

**FAMILY PLANNING KNOWLEDGE  
AMONG CURRENTLY MARRIED  
WOMEN OF DISTRICT DERA  
GHAZI KHAN – PAKISTAN**

**2011**

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## LIST OF ABBREVIATIONS

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<i>Abbreviation</i>	<i>Term</i>
D. G. Khan	Dera Ghazi Khan
DHS	Demographic and Health Survey
ECP	Emergency Contraceptive Pill
FALAH	Family Advancement for Life and Health
FP	Family Planning
IUD	Intrauterine Device
LAM	Lactational Amenorrhea Method
MWRA	Married Women of Reproductive Ages
PAIMAN	Pakistan Initiative for Mothers and Newborns
PDHS	Pakistan Demographic and Health Survey
RH	Reproductive Health
SPSS	Statistical Package for Social Sciences (formerly)
USAID	United States Agency for Development

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# **FAMILY PLANNING KNOWLEDGE AMONG CURRENTLY MARRIED WOMEN OF DISTRICT DERA GHAZI KHAN – PAKISTAN**

## **I. EXECUTIVE SUMMARY**

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The most recent Demographic and Health Survey (DHS) conducted in 2006-07 reported persistent but puzzling trend in knowledge versus contraceptive prevalence in Pakistan. While knowledge of FP is universal (95.9%) with six methods on average known by currently married women of reproductive ages, it seems to have made little or no effective on the meager CPR. Indeed, CPR has further dwindled from just above 30%, as reported in a national survey conducted in 2003, to 29.6% as revealed by DHS. Not surprisingly, still exceptionally high fertility of four births and far less than satisfactory rate of contraception is blamed on a range of factors, mostly those originating from the supply-side, than knowledge of family planning methods. However, knowledge of family planning is not merely awareness of a method, as seems to be the understanding with all the national surveys, including DHS. Knowledge goes beyond than this. It encompasses understanding on part of the user how method is used, its effectiveness in terms of preventing pregnancy, from where it can be obtained and what could be its side effects, if any.

In order to understand the dynamics of universal FP knowledge, as reported, this study is conducted in one of the districts of southern Punjab– Dera Ghazi Khan. With the sample size of 692 households selected through stratified randomization and with the help of structured interviews, the survey has delved deep into different dimensions of FP knowledge. It conjectures that increasingly improbable target of fertility replacement by 2020 depends, in parts, on poor knowledge of FP.

Basic Awareness about Family Planning: The study affirms universal awareness of at least one contraceptive method and found it to be 95.3%. Awareness of modern methods was also found to be universal at 99.6% while for traditional methods it was found to be 52.5%.

Awareness about Family Planning Methods: In terms of awareness of individual contraceptive methods, the study reaffirms near universal awareness of female specific methods of pills, injectables and IUD. There is however limited awareness of emergency contraceptive pills, implants and rhythm as some other available contraceptive methods.

Sources of Supply for Modern Contraceptive Methods: For female specific methods, knowledge of sources of supply was found to be above 90%. Same is true for condoms. However, knowledge of sources of supply of male sterilization, implants and emergency contraceptive pill was found to be considerably less than the average.

Side-Effects of Contraceptive Methods: A large proportion of respondents considered a number of modern methods to have no side-effects at all. More than half of the respondents considered male sterilization to have no side-effects and some what similar proportion considered emergency contraceptive pill to have no side-effects also.



Quality of Family Planning Knowledge: Applying four-factor analysis after recall of contraceptive method to a respondents' ability to explain method's usage, its effectiveness in terms of preventing pregnancy, provide a source of supply and a side-effect, the survey found considerable drop (61.5%) in family planning knowledge.

Source of Family Planning Knowledge: The survey has signified the importance of community-based health worker, i.e., who have had reached half of the respondents with family planning messages in past one year. Furthermore, it shows the importance of television as compared to any other mass-communication channel, especially the ever decreasing reach of radio in settled districts of Pakistan.

Average Methods Known by Women of Reproductive Ages: On average, the survey has found awareness of 4.8 methods among currently married women of reproductive ages. Applying four-factor analysis of respondent's ability to explain method's usage, its effectiveness in terms of preventing pregnancy, a source of supply and a side-effect, the survey found more than 50% decrease in the average methods known to currently married women to 2.3. Knowledge of any modern method has decreased to 89.4% from 99.6% awareness of any modern method.

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## II. INTRODUCTION

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We know from past research that there has always been impressive knowledge of family planning methods among married women of reproductive age in Pakistan. Knowledge of contraceptive methods has increased consistently over the years from 61.5% reported in Pakistan Contraceptive and Prevalence Survey conducted in 1984-85 to its universalization level now of 95.9% as confirmed by the recent Pakistan Demographic and Health Survey conducted in year 2006-07. On the other hand, increase in family planning knowledge has not coincided with the trend in contraceptive prevalence rate. Rather, the latter has, though only marginally, further declined in recent years from its already meager level of just over 30% to now 29.8%. Resultantly, the lackluster outlook in the use of contraceptive methods and stagnated fertility rate of around four births is blamed on a range of factors, mostly those which originate from supply side of contraception than the knowledge of family planning. The proposed research conjectures that available fertility-related surveys in Pakistan fail to capture knowledge of family planning in its 'true' sense. By 'true' sense, it is meant that knowledge goes beyond than a mere affirmation of a respondent of any contraceptive methods, which is referred here as 'awareness.' Knowledge of family planning, in a minimal sense, is that the user knows how that particular method is used, what is its effectiveness in terms of preventing pregnancy, are there any of its side-effects, and what the sources of its supply are. With this backdrop, a study was planned and conducted in district Dera Ghazi Khan of Punjab province for the in-depth assessment of different dimensions of family planning knowledge.

The next section provides a brief background to this assessment study in the context of family planning milieu in Pakistan. This is followed by Study's objective and a section on research design and methodology. In sections six and seven respectively, findings of the study and discussion on them are shared with the readers. The last section provides conclusion to this assessment study.

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### III. BACKGROUND

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Perhaps, one of the most startling findings of the recent Pakistan Demographic and Health Survey was a noticeable drop in an already meager rate of contraceptive prevalence. Contraceptive use in Pakistan had hardly changed since the collection of the data begun until the late 80s. Thereafter, it sharply rose from less than 10% in mid 80s to nearly 30% by the turn of the twenty-first century. This had marked the beginning of a distinct fertility control in Pakistan with contraceptive usage as the major contributor towards its decline in 90s (Sathar, 2007: p. 119). While increase in contraception in the first half of 90s could be attributed to lowering of social and cultural costs to its usage, the improvement in the family planning program also played some part in the later half of 90s (Sathar and Casterline, 1998: p. 787). Previous research has established that rise in contraceptive use is the main proximate cause of decline in fertility (Bongaarts and Potter, 1983). Moreover, replacement fertility requires a prevalence level to reach to around 75% and it is only when it continues to rise that the fertility inevitably declines while balancing the offsetting upward pressure from other proximate determinants (Bongaarts, 1987: p. 138). Needless to say, the stall in fertility decline in Pakistan is primarily the result of stagnation and later decline in contraceptive prevalence rates. It is important to note that in the backdrop of universality of marriage and increasing modernity likely to further decrease the rate of breastfeeding, increase in the prevalence of contraception will be, more or less, the sole factor to bring fertility rate down from its current level.

Barrier to Contraceptive Use: After persistently and rather rapidly increasing from less than 10% in late 80s to near 30% at the turn of the twenty-first century, the contraceptive prevalence rate in Pakistan has in fact declined from 32.0%, as found in 2003, to 29.6% as revealed by the latest Demographic and Health Survey. A further rise in the unmet need for family planning to 37% in 2006-07 from 33% in 2003 along with a quarter of unwanted pregnancies are indicative of the fact that contraceptive prevalence can substantially be increased without altering family preferences for ideal number and composition of children. If the unmet need for family planning is met the contraceptive prevalence rate will increase to more than two-thirds. It is true that the gap between the wanted fertility and total fertility rates is of one birth.

Barriers to contraceptive use that emerge from consumers' perspective mostly relate to issues of accessibility. Issues of access in family planning not just stem from geographic presence or prices of contraceptives; they also transpire due to medical restrictions, provider bias, misinformation or lack of information, family or societal restrictions, cultural or religious traditions, personal inhibitions, or unavailability of a method of choice (Campbell et al., 2006: p. 88). Variation in any or a combination of these variables can impact an individual's access to knowledge and availability of methods for fertility regulation.

In Pakistan, curiously and unlike other countries of South Asia, there is propensity for higher prevalence of male contraceptive methods [37.2%] and natural methods [26.7%]. This is indicative of high fear of side effects, lack of knowledge of modern methods and of their supply sources and high societal and social costs associated with acquiring and using modern methods of contraception. Interestingly, even among modern methods, female sterilization is the most popular of all the available technologies indicating that a large number of women in Pakistan opt for permanent measures to limit fertility only when they have either completed or exceeded their

desired family size. The latest Demographic and Health Survey also sheds some light on the reasons why majority of married women in Pakistan are not using contraception. The survey asked all those currently married women who were not using contraception and did not intend to use in future the reasons for not intending to use contraceptives. Factoring out most of the fertility-related reasons i.e. menopausal, infertile, breastfeeding or those women who wanted more children, the findings reveal a strong fatalistic attitude whereby of every ten women four believe that whether they would have or not have a child is a matter up to God. This is followed by strong opposition, almost by a quarter of the respondents, against the use of contraception by both women and, in their perception, by their husbands. The fear of side effects or health concern, together accounting for 13%, was also found to be on the higher side. It is interesting to note that only 7% women sighted religious reasons for not intending to use contraception. However, these findings need to be taken cautiously as the survey did not delve further and probed why women oppose using contraception which might have revealed, for instance, religious reasons or opposition by a family member on religious grounds. Similarly, the survey does not tell whether those women who have left the matter of fertility up to God have achieved their desired fertility or not. It is very likely that fatalistic attitude is higher among those women who have not achieved their family size compared to those who have either achieved or exceeded their desired number of children. Review of previous research also reveals fear of side effects, religious concerns, opposition by husband and lack of knowledge of the supply sources as the paramount obstacles which stand out among others to contraceptive use in Pakistan (Casterline et al., 2001: pp. 96-97).

Knowledge of Family Planning: The most recent Pakistan Demographic and Health Survey, held in 2006-2007, is the largest-ever enumeration exercise carried out in the Country after Census. With a sample size of 100,000 households, the survey provides extremely valuable information, including family planning knowledge. DHS reaffirms the universality of knowledge of family planning. However, like any other large-scale survey that has various study components, the subject of family planning knowledge has not been thoroughly explored. DHS, peculiarly, is not distinguishing between spontaneous and prompt replies when it comes to assessing family planning knowledge. Furthermore, it prompts for all those methods that have not been spontaneously recalled by not just naming the method but through explaining their usage. The findings on knowledge are then lumped together without any distinction between prompt and spontaneous recalls. Knowledge of family planning as provided in DHS, in other sense, testifies only the awareness of contraceptive methods and does not go beyond to delve deep into respondents' knowledge on its usage, effectiveness, sources of supply and side-effects, if any. With this backdrop, a study has been conducted at a small-scale to assess knowledge of family planning with its different dimensions.

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#### **IV. STUDY OBJECTIVE**

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The objective of the study was to assess knowledge of family planning among married women of reproductive age in district Dera Ghazi Khan of Punjab Province in Pakistan. Knowledge was defined more than mere awareness of a family planning method to respondent's ability to explain its usage, effectiveness in terms of preventing pregnancy, probable side-effects, if any, and sources of supply.

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## V. RESEARCH METHODOLOGY AND DESIGN

**Study Population:** The survey questionnaire, a structured closed-ended interview instrument, was administered with currently married women of reproductive ages from the ages between 15 years to 45 years. In case if there were more than one eligible woman in a sampled households, the youngest among them was asked for the interview.

**Study Area:** The study was conducted in district Dera Ghazi Khan. The selection is based on the reasons as the district is large enough to cover all cross-sections of Pakistani population, it has both urban and rural sections of population, and literacy and education attainment which correspond to what the national averages are. The following table provides some of the salient features of district Dera Ghazi Khan.

<b>Table 1: Salient Features of District Dera Ghazi Khan</b>	
District population (1998)	1,643,118
District population (2008) – estimates	2,146,000
Female population	48%
Female population in reproductive age	20%
Contraceptive Prevalence Rate – National Institute of Population Studies	12.4
Proportion Urban Population	14%
Sub Districts, including tribal area	3
Union Councils	60

**Sample Size:** The sample size for the study was calculated, on the basis of proportional representation method, at minimum of 680 households and determined according to the following methodology.

$$\text{Sample Size} = \{Z^2 \times p \times (1-p)\} \div C^2$$

*Z = Confidence level of 95% (1.96)*

*P = Percentage having FP knowledge as 95%*

*C = Confidence Interval of 2%*

Correction for Finite Population

$$\text{Corrected Sample Size} = \text{Sample Size} \div (1 + \{(\text{Sample Size} - 1)/\text{population size}\})$$

$$\text{Sample Size} = \{(1.96 \times 1.96) \times 0.95 (1 - 0.95)\} / (0.02 \times 0.02) = 456$$

$$\text{Corrected Sample Size} = 456 \div (1 + (456-1)/429,200) = 455$$

$$\text{Design Effect (multiplier effect with 1.5)} = 455 \times 1.5 = 680$$

**Sampling Methodology:** The study employed multistage stratified random sampling technique. At the first stage, union councils were stratified for urban and rural areas and randomly selected for selection of primary sampling units. Second, at each randomly selected Union Council, village/ward was randomly selected where at minimum 20 and maximum 25 households were surveyed. At this level of sampling unit, the research applied spin-the-bottle technique from the

center of the village/ward which was considered area’s mosque to initiate the household survey by surveying the first household where the neck of the bottle is pointed and from their onwards every second household on the right and left sides were chosen until at least 20 households were surveyed (see table 2 for further details).

<b>Table 2: Sample Size and Primary Sampling Units as per Region</b>			
	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
Sample Size	170 (24.6%)	522 (75.4%)	692 (100.0%)
Primary Sampling Units	7	21	28
Tehsil Dera Ghazi Khan	146 (28%)	376 (72.0%)	504 (100.0%)
Tehsil Taunsa Sharif	42 (24.7%)	128 (75.3%)	188 (100.0%)

While the urban population of the district is only 12%, its sample size was purposefully kept at 25% to generate a sizeable data for comparison.

Survey Team: For the purpose of this study, an advisory council was constituted comprising experienced researchers which have reviewed and provided inputs in tool development, analysis and presentation of data. For fieldwork, a total of four teams were constituted each comprising two female surveyors and one male supervisor which worked simultaneously. Each team conducted, at minimum, 20 interviews covering one primary sampling unit on each field day. Accordingly, fieldwork was completed in eight days time. All researchers hired for the purpose of this research have had prior experience of carrying out similar fieldwork. Moreover, all fieldworkers have had at minimum 14 years of schooling. The field team was hired locally (see annexure 3).

Data Analysis: Once the data was collected through close-ended questionnaire for two days fieldwork, it was couriered back to Islamabad so the data-entry could also begin simultaneously. Data has been entered and analysis performed in SPSS. Before analysis, data was thoroughly cleaned for any data-entry errors and also cross-checked through randomly verifying a sample of questionnaires with their corresponding entries.

## VI. FINDINGS

A total of 692 complete interviews were conducted with currently married women of district Dera Ghazi Khan. Around quarter of interviews was conducted in urban areas as compared to rural areas and a similar proportion was kept for sub-districts of Dera Ghazi Khan and Taunsa Sharif. The next section provides gist of background characteristics of respondents of the study.

### Background Characteristics of Respondents:

Respondents' average age at marriage was found to be 18 years, considerably less than the national average of 22.8 years as reported by 2007 Pakistan Demographic Survey. Detailed analysis reveals a very high proportion of women (57.2%) marrying before the age of 18 years. With 3.6 children on average, the survey found little regional variation. A little more than three-quarters of respondents in urban areas could read or write while around 40% of their rural counterpart reported the same. The survey found the overall literacy status to be 49.6%. Among literate respondents, the survey found high levels of educational achievement with 9.3 in urban and 8.1 in rural areas of completed years of schooling. A little over two-thirds of husbands of interviewed women could read or write and had slightly higher levels of educational achievement with 9.6 completed years of schooling. The survey found household size of 9.6 individuals, which was also on the higher side as compared to the national average of 6.6 indicating the persistent trend of joint-family system, as oppose to nuclear families, in Dera Ghazi Khan. See table below and annexure table 1 for details.

<b>Table 3: Background Characteristics of Respondents</b>						
<i>Indicators</i>	<i>Urban</i>		<i>Rural</i>		<i>Overall</i>	
Respondents	188	27.2%	504	72.8%	692	100.0
Average Age at marriage	18.8		17.7		18.0	
Number of children (average)	3.5		3.7		3.6	
Literacy status (respondent)	144	76.6%	198	39.3%	342	49.4%
Respondent's education (average)	9.3 years		8.1 years		8.6 years	
Literacy status (husband)	161	85.6%	312	61.9%	473	68.4%
Husband's education (average)	10.7		9.1		9.6	
Household size (average)	8.1		9.2		9.6	

### Basic Awareness and Attitude about Family Planning:

As expected, more than 95% respondents had heard of family planning. Majority of them believed that family planning had to do with spacing between births followed by limiting births. The proportion of respondents who thought family planning is also about timing of birth, family size or delayed marriage is found to be minimal. Majority of respondents (65.7), with little regional variation, believed that it is the couple who decides about the desired number of children a family should have. Fatalism, though not as high as had been reported in previous surveys, is recorded among one-third of the respondents who believed the matter about the number of children should be left to 'God's will.' A healthy proportion (95.8%) believes that there is a correlation between mother's health and her number of children. Similarly, majority of



respondents also considered a family's socioeconomic situation to be correlated with their number of children. The notion that families who have more children have better socioeconomic situation was unfounded rather a large proportion of respondents believes that families who have more children are also worst-off economically. See table below and annexure table 2 for details.

<b>Table 4: Basic Awareness of Family Planning by Region</b>						
	<i>Urban</i>		<i>Rural</i>		<i>Overall</i>	
Have you ever heard about family planning?						
Yes	180	96.3%	475	95.0%	655	95.3%
No	7	3.7%	25	5.0%	32	4.7%

### **Awareness of Family Planning Methods:**

The survey found universal awareness of family planning methods. On average, respondents were aware of five contraceptive methods, with only slight regional variations. Awareness of modern methods was also found to be universal. However, only around half of the respondents were aware of any traditional method with urban respondents faring considerably better than their rural counterparts. In terms of awareness of number of family planning methods, the survey found 'normal' tendency with 16.3% respondents being aware of three methods, 25.0% of four methods and 19.8% of five methods. See table below and annexure table 3 for details.

<b>Table 5: Awareness of Family Planning by Number of Methods and Region</b>						
<i>Knowledge</i>	<i>Urban</i>		<i>Rural</i>		<i>Total</i>	
On average (methods)	4.9		4.7		4.8	
No awareness	2	1.1%	1	0.2%	3	0.4%
Aware of any method	18	98.9%	50	99.8%	68	99.6%
Aware of any modern method	6	%	3	%	9	%
Aware of any traditional method	18	98.9%	50	99.8%	68	99.6%
Aware of any traditional method	6	%	3	%	9	%
Aware of any traditional method	79	62.0%	28	45.3%	36	52.5%
Aware of any traditional method		%	4	%	3	%

In terms of awareness of family planning by method type, contraceptive pills and injectables have the highest proportion than any other contraceptive method. Interestingly, awareness of male sterilization is less than half of what the survey found for female sterilization. Awareness of implants, emergency contraceptive pills and, among traditional methods, rhythm as methods of family planning is less than 10%. See table below and annexure table 4 for details.

<b>Table 6: Percentage Distribution of Awareness of Family Planning by Method Type</b>										
<i>Pills</i>	<i>Inject.</i>	<i>IUD</i>	<i>Implants</i>	<i>Condoms</i>	<i>ECP</i>	<i>Withdrawal</i>	<i>Rhythm</i>	<i>LAM</i>	<i>Female sterilize.</i>	<i>Male sterilize.</i>
87.3	87.9	78.7	6.2	59.3	6.5	32.6	7.3	35.4	52.0	23.3

### **Family Planning Knowledge:**

Ability to Explain Usage: The survey had asked respondents to explain usage for all those methods which they had recalled. With little or no regional variation two out of every ten respondents were unable to explain the method's usage. Overall, in 82.5% cases, respondents were able to fully explain the usage of their recalled contraceptive methods. In terms of individual recalled methods, some what similar to awareness of family planning methods, the survey found high levels of respondent's ability to explain usage of modern methods of pills, injectables, intrauterine device and condoms. While ability to explain usage of implants was also found to be on the higher side. However, it must be noted that its overall awareness was among only 6.2% respondents, who had been asked to explain its usage. Respondents have had difficulty in explaining the usage of rhythm followed by male and female sterilizations. See tables below and annexure table 5 for details.

	<i>Fully Explained</i>	<i>Partially Explained</i>	<i>Could Not Explain</i>
Urban	83.4	9.4	7.2
Rural	82.1	11.7	6.1
Total	82.5	11.1	6.4

<i>Pills</i>	<i>Inject.</i>	<i>IUD</i>	<i>Implants</i>	<i>Condoms</i>	<i>ECP</i>	<i>Withdrawal</i>	<i>Rhythm</i>	<i>LAM</i>	<i>Female sterilize.</i>	<i>Male sterilize.</i>
78.5	87.7	85.8	81.4	92.4	75.6	85.8	66.0	84.8	69.4	70.2

Ability to Explain Method's Effectiveness: Similarly, for all those modern methods recalled by the respondents the survey had inquired about their ability in explaining contraceptive's effectiveness in terms of preventing pregnancy. Fairly high levels of knowledge were recorded for respondents' ability to explain effectiveness of modern methods with nine out of ten being able to explain method's effectiveness correctly. Knowledge for implants and emergency contraceptive pills was, however, found to be around 70%. See table below and annexure table 6 for details.

<i>Pills</i>	<i>Inject.</i>	<i>IUD</i>	<i>Implants</i>	<i>Condoms</i>	<i>ECP</i>	<i>Female sterilize.</i>	<i>Male sterilize.</i>
90.6%	91.6%	93.5%	69.8%	92.4%	72.7%	96.9%	93.1%

Ability to Sight Source of Supply: Respondents were also asked from where they can obtain modern contraceptives which they had recalled. Majority of the respondents provided one or the other source of supply for the contraceptive methods. It must be noted that only three sources of supply were noted in the survey instrument. Regardless of whether correct or incorrect, there were near universal responses for female sterilization, pills, injectables and condoms. However, respondents' knowledge about sources of supply for implants and male sterilization was low than as compared to other methods.

The most sighted source of supply for female sterilization, male sterilization, injectables, IUD and implants was recorded as government hospital, while pharmacy was identified by most respondents as a source of supply for acquiring condoms and emergency contraceptive pill. Only in case of birth control pills, lady health workers were sighted more than any other source of supply. See tables below and annexure table 7 for further details.

	<i>Female Sterilize.</i>	<i>Male Sterilize</i>	<i>Pills</i>	<i>Inject.</i>	<i>IUD</i>	<i>Implants</i>	<i>Condom</i>	<i>ECP</i>
Provide one/more source	652	420	659	654	631	243	597	228
	96.4%	80.6%	95.8%	95.8%	97.1%	73.6%	94.5%	91.2%
Don't Know	24	101	29	29	19	87	35	22
	3.6%	19.4%	4.2%	4.2%	2.9%	26.4%	5.5%	8.8%

<i>Female Sterilize.</i>	<i>Male Sterilize</i>	<i>Pills</i>	<i>Inject.</i>	<i>IUD</i>	<i>Implants</i>	<i>Condom</i>	<i>ECP</i>
Govt. Hospital	Govt. Hospital	Lady Health Workers	Govt. Hospital	Govt. Hospital	Govt. Hospital	Pharmacy	Pharmacy
589	393	357	482	473	190	410	142
87.1%	75.2%	51.9%	70.6	72.8%	57.6%	64.9%	56.8%

Respondents' Opinion about Side-effects: For each method, whether modern or traditional, survey asked respondents about their opinion on its possible side-effects. In half of the cases, whether a particular method has side-effects or not, respondents considered contraceptive method to have side-effects. While in little less than 10% cases respondents did not have any knowledge about possible side-effects of methods which they had recalled. In terms of methods, pills were considered to have side-effects by most respondents followed by IUD and injectables. In general, respondents believed that male-specific methods i.e. condoms, male sterilization and withdrawal have least side-effects. However, more than half of the respondents considered female sterilization to have side-effects. See tables below and annexure table 8 for further details.

	<i>Yes</i>	<i>No</i>	<i>Don't Know</i>
Urban	52.5%	38.4%	9.1%
Rural	50.2%	42.8%	7.0%
Total	50.8%	41.6%	7.6%

Pills	Inject.	IUD	Implants	Condoms	ECP	Withdrawal	Rhythm	LAM	Female sterilize.	Male sterilize.
76.0	74.2	74.9	30.2	11.5	11.1	5.8	0.0	25.8	55.2	11.2

As for particular side-effects for recalled contraceptive methods, the survey found ‘problems with menstruation’ as the most sighted side-effect for most of the methods. This includes female sterilization, birth control pills, injectables, IUDs, implants and emergency contraceptive pills. For male specific methods, however, the most sighted side-effects for condoms were ‘problem with intercourse’ and ‘weakness’ for male sterilization and withdrawal. See annexure table 9 for details.

Current and Ever Use of Family Planning Methods: The survey found high contraceptive prevalence rate of 38.8% and ever use of 56.9%, in comparison with national average and previously conducted district-based surveys. Contraceptive prevalence in rural areas is found to be two-thirds of what the survey found for urban areas. The same pattern persist for ever use of family planning methods. Among current users, 27.9% respondents are using condoms as their choice of contraceptive method followed by 18.9% who are relying on withdrawal. The proportion of respondents who have chosen permanent method of contraception was found to be also high at 20.0% with female sterilization at 17.9%. While in rural areas, popular contraceptive methods are found to be condoms and IUD, in urban areas these are condoms followed by withdrawal. The tendency of both female and male sterilizations is slightly higher in urban areas as compared to rural areas. See annexure table 10 for further details.

Sources of Family Planning Knowledge: The survey had also inquired about the main sources of family planning knowledge for the respondents. In half of the cases, the survey found that respondents were visited by a health worker who talked about family planning in last one year. Similarly, in last one month, half of the respondents had received a message on family planning on television. Another half did not receive any message on family planning in last one month. Respondents who had not received message on family planning through different means were then asked whether they ever received family planning message on television, radio or through newspaper/magazine. In two-thirds of case respondents had received a message on family planning through television. Those who had not received message on family planning either on television, radio or newspaper/magazine were found to be one-third of the respondents. Television is slightly more popular in urban areas while radio though reaching to only 6.4% respondents overall was found to have slightly greater reach in rural areas. When asked what has been their main source of information on family planning, a little over one-third of respondents sighted health worker as their main source of information followed by a family member and television respectively. The same overall trend persists both in urban and rural areas for the main source of information for family planning. At the end of the questionnaire, the respondents were asked who they would consult first if they need information on family planning, majority of the respondents mentioned health worker followed by around 10% mentioning husband. See annexure table 11.

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## VII. DISCUSSION AND ANALYSIS

For discussion and comparative analysis, the study is relying on two additional sources, Pakistan Demographic and Health Survey, which was conducted in 2006-2007 and from which national averages are compared, and Falah Baseline Household Survey conducted which was conducted in 2008 in Dera Ghazi Khan to draw district level comparison.

Basic Awareness about Family Planning: The study affirms universal awareness of at least one contraceptive method, as found at the national level in PDHS 2006 – 2007 and in the baseline study conducted for Falah project. See table 14 for comparison.

	<i>PDHS</i>	<i>Falah</i>	<i>Present Study</i>
Urban	98.5	97.3	96.3
Rural	94.6	100.0	95.0
Total	95.9	99.7	95.3

Awareness about Family Planning Methods: In terms of awareness of individual contraceptive methods, the study reaffirms near universal awareness of pills, injectables and IUD, as had been found in PDHS and Falah baseline study. The study also reaffirms limited awareness of emergency contraceptive pills, implants and rhythm as some other available contraceptive methods. This affirms that there is near universal awareness of female specific methods as oppose to male-specific methods, which could also be due to family planning campaigns and workers reaching to prospective women users mainly. The study also reaffirms greater awareness of modern contraceptive methods as compared to traditional methods; similar to what has been found in PDHS and Falah baseline study. See following tables for comparison.

	<i>Pill s</i>	<i>Inject .</i>	<i>IU D</i>	<i>Implant s</i>	<i>Condom s</i>	<i>EC P</i>	<i>Withdrawal</i>	<i>Rhythm</i>	<i>Female sterilize .</i>	<i>Male sterilize .</i>
PDHS	91.7	89.5	74.8	32.1	68.1	18.0	48.9	49.2	86.7	40.7
Falah	99.3	98.1	98.8	51.1	85.9	15.7	82.7	10.9	98.5	88.3
Present	87.3	87.9	78.7	6.2	59.3	6.5	32.6	7.3	52.0	23.3

<i>Knowledge</i>	<i>PDHS</i>	<i>Falah</i>	<i>Present Study</i>
On average (methods)	6.0	-	4.8
Aware of any modern method	95.7	99.7	99.6
Aware of any traditional method	63.8	84.0	52.5

Sources of Supply for Modern Contraceptive Methods: By cross-tallying each and every source of supply against the contraceptive method for its correctness or incorrectness reveals some

interesting findings. As mentioned earlier, up to three responses for sources of supply were recorded for each recalled contraceptive method. Table 17 provides percentage distribution of responses recorded for sources of supply for recalled contraceptive methods.

For female specific methods, knowledge of sources of supply was found to be above 90%. Same is true for condoms. However, knowledge on sources of supply of male sterilization, implants and emergency contraceptive pill was found to be considerably less than the average. In case of male sterilization and implants, more than one-fourth of the respondents did not know any source of supply.

**Table 17: Percentage FP knowledge in terms of sighting correct source of recalled modern methods**

	<i>Female Sterilize.</i>	<i>Male Sterilize</i>	<i>Pills</i>	<i>Inject.</i>	<i>IUD</i>	<i>Implants</i>	<i>Condom</i>	<i>ECP</i>
Incorrect	3.8	3.3	-	1.2	0.5	5.8	-	29.2
1 source	76.2	68.1	29.4	35.3	38.9	43.9	21.7	56.8
2 sources	16.7	9.4	46.2	46.1	46.0	23.3	42.6	5.6
3 sources	-	-	20.2	13.1	11.8	0.9	30.2	-
Don't Know	3.3	19.2	4.2	4.3	2.9	26.1	5.5	8.4

Side-Effects of Contraceptive Methods: Similarly, up to three responses were recorded for possible side-effects for each contraceptive method which were recalled by the respondents. Interestingly, a large proportion of respondents considered a number of modern methods to have no side-effects at all. More than half of the respondents considered male sterilization to have no side-effects and some what similar proportion considered emergency contraceptive pill to have no side-effects also. Eight out ten respondents believe condoms are without side-effects. Around one-fifth of the respondents considered pills, injectables and IUDs to have no side-effects at all (see table 18).

**Table 18: Percentage FP knowledge in terms of sighting correct side-effects of recalled methods of contraception**

	<i>Pills</i>	<i>Inject.</i>	<i>IUD</i>	<i>Implants</i>	<i>Condoms</i>	<i>ECP</i>	<i>Female sterilize.</i>	<i>Male sterilize.</i>
Incorrect	9.2	6.4	5.0	8.0	8.3	5.2	33.0	5.6
1 source	43.9	53.5	49.8	8.6	0.8	12.1	20.3	7.3
2 sources	18.8	18.9	16.9	0.6	-	2.0	2.2	0.4
3 sources	2.4	1.3	1.4	0.3	-	0.4	-	-
None	19.4	17.3	19.5	35.8	80.8	52.0	31.9	55.8
Don't Know	6.4	9.0	7.4	46.8	10.1	28.2	11.6	30.9

Around half to two-thirds of the respondents had correctly sighted the side-effects for female-specific methods i.e. pills, injectables and IUDs. In case of pills, injectables and IUDs, around half of the respondents could only sight one possible side-effect. The proportion of those who could sight two or three side-effects of recalled modern contraceptives was found to extremely

minimal. The information clearly reveals that respondents who are aware of methods have considerably limited knowledge about their possible side-effects (see table 18).

Quality of Family Planning Knowledge: Applying four-factor analysis after recall of contraceptive method to a respondents' ability to explain method's usage, its effectiveness in terms of preventing pregnancy, provide a source of supply and a side-effect, the survey found considerable drop in family planning awareness. Significant drop is observed across all methods, as much as two-thirds in awareness of pills, injectables and IUDs. Knowledge for implants, condoms and emergency contraceptive pills becomes almost negligible. The greatest drop, however, is observable in the awareness of female sterilization; where nine out of ten respondents are unable to either fully explain the usage of method, its effectiveness or name a correct source of supply or its side-effect. Overall, the survey found two-thirds drop (61.5%) in the awareness of family planning methods. See table below and annexure table 12 for further details.

		<i>Pills</i>	<i>Inject.</i>	<i>IUD</i>	<i>Implants</i>	<i>Condom</i>	<i>ECP</i>	<i>Female Sterilize.</i>	<i>Male Sterilize</i>
Recall		87.3	87.9	78.3	6.2	59.2	6.5	51.9	23.3
Could explain	% points drop	18.8	10.8	11.1	1.2	4.5	1.6	15.9	6.9
Knows effectiveness		1.0	4.6	3.5	1.6	3.9	0.7	0.6	0.1
Knows a source		0.6	2.7	1.9	0.7	0.7	0.9	0.3	0.7
Knows a side-effect		21.4	19.2	16.0	0.7	49.6	3.2	27.3	13.9
Overall drop		41.8	37.4	32.5	4.2	58.7	6.4	44.1	21.7
Quality knowledge		45.5	50.4	45.8	2.0	0.6	0.1	7.8	1.6

Current and Ever Use of Family Planning: The survey has found higher level of contraceptive prevalence for both current and ever-use. While the gap between ever-use and current-use remains almost similar as found in other surveys, whether at national or district levels, there is increase in the ever-users and current-users of family planning methods. While no conclusive reasoning is available for this high level of prevalence, it could be due to the reason that district Dera Ghazi Khan has been a target-district for two major USAID funded projects – PAIMAN and Falah – aimed at improving family planning status. This study has been conducted after three years of intervention from these two projects combined on improving family planning status in the district. It could also be due to the reason that the survey focused only on family planning and the interview was itself of short duration which kept respondent's attention. Another probable reason, though not confirmed, is the slightly unusual high level of literacy (49.4%) and educational attainment of 8.6 years among the respondents. This is due to the selection of respondents where in sampled households if more than one eligible respondent was available the youngest was selected, which naturally had higher levels of literacy and educational attainment. This would have had impacted family knowledge and its usage.

	<i>PDHS</i>	<i>Falah</i>	<i>Present study*</i>
Ever Use	48.7	44.1	56.9
Current Use	29.6	26.6	38.8

*\*Weighted for regional disparity in sample*

Source of Family Planning Knowledge: The survey has signified the importance of community-based health worker, i.e., who have had reached half of the respondents with family planning messages in past one year. Furthermore, it shows the importance of television as compared to any other mass-communication channel, especially the ever decreasing reach of radio in settled districts of Pakistan. The survey also shows that family planning campaign not only has to reach to women through health workers but to other family members also, especially husbands, who are equally important in imparting family planning knowledge and influencing decision regarding contraceptive choices and initiation for married women.

Average Methods Known by Women of Reproductive Ages: PDHS had found, on average, six methods known by currently married women of reproductive ages, which in this study considered as awareness. The survey has found awareness of 4.8 methods on average among currently married women of reproductive ages. Applying four-factor analysis of respondent's ability to explain method's usage, its effectiveness in terms of preventing pregnancy, a source of supply and a side-effect, the survey found more than 50% decrease in the average methods known to currently married women to 2.3 methods from 4.8 methods. There is only slight regional variation and among ever-users of contraceptive, the average knowledge of methods is slightly higher. However, interestingly the average knowledge of methods further falls to 2 for current users. This could be due to recent inception of contraception by current-user with limited knowledge of its different dimensions.

<i>Knowledge</i>	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
On average (methods' awareness)	4.9	4.7	4.8
On average (methods' knowledge)			
Overall	2.4	2.3	2.3
Ever-user	2.6	2.4	2.5
Current-user	2.4	1.8	2.0

Knowledge of any modern method has decreased to 89.4% from 99.6% awareness of any modern method.



## VIII. CONCLUSION

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The study has shown nearly two-thirds drop when awareness of family planning methods is extended to respondents' knowledge of its usage, effectiveness, source of supply and side-effects. However, this drop could have been much higher as the selected sample is skewed towards literate respondents due to the study design. Due to limitedness of the study, only one respondent was interviewed from surveyed households and in cases where there were more than one eligible respondent, the youngest was selected, who was more than often better education than her older family members. This has culminated in increasing the overall literacy around 50.0% and educational attainment of nearly nine years. Another important factor to consider is that district Dera Ghazi Khan has been the focus of two major USAID funded initiatives aimed at improving family planning status which must have positive impact on district's indicators. It is recommended that:

1. A similar study is conducted in a district which has not been focus of any major initiative aimed at improving family planning status;
2. The study interviews all eligible women in sampled households;
3. Quantitative studies are supplemented by collecting and analyzing information through focus group discussions and in-depth interviews to delve further into dimension, sources of supply and side-effects of family planning methods.

The study has found a decrease to 2.3 methods on average known to currently married women from their awareness of 4.8 methods on average confirming the study's hypothesis for a need to look more closely into the universality of family planning knowledge.

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## IX. REFERENCES

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## X. ANNEXURE DOCUMENTS

### 1: Questionnaire

Subject: Knowledge about Family Planning Knowledge:  
 Respondent: Currently Married Women of Reproductive Ages (15 – 45 years):

*[If there are more than one eligible respondent in a household, select the one who has recently married.]*

*My name is XYZ. My colleagues and I are conducting a survey on some societal issues on behalf of a government's institute. First of all, I am thankful to you that you have taken out time for this interview. I ensure you that what ever we discuss in this interview will not lead to your identification. Therefore, I truly hope that you will whole heartedly participate in this interview and will not hesitate in responding to my questions. Your cooperation and participation in this survey will help us immensely to improve the quality of our work. If there are any questions to which you would not like to respond to then you have complete freedom in that regard. If you have any questions about this survey or this interview, you may please ask me now or after the completion of this interview.*

*With you permission, I would now like to start the interview.*

<b>Session I: Household Identification</b>			
District: Dera Ghazi Khan		1. Date of Interview: _____ March, 2011	
2. Tehsil:		3. Type of community	
Dera Ghazi Khan	01	Rural	01
Taunsa Sharif	02	Urban	02
4. Name of Union Council:		5. Name of village/Neighborhood:	
6. Result of interview:		7. Name of interviewer:	
Completed	01		
Incomplete	02		
Others (specify)	77		
<i>Marital Status of the Respondent</i>			
<i>Current Married</i>	<i>01 [continue with the interview]</i>		
<i>Divorced</i>	<i>02 [terminate interview]</i>		
<i>Widow</i>	<i>03 [terminate interview]</i>		
<i>Unmarried</i>	<i>04 [terminate interview]</i>		
<i>Separated</i>	<i>05 [terminate interview]</i>		

<b>Session II: Background Information about the Respondent</b>	
Q 1: What is your name?	
Q 2: Is this your first Marriage?	Yes (skip to Q4) 01 No 02
Q 3: How old were you when you first got married? <i>[in years]</i>	__   __ (Go to Q4)
Q 4: How old were you when you got married? <i>[in years]</i>	__   __ (Go to Q4)
Q5: How many children you currently have; how many boys and how many girls?	Total: __   __ Boys: __   __ Girls: __   __
Q 6: Can you read and write?	Yes 01 No (skip to Q8) 02
Q 7: To what class have you obtained formal education? <i>[education in completed years only, in case of no formal education or of less than a year then write 00]</i>	__   __
Q 8: Can your husband read and write?	Yes 01 No (skip to Q10) 02
Q 9: To what class has your husband obtained formal education? <i>[education in completed years only, in case of no formal education or of less than a year then write 00]</i>	__   __
Q 10: How many people, including children, live at your home permanently?	__   __
Q11: In your opinion, who decides about the desired number of children for a married couple? <i>[multiple responses]</i>	Couple 01 Family members 02 God's will 03 Other [specify] 77 Don't know/Can't tell 99
Q12: In your opinion, is there any relation between mother's health and her number of children?	Yes 01 No 02
Q13: In your opinion, is there any relation between number of children and their parents' socioeconomic situation?	Yes 01 No 02
Q14: In your opinion, those who have more children have better socioeconomic status?	Yes (skip to Q16) 01 No 02 No relation 03 Other [specify] 77 Don't know/Can't say 99

Q15: Then in your opinion, those who have more children have poor socioeconomic status?		Yes	01
		No	02
		No relation	03
		Other [specify]	77
		Don't know/Can't say	99
Q 16: Have you ever heard about family planning?		Yes	01
		No [skip to section III)	02
Q 17: What is family planning? <i>[multiple responses]</i>	Limitation	01	
	Spacing	02	
	Delayed marriage	03	
	Number of children	04	
	Timing of birth	05	
	Other [specify]	77	
	Don't know/Can't say	99	
<i>Move to section III</i>			

Session III: Family Planning Knowledge			
Q 1a: Can you please tell me all those methods through which a couple can either delay or prevent pregnancy? <i>First circle only those methods which are mentioned spontaneously.</i>			Don't Know [99] [Skip to Q1b]
Q 1.1: Female Sterilization	Spontaneous [01] Prompted [02]	Q 2.1a: Can you tell me what female sterilization is?  <i>"Women have an operation to get their tubes cut/block/seal to avoid having pregnancies."</i>	Explained Fully [01] Explained Partially [02] Could not Explain [03] Don't Know [99]
	Don't Know [03] [skip to Q1.2]	Q 2.1b: From where can woman get sterilization? <i>See codebook; up to three responses</i>	___ ___ ___ Don't Know [99]
		Q 2.1c: For how long does female sterilization prevent woman from becoming pregnant?	Forever [01] [Specify] Other [77] Don't know [99]
		Q 2.1d: Are there any side effects of female sterilization?	Yes [01] No [02] [Skip to Q2.2a] Don't Know [99] [Skip to Q2.2a]
		Q 2.1e: What are the side effects of female sterilization? <i>See codebook; up to three responses</i>	___ ___ ___ Don't Know [99]
		Q 2.2a: Can you tell me what male sterilization is?  <i>"Men have an operation to avoid pregnancies."</i>	Explained Fully [01] Explained Partially [02] Could not Explain [03] Don't Know [99]
Q 1.2: Male Sterilization	Spontaneous [01] Prompted [02]	Q 2.2a: Can you tell me what male sterilization is?  <i>"Men have an operation to avoid pregnancies."</i>	Explained Fully [01] Explained Partially [02] Could not Explain [03] Don't Know [99]
	Don't Know [03] [skip to Q1.3]	Q 2.2b: From where can a man get sterilization? <i>See codebook; up to three choices</i>	___ ___ ___ Don't Know [99]
		Q 2.2c: For how long does male sterilization prevent a couple from pregnancy?	Forever [01] [Specify] Other [77] Don't know [99]
		Q 2.2d: Are there any side effects of having male sterilization?	Yes [01] No [02] [Skip to Q2.3a] Don't Know [99] [Skip to Q2.3a]
		Q 2.2e: What are the side effects of having male sterilization? <i>See codebook; up to three responses</i>	___ ___ ___ Don't Know [99]

Q 1.3: Birth Control Pills	Spontaneous [01] Prompted [02]	Q 2.3a: Can you explain how birth control pills are used?  <i>“Women take a pill every day to avoid pregnancy for 28 days and then start a new cycle of pills.”</i>	Explained Fully [01] Explained Partially [02] Could not Explain [03] Don’t Know [99]
	Don’t Know [03] [skip to Q1.4]	Q 2.3b: From where can one get birth control pills? <i>See codebook; up to three responses</i>	___ ___ ___  Don’t Know [99]
		Q 2.3c: For how long does a woman remain protected from becoming pregnant while using birth control pills?	As long as used [01] Other (specify) [77] Don’t know [99]
		Q 2.3d: Are there any side effects of taking birth control pills?	Yes [01] No [02] [Skip to Q2.4a] Don’t Know [99] [Skip to Q2.4a]
		Q 2.3e: What are the side effects of taking birth control pills? <i>See codebook; up to three responses</i>	___ ___ ___  Don’t Know [99]
Q 1.4: IUD	Spontaneous [01] Prompted [02]	Q 2.4a: How is IUD used?  <i>“Women have a loop or coil placed inside them by a doctor or a trained health worker.”</i>	Explained Fully [01] Explained Partially [02] Could not Explain [03] Don’t Know [99]
	Don’t Know [03] [skip to Q1.5]	Q 2.4b: From where can a woman get IUD placed inside? <i>See codebook; up to three responses</i>	___ ___ ___  Don’t Know [99]
		Q 2.4c: Once inserted, for how long can an IUD provide protection from pregnancy?	5 to 12 years [01] Other (specify) [02] Don’t Know [99]
		Q 2.4d: Are there any side effects of using IUD?	Yes [01] No [02] [Skip to Q2.5a] Don’t Know [99] [Skip to Q2.5a]
		Q 2.4e: What are the side effects of using IUD? <i>See codebook, up to three responses</i>	___ ___ ___  Don’t Know [99]
Q 1.5: Injectables	Spontaneous [01] Prompted [02]	Q 2.5a: Can you tell me how injectables are used?  <i>“Women get an injection by a health provider that stops them from becoming pregnant.”</i>	Explained Fully [01] Explained Partially [02] Could not Explain [03] Don’t Know [99]
	Don’t Know [03] [skip to Q1.6]	Q 2.5b: From where can a woman get injectables? <i>See codebook; multiple choices</i>	___ ___ ___  Don’t Know [99]

		Q 2.5c: For how long does an injectable protect you from becoming pregnant?	Up to 3/4 months [01] [Specify] Other [77] Don't know [99]
		Q 2.5d: Are there any side effects of injectables?	Yes [01] No [02] [Skip to Q2.6a] Don't Know [99] [Skip to Q2.6a]
		Q 2.5e: What are the side effects of injectables? <i>See codebook; up to three responses</i>	___ ___ ___ Don't Know [99]
Q 1.6: Implants	Spontaneous [01] Prompted [02]	Q 2.6a: Can you please explain me how implants are used?	Explained Fully [01] Explained Partially [02] Could not Explain [03] Don't Know [99]
	Don't Know [03] [skip to Q1.7]	<i>"Women have small rods placed in their arm by a doctor or nurse."</i>	
		Q 2.6b: From where can a woman get implants placed? <i>See codebook; multiple choices</i>	___ ___ ___ Don't Know [99]
		Q 2.6c: For how long does an implant protect woman from becoming pregnant?	Up to three years [01] [Specify] Other [77] Don't know [99]
		Q 2.6d: Are there any side effects of implants?	Yes [01] No [02] [Skip to Q2.7a] Don't Know [99] [Skip to Q2.7a]
		Q 2.6e: What are the side effects of implants? <i>See codebook; up to three responses</i>	___ ___ ___ Don't Know [99]
	Q 1.7: Condom	Spontaneous [01] Prompted [02]	Q 2.7a: Can you please tell me how condoms are used?
Don't Know [03] [skip to Q1.8]		<i>"Men put a rubber sheath/cover on their organ before intercourse."</i>	
		Q 2.7b: From where can one get condoms? <i>See codebook; up to three responses</i>	___ ___ ___ Don't Know [99]
		Q 2.7c: For how long does a condom protect a couple from becoming pregnant?	Used every time [01] [Specify] Other [77] Don't know [99]
		Q 2.7d: Are there any side effects of using condoms?	Yes [01] No [02] [Skip to Q2.8a] Don't Know [99] [Skip to Q2.8a]
		Q 2.7e: What are the side effects of using condoms? <i>See codebook; up to three responses</i>	___ ___ ___ Don't Know [99]



Q 1.8: Emergency Contraceptive Pills	Spontaneous [01] Prompted [02]	Q 2.8a: Can you please tell me when emergency contraceptive pills are taken?  <i>“Women take a pill after an unprotected intercourse.”</i>	Explained Fully [01] Explained Partially [02] Could not Explain [03] Don't Know [99]
	Don't Know [03] [skip to Q1.9]	Q 2.8b: From where can one get emergency contraceptives pills? <i>See codebook; up to three responses</i>	___ ___ ___  Don't Know [99]
		Q 2.8c: Within what time limit a woman needs to take emergency contraceptive pill after an unprotected sex?	Within 24 Hours [01] Other (specify) [77] Don't Know [99]
		Q 2.8d: Are there any side effects of using emergency contraceptive pills?	Yes [01] No [02] [Skip to Q2.9a] Don't Know [99] [Skip to Q2.9a]
		Q 2.8e: What are the side effects of using emergency contraceptive pills? <i>See codebook; up to three responses</i>	___ ___ ___  Don't Know [99]
Q 1.9: Calendar / Rhythm Method	Spontaneous [01] Prompted [02]	Q 2.9a: Can you please explain me how is rhythm / calendar method used?  <i>“Couple avoids having sex on days every month when wife is most likely to become pregnant.”</i>	Explained Fully [01] Explained Partially [02] Could not Explain [03] Don't Know [99]
	Don't Know [03] [skip to Q1.10]	Q 2.9b: Are there any side effects of practicing rhythm as a family planning method?	Yes [01] No [02] [Skip to Q2.10a] Don't Know [99] [Skip to Q2.10a]
		Q 2.9c: What are the side effects of practicing rhythm as a family planning method? <i>See codebook; up to three responses</i>	___ ___ ___  Don't Know [99]
Q 1.10: Withdrawal	Spontaneous [01] Prompted [02]	Q 2.10a: Can you please tell me how withdrawal is used?  <i>“Men are careful while having intercourse to withdraw from sex before ejaculation.”</i>	Explained Fully [01] Explained Partially [02] Could not Explain [03] Don't Know [99]
	Don't Know [03] [skip to Q1.11]	Q 2.10b: Are there any side effects of practicing withdrawal as a family planning method?	Yes [01] No [02] [Skip to Q2.11a] Don't Know [99] [Skip to Q2.11a]
		Q 2.10c: What are the side effects of practicing withdrawal as a family planning method? <i>See codebook; up to three responses</i>	___ ___ ___  Don't Know [99]

Q 1.11: Exclusive Breastfeeding (LAM)	Spontaneous [01] Prompted [02]  Don't Know [03] [skip to Q3]	Q 2.11a: Can you please explain how exclusive breastfeeding is used for family planning?  <i>"To have exclusively breastfed a newborn soon after birth for six months before the start of cycle."</i>	Explained Fully [01] Explained Partially [02] Could not Explain [03] Don't Know [99]
		Q. 2.11b: Are there any side effects of using exclusive breastfeeding as a family planning method?	Yes [01] No [02] [Skip to Q3] Don't Know [99] [Skip to Q3]
		Q. 2.11c: What are the side effects for using exclusive breastfeeding as a family planning method? <i>See codebook; up to three responses</i>	___ ___ ___  Don't Know [99]
Q 1.12 Others	Other (specify) [77]		↑
<p style="text-align: center;"><i>Q. 1.b: Now prompt for all those methods, by naming the method only, which have not been mentioned spontaneously. Start from question 1.1 to question 1.12.</i></p> <p style="text-align: center;">Have you ever heard of &lt;&lt;Method Name&gt;&gt;?</p>			
<p><i>Q 2: Now ask for each method mentioned either spontaneously or through prompt. Start from question 2.1a through 2.11c. _____</i></p>			
Q 3: Have you or your husband ever used anything or tried in any way to delay or avoid pregnancy?		Yes [01] [Skip to Q 8] No [02]	
Q 4: Which method you or your husband has ever used to delay or avoid pregnancy? <i>Multiple responses</i>		Pills [01] Injectables [02] IUD [03] Implants [04] Condoms [05] Emergency Pill [06] Withdrawal [07] Rhythm [08] LAM [09] F. Sterilization [10] [Skip to Q: 8]  M. Sterilization [11] [Skip to Q: 8]  Other (specify) [77] Don't know [99]	
Q 5: Are you currently pregnant?		[Skip to Q: 8] Yes [01] No [02]	
Q 6: Are you yourself or your husband currently using anything or trying in any way to delay or avoid pregnancy?		Yes [01] [Skip to Q: 8] No [02]	

Q 7: Which method are you or your husband currently using to delay or avoid pregnancy? <i>You may circle more than one if needed.</i>	Pills [01] Injectables [02] IUD [03] Implants [04] Condoms [05] Emergency Pill [06] Withdrawal [07] Rhythm [08] LAM [09] Other (specify) [77] Don't know [99]
Q 8: In last one year, were you visited by a Lady Health Worker or any other fieldworker who talked about family planning?	Yes [01] No [02]
Q 9: Please try to recall whether you received message on family planning on any of these in last one month:	Television [01] Radio [02] Mag./Newspaper [03] None [04]
Q 10: Have you ever received a message on family planning on any of these?	Television [01] Radio [02] Mag./Newspaper [03] None [04]
Q 11: What has been the most important source of information for you on family planning?	Husband [01] Mother-in-law [03] Other relative [03] Friend [04] Health Provider [05] Television [06] Radio [07] Mag./Newspaper [08] Other (specify) [77]
Q 12: Who would you consult first if you needed more information on family planning?	Husband [01] Mother-in-law [03] Other relative [03] Friend [04] Health Provider [05] Don't need info. [06] Other (specify) [77]
<i>Thank your respondent for her time and attention and terminate the interview.</i>	

**Codebook:**

<i>Options to be used from Q2.1b to Q2.10b</i>	<i>Option to be use for Q2.1e to Q2.8e and 2.9c to 2.11c</i>
<p>Sources:</p> <p>Public Sector</p> <p style="padding-left: 40px;">Govt. Hospital [01] Rural Health Center [02] Family Welfare Center [03] Mobile Service Camp [04] Lady Health Workers [05] Lady Health Visitors [06] Basic Health Unit [07] Male Mobilizers [08] Other [specify] [77]</p> <p>Private Sector</p> <p style="padding-left: 40px;">Hospital/Clinic [11] Pharmacy/Chemist [12] Doctor [13] Homeopath [14] Dispensary [15] Compounder [16] Other [specify] [17]</p> <p>Other Sources</p> <p style="padding-left: 40px;">Shop (not pharmacy) [21] Friend/Relative [22] <i>Hakeem</i> [23] Dai, Traditional Birth Attendant [24] Other (specify) [27]</p> <p style="padding-left: 80px;">Don't Know [99]</p>	<p>Side effects:</p> <p>Medical</p> <p style="padding-left: 40px;">Headache [01] Nausea [02] Skin irritation [03] Dark patches on face [04] Breast tenderness [05] High blood pressure [06] Vision problem [07] Constipation [08]</p> <p>Physiological</p> <p style="padding-left: 40px;">Increased menstruation [11] Infrequent menstruation [12] No/less menstruation [13] Menstrual cramping [14] Weight gain [15] Feel weak [16] Feel unattractive [17] Depression [18] Hair loss [19]</p> <p>Other Sources</p> <p style="padding-left: 40px;">Other (specify) [77] Don't know [99]</p>

<b>2: Field Plan</b>					
<i>Serial Number</i>	<i>Union Council</i>	<i>Village/Block</i>	<i>Tehsil</i>	<i>Teams</i>	<i>Field Days</i>
1	Urban Area – 1	Bihari Colony	D. G. Khan	1	Sunday, 13 March 2011
2	Urban Area – 2	Chorhata Khas	D. G. Khan	2	Sunday, 13 March 2011
3	Urban Area – 3	Shakir Town	D. G. Khan	3	Sunday, 13 March 2011
4	Urban Area – 4	Mujahidabad	D. G. Khan	4	Sunday, 13 March 2011
5	Urban Area – 5	T-Block	D. G. Khan	1	Monday, 14 March 2011
6	Urban Area – 6	Allahbad Colony	D. G. Khan	2	Monday, 14 March 2011
7	Urban Area – 1	Taunsa Sharqi	Taunsa Sharif	3	Monday, 14 March 2011
8	Urban Area – 2	Taunsa Gharbi	Taunsa Sharif	4	Monday, 14 March 2011
9	Sakhi Sarwar Sahib	Sakhi Sarwar Sahib	D. G. Khan	1	Tuesday, 15 March 2011
10	Gadai Sharqi	Gadai Sharqi	D. G. Khan	2	Tuesday, 15 March 2011
11	Chorotta Pachahad Shumali PC	Chorotta Pachahad Shumali	D. G. Khan	3	Tuesday, 15 March 2011
12	Chorotta Pachahad Shumali PC	Chorotta Pachahad Janubi	D. G. Khan	4	Tuesday, 15 March 2011
13	Smena Sharqi	Smena Sharqi	D. G. Khan	1	Wednesday, 16 March 2011
14	Chak Jaluhar	Chak Jaluhar	D. G. Khan	2	Wednesday, 16 March 2011
15	Hyderwahin	Shedani	D. G. Khan	3	Wednesday, 16 March 2011
16	Basti Malana	Basti Malana	D. G. Khan	4	Wednesday, 16 March 2011
17	Ganmen Sandhila	Basti Shahali	D. G. Khan	1	Thursday, 17 March 2011
18	Bakhar Wah Sharqi	Bakhar Wah Sharqi	D. G. Khan	2	Thursday, 17 March 2011
19	Halla	Halla	D. G. Khan	3	Thursday, 17 March 2011
20	Hazara	Hazara	D. G. Khan	4	Thursday, 17 March 2011
21	Nautak Mahmeed	Nautak Mahmeed	D. G. Khan	1	Friday, 18 March 2011
22	Khan Pir Janubi	Khan Pir Janubi	D. G. Khan	2	Friday, 18 March 2011

<b>2: Field Plan</b>					
<i>Serial Number</i>	<i>Union Council</i>	<i>Village/Block</i>	<i>Tehsil</i>	<i>Teams</i>	<i>Field Days</i>
23	Paigana	Paigana	D. G. Khan	3	Friday, 18 March 2011
24	Mana Ahmadani Sharqi	Mana Ahmadani Sharqi	D. G. Khan	4	Friday, 18 March 2011
25	Juni PC	Hota Hatwani	D. G. Khan	1	Saturday, 19 March 2011
26	Shadan Lund	Shadan Lund Chak Danda	D. G. Khan	2	Saturday, 19 March 2011
27	Chabri Zairin PC	Tibi Essran	D. G. Khan	-	-
28	Chak Jhangale PC	Chak Jhangale	D. G. Khan	-	-
29	Tibi Kharak PC	Tibi Kharak	D. G. Khan	-	
30	Choolani PC	Basti Usman Shah	Taunsa Sharif	3	Saturday, 19 March 2011
31	Kot Mahoyee PC	Jhok Rahnja	Taunsa Sharif	4	Saturday, 19 March 2011
32	Chorkun PC	Gadi Shumali	Taunsa Sharif	1	Sunday, 20 March 2011
33	Nutkani	Nutkani	Taunsa Sharif	2	Sunday, 20 March 2011
34	Litri Janubi PC	Chhatri Maalohra	Taunsa Sharif	3	Sunday, 20 March 2011
35	Basti Buzdar PC	Basti Buzdar	Taunsa Sharif	4	Sunday, 20 March 2011
36	Sokar PC	Binda	Taunsa Sharif	-	-
37	Veho Wa Janubi PC	Vehowa Janubi	Taunsa Sharif	-	-

<b>3: Field Team</b>				
<i>Serial Number</i>	<i>Name</i>	<i>Team</i>	<i>Highest Degree</i>	<i>Survey Experience</i>
1	Ms. Quratulain Hashmi	1	B-Ed	3 years
2	Ms. Sehrish Khan	1	BA	2 years
3	Mr. Muhammad Faisal Siddiq	1	BS	3 month
4	Mr. Bunair Ali	2	Master	1 ½ years
5	Ms. Rubina Baloch	2	Master	7 years
6	Ms. Kaneez Rubab	2	BA	2 ½ years
7	Mr. Qadir	3	Master	7 years
8	Ms. Asma Umair	3	Master	3 years
9	Ms. Shahida Parveen	3	Master	3 years
10	Mr. Syed Niaz Hussain	4	Master	3 years
11	Ms. Rabail Kanwal	4	B-Ed	3 years
12	Ms. Nasreen Akhter	4	BA	6 month

**XI. ANNEXURE TABLES**

<b>Annexure Table 1: Background Characteristics of Respondents by Region</b>						
<i>Indicators</i>	<i>Urban</i>		<i>Rural</i>		<i>Total</i>	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Respondents	188	27.2	504	72.8	692	100.0
Dera Ghazi Khan	146	28.0	376	72.0	522	75.4
Taunsa Sharif	42	27.2	128	75.3	170	24.6
Age at marriage (average)	18.8		17.7		18.0	
Less than 15 years	14	7.4	46	9.1	60	8.7
Less than 18 years	94	50.0	302	59.9	396	57.2
18 – 22 years	56	29.8	118	23.4	174	25.1
23 – 25 years	16	8.5	21	4.2	37	5.3
26 years or above	6	3.2	8	1.6	14	2.0
Number of children (average)	3.5		3.7		3.6	
0 – 2	70	37.2	168	33.3	238	34.4
3 – 4	63	33.5	160	31.7	223	32.2
5 – 8	48	25.5	168	32.1	210	30.3
9 or above	7	3.7	14	2.8	21	3.0
Literacy status (respondent)	144	76.6	198	39.3	342	49.4
Respondent's education (average)	9.3		8.1		8.6	
5 years of less	36	25.0	76	38.4	112	32.7
6 - 8 years	22	15.3	38	19.2	60	17.5
9 - 12 years	59	41.0	59	29.8	118	34.5
13 years or above	27	18.8	25	12.6	52	15.2
Literacy status (husband)	161	85.6	312	61.9	473	68.4
Husband's education (average)	10.7		9.1		9.6	
1 -5 years	19	11.8	61	19.6	80	16.9
6 - 8 years	23	14.3	70	22.4	93	19.7
9 - 12 years	72	44.7	150	48.1	222	46.9
13 years or above	47	29.2	31	9.9	78	16.5
Household size (average)	8.1		9.2		9.6	
4 or less members	23	12.4	46	9.3	69	10.1
5 - 8 members	105	56.8	216	43.6	321	47.2
9 or above members	57	30.8	47.1	47.6	290	42.6



<b>Annexure Table 2: Basic Awareness and Attitude about Family Planning by Region</b>						
<i>Questions</i>	<i>Urban</i>		<i>Rural</i>		<i>Total</i>	
	<i>Number</i>	<i>Percentage</i>	<i>Number</i>	<i>Percentage</i>	<i>Number</i>	<i>Percentage</i>
Have you ever heard about family planning?						
Yes	180	96.3	475	95.0	655	95.3
No	7	3.7	25	5.0	32	4.7
What is family planning?*						
Spacing	151	85.8	411	86.2	562	86.1
Limitation	65	36.9	151	31.7	216	33.1
Timing of birth	13	7.4	16	3.4	29	4.4
Family size	4	2.3	5	1.0	9	1.4
Other	4	2.3	18	3.8	22	3.4
Who decides about the desired number of children for a married couple?						
Couple	127	67.6	325	65.0	452	65.7
Family members	5	2.7	14	2.8	19	2.8
God's will	54	28.7	160	32.0	214	31.1
Other	2	1.1	1	0.2	3	0.4
Is there any relation between mother's health and her number of children?						
Yes	183	97.3	479	95.2	662	95.8
No	5	2.7	24	4.8	29	4.2
Is there any relation between number of children and parents' socioeconomic situation?						
Yes	183	97.3	485	96.6	668	96.8
No	5	2.7	17	3.4	22	3.2
Those who have more children have better socioeconomic status?						
Yes	12	6.4	35	7.0	47	6.8
No	162	86.2	442	87.9	604	87.4
No relation	14	7.4	24	4.8	38	5.5
Those who have more children have poor socioeconomic status?						
Yes	157	87.2	428	88.8	585	88.4
No	15	8.3	26	5.4	41	6.2
No relation	8	4.4	24	5.0	32	4.8
* Multiple responses						

<b>Annexure Table 3: Awareness of Family Planning by number of Methods Known by Region</b>				
<i>Knowledge</i>		<i>Urban</i>	<i>Rural</i>	<i>Total</i>
On average		4.9	4.7	4.8
Modern Methods		4.2	3.9	4.0
Knows no method	No.	2	1	3
	%	1.1	0.2	0.4
Knows any method	No.	186	503	689
	%	98.9	99.8	99.6
Knows any modern method	No.	186	503	689
	%	98.9	99.8	99.6
Knows any traditional method	No.	79	284	363
	%	62.0	45.3	52.5
Knows one method	No.	4	7	11
	%	2.1	1.4	1.6
Knows two methods	No.	12	29	41
	%	6.4	5.8	5.9
Knows three methods	No.	26	87	113
	%	13.8	17.3	16.3
Knows four methods	No.	41	132	173
	%	21.8	26.2	25.0
Knows five methods	No.	35	102	137
	%	18.6	20.2	19.8
Knows six methods	No.	25	69	94
	%	13.3	13.7	13.6
Knows seven methods	No.	25	44	69
	%	13.3	8.7	10.0
Knows eight methods	No.	10	23	33
	%	5.3	4.6	4.8
Knows nine methods	No.	3	9	12
	%	1.6	1.8	1.7
Knows ten methods	No.	2	1	3
	%	1.1	0.2	0.4
Knows eleven methods	No.	3	0	3
	%	1.6	0.0	0.4

<b>Annexure Table 4: Awareness of Family Planning by Methods and Region</b>				
<i>By Method</i>		<i>Urban</i>	<i>Rural</i>	<i>Total</i>
Birth control pills	No.	154	449	603
	%	82.4	74.5	87.3
Birth control Injectables	No.	162	446	608
	%	86.2	88.5	87.9
Intrauterine device (IUD)	No.	145	397	542
	%	77.5	79.1	78.7
Implants	No.	23	20	43
	%	12.3	4.0	6.2
Condoms	No.	138	272	410
	%	73.8	54.0	59.3
Emergency contraceptive pill	No.	22	23	45
	%	11.8	4.6	6.5
Withdrawal	No.	57	168	225
	%	30.5	33.4	32.6
Rhythm	No.	18	32	50
	%	9.6	6.4	7.3
Lactational amenorrhea method (LAM)	No.	48	194	242
	%	25.8	39.0	35.4
Female sterilization	No.	103	256	359
	%	54.8	50.9	52.0
Male sterilization	No.	60	101	161
	%	32.1	20.1	23.3

<b>Annexure Table 5: Family Planning Knowledge by Respondent's Ability to Explain Contraceptive Method</b>									
<i>Methods (Knowledge)</i>	<i>Urban</i>			<i>Rural</i>			<i>Overall</i>		
	<i>Fully Explained</i>	<i>Partially Explained</i>	<i>Could Not Explain</i>	<i>Fully Explained</i>	<i>Partially Explained</i>	<i>Could Not Explain</i>	<i>Fully Explained</i>	<i>Partially Explained</i>	<i>Could Not Explain</i>
Birth control pills	120	18	16	354	56	40	474	74	56
	77.9%	11.7%	10.4%	78.7%	12.4%	8.9%	78.5%	12.3%	9.3%
Birth control Injectables	146	8	8	387	37	22	533	45	30
	90.1%	4.9%	4.9%	86.8%	8.3%	4.9%	87.7%	7.4%	4.9%
Intrauterine device (IUD)	124	10	11	341	35	21	465	45	32
	85.5%	6.9%	7.6%	85.9%	8.8%	5.3%	85.8%	8.3%	5.9%
Implants	19	4	0	16	3	1	35	7	1
	82.6%	17.4%	.0%	80.0%	15.0%	5.0%	81.4%	16.3%	2.3%
Condoms	131	6	1	248	21	3	379	27	4
	94.9%	4.3%	.7%	91.2%	7.7%	1.1%	92.4%	6.6%	1.0%
Emergency contraceptive pill (31.6%)	19	1	2	15	5	3	34	6	5
	86.4%	4.5%	9.1%	65.2%	21.7%	13.0%	75.6%	13.3%	11.1%
Withdrawal	52	5	0	141	19	8	193	24	8
	91.2%	8.8%	.0%	83.9%	11.3%	4.8%	85.8%	10.7%	3.6%
Rhythm	14	1	3	19	12	1	33	13	4
	77.8%	5.6%	16.7%	59.4%	37.5%	3.1%	66.0%	26.0%	8.0%
Lactational amenorrhea method (LAM)	38	9	1	169	23	4	207	32	5
	79.2%	18.8%	2.1%	86.2%	11.7%	2.0%	84.8%	13.1%	2.0%
Female sterilization	76	15	12	173	55	28	249	70	40
	73.8%	14.6%	11.7%	67.6%	21.5%	10.9%	69.4%	19.5%	11.1%
Male sterilization	37	10	13	76	11	14	113	21	27
	61.7%	16.7%	21.7%	75.2%	10.9%	13.9%	70.2%	13.0%	16.8%
<i>Overall</i>	<i>83.4</i>	<i>9.4</i>	<i>7.2</i>	<i>82.1</i>	<i>11.7</i>	<i>6.1</i>	<i>82.5</i>	<i>11.1</i>	<i>6.4</i>

<b>Annexure Table 6: Family Planning Knowledge by Respondent's Ability to Explain Modern Method's Effectiveness in terms of Preventing Pregnancy by Region</b>			
<i>Methods (Knowledge)</i>	<i>Urban</i>	<i>Rural</i>	<i>Overall</i>
Birth control pills	138	409	547
	89.6%	90.9%	90.6%
Birth control Injectables	145	412	557
	89.5%	92.4%	91.6%
Intrauterine device (IUD)	130	377	507
	89.7%	95.0%	93.5%
Implants	16	14	30
	69.6%	70.0%	69.8%
Condoms	128	251	379
	92.8%	92.3%	92.4%
Emergency contraceptive pill	19	13	32
	86.4%	59.1%	72.7%
Female sterilization	99	249	348
	96.1%	97.3%	96.9%
Male sterilization	54	95	149
	90.0%	95.0%	93.1%

<b>Annexure Table 7: Percentage Distribution of Sources of Modern Method's as Reported by Respondents by Sources and Method Type</b>								
	<i>Female Sterilization</i>	<i>Male Sterilization</i>	<i>Pills</i>	<i>Injectables</i>	<i>IUD</i>	<i>Implants</i>	<i>Condoms</i>	<i>ECP</i>
Govt. Hospital	589	392	345	482	473	190	228	116
	87.1%	75.2%	50.1%	70.6%	72.8%	57.6%	36.1%	46.4%
Rural Health Center	30	5	29	44	46	7	23	4
	4.4%	1.0%	4.2%	6.4%	7.1%	2.1%	3.6%	1.6%
Family Welfare Center	73	32	57	90	91	22	29	19
	10.8%	6.1%	8.3%	13.2%	14.0%	6.7%	4.6%	7.6%
Mobile Service Camp	38	11	4	19	24	1	4	82
	5.6%	2.1%	0.6%	2.8%	3.7%	0.3%	0.6%	32.8%
Lady Health Worker	8	2	357	169	31	4	312	5
	1.2%	0.4%	51.9%	24.7%	4.8%	1.2%	49.4%	2.0%
Lady Health Visitor	5		28	59	67	4	8	1
	0.7%	0.0%	4.1%	8.6%	10.3%	1.2%	1.3%	0.4%
Basic Health Unit	33	11	7	22	25	4	4	
	4.9%	2.1%	1.0%	3.2%	3.8%	1.2%	0.6%	0.0%
Mother and Child Health Center	2	1	3	13	15	1	7	
	0.3%	0.2%	0.4%	1.9%	2.3%	0.3%	1.1%	0.0%
Private Hospital / Clinic	122	57	54	117	193	46	26	20
	18.0%	10.9%	7.8%	17.1%	29.7%	13.9%	4.1%	8.0%
Pharmacy	1		319	29	4	2	410	142
	0.1%	0.0%	46.4%	4.2%	0.6%	0.6%	64.9%	56.8%
Doctor	139	80	55	131	156	68	9	8
	20.6%	15.4%	8.0%	19.2%	24.0%	20.6%	1.4%	3.2%
Homeopath			5	7	5	1		1
	0.0%	0.0%	0.7%	1.0%	0.8%	0.3%	0.0%	0.4%
Dispensary	1		3	4	1		3	
	0.1%	0.0%	0.4%	0.6%	0.2%	0.0%	0.5%	0.0%

<b>Annexure Table 7: Percentage Distribution of Sources of Modern Method's as Reported by Respondents by Sources and Method Type</b>								
	<i>Female Sterilization</i>	<i>Male Sterilization</i>	<i>Pills</i>	<i>Injectables</i>	<i>IUD</i>	<i>Implants</i>	<i>Condoms</i>	<i>ECP</i>
General Store / Shop		1	10	1			200	11
	0.0%	0.2%	1.5%	0.1%	0.0%	0.0%	31.6%	4.4%
Dai			1		10			
	0.0%	0.0%	0.1%	0.0%	1.5%	0.0%	0.0%	0.0%
Compounder				2	1			
	0.0%	0.0%	0.0%	0.3%	0.2%	0.0%	0.0%	0.0%
Friend / Relative				1				
	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%
Other	20	4	2	6	13	1	1	
	3.0%	0.8%	0.3%	0.9%	2.0%	0.3%	0.2%	0.0%
Don't Know	24	101	29	29	19	87	35	22
	3.6%	19.4%	4.2%	4.2%	2.9%	26.4%	5.5%	8.8%
<b>Total</b>	676	521	688	683	650	330	632	250

<b>Annexure Table 8: Respondents Views on Methods' Side-Effects</b>									
<i>Contraceptive Methods</i>	<i>Urban</i>			<i>Rural</i>			<i>Total</i>		
	<i>Yes</i>	<i>No</i>	<i>Don't know</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
Birth control pills	123	24	7	336	90	24	459	114	31
	79.9%	15.6%	4.5%	74.7%	20.0%	5.3%	76.0%	18.9%	5.1%
Birth control Injectables	127	25	10	324	82	40	451	107	50
	78.4%	15.4%	6.2%	72.6%	18.4%	9.0%	74.2%	17.6%	8.2%
Intrauterine device (IUD)	105	24	16	301	73	23	406	97	39
	72.4%	16.6%	11.0%	75.8%	18.4%	5.8%	74.9%	17.9%	7.2%
Implants	8	6	9	5	11	4	13	17	13
	34.8%	26.1%	39.1%	25.0%	55.0%	20.0%	30.2%	39.5%	30.2%
Condoms	31	97	10	16	243	13	47	340	23
	22.5%	70.3%	7.2%	5.9%	89.3%	4.8%	11.5%	82.9%	5.6%
Emergency contraceptive pill	2	16	4	3	12	8	5	28	12
	9.1%	72.7%	18.2%	13.0%	52.2%	34.8%	11.1%	62.2%	26.7%
Withdrawal	4	52	1	9	153	6	13	205	7
	7.0%	91.2%	1.8%	5.4%	91.1%	3.6%	5.8%	91.1%	3.1%
Rhythm	0	15	3	0	32	0	0	47	3
	.0%	83.3%	16.7%	.0%	100.0%	.0%	.0%	94.0%	6.0%
Lactation amenorrhea method (LAM)	15	33	0	48	142	6	63	175	6
	31.3%	68.8%	.0%	24.5%	72.4%	3.1%	25.8%	71.7%	2.5%
Female sterilization	68	27	8	130	105	21	198	132	29
	66.0%	26.2%	7.8%	50.8%	41.0%	8.2%	55.2%	36.8%	8.1%
Male sterilization	5	38	17	13	68	20	18	106	37
	8.3%	63.3%	28.3%	12.9%	67.3%	19.8%	11.2%	65.8%	23.0%
<i>Overall</i>	<i>52.5%</i>	<i>38.4%</i>	<i>9.1%</i>	<i>50.2%</i>	<i>42.8%</i>	<i>7.0%</i>	<i>50.8%</i>	<i>41.6%</i>	<i>7.6%</i>



<b>Annexure Table 9: Respondent's Views on Methods Side-Effects</b>											
	<i>Female Sterilization</i>	<i>Male Sterilization</i>	<i>Pills</i>	<i>Injectables</i>	<i>IUD</i>	<i>Implants</i>	<i>Condoms</i>	<i>ECP</i>	<i>Withdrawal</i>	<i>Rhythm</i>	<i>LAM</i>
Headache	41	12	80	51	36	9	3	10	5	1	4
	6.0%	13.3%	8.8%	5.8%	3.9%	10.3%	4.1%	12.0%	16.1%	16.7%	1.4%
Nausea	5	2	35	19	9	6	0	7	0	0	41
	.7%	2.2%	3.8%	2.2%	1.0%	6.9%	.0%	8.4%	.0%	.0%	14.9%
Skin problems	1	0	6	7	6	4	5	0	0	0	0
	.1%	.0%	.7%	.8%	.6%	4.6%	6.8%	.0%	.0%	.0%	.0%
Spots on face	4	0	14	4	2	1	0	0	0	0	2
	.6%	.0%	1.5%	.5%	.2%	1.1%	.0%	.0%	.0%	.0%	.7%
Breast tenderness	0	0	2	0	3	0	0	0	0	0	2
	.0%	.0%	.2%	.0%	.3%	.0%	.0%	.0%	.0%	.0%	.7%
Sight problems	52	2	88	95	60	5	4	8	1	0	34
	7.6%	2.2%	9.6%	10.8%	6.5%	5.7%	5.5%	9.6%	3.2%	.0%	12.3%
Constipation	2	0	6	3	5	0	0	0	1	0	1
	.3%	.0%	.7%	.3%	.5%	.0%	.0%	.0%	3.2%	.0%	.4%
Problems with menstruation	198	4	352	401	396	22	5	27	3	2	29
	28.9%	4.4%	38.5%	45.6%	42.8%	25.3%	6.8%	32.5%	9.7%	33.3%	10.5%
Pain	73	8	26	34	75	9	4	4	1	0	153
	10.6%	8.9%	2.8%	3.9%	8.1%	10.3%	5.5%	4.8%	3.2%	.0%	55.4%
Weight gain	181	15	109	128	136	12	8	2	3	0	0
	26.4%	16.7%	11.9%	14.6%	14.7%	13.8%	11.0%	2.4%	9.7%	.0%	.0%
Feeling weak	93	34	159	112	106	12	7	18	14	1	0
	13.6%	37.8%	17.4%	12.7%	11.4%	13.8%	9.6%	21.7%	45.2%	16.7%	.0%
Hair loss	0	0	0	0	1	0	0	0	0	0	0
	.0%	.0%	.0%	.0%	.1%	.0%	.0%	6.0%	.0%	.0%	.0%
Depression	4	0	0	2	1	0	0	0	0	0	8

<b>Annexure Table 9: Respondent's Views on Methods Side-Effects</b>											
	<i>Female Sterilization</i>	<i>Male Sterilization</i>	<i>Pills</i>	<i>Injectables</i>	<i>IUD</i>	<i>Implants</i>	<i>Condoms</i>	<i>ECP</i>	<i>Withdrawal</i>	<i>Rhythm</i>	<i>LAM</i>
	.6%	.0%	.0%	.2%	.1%	.0%	.0%	.0%	.0%	.0%	2.9%
Problem with intercourse	2	3	1	1	46	0	8	0	2	2	1
	.3%	3.3%	.1%	.1%	5.0%	.0%	11.0%	.0%	6.5%	33.3%	.4%
Other	30	10	36	22	44	7	29	7	1	0	1
	4.4%	11.1%	3.9%	2.5%	4.8%	8.0%	39.7%	8.4%	3.2%	.0%	.4%

<b>Annexure Table 10: Ever and Current Use of Family Planning by Contraceptive Methods and Region</b>							
<i>Contraceptive Methods</i>	<i>% / N</i>	<i>Ever Used*</i>			<i>Currently Using**</i>		
		<i>Urban</i>	<i>Rural</i>	<i>Overall</i>	<i>Urban</i>	<i>Rural</i>	<i>Overall</i>
Prevalence***	N	60	328	388	44	197	241
	%	72.3	54.8	56.9	58.7	36.1	38.8
Birth control pills	N	43	81	124	8	16	24
	%	31.6	29.3	30.1	8.1	9.6	9.1
Birth control Injectables	N	41	96	137	8	22	30
	%	30.1	34.8	33.3	8.1	13.3	11.3
Intrauterine device (IUD)	N	45	100	145	10	31	41
	%	33.1	36.2	35.2	10.1	18.7	15.5
Implants	N	1	0	1	-	-	-
	%	0.7	.0	0.2	-	-	-
Condoms	N	74	100	174	33	44	77
	%	54.4	36.2	42.2	33.3	26.5	29.1
Emergency contraceptive pill	N	3	1	4	1	0	1
	%	2.2	0.4	1.0	1.0	0.0	0.4
Withdrawal	N	37	60	97	21	30	53
	%	27.2	21.7	23.5	21.2	18.1	19.2
Rhythm	N	1	1	2	-	-	-
	%	0.7	0.4	0.5	-	-	-
Lactation amenorrhea method (LAM)	N	3	4	7	-	-	-
	%	2.2	1.4	1.7	-	-	-
Female sterilization	N	19	31	50	19	31	50
	%	14.0	11.2	12.1	19.2	18.7	18.9
Male sterilization	N	4	2	6	4	2	6
	%	2.9	0.7	1.5	4.0	1.2	2.3

*\*multiple responses*  
*\*\*multiple responses and excluding currently pregnant women*  
*\*\*\*weighted for regional disparity in sample*

<b>Annexure Table 11: Sources of Family Planning Knowledge by Region</b>						
<i>Questions</i>	<i>Urban</i>		<i>Rural</i>		<i>Total</i>	
	<i>Number</i>	<i>Percentage</i>	<i>Number</i>	<i>Percentage</i>	<i>Number</i>	<i>Percentage</i>
Were you visited by a Lady Health Worker or any other fieldworker who talked about family planning?						
Yes	96	51.1	252	50.0	348	50.3
No	92	48.9	252	50.0	344	49.7
Whether you received message on family planning on any of these in last one month?						
Television	114	60.6	236	46.8	350	50.6
Radio	7	3.7	37	7.3	44	6.4
Newspaper/Magazine	17	9.0	18	3.6	35	5.1
None	70	37.2	253	50.2	323	46.7
Have you ever received a message on family planning on any of these?						
Television	137	72.9	305	60.5	442	63.9
Radio	10	5.3	47	9.3	57	8.2
Newspaper/Magazine	29	15.4	34	6.7	63	9.1
None	45	6.5	180	26.0	225	32.5
What has been the most important source of information for you on family planning?						
Husband	20	10.6	27	5.4	47	6.8
Mother-in-law	6	3.2	15	3.0	21	3.0
Family member	41	21.8	161	31.9	202	29.2
Friend	5	2.7	16	3.2	21	3.0
Health worker	79	42.0	187	37.1	266	38.4
Television	33	17.6	71	14.1	104	15.0
Radio	0	0.0	11	2.2	11	1.6
Newspaper/Magazine	1	0.5	3	0.6	4	0.6
Who would you consult first if you needed more information on family planning?						
Husband	21	11.2	49	9.7	70	10.1
Mother-in-law	5	2.7	20	4.0	25	3.6
Family member	4	2.1	15	3.0	19	2.7
Friend	0	0.0	3	0.6	3	0.4
Health worker	155	82.4	402	79.9	557	80.6
Other	3	1.6	14	2.8	17	2.5

<b>Annexure Table 12: Quality of Family Planning Knowledge by Method among Respondents</b>					
<i>Contraceptive Methods</i>	<i>Recall</i>	<i>Recall and ability to explain usage of method</i>	<i>Recall, ability to explain usage and knows method's effectiveness</i>	<i>Recall, ability to explain usage, knows effectiveness and a correct source of supply</i>	<i>Recall, ability to explain usage, knows effectiveness, correct source of supply and side-effects</i>
Birth control pills	604	474	467	463	315
	87.3	68.5	67.5	66.9	45.5
Birth control Injectables	608	533	501	482	349
	87.9	77.0	72.4	69.7	50.4
Intrauterine device (IUD)	542	465	441	428	317
	78.3	67.2	63.7	61.8	45.8
Implants	43	35	24	19	14
	6.2	5.1	3.5	2.7	2.0
Condoms	410	379	352	347	4
	59.2	54.8	50.9	50.1	0.6
Emergency contraceptive pill	45	34	29	23	1
	6.5	4.9	4.2	3.3	0.1
Female sterilization	359	249	245	243	54
	51.9	36.0	35.4	35.1	7.8
Male sterilization	161	113	112	107	11
	23.3	16.3	16.2	15.5	1.6