



In collaboration with Federal Bureau of Statistics

# PIHS

Pakistan Integrated Household Survey Project

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## PAKISTAN INTEGRATED HOUSEHOLD SURVEY

### Final Results, 1991

March, 1992

(rev. 7/92)

## SUMMARY

This document presents the first tabulations from the Pakistan Integrated Household Survey (PIHS). The project, which is under the direction of the Federal Bureau of Statistics (FBS), Government of Pakistan, working in collaboration with the Policy Analysis and Poverty Division, Population and Human Resources Department of the World Bank, includes broad-based household and community surveys designed to assess the economic impact of policy initiatives on the poor and other vulnerable groups in Pakistan. Fieldwork for the PIHS began in January, 1991, and was concluded in December, 1991.

The impetus for the project comes from a shared concern on the part of GOP and the donor community that a number of important issues raised in recent Development Plans cannot be adequately addressed with existing information. The project provides the information needed by policy-makers to design new programs more effectively and to monitor the outreach and impact of ongoing programs. It is particularly timely given Pakistan's need to curtail public expenditures in the face of increasingly tight fiscal constraints.

The tabulations included here provide some indication of the richness and diversity of the PIHS data base. It is important to recognize the rapidity with which results have been obtained: the Abstract was produced only two months after the last household included in the tabulations was interviewed. Thus, these results describe the present demographic, economic, and cultural status of Pakistani households, and are of immediate relevance for today's policy questions.

# Pakistan Integrated Household Survey HIGHLIGHTS

<b>DEMOGRAPHICS</b>		
<b>Composition of the Population</b>		
Percent Males		51.8%
Percent Females		48.2%
Percent Children 14 years and under		45.2%
<b>Average Household Size</b>		
Punjab		7.1 persons
Sindh		7.3 persons
N.W.F.P.		8.5 persons
Balochistan		8.6 persons
All Pakistan		7.3 persons

<b>FERTILITY, FAMILY PLANNING, CHILD SURVIVAL, AND HEALTH</b>		
<b>Awareness and Use of Family Planning</b>		
Percent of women aware of family planning		42.4%
Percent who have ever used		10.4%
Percent currently using		6.9%
<b>Average Number of Children Born to:</b>		
All women aged 15-49 years		3.1 children
Ever-married women aged 15-49 years		4.3 children
<b>Percent of Children Aged 5 Years and Under Who Have Received Any Immunizations</b>		
Total boys		72.3%
Total girls		68.1%
<b>Infant Mortality Rates<sup>1</sup>, 1986-90</b>		
Punjab		113
Sindh		127
NWFP		127
Balochistan		180
Urban residents		104
Rural residents		127

<b>LITERACY</b>		
<b>Percent of Population Aged 5 Years and Older Who are Literate<sup>2</sup></b>		
Total Population		28.9%
<b>Urban Residents</b>		
Males		51.2%
Females		34.0%
<b>Rural Residents</b>		
Males		34.5%
Females		9.8%

**EDUCATION****Gross Enrollment Rates<sup>3</sup>**

Primary school, boys	73.4%
Primary school, girls	49.5%
Middle school, boys	63.7%
Middle school, girls	35.6%
Matric and intermediate school, boys	33.4%
Matric and intermediate school, girls	12.5%
University and professional training, boys	7.3%
University and professional training, girls	2.1%

**EMPLOYMENT****Work Status<sup>4</sup>**

<b>Males 10 Years and Older</b>	
Percent employees in agriculture	2.8%
Percent employees outside agriculture	26.9%
Percent self-employed on own-farm	21.3%
Percent self-employed off the farm	16.3%
Percent inactive or unemployed	32.8%
<b>Females 10 Years and Older</b>	
Percent employees in agriculture	9.0%
Percent employees outside agriculture	2.9%
Percent self-employed on own-farm	22.4%
Percent self-employed off the farm	5.5%
Percent inactive or unemployed	60.2%

**Unemployment Rate<sup>5</sup> for Persons 10 Years and Older**

Males, urban areas	5.6%
Males, rural areas	2.5%
Females, urban areas	11.6%
Females, rural areas	11.3%

**Notes:**

1. Infant mortality rates (IMRs) are defined as the total number children who died before they were 1 year old divided by the total number of births between 1986 and 1990.
2. Persons are considered literate if they claim to be able to read a newspaper, write a letter, and perform simple sums.
3. Gross enrollments are calculated as the number of children enrolled at a particular level divided by the number of children in the target age group for that education level. For purposes of these tabulations, the target age group for primary school was assumed to be 5-9 years, for middle school 10-12 years, for matric and intermediate 13-17 years, and 18-22 years for university.
4. Each person is assigned a primary work status, determined by the activity in which he or she spent the most time during the 12 months preceding the household interview. Persons who were formally unemployed (see note 5) or inactive throughout the 12 month period are grouped in a single category.
5. The unemployment rates are calculated by dividing the number of persons (1) not working for pay or profit during the 7 days preceding the household interview, (2) willing and able to work, and (3) actively seeking work, by the total number in the labor force (employed plus unemployed).

## ACKNOWLEDGEMENTS

The PIHS project is under the overall supervision of the Mr. Ahadullah Akmal, Secretary, Statistics Division, Mr. Syed Aftab, D.G., Federal Bureau of Statistics, and Mr. Ghulam Mustafa, D.D.G., Federal Bureau of Statistics. The senior management team consists of Mr. Ghulam Ahmad, Director, FBS, Mr. Abdul Majid Khan, Chief Statistical Officer, FBS, and Mr. Sharfuddin Pirzada, Statistical Officer, FBS. Dr. Imtiaz Ahmad Khan, previous Secretary, Statistics Division, Mr. S.M. Ishaque, previous D.G., Federal Bureau of Statistics, and Mr. Mohammad Younis, previous Director, FBS, made important contributions in initial phases of the project.

Dr. Valerie Kozel, Poverty Analysis and Policy Division, Population and Human Resources Department managed the project for the World Bank. Dr. Eshya Mujahid-Mukhtar and Mr. Akbar Noman headed the team of local experts associated with the PIHS. These included Mr. Salman Zaidi, Dr. Shanaz Kazi, Ms. Samia Raof Ali, Dr. Kamran Ali, Mr. Sohail Agha, and Ms. Ghazala Mansuri. External experts associated with the project include Mr. Juan Munoz, Mr. Jose Manuel Munoz, and Ms. Beatrice Godoy of Sistemas Integrales in Santiago, Chile, and Ms. Helen Garcia.

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## I. INTRODUCTION

The Federal Bureau of Statistics (FBS), Government of Pakistan, in collaboration with the Policy Analysis and Poverty Division, Population and Human Resources Department of the World Bank, is undertaking broad-based household and community surveys primarily designed to help assess the economic impact of policy initiatives on the poor and other vulnerable groups, particularly, but not limited to, initiatives in the social sectors. The impetus for the project comes from a shared concern on the part of GOP and the donor community that a number of issues raised in recent Development Plans cannot be adequately addressed with existing information. These issues include: poverty alleviation and expansion of basic services, employment generation, increasing literacy and school enrollments, improving the well-being and economic status of women, expansion of small and household-based family enterprises and rural off-farm employment, increasing the rate of private saving, and improving productivity and efficiency in smallholder agriculture. The project will enable policy-makers to design new programs more effectively by providing the information base necessary for in-depth analyses of these issues, as well as to monitor the outreach and impact of ongoing programs.

External support for the project has been provided by the World Bank, the U.S. Agency for International Development, and the United Nations Development Program. Responsibility for project implementation rests solely with the Federal Bureau of Statistics, Government of Pakistan.

### A. Design of the Survey

The PIHS is characterized by integrated, precoded questionnaires, innovative field techniques, extensive training and supervision of field staff, and a computer-based data management system designed to improve data quality and reduce the elapsed time between the collection of raw data and their ultimate use in policy analysis. The general approach has been used successfully under the guise of the Living Standards Measurement Study (LSMS) in a number of countries.

Although modelled after the LSMS approach, there are a number of features unique to the PIHS which were developed in response to special concerns and conditions in Pakistan. First, and most importantly, the questionnaires draw on surveys undertaken by FBS as well as past LSMS surveys, and were carefully modified to reflect existing economic and social relations in Pakistan. Second, the household questionnaire has been subdivided into a male section and a female section; female interviewers administer the female

section to female members of the household while male interviewers administer the male section to male household members. Thus, information about the status of women and the various activities they undertake is obtained directly from women themselves rather than from male members of the household. Third, the household questionnaire includes an extensive section on household energy consumption which will be used by GOP in developing a national household energy strategy plan. Fourth, the community and price questionnaires have been expanded to include information on both urban and rural communities as well as service supply information for nearby health facilities and primary schools.

All of these features make the Pakistan Integrated Household Survey a unique and challenging exercise.

### B. Management and Field Implementation

The PIHS project has been developed as an integral part of the Federal Bureau of Statistics work program and as such utilizes Government staff and resources. The project has been organized in such a way as to increase the capacity in the Federal Bureau of Statistics to undertake demand-driven data collection and basic policy analysis. It is managed by a core team of five senior FBS professionals based in FBS's main offices in Islamabad. A committee of experts drawn from both Government and academics was organized to ensure that the PIHS collected appropriate information to respond to current policy concerns. Extensive technical assistance and training has been provided to FBS over the course of the project; local and international consultants work closely with FBS' core management team.

Field work -- data collection, data entry, and verification -- is carried out by 15 survey teams based in regional offices located throughout the country.<sup>1</sup> Each team has a dedicated vehicle and driver, a supervisor, two male and two female interviewers, a data entry operator, and a personal computer and printer. Data entry and verification is undertaken continuously in the regional offices, and coded household and community information is sent to Headquarters in Islamabad on a regular basis. The supervisor, working under the direction of the chief of the regional office, is fully responsible for the timeliness and accuracy of the information collected by his team. Errors are typically identified and corrected by the team before data are sent to Headquarters for processing.

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<sup>1</sup> Teams are located in Peshawar, Rawalpindi, Bannu, Lahore (2), Gujranwala, Faisalabad, Bahawalpur, Multan, Sargodha, Quetta, Karachi (2), Hyderabad, and Sukkar.

**C. Sample Design**

PIHS survey teams were scheduled to visit 4800 households residing in 300 urban and rural communities between January and December, 1991. Each team visited approximately 20 communities (denoted Primary Sampling Units, or PSUs) and interviewed 16 households (denoted Secondary Sampling Units, or SSUs) in each. The sample is drawn from the master sample frame maintained by FBS.

The sample is divided equally between Pakistan's urban and rural areas, with provincial shares roughly approximating population shares. The sampling scheme is expected to yield sufficient observations within each province (with the possible exception of Balochistan) and within urban/rural segments to provide adequate statistical accuracy and sufficient variation in key economic variables for policy analysis. Table A.1 shows the composition of the sample, which includes information on 4,794 households containing 36,071 individuals, of whom 18,731 (51.9 percent) are males and 17,340 (48.1 percent) are females.

**Table A.1: Profile of PIHS Sample**

		NUMBER OF INDIVIDUALS			NUMBER OF HOUSEHOLDS	NUMBER OF PSUs
		MALE	FEMALE	TOTAL		
PUNJAB	URBAN	4598	4250	8848	1214	76
	RURAL	4641	4315	8956	1246	78
	TOTAL	9239	8565	17804	2460	154
SINDH	URBAN	2466	2233	4699	655	41
	RURAL	2578	2397	4975	671	42
	TOTAL	5044	4630	9674	1326	83
N.W.F.P.	URBAN	1373	1274	2647	336	21
	RURAL	1589	1505	3094	336	21
	TOTAL	2962	2779	5741	672	42
BALOCHISTAN	URBAN	830	744	1574	192	12
	RURAL	656	622	1278	144	9
	TOTAL	1486	1366	2852	336	21
PAKISTAN	URBAN	9267	8501	17768	2397	150
	RURAL	9464	8839	18303	2397	150
	TOTAL	18731	17340	36071	4794	300

#### D. The Questionnaires

The Pakistan Integrated Household Survey includes three types of questionnaires: the first questionnaire, subdivided into male and female parts, is administered to households; the second set of questionnaires collects information on characteristics of the communities in which sample households reside and nearby health facilities and primary schools; the third questionnaire obtains information on consumer prices from both local shopkeepers and Mandi shopkeepers.

The household questionnaire includes core modules on demographic structure, consumption expenditures, and detailed income accounting (wage, farming, family-based non-farm enterprises, and unearned sources of income), as well as special modules on infrastructure and public services, dwelling unit characteristics, education and training, fertility, contraceptive use, health status and health care utilization, nutrition outcomes, transfers and remittances, migration, and credit. It is administered in two visits to each household, scheduled approximately two weeks apart. Details are provided in Table A.2.

Community and price questionnaires are administered to obtain information on facilities available in the community, specific characteristics of health care facilities and schools, and prices of basic consumer goods and agricultural inputs. Community-level information is obtained from knowledgeable individuals in the communities (i.e. village elders, local officials, school teachers, and the like). Facility questionnaires are administered to staff at the facilities. Price information is obtained from local shopkeepers and Mandi shopkeepers. Details are provided in Table A.3.

**Table A.2: Household Questionnaire**

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**ROUND 1 (FIRST VISIT)**

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**Section 1. HOUSEHOLD COMPOSITION**

This section has two main purposes: 1) to identify every person who is a member of the household, and 2) to provide basic demographic data, such as age, sex, marital status of everyone presently living in the household, both those who are members and those who are not members. In addition, information is obtained on basic characteristics of the parents of household members if these parents are not residing in the household.

**Section 2. HOUSING**

This section collects information on the type of dwelling occupied by the household, and what the household spends on housing and public services, i.e. rent, water, sanitation and other services.

**Section 3. EDUCATION**

This section assesses numeracy and literacy of all household members aged five years and over, level of education, present enrollments, annual expenditures on education by student, and participation in literacy programs, apprenticeships, and job training programs.

**Section 4. HEALTH**

This section gathers information on: a) incidence of diarrhea among children 5 years and under, if medical assistance was sought for ill children, what medical facilities they availed of and the medical expenses they incurred, b) immunizations received since birth by children 5 years and under, when these were administered, by whom and the cost of the most recent immunization and c) illnesses and injuries of all household members, use of medical facilities, and medical expenditures for these illnesses.

**Section 5. WAGE EMPLOYMENT**

This section collects information on income obtained from wage employment in agriculture and wage employment outside agriculture, including work abroad. Information is also obtained on conditions of employment and periods of unemployment.

**Section 6. FAMILY LABOR**

The section measures how much time each member of the household spent working on their own farm or on land rented in or sharecropped as well as how much time each member spent working in businesses owned by the household. Farm labor is categorized by task, i.e. field preparation and planting, irrigation and weeding, fertilizer and pesticide application, construction and repairs, supervision, management and sale of produce and feeding/herding livestock and poultry care. A special section is included to measure time allocated to various household chores by female household members, and earnings from stitching, embroidery, and the like.

**Section 7. ENERGY**

This section gathers information on the household's access to and consumption of various fuel or energy sources i.e electricity, LPG, kerosene oil, firewood, dung cake, charcoal and other fuels. It also determines the factors which influence the household's decision to switch between fuels as well the household's attitudes towards fuel saving practices and buying behavior with regards household appliances.

**Section 8. MIGRATION**

This section collects information about migration patterns of adult household members. Each member is asked about where he/she was born, and, if residing away from the place of birth, when and why he/she moved. The household head is asked additional questions about his/her most recent change in residence.

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ROUND 2 (SECOND VISIT)

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**Section 9: FARMING AND LIVESTOCK**

This section collects information on the household's income and expenses arising from farming and livestock activities, agricultural production and technology choices, and use of farm credit and agricultural services. A sub-section for each cropping season i.e. rabi and kharif obtains information on which crops are grown, harvested, sold, used for payment in-kind, or consumed by the household. Information is obtained on annual expenses for specific items and crops, ownership and use of equipment, livestock ownership, sales, and purchases, and use of hired labor.

**Section 10. NON-FARM ENTERPRISE ACTIVITIES**

This section obtains information about family enterprises which produce and sell goods or services. These include manufacturing as well as retail or trade activities. The set of questions are reproduced to accommodate up to three enterprises. These are: a) the general characteristics of the enterprise, b) operating expenses, c) ownership of assets and d) revenues from the enterprise.

**Section 11. NON-FOOD EXPENDITURES AND INVENTORY OF DURABLE GOODS**

This section collects data on all non-food expenditures of the household. The recall period is for the past 30 days for daily expenses and the past 12 months for annual expenses. A list of the durable goods owned by household is obtained along with age of the item, the cost of purchase and the value of the item today.

**Section 12. FOOD EXPENSES AND HOME PRODUCTION**

This section measures the household's total expenditure on food and the quantity consumed and value of home-produced food items (i.e. self-consumption) as well as food received as payment in-kind (i.e. remuneration for work done on someone else's farm), gifts (nazrana), and presents and remittances from relatives and/or friends.

**Section 13. MARRIAGE AND MATERNITY HISTORY**

This section ascertains the number of pregnancies and children borne by ever-married women in the household, desired family size, and determines the mortality rate among these children. It also asks whether the women of child-bearing age avail of prenatal and/or postnatal care and determines women's awareness of family planning methods and decisions regarding infant feeding practices, particularly breastfeeding. There is also a brief set of questions addressed to the male head of household designed to obtain age at first marriage and desired family size.

**Section 14. ANTHROPOMETRICS**

This section collects information on the health and nutritional status of mothers and young children by measuring their heights and weights.

**Section 15. CREDIT AND SAVINGS**

This section evaluates overall indebtedness, savings behavior, and ownership of assets by the household. Similarly, it determines the form in which households maintain their savings and the extent to which households in Pakistan avail themselves of the services of the formal banking sector and informal credit suppliers.

**Section 16. TRANSFERS AND REMITTANCES**

This section measures cash and in-kind remittance flows between the household and outside individuals. Any person who is not a household member is considered an outside individual, regardless of his/her relationship to persons in the household.

**Section 17. OTHER INCOME**

This section collects information on specific categories of cash and in-kind receipts not collected in previous sections of the questionnaire.

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**Table A.3: Community and Price Questionnaires**

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**CHARACTERISTICS OF URBAN COMMUNITIES**

Information is collected on land and building prices in the community, availability of social services, supply of infrastructure (water, sewerage, roads, public transport, power, and gas), and access to schools and health facilities. In addition, respondents are asked to list the NGOs and social service programs active in the community.

**CHARACTERISTICS OF RURAL COMMUNITIES**

Information is collected on characteristics of the population, access to facilities and social services, supply of infrastructure (water, sewerage, roads, public transport, power, and gas), access to schools and health facilities, farming practices (including water supply, availability of land and land prices, input prices, market prices for crops, costs of hired labor), and access to school and health facilities. As for urban communities, information is obtained on social service programs and NGO activities.

**RURAL PRIMARY SCHOOL QUESTIONNAIRE**

Information is collected from all public and private primary schools in each rural community in the sample. The school questionnaire includes questions on enrollments, structure of the building and availability of services, medium of instruction, availability of teaching materials, and fees.

**RURAL HEALTH FACILITY QUESTIONNAIRE**

Information is obtained from one public and one private health facility located in or very near to each rural community. Questions are asked regarding the structure of the facility, infrastructure, equipment available and services offered at the facility, availability of medical supplies and drugs, staffing, and typical user fees.

**DAI/TBA QUESTIONNAIRE**

Information on training and birthing practices is obtained from dais and/or trained birth attendants (TBAs) in rural communities.

**PRICE QUESTIONNAIRE**

Prices are obtained from local shopkeepers and Mandi shopkeepers for a list of 37 consumer goods, including food, basic commodities such as soap and cigarettes, and fuels.

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## II. STATISTICAL TABLES

Tables are included under seven major topic areas: (A) demography; (B) fertility and family planning; (C) migration; (D) health; (E) literacy, education, and training; (F) employment; and (G) housing and social infrastructure. The tables are intended to highlight basic characteristics of the population, and as such exhaust neither the potential of the data nor the likely interest of readers. Suggestions for revisions or additional tabulations are welcomed.

Statistics are typically generated separately for each province and for overall urban versus rural households. Subclassifying by urban/rural areas within provinces is generally avoided pending verification of the data and estimates of sampling errors for within-province stratifications. Note that PIHS data base was designed to generate statistics for urban and rural areas within provinces as well as statistics at the national and provincial levels.

## A. DEMOGRAPHY

Consistent with earlier surveys, the PIHS shows a slightly higher proportion of males (52 percent) than females (48 percent) in the population. The pattern is generally uniform across provinces. Urban areas are typified by a somewhat higher proportion of males (52.2 percent) than rural areas (51.5 percent) (Table 1.01A and B).

An estimated 45 percent of the population is 14 years and younger, and an additional 7 percent are over 60 years of age. This may place a heavy dependency burden on other household members. Note that the percentage of young people in the population (i.e. 14 years and under) is roughly equal across urban and rural areas (43.6 and 45.8 percent, respectively), and provinces. Balochistan (47.3 percent) and N.W.F.P. (47.8 percent) have households characterized by a slightly higher proportion of young people than Punjab and Sindh, with 44.2 percent and 45.5 percent respectively.

According to survey estimates, Pakistani households have an average of 7.33 persons, and urban households are on average the same size (7.27 persons) as rural households (7.35 persons) (Table 1.02). Interestingly, urban households in Punjab are larger on average than their rural counterparts, while urban households in the other three provinces are smaller. In addition, households in N.W.F.P. and Balochistan are significantly larger on average (by approximately 1.4 persons) than households in Punjab and Sindh. Note that nationwide, just over 20 percent of households have fewer than 5 members and less than 3 percent are headed by women (Table 1.03 and 1.04). Consistent with the prevalence of large households, slightly under half of Pakistan's households include persons outside the nuclear family (i.e. head, spouse(s), and natural or adopted children) (Table 1.05). Nuclear households are more common in urban areas than in rural areas.

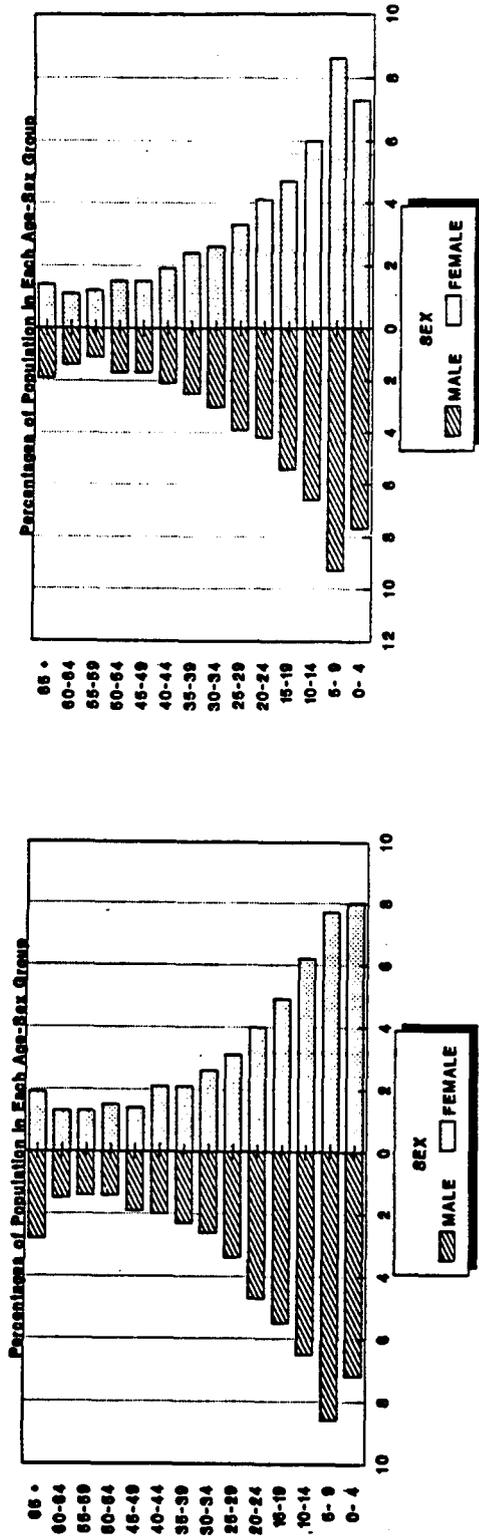
**Table 1.01 A**

**Structure of the Population by Age, Sex and Province  
(Percentages of Population in Each Age-Sex Group)**

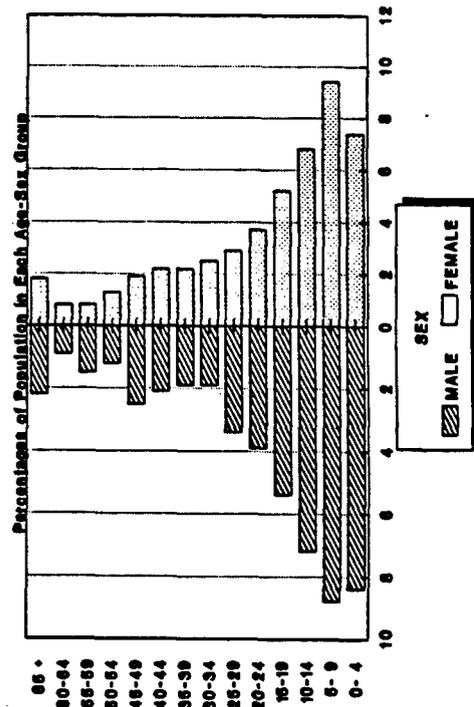
AGE GROUP (YEARS)	PUNJAB			SINDH			N.M.F.P			BALUCHISTAN			PAKISTAN		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
0-4	7.2	8.0	15.2	7.7	7.3	15.0	8.4	7.4	15.8	8.2	7.6	15.7	7.5	7.7	15.3
5-9	8.6	7.7	16.3	9.3	8.6	17.9	8.8	9.4	18.1	9.5	11.1	20.6	8.8	8.3	17.1
10-14	6.5	6.2	12.7	6.6	6.0	12.6	7.2	6.8	13.9	5.5	5.6	11.0	6.6	6.2	12.8
15-19	5.5	4.9	10.4	5.4	4.7	10.1	5.4	5.2	10.6	4.7	3.8	8.5	5.4	4.9	10.3
20-24	4.7	4.0	8.7	4.2	4.1	8.4	3.9	3.7	7.6	4.0	4.4	8.4	4.5	4.0	8.4
25-29	3.4	3.1	6.5	3.9	3.3	7.1	3.4	2.9	6.3	3.4	3.8	7.1	3.5	3.1	6.7
30-34	2.6	2.6	5.2	3.0	2.6	5.5	1.9	2.5	4.4	3.2	2.9	6.1	2.6	2.6	5.2
35-39	2.3	2.1	4.4	2.5	2.4	5.0	1.9	2.2	4.1	2.7	2.1	4.7	2.3	2.2	4.5
40-44	2.0	2.1	4.2	2.1	1.9	3.9	2.1	2.2	4.3	2.1	1.9	4.0	2.0	2.1	4.1
45-49	1.9	1.4	3.3	1.7	1.5	3.2	2.5	1.9	4.3	1.6	0.9	2.5	1.9	1.5	3.4
50-54	1.4	1.5	2.9	1.7	1.5	3.1	1.2	1.3	2.5	1.7	2.4	4.1	1.4	1.5	3.0
55-59	1.4	1.3	2.7	1.1	1.2	2.3	1.5	0.8	2.3	1.0	1.1	2.1	1.3	1.2	2.5
60-64	1.5	1.3	2.8	1.4	1.1	2.5	0.9	0.8	1.7	1.4	0.7	2.2	1.4	1.2	2.6
65 +	2.8	1.9	4.7	1.9	1.4	3.3	2.2	1.8	4.0	1.8	1.1	2.9	2.5	1.8	4.2
	51.7	48.3	100.0	52.4	47.6	100.0	51.2	48.8	100.0	50.7	49.3	100.0	51.8	48.2	100.0

Figure 1.01

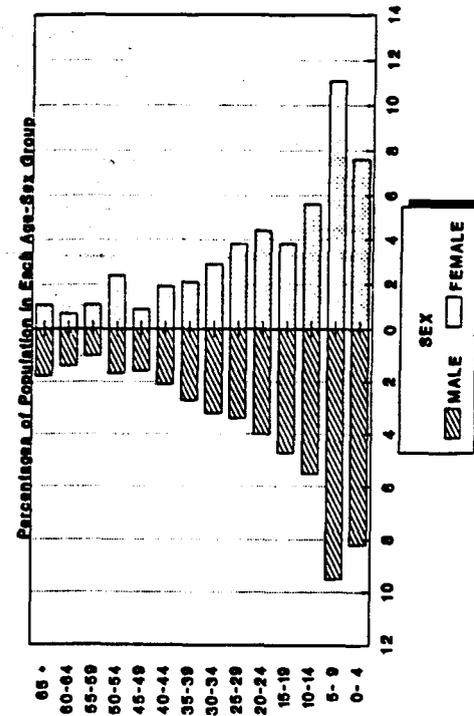
PUNJAB POPULATION SHARES BY AGE SINDH



N.W.F.P.



BALUCHISTAN



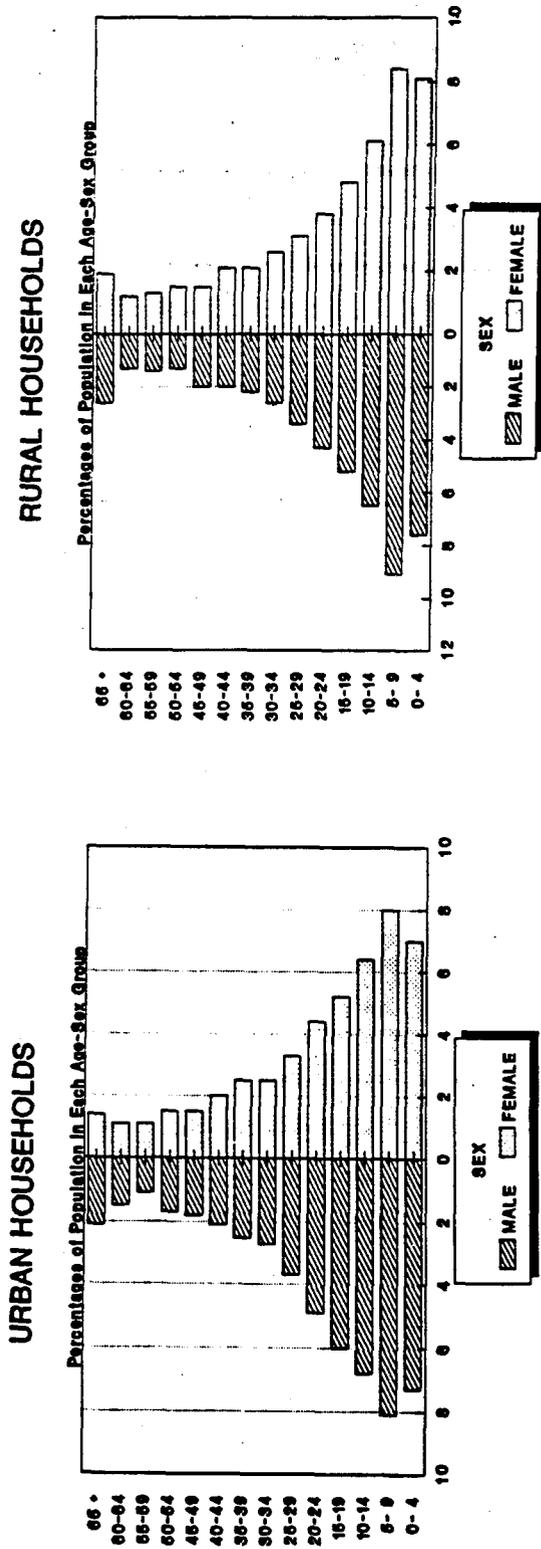
**Table 1.01 B**

**Structure of the Population by Age, Sex and Region  
(Percentage of Population in each Age-Sex Group)**

AGE GROUP (YEARS)	URBAN			RURAL			PAKISTAN		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
0- 4	7.3	7.0	14.2	7.6	8.1	15.7	7.5	7.7	15.3
5- 9	8.1	8.0	16.1	9.1	8.4	17.5	8.8	8.3	17.1
10-14	6.8	6.4	13.2	6.5	6.1	12.6	6.6	6.2	12.8
15-19	6.0	5.2	11.1	5.2	4.8	9.9	5.4	4.9	10.3
20-24	4.9	4.4	9.3	4.3	3.8	8.1	4.5	4.0	8.4
25-29	3.7	3.3	7.0	3.4	3.1	6.5	3.5	3.1	6.7
30-34	2.7	2.5	5.1	2.6	2.6	5.2	2.6	2.6	5.2
35-39	2.5	2.5	5.0	2.2	2.1	4.3	2.3	2.2	4.5
40-44	2.1	2.0	4.0	2.0	2.1	4.2	2.0	2.1	4.1
45-49	1.8	1.5	3.3	2.0	1.5	3.4	1.9	1.5	3.4
50-54	1.7	1.5	3.2	1.3	1.5	2.8	1.4	1.5	3.0
55-59	1.1	1.1	2.3	1.4	1.3	2.6	1.3	1.2	2.5
60-64	1.5	1.1	2.6	1.3	1.2	2.6	1.4	1.2	2.6
65 +	2.1	1.4	3.5	2.6	1.9	4.5	2.5	1.8	4.2
	52.2	47.8	100.0	51.6	48.4	100.0	51.8	48.2	100.0

# POPULATION SHARES BY AGE

Figure 1.02



**Table 1.02**

**Average Household Size, by Province and Location  
(Number of Members)**

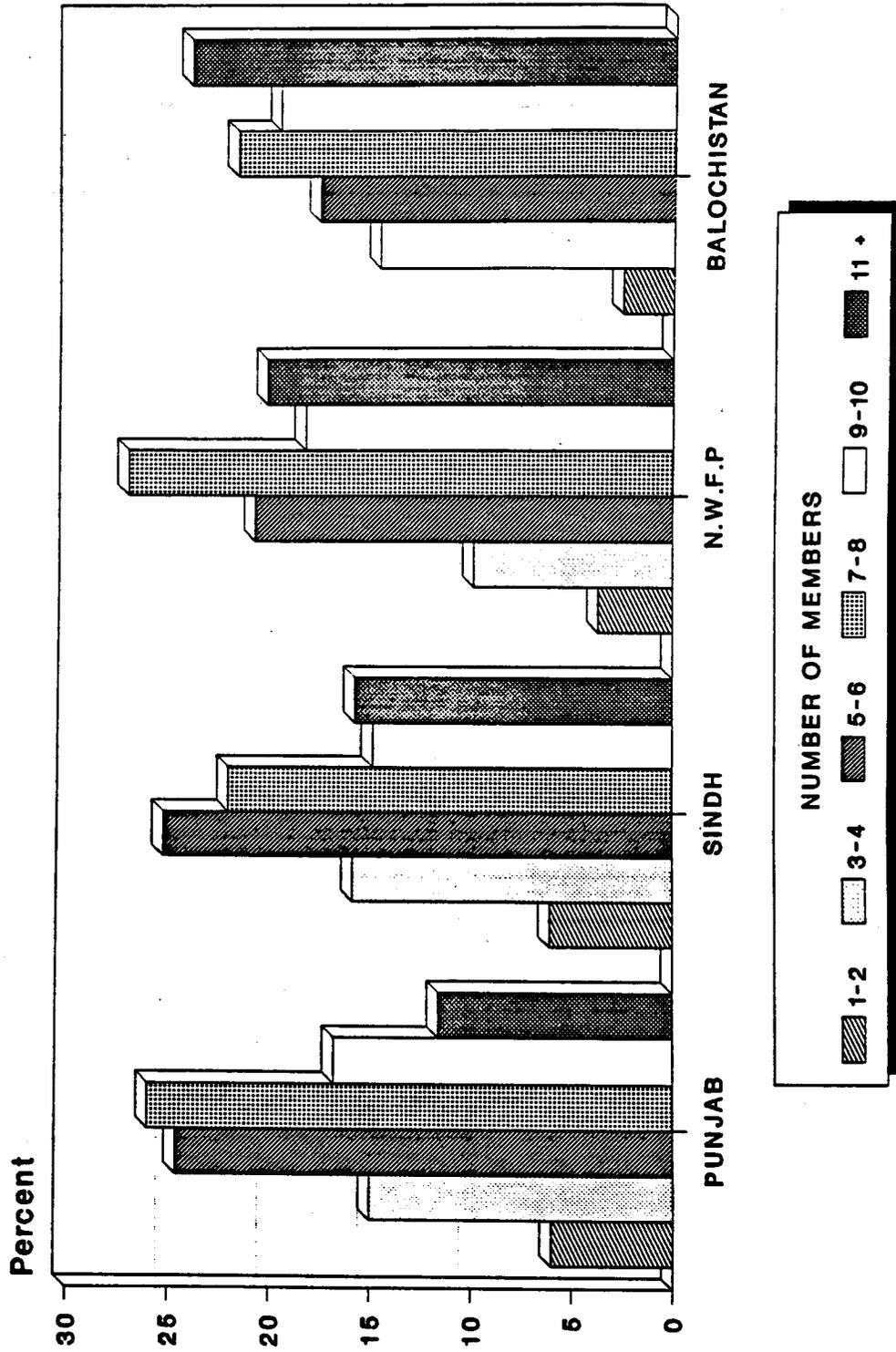
PROVINCE	URBAN	RURAL	OVERALL
PUNJAB	7.27	6.98	7.06
SINDH	7.10	7.44	7.28
N.W.F.P.	7.93	8.61	8.50
BALUCHISTAN	8.45	8.57	8.56
OVERALL	7.27	7.35	7.33

**Table 1.03**

**Size Distribution of Households, by Province  
and Location**

PROVINCE	NUMBER OF HOUSEHOLD MEMBERS						TOTAL
	1-2	3-4	5-6	7-8	9-10	11+	
PUNJAB	6.0	15.0	24.6	26.0	16.8	11.6	100.0
SINDH	6.1	15.9	25.3	22.1	14.9	15.8	100.0
N.W.F.P.	3.7	9.9	20.8	27.1	18.3	20.2	100.0
BALUCHISTAN	2.5	14.6	17.6	21.7	19.6	24.0	100.0
URBAN	5.7	14.8	23.4	25.1	17.3	13.8	100.0
RURAL	5.6	14.5	24.4	25.1	16.4	14.1	100.0
PAKISTAN	5.7	14.6	24.1	25.1	16.6	14.0	100.0

Figure 1.03 SIZE DISTRIBUTION OF HOUSEHOLDS BY PROVINCE



**Table 1.04**

**Percentage of Female-headed Households, by Province and Location**

PROVINCE	URBAN			RURAL			OVERALL		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
PUNJAB	96.1	3.9	100.0	97.2	2.9	100.0	96.9	3.1	100.0
SINDH	98.3	1.8	100.0	99.4	0.6	100.0	98.8	1.1	100.0
N.W.F.P	97.2	2.8	100.0	98.8	1.2	100.0	98.5	1.5	100.0
BALUCHISTAN	98.8	1.2	100.0	100.0	0.0	100.0	99.8	0.1	100.0
PAKISTAN	97.0	3.0	100.0	97.9	2.1	100.0	97.6	2.4	100.0

**Table 1.05**

**Household Composition, by Province and Location**

PROVINCE	URBAN			RURAL			OVERALL		
	NUCLEAR	EXTENDED	TOTAL	NUCLEAR	EXTENDED	TOTAL	NUCLEAR	EXTENDED	TOTAL
PUNJAB	55.1	44.9	100.0	52.5	47.5	100.0	53.2	46.8	100.0
SINDH	56.8	43.2	100.0	51.6	48.4	100.0	54.0	46.0	100.0
N.W.F.P	50.8	49.2	100.0	47.9	52.1	100.0	48.4	51.6	100.0
BALUCHISTAN	42.6	57.4	100.0	43.1	56.9	100.0	43.0	57.0	100.0
PAKISTAN	55.2	44.8	100.0	51.3	48.7	100.0	52.5	47.5	100.0

B. FERTILITY AND FAMILY PLANNING

Women in Pakistan historically have had high fertility levels. A number of factors are thought to influence this: lack of education, particularly for women, high infant mortality, limited access to family planning, and a desire on the part of both men and women to have many children, particularly male children who traditionally look after parents in their old age.

Tabulations in this section confirm Pakistan's high overall fertility rates -- women between the ages of 15 and 49 years have given birth to an average of 3.1 children, and ever-married women in the same age group have given birth to an average of 4.3 children (Table 2.01A and 2.01B). Ever-married women who have completed childbearing (aged 45-49 years) have born on average 7.1 children. Fertility levels increase sharply with age, and differentials between all women and married women are most marked in the lowest age brackets, where age at marriage is an important determinate of the number of births. Overall fertility levels are higher in rural areas (3.2 births) than urban areas (2.9 births), due in part to delayed marriage and in part to greater use of family planning methods (see below) by young urban women.

Education has an important effect on fertility levels, both through increased use of family planning and delayed marriage. The number of children born is inversely related to both women's education (Figure 2.02) and education levels of the husband. Uneducated, ever-married women have given birth to an average of 4.6 children, in contrast to 3.7 for women with primary education, 3.1 with middle, 2.9 with secondary, and 2.1 children for women with a university education. A husband's education also influences fertility levels, particularly in urban areas, although less dramatically than a women's education. For example, an uneducated, married man has fathered 4.7 children on average, as compared to 3.6 and 3.5 for married men having secondary schooling and higher education, respectively.

Men tend to desire larger families than woman, most markedly in older age cohorts (Table 2.02).<sup>1</sup> As age increases, however, the number of children born exceeds the desired number for both men and women. For example, women between the ages of 35 and 39 years have born an average of 6.3 children, while on average they would have preferred to have 3.9 children and their spouses on average preferred to

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<sup>1</sup> An important caveat should be noted: nearly half of the women interviewed did not express a preference for the number of children they would bear. In general, these women (and men) felt such matters were "up to God".

have 4.4 children. Education has a less obvious effect on birth preferences: more educated women and men tend to want fewer children, although not dramatically so. However, the discrepancy between desired and actual family size is greater for uneducated women than for educated women. This finding is consistent with the finding that educated women are more likely to use family planning methods, reported below.

Awareness of family planning methods is almost twice as high in urban (57.1 percent) as in rural (36.4 percent) areas of the country, and rises with increasing levels of education (Table 2.03). For example, only 37.5 percent of uneducated women know about any method of family planning, as compared with 73.0 percent of women with secondary or higher education. Of women who know about family planning, only one-third in urban areas and one-fifth in rural areas have ever practiced it. Current use is lower -- 14.5 percent in urban and 3.8 percent in rural areas. In both urban and rural areas, the use of family planning increases dramatically with women's education. Interestingly, use also increases with the number of children born; only 2.5 percent of women who have had only one child use some method of family planning as compared with 9.9 percent of women who have had four or more children. Differences in contraceptive prevalence by number of births is more pronounced in urban areas than in rural areas: 6.5 percent of women who have had one child currently use family planning as compared with 20.0 percent who have had four or more children (Figure 2.04).

Female respondents who claim to be aware of family planning methods were asked why they do not presently use them. Nearly 41 percent stopped because they desired to have a child, and 19.8 percent stopped due to spouse preferences (Table 2.04). Religious reasons were stated in 10.4 percent of cases. Interestingly, just over 3 percent of female respondents claimed to have stopped using family planning methods due to high costs or lack of availability. Only in Balochistan was availability or lack of information frequently cited as a cause for not using family planning (i.e. in 29.8 percent of cases). This suggests that efforts to make family planning more accessible or less costly will have little impact on prevalence rates of women who are already aware of what is available, although clearly women who are not currently aware of family planning methods could benefit from improved access and better information.

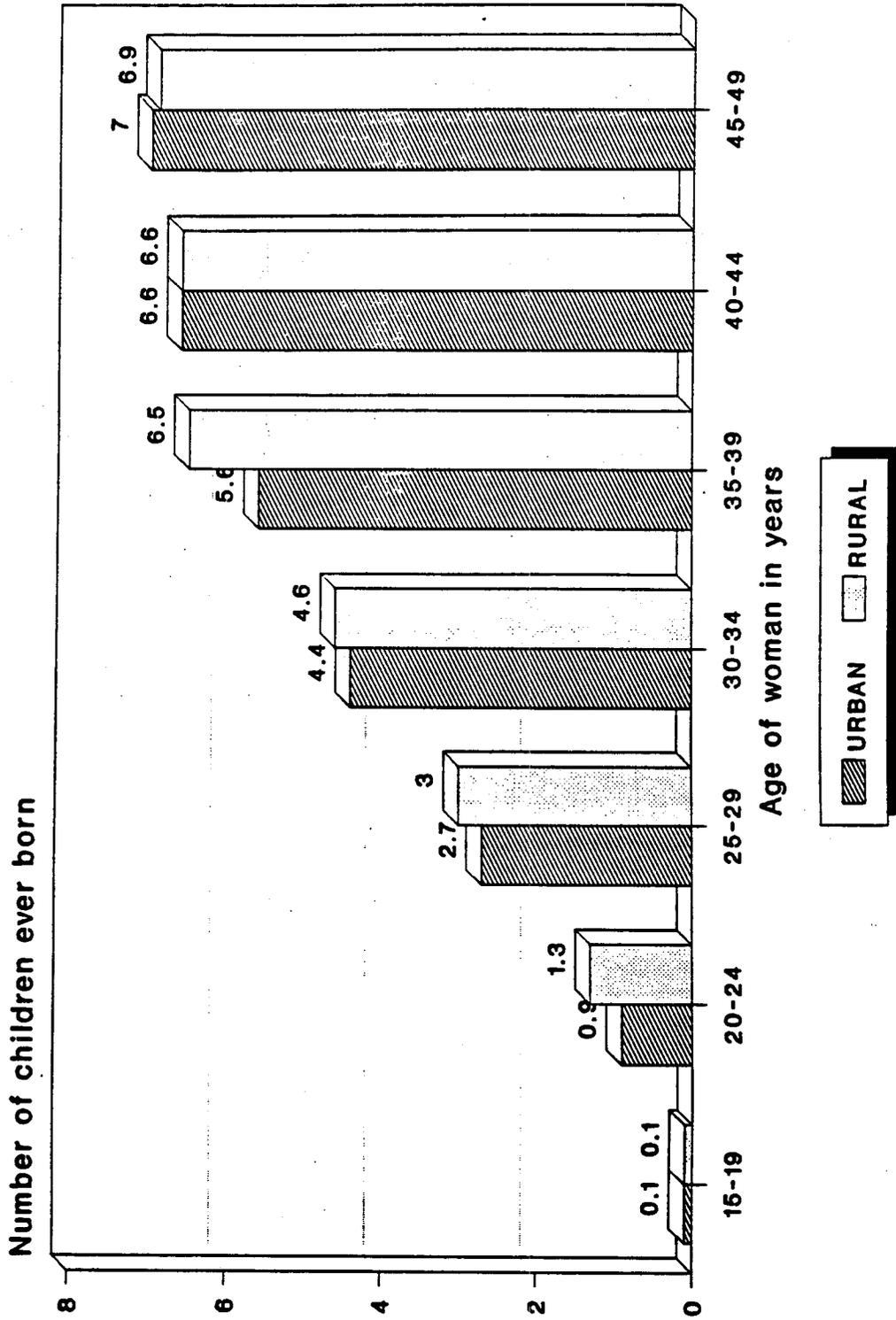
**Table 2.01 A**

**Number of Children Ever Born to Women aged 15-49 years, by Age Category and Education Level of Women, by Urban and Rural Location**

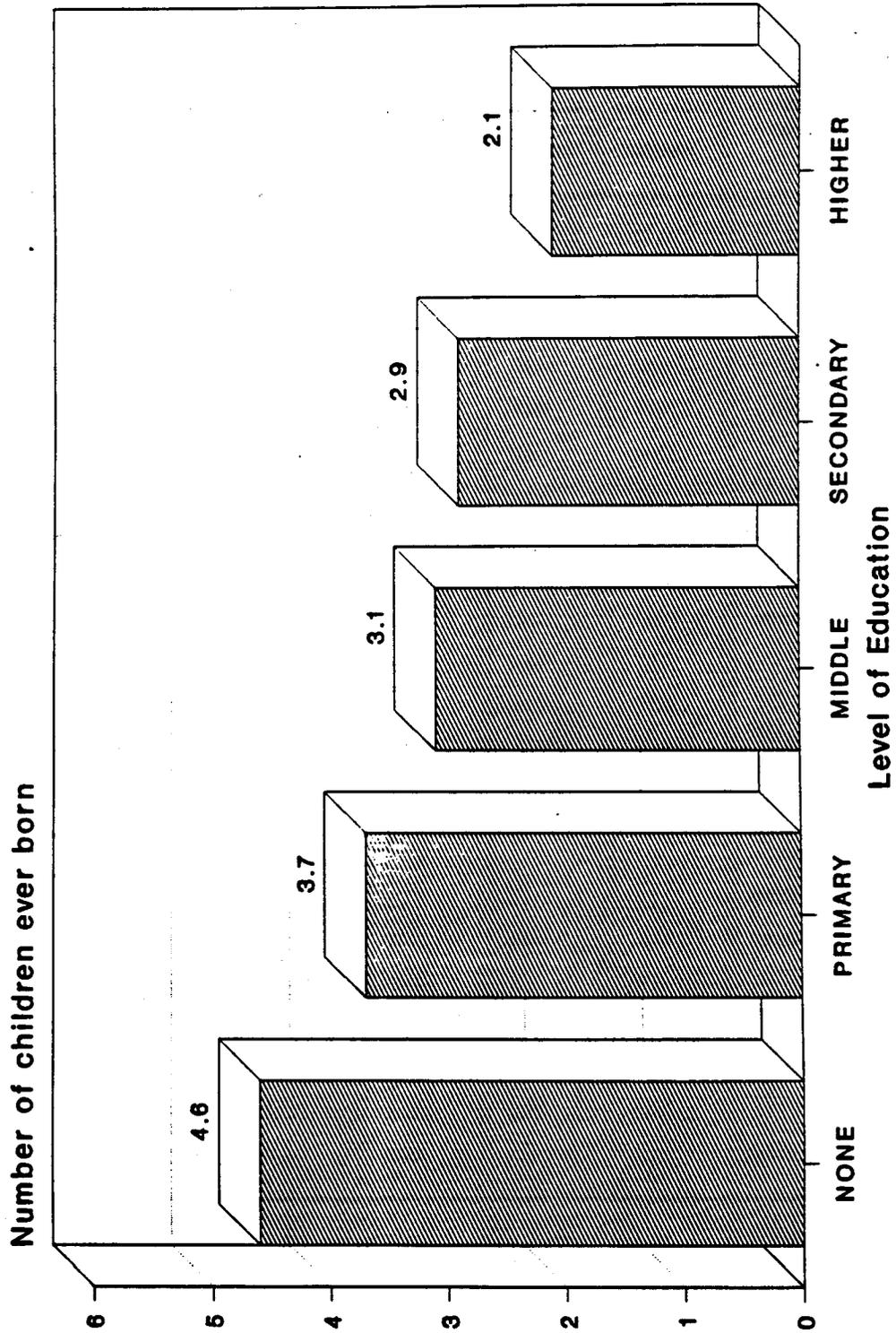
AGE CATEGORY (YEARS)	PROVINCE				LOCATION		TOTAL
	PUNJAB	SINDH	N.W.F.P.	BALUCHISTAN	URBAN	RURAL	
15-19	0.1	0.2	0.1	0.1	0.1	0.1	0.1
20-24	1.0	1.3	1.4	1.5	0.9	1.3	1.1
25-29	2.8	3.0	3.3	3.1	2.7	3.0	2.9
30-34	4.5	4.6	4.5	5.0	4.4	4.6	4.6
35-39	6.2	5.8	6.4	6.7	5.6	6.5	6.2
40-44	6.8	6.3	6.5	6.4	6.6	6.6	6.6
45-49	6.4	7.2	8.7	5.4	7.0	6.9	7.0
EDUCATION LEVEL OF WOMAN							
NO EDUCATION	3.4	3.5	3.6	3.2	3.4	3.4	3.4
PRIMARY	2.2	2.5	1.0	- -	2.5	2.0	2.2
MIDDLE	1.9	2.5	- -	- -	2.3	1.6	2.0
SECONDARY	1.3	1.9	- -	- -	1.6	1.2	1.5
HIGHER	0.7	1.2	- -	- -	1.1	- -	1.0
TOTAL	3.0	3.2	3.4	3.2	2.9	3.2	3.1

Note: "- -" represent cells with insufficient observations.

Figure 2.01 NUMBER OF CHILDREN EVER BORN TO ALL WOMEN AGED 15-49 YEARS BY AGE AND REGION



**Figure 2.02 NUMBER OF CHILDREN EVER BORN TO ALL WOMEN AGED 15-49 YEARS BY EDUCATION**



**Table 2.01 B**

**Number of Children Born to Ever-Married Women by Province, Location and Age Category of Woman, Education Level of Woman and Education of the Woman's Current Spouse**

AGE CATEGORY (YEARS)	PROVINCE				REGION		TOTAL
	PUNJAB	SINDH	N.W.F.P.	BALUCHISTAN	URBAN	RURAL	
15-19	0.5	0.6	0.3	0.2	0.5	0.5	0.5
20-24	1.6	1.8	1.9	1.7	1.6	1.8	1.7
25-29	3.1	3.4	3.6	3.2	3.1	3.3	3.3
30-34	4.8	4.8	5.0	5.1	4.8	4.9	4.9
35-39	6.5	5.9	6.6	6.7	5.8	6.6	6.3
40-44	7.0	6.6	7.0	6.4	6.8	6.9	6.9
45-49	6.5	7.4	8.8	5.4	7.1	7.1	7.1
<b>EDUCATION LEVEL OF WOMAN</b>							
NO EDUCATION	4.6	4.4	4.8	3.9	4.9	4.5	4.6
PRIMARY	3.7	3.6	2.5	- -	3.7	3.6	3.7
MIDDLE	2.8	3.9	- -	- -	3.5	2.4	3.1
SECONDARY	2.6	3.2	3.9	- -	3.0	2.9	2.9
HIGHER	1.5	2.6	- -	- -	2.5	- -	2.1
<b>EDUCATION LEVEL OF CURRENT SPOUSE</b>							
NO EDUCATION	4.8	4.6	5.0	3.8	5.0	4.6	4.7
PRIMARY	4.8	4.3	4.2	4.0	4.7	4.5	4.6
MIDDLE	4.2	3.9	4.6	6.2	4.2	4.2	4.2
SECONDARY	3.5	3.6	4.3	3.2	3.8	3.6	3.6
HIGHER	3.8	3.6	3.2	3.5	3.5	3.8	3.6
NOT APPLICABLE	3.2	3.9	5.0	4.9	3.5	3.5	3.5
<b>TOTAL</b>	<b>4.3</b>	<b>4.3</b>	<b>4.7</b>	<b>3.9</b>	<b>4.3</b>	<b>4.3</b>	<b>4.3</b>

Note: "- -" represent cells with insufficient observations.

**Table 2.02**

**Actual Family Size, Desired Family Size by Women and Current Spouses;  
by Age Category of Woman, Education Level of Woman and  
Education Level of Spouse**

AGE CATEGORY OF WOMAN (YEARS)	NUMBER DESIRED BY WOMAN	NUMBER DESIRED BY CURRENT SPOUSE	NUMBER EVER BORN
15 - 19	3.6	4.0	0.5
20 - 24	3.5	4.0	1.7
25 - 29	3.7	4.1	3.3
30 - 34	4.1	4.3	4.9
35 - 39	3.9	4.4	6.3
40 - 44	4.3	4.4	6.9
45 - 49	4.3	4.8	7.1
50 - 54	4.1	4.7	7.2
<b>EDUCATION LEVEL OF WOMAN</b>			
NO EDUCATION	4.0	4.4	4.6
PRIMARY	3.5	3.8	3.7
MIDDLE	3.4	3.6	3.1
SECONDARY	3.4	3.6	2.9
HIGHER	3.5	3.6	2.1
<b>EDUCATION LEVEL OF THE SPOUSE</b>			
NO EDUCATION	4.2	4.5	4.7
PRIMARY	4.0	4.3	4.6
MIDDLE	3.8	4.0	4.2
SECONDARY	3.6	4.0	3.6
HIGHER	3.5	3.8	3.6
NOT APPLICABLE	3.6	3.6	3.5
<b>OVERALL</b>	<b>3.9</b>	<b>4.3</b>	<b>4.6</b>

**Table 2.03**

**Awareness and Use of Family Planning Methods by Region and Province, Age Category, Education Level and Number of Children Born (Percentage of Currently Married Women 15 to 49 Years Old who Know About, Ever Used or Currently Use Family Planning Methods)**

PROVINCE	URBAN			RURAL			TOTAL		
	KNOW ABOUT	EVER USED	CURRENTLY USING	KNOW ABOUT	EVER USED	CURRENTLY USING	KNOW ABOUT	EVER USED	CURRENTLY USING
PUNJAB	60.2	21.3	16.0	39.7	6.2	3.7	45.6	10.6	7.3
SINDH	53.7	18.2	16.6	22.7	4.2	2.5	36.3	10.3	8.7
N.W.F.P.	45.7	22.8	14.7	42.8	16.0	8.6	43.3	17.0	9.5
BALUCHISTAN	32.1	10.4	7.7	32.2	8.2	4.8	32.2	8.5	5.2
AGE CATEGORY (YEARS)									
15-19	37.9	2.1	1.9	24.1	0.7	0.5	27.4	1.1	0.8
20-24	50.6	7.8	6.7	36.6	3.7	2.7	40.4	4.8	3.8
25-29	61.9	21.5	17.3	41.6	8.2	4.5	48.0	12.4	8.6
30-34	67.7	26.6	20.5	38.4	7.6	3.8	46.9	13.1	8.7
35-39	59.7	30.4	24.9	36.1	11.8	6.7	44.3	18.3	13.0
40-44	56.3	23.4	17.6	37.7	12.1	6.6	43.1	15.4	9.8
45-49	41.7	13.6	10.3	31.6	5.8	4.2	34.7	8.2	6.0
EDUCATION LEVEL									
NO EDUCATION	49.0	14.8	11.5	33.9	6.6	3.8	37.5	8.6	5.6
PRIMARY	66.6	25.4	18.2	59.7	14.7	7.1	62.9	19.6	12.2
MIDDLE	78.8	33.6	26.1	41.4	17.1	17.1	67.0	28.4	23.3
SECONDARY	70.5	34.3	30.1	85.9	30.9	23.7	73.3	33.6	29.0
HIGHER	74.7	36.7	38.1	- -	- -	- -	73.1	30.4	31.6
NUMBER OF CHILDREN BORN									
NONE	40.0	1.0	0.4	24.6	0.1	0.0	28.7	0.3	0.1
1	54.0	8.6	6.5	34.0	1.9	1.0	39.5	3.7	2.5
2	58.9	12.7	10.6	37.9	3.6	1.9	44.7	6.6	4.8
3	58.6	17.9	13.0	42.5	6.0	3.8	47.0	9.3	6.4
4 OR MORE	60.6	26.8	20.0	38.3	10.0	5.6	44.9	15.0	9.9
TOTAL	57.1	19.3	14.5	36.4	6.7	3.8	42.4	10.4	6.9

Note: "- -" represent cells with insufficient observations.

Figure 2.03 AWARENESS AND USE OF FAMILY PLANNING BY REGION

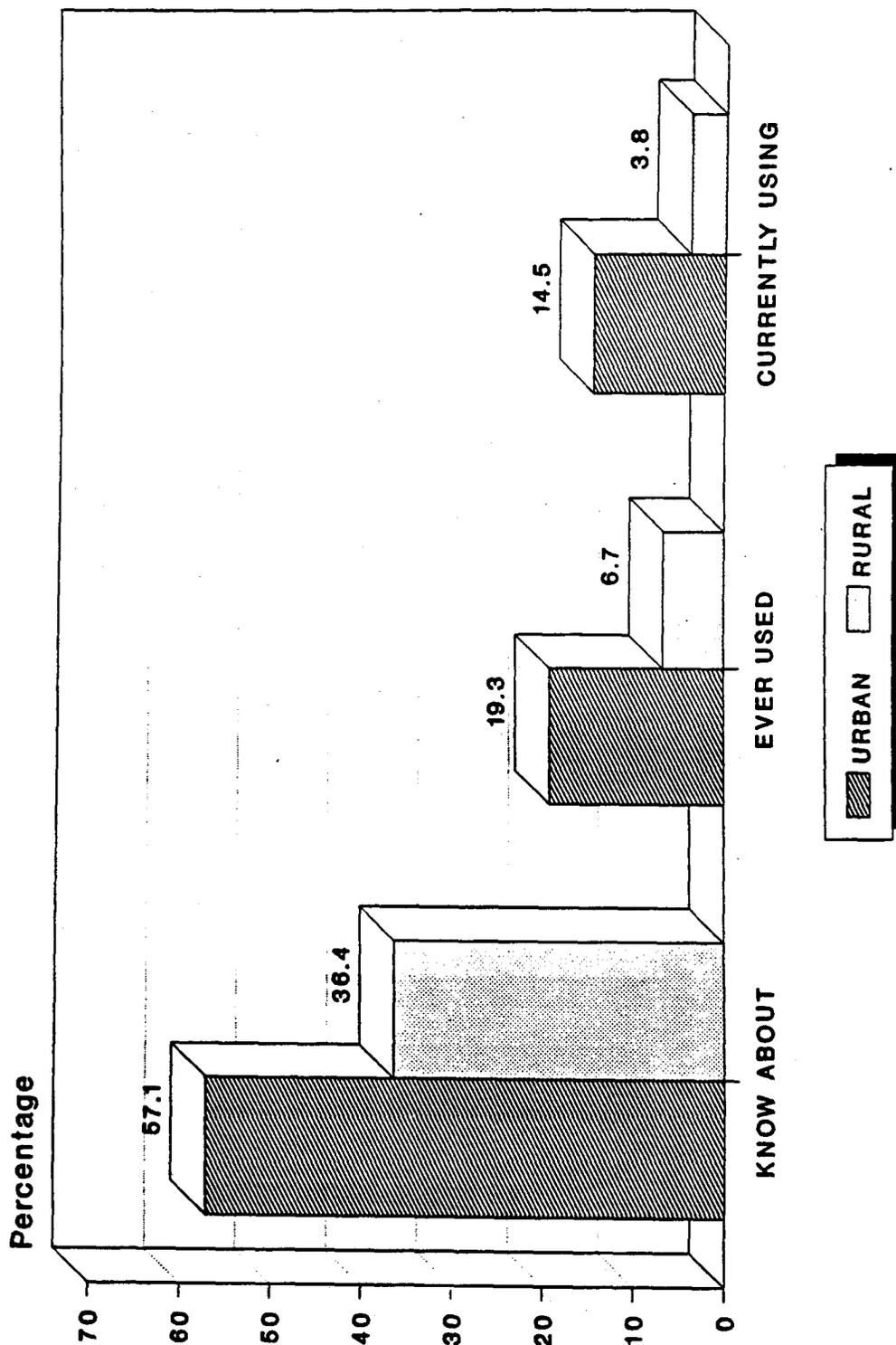


Figure 2.04 AWARENESS AND USE OF FAMILY PLANNING BY NUMBER OF CHILDREN BORN (URBAN)

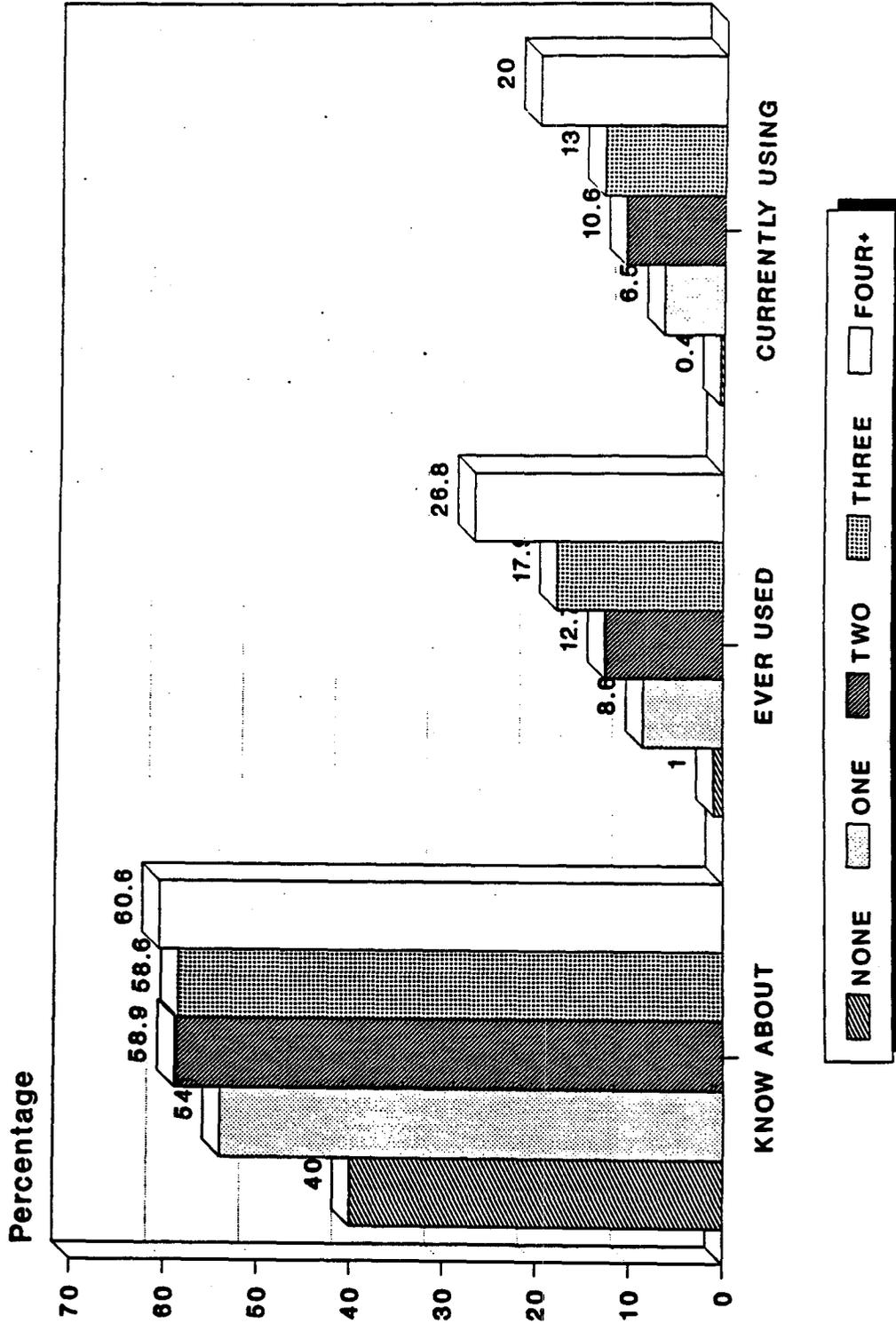
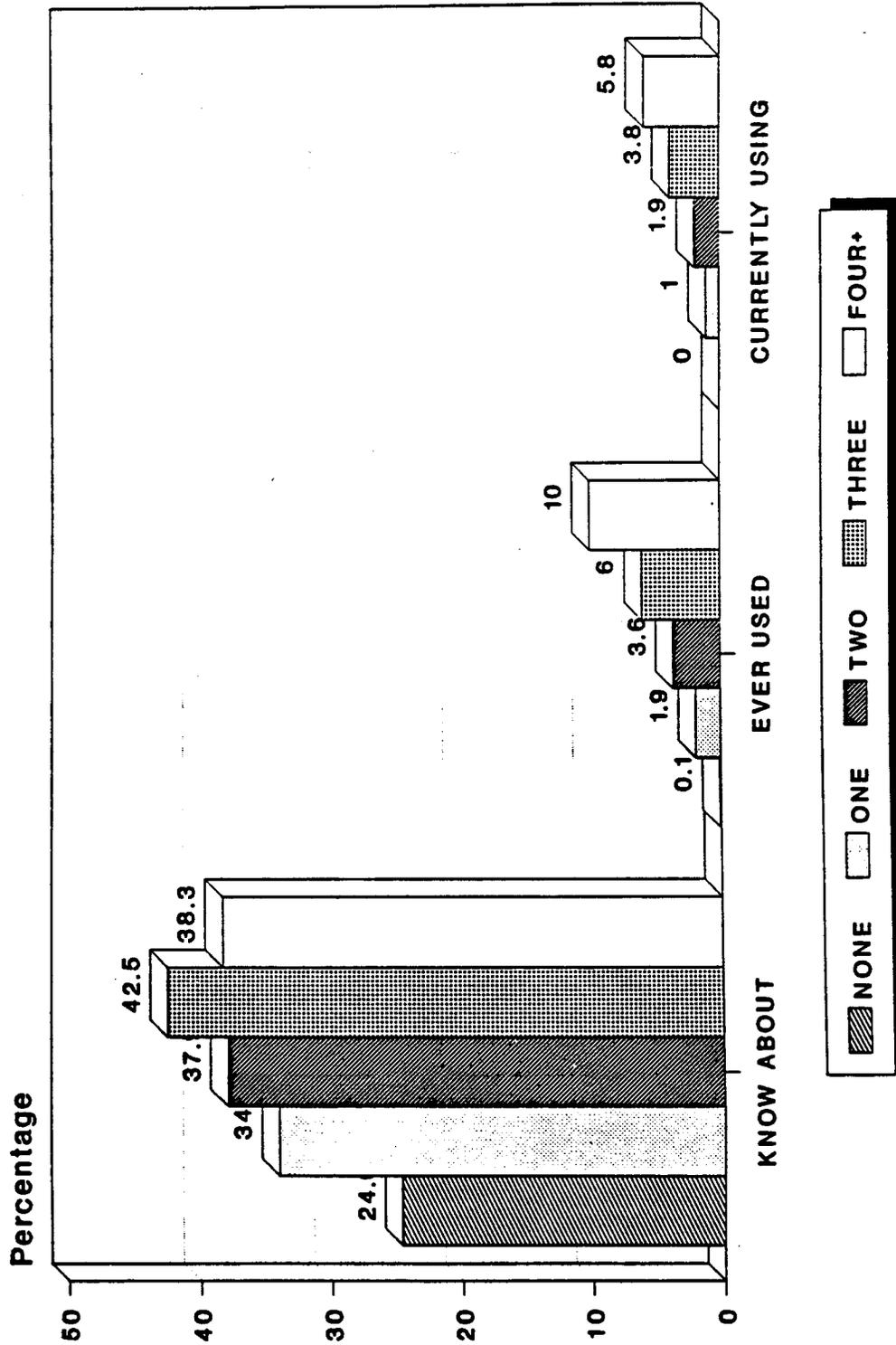


Figure 2.05 AWARENESS AND USE OF FAMILY PLANNING  
BY NUMBER OF CHILDREN BORN (RURAL)





### C. MIGRATION

The broadest definition of a migrant is a person who lives somewhere other than the place where he or she was born. On average, 35.3 percent of Pakistan's adult population (aged 15 years and older) fall into this category (Table 3.01). The proportion of migrants is greater in urban areas (43.1 percent) than in rural areas (31.8 percent), and Punjab has the highest migrant population in both cities (48.4 percent) and rural (57.1 percent) areas. The majority of migrations in Punjab (70.6 percent) and N.W.F.P. (94.1 percent) are intra-provincial (that is, were born in the province in which they are now residing), while the majority of migrations in Balochistan (46.1 percent) and Sindh (64.3 percent) were born elsewhere. Notably, 24.2 percent of migrants in Punjab and 32.4 percent of migrants in Sindh were born in India. Sindh (primarily Karachi) also has attracts considerable numbers of migrants from Punjab and N.W.F.P. (12.8 percent and 11.6 percent, respectively) (Table 3.02).

Overall, only 2.8 percent of adult men in Pakistan have ever worked abroad (Table 3.03), although a higher proportion of men in the 30-55 year age cohort worked overseas. There is considerable provincial disparity in these measures: 6.5 percent of adult men from N.W.F.P. worked abroad at some time, as compared to 2.6 percent from Punjab, 1.6 percent from Sindh, and only 0.5 percent from Balochistan. Interestingly, migrant workers who have returned from abroad are more likely to be living in urban areas (3.6 percent) than in rural areas (2.4 percent). An estimated 6-8 percent of urban men in the 30-55 year age cohort have worked abroad at some time.

Table 3.01

Percentage of Individuals Born Outside Current Place of Residence,  
by Province and Location

PROVINCE	URBAN	RURAL	TOTAL
PUNJAB	49.3	36.7	40.3
SINDH	36.7	16.4	26.4
N.W.F.P.	30.7	36.6	35.6
BALUCHISTAN	22.1	4.2	6.7
PAKISTAN	43.1	31.8	35.3

Table 3.02

Place of Birth of Those Who Moved to Current Places of Residence

	PLACE OF BIRTH						TOTAL
	PUNJAB	SINDH	N.W.F.P.	BALUCHISTAN	INDIA	OTHER	
PUNJAB	70.6	1.2	1.7	0.3	24.2	2.0	100.0
SINDH	12.8	35.7	11.6	2.5	32.4	5.0	100.0
N.W.F.P.	1.4	1.2	94.1	0.1	0.1	3.1	100.0
BALUCHISTAN	5.1	27.8	1.6	53.9	1.8	9.8	100.0
URBAN	46.9	6.5	10.3	1.6	30.7	4.0	100.0
RURAL	54.0	7.6	18.7	0.6	17.2	1.9	100.0
PAKISTAN	51.3	7.2	15.6	1.0	22.3	2.7	100.0

**Table 3.03**

**Percentage of Men 15 Years and Older Who Have Worked Abroad,  
by Province and Location**

AGE GROUP (YEARS)	PROVINCE				REGION		PAKISTAN
	PUNJAB	SINDH	N.W.F.P.	BALUCHISTAN	URBAN	RURAL	
15-19	0.0	0.0	0.0	0.0	0.1	0.0	0.0
20-24	1.0	0.8	6.5	0.0	1.1	1.8	1.6
25-29	3.5	0.6	7.9	1.5	3.4	3.2	3.3
30-34	5.0	1.6	10.8	0.0	6.6	3.5	4.5
35-39	6.2	1.0	14.5	0.3	6.5	5.1	5.6
40-44	3.8	5.8	7.2	2.3	9.5	2.6	4.7
45-49	4.8	2.1	13.0	0.0	4.0	6.1	5.5
50-54	4.6	3.1	0.7	0.4	4.9	2.9	3.6
55-59	1.0	2.4	6.8	0.9	4.5	1.4	2.2
60-64	1.0	0.1	7.5	0.0	0.7	1.6	1.3
65 +	2.2	4.5	4.3	0.5	6.8	1.4	2.8
<b>TOTAL</b>	<b>2.6</b>	<b>1.6</b>	<b>6.5</b>	<b>0.5</b>	<b>3.6</b>	<b>2.4</b>	<b>2.8</b>

#### D. HEALTH AND CHILD SURVIVAL

Childhood diarrhea is a serious health problem throughout the developing world. In Pakistan, 26.0 percent of children aged 5 years and under report having diarrhea<sup>1</sup> during the 30 days preceding the household interview (Table 4.01). Rates are higher in Pakistan's urban areas (22.0 percent) than in rural areas (27.5 percent), and roughly equal for male and female children. In an overwhelming majority of cases (87.8 percent for boys and 81.1 for girls), some form of health practitioner is consulted. Oral rehydration therapy (ORT) packets or solutions mixed at home) is used in 46.8 percent of cases.

The incidence of diarrhea is lower for children born to educated mothers (particularly female children), although mother's education has only a small effect on the likelihood of consulting a health care practitioner. However, educated mothers more frequently use ORT than less educated mothers.

In rural areas, there is a greater tendency to consult "informal" health care providers (i.e. sianis, hakims, homeopaths and the like), chemists and compounders, and government providers to treat childhood diarrhea in lieu of private sector providers, who are more frequently consulted by urban households (Table 4.02A and 4.02B). Overall, however, a substantial number of households consult doctors in the private sector (61.0 percent and 43.7 percent, for urban and rural areas, respectively), regardless of location.

There is a link between infant and child mortality and immunization coverage. Pakistan has made significant strides in improving immunization coverage in recent years. Some 72.3 percent of boys and 68.1 percent of girls aged 5 years and under have received at least one immunization (Table 4.03). Percentages are higher in the reference age group<sup>2</sup>: 78.9 percent of boys and 74.4 percent of girls aged 12-23 months have received at least one immunization. Note that mother's education is highly correlated with the likelihood of a child being immunized (Table 4.04).

It is difficult to determine accurately how many children in Pakistan are fully immunized, that is, have received all

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<sup>1</sup> A discharge of three or more watery stools in any given day. The local terms usually associated with diarrhea are daft (Urdu), julab (Punjabi), kheta kharab shevadhay (Pushtu).

<sup>2</sup>By the time a child is 12 months old, he or she should have received a BCG, three DPTs, three polios, and a measles immunization.

eight of the immunizations recommended by the World Health Organization (WHO) (see footnote 2 above). Mother's recall can be notoriously unreliable on this question. Accordingly, information on specific immunizations only was recorded if a health card was available for the child. For children aged 12-23 months, only 41.5 and 27.8 percent of children in urban and rural areas, respectively, had a health card available. For this subset of children, 67.6 percent of urban children and 68.4 percent of rural children are fully immunized. The likelihood of being fully immunized increases with age of the child, likely due to self-selection regarding the type of households who retain health cards and due to delayed immunization coverage.

Despite expansion in the coverage of health services, immunization coverage, and access to clean water and sanitation, infant mortality rates (IMRs) and child mortality rates (CMRs) remain high in Pakistan (Table 4.06). Based on births between 1986 and 1990, IMRs are 104 and 127, for urban and rural areas, respectively. This means that over 10 percent of children born in urban areas die before they reach one year of age, while just under 13 percent of children born in rural areas die before one year of age. CMRs are 120 and 151, for urban areas and rural areas, respectively, based on births over the same time period. Both IMRs and CMRs vary dramatically across regions of Pakistan. In general, mortality rates were found to be lowest in urban and rural Punjab, urban Sindh, and rural N.W.F.P., and highest in rural Sindh and in both urban and rural areas in Balochistan. Nearly 20 percent of children born in Balochistan will die before reaching one year of age.

Slightly less than one-third of individuals in the sample fell ill (from some cause other than childhood diarrhea) or were injured during the 30 days preceding the interview (Table 4.07). More women (35.2 percent) than men (26.0 percent) report being ill, and persons in rural areas are marginally more likely to be ill or injured than persons residing in urban areas. Women are less likely than men to consult a health care practitioner (76.6 percent as compared to 82.9 percent), although a substantial number of both women and men consult someone when ill or injured.

Findings on the type of health care provider consulted are consistent with those discussed earlier for childhood diarrhea: people in rural areas and in N.W.F.P. and Balochistan tend to rely on informal providers and government sources in addition to the private sector, while urban residents rely more heavily on private sector providers (Table 4.08A and 4.08B).

Men were not able to perform their normal activities an average of 1.9 days and women an average of 2.2 days each month due to illness or injury (Table 4.09). Persons living

in rural areas are more likely to loose time due to illness than persons living in urban areas. In addition, time losses tend to increase sharply with age -- particularly for 50 years and above -- for both men and women, although women in the late childbearing years also are unable to perform their normal tasks a substantial amount of the time.

**Table 4.01**

**Information on Incidence of Diarrhea for Children 5 Years and Under by Gender, Province, Location, and Education Level of Mother**

	PERCENTAGE OF CHILDREN REPORTING DIARRHEA IN THE PAST 30 DAYS			PERCENTAGE OF DIARRHEA CASES WHERE A HEALTH PRACTITIONER WAS CONSULTED			PERCENTAGE OF DIARRHEA CASES WHERE O.R.T. WAS USED TO THE CHILD		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
PUNJAB	28.1	26.5	27.3	90.1	81.0	85.5	39.8	38.2	39.0
SINDH	25.6	25.9	25.8	92.6	88.9	90.8	64.5	66.7	65.6
N.W.F.P.	24.0	19.3	21.7	74.6	75.4	74.9	54.2	54.0	54.1
BALUCHISTAN	20.6	27.7	24.2	66.7	57.8	61.6	50.8	33.1	40.5
URBAN	21.5	22.7	22.1	93.5	86.8	90.1	57.2	50.7	53.9
RURAL	28.6	26.4	27.5	86.1	79.3	82.8	44.8	44.4	44.6
NO EDUCATION	26.7	25.7	26.2	86.4	79.7	83.1	46.9	44.5	45.8
PRIMARY	28.5	27.4	27.9	97.5	90.9	94.1	44.5	53.5	49.2
MIDDLE	25.4	20.8	23.3	90.4	84.2	87.9	55.4	50.4	53.4
SECONDARY	22.2	16.8	19.6	94.6	87.3	91.5	63.1	55.1	59.8
HIGHER	16.3	15.2	15.8	100.0	100.0	100.0	98.6	96.1	97.5
OVERALL	26.6	25.4	26.0	87.8	81.1	84.5	47.6	45.9	46.8

O.R.T.: Oral rehydration therapy, including ORS packets and solutions mixed at home.

Figure 4.01 **PERCENTAGE OF CHILDREN ILL WITH DIARRHEA  
IN PAST 30 DAYS BY MOTHERS EDUCATION**

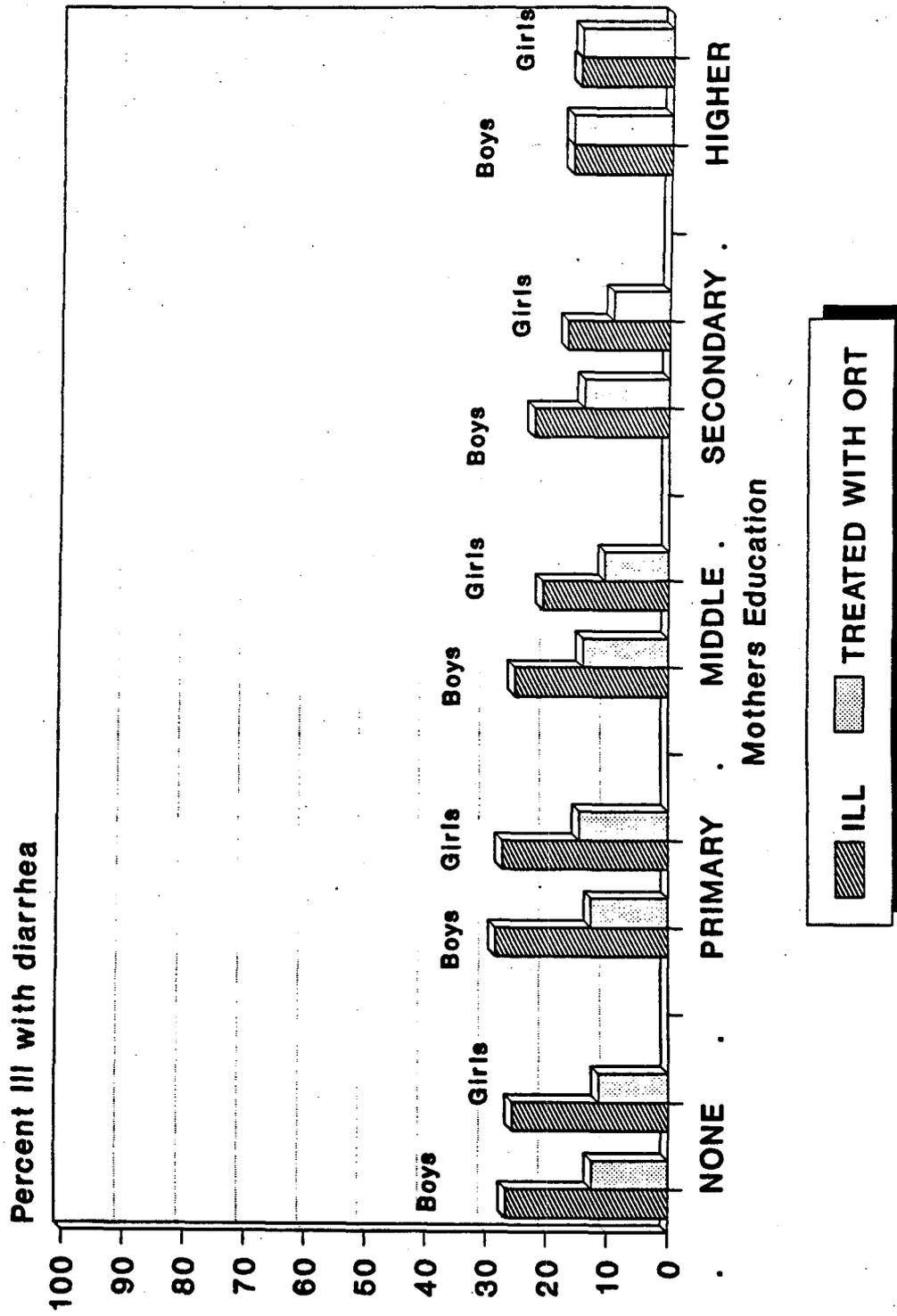
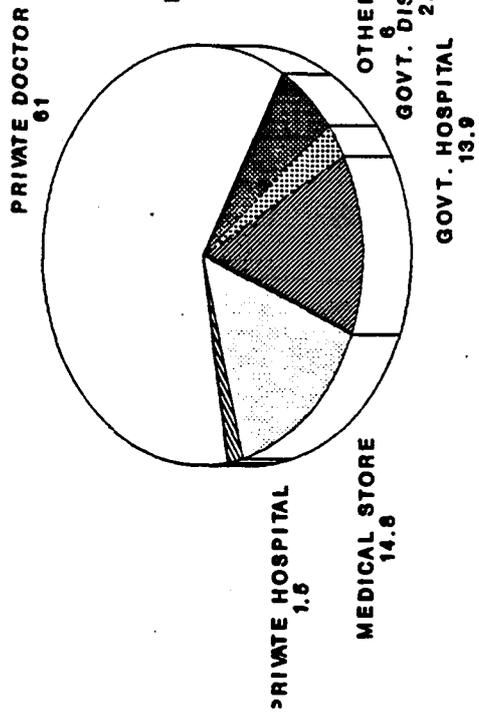




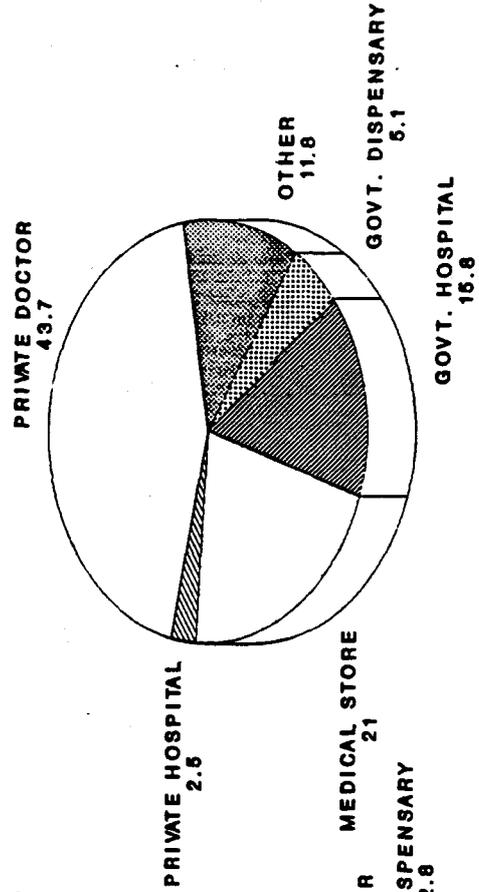


Figure 4.02 TYPE OF HEALTH PRACTITIONER CONSULTED FOR CHILDREN WITH DIARRHEA BY REGION

URBAN



RURAL



**Table 4.03**

**Percentage of Children 5 Years and Under Who Received Any Immunization by Age Category and Gender of Child, Province and Region**

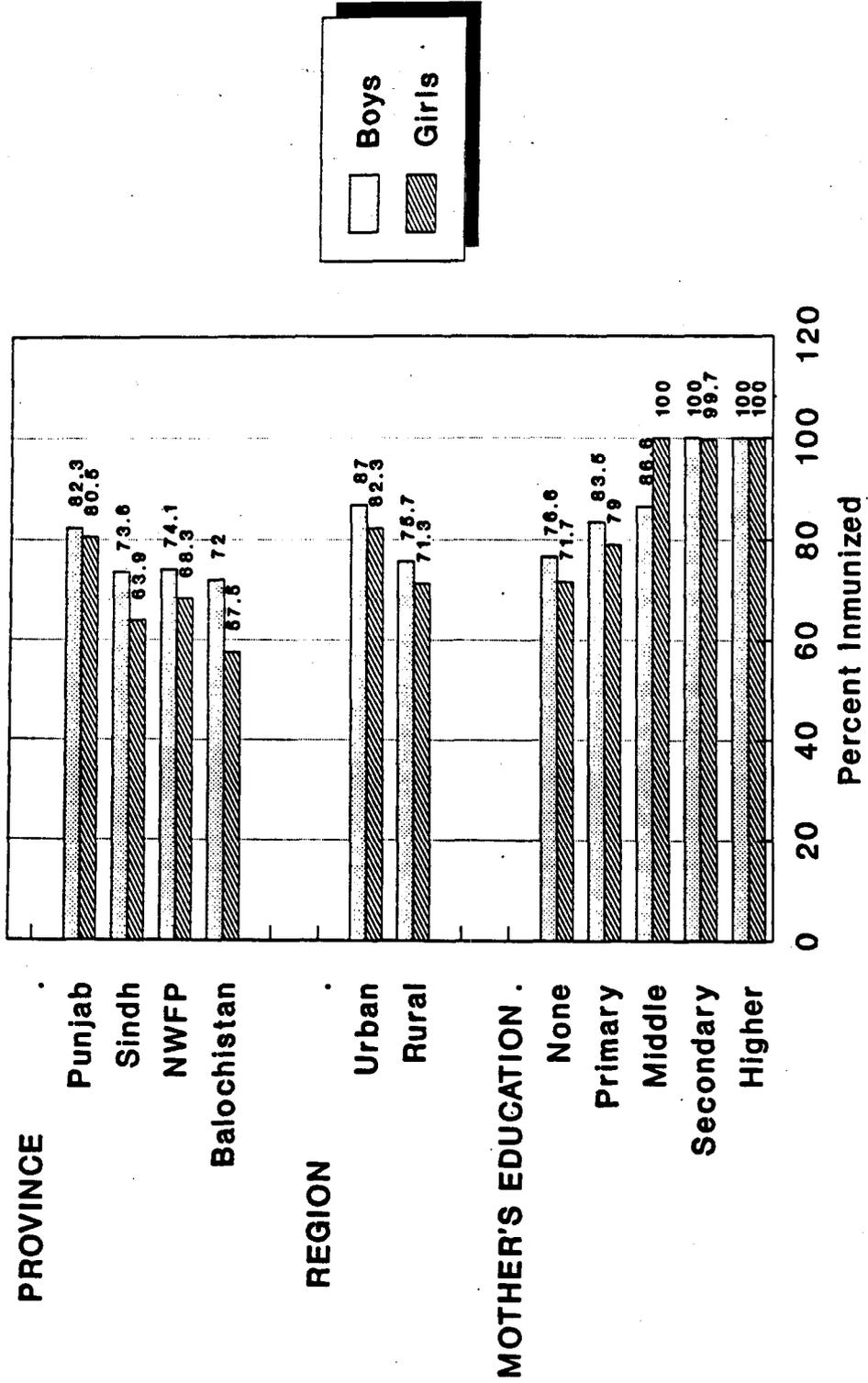
GENDER	AGE CATEGORY (MONTHS)	P R O V I N C E				R E G I O N		O V E R A L L
		PUNJAB	SINDH	N.W.F.P.	BALUCHISTAN	URBAN	RURAL	
BOYS	0 - 11	63.4	54.8	47.2	40.2	73.6	49.3	57.6
	12 - 23	82.3	73.6	74.1	72.0	87.0	75.7	78.9
	24 - 35	77.6	81.1	71.8	56.6	86.7	72.2	76.8
	36 - 47	80.4	73.2	66.4	56.7	82.6	72.9	75.4
	48 - 59	73.8	71.3	72.3	32.0	80.8	67.3	71.0
	OVERALL	75.8	71.6	65.5	50.7	82.1	68.2	72.3
GIRLS	0 - 11	59.2	61.0	28.3	17.4	76.4	44.8	54.7
	12 - 23	80.5	63.9	68.3	57.5	82.3	71.3	74.4
	24 - 35	72.3	66.6	57.4	31.0	80.5	63.7	67.8
	36 - 47	73.5	69.4	65.7	76.9	80.5	67.6	71.3
	48 - 59	78.6	70.7	53.5	47.7	83.2	69.3	72.6
	OVERALL	72.5	66.5	56.7	43.1	80.4	63.5	68.1

**Table 4.04**

**Percentage of Children 5 Years and Under Who Received Any Immunization  
by Age Category and Gender of Child, and Education Level of Mother**

GENDER	AGE CATEGORY (MONTHS)	EDUCATION LEVEL OF MOTHER					OVERALL
		NONE	PRIMARY	MIDDLE	SECONDARY	HIGHER	
BOYS	0 - 11	53.0	65.5	94.8	80.3	100.0	57.6
	12 - 23	76.6	83.5	86.6	100.0	100.0	78.9
	24 - 35	73.7	88.0	100.0	96.1	100.0	76.8
	36 - 47	73.7	83.7	89.9	90.1	100.0	75.4
	48 - 59	68.3	85.4	79.2	100.0	100.0	71.0
	OVERALL	69.5	81.2	90.0	92.1	100.0	72.3
GIRLS	0 - 11	49.6	74.2	64.6	88.5	65.6	54.7
	12 - 23	71.7	79.0	100.0	99.7	100.0	74.4
	24 - 35	63.8	86.3	100.0	95.1	100.0	67.8
	36 - 47	68.8	79.9	92.9	95.8	100.0	71.3
	48 - 59	70.1	86.9	100.0	70.3	100.0	72.6
	OVERALL	64.9	81.4	90.2	89.4	94.1	68.1

**Figure 4.03 PERCENTAGE OF CHILDREN AGED 12-23 MONTHS RECEIVING ANY IMMUNIZATION; BY PROVINCE, REGION, AND MOTHER'S EDUCATION**



**Table 4.05**

**Percentage of Children With a Health Card Who Received each Type of Immunization, by Age of Child and Location**

LOCATION	AGE CATEGORY (MONTHS)	TYPE OF IMMUNIZATION								COMPLETED ALL IMMUNIT.
		BCG	DPT1	DPT2	DPT3	POLIO1	POLIO2	POLIO3	MEASLES	
URBAN	0 - 11	91.8	92.2	73.3	60.9	87.2	72.1	58.2	18.3	17.2
	12 - 23	94.5	95.7	92.8	85.7	97.1	93.5	85.1	72.3	67.6
	24 - 35	96.8	99.8	96.3	89.8	98.2	96.3	90.7	86.1	79.9
	36 - 47	92.0	100.0	97.2	93.8	97.2	96.9	96.3	84.5	77.6
	48 - 59	90.3	98.8	88.6	88.9	99.0	89.2	89.5	87.7	83.2
	OVERALL	93.3	96.0	86.8	79.2	94.1	86.6	78.6	59.1	55.1
RURAL	0 - 11	92.8	89.4	66.4	52.9	92.5	63.7	48.4	15.6	15.6
	12 - 23	98.0	100.0	92.9	81.6	99.5	92.4	81.6	74.2	68.4
	24 - 35	94.4	98.4	90.8	81.3	98.4	90.8	81.3	82.0	75.2
	36 - 47	100.0	97.3	92.8	92.6	97.3	95.3	92.6	91.5	86.5
	48 - 59	100.0	100.0	94.2	89.4	98.4	92.5	92.5	92.5	89.4
	OVERALL	96.2	96.3	84.8	75.0	96.9	84.0	73.9	61.8	57.8

Note: The percentages of children with health cards differ in urban and rural areas. Specifically,

Age Category	Percent with Cards	
	urban	rural
0 - 11 months	40.2	24.0
12 - 23 months	41.5	27.8
24 - 35 months	20.7	13.8
36 - 47 months	14.6	7.9
48 - 59 months	13.3	5.4