0	13.2	12.8	13.0
10-14	11.0	10.7	10.8	11.5	12.4	11.9	10.5	11.3	10.9
15 - 19	11.7	12.0	11.8	14.3	11.6	13.0	11.4	10.9	11.2
20 - 24	11.1	10.4	10.8	9.1	12.0	10.5	10.7	10.4	10.6
25 - 29	8.9	10.0	9.4	10.1	10.7	10.4	9.1	9.8	9.4
30 - 34	7.7	6.3	7.0	6.6	6.8	6.7	6.9	7.2	7.0
35 - 39	5.7	6.3	6.0	6.3	5.4	5.8	5.6	4.8	5.2
40 - 44	5.1	7.1	6.0	4.7	3.6	4.1	4.6	3.6	4.1
45 - 49	5.2	3.4	4.3	3.3	3.3	3.3	2.9	2.8	2.8
50 - 54	3.1	4.1	3.6	2.9	3.6	3.2	2.6	4.4	3.5
55 - 59	2.4	3.1	2.7	2.1	1.8	2.0	2.3	2.7	2.5
60 - 64	2.8	2.4	2.6	2.4	2.3	2.4	2.9	2.5	2.7
65+	2.7	3.9	3.3	3.4	1.9	2.7	4.4	2.8	3.6
N	**2116**	**1886**	**4002**	**2165**	**2011**	**4176**	**2304**	**2174**	**4478**

The population is typical of a society with high past fertility trends and sharply declining percentages by age in all the three townships of Karachi; the median age was 20 years in both Orangi and Gadap while it was 22 years in Lyari. Children less than 5 years old were 11 percent, 12 percent and 14 percent in Lyari, Orangi and Gadap respectively.

Of the total population of the sample households in all the three townships of Karachi, 26 percent in both Lyari and Orangi and 24 percent in Gadap consisted of females 15-49 years of age. These women comprise the population of primary interest to the FALAH project, and most of the analysis in this report will focus on them.

Marital Status

In all the three townships of Karachi (as in Pakistan generally), women tend to marry men older than themselves. Therefore, Table 2.3a, Table 2.3b and Table 2.3c show higher proportions of females at younger ages were married than males in Lyari, Orangi and Gadap, respectively. From the tables, it may be observed that only a few males were married in the age group of 15-19 as compared to females in Lyari and Gadap while no men were married in Orangi in the age group of 15-49. This indicates a later age-at-marriage for men and at the same time it also shows that an early age-at-marriage was common among women.

Table 2.3a: Distribution of household population by marital status, sex and age (Lyari)

	Married		Widow/Divorced/Separated		Never married	
Age group	**Men**	**Women**	**Men**	**Women**	**Men**	**Women**
15 - 19	2.0	8.4	0.0	0.4	98.0	91.2
20 - 24	11.5	46.7	0.0	0.5	88.5	52.8
25 - 29	47.3	71.8	0.5	3.2	52.1	25.0
30 - 34	73.0	89.1	3.1	0.8	23.9	10.1
35 - 39	90.8	82.4	2.5	8.4	6.7	9.2
40 - 44	87.9	85.7	3.7	9.8	8.4	4.5
45 - 49	91.7	75.4	2.8	24.6	5.5	0.0
50 - 54	92.3	74.4	4.6	20.5	3.1	5.1
55 - 59	92.2	67.8	5.9	30.5	2.0	1.7
60 - 64	88.1	56.5	10.2	43.5	1.7	0.0
65 - 69	95.2	39.1	4.8	60.9	0.0	0.0
70 - 74	73.9	27.6	26.1	72.4	0.0	0.0
75 +	80.0	0.0	20.0	100.0	0.0	0.0
All ages 15+	**53.5**	**57.7**	**2.7**	**12.4**	**43.8**	**29.9**

Table 2.3b: Distribution of household population by marital status, sex and age (Orangi)

	Married		Widow/Divorced/Separated		Never married	
Age group	**Men**	**Women**	**Men**	**Women**	**Men**	**Women**
15 - 19	0.0	4.7	0.0	0.0	100.0	95.3
20 - 24	8.2	31.5	0.0	0.4	91.8	68.0
25 - 29	42.9	75.9	0.0	2.3	57.1	21.8
30 - 34	76.2	87.5	0.7	3.7	23.1	8.8
35 - 39	91.9	94.4	1.5	3.7	6.6	1.9
40 - 44	97.0	94.4	3.0	5.6	0.0	0.0
45 - 49	98.6	83.6	0.0	16.4	1.4	0.0
50 - 54	93.5	77.8	4.8	22.2	1.6	0.0
55 - 59	91.3	72.2	8.7	27.8	0.0	0.0
60 - 64	88.7	52.2	9.4	47.8	1.9	0.0
65 - 69	84.2	46.7	15.8	53.3	0.0	0.0
70 - 74	85.7	54.5	14.3	45.5	0.0	0.0
75 +	72.7	14.3	27.3	85.7	0.0	0.0
All ages 15+	**51.2**	**56.6**	**2.3**	**8.1**	**46.5**	**35.3**

Table 2.3c: Distribution of household population by marital status, sex and age (Gadap)

	Married		Widow/Divorced/ Separated		Never married	
Age group	**Men**	**Women**	**Men**	**Women**	**Men**	**Women**
15 - 19	1.2	8.0	0.0	0.1	98.8	91.8
20 - 24	15.5	42.6	0.1	0.6	84.4	56.8
25 - 29	46.2	74.1	0.5	2.4	53.3	23.5
30 - 34	77.6	89.1	1.3	2.4	21.1	8.5
35 - 39	90.7	89.7	1.8	4.8	7.5	5.4
40 - 44	92.0	89.4	3.5	7.7	4.5	2.8
45 - 49	95.1	81.3	2.0	17.7	2.8	1.0
50 - 54	94.1	77.1	4.3	20.8	1.6	2.0
55 - 59	94.0	74.7	5.4	24.0	0.7	1.3
60 - 64	88.8	59.2	9.5	40.8	1.7	0.0
65 - 69	88.4	53.3	11.6	46.7	0.0	0.0
70 - 74	82.5	42.2	17.5	57.8	0.0	0.0
75 +	71.8	14.0	28.2	86.0	0.0	0.0
All ages 15+	**53.9**	**59.3**	**2.6**	**9.3**	**43.5**	**31.4**

Household Characteristics and Wealth Indicators

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

Physical Characteristics of Households

Table 2.4 shows selected physical characteristics of the sample households in Lyari, Orangi and Gadap. Majority of households (90 percent in Lyari, 95 percent in Orangi and 67 percent in Gadap) had an indoor water supply, while 18 percent of the sample households in Gadap town purchased their drinking water. All the households in Lyari and Orangi had flush toilets while two-thirds of the sample households in Gadap had flush toilets. Natural gas (Sui gas) was used by 98 percent, 99 percent and 61 percent of households in Lyari, Orangi and Gadap respectively for cooking. Almost all households in Lyari and Orangi towns had electricity while this was available to 89 percent of households in Gadap town. Twenty seven percent, 35 percent and 42 percent of houses were roofed with Guarder or T-iron in Lyari, Orangi and Gadap respectively.

Table 2.4: Distribution of households with selected physical characteristics

Characteristic	Lyari	Orangi	Gadap
Main source of drinking water			
Govt. supply (tap water inside)	23.8	90.4	41.2
Govt. supply (communal)	4.0	1.4	1.3
Motorized/Hand pump (inside)	65.7	4.2	25.5
Motorized/Hand pump (outside)	3.8	0.0	7.0
Well/Tube-well	0.5	0.5	5.0
Purchased water	1.5	3.0	17.7
Others	0.7	0.5	2.3
Sanitation facility			
Flush to sewerage	93.5	95.1	51.3
Flush connected to septic tank	1.7	3.5	7.0
Flush connected to open drain	4.8	1.2	8.2
Raised latrine	0.0	0.0	12.7
Pit latrine	0.0	0.0	15.7
No toilet (in fields)	0.0	0.2	5.2
Main type of fuel used for cooking			
Firewood	0.3	0.2	37.8
Natural gas (Sui gas)	98.3	98.5	60.7
Others	1.3	1.4	1.5
Electrical connection			
Yes	99.8	100.0	89.3
No	0.2	0.0	10.7
Main material of the roof			
Concrete	69.2	30.9	29.7
Iron sheet	2.5	33.1	14.5
Guarder and T-iron	27.0	35.3	41.7
Wood/bamboo/mud	0.7	0.0	13.0
Others	0.7	0.7	1.2
Main material of the floor			
Earth/sand/mud	1.0	0.7	13.8
Chips	33.8	0.7	3.1
Ceramic tiles/marble	20.6	4.9	4.1
Cement	44.5	93.8	78.8
Main material of the walls			
Burnt bricks/blocks	99.7	99.5	88.3
Mud bricks/mud/stones/wood	0.3	0.5	11.6
N	**600**	**592**	**600**

Ownership of Household Assets

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

Several items requiring electricity were available in a substantial proportion of households. About 92 percent, 87 percent and 69 percent sample households in Lyari, Orangi and Gadap respectively had television sets while 20 percent, 24 percent and 22 percent of all households in Lyari, Orangi and Gadap respectively had a radio/tape recorder, a figure of particular interest to communications specialists. The recent expansion of information technology in Pakistan is reflected by the ownership of mobile phones by 83 percent, 84 percent and 75 percent of all households in Lyari, Orangi and Gadap respectively. Motorized transport (four wheels), however, remained fairly uncommon (less than 6 percent in three townships of Karachi) suggesting difficulties in arranging for transport in health emergencies. Computer is available to a few people as 12 percent, 13 percent and 8 percent of all households in Lyari, Orangi and Gadap respectively had computers.

Table 2.5: Percentage of sample households owning selected items

Household item	Lyari	Orangi	Gadap
Wall clock	98.3	98.6	83.5
Chairs	23.5	34.6	17.0
Bed	59.7	74.2	52.0
Sofa	37.5	57.6	24.5
Sewing machine	55.0	80.2	48.7
Camera	8.8	6.6	6.3
Radio/Tape recorder	20.0	24.0	21.8
Television	92.2	87.3	68.8
Refrigerator	71.3	70.8	41.2
Land line telephone	9.5	10.5	5.7
Mobile phone	82.8	84.1	74.8
Room cooler/ Air conditioner	9.2	5.7	5.3
Washing machine	81.8	81.6	49.0
Bicycle	5.7	12.0	19.0
Motor cycle	25.3	38.7	35.2
Jeep/Car	3.3	2.9	5.5
Tractor	0.3	0.3	1.2
Computer	12.2	12.7	8.0
N	**600**	**592**	**600**

Standard of Living Index

It is useful to use the above data to obtain an overall index of the economic well-being of a household, both for a general estimate of economic development for an area, and for use in investigating the relationship between household wealth and reproductive health behavior. One such index is the standard of living index (SLI), which was developed for international comparisons with data from the Demographic and Health Surveys. This index gives each household a score of 0-1 or 0-2 on each of the following: source of drinking water; toilet facilities; material of floor; availability of electricity; ownership of a radio; ownership of a TV; ownership of a refrigerator; and means of transportation. For the whole household, the value of the index can range from 1 to 12. Table 2.6 gives the distribution of the SLI for the sample households in Lyari, Orangi and Gadap. The median index was 8, for both Lyari and Orangi towns and 7 for Gadap town households. About 87 percent, 86 percent and 84

percent of households in Lyari, Orangi and Gadap respectively, fell in the range of 4 to 9. This index will be used later in this report to examine differences in knowledge and behavior regarding reproductive health.

Table 2.6: Distribution of sample households by standard of living index

	Lyari		Orangi		Gadap	
Standard of living index	**N**	**%**	**N**	**%**	**N**	**%**
1	0	0.0	0	0.0	26	4.3
2	0	0.0	0	0.0	20	3.3
3	0	0.0	0	0.0	41	6.8
4	2	0.3	1	0.2	46	7.7
5	21	3.5	5	0.8	62	10.3
6	82	13.7	46	7.8	88	14.7
7	126	21.0	130	22.0	104	17.3
8	158	26.3	173	29.2	109	18.2
9	136	22.7	152	25.7	65	10.8
10	65	10.8	75	12.7	28	4.7
11	8	1.3	9	1.5	6	1.0
12	2	0.3	1	0.2	1	0.2
Total	**600**	**100**	**592**	**100**	**600**	**100**
Median	**8**	**na**	**8**	**na**	**7**	**na**

na=not applicable.

Chapter 3

Respondent Characteristics

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

Age

Table 3.1 shows the age distribution of the female respondents for Lyari, Orangi and Gadap towns. As reflected in the table 2.2, since many of the younger women were not married as yet, the numbers at age 15-19 were relatively small in all the three towns. At older ages the numbers declined which may be attributed to the possibility of being widowed after the age of 40 in all the three towns. About 39 percent, 40 percent and 44 percent of the sample women were under age 30 in Lyari, Orangi and Gadap respectively.

Table 3.1: Age distribution of female respondents

	Lyari		Orangi		Gadap	
Age group	**N**	**%**	**N**	**%**	**N**	**%**
15 – 19	14	2.6	6	1.1	23	4.0
20 – 24	81	14.8	61	11.3	97	16.7
25 – 29	116	21.2	148	27.5	133	22.9
30 – 34	94	17.2	117	21.7	128	22.0
35 – 39	91	16.7	92	17.1	86	14.8
40 – 44	101	18.5	62	11.5	67	11.5
45 – 49	49	9.0	52	9.7	48	8.2
Total	**546**	**100**	**538**	**100**	**582**	**100**

Education and Literacy

Levels of schooling completed and literacy rates for the respondents and their husbands are given in Table 3.2a, Table 3.2b and Table 3.2c; literacy rates are also shown in Figure 3.1. The female literacy was 66 percent, 74 percent and 41 percent in Lyari, Orangi and Gadap respectively; while husbands' literacy was 75 percent, 80 percent and 67 percent in Lyari, Orangi and Gadap respectively. Similarly, about 61 percent, 65 percent and 41 percent of female respondents in Lyari, Orangi and Gadap respectively reported having ever attended school. On the other hand, this percentage for husbands was 68 percent, 72 percent and 62 percent in Lyari, Orangi and Gadap respectively. Table 3.2 also shows that younger women aged 15-24 years and 25-34 years were significantly more literate than older women aged 35-49 years in all the three towns.

Table 3.2a: Distribution of MWRA and husbands by educational achievement, literacy status, age (Lyari)

Variable	15-24	25-34	35-49	Total
Respondent (women)				
Literate	71.6	76.7	54.8	66.1
Education level				
No education	33.7	27.1	51.9	39.2
Up to primary	13.7	19.5	20.7	19.0
Up to Secondary	43.2	43.3	20.7	33.3
Above secondary	9.5	10	6.6	8.4
N	**95**	**210**	**241**	**546**
Respondent's husband				
Literate	78.9	78.6	69.3	74.5
Education level				
No education	24.2	29	36.9	31.7
Up to primary	13.7	10.5	11.6	11.5
Up to Secondary	45.3	38.1	37.8	39.2
Above secondary	16.8	22.4	12.4	17
Don't know	0	0	1.2	0.5
N	**95**	**210**	**241**	**546**

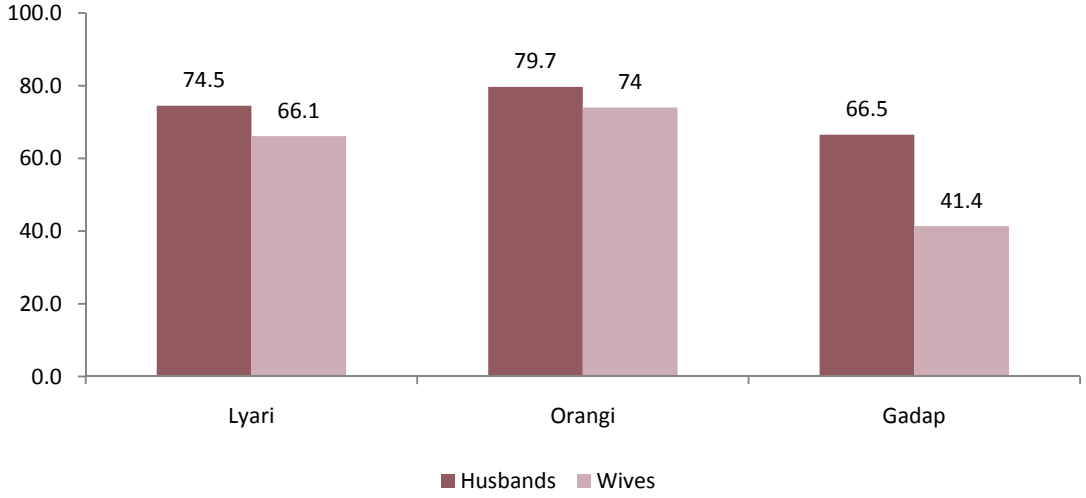
Table 3.2b: Distribution of MWRA and husbands by educational achievement, literacy status, age (Orangi)

Variable	15-24	25-34	35-49	Total
Respondent (women)				
Literate	80.6	80.8	63.1	74.0
Education level				
No education	23.9	26.8	48.1	34.6
Up to primary	17.9	12.5	20.4	16.2
Up to Secondary	41.8	41.5	25.2	35.3
Above secondary	16.4	19.2	6.3	13.9
N	**67**	**265**	**206**	**538**
Respondent's husband				
Literate	80.6	79.2	80.1	79.7
Education level				
No education	14.9	26	34	27.7
Up to primary	13.4	7.2	10.7	9.3
Up to Secondary	44.8	44.5	40.3	42.9
Above secondary	26.9	21.5	15	19.7
Don't know	0	0.8	0	0.4
N	**67**	**265**	**206**	**538**

Table 3.2c: Distribution of MWRA and husbands by educational achievement, literacy status, age (Gadap)

Variable	15-24	25-34	35-49	Total
Respondent (women)				
Literate	43.3	48.3	31.3	41.4
Education level				
No education	55.8	51.3	70.1	58.8
Up to primary	21.7	19.2	12.9	17.5
Up to Secondary	20	21.8	12.9	18.4
Above secondary	2.5	7.7	4	5.3
N	**120**	**261**	**201**	**582**
Respondent's husband				
Literate	72.5	65.9	63.7	66.5
Education level				
No education	29.2	39.1	42.8	38.3
Up to primary	16.7	12.6	17.4	15.1
Up to Secondary	45	34.9	24.9	33.5
Above secondary	8.3	12.6	13.9	12.2
Don't know	0.8	0.8	1	0.9
N	**120**	**261**	**201**	**582**

Figure 3.1: Literacy status of women and their husbands



Occupation and Work Status

For men, occupation is both an economic and social classification; some occupations usually indicate higher income levels than others, while at the same time may represent social status and life-style. Women's work, whether for necessary income or for career fulfillment, is likely to compete, at least to some degree, with time spent on household management and child care. Therefore, it is worthwhile to examine men and women's work separately. Only 8 percent, 12 percent and 17 percent of female respondents in Lyari, Orangi and Gadap respectively reported working on wages; their occupations are shown in Table 3.3.

Table 3.3: Type of work of women working for pay

Occupation	Lyari	Orangi	Gadap
Crop sowing/harvesting	0.0	0.0	3.1
Domestic servant	28.9	1.5	3.1
Embroidery/Stitching	35.6	75.8	73.5
Shop keeper	6.7	3.0	1.0
Government service	6.7	0.0	7.1
Private service	13.3	12.1	7.1
Skilled worker	4.4	3.0	3.1
Others	4.4	4.5	2.0
N	**45**	**66**	**98**

Table 3.4 shows that a majority of the husbands of the women in all the three towns worked as labor (daily wages). The second largest occupation was private service in all the three towns. However, about 8 percent, 4 percent and 6 percent husbands of the women in Lyari, Orangi and Gadap respectively were unemployed.

Table 3.4: Distribution of occupational categories of respondents' husbands by residence

Occupation	Lyari	Orangi	Gadap
Petty trader	7.1	15.1	6.7
Labor (Daily wages)	46.5	33.6	51.9
Government service	8.4	7.6	11.9
Private service	18.7	29.9	14.6
Own business	4.6	7.8	5.2
Unemployed	7.5	4.3	5.7
Skilled worker	4.8	1.1	1.5
Others/Don't know	2.4	0.6	2.6
N	**546**	**538**	**582**

Female Mobility

Women respondents were asked about their ability to go to places outside their homes and what degree of permission was required (Table 3.5). More than one-fifth of the respondents in both Lyari and Orangi towns and about one-eighth in Gadap town were able to go to the health center without permission. On the other hand, the number was also very low for the women not being able to go at all to any of the places except out of the village/ town in Lyari . For each of the named destinations, in all the three towns, a majority said they could go with someone.

Table 3.5: Women's reports regarding mobility outside the home by degree of permission and destination

	Lyari		Orangi		Gadap	
Mobility	**%**	**N**	**%**	**N**	**%**	**N**
Market						
Can go without permission	26.4	144	27.9	150	14.9	87
Can go only with permission	25.8	141	16.0	86	13.2	77
Can go but only with someone	45.2	247	47.2	254	57.6	335
Cannot go at all	2.6	14	8.9	48	14.3	83
Total	**100.0**	**546**	**100.0**	**538**	**100.0**	**582**
Health center						
Can go without permission	22.0	120	20.6	111	11.7	68
Can go only with permission	26.0	142	16.9	91	15.5	90
Can go but only with someone	51.1	279	61.7	332	72.0	419
Cannot go at all	0.9	5	0.7	4	0.9	5
Total	**100.0**	**546**	**100.0**	**538**	**100.0**	**582**
Relatives/friends						
Can go without permission	9.5	52	11.3	61	13.4	78
Can go only with permission	24.9	136	12.6	68	13.9	81
Can go but only with someone	63.7	348	75.1	404	72.0	419
Cannot go at all	1.8	10	0.9	5	0.7	4
Total	**100.0**	**546**	**100.0**	**538**	**100.0**	**582**
Out of village/ town						
Can go without permission	0.9	5	3.7	20	2.6	15
Can go only with permission	10.3	56	6.9	37	9.3	54
Can go but only with someone	68.5	374	85.9	462	79.4	462
Cannot go at all	20.3	111	3.5	19	8.8	51
Total	**100.0**	**546**	**100.0**	**538**	**100.0**	**582**

Mass Media Access and Exposure to Family Planning Messages

For the development of communication activities, it is important to know which forms of mass media are available, and to what extent they are used by various segments of the population. Table 2.5 shows that 92 percent, 87 percent and 69 percent of the households owned a television in Lyari, Orangi and Gadap respectively, while 20 percent, 24 percent and 22 percent owned a radio/tape recorder in Lyari, Orangi and Gadap respectively. Figure 3.2a, Figure 3.2b and Figure 3.2c show the proportions of women who reported that they watched TV, listened to the radio, or read newspapers or magazines in Lyari, Orangi and Gadap respectively. Television was the most commonly used medium in all the three towns, while radio and print media were less common in all the three towns.

Figure 3.2a: Distribution of MWRA according to exposure to media and FP messages, by type of media (Lyari)

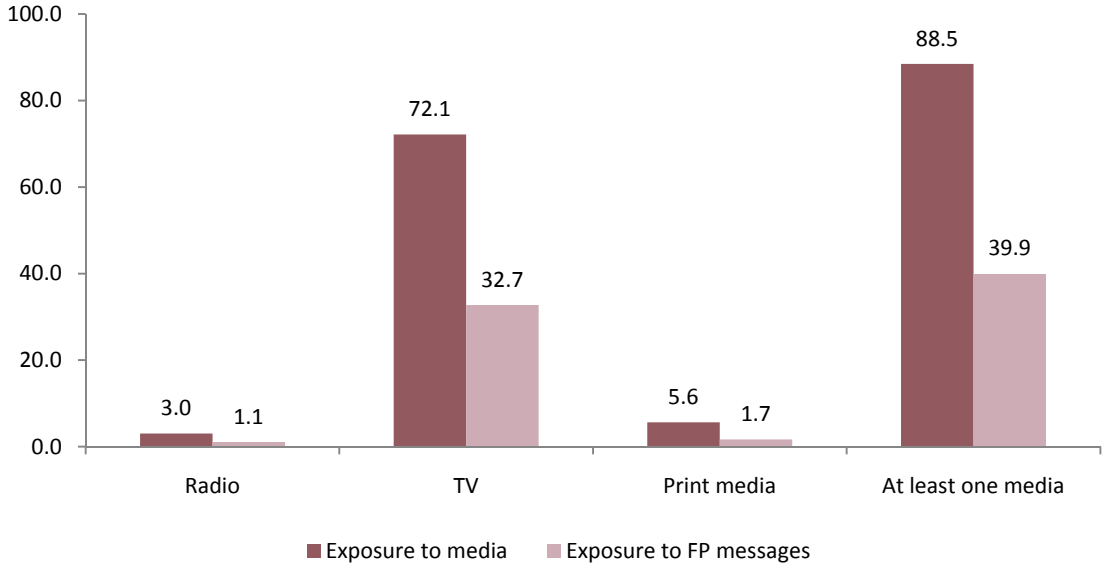


Figure 3.2b: Distribution of MWRA according to exposure to media and FP messages, by type of media (Orangi)

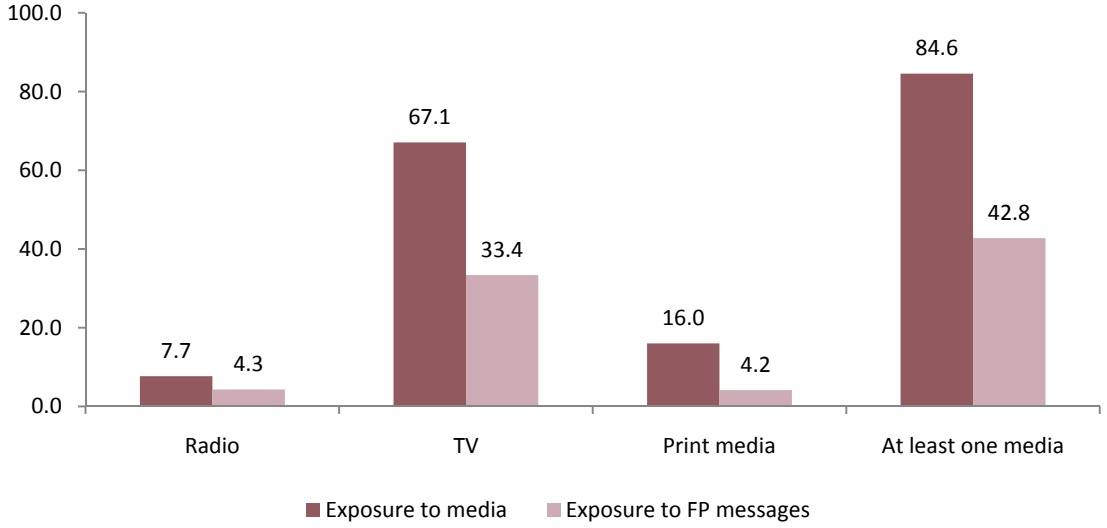
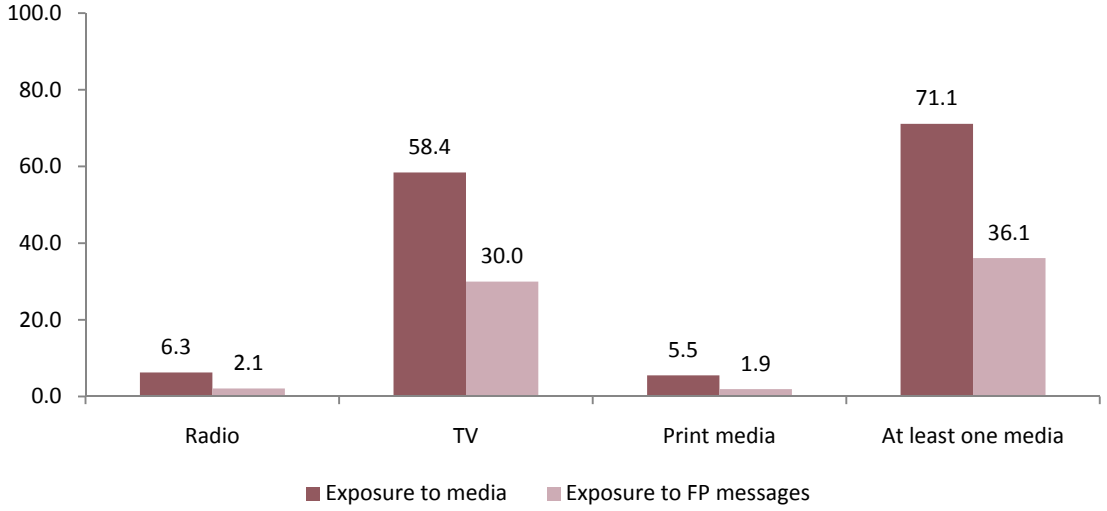


Figure 3.2c: Distribution of MWRA according to exposure to media and FP messages, by type of media (Gadap)



Furthermore, women who reported access to any sort of media were asked if they had ever seen, heard or read any message about methods of family planning through these mediums. Most women said that they had heard family planning messages on the television, while radio and print media were reported by very few women in all the three towns.

Chapter 4

Fertility

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

Other information collected in this baseline survey included the date of birth for all live births and whether those children were still alive at the time of the survey. If a mother was unable to remember the date of birth, she was asked how long ago her last live birth was. From these responses, births that occurred during the last three years were ascertained. The numbers of births obtained through this procedure were then used to analyze current fertility. For a family planning program, it is essential to be well informed about fertility levels to better understand couples' responses to family planning.

Cumulative Fertility

Children Ever Born and Living

The number of children a woman has ever borne reflects fertility in the past; it provides a somewhat different picture of fertility levels, trends and differentials than do period measures of fertility, such as CBR and TFR. Table 4.1 shows the percent distribution of all currently married women by the number of children ever born (CEB) in Lyari, Orangi and Gadap respectively. The table shows this distribution by the age of the woman at the time of the survey.

Table 4.1: Distribution of MWRA by age of mother and number of children ever born (CEB)

	Children ever born					Total	
Age group	0	1 - 2	3 - 4	5 or more	Mean CEB	%	N
Lyari							
15 - 19	50.0	50.0	0.0	0.0	0.6	100.0	14
20 - 24	30.9	63.0	4.9	1.2	1.0	100.0	81
25 - 29	14.7	55.2	24.1	6.0	2.0	100.0	116
30 - 34	9.6	33.0	51.1	6.4	2.7	100.0	94
35 - 39	2.2	18.7	42.9	36.3	4.2	100.0	91
40 - 44	3.0	13.9	36.6	46.5	4.3	100.0	101
45 - 49	2.0	12.2	28.6	57.1	5.4	100.0	49
Total	**11.7**	**34.8**	**31.1**	**22.3**	**3.1**	**100.0**	**546**
Orangi							
15 - 19	50.0	33.3	16.7	0.0	1.0	100.0	6
20 - 24	29.5	65.6	3.3	1.6	1.1	100.0	61
25 - 29	8.8	41.9	34.5	14.9	2.6	100.0	148
30 - 34	6.8	20.5	37.6	35.0	3.7	100.0	117
35 - 39	2.2	9.8	31.5	56.5	4.6	100.0	92
40 - 44	0.0	3.2	30.6	66.1	5.7	100.0	62
45 - 49	0.0	7.7	15.4	76.9	6.5	100.0	52
Total	**8.2**	**26.6**	**28.6**	**36.6**	**3.7**	**100.0**	**538**
Gadap							
15 - 19	78.3	17.4	4.3	0.0	0.4	100.0	23
20 - 24	24.7	57.7	15.5	2.1	1.4	100.0	97
25 - 29	17.3	47.4	26.3	9.0	2.2	100.0	133
30 - 34	6.3	27.3	42.2	24.2	3.4	100.0	128
35 - 39	2.3	12.8	25.6	59.3	5.1	100.0	86
40 - 44	4.5	11.9	29.9	53.7	5.1	100.0	67
45 - 49	6.3	4.2	4.2	85.4	7.1	100.0	48
Total	**13.9**	**30.8**	**25.6**	**29.7**	**3.4**	**100.0**	**582**

Table 4.2: Distribution of MWRA by age of mother and number of living children (LC)

Age group	Number of living children				Mean LC	Total	
	0	1-2	3-4	5 or more		%	N
Lyari							
15 - 19	50.0	50.0	0.0	0.0	0.6	100.0	14
20 - 24	33.3	61.7	4.9	0.0	1.0	100.0	81
25 - 29	14.7	57.8	25.0	2.6	1.9	100.0	116
30 - 34	10.6	36.2	48.9	4.3	2.6	100.0	94
35 - 39	2.2	23.1	41.8	33.0	3.9	100.0	91
40 - 44	4.0	16.8	45.5	33.7	3.9	100.0	101
45 - 49	2.0	16.3	34.7	46.9	4.7	100.0	49
Total	**12.5**	**37.4**	**33.0**	**17.2**	**2.8**	**100.0**	**546**
Orangi							
15 - 19	50.0	50.0	0.0	0.0	0.7	100.0	6
20 - 24	32.8	62.3	3.3	1.6	1.0	100.0	61
25 - 29	9.5	44.6	35.1	10.8	2.5	100.0	148
30 - 34	6.8	22.2	42.7	28.2	3.5	100.0	117
35 - 39	2.2	13.0	32.6	52.2	4.3	100.0	92
40 - 44	0.0	4.8	37.1	58.1	5.2	100.0	62
45 - 49	0.0	9.6	21.2	69.2	5.8	100.0	52
Total	**8.7**	**28.4**	**31.2**	**31.6**	**3.5**	**100.0**	**538**
Gadap							
15 - 19	78.3	17.4	4.3	0.0	0.3	100.0	23
20 - 24	25.8	61.9	11.3	1.0	1.3	100.0	97
25 - 29	18.8	52.6	24.1	4.5	1.9	100.0	133
30 - 34	8.6	28.1	42.2	21.1	3.1	100.0	128
35 - 39	2.3	15.1	31.4	51.2	4.5	100.0	86
40 - 44	4.5	16.4	34.3	44.8	4.5	100.0	67
45 - 49	6.3	4.2	8.3	81.3	6.1	100.0	48
Total	**14.9**	**33.7**	**26.1**	**25.3**	**3.0**	**100.0**	**582**

Early childbearing was fairly common in Lyari and Orangi. Data shows that the mean number of children ever born (Table 4.1) and living children (Table 4.2) increased with the age of the mother in all three towns, as would be expected in data of good quality. Table 4.3 shows the mean number of sons and daughters in all the three towns. Among currently married women aged 15-49 the mean number of children ever born was 3.1, 3.7 and 3.4 in Lyari, Orangi and Gadap respectively. The mean number of children ever born increased steadily with age in all three towns, from 0.6, 1.0 and 0.4 in the age group 15-19 years in Lyari, Orangi and Gadap respectively to 5.4, 6.5 and 7.1 in the age group of 45-49 in Lyari, Orangi and Gadap respectively. On average, women aged 45-49 years had 4.7, 5.8 and 6.1 living children in Lyari, Orangi and Gadap respectively; each woman in this age group had lost 0.7, 0.7 and 1.0 children during her reproductive life in Lyari, Orangi and Gadap respectively.

Table 4.3: Mean number of children ever born and children surviving by sex of child and age of mother

	Ever born			Surviving			
	Boys	Girls	Total	Boys	Girls	Total	
Age group	%	%	%	%	%	%	N
Lyari							
15 - 19	0.4	0.1	0.6	0.4	0.1	0.6	14
20 - 24	0.6	0.4	1.0	0.6	0.4	1.0	81
25 - 29	1.1	0.9	2.0	1.0	0.9	1.9	116
30 - 34	1.5	1.2	2.7	1.4	1.2	2.6	94
35 - 39	2.4	1.8	4.2	2.1	1.7	3.9	91
40 - 44	2.4	2.0	4.3	2.1	1.7	3.9	101
45 - 49	2.8	2.6	5.4	2.4	2.2	4.7	49
Total	**1.7**	**1.4**	**3.1**	**1.5**	**1.3**	**2.8**	**546**
Orangi							
15 - 19	0.8	0.2	1.0	0.5	0.2	0.7	6
20 - 24	0.7	0.4	1.1	0.6	0.4	1.0	61
25 - 29	1.3	1.3	2.6	1.2	1.3	2.5	148
30 - 34	1.9	1.8	3.7	1.8	1.7	3.5	117
35 - 39	2.3	2.2	4.6	2.2	2.1	4.3	92
40 - 44	3.2	2.5	5.7	2.9	2.3	5.2	62
45 - 49	3.1	3.4	6.5	2.7	3.1	5.8	52
Total	**1.9**	**1.8**	**3.7**	**1.8**	**1.7**	**3.5**	**538**
Gadap							
15 - 19	0.2	0.2	0.4	0.2	0.1	0.3	23
20 - 24	0.6	0.8	1.4	0.5	0.8	1.3	97
25 - 29	1.1	1.0	2.2	1.0	0.9	1.9	133
30 - 34	1.7	1.7	3.4	1.5	1.6	3.1	128
35 - 39	2.8	2.3	5.1	2.4	2.1	4.5	86
40 - 44	2.6	2.5	5.1	2.3	2.2	4.5	67
45 - 49	3.4	3.7	7.1	3.0	3.1	6.1	48
Total	**1.7**	**1.7**	**3.4**	**1.5**	**1.5**	**3.0**	**582**

Table 4.1 also shows that 50 percent in both Lyari and Orangi and 22 percent in Gadap of married women who were 15-19 years of age had already given birth to at least one child. Among currently married women in the 45-49 years age group, 41 percent, 23 percent and 8 percent had reached the end of childbearing with 1-4 children in Lyari, Orangi and Gadap respectively. On the other hand 57 percent, 77 percent and 85 percent had five or more children ever born in Lyari, Orangi and Gadap respectively. The sex ratio at birth was 105 males per 100 females in Orangi and 100 males per 100 females in Gadap, which is consistent with international norms. The sex ratio of living children was 106 in Orangi and 100 in Gadap.

Differentials in Children Ever Born and Surviving

Table 4.4 shows that differences in mean numbers of children by literacy and educational level of currently married women were pronounced in Lyari, Orangi and Gadap respectively. On average, literate women bore 1.4, 1.7 and 1.1 fewer children than illiterate women in Lyari, Orangi and Gadap respectively. Also, fertility declined with the level of education. Those who had "up to primary" education had, on average, 3.1, 4.2 and 3.1 children ever born in Lyari, Orangi and Gadap respectively as compared to 3.8, 4.9 and 4.0 born to women who had no schooling in Lyari, Orangi and Gadap respectively. Those who had "up to secondary" education had 2.4, 2.9 and 2.2 children ever born in Lyari, Orangi and Gadap respectively, and those educated in college had 2.1, 2.4 and 2.5 in Lyari, Orangi and Gadap respectively.

Table 4.4: Mean number of children ever born, living and dead by background characteristics

Characteristic	Lyari			Orangi			Godap		
	Mean number of CEB	Mean number of LC	N	Mean number of CEB	Mean number of LC	N	Mean number of CEB	Mean number of LC	N
Literacy of respondent)									
Literate	2.6	2.4	361	3.3	3.1	398	2.8	2.6	241
Illiterate	4.0	3.5	185	5.0	4.5	140	3.9	3.4	341
Schooling of respondent									
No education	3.8	3.4	214	4.9	4.5	186	4.0	3.5	342
Up to primary	3.1	2.8	104	4.2	3.8	87	3.1	2.7	102
Up to Secondary	2.4	2.3	182	2.9	2.8	190	2.2	2.1	107
Above secondary	2.1	2	46	2.4	2.3	75	2.5	2.4	31
Literacy of respondent 's husband									
Literate	2.9	2.6	407	3.6	3.3	429	3.2	2.9	387
Illiterate	3.5	3.2	139	4.5	4.1	109	3.8	3.2	195
Schooling of husband									
No education	3.5	3.1	173	4.6	4.3	149	3.9	3.4	223
Up to primary	2.8	2.6	63	3.9	3.6	50	3.6	3.2	88
Up to Secondary	2.9	2.6	214	3.6	3.3	231	2.8	2.5	195
Above secondary	2.7	2.5	93	2.7	2.6	106	3.3	3.0	71
Don't know	6.0	6	3	3.5	3.5	2	3.6	3.4	5
Standard of living index									
Low	0.0	0	0	0.0	0.0	0	3.1	2.7	84
Medium low	3.9	3.7	16	4.8	4.4	5	3.6	3.0	105
Medium high	3.3	2.9	171	4.2	3.8	147	3.6	3.3	181
High	2.9	2.7	359	3.6	3.3	386	3.3	3.0	212
Economic activity/occupation of Husband									
Agriculture/Livestock/Poultry	0.0	0	0	0.0	0.0	0	4.1	3.9	12
Petty trader	3.0	2.8	39	3.6	3.4	81	3.1	2.8	39
Labor (Daily wages)	3.1	2.9	254	3.9	3.5	181	3.5	3.0	302
Government service	3.6	3.3	46	3.8	3.7	41	3.9	3.4	69
Private service	2.6	2.4	102	3.3	3.1	161	2.8	2.6	85
Own business	2.5	2.4	25	3.3	3.1	42	3.4	3.1	30
Abroad	2.8	2.7	11	4.0	3.5	2	9.0	9.0	1
Unemployed	3.3	3	41	6.6	5.8	23	3.6	3.0	33
Skilled worker	3.3	2.7	26	3.5	3.5	6	3.8	3.6	9
Others	4.0	4	2	1.0	0.0	1	4.0	3.5	2
Total	**31**	**2.8**	**546**	**3.7**	**3.5**	**538**	**3.4**	**3.0**	**582**

Differentials were also observed on the basis of literacy and economic activity of husbands. Those who had literate husbands had 2.9, 3.6 and 3.2 children ever born in Lyari, Orangi and Gadap respectively as compared to 3.5, 4.5 and 3.8 for those who had illiterate husbands in Lyari, Orangi and Gadap respectively. Women with illiterate husbands had a lower number of children ever born compared to women who themselves were illiterate in all three towns.

Table 4.5 further explains the relationship of age of mothers and literacy with mean number of children ever born and their survival. It is evident that the mean number of children ever born to literate mothers was lower (2.6 in Lyari, 3.3 in Orangi and 2.8 children in Gadap) compared to that of those mothers who were illiterate (4.0 in Lyari, 5.0 in Orangi and 3.9 children in Gadap). Similarly, the survival of children with literate mothers was better than those born to illiterate mothers. In the below 30 age group, 43 percent, 44 percent and 51 percent were literate in Lyari, Orangi and Gadap respectively as compared to 30 percent, 29 percent and 38 percent who were illiterate in Lyari, Orangi and Gadap respectively.

Table 4.5: Mean number of children ever born and living by age and literacy of mother

	Literate				Illiterate			
Age group	Mean number of CEB	Mean number of LC	N	%	Mean number of CEB	Mean number of LC	N	%
Lyari								
15 - 19	0.7	0.7	7	1.9	0.4	0.4	7	3.8
20 - 24	1.0	0.9	61	16.9	1.4	1.2	20	10.8
25 - 29	2.0	1.9	87	24.1	2.0	1.9	29	15.7
30 - 34	2.7	2.6	74	20.5	3.0	2.7	20	10.8
35 - 39	3.6	3.4	54	15.0	5.1	4.6	37	20.0
40 - 44	3.8	3.4	50	13.9	4.8	4.3	51	27.6
45 - 49	4.1	3.7	28	7.8	7.2	6.0	21	11.4
Total	**2.6**	**2.4**	**361**	**100.0**	**4.0**	**3.5**	**185**	**100.0**
Orangi								
15 - 19	0.3	0.3	3	0.8	1.7	1.0	3	2.1
20 - 24	1.0	0.9	51	12.8	1.9	1.7	10	7.1
25 - 29	2.4	2.3	120	30.2	3.8	3.5	28	20.0
30 - 34	3.5	3.3	94	23.6	4.6	4.1	23	16.4
35 - 39	4.4	4.2	65	16.3	5.0	4.8	27	19.3
40 - 44	5.0	4.7	34	8.5	6.6	5.8	28	20.0
45 - 49	6.3	5.6	31	7.8	6.9	6.1	21	15.0
Total	**3.3**	**3.1**	**398**	**100.0**	**5.0**	**4.5**	**140**	**100.0**
Gadap								
15 - 19	0.3	0.3	12	5.0	0.5	0.4	11	3.2
20 - 24	1.4	1.3	40	16.6	1.5	1.3	57	16.7
25 - 29	2.1	1.9	70	29.0	2.2	1.8	63	18.5
30 - 34	3.2	3.1	56	23.2	3.5	3.1	72	21.1
35 - 39	4.4	4.0	23	9.5	5.4	4.7	63	18.5
40 - 44	4.2	3.8	25	10.4	5.7	4.9	42	12.3
45 - 49	5.7	4.5	15	6.2	7.8	6.8	33	9.7
Total	**2.8**	**2.6**	**241**	**100.0**	**3.9**	**3.4**	**341**	**100.0**

Current Fertility

Crude Birth Rate

The crude birth rate (CBR), though a crude measure of fertility, is the most widely understood and used fertility measure. In this survey, it is calculated from the number of births that occurred during the last three years before the survey and the mid-period total population in the sample households. The baseline survey provides an estimate of 21, 23 and 26 births per thousand population in Lyari, Orangi and Gadap respectively (Table 4.6).

Age-specific Fertility Rates and Total Fertility Rate

The total fertility rate (TFR) is a more refined measure of fertility than CBR. Age-specific fertility rates (ASFRs) and TFR are based on births to currently married women and the number of women living in the sample households. One of the limitations of measuring ASFRs is the low number of births in the sample during the last three years. The findings show a pattern of ASFRs common in developing countries: rates rose rapidly till age 25-29 in Lyari and Orangi but 30-34 in Gadap and then declined with increasing age. A TFR of 2.8, 2.8 and 3.5 in Lyari, Orangi and Gadap respectively for the period 2005-2008, obtained from the set of ASFRs calculated from the data presented in Table 4.6.

Table 4.6: Number of women in sample households and number of births during last three years before survey by age of women, and ASFRS, TFR and CBR

	Lyari			Orangi			Gadap		
Age group	**Women**	**Births**	**ASFR**	**Women**	**Births**	**ASFR**	**Women**	**Births**	**ASFR**
15 - 19	226	7	10.3	233	4	5.7	238	7	9.8
20 - 24	197	58	98.1	241	49	67.8	227	83	121.9
25 - 29	188	91	161.3	216	129	199.1	213	111	173.7
30 - 34	119	46	128.9	136	64	156.9	156	82	175.2
35 - 39	119	40	112.0	108	32	98.8	104	42	134.6
40 - 44	133	12	30.1	72	4	18.5	79	12	50.6
45 - 49	65	2	10.3	67	2	10.0	60	7	38.9
Total	**1047**	**256**	**na**	**1073**	**284**	**na**	**1077**	**344**	**na**
TFR: 2.8				**TFR: 2.8**			**TFR: 3.5**		
CBR: 21.3				**CBR: 22.6**			**CBR: 25.6**		

ASFR= Age specific fertility rate

na= not applicable.

Mothers with Children Under Five Years

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

Table 4.7 shows a significant number of women with the burden of caring for several young children. Further, among those who already had two living children less than 5 years of age, 10 percent, 14 percent and 11 percent were pregnant in Lyari, Orangi and Gadap respectively. For such mothers, it is particularly important for their health and that of their children to ensure that birth spacing is a part of their married life at this point.

Table 4.7: Distribution of mothers by pregnancy status and number of children under 5 years

Number of children < 5 years	Currently pregnant	Currently not pregnant	%	N
Lyari				
0	9.5	90.5	100.0	262
1	11.9	88.1	100.0	177
2	9.6	90.4	100.0	94
3	0.0	100.0	100.0	12
N	**10.1**	**89.9**	**100.0**	**545**
Orangi				
0	9.3	90.7	100.0	227
1	17.2	82.8	100.0	180
2	13.5	86.5	100.0	104
3	11.5	88.5	100.0	26
4	100.0	0.0	100.0	1
N	**13.0**	**87.0**	**100.0**	**538**
Gadap				
0	11.7	88.3	100.0	230
1	14.5	85.5	100.0	193
2	11.4	88.6	100.0	123
3	3.1	96.9	100.0	32
4	0.0	100.0	100.0	4
N	**12.0**	**88.0**	**100.0**	**582**

Preceding Birth Interval

Women with short birth intervals are at higher risk for delivering premature, low-birth-weight or small-for-gestational-age infants (Fuentes-Affelick and Hessol, 2000; Miller et al., 1995; Zhu et al., 1999). The length of the preceding birth interval is very important for the health of both mothers and their babies. Table 4.8a, Table 4.8b and Table 4.8c show the length of the last closed birth interval for women with two or more births by background characteristics of mothers at the time of the survey in Lyari, Orangi and Gadap respectively.

Table 4.8a: Distribution of women with preceding birth intervals (birth to birth) by background characteristics (Lyari)

Characteristic	Less than 18 months	18 - 23 months	24 - 35 months	36 - 47 months	48 and more months	%	N
Age							
15 - 19	0.0	0.0	100.0	0.0	0.0	100.0	1
20 - 24	23.8	19.0	47.6	9.5	0.0	100.0	21
25 - 29	14.7	13.3	37.3	14.7	20.0	100.0	75
30 - 34	15.1	11.3	22.6	15.1	35.8	100.0	53
35 - 39	18.4	13.2	15.8	7.9	44.7	100.0	38
40 - 44	15.4	7.7	15.4	7.7	53.8	100.0	13
45 - 49	0.0	0.0	33.3	33.3	33.3	100.0	3
Number of live births							
2	15.6	14.1	37.5	14.1	18.8	100.0	64
3	12.2	16.3	30.6	10.2	30.6	100.0	49
4	19.6	8.7	21.7	13.0	37.0	100.0	46
5	9.5	4.8	23.8	14.3	47.6	100.0	21
6+	25.0	16.7	25.0	12.5	20.8	100.0	24
Education level							
No education	17.3	13.6	32.1	7.4	29.6	100.0	81
Up to primary	15.8	10.5	23.7	26.3	23.7	100.0	38
Up to Secondary	11.4	14.3	31.4	11.4	31.4	100.0	70
Above secondary	33.3	6.7	20.0	13.3	26.7	100.0	15
Total	**16.2**	**12.7**	**29.4**	**12.7**	**28.9**	**100.0**	**204**

Table 4.8b: Distribution of women with preceding birth intervals (birth to birth) by background characteristics (Orangi)

Characteristic	Less than 18 months	18 - 23 months	24 - 35 months	36 - 47 months	48 and more months	%	N
Age							
15 - 19	0.0	0.0	100.0	0.0	0.0	100.0	1
20 - 24	50.0	30.0	20.0	0.0	0.0	100.0	20
25 - 29	15.3	17.7	37.1	15.3	14.5	100.0	124
30 - 34	18.7	10.7	21.3	25.3	24.0	100.0	75
35 - 39	10.0	5.0	32.5	20.0	32.5	100.0	40
40 - 44	14.3	14.3	0.0	0.0	71.4	100.0	7
45 - 49	50.0	0.0	0.0	0.0	50.0	100.0	4
Number of live births							
2	25.9	18.5	35.2	9.3	11.1	100.0	54
3	12.1	22.7	19.7	24.2	21.2	100.0	66
4	24.3	2.7	48.6	16.2	8.1	100.0	37
5	11.4	9.1	36.4	13.6	29.5	100.0	44
6+	20.0	12.9	20.0	18.6	28.6	100.0	70
Education level							
No education	22.2	10.1	24.2	14.1	29.3	100.0	99
Up to primary	12.9	9.7	16.1	25.8	35.5	100.0	31
Up to Secondary	16.8	18.8	34.7	19.8	9.9	100.0	101
Above secondary	17.5	17.5	40.0	10.0	15.0	100.0	40
Total	**18.5**	**14.4**	**29.5**	**17.0**	**20.7**	**100.0**	**271**

Table 4.8c: Distribution of women with preceding birth intervals (birth to birth) by background characteristics (Gadap)

Characteristic	Less than 18 months	18 - 23 months	24 - 35 months	36 - 47 months	48 and more months	%	N
Age							
15 - 19	50.0	0.0	50.0	0.0	0.0	100.0	2
20 - 24	45.0	22.5	15.0	12.5	5.0	100.0	40
25 - 29	31.6	13.9	25.3	16.5	12.7	100.0	79
30 - 34	11.5	13.8	31.0	18.4	25.3	100.0	87
35 - 39	18.4	14.3	32.7	18.4	16.3	100.0	49
40 - 44	13.3	13.3	20.0	13.3	40.0	100.0	15
45 - 49	36.4	0.0	9.1	27.3	27.3	100.0	11
Number of live births							
2	29.7	18.8	28.1	9.4	14.1	100.0	64
3	34.3	10.4	19.4	16.4	19.4	100.0	67
4	12.2	14.3	30.6	26.5	16.3	100.0	49
5	20.0	8.6	28.6	11.4	31.4	100.0	35
6+	20.6	17.6	26.5	20.6	14.7	100.0	68
Education level							
No education	24.9	12.4	29.6	14.8	18.3	100.0	169
Up to primary	25.5	18.2	20.0	20.0	16.4	100.0	55
Up to Secondary	26.8	17.1	19.5	19.5	17.1	100.0	41
Above secondary	11.1	16.7	27.8	22.2	22.2	100.0	18
Total	**24.4**	**14.5**	**26.1**	**17.0**	**18.0**	**100.0**	**283**

A short interval has traditionally been viewed as a risk factor for poor pregnancy outcomes, particularly neonatal mortality, in developing countries (Cleland and Sathar, 1984). It has been observed in several studies that the death risks of an index child whose birth closes a short birth interval are higher than those experienced by an index child whose birth closes a longer birth interval (Mahmood, 2002). It has been found that children born within the

preceding interval of 18 months experienced higher mortality risks during infancy than those born in an interval of two to three years (Cleland and Sathar, 1984).

Table 4.8a, Table 4.8b and Table 4.8c show that almost 16 percent, 19 percent and 24 percent of children were born with a birth interval of less than 18 months in Lyari, Orangi and Gadap respectively. About 58 percent, 62 percent and 65 percent were born with a birth interval of less than 36 months in Lyari, Orangi and Gadap respectively, while 42 percent, 38 percent and 35 percent were born after three years or more in Lyari, Orangi and Gadap respectively. The differentials by mother's age and educational level are also shown.

Chapter 5

Maternal and Neonatal Care

Birth spacing is an integral part of maternal and neonatal care. Adequate spacing of births improves the health of mothers and babies; at the same time, the survival of mothers and babies allows for longer birth intervals. In this survey, a small battery of questions was asked regarding the most recent child born during the past four years, reflecting some of the essential indicators of maternal and neonatal care. A total of 251 out of 546 women interviewed in Lyari, 273 out of 538 women interviewed in Orangi and 331 out of 582 women interviewed in Gadap had borne a child during the past four years, and these women were asked additional questions about maternal and neonatal care.

Antenatal Care

Antenatal check-ups allow for skilled health personnel to advise expecting mothers as to how to best take care of themselves and their unborn baby during pregnancy, to prepare them for childbirth and care of the newborn, and to identify possible problems during both pregnancy and delivery. The Ministry of Health recommends at least three antenatal visits during pregnancy, preferably four. Traditionally, many women, understanding childbirth as a natural experience and perhaps not finding health providers nearby, have not gone to skilled providers for antenatal care, but in recent years those proportions have been increasing in Pakistan. Table 5.1 and Figure 5.1 show the number of ANC visits for the last birth of women who had delivered during the previous four years. About 89 percent, 86 percent and 71 percent of the sample respondents in Lyari, Orangi and Gadap respectively had received at least one antenatal care visit during the last pregnancy. Eighty five percent, 79 percent and 57 percent had three or more ANC visits in Lyari, Orangi and Gadap respectively.

Table 5.1: Distribution of ANC check-ups during last pregnancy

	Lyari		Orangi		Gadap	
Number of visits	**N**	**%**	**N**	**%**	**N**	**%**
No visit	27	10.8	38	14.0	95	28.7
1-2 visits	11	4.4	20	7.3	48	14.5
3 visits	20	8.0	17	6.2	28	8.5
4+ visits	193	76.9	198	72.5	160	48.3
Total	**251**	**100.0**	**273**	**100.0**	**331**	**100.0**

Figure 5.1: Distribution of MWRA by number of antenatal visits during last pregnancy

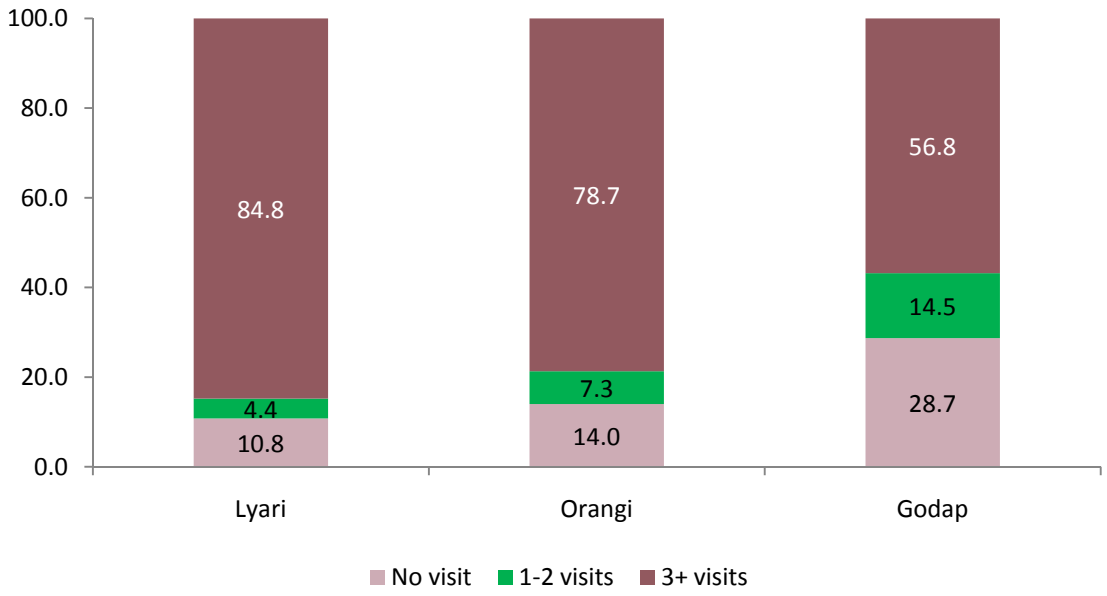


Figure 5.2 shows that many of these visits were for routine check-up rather than some problem. Thirteen percent, 8 percent and 24 percent of the first antenatal visits were for curative purpose in Lyari, Orangi and Gadap respectively.

Figure 5.2: Distribution of MWRA by reason of first antenatal visit during last pregnancy

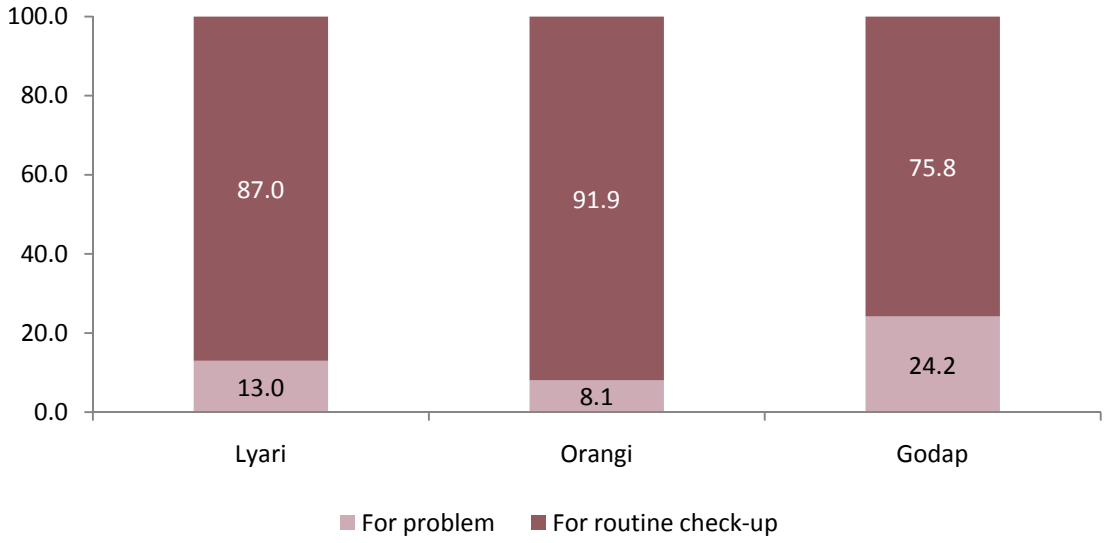


Figure 5.3 shows that 55 percent, 58 percent and 48 percent of the first visits took place within the first three months of gestation in Lyari, Orangi and Gadap respectively, and 13 percent, 17 percent and 20 percent of the first visits occurred during the third trimester in Lyari, Orangi and Gadap respectively.

Figure 5.3: Distribution of MWRA by gestational age at first antenatal visit during last pregnancy

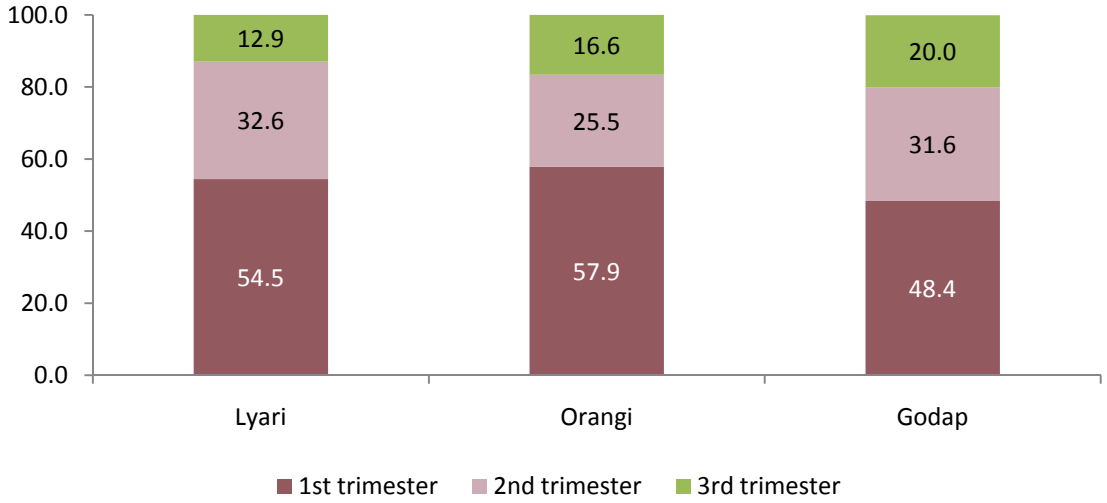


Table 5.2 shows the locations where respondents made one or more antenatal visits. Most antenatal visits took place in private-sector facilities, followed by DHQ/THQ hospitals and BHUs/RHCs in all three towns; other providers were less common.

Table 5.2: Facilities/service providers mentioned for one or more antenatal visits

Source	Lyari	Orangi	Gadap
BHU/RHC/Dispensary/MCH Center	5.4	0.4	5.7
DHQ/THQ hospital	21.0	38.7	26.7
FWC/RHSC-A	0.0	1.7	1.2
Pvt. hospital/clinic/doctor	75.0	61.3	69.5
Nurse/LHV/LHW	1.8	0.9	2.0
TBA/Dai / others	1.3	5.1	6.2
N	**224**	**235**	**243**

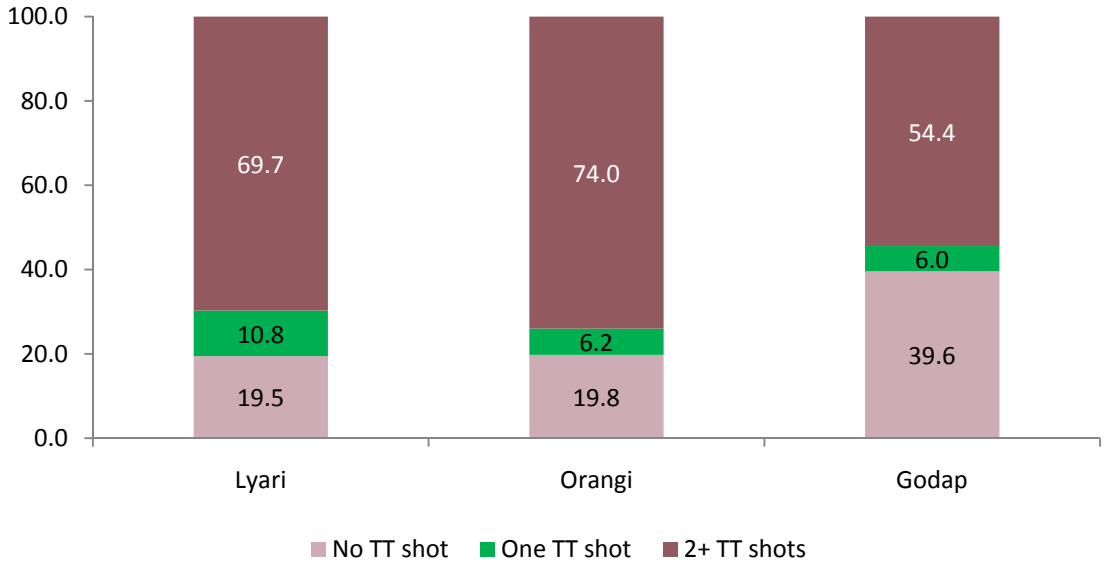
Tetanus Immunization

Tetanus toxoid immunization is important to avoid tetanus in the newborn and mother. Two doses in a pregnancy are sufficient to prevent tetanus; however, if the woman was immunized during her previous pregnancy only one dose may be needed. Five doses are sufficient for lifetime protection. Table 5.3 and Figure 5.4 show that 80 percent in both Lyari and Orangi and 60 percent in Gadap of the mothers had received at least one shot during their last pregnancy and 70 percent, 74 percent and 54 percent had received two or more shots in Lyari, Orangi and Gadap respectively. The immunization rate was higher in Lyari and Orangi than in Gadap town.

Table 5.3: Tetanus immunization at last delivery

	Lyari		Orangi		Gadap	
Number of injections	**N**	**%**	**N**	**%**	**N**	**%**
No TT shot	49	19.5	54	19.8	131	39.6
One TT shot	27	10.8	17	6.2	20	6.0
2+ TT shots	175	69.7	202	74.0	180	54.4
Total	**251**	**100.0**	**273**	**100.0**	**331**	**100.0**

Figure 5.4: Tetanus immunization at last delivery



Location and Attendance at Delivery

One of the most important ways to reduce maternal mortality is to increase the proportion of mothers delivering in a health facility with the support of a trained birth attendant. Although these proportions have been rising in recent years, they have been historically low in Pakistan and have contributed substantially to high maternal mortality. In the present survey, 88 percent, 71percent and 65 percent of the most recent deliveries were in a health facility in Lyari, Orangi and Gadap respectively (Table 5.4 and Figure 5.5). Of these, most of the deliveries took place in private hospitals in all the three towns. The table indicates that a large number of deliveries are still taking place at home, particularly in Orangi and Gadap, which increases the risk of maternal mortality.

Table 5.4: Distribution of mothers by place of last delivery

Place of delivery	Lyari		Orangi		Gadap	
	N	%	N	%	N	%
At home	29	11.6	73	26.7	116	35.0
Dispensary/MCH Centre	3	1.2	2	0.7	3	0.9
BHU/RHC	1	0.4	0	0.0	11	3.3
DHQ/THQ hospital	58	23.1	62	22.7	58	17.5
Pvt. hospital/clinic	150	59.8	126	46.2	141	42.6
FWC/RHSC(A)	10	4.0	3	1.1	2	0.6
Others	0	0	7	2.6	0	0
Total	**251**	**100.0**	**273**	**100.0**	**331**	**100.0**

Figure 5.5: Distribution of mothers by location of last delivery

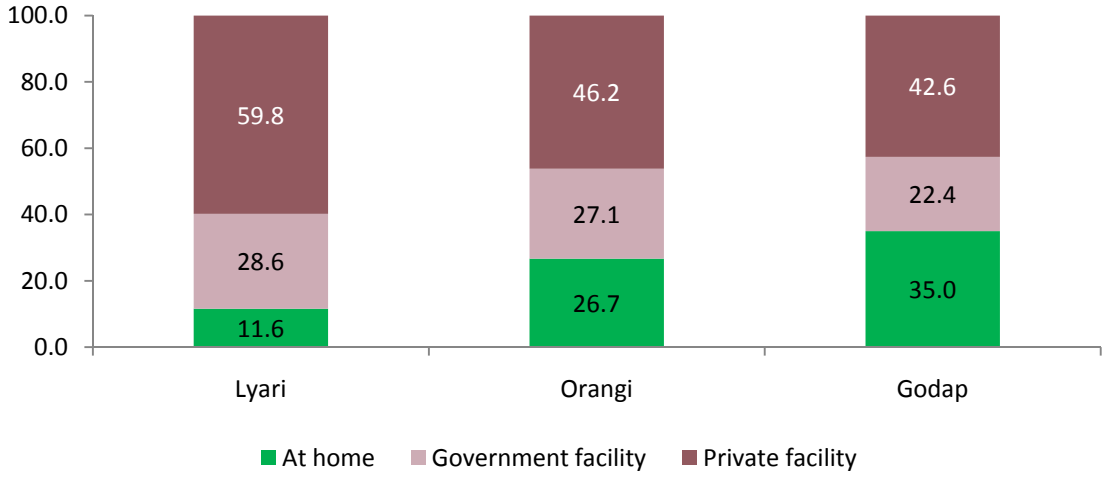
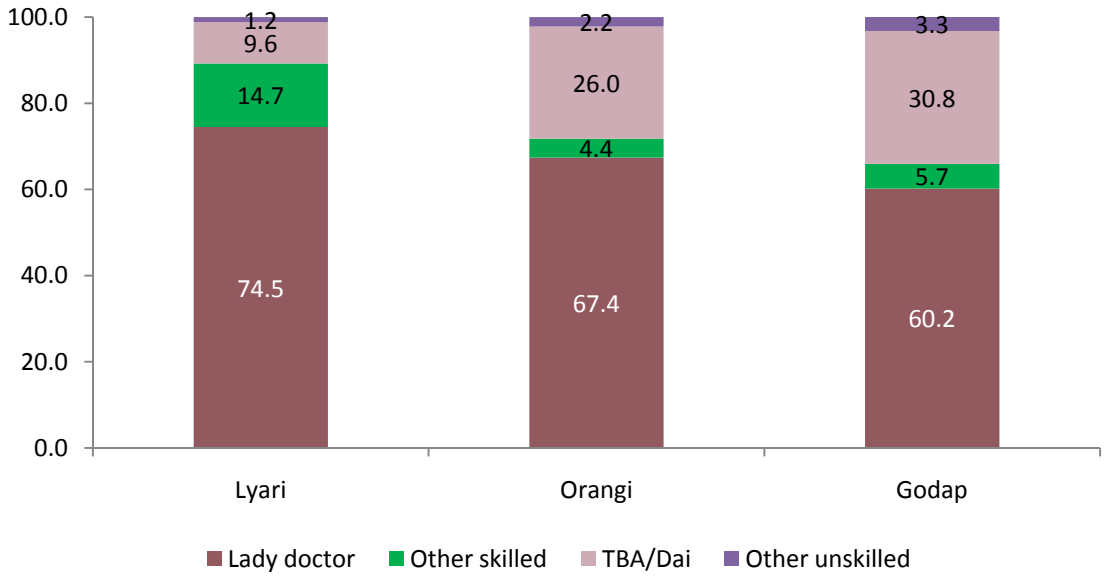


Table 5.5 and Figure 5.6 indicate that in this survey, 89 percent, 72 percent and 66 percent of the reported deliveries in the previous 4 years were assisted by a skilled birth attendant in Lyari, Orangi and Gadap respectively. This was significantly higher in Lyari compared to Orangi and Gadap. A number of births attended by a skilled attendant in this household survey were reportedly attended by a lady doctor. (The term "doctor" however, may, in such interviews, mean a paramedic, such as a Lady Health Visitor). About 10 percent, 26 percent and 31 percent of births were delivered by Dai/TBA (traditional birth attendants) in Lyari, Orangi and Gadap respectively, while 75 percent, 67 percent and 60 percent were delivered by a lady doctor in Lyari, Orangi and Gadap respectively.

Table 5.5: Distribution of mothers by attendant at last delivery

Type of birth attendant	Lyari		Orangi		Gadap	
	N	%	N	%	N	%
TBA/Dai	24	9.6	71	26.0	102	30.8
LHW/Nurse/LHV	36	14.3	7	2.6	17	5.1
Midwife	3	1.2	8	2.9	3	0.9
Lady doctor	187	74.5	184	67.4	199	60.1
Female relative/Friend/ Neighbor (Not Dai)	1	0.4	3	1.1	10	3.0
Total	**251**	**100.0**	**273**	**100.0**	**331**	**100.0**
Skilled birth attendant	224	89.2	196	71.8	218	65.9
Unskilled birth attendant	27	10.8	77	28.2	113	34.1

Figure 5.6: Distribution of mothers by attendant at last delivery



Postpartum Care

For the health of mothers and newborns, a newly delivered mother and baby should be followed up for at least about 6 weeks after delivery. MoH guidelines recommend at least one postpartum visit after discharge during the first 42 days after delivery. This, however, is

a major weakness of maternal and newborn health care in Pakistan: women who deliver at home rarely go for any postnatal check-up, and women who deliver in facilities are usually seen while they are in the facility, but not after. Surprisingly, almost all the respondents in three towns reported receiving postnatal care within 40 days after delivery (Table 5.6). However, 86 percent, 73 percent and 66 percent received this care within 24 hours in Lyari, Orangi and Gadap respectively. It is to be noted that only 7 percent, 6 percent and 3 percent of the women who delivered at home reported that they did not have a postnatal check-up within or after 24 hours in Lyari, Orangi and Gadap respectively.

It is pertinent to mention that the absence of postpartum visits represents a missed opportunity to talk to the mother about birth spacing. Much international evidence supports the value of the postpartum period as critical for the mother to focus on family planning and the role it can play in postponing the next pregnancy or in ending childbearing.

Table 5.6: Distribution of mothers by status of postnatal check-up and place of delivery

	Within 24 hours		After 24 hours		Didn't have PNC check up	
Place of delivery	**N**	**%**	**N**	**%**	**N**	**%**
Lyari						
Institutional delivery	209	100.0	0	0.0	0	0.0
Non institutional delivery	8	19.0	31	73.8	3	7.1
Total	**217**	**86.5**	**31**	**12.4**	**3**	**1.2**
Orangi						
Institutional delivery	191	100.0	0	0.0	0	0.0
Non institutional delivery	8	9.8	69	84.1	5	6.1
Total	**199**	**72.9**	**69**	**25.3**	**5**	**1.8**
Gadap						
Institutional delivery	211	100.0	0	0.0	0	0.0
Non institutional delivery	7	5.8	109	90.8	4	3.3
Total	**218**	**65.9**	**109**	**32.9**	**4**	**1.2**

Breastfeeding

Breastfeeding is a critical component of newborn and infant health. In addition, it is a primary determinant of the length of postpartum amenorrhea. Breastfeeding can be used to deliberately delay pregnancy, either through a formal procedure such as "lactational amenorrhea method" (LAM), or more informally through the assumption that breastfeeding protects against pregnancy. Virtually all Pakistani women breastfeed their children to some extent. Breastfeeding is normally done for a substantial period of time; the median length of breastfeeding for the last baby (not currently being breastfed) was 20 months, 18 months and 24 months in Lyari, Orangi and Gadap respectively. In Lyari, main reasons for discontinuing breastfeeding were: child was old enough (49 percent); no or insufficient milk (15 percent) and child stopped (15 percent). In Orangi, main reasons for discontinuing breastfeeding were child stopped (27 percent), child was old enough (22 percent); no or insufficient milk (17 percent) and poor health of mother or child (16 percent). In Gadap, main reasons for discontinuing breastfeeding were child was old enough (42 percent); child stopped (22 percent); poor health of mother or child (14 percent) and no or insufficient milk (12 percent).

Table 5.7: Distribution of mothers by reasons for discontinuing breastfeeding

Reason	Lyari	Orangi	Gadap
No/Insufficient milk	15.2	17.0	11.8
Poor health of mother/child	12.4	15.6	14.0
Child was old enough to stop/Switched to another food	48.6	22.2	41.9
Became pregnant	7.6	11.9	8.1
Child stopped	15.2	26.7	22.1
Mother working/others	1.0	6.7	2.2
N	**105**	**135**	**136**

Chapter 6

Preference for Children

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

Ideal Number of Children

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

The median "ideal" number, in the sense indicated above, was 4 children in all the three towns; 84 percent, 73 percent and 63 percent of the respondents wanted 4 or fewer children in Lyari, Orangi and Gadap respectively. In fact, 23 percent, 21 percent and 13 percent said they wanted 2 children in Lyari, Orangi and Gadap respectively.

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

	Lyari		Orangi		Gadap	
Number of children	**N**	**%**	**N**	**%**	**N**	**%**
1	4	0.7	2	0.4	2	0.3
2	127	23.3	111	20.6	75	12.9
3	93	17.0	58	10.8	37	6.4
4	232	42.5	223	41.4	255	43.8
5	40	7.3	64	11.9	48	8.2
6	35	6.4	39	7.2	82	14.1
7+	10	1.8	20	3.7	67	11.5
Others	3	0.5	5	0.9	2	0.3
Up to God	2	0.4	5	0.9	14	2.4
Don't know	0	0.0	11	2.0	0	0.0
Total	**546**	**100.0**	**538**	**100.0**	**582**	**100.0**

Desire for More Children

Levels of Desire for More Children

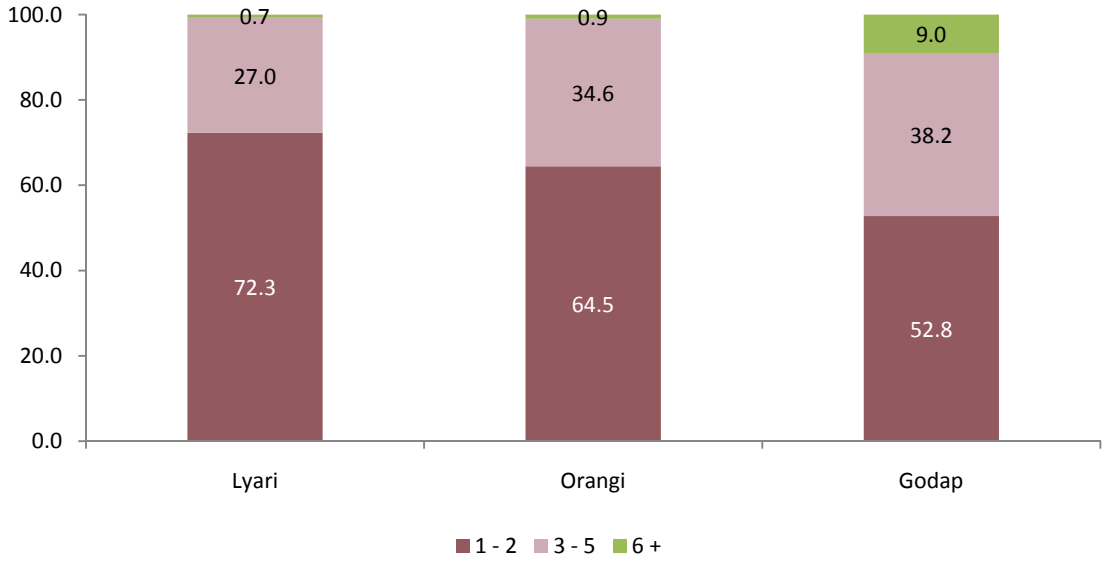
A more immediate measure of fertility preference is whether a couple wants to have more children; if so, do they want the next child now or later, and how many more do they want. The desire for future children is closely linked with the number of children a couple already has. Table 6.2 shows that whether respondents wanted more children soon, later (after 2 years or more) or not at all was based on the number of living children they already had. Forty eight percent, 59 percent and 41 percent of the respondents did not want more children in Lyari, Orangi and Gadap respectively. Twenty nine percent, 22 percent and 26 percent of women wanted to delay their next child in Lyari, Orangi and Gadap respectively. Also, the proportion wanting more children sooner rather than later declined sharply after the first birth in all three towns. Most women with three or more living children did not want to have more children and for those with six or more, the proportion wanting to stop was more than 90 percent in all three towns. This table clearly indicates the high level of interest in both spacing and limiting births.

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

Number of living children	Lyari				Orangi				Gadap			
	Soon	Later	Never	N	Soon	Later	Never	N	Soon	Later	Never	N
0	73.5	26.5	0.0	68	72.3	27.7	0.0	47	80.5	19.5	0.0	87
1	39.5	60.5	0.0	86	43.3	56.7	0.0	67	55.3	43.6	1.1	94
2	18.6	44.9	36.4	118	22.1	32.6	45.3	86	34.3	43.1	22.5	102
3	13.4	22.0	64.6	82	15.3	26.5	58.2	98	23.1	38.5	38.5	78
4	7.1	12.2	80.6	98	2.9	5.7	91.4	70	14.9	9.5	75.7	74
5	2.3	4.7	93.0	43	6.2	4.9	88.9	81	8.9	8.9	82.1	56
6 +	2.0	2.0	96.1	51	1.1	3.4	95.5	89	2.2	6.6	91.2	91
Total	**23.1**	**28.6**	**48.4**	**546**	**19.5**	**21.6**	**58.9**	**538**	**33.2**	**25.8**	**41.1**	**582**

For those women who wanted more children, we also asked how many more. Figure 6.1 indicates that 72 percent, 65 percent and 53 percent of the women who wanted more children, and who had an opinion, wanted one or two more children in Lyari, Orangi and Gadap respectively.

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



Socioeconomic Correlates of Desire for Children

A woman's stated desire was analyzed in relation to three possible socioeconomic determinants: standard of living index (SLI), respondent's age and literacy (Table 6.3). The relationship between SLI and desire for more children later was consistent in all the three towns. The age of the respondent was strongly associated with the desire to not have more children in all the three towns. Illiterate women were more likely to never want more children compared to the literate women in all three towns.

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

	Lyari				Orangi				Gadap			
Characteristic	**Soon**	**Later**	**Never**	**N**	**Soon**	**Later**	**Never**	**N**	**Soon**	**Later**	**Never**	**N**
Standard of living index												
Low	0.0	0.0	0.0	0	0.0	0.0	0.0	0	61.9	13.1	25.0	84
Medium low	43.8	6.3	50.0	16	20.0	0.0	80.0	5	37.1	24.8	38.1	105
Medium high	21.6	25.1	53.2	171	19.7	15.6	64.6	147	28.7	27.1	44.2	181
High	22.8	31.2	46.0	359	19.4	24.1	56.5	386	23.6	30.2	46.2	212
Age of respondent												
< 25	38.9	55.8	5.3	95	43.3	47.8	9.0	67	50.0	44.2	5.8	120
25 or more	19.7	22.8	57.4	451	16.1	17.8	66.0	471	28.8	21.0	50.2	462
Literacy (respondent)												
Literate	24.9	32.7	42.4	361	19.6	26.4	54.0	398	27.0	33.2	39.8	241
Illiterate	19.5	20.5	60.0	185	19.3	7.9	72.9	140	37.5	20.5	41.9	341
Total	**23.1**	**28.6**	**48.4**	**546**	**19.5**	**21.6**	**58.9**	**538**	**33.2**	**25.8**	**41.1**	**582**

Son Preference

In Pakistan, there is known to be a substantial preference for sons over daughters; in particular, the belief that a family is incomplete without sons is stronger than the corresponding belief for daughters. In this questionnaire, respondents were asked how many daughters they would have before stopping if they did not have a son, and correspondingly for sons if they did not have a daughter. For respondents, son preference came out most strongly in the proportions saying that there would be no limit: 14 percent,

15 percent and 36 percent said there would be no limit to the number of daughters before having a son in Lyari, Orangi and Gadap respectively while 3 percent, 12 percent and 20 percent said there would be no limit to the number of sons before having a daughter in Lyari, Orangi and Gadap respectively (Table 6.4). For those women who gave a number, in both cases and in all the three towns, the median was 4 children.

Table 6.4: Son and daughter preference by respondents

	Number of daughters for desire of son						Number of sons for desire of daughters					
	Lyari		Orangi		Gadap		Lyari		Orangi		Gadap	
Preference	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**
No limit	14.3	78	14.5	78	36.3	211	2.9	16	11.9	64	20.4	119
Numeric responses	81.3	444	76.2	410	62.9	366	92.3	503	80.3	432	78.4	456
Up to God	2.7	15	3.5	19	0.3	2	2.9	16	2.8	15	0.7	4
Other non-numeric responses	1.6	9	5.8	31	0.5	3	1.8	10	5.0	27	0.5	3
Total	**100.0**	**546**	**100.0**	**538**	**100.0**	**582**	**100.0**	**545**	**100.0**	**538**	**100.0**	**582**
Median*	**na**	**4**	**na**	**4**	**na**	**4**	**na**	**4**	**na**	**4**	**na**	**4**

*Of numeric responses,

na =not applicable

Strength of Preference

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

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

	Lyari		Orangi		Gadap	
	Later	Never	Later	Never	Later	Never
Reaction if pregnant	%	%	%	%	%	%
Pleased	4.2	0.4	32.9	5.9	18.3	5.1
Worried	43.3	42.8	32.9	48.3	28.7	39.2
Accept it	50.8	18.8	28.2	23.1	51.3	26.3
Doesn't matter	0.0	0.0	3.5	1.0	0.9	0.0
Will abort/ others	0.8	3.2	2.4	2.7	0.0	2.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
N	**120**	**250**	**85**	**290**	**115**	**217**

Table 6.5 shows that among those who did not want more children at all, 43 percent, 48 percent and 39 percent said that they would be worried if they became pregnant in Lyari, Orangi and Gadap respectively. About 19 percent, 23 percent and 26 percent reported that they would accept the new pregnancy, while less than 1 percent, 6 percent and 5 percent, among those who did not want more children, said they would be pleased in Lyari, Orangi and Gadap respectively. Among those women who wanted to delay their next pregnancy for more than 2 years, 43 percent, 33 percent and 29 percent would be worried in Lyari, Orangi and Gadap respectively while 4 percent, 33 percent and 18 percent would be pleased if they became pregnant in Lyari, Orangi and Gadap respectively. About 51 percent, 28 percent and 51 percent would accept the pregnancy in Lyari, Orangi and Gadap respectively. These responses show weak motivation for spacing between births. However, the high proportion of women who said they would be worried if they became pregnant supports their earlier statement that they wanted to delay or stop childbearing.

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

	Lyari		Orangi		Gadap	
Problems faced if pregnant	**Later**	**Never**	**Later**	**Never**	**Later**	**Never**
Own health	50.4	63.8	60.0	75.7	51.8	75.9
Health of youngest child	72.3	42.3	68.2	49.8	69.3	46.8
Caring of children	71.4	60.7	69.4	65.5	71.9	74.7
Schooling of children	47.9	67.5	50.6	71.5	36.8	69.0
Family economic situation	63.9	77.9	57.6	80.9	66.7	82.3
Will feel shy because other kids are grown	0.0	3.7	0.0	3.9	0.0	1.9
N	**119**	**161**	**82**	**230**	**114**	**157**

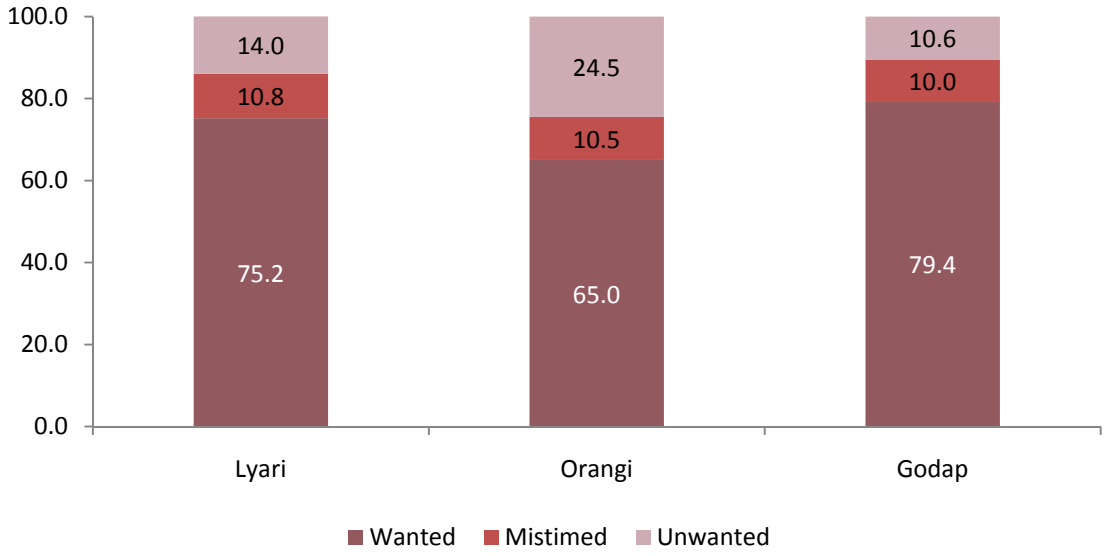
Respondents could give more than one response

Further, women who expressed a desire not to have more children or to delay the next child were asked what problems they would face if they became pregnant soon. Table 6.6 shows their responses. The problems most commonly faced were family economic situation, own health, health of youngest child and caring for children in all the three towns. This shows that health is emerging as a priority in planning a family.

Attitude towards Last Pregnancy

Another important dimension of fertility preference relates to whether the last pregnancy was wanted at the time, was mistimed (i.e., wanted later) or was not wanted at all. Pregnancies that are unwanted cause hardship in many ways and represent a failure to realize a couple's right to have the number of children they want at the time they want them. This can be somewhat difficult to determine precisely in surveys. Sometimes parents report that an unwanted pregnancy was actually wanted, but it is less common to report that a child was wanted when in fact it was not. In this survey, as shown in Figure 6.2, many women reported that their last pregnancy was unwanted (14 percent in Lyari, 25 percent in Orangi and 11 percent in Gadap) or mistimed (11 percent in Lyari, 11 percent in Orangi and 10 percent in Gadap).

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



Women's Perception of Husband's Fertility Preferences

Women were asked whether they thought their husbands wanted the same number of children as they did, more or fewer children. In Table 6.7, responses are tabulated according to the woman's ideal family size.

In Lyari, 15 percent did not know their husband's preference, while 63 percent thought their husbands wanted the same number of children as they did. About 19 percent of the women thought their husbands wanted more children than they did, while only 4 percent thought their husbands wanted fewer children.

In Orangi, 7 percent did not know their husband's preference, while 65 percent thought their husbands wanted the same number of children as they did. About 24 percent of the women thought their husbands wanted more children than they did, while only 3 percent thought their husbands wanted fewer children.

In Gadap, 15 percent did not know their husband's preference, while 50 percent thought their husbands wanted the same number of children as they did. About 32 percent of the

women thought their husbands wanted more children than they did, while only 3 percent thought their husbands wanted fewer children.

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

Ideal family size of women	Same number	More children	Fewer children	Don't know	Total	N
Lyari						
1 - 2 children	65.6	19.8	0.8	13.7	100.0	131
3 - 4 children	68.0	15.1	2.8	14.2	100.0	325
5 + children	42.4	30.6	11.8	15.3	100.0	85
Others	0.0	66.7	0.0	33.3	100.0	3
Up to God	0.0	0.0	0.0	100.0	100.0	2
Total	**62.8**	**18.9**	**3.7**	**14.7**	**100.0**	**546**
Orangi						
1 - 2 children	62.8	31.9	0.9	4.4	100.0	113
3 - 4 children	70.8	19.9	2.8	6.4	100.0	281
5 + children	60.2	26.8	5.7	7.3	100.0	123
Others	40.0	0.0	20.0	40.0	100.0	5
Up to God	20.0	0.0	0.0	80.0	100.0	5
Don't know	45.5	27.3	9.1	18.2	100.0	11
Total	**65.4**	**23.8**	**3.3**	**7.4**	**100.0**	**538**
Gadap						
1 - 2 children	49.4	40.3	1.3	9.1	100.0	77
3 - 4 children	58.6	22.6	2.7	16.1	100.0	292
5 + children	40.6	40.6	3.6	15.2	100.0	197
Others	0.0	50.0	0.0	50.0	100.0	2
Up to God	0.0	71.4	7.1	21.4	100.0	14
Total	**49.7**	**32.3**	**2.9**	**15.1**	**100.0**	**582**

Chapter 7

Contraceptive Knowledge and Use

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

Knowledge

At least 95 percent of married women of reproductive age in Pakistan have known of at least one method of contraception for many years. Table 7.1 shows that this holds true for all the three towns (Lyari, Orangi and Gadap) as well where almost all the respondents knew of at least one FP method. A majority of the female respondents knew of the most commonly used program methods – injections, pills, female sterilization, IUD, and condoms. Male sterilization and emergency pills were least known. Natural methods apart from withdrawal were also less known.

Table 7.1: Distribution of MWRA by knowledge (prompted) of contraceptive methods, by method

Method	Lyari	Orangi	Gadap
Female sterilization	98.7	94.6	95.2
Male sterilization	23.8	31.0	23.4
Pill	98.4	99.1	97.9
IUD	82.1	91.3	76.5
Injectables	98.2	97.8	95.2
Norplant	36.3	42.9	34.0
Condom	86.6	95.9	83.0
Rhythm	46.7	68.4	47.3
Withdrawal	74.0	82.0	63.7
Others FP method	2.7	2.8	1.5
Emergency Pills	29.7	27.7	13.6
Any FP method	99.8	100.0	99.8
Any modern FP method	99.5	100.0	99.8
Any traditional FP method	77.8	86.6	73.0
N	**546**	**538**	**582**

Use of Contraceptive Methods

Levels of Ever Use and Current Use

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

Of all the married women interviewed in our sample in the three towns of Karachi, 70 percent, 72 percent and 51 percent reported having used some method of contraception during their married lives in Lyari, Orangi and Gadap respectively (Table 7.2).

Table 7.2: Percentage distribution of MWRA by contraceptive use status

FP Method	Lyari			Orangi			Gadap		
	Ever users	Current users	Past users	Ever users	Current users	Past users	Ever users	Current users	Past users
Female sterilization	13.9	13.9	0	8.0	8.0	0	9.8	9.8	0.0
Male sterilization	0.2	0.2	0	0	0	0	0.2	0.2	0.0
Pill	22.3	4.8	17.6	16.0	3.0	13.0	16	3.3	12.7
IUD	4.2	1.3	2.9	6.9	1.3	5.6	4.3	0.7	3.6
Injectable	21.4	3.3	18.1	19.1	3.5	15.6	18	3.3	14.8
Norplant	1.3	0.5	0.7	0.2	0	0.2	0	0	0.0
Condom	32.6	17.6	15.0	42	18.4	23.6	25.4	12.0	13.4
Rhythm	5.1	0.5	4.6	21.2	4.6	16.5	6.2	1.5	4.6
Withdrawal	23.6	9.3	14.3	32.9	13	19.9	11.2	4.1	7.0
Other FP method	0.5	0	0.5	1.3	0.4	0.9	0.5	0.3	0.2
Any FP method	69.8	51.1	18.7	71.9	50.4	21.6	51.4	34.4	17.0
Any modern FP method	62.5	41.4	21.1	59.9	34.2	25.7	47.8	29.2	18.6
Any traditional FP method	26	9.7	16.3	39.6	17.5	22.1	16.3	5.8	10.5
N	**546**	**546**	**546**	**538**	**538**	**538**	**582**	**582**	**582**
Emergency pills	1.6	na	na	1.3	na	na	0.5	na	na

na= not applicable

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

A total of 51 percent, 50 percent and 34 percent of all married women in the sample of Lyari, Orangi and Gadap respectively were currently using some method of contraception (contraceptive prevalence rate or CPR).

The modern method most commonly in use was condom as 18 percent of women in Lyari and Orangi while 12 percent were using this method in Gadap. Overall, 41 percent, 34 percent and 29 percent of married women were using modern methods in Lyari, Orangi and Gadap respectively, while 10 percent, 18 percent and 6 percent were using traditional methods in Lyari, Orangi and Gadap respectively. Table 7.3 shows the proportion of current users by method mix.

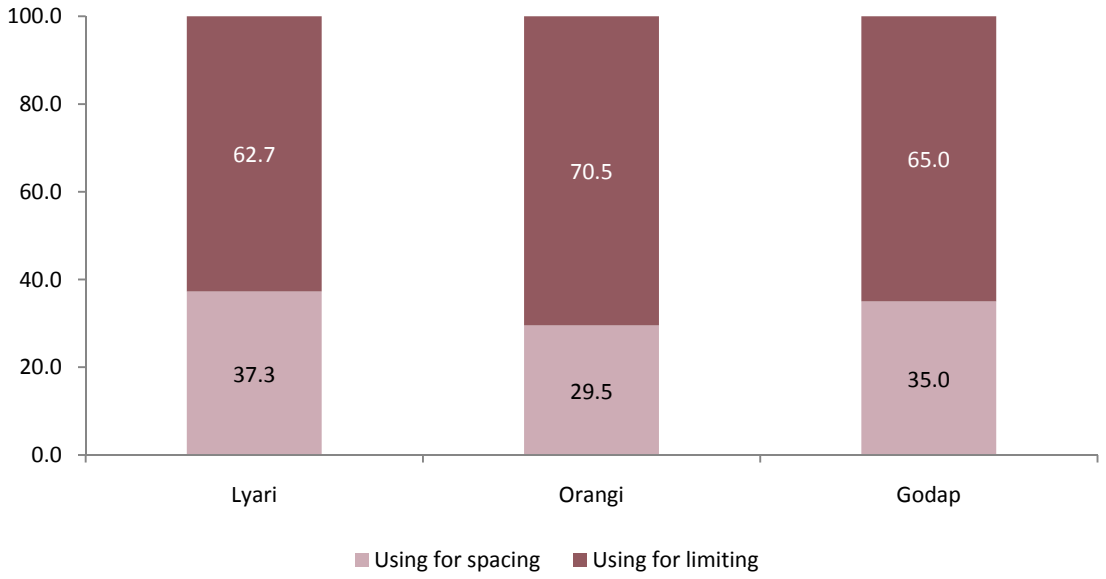
Table 7.3: Distribution of current users by method mix

	Lyari	Orangi	Gadap
FP method	**%**	**%**	**%**
Pill	9.3	5.9	9.5
IUD	2.5	2.6	2.0
Injectables	6.5	7.0	9.5
Norplant	1.1	0.0	0.0
Condom	34.4	36.5	35.0
Rhythm	0.7	7.7	3.5
Withdrawal	18.3	23.6	10.5
Female sterilization	27.2	15.9	28.5
Male sterilization	0.0	0.0	0.5
Others	0.0	0.7	1.0
Total	**100.0**	**100.0**	**100.0**
N	**279**	**271**	**200**

Current Use and Desire for Children

It is important to determine how many current users of contraception were using contraceptives for spacing purposes, and how many were using them to stop having children altogether. Figure 7.1 shows that 63 percent, 71 percent and 65 percent of current use was for limiting compared with 37 percent, 29 percent and 35 percent for the purpose of spacing births in Lyari, Orangi and Gadap respectively.

Figure 7.1: Current use and desire for children



Correlates of Contraceptive Use

Figures 7.2 and 7.3 show the relationship between contraceptive prevalence and the woman's age and number of living children. The shape of the graph shows low prevalence among younger women with increasing trend in all the three towns. Figure 7.3 shows that prevalence for women with 3-4 children was higher in all the three towns. It is interesting to note that some contraceptive prevalence exists even among couples who do not have any children.

Figure7.2: Contraceptive prevalence rate by age

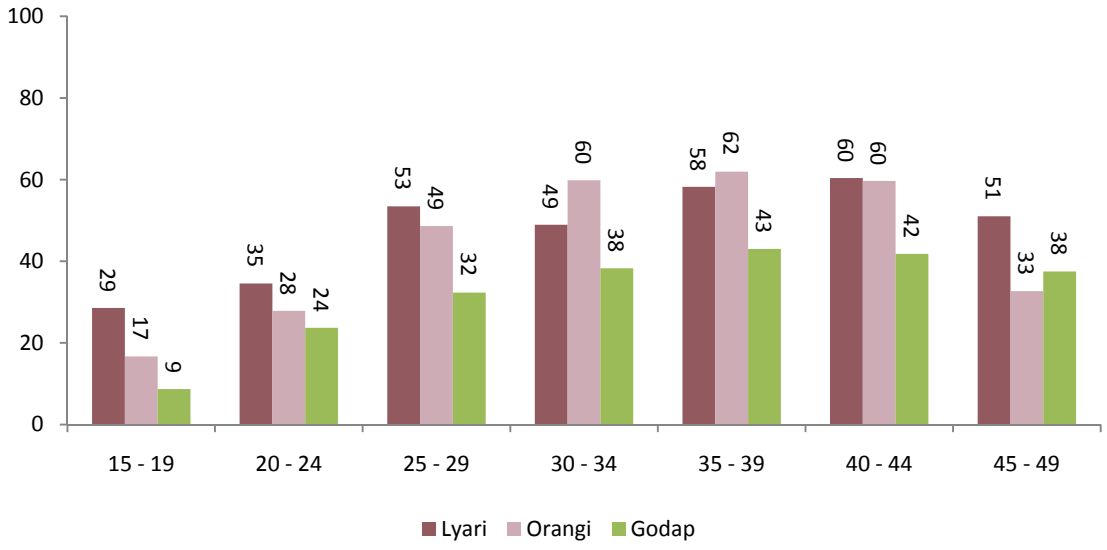
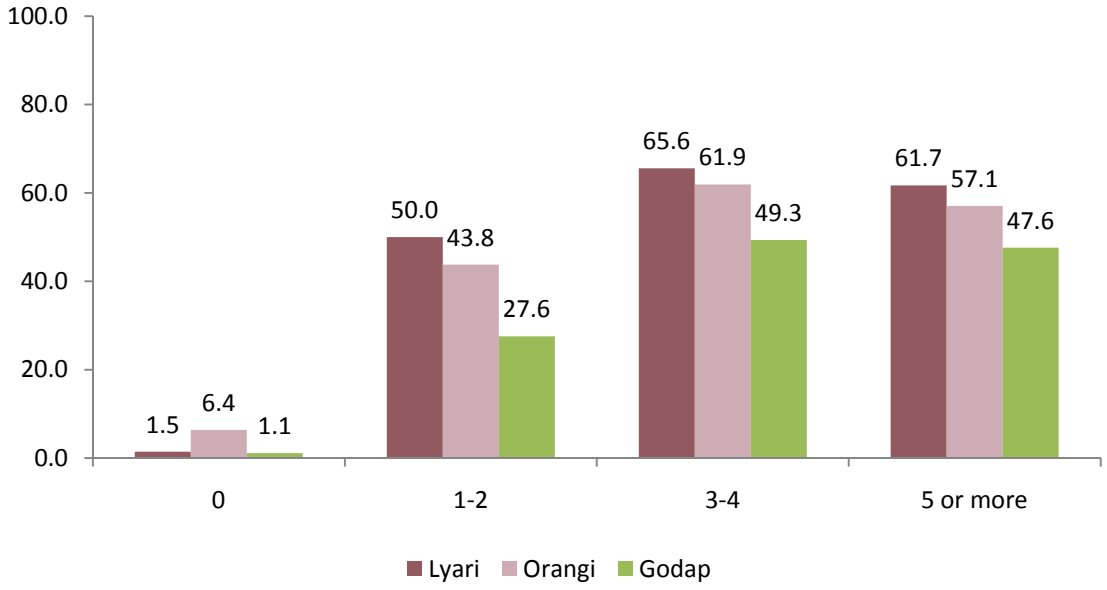


Figure 7.3: Contraceptive prevalence rate by number of living children



Contraceptive use is associated with higher socioeconomic status and literacy, as shown in Table 7.4. Respondents in households with the highest SLI had much higher contraceptive prevalence than those with the lowest SLI in all the three towns; conversely, women from households with low or medium low SLI were substantially more likely to be never users in

all the three towns. Similarly, respondents' literacy and ownership of TV was associated with higher current use in all the three towns. Past use was also consistent with SLI.

Table 7.4: Distribution of women by contraceptive use status and selected characteristics

Contraceptive use status	Characteristic							
	Standard of living index				Ownership of TV		Literacy	
	Low	Medium low	Medium high	High	Yes	No	Literate	Illiterate
Lyari								
Current user	0.0	18.8	51.5	52.4	52.2	36.1	52.1	49.2
Past user	0.0	18.8	17.5	19.2	18.4	22.2	21.1	14.1
Never user	0.0	62.5	31.0	28.4	29.4	41.7	26.9	36.8
Orangi								
Current user	0.0	40.0	46.3	52.1	53.1	30.8	52.5	44.3
Past user	0.0	20.0	22.4	21.2	21.4	23.1	20.4	25.0
Never user	0.0	40.0	31.3	26.7	25.6	46.2	27.1	30.7
Gadap								
Current user	9.5	22.9	34.8	49.5	41.5	17.4	45.2	26.7
Past user	15.5	10.5	19.9	18.4	19.5	11.0	17.4	16.7
Never user	**75.0**	**66.7**	**45.3**	**32.1**	**39.0**	**71.5**	**37.3**	**56.6**

Source of Method

With many types of outlets available to obtain various contraceptives, it is important to know which ones are being utilized and for which methods. Table 7.5 shows the place at which current and past users combined (i.e., ever users) obtained their contraceptive method the last time.

From this table, it is evident that the source depends on the method. Pills were mostly obtained from pharmacy or husbands in all the three towns. IUDs and injectables were mostly obtained from private hospitals/clinics while female sterilization was mostly sought from government hospitals.

Table 7.5: Distribution of ever users of specific contraceptive method by most recent source of supply

Method	Source							
	Govt. hospital (DHQ/ THQ hospital)	BHU/ RHC/ MCH Centre	FWC/ RHSC-A	LHW/ TBA/ Dai	Greenstar clinic	Pvt. hospital/ clinic	Pharmacy, chemists/ Grocery shop	Husband brings
Lyari								
Pill	7.7	1.9	3.8	7.7	1.9	19.3	28.8	26.9
IUD	33.3	0.0	0.0	0.0	0.0	66.6	0.0	0.0
Injectables	32.4	16.2	2.7	0.0	2.7	45.9	0.0	0.0
Norplant	40.0	0.0	20.0	0.0	0.0	20.0	0.0	20.0
Condom	0.0	0.0	0.0	1.6	0.0	0.0	3.2	95.2
Female sterilization	57.9	2.6	0.0	0.0	0.0	39.4	0.0	0.0
Orangi								
Pill	3.4	3.4	3.4	10.3	0.0	10.3	37.9	31.0
IUD	18.2	0.0	18.2	0.0	0.0	63.6	0.0	0.0
Injectables	13.3	6.7	10.0	13.3	0.0	43.3	13.3	0.0
Norplant	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Condom	0.7	0.0	0.0	0.7	0.0	0.0	19.0	79.7
Female sterilization	44.2	7.0	11.6	0.0	0.0	37.2	0.0	0.0
Gadap								
Pill	12.8	0.0	2.6	20.5	0.0	5.1	35.9	23.1
IUD	28.6	0.0	0.0	0.0	0.0	71.4	0.0	0.0
Injectables	11.8	7.8	2.0	9.8	2.0	58.8	7.9	0.0
Condom	1.0	0.0	0.0	6.9	0.0	1.0	22.6	66.7
Female sterilization	66.7	1.8	7.0	0.0	1.8	22.8	0.0	0.0
Male sterilization	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0

Chapter 8

Experience with Contraceptive Methods

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

Reasons for Method Choice

In the survey, current and past users were asked the reasons why they chose a particular method. The list of possible reasons was read out to them; the results are shown in Table 8.1. Overall, the reasons for current and past users were similar, so the data were combined. Among the most common reasons for choosing a method were: can be used for a long period and convenience of use in all the three towns. For female sterilization and IUD users, suitability of use for a long period of time was often cited in all the three towns. Least cited reason was "No other method available" in all the three towns. This means that clients had access to a variety of methods. They tended to make decisions according to the known attributes of the various methods, but not always. For example, about 67 percent, 76 percent and 69 percent of pill users cited lack of side effects in Lyari, Orangi and Gadap respectively, even though pills are in fact associated with a number of common side effects.

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

Method	Reason									
	Easily available	Low cost	Convenient to use	Suitable for respondent/ husband	No/ fewer side effects	Can be used for long period	No other method available	Metho alway availabl	Provider advised	Others
Lyari										
Pill	90.4	71.2	90.4	90.4	67.3	53.8	3.8	53.8	61.5	0.0
IUD	75.0	16.7	58.3	91.7	83.3	91.7	8.3	16.7	41.7	0.0
Injectables	81.1	48.6	91.9	81.1	83.8	51.4	2.7	40.5	59.5	2.7
Norplant	80.0	20.0	80.0	100.0	100.0	80.0	0.0	0.0	40.0	0.0
Condom	82.4	67.2	77.6	96.0	93.6	59.2	0.0	48.0	18.4	5.6
Female sterilization	50.0	40.8	50.0	82.9	80.3	78.9	1.3	14.5	69.7	2.6
Orangi										
Pill	86.2	79.3	93.1	89.7	75.9	65.5	3.4	82.8	79.3	3.4
IUD	36.4	27.3	72.7	72.7	72.7	81.8	9.1	54.5	54.5	0.0
Injectables	86.7	70.0	93.3	73.3	73.3	53.3	3.3	50.0	80.0	0.0
Norplant	0.0	0.0	100.0	100.0	100.0	100.0	0.0	100.0	100.0	0.0
Condom	93.5	75.8	96.7	98.0	84.3	56.9	3.3	68.6	22.9	3.3
Female sterilization	44.2	23.3	48.8	76.7	62.8	81.4	7.0	32.6	69.8	9.3
Gadap										
Pill	82.1	71.8	92.3	79.5	69.2	48.7	2.6	46.2	51.3	2.6
IUD	42.9	14.3	57.1	85.7	71.4	85.7	0.0	14.3	100.0	0.0
Injectables	82.4	60.8	96.1	86.3	70.6	60.8	3.9	33.3	72.5	0.0
Condom	90.2	76.5	90.2	96.1	80.4	57.8	2.9	54.9	25.5	0.0
Female sterilization	66.7	66.7	71.9	86.0	75.4	96.5	0.0	31.6	63.2	0.0
Male sterilization	0.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	100.0	0.0

Respondents could give more than one reason

To look more specifically at why some users preferred traditional methods to modern ones, 53 current traditional method users in Lyari, 85 current traditional method users in Orangi and 30 current traditional method users in Gadap were asked why they were not using modern methods. Table 8.2 indicates that side effects were by far the main issue: 74 percent, 82 percent and 73 percent cited fear of side effects, and 59 percent, 40 percent and 53 percent reported their own experience of side effects in Lyari, Orangi and Gadap respectively. Husband's disapproval (of modern methods) was also cited by 25 percent, 34 percent and 33 percent of the users in Lyari, Orangi and Gadap respectively.

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

Reason	Lyari	Orangi	Gadap
Fear of side effects	73.6	82.4	73.3
Husband's disapprove	24.5	34.1	33.3
Experienced side effects	58.5	40.0	53.3
Method not available	0.0	2.4	3.3
Cost too much	0.0	5.9	10.0
Doesn't know about modern methods	0.0	4.7	3.3
Doesn't know about source of method	0.0	5.9	6.7
N	**53**	**85**	**30**

Respondents could give more than one reason

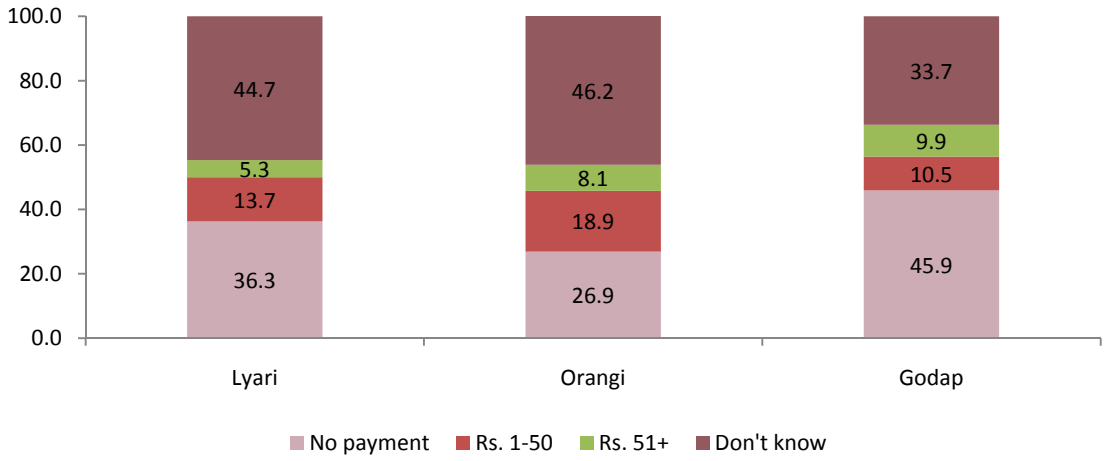
Cost, Distance and Time to Reach a Facility

Costs of contraceptive methods for users vary widely in Pakistan according to method, whether public or private sector, and the distance from home to facility. Table 8.3 and Figure 8.1 show women's reported costs the last time they obtained a method. Thirty six percent, 27 percent and 46 percent of users in Lyari, Orangi and Gadap respectively were not charged for their contraceptives, including female sterilization users (who are, in fact, typically reimbursed for expenses involved). About 45 percent, 46 percent and 34 percent of respondents in Lyari, Orangi and Gadap respectively, notably condom users, the husband obtained the method, so the wife did not know the cost. Five percent, 8 percent and 10 percent in Lyari, Orangi and Gadap respectively paid more than Rs. 50, and 14 percent, 19 percent and 11 percent in Lyari, Orangi and Gadap respectively paid up to Rs. 50.Most IUD users in Lyari and Orangi and injectable users in Gadap paid more than 50 rupees for their method. However, for the IUD it is a one-time cost, so the monthly cost may be quite low.

Table 8.3: Percentage distribution of current contraceptive users according to cost of contraceptive supply, by method

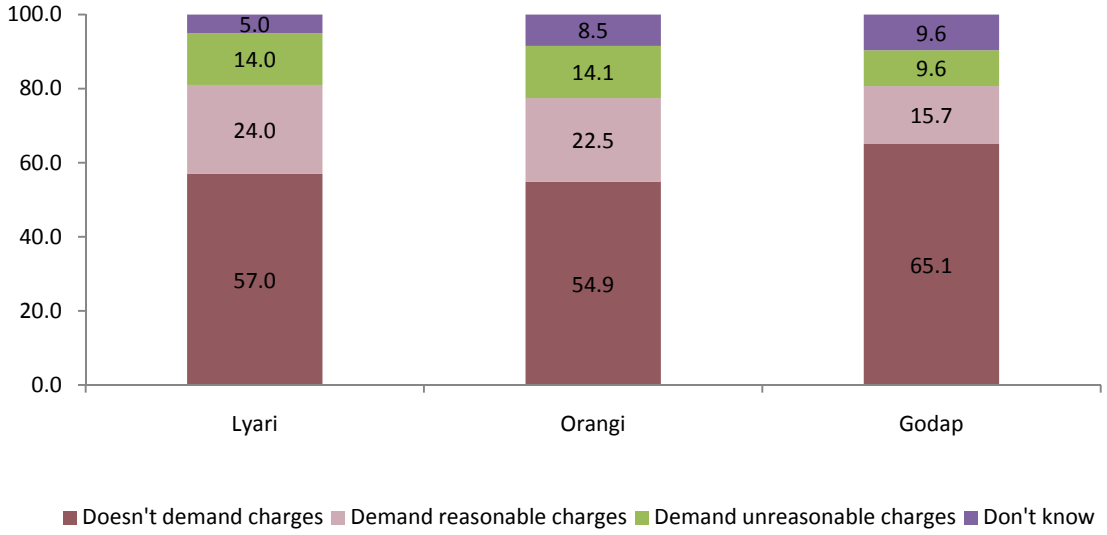
Method	Cost (in rupees)					Total	
	No payment	1-20	21-50	51+	Don't know/ husband brought	%	N
Lyari							
Pill	7.7	42.3	11.5	7.7	30.8	100.0	26
IUD	14.3	0.0	0.0	71.4	14.3	100.0	7
Injectables	5.6	33.3	27.8	27.8	5.6	100.0	18
Norplant	0.0	0.0	0.0	0.0	100.0	100.0	3
Condom	2.1	4.2	2.1	0.0	91.7	100.0	96
Female sterilization	100.0	0.0	0.0	0.0	0.0	100.0	76
Total	**36.3**	**9.3**	**4.4**	**5.3**	**44.7**	**100.0**	**226**
Orangi							
Pill	0.0	68.8	18.8	0.0	12.5	100.0	16
IUD	0.0	14.3	14.3	71.4	0.0	100.0	7
Injectables	0.0	15.8	31.6	47.4	5.3	100.0	19
Condom	7.1	7.1	2.0	0.0	83.8	100.0	99
Female sterilization	100.0	0.0	0.0	0.0	0.0	100.0	43
Others	0.0	50.0	0.0	50.0	0.0	100.0	2
Total	**26.9**	**12.4**	**6.5**	**8.1**	**46.2**	**100.0**	**186**
Gadap							
Pill	47.4	21.1	10.5	15.8	5.3	100.0	19
IUD	25.0	0.0	0.0	50.0	25.0	100.0	4
Injectables	21.1	5.3	10.5	57.9	5.3	100.0	19
Condom	7.1	10.0	2.9	1.4	78.6	100.0	70
Female sterilization	100.0	0.0	0.0	0.0	0.0	100.0	57
Male sterilization	100.0	0.0	0.0	0.0	0.0	100.0	1
Others	100.0	0.0	0.0	0.0	0.0	100.0	2
Total	**45.9**	**7.0**	**3.5**	**9.9**	**33.7**	**100.0**	**172**

Figure 8.1A: Cost of contraceptive supply for current users



Current users were also asked whether their facility charged them for services, other than the method itself. Fifty seven percent, 55 percent and 65 percent said they were not charged in Lyari, Orangi and Gadap respectively, and 24 percent, 23 percent and 16 percent said that they were charged a reasonable amount in Lyari, Orangi and Gadap respectively. Only 14 percent in Lyari and Orangi both and 10 percent in Gadap were of the view that they were charged an unreasonable amount.

Figure 8.1B: Cost of contraceptive facility charges of current users for the service

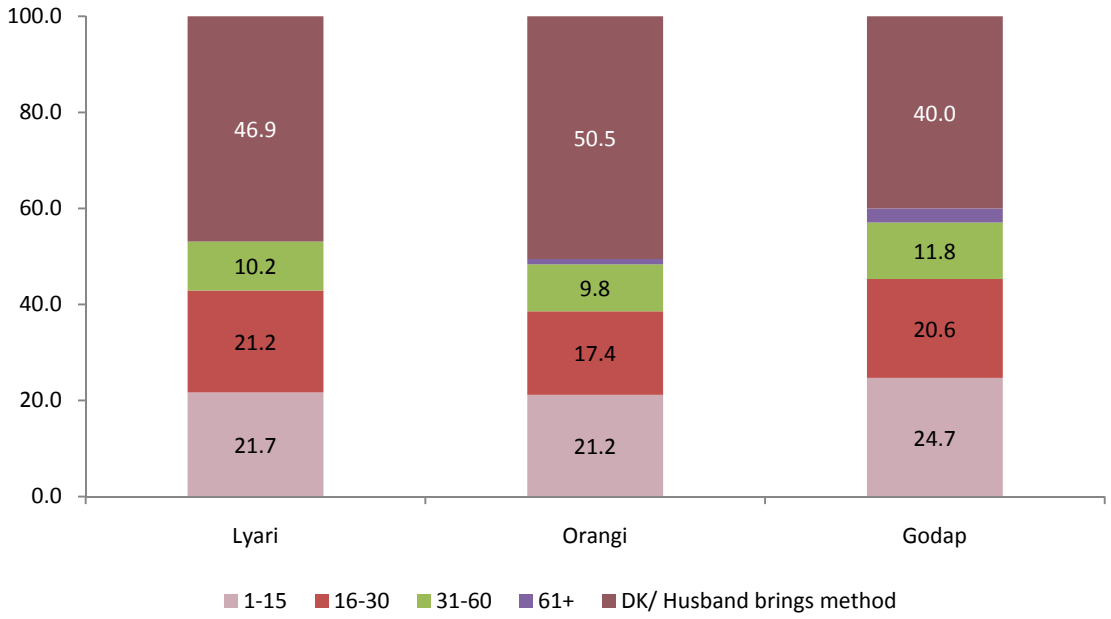


The time usually needed for current users to obtain a specific method is shown in Table 8.4; Figure 8.2 shows the overall travel time in minutes to acquire the contraceptive methods. About 22 percent, 21 percent and 25 percent of users in Lyari, Orangi and Gadap respectively needed no more than 15 minutes to obtain their method; this included contraceptives from LHWs, who often brought injectables and pills to the doorstep. Twenty one percent in both Lyari and Gadap and 18 percent in Orangi needed 16-30 minutes. For a few in Orangi and Gadap particularly in case of female sterilization and IUD, it took more than an hour to reach the service place; usually for that purpose there was no need to visit frequently. Forty-seven percent, 50 percent and 40 percent users in Lyari, Orangi and Gadap respectively did not know the time it took especially for condoms and pills as their husband brought the supplies.

Table 8.4: Distribution of current contraceptive users according to time to reach contraceptive service, by method

	Time (in minutes)					Total	
Method	**1-15**	**16-30**	**31-60**	**61+**	**Don't know/ husband brought**	**%**	**N**
Lyari							
Pill	38.5	15.4	0.0	0.0	46.2	100.0	26
IUD	28.6	14.3	57.1	0.0	0.0	100.0	7
Injectables	94.4	5.6	0.0	0.0	0.0	100.0	18
Norplant	0.0	66.7	0.0	0.0	33.3	100.0	3
Condom	3.1	0.0	1.0	0.0	95.8	100.0	96
Female sterilization	22.4	52.6	23.7	0.0	1.3	100.0	76
Total	**21.7**	**21.2**	**10.2**	**0.0**	**46.9**	**100.0**	**226**
Orangi							
Pill	37.5	12.5	0.0	0.0	50.0	100.0	16
IUD	57.1	42.9	0.0	0.0	0.0	100.0	7
Injectables	42.1	26.3	26.3	0.0	5.3	100.0	19
Condom	15.2	2.0	1.0	0.0	81.8	100.0	99
Female sterilization	14.0	46.5	27.9	4.7	7.0	100.0	43
Others	50.0	50.0	0.0	0.0	0.0	100.0	2
Total	**21.5**	**17.7**	**9.7**	**1.1**	**50.0**	**100.0**	**186**
Gadap							
Pill	52.6	10.5	10.5	0.0	26.3	100.0	19
IUD	0.0	25.0	50.0	25.0	0.0	100.0	4
Injectables	68.4	26.3	5.3	0.0	0.0	100.0	19
Condom	17.1	2.9	1.4	0.0	78.6	100.0	70
Female sterilization	12.3	43.9	24.6	7.0	12.3	100.0	57
Male sterilization	0.0	0.0	0.0	0.0	100.0	100.0	1
Total	**24.7**	**20.6**	**11.8**	**2.9**	**40.0**	**100.0**	**170**

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



Treatment by Provider

Information Provided

Current and past users were asked what information was provided to them by service providers. For this purpose, a list of important topics was read out to them, and the results are shown in Table 8.5. The accuracy of client responses may be questioned, due to problems of recall or understanding; still, it appears that information provided was seriously deficient. The most common topic respondents said they were told about was effectiveness in all the three towns and less users were provided information on other topics. Least users were provided information on contraindications in all the three towns. There is a need to emphasize to providers that they offer comprehensible information on the method selected by the clients, especially hormonal contraceptives.

Table 8.5: Distribution of ever users of contraceptives according to information provided at acceptance, by method

Family planning method	Information provided at acceptance								
	How the method works	How to use the method	Contraindications	Effectiveness	Advantages	Possible side effects	What to do if experienced side effects	Possibility of switching	About other methods of FP you could use
Lyari									
Pill	23.1	44.2	13.5	38.5	23.1	17.3	19.2	30.8	13.5
IUD	25.0	8.3	16.7	100.0	58.3	41.7	50.0	25.0	16.7
Injectables	27.0	48.6	13.5	89.2	43.2	40.5	37.8	59.5	27.0
Norplant	20.0	20.0	0.0	80.0	80.0	40.0	60.0	40.0	40.0
Condom	0.0	1.6	0.0	0.0	0.8	0.0	0.0	1.6	0.8
Female sterilization	17.1	27.6	17.1	46.1	65.8	15.8	13.2	0.0	13.2
N	**39**	**66**	**27**	**104**	**90**	**43**	**43**	**45**	**32**
Orangi									
Pill	20.7	27.6	3.4	20.7	17.2	20.7	17.2	13.8	10.3
IUD	36.4	45.5	18.2	90.9	27.3	27.3	45.5	18.2	27.3
Injectables	53.3	43.3	20.0	80.0	50.0	33.3	26.7	30.0	30.0
Norplant	0.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	0.0
Condom	0.7	1.3	0.0	0.7	0.7	0.7	0.0	1.3	1.3
Female sterilization	30.2	4.7	7.0	51.2	39.5	23.3	7.0	2.3	9.3
N	**40**	**30**	**12**	**64**	**41**	**30**	**21**	**18**	**21**
Gadap									
Pill	23.1	46.2	7.7	30.8	20.5	15.4	5.1	15.4	7.7
IUD	57.1	57.1	42.9	85.7	42.9	57.1	42.9	28.6	14.3
Injectables	37.3	51.0	21.6	80.4	41.2	33.3	23.5	35.3	17.6
Condom	5.9	6.9	0.0	3.9	2.9	1.0	0.0	2.0	0.0
Female sterilization	43.9	26.3	15.8	63.2	50.9	26.3	21.1	0.0	10.5
Male sterilization	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
N	**63**	**70**	**26**	**99**	**64**	**43**	**29**	**28**	**19**

Respondents could give more than one response

Treatment at Facility

Current users were asked about various aspects of their treatment on their last visit to the provider for family planning. As Table 8.6 shows, responses were mainly positive. As all the respondents in Lyari and Gadap reported that staff was always available while 96 percent respondents in Gadap reported the availability of staff. However, 25 percent, 22 percent and 54 percent in Lyari, Orangi and Gadap respectively were of the view that provider was unable to deal with side effects and 43 percent, 45 percent and 35 percent reported that provider demanded charges in Lyari, Orangi and Gadap respectively.

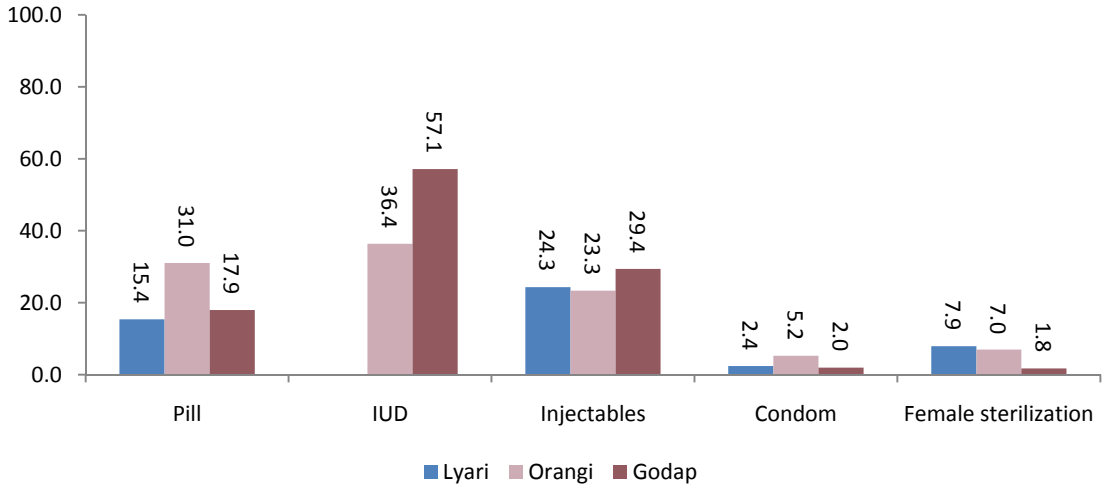
Table 8.6: Percent of current users responding positively on treatment at last visit by aspect of treatment

Aspect of treatment	Lyari	Orangi	Gadap
Cooperative/Friendly	92.1	80.8	81.4
Staff always available	100.0	95.8	100.0
Attend/examine properly	99.1	91.4	93.9
Doesn't demand charges	57.0	54.9	65.1
Manage side effects properly	**75.2**	**78.1**	**46.4**

Side Effects

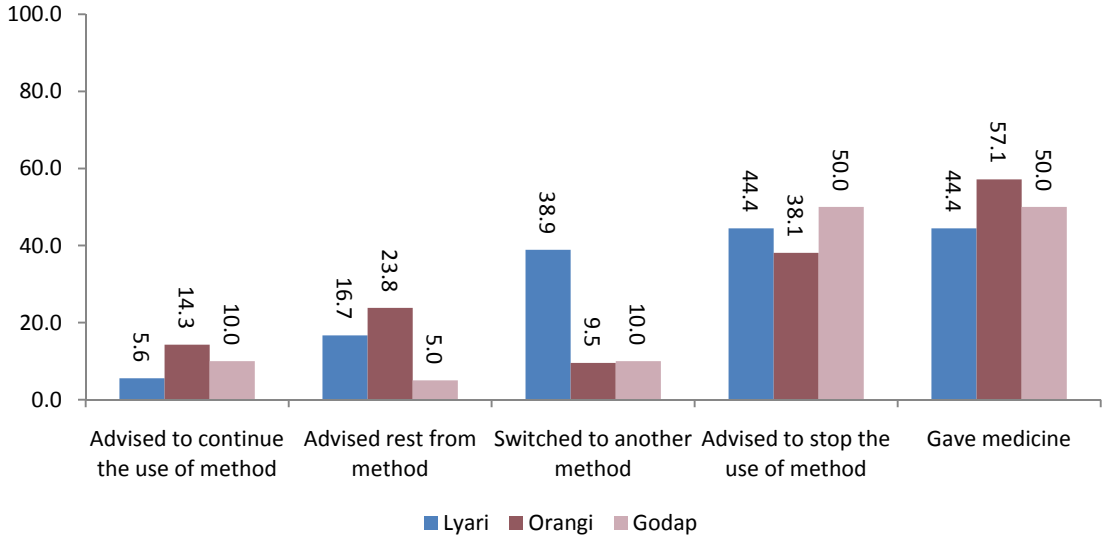
Current users were asked if they had experienced, or were experiencing, any side effects from their current method, and past users were asked if side effects were among the reasons for their discontinuation of a method. If so, a list of possible side effects was read out to them, and they were asked if they had experienced them; multiple responses were allowed. As shown in the Figure 8.3, in Lyari side effects were most commonly reported by injectable users (24 percent), while in Orangi and Gadap side effects were most commonly reported by IUD users (36 percent and 57 percent respectively). However, side effects were least commonly reported by condom users in all the three towns.

Figure 8.3: Ever users who experience side effects by method used



These respondents were asked if the provider responded in a manner included in a list read out to them (Figure 8.4). About 44 percent, 38 percent and 50 percent were advised to stop the method in Lyari, Orangi and Gadap respectively. Similarly, 44 percent, 57 percent and 50 percent were given medicine in Lyari, Orangi and Gadap respectively. About 39 percent, 9 percent and 10 percent in Lyari, Orangi and Gadap respectively were advised to switch to another method.

Figure 8.4: Percentage distribution of provider responses to past users upon consultation for side effects



Chapter 9

Reasons for Non-use

There are many reasons why a couple may not be practicing birth spacing at any given time. The woman may already be pregnant, the couple may want another child soon, the woman may already have passed menopause or she may believe herself to be sterile. Other reasons may prevent couples from using contraceptives even if they want to avoid having more children. Reasons may include: lack of knowledge of methods or inability to obtain them; fear of side effects; opposition of husband or family; and concern that birth spacing may be against Islam or somehow wrong and so on. To understand how best to meet the needs of such people, it is important to understand the reasons why couples are not practicing birth spacing in relation to the situation they are currently in.

Hindrances to Use

One way to understand common hindrances to contraceptive use is to ask respondents about their understanding of the concerns of people in general, with the view that people may feel less need to conceal their real concerns than when they are discussing their own situation. All respondents were asked, "If a couple wants to avoid or space a birth, which of the following hindrances might they face?" Each item on the list was read out to the respondent. Table 9.1 shows the responses of the female respondents, according to whether they were current users, past users or never users.

Some obstacles that couples might face were almost universally acknowledged. Among the current users, 87 percent, 97 percent and 91 percent in Lyari, Orangi and Gadap respectively mentioned husband's possible disapproval. Likewise, 95 percent, 93 percent and 89 percent never users in Lyari, Orangi and Gadap respectively showed their religious concern. Fear of side effects was mentioned by 69 percent, 88 percent and 70 percent never users in Lyari, Orangi and Gadap respectively. Other reasons were relatively less rated in all the three towns.

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

Hindrance	Current user	Past user	Never user
Lyari			
Husband's disapproval	86.7	94.1	90.3
Other people may find out about contraceptive use	36.9	35.3	48.5
Distance and travel costs to FP outlet	64.5	64.7	66.7
Probability of getting pregnant while using	59.1	54.9	51.5
Fear of side effects	71.0	65.7	69.1
Problem of managing side effects	69.2	70.6	65.5
FP is against religion	91.0	95.1	94.5
Total	**279**	**102**	**165**
Orangi			
Husband's disapproval	96.7	96.6	96.0
Other people may find out about contraceptive use	62.4	62.9	60.9
Distance and travel costs to FP outlet	65.7	75.0	68.9
Probability of getting pregnant while using	81.2	84.5	80.8
Fear of side effects	87.1	94.8	88.1
Problem of managing side effects	83.0	88.8	84.8
FP is against religion	90.4	93.1	92.7
Total	**271**	**116**	**151**
Gadap			
Husband's disapproval	90.5	90.9	95.7
Other people may find out about contraceptive use	52.5	55.6	72.4
Distance and travel costs to FP outlet	73.0	77.8	82.3
Probability of getting pregnant while using	72.5	70.7	65.7
Fear of side effects	74.0	71.7	70.0
Problem of managing side effects	73.0	60.6	67.8
FP is against religion	82.0	79.8	89.4
Total	**200**	**99**	**283**

Respondents could give more than one response.

Past Users

Reasons for Discontinuing Contraceptive Use

Past users were asked about their reasons for discontinuing their last contraceptive method. The most commonly given reasons in all the three towns were desire for more children, experience of side effects and method failure. These reasons are appropriate in many cases, but not always. Clinical methods do have associated side effects; but providers rarely try to counsel users through the temporary experience of common, non-dangerous side effects.

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

Reason	Lyari	Orangi	Gadap
Wanted another child	41.2	49.1	50.5
Fear of side effects	4.9	4.3	6.1
Side effects experienced	16.7	17.2	18.4
Method failure	20.6	6.0	13.1
Lack of access/unavailability	0.0	2.2	1.1
Cost not affordable	0.0	0.0	5.6
Method inconvenient to use	0.0	1.7	4.0
Rest from method	3.9	12.9	7.1
Missed the dose	1.0	3.4	3.0
Provider's advice	1.0	5.2	2.0
Infrequent sex/Husband away	10.8	6.9	5.1
Husband's advice	9.8	15.5	9.1
In laws oppose	0.0	0.0	1.0
Menopause	3.9	2.6	2.0
N	**102**	**116**	**99**

Respondents could give more than one response.

Reasons for Current Non-use

It is important to know the reasons for non-use of those couples who have used contraceptive methods in the past but are not currently using them. A list of possible reasons was read out to past users for their not currently using contraceptives, with more than one reason possible (Table 9.3). The most common reasons in all the three towns were: desire of another child, infrequent sex/ husband away, breastfeeding/lactational amenorrhea and fear of side effects.

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

Reason	Lyari	Orangi	Gadap
Fear of side effects	7.8	10.3	11.1
Want another child	20.6	18.1	22.2
Infrequent sex/husband away	10.8	15.5	6.1
Breast feeding/Lactational amenorrhea	10.8	7.8	18.2
Menopause/hysterectomy	8.8	6.9	3.0
Others	8.8	1.7	8.1
N	**102**	**116**	**99**

Respondents could give more than one reason.

Never Users

Reasons for Non-use

The 165 women in the sample of Lyari, 151 women in the sample of Orangi and 283 women in the sample of Gadap who reported never use were asked about various possible reasons for not using contraceptives, with each reason read out separately. As shown in Table 9.4, the most important reason in all the three towns was a desire for more children. Apart from this, women in all the three towns were more likely to cite fear of side effects and breastfeeding/ lactational amenorrhea. A negligible proportion in all the three towns reported religious objection as a reason for non-use which is often taken in other literature as a barrier to family planning use.

Table 9.4: Distribution of never using wives by reason for never use

Reason	Lyari	Orangi	Gadap
Fear of side effects	12.1	21.5	21.3
Infrequent sex/Husband away	4.8	7.3	4.2
Breast feeding/Lactational amenorrhea	11.5	12.0	15.2
Respondent/Husband infertile	0.0	0.0	0.7
Wanted (more) children	80.0	66.9	87.3
Against religion	3.0	0.7	2.5
Natural spacing	6.7	4.6	5.3
Didn't know of any FP method	2.4	0.0	1.4
Others	0.6	0.0	1.4
N	**165**	**151**	**283**

Respondents could give more than one response.

Attitude towards Birth Spacing and Limiting

It is important to see the extent to which never users disapprove of family planning in principle, as opposed to accepting it in principle but not using contraceptives for some other reason. Table 9.5 shows this for never using respondents. About 14 percent, 17 percent and 29 percent of the women in Lyari, Orangi and Gadap respectively disapproved of limiting, while 16 percent, 27 percent and 35 percent of women in Lyari, Orangi and Gadap respectively disapproved spacing. This highlights that there seems to be more opposition to contraceptive use for spacing rather than for the purpose of limiting children.

Table 9.5: Distribution of female respondents in never using couples by attitudes toward spacing and limiting birth

	Lyari		Orangi		Gadap	
Attitude	**%**	**N**	**%**	**N**	**%**	**N**
Attitude towards spacing						
Approve	84.2	139	73.5	111	65.0	184
Disapprove	15.8	26	26.5	40	35.0	99
Total	**100.0**	**165**	**100.0**	**151**	**100.0**	**283**
Attitude towards limiting						
Approve	83.6	138	82.8	125	71.4	202
Disapprove	13.9	23	16.6	25	28.6	81
Others	2.4	4	0.7	1	0.0	0
Total	**100.0**	**165**	**100.0**	**151**	**100.0**	**283**

Knowledge of Contraceptive Users, Methods and Facilities

Figure 9.1 shows that among the never users in the sample, 50 percent in Lyari and 48 percent in both Orangi and Gadap reported knowing some woman who had ever used a method to delay or avoid pregnancy.

In Lyari, 42 percent of the respondents had a relative who had used some method, and 21 percent knew of a friend or neighbor who had used contraceptives. About 2 percent of the never users knew someone (who was not relative) who had ever used an FP method to delay or avoid pregnancy in Lyari.

In Orangi, 37 percent of the respondents had a relative who had used some method, and 27 percent knew of a friend or neighbor who had used contraceptives. About 11 percent of the never users knew someone (who was not relative) who had ever used an FP method to delay or avoid pregnancy in Orangi.

In Gadap, 39 percent of the respondents had a relative who had used some method, and 24 percent knew of a friend or neighbor who had used contraceptives. About 15 percent of the never users knew someone (who was not relative) who had ever used an FP method to delay or avoid pregnancy in Gadap.

Figure 9.1: Never user women who knew some woman who had ever used any FP method

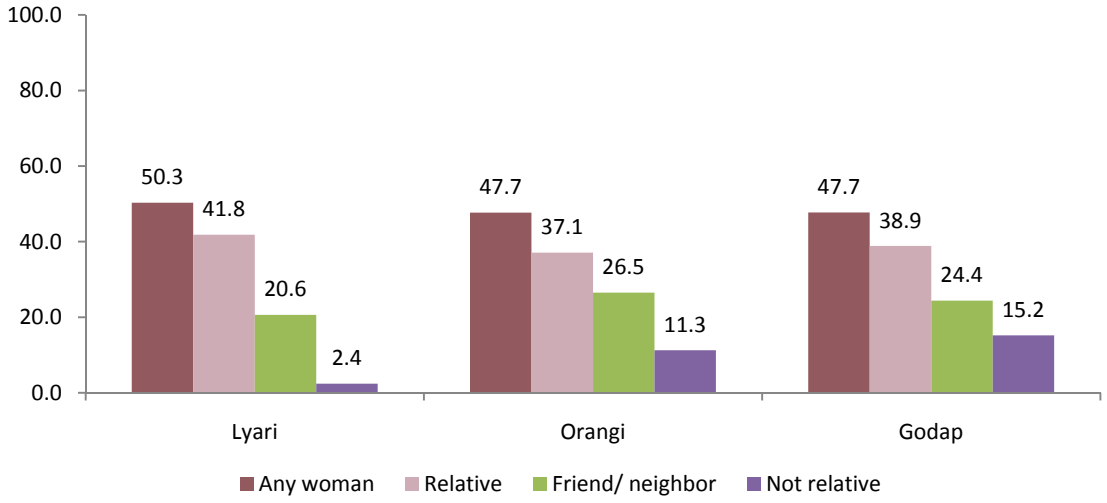


Table 9.6 shows the knowledge of contraceptive methods among never user women. All never users knew at least one method in all the three towns. For each method, a smaller percent of never users knew that method than the general distribution in all the three towns except knowledge of female sterilization in Lyari. However, never users in all the three towns knew a variety of methods.

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

FP method	Lyari	Orangi	Gadap
Pill	97.6	97.4	97.2
IUD	69.7	84.1	65.7
Injectables	97.6	94.7	91.9
Norplant	29.1	33.1	23.0
Condom	73.3	91.4	72.8
Rhythm	40.0	60.9	36.7
Withdrawal	61.2	71.5	50.2
Female sterilization	99.4	94.7	92.6
Male sterilization	13.3	29.8	14.5
Emergency Pills	22.4	23.8	8.8
Other FP method	4.2	2.0	0.7
Any FP method	99.4	100.0	99.6
N	**165**	**151**	**283**

Respondents could give more than one response.

Of all the never users in the three towns, 58 percent, 64 percent and 55 percent in Lyari, Orangi and Gadap respectively did not know of a place to obtain a method. For those who did know, the places they were aware of are shown in Table 9.7. The sources best known in all the three towns were Department of Health outlets- the District/Taluka Headquarters hospitals and BHUs/RHCs/MCH centers, private hospitals/ clinics/ doctor, and pharmacy/ chemists/ grocery shop. The knowledge about other sources was poor in all the three towns.

Table 9.7: Knowledge of sources of contraception of never using wives, by source

Source	Lyari	Orangi	Gadap
Knowledge of at least one service provider	42.4	35.8	44.9
DHQ/THQ hospital	30.9	18.5	24.7
BHU/RHC/MCH Centre	5.5	3.3	4.2
FWC	6.7	6.0	2.1
LHW/TBA/dai	9.7	6.7	15.9
Greenstar clinic	8.5	7.3	4.6
Private hospital/clinic/doctor	26.1	23.8	26.1
Pharmacy/chemists/grocery shop	17.6	9.2	7.5
Total	**165**	**151**	**283**

Respondents could give more than one response.

When asked which of the facilities named was in close proximity for the respondent, they were most likely to name BHU/RHC/MCH centers, LHWs and DHQ/THQ hospitals. In all the three towns, majority of women would go there on foot and sometimes by rickshaw or bus/van (Figure 9.2). Of the respondents who indicated the time required to go to the nearest facility, 76 percent, 63 percent and 43 percent in Lyari, Orangi and Gadap respectively reported 15 minutes or less, whereas 13 percent and 22 percent in Orangi and Gadap respectively cited more than 30 minutes; the maximum was one hour (Figure 9.3).

Figure 9.2: Mode of transport to nearest facility/provider

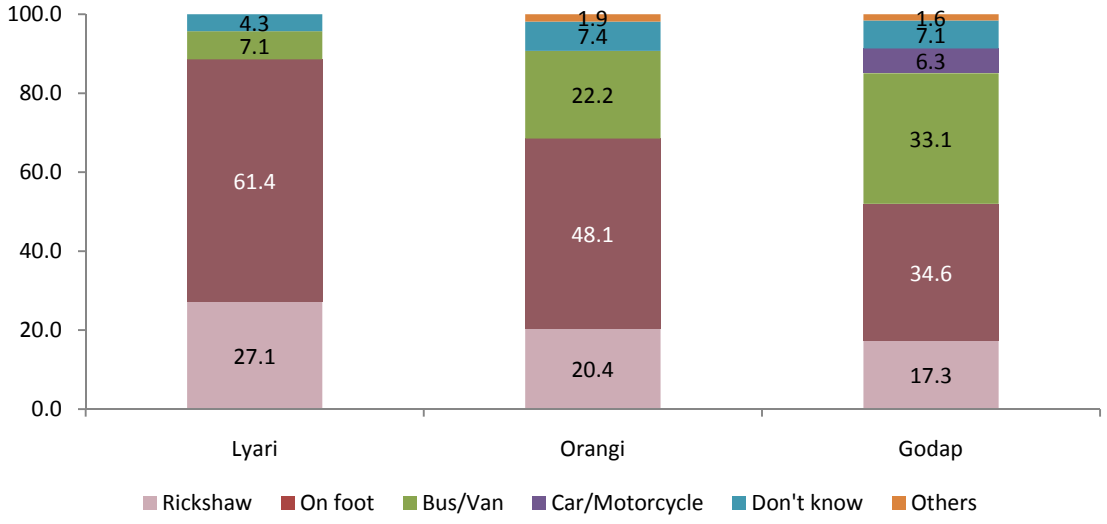
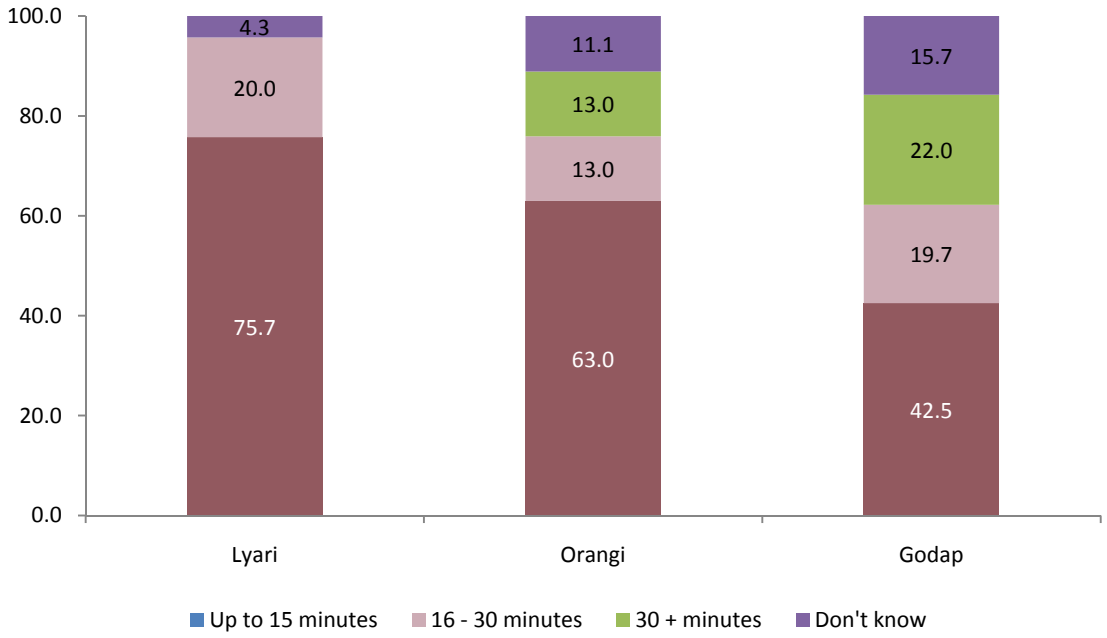


Figure 9.3: Time to reach nearest facility provider



Intent to Use

Never users were asked about whether they intended to use contraceptives in the future. Table 9.8 shows that 35 percent, 22 percent and 26 percent of female respondents in Lyari, Orangi and Gadap respectively said that they intended to use some method. Lower parity women who had not yet used a method (women with 2 or fewer children) expressed their more intent to use contraception in the future than women with 3 or more children in all the three towns. Twenty eight percent, 51 percent and 38 percent of the never user women in Lyari, Orangi and Gadap respectively said they did not intend to use contraceptives in the future and a number of women, 36 percent in Lyari, 23 percent in Orangi and 35 percent in Gadap, were unsure; this is a grey area. An effective IEC strategy is required to encourage them about the acceptance and use of family planning methods.

Table9.8: Distribution of never using wives according to the intent to use a method in the future, by number of living children

Number of living children	Intention to use FP method in future				Total	
	Yes	No	Unsure/ Uncertain	Can't get pregnant	%	N
Lyari						
0	48.5	7.6	43.9	0.0	100.0	66
1-2	31.0	32.8	34.5	1.7	100.0	58
3-4	25.0	41.7	29.2	4.2	100.0	24
5 or more	5.9	70.6	17.6	5.9	100.0	17
Total	**34.5**	**27.9**	**35.8**	**1.8**	**100.0**	**165**
Orangi						
0	45.5	25.0	29.5	0.0	100.0	44
1-2	15.2	54.3	28.3	2.2	100.0	46
3-4	12.5	58.3	25.0	4.2	100.0	24
5 or more	8.1	73.0	5.4	13.5	100.0	37
Total	**21.9**	**51.0**	**22.5**	**4.6**	**100.0**	**151**
Gadap						
0	37.2	22.1	40.7	0.0	100.0	86
1-2	24.3	34.6	40.2	0.9	100.0	107
3-4	20.8	52.1	27.1	0.0	100.0	48
5 or more	14.3	61.9	21.4	2.4	100.0	42
Total	**26.1**	**37.8**	**35.3**	**0.7**	**100.0**	**283**

Inter-spousal Communication

One of the determinants of contraceptive use is inter-spousal discussion on fertility intentions and family planning. Women were also asked whether they could approach their husbands to discuss family planning easily, with difficulty or if they had to wait for their husbands to initiate the discussion. Most of those who responded said they could do so easily in all the three towns (Figure 9.4a, Figure 9.4b and Figure 9.4c). However, this varied by use status. About 94 percent, 91 percent and 89 percent current users and 91 percent, 86 percent and 78 percent of the past users in Lyari, Orangi and Gadap respectively said they could approach their husbands easily; a few number of women in all the three towns said they had to wait for their husband to initiate the discussion. On the other hand, for never users, 69 percent, 73 percent and 50 percent reported being able to approach their

husbands easily in Lyari, Orangi and Gadap respectively. About 11 percent, 14 percent and 13 percent could do so with difficulty and 20 percent, 14 percent and 36 percent said they had to wait for him to begin the conversation in Lyari, Orangi and Gadap respectively.

Figure 9.4a: Women's report regarding ease of approach to husband to discuss family planning (Lyari)

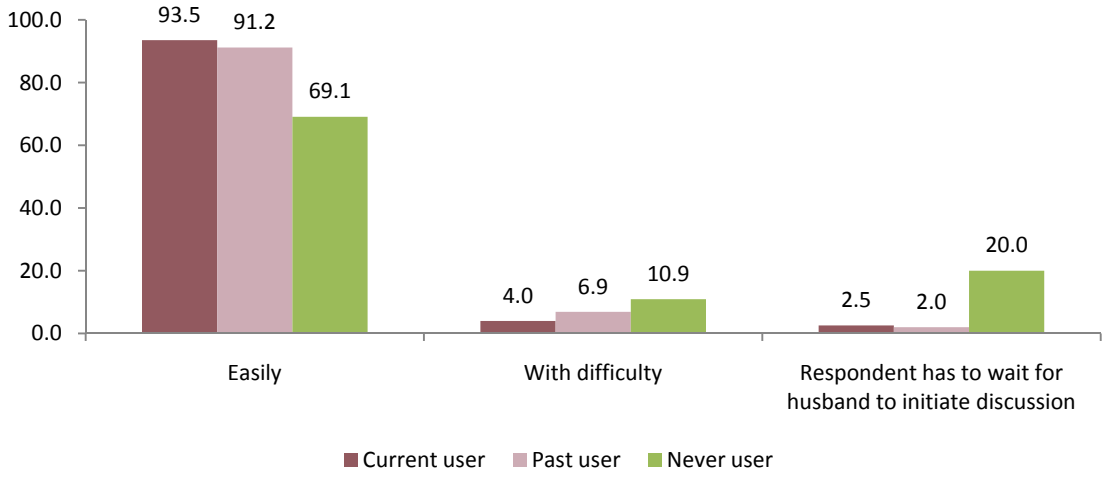


Figure 9.4b: Women's report regarding ease of approach to husband to discuss family planning (Orangi)

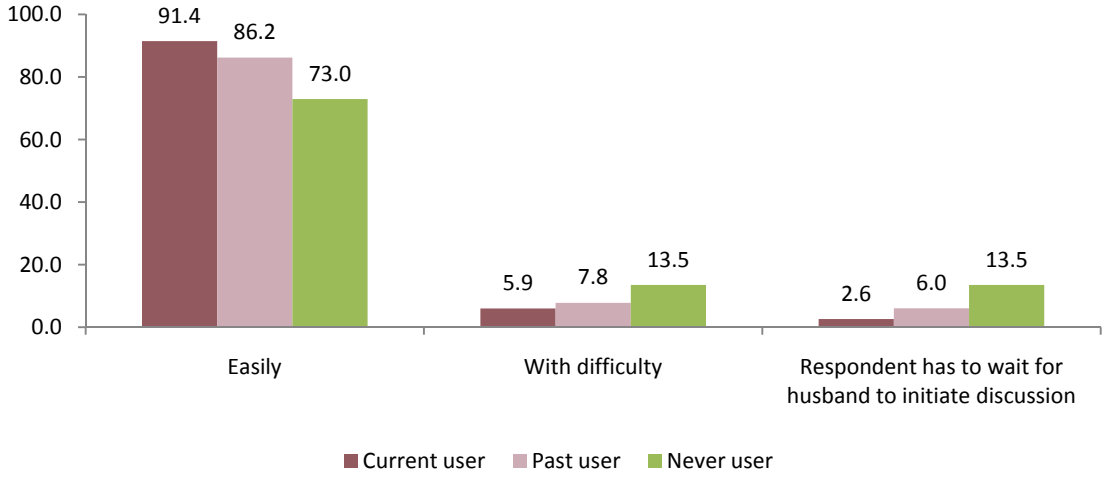
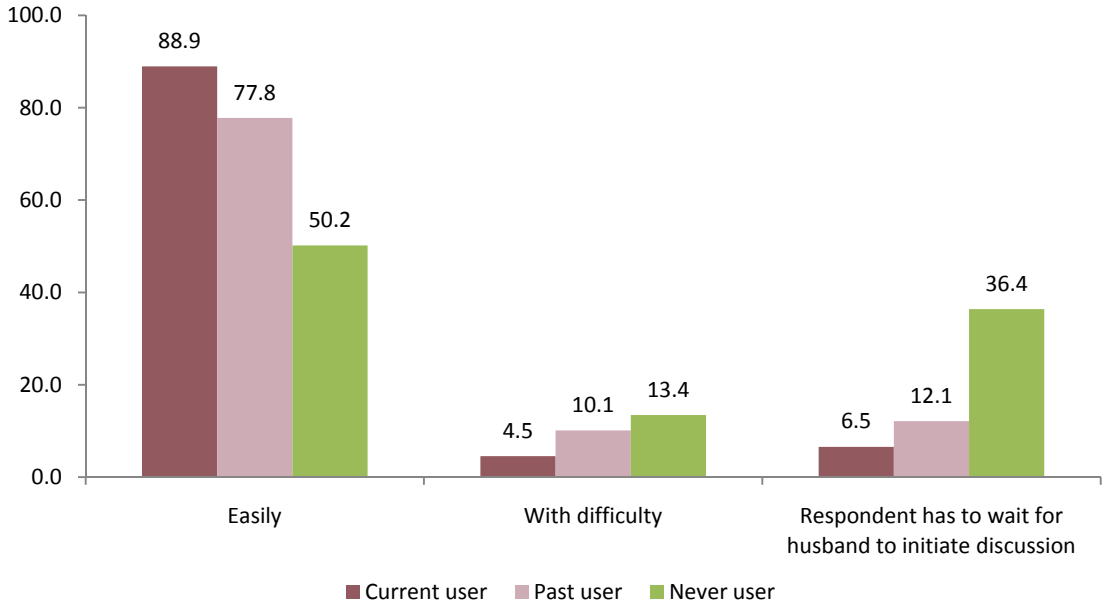


Figure 9.4c: Women's report regarding ease of approach to husband to discuss family planning (Gadap)



Chapter 10

Unmet Need

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

Levels and Correlates

Table 10.1a, Table 10.1b and Table 10.1c show the levels of unmet need for spacing and limiting among married women of reproductive age in Lyari, Orangi and Gadap respectively. In Lyari, of the 546 women, 16 percent were judged to be in unmet need. Of the 16 percent of the women who had unmet need, 7 percent were for spacing and 9 percent were for limiting.

In Orangi, of the 538 women, 19 percent were judged to be in unmet need. Of the 19 percent of the women who had unmet need, 6 percent were for spacing and 13 percent were for limiting.

In Gadap, of the 582 women, 23 percent were judged to be in unmet need. Of the 23 percent of the women who had unmet need, 10 percent were for spacing and 13 percent were for limiting.

In all the three towns, unmet need for spacing was concentrated among younger women and women with one or two children. Unmet need for limiting, unsurprisingly, was highest among women 35-49 years of age and women with five or more children in all the three town because at that stage couples do not want to have more children.

Table 10.1a: Distribution of wives with unmet need for spacing and limiting by background characteristics (Lyari)

Characteristic	Unmet need			Met need			Total demand	Not in need	Total	
	For spacing	For limiting	Total	For spacing	For limiting	Total			%	N
Age of respondent										
15 - 24	11.6	0.0	11.6	29.5	4.2	33.7	45.3	54.7	100.0	95
25 - 34	9.5	5.7	15.2	30.5	21.0	51.4	66.7	33.3	100.0	210
35 - 49	3.3	14.9	18.3	5.0	52.7	57.7	75.9	24.1	100.0	241
Literacy of respondent										
Literate	7.2	5.8	13.0	24.1	28.0	52.1	65.1	34.9	100.0	361
Illiterate	7.0	14.6	21.6	9.2	40.0	49.2	70.8	29.2	100.0	185
Education of respondent										
No education	5.6	13.1	18.7	10.7	40.7	51.4	70.1	29.9	100.0	214
Up to primary	9.6	8.7	18.3	16.3	29.8	46.2	64.4	35.6	100.0	104
Up to Secondary	8.8	5.5	14.3	28.6	25.3	53.8	68.1	31.9	100.0	182
Above secondary	2.2	2.2	4.3	26.1	23.9	50.0	54.3	45.7	100.0	46
Children ever born										
None	0.0	0.0	0.0	1.6	0.0	1.6	1.6	98.4	100.0	64
1 - 2	11.6	3.7	15.3	39.5	8.4	47.9	63.2	36.8	100.0	190
3 - 4	7.6	10.6	18.2	13.5	50.6	64.1	82.4	17.6	100.0	170
5 or more	3.3	18.9	22.1	4.1	59.8	63.9	86.1	13.9	100.0	122
Ownership of TV										
Yes	6.9	8.2	15.1	20.2	32.0	52.2	67.3	32.7	100.0	510
No	11.1	16.7	27.8	2.8	33.3	36.1	63.9	36.1	100.0	36
Standard of living index										
Medium low	12.5	18.8	31.3	0.0	18.8	18.8	50.0	50.0	100.0	16
Medium high	5.3	12.9	18.1	17.0	34.5	51.5	69.6	30.4	100.0	171
High	7.8	6.4	14.2	20.9	31.5	52.4	66.6	33.4	100.0	359
Total	**7.1**	**8.8**	**15.9**	**19.0**	**32.1**	**51.1**	**67.0**	**33.0**	**100.0**	**546**

Table 10.1b: Distribution of wives with unmet need for spacing and limiting by background characteristics (Orangi)

Characteristic	Unmet need			Met need			Total demand	Not in need	Total	
	For spacing	For limiting	Total	For spacing	For limiting	Total			%	N
Age of respondent										
15 - 24	11.9	3.0	14.9	23.9	3.0	26.9	41.8	58.2	100.0	67
25 - 34	6.8	10.9	17.7	21.1	32.5	53.6	71.3	28.7	100.0	265
35 - 49	2.4	18.4	20.9	3.9	50.0	53.9	74.8	25.2	100.0	206
Literacy of respondent										
Literate	6.3	11.3	17.6	18.3	34.2	52.5	70.1	29.9	100.0	398
Illiterate	4.3	17.1	21.4	5.0	39.3	44.3	65.7	34.3	100.0	140
Education of respondent										
No education	4.3	17.7	22.0	5.9	42.5	48.4	70.4	29.6	100.0	186
Up to primary	6.9	14.9	21.8	8.0	35.6	43.7	65.5	34.5	100.0	87
Up to Secondary	6.8	8.4	15.3	20.5	33.2	53.7	68.9	31.1	100.0	190
Above secondary	5.3	9.3	14.7	30.7	24.0	54.7	69.3	30.7	100.0	75
Children ever born										
None	2.3	0.0	2.3	6.8	0.0	6.8	9.1	90.9	100.0	44
1 - 2	11.9	4.9	16.8	32.2	11.2	43.4	60.1	39.9	100.0	143
3 - 4	5.2	15.6	20.8	17.5	42.2	59.7	80.5	19.5	100.0	154
5 or more	2.5	19.3	21.8	2.0	55.8	57.9	79.7	20.3	100.0	197
Ownership of TV										
Yes	5.5	12.3	17.8	16.1	37.0	53.1	70.8	29.2	100.0	473
No	7.7	16.9	24.6	6.2	24.6	30.8	55.4	44.6	100.0	65
Standard of living index										
Medium low	0.0	20.0	20.0	0.0	40.0	40.0	60.0	40.0	100.0	5
Medium high	7.5	14.3	21.8	9.5	36.7	46.3	68.0	32.0	100.0	147
High	5.2	12.2	17.4	17.1	35.0	52.1	69.4	30.6	100.0	386
Total	**5.8**	**12.8**	**18.6**	**14.9**	**35.5**	**50.4**	**69.0**	**31.0**	**100.0**	**538**

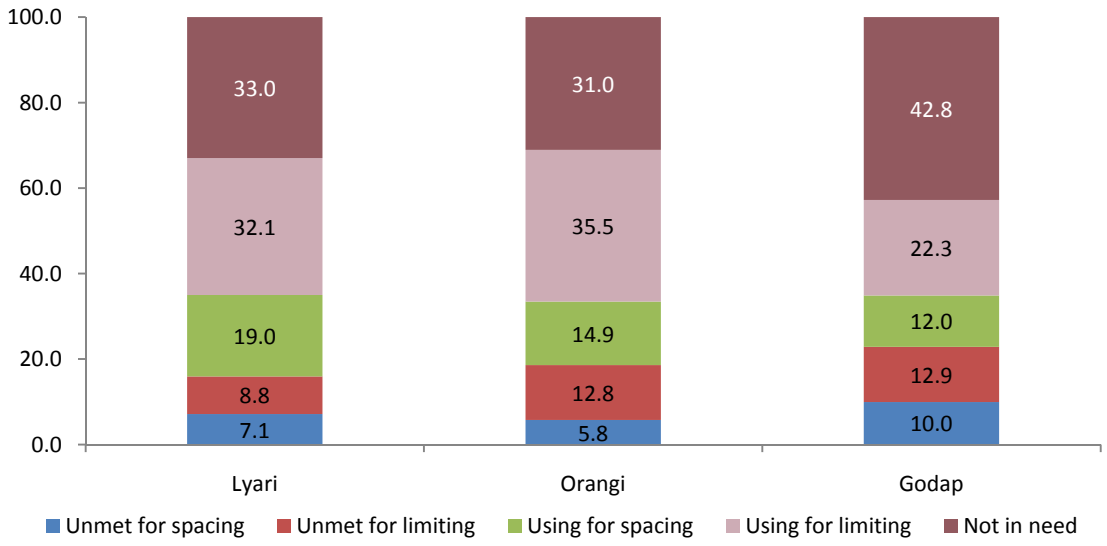
Table 10.1c: Distribution of wives with unmet need for spacing and limiting by background characteristics (Gadap)

Characteristic	Unmet need			Met need			Total demand	Not in need	Total	
	For spacing	For limiting	Total	For spacing	For limiting	Total			%	N
Age of respondent										
15 - 24	14.2	0.8	15.0	17.5	3.3	20.8	35.8	64.2	100.0	120
25 - 34	11.9	7.3	19.2	16.1	19.2	35.2	54.4	45.6	100.0	261
35 - 49	5.0	27.4	32.3	3.5	37.8	41.3	73.6	26.4	100.0	201
Literacy of respondent										
Literate	11.2	8.7	19.9	19.9	25.3	45.2	65.1	34.9	100.0	241
Illiterate	9.1	15.8	24.9	6.5	20.2	26.7	51.6	48.4	100.0	341
Education of respondent										
No education	9.1	16.7	25.7	6.1	21.3	27.5	53.2	46.8	100.0	342
Up to primary	8.8	8.8	17.6	11.8	27.5	39.2	56.9	43.1	100.0	102
Up to Secondary	13.1	6.5	19.6	24.3	19.6	43.9	63.6	36.4	100.0	107
Above secondary	12.9	6.5	19.4	35.5	25.8	61.3	80.6	19.4	100.0	31
Children ever born										
None	1.2	0.0	1.2	1.2	0.0	1.2	2.5	97.5	100.0	81
1 - 2	17.9	3.9	21.8	22.3	4.5	26.8	48.6	51.4	100.0	179
3 - 4	10.7	10.1	20.8	16.1	31.5	47.7	68.5	31.5	100.0	149
5 or more	5.2	30.6	35.8	2.9	43.4	46.2	82.1	17.9	100.0	173
Ownership of TV										
Yes	10.2	12.7	22.9	14.4	27.1	41.5	64.4	35.6	100.0	410
No	9.3	13.4	22.7	6.4	11.0	17.4	40.1	59.9	100.0	172
Standard of living index										
Low	4.8	11.9	16.7	3.6	6.0	9.5	26.2	73.8	100.0	84
Medium low	11.4	17.1	28.6	5.7	17.1	22.9	51.4	48.6	100.0	105
Medium high	9.9	15.5	25.4	11.6	23.2	34.8	60.2	39.8	100.0	181
High	11.3	9.0	20.3	18.9	30.7	49.5	69.8	30.2	100.0	212
Total	**10.0**	**12.9**	**22.9**	**12.0**	**22.3**	**34.4**	**57.2**	**42.8**	**100.0**	**582**

The correlations between unmet need and various socioeconomic indicators varied by whether the unmet need was for spacing or for limiting. Unmet need for limiting was strongly associated with SLI, literacy and ownership of television in all the three towns. Unmet need for spacing, on the other hand, also had a relationship only with ownership of

television in Lyari and with literacy and ownership of television in Orangi and Gadap towns. Figure 10.1 shows the need and demand for family planning of the sampled women in all the three towns.

Figure 10.1: Need and Demand for family planning



Total Demand

The sum of current use ("met need") and unmet need is often called "total demand" for family planning. It would normally be expected to rise with the number of living children a couple has. Table 10.1a, Table 10.1b and Table 10.1c also show total demand by background characteristics of the women in Lyari, Orangi and Gadap respectively. Overall, total demand was 67 percent, 69 percent and 57 percent of all married women of reproductive age in Lyari, Orangi and Gadap respectively. As the table shows, total demand did rise rapidly and fairly consistently, by the number of children in all the three towns.

Strength of Preference

It would be interesting and pertinent to examine the responses of women in unmet need (those not currently pregnant) according to their reaction if they became pregnant in the near future (Table 10.2). About 38 percent, 40 percent and 26 percent of the women with

unmet need for spacing in Lyari, Orangi and Gadap respectively said they would be worried if they became pregnant again; 55 percent, 20 percent and 48 percent in Lyari, Orangi and Gadap respectively said that they would accept it. Of those with unmet need for limiting, 73 percent, 51 percent and 54 percent in Lyari, Orangi and Gadap respectively said they would be worried if they got pregnant. It is perhaps not unreasonable for women to be more concerned about the consequences of an unwanted pregnancy than about the consequences of a wanted pregnancy coming too soon. About 18 percent, 32 percent and 38 percent would accept it while only 2 percent, 10 percent and 7 percent of the women who had unmet need for limiting in Lyari, Orangi and Gadap respectively would be pleased if they got pregnant.

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

Reaction if become pregnant in near future	Lyari		Orangi		Gadap	
	Unmet need for spacing	Unmet need for limiting	Unmet need for spacing	Unmet need for limiting	Unmet need for spacing	Unmet need for limiting
Pleased	6.9	2.2	35.0	9.5	26.0	7.0
Worried	37.9	73.3	40.0	50.8	26.0	53.5
Accept it	55.2	17.8	20.0	31.7	48.0	38.0
Doesn't matter/others	0.0	6.7	5.0	7.9	0.0	1.4
N	**29**	**45**	**20**	**63**	**50**	**71**

Reasons for Non-use

Past and never users were asked why they were not using some method of contraception; the results are shown in Table 10.3. Some of these reasons represent barriers as perceived by the women; the most important of these in all the three towns were: husband's opposition and fear of side effects. On the other hand, many women with defined unmet need stated reasons that did not reflect perceived need, at least at present in all the three towns. Such reasons included: wanted more children, currently pregnant, infrequent sex/husband away, natural spacing, difficulty in conceiving, and currently breastfeeding. Some of these women may have had more need than they realized; for example, women using "natural spacing" or breastfeeding may in fact be at substantial risk of pregnancy. Women currently pregnant or amenorrheic may be in need of contraception in the near future.

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

Reason	Lyari		Orangi		Gadap	
	Unmet need for spacing	Unmet need for limiting	Unmet need for spacing	Unmet need for limiting	Unmet need for spacing	Unmet need for limiting
Fear of side effects	10.3	29.2	16.1	23.2	20.7	38.7
Husband opposes	12.8	16.7	19.4	13.0	12.1	21.3
In laws oppose	5.1	4.2	9.7	4.3	1.7	5.3
Rest from method	0.0	2.1	0.0	2.9	1.7	1.3
Shy to consult about FP	5.1	12.5	3.2	2.9	5.2	5.3
Provider's advice	0.0	4.2	0.0	1.4	1.7	2.7
Against religion	2.6	6.3	3.2	0.0	3.4	4.0
Lack of access/Unavailability	0.0	2.1	3.2	0.0	6.9	4.0
Cost not affordable	0.0	6.3	6.5	0.0	5.2	2.7
Don't know any FP method	0.0	6.3	0.0	0.0	0.0	0.0
Just not using/too lazy	0.0	4.2	6.5	4.3	0.0	5.3
Method inconvenient to use	0.0	2.1	3.2	0.0	6.9	1.3
Total perceived barriers	17.9	50.0	45.2	37.7	36.2	56.0
Infrequent sex/Husband away	2.6	16.7	6.5	21.7	5.2	8.0
Natural spacing	2.6	12.5	3.2	15.9	3.4	18.7
Difficult/Unable to conceive	10.3	4.2	9.7	2.9	6.9	1.3
Want (more) children	43.6	16.7	32.3	17.4	62.1	30.7
Currently pregnant	25.6	6.3	29.0	8.7	10.3	5.3
Breast feeding/ lactational amenorrhea	0.0	6.3	3.2	8.7	6.9	8.0
Total no perceived need	74.4	54.2	74.2	58.0	77.6	60.0
Others	5.1	6.3	3.2	1.4	6.9	6.7
N	**39**	**48**	**31**	**69**	**58**	**75**

Respondents could give more than one reason

Unmet Need for Spacing: Profile

Lyari

Women with unmet need for spacing comprise 39 (7 percent) of MWRA. As shown in Table 10.4, they were characterized by:

- **Living Children:** Moderate (59 percent) had 1 or 2 living children.
- **Family Planning Use:** More never users (56 percent) than past users (44 percent).
- **Strength of Preference:** Limited (38 percent "worried" if they became pregnant earlier than they wanted compared to those who were pleased (7 percent) or would accept (55 percent) the unwanted pregnancy).
- **Intent to Use FP in Future:** High (56 percent intended to use an FP method in future).
- **Approval of FP:** Very high (97 percent approved of using an FP method for spacing purpose).
- **FP Communication with Husband:** Low (28 percent had communicated with husbands on FP in the past one year; while 21 percent said approaching the husband was "difficult").
- **Obstacles to FP Use:** Fear of side effects (10 percent); husband and in-laws opposition (13 percent and 5 percent respectively) (Table 10.3).

Orangi

Women with unmet need for spacing comprise 31 (6 percent) of MWRA. As shown in Table 10.4, they were characterized by:

- **Living Children:** Moderate (55 percent) had 1 or 2 living children.
- **Family Planning Use:** More never users (58 percent) than past users (42 percent).
- **Strength of Preference:** Limited (40 percent "worried" if they became pregnant earlier than they wanted compared to those who were pleased (35 percent) or would accept (20 percent) the unwanted pregnancy).
- **Intent to Use FP in Future:** Limited (29 percent intended to use an FP method in future).
- **Approval of FP:** High (74 percent approved of using an FP method for spacing purpose).
- **FP Communication with Husband:** Moderate (32 percent had communicated with husbands on FP in the past one year; while 26 percent said approaching the husband was "difficult").
- **Obstacles to FP Use:** Fear of side effects (16 percent); husband and in-laws opposition (19 percent and 10 percent respectively) (Table 10.3).

Gadap

Women with unmet need for spacing comprise 58 (10 percent) of MWRA. As shown in Table 10.4, they were characterized by:

- **Living Children:** Moderate (64 percent) had 1 or 2 living children.
- **Family Planning Use:** More never users (74 percent) than past users (26 percent).
- **Strength of Preference:** Limited (26 percent "worried" if they became pregnant earlier than they wanted compared to those who were pleased (26 percent) or would accept (48 percent) the unwanted pregnancy).
- **Intent to Use FP in Future:** Moderate (47 percent intended to use an FP method in future).
- **Approval of FP:** High (76 percent approved of using an FP method for spacing purpose).
- **FP Communication with Husband:** Moderate (33 percent had communicated with husbands on FP in the past one year; while 33 percent said approaching the husband was "difficult").
- **Obstacles to FP Use:** Fear of side effects (21 percent); husband and in-laws opposition (12 percent and 2 percent respectively) (Table 10.3).

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

Characteristic	Lyari		Orangi		Gadap	
	Unmet need for spacing	Unmet need for limiting	Unmet need for spacing	Unmet need for limiting	Unmet need for spacing	Unmet need for limiting
Number of living children						
0	0.0	0.0	3.2	0.0	1.7	0.0
1-2	59.0	18.8	54.8	14.5	63.8	12.0
3-4	33.3	41.7	32.3	33.3	22.4	22.7
5 or more	7.7	39.6	9.7	52.2	12.1	65.3
Contraceptive use status						
Current user	0.0	0.0	0.0	0.0	0.0	0.0
Past user	43.6	50.0	41.9	50.7	25.9	40.0
Never user	56.4	50.0	58.1	49.3	74.1	60.0
Reaction if become pregnant in near future						
Pleased	6.9	2.2	35.0	9.5	26.0	7.0
Worried	37.9	73.3	40.0	50.8	26.0	53.5
Accept it	55.2	17.8	20.0	31.7	48.0	38.0
Doesn't matter/others	0.0	6.7	5.0	8.0	0.0	1.4
Intention to use a method in future						
Yes	56.4	22.9	29.0	18.8	46.6	21.3
No	10.3	39.6	38.7	62.3	24.1	54.7
Unsure/Uncertain	33.3	37.5	22.6	17.4	27.6	21.3
Can't get pregnant	0.0	0.0	9.7	1.4	1.7	2.7
Approval of FP						
Approve	97.4	75.0	74.2	81.2	75.9	70.7
Disapprove	2.6	25.0	25.8	18.8	24.1	29.3
FP communication with husband in past one year						
Never	71.8	85.4	67.7	82.6	67.2	80.0
Once or twice	25.6	8.3	16.1	7.2	24.1	17.3
More often	2.6	6.3	16.1	10.1	8.6	2.7
Approach the topic of FP with husband						
Easily	79.5	75.0	74.2	72.5	67.2	64.0
With difficulty	20.5	25.0	25.9	27.5	32.8	36.0
N	**39**	**48**	**31**	**69**	**58**	**75**

Unmet Need for Limiting: Profile

Lyari

Women with unmet need for limiting comprise 48 (9 percent) of MWRA. As shown in Table 10.4, they were characterized by:

- **Living Children:** A weak association with number of living children; 42 percent had 3 or 4, while 40 percent had 5 or more living children.
- **Family Planning Use:** Equal proportion of never users (50 percent) and past users (50 percent).
- **Strength of Preference:** High (73 percent would be "worried" if they became pregnant compared to those who would accept (18 percent) the unwanted pregnancy).
- **Intent to Use FP in Future:** Limited (23 percent intended to use an FP method in future).
- **Approval of FP:** High (75 percent approved of FP for limiting purpose).
- **FP Communication with Husband:** Low (15 percent had communication with husband on FP in the past year; while 25 percent said approaching the husband was "difficult").
- **Obstacles to FP Use:** Fear of side effects (29 percent); husbands and in-laws opposition (17 percent and 4 percent respectively) (Table 10.3).

Orangi

Women with unmet need for limiting comprise 69 (13 percent) of MWRA. As shown in Table 10.4, they were characterized by:

- **Living Children:** A strongly positive association with number of living children; 52 percent had 5 or more living children.
- **Family Planning Use:** More past users (51 percent) than never users (49 percent).
- **Strength of Preference:** High (51 percent would be "worried" if they became pregnant compared to those who would accept (32 percent) the unwanted pregnancy).
- **Intent to Use FP in Future:** Limited (19 percent intended to use an FP method in future).
- **Approval of FP:** High (81 percent approved of FP for limiting purpose).
- **FP Communication with Husband:** Low (17 percent had communication with husband on FP in the past year; while 27 percent said approaching the husband was "difficult").
- **Obstacles to FP Use:** Fear of side effects (23 percent); husbands and in-laws opposition (13 percent and 4 percent respectively) (Table 10.3).

Gadap

Women with unmet need for limiting comprise 75 (13 percent) of MWRA. As shown in Table 10.4, they were characterized by:

- **Living Children:** A strongly positive association with number of living children; 65 percent had 5 or more living children.
- **Family Planning Use:** More never users (60 percent) than past users (40 percent).
- **Strength of Preference:** High (54 percent would be "worried" if they became pregnant compared to those who would accept (38 percent) the unwanted pregnancy).
- **Intent to Use FP in Future:** Limited (21 percent intended to use an FP method in future).
- **Approval of FP:** High (71 percent approved of FP for limiting purpose).
- **FP Communication with Husband:** Low (20 percent had communication with husband on FP in the past year; while 36 percent said approaching the husband was "difficult").

  Obstacles to FP Use: Fear of side effects (39 percent); husbands and in-laws opposition (21 percent and 5 percent respectively) (Table 10.3).

Chapter 11

Reproductive Preferences and Behavior of Men

It is often the case that in matters relating to family planning, the focus has too often been more on women, despite the fact that husbands are equal partners in the reproductive process and often have greater responsibility for decision-making in the family. In addition, women often mention their husbands as a constraint to the use of contraception (NIPS/PDHS, 2008; Population Council, 1995). The objectives of interviewing husbands/men in the FALAH baseline survey were to explore their perspectives on birth spacing/family planning and to use the information obtained to design the communication strategy for the FALAH project. Overall, the planned sample size was 200 husbands in each district/town. The intention was to interview as many husbands as possible who were available when the household interviews were undertaken. Knowing that some number of husbands might be at their places of work during the timing of the interviews, the plan was to then make up for any of the husbands who were unavailable by interviewing other married men available in the selected communities in order to come as close as possible to meeting the objective of interviewing 200 husbands/men in each FALAH district/town. In Lyari, Orangi and Gadap towns, the field team was able to interview 197, 190 and 198 men respectively who were husbands of the married women of reproductive age who had been interviewed for the survey plus 2 married men in each town, living in the selected areas who were not husbands of the female respondents. In this chapter, the results for the respondents' husbands and the other married men who were interviewed (N=199 in Lyari, N=192 in Orangi and N=200 in Gadap) are always grouped together, whether the reference is to "men," "male respondents," "married men," or "husbands."

A husband's approval of family planning is a powerful factor in explaining contraceptive use (Tawiah, 1997). In families, fertility decisions occur within specific social contexts and

according to prevailing social norms that restrict individual decisions on fertility and behaviors related to spacing of births, stopping childbearing, and using contraception. Earlier studies suggest that the husband's approval of and discussion about family planning are important predictors of a woman's contraceptive use and fertility desire (Bongaarts and Bruce, 1995; Mahmood and Ringheim, 1997).

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

Background Characteristics

Table 11.1 shows the background characteristics of the men interviewed in the survey in all the three towns. It shows that 3 percent, 1 percent and 8 percent of men were aged less than 25 years and 7 percent, 15 percent and 12 percent were aged 50 years and above in Lyari, Orangi and Gadap respectively.

As shown in Table 11.1, men were substantially better educated than the sampled currently married women of reproductive age in all the three towns. In Lyari, Orangi and Gadap, 75 percent, 79 percent and 65 percent of the men respectively had not been to school, compared to 61 percent, 65 percent and 41 percent of the women respectively (Table 3.2). About 14 percent, 12 percent and 11 percent of the men had above-secondary level education, while 8 percent, 14 percent and 5 percent of the women had attained that level of education in Lyari, Orangi and Gadap respectively (Table 3.2).

The occupations of men are presented in Table 11.1. About 45 percent, 44 percent and 42 percent of the men were daily wage laborers in Lyari, Orangi and Gadap respectively. The second largest occupation in all the three towns was private service as 19 percent, 22 percent and 17 percent in Lyari, Orangi and Gadap respectively. Twelve percent of the men in both Lyari and Gadap and 20 percent of the men in Orangi were running their own businesses.

Table 11.1: Background characteristics of male respondents

Characteristic	Lyari	Orangi	Gadap
Age			
15-19	0.0	0.0	0.5
20-24	2.5	0.5	7.5
25-29	13.6	8.3	17.0
30-34	22.1	18.2	25.0
35-39	20.1	20.8	13.0
40-44	18.6	24.0	14.0
45-49	16.6	13.0	11.0
50-54	5.5	8.9	9.0
55+	1.0	6.3	3.0
Education			
Proportion literate	76.4	77.1	64.0
No education	24.6	21.4	35.0
Up to primary	19.1	21.4	20.0
Up to Secondary	42.2	45.8	34.0
Above secondary	14.1	11.5	11.0
Economic activity/ occupation			
Agriculture/Livestock/Poultry	0.0	0.0	3.5
Petty trader	1.0	1.6	1.0
Labor	44.7	44.3	41.5
Govt. service	7.5	6.8	12.0
Pvt. Service	19.1	21.9	16.5
Own business	12.1	20.3	12.0
Unemployed	6.0	3.6	7.0
Skilled worker	8.5	0.5	3.5
Others	1.0	1.0	3.0
N	**199**	**192**	**200**

Contraceptive Knowledge and Use

Almost all of the interviewed men in Lyari, 93 percent in Orangi and 85 percent in Gadap knew of at least one method of contraception. As presented in Table 11.2 shows that the knowledge of modern methods was highest for condoms, followed by pills, injectables and female sterilization in Lyari and Orangi. In Gadap the situation was different. The least known methods were Norplant (8 percent in Lyari, 4 percent in Orangi and 2 percent in Gadap), male sterilization (14 percent in Lyari, 3 percent in both Orangi and Gadap), and IUD (20 percent in Lyari, 25 percent in Orangi and 10 percent in Gadap). At least one traditional method was known to 33 percent, 21 percent and 23 percent of the respondents in Lyari, Orangi and Gadap respectively.

The pattern of ever use and current use of contraception reported by husbands is also shown in Table 11.2. Of the MWRA respondents interviewed in our sample, 70 percent, 72 percent and 51 percent in Lyari, Orangi and Gadap respectively reported having used some method of contraception during their married lives (Table 7.2); 72 percent, 76 percent and 59 percent of the men reported ever use of a method in Lyari, Orangi and Gadap respectively. Condoms were the most popular method ever used by 42 percent, 48 percent and 25 percent of the men in Lyari, Orangi and Gadap respectively, followed by pills (16 percent in Lyari, 15 percent in Orangi and 18 percent in Gadap) and injectables (15 percent in Lyari, 13 percent in Orangi and 11 percent in Gadap).

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

Contraceptive method	Lyari			Orangi			Godap		
	Knowledge	Ever use	Current use	Knowledge	Ever use	Current use	Knowledge	Ever use	Current use
Female sterilization	71.9	13.6	13.6	31.8	9.9	9.9	39.5	11.5	11.5
Male sterilization	13.6	0.5	0.5	3.1	0.0	0.0	3.0	0.5	0.5
Pill	95.0	16.1	3.0	50.5	14.6	4.2	67.5	18.0	6.5
IUD	20.1	5.0	1.5	25.0	5.7	1.6	10.0	4.0	0.5
Injectables	89.9	14.6	2.0	38.5	13.0	3.6	58.0	11.0	3.5
Norplant	8.0	3.0	2.0	3.6	1.0	0.0	1.5	0.0	0.0
Condom	96.5	42.2	22.1	68.8	47.9	24.5	65.0	24.5	11.0
Rhythm	6.5	2.5	1.5	3.1	12.0	2.6	2.5	8.5	4.5
Withdrawal	29.1	18.1	9.5	18.2	32.3	13.5	20.0	18.0	6.0
Others	1.5	1.0	1.0	2.6	1.0	1.6	3.0	0.5	0.0
Any FP method	99.5	71.9	55.8	92.7	76.0	59.4	84.5	59.0	43.0
Any modern FP method	99.5	63.8	44.2	89.1	67.7	43.8	83.5	47.5	33.5
Any traditional FP method	33.2	20.6	12.1	21.4	36.5	17.2	23.0	23.0	10.0
Emergency Pills	2.0	2.0	na	2.6	1.0	na	1.0	1.0	na
N	**199**	**199**	**199**	**192**	**192**	**192**	**200**	**200**	**200**

na=not applicable.

As mentioned in Chapter 7, family planning is extensively practiced in all the three towns. A total of 51 percent, 50 percent and 34 percent of the MWRA in the sample of Lyari, Orangi and Gadap respectively were currently using some method of contraception. The current use reported by male respondents was 56 percent, 59 percent and 43 percent in Lyari, Orangi and Gadap respectively. The most common current modern method used by male respondents were condoms (22 percent, 25 percent and 11 percent in Lyari, Orangi and Gadap respectively), followed by female sterilization (14 percent in Lyari, 10 percent in Orangi and 12 percent in Gadap). About 12 percent, 17 percent and 10 percent of the men were using at least one traditional method in Lyari, Orangi and Gadap respectively. Since traditional methods are far less reliable than modern methods, an important goal of the FALAH project should be to shift users of traditional methods to more effective modern methods. About 2 percent, 3 percent and 1 percent of the respondents knew about the emergency contraceptive pill in Lyari, Orangi and Gadap respectively, while 2 percent in Lyari and 1 percent of the men both in Orangi and Gadap towns reported ever using it.

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

	Lyari			Orangi			Gadap		
Characteristic	**Ever user**	**Current user**	**N**	**Ever user**	**Current user**	**N**	**Ever user**	**Current user**	**N**
Education level									
No education	73.5	57.1	49	73.2	53.7	41	50.0	37.1	70
Below secondary	71.3	50.0	80	73.8	58.3	84	56.0	42.7	75
Secondary and above	71.4	61.4	70	80.6	64.2	67	74.5	50.9	55
Number of living children									
None	0	0	21	7.7	7.7	13	0	0	25
1-2	72.9	57.1	70	64.9	43.2	37	54.8	33.9	62
3-4	83.6	68.5	73	87.8	67.6	74	82.7	59.6	52
5+	88.6	60.0	35	82.4	69.1	68	67.2	55.7	61
Future desire for children									
Soon	30.8	23.1	26	42.9	23.8	21	9.8	2.4	41
Later	57.6	47.5	59	61.8	47.1	34	54.7	37.7	53
Never	88.1	68.8	109	86.1	70.4	115	81.5	62.0	92
Don't know/unsure	100	40.0	5	77.3	54.5	22	71.4	57.1	14
Total	**71.9**	**55.8**	**199**	**76.0**	**59.4**	**192**	**59.0**	**43.0**	**200**

Table 11.3 shows ever use and current use of modern contraception among respondents by background characteristics. There was a positive relationship between education level and contraceptive use only in Gadap town. About 75 percent of the men who had secondary and above education, reported ever use of any contraceptive method, compared to more than 56 percent and 50 percent who had below secondary and no education, respectively in Gadap. Current use of family planning also shows the same pattern by education of men in Gadap but the differentials were less pronounced.

Table 11.3 also shows a positive relationship between the number of living children and ever use and current use in all the three towns. Of those who had 5 or more children, about 87 percent, 82 percent and 67 percent reported ever use of family planning methods, compared to 73 percent, 65 percent and 55 percent who had 1-2 children in Lyari, Orangi and Gadap respectively. The same pattern was observed in current use of contraceptives by number of living children in all the three towns, but the differentials were more pronounced.

Table 11.3 also shows contraceptive ever use and current use by the future desire for children. Highest current use, 69 percent in Lyari, 70 percent in Orangi and 62 percent in Gadap, was found among men who said they did not want any more children. About 58 percent, 62 percent and 55 percent of those men who wanted to delay their next pregnancy in Lyari, Orangi and Gadap respectively had ever used any contraceptive method. About 48 percent, 47 percent and 38 percent of these men in Lyari, Orangi and Gadap respectively were currently using a form of contraception.

Source of Contraceptive Methods

As shown in Table 11.4, among those who reported the last source for obtaining contraceptive methods, 52 percent in Lyari, 68 percent in Orangi and 40 percent in Gadap reported that they had obtained it from the pharmacy/ chemist/ grocery shop. Other sources for contraceptives were private hospitals, government hospitals, BHU/RHC/MCH Centre and LHWs. Three percent in Lyari, 1 percent in Orangi and 7 percent of men in Gadap said that their wives brought the method.

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

Source	Lyari	Orangi	Gadap
Govt. hospital (DHQ/THQ)	13.7	9.5	15.6
BHU/RHC/MCH Centre	6.0	4.8	3.3
FWC	3.4	1.0	3.3
LHW	2.6	2.9	7.8
Pvt. Doctor	2.6	1.9	2.2
Pvt. hospital/clinic	14.5	10.5	20.0
Pharmacy, chemist/ Grocery shop/general store	52.1	67.6	40.0
Wife brings method	2.6	1.0	6.7
Others	2.6	1.0	1.1
Total	**100.0**	**100.0**	**100.0**
N	**117**	**105**	**90**

Approval of Family Planning

Respondents were asked about their approval of birth spacing and use of any form of contraception for spacing purposes. A husband's opposition may prevent his wife from using contraception, even when she wants to delay or stop childbearing (Casterline, Perez, and Biddlecom, 1997). In Lyari, Orangi and Gadap, 99 percent, 97 percent and 95 percent respectively approved of spacing between children (Table 11.5). Likewise,99 percent, 87 percent and 92 percent in Lyari, Orangi and Gadap respectively approved of the use of any contraceptive to space between children. This means that a very few proportion of the men disapproved of using any form of contraceptive to space between children in all the three towns.

Table 11.5: Distribution of male respondents' attitudes toward spacing and use of contraceptives for spacing

Variable	Lyari	Orangi	Gadap
Spacing between children			
Approve	99.0	97.4	95.0
Disapprove	1.0	2.6	5.0
Total	**100.0**	**100.0**	**100.0**
N	**199**	**192**	**200**
Using FP methods for spacing			
Approve	98.5	87.0	91.5
Disapprove	1.5	13.0	8.5
Total	**100.0**	**100.0**	**100.0**
N	**199**	**192**	**200**

Satisfaction Level of Current Users

Satisfaction of the user with his/her contraceptive method is an important factor in whether or not he/she continues with the method. Male contraceptive users were asked to report how satisfied they were with their present contraceptive method. Table 11.6 shows that 97 percent, 88 percent and 85 percent of the current users in Lyari, Orangi and Gadap respectively were very satisfied with their current method. Only 1 percent in Orangi town reported that they were not satisfied with their current method. However, 3 percent, 11 percent and 15 percent of current users in Lyari, Orangi and Gadap respectively reported being somewhat satisfied with their current method. These users would seem to be in need of more information on their current method as well as on other available methods so that they could continue using a family planning method.

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

Level of satisfaction	Lyari	Orangi	Gadap
Very satisfied	96.6	88.0	84.8
Somewhat satisfied	3.4	10.8	15.2
Not satisfied at all	0.0	1.2	0.0
Total	**100.0**	**100.0**	**100.0**
N	**88**	**83**	**66**

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

Reason	Lyari	Orangi	Gadap
Cost not affordable	0.0	0.0	3.1
Experienced side effects	9.4	18.8	18.8
Fear of side effects	9.4	25.0	15.6
Want another child	65.6	56.3	59.4
Method failure	12.5	21.9	15.6
Method inconvenient to use	3.1	9.4	0.0
Rest from method	34.4	43.8	31.3
Health concern	28.1	18.8	25.0
Service provider's advice	21.9	6.3	9.4
Infrequent sex/respondent away	3.1	15.6	12.5
Wife opposes	3.1	15.6	6.3
In laws/parents oppose	0.0	3.1	0.0
N	**32**	**32**	**32**

Respondents could give more than one reason.

The reasons the male respondents stopped using their last method are presented in Table 11.7. The table shows that wanting another child was the main reason for stopping the use of a family planning method in all the three towns (66 percent in Lyari, 56 percent in Orangi and 59 percent in Gadap). However, 9 percent in Lyari and 19 percent of male past users in both Orangi and Gadap towns stopped using their method because they experienced side effects with their method. About 9 percent, 25 percent and 16 percent in Lyari, Orangi and Gadap respectively stopped due to fear of side effects. There were also some cases where the wife opposed the use of a contraceptive method.

Inter-spousal Communication

One of the determinants of contraceptive use is inter-spousal discussion on fertility intentions and family planning. Husbands were asked if during the last one year their wives could approach them to discuss family planning easily, with difficulty, or if they had to wait for their husbands to initiate the discussion; the responses are shown in Figure 11.1. Ninety one percent, 74 percent and 84 percent of the men in Lyari, Orangi and Gadap respectively reported that their wives could talk to them about family planning and fertility-related issues easily. However, 54 percent, 46 percent and 49 percent of the men reported that their wives had never approached them during the last year on this issue in Lyari, Orangi

and Gadap respectively (Figure 11.2). One percent, 8 percent and 9 percent of the men in Lyari, Orangi and Gadap respectively reported that their wives had talked more often about this subject during the last year. About 45 percent in both Lyari and Orangi and 43 percent in Gadap reported they had talked about this subject once or twice during the last year.

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

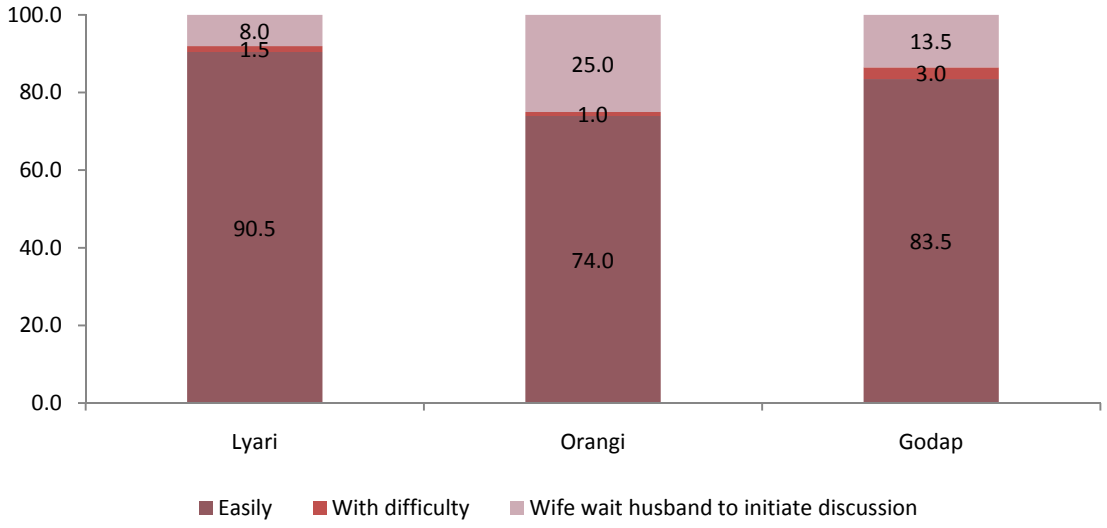
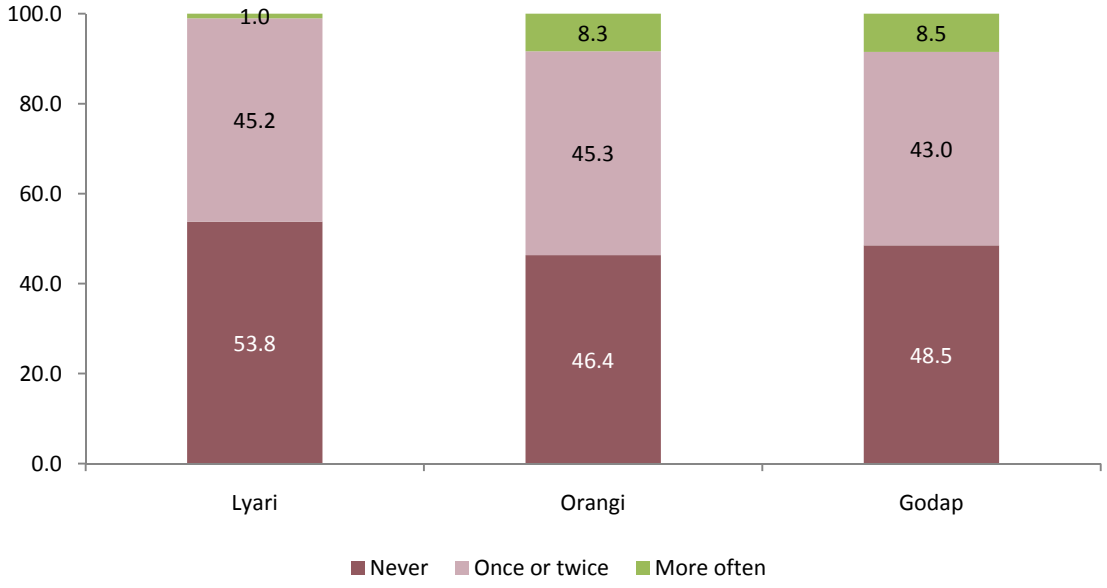


Figure 11.2: Frequency of discussion on FP with wife in last year



Potential Users

Men who had never used any contraceptive method were asked about their intention to use contraception in the future and their method preferences. Table 11.8 shows that 48 percent, 22 percent and 39 percent in Lyari, Orangi and Gadap respectively intended to use contraception in the future, while a large number of husbands, 46 percent in Lyari and 48 percent in Orangi, did not intend to use a contraceptive method in the future. Five percent, 30 percent and 33 percent of the respondents in Lyari, Orangi and Gadap respectively were uncertain about their future use of contraception.

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

Intent	Lyari	Orangi	Gadap
Will use	48.2	21.7	39.0
Will not use	46.4	47.8	28.0
Unsure/Uncertain	5.4	30.4	32.9
Total	**100.0**	**100.0**	**100.0**
N	**56**	**46**	**82**

As shown in Table 11.9, the major reason men gave for not intending to use a contraceptive method in future was difficult/ unable to conceive (73 percent, 55 percent and 65 percent in Lyari, Orangi and Gadap respectively), followed by 58 percent, 32 percent and 65 percent who said that they did not use because they wanted another child in Lyari, Orangi and Gadap respectively. Eight percent, 23 percent and 13 percent reported that they did not use due to fear of side effects percent in Lyari, Orangi and Gadap respectively. About 22 percent of the men in Gadap were shy about visiting a family planning clinic and said that was their reason for not using family planning methods.

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

Reason	Lyari	Orangi	Gadap
Difficult/unable to conceive	73.1	54.5	65.2
Want more children	57.7	31.8	65.2
Fear of side effects	7.7	22.7	13.0
Infrequent sex/respondent away	0.0	18.2	21.7
Breastfeeding/ Lactational amenorrhea	15.4	0.0	21.7
Wife opposes	0.0	18.2	17.4
In laws/parents oppose	7.7	13.6	13.0
Shy to go to FP clinic	0.0	9.1	21.7
Cost too much	0.0	4.5	17.4
Inconvenient to use	0.0	9.1	13.0
Lack of access/unavailability	0.0	0.0	17.4
Respondent/wife infertile	3.8	0.0	8.7
N	**26**	**22**	**23**

Respondents could give more than one reason.

Table 11.10 shows the distribution of the male respondents who intended to use a specific contraceptive method in the future. It is observed that a higher proportion wanted to use condom (male method) in Lyari and Orangi.

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

FP Method	Lyari	Orangi	Gadap
Female sterilization	3.7	10.0	9.4
Pills	0.0	10.0	31.3
IUD	3.7	0.0	0.0
Injectable	18.5	0.0	15.6
Implants	0.0	0.0	3.1
Condom	44.4	30.0	28.1
Rhythm	3.7	0.0	0.0
Withdrawal	3.7	30.0	6.3
Not decided	22.2	20.0	6.3
Total	**100.0**	**100.0**	**100.0**
N	**27**	**10**	**32**

Fertility Desire

Men were asked about the number of their living children and their desire for more children. Table 11.11 shows that 13 percent, 11 percent and 21 percent of the respondents in Lyari, Orangi and Gadap respectively wanted another child soon (within two years). Another 30 percent in Lyari, 18 percent in Orangi and 27 percent in Gadap wanted to delay their next child for more than two years. The largest proportion of respondents in all the three towns (55 percent in Lyari, 60 percent in Orangi and 46 percent in Gadap) did not want any more children at all.

The desire to stop having children was positively associated with the number of living children in all the three towns. Of the respondents who had 2 children, 47 percent, 30 percent and 45 percent in Lyari, Orangi and Gadap respectively did not want more children. Of those who had 6 or more children, 100 percent, 95 percent and 83 percent in Lyari, Orangi and Gadap respectively did not want more children.

The percentage of respondents who did not want more children was almost equal to those who reported current use of contraception in Lyari, Orangi and Gadap towns. If those who wanted to postpone having another child are combined with those who did not want any more, the sum would constitute almost all husbands in each town. This suggests that there is a substantial need for family planning, but motivational programs and service delivery are not keeping pace with this need.

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

Number of living children	Desire for next child				Total	
	Soon	Later	Never	Don't know/ unsure	%	N
Lyari						
0	57.1	42.9	0.0	0.0	100.0	21
1	16.0	72.0	12.0	0.0	100.0	25
2	15.6	37.8	46.7	0.0	100.0	45
3	5.9	35.3	52.9	5.9	100.0	34
4	2.6	5.1	87.2	5.1	100.0	39
5	0.0	4.3	91.3	4.3	100.0	23
6+	0.0	0.0	100.0	0.0	100.0	12
Total	**13.1**	**29.6**	**54.8**	**2.5**	**100.0**	**199**
Orangi						
0	53.8	38.5	0.0	7.7	100.0	13
1	41.2	41.2	11.8	5.9	100.0	17
2	15.0	45.0	30.0	10.0	100.0	20
3	2.5	17.5	60.0	20.0	100.0	40
4	8.8	8.8	61.8	20.6	100.0	34
5	0.0	11.5	84.6	3.8	100.0	26
6+	0.0	0.0	95.2	4.8	100.0	42
Total	**10.9**	**17.7**	**59.9**	**11.5**	**100.0**	**192**
Gadap						
0	76.0	24.0	0.0	0.0	100.0	25
1	31.3	62.5	6.3	0.0	100.0	32
2	13.8	34.5	44.8	6.9	100.0	29
3	9.7	25.8	51.6	12.9	100.0	31
4	4.8	19.0	66.7	9.5	100.0	21
5	8.0	12.0	68.0	12.0	100.0	25
6+	5.6	5.6	83.3	5.6	100.0	36
Total	**20.6**	**26.6**	**46.2**	**6.5**	**100.0**	**199**

Mass Media Access and Exposure to FP Messages

Furthermore, respondents who reported access to any sort of media were asked if they had ever seen, heard or read any message pertaining to methods of family planning through these mediums. Forty three percent, 53 percent and 43 percent of the men in Lyari, Orangi and Gadap respectively had watched FP messages on television; 12 percent, 25 percent and 26 percent knew it from print media in Lyari, Orangi and Gadap. Only 1 percent in Lyari and 8 percent of the men in both Orangi and Gadap reported that they had ever listened to a family planning message on the radio. Overall, 50 percent, 64 percent and 55 percent of the male respondents had seen or heard a family planning message on at least one medium in Lyari, Orangi and Gadap respectively.

Figure 11.3a: Distribution of respondents according to exposure to media and FP messages, by type of media (Lyari)

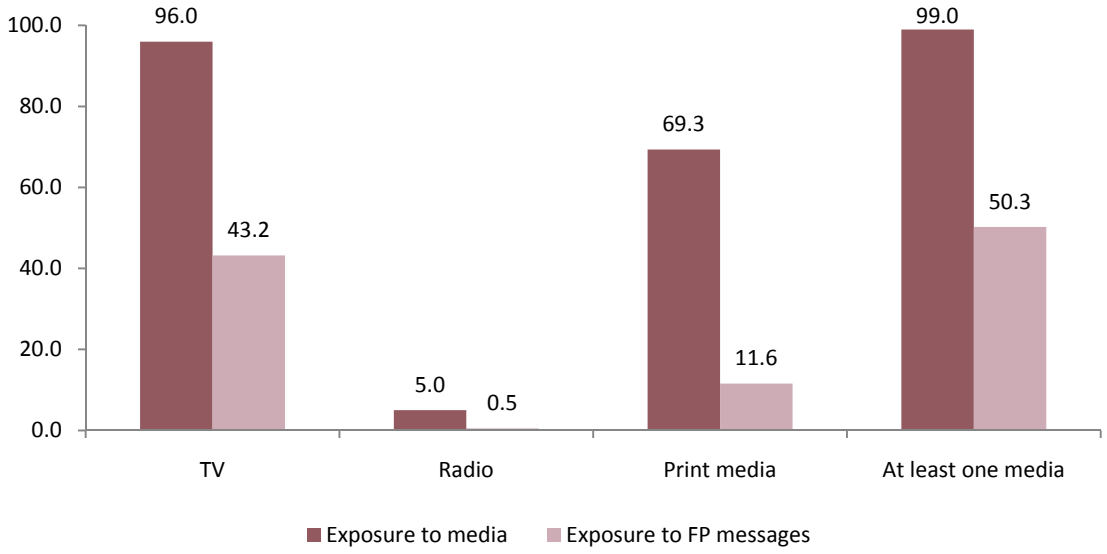


Figure 11.3b: Distribution of respondents according to exposure to media and FP messages, by type of media (Orangi)

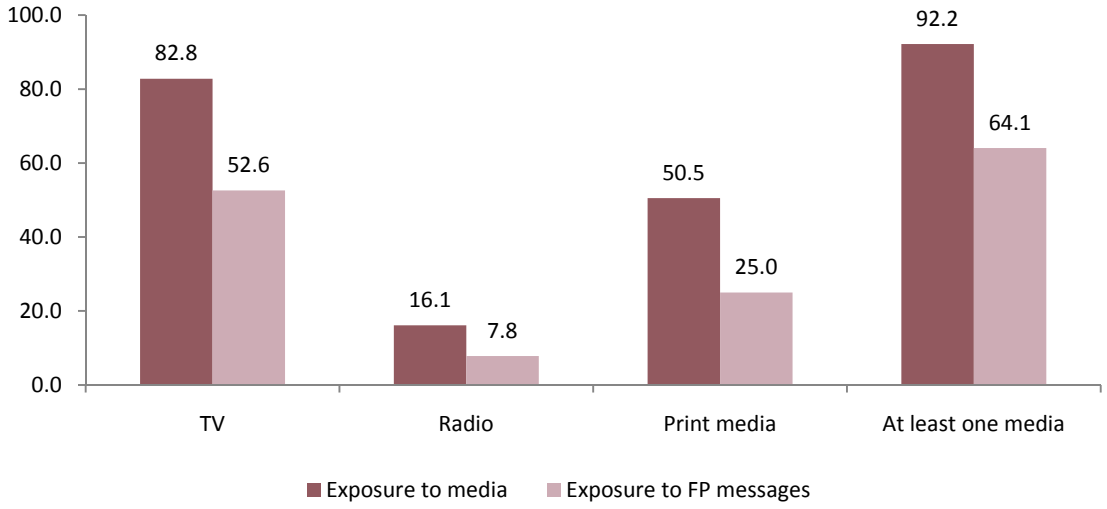
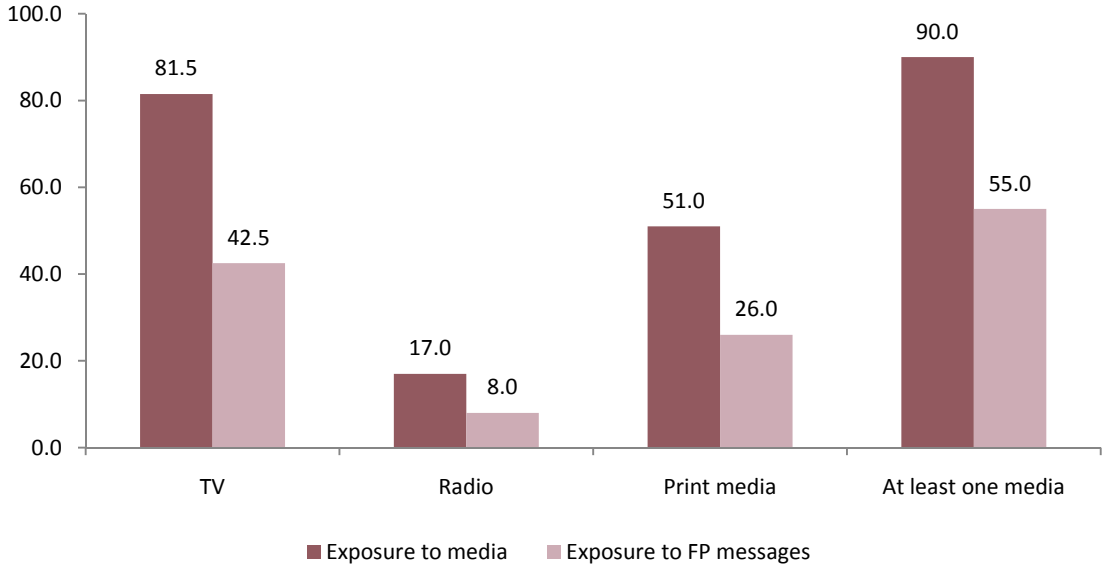


Figure 11.3c: Distribution of respondents according to exposure to media and FP messages, by type of media (Gadap)



References

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

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

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

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

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

Casterline, J.B., Z. Sathar and M. ul Haque. 2001. *Obstacles to Contraceptive Use in Pakistan: A Study in Punjab*. Studies in Family Planning 32(2): 95-110.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

United Nations. 2006. *Millennium Development Goals Report 2006*. New York: United Nations Department of Economic and Social Affairs.

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

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

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