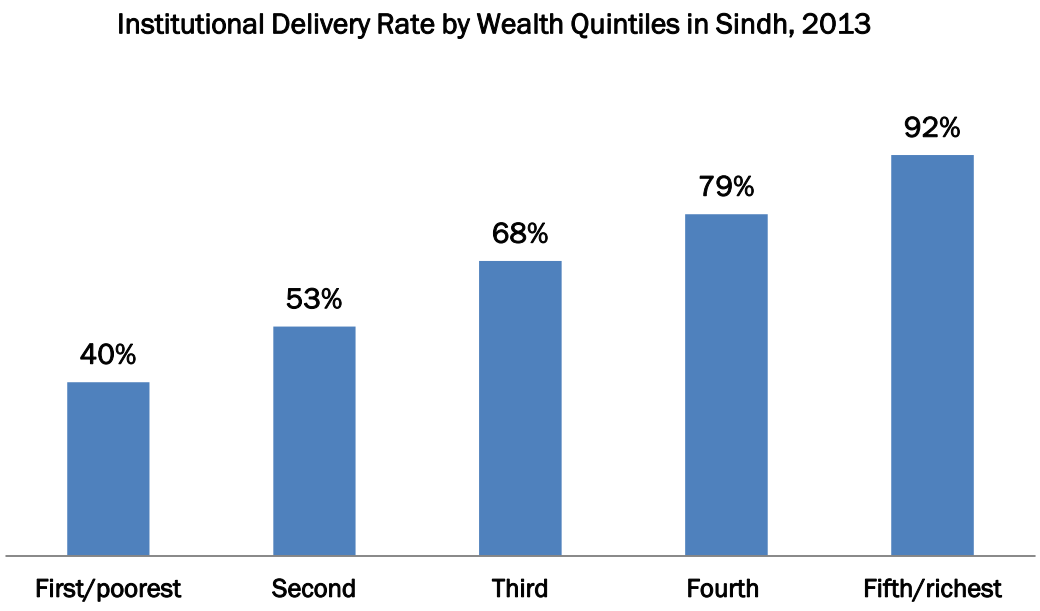
Maternal and Child Health (MCH) Program Indicator Survey 2013 Sindh Province



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ACRONYMS AND ABBREVIATIONS

ANC	Antenatal care
BHU	Basic health unit
CPR	Contraceptive prevalence rate
DHS	Demographic and Health Survey
FP	Family planning
IUD	Intrauterine device
LHV	Lady Health Visitor
LHW	Lady Health Worker
MCH	Maternal and child health
MCHIP	Maternal and Child Health Integrated Program
MMR	Maternal mortality ratio
MNCH	Maternal, newborn and child health
MNH	Maternal and newborn health
NGO	Nongovernmental organization
ORT	Oral rehydration therapy
PPHI	People's Primary Healthcare Initiative
PPS	Probability Proportionate to Size
RH	Reproductive health
SBA	Skilled birth attendant
TBA	Traditional birth attendant
TFR	Total fertility rate
USAID	U.S. Agency for International Development

ACKNOWLEDGMENTS

This report presents findings of the Maternal and Child Health (MCH) Program Indicator Survey, conducted by the Maternal, Newborn and Child Health (MNCH) Services Component of the U.S. Agency for International Development (USAID)/Pakistan's Maternal and Child Health (MCH) Program. This publication was made possible through support provided by USAID, under the terms of Associate Cooperative Agreement No. AID-391-LA-13-00001, Maternal, Newborn and Child Health Services Project. The opinions expressed herein are those of the authors and do not necessarily reflect the views of USAID.

The data collection for this survey was contracted to a Pakistani research firm, AC Nielsen Pakistan, with substantial experience in conducting national-level household surveys in Pakistan. The data analysis for this survey was conducted by Sohail Agha, PhD, Director, Monitoring and Evaluation, MNCH Services Component. The report was written by Dr. Sohail Agha and Emma Williams, MHS, Monitoring and Evaluation Advisor.

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EXECUTIVE SUMMARY

PURPOSE

The Maternal and Child Health (MCH) Program Indicator Survey 2013 was conducted to provide data on key indicators required to monitor the implementation of maternal, newborn, and child health (MNCH) and family planning/reproductive health interventions in Sindh and Punjab provinces under a five-year MCH Program funded by the U.S. Agency for International Development. This report presents findings for Sindh province. A separate report will be prepared for the Punjab.

METHODS AND STUDY DESIGN

A multi-stage, stratified sampling design was used to select mothers from eligible women—women who had a live birth during the past two years. All 23 districts of Sindh were included in the survey. In total, data were collected from 4,000 women who had had a live birth in the two years before the survey. In the first three years, the MNCH Services Component of the MCH Program has focused its activities on 10 rural districts[1]: Dadu, Khairpur, Tando Allahyar, Thatta, Tharparkar, Jacobadad, Naushero Feroz, Sanghar, Sukkur, and Umerkot. This survey provides estimates for key indicators for the 10 focus districts, for 12 comparison districts of Sindh and for Karachi.

SAMPLE CHARACTERISTICS

The mean age of respondents in the sample was 27 years. On average, respondents had three living children. About 39% of respondents lived in major urban areas, 10% in smaller urban areas and 51% in rural areas. Overall, 57% of women in the sample had no formal education, 19% had primary or middle level schooling, and 24% had secondary or higher level schooling.

The 10 focus districts had poor quality housing infrastructure. Only 7% of houses in the focus districts had roofs made of cement or brick, compared to 15% in the 12 comparison districts and 61% in Karachi. Poverty was more concentrated in the 10 focus districts than in the 12 comparison districts: among women in the poorest wealth quintile in Sindh, 56% were from the 10 focus districts, 42% were from the 12 comparison districts and 2% were from Karachi. Only 14% of houses in the focus districts had water piped into the dwelling, compared to 26% of houses in the comparison districts and 68% of houses in Karachi. On average, 8.7 persons lived in a house in the focus districts, compared to 8.8 in the comparison districts and 7.2 in Karachi. Just over half of houses in the focus and comparison districts had only one room for sleeping, compared to one-third of houses in Karachi.

ANTENATAL CARE

Overall, 82% of women received at least one antenatal care (ANC) checkup, and just over half had four or more checkups. In the focus districts, 74% of women had at least one antenatal check-up, and 35% had at least four. About 70% of ANC is provided by the private sector. Most women received specific elements of antenatal care, such as blood pressure measurement (81%), urine testing (73%), blood tests (72%), iron supplementation (65%), 2+ tetanus immunizations (61%), weight measurement (56%), and counseling about danger signs (24%). However, only 11% of all women and 4% of women in the focus districts received all seven of these services.

LABOR, DELIVERY AND POSTNATAL CARE

[1] These focus districts were selected in consultation with the Government of Sindh. District selection was done on the basis of district level information on MNCH services utilization rates available from the Pakistan Social and Living Standards Measurement Survey 2011-12, expert knowledge of the availability of 24/7 MNCH facilities and the lack of presence of other large scale donor-funded MNCH projects in focus districts.

The skilled birth attendance rate was 55% among women in the focus districts, 67% in the comparison districts and 84% in Karachi. Institutional delivery rates were slightly lower (52%, 65% and 82%, respectively). Disparities by women's education were pronounced, as 55% of women with no formal education delivered with a skilled birth attendant, and 94% of women with secondary or higher education did so. In the focus districts, women were split evenly between home birth and private sector delivery, while only 13% delivered in public facilities. In Karachi, 8% of women used misoprostol after a home birth, while only 1% in the focus and comparison districts used this medication. The cesarean section rate also showed a marked differential between the rural districts and Karachi, as expected; the rate was 12% in the focus districts, 15% in the comparison districts, and 24% in Karachi. In total, 54% of women received a postnatal check-up within two days of delivery, and large differences existed between the focus districts (36%), comparison districts (51%), and Karachi (75%).

FERTILITY INTENTIONS AND CONTRACEPTIVE USE

Among this sample of women who had delivered within the past two years, 12–13% in the focus and comparison districts and 8% in Karachi were pregnant at the time of the survey. About one-quarter of women in the focus and comparison districts and half the women in Karachi had used contraceptives previously. Overall, current contraceptive use among women who had delivered in the last two years was 24%. About 16% of women in the focus and comparison districts and 39% in Karachi were using contraceptives at the time of the survey. There were substantial differentials in contraceptive use by household wealth: 8% of women in the poorest quintile were current contraceptive users, compared to 38% in the richest wealth quintile. Among current contraceptive users, the four most common methods of contraception were condoms (34%), injectables (21%), traditional methods (13%), and pills (12%). In the focus districts, 41% of women used injectables, while female sterilization, pills, and condoms each represented 14–17% of contraceptive use. In major cities, 78% of contraceptives are obtained from the private sector. In rural areas and small cities, the private and public sectors are equally important sources of contraception.

NEWBORN, INFANT, AND CHILD CARE

The World Health Organization recommends that bathing of newborns be postponed for at least six hours. In Pakistan, however, about 52% of newborns in Sindh and 54% in the focus districts were bathed in the first six hours. Weighing of newborns is recommended, but only 14% of newborns in the focus districts were weighed. This indicator varied substantially by wealth: 6% of newborns in the poorest wealth quintile, compared to 60% of newborns in the richest wealth quintile were weighed. However, among newborns who were alive but did not cry or breathe at birth, 60% received an intervention that would be considered appropriate[2]—rubbing, massaging, and drying the baby, clearing the mouth and airway, using a bag and mask for ventilation, or giving oxygen. Some women reported the newborn was slapped, which is not indicated.

Child nutrition indicators measured included colostrum and semiannual Vitamin A supplementation. More than three-quarters of newborns, and 71% in the focus districts, were given colostrum. Vitamin A supplementation reached just under half of children under two years of age in Sindh.

Vaccine coverage was extremely variable by type of vaccine, with the lowest being pentavalent 3 (30%) and the highest being BCG (70%). Coverage of all basic vaccines reached a minority of children in the province (22%). Differentials by wealth in complete vaccination were large: 6% of children ages 12–23 months in the poorest quintile, compared to 38% of children in the richest quintile, had received all basic vaccines recommended in the first year.

Mothers were asked to report diarrhea and fever occurrence, treatment, and care-seeking for the preceding two weeks. In the province, 35% of mothers reported that their child under two had an

[2] Most women (81%) who reported that their newborn did not cry at birth were those who delivered at a health facility.

episode of diarrhea, and 4% reported blood in the stool during the episode. Of children with diarrhea, 80% were taken to a health care provider and 68% were given oral rehydration therapy (ORT). Fever was reported in 41% of children, and 78% of children with fever were taken to a health facility for care. Differentials in these indicators by region were not large.

HEALTH COMMUNICATION

Women were asked about their exposure to health information during the past 12 months. Overall, these findings reflect a surprisingly low level of exposure to information about maternal and child health, breastfeeding and birth spacing among recent mothers for whom such information is likely to be of great importance. About 43% of women received no maternal and child health related information during the last 12 months. The most common sources of information were doctors, relatives and friends, and mothers-in-law. The poorest women had extremely low access to mass media: 14% of women in the poorest quintile reported watching television at least once a week, compared to 82% women in the richest quintile.

CONCLUSIONS

The findings demonstrate very substantial disparities in health services utilization between poor and wealthy households in Sindh. The disparities exist across a wide range of indicators along the continuum of care - from antenatal care to immunization. The burden of high fertility and low contraceptive use remain challenges, and the intention to use contraception is low even among women who have attained their desired family size. These problems are compounded by the fact that the majority of women in Sindh do not have access to maternal and child health information. Finally, the findings demonstrate that the focus districts were slightly worse than comparison district in terms of health service utilization indicators.

REPORT OVERVIEW

This report presents the results from the Maternal and Child Health (MCH) Program Indicator Survey, a household survey conducted in Sindh and Punjab provinces, to provide population-based estimates of the levels of utilization of maternal, newborn, and child health services, provision of key evidence-based interventions during service contacts, and practice of desirable maternal, newborn and child health (MNCH)/family planning (FP) behaviors in the home. This report presents findings from Sindh province of the first round/baseline of the MCH Program Indicator Survey. The survey will be repeated another four times, in 2014, 2015, 2016, and 2017. These baseline survey findings will be used to refine interventions that will be implemented under the U.S. Agency for International Development's (USAID's) MCH Program and to measure changes in key MNCH indicators over time. The survey is designed to provide estimates for key MNCH indicators in 10 focus districts in Sindh, in 12 comparison districts in Sindh, and in Karachi. The Punjab findings will be presented in a separate report. Subsequent survey rounds will assess the changes in service utilization and coverage over time and will help determine whether the utilization of MNCH services becomes more equitable over time.

The following is an overview of the chapters included in this report.

Chapter 1, Background, Survey Methodology:

- Provides context related to maternal, newborn, and child health in Pakistan, with an emphasis on Sindh province.
- Describes the content of the questionnaires, sampling strategy, data collection methods, data analysis and survey weighting, and other aspects of study design.

Chapter 2, Respondent Characteristics:

- Describes the women who participated in the survey and how they compare to Demographic and Health Survey (DHS) respondents.

Chapter 3, Reproductive Health Care: Antenatal, Labor & Delivery, and Postnatal Care:

- Presents data on the number and timing of antenatal visits and the services provided, such as use of tetanus toxoid immunization and iron-folate supplements.
- Documents baseline rates of antenatal care (ANC), skilled birth attendance, and institutional delivery and how the rates vary by maternal socio-demographic factors.
- Outlines current usage of postnatal health services for mothers and newborns, as well as essential newborn care practices, such as thermal care and resuscitation.

Chapter 4, Fertility Preferences and Contraceptive Use:

- Reports on postpartum women's use of contraception and their intentions regarding future childbearing and use of family planning.

Chapter 5, Newborn, Infant, and Child Health:

- Describes coverage of immunization and use of oral rehydration solution.

Chapter 6, Communication Exposure:

- Documents sources of exposure to information about health topics, from health care workers, mass media, and other sources.

1. BACKGROUND AND METHODOLOGY

BACKGROUND

National Health Indicators[3]

Pakistan is a populous and geographically diverse nation, facing a heavy burden of maternal and neonatal mortality. Pakistan has not made sufficient progress to reach Millennium Development Goals 4 and 5. Key challenges to progress include insufficient investment in the health sector as well as broader issues such as political instability, security and conflict, vulnerability to natural disasters, low female education and the lack of empowerment of women in rural areas. Marked inequities in health outcomes are present between rural and urban areas and between lower and higher socioeconomic levels. Shortages of health professionals, particularly of nurses and midwives, are a significant constraint on the provision of MCH services.

With the highest population growth and birth rates in South Asia, the population of Pakistan is expected to surpass 300 million by 2050. The overall maternal mortality ratio (MMR), which was measured in 2006–07, is 276, with a much higher ratio in rural areas (319) compared to urban areas (175), reflecting disparities in availability of and access to skilled birth attendants (SBAs). The main causes of maternal death are postpartum hemorrhage (27%), puerperal sepsis (14%), and indirect causes (13%). The national under-five mortality has shown a decline, from 117 deaths per 1,000 live births in for the 1986–1990 period to 89 for the 2007–11 period. However, the neonatal mortality rate has stagnated. According to preliminary results from the 2012–13 DHS, the neonatal mortality rate for the 2007–2011 period was 55 deaths per 1,000 live births. The primary causes of under-five child death are birth asphyxia (22%), sepsis (14%), pneumonia (13%), and diarrhea (11%), with low birth weight, undernutrition, or both factors underlying many of these deaths.

Sindh Province

About 24% of Pakistan's population lives in Sindh province, which includes Karachi as well as 22 predominantly rural districts which lack health infrastructure. At the time of writing this report, the most complete source of population-level health data for Sindh province was the Pakistan DHS 2006–07. This study found that the neonatal mortality rate in Sindh was 53, the infant mortality rate was 81, and the under-five mortality rate was 101. With a total fertility rate (TFR) of 4.3, Sindh and Khyber-Pakhtunkhwa provinces were found to have the highest TFR in the country, compared with 3.9 in the Punjab and 4.1 in Balochistan. More than two-thirds of births occurred with less than a 36-month birth interval. Although knowledge of birth control methods was nearly universal, only 22% of currently married women in Sindh were using a modern contraceptive method in 2006–07. The Preliminary Report of the Pakistan DHS 2012–13 showed that modern contraceptive use among currently married women in Sindh reached 24.5% in 2012–13.

Government Health Services and Devolution

Significant regional and local variability has always existed in Pakistan regarding key indicators in MNCH, nutrition, and family planning. After years of debate, the functions of federal health and population welfare ministries were devolved to provincial health and population departments in 2010. In some ways, devolution has exacerbated these regional differences.[4] At the same time, it has presented an opportunity to design programs that are more responsive to

[3] The primary source for this section is: Bhutta ZA, Hafeez A, Rizvi A, Ali N, Khan A, Ahmad F, Bhutta S, Hazir T, Zaidi A, Jafarey SN. Reproductive, maternal, newborn, and child health in Pakistan: challenges and opportunities. *Lancet.* 2013 Jun 22;381(9884):2207-18. doi: 10.1016/S0140-6736(12)61999-0.

[4] Shaikh et al. 2012. Experience of devolution in district health system of Pakistan: Perspectives regarding needed reforms. *Journal Pakistan Medical Association*. 62: 68.

local needs and have greater accountability to local communities.[5] For example, community health systems—previously well-served by the extensive Lady Health Worker (LHW) program—are now particularly vulnerable, given current fiscal and managerial challenges. In Sindh, one success story includes the People's Primary Healthcare Initiative (PPHI), which has succeeded in making basic health units functional in 20 districts and ensuring the availability of staff, including female doctors in many facilities.

Private Sector Health Services

The private sector is the primary provider of MNCH services in Pakistan, with 70% of women accessing services through the private sector.[6] Private hospitals, clinics, and practitioners are by far the most common sources of care outside the home, particularly in the case of childhood illness. This sector is largely unregulated, and persistent problems include uneven quality of care, poor competency of providers, and excessively high costs.[7] However, some smaller private health care providers are organized in networks where nongovernmental organizations (NGOs) provide training in family planning service provision and conduct quality assurance visits. For example, Greenstar (http://www.greenstar.org.pk/) provides social marketing of health products through a franchised network of clinics with female providers. The Marie Stopes Society (http://mariestopespk.org) also provides social marketing and clinic-based services through its Suraj Network of providers. There are also many smaller NGOs in Sindh that have community networks for communicating health messages.

USAID'S MATERNAL AND CHILD HEALTH PROGRAM

USAID's flagship Maternal Child Health (MCH) Program supports strengthening the capacity of Pakistan's public and private sectors to deliver high-impact, evidence-based health interventions. Designed with five interconnected and mutually reinforcing components, the MCH Program aims to assist Pakistan in meeting the primary health care needs of its most marginalized and vulnerable populations—women and children—while leveraging the devolution of services from the federal government to the provincial government to increase ownership and accountability at the local level.

In Sindh Province, the MCH Program is implemented through national and international public health organizations:

1. Marie Stopes Society leads the family planning and reproductive health component, which seeks to strengthen the delivery of integrated family planning and safe motherhood services to address the unmet need of poor and hard-to-reach communities, builds networks, and strengthens care in the public and private sectors through franchising, voucher systems, and community outreach models.
2. MCHIP/Jhpiego leads the maternal, newborn and child health component supports the introduction, scale up, and further development of high-impact and evidence-based maternal, newborn, and child health interventions while incorporating birth spacing and family planning services into public and private sector healthcare facilities; and also provides technical assistance to strengthen the integration of vertical programs by the provinces. In the first three years, the MNCH component is being implemented in 10 districts of Sindh province: Tharparkar, Dadu, Khairpur, Tando Allahyar, Thatta, Jacobadad, Naushero Feroz, Sanghar, Sukkur, and Umerkot.
3. PSI/Greenstar leads the health communication component, which uses commercial marketing techniques and innovative social and behavior change communication (SBCC) to

[5] Nishtar et al. 2013. Health Reform in Pakistan: A Call to Action. *Lancet* 381 (9885) 2291–2297. Doi: 10.1016/S0140-6736(13)60813-2.
[6] Government of Pakistan and Technical Resource Facility. 2011. Situation Analysis for Post Devolution Health Sector Strategy of Sindh Province.
[7] Nishtar et al. 2013. Health Reform in Pakistan: A Call to Action. *Lancet* 381 (9885) 2291–2297. Doi: 10.1016/S0140-6736(13)60813-2.

position products and services with messages that increase knowledge, create demand, and promote healthy behaviors.

4. JSI/DELIVER leads the health commodities and supply chain component, which pprovides technical assistance to strengthen the government's capacity to estimate its requirement for health commodities and undertake transparent procurement; and also provides technical assistance to improve and sustain the commodity supply chain management and distribution system with an emphasis on the logistics management information system.
5. JSI leads the health systems strengthening component, which provides technical assistance to the public health and population sectors to reform and improve service delivery in a post-devolution operating environment by addressing governance, the workforce, information systems, and overall financing, while also supporting both supply- and demand-side initiatives and community financing innovations to reduce financial barriers for the poor.

METHODOLOGY

An important objective of the MCH Program Indicator Survey was to collect data on health services utilization indicators of for annual reporting into the USAID Results Framework. The USAID Results Framework is shown in **Appendix A**. This survey data is from 23 districts of Sindh province, from 4,000 women who have had a live birth in the last two years. This survey provides population-level estimates of key indicators for the 10 focus districts of the MCH Program, as well as for the 12 comparison districts and Karachi. The sample is representative of urban and rural areas of Sindh, of focus and comparison districts and of Karachi.

Data Collection Instruments

The survey instrument was based on the DHS instrument for Pakistan developed by Macro International, Inc. and the Knowledge, Practice and Coverage Survey instrument developed by the Johns Hopkins University/Child Survival Support Program 1990 and revised more recently by the USAID-funded MCHIP.[8] The universe for the survey consisted of all currently married women 15–49 who had had a live birth in the last two years before the survey. The survey instrument collected basic background information such as age, parity and educational status. Women were asked about aspects of health knowledge, such as steps for birth preparation and danger signs during pregnancy and delivery. They were asked about the specifics of their last pregnancy that resulted in a live birth. They were asked about health care received before, during, and after the delivery. Information about the child's immunization was obtained. Women were asked to describe any incidents of acute respiratory infection that the child experienced and what kind of treatment was given. Current and future intended practices regarding family planning and pregnancy were assessed. Finally, women were asked about their exposure to health communication messages from different sources, including specific cadres of health workers and the mass media.

The complete questionnaire is included in **Appendix B**.

[8] http://www.mchipngo.net/controllers/link.cfc?method=tools_mande

Sampling

A multi-stage stratified sampling scheme was used to select individual mothers from all eligible women in Sindh. The sampling frame was developed using the population of individual districts based on the most recent Census of Pakistan, which was carried out in 1998. Urban and rural areas in Pakistan have different pre-defined administrative structures, as shown in Table 1.

Table 1: Administrative areas of urban and rural Pakistan

URBAN PAKISTAN	RURAL PAKISTAN
Districts	Districts
Cities	Tehsils
Charges	Villages
Circles	

In rural areas, the following approach was used:

1. A disproportionate sampling approach was used to allocate the sample in different cells (districts) by oversampling smaller districts. This allows a better representation of smaller cells, by allocating them a comparatively larger sample size and having more respondents upon which to base the estimates.
2. Probability Proportionate to Size (PPS) method was used for the selection of the required number of villages.
3. In-total, a maximum 10 interviews took place in each selected village.

In urban areas, the following approach was used:

6. As in rural areas, a disproportionate sampling approach was used to allocate the sample in different cells (districts).
7. Probability Proportionate to Size (PPS) method was used for selecting the required number of cities in each selected district.
8. A minimum of 15 and maximum of 200 interviews took place in each selected city.
9. A maximum of 10 interviews took place in each selected circle within a city.

Urban Areas

In urban areas, the district was selected first, followed by urban areas, and then circles, which were the primary sampling unit in urban areas. Given the wide variation in city size within Pakistan, cities were divided into three strata based on population size, as follows: 1) more than 1 million, 2) 0.1–1 million, and 3) less than 0.1 million. In each district, the cities were listed in descending order. Subsequently, a skip interval was calculated by adding the population of all cities and dividing it by the total number of cities to be selected in the sample. This process was repeated until the skip interval value became higher that the highest population in the remaining cities. Then a cumulative population column was created and a random number within the skip interval was generated for the starting point. This process for the selection of cities was applied on each stratum within the district separately. Circles were also selected using the PPS method. In each large city, the circles were listed in descending order according to size. Then, a skip interval was calculated by adding the population of all circles and dividing it by the total number of circles to be selected in the sample. This process was repeated until the skip interval value became larger than that of the largest population in the remaining circles. Then, a cumulative population column was created and a random number within the skip interval was generated for the starting point. This selection of circles process was applied on each stratum within the large cities separately. In smaller cities, where data on circles were not available, a list was prepared of all the areas in a city and areas were selected through random sampling.

Each circle was hypothetically divided into four quadrants and a random starting point was used to conduct interviews in each quadrant. If more than one eligible respondent was present in a

household, a Kish grid was used to select one study participant from each household. In the event that the selected respondent was not present, two attempts were made to reach the respondent after the initial contact with the household. For the selection of the next house, the random walk was continued without skipping any house, until a house with an eligible respondent was identified.

Rural Areas

In rural areas, the districts were sampled and then villages. Villages are the primary sampling unit in rural areas. The villages were stratified based on whether their population was less than or equal to 3,000 or greater than 3,000. In each of these strata, the villages were first listed in descending order based on population size. Then a skip interval was calculated. The population of the villages was added, and this number was divided by the total number of villages to be selected in the sample. The process was repeated until the skip interval value became greater than the largest population in the remaining villages. Then, a cumulative population column was drawn, and a random number that fell within the skip interval was generated for selecting the starting point. The village whose cumulative population contained the randomly generated number was selected.

Sketch maps were prepared of each village upon arrival, and each selected village was divided into four quadrants. A random starting point was used. If more than one eligible respondent was present in a household, a Kish grid was used to select one study participant from each household. In the event that the selected respondent was not present, two attempts were be made to reach the respondent after the initial contact with the household. The selection of the next house was done through the random walk, as described above. Interviews were conducted in each of the four quadrants, for a total of 10 women in each village.

Informed Consent and Data Collection

Survey data were collected through face-to-face interviews with the participants, using a structured questionnaire. The data were collected on paper forms in June and July 2013, by AC Nielsen Pakistan, which has been conducting national-level household surveys in Pakistan for more than 10 years. In keeping with the gender and cultural norms of Pakistan, the study participants were contacted at their homes by female interviewers. The instruments were translated into Urdu and Sindhi, and data collectors spoke one or both of the languages.

Interviewers were cognizant of local cultural norms and had worked previously as data collectors on other studies. They were trained to ensure privacy during data collection. Interviewers obtained oral consent from the participants prior to conducting the interview. An informed consent script was read aloud to the prospective participants, and they were asked if they had questions. All respondents' questions were answered before participants were asked to provide oral consent. Interviewers were instructed to reassure women that they were not obligated to take part in the study if they did not want to and could stop the interview at any time. After getting verbal consent from the respondent, the interviewer signed the consent form, put the questionnaire number on it, and kept it in the study records. Written informed consent was not taken because of low female literacy in the study area.

Study Participants

The study participants included married women 15–49 who had had a live birth in the two years prior to the survey and who resided in the houses sampled for study participation. If more than one woman per household was eligible, one woman only was randomly selected. The overall refusal rate among respondents from 23 districts in Sindh was 15%. This was primarily due to a very high refusal rate in Karachi (38%), which is suffering from a severe breakdown of law and order. The overall refusal rate for the survey in all 22 districts except Karachi was 5%.

Data Entry, Cleaning, and Data Quality Assurance

Assessment of data quality was conducted by an Independent Quality Control (IQC) department, which is part of the Nielson Company. Below are the measures that the IQC department took to ensure data quality:

- Ensured quality of the final questionnaire by checking instructions and logical errors.
- Conducted in-depth training of interviewers and supervisors for this project.
- Provided comprehensive briefings on field protocols.
- Checked workload allocated according to standard operating procedures.
- Conducted accompaniments/observations/on-the-job-coaching.
- Conducted field validations.
- Checked the first and the last batches of filled out questionnaires thoroughly in order to ensure that the fieldwork had a comprehensive and productive start and end.

The monitoring and evaluation team of the MNCH Services Component were intensively involved in the training of interviewers and in the monitoring of data collection in the field.

An assessment of data quality was conducted by the Director of Monitoring and Evaluation of the MNCH Services Component after the data were made available for analysis. Both internal and external validity checks were conducted.

Data Analysis

The data were analyzed using the Statistical Package for the Social Sciences (SPSS). Weights were designed by the research firm to adjust the sample proportions with the universe proportions without altering the total sample size of study. After application of the weights, the weighting efficiency was analyzed.

Ethics Review

This study was approved by the Johns Hopkins Bloomberg School of Public Health Institutional Review Board and the National Bioethics Committee of Pakistan.

2. SAMPLE RESPONDENT CHARACTERISTICS

Compared to the 2006–07 Pakistan DHS sample for Sindh province, the sample for this survey was younger, with a mean age of 3.6 years younger (Table 2). This difference was expected because the MCH Program Indicator Survey sampled only women who had experienced a live birth within the past two years, whereas the DHS included all ever-married women aged 15–49. Our sample was also better educated than the 2006–07 DHS sample. For example, in the DHS sample, 33% of women in Sindh had a middle school or higher education, while this figure was 43% in our sample. This was expected because of the younger age of respondents in our sample and the secular trend of increasing female education.

Table 2: Sample characteristics of Pakistan DHS 2006–07 and MCH Program Indicator Survey 2013 in Sindh province

	PAKISTAN DHS 2006–07 (SINDH PROVINCE) (N=2,410)	MCH PROGRAM INDICATOR SURVEY (SINDH PROVINCE) (N=4,000)
Age		
15–24	25.4%	32.2%
25–34	39.4%	55.2%
35–49	35.1%	12.6%
Mean age	31.0	27.4
Mean number of living children	3.4	3.1
Residence		
Major urban	33.5%	38.4%
Other urban	11.5%	10.3%
Rural	55.0%	51.3%
Education		
No education	66.7%	56.6%
Primary or middle	16.5%	19.5%
Secondary	16.8%	23.9%

RESPONDENT DEMOGRAPHIC CHARACTERISTICS

In Sindh province, the MCH Program is focused on 10 districts in the first three years: Tharparkar, Dadu, Khairpur, Tando Allahyar, Thatta, Jacobadad, Naushero Feroz, Sanghar, Sukkur, and Umerkot. Surveys were conducted in the remaining 12 districts of Sindh so that they could serve as a comparison group. As mentioned previously, MCH Program activities are not being conducted in Karachi. Participants in the focus districts and comparison districts are similar with regard to age distribution, mean number of living children, and educational attainment (Table 3). A large proportion of focus district residents live in rural areas—78%, compared with 69% in the comparison districts. The vast majority of respondents in Karachi live in urban areas (95%). The sample in Karachi is somewhat younger, of lower parity, and better educated than the sample in more rural districts of Sindh. The levels of education and wealth are also much higher in Karachi than in the other 22 rural districts of Sindh. Women in Karachi are much more likely to speak Urdu, Punjabi, or Pashto than the women in the other

districts of Sindh, reflecting that many residents of Karachi or their families may have originated from other parts of Pakistan.

Table 3: Percentage distribution or mean value of respondent characteristics in 10 focus districts, 12 other districts and Karachi

	FOCUS DISTRICTS[1] (n=1,326)	COMPARISON DISTRICTS[2] (n=1,378)	KARACHI (n=1,296)
Age			
15–24	30.2%	29.1%	37.5%
25–34	54.7%	55.4%	55.4%
35–49	15.1%	15.5%	7.1%
Mean age	27.8	27.9	26.4
Mean number of living children	3.4	3.3	2.7
Residence			
Major urban	6.2%	16.3%	94.8%
Other urban	15.8%	14.7%	0.0%
Rural	78.0%	68.9%	5.2%
Education			
No education	72.0%	68.3%	28.5%
Primary or middle	17.0%	18.4%	23.1%
Secondary or higher	11.0%	13.3%	48.3%
Wealth			
First/poorest	33.8%	24.5%	1.2%
Second	28.4%	27.6%	3.5%
Middle	19.6%	20.2%	20.2%
Fourth	12.0%	17.2%	31.0%
Fifth/richest	6.3%	10.4%	44.2%
Language			
Sindhi	65.9%	69.0%	6.0%
Urdu	4.9%	7.3%	52.6%
Saraiki	10.2%	5.7%	5.3%
Balochi	4.4%	6.5%	6.4%
Punjabi	2.1%	3.4%%	12.3%
Marwari	5.3%	2.8%	0.7%
Pashto	0.2%	0.7%	10.8%
Other	7.0%	4.7%	5.9%

[1]The 10 focus districts for the MCH Program in the first three years are: Dadu, Khairpur, Tando Allahyar, Thatta, Tharparkar, Jacobadad, Naushero Feroz, Sanghar, Sukkur, and Umerkot.
[2]The 12 comparison districts are: Kashmore and Kandhkot, Shikarpur, Ghotki, Larkana, Kambar Shahdadkot, Shaheed Benazirabad, Matiari, Jamshoro, Mirpurkhas, Hyderabad, Tando Muhammad Khan, and Badin.

HOUSEHOLD POSSESSIONS AND MEDIA

The focus districts and the comparison districts were similar in terms of material possessions and amenities (Table 4). Although almost all houses had electricity, far more households in Karachi had other amenities, such as flush toilets, cement building materials, and natural gas for fuel. Similarly, homes in Karachi were about twice as likely to have possessions such as refrigerators, washing machines, sewing machines, and bed frames, with a few exceptions. Televisions were present in a majority of homes in the focus (53%) and the comparison districts (63%), and in almost all homes in Karachi (88%).

Television was the primary source of mass media for women who participated in the survey (Table 5). Daily television viewing was a habit for 39% of women in the focus districts, 47% in the comparison districts, and 62% in Karachi. No more than 2% listened to the radio or read a newspaper daily. Only 4–5% of households in the focus and comparison districts (and 14% of households in Karachi) had a computer in the home and only about half of that amount had Internet access. Mobile phone access was comparable in the focus and comparison districts. More than three-quarters of households had a mobile phone. Few women in the focus districts (16%) and the comparison districts (20%) had their own phone, compared with 52% of women in Karachi. However, 54% of women in the focus districts, 62% of women in the comparison districts and 82% of women in Karachi said that they could access a mobile phone when needed.

Table 4: Percentage of households with specific amenities and possessions in focus districts, comparison districts, and Karachi

	FOCUS DISTRICTS[1] (n=1,326)	COMPARISON DISTRICTS[2] (n=1,378)	KARACHI (n=1,296)
Water and sanitation			
Water is piped into dwelling	13.7	25.8	68.3
House has water pump	16.6	22.0	67.4
Flush toilet connected to piped sewer system	46.8	54.4	95.9
Housing quality			
Main material of floor is cement	31.4	40.1	94.9
Main material of roof is cement or brick	7.1	14.7	60.7
Main material of wall is cement or brick	50.0	59.5	96.6
House has only one room for sleeping	53.1	54.3	34.8
House has separate room for kitchen	36.7	43.6	91.7
Household use natural gas for fuel	26.5	38.2	92.9
House has electricity	86.5	93.5	97.7
Ownership of assets			
Radio	4.1	4.5	5.4
Television	53.0	63.4	87.8
Refrigerator	28.9	33.6	69.8
Room-cooler or air-conditioner	11.0	10.9	11.0
Washing machine	35.2	43.2	80.5
Sewing machine	37.5	43.1	75.8
Bed	38.2	44.5	85.3
Chair	20.1	25.5	56.6
Sofa	10.4	15.9	43.6

	FOCUS DISTRICTS[1] (n=1,326)	COMPARISON DISTRICTS[2] (n=1,378)	KARACHI (n=1,296)
Cupboard/cabinet	38.0	45.7	85.2
Clock	37.8	45.8	85.2
Watch	33.0	36.0	51.4
Camera	4.0	5.4	11.6
Bicycle	4.8	6.6	5.4
Motorcycle	26.3	28.6	45.1
Animal drawn cart	16.7	13.1	3.3
Agricultural land	12.7	10.7	1.8
Farm animals	40.6	34.0	2.7

[1]The 10 focus districts for the MCH Program in the first three years are: Dadu, Khairpur, Tando Allahyar, Thatta, Tharparkar, Jacobadad, Naushero Feroz, Sanghar, Sukkur, and Umerkot.
[2]The 12 comparison districts are: Kashmore and Kandhkot, Shikarpur, Ghotki, Larkana, Kambar Shahdadkot, Shaheed Benazirabad, Matiari, Jamshoro, Mirpurkhas, Hyderabad, Tando Muhammad Khan, and Badin.

Table 5: Percentage of participants with access to various types of communication in focus districts, comparison districts, and Karachi

	FOCUS DISTRICTS[1] (n=1,326)	COMPARISON DISTRICTS[2] (n=1,378)	KARACHI (n=1,296)
Proportion of respondents that:			
Watch television daily	39.1	46.9	61.7
Listen to radio daily	1.5	2.1	1.2
Read newspaper daily	1.1	0.7	1.2
Mobile phone:			
Owned by household member	74.3	79.0	88.3
Respondent can access when needed	54.2	61.8	81.6
Owned by respondent	15.6	20.4	52.1
Household has:			
Computer	4.0	5.4	13.6
Internet	1.5	2.3	5.6

[1]The 10 focus districts for the MCH Program in the first three years are: Dadu, Khairpur, Tando Allahyar, Thatta, Tharparkar, Jacobadad, Naushero Feroz, Sanghar, Sukkur, and Umerkot.
[2]The 12 comparison districts are: Kashmore and Kandhkot, Shikarpur, Ghotki, Larkana, Kambar Shahdadkot, Shaheed Benazirabad, Matiari, Jamshoro, Mirpurkhas, Hyderabad, Tando Muhammad Khan, and Badin.

3. REPRODUCTIVE HEALTH

This chapter describes the antenatal, delivery and postnatal care that women received during their most recent pregnancy. Although an exclusive focus on care during pregnancy has not been shown to have a direct impact on maternal mortality, it does have documented important effects on newborn mortality. Moreover, ANC provides an important entry point for women to the health care system. For example, research has shown that women who get ANC are more likely to have a SBA present during childbirth,[9] and skilled birth attendance is the intervention with the greatest impact in preventing maternal and neonatal mortality. ANC presents an opportunity to assess the future mother's overall condition, diagnose and treat infections, screen for anemia and HIV/AIDS, and enroll women in programs to prevent low birth weight. Postnatal check-ups have traditionally been overlooked by both women and health care providers, but these check-ups also present an important opportunity to prevent or promptly treat morbidity and to provide family planning services.

ANTENATAL CARE

The 20012–13 Pakistan DHS Preliminary Report found that 78% of women in Sindh had at least one antenatal check-up with a skilled provider, which includes doctors, nurses, lady health visitors (LHVs), and midwives. In the MCH Program Indicator Survey, women were asked where they sought ANC and what kind of provider conducted the check-ups. If women sought care from more than one source, they were asked to state the main source. Most women in Sindh received ANC at least once from a skilled provider (82%), and 51% received ANC at least four times (Table 6). While ANC use has increased in Pakistan, many women make ANC visits later in the pregnancy when a problem occurs rather than earlier as a routine visit. A recent analysis of the 2006–07 DHS showed that 71% of women in the poorest quintile and 41% of women in the other four quintiles made their first antenatal visit due to problem.[10] Women who live in Karachi or other urban areas or who have a higher level of education are more likely to seek ANC or to have four ANC visits. As parity increases, women are less likely to seek ANC.

Most women obtained ANC services from the private sector, regardless of their place of residence (Figure 1). While about 70% of ANC overall was provided by the private sector, women with secondary or higher education were more likely to receive ANC services from private facilities (79%) compared to women with less than secondary school (65%) (Figure 2). Similarly, 58% of women in the lowest wealth quintile received ANC from the private sector, while 79% of women in the highest wealth quintile did so (Figure 3).

[9] Sugathan et al. 2001. Promoting Institutional Deliveries in Rural India: The Role of Antenatal Care Services. National Family Health Survey Subject Reports Number 20.

[10] Agha S. 2013. *How Can Interventions Reach Women at the Highest Risk of Maternal Mortality in Pakistan?* Working Paper Number 1. MNCH Services Component, USAID/Pakistan MCH Program. Karachi, Pakistan: Jhpiego.

Table 6: Percentage of women who received any antenatal care (ANC) from a skilled provider during their last pregnancy and received at least four visits, by socio-demographic characteristics

	ANY ANC VISITS	AT LEAST FOUR ANC VISITS	NUMBER OF WOMEN
Region			
Focus districts	73.9	34.5	1,326
Comparison districts	80.1	40.2	1,378
Karachi	92.3	80.5	1,296
Area			
Major urban	93.1	77.9	1,535
Other urban	85.7	51.1	413
Rural	73.0	31.5	2,052
Age			
15–24	85.6	57.3	1,288
25–34	81.7	51.3	2,207
35–49	74.1	36.4	505
Number of living children			
1	87.8	62.7	981
2	86.4	55.4	956
3	81.8	51.2	680
4	78.3	47.3	471
5 or more	73.1	37.2	912
Education			
None	71.7	33.2	2,265
Primary/middle	92.4	63.5	780
Secondary or higher	98.1	84.4	955
Wealth			
First/poorest	59.9	17.5	801
Second	75.6	28.4	800
Middle	85.4	55.1	801
Fourth	92.2	68.3	798
Fifth/richest	96.9	87.6	800
Total	**82.0**	**51.4**	**4,000**

Figure 1: Percentage distribution of ANC location for last pregnancy, among women who received ANC, by region

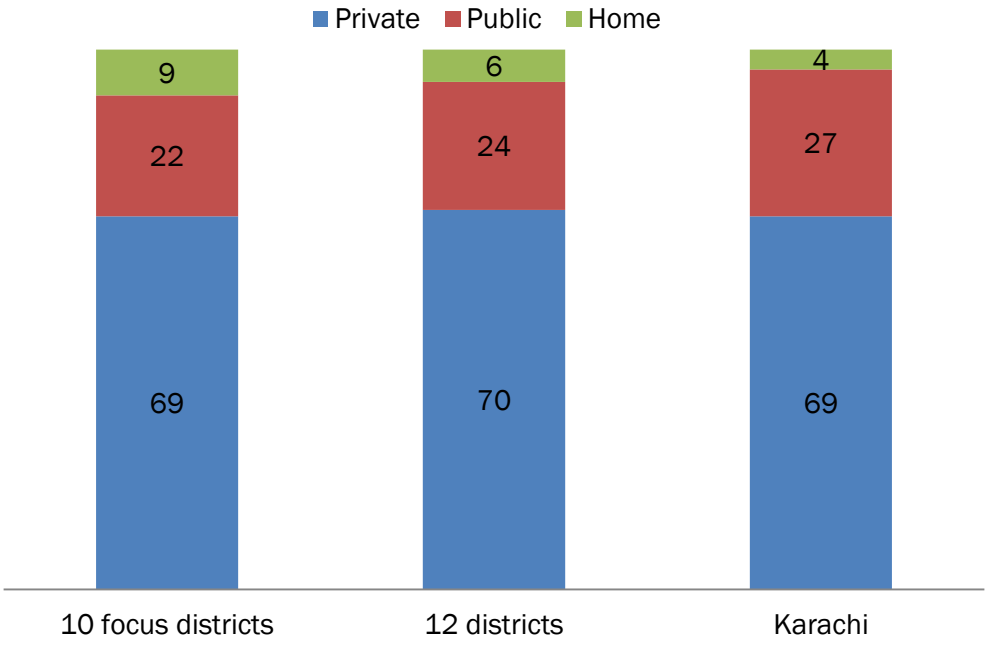


Figure 2: Percentage distribution of ANC location for last pregnancy, among women who received ANC, by educational attainment

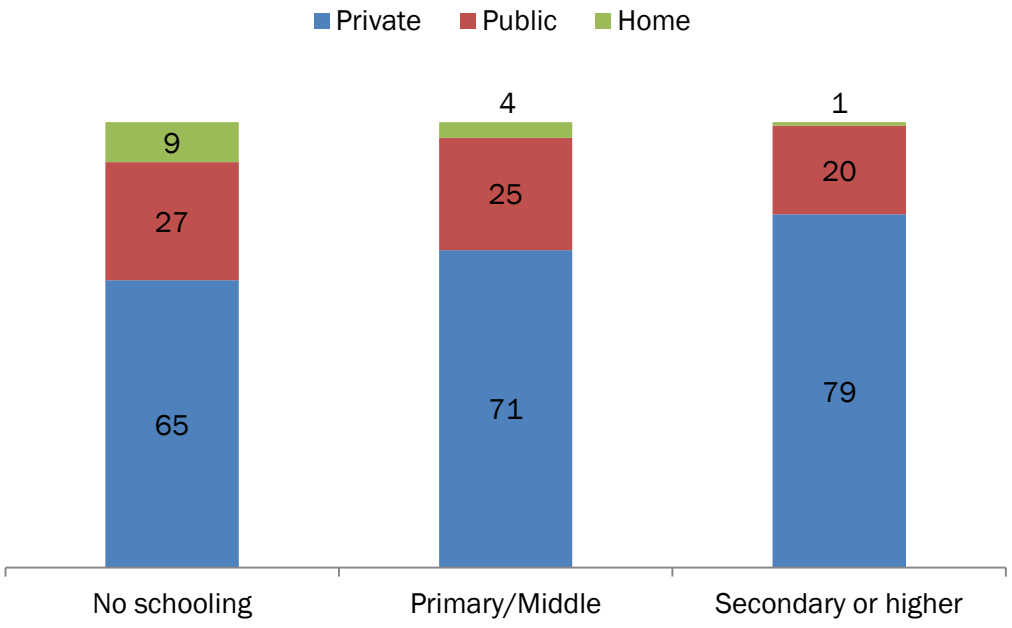
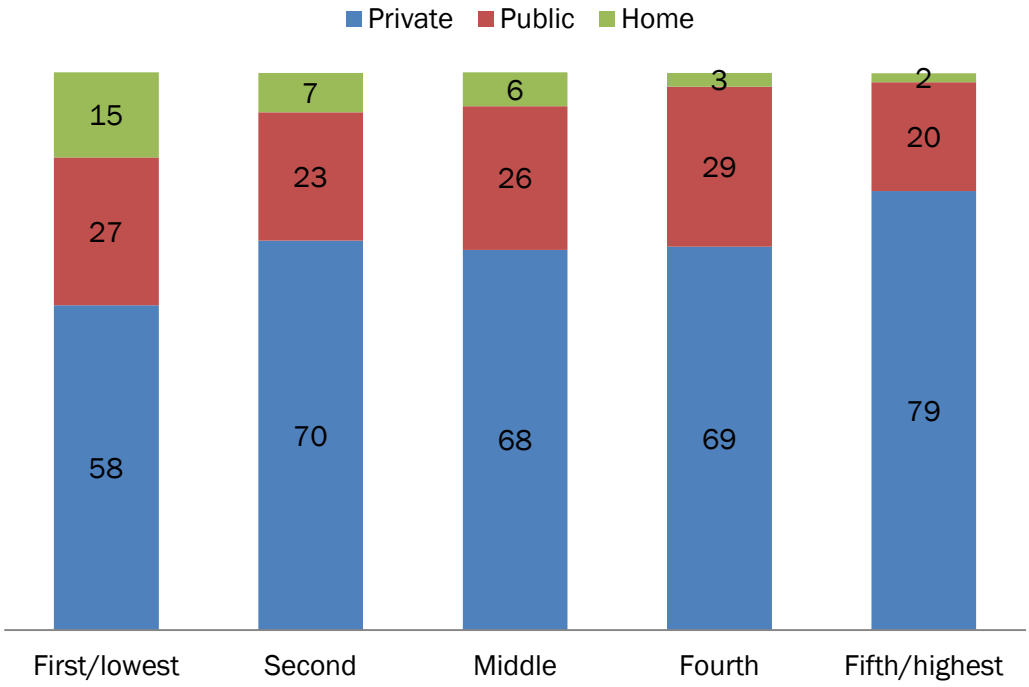


Figure 3: Percentage distribution of ANC location for last pregnancy, among women who received ANC, by wealth quintile



Services Provided during ANC

Women were asked whether they received any of the following services during ANC: blood pressure measurement, urine sample testing, blood sampling, iron supplementation, 2+ tetanus immunizations[11], body weight measurement, and information about danger signs. Only 11% of women recalled having received all of these services. Blood pressure measurement was the most common element provided (81%), followed by urine testing (73%), blood sample assessment (72%), iron supplementation (65%), tetanus immunization (61%), and body weight measurement (56%) (Figure 4). The least common element was information about danger signs of pregnancy, which only 24% of women recall receiving.

When the services provided during ANC are compared by region and other socio-demographic characteristics, important differences emerge. Among women in Karachi, 21% received all seven services, whereas only 4–6% of women in the other 22 districts did so (Figure 5). Similarly, women with the highest education level were four times more likely to receive all seven services, compared with less educated women (Figure 6). Among women in the highest wealth quintile, 23% received all seven services, whereas only 2% of women in the lowest wealth quintile received all seven services (Figure 7). Figure 8 compares the level of services provided in the public and private sectors and shows that they are comparable for all services. This is a noteworthy finding, because perceived higher quality of care is one factor that encourages people to seek private sector services.

[11] Women do no need tetanus immunizations if they have previously received five tetanus immunizations, but this situation is rare among women in Pakistan.

Figure 4: Percentage of women who received selected services during ANC for last pregnancy

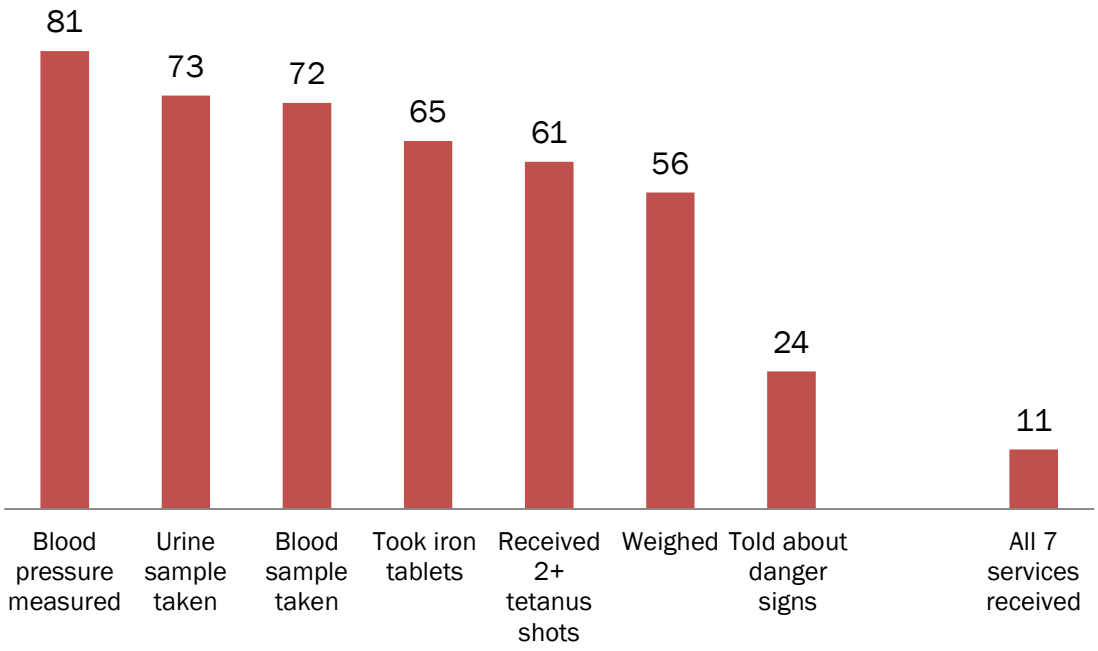


Figure 5: Percentage of women who reported all seven services during ANC visits, by region

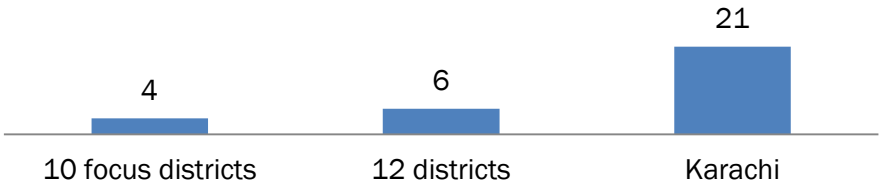


Figure 6: Percentage of women who received all seven services during their ANC visits, by education

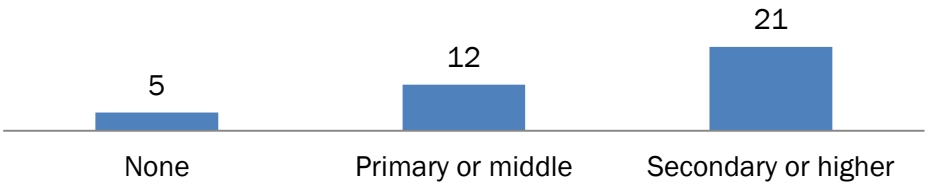


Figure 7: Percentage of women who received all seven services during their ANC visits, by wealth quintile

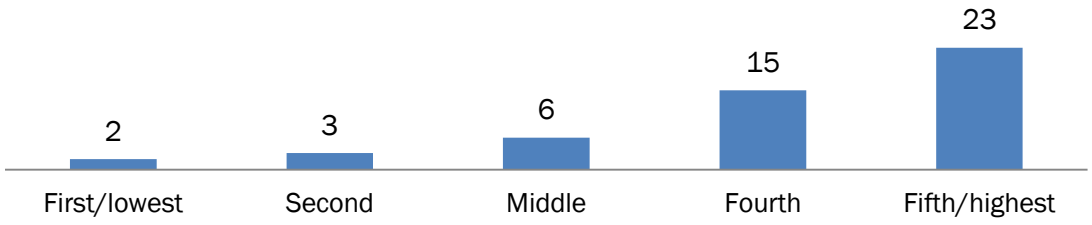
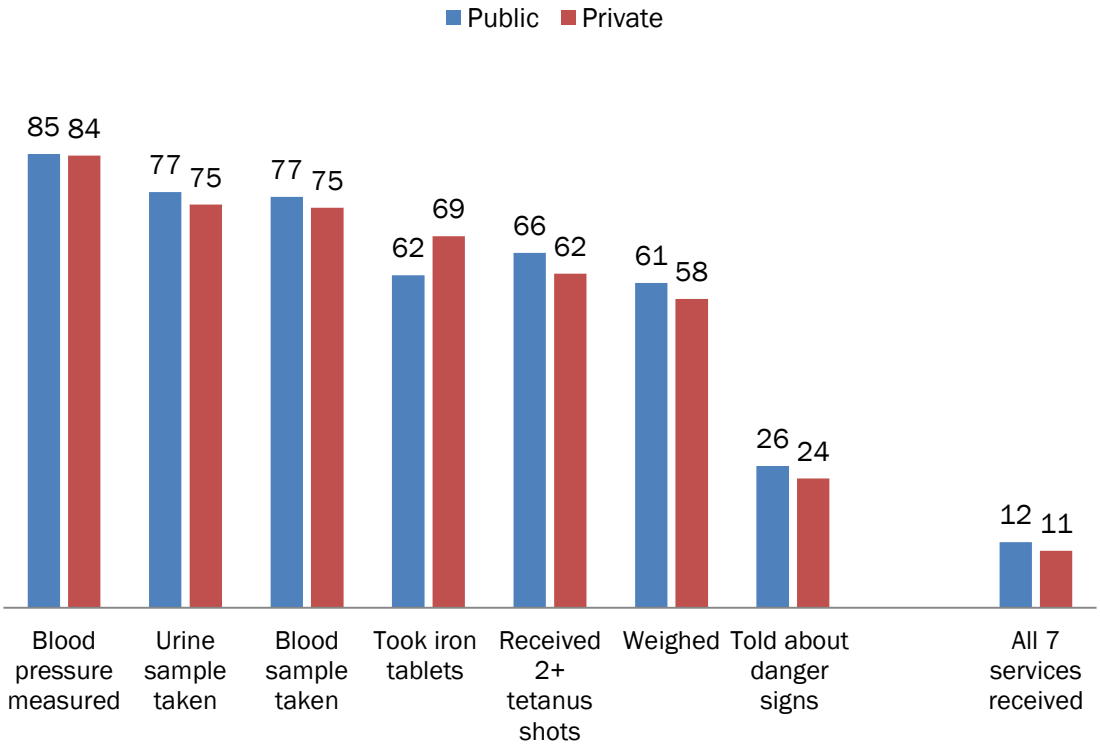


Figure 8: Percentage of women who received selected services during ANC for last pregnancy, by public vs. private sector source of care



Counseling and Birth Planning

Another measure of quality is the type of counseling women received. During routine ANC, women are supposed to be told to seek care immediately if they experience certain signs of complication. Just under one-third of women in Karachi and about 20% of women in the focus and comparison districts recalled being given this advice (Figure 9). This indicator shows less disparity by education level than several other indicators, with only an 11 percentage point difference between the most educated women (31%) and the least educated (20%) (Figure 10).

Figure 9: Percentage of women told to look out for signs of pregnancy complications during an ANC visit, by region

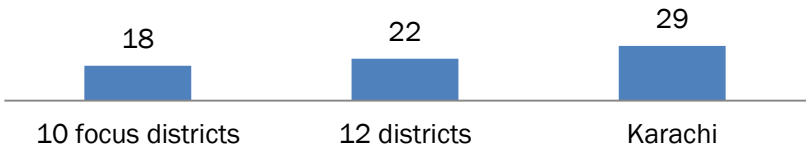
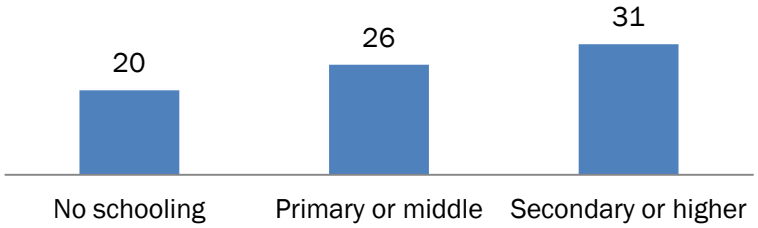


Figure 10: Percentage of women told to look for signs of pregnancy complications during an ANC visit, by education



Another element of counseling is encouraging women to prepare for a delivery. Respondents to the MCH Program Indicator Survey were asked an unprompted question regarding the key things a woman can do to prepare for the birth of a child. Overall, a minority of women in Sindh listed each of the birth planning steps. One exception was ensuring the availability of finances: 65% of women were aware of the importance of saving money (Figure 11). Only 5% were able to list all of the steps. Knowledge of these steps varied by educational level. For example, only 17% of women without formal education said that pre-identifying a SBA is important, while 35% of women with secondary or higher education listed this step (Figure 12). Only 17% of women in the focus districts, 21% of women in the comparison districts, and 28% of women in Karachi said that pre-identifying a SBA is a key element in birth planning (Figure 13).

Figure 11: Percentage of women who knew the key steps for planning a delivery

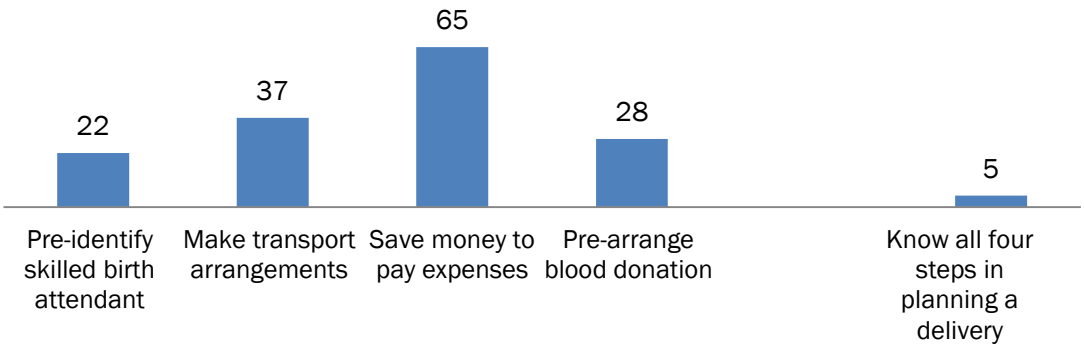


Figure 12: Percentage of women who reported that pre-identifying a skilled birth attendant is a key element in preparing for delivery, by educational attainment

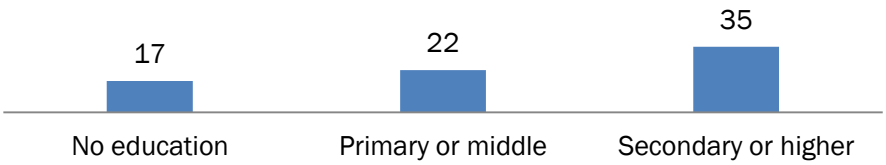
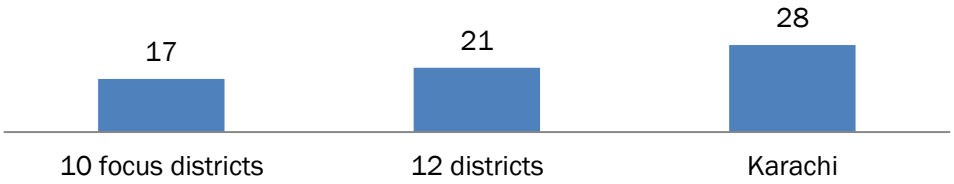


Figure 13: Percentage of women who reported that identifying a skilled birth attendant is a key element in preparing for delivery, by wealth



Ultrasound Usage

Among women who received ANC, 89% received an ultrasound (Table 7). Levels were similar in private and public facilities (data not shown.) Ultrasound is not a service recommended for routine provision during ANC. It is recommended only for specific complications—such as bleeding, threatened abortion, or severe abdominal pain—rather than as a routine practice. The near-universal provision of ultrasound does demonstrate that the health system is capable of providing certain interventions at high coverage. The largest differentials were observed by household wealth, women's education and urban or rural residence. However, levels of ultrasound use were still very high even for the poorest women (72%). A substantial demand for ultrasound machines has been observed in Sindh province during the last decade, and low-end, ultrasound machines are now available for as little as $2,500. Purchase of an ultrasound machine is often one of the first business investments made by small-scale private providers. In the public sector, PPHI has provided ultrasound services at government facilities in Sindh.

Table 7: Percentage of women who received an ultrasound during their last pregnancy among women who received any ANC, by socio-demographic characteristics

	PERCENTAGE	NUMBER OF WOMEN
Region		
Focus districts	84.8	1,064
Comparison districts	84.5	1,169
Karachi	96.4	1,233
Area		
Major urban	96.5	1,468
Other urban	87.4	366
Rural	82.3	1,631

	PERCENTAGE	NUMBER OF WOMEN
Age		
15–24	90.1	1,145
25–34	88.6	1,917
35–49	85.9	404
Number of living children		
1	92.3	885
2	88.3	872
3	91.2	599
4	88.7	390
5 or more	83.1	722
Education		
None	82.1	1,783
Primary/middle	93.4	738
Secondary or higher	98.1	945
Wealth		
First/poorest	72.0	564
Second	83.4	649
Middle	91.3	714
Fourth	94.7	751
Fifth/richest	97.5	789
Total	**88.8**	**3,466**

LABOR AND DELIVERY CARE

Women are considered to have delivered with a SBA if a doctor, nurse, midwife, or LHV[12] attended their delivery either at home or in a facility. Ensuring access and availability of skilled birth attendance and institutional delivery are challenges for the health systems of many developing countries. In Pakistan, however, there are signs of substantial increases in skilled birth attendance coverage. Preliminary findings from the 2012–13 DHS suggested that, for births which occurred in the five years before the survey, this rate has increased to 52% nationally and 61% in Sindh province. In the MCH Program Indicator Survey, which interviewed women who delivered in the last two years before the survey, 69% of women in the sample were assisted by a SBA during their last delivery.[13] Skilled birth attendance coverage was lowest in the focus districts (55%) higher in the comparison districts (67%), and highest in

[12] Lady health visitors are generally considered skilled birth attendants by in-country classification standards, although they have only 18 months of training and cannot perform all seven signal functions.

[13] The DHS calculates the institutional delivery rate based on all deliveries to women in the last five years. Thus, the institutional delivery rate in the DHS is a weighted average of births which occurred five years, four years, three years, two years, and one year before the DHS survey. By contrast, the institutional delivery rate in the MCH Program Indicator Survey is based on deliveries within the last two years. At a time when the institutional delivery rate is increasing by nearly three percentage points annually, differences in the time periods over which SBA is measured will produce differences in the institutional delivery rate recorded. In addition, the MCH Program Indicator Survey was conducted roughly about eight months after the DHS. By the time the MCH Program Indicator Survey was conducted, the institutional delivery rate may have been one to two percentage points higher because of the timing of the two surveys and the secular trend.

Karachi (84%) (Table 8). Women who were younger, lower parity, more educated or wealthier were most likely to deliver with a skilled birth attendant.

Rates for skilled birth attendance and institutional delivery are nearly identical in Sindh because SBAs are rarely present for home births. In the 2006–07 DHS, 42% of women in Sindh had delivered in a health facility. In the preliminary 2012–13 DHS, 59% of women had an institutional delivery. This showed an increase of 17 percentage points in institutional delivery in only six years, or a nearly three percentage point increase in institutional delivery per year in Sindh province. The MCH Program Indicator Survey showed that 66% of women in Sindh who delivered in the two years before the survey had an institutional delivery, with a rate of 54% in rural areas and 83% in major urban areas. Younger, lower parity, more educated and wealthier women were more likely to deliver in a health facility.

Table 8: Percentage of women who had skilled birth attendance or institutional delivery, by socio-demographic characteristics

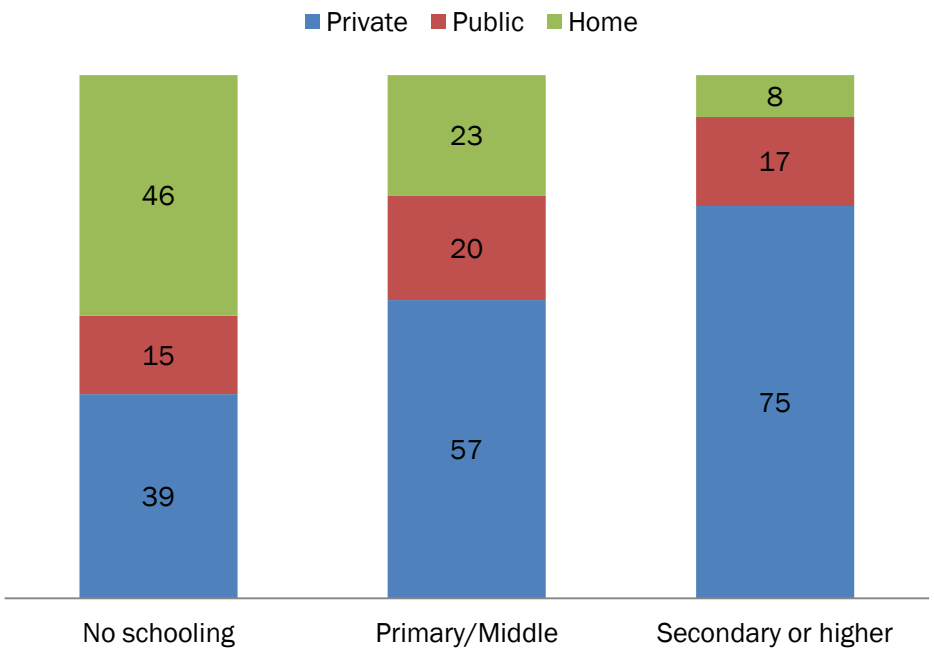
	SKILLED BIRTH ATTENDANCE	INSTITUTIONAL DELIVERY	NUMBER OF WOMEN
Region			
Focus districts	55.1	52.3	1,326
Comparison districts	66.9	64.9	1,378
Karachi	84.4	82.3	1,296
Area			
Major urban	84.9	82.9	1,535
Other urban	70.9	69.0	413
Rural	56.1	53.5	2,052
Age			
15–24	73.8	70.7	1,288
25–34	67.3	65.4	2,207
35–49	61.6	59.9	505
Number of living children			
1	78.5	76.5	981
2	74.7	71.5	956
3	66.9	64.6	680
4	62.0	60.1	471
5 or more	56.6	54.8	912
Education			
None	54.8	52.1	2,265
Primary/middle	78.6	76.1	780
Secondary or higher	93.5	92.4	955
Wealth			
First/poorest	42.4	40.1	801
Second	54.9	52.9	800

	SKILLED BIRTH ATTENDANCE	INSTITUTIONAL DELIVERY	NUMBER OF WOMEN
Middle	71.8	68.0	801
Fourth	80.5	78.8	798
Fifth/richest	93.9	92.4	800
Total	**68.7**	**66.4**	**4,000**

Place of Delivery by Socioeconomic Factors

When the place of delivery was compared, women with higher educational attainment were more likely to give birth at a private facility, as opposed to a public facility or at home (Figure 14). Among those with a secondary or higher education, 75% gave birth in a private facility and 8% gave birth at home. Among women without formal education, 39% gave birth in a private facility, and 46% gave birth at home. Use of public facilities was similar for all groups, ranging from 15–20%. Disparities by wealth quintile were more profound than those by education level. Most women in the lowest wealth quintile (60%) opted for home birth, and nearly half of the women in the second wealth quintile did so (47%) (Figure15). Lack of finances is one of the most important barriers to use of health facilities for delivery care in Pakistan.[14] The focus and comparison districts had a similar distribution for place of birth, although home births were nine percentage points lower in the comparison districts (Figure 16). In Karachi, home birth was much less likely; 8% of women delivered at home.

Figure 14: Percentage distribution of place of delivery, including private facility, public facility, or home, by educational attainment



[14] Agha S. 2013. *How Can Interventions Reach Women at the Highest Risk of Maternal Mortality in Pakistan?* Working Paper Number 1. MNCH Services Component, USAID/Pakistan MCH Program. Karachi, Pakistan: Jhpiego.

Figure 15: Percentage distribution of delivery location, by wealth quintile

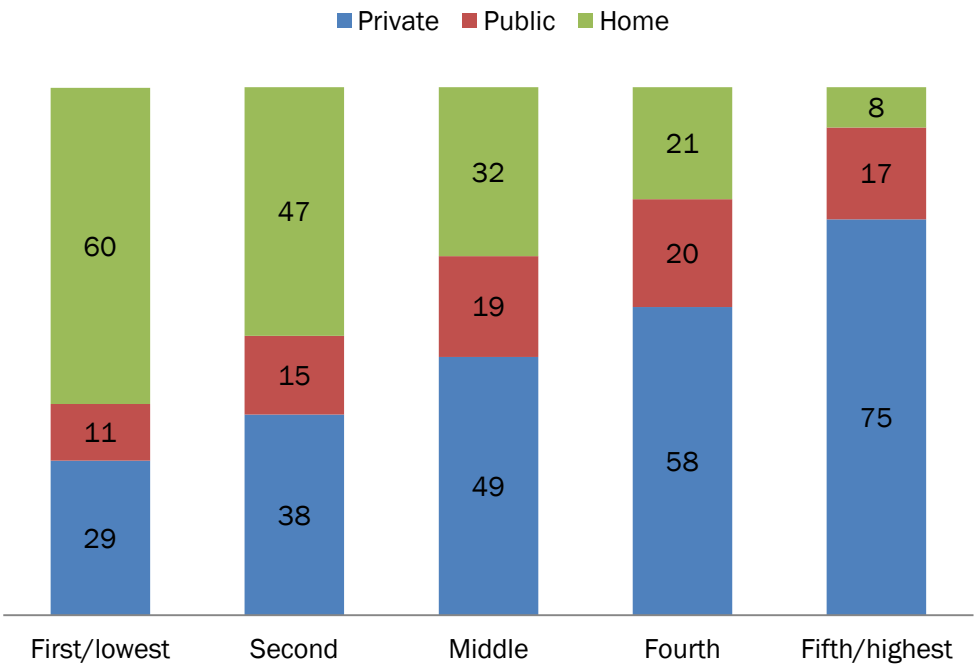
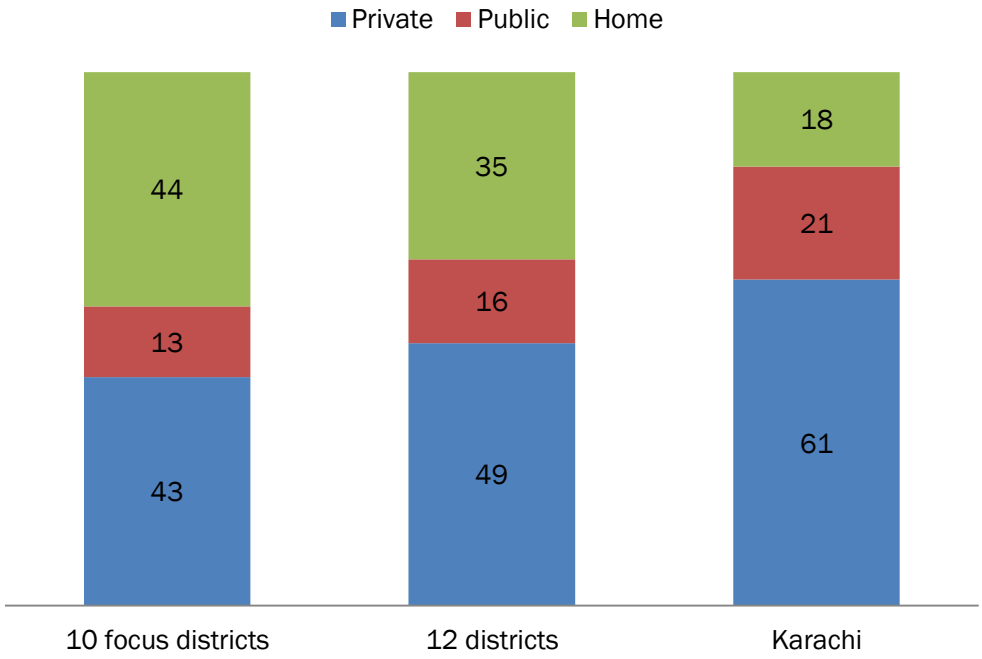


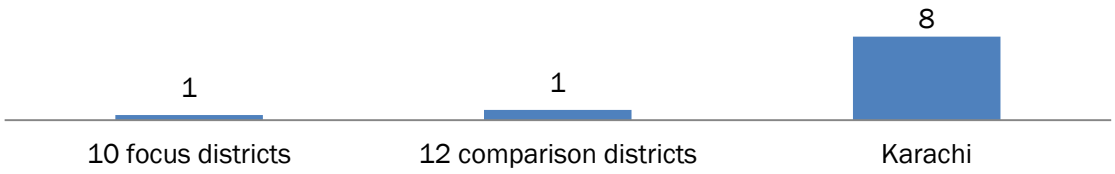
Figure 16: Percentage distribution of place of delivery, including private facility, public facility, or home, by region



Community-Based Use of Misoprostol

Under the MNCH Services Component, the USAID MCH Program supports the community-based distribution of misoprostol. The Government of Sindh has initiated support for this intervention, and in 2012 misoprostol was added to the Essential Drug List in all of Pakistan's provinces. At baseline, only 1% of women in the focus and comparison districts took misoprostol after a home birth (Figure 17). In Karachi, 8% of women used misoprostol. One trial of misoprostol has been conducted in Karachi. Training was also provided to pharmaceutical sales representatives in Karachi in 2009.[15] These rates will be tracked over time to assess the intervention of community-based distribution of misoprostol.

Figure 17: Percentage of women who used misoprostol after a home birth, Sindh province



Cesarean Section Rate

The cesarean section (C-section) rate can be difficult to interpret in this type of population-based self-reported retrospective study, because valid information about clinical indicators for cesarean section is not available. However, in triangulation with other data sources, it provides useful information, and it is the only population-based information available in most settings.[16] We found an overall rate of 17%, with rates of 13–15% in the focus and comparison districts and 24% in Karachi (Table 9). The greatest differential was observed by household wealth: 5% of the poorest women had a C-section compared with 28% of those from the wealthiest households. Education attainment was also an important factor; 31% of women with a secondary education or higher had C-sections, compared with only 10% of women without formal education. This raises concern that C-sections may be overused in some groups of the population, while others may lack access to this lifesaving intervention. C-section rates were similar in public and private facilities: 25% of deliveries in public sector and 26% of deliveries in private sector facilities resulted in C-sections (data not shown).

Table 9: Cesarean section rate, by socio-demographic characteristics (%)

	PERCENTAGE	NUMBER OF WOMEN
Region		
Focus districts	11.7	1,326
Comparison districts	14.7	1,378
Karachi	24.3	1,296
Area		
Major urban	23.5	1,535
Other urban	24.5	413
Rural	10.2	2,052

[15] http://www.ncmnh.org.pk/activities-aman

[16] Tunçalp O, Stanton C, Castro A, Adanu R, Heymann M, Adu-Bonsaffoh K, Lattof SR, Blanc A, Langer *A.* Measuring coverage in MNCH: Validating women's self-report of emergency cesarean sections in Ghana and the Dominican Republic. *PLOS ONE*. 2013 May 7;8(5):e60761. doi: 10.1371/journal.pone.0060761. Print 2013.

	PERCENTAGE	NUMBER OF WOMEN
Age		
15–24	18.1	1,288
25–34	17.0	2,207
35–49	12.7	505
Number of living children		
1	20.7	981
2	21.6	956
3	18.4	680
4	11.7	471
5 or more	9.1	912
Education		
None	9.8	2,265
Primary/middle	19.6	780
Secondary or higher	31.0	955
Wealth		
First/poorest	4.6	801
Second	9.4	800
Middle	19.6	801
Fourth	23.1	798
Fifth/richest	27.5	800
Total	**16.8**	**4,000**

POSTNATAL CARE FOR MOTHERS

Overall, 54% of women received a postnatal checkup within two days of delivery (Table 10). The trends observed for other types of care-seeking were also present for this indicator; women living in Karachi, other big cities, or of higher educational attainment were most likely to seek postnatal care. In the focus areas, postnatal visit coverage was only 36%, while in the comparison areas it was 51%. The differentials in postnatal care observed by education (40 percentage points) and wealth (50 percentage points) were substantial.

Table 10: Percentage of women who received postnatal care within two days of delivery, by region in Sindh province

	PERCENTAGE	NUMBER OF WOMEN
Region		
Focus districts	36.2	1,326
Comparison districts	50.8	1,378
Karachi	74.5	1,296
Area		
Major urban	72.4	1,535
Other urban	50.2	413
Rural	40.3	2,052

	PERCENTAGE	NUMBER OF WOMEN
Age		
15–24	55.4	1,288
25–34	54.4	2,207
35–49	45.7	505
Number of living children		
1	60.9	981
2	59.7	956
3	52.9	680
4	47.3	471
5 or more	43.2	912
Education		
None	39.9	2,265
Primary/middle	61.8	780
Secondary or higher	79.6	955
Wealth		
First/poorest	29.8	801
Second	38.1	800
Middle	56.4	801
Fourth	64.2	798
Fifth/richest	79.9	800
Total	**53.6**	**4,000**

CONCLUSIONS

This chapter has presented various indicators related to reproductive health services. We found that antenatal care usage was high but the quality of care was suboptimal. For both antenatal and delivery care, marked inequities exist between rural and urban women and between less educated and more educated women. The private sector is the main source of care for both antenatal and delivery care. In the focus and comparison districts, women were more likely to deliver at home than in a public sector facility. Given the relatively high rates of institutional delivery in Sindh (66%), that 54% of women received postnatal care within two days represents a substantial missed opportunity. Moreover, this missed opportunity is greatest in the focus districts: 52% of women in the focus districts delivered in a health facility but only 36% received postnatal care within two days of delivery.

4. FERTILITY INTENTIONS AND CONTRACEPTIVE USE

This chapter describes women's fertility intentions, past and current contraceptive use, source of contraceptives, and attitudes toward contraceptive use. As indicated previously, Pakistan has the highest fertility rate in South Asia in spite of having had one of the longest running family planning programs in the region. Based on various population-based surveys of contraceptive knowledge and use, overall knowledge about contraceptives in Pakistan was 90% in 1994–95, 94% in 1996–97, and has been 96% in surveys since then. Historically, Pakistan's family planning program has been focused on limiting childbearing through voluntary surgical contraception. In recent years, the focus of the program has shifted toward spacing children through the use of reversible contraceptive methods. Quality of care remains a major obstacle to the use of contraceptive methods by women. Between 2006–07 and 2012–13, there was no change in the level of use of the three main reversible modern methods used by women: the 2006–07 DHS showed that 6.7% of married women used either the IUD, the oral contraceptive, or the injectable; the 2012–13 preliminary DHS findings showed that exactly the same percentage of women (6.7%) were using either of these three methods. Condom use, which has shown an increase in every national survey conducted since 1984–85, became the most widely used modern contraceptive method in Pakistan (8.8%) by 2012–13, followed by female sterilization (8.7%). It is remarkable that condom use is higher than all three of the most widely available reversible methods used by women put together. Consistent increases have also been observed in the use of traditional methods (primarily withdrawal), which have now reached 8.5%. The preference for less effective methods such as condoms and withdrawal is generally thought to reflect the poor quality of family planning services and follow-up available in Pakistan. There is a general distrust of contraceptive promotion in Pakistan, in the context of a pronatalist environment where family planning has been promoted as a way to limit childbearing.

FERTILITY PREFERENCES

This MCH Program Indicator survey asked women about their desired family size. Among women with two children, 61% said they would like more children (Figure 18). After three children, women's views became more divided, as 42% said that they wanted more children, one-third did not want more children, and 21% were undecided. After four children, women expressed more definitive desires, with 59% saying they wanted no more children, and another 9% saying they could not get pregnant because of sterilization or other factors. This study found that most women knew how many children their husband wanted to have (Figure 19). However, among less educated women, about one-quarter were not aware of their husband's preferences for additional children, possibly because they felt uncomfortable speaking with them about this subject. This figure is similar to the 2006-07 DHS finding which showed that 22% of Pakistani women did not know what their husband considered to be an ideal family size.

Figure 18: Women's preferences for an additional child, by number of living children (%)

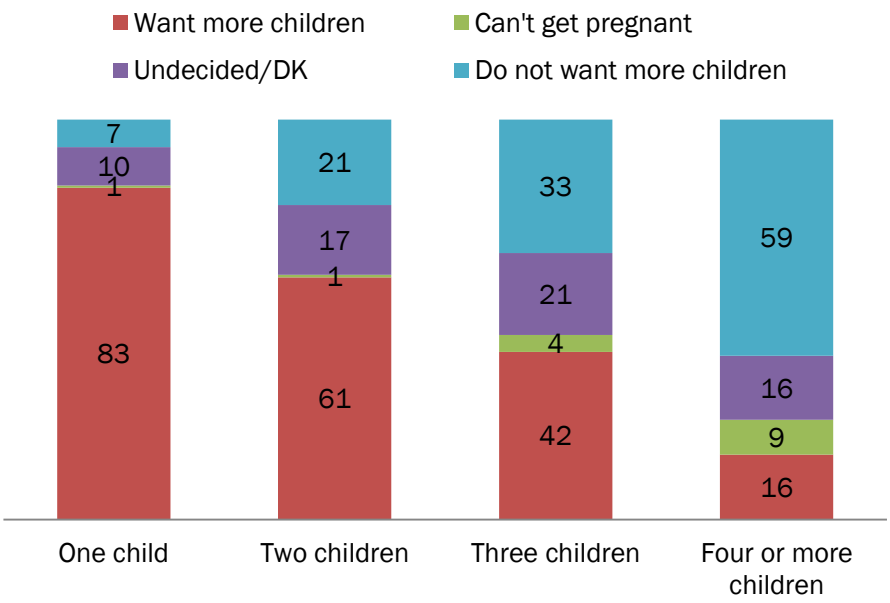
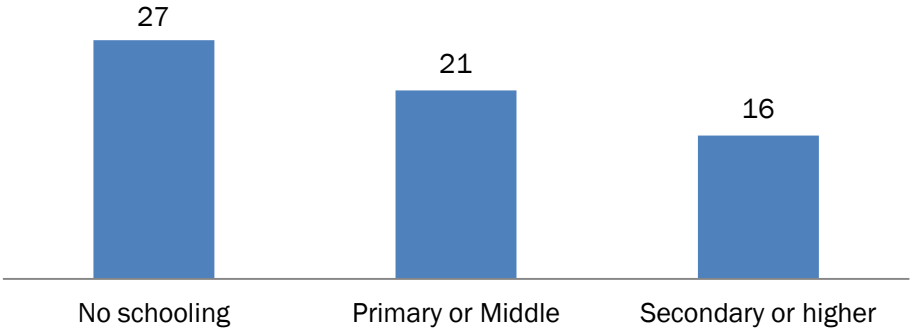


Figure 19: Percentage of women who did not know how many children their husbands want, by educational attainment



"Wantedness" of Most Recent Pregnancy

Another way of describing fertility intentions is to ask women whether they wanted their most recent pregnancy to occur. The limitation with this approach is that in retrospect women may be reluctant to say that their child was not wanted or not wanted until later. In this study, 90% of women in Sindh said that their youngest child was from a pregnancy that they wanted at the time that they became pregnant (Table 11). In the focus and comparison districts, women universally (94–95%) reported wanting their last pregnancy at the time that they became pregnant. In Karachi, a substantial proportion of women (18%) reported not wanting their last pregnancy at the time that they became pregnant, probably reflecting an urban preference for more spacing between children or for a smaller family size. Wantedness of the last pregnancy at the time of becoming pregnant also declined among women with five or more living children (82%) and with secondary or higher education (87%).

Table 11: Percentage of women who said they wanted their last pregnancy

	PERCENTAGE	NUMBER OF WOMEN
Region		
Focus districts	95.0	1,326
Comparison districts	93.6	1,377
Karachi	82.3	1,296
Area		
Major urban	83.5	1,535
Other urban	92.3	414
Rural	95.2	2,052
Age		
15–24	94.1	1,289
25–34	89.1	2,207
35–49	86.1	505
Number of living children		
1	97.8	980
2	91.6	956
3	90.4	680
4	88.1	471
5 or more	82.3	912
Education		
None	92.3	2,265
Primary or middle	89.0	780
Secondary or higher	87.0	955
Wealth		
First/poorest	94.9	802
Second	95.0	800
Middle	89.1	801
Fourth	88.6	798
Fifth/richest	84.2	800
Total	**90.4**	**4,000**

Pregnancy Rate

All of the women included in the survey had a live birth within the past two years, and 11% reported being pregnant at the time the survey was conducted (Table 12). These rates are likely to be lower than actual pregnancy rates, because women may be reluctant to inform data collectors about an early pregnancy, or they may be unaware that they are pregnant. Reported pregnancy levels were similar in the focus and comparison districts but lower in Karachi, possibly reflecting the effective use of contraception. Differentials in reported pregnancy levels were substantial by the number of living children and by education. A 17% pregnancy rate was found among women with one living child, compared to 7% among women with five or more

children. A 13% pregnancy rate was reported among women with no education, compared to 7% among women with secondary or higher education. A similar differential was measured between those in the lowest and highest wealth quintiles: women in the wealthiest quintile have half the pregnancy rate of women in the poorest quintile.

Table 12: Percentage of women who are currently pregnant, by socio-demographic characteristics

	PERCENTAGE	NUMBER OF WOMEN
Region		
Focus districts	13.0	1,327
Comparison districts	12.4	1,377
Karachi	7.9	1,296
Area		
Major urban	8.6	1,535
Other urban	11.8	414
Rural	13.0	2,052
Age		
15–24	13.5	1,288
25–34	10.7	2,206
35–49	7.3	505
Number of living children		
1	17.4	981
2	11.0	956
3	8.1	680
4	11.3	471
5 or more	6.9	912
Education		
None	12.5	2,265
Primary or middle	11.8	779
Secondary or higher	7.4	955
Wealth		
First/poorest	14.5	802
Second	12.0	800
Middle	12.1	801
Fourth	9.8	798
Fifth/richest	7.4	800
Total	**11.1**	**4,000**

CONTRACEPTIVE USE

Women were asked if they had ever used a contraceptive method to delay or avoid pregnancy and whether they were currently using a method. Overall, 32% of women in Sindh reported ever use of a contraceptive method and 24% reported current use (Table 13). Modern method use was 20% (data not shown). Ever use of contraception was about twice as high in Karachi as in other parts of Sindh—51% compared with 23% in the focus districts and 22% in other districts. The same pattern was shown for current use, with 39% of women in Karachi using a method compared with 16% in focus and comparison districts. As would be expected, women were most likely to report either ever use or current use of contraception if they lived in a major urban area, less likely in other urban areas, and least likely in rural areas. Similarly, a positive trend in contraceptive use is seen by respondents' education, as women having primary or middle school were twice as likely to have used a contraceptive method than those who had no education. Having a larger number of living children was positively associated with either current or past contraceptive use. However, only 30% of women with four living children were currently using contraceptives, and only 38% had ever done so.

Table 13: Percentage of women who ever used any method or were currently using a method to delay or avoid pregnancy

	EVER USED	CURRENTLY USING	NUMBER OF WOMEN
Region			
Focus districts	22.8	16.4	1,327
Comparison districts	22.4	16.4	1,378
Karachi	50.5	39.4	1,296
Area			
Major urban	47.2	37.3	1,535
Other urban	35.1	24.0	413
Rural	19.3	13.8	2,051
Age			
15–24	28.2	21.6	1,288
25–34	33.1	24.6	2,207
35–49	34.1	26.5	505
Number of living children			
1	19.1	14.8	981
2	33.0	24.7	957
3	35.9	26.0	680
4	38.2	29.5	471
5 or more	37.2	28.4	912
Education			
None	20.4	15.3	2,265
Primary or middle	41.4	29.7	780
Secondary or higher	50.3	39.4	955

	EVER USED	CURRENTLY USING	NUMBER OF WOMEN
Wealth			
First/poorest	10.3	8.1	802
Second	20.0	14.9	801
Middle	35.8	26.7	801
Fourth	42.8	32.0	797
Fifth/richest	49.4	37.6	800
Total	**31.6**	**23.8**	**4,000**

Contraceptive Method Mix

Women who were currently using a contraceptive were asked what method they were using. Condoms and injectables were the most commonly used, at 34% and 21%, respectively (Figure 20). This finding was expected, because none of the respondents were more than two years postpartum, and therefore many would have been able to use only those methods that are acceptable while breastfeeding. Pills were used by 12% of contraceptive users. About 11% of contraceptive users had been sterilized. Traditional methods, including the withdrawal method, were used by 13%. The lactational amenorrhea method was mentioned by less than 1% of respondents. The method mix found here is different from the 2006–07 DHS because of the different sampling universes of the two surveys. Contraceptive users in the 2006–07 DHS included 33% of women who had undergone sterilization. Women in the MCH Program Indicator survey were younger and in their peak reproductive ages. When the mean number of living children was calculated for various contraceptive methods, it demonstrated that women with more children chose more permanent or long-lasting methods (Figure 21). On average, women who had been sterilized had more than five living children. Women using IUDs, pills, and injectables had about four children, while condom users had, on average, fewer than three children.

When regional differences in the method mix are examined, stark differences emerge (Figure 22). Condom use was much lower in the focus districts (14%) than the average for Sindh (34%). In contrast, 41% of women in the focus districts used injectables, which was much higher than the average for Sindh (21%). Women in rural South Asia often prefer the injectable method because it can be used discreetly. When the method mix was stratified by educational attainment, more educated women had a method mix similar to women in Karachi and less educated women had a method mix similar to other areas (Figure 23). These differences are likely to be driven by geographic differences in access and availability of methods as well as social concepts about the desirability of various methods.

Figure 20: Contraceptive method mix among current contraceptive users (%)

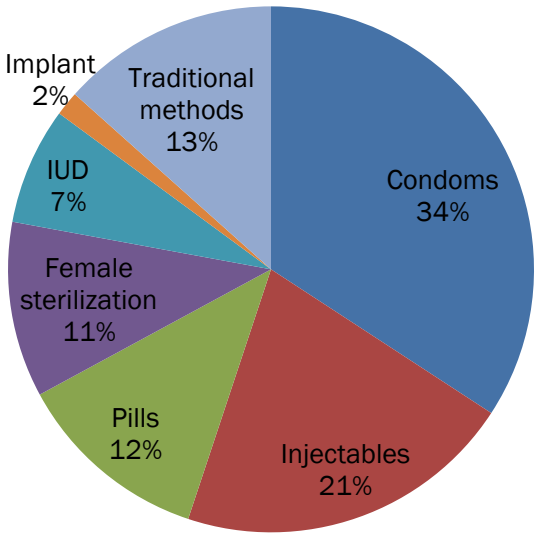


Figure 21: Mean number of living children among women using different contraceptive methods

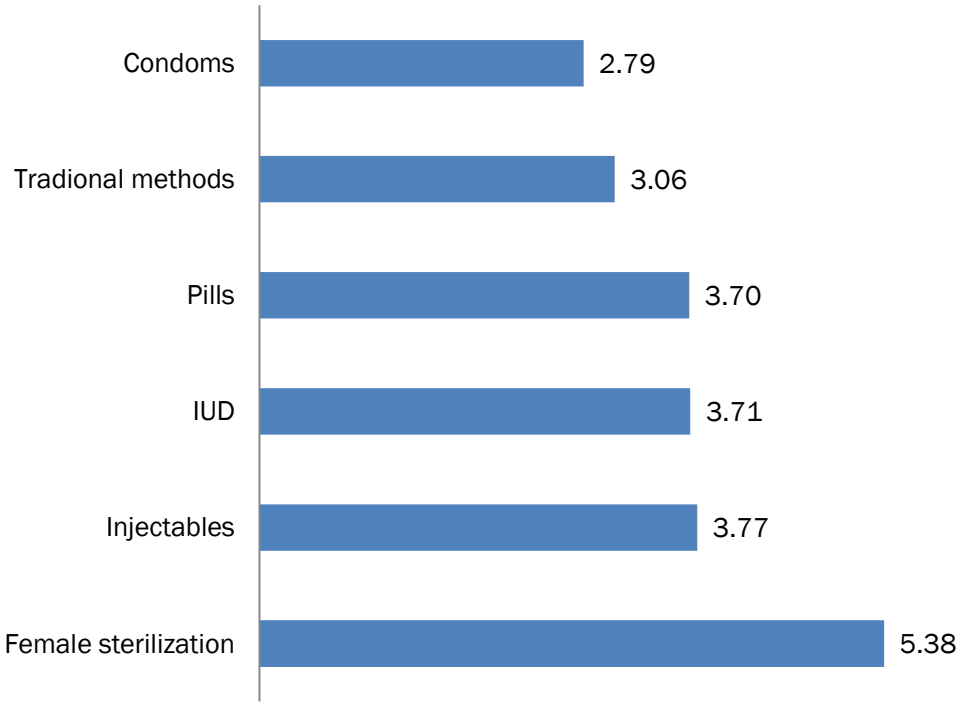


Figure 22: Contraceptive method mix among current contraceptive users in 10 focus districts (%)

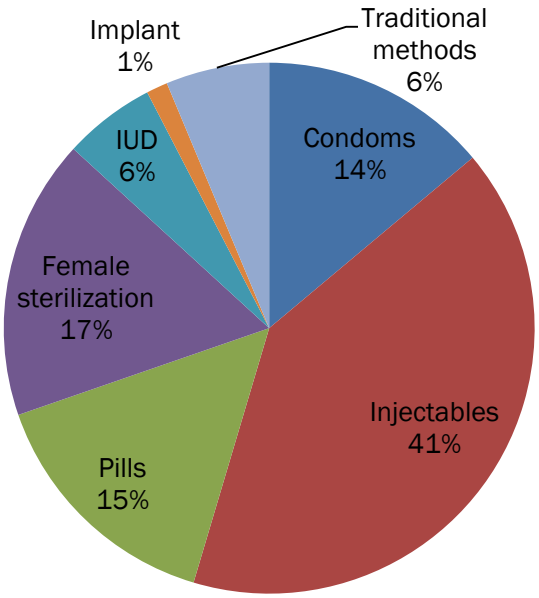
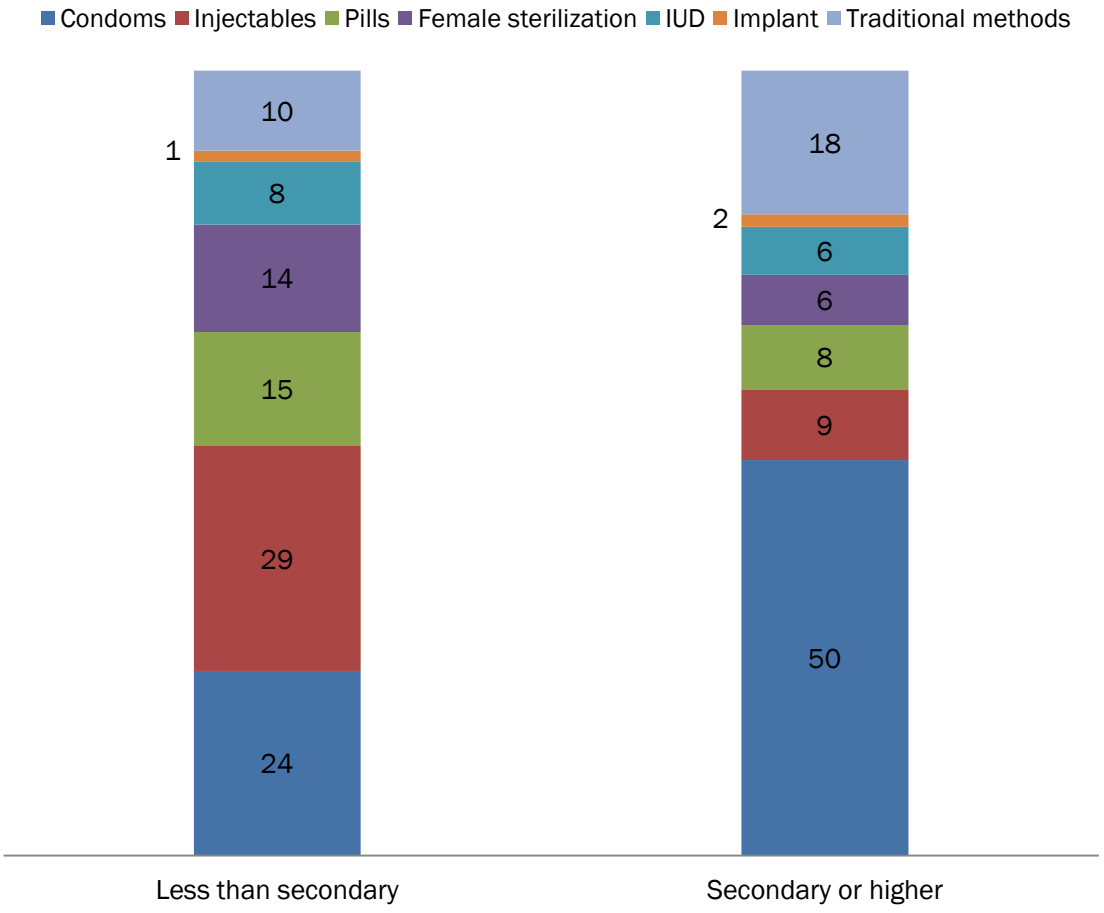


Figure 23: Contraceptive method mix among current contraceptive users, by educational attainment (%)



Source of Contraceptives

Findings from the MCH Program Indicator Survey illustrated that the public sector remains an important source for family planning methods, particularly in rural areas and among women with less than secondary education. Although only 22% of women in major cities relied on the public sector for their contraceptive supply, 48% of women in smaller cities and 50% of rural women obtained contraceptives from the public sector (Figure 24). While only 18% of women with secondary or higher education obtained their method from the public sector, this proportion rose to 43% among women with less than secondary education (Figure 25). Similarly, 62% of women in the poorest households received contraceptives from the public sector, while 15% of the wealthiest women used these services (Figure 26).

Figure 24: Source of contraceptive, among current contraceptive users, by region (%)

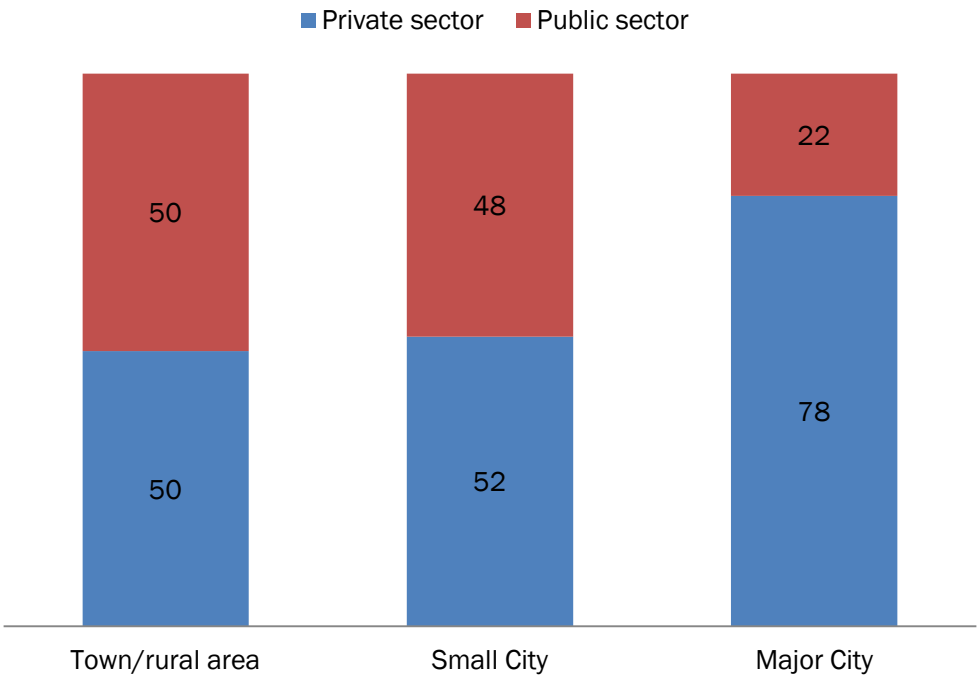


Figure 25: Source of contraceptive among current contraceptive users, by educational attainment (%)

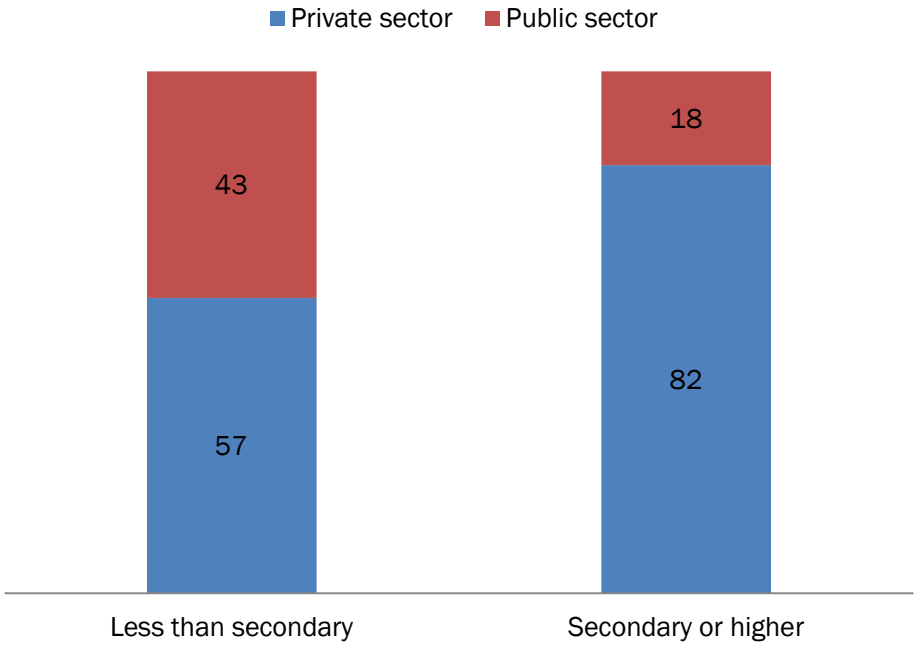
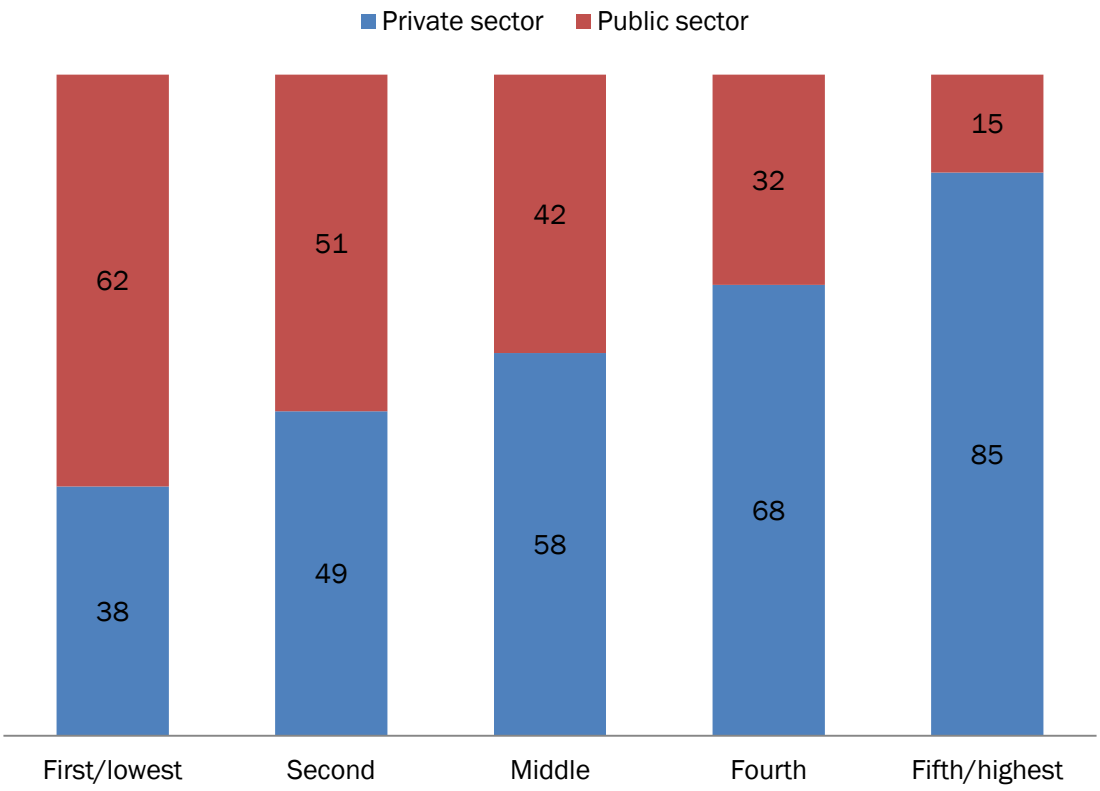


Figure 26: Source of contraceptive among current contraceptive users, by wealth quintile (%)



Reason for Non-Use of Contraception

Women who were not using a contraceptive method were asked to give their main reason for not using a method. Their responses were disaggregated by region (Figure 27) and education (Figure 28). In the focus and comparison districts, reasons for non-use of contraceptive were divided between breastfeeding (24–25%), wanting more children (20–23%), and not believing that fertility was in the locus of a person's control (18–21%). The response related to breastfeeding is difficult to interpret. It might suggest that women do not consider contraceptive use to be compatible with breastfeeding or it might suggest that women believe that breastfeeding provides protection against pregnancy. In Karachi, the single most important reason cited for not using a contraceptive method was fear of side effects (32%) (Figure 27). The proportion who cited breastfeeding as a factor was similar in both groups, 23% for less educated women and 18% for more educated. Compared to the focus and comparison districts, women in Karachi were less likely to give lack of belief in fertility being within the locus of one's control, wanting more children, or breastfeeding as reasons for not using contraception. When reasons for non-use of contraception were disaggregated by education, women with secondary or higher education were more likely to report side effects as the reason for not using a contraceptive method (32% vs. 11%) (Figure 28).

Figure 27: Reason for not using a method to avoid or delay pregnancy, by region (%)

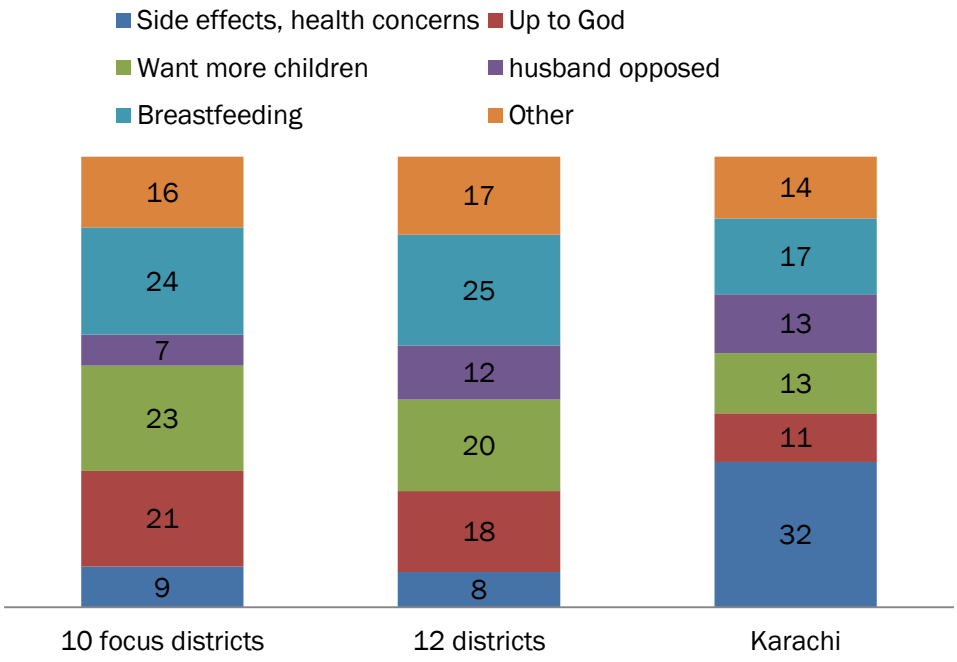
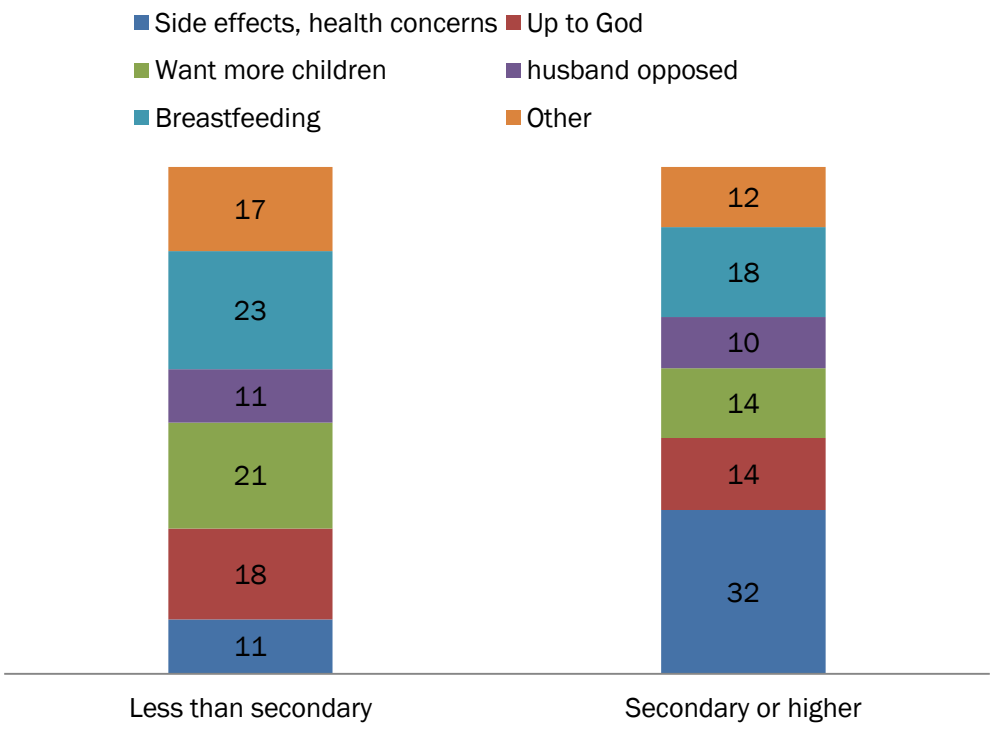


Figure 28: Reason for not using a method to avoid or delay pregnancy, by education (%)



Intended Contraceptive Use

All women were asked whether they intended to use contraceptives in the next 12 months, and 35% answered affirmatively (Table 14). The trends were similar to current contraceptive use. Women who were living in Karachi or other urban areas, women who were more educated or wealthy, or had a higher number of living children were more likely to intend using a contraceptive in the next 12 months. This indicator, which includes current users and nonusers, indicates that there is a general reluctance to use contraception. For example, among women with four or more children, less than half expressed intention to use contraceptives. Among current users, 59% of those who used traditional methods and 84% of those using modern methods intended to use a method in the next 12 mtonsh (Figure 29).

Figure 29: Intention to use a method in the next 12 months, among current users of traditional and modern family planning methods (%)

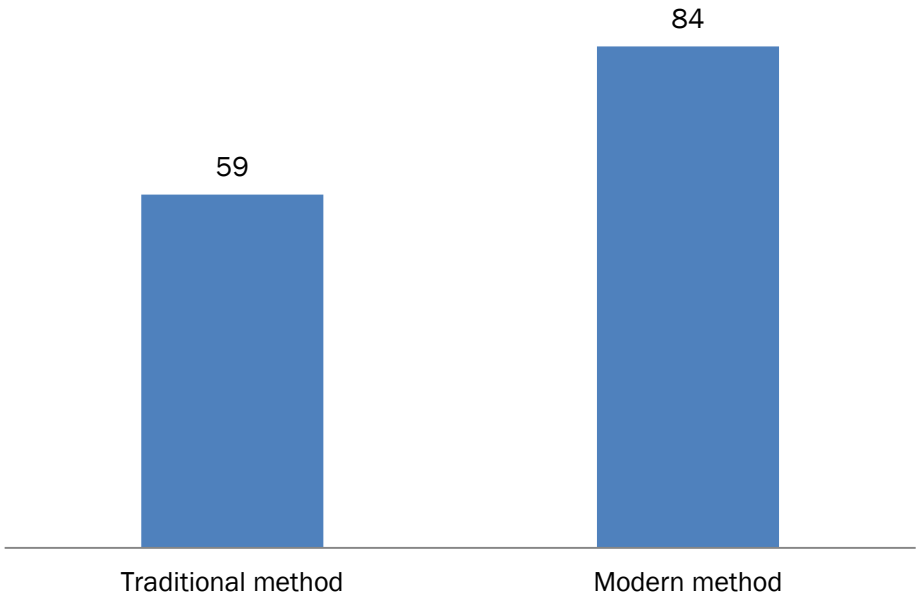


Table 14: Percentage of women who intended using a method to delay or avoid pregnancy

	PERCENTAGE	NUMBER OF WOMEN
Region		
Focus districts	29.8	1,290
Comparison districts	31.4	1,351
Karachi	45.4	1,259
Area		
Major urban	43.2	1,488
Other urban	40.1	401
Rural	28.6	2,012
Age		
15–24	33.2	1,277
25–34	36.9	2,147
35–49	34.3	475
Number of living children		
1	27.6	981
2	33.6	955
3	36.2	668
4	43.8	450
5 or more	41.1	845

	PERCENTAGE	NUMBER OF WOMEN
Education		
None	28.6	2,209
Primary or middle	39.9	759
Secondary or higher	47.8	931
Wealth		
First/poorest	19.8	786
Second	29.9	783
Middle	38.2	774
Fourth	44.1	769
Fifth/richest	45.0	787
Total	**35.4**	**3,900**

CONCLUSIONS

Most women in the study area desire three or more children, and closely spaced births remain common. Less than one-third of women had ever used contraceptives, and only one-quarter were currently using a method to prevent pregnancy. Even among women who had reached their desired family size, the so-called low-hanging fruit of family planning programs, only about 30% were using a contraceptive method. The method mix is what would be expected among postpartum women, with 34% using condoms and 21% using injectables. Women using sterilization, IUDs, injectables and pills are more likely to be high parity. Although the private sector is the primary source for family methods, the public sector remains important, particularly for poorer, less educated or rural women.

5. NEWBORN, INFANT AND CHILD HEALTH

The under-five child mortality rate in Pakistan declined by 24% between 1990 and 2012–13, from 117 per 1,000 live births to 89 per 1,000.[17] The target for reaching the Millennium Development Goals is 41 per 1,000. In 2006–07, the under-five child mortality rate in Sindh province was 101 per 1,000.

Advocates, policymakers, donors, and researchers have brought increased attention to the heavy burden of newborn mortality in Pakistan during the past decade.[18] Although some gains have been made in under-five child mortality, the rate of neonatal deaths (within the first four weeks of life) has stagnated.[19] Preliminary results from the 2012 DHS suggested that the neonatal mortality rate is 55 per 1,000 live births. Most newborn deaths occur within three days of birth, and the primary causes are births asphyxia (40%), sepsis (20%), and prematurity (16%), according to verbal autopsy data presented in the 2006–07 DHS report.

Some research studies have shown reductions in neonatal mortality through community-based strategies. In one study, LHWs promoted preventive maternal and newborn health and significant reductions were achieved in stillbirth rates and neonatal mortality.[20] In another study, traditional birth attendants (TBAs) applied chlorhexidine for prevention of neonatal infections, and this led to reduced umbilical cord infections and neonatal mortality.[21] Community-based strategies to reduce newborn mortality have also been successful in other parts of South Asia. The challenge now is to find an approach for scaling up these interventions.

THERMAL CARE

The World Health Organization recommends that healthy newborns be placed on their mothers' bare chest immediately after birth, to facilitate breastfeeding and bonding and to prevent hypothermia. Only 3% of women in Sindh report this practice, with the highest rates in Karachi (6%).

Bathing newborns on the first day is not recommended, particularly for low birth weight or premature newborns, because it could prevent them from maintaining adequate body temperature. However, 52% of infants in Sindh were bathed within six hours of birth (Table 15). Compared to other indicators, the differentials observed based on area of residence and mother's education were relatively small. For example, 55% of women without formal education bathed their newborns within six hours, and 47% of women with a secondary education did so. Maternal age seemed to be a more significant factor; 49% of the youngest mothers bathed their newborns within 6 hours, compared with 59% of the oldest mothers. This may be because the recommendations regarding newborn bathing have changed over time.

[17] http://www.countdown2015mnch.org/documents/2013Report/Pakistan_Accountability_profile_2013.pdf

[18] Khan A, Kinney MV, Hazir T, Hafeez A, Wall SN, Ali N, Lawn JE, Badar A, Khan AA, Uzma Q, Bhutta ZA; Pakistan Newborn Change and Future Analysis Group. Newborn survival in Pakistan: a decade of change and future implications. *Health Policy Plan*. 2012 Jul;27 Suppl 3:iii72-87. doi: 10.1093/heapol/czs047.

[19] Bhutta ZA, Hafeez A, Rizvi A, Ali N, Khan A, Ahmad F, Bhutta S, Hazir T, Zaidi A, Jafarey SN. Reproductive, maternal, newborn, and child health in Pakistan: Challenges and opportunities. *Lancet*. 2013 Jun 22;381(9884):2207-18. doi: 10.1016/S0140-6736(12)61999-0.

[20] Bhutta ZA, Soofi S, Cousens S, Mohammad S, Memon ZA, Ali I, Feroze A, Raza F, Khan A, Wall S, Martines J. Improvement of perinatal and newborn care in rural Pakistan through community-based strategies: a cluster-randomised effectiveness trial. *Lancet.* 2011 Jan 29;377(9763):403-12. doi: 10.1016/S0140-6736(10)62274-X. Epub 2011 Jan 14.

[21] Soofi S, Cousens S, Imdad A, Bhutto N, Ali N, Bhutta ZA. Topical application of chlorhexidine to neonatal umbilical cords for prevention of omphalitis and neonatal mortality in a rural district of Pakistan: A community-based, cluster-randomised trial. *Lancet.* 2012 Mar 17;379(9820):1029-36. doi: 10.1016/S0140-6736(11)61877-1. Epub 2012 Feb 8.

IDENTIFYING LOW BIRTH WEIGHT NEWBORNS

Weighing newborns at birth is recommended, to help identify newborns who are low birth weight and in need of extra care. Birth weight also provides a useful baseline measurement to assess growth during the early weeks of life. However, local knowledge may make women reluctant to weigh newborns. Only 29% of newborns in Sindh were weighed (Table 15). This practice was more common in Karachi and other big cities, but still reached only 54% of newborns. The differential between women of different ages was only 10 percentage points, but the disparity based on mother's education was notable. Among mothers with secondary or higher education, 61% of newborns were weighed, compared with 14% of newborns delivered by women without formal education. Similarly, 6% of newborns in the poorest families were weighed, while 60% of those in the richest families were weighed. Previous research in Pakistan suggested that newborns may not be weighed because of lack of equipment available to health workers attending the birth, lack of importance attributed to birth weighing, and concerns that weighing could attract negative effects such as attracting the "evil eye."[22]

Table 15: Percentage of newborns who were placed skin-to-skin with their mothers, bathed on the first day of life, and weighed at birth, by socio-demographic characteristics

	PLACED SKIN-TO-SKIN WITH MOTHER	BATHED WITHIN SIX HOURS	WEIGHED AT BIRTH	NUMBER OF WOMEN
Region				
Focus districts	1.2	53.6	14.1	1,327
Comparison districts	1.6	54.5	21.1	1,377
Karachi	5.7	48.6	53.7	1,295
Area				
Major urban	5.1	50.7	52.1	1,535
Other urban	1.9	51.9	20.8	414
Rural	1.2	53.6	14.0	2,052
Place of delivery				
Facility	3.3	47.7	40.3	2,657
Home	1.7	61.4	7.7	1,344
Gender of child				
Male	2.7	51.9	28.1	2,109
Female	2.9	52.7	30.7	1,891
Mother's age				
15–24	3.7	49.0	31.1	1,288
25–34	2.5	52.7	30.2	2,207
35–49	1.6	58.8	21.2	505

[22] Saving Newborn Lives (http://www.healthynewbornnetwork.org/sites/default/files/resources/Pakistan-Report_0.pdf

	PLACED SKIN-TO-SKIN WITH MOTHER	BATHED WITHIN SIX HOURS	WEIGHED AT BIRTH	NUMBER OF WOMEN
Education				
None	1.3	55.1	13.7	2,265
Primary/middle	5.0	50.3	36.0	780
Secondary or higher	4.5	47.3	60.9	955
Wealth				
First/poorest	0.6	59.4	6.0	801
Second	1.1	50.9	11.4	800
Middle	3.1	53.1	28.2	801
Fourth	3.9	47.4	41.7	797
Fifth/richest	5.1	50.8	59.5	800
Total	**2.8**	**52.3**	**29.3**	**4,000**

NEONATAL RESUSCITATION

One of the benefits of skilled birth attendance is that it increases the likelihood of timely resuscitation for newborns who are alive but not breathing at birth. In this survey, 303 women (80% of whom delivered in a facility) reported what was done to help their baby cry or breathe when their babies did not cry or breathe easily immediately after being born. Among these 303 newborns, 57% received an intervention that would be considered appropriate—rubbing, massaging and drying the baby, clearing the mouth and airway, using a bag and mask for ventilation, or giving oxygen (Figure 30). Using an incubator, reported by 26% of the mothers, would not necessarily help with resuscitation; this may reflect a misunderstanding by mothers of why their newborns were placed in incubators. Among babies born at health facilities, actions taken to make them cry or breathe when they did not do so immediately are shown in Figure 31.

Figure 30: Percentage distribution of techniques used to help babies cry or breathe, among babies who did not cry or breathe easily immediately after birth

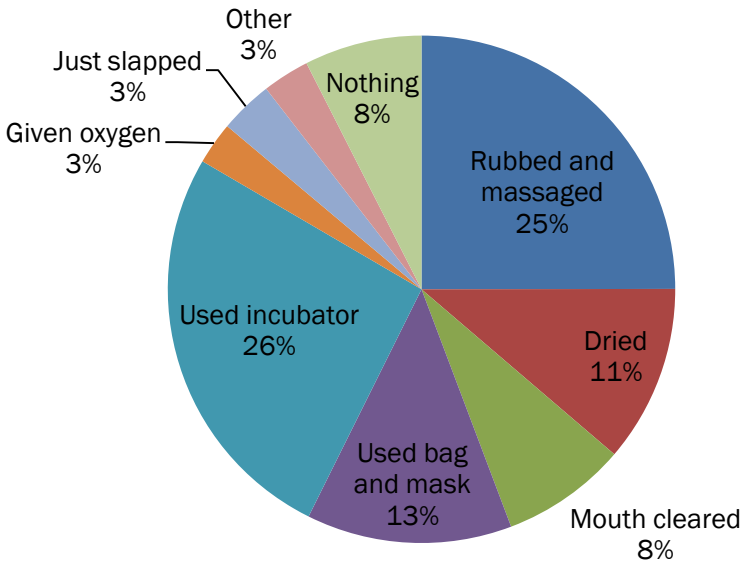
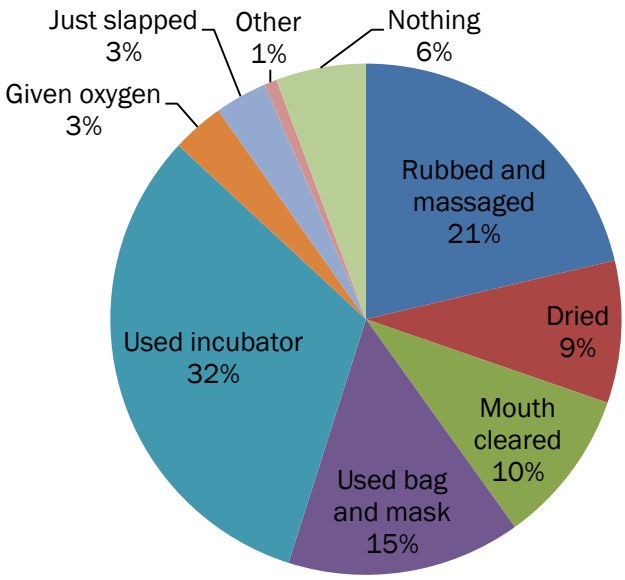


Figure 31: Percentage distribution of techniques used to help babies cry or breathe, among babies delivered at a health facility who did not cry or breathe easily immediately after birth



COLOSTRUM

Colostrum provides tremendous benefits to newborns in terms of immune protection and nutrition. In the past, in many settings its value was under-appreciated, and women withheld colostrum from newborns. In Sindh, however, 76% of newborns received colostrum, and coverage was high among all socio-demographic groups (Table 16). Place of delivery made no significant difference in whether colostrum was given, nor did the sex or current age of the child. Wealthier and more educated women were more likely to have given colostrum; 83% of those with the highest education level and 87% of those in the wealthiest households gave colostrum, whereas 71% with the least education and 69% of the poorest women did so.

Table 16: Percentage of children under two years who were given colostrum, by socio-demographic characteristics

	PERCENTAGE	NUMBER OF WOMEN
Region		
Focus districts	71.1	1,300
Comparison districts	69.6	1,351
Karachi	86.5	1,272
Area		
Major urban	84.7	1,500
Other urban	75.7	403
Rural	68.8	2,020
Place of delivery		
Facility	76.0	2,605
Home	74.6	1,319

	PERCENTAGE	NUMBER OF WOMEN
Gender of child		
Male	75.5	2,065
Female	75.6	1,858
Age in months		
<6	76.2	724
6–11	73.5	1,420
12–17	77.8	951
18–23	76.2	816
Education		
None	71.3	2,222
Primary/middle	79.0	763
Secondary or higher	82.8	938
Wealth		
First/poorest	69.1	787
Second	71.5	789
Middle	74.2	782
Fourth	76.4	774
Fifth/richest	86.6	791
Total	**75.6**	**3,923**

VITAMIN A SUPPLEMENTATION

In Vitamin A-deficient populations, supplementation is recommended twice annually for children under age five. In Pakistan, community-based supplementation is conducted simultaneously with polio vaccination drives. In Sindh province, 49% of the children included in the survey received Vitamin A supplementation during the previous six months (Table 17). Coverage levels were similar by child's gender. Younger children were less likely to have received Vitamin A supplementation. Only 35% of infants less than six months were reached, while 65% of children 18–23 months were reached. Coverage was comparable in Karachi and the comparison and focus districts, at 47–51%. Only a nine percentage point differential was found between the least educated and the most educated women, but an 18 percentage point difference exists between the poorest and wealthiest households.

Table 17: Percentage of children under two years who were given Vitamin A within the last six months, by socio-demographic characteristics

	PERCENTAGE	NUMBER OF WOMEN
Region		
Focus districts	49.8	1,300
Comparison districts	50.6	1,351
Karachi	47.1	1,273
Area		
Major urban	51.4	1,501
Other urban	62.0	403

	PERCENTAGE	NUMBER OF WOMEN
Rural	45.1	2,019
Place of delivery		
Facility	50.9	2,605
Home	46.0	1,318
Gender of child		
Male	48.7	2,065
Female	49.9	1,858
Age in months		
<6	34.9	724
6–11	44.1	1,420
12–17	54.4	951
18–23	65.3	816
Education		
None	45.7	2,222
Primary/middle	52.2	763
Secondary or higher	55.3	938
Wealth		
First/poorest	38.5	787
Second	48.1	790
Middle	51.0	781
Fourth	51.9	774
Fifth/richest	56.8	791
Total	**49.2**	**3,923**

IMMUNIZATION COVERAGE

Survey respondents were asked to show their child's vaccination card, so that data collectors could collect their immunization records. Overall, 25% of women were able to produce the card (Table 18). This is similar to the proportion of mothers who had a health card for the 2006–07 Pakistan DHS. Only 13% of the poorest women had the cards, whereas 33% of the wealthiest women had them. Women with only one living child were the most likely to have the card (36%); in contrast, only 20% of women with five or more children had vaccination cards.

If women were able to produce their child's vaccination card, information was obtained from the vaccination card. If no card was available, respondents were asked to recall their child's immunization history. Using both sources, the findings are presented below.
The current recommended vaccination schedule is as follows: BCG and Polio 0 at birth, pentavalent and polio 1 at six weeks, pentavalent and polio 2 at 10 weeks, pentavalent and polio 3 at 14 weeks, first measles at 9 months, and second measles at 12–15 months. The findings show that coverage varies by the particular vaccine; BCG coverage is 70%, complete polio coverage is 69%, measles 1 coverage is 48%, and complete pentavalent coverage is 30% (Figure 32). Although some vaccines reached majority coverage, only 22% of children were found to have

received all basic immunizations (Table 19). The preliminary report of the 2012-13 Pakistan Demographic and Health Survey shows that 29% of children 12-23 months in Sindh were fully vaccinated. Stark differences existed by mother's education, place of residence, and family wealth. For example, only 6% of the index children in the poorest households received all basic vaccinations, and 38% of those in the wealthiest households received all.

Figure 32: Vaccine coverage by type, among children age 12–23 months (%)

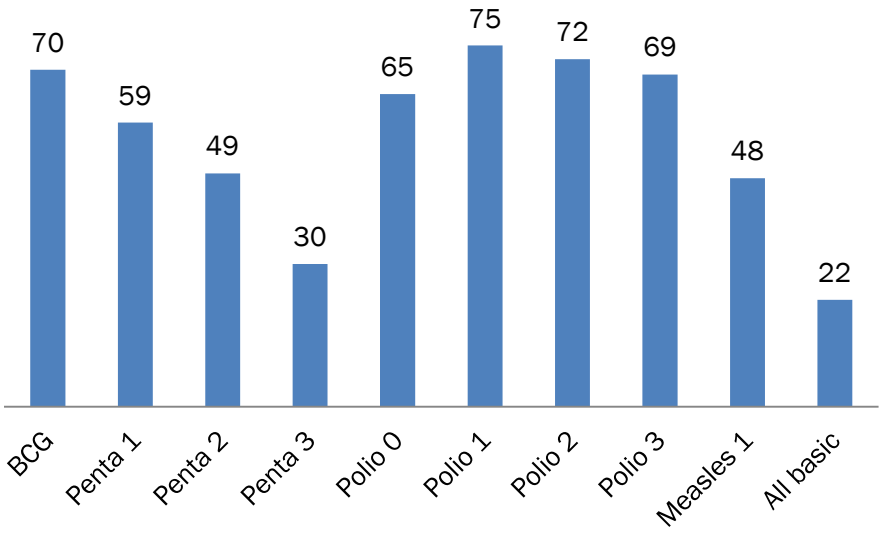


Table 18: Percentage of mothers who showed a vaccination card for their children 0–23 months, by socio-demographic characteristics

	PERCENTAGE	NUMBER OF WOMEN
Region		
Focus districts	21.2	1,304
Comparison districts	23.4	1,363
Karachi	31.1	1,288
Area		
Major urban	30.4	1,520
Other urban	36.3	411
Rural	19.0	2,024
Gender of child		
Male	26.1	2,080
Female	24.2	1,875
Number of living children		
1	35.7	954
2	24.6	951
3	21.6	675
4	20.4	465
5 or more	19.7	910

	PERCENTAGE	NUMBER OF WOMEN
Education		
None	19.5	2,236
Primary/middle	32.8	772
Secondary or higher	32.2	947
Wealth		
First/poorest	12.6	788
Second	17.7	791
Middle	29.6	790
Fourth	33.3	790
Fifth/richest	32.5	797
Total	**25.2**	**3,956**

Table 19: Percentage of children 12–23 months who received all basic vaccinations, by socio-demographic characteristics

	PENTAVALENT 3	ALL BASIC VACCINATIONS	NUMBER OF CHILDREN
Region			
Focus districts	22.5	15.0	618
Comparison districts	19.1	12.6	617
Karachi	49.9	41.0	549
Area			
Major urban	46.6	37.4	665
Other urban	27.5	18.9	190
Rural	18.1	12.0	930
Gender of child			
Male	30.9	23.6	922
Female	28.4	20.6	862
Birth order			
1	34.6	26.2	393
2	33.0	22.0	436
3	29.4	21.8	293
4	26.2	21.7	230
5 or higher	24.1	19.4	433
Education			
None	19.2	12.5	1,023
Primary/middle	36.1	26.6	350
Secondary or higher	50.5	42.6	411

	PENTAVALENT 3	ALL BASIC VACCINATIONS	NUMBER OF CHILDREN
Wealth			
First/poorest	10.6	5.8	380
Second	19.8	13.6	383
Middle	31.0	22.6	345
Fourth	42.3	34.0	332
Fifth/richest	48.3	38.2	346
Total	**29.7**	**22.2**	**1,786**

DIARRHEAL DISEASE AND TREATMENT

Respondents were asked if their child had suffered from diarrhea during the past two weeks, and then if the diarrhea had included blood in the stool. Overall, 35% of index children had diarrhea, and the level of reporting was similar across maternal socio-demographic characteristics (Table 20). Levels were lower among children less than six months old (28%), compared to older children (32–39%), perhaps because of the protective effect of breastfeeding or because of the different stool patterns in young infants.

Care-seeking for diarrhea were high overall, with 80% of children taken to a health care provider. Care-seeking showed lower variability by socio-demographic factors than other indicators presented previously in this report; only an eight percentage point difference was measured between lowest and highest wealth quintiles and only a two percentage point difference between maternal education levels. This indicates that households mobilized to take action when the infant's health was a concern.

Differentials for ORT use were more pronounced than for care-seeking. Among the lowest wealth quintile, 57% received ORT while 78% of those in the highest wealth quintile did. Among the most highly educated mothers, 75% gave ORT, compared with 63% of mothers without formal education. Considering only children who were treated with ORT, 74% of those who were taken to a health facility received ORT, while only 41% of the rest received ORT (Figure 33).

Figure 33: Coverage of oral rehydration therapy, by care-seeking status (%)

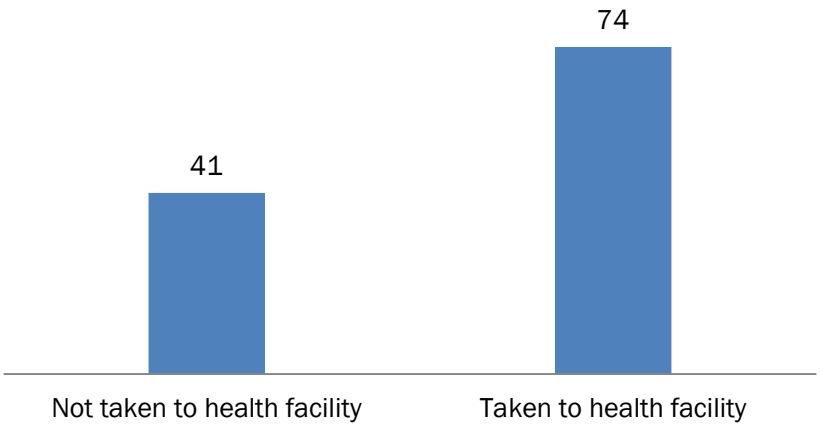


Table 20: Percentage of children 0–23 months who had diarrhea in the two weeks preceding the survey, by socio-demographic characteristics

	ALL DIARRHEA		DIARRHEA WITH BLOOD	
	PERCENTAGE	NUMBER OF CHILDREN	PERCENTAGE	NUMBER OF CHILDREN
Region				
Focus districts	34.5	1,304	3.3	450
Comparison districts	34.6	1,362	5.7	472
Karachi	36.0	1,288	3.7	464
Area				
Major urban	34.4	1,520	3.4	523
Other urban	37.2	411	6.5	153
Rural	35.1	2,024	4.4	709
Gender of child				
Male	36.7	2,081	3.8	762
Female	33.2	1,875	4.8	623
Age in months				
<6	27.7	733	5.4	203
6–11	37.5	1,434	3.5	538
12–17	39.0	958	3.7	374
18–23	32.4	826	5.6	268
Education				
None	35.3	2,236	4.7	789
Primary/middle	37.1	773	4.9	287
Secondary or higher	32.7	948	2.9	310
Wealth				
First/poorest	34.4	788	5.5	271
Second	36.7	791	4.8	290
Middle	36.6	790	5.2	289
Fourth	34.9	790	2.5	276
Fifth/richest	32.5	797	3.5	259
Total	**35.0**	**3,956**	**4.3**	**1,385**

Table 21: Among children 0–23 months who had diarrhea in the two weeks preceding the survey, the percentage who were taken to a health care provider, the percentage given ORT, by socio-demographic characteristics

	TAKEN TO A HEALTH CARE PROVIDER	ORAL REHYDRATION THERAPY (ORT)	NUMBER OF CHILDREN
Region			
Focus districts	79.6	64.4	450
Comparison districts	80.0	66.1	471
Karachi	80.8	72.4	464
Area			
Major urban	83.2	74.6	523
Other urban	79.1	67.8	153
Rural	78.2	62.6	710
Gender of child			
Male	80.8	69.2	762
Female	79.3	65.8	623
Age in months			
<6	76.8	58.1	203
6–11	79.0	66.6	539
12–17	82.4	70.9	374
18–23	81.8	72.4	269
Education			
None	78.7	63.0	789
Primary/middle	83.3	72.5	287
Secondary or higher	81.0	75.2	310
Wealth			
First/poorest	72.0	57.0	271
Second	80.7	65.2	290
Middle	83.0	67.1	289
Fourth	84.4	71.7	276
Fifth/richest	80.3	78.0	259
Total	**80.1**	**67.7**	**1,385**

FEVER OCCURRENCE AND TREATMENT

During the two weeks preceding data collection, 41% of index children had a fever, and levels were similar across child's age and socio-demographic characteristics (Table 22). More than three-quarters of children were taken to a health facility for treatment, and levels were comparable across socio-demographic characteristics, although a difference was observed between children in the lowest wealth quintile (70%) and those in the middle and higher quintiles (80–82%) (Table 23).

Table 22: Among children 0–23 months, the percentage who had a fever in the two weeks preceding the survey, by socio-demographic characteristics

	PERCENTAGE	NUMBER OF CHILDREN
Region		
Focus districts	41.3	1,304
Comparison districts	42.0	1,363
Karachi	39.6	1,288
Area		
Major urban	38.6	1,520
Other urban	37.0	411
Rural	43.6	2,024
Gender of child		
Male	41.4	2,081
Female	40.6	1,875
Age in months		
<6	39.6	732
6–11	40.7	1,434
12–17	44.8	959
18–23	38.1	826
Education		
None	41.7	2,236
Primary/middle	46.1	773
Secondary or higher	35.2	948
Wealth		
First/poorest	38.3	788
Second	44.2	791
Middle	43.8	790
Fourth	42.8	790
Fifth/richest	35.8	797
Total	**41.0**	**3,956**

Table 23: Among children 0–23 months with fever, the percentage for whom treatment was sought from a health facility, by socio-demographic characteristics

	PERCENTAGE	NUMBER OF CHILDREN
Region		
Focus districts	78.8	538
Comparison districts	77.6	572
Karachi	78.6	510
Area		
Major urban	80.5	586
Other urban	74.5	153
Rural	77.5	883
Gender of child		
Male	79.0	861
Female	77.5	761
Age in months		
<6	74.1	290
6–11	79.5	584
12–17	79.1	430
18–23	79.0	315
Education		
None	76.3	932
Primary/middle	82.6	356
Secondary or higher	79.3	334
Wealth		
First/poorest	69.8	301
Second	78.0	350
Middle	80.4	347
Fourth	82.0	338
Fifth/richest	80.8	286
Total	**78.3**	**1,622**

CONCLUSIONS

The level of routine preventive care provided to newborns and infants in Sindh is extremely low: only 22% of children 12-23 months were fully immunized. Care seeking patterns for diarrhea and fever show that the vast majority of household's obtain curative care when the child is sick. Even in the poorest quintile, about 70% of households obtained care for a child with diarrhea or fever. Since more than 80% of curative care for children is sought at private medical facilities or private doctors (not shown), it is important that a link be developed between private pediatric care facilities and the provision of immunization.

6. EXPOSURE TO COMMUNICATION

The USAID MCH Program will promote MCH through interpersonal communication and social marketing, and therefore understanding client exposure to various media is important for program planning. This preliminary report describes women's sources of information regarding MCH in general, breastfeeding, and birth spacing. It also explores the role of the mother-in-law in discussing health information. In Chapter 2, we saw that television was the most frequently used source of information for women. This chapter describes television viewing habits by socio-demographic characteristics.

SOURCES OF INFORMATION

Women were asked about the sources from which they received MCH information during the last 12 months. The most commonly cited source was a doctor (30%), followed by relatives and friends (25%), and mothers-in-law (19%) (Figure 34). Other reported sources included LHWs (13%), Dais-TBAs (13%), television (11%), nurses or midwives (8%), and LHVs (5%). A negligible proportion of women reported print media (1%), radio (1%), or a telephone helpline (1%) as their source of information about MCH during the last 12 months. Women did not report using text messages to receive MCH information. When information sources are compared by urban vs. rural residence, the patterns are similar, except that rural women cited *dais* (TBAs) more frequently than urban women, and urban women cited all information sources more often (Figure 35).

When participants were asked about sources of breastfeeding information, participants most often reported friends and relatives (22%), followed by doctors (18%) and mothers-in-law (18%) (Figure 36). Other health care providers were less likely to be reported as a source of breastfeeding information. Dais/TBAs were mentioned by 10%, LHWs by 8%, nurses and midwives by 6%, and LHVs by 4%. Television was cited by 8%, and radio and print were cited by only 1%.

As with maternal child health, the most important sources of information regarding birth spacing were doctors (21%) and friends or relatives (17%) (Figure 37). However, 14% of women mentioned television and 14% mentioned LHWs. This is probably because of women's recall of an advertisement promoting the "Sabz Sitaara" clinic network supported by Greenstar Social Marketing Ltd. on air prior to and around the time that the MCH Program Indicator Survey was implemented. Other media, such as radio and print, were cited by only 1%. Less than 10% of participants cited Dais-TBAs (8%), nurses or midwives (6%), and LHVs (6%). Participants were also less likely to report their mother-in-law (8%) as a source of birth spacing information.

Only 14% of women reported being provided MCH or birth spacing information by an LHW. The 2006–07 DHS showed that 25% of married women were visited by an LHW or another outreach worker who discussed family planning with them. The MCH Program Indicator Survey results may suggest a possible decline in home visits by LHWs since 2006–07.

Overall, these findings reflect a surprisingly low level of exposure to information about MCH, breastfeeding and birth spacing among recent mothers for whom such information may be extremely valuable. About 43% of women received no MCH-related information during the last 12 months (Table 24). Nearly half of women in the focus and comparison districts (44%-50%) and just over one-third of women in Karachi did not receive any MCH information in the last 12 months. Older women were more likely than younger women to not receive any MCH

information: 51% of women 35–49 did not receive any MCH information, compared to 41% of women 15–24. Women with no formal schooling were more likely not to have received any MCH information (50%) compared to women with secondary or higher education (32%).

Figure 34: Percentage of mothers who reported receiving any information about maternal and child health from different sources

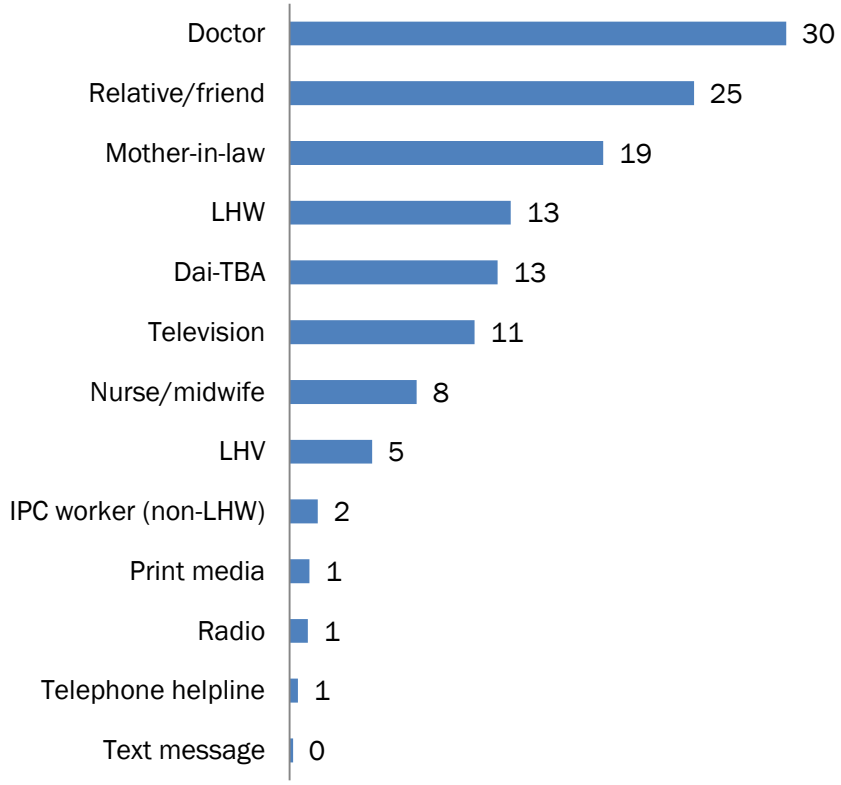


Figure 35: Percentage of mothers who reported receiving any information about maternal and child health from different sources, comparing urban and rural residence

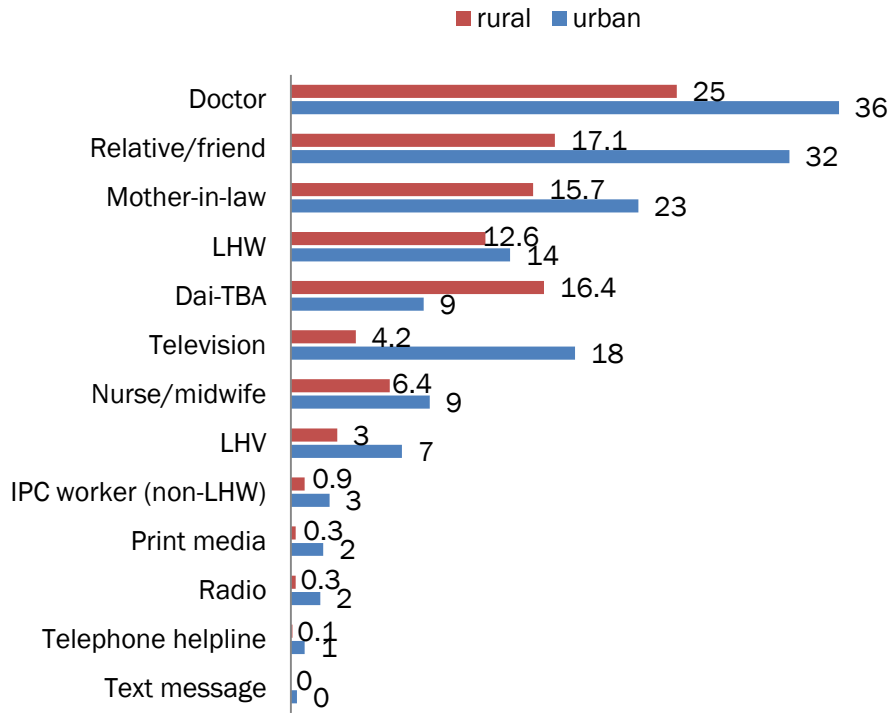


Figure 36: Percentage of mothers who reported receiving any information about breastfeeding from different sources

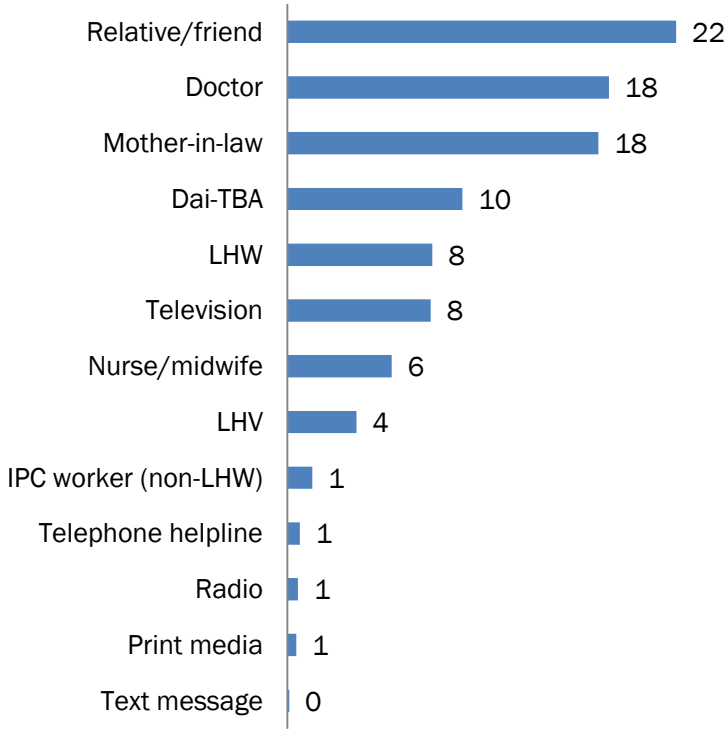


Figure 37: Percentage of mothers who reported receiving any information on birth spacing during the past 12 months from different sources

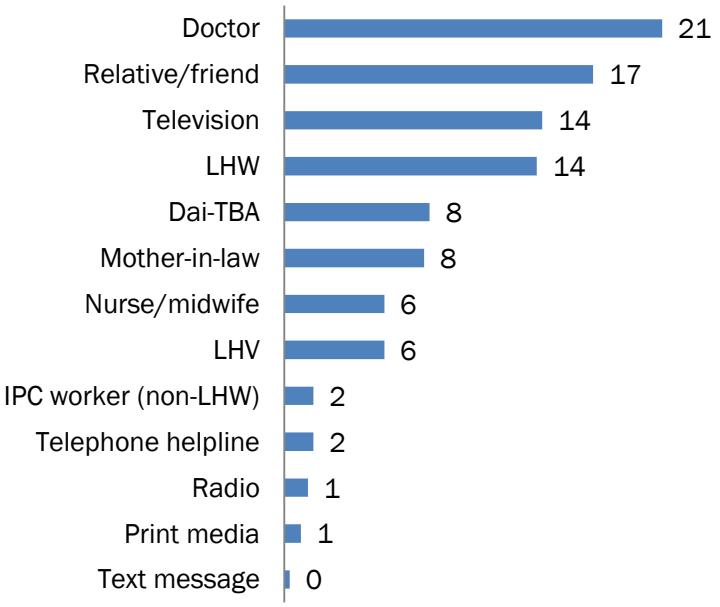


Figure 38: Percentage of mothers who reported receiving any information on birth spacing during the past 12 months from different sources, comparing urban and rural residence

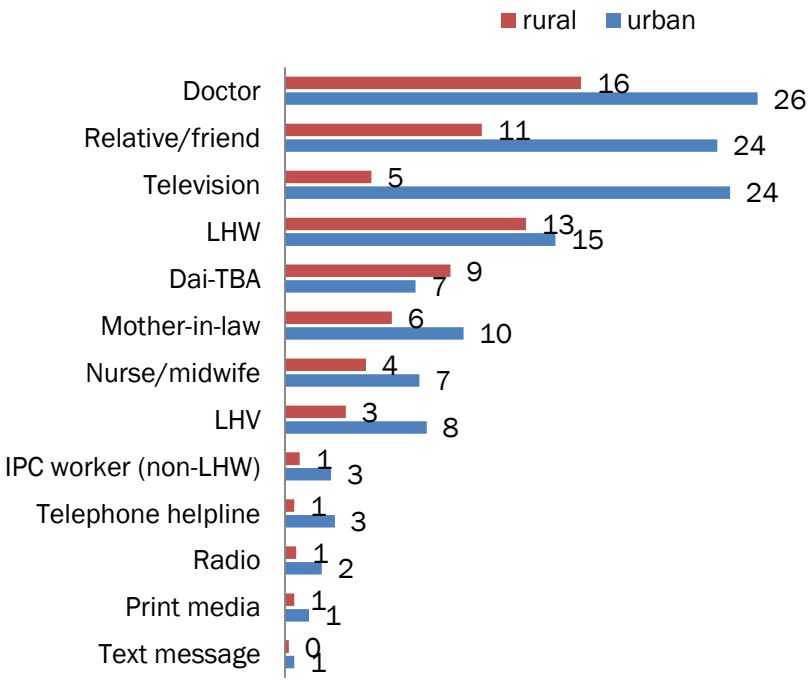


Table 24: Percentage of women who did not receive any information on maternal and child health during the last 12 months, by socio-demographic characteristics

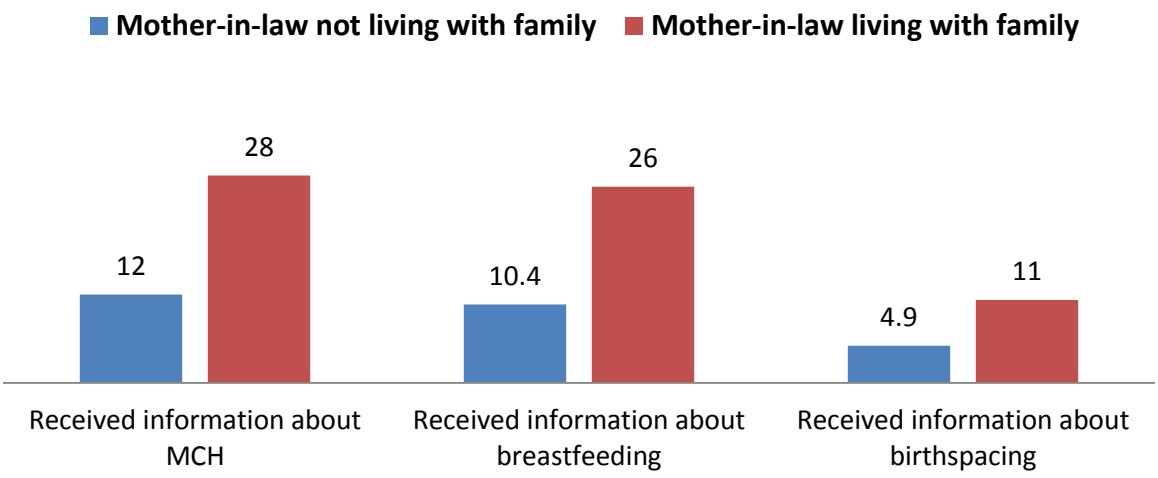
	PERCENTAGE	NUMBER
Region		
Focus districts	49.5	1,326
Comparison districts	44.3	1,378
Karachi	36.1	1,295
Urban/rural		
Big city	35.8	1,535
Small city	41.9	413
Town/rural area	49.3	2,052
Age		
15–24	41.0	1,288
25–34	43.1	2,207
35–49	50.9	505
Number of living children		
1	39.3	981
2	42.6	956
3	43.8	680
4	43.9	471
5 or more	47.9	912
Education		
None	49.5	2,265
Primary/middle	39.9	780
Secondary or higher	31.6	955
Wealth		
First/poorest	52.8	801
Second	49.4	800
Middle	42.3	801
Fourth	39.3	798
Fifth/richest	32.9	800
Total	**43.4**	**4,000**

COMMUNICATION WITH MOTHERS-IN-LAW

We further explored the role of mothers-in-law in health communication by contrasting women who lived with their mothers-in-law and those who did not. Among participants living in the same household as their mothers-in-law in Sindh, more than one-quarter reported receiving MCH information and breastfeeding information from their mothers-in-law (Figure 39). In contrast, among participants who did not live in the same household as their mother-in-law, 12% reported receiving MCH information from their mothers-in-law, and 10% reported their mothers-in-law as a source for breastfeeding information. Respondents were much less likely to

report their mother-in-law as a source of birth spacing information: only 8% of women reported that they received information on birth spacing from their mothers-in-law in the last 12 months (Figure 37) compared to 18–19% of women who reported that they received MCH- or breastfeeding-related information from their mothers-in-law (Figures 34 and 35). However, a similar pattern was observed with a higher proportion of respondents whose mothers-in-law lived with them reporting having received birth spacing information: 11% of women whose mothers-in-law lived with them reported the mother-in-laws as a source of birth spacing information, compared to 5% of women who reported that their mothers-in-law did not live with them.

Figure 39: Percentage of women who received information from their mothers-in-law about MCH, breastfeeding, and birth spacing, by whether the mothers-in-law lived in the same house



TELEVISION VIEWING

In Sindh, 55% of women watched television every week, 2% listened to the radio and 2% read newspapers and magazines (Figure 40). As reported in Chapter 2, 53% of households in the focus area, 63% of households in the comparison area, and 88% of households in Karachi owned a television. Differentials in television viewing by urban or rural residence and by level of education were of similar magnitude: there was a 34 percentage point difference between rural and major urban areas in weekly television viewing; there was 39% percentage point difference between women with no education and women with secondary or higher education in weekly television viewing. The difference in weekly television viewing between the poorest and the richest quintile was 68 percentage points: only 14% of women in the poorest quintile watch television weekly compared to 82% of women in the richest quintile (Table 25).

Figure 40: Percentage of women who watched television, listened to the radio, and read newspaper or magazine at least once a week

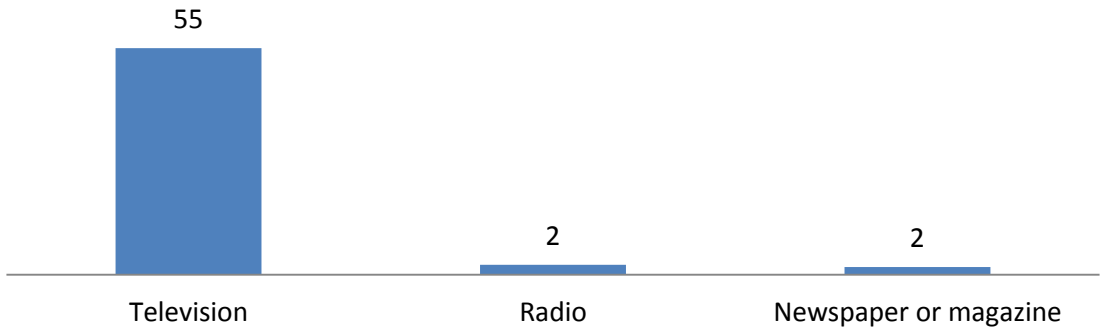


Table 25: Percentage of women who watched television weekly and daily, by socio-demographic characteristics

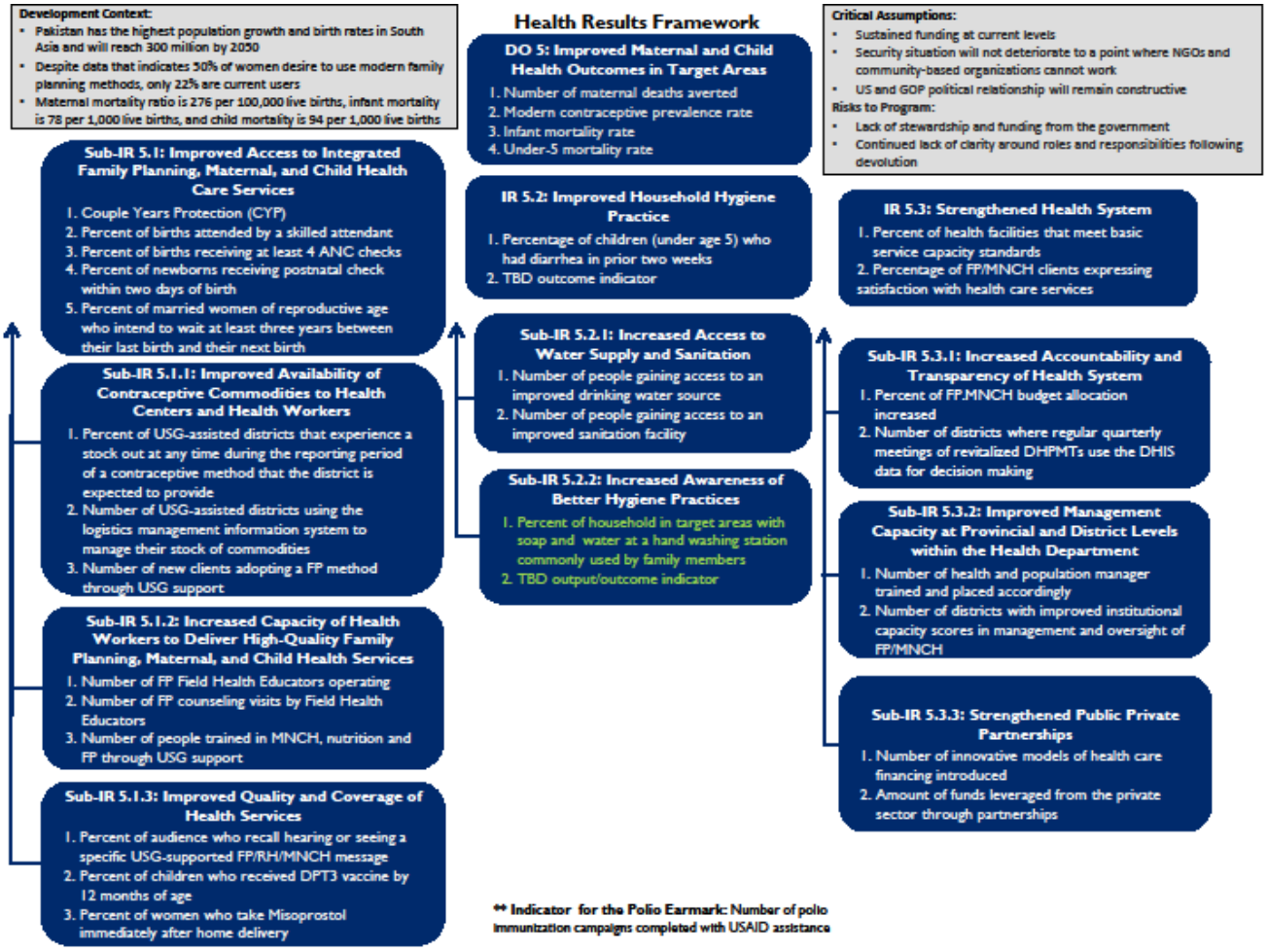
	WATCH TELEVISION WEEKLY	WATCH TELEVISION DAILY	NUMBER OF WOMEN
Region			
Focus districts	43.3	39.1	1,326
Comparison districts	51.0	46.9	1,378
Karachi	69.9	61.7	1,295
Area			
Major urban	71.8	65.4	1,535
Other urban	74.1	68.3	413
Rural	37.8	33.1	2,052
Age			
15–24	57.0	51.6	1,288
25–34	55.5	49.7	2,207
35–49	44.4	40.2	505
Number of living children			
1	57.8	52.0	981
2	57.9	52.1	956
3	57.2	51.2	680
4	55.8	51.2	471
5 or more	45.1	40.1	912
Education			
None	40.2	36.4	2,265
Primary/middle	66.3	58.3	780
Secondary or higher	79.2	71.8	955

	WATCH TELEVISION WEEKLY	WATCH TELEVISION DAILY	NUMBER OF WOMEN
Wealth			
First/poorest	13.6	10.7	801
Second	42.5	36.9	800
Middle	61.8	57.7	801
Fourth	73.3	65.5	798
Fifth/richest	81.9	74.9	800
Total	**54.6**	**49.1**	**4,000**

CONCLUSIONS

Although about half of women in Sindh watch television regularly, television is rarely cited as a source of health information. Radio and print media are rarely cited as primary sources either. Doctors, friends, relatives, and mothers-in-law are most likely to be identified as sources of health information, but these sources were mentioned only by a minority of women. Given the widespread access to mobile phones in the rural districts of Sindh, there seems to be an enormous opportunity to use mobile phones for health messaging.

APPENDIX A: USAID RESULTS FRAMEWORK



APPENDIX B: QUESTIONNAIRE

APPROVED BY JHSPH Institutional Review Board

APPROVAL DATE: June 13, 2013

|_|_|_|_|_|_|_|_|

Processing Code

MCH Indicator Survey

زچگی اور بچے کی صحت کے بارے میں گھریلو سروے

Questionnaire

سوالنامہ

Hello. My name is _____. I am a researcher from MCHIP PROJECT PAKISTAN and would like to talk to you about maternal, child and newborn health practices. We are researching how health services are being used in Punjab / Sindh and what barriers exist to accessing those services. We are asking you to help us in our work because sharing your experiences with the health system will help to improve services in your community. You do not have to participate if you don't want to, it is your choice.

During the interview, we will ask you about your most recent experiences with antenatal care, labor and delivery, post natal care, reproductive health, and other topics related to your experiences with the health system. This will be the only time we will visit with you and this interview should last about 1 hour.

You may be uncomfortable at times answering questions related to your health practices. We will try to make you as comfortable as possible with sensitive topics by talking in a private space to protect your privacy. You do not have to answer all the questions and you may stop at any time. We will not share this information with other researchers, your family or other members of your community. We will not be writing down any of your personal information like phone number, address, or your name.

You may not get any individual benefit from participating in this interview. We will not pay you to answer the questions but you may get satisfaction knowing that we will use the information you and others provide to help improve health services in Sindh / Punjab.

Do you have any questions?

May I begin the interview?

Respondent agrees to be interviewed: 1

جوابدہندہ انٹرویو پر آمادہ ہے

Responsent does not agree to be interviewed: 2

جوابدہندہ انٹرویو پر آمادہ نہیں ہے

Interviewer: "I have read the consent form to the respondent and she has understood it."

میں نے فارم عورت کو پڑھ کر سنا دیا ہے اور اس نے یہ ظاہر کر دیا ہے کہ اس کو یہ فارم سمجھ آ گیا ہے

....

Signature of Interviewer: Date:

انٹرویور کے دستخط: تاریخ:

SECTION-A
IDENTIFICATION

A-1	Province صوبہ _____	
A-2	District ضلع _____	PSU code ☐☐ ☐☐
A-3	Tehsil تحصیل _____	
A-4	Village name: _____ گاؤں کا نام	
A-5	Large City = 1 Small City = 2 Town = 3 Rural= 4 _____	

INTERVIEWER VISITS

		1	2	3	FINAL VISIT
A-6	Date	_____	_____	_____	a. Day ☐☐ b. Month ☐☐ c. Year ☐☐☐☐
A-7	Total number of visits				☐
A-8	***RESULT CODES:** نتائج کوڈ 1 Completed 2 No household member at home or no competent respondent at home 3 Entire household absent for extended period of time 4 Postponed 5 Refused 7 Others _____ (Specify)				☐
A-9	**Language woman speaks at home :**..... عورت گھر میں زبان بولتی ہے۔ Urdu= 1, Punjabi= 2, Sindhi= 3, Pushto= 4, Baluchi= 5, English= 6, Baruhi= 7, Saraiki= 8, Other= 9				
A-10	**Language of interview:** ..... انٹرویور کی زبان Urdu= 1, Punjabi= 2, Sindhi= 3, Pushto= 4, Baluchi= 5, English= 6, Baruhi= 7, Saraiki= 8, Other= 9				
A-11	Name of Supervisor سپروائزر کا نام				
A-12	Name of Editor ایڈیٹر کا نام				

SECTION-B
RESPONDENT'S BACKGROUND
(MARRIED WOMEN 15-49 WHO HAVE HAD A LIVE BIRTH IN THE LAST 2 YEARS)

NO.	Questions and Filters	Coding Categories	Skip
B-1	**Record the time** وقت درج کریں	a. Hours ..... ☐☐ b. Minutes ..... ☐☐	
B-2	In what month and year were you born? آپ کس مہینے اور سال میں پیدا ہوئیں؟	Months ..... ☐☐ Don't know month ..... 98 Year ..... ☐☐☐☐ Don't know 98	
B-3	How old were you at your last birthday? آخری سالگرہ پر آپ کی عمر کیا تھی؟ COMPARE AND CORRECT B-2 AND B-3 IF INCONSISTENT	Age in completed years ..... ☐☐	
B-4	What is your current marital status? آپ کی موجودہ ازدواجی حیثیت کیا ہے؟ کیا آپ شادی شدہ خدانخواستہ بیوہ، طلاق یافتہ یا آپ کی علیحدگی تو نہیں ہو چکی؟	Married ..... 1 Widowed ..... 2 Divorced ..... 3 Seperated ..... 4 Never Married 5	End Interview
B-5	How old were you when you first started living with your husband? شادی کے وقت آپ کی عمر کیا تھی؟	Age ..... ☐☐	
B-6	Have you ever attended school? کیا آپ نے کبھی سکول میں پڑھا ہے؟	Yes ..... 1 No 2	→ B-8
B-7	What is the highest class you completed? آپ نے آخری کون سی جماعت پاس کی ہے؟ **Write '00' if less than class one;** **Write '16' = if MA, MPhil, PhD, MBBS, BSc/4years**	Class completed ..... ☐☐	
B-8	Did your husband ever attend school? کیا آپ کے شوہر نے کبھی سکول میں پڑھا ہے؟	Yes ..... 1 No 2	→ B-10
B-9	What was the highest class he completed? انہوں نے آخری کون سی جماعت پاس کی تھی؟ **Write '00' if less than class one;** **Write '16' = if MA, MPhil, PhD, MBBS, BSc/4years**	Class completed ..... ☐☐ Don't know 98	

NO.	Questions and Filters	Coding Categories	Skip
B-10	Is there a blood relationship between you and your husband? آپ کا اپنے شوہر کے ساتھ خاندانی رشتہ ہے۔	Yes . . . . . 1 No . . . . . 2 → B 12	
B-11	What type of relationship is it? ان کے ساتھ رشتہ کیا ہے؟	First Cousin on Father's side .....1 First Cousin on Mother's side .....2 Second Cousin .....3 Other Relationship 4	
B-12	What is your husband's occupation? آپ کے شوہر کا پیشہ کیا ہے/تھا؟ **Probe:** What kind of work does your husband mainly do? وہ زیادہ تر کس قسم کا کام کرتے ہیں/تھے؟	Agriculture/ Livestock/ Poultry .....01 Agriculture (Other's land) .....02 Petty trader .....03 Skilled labor .....04 Unskilled labor .....05 Employed non-executive level .....06 Employed executive level .....07 Professional .....08 In army .....09 Small scale business .....10 Large scale business .....11 Retired .....12 Abroad (Probe occupation) .....13 Unemployed .....14 Other _____ 77 (Specify) Don't know 98	
B-13	Do you watch television daily, at least once a week, occasionally or not at all ? آپ ٹی وی کس کثرت سے دیکھتی ہیں؟ روزانہ، ہفتے میں کم از کم ایک بار، کبھی کبھی یا بالکل بھی نہیں۔	Daily .....01 Atleast once a week ..... 02 Occasionally..... 03 Not at all 04	

NO.	Questions and Filters	Coding Categories	Skip
B-14	Do you listen to the radio daily, at least once a week, occasionally or not at all? آپ ریڈیو کس کثرت سے دیکھتی ہیں؟ روزانہ، ہفتے میں کم از کم ایک بار، کبھی کبھی یا بالکل بھی نہیں۔	Daily ..... 01 Atleast once a week ..... 02 Occasionally ..... 03 Not at all 04	
B-15	Do you read a newspaper or magazine daily, at least once a week, occasionally or not at all? آپ اخبار یا میگزین کس کثرت سے پڑھتی ہیں؟ روزانہ، ہفتے میں کم از کم ایک بار، کبھی کبھی یا بالکل بھی نہیں۔	Daily ..... 01 Atleast once a week ..... 02 Occasionally ..... 03 Not at all 04	
B-16	What is your mother tongue? آپ کی مادری زبان کیا ہے؟	URDU . . . . . 01 PUNJABI . . . . . 02 SINDHI . . . . 03 PUSHTO . . . . . 04 BALOCHI . . . . . 05 ENGLISH . . . . . 06 BARAUHI . . . . . 07 SIRAIKI . . . . . 08 HINDKO . . . . . 09 KASHMIRI . . . . . 10 SHINA . . . . . 11 BRUSHASKI . . . . . 12 WAKHI . . . . . 13 CHITRALI/ KHWAR . . . . . 14 BALTI . . . . . 15 PAHARI . . . . . 16 POTOWARI . . . . . 17 MARWARI . . . . . 18 FARSI . . . . . 19 OTHER . . . . . 96 **(Specify)**	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
B-17	What is the main source of drinking water for members of your household? آپ کے گھر میں زیادہ تر پینے کا پانی کس ذریعے سے آتا ہے؟	PIPED WATER PIPED INTO DWELLING . . . . . 1 PIPED TO YARD/PLOT . . . . . 2 PUBLIC TAP/STANDPIPE . . . . . 3 TUBE WELL OR BOREHOLE . . . . . 4 HAND PUMP . . . . . 5 DUG WELL PROTECTED WELL . . . . . 6 UNPROTECTED WELL . . . . . 7 WATER FROM SPRING PROTECTED SPRING . . . . . 8 UNPROTECTED SPRING . . . . . 9 RAINWATER . . . . . 10 TANKER TRUCK . . . . . 11 FILTRATION PLANT . . . . . 12 CART WITH SMALL TANK . . . . . 13 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) . . . . . 14 BOTTLED WATER . . . . . 15 OTHER _____ 96 (SPECIFY)	→ B-20 → B-22
B-18	Where is the water source located پانی کے ذرائع کہاں واقع ہے؟	IN OWN DWELLING . . . . . 1 IN OWN YARD/PLOT . . . . . 2 ELSEWHERE 3	→ B-20
B-19	How long does it take to go there, get water, and come back? پانی لانے اور واپس آنے میں کتنا وقت لگتا ہے؟	MINUTES . . . . . ☐☐☐ DON'T KNOW 98	
B-20	Do you do anything to the water to make it safer to drink? پانی پینے کے قابل بننے کے لیے کچھ کرتی ہیں؟	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 98	→ B-22
B-21	What do you usually do to make the water safer to drink? پانی پینے کے قابل بننے کے لیے کیا کرتی ہیں؟ Anything else? **[CIRCLE ALL MENTIONED]**	BOIL . . . . . A ADD BLEACH/CHLORINE . . . . . B STRAIN THROUGH A CLOTH . . . . . C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) . . . . . D SOLAR DISINFECTION . . . . . E LET IT STAND AND SETTLE . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
B-22	What kind of toilet facility do members of your household usually use? آپ کے گھر کے افراد کس قسم کی لیٹرین کی سہولت زیادہ تر استعمال کرتے ہیں؟	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM . . . . . 11 FLUSH TO SEPTIC TANK . . . . . 12 FLUSH TO PIT LATRINE . . . . . 13 FLUSH TO SOMEWHERE ELSE . . . . . 14 FLUSH, DON'T KNOW WHERE . . . . . 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE (VIP) . . . . . 21 PIT LATRINE WITH SLAB . . . . . 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT . . . . . 23 BUCKET TOILET . . . . . 41 HANGING TOILET/HANGING LATRINE . . . . . 51 NO FACILITY/BUSH/FIELD . . . . . 61 → B-25 OTHER _____ 96 (SPECIFY)	
B-23	Do you share this toilet facility with other households? آپ کے گھر کے افراد لیٹرین کی سہولت مل کر استعمال کرتے ہیں؟	YES . . . . . 1 NO . . . . . 2 → B-25	
B-24	How many other households use this toilet facility? گھر میں کتنے اور افراد لیٹرین کی سہولت استعمال کرتے ہیں؟	NO. OF HOUSEHOLDS IF LESS THAN 10 . . . . . [ ][ ] 10 OR MORE HOUSEHOLDS . . . . . 95 DON'T KNOW 98	
B-25	Does your household have: for example: گھرانے میں ان میں سے کون کون سی اشیا موجود ہیں؟ a) Electricity? بجلی b) A radio? ریڈیو c) A television? ٹی وی d) A landline telephone? ٹیلی فون (تار والا) e) A refrigerator? فریج/فریزر f) Almirah/Cabinet? الماری g) Chair? کرسی h) Room Cooler? روم کولر i) Airconditioner? اے۔سی j) Washing Machine? واشنگ مشین k) Water Pump? واٹر پمپ l) Bed? بستر m) Clock? گھڑی n) Sofa? صوفہ o) Camera? کیمرہ p) Sewing Machine? سلائی مشین q) Computer? کمپیوٹر r) Internet connection? انٹرنیٹ کنکشن	YES NO ELECTRICITY . . . . . 1 2 RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 LANDLINE TELEPHONE . . . . . 1 2 REFRIGERATOR . . . . . 1 2 ALMIRAH/CABINET . . . . . 1 2 CHAIR . . . . . 1 2 ROOM COOLER . . . . . 1 2 AIRCONDITIONER . . . . . 1 2 WASHING MACHINE . . . . . 1 2 WATER PUMP . . . . . 1 2 BED . . . . . 1 2 CLOCK . . . . . 1 2 SOFA . . . . . 1 2 CAMERA . . . . . 1 2 SEWING MACHINE . . . . . 1 2 COMPUTER . . . . . 1 2 INTERNET CONNECTION 1 2	
B-26	What type of fuel does your household mainly use for cooking? گھر میں کھانا پکانے کے لئے ان میں سے کون سا ایندھن سب سے زیادہ استعمال ہوتا ہے؟	ELECTRICITY . . . . . 01 LPG . . . . . 02 NATURAL GAS . . . . . 03 BIOGAS . . . . . 04 KEROSENE . . . . . 05 COAL, LIGNITE . . . . . 06 CHARCOAL . . . . . 07 WOOD . . . . . 08 STRAW/SHRUBS/GRASS . . . . . 09 ANIMAL DUNG . . . . . 10 NO FOOD COOKED IN HOUSEHOLD . . . . . 95 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
B-27	Is the cooking usually done in the house, in a separate building, or outdoors? عام طور پر کھانا کہاں بنتا ہے؟ گھر میں، دوسرے گھر میں یا باہر سے لایا جاتا ہے۔	IN THE HOUSE . . . . . 1 IN A SEPARATE BUILDING . . . . . 2 OUTDOORS . . . . . 3 OTHER _____ 96 (SPECIFY)	
B-28	Do you have a separate room which is used as a kitchen? کیا کچن کے لیے ایک الگ کمرہ ہے؟	YES . . . . . 1 NO 2	
B-29	**MAIN MATERIAL OF THE FLOOR.** **RECORD OBSERVATION.** منزل (فرش) کس چیز کی بنی ہوئی ہے؟ اندراج کریں۔	EARTH/SAND/MUD . . . . . 11 CHIPS/TERRAZZO . . . . . 31 CERAMIC TILES . . . . . 32 MARBLE . . . . . 33 CEMENT . . . . . 34 CARPET . . . . . 35 BRICKS . . . . . 36 MATS . . . . . 37 OTHER _____ 96 (SPECIFY)	
B-30	**MAIN MATERIAL OF THE ROOF.** **RECORD OBSERVATION.** چھت کس چیز کی بنی ہوئی ہے؟ اندراج کریں۔	NO ROOF . . . . . 11 THATCH/PALM LEAF/GRASS. . . . . 12 HARDBOAR/PLASTIC ROOF. . . . . 21 IRON SHEETS/ASBESTOS . . . . . 31 WOOD/T IRON/MUD . . . . . 32 REINFORCED BRICK CEMENT/RCC . . . 33 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
B-31	**MAIN MATERIAL OF THE EXTERIOR WALLS.** بیرونی دیواریں کس چیز کی بنی ہوئی ہیں؟ **RECORD OBSERVATION.** اندراج کریں۔	NO ROOF..... . . . . 11 MUD / STONES . . . . . 12 BAMBOO / STICKS / MUD . . . . . .13 UNBAKED BRICKS / MUD . . . . . 21 PLYWOOD SHEETS . . . . . 22 CARTON / PLASTIC . . . . . 23 STONE BLOCKS . . . . . 31 BAKED BRICKS . . . . . 32 CEMENT BLOCKS/ CEMENT . . . 33 TENT . . . . . 34 OTHER _____ 96 (SPECIFY)	
B-32	How many rooms in this household are used for sleeping? گھر میں سونے کے لیے کتنے کمروں کو استعمال میں لایا جاتا ہے؟	ROOMS	
B-33	How many people (adults and children) live in this household?	PEOPLE	
B-34	Does any member of this household own: گھر والوں کے پاس کونسی ذاتی اشیاء ہیں۔ a) A watch? گھڑی b) A mobile telephone? موبائل c) A bicycle? سائیکل d) A motorcycle or motor scooter? موٹر سائیکل/اسکوٹر e) An animal-drawn cart? جانوروں کا ڈرہ f) A car or truck or bus? کار/ٹرک/بس g) A Tractor? ٹریکٹر h) A boat with a motor? موٹر کشتی i) A boat without a motor? کشتی	YES NO WATCH . . . . . 1 2 MOBILE TELEPHONE . . . . . 1 2 BICYCLE . . . . . 1 2 MOTORCYCLE/SCOOTER . . . . . 1 2 ANIMAL-DRAWN CART . . . . . 1 2 CAR/TRUCK/BUS . . . . . 1 2 TRACTOR . . . . . 1 2 BOAT WITH MOTOR . . . . . 1 2 BOAT WITHOUT MOTOR. 1 2	
B-35	Do you yourself own a mobile telephone?	YES . . . . . 1 NO 2	
B-36	Do you have access to mobile telephone to use when do you want?	YES . . . . . 1 NO 2	
B-37	Does any member of this household own any agricultural land? گھر کے کسی فرد کے پاس قابلِ کاشت زمین ہے؟	YES . . . . . 1 NO . . . . . 2 → B-39	
B-38	How many acres or kanals of agricultural land do members of this household own? آپ کے گھرانے کے پاس کل کتنی قابلِ کاشت زمین ہے؟	AREA ACRE . . . . . 1 ☐☐☐ KANAL . . . . . 2 ☐☐☐☐ DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
B-39	Does this household own any livestock, herds, other farm animals, or poultry? کیا گھر کا کوئی فرد لائیو سٹاک، جھوپڑ، جانوروں اور پولٹری فارم کا مالک ہے؟	YES . . . . . 1 NO . . . . . 2 →	B-41
B-40	How many of the following animals does this household own? گھرانے کے سربراہ کے پاس کتنے جانور ہیں؟ IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'.		
	a) Milk cows or bulls? گائے/بیل	COWS/BULLS	
	b) Horses, donkeys, or mules? گھوڑے/گدھے/خچر	HORSES/DONKEYS/MULES	
	c) Goats? بکریاں	GOATS	
	d) Sheep? بھیڑیں	SHEEP	
	e) Chickens? مرغیاں	CHICKENS	
	f) Buffalo? بھینس	BUFFALO	
	g) Camels? اونٹ	CAMELS	
B-41	Does any member of this household have a bank account? کیا گھر کے کسی فرد کا بینک اکاؤنٹ ہے؟	YES . . . . . 1 NO 2	
B-42	Does your mother-in-law live in the same household as you?	YES . . . . . 1 NO 2	

SECTION-C
REPRODUCTION

NO.	Qestions and filters	Coding Categories	Skip
	Now I would like to ask you about pregnancies that you've had and children born alive to you within the last two years. I am also going to ask you whether children born within the last two years are still living or not. I understand that it is not easy to talk about children who have died but it is important that you tell us about them so that programs can be developed to improve children's health. اب میں آپ کے ان بچوں کے بارے میں پوچھنا چاہوں گی جو گزشتہ دو سال میں پیدا ہوئے۔ وہ زندہ ہیں یا پھر وفات پا چکے ہیں۔ میں سمجھتی ہوں کہ وفات پا جانیوالوں کے بارے میں بات کرنا مشکل ہے لیکن آپ کی گفتگو بچوں کی صحت بہتر بنانے میں فائدہ مند ہو گی۔		
C-1	How many live births have you had in the last two years? گزشتہ 2 سال کے دوران کتنی زندہ پیدائش تھیں؟	One ..... 1 → C-3 Two ..... 2 Three ..... 3 More than three 4	
C-2	Was this live birth part of a single or multiple pregnancy? کیا یہ بچہ جڑواں بچوں کی پیدائش میں سے ایک ہے؟	Single ..... 1 Multiple 2	

Now I would like to record the names of all your live births <u>in the last two years,</u> (June-2011 to May 2013) whether still alive or not, starting with the last one you had.

اب میں پچھلے 02 سالوں (June2011 سے May2013) کے دوران آپ کے زندہ پیدا ہونیوالے تمام بچوں کے نام لکھنا چاہوں گی، چاہے وہ اس وقت زندہ ہیں یا نہیں۔ برائے مہربانی سب سے آخری پیدائش سے بتانا شروع کریں۔

Record twins and triplets on separate lines

C-3	C-4	C-5	C-6	C-7	C-8	C-9	C-10
What name was given to your last (next-to-last) baby? آپ کے آخری یا اس سے پہلے والے بچوں کے نام کیا ہیں؟	Is (NAME) a boy or a girl? کیا (نام) لڑکا ہے یا لڑکی؟	In what month and year was (NAME) born? (نام) کس مہینے اور سال میں پیدا ہوا تھا/ہوئی تھی؟ **Probe:** What is his/her birthday? **Record months** 1 through 12 **Or seasons** Winter = 21 Spring = 22 Summer = 23 Monsoon = 24 Autumn = 25 Don't know = 98	Is (NAME) still alive? کیا (نام) زندہ ہے؟	**If alive:** How old is (NAME)? (نام) کی کیا عمر ہے؟ **Record days if less than 1 month; months if less than two years**	**If dead:** How old was (NAME) when he/she died? وفات کے وقت (نام) کی عمر کیا تھی؟ **If '1 year', probe:** How many months old was (NAME)? **Record days if less than 1 month; months if less than two years**	**If dead:** Where did (NAME) die? (نام) کہاں فوت ہوا/ ہوئی؟	Interviewer: Record if live birth occurred between
01 NAME ----------	Boy 1 Girl 2	Month/ Season Year Don't know 98	Yes . . 1 No . . . 2 → C-8	Days . . . .1 Months . .. 2 Go to C-10	Days . . . . 1 Months 2	Home 1 Hosp. 2 Other 3	July 2012 to June 2013 1 July 2011 to June 2012 2 GO TO NEXT CHILD OR NEXT SECTION IF NO OTHER CHILD BORN IN LAST 2 YEARS
02 NAME ----------	Boy 1 Girl 2	Month/ Season Year Don't know 98	Yes . . 1 No . . . 2 → C-8	Days . . . .1 Months . .. 2 Go to C-10	Days . . . . 1 Months 2	Home 1 Hosp. 2 Other 3	July 2012 to June 2013 1 July 2011 to June 2012 2 GO TO NEXT CHILD OR NEXT SECTION IF NO OTHER CHILD BORN IN LAST 2 YEARS
03 NAME ----------	Boy 1 Girl 2	Month/ Season Year Don't know 98	Yes . . 1 No . . . 2 → C-8	Days . . . .1 Months . .. 2 Go to C-10	Days . . . . 1 Months 2	Home 1 Hosp. 2 Other 3	July 2012 to June 2013 1 July 2011 to June 2012 2 GO TO NEXT CHILD OR NEXT SECTION IF NO OTHER CHILD BORN IN LAST 2 YEARS

SECTION-D
HEALTH KNOWLEDGE

D-1	What key things can you do to prepare for the birth of a child? زچگی کی تیاری کے لیے کیا ضروری اقدامات کرنے چاہئیں؟ PROBE: Anything else ? **[Multiple responses are allowed]**	Pre-identify the health centre and skilled birth attendant for delivery ..... 01 Make prior arrangements of transport for taking pregnant woman to health centre ..... 02 Save money to arrange transport and to bear the expenses of delivery ..... 03 A rrange blood donation in case of any emergency during labor/birth ..... 04 Have antenatal checkups ..... 05 Other: _____ Other: _____ Other: _____ Other: _____ Don't Know.....98	
D-2	What is the minimum number of antenatal checkups recommended during pregnancy? آپ کے خیال میں دوران حمل کم از کم کتنی بار معائنہ کروانا چاہیے؟	No. of antenatal checkups..... ☐☐ Don't Know.....98	
D-3	When should they start? دوران حمل پہلا معائنہ کب کروانا چاہیے؟	1st trimester ..... 01 (1 to 3 months of pregnancy) 2nd trimester ..... 02 (4 to 6 months of pregnancy) 3rd trimester ..... 03 (7 to last month of pregnancy) Don't Know 98	
D-4	During pregnancy, when should a woman have antenatal checkups and how many antenatal checkups should she have? دوران حمل عام طبی معائنے کب اور کتنے کروانے چاہئیں؟	1st trimester..... (1 months of pregnancy) 1 ☐ (2 months of pregnancy) 2 ☐ (3 months of pregnancy) 3 ☐ 2nd trimester..... (4 months of pregnancy) 4 ☐ (5 months of pregnancy) 5 ☐ (6 months of pregnancy) 6 ☐ 3rd trimester..... (7 months of pregnancy) 7 ☐ (8 months of pregnancy) 8 ☐ (9 months of pregnancy) 9 ☐	
D-5	How many Tetanus Toxoid injections required during pregnancy? دوران حمل تشنج سے بچاؤ کے لئے کتنے ٹیکے لگوانے چاہئیں؟	No. of Tetanus Toxoid injections..... ☐☐ Don't Know.....98	

D-6	Are Tetanus Toxoid injections required if received during previous pregnancies? اگر پچھلے حمل میں تشنج سے بچاؤ کے ٹیکے لگ چکے ہیں تو کیا اس کو دوبارہ حمل میں تشنج سے بچاؤ کے ٹیکے لگوانے چاہئیں؟	Yes ..... 1 No ..... 2 Don't Know 98	
D-7	During this last pregnancy, did you receive any information about a drug called misoprostol?	Yes ..... 1 No ..... 2 Don't Know 98	→ D-11
D-8	What does misoprostol do ?	Prevents, Stops, or Reduces changes of bleeding after childbirth ..... 1 Other (specify) ..... 96 Don't Know 98	
D-9	Did you receive any information about the side effects of misoprostol?	Yes ..... 1 No ..... 2 Don't Know 98	→ D-11
D-10	What side effects were told you might experience ? CIRCLE ALL THAT APPLY	Shivering ..... 01 Nausea ..... 02 Abdominal Cramping ..... 03 Vomiting ..... 04 Diarrhea ..... 05 Raise of temperature ..... 06 Other (Specify) 96	
D-11	Soon after the birth, for which danger signs in newborns, is it necessary to seek medical help?		
	a. Baby won't cry/weak cry	a.	
	b. No breathing / difficult breathing	b.	
	c. Difficult fast breathing (>60 breaths/minute)	c.	
	d. Yellow skin colir (Jaundice)	d.	
	e. Blue skin colour	e.	
	f. Baby is very cold / shivering (hypothermia)	f.	
	g. Unable to suck/poor sucking	g.	
	h. Skin lesion (or blisters)	h.	
	i. Fever	i.	
	j. Fits/Abnormal/Jerky movements	j.	
	k. Red swollen eyes	k.	
D-12	When should you start breastfeeding a new born? بچے کی پیدائش کے کتنی دیر بعد ماں کا دودھ پلانا چاہیے؟	Immediately/ within 30 Minutes ..... 01 30 minutes to 1 Hour ..... 02 1-4 Hours ..... 03 5-24 Hours ..... 04 after 1 or more days ..... 05 Don't Know 98	
D-13	Till what age should a child be exclusively breast fed? کس عمر تک بچے کو صرف اور صرف ماں کا دودھ پلانا چاہیے؟	Number of Months ..... ☐☐ Don't Know 98	
D-14	How many immunizations should a child receive during the first year of life.	No. of immunizations ..... ☐☐ Don't Know 98	
D-15	At what intervals does a child require immunizations? کیا آپ بتائیں گی کہ بچوں کو حفاظتی ٹیکے کب کب لگانے چاہئیں؟	1st Injection ..... ☐☐ weeks 2nd Injection ..... ☐☐ weeks 3rd Injection ..... ☐☐ weeks 4th Injection ..... ☐☐ weeks 5th Injection ..... ☐☐ weeks 6th Injection ..... ☐☐ weeks Don't Know 98	

SECTION-E

INDEX PREGNANCY

Pregnancy, Delivery / Labour And Postnatal Care

Now I would like to ask you questions about your last pregnancy which resulted in a live birth within past two years (June 2011 to May 2013). اب میں آپ سے پچھلے 2 سال (June 2011 سے May 2013) میں ہونے والی آخری زندہ پیدائش کے حوالے سے کچھ سوالات پوچھنا چاہوں گی۔

NO	Question and Filters	Coding Categories	Skips
E-1	Check C-5 and put the NAME of the youngest child born alive in last 2 years (Whether or not the child is still alive at time of interview) پچھلے دو سال میں پیدا ہونے والے سب سے کم عمر بچے کا نام _____		
E-2	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all? جب (نام) آپ کے پیٹ میں تھا/تھی تو کیا آپ اُس وقت حمل چاہتی تھیں یا کچھ عرصہ بعد چاہتی تھیں یا آپ کو (مزید) بچوں کی بالکل خواہش نہیں تھی؟	Then ..... 1 Later ..... 2 Not at all 3	→ E- 4 a → E- 4 a
E-3	How much longer would you have liked to wait? آپ کتنا عرصہ اور انتظار کرنا چاہتی تھیں؟	Months ..... 1 ☐☐ Years ..... 2 ☐☐ Don't know 98	
E-4 a.	Did you see anyone for antenatal care for this pregnancy? کیا آپ حمل کے دوران چیک اپ کے لیے کسی کے پاس گئی تھیں؟	Yes ..... 1 No 2	→ E-12
b.	Whom did you see? کس کے پاس گئی تھیں؟ Anyone else ? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	**Health person** Doctor ..... 01 Nurse/midwife/LHV ..... 02 **Other person** Dai-TBA ..... 03 Lady health worker ..... 04 Homeopath ..... 05 Hakim ..... 06 Dispenser / compounder ..... 07 Other _____ 77 (Specify)	
E-5	Where did you receive antenatal care for this pregnancy? آپ نے اپنے حمل کے دوران چیک اپ کہاں کروایا تھا؟ **IF SOURCE IS HOSPITAL, HEALTH CENTER, OR FWC,** WRITE THE NAME OF THE FACILITY. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (Name of Hospital)	**Home** Your home ..... 01 Other home ..... 02 **Public sector** Govt. hospital ..... 04 RHC ..... 05 BHU/FWC ..... 06 Dispensary ..... 07 MCH ..... 08 Other public: _____ 09 (Specify) **Private med. sector** Pvt. hospital/ clinic ..... 11 Pvt. doctor ..... 12 Homeopath Clinic ..... 13 Dispenser / compounder ..... 14 Hakim / Dawakhana ..... 15 Other private medical ..... 16 _____ (Specify)	

NO	Question and Filters	Coding Categories	Skips
E-6	How many months pregnant were you when you first received antenatal care for this pregnancy? جب آپ نے اپنا اس حمل کا چیک اپ کروایا تو اُس وقت آپ کو کتنے ماہ کا حمل تھا؟	Months ..... ☐☐ Don't know 98	
E-7	How many times did you receive antenatal care during this pregnancy? اس حمل کے دوران آپ نے کتنی بار اپنا چیک اپ کروایا تھا؟	Number of times ..... ☐☐ Don't know 98	
E-8	As part of your antenatal care during this pregnancy, were any of the following measures taken at least once ? اِس حمل کے دوران آپ کے چیک اپ کے وقت کم از کم ایک بار:	Yes / No	
a.	Were you weighed? کیا آپ کا وزن کیا گیا تھا؟	**a.** Weight 1 2	
b.	Was your blood pressure measured کیا آپ کا بلڈ پریشر دیکھا گیا تھا؟	**b.** B.pressure 1 2	
c.	Did you get a urine test? کیا آپ نے پیشاب کا ٹیسٹ کروایا تھا؟	**c.** Urine 1 2	
d.	Did you get a blood test? کیا آپ نے خون کا ٹیسٹ کروایا تھا؟	**d.** Blood 1 2	
e.	Did you have an ultra sound exam? کیا آپ نے اپنا الٹرا ساونڈ کروایا تھا؟	**e.** Ultra sound exam 1 2	
E-9	During (any of) your antenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy? قبل از پیدائش کے بارے میں وزٹ کے دوران آپ کو حمل کی مشکلات کے بارے میں آگاہ کیا گیا؟	YES . . . . 1 NO . . . . 2 → E-12 DON'T KNOW 98	
E-10	During pregnancy,women may encounter severe problems or illnesses and should go or be taken immediately to a health facility.What types of problems /illnesses would cause a woman to seek immediate care at a health facility. PROBE: ANY THING ELSE? **([Multiple responses are allowed]** آپ نے حمل کے دوران بخار یا تکالیف میں ہیلتھ سنٹر کا وزٹ کیا۔ اور کون سی مشکلات کو دیکھا یا؟	a. Severe headache ..... شدید سر کا درد ..... 01 b. Blurred vision ..... دھندلا نظر آنا ..... 02 c. Respiratory difficulty ..... سانس لینے میں دشواری ..... 03 d. Fever ..... بخار ..... 04 e. Severe abdominal pain ..... شدید پیٹ کا درد ..... 05 f. Vaginal bleeding ..... شرم گاہ سے خون آنا ..... 06 g. Less or no movement of fetus ..... بچے کی کم یا عدم حرکت ..... 07 h. Fits/convulsions ..... دورے پڑنا ..... 08 i Foul smelling discharge from vagina ..... 09 j. Other: Specify _____ 77 k. Don't Know ..... 98 → E-12	
E-11	Were you told where to go if you had any of these complications? آپ کو بتایا گیا کہ پیچیدگیوں کی وجہ سے کہاں جانا ہے؟	Yes ..... 1 No 2	
E-12	During this pregnancy, were you given an injection in the buttocks or your arm to prevent the baby from getting tetanus, that is, convulsions after birth? بچے کو تشنج سے محفوظ رکھنے کے لیے اس حمل کے دوران آپ کو بازو یا کولہے میں ٹیکہ لگایا گیا تھا؟	Yes ..... 1 No ..... 2 → E-14 Don't know 98	
E-13	During this pregnancy, how many times did you get this tetanus injection? اس حمل کے دوران کتنی بار آپ کو تشنج سے بچاؤ کا ٹیکہ لگایا گیا تھا؟	Times ..... ☐☐ Don't know 98	

NO	Question and Filters	Coding Categories	Skips
E-14	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? آپ نے حمل کے دوران فولا دی گولیاں یا شربت خریدا؟ SHOW TABLETS/SYRUP.	Yes ..... 1 No ..... 2 Don't know 98	→ E-16
E-15	During the whole pregnancy, for how many days did you take the tablets or syrup? آپ نے حمل کے دوران کتنے دن تک فولا دی گولیاں یا شربت کا استعمال کیا؟ IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS [.][ ][ ] NOT TAKEN 97	
a. E-16	During this pregnancy, did you take any drug for intestinal worms? آپ نے حمل کے دوران آنتوں کے کیڑوں کے لئے کوئی دوا لی؟	YES . . . . 1 NO . . . . 2 DON'T KNOW 98	
b.	During this pregnancy, did you take folic acid.	YES . . . . 1 NO . . . . 2 DON'T KNOW 98	
E-17	When (NAME) was born, was he/she weighed at birth? کیا (نام) کا پیدائش کے وقت وزن کیا گیا تھا؟	Yes ..... 1 No ..... 2 Don't know 98	→ E-19
E-18	How much did (NAME) weigh? (نام) کا کتنا وزن تھا؟ **Record weight in kilograms from health card, if available**	KG from card ..... 1 [ ][ ].[ ] KG from recall ..... 2 [ ][ ].[ ] Don't know 98	
E-19	Who assisted with the delivery of (NAME)? (نام) کی پیدائش کس نے کروائی؟ Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	No one ..... 01 **Health Person** Doctor ..... 02 Nurse/Midwife/ LHV ..... 03 Dai-TBA ..... 04 FWW ..... 05 Lady health worker ..... 06 Homeopath ..... 07 Hakim ..... 08 Relative/friend (Not a dai) ..... 09 Other _____ (Specify) 77	
E-20	What was used to CUT the umbilical cord? ناڑ (نال) کاٹنے کے لیے کیا چیز استعمال کی گئی؟	New razor blade ..... 1 Old razor blade ..... 2 Scissors ..... 3 Knife ..... 4 Toka, chopper ..... 5 Other _____ (Specify) 7 Don't know 98	
E -21	Was the instrument used to cut the coil boiled prior to use? کٹلی کاٹنے کے لئے استعمال کیے جانے والے آلے کو پہلے ابالا گیا تھا؟	Yes ..... 1 No ..... 2 Don't know 98	
E -22	Was anything placed on the umbilical cord either before or after it was cut ? نال کاٹنے سے پہلے یا بعد میں اس پر کچھ رکھ دیا گیا تھا؟	Yes ..... 1 No ..... 2 Don't know 98	→ E-24
E-23	What was placed on the umbilical cord ? نال پر کیا رکھا گیا تھا؟	Cow dung ..... 1 Any type of oil ..... 2 Dettol ..... 3 Pyodine ..... 4 Antiseptic ..... 5 Chlorhexidine ..... 6 Ash ..... 7 Others ..... 96 Don't know 98	

NO	Question and Filters	Coding Categories	Skips
E-24	Was (NAME) dried (wiped) after delivery ? (نام) کو پیدائش کے بعد صاف کیا تھا؟	Yes ..... 1 No ..... 2 Don't know 98	→ E-26
E-25	How soon after birth was (NAME) dried (wiped) after delivery ? (نام) کو پیدائش کے کتنی دیر بعد صاف کیا تھا؟	Immediately ..... 1 Hours ..... 2 ☐☐ Days ..... 3 ☐☐ Don't know 98	
E-26	How long after birth was (NAME) first bathed? پیدائش کے کتنی دیر بعد (نام) کو نہلایا گیا تھا؟ **If less than 1 hour, record '00' hours. If less than 24 hours, record hours. if one day or more record days.**	Immediately ..... 1 Hours ..... 2 ☐☐ Days ..... 3 ☐☐ Not bathed ..... 1 Don't know 98	
E-27	After birth, was (NAME) put directly on the bare skin of your chest? پیدائش کے بعد (نام) کو آپ نے اپنے چھاتی پر لٹایا تھا؟ SHOW MOTHER EXAMPLE OF SKIN TO SKIN POSITION	Yes ..... 1 No 2	→ E-29
E-28	When was (NAME) first put directly on the bare skin of your chest? IF LESS THAN ONE HOUR, RECORD 00 پیدائش کے بعد (نام) کو آپ نے اپنے چھاتی پر کتنی دیر بعد لٹایا تھا؟	Immediately: ..... 1 Hours ..... 2 ☐☐ Don't know 98	
E-29	Did your baby cry or breathe easily immediately after birth? کیا آپ کا بچہ پیدائش کے بعد رویا، اور سانس آسانی سے لئے گئے تھے؟	Yes ..... 1 No ..... 2 Don't know 98	→ E-32
E-30	What was done to help the baby cry or breathe at the time of birth? پیدائش کے وقت بچے کے رونے اور سانس لینے میں مدد کے لئے کیا کیا گیا تھا؟	Rubbed massaged ..... a. Dried ..... b. Mouth cleared ..... c. Nothing ..... d. Other ..... e. **(Specify)** Don't know ..... f.	→ E-32 → E-32
E-31	Who took these measures to help the baby cry or breathe? بچے کے رونے اور سانس لینے میں مدد کے لئے اقدامات کس نے کیئے؟	**Health Person** Doctor ..... 01 Nurse/Midwife ..... 02 Health extension worker ..... 03 Health worker unknow type ..... 04 **Other Person** TBA ..... 05 Relative/friend ..... 06 Other ..... 07 **(Specify)** No one 08	
E-32	Where did you give birth to (NAME)? (نام) کہاں پیدا ہوا تھا/ ہوئی تھی؟ **IF SOURCE IS HOSPITAL, HEALTH CENTER, OR FWC,** WRITE THE NAME OF THE FACILITY. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (Name of Hospital)	**Home** Your home ..... 01 Other home ..... 02 **Public sector** Govt. hospital ..... 03 RHC/MCH ..... 04 BHU ..... 05 Other public _____ 06 **(Specify)** **Private med. sector** Pvt. hospital/clinic ..... 08 Other private medical _____ 09 **(Specify)** Other _____ 10 **(Specify)**	→ E-37

NO	Question and Filters	Coding Categories	Skips
E-33	During your last pregnancy,were you given a drug called misoprostol which prevents, stops, or reduce changes of bleeding after childbirth ? آخری حمل کے دوران، آپ کو misoprostol دوا دی گی جو پیدائش کے بعد خون کو روکنے میں مدد دیتی ہے؟	Yes ..... 1 No ..... 2 Don't know 98	→ E-42
E-34	Who gave the misoprostol to you ? آپ کو misoprostol کس نے دی؟	Community Health Workers Community Health Worker (LHW) ..... 1 Community Midwife (CMW) ..... 2 Community Health Worker (CHW) ..... 3 Community Resource Person (CRP) ..... 4 Marvi Person (MW) ..... 5 Health Providers Lady Health Visitor (LHV) ..... 6 Nurse/Midwife ..... 7 Doctor ..... 8 Dispensar ..... 9 Family Welfare Worker ..... 10 Gynecologist 11	
E-35	Did you take the misoprostol tablets ? کیا آپ نے misoprostol کی گولیاں لی؟	Yes ..... 1 No ..... 2 Don't know 98	→ E-42
E-36	When did you take the misoprostol tablet (s) ? آپ نے misoprostol کی گولیاں کب لی؟	Before baby was born ..... 1 Immediately after the baby was born ..... 2 After baby was born but before placenta came out ..... 3 After placenta came out ..... 4 Don't know / can't remember 98	→ E-42
E-37	Immediately after (NAME) was born, before the placenta was delivered, did you receive an injection to prevent you from bleeding too much ? پیدائش کے فوری بعد، نال کے حوالے کرنے سے پہلے، آپ کا زیادہ خون بہنے سے روکنے کے لئے انجکشن دیا گیا؟	Yes ..... 1 No ..... 2 Don't know 98	

NO	Question and Filters	Coding Categories	Skips
E-38	How long after (NAME) was delivered did you stay there? (نام) کی پیدائش کے بعد آپ کتنا عرصہ وہاں رہیں تھیں؟ **IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS. IF ONE WEEK OR MORE, RECORD WEEKS.**	Hours ..... 1 ☐☐ Days ..... 2 ☐☐ Weeks ..... 3 ☐☐ Don't know 98	
E-39	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out? (نام) کو بڑے آپریشن کے ذریعے، مطلب آپکے پیٹ کو کاٹ کر نکالا گیا؟	Yes ..... 1 No 2	
E-40	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility? آپ سے میں اب پیدائش کے بعد والی صحت کے بارے میں پوچھنا چاہوں گی، کہ آپ سے کسی نے صحت کے بارے میں بات کی اور ہیلتھ سنٹر پر آپ کی صحت کو چیک کیا؟	Yes ..... 1 No 2	
E-41	Did anyone check on your health after you left the facility? ہسپتال سے فارغ ہونے کے بعد کیا کسی طبی عملے نے آپ کا حک اپ کیا تھا؟	Yes ..... 1 → E-43 No ..... 2 → E-45	
E-42	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)? آپ سے میں اب پیدائش کے بعد والی صحت کے بارے میں پوچھنا چاہوں گی، کہ آپ سے کسی نے صحت کے بارے میں پوچھا اور آپ کی صحت کو (نام) کی پیدائش کے بعد چیک کیا؟	Yes ..... 1 No ..... 2 → E-45	
E-43	Who checked on your health at that time? اُس وقت آپ کی صحت کا چیک اپ کس نے کیا تھا؟ **Probe for most qualified person**	**Health Personnel** Doctor ..... 01 Nurse/midwife/LHV ..... 02 **Other Person** Dai-TBA ..... 03 FWW ..... 04 Lady health worker ..... 05 Homeopath ..... 06 Hakim ..... 07 Dispenser/Compounder ..... 08 Others _____ 77 **(Specify)**	
E-44	How many hours, days or weeks after delivery did the first check take place? آپ کو ڈلیوری کے کتنے گھنٹوں، دنوں اور ہفتوں بعد چیک کیا گیا؟ IF LESS THAN ONE DAY , RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS. IF MORE THAN ONE WEEK, RECORD WEEKS.	Hours ..... 1 ☐☐ Days ..... 2 ☐☐ Weeks ..... 3 ☐☐ Don't know 98	

NO	Question and Filters	Coding Categories	Skips
E-45	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health ? (نام) کی پیدائش کے دو مہینے تک کیا کسی عملہِ صحت، دائی، نے بچہ/بچی کی صحت کا چیک اپ کیا تھا؟	Yes ..... 1 No ..... 2 Don't know 98	→ E-49
E-46	How many hours, days or weeks after the birth of (NAME) did the first check take place? کتنے گھنٹے، دن یا ہفتوں بعد (نام) کا پہلا چیک اپ ہوا تھا؟ **If less than 1 hour, record '00' hours.** **If less than 24 hours, record hours.** **If less than 7 days, record days. otherwise weeks.**	Hours ..... 1 ☐☐ Days ..... 2 ☐☐ Weeks ..... 3 ☐☐ Don't know 98	
E-47	Who checked on (NAME)'s health at that time? اُس وقت (نام) کی صحت کا چیک اپ کس نے کیا تھا؟ **Probe for most qualified person**	**Health Personnel** Doctor ..... 01 Nurse/midwife/ LHV ..... 02 **Other person** Dai-TBA ..... 03 Lady health worker ..... 04 Homeopath ..... 05 Hakim ..... 06 Dispensar/compunder ..... 07 Others _____ 77 **(Specify)**	
E-48	Where did this first check of (NAME) take place? (نام) کا سب سے پہلا چیک اپ کہاں ہوا تھا؟ **IF SOURCE IS HOSPITAL, HEALTH CENTER, OR FWC,** WRITE THE NAME OF THE FACILITY. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (Name of Hospital)	**Home** Your home ..... 01 Other home ..... 02 **Public sector** Govt. hospital ..... 04 RHC/MCH ..... 05 BHU/FWC ..... 06 Other public _____ 07 **(Specify)** **Private med. sector** Pvt. hospital/ clinic ..... 9 Pvt. doctor ..... 10 Homeopath Clinic ..... 11 Dispenser / compounder ..... 12 Hakim / Dawakhana ..... 13 Other private medical ..... 14 _____ **(Specify)**	

NO	Question and Filters	Coding Categories	Skips
E-49	In the first two months after delivery, did you receive a vitamin A dose like (this/any of these)? ڈلیوری کے بعد پہلے دو ماہ کے دوران، آپ نے وٹامن اے کی خوراک لی (ان میں سے کوئی) SHOW COMMON TYPES OF CAPSULES.	YES ..... 1 NO ..... 2 Don't know 98	
E-50	Did you ever breastfeed (NAME)? کیا آپ نے (نام) کو دودھ پلایا؟	YES ..... 1 → E-52 NO 2	
E-51	CHECK C-6 IS CHILD LIVING? کیا بچہ زندہ ہے؟	LIVING ☐ → E-58 DEAD ☐ → E-59	
E -52	How long after birth did you first put (NAME) to the breast? پیدائش کے کتنی دیر بعد (نام) کو چھاتی پر ڈالا؟ IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	Immediately ..... 00 Hours ..... 1 ☐☐ Days ..... 2 ☐☐	
E-53	Did you give (NAME) the thick milk (colostrum) that comes first or did you discard it ? (نام) کو سب سے پہلے ماں کا دودھ دیا گیا یا نہیں؟	Yes ..... 1 No ..... 2 Don't know 98	
E-54	In the first three days after delivery, was (NAME) given anything to drink other than breast milk? پیدائش کے بعد، پہلے تین دنوں میں، (نام) کو ماں کے دودھ کے علاوہ پینے کے لئے کچھ اور بھی دیا؟	Yes ..... 1 No ..... 2 → E-56	
E-55	What was (NAME) given to drink? (نام) کو پینے کے لئے کیا دیا گیا؟ Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) ..... A PLAIN WATER ..... B HONEY OR SUGAR RECORD ALL LIQUIDS WATER . . .. C GHEE, BUTTER . ... D FRUIT JUICE . . . . E INFANT FORMULA ..... F GHUTEE . . . . G GREEN TEA . . . . H GRIPE WATER . . ..I OTHER ---------- 96 (SPECIFY) Don't know 98	
E-56	CHECK C-6 IS CHILD LIVING? کیا بچہ زندہ ہے؟	LIVING ☐ DEAD ☐ → E-59	
E-57	Are you still breastfeeding (NAME)? کیا آپ (نام) کو دودھ پلا رہی ہیں؟	Yes ..... 1 No 2	
E-58	Did (NAME) drink anything from a bottle with a nipple yesterday or last night? کیا (نام) نے گزشتہ دن یا رات کو بوتل سے کچھ پیا؟	Yes ..... 1 No ..... 2 Don't know 98	
E-59	In the last 12 months, did you visit a health facility to obtain care for yourself ?	Yes ..... 1 No ..... 2 → Next Section	
E-60	Was it a public or private sector health facility?	Private ..... 1 Public 2	

SECTION-F
CHILD VACCINATION, HEALTH

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	
	Now I would like to ask you about your last live birth within the past two years اب میں پچھلے 2 سالوں کے دوران پیدا ہونیوالے سب سے آخری زندہ بچے کے بارے میں پوچھنا چاہوں گی۔		
F-1	**CHECK C-3 AND C-6 RECORD NAME OF YOUNGEST CHILD WHO IS STILL ALIVE** Name of child:_____ بچے کا نام		
F-2	Do you have a card where (NAME'S) vaccinations are written down? **If Yes:** May I see it please? کیا آپ کے پاس کوئی ایسا کارڈ ہے جس میں (نام) کو لگائے گئے حفاظتی ٹیکوں کا اندراج ہو؟ کیا میں اسے دیکھ سکتی ہوں؟	Yes seen ..... 1 Yes, not seen ..... 2 No card 3	→F-4 →F-7 →F-3
F-3	Did you ever have a vaccination card for (NAME)? کیا آپ کے پاس (نام) کو لگائے جانے والے حفاظتی ٹیکوں کا کارڈ کبھی تھا؟	Yes ..... 1 No 2	F-7
F-4	May I copy the information from the vaccination card ? میں ویکسینیشن کارڈ سے معلومات نوٹ کر سکتا ہوں؟ (1) Copy date of birth if given. if not on card, leave it blank. (2) Copy vaccination date for each vaccine from the card. (3) Write '44' in 'day' column if card shows that a vaccination was given, but no date is recorded.		

LAST BIRTH

	Day		Month		Year			
Birth								
BCG								
POLIO-0 (polio given at birth)								
POLIO-1								
POLIO-2								
POLIO-3								
PENTA1								
PENTA2								
PENTA3								
MEASLES1								
MEASLES2								
PNEUMOCCAL1								
PNEUMOCCAL2								
PNEUMOCCAL3								
VITAMIN A								

F-5	CHECK F-4:	BCG TO MEASLES ALL RECORDED 1 OTHER 2	→F-9 →F-6
F-6	Has (NAME) had any vaccinations that are not recorded on this card, including vaccinations given in a national immunization day campaign? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN F-4 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	Yes ..... 1 No ..... 2 Don't know 98	→PROBE FOR VACCINATION AND WRITE "66" IN THE CORRESPONDING DAY COLUMN IN F-4 →F-9 F-9

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIPS
F-7	Did (NAME) ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign? (نام) نے بیماریوں سے بچاؤ کے لئے قومی حفاظتی مہم والے دن کوئی بھی ویکسینیشن لگوائی ؟	Yes ..... 1 No ..... 2 Don't know 3	F-9
F-8	**Please tell me if (NAME) received any of the following vaccinations:** اگر (نام) نے ان میں سے کوئی ٹیکے لگوائے یا قطرے پیئے ہوں تو مہربانی فرما کر مجھے بتائیں کہ کیا:	Yes ..... 1 No ..... 2 Don't know 98	
a.	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar? BCG Vaccination جو TB کے لئے ہوتے ہیں اور جس کا ٹیکہ بازو یا کندھے میں لگایا جاتا ہے۔		
b.	Polio vaccine, that is, drops in the mouth پولیو کے قطرے جو کہ منہ میں ڈالے جاتے ہیں	Yes ..... 1 No ..... 2 Don't know 98	→ F-8e
c.	Was the first polio vaccine given in the first two weeks after birth or later? پولیو کی پہلی خوراک پیدائش کے پہلے دو ہفتوں میں یا اس کے بعد دی گئی تھی ؟	FIRST 2 WEEKS . ... . 1 LATER . . . . . 2 Don't know 98	
d.	How many times was the polio vaccine given? پولیو کی خوراک کتنی بار دی تھی؟	NUMBER OF TIMES ☐☐ Don't know 98	
e.	A DPT/COMBO/PENTA vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops? ڈی پی ٹی / کومبو/پینٹا کا انجکشن جو ران یا کولہے میں لگایا جاتا ہے۔ (بعض اوقات پولیو کے قطرے کے وقت لگایا جاتا ہے)	Yes ..... 1 No ..... 2 Don't know 98	→ F-8g
f.	How many times was the DPT/COMBO/PENTA vaccination given? ڈی پی ٹی کی خوراک کتنی بار دی گئی تھی؟	No. of Times ☐☐ Don't know 98	
g.	A measles injection or an MMR injection--that is, a shot in the arm at the age of 9 to prevent him/her from getting measles?	Yes ..... 1 No ..... 2 Don't know 98	
h.	A measles injection or an MMR injection--that is, a shot in the arm at the age of 15 months to prevent him/her from getting measles?	Yes ..... 1 No ..... 2 Don't know 98	
F-9	Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)? کیا (نام) نے کبھی وٹامن اے کے کیپسول/قطرے پیئے ہیں؟ SHOW COMMON TYPES OF CAPSULES.	Yes ..... 1 No ..... 2 Don't know 3	
F-10	In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like (this/any of these)? SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS.	Yes ..... 1 No ..... 2 Don't know 98	
F-11	Was (NAME) given any drug for intestinal worms in the last six months? (نام) نے گزشتہ چھ ماہ میں آنتوں کے کیڑوں کے لئے کوئی بھی دوائی ؟	Yes ..... 1 No ..... 2 Don't know 98	
	Diarrhea		
F- 12	Has (NAME) had diarrhea in the last 2 weeks? کیا (نام) کو پچھلے 2 ہفتوں میں دست آئے تھے؟	Yes ..... 1 No ..... 2 Don't know 98	→ F-21
F-13	Was there any blood in the stools? کیا پاخانے کے ساتھ خون آیا تھا؟	Yes ..... 1 No ..... 2 Don't know 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIPS
F-14	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? کیا (نام) کو عام دنوں کے مقابلے میں پینے کے لیے کم دیا گیا تھا، وہی مقدار دی گئی تھی یا عام دنوں سے بھی زیادہ دیا گیا تھا؟ **IF LESS, PROBE:** Was he/she given much less than usual to drink or somewhat less? کیا اُسے عام دنوں کے مقابلے میں پینے کے لیے بہت کم دیا گیا تھا یا تھوڑا سا کم دیا گیا تھا؟	Much less ..... 1 Somewhat less ..... 2 About the same ..... 3 More ..... 4 Nothing to drink ..... 5 Don't know 98	
F-15	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? جب (نام) کو دست آئے تھے تو کیا اُسے عام دنوں کے مقابلے میں کھانے کے لیے کم دیا گیا تھا، وہی مقدار دی گئی تھی، زیادہ دی گئی تھی یا پھر کھانے کے لیے کچھ بھی نہیں دیا گیا تھا؟ **IF LESS, PROBE:** Was he/she given much less than usual to eat or somewhat less? کیا اُسے عام دنوں کے مقابلے میں کھانے کو بہت کم دیا گیا تھا یا تھوڑا سا کم دیا گیا تھا؟	Much less ..... 1 Somewhat less ..... 2 About the same ..... 3 More ..... 4 Stopped food ..... 5 Never gave food ..... 6 Don't know 98	
F-16	Did you seek advice or treatment for the diarrhea from any source? کیا آپ نے کسی سے دست کے بارے میں مشورہ لیا تھا یا علاج کرایا تھا؟	Yes ..... 1 No 2	→ F-18
F-17	Where did you seek advice or treatment? آپ نے کہاں سے مشورہ لیا تھا یا علاج کرایا تھا؟ **IF SOURCE IS HOSPITAL, HEALTH CENTER, OR FWC,** WRITE THE NAME OF THE FACILITY. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (Name of Hospital)	**Public sector** Govt. Hospital ..... 01 RHC/MCH ..... 02 BHU/FWC ..... 03 Lady health worker ..... 04 Other public ..... 05 _____ **(Specify)** **Private med. sector** Pvt. hospital/ clinic ..... 07 Chemist ..... 08 Pvt. Doctor ..... 09 Homeopath ..... 10 Dispenser/Compounder ..... 11 Other private Med. _____ 12 **(Specify)** **Other sources** Shop ..... 13 Hakim ..... 14 Dai, TBA ..... 15 Other _____ 77 **(Specify)**	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIPS
F-18	**Was he/she given any of the following to drink at any time since he/she started having the diarrhea:** دست شروع ہونے کے بعد کیا (نام) کو پینے کیلئے کچھ دیا گیا مثال کے طور پر۔۔۔۔۔۔		
a.	A fluid made from a special packet called ORS or Pedialyte. ایک خصوصی پیکٹ سے تیار کردہ محلول دیا گیا تھا یعنی نمکول یا ORS؟	A fluid from ORS PKT Yes ..... 1 No ..... 2 Don't know 98	
b.	A drink made at home with sugar, salt and water? چینی ۔نمک اور پانی سے گھر میں تیار کردہ محلول دیا گیا تھا؟	Yes ..... 1 No ..... 2 Don't know 98	
F-19	Was anything (else) given to treat the diarrhea? کیا دست کے علاج کے لیے کوئی (اور) چیز دی گئی تھی؟	Yes ..... 1 No ..... 2 → Don't know 98	F-21
F-20	What (else) was given to treat the diarrhea? دست کے علاج کے لیے (اور) کیا کچھ دیا گیا تھا؟ Anything else? اس کے علاوہ کچھ اور؟ **[Multiple responses are allowed]**	PILL OR SYRUP Antibotics ..... 1 Antimotility ..... 2 Zinc ..... 3 Other (Not Antibotics, Antimotility or Zinc) ..... 4 Unknown Pill or Syrup ..... 5 INJECTIONS Antibotics ..... 6 NON-Antibotics ..... 7 Unknown Injection ..... 8 (IV) Intravenous ..... 9 Home Remedy Rice Starch ..... 10 Mint Extract ..... 11 Other _____ ..... 96 (SPECIFY)	

ACUTE RESPIRATORY INFECTION (ARI)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIPS
F-21	Has (NAME) been ill with a fever at any time in the last two weeks? کیا (نام) کو پچھلے 2 ہفتوں میں کسی وقت بخار ہوا تھا؟	Yes ..... 1 No ..... 2 → Don't know 98	F-23
F-22	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	Yes ..... 1 No ..... 2 Don't know 98	
F-23	Has (NAME) had an illness with a cough at any time in the last two weeks? کیا (نام) کو پچھلے دو ہفتوں میں کسی وقت کھانسی ہوئی تھی؟	Yes ..... 1 No ..... 2 → Don't know 98	F-26
F-24	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing? جب (نام) کو کھانسی تھی تو کیا وہ عام دنوں کے مقابلے میں تیز تیز سانس لیتا تھا/لیتی تھی یا سانس لینے میں مشکل آئی تھی؟	Yes ..... 1 No ..... 2 → Don't know 98	F-27

F-25 Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?
کیا سانس کی یہ علامات سینے میں تکلیف کی وجہ سے یا ناک کے بند یا بہنے کی وجہ سے ہوئی تھیں؟

- Chest only 1
- Nose only 2
- Both 3
- Other _____ (Specify) 7
- Don't know 98

→ F-27

F-26 CHECK F-21 HAD FEVER?
بخار تھا؟

- Yes 1
- No ..... 2 → F-33
- Don't know ..... 98 → F-33

F-27 Now i would like to know how much (NAME) was given to drink (including breas tmilk) during the illness with a (fever/cough).
اب میں پوچھنا چاہوں گی۔ آپ نے بخار یا کھانسی کے دوران (نام) کو دودھ پلایا۔
Was he/she given less than usual to drink, about the same amount, or more than usual to drink ?
کیا آپ نے معمول سے کم یا معمول کے مطابق یا معمول سے زیادہ پینے کے لئے دودھ دیا؟
IF LESS, PROBE:
Was he/she given much less than usual to drink or somewhat less ?

- MUCH LESS 1
- SOMEWHAT LESS 2
- ABOUT THE SAME 3
- MORE 4
- NOTHING TO DRINK 5
- DON'T KNOW 98

F-28 When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?
(نام) کو بخار اور کھانسی میں، کھانے کے لئے معمول سے کم یا معمول کے مطابق یا معمول سے زیادہ یا کھانے کے لئے کچھ میں دیا؟
IF LESS, PROBE:
Was he/she given much less than usual to eat or somewhat less?
اس کو معمول کے مطابق کم دیا گیا یا کسی حد تک کم؟

- MUCH LESS 1
- SOMEWHAT LESS 2
- ABOUT THE SAME 3
- MORE 4
- STOPPED FOOD 5
- NEVER GAVE FOOD 6
- DON'T KNOW 98

F-29 Did you seek advice or treatment for the illness from any source?
کیا آپ نے کسی سے اس بیماری کے بارے میں مشورہ لیا یا علاج کرایا تھا؟

- Yes 1
- No ..... 2 → F-31

F-30 Where did you seek advice or treatment?
آپ نے کہاں سے مشورہ لیا یا علاج کرایا تھا؟

IF SOURCE IS HOSPITAL, HEALTH CENTER, OR FWC, WRITE THE NAME OF THE FACILITY. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.

_____ (Name of Hospital)

Public sector
- Govt. Hospital 01
- RHC/MCH 02
- BHU/FWC 03
- Lady health worker 04
- Other public 05
- _____ (Specify) 06

Private med. sector
- Pvt. hospital/Clinic 11
- Chemist 12
- Pvt. Doctor 13
- Homeopath 14
- Dispenser/Compounder 15
- Other private Med. _____ (Specify) 16

Other sources
- Shop 21
- Hakim 22
- Dai, TBA 23
- Other _____ (Specify) 24

F-31 At any time during the illness, did (NAME) take any drugs for the illness?
بیماری کے دوران کیا (نام) نے کسی بھی وقت کوئی دوائی لی تھی؟

- Yes 1
- No ..... 2 → F-33
- Don't know ..... 98 → F-33

F-32 What drugs did (NAME) take?
Any other drugs?
(نام) نے کون سی ادویات لیں؟
[CIRCLE ALL MENTIONED]

ANTIMALARIAL DRUGS
- SP/FANSIDAR 1
- CHLOROQUINE 2
- AMODIAQUINE 3
- QUININE 4
- ARTEMISININ COMBINATION 5
- OTHER ANTI- MALARIAL ..... 6 .....(SPECIFY)

ANTIBIOTIC DRUGS
- PILL/SYRUP 7
- INJECTION 8

OTHER DRUGS
- PONSTAN 9
- PARACETAMOL 10
- IBUPROFEN 11
- COUGH SYRUP 12
- OTHER 13
- DON'T KNOW 98

F-33	In the last 12 months did you visit a lealth facility to obtain care for a child?	Yes ..... 1 No 2	→ Next Section
F-34	Was it a public or private sector health facility?	Private ..... 1 Public 2	

SECTION-G

FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
G-1	A: In total, how many living children do you have ? ..... ☐☐ B: How many sons? ..... ☐☐ کتنے بیٹے ہوں؟ C: How many daughters? ..... ☐☐ کتنی بیٹیاں ہوں؟		
G-2	Are you pregnant now? کیا آپ حاملہ ہیں؟	Yes ..... 1 No ..... 2 Unsure 3	G-7
G-3	How many months pregnant are you? آپ کتنے ماہ سے حاملہ ہیں؟	Months ..... ☐☐	
G-4	**Pregnant:** At the time you became pregnant did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all? جب آپ حاملہ ہوئیں تو اس وقت حاملہ ہونا چاہتی تھیں، بعد میں ہونا چاہتی تھیں یا پھر مزید بچے نہیں چاہتی تھیں؟	Then ..... 1 Later ..... 2 Not at all 3	
G-5	**Pregnant:** After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children? اس بچے کی پیدائش کے بعد کیا آپ مزید بچے چاہیں گی یا آپ اس بات کو ترجیح دیں گی کہ مزید بچے نہ ہوں؟	Want more children ..... 1 No more/none ..... 2 Says she cant get pregnant ..... 3 Undecided/don't know and pregnant ..... 4 Undecided/don't know and not pregnant 5	G-9
G-6	**Pregnant:** After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? اس بچے کی پیدائش کے بعد آپ اگلے بچے کیلئے کتنا عرصہ انتظار کرنا پسند کریں گی؟ **Convert: years into months**	Months ..... ☐☐☐ Soon/now ..... 99 Other _____ 77 **(Specify)** Don't know 98	G-9
G-7	**Not pregnant or unsure:** Would you like to have(a/another) child, or would you prefer not to have any (more) children? اَب میں آپ سے مستقبل کے بارے میں کچھ سوالات پوچھنا چاہوں گی۔ کیا آپ چاہیں گی کہ آپ کے ہاں (ایک اور) بچہ ہو یا آپ اس بات کو ترجیح دیں گی کہ (اور) بچے نہ ہوں؟	Want more children ..... 1 No more/none ..... 2 Says she cant get pregnant ..... 3 Undecided/don't know and pregnant ..... 4 Undecided/don't know and not pregnant 5	G-9
G-8	**Not pregnant or unsure:** How long would you like to wait from now before the birth of a/another child? آپ اگلے بچے کی پیدائش تک کتنا عرصہ انتظار کرنا پسند کریں گی؟ **Convert: years into months**	Months ..... ☐☐☐ Soon/no w ..... 99 Other _____ 77 **(Specify)**	

G-9	Have you ever used anything or tried in any way to delay or avoid getting pregnant? کیا آپ نے کبھی کوئی چیز استعمال کی یا کوئی طریقہ آزمایا ہے تا کہ حمل میں تاخیر یا اِس سے بچا جا سکے؟	Yes . . . . . 1 No . . . . . 2 → G-19
G-10	What have you used or done? آپ نے کون سی چیز یا طریقہ استعمال کیا؟ [CIRCLE ALL MENTIONED]	FEMALE STERILIZATION . . . . . 1 MALE STERILIZATION . . . . . 2 → G-14 IUD . . . . . 3 INJECTABLES . . . . . 4 IMPLANTS . . . . . 5 PILL . . . . . 6 CONDOM . . . . . 7 SDM . . . . . 8 LACTATIONAL AMEN.METHOD . . . . . 9 RHYTHM METHOD . . . . . 10 WITHDRAWAL . . . . . 11 OTHER MODERN METHOD . . . . . 12 OTHER TRADITIONAL METHOD 13
G-11	**CHECK G-2:**	Currently pregnant . . . . . 1 → G-19 Not Currently pregnant . . . . . 2 → G-12
G-12	Are you currently doing something or using any method to delay or avoid getting pregnant? آپ آج کل حمل میں تاخیر یا اِس سے بچاؤ کے لیے کچھ کر رہی ہیں یا کوئی طریقہ استعمال کر رہی ہیں؟	Yes . . . . . 1 No . . . . . 2 → G-19

NO.	Qestions and filters	Coding Categories	Skip
G-13	Which method are you using? آپ کون سا طریقہ استعمال کر رہی ہیں؟	FEMALE STERILIZATION . . . . . .01 MALE STERILIZATION . . . . . .02 → NEXT SECTION IUD . . . . . 03 INJECTABLES . . . . . 04 IMPLANTS . . . . . 05 PILL . . . . . .06 CONDOM . . . . . 07 SDM . . . . . .08 LACTATIONAL AMEN.METHOD . . . . . 09 RHYTHM METHOD . . . . . 10 WITHDRAWAL . . . . . 11 OTHER TRADITIONAL METHOD . . . . . 12 OTHER MODERN METHOD . . . . . 13 → G-18	
G-14	Where did you obtain (CURRENT METHOD) the last time? آخری دفعہ (موجودہ طریقہ) کہاں سے حاصل کیا؟ **IF SOURCE IS HOSPITAL, HEALTH CENTER, OR FWC,** WRITE THE NAME OF THE FACILITY. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF HOSPITAL)	**Public Sector** Govt. hospital/RHSA ..... 01 Rural health centre ..... 02 Family welfare centre / FWW ..... 03 MCH ..... 04 Dispensory ..... 05 Mobile service camp ..... 06 Lady health worker ..... 07 LH visitor ..... 08 Basic health unit ..... 09 Male mobilizer ..... 10 FWA ..... 11 Other public _____ 12 **(Specify)** **Private/NGO medical sector** Private/NGO hospital/clinic ..... 13 Pharmacy, chemists ..... 14 Private doctor ..... 15 Homeopath ..... 16 Dispenser/compounder ..... 17 Other private medical _____ 18 **(Specify)** **Other source** Shop (not pharmacy/chemist) ..... 19 Friend/relative ..... 20 Hakim ..... 21 Dai,TBA ..... 22 Husband obtained ..... 23 Others _____ 24 **(Specify)** Don't know 98	
G-15	At the time you obtained (CURRENT METHOD) from the above source, were you told about side effects or problems you might have with the method? جب آپ نے اوپر بتائی گئی جگہ سے (موجودہ طریقہ) حاصل کیا تو کیا آپکو اسکے استعمال سے ہونے والے مضر اثرات یا مسائل کے بارے میں بتایا گیا تھا؟	Yes ..... 1 No ..... 2 → G-17	
G-16	Were you told what to do if you experienced side effects or problems? کیا آپ کو بتایا گیا تھا کہ اگر کوئی مضر اثرات یا مسئلے پیش آئیں تو آپ کو کیا کرنا ہے؟	Yes ..... 1 No 2	
G-17	Were you ever told about other methods of family planning that you could use? کیا آپکو کبھی دوسرے طریقوں کے بارے میں بھی بتایا گیا تھا جو آپ استعمال کر سکتی ہیں؟	Yes ..... 1 No 2	

G-18 **a.** Since what month and year have you been using (CURRENT METHOD) without stopping?

آپ کس مہینے اور سال سے (موجودہ طریقہ) مسلسل استعمال کر رہی ہیں؟

If Sterilized:
In what month and year was the sterilisation performed?

کس مہینہ اور سال میں نس بندی کا آپریشن ہوا؟

Month ..... ☐☐

Year ..... ☐☐☐☐

b. For how long have you been using (CURRENT METHOD) now without stopping?

آپ کتنے عرصہ سے (موجودہ طریقہ) مسلسل استعمال کر رہی ہیں؟

For how many months ..... ☐☐

G-19 Do you know of a place where you can obtain a method of family planning?

کیا آپ اُس جگہ کو جانتی ہیں جہاں سے خاندانی منصوبہ بندی کا طریقہ حاصل کیا جا سکتا ہے؟

Yes 1

No ..... 2 → G-21

G-20 Where is that?

وہ کونسی جگہ ہے؟

IF SOURCE IS HOSPITAL, HEALTH CENTER, OR FWC, WRITE THE NAME OF THE FACILITY. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.

_____
(Name of Hospital)

Public Sector
- Govt. hospital/RHSA 01
- Rural health centre 02
- Family welfare centre / FWW 03
- MCH 04
- Dispensory 05
- Mobile service camp 06
- Lady health worker 07
- LH visitor 08
- Basic health unit 09
- Male mobilizer 10
- FWA 11
- Other public _____ 12

Private/NGO medical sector
- Private/NGO hospital/clinic 13
- Pharmacy, chemists 14
- Private doctor 15
- Homeopath 16
- Dispenser/compounder 17
- Other private medical _____ 18
  (Specify)

Other source
- Shop (not pharmacy/chemist) 19
- Friend/relative 20
- Hakim 21
- Dai,TBA 22
- Pushcart 23
- Others _____ 24
  (Specify)

Don't know 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
G-21	Do you think you will use a contraceptive method to delay or avoid pregnancy during the next 12 months ? کیا آپ سمجھتی ہیں کہ آپ مستقبل میں کسی بھی وقت حمل سے بچاؤ یا اِس میں تاخیر کرنے کے لیے کوئی بھی طریقہ استعمال کریں گی؟	Yes ..... 1 → G-23 No ..... 2 Don't know 3	
G-22	What is the main reason that you think you will not use a contraceptive method at any time in the future? آپ مستقبل میں کسی بھی وقت حمل سے بچاؤ کا طریقہ استعمال کرنے کا ارادہ نہیں رکھتیں۔ آپ کے نزدیک اِس کی سب سے اہم وجہ کیا ہے؟ **[Multiple responses are allowed]**	**Fertility-related reasons** Infrequent sex/no sex ..... 01 Menopausal/hysterectomy ..... 02 Infertile/can't get pregnant ..... 03 No menstruation after birth ..... 04 Breastfeeding ..... 05 Up to god, can't control ..... 06 Want more children ..... 07 **OPPOSITION TO USE** respondent opposed ..... 08 husband opposed ..... 09 others opposed ..... 10 against religion ..... 11 **LACK OF KNOWLEDGE** knows no method ..... 12 knows no source ..... 13 **METHOD-RELATED REASONS** health concerns ..... 14 fear of side effects ..... 15 lack of access/too far ..... 16 costs too much ..... 17 inconvenient to use ..... 18 **Other** _____ 77 **(Specify)** Don't know 98	
G-23	If you could choose exactly the number of children to have in your whole life, how many would that be? اگر آپ کو اپنی پوری زندگی کے لیے بچوں کی کل تعداد کا انتخاب کرنے کا اختیار ہو تو آپ کتنے بچے چاہیں گی؟ Probe for a numeric response.	None ..... 00 Number ..... ☐☐ Other _____ 77 **(Specify)**	
G-24	Do you think your husband wants the same number of children that you want, or does he want more or fewer than you want? آپ کا کیا خیال ہے کہ آپ کے شوہر بھی اُتنے ہی بچے چاہتے ہیں جتنے آپ چاہتی ہیں یا وہ آپ کی خواہش سے زیادہ بچے چاہتے ہیں یا کم بچے چاہتے ہیں؟	Same number ..... 1 More children ..... 2 Fewer children ..... 3 Don't know 98	

SECTION-H
COMMUNICATION EXPOSURE

H-1		H-2		H-3*		H-4*	
	Source ذرائع	During the last 12 months have you received any information about mother and child health from the following sources?		During the last 12 months have you received any information about breast feeding from the following sources?		During the last 12 months have you received any information about birth spacing from the following sources?	
		Yes	No	Yes	No	Yes	No
a.	Lady Health Worker (LHW) لیڈی ہیلتھ ورکر	1	2	1	2	1	2
b.	**Outreach Worker (NON-LHW)** صحت والے ورکر	1	2	1	2	1	2
c.	Mother-in-Law (not a Dai or health worker) ساس	1	2	1	2	1	2
d.	Other Relative/friend دوست/رشتہ دار	1	2	1	2	1	2
e.	Dai-TBA دائی	1	2	1	2	1	2
f.	Lady Health Visitor لیڈی ہیلتھ وزٹر	1	2	1	2	1	2
g.	Nurse/Midwife نرس/مڈوائف	1	2	1	2	1	2
h.	Doctor ڈاکٹر	1	2	1	2	1	2
i.	Homeopath ہومیو پیتھک	1	2	1	2	1	2
j.	Hakeem حکیم	1	2	1	2	1	2
k.	Radio ریڈیو	1	2	1	2	1	2
l.	TV ٹی وی	1	2	1	2	1	2
m.	Telephone Helpline ٹیلی فون ہیلپ لائن	1	2	1	2	1	2
n.	Health education / awareness session معلوماتی سیشن	1	2	1	2	1	2
o.	Print Media پرنٹ میڈیا	1	2	1	2	1	2
p.	Text message on mobile phone موبائل پیغام	1	2	1	2	1	2
q.	Other: specify کوئی اور ــــ	1	2	1	2	1	2

NO.	Qestions and filters	Coding Categories	Skip
H-5	Do you belong to a community support group that meets to discuss women's and children's health issues?	Yes ..... 1 No ..... 2 →	H-10
H-6	On average, how often do you attend meetings for this group-would you say that you attend meetings once a week, once a month, once every few months, or less frequently than that ?	ONCE A WEEK..... 1 ONCE A MONTH..... 2 ONCE IN A FEW MONTHS..... 3 ONCE A YEAR OR LESS..... 4 OTHER……5	
H-7	How helpful to you is your participation in this group? Would you helpful, somewhat helpful, not very helpful or not helpful at all?	VERY HELPFUL..... 1 SOMEWHAT HELPFUL..... 2 NOT VERY HELPFUL..... 3 NOT HELPFUL AT ALL..... 4	
H-8	How successful is the group's effort to improve the situation for mothers and children in this community? Would you say very successful, somewhat successful, not very successful or not successful at all?	VERY SUCCESSFUL..... 1 SOMEWHAT SUCCESSFUL..... 2 NOT VERY SUCCESSFUL..... 3 NOT SUCCESSFUL AT ALL..... 4	
H-9	Did you participate in any other activities that were intended to improve the situation for mothers and babies in this community?	Yes ..... 1 No ..... 2 Don't know..... 98	
H-10	Does your husband belong to a men's group that meets to discuss women's and children's health issues in this community?	Yes ..... 1 No ..... 2 →	NEXT SECTION
H-11	On average, how often does your husband attend meetings for this group - would you say that he attends meetings once a week, once a month, once every few months, or less frequently than that?	ONCE A WEEK..... 1 ONCE A MONTH..... 2 ONCE IN A FEW MONTHS..... 3 ONCE A YEAR OR LESS..... 4 OTHER……5	
H-12	How helpful to you is your husband's participation in this group? Would you say very helpful, somewhat helpful, not very helpful or not helpful at all?	VERY HELPFUL..... 1 SOMEWHAT HELPFUL..... 2 NOT VERY HELPFUL..... 3 NOT HELPFUL AT ALL..... 4	

SECTION-I
MASS MEDIA ADVERTISING EXPOSURE

TV campaign birth spacing and breastfeeding			
I-1	In the last 3 months, have you seen any advert about birth spacing on television? گزشتہ 3 ماہ کے دوران کیا آپ نے ٹی وی پر پیدائش میں وقفہ کے بارے میں کوئی اشتہار دیکھا ہے؟	Yes .....1 No .....2 → I-5 Don't recall.....98 → I-5	
I-2	What is the main message that you recall from this advert? آپ کو یاد ہے کہ اس اشتہار میں اہم پیغام کیا ہے؟	_____ _____	
I-3	How long ago, did you first see this advert on television? کتنا عرصہ پہلے، آپ نے یہ اشتہار ٹی وی پر دیکھا تھا؟	_____ months ago Don't recall..... 98	
I-4	In the last 3 months, how often did you see this advert on television? گزشتہ تین ماہ میں آپ نے یہ اشتہار ٹی وی پر کتنی دفعہ دیکھا؟	Everyday.....1 Every 2-3 days.....2 Once a week.....3 Once a month.....4 Once in 3 months.....5 Don't recall …….....98	
I-5	In the last 3 months, have you seen any advert about breastfeeding on television? گزشتہ تین ماہ میں آپ نے دودھ پلانے کے بارے میں اشتہار ٹی وی پر دیکھا؟	Yes .....1 No .....2 → I-10 Don't recall.....98	
I-6	Do you recall seeing the following advert on television? کیا آپ ٹی وی پر دیکھے گئے اشتہار کو یاد کر سکتی ہیں؟ INTERVIEWER TO SHOW VISUAL IMAGE OF ADVERT ON SHOWCARD	Yes .....1 No .....2 → I-10 Don't recall..... 98	
I-7	Could you please tell me the main message that you remember from this advert? آپ کو یاد ہے کہ اس اشتہار میں اہم پیغام کیا ہے؟	_____ _____	
I-8	How long ago, did you first see this advert on television? کتنا عرصہ پہلے، آپ نے یہ اشتہار ٹی وی پر دیکھا تھا؟	. _____ months ago Don't recall..... 98	
I-9	In the last 3 months, how often did you see this advert on television? گزشتہ تین ماہ میں آپ نے یہ اشتہار ٹی وی پر کتنی دفعہ دیکھا؟	Everyday.....1 Every 2-3 days.....2 Once a week.....3 Once a month.....4 Once in 3 months.....5 Don't recall …….....98	

Radio campaign birth spacing and breastfeeding			
I-10	In the last 3 months, have you heard any advert about birth spacing on the radio? گزشتہ تین ماہ میں آپ نے پیدائش میں وقفہ کے بارے میں ریڈیو پر کوئی اشتہار سنا؟	Yes.....1 No.....2 Don't recall.....98	→ I-14 → I-14
I-11	What is the main message that you recall from this advert? آپ کو یاد ہے کہ اس اشتہار میں اہم پیغام کیا ہے؟	_____ _____	
I-12	How long ago did you first hear this advert on radio? کتنا عرصہ پہلے، آپ نے یہ اشتہار ریڈیو پر سنا؟	_____ months ago Don't recall..... 98	
I-13	In the last 3 months, how often did you hear this advert on the radio? گزشتہ تین ماہ میں آپ نے یہ اشتہار ریڈیو پر کتنی دفعہ سنا؟	Everyday.....1 Every 2-3 days.....2 Once a week.....3 Once a month.....4 Once in 3 months.....5 Don't recall 98	
I-14	In the last 3 months, have you heard any advert about breastfeeding on the radio? گزشتہ تین ماہ میں آپ نے دودھ پلانے کے بارے میں ریڈیو پر اشتہار سنا؟	Yes.....1 No.....2 Don't recall.....98	→ I-18
I-15	What is the main message that you recall from this advert? کیا آپ کو یاد ہے ریڈیو پر سنا جانے والا اشتہار؟	_____ _____	
I-16	How long ago did you first hear this advert on radio? کتنا عرصہ پہلے، آپ نے یہ اشتہار ریڈیو پر سنا؟	_____ months ago Don't recall..... 98	
I-17	In the last 3 months, how often did you hear this advert on the radio? گزشتہ تین ماہ میں آپ نے یہ اشتہار ریڈیو پر کتنی دفعہ سنا؟	Everyday.....1 Every 2-3 days.....2 Once a week.....3 Once a month.....4 Once in 3 months.....5 Don't recall 98	

Press advertisement birth spacing and breastfeeding			
I-18	In the last 3 months, have you seen any advert about birth spacing in a newspaper? گزشتہ تین ماہ میں آپ نے پیدائش میں وقفہ کے بارے میں اخبار میں کوئی اشتہار دیکھا؟	Yes .....1 No .....2 → I-22 Don't recall.....98 → I-22	
I-19	What is the main message that you recall from this advert? آپ کو یاد ہے کہ اس اشتہار میں اہم پیغام کیا ہے؟	_____ _____	
I-20	How long ago did you first see this advert in a newspaper? کتنا عرصہ پہلے، پہلی دفعہ یہ اشتہار اخبار میں دیکھا تھا؟	_____ months ago Don't recall..... 98	
I-21	In the last 3 months, how often did you see this advert in newspapers? گزشتہ تین ماہ میں آپ نے یہ اشتہار اخبار میں کتنی دفعہ دیکھا؟	Everyday.....1 Every 2-3 days.....2 Once a week.....3 Once a month.....4 Once in 3 months.....5 Don't recall …….....98	
I-22	In the last 3 months, have you ever seen any advert about breastfeeding in a newspaper? گزشتہ تین ماہ میں آپ نے دودھ پلانے کے بارے میں اشتہار اخبار میں دیکھا؟	Yes .....1 No .....2 → END INTERVIEW Don't recall.....98 → END INTERVIEW	
I-23	Do you recall seeing the following advert in a newspaper? کیا آپ کو یاد ہے اخبار میں دیکھا جانے والا اشتہار؟ INTERVIEWER TO SHOW VISUAL IMAGE OF ADVERT ON SHOWCARD	Yes .....1 No .....2 → END INTERVIEW Don't recall.....98 → END INTERVIEW	
I-24	What is the main message that you recall from this advert? آپ کو یاد ہے کہ اس اشتہار میں اہم پیغام کیا ہے؟	_____ _____	
I-25	How long ago did you first hear see this advert in a newspaper? کتنا عرصہ پہلے، پہلی دفعہ یہ اشتہار اخبار میں دیکھا تھا؟	_____ months ago Don't recall..... 98	
I-26	**In the last 3 months, how often did you see this advert in newspapers?** گزشتہ تین ماہ میں آپ نے یہ اشتہار اخبار میں کتنی دفعہ دیکھا؟	**Everyday.....1** **Every 2-3 days.....2** **Once a week.....3** **Once a month.....4** **Once in 3 months.....5** **Don't recall …….....98**	
I-27	**Record the End time** وقت درج کریں	a. Hours ..... ☐☐ b. Minutes ..... ☐☐	
I-28	**Interview Language**	_____	
I-29	**GPS Location Coordinates**	☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐	

INTERVIEWER'S OBSERVATIONS

To be Filled in After Completing Interview

Comments about respondant: جوابدہندہ کے بارے میں ریمارکس:

Comments on specific questions: مخصوص سوالات پر ریمارکس:

Any other comments: کوئی ریمارکس: