

Education

Most Pakistani Women Lack Any Education

Only one in three ever-married women ages 15-49 in Pakistan has any education. Most women never learn how to read. The new Demographic and Health Survey shows, however, that Pakistan is making steady progress educating its young people, especially young girls. As Pakistan's population swells—with 41 percent younger than age 15—the links among education, health outcomes, and population size become increasingly important. Worldwide, study after study shows educated mothers have smaller, healthier families.

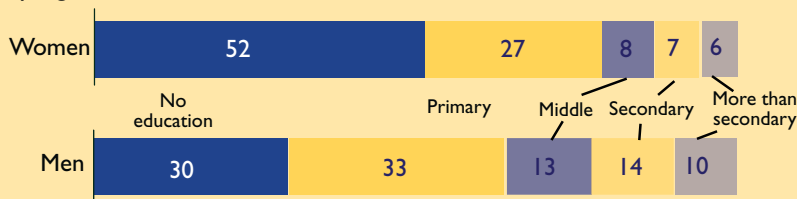
Only One-Third of Women Educated

In Pakistan, 65 percent of ever-married women ages 15-49 do not have any education at all. The proportion of uneducated women is much higher in rural than urban areas, 76 percent compared to 43 percent. Provincial variation in educational attainment follows the national pattern of development. Punjab province has the most educated women (40 percent), followed by Sindh (33 percent). In comparison, only 15 percent of Balochi women and 23 percent of women in NWFP have any education.

The 2006-7 PDHS interviewed more than 10,000 ever-married women between the ages of 15-49. Interviewers asked women about basic characteristics, such as their marital status and their level of education. In general, the PDHS results show there has been improvement in educating women in Pakistan. In 1990-91 the overall proportion of uneducated women was 79 percent. Today, it is 65 percent. Fourteen percent of ever-married women have attended primary school only, 6 percent reached middle school only, 8 percent have some secondary schooling, and only 6 percent reach Class 11 or higher.

Education

Percent distribution of women and men age 15-49 by highest level of education attained



Thousands of Households Surveyed

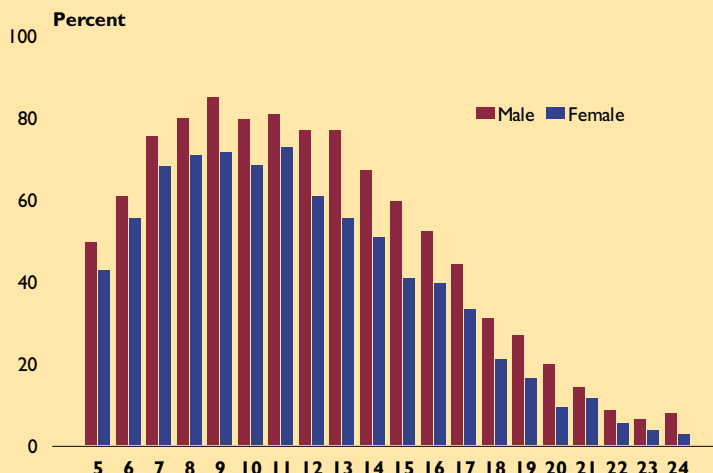
The 2006-07 PDHS is the largest household-based survey ever conducted in Pakistan. More than 100,000 households were randomly selected for participation. The PDHS collected information about all the members of each household, including socioeconomic characteristics, such as levels of education.

This type of background information is helpful for better understanding the health and demographic findings in the PDHS.

More Girls and Boys Attending School

More girls are attending school today than their mothers and grandmothers did. Overall, 66 percent of primary-school-age children attend school. School attendance varies by age and by sex. Half of boys and about four in ten girls age five attend school, suggesting most children this age have not yet entered the school system. Between ages 5 and 11, the proportion of males and females in school generally increases, but then declines steadily thereafter. Overall, a higher proportion of males than females attend school at all ages.

Age-Specific Attendance Rates of the De-Facto Population Age 5 to 24 Years



Household Levels of Education

More young women and men are attending school today than ever before. When looking at the changes in educational attainment by successive age groups, the PDHS results show that there has been marked improvement for both males and females. The proportion of women with no education has declined progressively over time, from 94 percent among women age 65 and over to 53 percent among women ages 25-29 and down to 30 percent for women 10-14.

A similar pattern is seen among men. The proportion of men with no education declines from 67 percent among men age 65 and over to 25 percent among men ages 25-29 and down to 17 percent among men ages 10-14. Despite this positive trend, a significant gap still remains between the proportion of boys and girls who are educated in Pakistan.

Education Affects Health

Worldwide, numerous studies show that the more education a woman has, the more knowledgeable she is about the use of health facilities, family planning methods, and the health of her children. The PDHS results underscore this universal truth: educated women are more likely to use modern contraception, to get prenatal care, to deliver in a health facility, to ensure their children are fully immunized, and to get appropriate care for their sick children. In short, the evidence shows educating girls is a healthy investment for Pakistan and its future generations.

For more information, please see chapters 2 and 3.

Child and Infant Mortality

Child Death Rates Decline, But Remain High

One in every eleven children in Pakistan dies before reaching his or her fifth birthday. More than half of these deaths occur during the first month of life. Under-five mortality has decreased by roughly 20 percent since 1990, while the infant mortality rate has declined by about 15 percent. Diarrhoea and pneumonia continue to be two of the leading causes of death in children younger than five years.

Infant Mortality

Pakistan's infant mortality rate, 78 deaths per 1,000 live births, has declined since 1990-91 when the PDHS showed it was 91. Compared to other South Asian countries, however, children in Pakistan are more likely to die in the first year of life. At 78 deaths per 1,000 live births, Pakistan's infant mortality rate is higher than the rates in Nepal (48), India (57), and Bangladesh (65).

Child Mortality

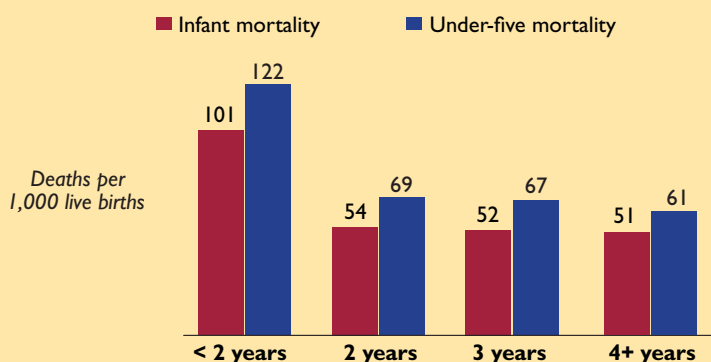
The under-five mortality rate is 94 deaths per 1,000 live births, down from 117 deaths per 1,000 live births in the period 1986 to 1990. Children living in rural areas are at greater risk for death than those living in urban areas. The under-five mortality rate is 28 percent higher in rural than urban areas.

Birth Intervals Often Too Short

Spacing children at least 36 months apart significantly reduces the risk of infant and child deaths. In Pakistan, the average birth interval is 29 months, but one-third of babies are born less than two years after the previous birth. This infant mortality rate for these children is twice as high as for children born three years after a previous birth.

The size of the baby at birth also affects his or her chances of survival. Children whose birth size is small or very small have a 68 percent greater risk of dying before their first birthday than babies who are bigger at birth.

Childhood Mortality by Previous Birth Interval



Mothers' Education, Age Impact Child Survival

In Pakistan as in other countries, children with educated mothers are more likely to survive infancy and young childhood than children whose mothers have no education. The infant mortality rate for babies of women with no education is 84 deaths per 1,000 births compared to only 56 deaths per thousand live births for babies whose mothers have higher education.

The mother's age is also a critical factor; babies born to teenage mothers are at greater risk of death than babies of older mothers. In Pakistan, the infant mortality rate of babies born to women younger than age 20 is 116 deaths per 1,000 live births compared to the rate of 55 deaths for babies of women age 40 to 49. Seven percent of teenagers in Pakistan have given birth.

Causes of Death

The leading causes of death in children under five are birth asphyxia (22 percent), sepsis (14 percent), pneumonia (13 percent), diarrhoea (11 percent), and prematurity (9 percent). Neither malaria nor tetanus account for any significant proportion of childhood deaths. Many of these deaths could be avoided if women delivered in health care facilities and with the assistance of trained providers. In Pakistan, 60 percent of women deliver with help from only a traditional birth attendant or family members.

Causes of death are closely related to the age, and even the sex, of the child. Deaths during the first month are almost entirely due to birth asphyxia, sepsis or prematurity. Boys are more likely than girls to die during this neonatal period. Child deaths are most likely caused by diarrhoea, pneumonia, injuries, measles, and meningitis. Girl children are more likely than boys to die from pneumonia and diarrhoea.

Information about the causes of child deaths was gathered with a verbal autopsy (VA) questionnaire. This questionnaire was used in households where a death of child under age five years or a stillbirth was reported in 2005 or later. The questions elicited details about the illness and causes of death from parents and other who were present when the child died. A team of Pakistani physicians reviewed the VA questionnaires to assign causes of death.

For more information, please see chapter 8.

Children's Health

Nearly Half of Children Fully Immunized; Diarrhoea, Pneumonia Still Widespread

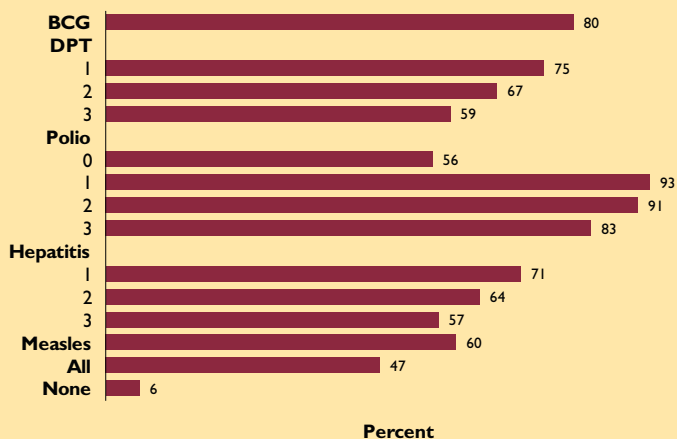
Only about half (47 percent) of Pakistan's children are fully immunized against infectious diseases like polio and measles. Many children continue to suffer from diarrhoea and pneumonia. Prompt treatment for these illnesses, as well as full vaccination, occurs more often among children of well-educated mothers. The PDHS gathered information on the health status of children under the age of five by interviewing mothers and reviewing the prevalence and treatment of common childhood illnesses.

Immunization Coverage

Nearly half (47 percent) of Pakistani children ages 12-23 months have received all the recommended vaccines; 6 percent of children did not receive any vaccines. Children are least likely to get their third DPT vaccine, their Polio 0 vaccine (given at birth), their third hepatitis vaccine, and their measles vaccine.

Compared to children in other South Asian countries, Pakistani children are less likely to be fully vaccinated. In Nepal, 83 percent of children have all their vaccines and in Bangladesh 73 percent of children are fully vaccinated. In India, by contrast, 44 percent of children are fully vaccinated.

Percentage of Children 12-23 Months Who Received Specific Vaccines Any Time Before Survey

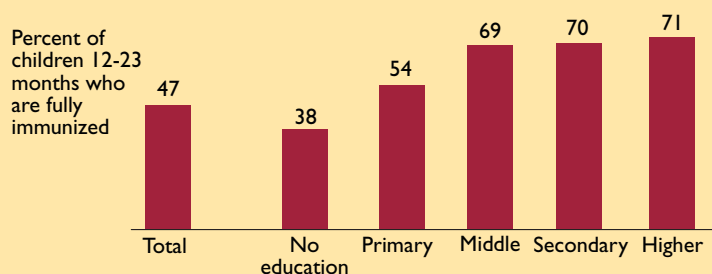


Rates Differ by Sex, Mother's Education, and Province

Children whose mothers have no education are far less likely than children whose mothers have higher education to be fully immunized (38 percent versus 71 percent).

Overall, girls are less likely than boys to be fully immunized (44 percent and 50 percent, respectively). Full immunization also varies by a child's birth order, ranging from 52 percent for first born to 42 percent for sixth or higher children. Finally, children in urban areas are more likely than rural children to have completed their vaccination schedule (54 percent and 44 percent, respectively).

Vaccination Coverage by Education



The percentage of children who are fully vaccinated also varies by province, ranging from a high of 53 percent of children in Punjab to a low of only 35 percent of children in Balochistan. Children in Balochistan are also far more likely to have received no vaccines; 29 percent of them do not have any vaccinations compared to less than 4 percent in Punjab.

Immunization Trend Is Not Clear

Since 1990, the data regarding vaccination coverage in Pakistan has come from a variety of surveys. In 2006, the Ministry of Health Survey found that 57 percent of children were fully vaccinated. In 2004-05, the Pakistan Social and Living Standards Measurement Survey (PSLSMS) found that 77 percent were fully vaccinated. While the new PDHS data suggest there has been a dramatic decline in coverage rates in recent years, it is not possible to make direct comparisons among the survey results because each one used a different methodology.

Acute Respiratory Infection (ARI)

ARI or pneumonia is a common cause of illness and death among children under the age of five worldwide. Symptoms include a cough with difficult or rapid breathing. In Pakistan, ARI causes the deaths of 13 percent of children under age 5. In Pakistan, 14 percent of children under age five had symptoms of ARI in the two weeks preceding the survey. Of these children, 69 percent were taken to a health facility or medical provider for treatment. Half of the children received antibiotics.

Fever

Almost one-third (31 percent) of children under age five had a fever in the two weeks before the survey. Overall, two-thirds of these children were taken to a health facility for treatment. Children in Sindh province (75 percent) are most likely to be taken and children in Balochistan (49 percent) are least likely. Only three percent of children received an antimalarial drug.

Diarrhoea

Diarrhoea is a leading cause of malnutrition in young children. Among children under age five, 22 percent had diarrhoea in the two weeks before the survey. Diarrhoea prevalence does not appear to differ among children living in households with “improved” and “not improved” sources of drinking water. Children with diarrhoea need extra fluids to avoid dehydration. However, among the children with diarrhoea, only 21 percent received more liquids than usual, and 34 percent received less. Improving treatment of diarrhoea is essential for saving children’s lives.

For more information, please see chapter 10.

Fertility

Fertility Declines; Contraceptive Use Holds Steady

Pakistan is the sixth most populous country in the world, and its population continues to grow by about three million persons each year. More than 40 percent of Pakistanis are younger than 15 and they will soon be entering their reproductive years. Since the 1960s, the Government of Pakistan has implemented a variety of programs and policies to slow population growth. The 2006-07 Pakistan Demographic and Health Survey shows success in reducing Pakistan's overall fertility rate.

Total Fertility Rate (TFR) Drops

Fertility has decreased steadily since 1984, when the TFR, the average number of children per woman, was 6.0. Today, a woman in Pakistan will have 4.1 children, on average. Fertility varies by residence and by region. Urban women have 3.3 children, on average, compared to 4.5 children per rural woman. Women in NWFP and Sindh have 4.3 children compared with 3.9 children in Punjab and 4.1 in Balochistan.

Despite the decline in fertility, Pakistani women have more children than women in neighboring countries. The total fertility rate in Pakistan (4.1) is still higher than the TFR in India (2.7 children), Bangladesh (3.0), and Nepal (3.1).

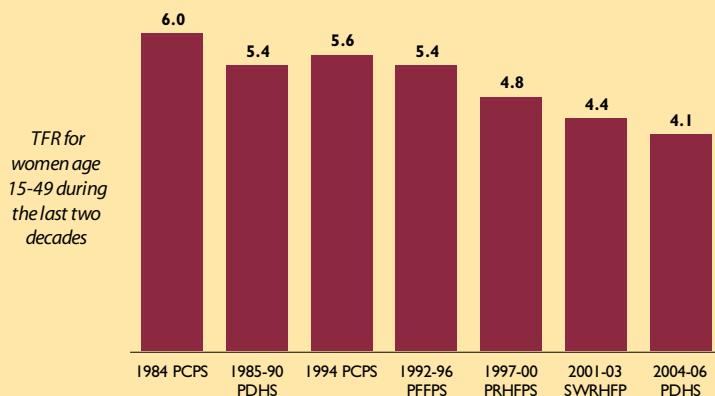
As in other countries, fertility also varies by the mother's level of education. Women with no education have 4.8 children compared to women with secondary education, who have 3.1 children. Similarly, women in the poorest households have far more children than women in the wealthiest households, 5.8 versus 3.0.

Age at First Marriage Still Young

The age at which a woman marries influences the number of births she has over her lifetime. The earlier she marries, the longer a woman is exposed to the risk of pregnancy and to having many children. The DHS defines marriage as the time of Rukhsati or when the bride and bridegroom start living together.

The results of the PDHS suggest that the median age of first marriage is increasing slowly over time. The median age of marriage is now 19.1 years, that is, half of women marry before 19.1 year and half marry later. For women age 25-29, the median age at first marriage is 20.3 years compared to 18.5 years among women age 45-49. Despite the increasing age among younger women, 40 percent of all women in Pakistan marry before the age of 18 and 13 percent marry before age 15.

Fertility Trends



Women with higher levels of education are much more likely to delay marriage than women with no education. Women with more than secondary education get married at a median age of 24.5 years, nearly six years later than women with no education (18.2).

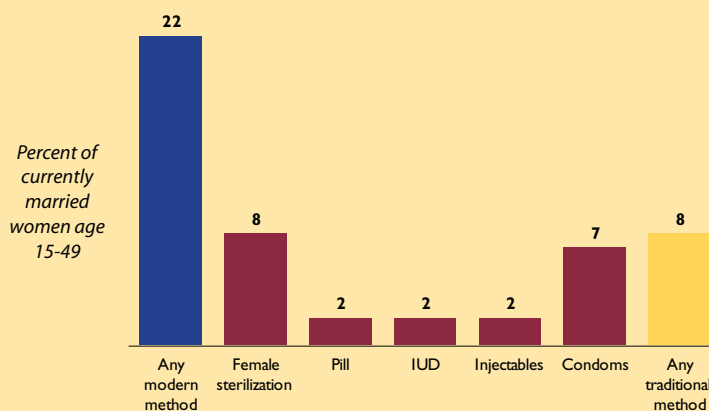
Age at First Birth Up Slightly

In Pakistan, the median age at which a woman first gives birth is 21.8 years, an increase of 0.5 or “half a year” from the 1990-91 PDHS. Thus, more than half of women have their first baby before the age of 22. Among these women, some have their first birth when they are still teen-agers (ages 15-19). The proportion of teenagers who have given birth is now 7 percent, down from 12 percent in 1990-91. This is an important decline because teen-age mothers are more likely to experience complications during pregnancy and babies born to very young mothers are at greater risk for illness and death.

One in Five Women Use Modern Family Planning Methods

While use of family planning has tripled since the 1980s, it has leveled off in recent years. The contraceptive prevalence rate is now 30 percent, roughly the same as it was in 2003 (32 percent). About one in five (22 percent) currently married women uses a modern method, most often female sterilization (8 percent) and condoms (7 percent). Modern method use in Pakistan lags behind neighboring countries with 49 percent of married women in India and 47 percent in Bangladesh using modern methods.

Current Use of Family Planning



One-Fourth of Married Women Have Unmet Need

There is a large gap between contraceptive knowledge and use. While 96 percent of married women know about modern methods, only 22 percent are using one. One in four married women (25 percent) has an unmet need for family planning. Unmet need refers to women who are not currently using contraception, but do not want to have a child soon. Eleven percent of women have an unmet need for spacing pregnancies, while 14 percent have an unmet need for limiting any future pregnancies. Unmet need is greatest among women with little or no education and among those living in the poorest households.

For more information about fertility, please see chapters 4, 6, and 7. For more information about family planning, please see chapter 5.

Maternal Health

Maternal Health Improves Slowly

More pregnant women in Pakistan are seeking health care than they did 10 years ago. Still, almost 65 percent of women deliver at home, and less than half receive any kind of postnatal care. Women living in rural areas and those who are poorer are especially unlikely to receive any care during pregnancy and childbirth.

More Women Seek Prenatal Care

Prenatal care is important for the health of mothers and their babies. Ideally, prenatal care includes at least four visits to a health provider and regular monitoring for signs of complications. In Pakistan, only 61 percent of women had at least one prenatal visit with a skilled provider, most often from a doctor (56 percent). One-third of pregnant women had no prenatal care at all. Educated women are twice as likely as women with no education to get prenatal care from a skilled provider (96 percent compared to 50 percent).

Less than a third of pregnant women make four or more prenatal visits. Over the past 10 years, this percentage has increased steadily from 16 percent in 1996 to 28 percent in 2006-07. Still, 35 percent of women receive no prenatal care at all. Of these women, the majority (73 percent) do not think it is necessary, 30 percent think prenatal checkups cost too much money, and 8 percent say the health facility is too far away.

Quality of Care is Uneven

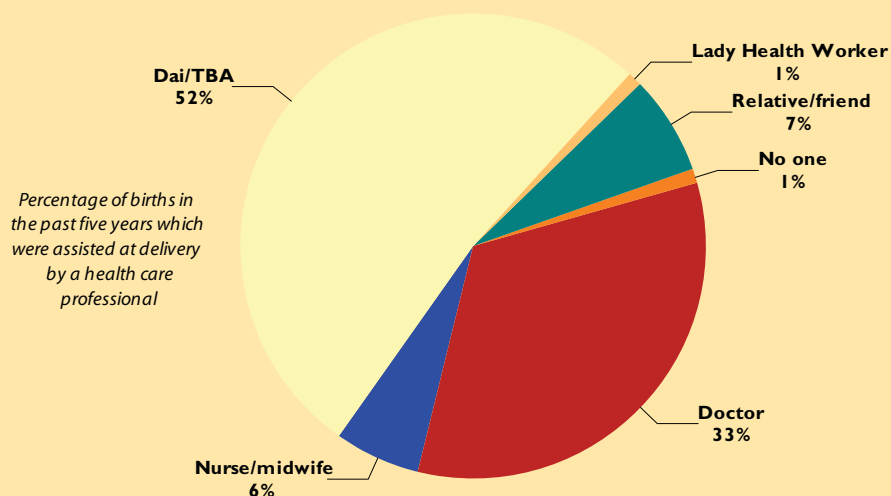
While more pregnant women are seeking health care, the PDHS results show the quality of prenatal care is uneven. Two-thirds of pregnant women receive an ultrasound, and 60 percent of newborns are protected against neonatal tetanus. However, only 25 percent of pregnant women learn about warning signs of pregnancy complications, and less than half (43 percent) take iron tablets or syrup. Most women (80 percent) get their blood pressure checked, but less than half are weighed or have a urine or blood sample taken.

Most Women Deliver at Home

Proper medical attention and sterile conditions during delivery greatly reduce the risk of serious illness or death to the mother and baby. Only one-third of Pakistan's births occur in health facilities—11 percent in the public sector and 23 percent in private sector facilities. By contrast, two-thirds of births occur at home. Home births are considerably more common in rural areas (74 percent) than urban areas (43 percent), and far more common among women with little or no education than among women with secondary and higher education.

Less than two in five births (39 percent of births) are assisted by a skilled provider (doctor, nurse/midwife, or Lady Health Visitor). Half are assisted by a traditional birth attendant (dai). A safe delivery kit is used for about one-third of home births. In 79 percent of home deliveries, however, an unboiled thread is used to tie the umbilical cord and in 28 percent, scissors are used to cut the cord.

Assistance During Delivery



Postnatal care helps prevent complications after childbirth, but less than half of women (43 percent) have a postnatal checkup. Only 27 percent have a check up within 4 hours of birth, as recommended.

Few Women Know About HIV/AIDS

In Pakistan, less than half of ever-married women (44 percent) know about AIDS. Teenage women have the lowest awareness; only 30 percent have heard of AIDS. Consequently, few women know how to protect themselves against contracting HIV. Only 20 percent know that HIV can be prevented by using condoms, 31 percent know that it can be prevented by having sex with only one uninfected partner, and 24 percent know that abstaining from sexual intercourse will prevent HIV transmission.

Prevention knowledge is twice as high in urban areas as in rural areas, and increases dramatically with women's education. Half of women with higher education, for example, know that using condoms and limiting sex to one uninfected partner prevents HIV, compared to only 8 percent of women with no education. Only about one quarter (28 percent) of women know that HIV can be transmitted by breastfeeding.

There are many myths about HIV/AIDS in Pakistan. Only 18 percent of ever-married women know that HIV cannot be transmitted by mosquito bites and only 28 percent know that a healthy-looking person can have HIV. Only one in five women know that it is not possible to get HIV by sharing food with someone who has AIDS.

For more information about maternal health, please see chapters 9 and 13.

Mortality

Complications of Pregnancy, Childbirth Leading Cause of Death Among Women

In Pakistan, 1 in 89 women will die of maternal causes. Education plays a crucial role in the health care decisions women make—decisions that can mean the difference between life and death for them and their babies. Educated women are twice as likely as women with no education to get prenatal care from a skilled provider (96 percent versus 50 percent). Although 3 out of 5 women receive some prenatal care from a skilled provider, only 25 percent of them learn about the symptoms of complications during pregnancy. Today, two-thirds of women in Pakistan still deliver at home.

Recently, the Government of Pakistan launched a large-scale national maternal, neonatal and child health program. A key component will be the introduction of a new cadre of health workers, community midwives, who will work to help reduce the maternal mortality ratio (MMR), which the PDHS found to be 276 maternal deaths per 100,000 live births. The goal will be to achieve an MMR of less than 140 deaths per 100,000 live births by 2015.

Obstetric Bleeding Causes One-Third of Maternal Deaths

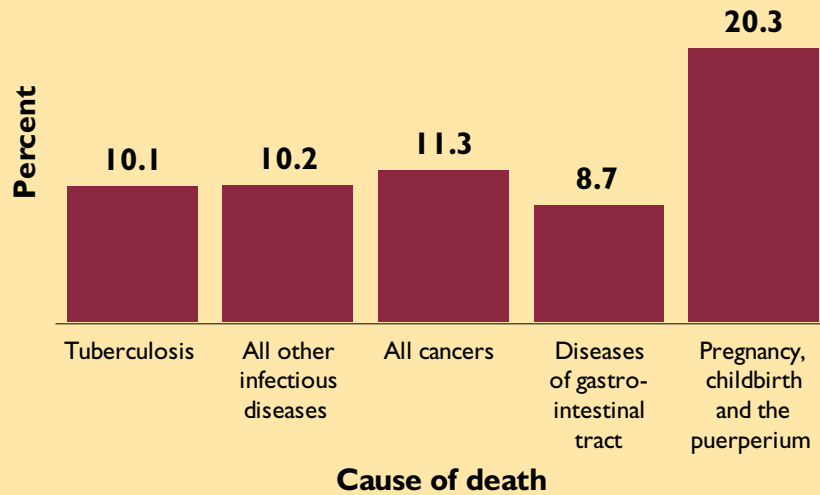
A maternal death is the death of a woman while she is pregnant or within 42 days of the end of her pregnancy from any cause related to the pregnancy. In Pakistan, 1 in 89 women will die of maternal causes. Among women ages 12 to 49, complications of pregnancy and childbirth are the leading cause of death, accounting for twenty percent of all deaths for women of childbearing age. Women ages 25 to 29 are especially at risk for maternal death. Nearly 2 out of 5 maternal deaths for this age group are from pregnancy-related causes. Postpartum haemorrhage is the leading direct cause of maternal deaths, followed by puerperal sepsis and eclampsia. Obstetric bleeding (postpartum and antepartum) is responsible for one-third of all maternal deaths. Very few deaths follow abortion or miscarriage.

Balochistan has by far the highest proportion of women dying from complications of pregnancy, childbirth, and puerperium (the six weeks immediately after delivery).

Cancer, Tuberculosis Major Killers

Cancer, tuberculosis and other infectious diseases are the next most important causes of death among women of reproductive age. Younger women are more likely to die from infectious diseases (20 percent), not including tuberculosis, than older women. They are also more likely to die from accidents, violence and burns than older women. Rural women are more likely to die of pregnancy-related causes than urban women (23 percent compared to 14 percent). Deaths due to tuberculosis (12 percent), renal function disorders (5 percent), and benign tumors are more common among urban women.

Causes of Adult Female Deaths



Adult Mortality

Overall in Pakistan, men have higher mortality rates than women, which is the expected pattern. Generally, mortality rates are higher in rural than urban areas. Across the provinces, mortality is highest for women in Balochistan, followed by Sindh. For men, mortality is highest in Punjab and lowest in Balochistan.

For more information, please see chapter 14.