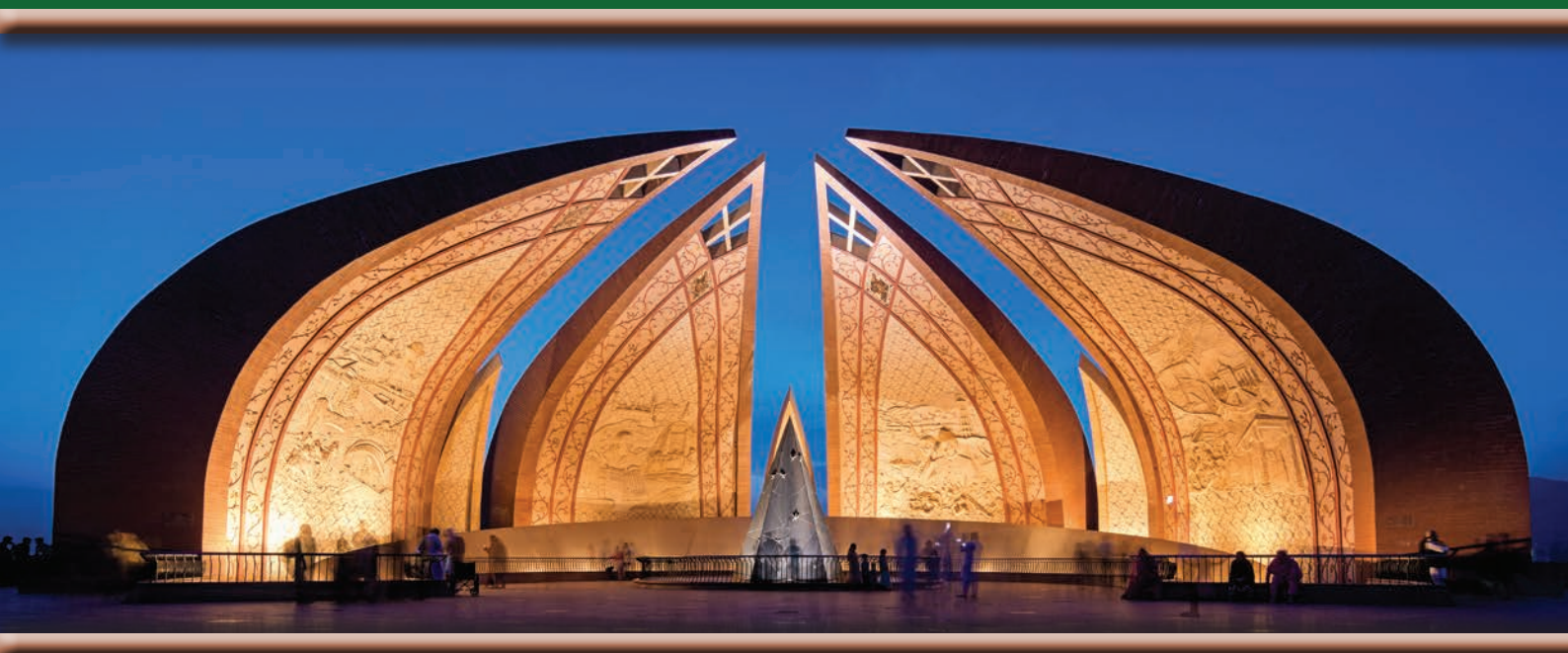


2017-18 Demographic and Health Survey

Key Findings



Pakistan



The 2017-18 Pakistan Demographic and Health Survey (PDHS) was implemented by the National Institute of Population Studies (NIPS) under the aegis of Ministry of National Health Services, Regulations and Coordination. ICF provided technical assistance through The DHS Program, which is funded by the United States Agency for International Development (USAID) and offers financial support and technical assistance for population and health surveys in countries worldwide. Support for the survey was also provided by the Department for International Development (DFID) and the United Nations Population Fund (UNFPA).

Additional information about the 2017-18 PDHS may be obtained from National Institute of Population Studies, Ministry of National Health Services, Regulations and Coordination, National Institute of Health (NIH), Park Road, Chak Shahzad, Islamabad, Pakistan; Telephone: +92-51-9255937; Fax: +92-51-9255932; Internet: www.nips.org.pk.

Information about The DHS Program may be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA; telephone: +1-301-407-6500; fax: +1-301-407-6501; e-mail: info@DHSprogram.com; Internet: www.DHSprogram.com.

ISBN: 978-969-9732-04-1

Suggested citation:

National Institute of Population Studies (NIPS) [Pakistan] and ICF. 2019. *2017-18 Pakistan Demographic and Health Survey Key Findings*. Islamabad, Pakistan, and Rockville, Maryland, USA: NIPS and ICF.

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ABOUT THE 2017-18 PDHS

The 2017-18 Pakistan Demographic and Health Survey (PDHS) is designed to provide data for monitoring the population and health situation in Pakistan. The 2017-18 PDHS is the fourth Demographic and Health Survey conducted in Pakistan since 1990-91. The objective of the survey was to provide reliable estimates of fertility and family planning, breastfeeding practices, nutrition, maternal and child health, childhood mortality, women’s empowerment, domestic violence, HIV/AIDS, migration, disability, and other health-related issues that can be used by programme managers and policymakers to evaluate and improve existing programmes.

The sample design for the 2017-18 PDHS provides estimates at the national level; for urban and rural areas separately; for four provinces including Punjab, Sindh, Khyber Pakhtunkhwa, and Balochistan; for two regions including Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB); Islamabad Capital Territory (ICT); and FATA. In total, there are 13 second-level survey domains. The national total for indicators excludes AJK and GB.

A nationally representative sample of 12,364 ever-married women age 15-49 in 12,815 selected households and 3,145 ever-married men age 15-49 in one-third of the selected households were interviewed. This represents a response rate of 94% of women and 87% of men. Results of the household and individual interviews for Pakistan, AJK, and GB are presented in the table to the right.

Results of Household and Individual Interviews in the 2017-18 Pakistan DHS			
Households	Pakistan	AJK	GB
Households selected	12,815	1,792	1,064
Households occupied	12,338	1,728	985
Households interviewed	11,869	1,697	974
Response rate	96%	98%	99%
Ever-married women age 15-49			
Eligible women	13,118	1,769	1,043
Women interviewed	12,364	1,720	984
Response rate	94%	97%	94%
Ever-married men age 15-49			
Eligible men	3,634	359	250
Men interviewed	3,145	336	210
Response rate	87%	94%	84%

PAKISTAN



CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

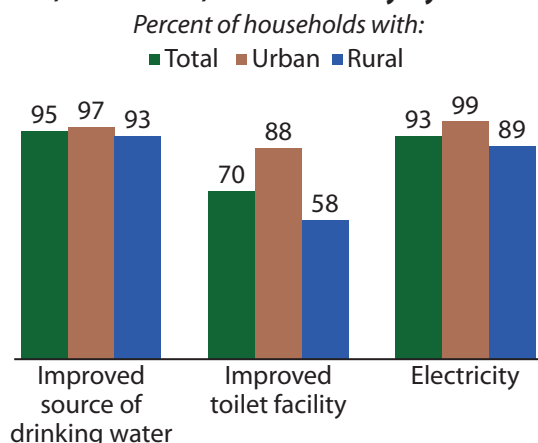
Household Composition

The average household size in Pakistan is 6.6 members. Thirteen percent of households are headed by women. More than one-third (38%) of the Pakistani population is under age 15.

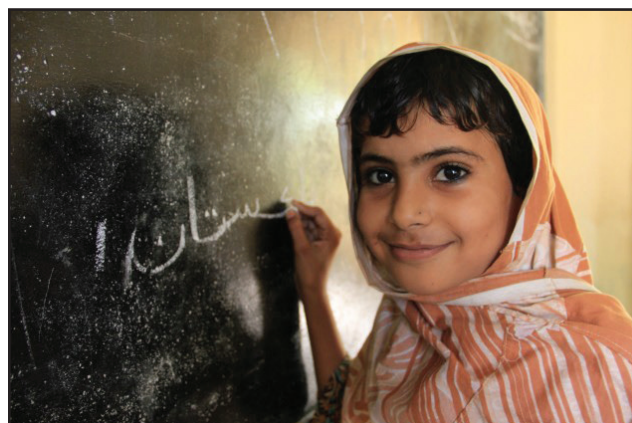
Water, Sanitation, and Electricity

More than 9 in 10 households (95%) have access to an improved source of drinking water. Ninety-seven percent of urban households and 93% of rural households have access to an improved source of drinking water. Seven in ten households in Pakistan use an improved toilet facility. Urban households are more likely than rural households to use improved toilet facilities (88% versus 58%). Three in ten households use unimproved sanitation—11% use a shared facility, 7% use an unimproved facility, and 13% have no toilet facility. About 9 in 10 households (93%) have a place for handwashing, either fixed or mobile. The majority of Pakistani households have electricity (93%). Nearly all urban households have electricity, compared to 89% of rural households.

Water, Sanitation, and Electricity by Residence



NOTE: Excludes Azad Jammu and Kashmir and Gilgit Baltistan



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Ownership of Goods

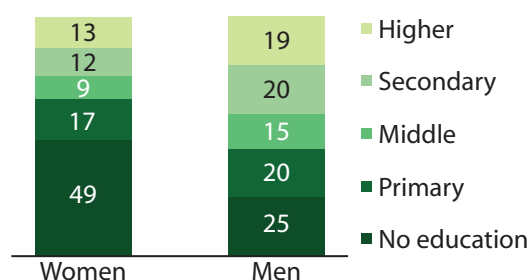
Most Pakistani households have a mobile phone (94%), 63% have a television, and 6% have a radio. Urban households are more likely than rural households to own a mobile telephone or television, and rural households are more likely to own a radio. In contrast, rural households are more likely to own agricultural land or farm animals than urban households.

Education

Half of ever-married women age 15-49 and one-quarter of ever-married men have no education. About 1 in 5 women (17%) and men (20%) have attended primary school (classes 1-5), while 9% of women and 15% of men have attended middle school (classes 6-8). Only 12% of women and 20% of men have secondary education (classes 9-10), while 13% of women and 19% of men have higher education (class 11 and above). Half of ever-married women and 30% of ever-married men are illiterate, meaning they cannot read.

Education among Women and Men

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



NOTE: Excludes Azad Jammu and Kashmir and Gilgit Baltistan. Figure <100% due to rounding.

FERTILITY AND ITS DETERMINANTS

Total Fertility Rate

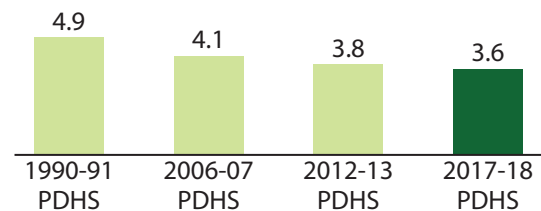
Currently, women in Pakistan have an average of 3.6 children. Since 1990-91, fertility has decreased from 4.9 children per woman to the current level, a decline of 1.3 children.

Fertility varies by residence and region. Women in rural areas have an average of 3.9 children, compared to 2.9 children among women in urban areas. Regionally, fertility ranges from a low of 3.0 children per woman in ICT Islamabad to 4.8 children per woman in FATA.

Fertility also varies with education and household wealth. Women with no education have 1.6 more children than women with higher education (4.2 versus 2.6). Fertility decreases as the wealth of the respondent's household* increases. Women living in the poorest households have an average of 4.9 children, compared to 2.8 children among women living in the wealthiest households.

Trends in Total Fertility Rate

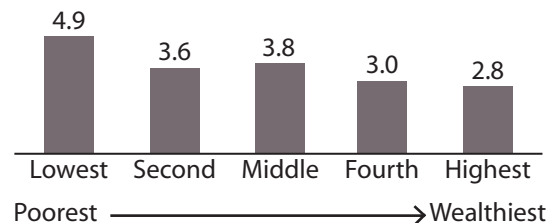
Births per woman for the three-year period before the survey



NOTE: Excludes Azad Jammu and Kashmir and Gilgit Baltistan

Total Fertility Rate by Household Wealth

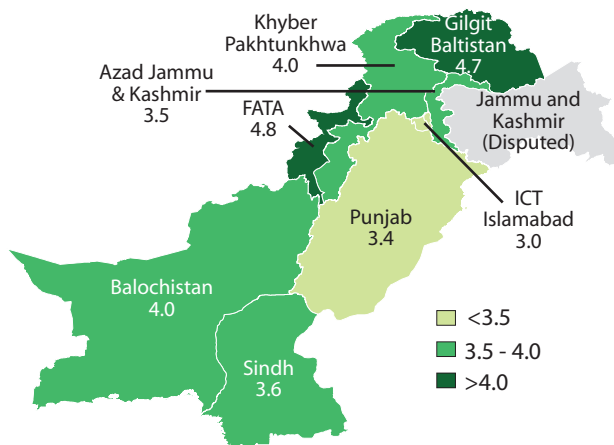
Births per woman for the three-year period before the survey



NOTE: Excludes Azad Jammu and Kashmir and Gilgit Baltistan

Total Fertility Rate by Region

Births per woman for the three-year period before the survey



* 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, Sexual Intercourse, and Birth

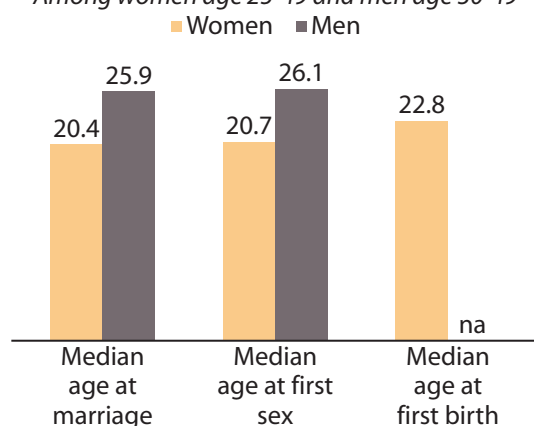
Pakistani women marry much earlier than men. The median age at first marriage for women age 25-49 years is 20.4 years, compared to 25.9 years for men age 30-49. Women with no education marry more than six years earlier than women with higher education (18.7 years versus 24.9 years). Three in ten Pakistani women are married by age 18.

The median age at first sexual intercourse for women age 25-49 is 20.7 years, compared to 26.1 years among men age 30-49. Women from the wealthiest households begin sexual activity nearly five years later than women from the poorest households (23.2 years versus 18.5 years). Six percent of women begin sexual activity before age 15, while 27% begin sexual activity before age 18.

Women have their first birth more than two years after marriage. The median age at first birth for women is 22.8 years. Thirteen percent of women give birth by age 18.

Median Age at First Marriage, Sex, and Birth

Among women age 25-49 and men age 30-49



NOTE: Excludes Azad Jammu and Kashmir and Gilgit Baltistan



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Teenage Fertility

In Pakistan, 8% of adolescent women age 15-19 are already mothers or pregnant with their first child. Teenage childbearing has remained unchanged since 2012-13. Five percent of adolescent women in the wealthiest households have begun childbearing, compared to 10% of adolescent women in the two lowest wealth quintiles.

Polygyny

Four percent of Pakistani women age 15-49 are in a polygynous union, that is they have at least one co-wife. Two percent of men age 15-49 have more than one wife.

Consanguinity

Pakistan has a high rate of marriage between cousins. Half of all marriages occur between first cousins; 29% of women marry first cousins on their father's side and 21% on their mother's side. Eight in ten ever-married women report they had a say in choosing their husbands.

FAMILY PLANNING

Current Use of Family Planning

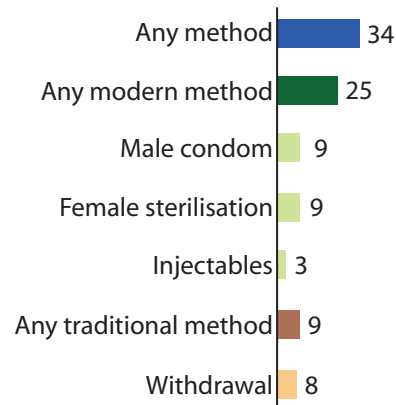
Nearly one-third (34%) of married women age 15-49 use any method of family planning – 25% use a modern method and 9% use a traditional method. The most popular methods are male condoms (9%), female sterilisation (9%), and withdrawal (8%).

Use of modern methods of family planning among married women varies by residence, wealth, and region. Modern method use is slightly higher in urban areas (29%) than in rural areas (23%). Modern family planning use increases with wealth; 17% of women from the poorest households use a modern method of family planning, compared to 30% of women from the wealthiest households. Modern method use ranges from a low of 14% in both Balochistan and FATA to a high of 35% in ICT Islamabad.

The use of modern methods of family planning has increased from 9% in 1990-91 to 25% in 2017-18. During the same time period, traditional method use increased from 3% in 1990-91 to 9% in 2012-13 and has remained stable since.

Family Planning

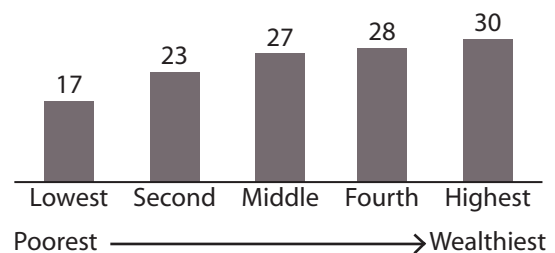
Percent of married women age 15-49 using family planning



NOTE: Excludes Azad Jammu and Kashmir and Gilgit Baltistan

Modern Method Use by Household Wealth

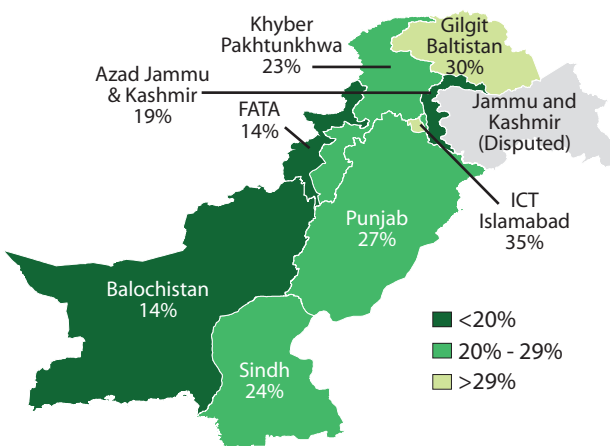
Percent of married women age 15-49 using a modern method of family planning



NOTE: Excludes Azad Jammu and Kashmir and Gilgit Baltistan

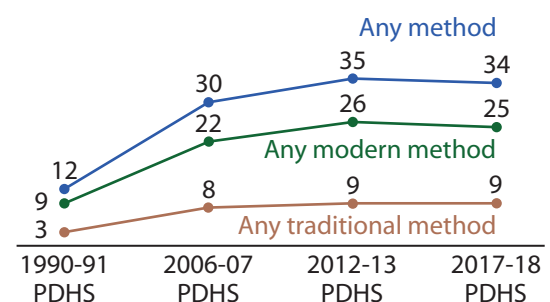
Modern Method Use by Region

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



Trends in Family Planning Use

Percent of married women age 15-49 using family planning



NOTE: Excludes Azad Jammu and Kashmir and Gilgit Baltistan

Demand for Family Planning

About 2 in 5 married women (19%) want to delay childbearing (delay first birth or space another birth) for at least two years. Additionally, one-third of married women do not want any more children. Women who want to delay or stop childbearing are said to have a demand for family planning. The total demand for family planning among married women in Pakistan is 52%.

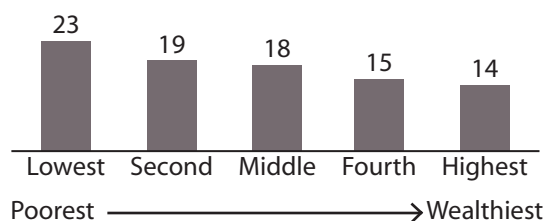
The total demand for family planning includes both met and unmet need. Met need is the contraceptive prevalence rate. In Pakistan, 34% of married women use any family planning method.

Unmet Need for Family Planning

Unmet need for family planning is defined as the proportion of married women who want to delay or stop childbearing but are not using family planning. In Pakistan, 17% of married women have an unmet need for family planning: 10% want to delay childbearing, while 8% want to stop childbearing. Unmet need has slightly declined from 20% in 2012-13. Unmet need for family planning decreases with wealth, from 23% among married women in the poorest households to 14% among married women in the wealthiest households.

Unmet Need by Household Wealth

Percent of married women age 15-49 with an unmet need for family planning



NOTE: Excludes Azad Jammu and Kashmir and Gilgit Baltistan

Demand for Family Planning Satisfied by Modern Methods

Demand satisfied by modern methods measures the extent to which women who want to delay or stop childbearing are actually using modern family planning methods. Half of the demand for family planning in Pakistan is satisfied by modern methods.

Exposure to Family Planning Messages

The most common media source for family planning messages is the television. About 1 in 4 ever-married women (23%) and 44% of men saw a family planning message on the television in the few months before the survey. Both women and men were much less likely to have seen or heard a family planning message on the radio, newspaper or magazine, or mobile phone. Overall, 76% of women and 51% of men were not exposed to family planning messages via any media source.

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. More than one-third (35%) of current users of modern contraceptive methods were informed of possible side effects or problems of their method, 24% were informed about what to do if they experience side effects, and 44% were informed of other available family planning methods. Overall, 19% of women were informed of all three.



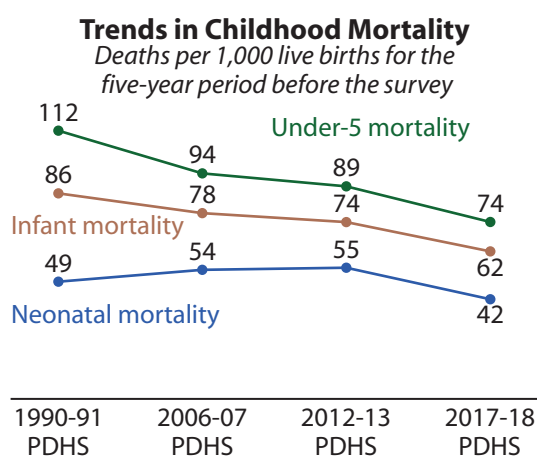
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CHILDHOOD MORTALITY

Rates and Trends

Infant and under-5 mortality rates for the five-year period before the survey are 74 and 62 deaths per 1,000 live births, respectively. The neonatal mortality rate is 42 deaths per 1,000 live births. At these mortality levels, 1 in every 14 Pakistani children does not survive to their fifth birthday.

Childhood mortality rates have declined since 1990-91. Infant mortality has decreased from 86 deaths per 1,000 live births in 1990-91 to 62 in 2017-18. During the same time period, under-5 mortality has markedly declined from 112 to 74 deaths per 1,000 live births. Neonatal mortality increased from 49 deaths per 1,000 live births in 1990-91 to 55 in 2012-13, and has since declined to 42 deaths per 1,000 live births.



NOTE: Excludes Azad Jammu and Kashmir and Gilgit Baltistan

Mortality Rates by Background Characteristics

The under-5 mortality rate differs by mother's education, wealth, and region for the ten-year period before the survey. Children whose mothers have no education are more likely to die young (91 deaths per 1,000 live births) than children whose mothers have higher education (38 deaths per 1,000 live births). Under-5 mortality is nearly two times higher among children in the poorest households (100 deaths per 1,000 live births), compared to children in the wealthiest households (56 deaths per 1,000 live births). Regionally, under-5 mortality ranges from 33 deaths per 1,000 live births in FATA to 85 deaths per 1,000 live births in Punjab region.



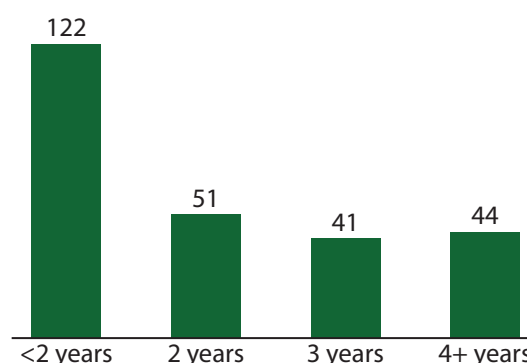
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Birth Intervals

Spacing births at least 36 months apart reduces the risk of infant death. The median birth interval in Pakistan is 28.2 months. Infants born less than two years after a previous birth have high under-5 mortality rates. Under-5 mortality is dramatically higher among children born less than two years after a previous birth (122 deaths per 1,000 live births) than among children born three years after a previous birth (41 deaths per 1,000 live births). Overall, 37% of children are born less than two years after their siblings.

Under-5 Mortality by Previous Birth Interval

Deaths per 1,000 live births for the ten-year period before the survey



NOTE: Excludes Azad Jammu and Kashmir and Gilgit Baltistan

MATERNAL HEALTH CARE



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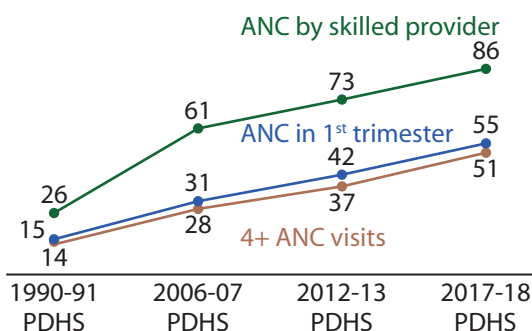
Antenatal Care

Nearly 9 in 10 women (86%) age 15-49 receive antenatal care (ANC) from a skilled provider (doctor, nurse, midwife, or lady health visitor), most commonly from a doctor (82%). The timing and number of ANC visits are also important. More than half of women (55%) have their first ANC visit in the first trimester, as recommended. Half of women (51%) make four or more ANC visits. ANC coverage has improved since 1990-91 as more women attend ANC with a skilled provider, ANC in the first trimester, and four or more ANC visits.

Fifty-nine percent of women take iron tablets or syrup during pregnancy. Nearly 70% of women's most recent births were protected against neonatal tetanus. Among women who received ANC for their most recent birth, 89% had their blood pressure measured, 71% had a urine sample taken, and 70% had a blood sample taken.

Trends in Antenatal Care Coverage

Percent of women age 15-49 who had a live birth in the five years before the survey for the most recent birth



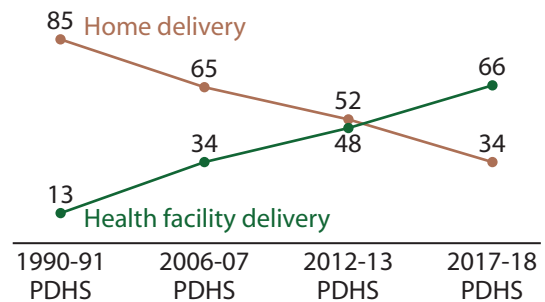
NOTE: Excludes Azad Jammu and Kashmir and Gilgit Baltistan

Delivery and Postnatal Care

Two-thirds of births are delivered in a health facility, primarily in private sector facilities. Still, 1 in 3 births are delivered at home. Women with higher education (93%) and those from the wealthiest households (92%) are most likely to deliver at a health facility. Health facility deliveries have dramatically increased since 1990-91 when only 13% of births were delivered in a health facility.

Trends in Place of Delivery

Percent of live births in the five years before the survey



NOTE: Excludes Azad Jammu and Kashmir and Gilgit Baltistan

Overall, 69% of births are assisted by a skilled provider. The majority of births are delivered by a doctor (60%), while 9% are delivered by other skilled providers. Women with higher education (94%), and those living in the wealthiest households (93%) are most likely to receive delivery assistance from a skilled provider. Skilled assistance during delivery has increased from 26% in 1990-91 to 69% in 2017-18.

Postnatal care helps prevent complications after childbirth. More than 6 in 10 (62%) women age 15-49 received a postnatal check within two days of delivery, while 36% did not have a postnatal check within 41 days of delivery. Sixty-four percent of newborns received a postnatal check within two days of birth, while 35% did not have a postnatal check.

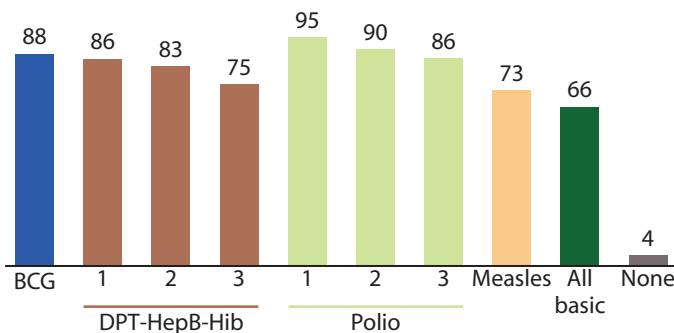
CHILD HEALTH

Basic Vaccination Coverage

Two-thirds of children age 12-23 months have received all eight basic vaccinations — one dose each of BCG and measles vaccine and three doses each of DPT-HepB-Hib and polio vaccine. Basic vaccination coverage is lowest in Balochistan (29%) and highest in Punjab (80%). Basic vaccination coverage has increased since 1990-91 when 35% of children had received all basic vaccinations.

Basic Vaccination Coverage

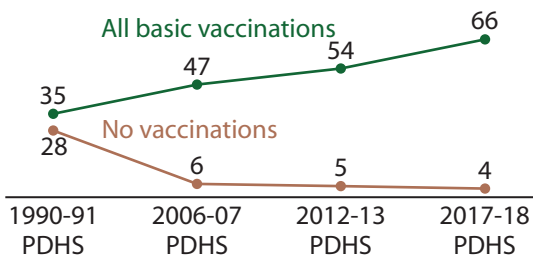
Percent of children age 12-23 months vaccinated at any time before the survey



NOTE: Excludes Azad Jammu and Kashmir and Gilgit Baltistan

Trends in Vaccination Coverage

Percent of children age 12-23 months who received all basic vaccinations at any time before the survey



NOTE: Excludes Azad Jammu and Kashmir and Gilgit Baltistan

Childhood Illnesses

In the two weeks before the survey, 14% of children under five were ill with symptoms of acute respiratory infection (ARI) such as chest-related short, rapid breathing and/or difficulty breathing. Among these children, treatment or advice was sought for 84%.

More than one-third of children under five (38%) had fever in the two weeks before the survey. Among these children, treatment or advice was sought for 81%.

One in five children under five had diarrhoea in the two weeks before the survey. Diarrhoea was most common among children age 6-11 months (31%). Seventy-one percent of children under five with diarrhoea had treatment or advice sought.

Children with diarrhoea should drink more fluids, particularly through oral rehydration therapy (ORT) which includes oral rehydration salts (ORS), recommended home fluids, and increased fluids. Additionally, children under five with diarrhoea should receive zinc. While 43% of children under five with diarrhoea received ORT, 14% received no treatment. Only 8% of children under five with diarrhoea received ORS and zinc.



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FEEDING PRACTICES AND SUPPLEMENTATION

Breastfeeding and the Introduction of Complementary Foods

Breastfeeding is very common in Pakistan with 94% of children ever breastfed. One in five children were breastfed within the first hour of life. More than three-quarters (76%) of children who were ever breastfed received a prelacteal feed, though this is not recommended.

WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. Exclusive breastfeeding for children under six months has increased from 38% in 2012-13 to 48% in 2017-18, while exclusively breastfeeding among children age 4-5 months has increased from 24% to 35% over a five year period. Similarly, exclusive breastfeeding among children age 2-3 months has also improved from 36% to 52% in the same time period. Children age 0-35 months breastfeed for a median of 19.4 months and are exclusively breastfed for 1.6 months. Overall, 48% of children age 0-23 months are bottle fed.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In Pakistan, 54% of children age 6-8 months are breastfed and receive complementary foods.



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Vitamin A and Iron Supplementation

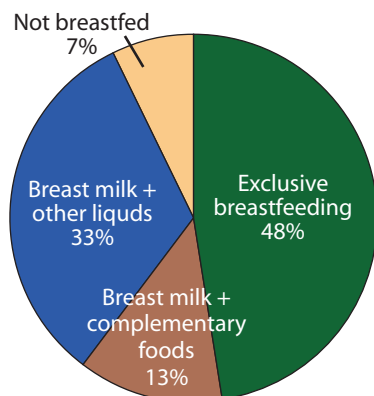
Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children. In the 24 hours before the survey, 48% of children age 6-23 months ate foods rich in vitamin A. Three-quarters of children age 6-59 months received a vitamin A supplement in the six months prior to the survey.

Iron is essential for cognitive development in children and low iron intake can contribute to anaemia. Nearly 40% of children ate iron-rich foods the day before the survey, while only 7% received an iron supplement in the week before the survey.

Pregnant women should take iron tablets for at least 90 days during pregnancy to prevent anaemia and other complications. Only 29% of women took iron tablets for at least 90 days during their last pregnancy.

Breastfeeding Status for Children

Percent distribution of youngest children under 6 months who are living with their mother by breastfeeding status



NOTE: Excludes Azad Jammu and Kashmir and Gilgit Baltistan

NUTRITIONAL STATUS

Children's Nutritional Status

The 2017-18 PDHS measures children's nutritional status by comparing height and weight measurements against an international reference standard. Stunting is an indication of chronic undernutrition. Nearly 2 in 5 (38%) children under five in Pakistan are stunted, or too short for their age. Stunting is lowest in ICT Islamabad (24%) and highest in FATA (52%). Children whose mothers have no education (48%) and those from the poorest households (57%) are most likely to be stunted. Only 7% of children are wasted (too thin for height), a sign of acute malnutrition. In addition, 23% of children are underweight, or too thin for their age.

The nutritional status of Pakistani children has improved slightly since 2012-13. Nearly half (45%) of children under five were stunted in 2012-13, compared to 38% in 2017-18. Childhood wasting declined slightly from 11% to 7% in the same time period, while the prevalence of underweight children declined from 30% to 23%.



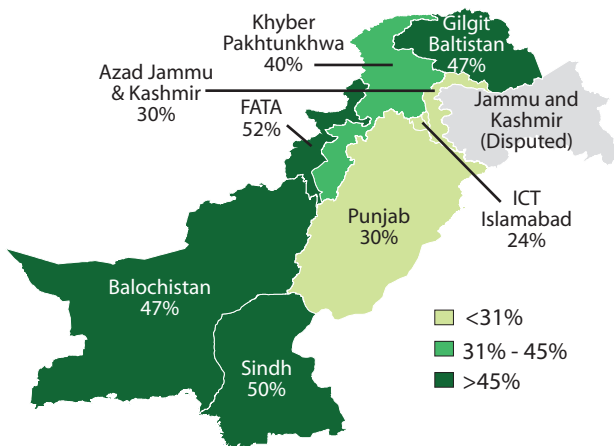
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Women's Nutritional Status

The 2017-18 PDHS also took weight and height measurements of ever-married women age 15-49. Overall, 9% of women are thin (body mass index or BMI < 18.5). Comparatively, 52% of women are overweight or obese (BMI ≥ 25.0). Women in the wealthiest households are more than three times as likely to be overweight or obese as women from the poorest households (73% versus 23%). Overweight or obesity among women has increased from 40% in 2012-13 to 52% in 2017-18.

Childhood Stunting by Region

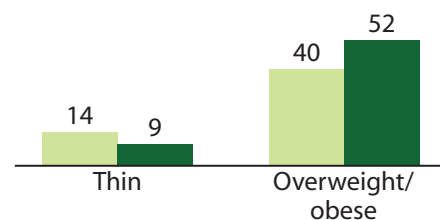
Percent of children under five who are stunted



Trends Women's Nutritional Status

Percent of ever-married women age 15-49

■ 2012-13 PDHS ■ 2017-18 PDHS



NOTE: Excludes Azad Jammu and Kashmir and Gilgit Baltistan

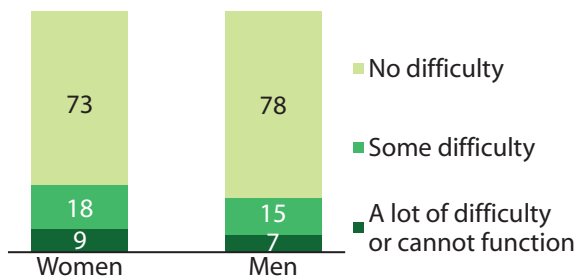
DISABILITY

Disability

The 2017-18 PDHS included questions about six domains of disability – seeing, hearing, communicating, remembering or concentrating, walking or climbing steps, and washing all over or dressing – among the household population age five and above. Overall, 81% of the household population have no difficulty in any domain, while 13% have some difficulty and 6% have a lot of difficulty or cannot function in at least one domain. Among adults age 15 and older, 9% of women and 7% of men have a lot of difficulty or cannot function in at least one domain.

Disability among Adults

Percent distribution of household population age 15 and above by highest degree of difficulty in functioning in at least 1 domain



NOTE: Excludes Azad Jammu and Kashmir and Gilgit Baltistan



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MIGRATION

Migration

The 2017-18 PDHS included questions about in-migration/immigration, out-migration, emigration, and remittances. In Pakistan, the incidence of in-migration/immigration is 11%, meaning 1 in 9 persons in Pakistan have moved to their current place of residence from another place. Three-quarters of in-migrants live within the region of their birth. One-third of in-migrants moved from a rural area to an urban area, while 30% move from a rural area to another rural area. More than 3 in 4 (78%) in-migrants moved either for marriage or to accompany family. Only 15% of in-migrants moved for better economic opportunities.

Out-migration is categorized as the process of moving out of an area in Pakistan to move to another area within Pakistan or abroad during the last ten years. Fourteen percent of households had at least one out-migrating member; 11% of out-migrants currently live in an urban area while 4% of out-migrants live in a rural area. The most common reason for out-migration is better economic opportunity (42%), followed by marriage (30%).

Overall, 7% of households have at least one household member who emigrated outside of Pakistan. The most common location of emigration has been to the Middle East. Better economic opportunities are the most common reason for emigration (88%).

Out-migrants and emigrants may send remittances back home to their families. Nearly one-quarter of households with at least one out-migrant within Pakistan received remittances in the year before the survey, and 43% of households with at least one emigrant received remittances from abroad.

HIV KNOWLEDGE, ATTITUDES, AND BEHAVIOUR

Knowledge of HIV Prevention Methods

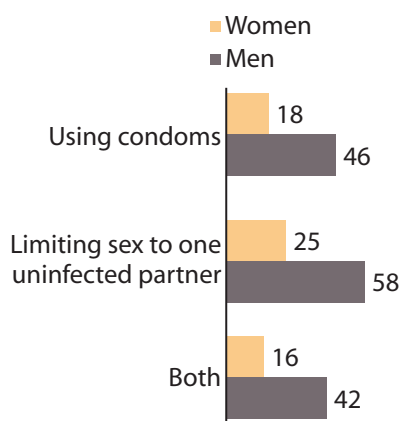
In Pakistan, knowledge of HIV/AIDS is not universal; only 32% of ever-married women and 67% of men age 15-49 have heard of AIDS. Only 16% of women and 42% of men know that the risk of getting HIV can be reduced by using condoms and limiting sex to one monogamous, uninfected partner. Knowledge of HIV prevention methods is highest among women and men from the wealthiest households and those with higher education levels.

Knowledge of Prevention of Mother-to-Child Transmission (PMTCT)

Sixteen percent of ever-married women and one-quarter of men know that HIV can be transmitted during pregnancy, delivery, and by breastfeeding. Less than 10% of women and 23% of men know that HIV transmission can be reduced by the mother taking special medication.

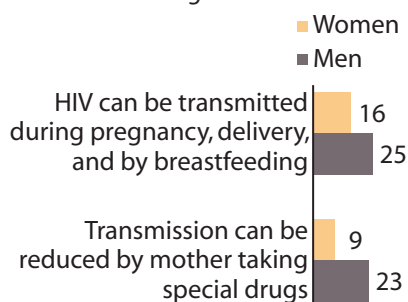
Knowledge of HIV Prevention Methods

Percent of ever-married women and men age 15-49 who know that the risk of HIV transmission can be reduced by:



Knowledge of PMTCT

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



NOTE: Excludes Azad Jammu and Kashmir and Gilgit Baltistan

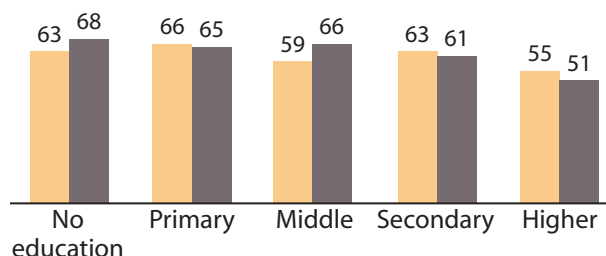
Discriminatory Attitudes towards People Living with HIV

Nearly half of both ever-married women (46%) and men (48%) who have heard of AIDS do not think that children living with HIV should attend school with children who are HIV negative. Similarly, about half of women and men would not buy fresh vegetables from a shopkeeper who has HIV. Overall, 6 in 10 women (60%) and men (61%) have discriminatory attitudes towards people living with HIV.

Discriminatory Attitudes towards People Living with HIV by Education

Percent of ever-married women and men age 15-49 who have heard of HIV and have discriminatory attitudes towards people living with HIV

■ Women ■ Men



NOTE: Excludes Azad Jammu and Kashmir and Gilgit Baltistan

HIV Testing

Few ever-married women (8%) and 35% of men age 15-49 know where to get an HIV test. The majority of women and men have never been tested for HIV (98% and 95%, respectively). Within the past 12 months, 1% of women and 3% of men have been tested and received their results.

WOMEN'S EMPOWERMENT

Employment

About 1 in 5 married women (19%) were employed at any time in the past 12 months compared to 98% of married men. Eight in ten working women and 93% of men are paid in cash. Still, 13% of working women and <1% of men are not likely to be paid for their work. Half of married women who are employed and earned cash made independent decisions on how to spend their earnings, while 41% made joint decisions with their husband. Overall, 76% of working women reported earning less than their husband.

Ownership of Assets

Women are less likely than men to own a house or land, alone or jointly. Merely 3% of ever-married women own a house, alone or jointly, compared to 72% of ever-married men. Two percent of ever-married women, while 27% of men own land, alone or jointly.

Problems in Accessing Health Care

Two-thirds of ever-married women report at least one problem accessing health care for themselves. Nearly 6 in 10 women (58%) do not want to go alone, while 42% are concerned about the distance to the health facility. Three in ten women are concerned about securing money for treatment, while 21% are concerned about getting permission to go for treatment.



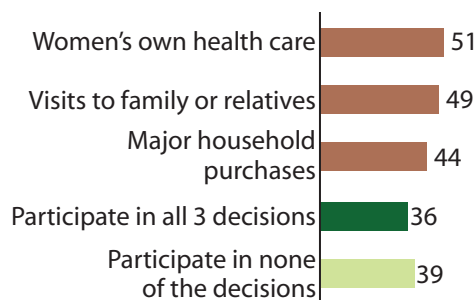
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Participation in Household Decisions

The 2017-18 PDHS asked married women about their participation in three types of household decisions: her own health care, making major household purchases, and visits to family or relatives. Married women in Pakistan are most likely to have sole or joint decision making power about their own health care (51%) and visiting family or relatives (49%) and least likely to make decisions about major household purchases (44%). Overall, 36% of married women participate in all three decisions. Since 2012-13, married women's participation in decision making has steadily improved.

Women's Participation in Decision Making

Percent of married women age 15-49 participating in specific decisions



NOTE: Excludes Azad Jammu and Kashmir and Gilgit Baltistan

DOMESTIC VIOLENCE

Attitudes toward Wife Beating

About 4 in 10 ever-married women (42%) and men (40%) agree that a husband is justified in beating his wife for at least one of the following reasons: if she burns the food, argues with him, goes out without telling him, neglects the children, or refuses to have sex with him. Both women and men are most likely to agree that wife beating is justified if the wife argues with him or goes out without telling him.

Experience of Physical Violence

More than 1 in 4 ever-married women (28%) have ever experienced physical violence since age 15. In the past year, 15% of women have experienced physical violence. Regionally, women's experience of physical violence is lowest in Sindh (15%) and highest in FATA (56%). The most common perpetrator of physical violence against ever-married women is a current husband (80%).

Violence during Pregnancy

Violence during pregnancy may threaten not only a woman's well-being but also her unborn child. Seven percent of ever-married women age 15-49 who have ever been pregnant experienced violence during a pregnancy. Regionally, violence during pregnancy is lowest in Gilgit Baltistan (2%) and highest in FATA (20%).

Experience of Sexual Violence

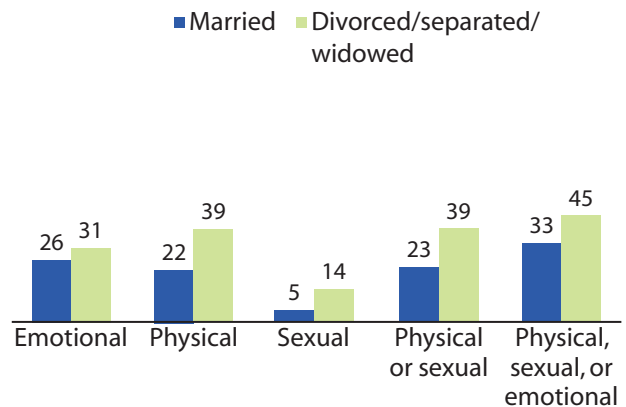
Six percent of ever-married women have ever experienced sexual violence, while 4% of women have experienced sexual violence in the past year. Fourteen percent of women who are divorced/separated/widowed women have experienced sexual violence, compared to 5% of married women. Among ever-married women, the most common perpetrator of sexual violence is a current husband (78%).

Spousal Violence

More than one-third (34%) of ever-married women have ever experienced spousal violence, whether physical, sexual, or emotional. Regionally, spousal violence ranges from a low of 18% in Sindh to a high of 66% in FATA. Spousal violence is higher among women who are divorced/separated/widowed (45%) than among married women (33%). Within the past 12 months, one-quarter of ever-married women report having experienced spousal violence.

Spousal Violence by Marital Status

Percent of ever-married women age 15-49 who have experienced the following types of spousal violence



NOTE: Excludes Azad Jammu and Kashmir and Gilgit Baltistan

Help Seeking Behaviour

Three in ten ever-married women who have experienced physical or sexual violence sought help to stop the violence, while 56% never sought help, nor told anyone. The most common sources of help for women are their own family (76%) or their husband's family (36%).

INDICATORS

	Residence ¹		
	Pakistan ¹	Urban	Rural
Fertility			
Total fertility rate (number of births per woman)	3.6	2.9	3.9
Median age at first marriage for women age 25-49 years	20.4	21.3	19.8
Median age at first birth for women age 25-49 years	22.8	23.4	22.5
Ever-married women age 15-19 who are mothers or currently pregnant (%)	8	7	9
Family Planning (among married women age 15-49)			
Current use of any method of family planning (%)	34	43	29
Current use of any modern method of family planning (%)	25	29	23
Unmet need ³ for family planning (%)	17	15	19
Demand satisfied by modern methods (%)	49	50	48
Maternal Health Care (among women age 15-49)			
ANC visit with a skilled provider ⁴ (%)	86	94	82
Births delivered in a health facility (%)	66	81	59
Births assisted by a skilled provider ⁴ (%)	69	84	63
Child Health and Mortality			
Children age 12-23 months who have received all basic vaccinations ⁵ (%)	66	71	63
Neonatal mortality (deaths per 1,000 live births) ⁶	42	37	45
Infant mortality (deaths per 1,000 live births) ⁶	62	50	68
Under-five mortality (deaths per 1,000 live births) ⁶	74	56	83
Nutrition			
Children under five who are stunted (%)	38	31	41
Children under five who are wasted (%)	7	7	7
Children under five who are underweight (%)	23	19	25
Ever-married women age 15-49 who are thin (%)	9	6	11
Ever-married women age 15-49 who are overweight or obese (%)	52	63	45
HIV/AIDS			
Ever-married women age 15-49 who know that HIV can be prevented by using condoms and limiting sexual intercourse to one uninfected partner (%)	16	25	10
Ever-married men age 15-49 who know that HIV can be prevented by using condoms and limiting sexual intercourse to one uninfected partner (%)	42	53	34
Disability (among de facto household population age 15 and above)			
Women who experience a lot of difficulty or cannot function at all in at least 1 domain (%)	9	8	9
Men who experience a lot of difficulty or cannot function at all in at least 1 domain (%)	7	5	8
Domestic Violence (among ever-married women age 15-49)			
Women who have ever experienced physical violence since age 15 (%)	28	24	30
Women who have ever experienced spousal violence, whether physical, sexual, or emotional (%)	34	30	36

¹Excludes Azad Jammu and Kashmir and Gilgit Baltistan. ²Figures in parentheses are based on 25-49 unweighted cases. ³Currently 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. ⁴Skilled provider includes doctor, nurse,

Region							
Punjab	Sindh	Khyber Pakhtunkhwa	Balochistan	ICT Islamabad	FATA	Azad Jammu & Kashmir	Gilgit Baltistan
3.4	3.6	4.0	4.0	3.0	4.8	3.5	4.7
21.1	20.0	19.1	19.4	22.7	18.2	21.0	18.8
23.2	23.0	21.5	22.2	24.7	20.1	23.7	21.5
6	10	15	12	(5) ²	13	(3) ²	(7) ²
38	31	31	20	46	22	28	39
27	24	23	14	35	14	19	30
16	18	21	22	17	17	22	26
50	50	45	34	55	35	39	46
92	86	80	56	94	71	90	80
69	72	62	35	84	49	62	62
71	75	67	38	87	52	64	64
80	49	55	29	68	30	75	57
51	38	42	34	24	18	30	47
73	60	53	66	44	29	47	63
85	77	64	78	49	33	53	76
30	50	40	47	24	52	30	47
4	12	8	18	3	5	6	1
14	40	22	39	9	23	18	18
7	15	7	6	3	3	9	2
56	40	57	51	68	58	45	38
20	13	9	4	28	3	18	8
47	31	38	42	57	58	52	30
10	7	9	7	11	7	11	10
8	6	7	5	7	6	10	9
26	15	43	48	30	56	17	19
32	18	52	49	32	66	31	31

midwife, or lady health visitor. ⁵Fully vaccinated includes BCG, measles, three doses each of DPT and polio vaccine (excluding polio vaccine given at birth). ⁶Figures are for the ten-year period before the survey except for the national and urban-rural rates, in italics, which represent the five-year period before the survey.

