



# Pakistan

**2012-13 Demographic and Health Survey**

**Key Findings**



This report summarizes the findings of the 2012-13 Pakistan Demographic and Health Survey (PDHS), conducted under the authority of the Ministry of National Health Services, Regulations and Coordination and implemented by the National Institute of Population Studies (NIPS). ICF International provided financial and technical assistance for the survey through USAID/Pakistan. The PDHS is part of the worldwide Demographic and Health Survey program, which is designed to collect data on fertility, family planning, and maternal and child health. The opinions expressed in this report are those of the authors and do not necessarily reflect the views of USAID or the Government of Pakistan.

Additional information about the 2012-13 PDHS may be obtained from the National Institute of Population Studies (NIPS), Block 12-A, Capital Centre, G-8 Markaz, P.O. Box 2197, Islamabad, Pakistan (telephone: 92-51-926-2790 or 926-27456; fax: 92-51-926-2754; Internet: <http://www.nips.org.pk>).

Additional information about the MEASURE DHS project may be obtained from ICF International, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, USA (telephone: 301-572-0200; fax: 301-572-0999; e-mail: [reports@macrointernational.com](mailto:reports@macrointernational.com); Internet: <http://www.measuredhs.com>).

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# ABOUT THE 2012-13 PDHS

The 2012-13 Pakistan Demographic and Health Survey (PDHS) is designed to provide data for monitoring the population and health situation in Pakistan. The 2012-13 PDHS is the third Demographic and Health Survey conducted in Pakistan since 1990-91, and the objective of the survey was to provide reliable estimates of fertility and family planning, maternal and child health, women's and children's nutritional status, women's empowerment, domestic violence, and knowledge of HIV/AIDS that can be used by program managers and policymakers to evaluate and improve existing programs.

## Who participated in the survey?

A nationally representative sample of 13,558 ever-married women in all selected households and 3,134 ever-married men age 15–49 in one-third of the selected households were interviewed. This represents a response rate of 93% of women and 79% of men. The sample design for the 2012-13 PDHS provides estimates at the national and provincial levels, including urban-rural breakdowns, as well as for Gilgit Baltistan and ICT Islamabad.



# CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

## Household Composition

Pakistani households consist of an average of 6.8 people. A large proportion of the Pakistani population (39%) is under age 15. Only 11% of households are headed by women.

## Housing Conditions

Almost all households (94%) have electricity, while 62% of households use solid fuel for cooking. More than nine in ten (93%) households in Pakistan have access to an improved source of drinking water. Almost 60% of households have an improved not shared toilet facility. In urban areas, 86% of households use improved sanitation compared to less than half (45%) of households in rural areas.

## Ownership of Goods

Currently, 87% of Pakistani households own a mobile phone, 60% have a television, and 11% own a radio. Households in urban areas are more likely to own a mobile phone or television than rural households. Only 13% of households own a computer, and 7% of households have internet access at home.

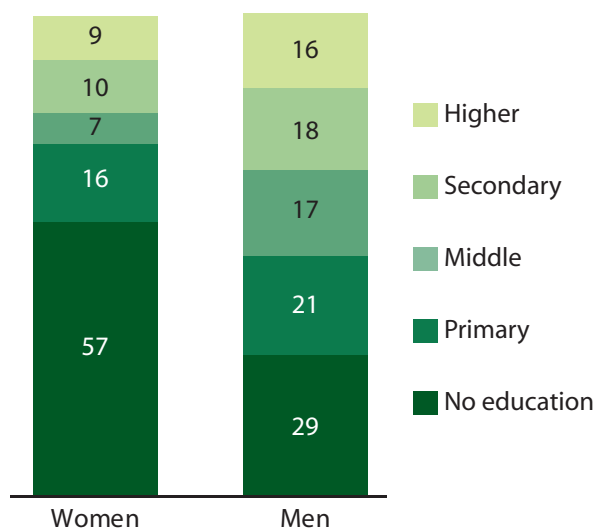
More than one-third of households own a motorcycle or scooter and 28% own a bicycle. Almost half (46%) of households own farm animals and 31% of households own agricultural land.

## Education

The majority (57%) of ever-married Pakistani women and 29% of ever-married men age 15-49 have no education. Only 16% of women and 21% of men have attended primary school. One in five women and one in three men have attended secondary or higher education. Women and men in urban areas are much more likely to achieve higher levels of education.

### Education

Percent distribution of ever-married women and men age 15-49 by highest level of education attended



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# FERTILITY AND ITS DETERMINANTS

## Total Fertility Rate (TFR)

Currently, women in Pakistan have an average of 3.8 children. This is comparable to Tajikistan, but higher than TFR in Kyrgyz Republic, Nepal, and Bangladesh. Fertility in Pakistan has decreased from 5.4 births per woman to 3.8 births per woman in the past 23 years.

Fertility varies by residence and region. Women in urban areas have 3.2 children on average, compared with 4.2 children per woman in rural areas. Fertility is highest in Balochistan, where women have an average of 4.2 children. Fertility is lowest in ICT Islamabad, where women have an average of 3.0 children.

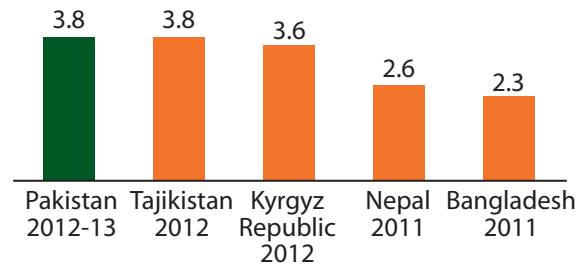
Fertility also varies with mother's education and economic status. Women who have higher education have an average of 2.5 children, while women with no education have 4.4 children. Fertility increases as the wealth of the respondent's household\* decreases. The poorest women, in general, have 2.5 children more than women who live in the wealthiest households (5.2 versus 2.7 children per woman).

## Teenage Fertility

Eight percent of adolescent women age 15-19 are already mothers or pregnant with their first child. Teenage fertility has decreased over time from 16% in 1990-91 to the current level of 8%. Young motherhood is highest in Khyber Pakhtunkhwa (10%) and lowest in Gilgit Baltistan and Balochistan (7% each). More than 10% of adolescent women with no education have begun childbearing compared with less than 5% of women with at least a middle school education. Teenagers from the poorest households (12%) are more likely to have begun childbearing than those from the wealthiest households (3%).

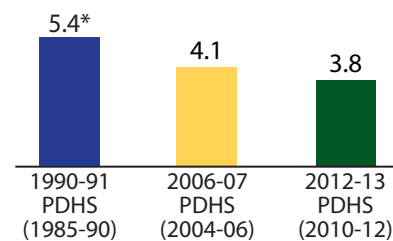
## Fertility in Central and South Asia

Average number of births per woman



## Trends in Fertility

Births per woman for the 3 years prior to the survey

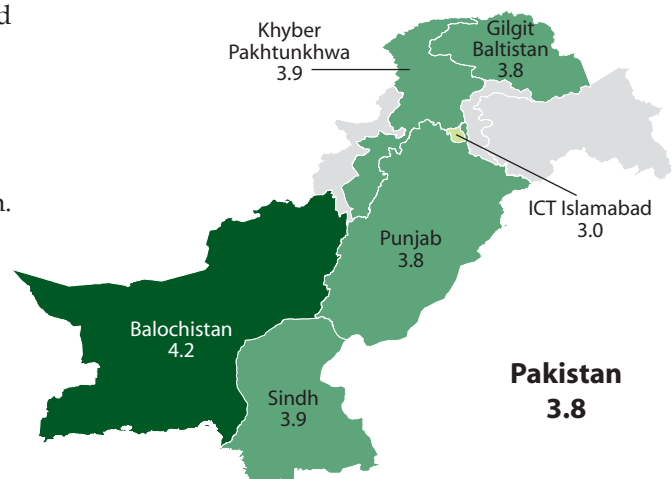


\*1990-91 figure based on 6 years prior to the survey

## Total Fertility Rate by Region

Births per woman for the 3 years prior to the survey

Legend: ■ ≤3.0 ■ 3.1-3.9 ■ ≥ 4.0



\* Wealth of families is calculated through household assets collected from DHS surveys – i.e., type of flooring; source of water; availability of electricity; possession of durable consumer goods. These are combined into a single wealth index. They are then divided into five groups of equal size, or quintiles, based on their relative standing on the household wealth index.

### Age at First Marriage

Thirty-five percent of women age 25-49 were married by age 18 and more than half (54%) were married by age 20. There is evidence that age at first marriage among women in Pakistan is rising. The median age at first marriage increased from 19.1 years in 2006-07 to 19.5 years in 2012-13. The median age at first marriage among Pakistani men age 30-49 is 24.7 years.

### Age at First Birth

The median age at first birth for women age 25-49 is 22.2. The median age at first birth has declined by about one year between 1990-91 and 2012-13. Women living in urban areas have their first birth more than one year later than women living in rural areas. On average, women with no education have their first birth three years earlier than women with secondary education (21.1 and 24.2 years, respectively).

### Polygyny

Four percent of currently married women and 3% of currently married men are in polygynous unions. Polygynous unions for married women decreased from 7% in 2006-07 to 4% in 2012-13.

### Desired Family Size

Pakistani women and men want, on average, four children. Women's and men's ideal family size is highest in Balochistan (6.1 for women and 7.1 for men) and lowest in ICT Islamabad (3.2 for women and 2.5 for men).

### Consanguinity

Pakistan has a high rate of marriages between cousins. Half of all marriages occur between first cousins. First-cousin marriages are lower in urban areas (38%) compared to rural areas (54%). First-cousin marriages range from 53% in Sindh to 40% in ICT Islamabad and Gilgit Baltistan



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# FAMILY PLANNING

## Knowledge of Family Planning

Knowledge of family planning methods in Pakistan is universal; 99% of ever-married women and 95% of ever-married men know at least one modern method of family planning. The most commonly known methods among ever-married women are injectables (95%), the pill (95%), and female sterilization (91%). Among ever-married men, the most commonly known methods are the condom (89%), the pill (85%), and injectables (82%).

## Current Use of Family Planning

More than one-quarter of married women currently use a modern method of family planning. Another 9% are using a traditional method. The condom and female sterilization (9% each) followed by injectables (3%) are the most commonly used modern methods.

Use of modern family planning methods varies by residence and region. Nearly one-third of married women in urban areas use modern methods, compared to 23% of women in rural areas. Modern contraceptive use ranges from a low of 16% among married women in Balochistan to a high of 44% in ICT Islamabad.

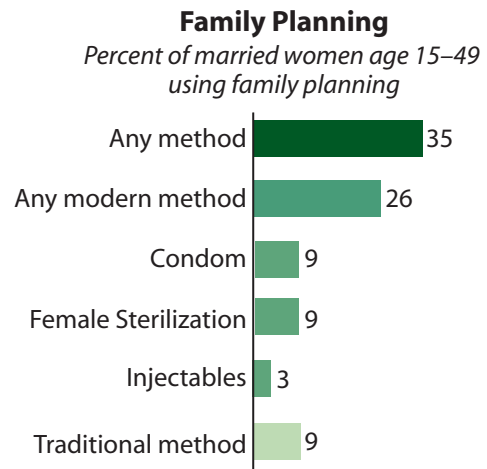
Modern contraceptive use increases with education; 30% of married women with higher education use modern methods compared with 23% of married women with no education. Modern method use is highest among women from the wealthiest households (32%).

## Trends in Family Planning Use

Use of modern family planning methods has increased from 9% in 1990-91 to 26% in 2012-13. The use of female sterilization, condoms, and withdrawal increased slightly since 2006-07.

## Source of Family Planning Methods

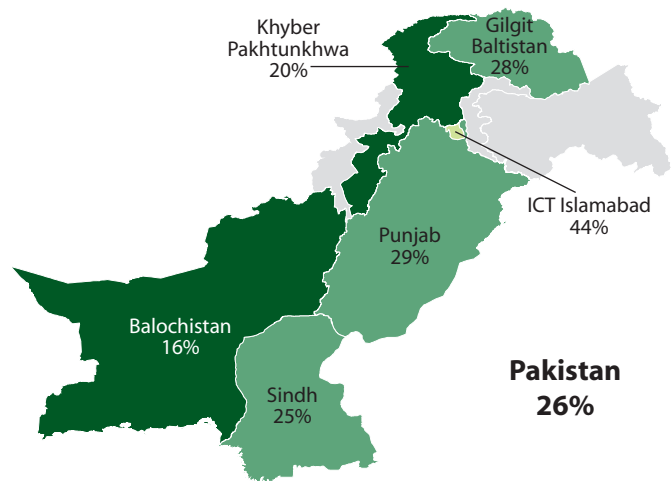
Public sources, such as government hospitals and lady health workers, currently provide family planning to 46% of current users, while the private medical sector provides methods to 35% of users. Two-thirds of female sterilizations are accessed at public facilities, while condoms are primarily accessed from the private sector.



## Use of Modern Methods of Family Planning

Percent of married women age 15-49 who are using a modern method of family planning

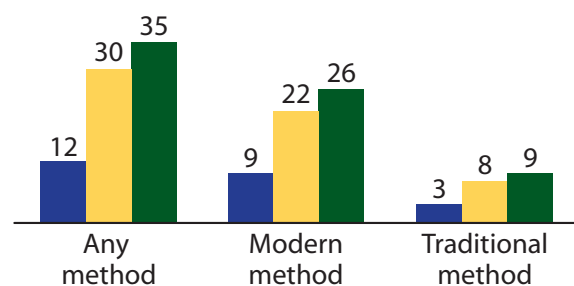
■ ≤20% ■ 21%-40% ■ ≥ 41%



## Trends in Contraceptive Use

Percent of married women age 15-49 who are currently using contraception

■ 1990-91 PDHS ■ 2006-07 PDHS ■ 2012-13 PDHS



# NEED FOR FAMILY PLANNING

## Desire to Delay or Stop Childbearing

Nearly 40% of currently married women and men want no more children. Nineteen percent of women and 21% of men want to wait at least two years before their next birth. These women and men are potential users of family planning.

## Unmet Need for Family Planning

Unmet need for family planning is defined as the percentage of married women who want to space their next birth or stop childbearing entirely but are not using contraception. The 2012-13 PDHS reveals that one in five married women have an unmet need for family planning—9% of women have a need for spacing births and 11% for limiting births. Women living in Baolchistan (31%) and women in the lowest wealth quintile (25%) are most likely to have an unmet need for family planning. Unmet need is higher among women with no education (22%) than among women with higher education (15%).



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## Exposure to Family Planning Messages

Overall, one-quarter of ever-married women and half of ever-married men were exposed to a family planning message on television, newspaper/magazine, or radio in the few months before the survey. Three-quarters of women and almost half of men (48%) were not exposed to family planning messages through any of these three media sources.

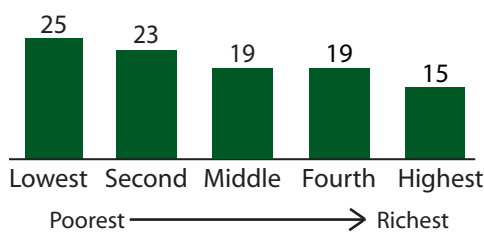
Among all women who are not currently using family planning, 29% were visited by a field worker who discussed family planning, and 6% of women visited a health facility where they discussed family planning. Overall, two-thirds of non-users did not discuss family planning with any health worker.

## Informed Choice

Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and told about other available family planning methods. One-third of Pakistani women were informed about possible side effects of their method, 28% were informed about what to do if they experience side effects, and 28% were informed about other available family planning methods.

### Unmet Need by Wealth

*Percent of currently married women age 15–49 with unmet need for family planning*





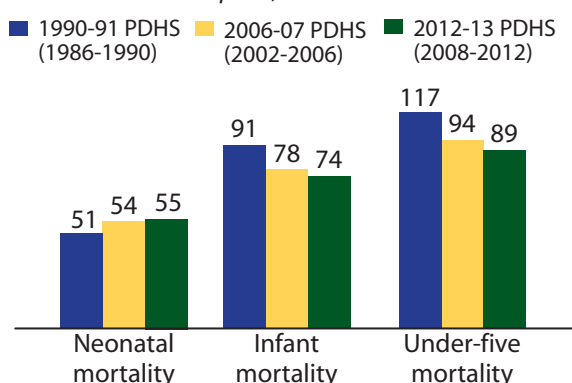
# INFANT AND CHILD MORTALITY

## Levels and Trends

Infant and under-five mortality rates in the five-year period before the survey are 74 and 89 deaths per 1,000 live births, respectively. At these mortality levels, 1 in every 14 Pakistani children dies before reaching age 1. One in every 11 does not survive to his or her fifth birthday.

### Trends in Childhood Mortality

Deaths per 1,000 live births



Mortality rates differ by region. The under-five mortality rate for the ten-year period before the survey ranges from 111 deaths per 1,000 live births in Balochistan to 43 per 1,000 live births in ICT Islamabad. Children living in rural areas are also more likely to die young than children in urban areas, with under-five mortality at 106 per 1,000 live births in rural areas, compared to 74 per 1,000 live births in urban areas.

Under-five mortality among children born to mothers with no education (112 deaths per 1,000 live births) is almost twice that of children born to mothers with secondary education (57 deaths per 1,000 live births) and more than three times that of children born to mothers with higher education (36 deaths per 1,000 live births).

The neonatal mortality rate in the past five years is 55 deaths per 1,000 live births. Neonatal mortality has remained unchanged for the last 20 years.



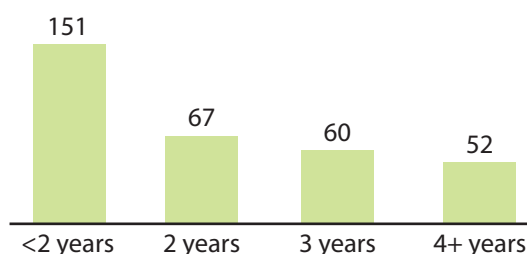
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## Birth Intervals

Spacing children at least 36 months apart reduces the risk of infant death. In Pakistan, the median birth interval is 28 months. Infants born less than two years after a previous birth have high under-five mortality rates (151 deaths per 1,000 live births compared with 60 deaths per 1,000 live births for infants born three years after the previous birth). More than one-third of all children are born less than two years after their siblings.

### Under-Five Mortality by Previous Birth Interval

Deaths per 1,000 live births for the 10-year period before the survey by years since preceding birth



# REPRODUCTIVE HEALTH

## Antenatal Care

Almost three-quarters of women receive antenatal care (ANC) from a skilled provider (doctor, nurse, midwife, or lady health visitor), most commonly from a doctor (67%). One in four women had no ANC at all. ANC coverage varies by region. About 30% of women in Balochistan received ANC from a skilled provider compared to 94% in ICT Islamabad.

The timing and quality of ANC are also important. Forty-two percent of women had an ANC visit before their fourth month of pregnancy, as recommended, and more than one-third (37%) of women made four or more ANC visits.

Nearly half (45%) of women took iron supplements or syrup during pregnancy. Half of women were informed of signs of pregnancy complications during an ANC visit. Nearly two-thirds (64%) of women's most recent births were protected against neonatal tetanus.

## Delivery and Postnatal Care

Nearly half of births occur in health facilities, primarily in private sector facilities. Facility-based births are least common in Balochistan (16%). More than half of births occur at home. Home births are more common in rural areas (60%) than urban areas (32%).

More than half of births are assisted by a skilled provider. Another 41% are assisted at birth by a traditional birth attendant. Skilled assistance at birth is most common in ICT Islamabad (88%) and least common in Balochistan (18%). Women with more education and those from wealthier families are most likely to have their births attended by a skilled provider.

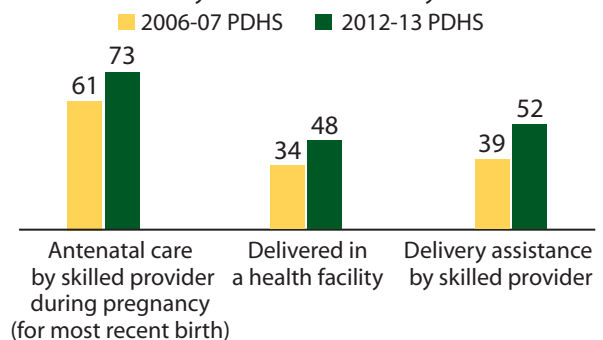
Postnatal care helps prevent complications after childbirth. Six in ten women received a postnatal checkup within two days of delivery. One-third of women did not have a postnatal checkup within 41 days of delivery.



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## Trends in Maternal Health Care

Percent of women 15-49 with a live birth in the 5 years before the survey



## Problems in Accessing Health Care

Almost two-thirds of women report having at least one problem accessing health care for themselves. More than half of women were concerned about going alone. Four in ten women were concerned about management of transportation. More than one-third of women were concerned about distance to the health facility.

# CHILD HEALTH

## Vaccination Coverage

According to the 2012-13 PDHS, 54% of Pakistani children age 12-23 months have received all recommended vaccines—one dose each of BCG and measles and three doses each of DPT and polio. Only 5% of children did not receive any of the recommended vaccines.

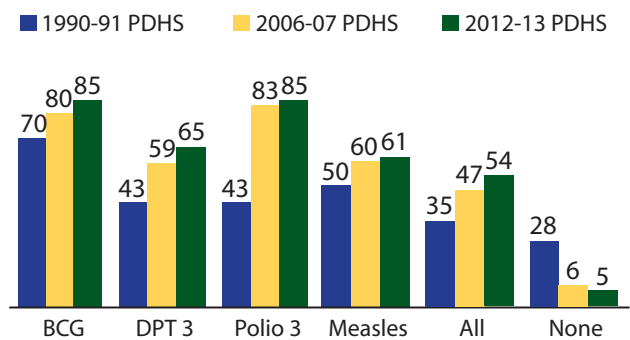
Vaccination coverage is 66% in urban areas and 48% in rural areas. Full vaccination coverage varies by region, ranging from 16% of children in Balochistan to 74% in ICT Islamabad. Coverage increases with mother's education; 76% of children whose mothers have higher education were fully vaccinated compared with 40% of children whose mothers have no education.

## Trends in Vaccination Coverage

Vaccination coverage gradually increased in Pakistan from 35% in 1990-91 to 54% in 2012-13. The percentage of children age 12-23 months who did not receive any of the six basic immunizations decreased from 28% to 5% over the past 22 years.

### Trends in Vaccination Coverage

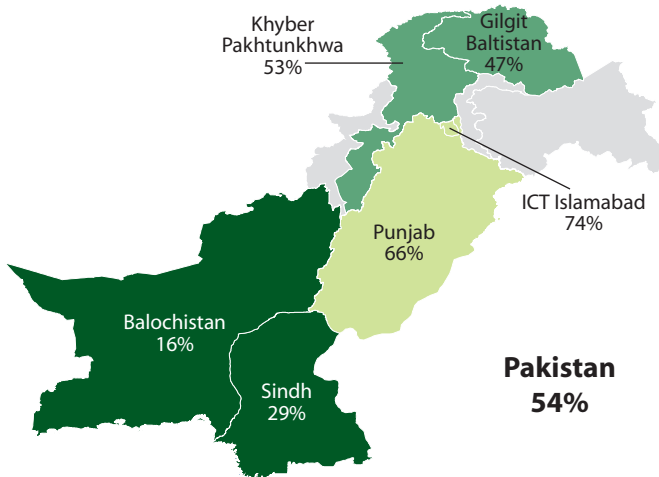
Percent of children age 12-23 months vaccinated



### Vaccination Coverage by Region

Percent of children age 12-23 months fully vaccinated (BCG, measles, and 3 doses of each of DPT and polio)

■ <30% ■ 30%-60% ■ >60%



## Childhood Illnesses

In the two weeks before the survey, 16% of children under-five were ill with cough and rapid breathing, symptoms of an acute respiratory infection (ARI). Of these children, almost two-thirds (64%) were taken to a health facility or provider.

One-third of children under-five had a fever in the two weeks before the survey. Two-thirds of these children were taken to a health facility or provider for advice or treatment.

During the two weeks before the survey, 23% of Pakistani children under-five had diarrhea. This rate was highest (35%) among children 6-11 months old. Six in ten children with diarrhea were taken to a health facility or provider. Children with diarrhea should drink more fluids, particularly through oral rehydration salts (ORS). Forty-six percent of children with diarrhea were treated with oral rehydration therapy or increased fluids. However, 11% of children received no treatment from a medical professional or at home.

# FEEDING PRACTICES AND THE NUTRITIONAL STATUS OF WOMEN AND CHILDREN

## Breastfeeding and the Introduction of Complementary Foods

Breastfeeding is very common in Pakistan, with 94% of children ever breastfed. WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. More than one-third (38%) of children under six months in Pakistan are being exclusively breastfed. Children 0-35 months breastfed until the age of 19 months and are exclusively breastfed for 0.7 months.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In Pakistan, 57% of children age 6–9 months are breastfed and eat complementary foods.

The Infant and Young Child Feeding (IYCF) practices recommend that breastfed children age 6–23 months be fed foods from four or more food groups daily. Non-breastfed children should be fed milk or milk products, in addition to foods from four or more food groups. IYCF also recommends that children be fed a minimum number of times per day.\* However, only 16% of breastfed children in Pakistan are receiving foods from four or more food groups daily and receiving the minimum number of meals and just 10% of non breastfed children are being fed in accordance with IYCF recommendations.

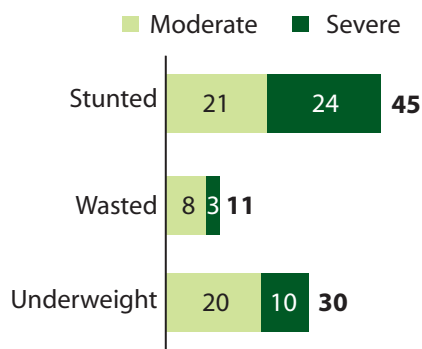
## Children’s Nutritional Status

The 2012-13 PDHS measures children’s nutritional status by comparing height and weight measurements against an international reference standard. According to the 2012-13 survey, 45% of children under-five are stunted, or too short for their age. This indicates chronic malnutrition. Stunting is most common among children of less educated mothers (55%) and those from the poorest households (62%). Stunting is more common in rural areas (48%) than urban areas (37%).

Wasting (too thin for height), which is a sign of acute malnutrition, is far less common (11%). In addition, 30% of Pakistani children are underweight, or too thin for their age.

### Children’s Nutritional Status

Percent of children under age 5, based on 2006 WHO Child Growth Standards



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\*At least twice a day for breastfed infants age 6-8 months and at least three times a day for breastfed children age 9-23 months. For non breastfed children age 6-23 months, the minimum number of times is four times a day.

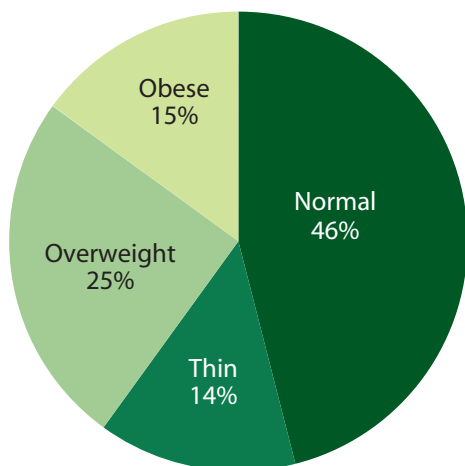
### Women's Nutritional Status

The 2012-13 PDHS also took weight and height measurements of women age 15-49. Just 14% of Pakistani women are thin (BMI < 18.5), while 40% of women are overweight or obese (BMI ≥ 25.0). Overweight and obesity increase with age: only 7% of 15-19 year old women are overweight or obese compared to 51% of women age 40-49.



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**Women's Nutritional Status**  
Percent distribution of women age 15-49



### Vitamin A and Iron Supplementation

Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children and new mothers. In the 24 hours before the survey, almost half (45%) of children age 6-23 months ate foods rich in vitamin A. Seven in ten children age 6-59 months received a vitamin A supplement in the six months prior to the survey. One-third of children ate iron-rich foods in the day before the survey, but only 8% were given iron supplements in the week before the survey.

Pregnant women should take iron tablets for at least 90 days during pregnancy to prevent anemia and other complications. Two in ten women took iron tablets for at least 90 days during their last pregnancy.

# HIV/AIDS KNOWLEDGE, ATTITUDES, AND BEHAVIOR

## Knowledge

According to the 2012-13 PDHS, knowledge of HIV is not yet universal in Pakistan. Only 42% of ever-married women and 69% of ever-married men have ever heard of AIDS. Knowledge of HIV prevention measures is much lower. Only one in five women know that the risk of getting HIV can be reduced by using condoms and limiting sex to one faithful, uninfected partner, compared to more than one-third of men. Prevention knowledge increases with education: 60% of women and 67% of men with higher education know these two prevention methods compared to only 7% of women and 12% of men with no education.

Just over one-quarter of women and 40% of men know that HIV can be transmitted by breastfeeding. Fewer women (13%) and men (22%) know that the risk of mother-to-child transmission can be reduced by taking drugs during pregnancy.

Many women and men in Pakistan still have misconceptions about HIV/AIDS. Only 21% of women and 40% of men know that HIV cannot be transmitted by mosquito bites. Nearly 30% of women and 46% of men know that a healthy-looking person can have HIV. Overall, only 7% of women and 12% of men have comprehensive knowledge\* of HIV.

## Attitudes

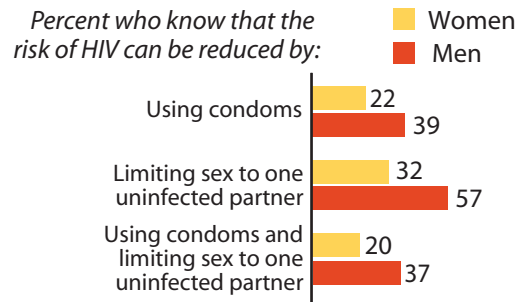
Pakistani women and men are not yet accepting of people living with HIV/AIDS. Less than half of women and men report that they would buy fresh vegetables from a shopkeeper living with HIV. More than 90% of women and men would be willing to care for a family member with AIDS in their home.

## Knowledge about HIV Testing

Men are more likely than women to know of a place where they can go to get an HIV test (36% and 11%, respectively). Knowledge of where to get an HIV test increases with education and wealth for both women and men. Knowledge of where to get an HIV test is highest in ICT Islamabad and lowest in Gilgit Baltistan for women and men.

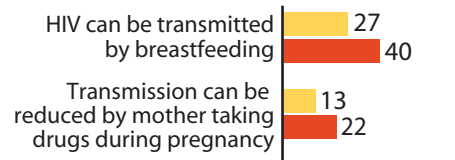
## Knowledge of HIV Prevention

Percent of ever-married women and ever-married men age 15-49



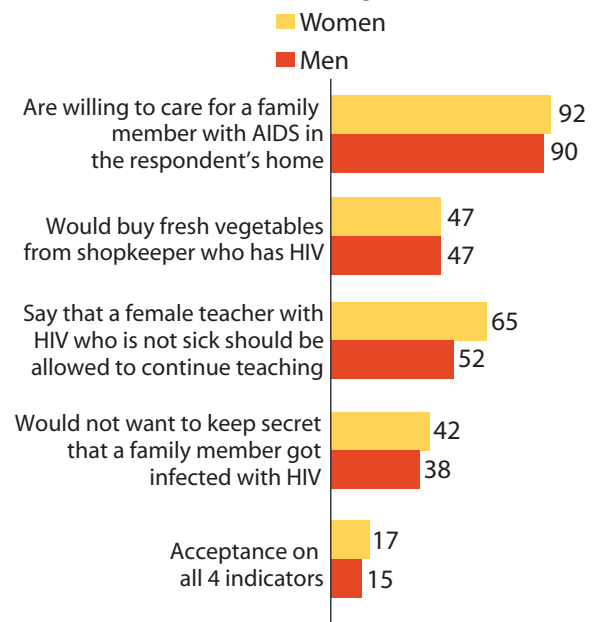
## Mother-to-Child Transmission

Percent who know that:



## Accepting Attitudes Towards Those Living with HIV/AIDS

Percent of ever-married women and ever-married men age 15-49 who:



\*Comprehensive knowledge of HIV means knowing that consistent use of condom during sexual intercourse and having just one uninfected, faithful partner can reduce the chance of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting the two most common local misconceptions about HIV transmission or prevention—that HIV/AIDS can be transmitted through mosquito bites and by sharing food.

# WOMEN'S EMPOWERMENT

## Employment

Only 29% of married women age 15-49 interviewed in the PDHS are currently employed, compared to 98% of married men age 15-49. The large majority (71%) of these working women earn cash, while 15% are not paid. The majority of men (87%) earn cash, while 1% are not paid at all. Half of women who are currently employed and earning cash made independent decisions on how to spend their earnings. Seven in ten women reported earning less than their husband. Less than 10% of women earn more or the same amount than their husband.

## Ownership of Assets

Nine in ten currently married women do not own a house or land. Only 11% of women own a house, either alone or jointly, and only 4% own land. In comparison, one-quarter of Pakistani men do not own a house and more than two-thirds do not own land.



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## Participation in Household Decisions

Not all Pakistani women have power to make decisions. Women are most likely to have the final or joint say on decisions regarding their own health care (52%) and visits to her family or relatives (50%), while they are less likely to participate in decisions about major household purchases (47%). More than one-third (39%) do not participate in any of the three decisions asked about in the PDHS; 38% report that they participate in all three decisions.

Women's decisionmaking varies by region. Just 18% of women in Balochistan participate in all three decisions, compared to more than 40% of women in Punjab (44%) and ICT Islamabad (45%). Older women age 40-44 (56%) are more likely to participate in all three decisions, compared to younger women age 15-19 (10%).

## Attitudes Toward Wife Beating

Less than half of women (43%) and one-third of men agree that a husband is justified in beating his wife if she argues with him, neglects the children, refuses to have sex with him, goes out without telling him, neglects the in-laws, or burns the food. Women are most likely to agree that wife beating is justified if a woman argues with her husband (34%). Men are more likely to agree that wife beating is justified if the wife goes out without telling him (20%).

# DOMESTIC VIOLENCE

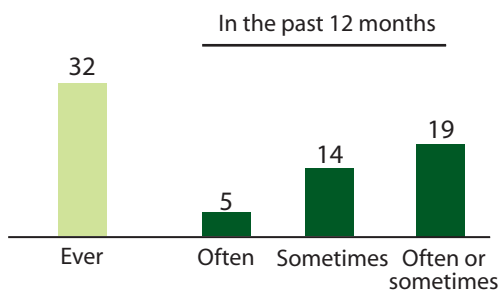
## Experience of Violence

One-third of ever-married women have ever experienced physical violence since age 15. One in five women experienced physical violence in the past 12 months. Women in the poorest households (25%) are more likely to experience recent physical violence than wealthier women (11%). The most common perpetrator of physical violence is the current husband (79%).

Violence during pregnancy may threaten not only a woman's well-being but also her unborn child. Among women who had ever been pregnant, 11% experienced physical violence during pregnancy.

### Experience of Physical Violence

Percent of ever-married women age 15-49 who have experienced physical violence since age 15



## Spousal Violence

Almost 40% of ever-married women have suffered from spousal abuse at some point in their life, whether physical and/or emotional. One-third of ever-married women report having experienced some form of physical and/or emotional violence by their husband in the past 12 months.

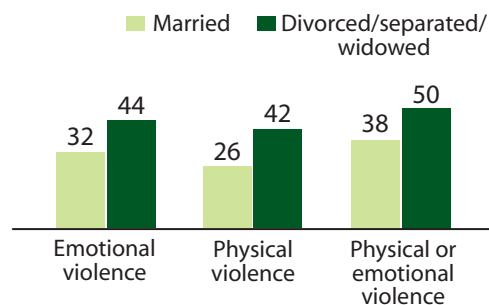
Emotional violence is the most commonly reported form of spousal violence (32%). More than one-quarter of Pakistani women reported having experienced physical violence.

Physical or emotional violence by a husband is most common in Khyber Pakhtunkhwa, where 57% of ever-married women report having experienced physical or emotional violence by their husband. Spousal violence is most common among those with no education and women employed for cash (both 44%) and least common among women with higher education (20%) and from the wealthiest households (24%).

More than half of women who have ever experienced physical violence have never sought help or told anyone about the violence. Only 35% of women who have ever experienced physical violence have sought help to stop violence. Nearly three-quarters of women sought help through their own family.

### Spousal Violence by Marital Status

Percent of ever-married women age 15-49 who have ever experienced different types of violence committed by their husband





# ADULT HEALTH

## Use of Tobacco

Only 6% of women in Pakistan use tobacco products compared to 45% of men age 15-49. Among men, cigarettes (28%) are the most common tobacco product used. Among men who smoke cigarettes, 70% smoke 10 or more cigarettes a day. Smoking cigarettes decreases with education; only 18% of men with higher education smoke cigarettes, compared to more than one-third of men with no education.

## Knowledge of Tuberculosis

Almost all women and men have heard of tuberculosis (TB). Nearly half of women and more than half of men know that TB is spread through the air when an infected person coughs. Knowledge that TB can be cured is universal among women and men. Only 4% of women and men have been told by a doctor, nurse, and/or lady health visitor that they have TB.

## Knowledge of Hepatitis

Almost all women and men in Pakistan have heard of hepatitis B or C. Knowledge of hepatitis B or C increases with education and wealth among women and men. The most commonly cited method to avoid hepatitis B or C is to avoid contaminated food or water (32%). Less than 20% of women and men say there is nothing a person can do or don't know how to avoid hepatitis B or C.



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# INDICATORS

	Residence		
	Pakistan	Urban	Rural
<b>Fertility</b>			
Total fertility rate (number of children per woman)	3.8	3.2	4.2
Median age at first marriage for women age 25–49 (years)	19.5	20.7	18.8
Median age at first birth for women age 25–49 (years)	22.2	23.0	21.8
Women age 15–19 who are mothers or currently pregnant (%)	8	6	9
Currently married women age 15–49 who want no more children (%)	51	55	49
<b>Family Planning (currently married women, age 15–49)</b>			
Current use			
Any method (%)	35	45	31
Any modern method (%)	26	32	23
Currently married women with an unmet need for family planning <sup>1</sup> (%)	20	17	22
<b>Maternal and Child Health</b>			
<b>Maternity care</b>			
Pregnant women who received antenatal care from a skilled provider <sup>2</sup> (%)	73	88	67
Births assisted by a skilled provider <sup>2</sup> (%)	52	71	44
Births delivered in a health facility (%)	48	68	40
<b>Child vaccination</b>			
Children 12–23 months fully vaccinated <sup>3</sup> (%)	54	66	48
<b>Nutrition</b>			
Children under 5 years who are stunted (moderate or severe) (%)	45	37	48
Children under 5 years who are wasted (moderate or severe) (%)	11	10	11
Children under 5 years who are underweight (%)	30	24	33
Women 15–49 who are overweight or obese (%)	40	54	33
<b>Childhood Mortality (deaths per 1,000 live births)<sup>5</sup></b>			
Infant mortality	74	63	88
Under-five mortality	89	74	106
<b>HIV/AIDS-related Knowledge</b>			
Knows ways to avoid HIV (women and men age 15–49):			
Using condoms (women/men) (%)	22/39	38/55	14/30
Limiting sexual intercourse to one uninfected partner (women/men) (%)	32/57	55/75	20/48
Knows HIV can be transmitted by breastfeeding (women/men)(%)	27/40	43/48	18/36
Knows risk of MTCT can be reduced by mother taking special drugs during pregnancy (women/men) (%)	13/22	21/26	9/20
Knows where to get an HIV test (women/men) (%)	11/36	17/48	8/30
<b>Domestic Violence</b>			
Ever experienced physical violence since age 15 (%)	32	28	34
Ever experienced physical or emotional violence committed by husband (%)	39	32	42

\* an asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. <sup>1</sup>Currently married women who do not want any more children or want to wait at least two years before their next birth but are not currently using a method of family planning. <sup>2</sup>Skilled provider includes doctor, nurse, midwife, or Lady Health Visitor. <sup>3</sup>Fully vaccinated includes BCG, measles, three doses each of DPT and polio vaccine (excluding polio vaccine given at birth).

## Region

	Punjab	Sindh	Khyber Pakhtunkhwa	Balochistan	ICT Islamabad	Gilgit Baltistan
	3.8	3.9	3.9	4.2	3.0	3.8
	20.0	18.8	18.9	18.5	22.7	17.7
	22.5	21.9	21.7	21.3	24.5	21.2
	7	8	10	7	*	7
	54	47	53	29	60	51
	41	30	28	20	59	34
	29	25	20	16	44	28
	18	21	26	31	13	21
	78	78	61	31	94	64
	53	61	48	18	88	44
	49	59	41	16	86	43
	66	29	53	16	74	47
	40	57	42	a <sup>4</sup>	22	36
	10	14	12	a <sup>4</sup>	13	8
	26	42	26	a <sup>4</sup>	14	13
	43	29	50	35	59	15
	88	74	58	97	35	71
	105	93	70	111	43	89
	25/39	21/39	13/45	12/28	54/58	8/23
	35/60	34/53	20/57	16/45	71/81	8/35
	30/44	25/37	17/39	13/14	48/46	7/20
	15/21	14/19	6/37	3/20	24/51	4/9
	12/40	11/27	7/42	6/35	39/49	4/15
	29	25	57	43	32	12
	39	23	57	50	39	20

<sup>4</sup>Balochistan is not shown as only 41% of the measurements were valid preventing regional representation. However, it is included in the total national estimates. <sup>5</sup>Figures are for the ten-year period before the survey except for the national rate, in italics, which represents the five-year period before the survey.

