

PAKISTAN DEMOGRAPHIC AND HEALTH SURVEY 2017-18

KEY INDICATORS REPORT

SUMMARY

Pakistan Demographic and Health Survey (PDHS) is nationally-representative household survey that provides data for a wide range of monitoring and impact evaluation indicators in the areas of population, health, and nutrition. The 2017-18 PDHS is the fourth Demographic and Health Survey conducted in Pakistan since 1990-91 and has been completed successfully with the collaborative and consultative efforts involving several stakeholders. The objective of the survey was to provide the latest estimates of basic demographic and health indicators. Specifically, the PDHS 2017-18 collected information on fertility, use of family planning methods, breastfeeding practices, nutrition, maternal and child health, childhood mortality, women's empowerment, domestic violence, awareness and behavior regarding HIV/AIDS and other sexually transmitted infections (STIs), migration, disability, and other health-related issues such as smoking, knowledge of tuberculosis, and hepatitis.

The information collected through the 2017-18 PDHS is intended to assist policymakers and program managers in designing and evaluating programs and strategies for improving the health of the country's population.

The 2017-18 PDHS represents the population of Pakistan, including Azad Jammu and Kashmir (AJK) and the former Federally Administrated Tribal Areas (FATA), which were not included in the 2012-13 PDHS. The results of the 2017-18 PDHS are representative at the national level and for the urban and rural areas separately.

The key findings of the survey show that there is a steady decline in fertility rate from the previous 5 years with 3.6 births per woman in the 2017-18. Women in ICT Islamabad tend to have fewer children (3.0 births per woman) than those in any other regions. The median age at first birth for women age 25-49 is 22.8 years, showing an increase of 0.6 years in the past 5 years since the 2012-13 PDHS, which was 22.2 years. Overall, 34% of currently married women use a method of family planning, with 25% using a modern method. Early childhood mortality (Neonatal, infant and U5 Child) reduced in 2017-18 compared to last five years. Regarding maternal care, births assisted by a skilled provider has been improved from 52% to 69 % in 2017-18. Improvements have also been shown in child immunization and nutrition status.

KEY INDICATORS

	PDHS 1990-91	PDHS 2006-07	PDHS 2012-13	PDHS 2017-18
FERTILITY				
Total fertility rate (number of children per woman)	5.4	4.1	3.8	3.6
Median age at first birth for women age 25–49 (years)	21.5	21.8	22.2	22.8
Women age 15–19 who are mothers or currently pregnant (%)	15	9.1	7.9	8.1
FAMILY PLANNING (currently married women, age 15–49)				
Any Current Contraceptive method (%)	12	30	35	34.2
Any modern Contraceptive method (%)	9	22	26	25
Currently married women with an unmet need for family planning (%)	31	25	20	17
Percentage of demand satisfied with modern methods	21	40	47	49
EARLY CHILDHOOD MORTALITY(deaths per 1,000 live births)				
Neonatal Mortality	49	54	55	42
Infant Mortality	86	78	74	62
Under 5 Mortality	112	94	89	74
MATERNAL CARE				
Pregnant women who received antenatal care from a skilled provider (%)	26	61	73	86
Proportion of eligible couples who have their need for family planning satisfied with modern methods (%)	21	40	47	49
Births assisted by a skilled provider (%)	17	39	52	69
Births delivered in a health facility (%)	13	34	48	66
CHILD HEALTH AND NUTRITION				
Children 12–23 months fully vaccinated (%)	25	47	54	66
Children 12–23 months with NO vaccination (%)	28	6	5	4
Exclusive Breastfeeding	25	37	38	47
Children under 5 with diarrhea	39	41	38	37

given ORS				
Children under 5 years who are stunted	50	N/A	45	38
Children under 5 years who are wasted	9.2	N/A	11	7
Children under 5 years who are underweight	40	N/A	30	23
HIV KNOWLEDGE				
Knows ways to avoid HIV (women and men age 15-49):				
Using condoms (women/men) (%)	N/A	20 (W)	22/39	18/45
Limiting sexual intercourse to one uninfected partner (women/men) (%)	N/A	31 (W)	32/57	25/58
DISABILITY				
de facto household population aged 5 and older cannot function at all in atleast one domain (%)	N/A	N/A	N/A	1

*Excluding AJ&K and Gilgit Baltistan

NHV/ SDG 3 and related Indicators at National level

SDG Indicators	Baseline		Current Data sources	PDHS 2017-18	Target 2030		Comparable estimates required for monitoring at		Proposed Data Sources at		Disaggregation of data required
	2000	2014-15			Expected	Required	International Level	National Level	Inter-national	National/ Provincial/ District or Constituency wise	
3.1.2 Skilled Birth Attendance (%)	23	52-58	PDHS, PSLM	69	75	>90	Annual	Annual+ 3 Years	Nat survey	ONE Nat Survey with provincial & district/ constituency estimates	Yes
3.2.1 Under Five Mortality Rate (per 1,000 live births)	112.6	81.9	PDHS, UNIA	74	49	<25	Annual	3 Years	Nat Survey, UNIA	ONE Nat Survey with provincial & district/ constituency estimates	Yes
3.2.2 Neonatal Mortality Rate (per 1,000 live births)	60.1	47.3	PDHS, UNIA	42	32	<12	Annual	3 Years	Nat Survey, UNIA	ONE Nat Survey with provincial & district/ constituency estimates	Yes
3.7.1 Proportion of eligible couples who have their need for family planning satisfied with modern methods (%)	35	47	PDHS	48.6	>70	>95	Annual	Annual+ 3 Years	Nat Survey, UNPD	ONE Nat Survey with provincial & district/ constituency estimates	Yes
Breakdown of the UHC Index											
A: Reproductive, Maternal, New-born, Child and Adolescent Health and Nutrition (weight age: 25%)											
Modern methods Contraceptive Prevalence Rate (%)	20.2	26.1	PDHS, PSLM	25	40	>70	Annual	Annual+ 3 Years	Nat Survey, UNPD	ONE Nat Survey with provincial & district/ constituency estimates	Yes
Antenatal care, 4+ visits (%)	22	37	WHO/WB, PDHS, PSLM	51.4	>55	>90	Annual	Annual+ 3 Years	Nat survey, WHO/WB	ONE Nat Survey with provincial & district/ constituency estimates	Yes
Child immunization (DPT III, Penta III) (%)	59	65.2	WHO/WB, PDHS, PSLM	66	>80	>95	Annual	Annual+ 3 Years	Nat survey, WHO/WB	ONE Nat Survey with provincial & district/ constituency estimates	Yes
Care-seeking behaviour for child pneumonia (%)	-	64	WHO/WB, PDHS,	84.5	>75	>90	Annual	Annual+ 3 Years	Nat survey, WHO/WB	ONE Nat Survey with provincial & district/ constituency estimates	Yes
D: Service coverage and access (weight age: 25%)											
3.b.1	59	65.2	WHO/WB,	75.4	>80	>95	Annual	3 years	Nat	ONE Nat	Yes

DPT3/Penta3 Immunization coverage (%)			PDHS, PSLM						survey, UNICEF, WHO	Survey with provincial & district/ constituency estimates	
Other Health related SDGs											
2.2.1 Prevalence of stunting among children < 5 years of age (%)	36.8	45	NNS, UNIA	37.6	Tbd	Tbd	Annual	3 years	Nat survey UNICEF, WHO	ONE Nat Survey with provincial estimates	Yes
2.2.2 Prevalence of wasting in children < 5 years of age (%)	13.1	10.8	NNS, UNIA	7.1	Tbd	Tbd	Annual	3 years	Nat survey UNICEF, WHO	ONE Nat Survey with provincial estimates	Yes