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FAMILY ADVANCEMENT FOR LIFE & HEALTH

Baseline Household Survey

Mardan District

May 2010

Population Council

Family Advancement for Life and Health

(FALAH)

Mardan

Baseline Household Survey

May 2010

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Population Council

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 Contraceptive Pill
EmOC	Emergency Obstetric Care
FALAH	Family Advancement for Life and Health
FP	Family Planning
HANDS	Health and Nutrition Development Society
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 a baseline household survey for Mardan, one of the project districts.

The survey was conducted between June and August 2009, using a probability sample of 520 households in 40 clusters in Mardan. It included interviews with 588 currently married women aged 15-49 ("married women of reproductive age", or MWRA), along with 199 married men, of whom 189 were married to women included in the sample. As a separate activity, a mapping study[1] was also carried out in Mardan during the period between September and November 2009. The FALAH project is primarily focused on birth spacing and family planning.

Household and Respondent Characteristics

Mardan is relatively a developed rural district in Khyber Pakhtunkhwa. According to the UNDP's Pakistan National Human Development Report 2003, it ranked 32nd out of 91 districts on the overall Human Development Index. The characteristics of our sample are generally similar to those found in other surveys. Some key indicators are presented in Table A.

Table A: Selected key district characteristics from Mardan household survey

Variable	Value
Percentage of households in rural areas	80.1
Percentage of households with electricity	98.5
Percentage of households with an indoor water supply	89.4
Percentage of households with a flush toilet	64.6
Percentage of households with a television	59.8
Percentage of literate female respondents	28.7
Percentage of respondents with literate husbands	66.3
Total fertility rate	**3.3**

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

Electricity was available to almost all (98 percent) of the sample households, and ownership of appliances requiring electricity, such as televisions, refrigerators, washing machines, etc., were common in district Mardan. Vast majority of the households had some indoor water supply (89 percent), and nearly two-thirds (65 percent) had a flush toilet facility. According to the MDG report, Mardan ranked 5th nationally in sanitation. Moreover, literacy was relatively high in Mardan. About 29 percent of the female respondents and 66 percent of their husbands were literate. Of the respondents, 57 percent said they watched TV, 22 percent listened to the radio, and 7 percent read newspapers or magazines.

Fertility

The crude birth rate was 26 per 1000 population, and the total fertility rate was 3.3 children per woman. Both these rates were lower than what is generally found in Pakistan. Fertility was higher for illiterate women and wives of illiterate men. Many births were spaced too close; for example, about 67 percent of the closed birth intervals were less than 36 months. Nearly a quarter of all current pregnancies in the sample occurred among women who already had at least two children under five years old in the household.

Preference for Children

According to female respondents, the median "ideal" family size was 4 children, which is a common finding for Pakistan. Regarding desire for more children in the future, 16 percent said they wanted another child soon (within two years), 24 percent said they wanted another child, but only after two or more years, and 60 percent said they did not want more children. The proportion wanting more children soon decreased rapidly with the number of living children, while the proportion not wanting more children increased. The proportion of women wanting more children later was highest for women with one or two children. More than two-fifths of the female respondents said their husband wanted the same number of children as they did, while more than one-third said their husband wanted more children than they did.

Contraceptive Knowledge and Use

All currently married women knew of at least one contraceptive method. The contraceptive prevalence rate (the percentage of MWRA currently using any method of contraception) was 40.6 percent, substantially higher than the average for Khyber Pakhtunkhwa and national averages. The most commonly methods being used were withdrawal (13.1

percent), condoms (9.0 percent) and the injectables (5.8 percent). Past users comprised 28.7 percent of MWRA; injectables, condoms, pills, and withdrawal were all common past methods. Eighty-one percent of current users did not want more children, while 19 percent wanted more, but at a later time. Most users reported obtaining their supplies and services from Government department sources or through their husbands.

Experience with Contraceptive Methods

The reasons stated by respondents for choosing their current or past method varied by method. However, commonly cited reasons included suitability for respondent and husband, could be used for long period, no or fewer side effects, convenience of use, easy availability, and low cost. Costs were generally low; less than one-seventh paid more than Rs.50 the last time they obtained their contraceptive method. Travel time was usually not excessive; nearly 11 percent reported requiring more than 30 minutes to reach their service outlet. Information provided to respondents at the time of acceptance of FP method often did not include information on side effects or method choice. Clients generally reported being reasonably treated by providers; however, a few of them were not satisfied. A variety of side effects were reported by users and past users, and it did not appear that these were effectively dealt with by providers.

Reasons for Non-use

Asked hypothetically about hindrances a couple might face if they wanted to avoid or delay pregnancy, women typically mentioned husband's disapproval, religion, and side effects; less frequently mentioned reasons included distance/cost, people finding out about contraceptive use or method failure. Past users were most likely to discontinue use because of side effects or because of infrequent sex/husband away. For past users, the reasons for current non-use were most often related to childbearing, but infrequent sex/husband away and side effects were also frequently mentioned. Never users were most likely to say they were not using for reasons relating to childbearing, but husband's opposition and fear of side effects were also common reasons. A majority of never users said they could discuss family planning easily with their husbands. Fifty-seven percent of never users expressed their intent to use contraception in the future. The information obtained in this study, indicates that substantial number of women in Mardan were more willing to practice birth spacing and family planning.

Unmet Need for Family Planning

A woman is said to have "unmet need" for family planning if she says she wants to limit or delay pregnancies, but is at risk of conceiving due to the lack of contraceptive use. By this definition, 30 percent of the women in this sample were considered to have an unmet need; 19 percent for limiting, and 11 percent for spacing. Unmet need for limiting was higher among illiterate women, while unmet need for spacing was higher among literate women. Women with unmet need tended to have the following characteristics: they typically had poor communication with their husbands, feared side effects caused by various contraceptive methods, and lacked knowledge of family planning sources.

Reproductive Preferences and Behavior of Men

The findings reveal that 84 percent of all men knew at least one modern contraceptive method. Male sterilization was one of the least known contraceptive methods among men in Mardan. Near to four-fifths of the men either did not want more children in the future or wanted to delay the next pregnancy. Fifty-one percent of the male respondents reported that they or their wives were currently using any family planning methods, and more than 37 percent were using modern contraceptive methods. Among the current users, 96 percent were very satisfied with their current contraceptive method.

Of those who were not using a contraceptive method, 17 percent reported that they were not intending to use any FP method in future while 44 percent were unsure/ uncertain. . A desire for more children was a prominent reason for not using any FP method. Of those who did intend to use contraceptives in the future, 31 percent reported the use of pills. 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 district Mardan knowledge and approval of family planning were high, and contraceptive prevalence, at 41 percent, was higher than that for Pakistan as a whole. However, there is much need for improvement; unmet need for family planning remained very high at 30 percent, with total demand for family planning services being 71 percent. Some of the important topics that should be addressed in an improved program are husbands' attitude, inter-spousal communication, fear of side effects, and knowledge of different contraceptives and their sources. Also, the concept of birth spacing needs to be stressed to lengthen birth intervals, which are often too short.

Chapter 1

Introduction

Background

The FALAH Project

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

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

- **Balochistan:** Gwadar, Jaffarabad, Khuzdar, Lasbela, Quetta, Kech/Turbat 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 Orangi, Liyari and Godap), Larkana, Sanghar, Shikarpur, Sukkur, and Thatta.

The aims of the FALAH project are:

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

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

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

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

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

Mardan District

The district Mardan presumed its name after a small settlement and this name was adopted from a religious figure of the areas, Pir Mardan Shah. The district Mardan population dynamics includes the population increase with an average of more than three percent. Since 1951, the population of the district has increased 4.08 times reaching 1.46 million in 1998 from 0.357 million (Population Census Organization, 1999). Mardan district inhabits more than eight percent of the Khyber Pakhtunkhwa population with an average household size of 8.4. As, Pakistan is undergoing its first ever demographic transition, the Mardan district has also about 47.5 percent of 18 years and above population in 1998 (Population Census Organization, 1999).

Mardan district also forms an integral part of the socio-economic life of Khyber Pakhtunkhwa. The average population growth rate for Mardan district remained at 3 percent while it was highest during intercensal period from 1961 to 1972.

In 1998, the literacy rate for the district was 36.5 percent for people 10 years and above and only 3.4 percent were graduate and 1.6 percent were post-graduate. The life time migrant comprised 5 percent of the total population. Of these life time migrants, 41.4 percent were women who migrated due to marriage and migrated with their families as whole.

In 1998, 62.8 percent of population 15 years and above were married and mean age at marriage for female was 21.1 while it was 26.4 for males. Also out of total female population about 44 percent were from child bearing age of 15-49 years. More than 20 percent of the district population is urban.

According to the Pakistan National Human Development Report 2003,[2] Mardan stood 32nd among 91 districts in Pakistan, and 7th of 24 districts in the Khyber Pakhtunkhwa (UNDP, 2003). In the Planning Commission's Millennium Development Goals report, 2006, district-level data (based on the Pakistan Social and Living Standards Measurement Survey, 2004-05) was shown for various measures of education, gender equity, infant mortality, and environmental sustainability. In these comparisons, Mardan ranked above average on most measures of education and literacy, immunization, and water supply. In terms of sanitation, Mardan was ranked very high - 2nd out of 24 in Khyber Pakhtunkhwa and 5th out of 98 districts nationally (Planning Commission of Pakistan 2006; Government of Pakistan 2006).

The Mardan Baseline Household Survey

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

Objectives

The objectives of the Mardan 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 Mardan district regarding reproductive health, so as to meet their needs more effectively;
- More specifically, to obtain information needed to improve reproductive health services and to design appropriate social mobilization activities.

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

Methodology

Study Population

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

Sample Design and Size

The systematic stratified sample technique was used to select a representative sample of the district. The universe consists of all urban and rural households of the district. The number of blocks selected in urban areas, along with the number of villages selected in rural areas are presented in the following table. A total of 40 blocks/villages were selected, with 13 households selected per block/village. The selection procedure was as follows:

Urban Sample

The required number of enumeration blocks was selected with probability proportional to size (number of circles) by adopting a multistage stratified sampling design. First, the "enumeration circles", i.e., the smallest units available in the 1998 Population District Census Reports as demarcated by the Population Census Organization, were selected. The maps of these circles were obtained from the Population Census Organization already divided into blocks of approximately 250-300 households depending upon the number of households in each circle. Next, one block was randomly selected from each circle. The listing of each randomly chosen block was then carried out by the enumeration teams before selecting the sampled households. A fixed number of 13 households was drawn from each sample enumeration block by using systematic random sampling.

Rural Sample

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

households. A fixed number of 13 households was selected from each sample enumeration village by the systematic random technique.

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

Results	Urban	Rural	Total
Sample blocks/villages	8	32	40
Households refused	0	0	0
Households interviewed	104	416	520
Eligible women identified	127	522	649
Eligible women not interviewed	18	40	58
Eligible women refused	2	1	3
Eligible women interviewed	109	482	591
Total completed women's interviews	**107**	**481**	**588**

Selection of Respondents

Within each household, all married women aged 15-49 (MWRA) were interviewed. In addition, husbands of MWRA who were present were also interviewed to a maximum of five per block. If fewer than five husbands could be interviewed from the 13 sampled households, additional interviews were sought from neighboring households.

Questionnaire Design

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

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

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

Hiring of Interviewers and Supervisors

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

Training of Interviewers and Supervisors

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

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

Quality Assurance

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

Data Entry and Edit Procedures

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

questionnaires were dispatched to the data entry center. The data was analyzed using SPSS for Windows.

Fieldwork

Fieldwork for Mardan was carried out between 13th June and 27th August, 2009.

Chapter 2

Household Characteristics

Geographic Distribution

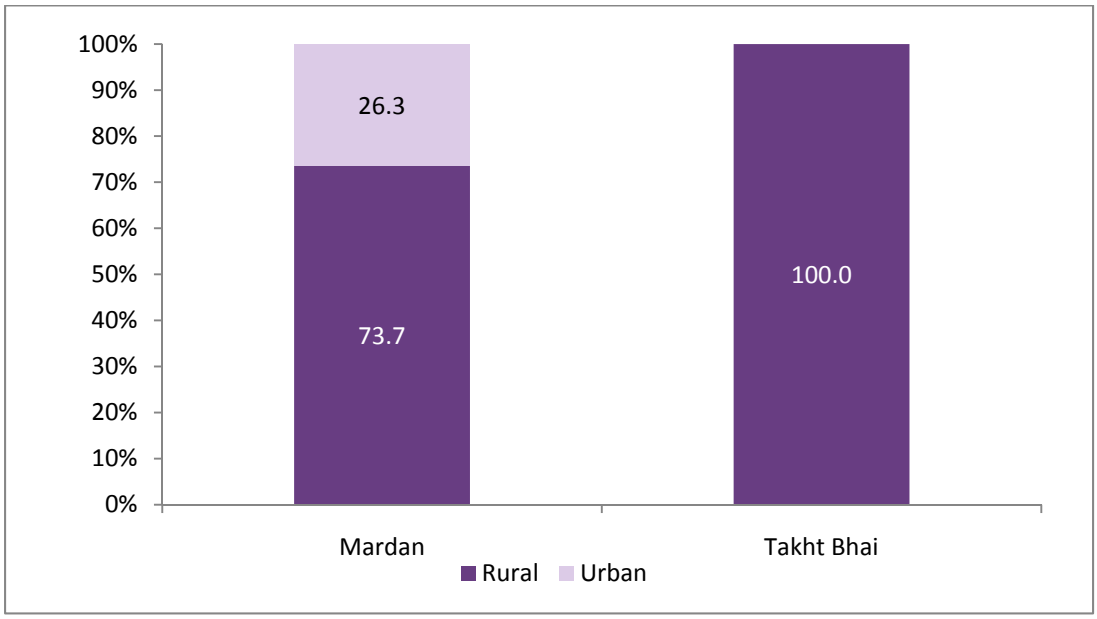
Mardan district is divided into two tehsils, Mardan and Takht Bhai. Entire study population of Tehsil Takht Bhai is rural, while 26 percent of tehsil Mardan study population is urban. Table 2.1 and Figure 2.1 show the distribution of the sample population according to residence (urban and rural) and by tehsil, with comparisons to the distribution of the 1998 National Population and Housing Census.

Table 2.1: Percentage distribution of population in sample households by residence and tehsil

	Rural			Urban			Total	
Tehsil	**N**	**%**	**1998 Census %**	**N**	**%**	**1998 Census %**	**N**	**%**
Mardan	2385	73.7	76.7	853	26.3	23.3	3238	100.0
Takht Bhai	1050	100.0	87.8	0	0.0	12.2	1050	100.0
Total	**3435**	**80.1**	**79.8**	**853**	**19.9**	**20.2**	**4288**	**100.0**

As table 2.1 shows that the distribution of the population of the 520 households in the sample by urban-rural residence and tehsil closely follows the distribution recorded for the whole district in the 1998 Census (Population Census Organization 2000). Mardan is about 80 percent rural, 20 percent urban. About 75 percent of the sample population is in Mardan tehsil, while about 25 percent resides in Takht Bhai.

Figure 2.1: Rural –urban distribution of population in sample households by residence and tehsil



Age-Sex Distribution

The distribution of the population of the 520 households in the sample by male and female has been recorded, which reflects that there was a total male population of 2137 and a total female population of 2151, yielding an overall total of 4288. Table 2.2 shows the population distribution of the sampled households by age and sex.

The population is typical of a society with high fertility. The median age was 19 years. The fact that there were more male children (15.1 percent) aged 0-4 years compared to female children (12.5 percent) in the same age group suggests better care for males than females. However, a comparison of the male population with the female population from the age of 15 years to 59 years suggests that there were more females than males in the same age groups. An exception can be found in the 40-49 age bracket, where there were more males than females.

Table 2.2: Distribution of sampled population by age and sex

	Male		Female		Total	
Age group	**N**	**%**	**N**	**%**	**N**	**%**
0 - 4	322	15.1	269	12.5	591	13.8
5 - 9	283	13.2	274	12.7	557	13.0
10 - 14	288	13.5	258	12.0	546	12.7
15 - 19	270	12.6	316	14.7	586	13.7
20 - 24	198	9.3	242	11.3	440	10.3
25 - 29	155	7.3	177	8.2	332	7.7
30 - 34	104	4.9	111	5.2	215	5.0
35 - 39	91	4.3	115	5.3	206	4.8
40 - 44	84	3.9	77	3.6	161	3.8
45 - 49	83	3.9	68	3.2	151	3.5
50 - 54	55	2.6	64	3.0	119	2.8
55 - 59	47	2.2	62	2.9	109	2.5
60 - 64	61	2.9	37	1.7	98	2.3
65 - 69	46	2.2	36	1.7	82	1.9
70 - 74	20	0.9	23	1.1	43	1.0
75+	30	1.4	22	1.0	52	1.2
Total	**2137**	**100.0**	**2151**	**100.0**	**4288**	**100.0**

The mother tongue of 97.4 percent of the sample households was Pushto, reflecting the dominant ethnic group in the district. Of the total population of sampled households, 26 percent (1106 women of the total population of 4288) consisted of females who were 15-49 years of age, and 14 percent consisted of children under 5 years of age. These women, and their husbands comprise the population of primary interest to the FALAH project, and most of the analysis in this report will focus on them.

Marital Status

Table 2.3 shows that higher proportions of women at younger ages were married than men. It is worth mentioning that a significant share of women was widowed/divorced/separated above the age of 50 years as compared to men. It also indicates remarriages of men after being widowed. The divorce/separation rate was quite low among men. Moreover, share of never married men was higher as compared to women; the differential was significant below age 30 years. The singulate mean age at marriage for women was 23 years compared to 28 years for men years.

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

	Married		Widow/Divorced/Separated		Never married	
Age group	**Men**	**Women**	**Men**	**Women**	**Men**	**Women**
15 - 19	2.6	22.2	0.0	0.3	97.4	77.5
20 - 24	14.6	52.1	0.0	1.7	85.4	46.3
25 - 29	52.9	73.3	0.6	3.4	46.5	23.3
30 - 34	76.0	83.8	1.0	2.7	23.1	13.5
35 - 39	90.1	87.8	0.0	3.5	9.9	8.7
40 - 44	96.4	87.0	1.2	6.5	2.4	6.5
45 - 49	94.0	82.4	1.2	10.3	4.8	7.4
50 - 54	96.4	70.3	1.8	23.4	1.8	6.3
55 - 59	93.6	79.0	6.4	12.9	0.0	8.1
60 - 64	86.9	64.9	13.1	32.4	0.0	2.7
65 - 69	87.0	30.6	10.9	61.1	2.2	8.3
70 - 74	75.0	8.7	20.0	78.3	5.0	13.0
75+	63.3	27.3	30.0	54.5	6.7	18.2
All ages 15+	**53.2**	**57.8**	**2.7**	**8.7**	**44.1**	**33.6**

Household Characteristics and Wealth Indicators

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

Physical Characteristics of Households

Table 2.4 shows selected physical characteristics of the sample households. A considerable majority of the households had an indoor water supply (89 percent), although for about one-tenth of households consisted of an inside well. About 65 percent of the households had some type of flush toilet. This is consistent with the 2006 Millennium Development Report (based on PSLMS data) which found Mardan to have the 5th highest score for sanitation out of 98 districts in Pakistan (Planning Commission of Pakistan, 2006).

Most households in rural areas (82 percent) use firewood for cooking, while 85 percent households in urban areas use Sui gas. Almost all (99 percent) household had electricity. Most houses were roofed with wood/bamboo and mud (46 percent), and had earth or mud floors (68 percent) and majority of the walls (69 percent) were made of burnt bricks or cement blocks.

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

Main source of drinking water	Rural	Urban	Total
Govt. supply (tap water inside)	11.5	17.3	12.7
Govt. supply (communal)	1.2	2.9	1.5
Motorized/Hand pump (inside)	66.1	69.2	66.7
Motorized/Hand pump (outside)	7.0	10.6	7.7
Well (inside)	12.5	0.0	10.0
Well (outside)	1.7	0.0	1.3
Sanitation facility			
Flush to sewerage	0.7	1.0	0.8
Flush connected to septic tank	46.6	76.0	52.5
Flush connected to open drain	8.9	21.2	11.3
Raised latrine	38.5	1.9	31.2
Pit latrine	4.1	0.0	3.3
In fields	1.2	0.0	1.0
Main type of fuel used for cooking			
Electric heater	0.2	0.0	0.2
Fire wood	82.2	3.8	66.5
Gas cylinder	3.1	11.5	4.8
Natural gas (Sui gas)	8.2	84.6	23.5
Dry Dung	5.8	0.0	4.6
Charcoal/Coal	0.2	0.0	0.2
Electrical connection			
Yes	98.6	98.1	98.5
No	1.4	1.9	1.5
Main material of roof			
Concrete	22.6	73.1	32.7
Guarder and T-iron	22.6	14.4	21.0
Wood/Bamboo and mud	54.6	12.5	46.2
Main material of floor			
Earth/Sand/Mud	80.5	17.3	67.9
Chips	1.4	13.5	3.8
Ceramic tiles	0.2	1.0	0.4
Marble	1.0	6.7	2.1
Cement	16.1	54.8	23.8
Bricks	0.5	6.7	1.7
Main material of walls			
Burnt bricks/Blocks	61.3	98.1	68.7
Mud bricks/Mud	38.5	1.9	31.2
Stones	0.2	0.0	0.2
N	**416**	**104**	**520**

na= not applicable.

Figure 2.2: Distribution of Water supply for Mardan households

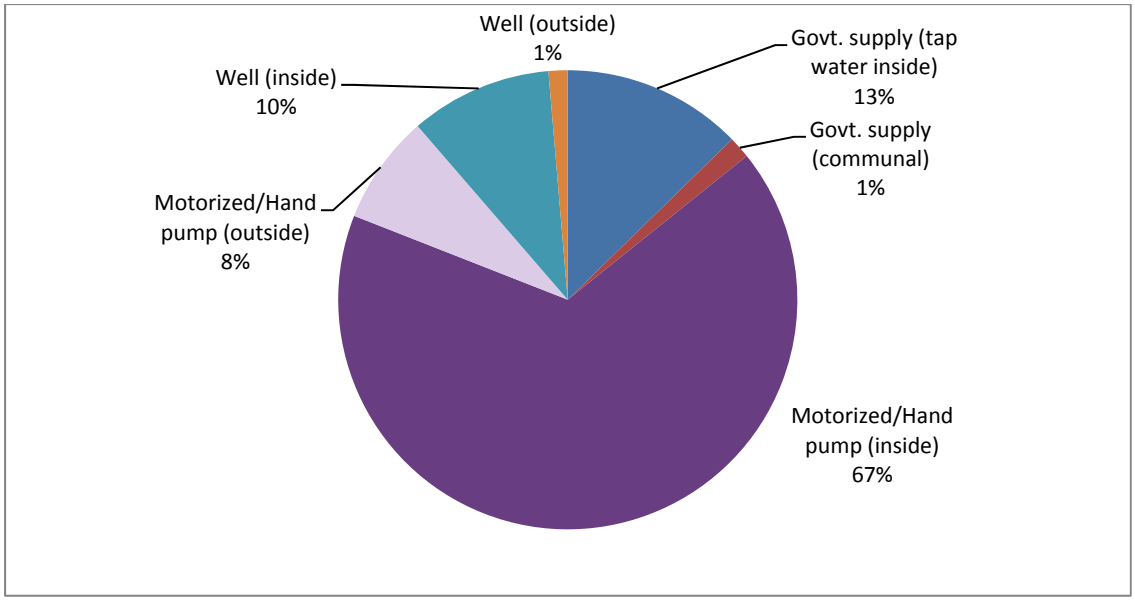
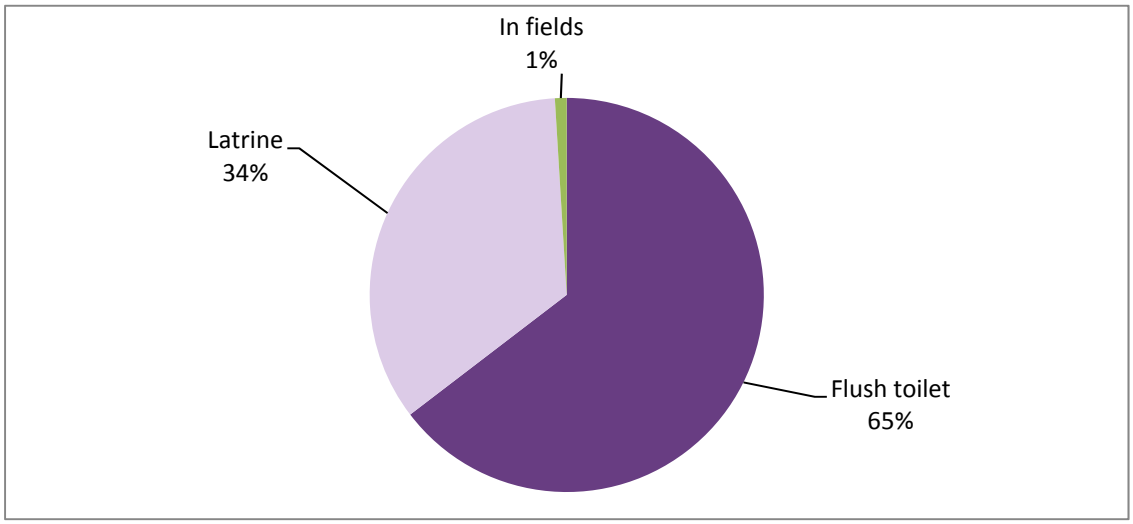


Figure 2.3: Toilet facilities for Mardan households



Ownership of Household Assets

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

health facilities, and telephones to summon help when needed. Others are suggestive of more general well-being.

The distribution of these items depicts the expansion in consumer purchasing power that has characterized Pakistan in recent years, although comparable past data for Mardan was not available to us. Several items requiring electricity were available in many of the households. About three-fifth of all households (60 percent) had television sets, while half (50 percent) had refrigerators. Slightly less than half the households (44 percent) had a radio, and more than half (58 percent) had sewing machines. About 83 percent of all households interviewed owned a mobile phone, while 12 percent owned a computer – these would be figures of particular interest to communications specialists. The recent expansion in information technology in Pakistan is reflected by a considerable number of households owning mobile phones and an increasing trend in the usage of computers. Motorized transport however, remains fairly uncommon, suggesting difficulties in arranging for transport in health emergencies.

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

Household item	Rural	Urban	Total
Wall clock	94.2	98.1	95.0
Chairs	44.0	77.9	50.8
Bed	70.9	93.3	75.4
Sofa	27.4	53.8	32.7
Sewing machine	52.6	79.8	58.1
Camera	6.0	15.4	7.9
Radio/Tape recorder	42.3	48.1	43.5
Television	54.3	81.7	59.8
Refrigerator	43.8	76.9	50.4
Land line telephone	8.9	25.0	12.1
Mobile phone	80.5	91.3	82.7
Room cooler/ Air conditioner	11.3	36.5	16.3
Washing machine	40.1	78.8	47.9
Bicycle	45.2	45.2	45.2
Motorcycle	12.7	22.1	14.6
Jeep/Car	6.0	12.5	7.3
Tractor	2.4	0.0	1.9
Computer	9.4	23.1	12.1
N	**416**	**104**	**520**

Standard of Living Index

The data provided above can be used to get an overall index of the economic well-being of a household, both for a general estimation of the economic development for an area, and for use in investigating the relationship between household wealth and reproductive health behavior. One such index is the standard of living index (SLI), developed for international comparisons with data from the Demographic and Health Surveys (Rutstein, S.O., and K. Johnson, 2004). This index gives each household a score of 0-1 or 0-2 on each of the following: source of drinking water, toilet facilities, material of floor, availability of electricity, ownership of a radio, ownership of a TV, ownership of a refrigerator, and means of transportation. For the whole household, the value of the index can range from 0 to 12. Table 2.6 gives the distribution of the SLI for sample households. The median index for all households was 6. More than 76 percent of all households fell in the range from 2 to 7 as none of the households had less than 2 SLI. This index will be used later in this report to examine differences in reproductive health knowledge and behavior.

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

	Rural		Urban		Total	
Standard of living index	**N**	**%**	**N**	**%**	**N**	**%**
2	3	0.7	0	0.0	3	0.6
3	60	14.4	1	1.0	61	11.7
4	76	18.3	1	1.0	77	14.8
5	82	19.7	6	5.8	88	16.9
6	77	18.5	15	14.4	92	17.7
7	53	12.7	25	24.0	78	15.0
8	39	9.4	23	22.1	62	11.9
9	15	3.6	20	19.2	35	6.7
10	9	2.2	9	8.7	18	3.5
11	2	0.5	3	2.9	5	1.0
12	0	0.0	1	1.0	1	0.2
Total	**416**	**100.0**	**104**	**100.0**	**520**	**100.0**
Median	**na**	**5**	**na**	**8**	**na**	**6**

na=not applicable.

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Chapter 3

Respondent Characteristics

The primary source of data from the Household Survey is the interviews conducted with 588 currently married women of reproductive age. The background characteristics of these respondents are described in this chapter.

Age

Table 3.1 shows the age distribution of the female respondents. Since many younger women were not married yet, the numbers at age 15-19 years were relatively small; at older ages, the numbers declined. About 64 percent of the sample respondents were under the age of 35.

Table 3.1: Age distribution of female respondents by residence

	Rural		Urban		Total	
Age group	**N**	**%**	**N**	**%**	**N**	**%**
15 – 19	53	11.0	11	10.3	64	10.9
20 – 24	103	21.4	14	13.1	117	19.9
25 – 29	86	17.9	26	24.3	112	19.0
30 – 34	71	14.8	15	14.0	86	14.6
35 – 39	79	16.4	15	14.0	94	16.0
40 – 44	41	8.5	18	16.8	59	10.0
45 – 49	48	10.0	8	7.5	56	9.5
Total	**481**	**100.0**	**107**	**100.0**	**588**	**100.0**

Education and Literacy

Levels of schooling completed and literacy rates for respondents and their husbands are provided in Table 3.2; literacy rates are also shown in Figure 3.1. Female literacy rate was higher than the overall figures for Khyber Pakhtunkhwa. For example, literacy rate for female respondents in Mardan was 29 percent, which was more than the 22 percent

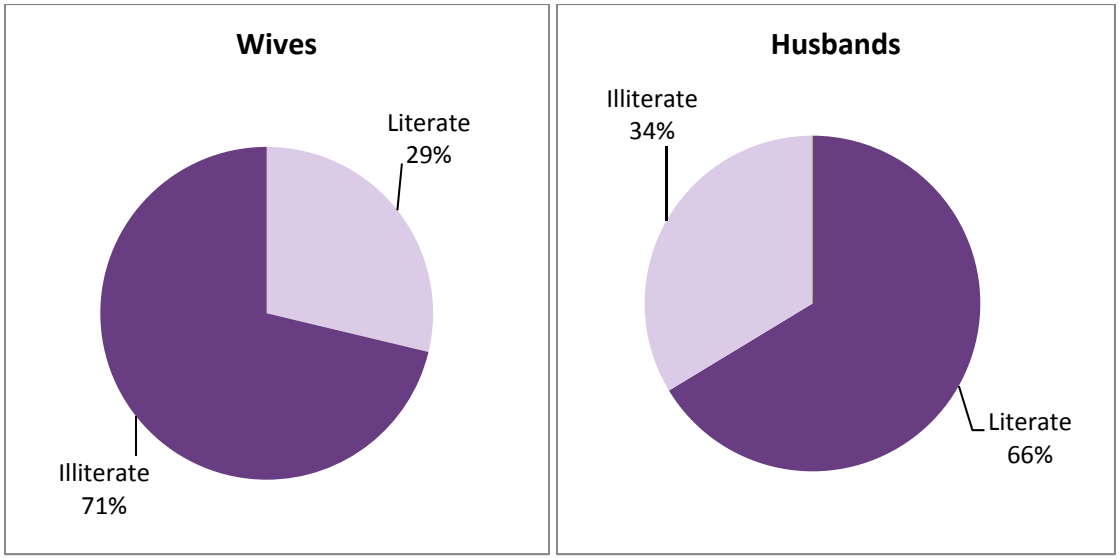
recorded by PSLMS in 2007-08 for females aged 15 years and above in Khyber Pakhtunkhwa province. However, the rate is lower than the national female literacy rate (36 percent) in Pakistan (Government of Pakistan 2005; Government of Pakistan 2006). Similarly, about 32 percent of the female respondents interviewed reported having ever attended school. For the husbands of the respondents in Mardan, literacy rate stood at 66 percent, which was higher than the average found for Khyber Pakhtunkhwa in 2006-07 (61 percent).

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

	Age of respondent			Residence		
Variable	**15 – 24**	**25 – 34**	**35 – 49**	**Rural**	**Urban**	**Total**
Respondent (women)						
Proportion literate	42.0	32.8	13.4	22.7	56.1	28.7
Education level						
No education	54.7	64.5	83.3	73.3	44.9	68.1
Up to primary	20.4	15.7	9.1	14.0	18.7	14.8
Up to Secondary	19.3	11.7	5.7	8.8	26.2	11.9
Above secondary	5.5	8.1	1.9	4.0	10.3	5.1
N	**181**	**198**	**209**	**481**	**107**	**588**
Respondent's husband						
Proportion literate	74.0	72.2	54.1	63.8	77.6	66.3
Education level						
No education	26.5	27.4	47.3	37.0	21.5	34.2
Up to primary	10.5	12.7	8.7	10.0	13.1	10.6
Up to Secondary	45.9	36.0	33.3	37.0	43.0	38.1
Above secondary	17.1	23.9	10.6	15.9	22.4	17.1
N	**181**	**198**	**209**	**481**	**107**	**588**

About 34 percent of the husbands of the women in Mardan were not educated; the fact that this figure was nearly double for women clearly shows a substantial difference in the levels of literacy between men (66 percent) and women (29 percent).

Figure 3.1: Literacy status of women and their husbands



Occupation and Work Status

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

Only 58 of the 588 female respondents reported working for cash; their economic activities/occupations are shown in Figure 3.2.

Figure 3.2: Type of work of women working for pay (n=58)

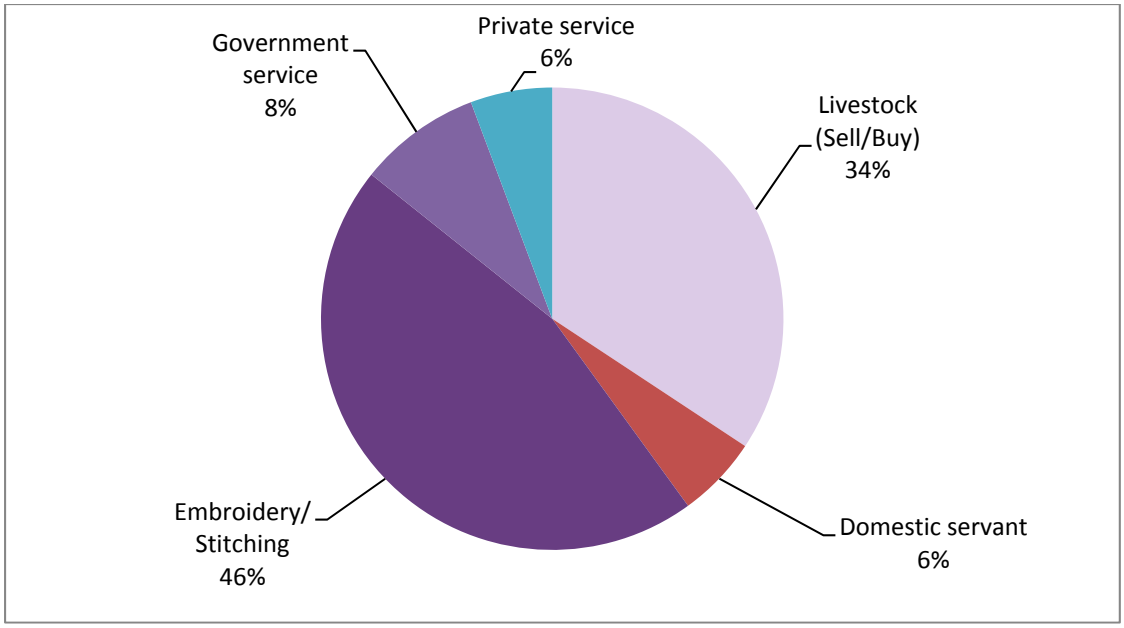


Table 3.3: Distribution of occupational categories of respondents' husbands by residence

Economic activity/ occupation	Rural	Urban	Total
Agriculture/Livestock/Poultry	18.9	0.0	15.5
Petty trader	10.6	18.7	12.1
Labor (Daily wages)	27.2	20.6	26.0
Government service	12.1	15.9	12.8
Private service	8.1	12.1	8.8
Own business	5.4	21.5	8.3
Abroad	7.7	2.8	6.8
Unemployed	8.9	4.7	8.2
Others	0.6	2.8	1.0
Don't know	0.4	0.9	0.5
Total	**100.0**	**100.0**	**100.0**
N	**481**	**107**	**588**

The largest number of husbands worked as hired laborers for daily wages. About one in seven men (15 percent) worked in the agriculture/livestock or poultry sector. Overall, about 41 percent of the respondents' husbands were either in agriculture or daily labor.

More than one-fifths (22 percent) were employed either in government service or in the private service. Trading was not very common and employed only about 12 percent of men. Nearly 7 percent were working abroad and another 8 percent had their own businesses. About 8 percent were unemployed.

Female Mobility

Female respondents were asked about their ability to go to places outside their homes. Only a few women reported being able to go to any of the places named without permission, while on the other hand, a few women reported not being able to go out at all. However, a substantial number of women said they did not go to the market. For each of the named destinations, a sizable majority said they could go everywhere with someone, with the exception of the market.

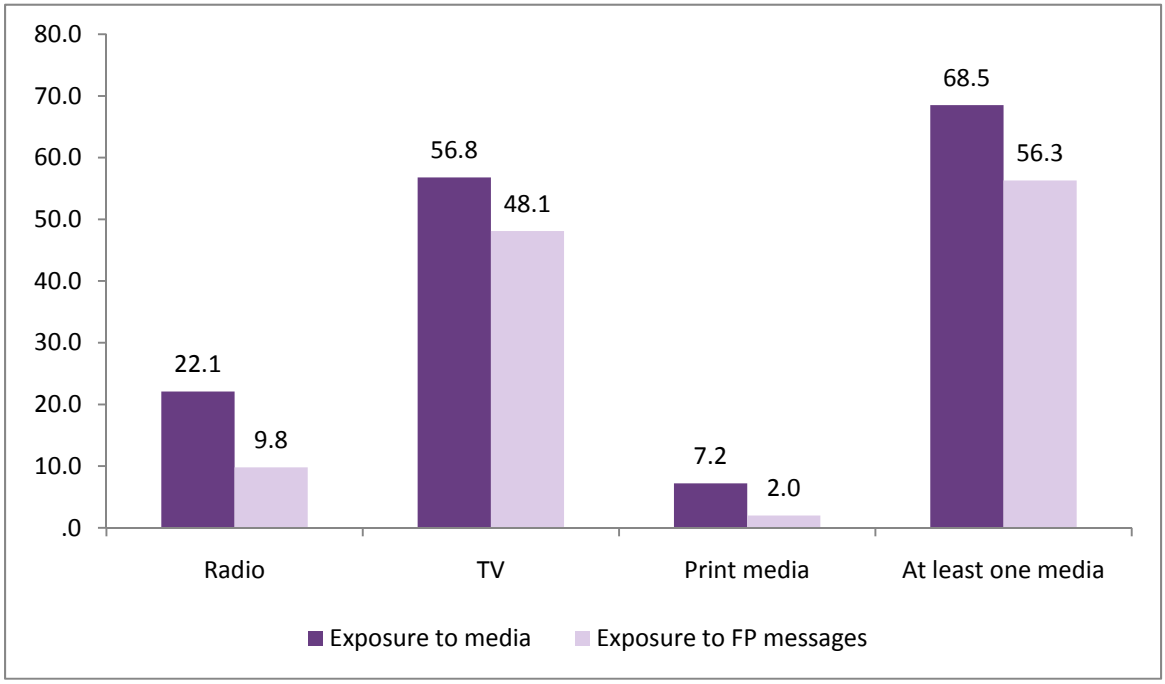
Table 3.4: Women's reports regarding mobility outside the home by degree of permission and destination

	Degree of permission				Total	
Destination	Without permission	With permission	With someone	Can't go/ Doesn't go	%	N
Market	2.7	11.7	37.1	48.5	100.0	588
Health center	2.0	13.3	79.8	4.9	100.0	588
Relatives/friends	2.4	18.4	78.9	0.3	100.0	588
Out of village/ town	0.2	9.9	89.5	0.5	100.0	588

Mass Media Access and Exposure to Family Planning Messages

For the development of communication activities, it is important to know which mass media forms are available, and to what extent they are used by various segments of the population. Table 2.5 shows that 60 percent of the sample households owned a television, while 44 percent owned a radio. Figure 3.3 shows the proportions of respondents who reported that they watch TV, listen to the radio, or read newspapers or magazines. Overall in Mardan, women have fairly high access to media, in fact more than two third of the women (69 percent) reported access to any medium. Women watched TV (57 percent) more than those who reported listening to radio (22 percent).

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



Furthermore, women who reported access to any sort of media were asked if they had ever seen, heard, or read any message regarding various methods of family planning through these mediums. Less than ten percent of the women said that they had heard about family planning messages on the radio. About half of women had seen family planning messages on the television. According to Figure 3.3, about 2 percent of the respondents said that they had ever read a family planning message in print media. Overall, about 56 percent of the women had ever been exposed to any family planning message through any of these mediums.

Chapter 4

Fertility

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

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

Cumulative Fertility

Children Ever Born and Living

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

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

Age group	None %	1 - 2 %	3 - 4 %	5 or more %	Total %	Total N	Mean CEB
15 – 19	57.8	40.6	1.6	0.0	100.0	64	0.6
20 – 24	16.2	51.3	29.1	3.4	100.0	117	1.9
25 – 29	7.1	25.9	40.2	26.8	100.0	112	3.4
30 – 34	3.5	7.0	32.6	57.0	100.0	86	5.0
35 – 39	0.0	2.1	17.0	80.9	100.0	94	6.3
40 – 44	5.1	1.7	15.3	78.0	100.0	59	6.1
45 – 49	1.8	3.6	5.4	89.3	100.0	56	7.5
Total	**12.1**	**21.4**	**23.1**	**43.4**	**100.0**	**588**	**4.2**

The table 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, as would be expected in data of good quality. Table 4.3 shows the mean number of sons and daughters by the age of the mother. Among the currently married women aged 15-49 in Mardan, the mean number of children ever born was 4.2. These tables show that the mean number of children ever born increased steadily with a woman's age, reaching a high of 7.5 children per woman at the age of 45-49. On average, these women had 6.4 living children, and each woman of this age group had lost 1 child during her reproductive life.

The tables also show that early childbearing was fairly common in Mardan. Table 4.1 shows that about 42 percent of married women aged 15-19 years had already given birth to at least one child. Women aged 45-49 years had virtually completed their childbearing years. Among currently married women in this age group, 9 percent had reached the end of childbearing with fewer than five children ever born while 2 percent had none suggesting infertility, and 89 percent had five or more children ever born. Data show that all women aged 35-39 had at least one live birth in their reproductive period. The sex ratio of living children was 106 males per 100 females (Table 4.3).

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

	0	1-2	3-4	5 or more	Total		
Age group	**%**	**%**	**%**	**%**	**%**	**N**	**Mean**
15 – 19	60.9	37.5	1.6	0.0	100.0	64	0.5
20 – 24	16.2	56.4	24.8	2.6	100.0	117	1.7
25 – 29	7.1	26.8	45.5	20.5	100.0	112	3.1
30 – 34	3.5	11.6	33.7	51.2	100.0	86	4.5
35 – 39	0.0	3.2	22.3	74.5	100.0	94	5.7
40 – 44	5.1	5.1	22.0	67.8	100.0	59	5.5
45 – 49	1.8	5.4	8.9	83.9	100.0	56	6.4
Total	**12.4**	**23.6**	**25.3**	**38.6**	**100.0**	**588**	**3.7**

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**
15 – 19	0.4	0.2	0.6	0.4	0.2	0.5	64
20 – 24	0.9	1.0	1.9	0.8	0.9	1.7	117
25 – 29	1.8	1.5	3.4	1.7	1.4	3.1	112
30 – 34	2.8	2.3	5.0	2.5	2.0	4.5	86
35 – 39	3.2	3.1	6.3	2.9	2.8	5.7	94
40 – 44	3.3	2.8	6.1	3.0	2.4	5.5	59
45 – 49	3.7	3.8	7.5	3.0	3.4	6.4	56
Total	**2.2**	**2.0**	**4.2**	**1.9**	**1.8**	**3.7**	**588**

Differentials in Children Ever Born and Surviving

Table 4.4 shows that differences in the mean number of children by literacy and by educational levels of currently married women were pronounced. On average, literate women had 2.1 fewer children than illiterate women. As expected, fertility also declined with the level of education. Those who had “up to primary” education had on average 3.2 children ever born compared to 4.8 children born to those who had no schooling. Those women who had “above secondary” education had 1.9 children ever born.

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

Characteristic	Children ever born	Total living children	Proportion dead	N
Literacy of mother				
Literate	2.7	2.5	0.0757	169
Illiterate	4.8	4.2	0.1118	419
Schooling of mother				
No education	4.8	4.3	0.1108	400
Up to primary	3.2	3.0	0.0786	87
Up to Secondary	2.5	2.2	0.1029	70
Above secondary	1.9	1.8	0.0526	30
Type of community				
Rural	4.3	3.8	0.1027	481
Urban	3.7	3.3	0.1178	107
Literacy of husband				
Literate	3.7	3.3	0.0891	390
Illiterate	5.1	4.5	0.1277	198
Schooling of husband				
No education	5.1	4.5	0.1256	200
Up to primary	4.2	3.9	0.0760	62
Up to Secondary	3.6	3.2	0.0974	223
Above secondary	3.3	3.1	0.0811	100
Standard of Living Index				
Low	5.3	4.7	0.1083	66
Medium low	4.2	3.8	0.1151	176
Medium high	4.1	3.7	0.1007	195
High	3.6	3.2	0.0959	151
Economic activity/ occupation of husband				
Agriculture/Livestock/Poultry	5.3	4.9	0.0887	91
Petty trader	4.3	3.8	0.0960	71
Labor (Daily wages)	4.1	3.6	0.1220	153
Government service	4.1	3.8	0.0804	75
Private service	3.7	3.4	0.0733	52
Own business	3.4	2.9	0.1437	49
Abroad	3.9	3.4	0.1169	40
Unemployed	3.9	3.4	0.1383	48
Others	2.5	2.2	0.1333	6
Don't know	2.7	2.7	0.0000	3
Total	**4.2**	**3.7**	**0.1052**	**588**

Differentials are also observed on the basis of the literacy levels and economic activity of husbands. Those respondents who had literate husbands had 3.7 children ever born compared to 5.1 children ever born to those who had illiterate husbands. The differentials relating to background characteristics of husbands were somewhat smaller than those relating to the background characteristics of the currently married women themselves. Women with illiterate husbands had more children ever born (5.1 children) compared to the women who themselves were illiterate (4.8 children). Similarly, women with husbands engaged in agriculture, livestock, poultry had the highest number of children ever born (5.3 children). Women with whose husbands fall in "others" in occupation category have the lowest number of children ever born (2.5 children).

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**	**%**
15 – 19	0.5	0.5	22	13.0	0.7	0.6	42	10.0
20 – 24	1.5	1.4	54	32.0	2.2	2.0	63	15.0
25 – 29	3.0	2.8	50	29.6	3.7	3.3	62	14.8
30 – 34	4.0	3.7	15	8.9	5.3	4.7	71	16.9
35 – 39	5.4	5.0	11	6.5	6.4	5.8	83	19.8
40 – 44	4.8	4.1	11	6.5	6.4	5.8	48	11.5
45 – 49	6.3	5.7	6	3.6	7.6	6.5	50	11.9
Total	**2.7**	**2.5**	**169**	**100.0**	**4.8**	**4.2**	**419**	**100.0**

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 (2.7 children) compared to those mothers who were illiterate (4.8 children). The mean number of children ever born to younger literate mothers was lower and their survival was better than children born to mothers in older age groups. Literate mothers were younger than illiterate mothers. In the below 30 age group, 75 percent of the mothers were literate, as compared to 40 percent who were illiterate. It is not only that, literate women had fewer children overall, but younger literate women also had fewer children ever born compared to illiterate women.

Current Fertility

Crude Birth Rate

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

Age-specific Fertility Rates and Total Fertility Rate

The total fertility rate (TFR) is a more refined measure of fertility than the CBR. Age-specific fertility rates (ASFRs) and the TFR have been calculated based on births to currently married women and the number of women living in the sample households. One of the limitations of measuring ASFRs was the low number of births in the sample during the last three years. The findings show a pattern of ASFRs common in developing countries; rates rose rapidly till age 25-29, and then declined with increasing age. A TFR of 3.3 for the period 2004-2007 was obtained from the set of ASFRs calculated from the data presented in Table 4.6, compared to 4.3 for Khyber Pakhtunkhwa and 4.1 for Pakistan as a whole reported in the PDHS (NIPS/PDHS, 2008).

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

Age group	women	Births	Age specific fertility rate (ASFR)
15 – 19	316	32	33.8
20 – 24	242	112	154.3
25 – 29	176	109	206.4
30 – 34	111	58	174.2
35 – 39	115	30	87.0
40 – 44	77	3	13.0
45 – 49	68	0	0.0
TFR: 3.3			
CBR: 25.9			

na=not applicable.

Mothers with Children Under Five Years

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

Table 4.7 shows that there were a significant number of women with the burden of care for several young children. Among those who already had two living children less than 5 years of age, 12.1 percent were currently pregnant. Moreover, among women who had three living children less than 5 years of age, 2.9 percent were currently pregnant. For the health of such mothers and their children, it is particularly important that birth spacing becomes a part of their married life.

Table 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		Total	
	N	%	N	%	N	%
0	27	11.3	213	88.8	240	100.0
1	31	18.0	141	82.0	172	100.0
2	17	12.1	124	87.9	141	100.0
3	1	2.9	33	97.1	34	100.0
4	0	0.0	1	100.0	1	100.0
Total	**76**	**12.9**	**512**	**87.1**	**588**	**100.0**

Preceding Birth Interval

Women with short birth intervals are at higher risk for delivering premature, low-birth-weight or small-for-gestational age infants (Fuentes-Affelick and Hessol, 2000; Miller et al., 1995; Zhu et al., 1999). The length of the preceding birth interval is very important for the health of both mothers and babies. Table 4.8 shows the length of last closed birth interval

for women with two or more births by background characteristics of mothers at the time of the survey.

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

Characteristic	Up to 17 months	18 - 23 months	24 - 35 months	36 - 47 months	48 and above	Total	N
Age							
15 – 19	25.0	37.5	37.5	0.0	0.0	100.0	8
20 – 24	13.9	38.0	34.2	7.6	6.3	100.0	79
25 – 29	16.2	15.3	36.0	22.5	9.9	100.0	111
30 – 34	10.1	18.0	37.1	16.9	18.0	100.0	89
35 – 39	4.3	8.5	23.4	31.9	31.9	100.0	47
40 – 44	20.0	10.0	30.0	20.0	20.0	100.0	10
Number of live births							
2	17.8	24.4	37.8	11.1	8.9	100.0	45
3	12.1	25.9	34.5	17.2	10.3	100.0	58
4	14.5	26.5	32.5	8.4	18.1	100.0	83
5	17.1	11.4	25.7	17.1	28.6	100.0	35
6+	8.9	15.4	35.8	28.5	11.4	100.0	123
Education level							
No education	11.8	20.3	34.6	19.1	14.2	100.0	246
Up to primary	20.5	13.6	29.5	18.2	18.2	100.0	44
Up to Secondary	7.7	30.8	33.3	15.4	12.8	100.0	39
Above secondary	20.0	20.0	40.0	13.3	6.7	100.0	15
Standard of Living Index							
Low	12.7	21.8	21.8	27.3	16.4	100.0	55
Medium low	14.2	24.5	34.0	13.2	14.2	100.0	106
Medium high	12.9	14.9	38.6	18.8	14.9	100.0	101
High	11.0	22.0	36.6	18.3	12.2	100.0	82
Total	**12.8**	**20.6**	**34.0**	**18.3**	**14.2**	**100.0**	**344**

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 4.8 shows that almost 13 percent of the children of respondents were born up to 17 months birth interval. About 67 percent were born with a birth interval of less than 36 months, while 33 percent were born after three years or more. The differentials by mother's age, educational level and standard of living index are also shown. Younger and lower-parity women – particularly women 15-19 years old and of parity 2 – were substantially more likely to have short birth intervals.

Chapter 5

Preference for Children

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

Ideal Number of Children

One way of investigating fertility preference was to ask respondents, regardless of their current fertility status, how many children they would ideally want. The exact wording, asked of female respondents, is (English translation): "If you could choose the exact number of children to have in your whole life, how many would that be?" Table 5.1 shows the responses.

Table 5.1: Distribution of MWRA with ideal number of children for their family by residence

	Rural		Urban		Total	
Number of children	**N**	**%**	**N**	**%**	**N**	**%**
1	2	0.4	1	0.9	3	0.5
2	60	12.5	18	16.8	78	13.3
3	118	24.6	26	24.3	144	24.5
4	163	34.0	48	44.9	211	35.9
5	60	12.5	7	6.5	67	11.4
6	40	8.3	6	5.6	46	7.8
7+	27	5.6	1	0.9	28	4.8
Up to God	9	1.9	0	0.0	9	1.5
Total	**479**	**100.0**	**107**	**100.0**	**586**	**100.0**

The median "ideal" number, in the sense indicated above, was four children; 74 percent of the respondents wanted four or fewer children. One in seven said they wanted two or less children. Overall, in Mardan, less than 2 percent of the women, all in rural areas, also gave non-numeric responses to this question, such as "up to God."

Desire for More Children

Levels of Desire for More Children

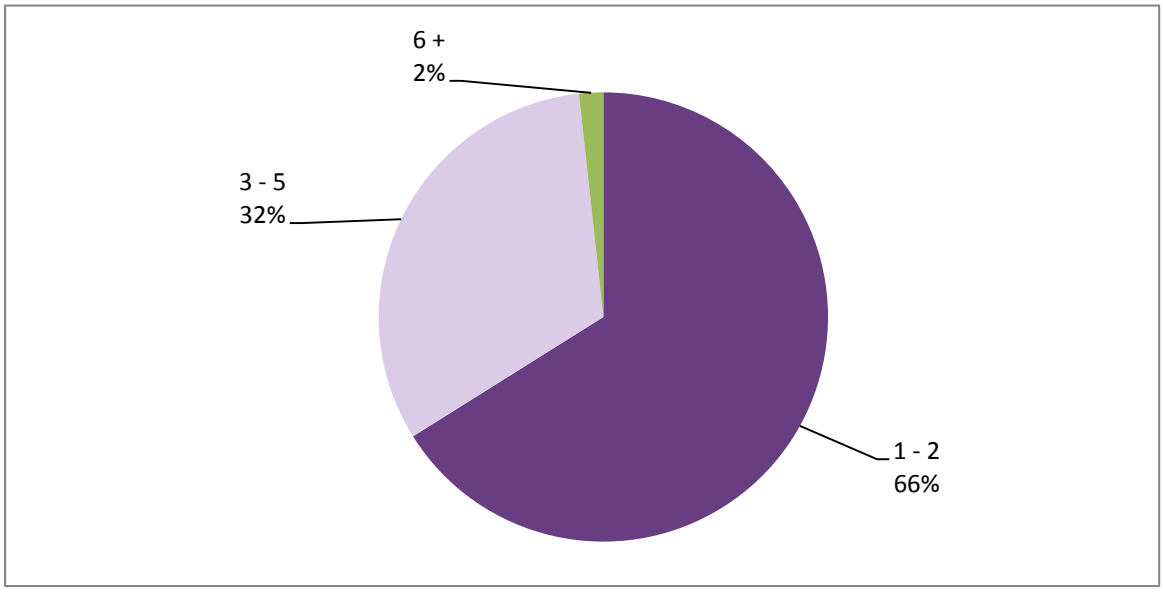
A more immediate measure of fertility preference is whether a couple wants more children; if so, do they want the next child now or later, and how many more do they want. The desire for future children was closely linked with the number of children a couple already had. Table 5.2 shows that whether respondents wanted more children soon, later (after 2 years or more) or not at all, this was based on the number of living children they already had. Three-fifths of the women (60 percent) did not want more children than they already had. Sixteen percent wanted more children soon but this proportion of women wanting more children soon declined sharply after the first birth; even most mothers with a single living child would like to wait before having a second. Most women with three or more living children did not want to have more children, while for those with six or more, the proportion wanting to stop was 98 percent.

Table 5.2: Distribution of MWRA by desire for next child and current number of living children

Number of living children	Soon		Later		Never		Total	
	N	%	N	%	N	%	N	%
0	47	64.4	26	35.6	0	0.0	73	100.0
1	23	27.4	53	63.1	8	9.5	84	100.0
2	10	18.2	29	52.7	16	29.1	55	100.0
3	10	13.2	17	22.4	49	64.5	76	100.0
4	1	1.4	10	13.7	62	84.9	73	100.0
5	4	5.7	2	2.9	64	91.4	70	100.0
6 +	1	0.6	3	1.9	153	97.5	157	100.0
Total	**96**	**16.3**	**140**	**23.8**	**352**	**59.9**	**588**	**100.0**

Women who wanted more children were asked to state how many more they wanted. As shown in Figure 5.1, about two third of all respondents (66 percent) who wanted more children said they wanted one or two more, whereas nearly one third (32 percent) said that they wanted 3 to 5 more children. About two percent of the women said that they wanted six or more children.

Figure 5.1: Distribution of women by desire for more children in future



Socioeconomic Correlates of Desire for Children

A woman's stated desire to have more children was analyzed in relation to four possible socioeconomic determinants: standard of living index (SLI), respondent's age, literacy and residence (Table 5.3). SLI, age and literacy of respondent had a strong association with desire for more children. For example, 76 percent of women in lowest SLI did not want more children compared to 56 percent in highest SLI who did not want more children. Likewise, 79 percent of women aged 25 or more years did not want more children compared to 17 percent of women aged less than 25 years who wanted no more children. Literate women were more likely to want the next child at a later time (35 percent) compared to the illiterate women (19 percent). On the other hand, illiterate women were more likely not to have more children (67 percent) compared to the literate women (41 percent).

Table 5.3: Distribution of MWRA by reported desire for more children and background characteristics

				Total	
Characteristic	**Soon**	**Later**	**Never**	**%**	**N**
Standard of Living Index					
Low	9.1	15.2	75.8	100.0	66
Medium low	17.6	23.9	58.5	100.0	176
Medium high	14.4	26.7	59.0	100.0	195
High	20.5	23.8	55.6	100.0	151
Age of woman					
< 25	29.3	53.6	17.1	100.0	181
25 or more	10.6	10.6	78.9	100.0	407
Literacy of respondent					
Literate	23.1	35.5	41.4	100.0	169
Illiterate	13.6	19.1	67.3	100.0	419
Residence					
Rural	15.8	24.7	59.5	100.0	481
Urban	18.7	19.6	61.7	100.0	107
Total	**16.3**	**23.8**	**59.9**	**100.0**	**588**

Son Preference

In Pakistan, there is known to be a substantial preference for sons over daughters. The belief that a family is incomplete without sons is stronger than the corresponding belief for daughters. In this questionnaire, respondents were asked how many daughters they would be willing to have before stopping if they did not have a son. Correspondingly, if they did not have a daughter, they were asked how many sons they would be willing to have before having a daughter. The preference for a son became evident as 55 percent of the women said there would be no limit to the number of daughters they were willing to have while trying for a son, whereas 14 percent said there was no limit to the number of sons before a daughter. For those respondents who gave a number, the median in both cases was four children.

Table 5.4: Son and daughter preferences by the respondents

	Number of daughters for desire of son		Number of sons for desire of daughters	
Response	**N**	**%**	**N**	**%**
Numeric responses	252	42.9	487	82.8
Other non-numeric responses	3	0.5	4	0.7
Up to God	10	1.7	13	2.2
No limit	323	54.9	84	14.3
Median	na	4	na	4

*Of the numeric responses. na=not applicable.

Strength of Preference

The strength of preferences asked in such surveys can be questioned. The need for birth spacing can be presumed to be greater if a couple is strongly motivated to not have more children, or to delay the next pregnancy, than if this does not matter much to them. We asked the women whether, if they became pregnant soon, they would be pleased, worried, accepting, or indifferent. Results are shown in Table 5.5 and Table 5.6. (This question excludes those 222 of the total 588 women who wanted a next child soon, were currently pregnant, had been sterilized, had been through menopause or had a hysterectomy.)

About one third (33 percent) of the women who did not want more children at all, said that they would be worried if they became pregnant in the future. However, 35 percent of the

women who did not want more children reported that they would accept it. Among those women who wanted to delay their next pregnancy for more than 2 years, more than one third (36 percent) would be worried while 51 percent said they would accept it and 8 percent would be pleased. The high proportion of those saying they would be worried if they became pregnant lends credibility to their earlier statement that they wanted to delay or stop childbearing. It is important to note that 13 percent of the women who did not want more children reported they would abort if they became pregnant in the future.

Table 5.5: Distribution of MWRA who did not want more children soon, by reaction if they become pregnant in near future

			Total	
Reaction if pregnant	**Later**	**Never**	**%**	**N**
Pleased	8.2	0.0	1.9	8
Worried	36.1	32.8	33.6	141
Accept it	50.5	35.0	38.6	162
Doesn't matter	1.0	1.5	1.4	6
Menopausal/Hysterectomy/Sterilized	2.1	16.1	12.9	54
Will abort	2.1	12.7	10.2	43
Others	0.0	1.9	1.4	6
N	**97**	**323**	**na**	**420**

Table 5.6: Distribution of MWRA who did not want more children soon by problem faced if they became pregnant

			Total	
Problems faced if pregnant	**Later**	**Never**	**%**	**N**
Own health	81.1	81.5	81.4	298
Health of youngest child	87.4	38.4	51.1	187
Caring of children	60.0	41.0	45.9	168
Schooling of children	5.3	21.4	17.2	63
Family economic situation	31.6	47.6	43.4	159
Will feel shy because other kids are grown	0.0	11.5	8.5	31
Total	**95**	**269**	**na**	**364**

Respondents could give more than one response.

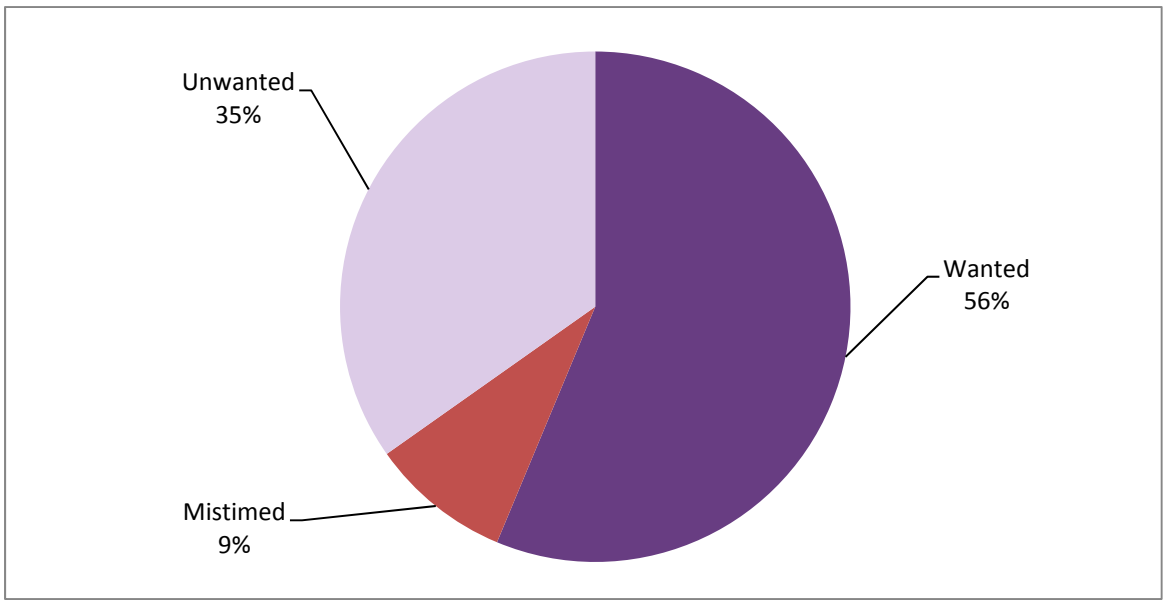
Further, women who expressed a desire to not have more children, or to delay their next child, were asked what problems they would face if they became pregnant soon. Table 5.6 shows their responses. The problems most commonly faced by those who did not want more children at all were own health (82 percent), followed by economic situation of family

(48 percent), while the least common problems were the shyness because other kids were grown (11 percent) and schooling of children (21 percent). Healthcare (their own and that of their youngest child) and caring for children were the most commonly cited, along with the family's economic situation by those who wanted to delay the next child.

Attitude towards Last Pregnancy

Another important dimension of fertility preference relates to whether the last pregnancy was wanted at that time, was mistimed (i.e., wanted later), or was not wanted at all. Pregnancies that are unwanted cause hardship in many ways, and represent a failure to realize a couple's right to have the number of children they want, at the time they are wanted. This can be somewhat difficult to determine precisely in surveys. Sometimes parents report that an unwanted pregnancy was actually wanted, but it is less common to report that a child was wanted when in fact it was not. In this survey, as shown in Figure 5.2, slightly less than half of women interviewed reported that their last pregnancy was unwanted (35 percent) or mistimed (9 percent).

Figure 5.2: Distribution of MWRA by their attitude towards their last pregnancy



Women's Perception of Fertility Preferences of Husbands

Women were asked whether they thought their husbands wanted the same number of children as they did. In Table 5.7, their responses are tabulated according to the woman's ideal family size. Nearly 45 percent of the women thought that their husbands wanted the same number of children as they did. More than one-third (37 percent) of the women thought their husbands wanted more children than they did, while only 6 percent thought their husbands wanted fewer children. However, about 12 percent did not know their husband's preference. These proportions did not vary systematically according to the woman's ideal family size.

Table 5.7: Distribution of MWRA according to perception of husband's desire for more children, by woman's ideal family size

Ideal family size of women	Perceived husband's desire for more children				Total	
	Same number	More children	Fewer children	Don't know	%	N
1 - 2 children	44.4	39.5	4.9	11.1	100.0	81
3 - 4 children	48.7	34.9	6.8	9.6	100.0	355
5 + children	37.6	40.4	5.0	17.0	100.0	141
Others	0.0	0.0	0.0	100.0	100.0	1
Up to God	11.1	55.6	0.0	33.3	100.0	9
Total	**44.7**	**37.2**	**6.0**	**12.1**	**100.0**	**587**
N	**263**	**218**	**35**	**71**	**na**	**587**

Chapter 6

Contraceptive Knowledge and Use

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

Knowledge

For many years, at least 95 percent of married women of reproductive age in Pakistan have known of at least one method of contraception. Table 6.1 shows that this holds true for Mardan as well; all women (100 percent) knew of at least one method. A majority of the female respondents knew the most commonly used program methods –injections, pills, female sterilization, condoms and IUD. Methods like contraceptive pills, IUD and injections were known to higher proportions of women in Mardan than in the national PDHS 2006-07. Conversely, more women in the PDHS knew of the less-common methods, i.e., rhythm ("safe period"), withdrawal, male sterilization, Norplant, and emergency contraceptive pills (NIPS/PDHS, 2008).

Table 6.1: Distribution of MWRA by knowledge (prompted) of contraceptive methods, by method and residence

Method	Rural	Urban	Total
Female sterilization	95.8	96.3	95.9
Male sterilization	13.9	29.0	16.7
Pill	98.1	99.1	98.3
IUD	92.1	89.7	91.7
Injectables	99.0	99.1	99.0
Norplant	7.9	15.0	9.2
Condom	93.3	98.1	94.2
Rhythm	18.5	27.1	20.1
Withdrawal	63.4	80.4	66.5
Other FP methods	8.1	1.9	7.0
Emergency Pills	5.2	16.8	7.3
At least one FP method	100.0	100.0	100.0
At least one modern FP method	100.0	100.0	100.0
At least one traditional FP method	68.2	81.3	70.6
N	**481**	**107**	**588**

Use of Contraceptive Methods

Levels of Ever Use and Current Use

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

Of all the married women interviewed in our sample, 69 percent reported having used some method of contraception during their married lives (Table 6.2). This was higher than the proportion obtained in the PDHS 2006-07 for Pakistan as a whole (48.7 percent) (NIPS/PDHS, 2008).

The proportion of currently married women of reproductive age who were currently using some form of contraception, commonly known as the contraceptive prevalence rate (CPR) is

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

Table 6.2: Percentage distribution of MWRA by contraceptive use status and residence

	Ever users				Current users				Past users			
Method	**Rural**	**Urban**	**Total**	**N**	**Rural**	**Urban**	**Total**	**N**	**Rural**	**Urban**	**Total**	**N**
Pill	29.1	27.1	28.7	169	4.0	5.6	4.3	25	25.2	21.5	24.5	144
IUD	11.2	11.2	11.2	66	4.0	1.9	3.6	21	7.3	9.3	7.7	45
Injectables	32.6	29.9	32.1	189	6.0	4.7	5.8	34	26.6	25.2	26.4	155
Nor plant	0.0	0.0	0.0	0	0.0	0.0	0.0	0	0.0	0.0	0.0	0
Condom	33.3	39.3	34.4	202	8.3	12.1	9.0	53	24.9	27.1	25.3	149
Rhythm method	2.3	1.9	2.2	13	0.0	0.0	0.0	0	2.3	1.9	2.2	13
Withdrawal	27.7	49.5	31.6	186	10.2	26.2	13.1	77	17.5	23.4	18.5	109
Female sterilization	4.2	6.5	4.6	27	4.2	6.5	4.6	27	0.0	0.0	0.0	0
Male sterilization	0.0	0.0	0.0	0	0.0	0.0	0.0	0	0.0	0.0	0.0	0
Other FP method	2.1	1.9	2.0	12	0.4	0.0	0.3	2	1.7	1.9	1.7	10
Any FP method	67.4	78.5	69.4	408	37.0	57.0	40.6	239	30.4	21.5	28.7	169
Any modern FP method	61.1	62.6	61.4	361	26.4	30.8	27.2	160	27.0	18.7	25.5	150
Any traditional FP method	29.5	51.4	33.5	197	10.6	26.2	13.4	79	10.8	10.3	10.7	63
N	**481**	**107**	**588**	**na**	**481**	**107**	**588**	**na**	**481**	**107**	**588**	**na**
Emergency pills	1.0	2.8	1.4	8	na	na	na	0	na	na	na	0

na = not applicable.

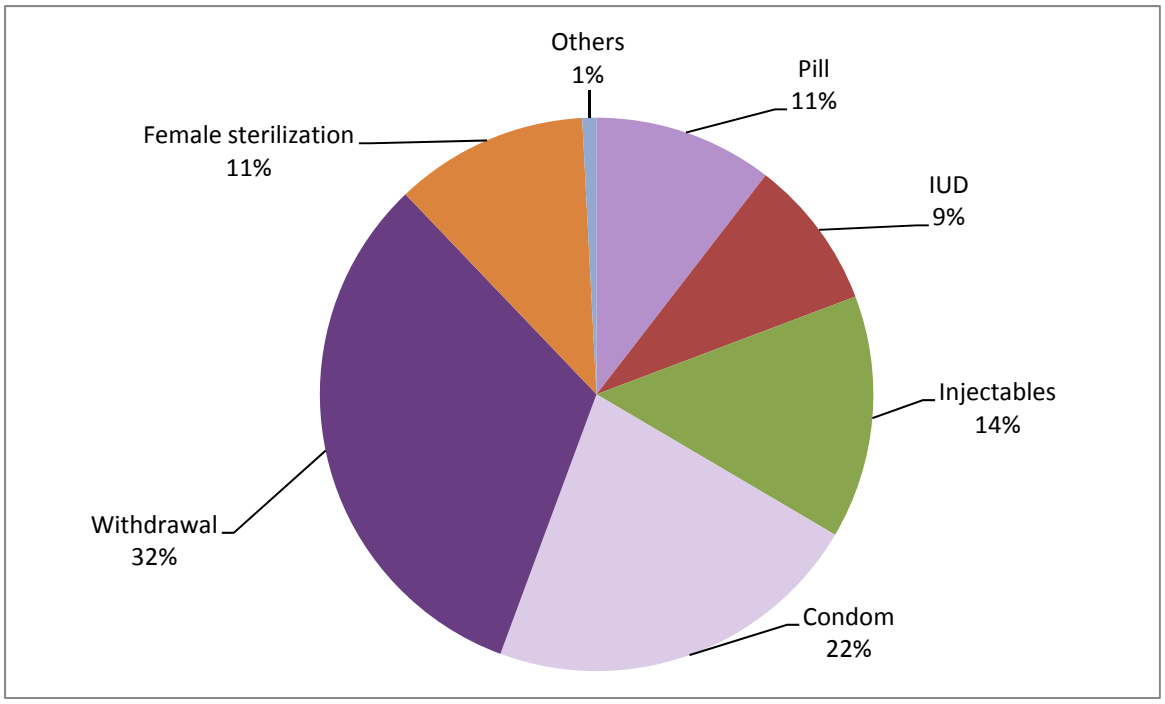
Current use of family planning in Mardan, compared with Pakistan in general was substantially high (see Table 6.2). A total of 40.6 percent of all married women in the sample were currently using some method of contraception (CPR), compared to 29.6

percent for Pakistan in the 2006-07 PDHS, and 24.9 percent for Khyber Pakhtunkhwa (NIPS/PDHS, 2008).

The methods most commonly being used were withdrawal, condoms, injectables and pills. As shown in Table 6.2, the use of injectables at 5.8 percent was unusually high by national standards (2.3 percent). Conversely, the use of female sterilization, at 4.6 percent, was considerably lower than in the national data (8.2 percent). Overall, 27.2 percent of married women were using modern methods while traditional methods use was 13.4 percent. A considerable proportion of women, 13.1 percent reported the use of withdrawal.

If we compare ever use and the current use of individual methods, Table 6.2 shows that overall 169 women had started using pills as their family planning method, but 144 discontinued it. This means that more than 85 percent of pill users stopped using this method. Similarly, 68 percent and 82 percent of the women stopped using IUD and injectables respectively. The reasons for stopping the use of these methods are given in chapter 8. Figure 6.1 shows the distribution of the women who were using some contraceptive method by method mix.

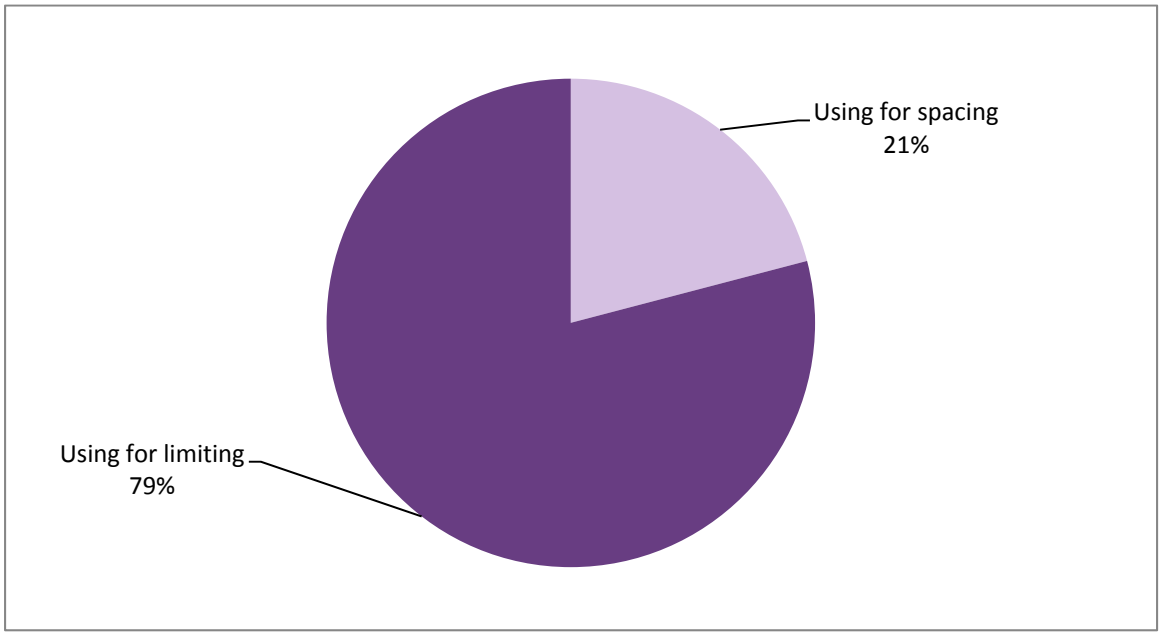
Figure 6.1: Distribution of current users by method mix



Current Use and Desire for Children

For current contraceptive users, it is important to determine how many women were using contraception for spacing purpose or to stop having children altogether. Overall, 79 percent of current users were doing so for limiting purpose, compared to 21 percent for spacing (Figure 6.2).

Figure 6.2: Current use and desire for children



Correlates of Contraceptive Use

Figures 6.3 and 6.4 show the relationship between contraceptive prevalence and the woman's age and number of living children. The shape of the graph is similar to that seen in other Pakistani and international studies, with low prevalence among both younger and older women, and higher prevalence in between. Between ages 35 and 39, prevalence is highest.

Figure 6.4 indicates the contraceptive prevalence by number of living children; those who had a higher number of children had a higher contraceptive prevalence rate. A maximum CPR of 55 percent has been recorded for women with five or more children.

Figure 6.3: Contraceptive prevalence by woman's age

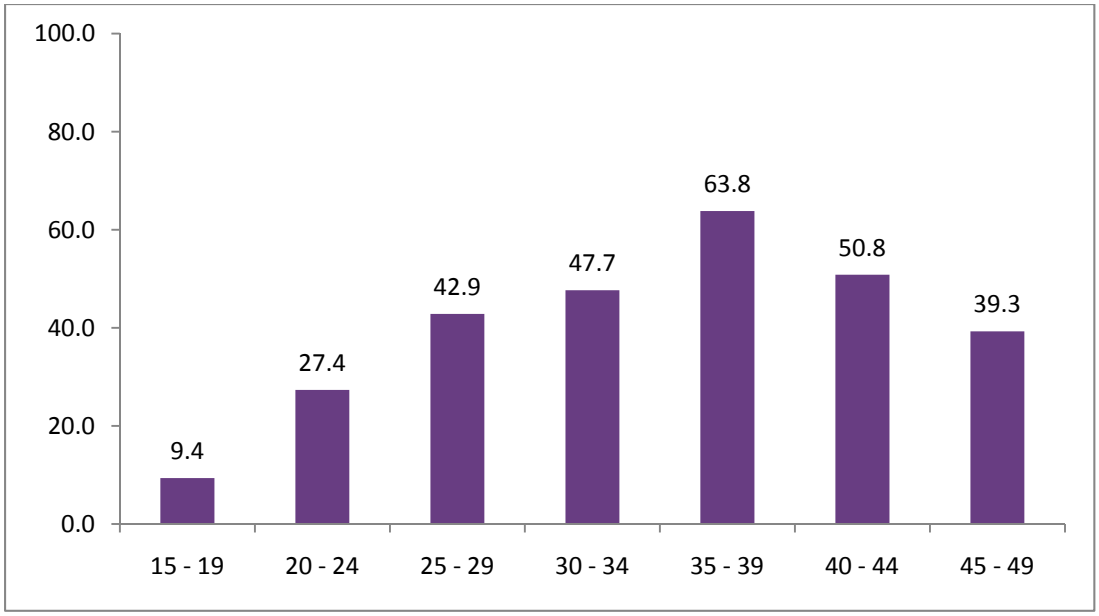
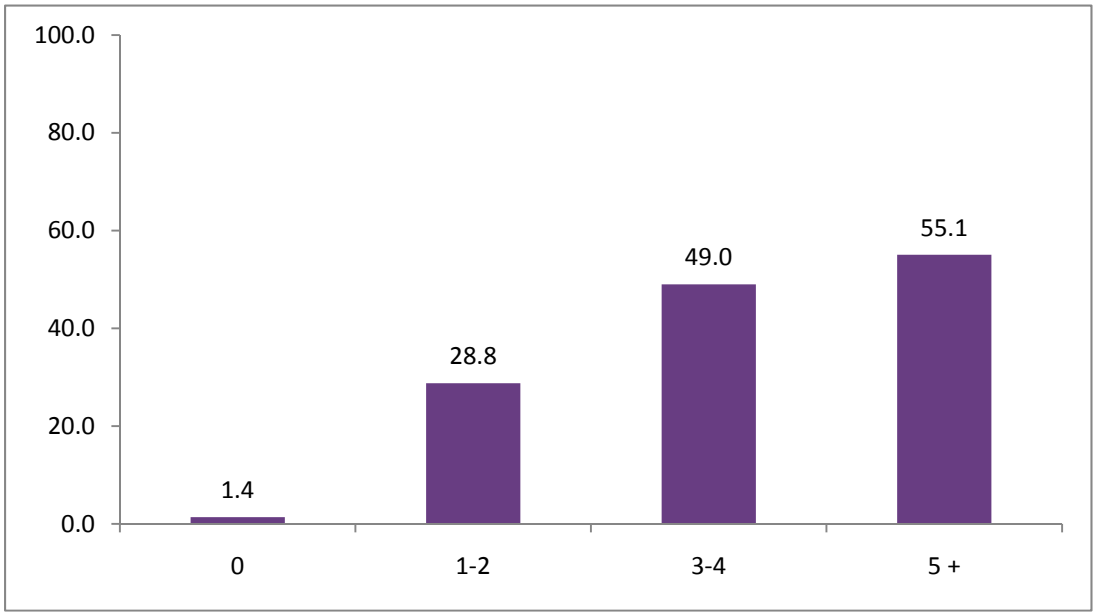


Figure 6.4: Current contraceptive use by number of living children



Contraceptive use is associated with higher socioeconomic status and urban residence, as shown in Table 6.3. Respondents in households with the high SLI had a substantially higher

contraceptive prevalence (43 percent) than those with the lowest SLI (36 percent). Conversely, women from households with low SLI were more likely to be never users (35 percent) compared to highest SLI (26 percent). Similarly, women living in urban area had higher (57 percent) contraceptive prevalence than women in rural areas (37 percent). Ownership of television was also associated with higher current use and low never use. However, the literacy level of respondents was associated with lower current use and higher never use. Past use was related to higher SLI and literacy.

Table 6.3: Distribution of women by contraceptive use status and selected characteristics

	Contraceptive use status			Total	
Characteristic	**Current user**	**Past user**	**Never user**	**N**	**%**
Standard of Living Index					
Low	36.4	28.8	34.8	66	100.0
Medium low	35.8	28.4	35.8	176	100.0
Medium high	44.6	27.2	28.2	195	100.0
High	43.0	31.1	25.8	151	100.0
Ownership of TV					
Yes	45.7	29.5	24.8	363	100.0
No	32.4	27.6	40.0	225	100.0
Literacy of respondent					
Literate	36.7	30.8	32.5	169	100.0
Illiterate	42.2	27.9	29.8	419	100.0
Type of community					
Rural	37.0	30.4	32.6	481	100.0
Urban	57.0	21.5	21.5	107	100.0
Total	**40.6**	**28.7**	**30.6**	**588**	**100.0**

Source of Method

With many types of outlets available to obtain various contraceptive methods, it is important to know which ones are being used, and for which methods. Table 6.4 shows, the place from which current and past users, combined, last time obtained their contraceptive method.

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

Table 6.4: Percentage distribution of ever users of specific contraceptive method by most recent source of method

Source of method	Pill	IUD	Injectables	Condom	Female Sterilization	Total
Govt. hospital (DHQ/THQ)	0.0	12.9	7.6	0.0	77.8	10.8
BHU/RHC/MCH	10.8	22.6	24.1	0.0	3.7	11.8
FWC	1.5	19.4	6.3	0.0	0.0	4.2
MSU	0.0	0.0	0.0	0.0	7.4	0.7
LHW	33.8	0.0	10.1	17.6	0.0	15.7
Other public	0.0	0.0	2.5	0.0	0.0	0.7
Pvt. Doctor	1.5	16.1	1.3	0.0	0.0	2.4
Pvt. hospital/clinic	1.5	29.0	3.8	0.0	11.1	5.6
Dispenser/Compounder	7.7	0.0	25.3	0.0	0.0	8.7
Pharmacy, chemists	12.3	0.0	5.1	2.4	0.0	4.9
TBA/Dai/Referral	0.0	0.0	2.5	0.0	0.0	0.7
Grocery shop/general store	4.6	0.0	0.0	5.9	0.0	2.8
Husband brings method	26.2	0.0	10.1	74.1	0.0	30.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
N	**65**	**31**	**78**	**85**	**27**	**286**

Chapter 7

Experience with Contraceptive Methods

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

Reasons for Method Choice

In the survey, current and past users were asked the reasons they chose a particular method. A list of possible reasons was read out to them and the results are shown in Table 7.1. Overall, the reasons for current and past users were similar, so the data has been combined. Among the most common reasons for choosing a method was suitability for respondent and husband, can be used for long period, no or fewer side effects, convenient to use and easy availability. Cited less frequently were no other method available and provider advice. Clients tend to make decisions according to the known attributes of the various methods, but not always. For example, about 38 percent of the injectable users cited lack of side effects, even though the method is in fact associated with a number of common side effects.

Table 7.1: Distribution of ever users of specific contraceptive method by reason for choosing that method

Reason for choosing	Pill	IUD	Injectables	Condom	Female sterilization	Total
Easily available	63.1	12.9	47.5	70.6	7.4	50.3
Low cost	47.7	3.2	25.0	52.9	11.1	34.7
Convenient to use	70.8	16.1	56.3	56.5	7.4	50.7
Suitable for Respondent/husband	72.3	58.1	55.0	88.2	44.4	68.1
No/fewer side effects	55.4	45.2	37.5	82.4	33.3	55.2
Can be used for long period	30.8	96.8	96.3	21.2	81.5	58.0
No other method available	9.2	3.2	8.8	4.7	0.0	6.3
Method always available	44.6	3.2	16.3	25.9	0.0	22.6
Provider advised	16.9	6.5	6.3	7.1	33.3	11.5
Others	9.2	0.0	1.3	2.4	14.8	4.5
N	**65**	**31**	**80**	**85**	**27**	**288**

Respondents could give more than one reason

To look more specifically at why some users preferred traditional methods to modern ones, 78 current traditional method users were asked why they were not using modern methods. Side effects were the main issue: 58 percent cited fear of side effects, and 40 percent reported their own experience of side effects (Table 7.2).

Table 7.2: Distribution of MWRA using traditional methods by reasons for not using modern contraceptive methods

Reason	%
Fear of side effects	57.7
Husband's disapprove	7.7
Experienced side effects	39.7
Method not available	2.6
Cost too much	7.7
Doesn't know about modern methods	5.1
Doesn't know about source of method	6.4
N	**78**

Respondents could give more than one reason

Cost, Distance and Time to Reach a Facility

Costs incurred by users of contraceptive methods vary widely according to method, and whether they are obtained in the public or private sector, along with other factors. Table 7.3 and Figure 7.1 show costs reported by women the last time they obtained the contraceptive. Thirty-two percent of the clients were not charged for their contraceptives, including all of the female sterilization users (who were typically reimbursed for expenses involved). Nearly one-sixth (17 percent) of the women interviewed paid up to 20 rupees for their method; this holds true for pill, injectables and condom users. Since the husband was most likely to obtain condoms, over half (60 percent) of the wives were unaware of the associated costs. Another 14 percent of the respondents reportedly paid more than 50 rupees for their method; these methods included IUD and injectables; but for the IUD in particular, there was a one-time cost, so the monthly cost may be quite low.

Table 7.3: Distribution of costs of current specific contraceptive method

	Cost (in rupees)					Total	
Method	**No payment**	**1-20**	**21-50**	**51+**	**Don't know**	**%**	**N**
Pill	32.0	40.0	12.0	0.0	16.0	100	25
IUD	19.0	0.0	4.8	71.4	4.8	100	21
Injectables	5.9	17.6	50.0	23.5	2.9	100	34
Condom	18.9	20.8	0.0	0.0	60.4	100	53
Female sterilization	100.0	0.0	0.0	0.0	0.0	100	27
Total	**31.9**	**16.9**	**13.1**	**14.4**	**23.8**	**100**	**160**

Figure 7.1A: Cost of contraceptive supply for current method in rupees

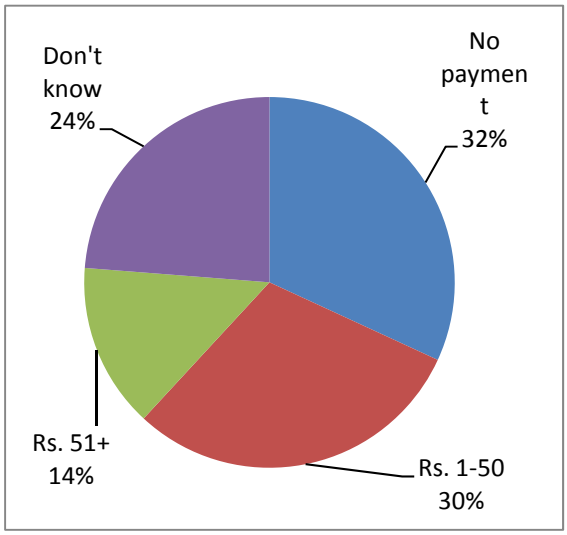
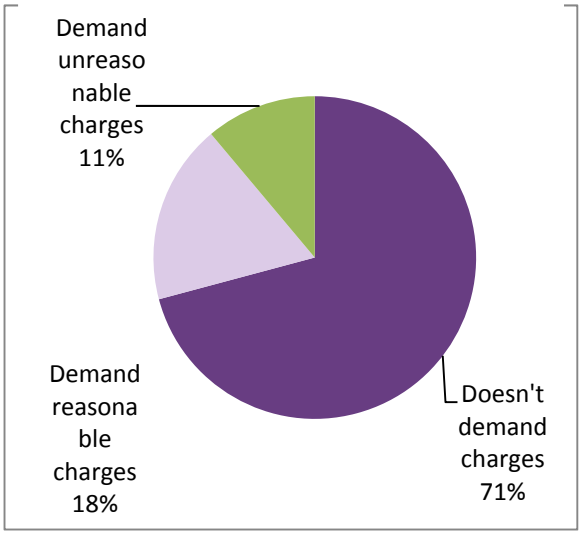


Figure 7.1B: Attitude towards service charges for current method other than contraceptive



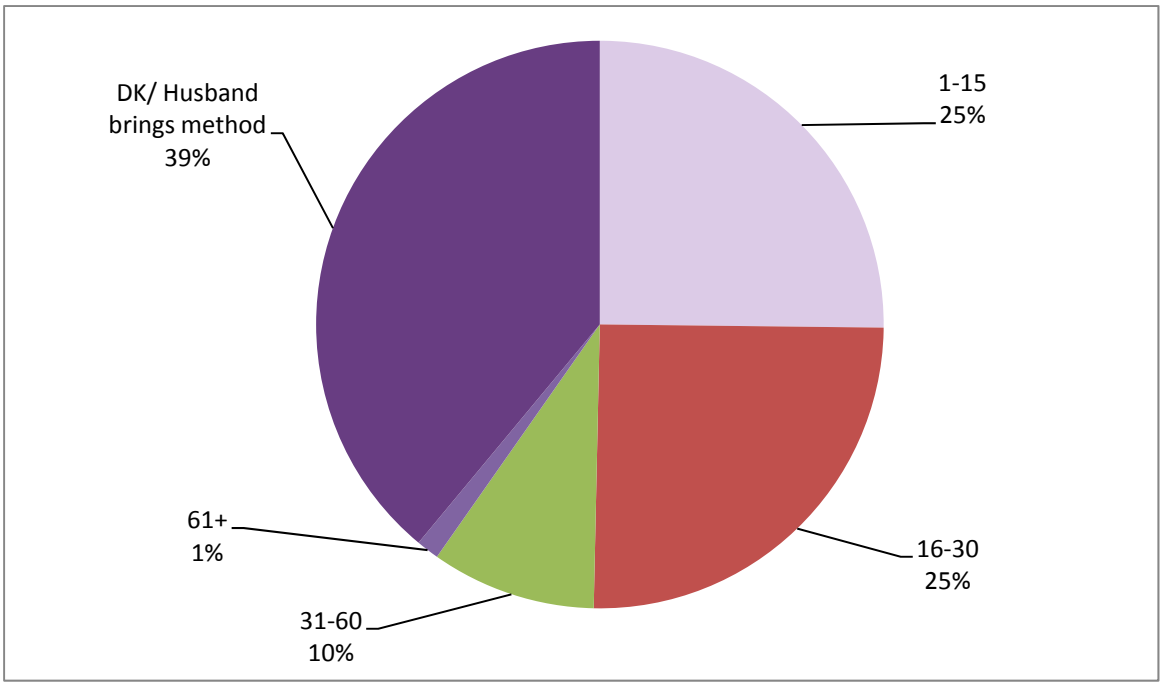
Current users were also asked whether their facility charged them for services, other than the method itself. Of the 72 users who were asked this 71 percent said they were not charged, 18 percent said that they were charged a reasonable amount, and 11 percent said they were charged an unreasonable amount (Figure 7.1B).

The time usually needed for current users to obtain a specific method is shown in Table 7.4, while Figure 7.2 shows the overall travel time in minutes to obtain the contraceptive method. One quarter of women (25 percent) did not need more than 15 minutes to obtain their contraceptive method; this includes injectables and pills. Another two-fifths (39 percent) of the women were unaware of the time involved to procure contraceptives as their husbands were the ones who obtained them. For a few, particularly female sterilization, it took more than half an hour to reach the service delivery; but in this case, there was usually no need to visit frequently.

Table 7.4: Distribution of current contraceptive users by time to reach specific contraceptive service

Method	1-15	16-30	31-60	61+	DK/Husband brings Method	Total %	Total N
Pill	40.0	16.0	0.0	0.0	44.0	100.0	25
IUD	9.5	52.4	33.3	0.0	4.8	100.0	21
Injectables	45.5	30.3	6.1	0.0	18.2	100.0	33
Condom	19.2	0.0	0.0	0.0	80.8	100.0	52
Female sterilization	11.1	55.6	22.2	7.4	3.7	100.0	27
Total	**25.2**	**25.2**	**9.4**	**1.3**	**39.0**	**100.0**	**158**

Figure 7.2: Travel time (in minutes) for contraceptive supplies



Treatment by Provider

Information Provided

Current and past users were asked what information the service provider might have provided to them at the time they chose their contraceptive method. For this purpose, a list

of important topics was read out to them (Table 7.5). The accuracy of clients' responses may be questioned due to problems of recall or understanding. However, it appears that the information that was provided to respondents was insufficient. The most common topics respondents reported being informed about were regarding the effectiveness of the chosen method, how to use the method, possible side effects and how method works. A few were told about other methods they could use and what to do if experienced side effects. Very few providers informed their clients about the contraindications and the possibility of switching method. Condom users were given less information than users of other clinical methods, perhaps because these were often obtained by husbands. There is a need to emphasize that the providers give comprehensible information about the method selected by the clients, especially hormonal contraceptives.

Table 7.5: Distribution of ever users of contraceptives by information provided at acceptance for specific method

Information provided at acceptance	Pill	IUD	Injectables	Condom	Female sterilization	Total
How the method works	15.4	12.9	13.8	0.0	25.9	11.1
How to use the method	49.2	35.5	26.3	4.7	25.9	26.0
Contraindications	0.0	3.2	1.3	0.0	7.4	1.4
Effectiveness	40.0	93.5	82.5	7.1	70.4	50.7
Advantages	9.2	19.4	6.3	4.7	25.9	9.7
Possible side effects	10.8	35.5	25.0	0.0	14.8	14.6
What to do if experienced side effects	6.2	32.3	16.3	1.2	11.1	10.8
Possibility of switching	7.7	22.6	10.0	1.2	0.0	7.3
About other methods of FP you could use	15.4	12.9	12.5	7.1	7.4	11.1
N	**65**	**31**	**80**	**85**	**27**	**288**

Respondents could give more than one response.

Treatment at Facility

Current users were asked about various aspects of their treatment the last time they visited a provider for family planning. As Table 7.6 shows, responses were mainly positive, but with some exceptions. Sixty-three percent of the respondents stated that their provider did not demand charges for services and 97 percent said the staff was available. However, 26 percent of the respondents said the provider did not examine them properly, while 56 percent reported that the provider was unable to deal with the side effects.

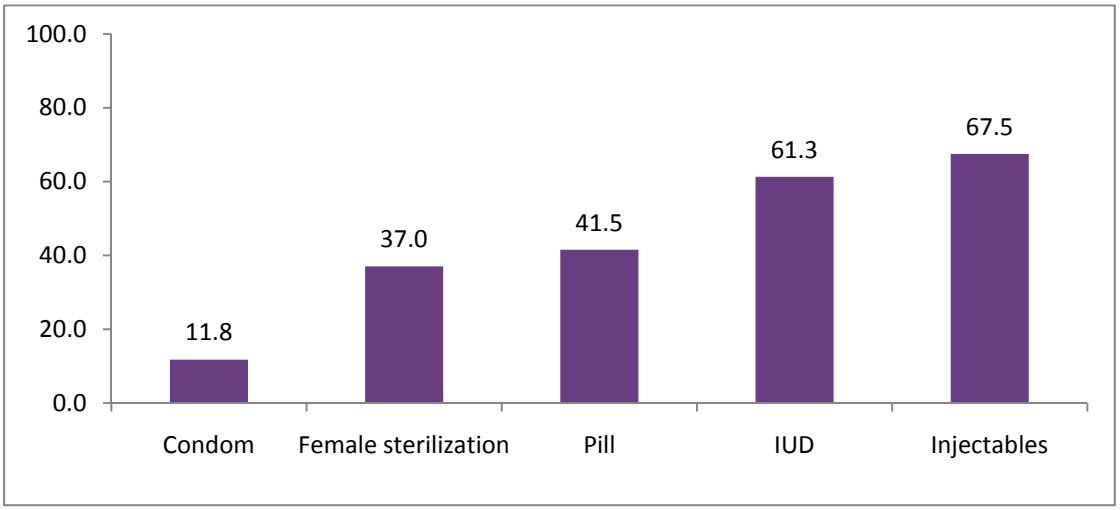
Table 7.6: Percent current users responding positively on treatment at last visit, by aspect of treatment

Aspect of treatment	Percent	No. of observations
Staff attitude cooperative	63.0	51
Provider available	97.4	76
Attend/examine properly	74.0	57
Doesn't demand charges	63.0	51
Can deal with side effects	44.4	36
Total	**na**	**81**

Side Effects

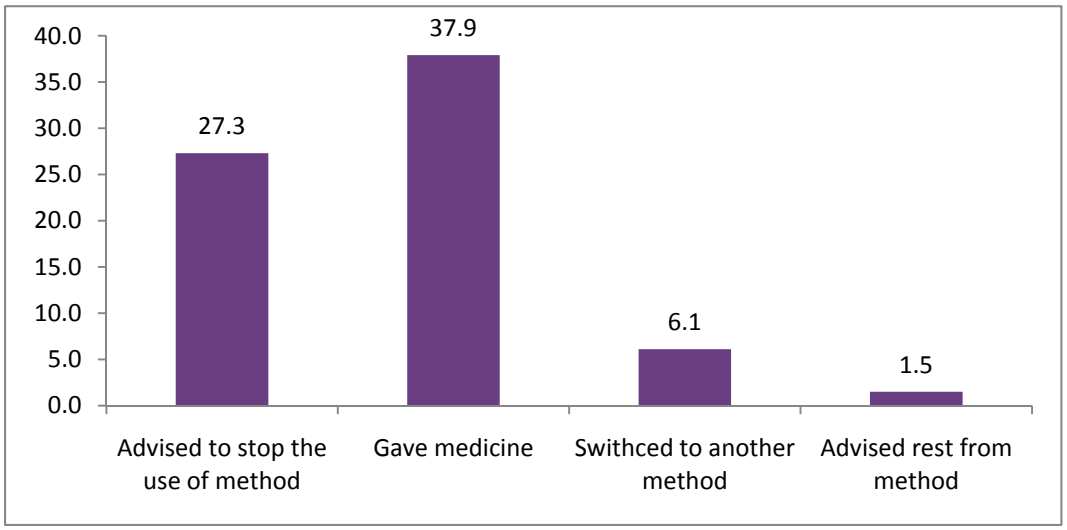
Current users were asked if they had experienced, or were experiencing, any side effects using their current method. Past users were asked if side effects were among the reasons for their discontinuation of a method. If so, a list of possible side effects was read out to them, and they were asked if they had experienced any of them. Multiple responses were allowed. Fifty-seven current users and 66 past users (30 percent of all current and past users) responded positively. As shown in Figure 7.3, side effects were most commonly reported by injectable and IUD users (68 percent and 61 percent respectively), and they were least commonly reported by condom users (12 percent). When asked to respond to a list of possible side effects, women tended to report a variety of side effects, including many not associated with the method, regardless of the method used.

Figure 7.3: Percent ever users who experienced side effects by method used



Of the 66 past users who reported experiencing side effects, 30 said they had consulted someone for managing these side effects; in 19 of these 30 cases, this was said to be a doctor. These respondents were asked if the provider had given any of a list of possible responses. None of them were advised to continue using the method, 27 percent were advised to stop, 6 percent were advised to switch to another method. Nearly 38 percent of them were given medication (Figure 7.4).

Figure 7.4: Distribution of provider responses upon consultation for side effects among past users



Chapter 8

Reasons for Non-use

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

Hindrances to Use

One way to understand the common hindrances to contraceptive use is to ask respondents about their opinion on how others feel about contraception in general. This is based on the assumption that people may share their true feelings when speaking about others. All respondents were asked, "If a couple wants to avoid or space a birth, which of the following hindrances might they face?" Each item on the list was read out to the respondent. Table 8.1 shows the responses given by female respondents, according to whether they were current users, past users or never users.

Table 8.1: Distribution of opinions of MWRA regarding hindrances faced by couples wanting to avoid or space a birth, by family planning use status

	Current user		Past user		Never user	
Hindrances	**N**	**%**	**N**	**%**	**N**	**%**
Husband's disapproval	222	92.9	163	96.4	165	91.7
Other people may find out about contraceptive use	75	31.4	45	26.6	67	37.2
Distance and travel costs to FP outlet	104	43.5	52	30.8	65	36.1
Probability of getting pregnant while using	162	67.8	92	54.4	83	46.1
Fear of side effects	219	91.6	159	94.1	148	82.2
Problem of managing side effects	170	71.1	125	74.0	111	61.7
FP is against religion	218	91.2	160	94.7	170	94.4
Total	**239**	**na**	**169**	**na**	**180**	**na**

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

Some hindrances that couples might faced were almost universally acknowledged. Nearly 95 percent of respondents acknowledged religious concerns while more than 90 percent mentioned the possibility of their husband's disapproval, followed by fear of side effects and the problems associated with managing side effects. None of the reasons was closely linked to use status, but in general past users were slightly more likely to agree to some of the proposed obstacles than current or never users.

Past Users

Reasons for Discontinuing Contraceptive Use

Past users were asked about their reasons for discontinuing their last contraceptive method. Several reasons were given; the most common reasons were side effects, infrequent sex, desire for another child, method failure, and rest from method (Table 8.2). Method failure results from using methods that have high failure rates. Clinical methods do have associated side effects; but as we have seen, providers rarely tried to counsel users through the temporary experience of common, non-dangerous side effects.

Table 8.2: Distribution of past contraceptive users by reason for discontinuing last method

Reasons	Percentage
Wanted another child	20.7
Fear of side effects	2.4
Side effects experienced	34.3
Method failure	11.8
Lack of access/unavailability	0.6
Method inconvenient to use	1.2
Rest from method	11.2
Missed the dose	1.2
Provider's advice	0.6
Infrequent sex/Husband away	21.9
Husband's advice	8.9
In laws oppose	1.2
Menopause	5.9
N	**169**

Respondents could give more than one reason.

Reasons for Current Non-use

It is important to know the reasons for non-use among those couples who have used contraception in the past, but are not currently doing so. Past users were read out a list of possible reasons for currently not using a contraceptive method, with more than one reason possible. The results are shown in Table 8.3. The most common reasons overall were infrequent sex, currently pregnant, breastfeeding/amenorrheic, fear of side effects, and desire for another child.

Table 8.3: Distribution of past users by reason for current non-use

Reasons	Percentage
Fear of side effects	11.8
Want another child	11.2
Currently pregnant	18.9
Rest from method	3.0
Provider's advice	0.6
Infrequent sex/husband away	28.4
Breast feeding/Lactational amenorrhea	13.6
Menopause	10.7
Just not using/too lazy	1.2
N	**169**

Respondents could give more than one reason.

Never Users

Reasons for Non-use

The 180 women in the sample who reported never use were asked about various possible reasons for not using contraception, with each reason read out separately. As shown in Table 8.4, the most important reason was desire for more children (68 percent) followed by difficult or unable to conceive (14 percent) and infrequent sex/husband away (12 percent). Many women cited opposition of their husband and in-laws as a significant reason. Other reasons cited frequently included: fear of side effects and currently breastfeeding. Very few reported lack of access/unavailability of supply and inconvenience of method use.

Table 8.4: Distribution of never users by reason for never use

Reasons	Percentage
Husband opposes	10.0
In laws oppose	6.7
Fear of side effects	11.7
Lack of access/Unavailability	1.1
Cost not affordable	2.8
Shy to consult about family planning	3.3
Method inconvenient to use	1.7
Infrequent sex/Husband away	12.3
Difficult/Unable to conceive	13.9
Breast feeding/Lactational amenorrhea	10.1
Respondent/Husband infertile	1.7
Wanted (more) children	67.6
Against religion	1.1
Natural spacing	6.1
Didn't know of any FP method	1.7
N	**180**

Respondents could give more than one reason.

Attitude towards Birth Spacing and Limiting

It is important to see the extent to which never users disapproved of family planning in principle, as opposed to accepting it in principle but were not using a method for some other reason. Table 8.5 shows that among never users about 6 percent of the women disapproved of birth spacing and 16 percent disapproved of limiting.

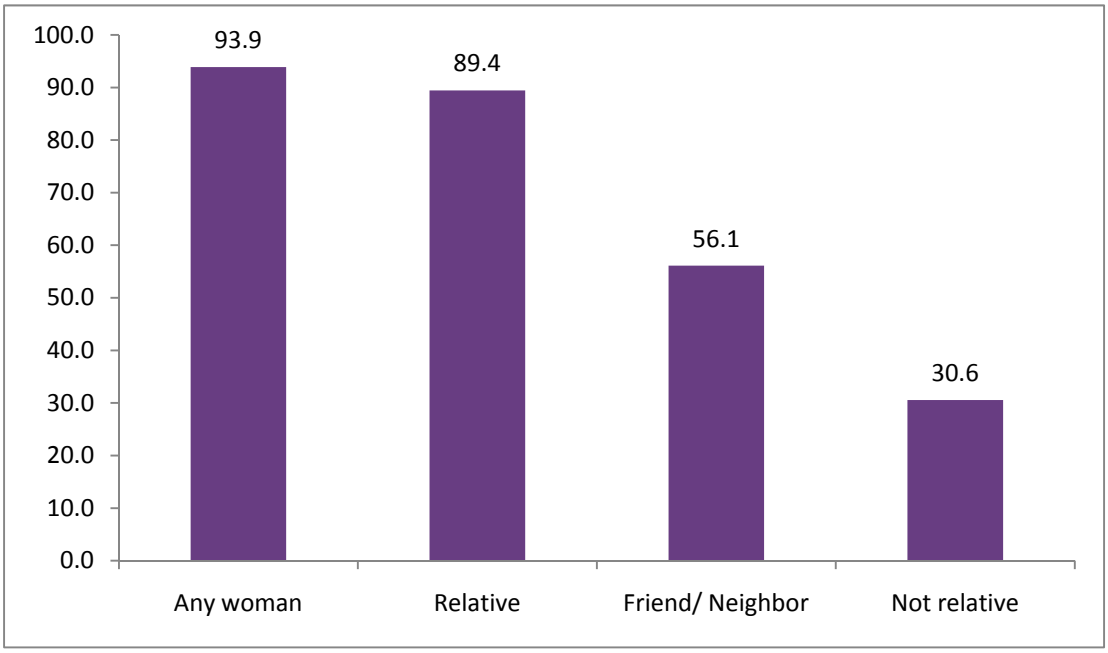
Table 8.5: Distribution of never users by attitude towards spacing and limiting birth

	Attitude towards spacing		Attitude towards limiting	
Attitude	**N**	**%**	**N**	**%**
Approve	167	92.8	150	83.3
Disapprove	11	6.1	28	15.6
Don't know	2	1.1	2	1.1
Total	**180**	**100.0**	**180**	**100.0**

Knowledge of Contraceptive Users, Methods and Facilities

Of the 180 female never users in the sample, 94 percent reported knowing another woman who had ever used a method to delay or avoid pregnancy. As shown in the Figure 8.1, about 89 percent of the respondents had a relative who had used some method, and slightly over half (56 percent) knew of a friend or neighbor who had ever been a user of contraception.

Figure 8.1: Percent of never users who knew some woman who had ever used any FP method



As may be expected, never users have somewhat lower levels of knowledge of contraceptive methods than ever users, but not to a great degree. However, like ever users (100 percent), all never using women also knew of at least one method. For each method, a somewhat smaller percent of never users knew that method than those of general distribution (Table 6.1) but most never users knew a variety of methods. However, their knowledge of where to get services and supplies was less satisfactory.

Table 8.6: Distribution of never users by knowledge of contraceptive methods

FP method	Percentage
Pill	97.8
IUD	79.4
Injectables	98.3
Norplant	2.8
Condom	85.0
Rhythm	9.4
Withdrawal	38.3
Female sterilization	92.8
Male sterilization	7.8
Emergency Pills	2.8
Others FP method	3.9
At least one FP method	100.0
N	**180**

Respondents could give more than one response.

Of the 180 never users, 65 (36 percent) did not know of a place from which they could obtain a method. For those who did know, the places they were aware of are shown in Table 8.7. The sources best known were department of Health outlets –the District/Tehsil Headquarters hospitals and BHUs/ RHCs/ MCH centers, LHWs followed by pharmacies/chemists/ private hospitals /clinics and dispensers/compounders.

Table 8.7: Knowledge of sources of contraception of never users, by source of supply

Source	Percentage
Knowledge of at least one service provider	63.9
DHQ/THQ Hospital	23.9
BHU/RHC/MCH Center	33.3
Family Welfare Center	5.6
Lady Health Worker	21.7
Private hospital/ Clinic/ Doctor	13.3
Dispenser/ Compounder	12.8
Pharmacy/ Chemists	15.0
Homeopathic/ Hakim	0.6
TBA/ Dai	1.1
Grocery shop (not pharmacy/ chemist)	9.4
N	**180**

Respondents could give more than one response.

When asked which of the facilities named was nearest, respondents were most likely to name BHU/RHC/MCH centers, government hospitals and dispensers/ compounders. Most women reported going to these facilities on foot, or sometimes by rickshaw (Figure 8.2). Of the 115 respondents who indicated the time needed to go to the nearest facility, more than two-thirds (63 percent) reported the time of 15 minutes or less. Twenty one percent gave a timeframe of 16-30 minutes while 16 percent indicated a time of more than 30 minutes (Figure 8.3).

Figure 8.2: Mode of transportation to the nearest facility/provider

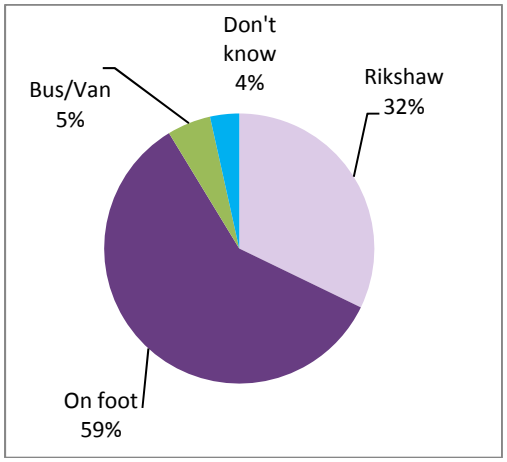
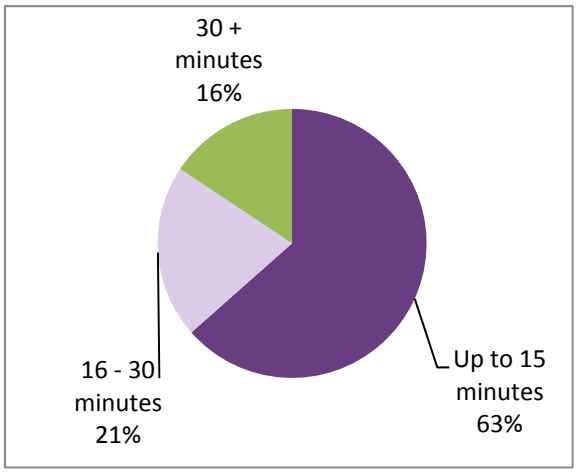


Figure 8.3: Time taken to go to the nearest facility/provider



Intent to Use

When never users were asked whether they intended to use contraception in the future, nearly three-fifths of the female respondents (57 percent) said that they intended to use a method (Table 8.8). Most of the low parity women who had not yet used a method (59 percent) expressed their intent to use contraception in the future, compared to women with 3 or more children.

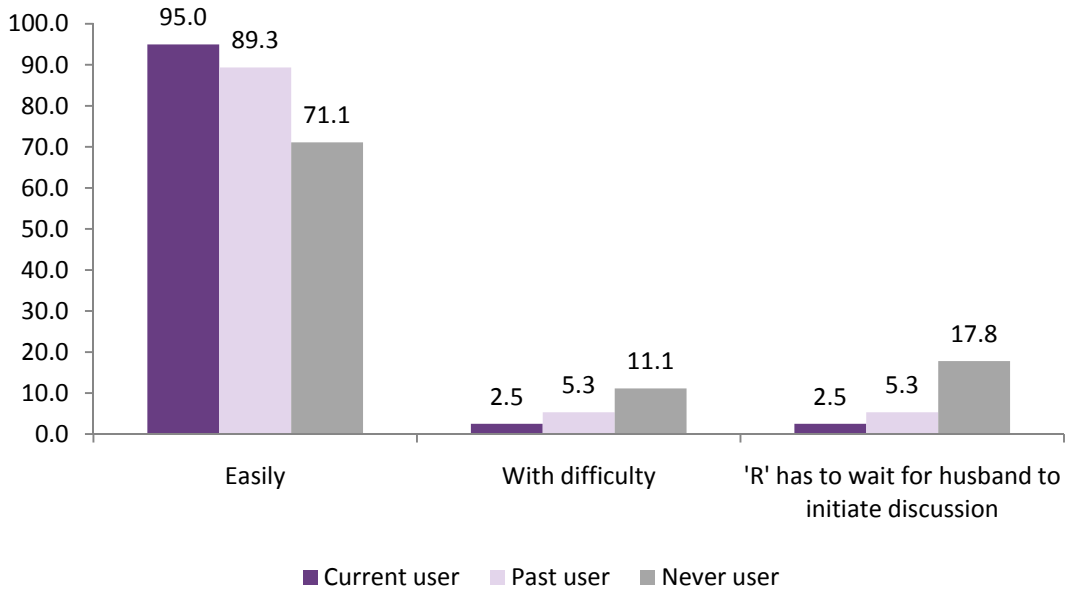
Table 8.8: Distribution of never users by intent to use a method in future and number of living children

Number of living children	Intention to use FP method in future				Total	
	Yes	No	Unsure/ Uncertain	Can't get pregnant	%	N
0	72.9	8.6	15.7	2.9	100.0	70
1-2	58.6	17.2	20.7	3.4	100.0	58
3-4	40.6	25.0	28.1	6.3	100.0	32
5 or more	25.0	40.0	15.0	20.0	100.0	20
Total	**57.2**	**17.8**	**19.4**	**5.6**	**100.0**	**180**

Inter-spousal Communication

One of the determinants of contraceptive use is inter-spousal discussion on family planning. Women were asked if they were able to approach their husbands to discuss family planning with ease, with difficulty, or if they had to wait for their husband to initiate the discussion. Most women said they could do so easily (Figure 8.4).

Figure 8.4: Women's report regarding ease of approach to husband to discuss family planning



However, this varied by use status. About 95 percent of current users, and 89 percent of past users, said they could approach their husbands easily, and very few said they had to wait for their husband to initiate the discussion. However, for never users, about 71 percent

of women reported being able to approach their husbands easily, with 11 percent reporting that they could only do so with difficulty, and another 18 percent of women saying they had to wait for their husbands to begin the conversation.

Chapter 9

Unmet Need

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

Levels and Correlates

Table 9.1 shows the levels of unmet need for spacing and limiting among married women of reproductive age in Mardan. Of the 588 women, 30 percent were judged to be in unmet need. This proportion is slightly lower than is typically found using the same definition in Pakistan, where unmet need tends to be around one-third of all MWRA. The lower proportion may be a reflection of the relatively high contraceptive prevalence.

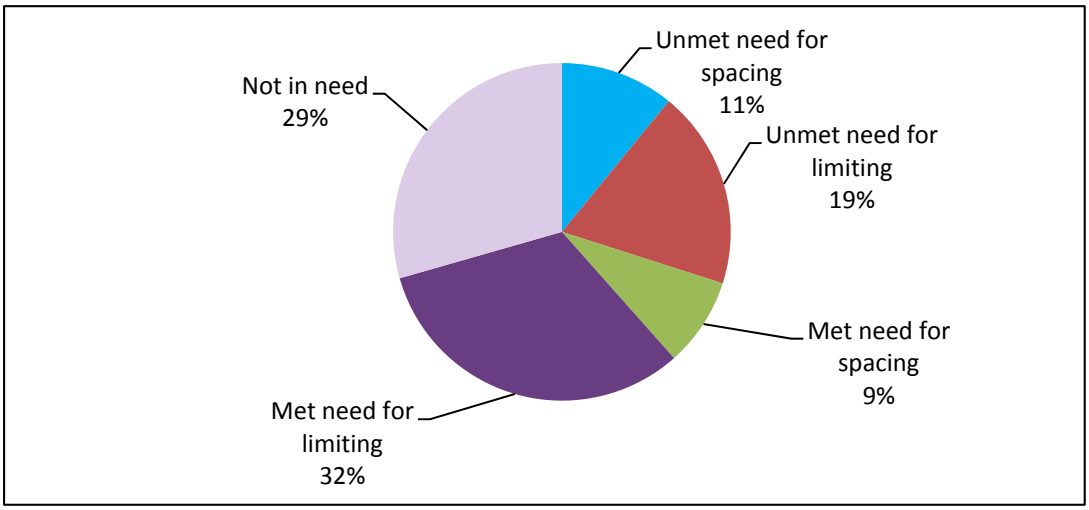
Of the 30 percent women who had unmet need, 11 percent was for spacing, while 19 percent was for limiting. Unmet need for spacing was concentrated among women with one or two children. Unmet need for limiting gradually increased with the number of children, and was highest among women with five or more children.

Table 9.1: Distribution of women with unmet need for spacing and limiting by background characteristics

Characteristic	Unmet need			Met need			Total demand	Not in need	Total	
	For spacing	For limiting	Total	For spacing	For limiting	Total			%	N
Age of respondent										
15 – 24	24.9	9.4	34.3	16.0	5.0	21.0	55.2	44.8	100.0	181
25 - 34	9.6	20.7	30.3	9.6	35.4	44.9	75.3	24.7	100.0	198
35 - 49	0.0	25.8	25.8	1.0	52.6	53.6	79.4	20.6	100.0	209
Type of community										
Rural	12.3	20.2	32.4	6.9	30.1	37.0	69.4	30.6	100.0	481
Urban	4.7	14.0	18.7	15.9	41.1	57.0	75.7	24.3	100.0	107
Literacy of respondent										
Literate	14.8	13.6	28.4	14.2	22.5	36.7	65.1	34.9	100.0	169
Illiterate	9.3	21.2	30.5	6.2	36.0	42.2	72.8	27.2	100.0	419
Education of respondent										
No education	9.5	21.0	30.5	5.8	36.5	42.3	72.8	27.3	100.0	400
Up to primary	12.6	20.7	33.3	12.6	20.7	33.3	66.7	33.3	100.0	87
Up to Secondary	15.7	12.9	28.6	14.3	25.7	40.0	68.6	31.4	100.0	70
Above secondary	13.3	3.3	16.7	20.0	23.3	43.3	60.0	40.0	100.0	30
Children ever born										
None	4.2	0.0	4.2	1.4	0.0	1.4	5.6	94.4	100.0	71
1 - 2	29.4	5.6	34.9	23.8	5.6	29.4	64.3	35.7	100.0	126
3 - 4	15.4	25.0	40.4	11.0	36.0	47.1	87.5	12.5	100.0	136
5 or more	1.2	27.8	29.0	1.6	52.2	53.7	82.7	17.3	100.0	255
Ownership of TV										
Yes	10.5	16.5	27.0	9.9	35.8	45.7	72.7	27.3	100.0	363
No	11.6	23.1	34.7	6.2	26.2	32.4	67.1	32.9	100.0	225
Standard of Living Index										
Low	10.6	30.3	40.9	3.0	33.3	36.4	77.3	22.7	100.0	66
Medium low	11.9	22.2	34.1	7.4	28.4	35.8	69.9	30.1	100.0	176
Medium high	9.2	14.4	23.6	9.7	34.9	44.6	68.2	31.8	100.0	195
High	11.9	16.6	28.5	10.6	32.5	43.0	71.5	28.5	100.0	151
Total	**10.9**	**19.0**	**29.9**	**8.5**	**32.1**	**40.6**	**70.6**	**29.4**	**100.0**	**588**

The correlations between unmet need and various socioeconomic indicators vary by whether the unmet need was for spacing or for limiting (Table 9.1). Unmet need for limiting was strongly associated with literacy of the respondent, and weakly associated with SLI. Unmet need for spacing was linked with literate women, while association with SLI was also weak. It is possible that educated women were more aware of the need to space their births, but were inhibited from doing so for various reasons. However, once they have reached their desired family size, educated women may be more able to use family planning than uneducated women. However, conclusions should be tentative, given the small sample sizes involved. Figure 9.1 shows the need and demand for family planning of the sampled women.

Figure 9.1: 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 9.1 shows total demand by number of children and various socioeconomic indicators. Overall, total demand was 71 percent of all married women of reproductive age. As the table shows, total demand does rise rapidly, and fairly consistently, by the number of living children. Even at one to two children, slightly over three-fifths (64 percent) of the women demanded family planning and it increased to reach 88 percent for those with three to four children.

Strength of Preference

It is of interest to look at the responses of women in unmet need (those not currently pregnant) according to their reaction if they became pregnant in the near future (Table 9.2). About one-third of the women (35 percent) with unmet need for spacing said they would be worried if they became pregnant again, while slightly less than half (48 percent) indicated that they would accept it, and 14 percent would be pleased. Of those with unmet need for limiting, nearly two-fifths (39 percent) said they would be worried if they became pregnant. It is important to mention here that about one in nine women with unmet need for limiting said that they would abort the pregnancy if they became 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.

Table 9.2: Distribution of non-pregnant women with unmet need for spacing and limiting, by strength of desire to avoid pregnancy

Reaction if become pregnant in near future	Unmet need for spacing		Unmet need for limiting	
	N	%	N	%
Pleased	7	13.5	0	0.0
Worried	18	34.6	36	39.1
Accept it	25	48.1	45	48.9
Doesn't matter	1	1.9	1	1.1
Will abort	1	1.9	10	10.9
Total	**52**	**100.0**	**92**	**100.0**

Reasons of Non-use

Past and never users were asked why they were not using some method of contraception. For those later classified as having unmet need, results are shown in Table 10.3. Some of these reasons represent barriers as perceived by the women, the most important of these were fear of side effects and the opposition of husbands and in-laws. On the other hand, many women with defined unmet need gave reasons that did not reflect perceived need, at least at present. Such reasons included infrequent sex/ husband away, wanting more children, currently pregnant, natural spacing, difficulty in conceiving and breastfeeding/ lactational amenorrhea. Some of these women may have more need than they realize; 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 9.3: Women with unmet need for spacing and limiting by stated reasons for non-use of contraception

	Unmet for spacing		Unmet for limiting		Total	
Reason	**N**	**%**	**N**	**%**	**N**	**%**
Fear of side effects	11	17.2	24	21.4	35	19.9
Husband opposes	10	15.6	7	6.3	17	9.7
In laws oppose	3	4.7	2	1.8	5	2.8
Rest from method	0	0.0	1	0.9	1	0.6
Shy to consult about FP	1	1.6	1	0.9	2	1.1
Against religion	1	1.6	0	0.0	1	0.6
Cost not affordable	0	0.0	4	3.6	4	2.3
Don't know any FP method	0	0.0	2	1.8	2	1.1
Just not using/too lazy	0	0.0	2	1.8	2	1.1
Method inconvenient to use	1	1.6	0	0.0	1	0.6
Total perceived barriers	**17**	**26.6**	**35**	**31.3**	**52**	**29.5**
Infrequent sex/Husband away	17	26.6	38	33.9	55	31.3
Natural spacing	4	6.3	9	8.0	13	7.4
Difficult/Unable to conceive	3	4.7	4	3.6	7	4.0
Want (more) children	27	42.2	4	3.6	31	17.6
Currently pregnant	9	14.1	13	11.6	22	12.5
Breast feeding/Lactational amenorrhea	1	1.6	1	0.9	2	1.1
Total no perceived need	**50**	**78.1**	**65**	**58.0**	**115**	**65.3**
Others	5	7.8	12	10.7	17	9.7
Total	**64**	**na**	**112**	**na**	**176**	**na**

Respondents could give more than one reason.

Unmet Need for Spacing: Profile

Women with unmet need for spacing comprised 64 (11 percent) of MWRA. As shown in Table 9.4 , they were characterized by:

- **Living Children:** Most (64 percent) had 1 or 2 living children.
- **Family Planning Use:** More never users (66 percent) than past users (34 percent).
- **Strength of Preference:** Moderate (only 35 percent "worried" if they became pregnant earlier than they wanted compared to those who were pleased (13 percent) or accept (48 percent) the unwanted pregnancy).
- **Intent to Use FP in Future:** High (about 75 percent intended to use a FP method in future).
- **Approval of FP:** Very high (95 percent approved of using a FP method for spacing purpose).
- **FP Communication with Husband:** High (61 percent had communicated with husbands on FP in the past one year; while 77 percent said approaching the husband was "easy").
- **Obstacles to FP Use:** Fear of side effects (17 percent); husband and in-laws opposition (16 percent and 5 percent respectively) (Table 9.3).

Table 9.4: Percent distribution of MWRA in unmet need for spacing and limiting by selected characteristics

Characteristic	Unmet need for spacing		Unmet need for limiting	
	N	%	N	%
Number of living children				
0	3	4.7	0	0.0
1-2	41	64.1	10	8.9
3-4	17	26.6	38	33.9
5 or more	3	4.7	64	57.1
Contraceptive use status				
Current user	0	0.0	0	0.0
Past user	22	34.4	80	71.4
Never user	42	65.6	32	28.6
Reaction if become pregnant in near future				
Pleased	7	13.5	0	0.0
Worried	18	34.6	36	37.9
Accept it	25	48.1	45	47.4
Doesn't matter	1	1.9	1	1.1
Will abort	1	1.9	10	10.5
Others	0	0.0	3	3.2
Intention to use a method in future				
Yes	48	75.0	65	58.0
No	7	10.9	27	24.1
Unsure/uncertain	8	12.5	16	14.3
Can't get pregnant	1	1.6	4	3.6
Approval of FP				
Approve	61	95.3	110	98.2
Disapprove	3	4.7	2	1.8
FP communication with husband in past one year				
Never	25	39.1	56	50.0
Once or twice	16	25.0	24	21.4
More often	23	35.9	32	28.6
Approach the topic of FP with husband				
Easily	49	76.6	92	82.1
With difficulty	13	20.3	12	10.7
Respondent has to wait for husband to initiate discussion	2	3.1	8	7.1
Total	**64**	**100.0**	**112**	**100.0**

Unmet Need for Limiting: Profile

Women with unmet need for limiting comprised 112 (19 percent) of all MWRA. As shown in Table 9.4, they were characterized by:

- **Living Children:** A strongly positive association with number of living children; 57 percent had 5+ living children.
- **Family Planning Use:** More past users (71 percent) than never users (29 percent).
- **Strength of Preference:** Moderate (38 percent would be "worried" if they became pregnant compared to those who accept (47 percent) the unwanted pregnancy).
- **Intent to Use FP in Future:** Moderate (about 58 percent intended to use a FP method in future.
- **Approval of FP:** Very high (98 percent approved of FP for limiting purpose).
- **FP Communication with Husband:** Moderate (50 percent had communication with husband on FP in the past year; while 11 percent said approaching the husband was difficult.
- **Obstacles to FP Use:** Fear of side effects (21 percent); husbands and in-laws opposition (6 percent and 2 percent respectively) (Table 9.3).

Chapter 10

Reproductive Preferences and Behavior of Men

It is often the case that in matters relating to family planning the focus has too often been more on women, despite the fact that husbands are equal partners in the reproductive process and often have greater responsibility for decision-making in the family. In addition, women often mention their husbands as a constraint to the use of contraception (NIPS/PDHS, 2008; Population Council, 1995). The objectives of interviewing husbands/men in the FALAH baseline survey were to explore their perspectives on birth spacing/family planning and to use the information obtained to design the communication strategy for the FALAH project. Overall, the planned sample size was 200 husbands in each district. The intention was to interview as many husbands as possible who were available when the household interviews were undertaken. Knowing that some number of husbands might be at their places of work during the timing of the interviews, the plan was to then make up for any of the husbands who were unavailable, by interviewing other married men available in the selected communities in order to come as close as possible to meeting the objective of interviewing 200 husbands/men in each FALAH district. In Mardan, the field team was able to interview 189 men who were husbands of the married women of reproductive age who had been interviewed for the survey plus 10 married men living in the selected areas who were not husbands of the female respondents. In this chapter, the results for the respondents' husbands and the other married men who were interviewed (N = 199) 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 10.1 shows the background characteristics of the men interviewed in the survey. It shows that nearly 7 percent of the men were under 25 years of age and about 17 percent were 50 years of age and above.

As shown in Table 11.1, men were substantially better educated than the sampled currently married women of reproductive age. Thirty-two percent of the male respondents had not been to school, compared to 68 percent of the MWRA (Table 3.2). It also shows that 52 percent of the men had more than primary education, whereas 17 percent of the women had attained that level of education (Table 3.2).

The occupations of men are also presented in Table 10.1. The highest proportion (28 percent) of men were working as daily wage laborers, 24 percent were working in agriculture-related activities, and 21 percent were running their own business.

Table 10.1: Background characteristics of male respondents

Characteristic	Percentage
Age	
15-19	1.5
20-24	5.0
25-29	13.6
30-34	15.6
35-39	16.1
40-44	17.1
45-49	14.6
50-54	12.6
55+	4.0
Education	
Proportion literate	63.8
No education	32.2
Up to primary	15.6
Up to middle	15.1
Up to Secondary	21.1
Above secondary	16.1
Occupation	
Agriculture/Livestock/Poultry	24.1
Petty trader	5.0
Labor	27.6
Govt. service	9.5
Pvt. service	8.5
Own business	21.1
Unemployed	3.5
Others	0.5
Total	**100.0**
N	**199**

Contraceptive Knowledge and Use

Among the interviewed men in Mardan, nearly 85 percent knew of at least one method of contraception, while all women (100 percent) knew of at least one method. As presented in Table 10.2, knowledge of modern methods was highest for the pills (64 percent), followed by condoms (56 percent), injectables (51 percent), withdrawal (18 percent), female

sterilization (17 percent), and IUD (14 percent). The least known methods were Norplant (1.5 percent), male sterilization (2.5 percent), and rhythm (3 percent). Knowledge of at least one traditional method was prevalent among only 21 percent of the men.

The pattern of ever use and current use of contraception reported by husbands is also shown in Table 10.2. Of the MWRA, 69 percent reported having used some method of contraception during their married lives (Table 6.2). For the men, a slightly lower (66 percent) reported they had ever used any contraceptive method. The most common ever used method was condoms (26 percent), followed by pill (25 percent), injectables (18 percent) and withdrawal (17 percent).

As mentioned in table 6.2, nearly 41 percent of the MWRA reported using a family planning method in Mardan, while current use reported by male respondents was higher as 51 percent. The most common current method reported by male respondents was condom (14 percent), followed by withdrawal (12 percent), female sterilization (8 percent), injectables (7 percent), and pills (6 percent). The use of traditional methods was also substantial; more than 14 percent of current users relied on such methods. Since traditional methods are far less reliable than modern methods, an important goal of the FALAH project may be to shift users of traditional methods to more effective modern methods.

Table 10.2: Distribution of male respondents by contraceptive knowledge and use status

Method	Knowledge	Ever use	Current use
Female sterilization	16.6	7.5	7.5
Male sterilization	2.5	0.0	0.0
Pill	64.3	24.6	6.0
IUD	13.6	6.5	3.5
Injectables	51.3	18.1	6.5
Norplant	1.5	0.5	0.0
Condom	55.8	26.1	14.1
Rhythm	3.0	4.5	1.5
Withdrawal	17.6	17.1	12.1
Others	1.5	0.5	0.5
At least one FP method	84.9	66.3	51.3
At least one modern FP method	83.9	56.8	37.7
At least one traditional FP method	20.6	20.6	14.1
Emergency Pills	0.0	0.0	0.0
N	**199**	**199**	**199**

Table 10.3 shows ever use and current use of modern contraception among respondents by background characteristics. There was a positive relationship between education level and contraceptive use. Fifty-eight percent of the respondents who had secondary and above education reported current use of any contraceptive method, compared to 48 percent and 47 percent who had below secondary and no education, respectively.

Table 10.3: Percent of male respondents reporting ever use or current use of a contraceptive method by selected back ground characteristics

Characteristic	Ever used any method	Using any method	N
Education level			
No education	62.5	46.9	64
Below secondary	62.3	47.5	61
Secondary and above	73.0	58.1	74
Number of living children			
None	8.0	0.0	25
1-2	64.7	47.1	34
3-4	74.5	63.6	55
5+	78.8	60.0	85
Future desire for children			
Soon	29.5	13.6	44
Later	60.5	47.4	38
Never	82.1	66.7	117
Total	**66.3**	**51.3**	**199**

Table 10.3 also shows that among those who had 5 or more children, 60 percent were currently using family planning methods, compared to 64 percent who had 3-4 children and 47 percent who had 1-2 children. The different pattern was observed in ever use of contraceptives by number of living children.

Table 10.3 also shows contraceptive ever use and current use by the future desire for children. Among the male respondents who said they did not want any more children, 67 percent were currently using any contraceptive method. Of those respondents who wanted to delay the next pregnancy, 60 percent had ever used any contraceptive method, and 47 percent were currently using some method.

Source of Contraceptive Methods

As shown in Table 10.4, among those who reported the last source for obtaining contraceptive methods, 47 percent reported that they obtained their last method from the pharmacy/ chemist/grocery shop/general store. LHWs were the source of contraceptives for only 8 percent of ever users in Mardan.

Table 10.4: Distribution of male ever users by the last reported source of contraceptive supply

Source	Percentage
Govt. hospital (DHQ/THQ)	15.3
BHU/RHC/MCH Center	13.3
MSU	1.0
LHW	8.2
Pvt. Doctor	2.0
Pvt. hospital/clinic	4.1
Dispenser/Compounder	5.1
Pharmacy, chemist	25.5
TBA/DAI	1.0
Grocery shop/general store	21.4
Wife brings method	1.0
Others	2.0
Total	100.0
N	**98**

Approval of Family Planning

Respondents were asked about their approval of birth spacing and use of any form of contraception for spacing purpose. A husband's opposition may prevent his wife from using contraception, even when she wants to delay or stop childbearing (Casterline, Perez, and Biddlecom, 1997). In Mardan, interestingly almost all male respondents (99 percent) approved spacing between children; and 98 percent approved the use of any form of contraception for spacing between children (Table 10.5). A very few number of men (2 percent) disapproved of using any form of contraception to space between children.

Table 10.5: Distribution of male respondents' attitude towards spacing and use of contraceptives for spacing

Variable	Percentage
Spacing between children	
Approve	99.0
Disapprove	1.0
N	**199**
Using FP methods for spacing	
Approve	98.0
Disapprove	2.0
N	**199**

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 10.6 shows 96 percent of the current users were very satisfied with their current method; another 1 percent were somewhat satisfied. Only 3 percent of the male current users reported that they were not satisfied. These users would seem to be in need of more information on their current method, as well as on other available methods so that they may continue using a family planning method.

Table 10.6: Level of male respondents' satisfaction with their current method

Satisfaction level	Percentage
Very satisfied	95.9
Somewhat satisfied	1.4
Not satisfied at all	2.7
Total	**100.0**
N	**73**

The reasons the male respondents stopped using their last method are presented in Table 10.7. The table shows that wanting another child was the main reason for stopping the use of a family planning method. However, 29 percent of male past users stopped using their method because of side effects the couple experienced with the method. About 26 percent of the past users stopped using a contraceptive due to method failure. This contraceptive failure may be for those who were relying on natural methods.

Table 10.7: Percentage distribution of male past contraceptive users by reason for discontinuing last method

Reason	Percentage
Experienced side effects	29.0
Fear of side effects	6.5
Want another child	41.9
Method failure	25.8
Rest from method	3.2
Health concern	16.1
Service provider's advice	3.2
In laws/parents oppose	3.2
N	**31**

Inter-spousal Communication

One of the determinants of contraceptive use is inter-spousal discussion on fertility intentions and family planning. Husbands were asked if during the last year their wives could approach them to discuss family planning easily, with difficulty, or if they had to wait for their husbands to initiate the discussion; the responses are shown in Figure 10.1. Ninety-one percent of the men reported that their wives could talk to them about family planning and fertility-related issues easily. However, Figure 10.2 shows that 29 percent of the men reported that their wives had never approached them during the last year on this issue. Forty percent of the men reported that their wives had talked more often about this subject during the last year, and 31 percent reported they had talked once or twice.

Figure 10.1: Men's reports of ease of approach by their wives to discuss FP

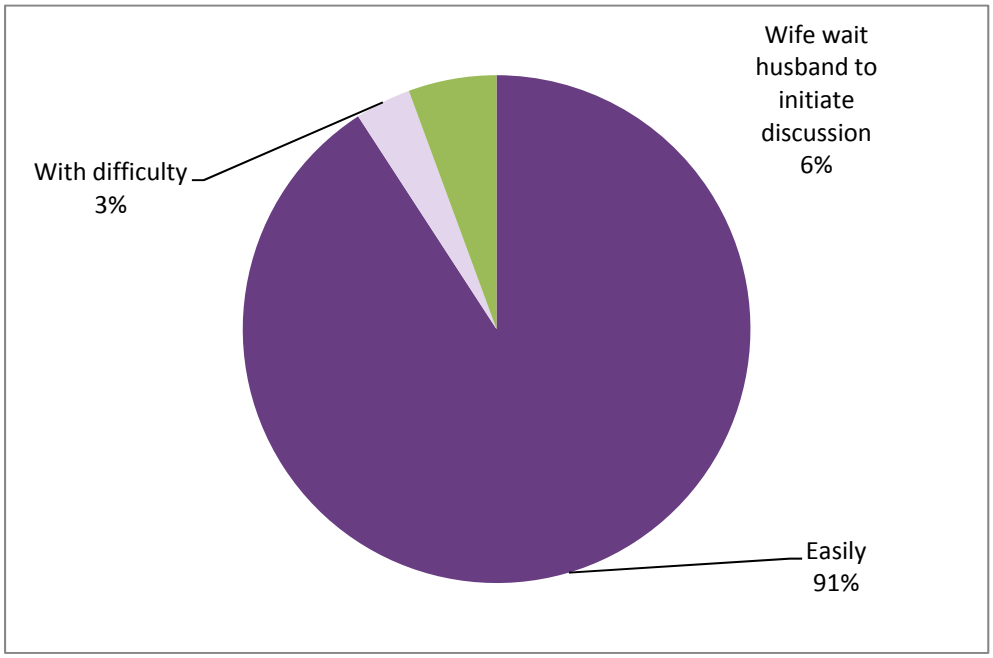
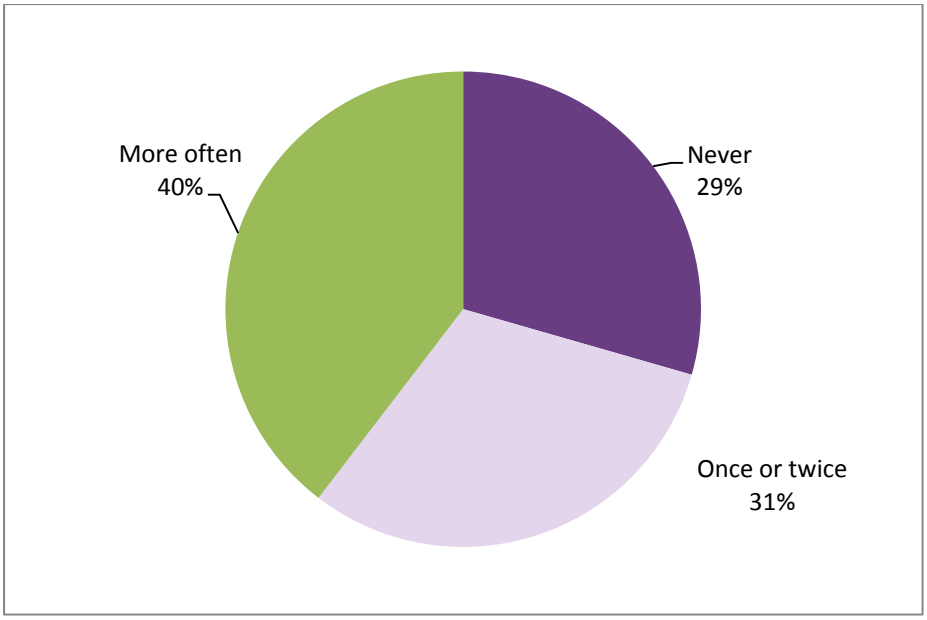


Figure 10.2: Frequency of discussion on FP with wife in last year



Potential Users

Men who had never used any contraceptive method were asked about their intended future use of contraceptives and their method preferences. Table 10.8 shows that 39 percent intended to use contraception in the future, while 17 percent did not. However, considerable majority (44 percent) of the respondents were uncertain about their future use of contraception.

Table 10.8: Distribution of male never users by intent to use contraceptive methods in future

Intent	Percentage
Will use	39.4
Will not use	16.7
Unsure/Uncertain	43.9
Total	**100.0**
N	**66**

As shown in Table 10.9, the major reason husbands said they did not intend to use a contraceptive method was their desire for more children (46 percent). Thirty-six percent of men reported that they did not need contraception because their wives were unable to

conceive. For 27 percent, fear of side effects was the main reason, while 9 percent were shy about visiting family planning clinics.

Table 10.9: Distribution of male never users according to reasons for not intending to use contraceptive methods in future

Reason	Percentage
Fear of side effects	27.3
Shy to go to FP clinic	9.1
Difficult/unable to conceive	36.4
Respondent/wife infertile	9.1
Want more children	45.5
N	**11**

Respondents could give more than one reason.

Table 10.10 shows the distribution of the male respondents who intended to use a specific contraceptive method in the future. It is observed that higher proportions wanted to use pill (31 percent), injectables (23 percent) and condoms (19 percent) in that order.

Table 10.10: Distribution of male never users who intend to use a specific contraceptive method in the future

Method	Percentage
Female sterilization	3.8
Pills	30.8
IUD	7.7
Injectable	23.1
Condom	19.2
Rhythm	11.5
Not decided	3.8
Total	**100.0**
N	**26**

Fertility Desire

Men were asked about the number of their living children and their desire for more children. Table 10.11 shows that 22 percent of the respondents wanted another child soon

(within two years). Another 19 percent wanted to delay their next child for more than two years. However, nearly three-fifth of the respondents (59 percent) did not want any more children at all.

Table 10.11: Distribution of male respondents by desired timing for next child and number of living children

	Future desire for children			Total	
Number of living children	**Soon**	**Later**	**Never**	**%**	**N**
0	84.0	16.0	0.0	100.0	25
1	29.2	62.5	8.3	100.0	24
2	20.0	50.0	30.0	100.0	10
3	20.0	33.3	46.7	100.0	30
4	12.0	4.0	84.0	100.0	25
5	4.5	9.1	86.4	100.0	22
6+	6.3	1.6	92.1	100.0	63
Total	**22.1**	**19.1**	**58.8**	**100.0**	**199**

The desire to stop having children was positively associated with the number of living children. Thirty percent of the respondents who had 2 children did not want any more children, while 92 percent who had 6 or more children did not want more.

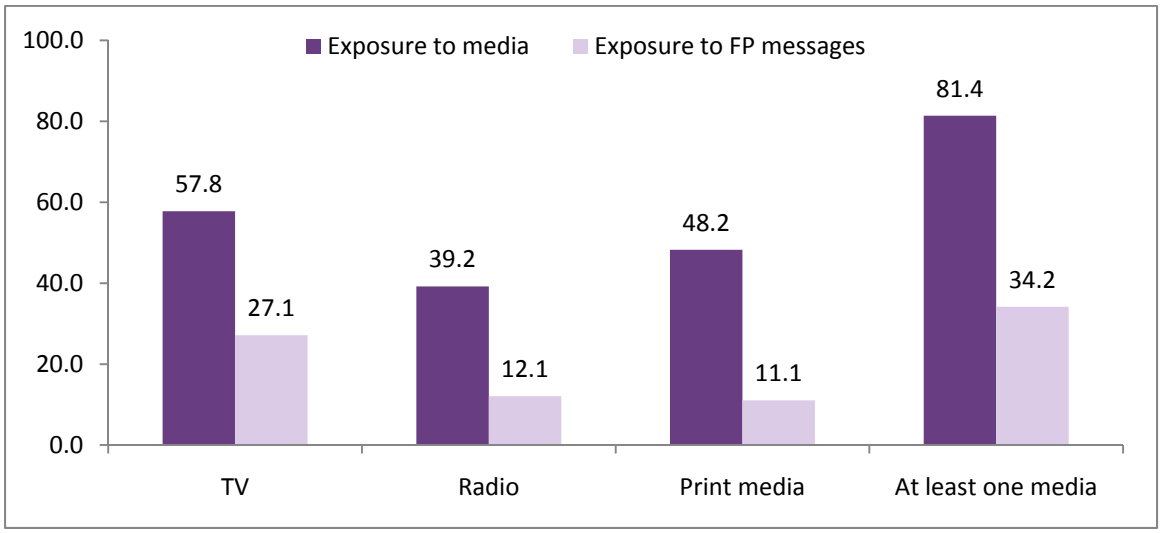
When the percentage of respondents who did not want more children is combined with the percentage of those who wanted to postpone having another child for at least two years, the sum comes to more than three quarter of all of the men. Of these two groups combined, only 62 percent reported current use of any contraceptive method. This suggests that there is a substantial need for family planning, but that motivational programs and service delivery are not keeping pace with this need.

Mass Media Access and Exposure to FP Messages

For the development of communication activities, it is important to know which forms of mass media were available and to what extent they are used by various segments of the population. Figure 10.3 shows the proportion of men who reported that they watched TV, listened to the radio, or read newspapers or magazines. TV and Radio were the most commonly accessed mediums: 58 percent of the male respondents in Mardan watched TV and 39 percent listened to the radio.

Furthermore, respondents who reported access to any sort of media were asked if they had ever seen, heard, or read any message pertaining to methods of family planning through these mediums. Only 27 percent of the men had seen FP messages on the television, and 12 percent had ever listened to a family planning message on the radio. Overall, 34 percent of the male respondents and 56 percent of the female respondents had seen or listened to a family planning message from at least one medium.

Figure 10.3: Distribution of male respondents according to exposure to media and FP messages, by type of media



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