

Sindh 2018-19



Fertility & Family Planning

Multiple Indicator
Cluster Surveys

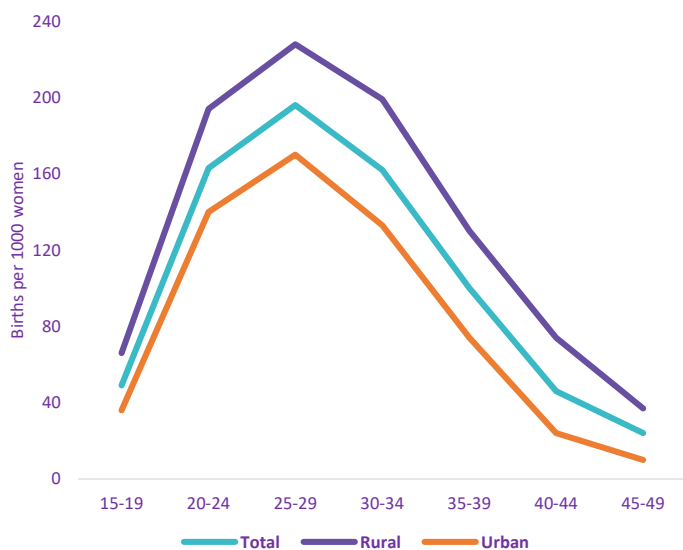
Fertility



Bureau of Statistics
Planning & Development Department
Government of Sindh

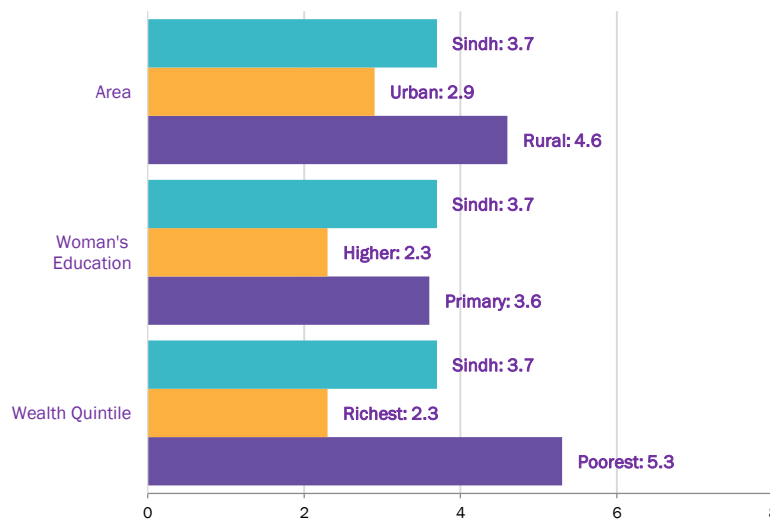


Age Specific Fertility Rates



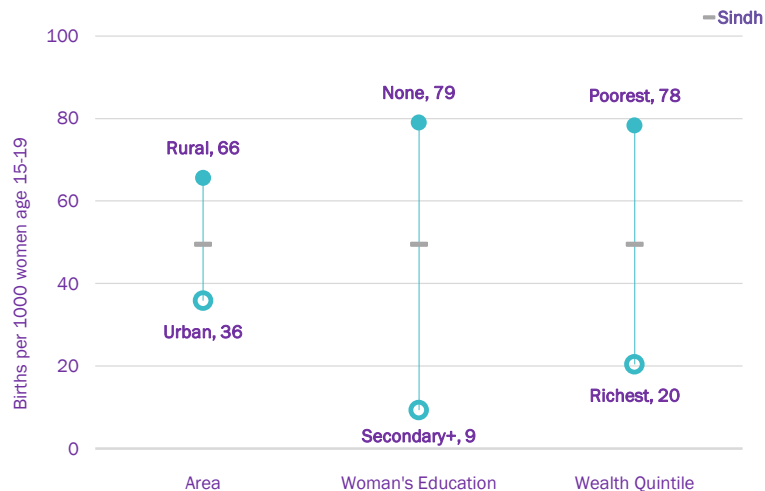
Age-specific fertility rates (ASFR) are the number of live births in the last 3 years, divided by the average number of women in that age group during the same period, expressed per 1,000 women

Total Fertility Rate



The total fertility rate (TFR) is calculated by summing the age-specific fertility rates (ASFRs) calculated for each of the five-year age groups of women, from age 15 through to age 49

Adolescent Birth Rate: SDG Indicator 3.7.2



Age-specific fertility rate for girls age 15-19 years for the three-year period preceding the survey

Adolescent Birth rate SDG 3.7.2 indicator is under target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

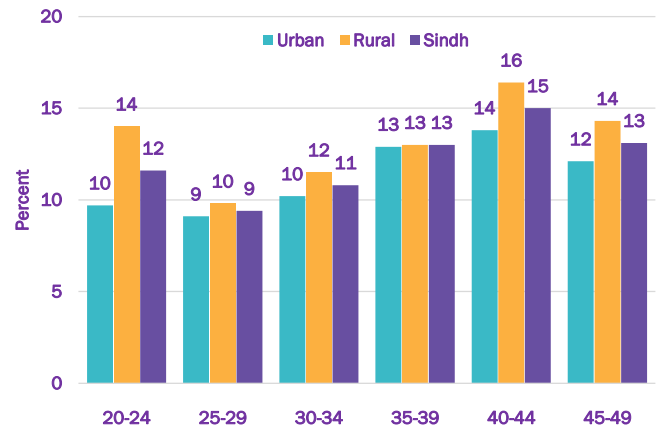
Reducing adolescent fertility and addressing the multiple factors underlying it are essential for improving sexual and reproductive health and the social and economic well-being of adolescents. Preventing births very early in a woman's life is an important measure to improve maternal health and reduce infant mortality.

Early Childbearing - by Age 18



Percentage of women age 20-24 years who have had a live birth before age 18, by background characteristics

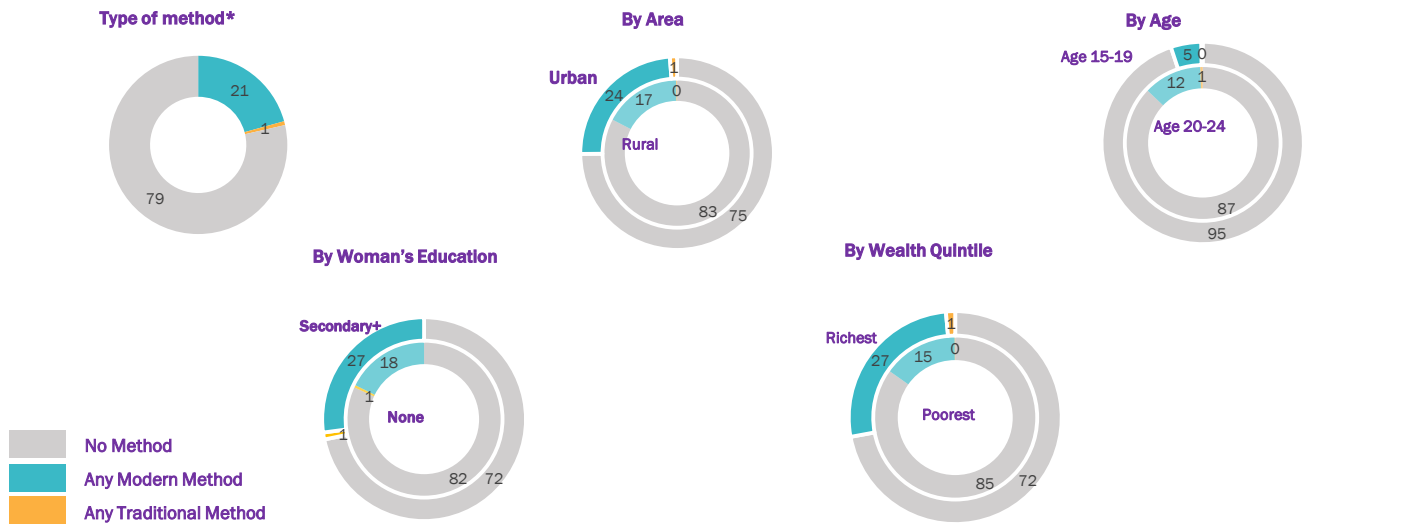
Trends in Early Childbearing - by Age 18



Percentage of women age 20-24 years who have had a live birth before age 18

Family Planning

Method of Family Planning by Various Characteristics

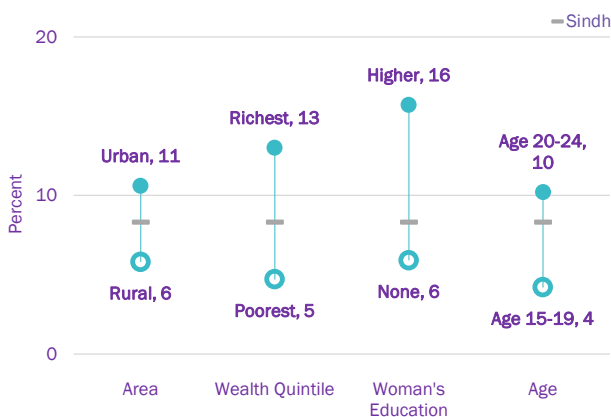


Percentage of women age 15-49 years currently married who are using a contraceptive method

*Modern Methods include female sterilization, male sterilization, IUD, injectables, implants, pills, male condom, Female condom, diaphragm and lactational amenorrhea (LAM) Traditional methods refer to periodic abstinence and withdrawal

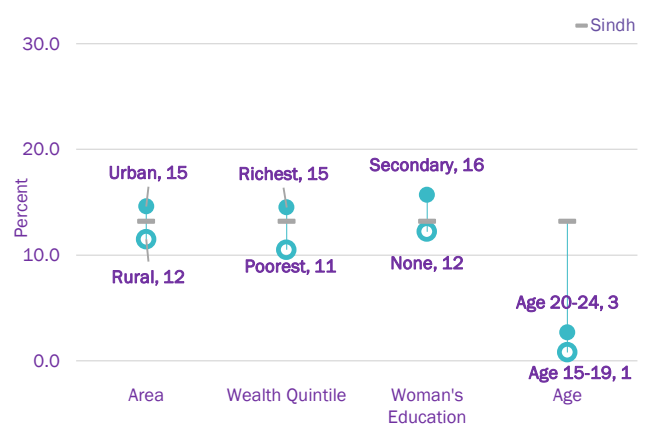
Met Need for Family Planning

Met Need for Family Planning - Spacing



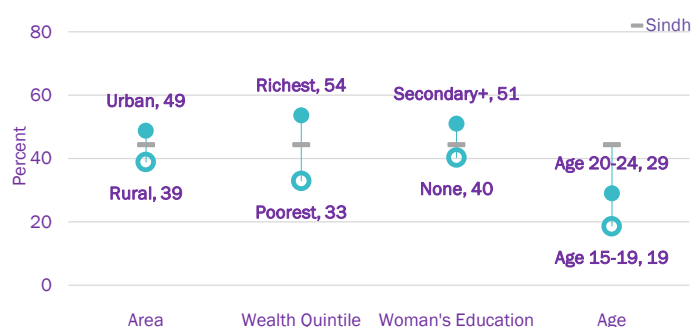
Percentage of women age 15-49 years currently married with a met need for family planning for spacing, by background characteristics

Met Need for Family Planning - Limiting



Percentage of women age 15-49 years currently married with a met need for family planning for limiting, by background characteristics

Percentage of Demand for Family Planning Satisfied with Modern Methods - SDG indicator 3.7.1



The proportion of demand for family planning satisfied with modern methods (SDG indicator 3.7.1) is useful in assessing overall levels of coverage for family planning programmes and services. Access to and use of an effective means to prevent pregnancy helps enable women and their partners to exercise their rights to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so. Meeting demand for family planning with modern methods also contributes to maternal and child health by preventing unintended pregnancies and closely spaced pregnancies, which are at higher risk for poor obstetrical outcomes.

Divisional Data on Fertility & Family Planning

Division	Adolescent Birth Rate	Total Fertility Rate	Child bearing before 15*	Child bearing before 18	Contraception Use of modern method among married women	Contraception Use of any method among married women	Demand for family planning satisfied with modern methods among married women
Sindh	49.5	3.7	0.9	11.6	20.7	21.5	44.3
Hyderabad	42.5	3.9	0.8	10.3	23.3	23.6	49.0
Karachi	30.3	2.5	0.4	8.2	22.7	24.4	45.9
Larkana	75.4	4.9	1.0	17.1	17.1	17.3	41.0
Mirpur Khas	67.5	4.6	0.7	16.8	12.3	12.5	25.2
Shaheed Benazir Abad	44.9	3.9	0.7	12.2	19.5	19.8	45.9
Sukkur	74.8	4.8	2.4	13.8	21.9	22.2	48.2

*Percentage of women age 15-19 years who have had a live birth before age 15

Key Messages

- Note that due to cultural sensitivity, all birth related questions were asked to currently married women.
- With current age specific fertility rates, a woman in Sindh province is expected to give birth to 3.7 children during her reproductive life.
- Data from this MICS indicate large variations for total fertility rates across divisions in Sindh province. In Karachi, a woman will give births to 2.5 children during her lifetime compared to a woman in Larkana who can expect to give birth to 4.9 children during her lifetime.
- Early childbearing before 18 has shown a declining trend over time. Fifteen percent of women currently 40-44 years report having a live birth before the age of 18 years compared to 9% of women who are currently 25-29 years old. However, data from this MICS indicate a slight increase in early childbearing before 18 years of age for women who are currently 20-24 years (12%), indicating a recent upward trend.
- Twenty-one percent of currently married women in Sindh province use modern methods of contraception.
- Women who live in urban areas, are wealthier and have a secondary education or higher are more likely to have their needs for family planning satisfied with modern methods. Very young women (15-19 years) are less likely (19%) than their slightly older counterparts (20-24 years) to have their demand for family planning met with modern methods (29%). These data may indicate that very young women are not accessing family planning programmes and services.
- Few women in Sindh province report met need for family planning. Even amongst women who live in urban areas, are wealthier and have higher levels of education, less than 16% report met need for family planning for spacing or limiting. Young women have a particularly low met need for family planning.

The Sindh Multiple Indicator Cluster Survey (MICS) was carried out in 2018-19 by the Sindh Bureau of Statistics, Planning and Development Department as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF and Government of Sindh provided financial support.

The objective of this snapshot is to disseminate selected findings from the Sindh MICS 2018-19 related to Fertility and Family Planning. Data from this snapshot can be found in table TM1.1, TM 2.1, TM2.2W, TM2.3W, TM3.1 and TM3.3 in the Survey Findings Report.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on www.sindhbos.gov.pk and www.mics.unicef.org/surveys.