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Follow-up household survey in Agra District

Jayanti Tuladhar

R.B. Gupta

V.S. Sridhar

Tilak Mukherjee

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**FOLLOW-UP HOUSEHOLD SURVEY IN
AGRA DISTRICT**

Final Report

Jayanti M. Tuladhar
R. B. Gupta

Population Council

V. S. Sridhar
Tilak Mukherji

MODE Research Pvt. Ltd

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Asia & Near East Operations Research and
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CHAPTER 1

INTRODUCTION

1.1 District Profile

Agra is one of the 83 districts of Uttar Pradesh, the most populous state in India (139.1 millions according to the 1991 census). Geographically, Agra is situated in the western region of the state.

Agra district accounts for about 2 percent (2.75 million) of the total population of the state according to the 1991 census (Table 1.1). The majority of the population in Agra district are situated in rural areas. However, while the urban population constitutes 20 percent in the state it is about 40 percent in the district. The population growth rate of the district during 1981-1991, recorded at 2.0 percent per annum, was lower than that of the state (2.5 percent per annum).

Table 1.1: Demographic features of Agra district and Uttar Pradesh

Characteristic	Agra District	Uttar Pradesh
Total population in million (1991)	2.75	139.11
Percent of state population (1991)	2.0	NA
Sex ratio (1991)	821	879
Population density (1991)	683	473
Decadal growth (1981-1991)	19.8	25.5
Percent urban population (1991)	40.4	19.8
Crude birth rate (1992)	41	36.2
Total fertility rate	5.2*	4.8**
Infant mortality rate	115	99.9
Contraceptive prevalence (%)	29*	19.8**
Unmet need for family planning	29*	30.1**

Notes: NA = Not applicable

* The 1994-95 BSUP

** The 1992 National Family Health Survey

Estimates of Crude Birth Rate (CBR) and the Total Fertility Rates (TFR) shows that the fertility levels observed in the district are higher than that of the state. Crude birth rate of 41 live births per 1000 population and the total fertility rate of 5.2 per woman were higher than the state level estimates of 36 and 4.8 respectively. Similarly, the infant mortality rate of 115 infant deaths per 1000 lives births was much higher than that of the state (98 infant deaths per 1000 lives births).

With regard to the use of family planning methods by currently married women the district is relatively better off. As against the current use level of 20 percent in the state, the district level estimates reveal the acceptance levels to be about 29 percent.

Table 1.2 presents the socio-economic profile of Agra and the state as whole. The female literacy level of 30.8 percent in the district in 1991 was higher than the state level of female literacy of 25 percent in the same time period. Scheduled caste and scheduled tribe population in the district accounts for about 23.2 and 0.01 respectively. In the state as a whole these groups account for about 21 percent (Scheduled castes) and 0.2 percent (Scheduled Tribes) of the total population.

Table 1.2: Socio-economic profile of Agra district and Uttar Pradesh

Characteristic	Agra District	Uttar Pradesh
Percent female literate (1991)	30.8	25.3
Percent scheduled caste (1991)	23.2	21.0
Percent scheduled tribe (1991)	0.01	0.2

Table 1.3 presents the health infrastructure available in the state as well as in the district. In terms of number of primary health centers, there is 1 PHC/CHC for 46,610 people in Agra district. The ratio of SC to the population is 1:9,197 in the district, while it is 1:6,902 in the state as a whole.

Table 1.3: Health Infrastructure in Agra district and Uttar Pradesh

Characteristic	Agra District	Uttar Pradesh
Number of Community Health Centers (CHCs)	4	3,929*
Number of primary Health Centers (PHCs)	57	
Number of Sub-centers (SCs)	299	20,154
Number of Integrated Child Development Services (ICDS)	6	361
Number of Public Sector Physicians		
Sanctioned	131	11,809
In position	108	8,265
Number of Private Physicians	3,054	132,847
Percent of Rural Population in villages with less than 2000 population	46	69

* Refers to both CHCs and PHCs

1.2 Family Planning Programme

In the history of the family planning programme the achievement of method specific targets was considered an important indicator to measure programme performance in achieving national demographic goals set by the Government of India (GOI). Achievement of targets

was given importance because it was quantitative, easy to monitor and was expected to have a direct link with reduction in fertility. However, over the period it was observed that, though the contraceptive prevalence rate was increasing, the corresponding decline in fertility was lower than expected. This observed trend was mainly due to: (a) acceptance of family planning by older and higher parity couples, (b) the concept of birth spacing was not properly promoted and thus very few young and lower parity couples adopted contraception, and (c) inflated target achievements were reported by the workers. A number of independent surveys and studies support these findings (Verma et al., 1997).

In the light of the recommendation of Swaminathan Committee on Population Policy (1992) for withdrawal of the family planning targets and the ICPD's advocacy for the recognition of the reproductive rights of couples, and in order to make Family Planning programme a means to help couples achieve their reproductive goals, the target free approach was mooted.

In April 1995, the Ministry of Health and Family Welfare (MOH&FW), Government of India, on an experimental basis exempted certain districts from the method specific target in an effort to improve the functioning of the family welfare programme by emphasising the client need approach.

In Uttar Pradesh, Agra and Sitapur Districts were chosen to participate in this effort. Agra was chosen because it was among the relatively better performing districts in Uttar Pradesh, while Sitapur was one of the poorly performing districts. Subsequently, the GOI withdrew targets from the entire country starting from April 1, 1996.

1.3 Initiatives under Innovations in Family Planning Services Project (IFPS Project)

The Innovations in Family Planning Services (IFPS) Project is a collaborative effort between the Government of India and United States Agency for International Development (USAID). It is a ten year (1992 - 2002) project with the goal of assisting the state of Uttar Pradesh in reducing the rate of population growth to a level consistent with its social and economic objectives. State Innovations in Family Planning Services Agency (SIFPSA) is implementing and funding the IFPS Project activities. The project has the following objectives (USAID, 1997):

- Improve the quality of family planning and other reproductive health services by expanding the choice of contraceptive methods, improving the technical competence of personnel, ensuring informed choice through effective counseling, and improving management and follow-up of client services.
- Increase access to family planning and other reproductive health services by strengthening service delivery points in the public sector and developing and expanding the capacity for service delivery in the non-governmental sector. Access will also be expanded through hospitals, clinics, households and community based distribution, social marketing and commercial retail sales so that services will be available to a large proportion of clients living in the less accessible rural, poor urban and peri-urban areas.
- Promote family planning and other reproductive health issues by broadening support among leadership groups, increasing the public's understanding of the health and welfare benefits of family planning, creating a better image for the programme, and providing information (or advertising in the case of social marketing programme) on the availability of services and methods.

Two major sub-objectives dealing with the public sector were built in as a part of overall strategies. The first one is to improve family planning services (Sterilisations, IUDs, and Pills) and medical staff skills at District, Community Health Centre (CHC), and Primary Health Centre (PHC) levels in six districts¹ covering 100 percent of the facilities. The second is to improve the screening, counseling, communication and referrals, and pill/condom skills of Sub-centre ANMs.

The Operations Research Programme

Under the IFPS Project, the Agra CMO has been implementing a number of activities through Operations Research Project since July 1995 with funding from SIFPSA and technical assistance of the Population Council. The ultimate goal of the Operations Research (OR) programme is to improve the welfare of individuals and couples in Uttar Pradesh by improving their access, knowledge and use of family planning and selected reproductive health services. Specifically, the OR programme has the following objectives:

- Improve the organization, management, training and supervision of PHC/SC personnel to enhance the access, quality and coverage of family planning welfare and reproductive health services at the District level, with special emphasis on services for rural areas.
- Develop and test the cost-effectiveness of an alternative model of programme management to the current management strategy employing method specific targets.
- Increase the involvement of males in support of the acceptability and use of family planning and reproductive health services.
- Improve the awareness of reproductive health, responsible parenthood and gender issues among youth.

In order to achieve the above stated objectives, two broad interventions were planned. They were: (1) adoption of the Pregnancy Based Approach (PBA) and (2) increasing involvement of men and youth in reproductive health. Because of the lack of time and delay in the implementation of the PBA, the second component was postponed. Various activities carried out under PBA with the funding of USAID through IFPS Project of SIFPSA are described briefly in the following section. SIFPSA also had a few project activities, such as upgradation of district Postpartum Centre and district hospital and training of providers, in Agra district. It is to be noted that Agra is not one of the six focused districts of the IFPS Project.

The Population Council is providing technical assistance (TA) to the district health authorities in implementing OR activities in 3 blocks of Agra district. A total of about 350,000 people in Agra is being covered by the OR.

Two broad interventions - Pregnancy Based Approach (PBA) and Addressing Unmet Need - were initiated in Agra under the OR project. With these two approaches, it is expected that 100 percent of eligible couples will be covered (about 45 percent through PBA and 55 through the Unmet Needs approach).

Unmet Needs approach addresses couples who: (1) want no children or want a child after two years and are not using a contraceptive method (unmet need), (2) want a child in the near

¹ Six focussed districts are Tehri Gharwal, Rampur, Sitapur, Gorakhpur, Kanpur Nagar, and Jhansi.

future, or, (3) are current family planning users. To identify couples with unmet needs, the existing Eligible Couple Register (ECR) was revised by adding two columns to obtain information on their reproductive intentions, i.e. whether they want another child or not, and if 'yes' how soon.

With the introduction of the improved ECR, the following activities were initiated:

- ANMs were given a one-day intensive in-service training with an emphasis on identifying couples' reproductive intentions, and how the ECR could be used for planning their work more efficiently;
- A laminated sheet describing ways to use ECR information was also distributed and found to be very useful to improve ANMs' knowledge on the couples served by their sub-centres; and
- Two log books (pink colour for family planning users and blue one for couples wanting no more children or those wanting a child after two or more years) were given to ANMs to better organize services according to the clients' needs.

In the **Pregnancy Based Approach (PBA)**, the female health workers (ANMs) are expected to identify all pregnant women in their area, make at least three visits to them during the antenatal period and three visits during the postnatal period. During visits, pregnant women are registered, immunised twice with Tetanus-toxoid, provided with Iron and Folic Acid (IFA) prophylactic, antenatal check-up, and provided information on birth spacing.

In order to implement the PBA, the following activities were initiated to strengthen the service delivery systems at the community level:(1) update information on service delivery position (the readiness to provide quality service), (2) skill development initiatives, (3) change in the style of review meeting, (4) regular monitoring of ANM's performance, (5) supportive supervision, (6) use of local women as volunteers to establish links between village women and ANMs, and (7) integration of Reproductive Tract Infection (RTI) case management services into different types of PHCs (Tuladhar et al. 1997).

Readiness of the health facilities in terms of human and material resources is critical for its effective utilisation and is a pre-requisite to provide quality services. A detailed Readiness Survey of all the sub-centers within the OR blocks of the districts was carried out to document the position of personnel, training status, availability of equipment, instruments, contraceptive supplies, and IEC materials. The first Readiness Survey was conducted before the start of the OR project (July 1995), the second in September-October 1996, and third in December 1997. The findings of the first readiness survey showed major gaps in facilities required and available. These findings were shared with the State, District, and Block authorities. Between the first and second surveys, the readiness to provide quality services remained below norm. However, during 1997 improvements in readiness of the health facilities were perceptible.

Skills Development was an agenda of the weekly meeting held at the PHC. During the first year of the OR project, regular weekly and monthly meetings were used for skill development of ANMs as well as sharing experiences on how to provide quality services during the antenatal period. The Medical Officer-in-Charge of the PHC conducted several demonstrations on the procedure to use auto-clave, taking blood pressure and methods of

taking oral pills. The extensive explanation of the Child Survival and Safe Motherhood (CSSM) register was repeatedly done with the assistance of the Population Council staff. ANMs and other PHC staff were provided with in-service training on the use of the revised Eligible Couple Register (ECR). A laminated sheet depicting a time-table in providing services to pregnant women was distributed to all ANMs.

A change in the style of review meetings was initiated first at the PHC level and later at the district level. Earlier the review meetings were used to send messages or information to ANMs and used as a forum to find out how many sterilizations were performed during the last month within each ANM area. The first change was to use this meeting as a forum to share experiences in service delivery among ANMs. Secondly, instead of asking only about sterilizations, each ANM was also asked to report how many pregnant women were identified and registered, followed by a series of services which were to be provided to the pregnant women. A graph showing the number of pregnant women registered by the ANMs was distributed every month to each ANM. An ANM who had performed well and another who had performed less well were asked to make a presentation in front of other ANMs regarding their work styles and the difficulties they encountered during the previous month. Other ANMs were encouraged to share their experiences as well. Throughout these meetings during the first year of the target free approach, ANMs were told about the withdrawal of family planning targets, and reminded to provide services based on the client's needs.

At the district level, separate review meetings for the OR block medical officers were organised bi-monthly and subsequently monthly during the second year. In these meetings, all PHCs' doctors working within the OR blocks and all deputy CMOs who have responsibilities for non-OR blocks to implement the family welfare programme participated to discuss and share experiences in the OR blocks. The purposes were: (1) to document operational problems and identify solutions (at CMO and Deputy CMO level), and (2) to encourage deputy CMOs of non-OR blocks to replicate OR block activities that were of interest to them in their areas.

Monitoring of activities at the SC and PHC level was initiated by visiting ANMs at their SCs and villages and documenting their performance based on service statistics. The Council's staff, along with the PHC staff, made numerous visits to sub-centers and villages to observe how the ANMs functioned and worked with local villagers. The PHC doctors were encouraged to do independent monitoring at sub-centers. On-site checks of CSSM and ECR registers were made and shortcomings were corrected out along with ways to improve the quality of records. Every month, sub-center and PHC level statistics were compiled and shared with the concerned staff of CMOs including ANMs, MOICs, deputy CMOs, and CMOs. The statistics were presented in a user-friendly manner, usually in graphic form, so that they were easy to interpret.

Supportive Supervision was introduced to provide continuous supervisory and technical support to ANMs moving from traditional ways of monitoring performance records to actually understanding the field problems, and to help ANMs solve these problems. It aimed to: (1) increase the frequency of visits by Health Supervisors to assist ANMs and monitor field visit schedules; (2) assist and train ANMs in maintaining records, reports, and utilisation data; (3) improve the quality of services provided by ANMs; and (4) improve the availability and stocks of supplies and equipment at SCs. In addition, a set of checklists and a training manual were developed and used extensively during the training of Health Supervisors and Medical Officers.

The **Link Person** concept was introduced to increase access and improve quality of family planning and Maternal and Child Health services. The link person is a volunteer woman from the community, working with about 50 households, who facilitates *Mohalla Baithak* on a scheduled day (Monday), at fixed time, and at a fixed place once a month. The ANM of the area conducts *Mohalla Baithaks* at the residence of the Link Person for her community with the involvement of the Link Person. Each Link Person serves as a liaison between the ANM and the community. Link Persons are expected to spend not more than 2 hours in a month informing her neighbors about the activities of *Mohalla Baithak* and inviting them to participate in the event. In Agra, a total of 115 women were actively involved in this programme. At the *Mohalla Baithak*, the ANM provides services and information on antenatal care, postnatal care, immunisation to children and pregnant women and family planning services.

Training and a one-page pictorial educational pamphlet helped improve the skill of Link Persons. In order to sustain the Link Person's interest, a certificate of recognition was given to each of them and an award given to the best link person in a specially organized function at the PHC. Similarly, the best ANM among those involved in the link person scheme was also given an award.

Syndromic Management of Reproductive Tract Infection (RTI) case management service was introduced at the different PHCs to: (1) test the feasibility of their integration at the PHC level; and (2) estimate the utilisation of services and cost involved in different types of PHCs. RTI services were implemented in three different types of PHCs by training medical doctors in the detection and management of RTI patients, and laboratory technicians in laboratory testing. A flow-chart for syndromic management of RTI case management was developed along with National AIDS Control Organisation of India (NACO).

1.4 Objectives of the Study

The main objective of the study is to assess changes in the programme indicators of the family welfare activities including some of the selected reproductive health indicators during the period between 1995 (before the targets were withdrawn) and 1997 (30 months after the targets were withdrawn). The study has the following immediate objectives:

- Detect changes in the family planning knowledge and use among currently married women in rural areas;
- Detect changes in the level of unmet need for spacing and limiting births;
- Detect changes in the use of health services by pregnant and post-partum women;
- Identify the differential use of family planning methods, antenatal and postnatal services, child immunisation, and other reproductive health services;
- Assess the reproductive tract infections among ever married women in rural areas as reported by them; and
- Assess the level of unwanted pregnancies, incidence of abortions, and post abortion services.

CHAPTER 2

SURVEY DESIGN AND IMPLEMENTATION

In view of the study objectives, the sample design adopted for the 1995 baseline survey was retained for the follow-up study. In case of the questionnaires, the key indicators which need to be compared are retained and some additional information areas are included in line with the OR Programme components.

Though the sample designs are the same for both the baseline and the follow-up study, the basic difference between the two is the permissibility of the level of estimation of the indicators. While the baseline survey was designed to provide estimates for rural, urban and total populations, the follow-up study is intended to yield estimates for OR blocks, Non-OR blocks and the total rural population.

2.1 Survey Design

As in the case of the baseline survey (1995), a multi-stage stratified systematic random sampling design is adopted for the sample selection in the follow-up study.

Sample size

For achieving the required number of sample households and eligible women, a two-stage stratified systematic sampling procedure was adopted. The unit of selection in the first stage was the villages and households in the second. Within each selected household, all the eligible respondents (de facto) present in the household, including the visitors, were interviewed. The eligible women for the survey are defined as ever married women in the age group of 13-49 years.

The 1991 Census list of villages formed the sample frame for selection of villages. Using this list 2 separate sample frames were created for OR and Non-OR blocks. In these sample frames the actual procedure followed for the selection of villages was as follows:

1. The villages were arranged in descending order of population. Villages with a population of less than 50 were deleted. Other villages were divided into three equal population strata.
2. The villages in the sub-strata were rearranged using census location codes to randomise the election of villages and cumulated.
3. Villages with a population of 51-150 were combined with the next immediate village as per census listing to ensure a minimum required sample size of 25 households from each village.
4. Ten villages were selected systematically with a random start from each sub stratum in case of OR blocks. 13 each were selected from the first two sub strata and 14 from the third stratum in case of non-OR blocks.
5. A complete household listing was conducted for the villages of up to 500 households and for larger villages with more than 500 households, the village was divided into 3 to 5

segments of about 150-250 households each. From these segments, two segments were selected for household listing.

6. Lastly, in each of these villages, 25 households were selected systematically with a random start from the house listing formats. In case of the segmented villages, 13 households were selected from the first and 12 households from the second segment to make a total of 25 households.

Thus, 750 households from the OR blocks and 1,000 from the non-OR blocks, or a total of 1,750 households were selected for the study. These were spread over 30 villages in OR blocks and 40 villages in non-OR blocks of the district. A complete list of selected villages with the 1991 Census population is annexed in the report for further reference (Appendix I).

2.2 Questionnaire design

There were two types of questionnaires – a Household Questionnaire and a Women's Questionnaire (See Appendix II). The main objective of the household questionnaire was to identify all the eligible women in the household. Information on age, sex and marital status were collected for both the usual residents and the visitors who slept in the household the night before the survey.

The women's questionnaire had 6 sections, including a section on post abortion services which was not there in the 1995 survey. Overall, the content of the baseline questionnaire was retained and the format of the questionnaire was improved by adding skip instructions to reduce interviewer errors.

The major information heads in the women's questionnaire were as follows:

- Section 1: Background Characteristics of Couple
- Section 2: Fertility and Fertility Intentions
- Section 3: Utilization of Health Services
- Section 4: Family Planning
- Section 5: Unmet Need and Reproductive Health
- Section 6: Post Abortion Services

2.3 Recruitment, Training and Fieldwork

Recruitment of field investigators

The eligibility criterion adopted for the recruitment of the field investigators included a minimum qualification of a bachelor degree and experience in similar studies. Preference was given to those who had worked in the 1995 survey. This preference was given to ensure that the investigators were acquainted with the survey area and the subject matter.

With regard to the supervisors and the field executive, MODE's field supervisors and the permanent staff were engaged for the purpose. They have many years of experience in this area.

Training

Training for the field staff was conducted between October 4-17, 1997 at Kanpur. A total of 32 (28 females and 4 males) were given in-depth training in fieldwork techniques. This training included both class room sessions and practice interviews. In the class room sessions, there were discussions on study background, objectives of the study, field procedures, interviewing techniques and detailed discussions on the questions, role-plays with a special emphasis on skip patterns, probing techniques and interviewing techniques. As mentioned earlier, apart from these class room sessions, the trainees were also taken to villages around Kanpur, and to non sample villages of Agra district for practice interviews. A Senior Researcher from MODE imparted the training under the guidance of senior staff of the Population Council.

Data collection

The main fieldwork for the follow up survey in Agra district was carried out by four teams, each team consisting of one field supervisor, one field editor and five female interviewers. The fieldwork was carried out between October 18, 1997 to November 13, 1997.

In order to ensure correct survey procedures and maintain the quality of data, monitoring and supervision of data collection was carried out by the field executive, the regional field manager and the researcher. The senior field executive located at Agra was closely monitoring the teams on a day-to-day basis. Apart from the field visits by the field executive and the regional field manager, senior researchers of MODE also made frequent visits to teams. In addition, the Population Council staff made frequent visits to the survey teams and the Council's Research Officer located at Agra monitored the fieldwork on daily basis.

2.4 Sample Implementation

Fieldwork for the study was carried out in phases - Household listing, Household coverage and Woman Interviews.

Household listing

The house listing consisted of preparation of a notional map showing the boundaries, directions and major landmarks of the selected village (PSU) and a layout sketch map showing the household location and directions within the selected village. House listing in the selected villages were carried out by five teams, each consisting of one lister and one mapper. These teams were deployed after due training and practice of house listing and mapping in nearby villages.

The entire house listing in the 70 PSU district was completed over a period of 45 days prior to household survey in Agra. It needs to be mentioned here that the Household listing preceded data collection by at least 15 days in the selected villages. In each selected village all the households were numbered for easy identification and the details of the head of the households with addresses were recorded in the house listing proforma designed for the purpose.

Table 2.1: Sample results for households and eligible women (unweighted), Agra, Pradesh, 1997

Result	OR		Non-OR		Total	
	Number	Percent	Number	Percent	Number	Percent
Households selected	750	100.0	1000	100.0	1750	100.0
Households completed (C)	727	96.9	961	96.1	1688	96.5
Households with no						
competent respondent (HP)	3	0.4	2	0.2	5	0.3
Households absent (HA)	9	1.2	15	1.5	24	1.4
Households postponed (P)	-	-	-	-	-	-
Households refused (R)	4	0.5	1	0.1	5	0.3
Households vacant (DV)	-	-	5	0.5	5	0.3
Other (O)	7	0.9	16	1.6	23	1.3
Households occupied	NA	98.1	NA	98.4	NA	98.3
Households interviewed	727	96.9	961	96.1	1688	96.5
Households not interviewed	23	3.1	39	3.9	62	3.5
Household response rate (HHR)*	NA	97.8	NA	98.2	NA	98.0
Eligible women	872	100.0	1165	100.0	2037	100.0
Women interviewed (EWC)	831	95.3	1103	94.7	1934	94.9
Women not at home (EWNH)	7	0.8	9	0.8	16	0.8
Women postpond (EWP)	-	-	1	0.1	1	0.0
Women refused (EWR)	6	0.7	3	0.3	9	0.4
Women partly completed (EWPC)	3	0.3	5	0.4	8	0.4
Others (out of station) (EWO)	25	2.9	44	3.8	69	3.4
Individual response rate (EWRR)	NA	98.1	NA	98.4	NA	98.3
Overall response rate (ORR)	NA	95.9	NA	96.6	NA	96.3

$$\text{HRR} = \frac{C}{C+HP+HA+P+R} \times 100$$

$$\text{EWRR} = \frac{\text{EWC}}{\text{EWC}+\text{EWNH}+\text{EWP}+\text{EWR}+\text{EWPC}} \times 100 \quad \text{ORR} = (\text{HRR} \times \text{EWRR})/100$$

In case of villages having less than 500 households, a complete household listing was carried out. If the village had more than 500 households, they were divided into 3 to 5 natural clusters/segments, each consisting of 150 to 250 households. Thereafter, two clusters were selected randomly for household listing. After thorough scrutiny of these lists, 25 households from each PSU were selected through systematic random sampling procedure.

The results of the household and eligible women interviews are presented in Table 2.1. The household questionnaire was canvassed to the head of the household or an adult member available in the household. No replacement was made for locked houses, households where interviews were refused or households not found. Out of the total 1,750 households, household interviews were completed in 97 percent (1,688 households) of the cases. In about 1 percent of the cases the households were found to be absent/house locked and were not available for interviews at the time of survey. The remaining 2 percent either refused (0.3 percent) or could not be contacted for interviews despite the fact that they were visited three or more times. The household response rate, that is the number of households interviewed per

100 occupied households was 98 percent. A slightly higher response rate for the household interviews was observed in the OR areas of the district.

Women Response

The women's questionnaire was canvassed to all the ever married women in the age group 13-49 who slept in the household the night before the interview. In case of non-availability of the respondent, the questionnaire was left blank and no attempt was made to fill in the questionnaire by asking information from any other member of the household including the respondent's husband.

From the completed household questionnaires, a total of 2,037 ever married women in the age group of 13-49 were found to be eligible for the women's questionnaire. Out of these eligible women, interviews of 1,934 women were completed which accounts for 95 percent of the total. The main reason for non-response was absence of the respondent either due to the fact that she was in her parent's home for Diwali or because she was visiting other relatives for Diwali. The other reasons for non-response were very few. The individual response rate is slightly higher in OR areas as compared to non-OR areas.

2.5 Data Processing

All the completed questionnaires were brought to MODE's Delhi office for data processing after 100 percent of the questionnaires were checked by the field editor and the supervisor in the field. The data was processed using Micro-computers. The process consisted of office editing of questionnaires, coding, data entry, cleaning and tabulation. Data cleaning included wild code checks and consistency checks. A software package provided by the Population Council was used for data entry. For data analysis, SPSS and FoxPro software packages were used.

2.6 Estimation Procedure

The estimation procedure/weighting factor used for the 1995 survey were retained for this survey. The bias that arose due to weighting at the selection stage was adjusted at the analysis stage by giving the reverse weighted factor in order to arrive at an unbiased estimate. The procedure adopted for the study is given below.

Weighting Factor

$$\text{Household Factor} = \frac{p}{a \times p_i} \times \frac{H_i}{h_i}, \text{ where}$$

P = Total rural population (1991 census) of the district

p_i = Population (1991 census) of the selected ith village/ith PSU

a = Number of selected PSUs villages from the rural areas of Agra district

H_i = Number of listed households in the ith PSU/village

h_i = Actual number of households surveyed from the ith selected village

For segmented villages total number of households obtained from 1991 census have been projected for 4.2 years to get 1995 projected households for the village/PSU.

$$\text{EW Factor} = \text{Household factor} \times \frac{E_i}{e_i}$$

Where

E_i = Total number of eligible women existing in the surveyed of the i th PSU/village

e_i = Actual number of eligible women surveyed in the i th PSU/village

After generating the weighting factors using the above method, it was tested for precision by comparing the various population parameters so obtained for mid 1997, with that of the 1991 census figures for the district. It was found that population (rural areas), sex ratio, percentage of young and old dependent more or less compared with the census figures. In tables provided throughout this report, however, only unweighted sample size is presented, while the analysis is based on the weighted factors.

2.7 Field Experience

At the outset, getting 30 females for survey activities for a short duration during the Dussehra and Diwali festivals was a challenging task. We were keen to have females who had worked during the 1995 BSUP to ensure that the workers were acquainted with the localities. Other interviewers were selected by contacting colleges and universities in Lucknow.

It was intended that the field work would be completed before the Dussehra and Diwali festivals. Unfortunately, because of the delay in the signing of contracts, the survey was launched during the festival period. In most of the households where the eligible women were identified the women had gone to their parental homes for the festival. To interview these women repeated re-visits had to be made even after completing the fieldwork in the village. These women were re-visited again during the periods November 13 to 19, 1997 and November 26 to December 3, 1997. Despite these revisits 69 women could not be interviewed as they were still out of the area.

Throughout the survey the senior representatives of the Population Council shared their valuable experience and provided moral support and guidance on the various activities of the survey.

CHAPTER 3

CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

This chapter presents a socioeconomic and demographic profile of the households and the individual respondents. Information on the household composition was collected using the household questionnaire and the information on individual women was collected using the women's questionnaire.

3.1 Age-sex distribution of the household population

Table 3.1 presents the age-sex distribution of the *de jure* and *de facto* household population for both OR and non-OR areas and for the rural areas of the district. Overall, the age distribution indicates that the population under study is a high fertility population. The proportion of the population aged less than 15 for the rural areas as a whole is estimated to be around 45 percent. The OR and non-OR areas show marginal differences in this regard.

The sex ratio (*de jure*) for the rural areas is estimated to be 844 females per 1000 males. Across programme areas larger variations are observed. While there are 871 females per 1000 males in the OR areas, the corresponding proportion is 838 in the non-OR areas. Probably, this could be due to the prevalence of relatively higher female mortality in the non-OR areas. Access to health services is difficult in non-OR areas as they lie in remote parts of the district.

3.2 Household composition

Table 3.2 presents the percentage distribution of households by selected background characteristics of the household head and size. As expected almost all the household heads are male (Table 3.2). Age distribution of the head of the household shows that in a majority of cases the household head is an adult member aged 30 years or more. Marital status of the head of the households shows that about 86 percent of them are currently married and another 11 percent are widowed.

The mean number of usual residents is estimated to be about 6.5 persons per household. This average household size is slightly lower than that of the 1995 survey which was 6.7 persons per household. A closer look at the distribution of households by the number of usual members reveals that the proportion of households with 5 or more persons has reduced by about 5 percent over the two years period. The estimate of 75 percent of the households with 5 or more persons is significantly lower (at 99.9 percent confidence) than that of the 1995 survey estimate of 80 percent. Overall, the table reveals that the housing composition observed is similar to that of the 1995 survey.

Information on marital status was collected for both the usual residents and the visitors who were aged 6 years or more. Table 3.3 presents the percentage distribution of the *de facto* household population aged 6 and above by marital status according to age and sex.

Table 3.1: Household Population by age and sex

Percent distribution of the *de jure* and *de facto* households by age, according to sex and residence in Agra district, Uttar Pradesh, 1997

Age	OR			Non-OR			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
<i>De jure</i>									
<1	2.8	2.8	2.8	3.3	3.6	3.4	3.2	3.5	3.3
1-4	14.5	13.2	13.9	13.0	12.7	12.9	13.3	12.8	13.1
5-14	27.7	28.1	27.8	30.6	27.0	29.0	30.0	27.2	28.8
15-19	9.4	8.9	9.2	9.6	9.0	9.3	9.6	9.0	9.3
20-24	8.3	8.8	8.5	7.5	9.0	8.2	7.7	9.0	8.3
25-29	7.2	7.9	7.6	6.3	7.6	6.9	6.5	7.7	7.0
30-34	5.4	6.8	6.1	5.9	6.6	6.3	5.8	6.7	6.2
35-39	5.3	4.9	5.1	4.9	4.6	4.8	5.0	4.6	4.8
40-44	4.3	3.4	3.9	4.2	3.7	4.0	4.2	3.6	4.0
45-49	2.4	2.3	2.4	2.6	3.0	2.8	2.5	2.8	2.7
50-54	2.9	2.8	2.9	2.8	3.2	3.0	2.9	3.1	3.0
55-59	1.9	3.1	2.4	2.3	2.5	2.4	2.1	2.6	2.4
60-64	3.3	2.7	3.0	2.9	3.5	3.2	2.9	3.3	3.1
65+	4.4	4.4	4.4	4.0	3.8	3.9	4.1	3.9	4.0
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Unweighted N	2502	2175	4677	3398	2860	6258	5900	5035	10935
Projected N	192622	167505	360127	786733	659773	1446506	979335	827278	1806633
Sex Ratio	NA	NA	871	NA	NA	838	NA	NA	844
<i>De facto</i>									
<1	2.8	2.8	2.8	3.2	3.5	3.4	3.2	3.4	3.3
1-4	14.9	13.6	14.3	13.1	12.8	12.9	13.4	12.9	13.2
5-14	27.8	28.1	27.9	30.9	27.2	29.1	30.2	27.4	28.9
15-19	9.4	9.3	9.4	9.7	9.6	9.7	9.7	9.6	9.6
20-24	8.3	8.7	8.5	7.6	8.8	8.1	7.8	8.7	8.2
25-29	7.3	7.7	7.5	6.1	7.5	6.8	6.4	7.6	6.9
30-34	5.4	6.6	5.9	5.8	6.5	6.1	5.7	6.5	6.1
35-39	5.1	4.7	4.9	4.9	4.5	4.7	4.9	4.5	4.8
40-44	4.0	3.4	3.7	4.3	3.7	4.0	4.2	3.6	4.0
45-49	2.3	2.3	2.3	2.6	2.7	2.6	2.5	2.6	2.6
50-54	3.0	2.8	2.9	2.8	3.3	3.0	2.9	3.2	3.0
55-59	1.9	3.0	2.4	2.2	2.6	2.3	2.1	2.7	2.4
60-64	3.3	2.8	3.1	2.9	3.4	3.1	3.0	3.3	3.1
65+	4.5	4.2	4.4	3.9	3.9	3.9	4.0	4.0	4.0
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Unweighted N	2449	2164	4613	3345	2934	6179	5794	4998	10792
Projected N	188418	166338	354756	774369	653298	1427667	962787	819636	1782423
Sex Ratio	NA	NA	882	NA	NA	844	NA	NA	851

Table 3.2: Household Composition

Percent distribution of households by selected characteristics of heads of households and size in Agra district, Uttar Pradesh, 1997

	1997			1995
	OR	Non-OR	Total	
Sex of household head				
Male	93.2	92.7	92.8	97.4
Female	6.8	7.3	7.2	2.6
Age of household head				
<30	14.6	15.1	15.0	14.8
30 - 44	40.2	39.6	39.7	41.6
45 - 59	23.0	24.9	24.5	27.0
60+	20.0	20.4	20.7	16.6
Median age	40.0	40.0	40.0	40.0
Marital Status of household head				
Never married	2.4	2.4	2.4	2.2
Currently married	86.7	85.7	86.1	90.3
Widowed	9.4	11.8	11.3	7.2
Divorced	0.1	-	0.0	-
Separated	0.4	0.1	0.2	0.2
Number of usual members				
1	1.6	1.6	1.6	0.9
2	6.0	4.9	5.1	3.3
3	6.5	7.5	7.3	6.4
4	10.1	10.6	10.5	9.2
5	15.2	15.9	15.7	17.3
6	16.1	17.7	17.4	16.7
7	16.2	12.6	13.3	14.5
8	10.5	10.7	10.7	9.7
9+	17.8	18.5	18.3	21.9
Mean size	6.4	6.5	6.5	-
SD	2.9	3.2	3.1	-
Total percent	100.0	100.0	100.0	100.0
Unweighted N	727	961	1688	NA
Projected N	56228	223092	279320	263131

Note: Table is based on *de jure* members, i.e., usual residents.
SD refers to standard deviation.
NA refers to Not Available.

Overall, it may be said that the females marry at younger ages than the males in the district. While 9 percent of the males are currently married in the age group of 15-19, the corresponding figure for females is about 50 percent (Table 3.3).

Across the two areas (OR and non-OR), relatively more women get married in the younger ages in the non-OR areas as compared to the OR areas. As against 45 percent currently married in the age group of 15-19 in OR areas the corresponding proportion in non-OR areas is 51 percent.

Table 3.3: Marital status of the household population

Percent distribution of the *de facto* household population aged 6 and above by marital status according to age and sex in Agra district, Uttar Pradesh, 1997

Age	Marital Status						Total Percent
	Never Married	Currently Married	Widowed	Divorced	Separated	DK/ Missing	
Male							
6 - 12	99.9	0.1	-	-	-	-	100.0
13-14	100.0	-	-	-	-	-	100.0
15-19	91.1	8.9	-	-	-	-	100.0
20-24	45.6	53.7	0.4	-	0.3	-	100.0
25-29	12.3	85.4	1.9	-	0.4	-	100.0
30-34	4.5	91.4	2.9	-	1.2	-	100.0
35-39	4.3	92.4	2.7	-	0.6	-	100.0
40-44	4.3	91.3	4.4	-	-	-	100.0
45-49	7.5	88.2	4.3	-	-	-	100.0
50-54	4.7	79.3	16.0	-	-	-	100.0
55-59	1.7	90.1	7.7	-	0.5	-	100.0
60+	3.5	72.8	23.3	0.1	0.3	-	100.0
Total	51.0	45.0	3.8	0.0	0.2	-	100.0
Female							
6 - 12	100.0	-	-	-	-	-	100.0
13-14	98.2	1.8	-	-	-	-	100.0
15-19	49.3	50.2	-	-	0.5	-	100.0
20-24	6.3	92.7	1.0	-	-	-	100.0
25-29	0.7	97.0	1.6	-	0.7	-	100.0
30-34	-	95.8	2.7	0.1	1.3	-	100.0
35-39	-	94.4	4.9	-	0.7	-	100.0
40-44	-	88.4	10.9	-	0.7	-	100.0
45-49	1.0	90.0	8.6	-	0.4	-	100.0
50-54	-	78.4	21.6	-	-	-	100.0
55-59	-	80.0	19.1	-	0.9	-	100.0
60+	0.4	47.0	52.6	-	-	-	100.0
Total	36.6	55.3	7.7	0.0	0.4	-	100.0

Table 3.4 presents the proportion of visitors in the household population in the survey. It may be seen that the proportion of female visitors (4 percent) is slightly higher than their male counterparts (2 percent). The 1995 Baseline survey also observed a similar pattern.

Table 3.4: Usual residents and visitors

Percent distribution of the *de facto* household population by resident status in the household according to age and sex in Agra district, Uttar Pradesh, 1997

Age	Resident status		Total Percent	Unweighted N	Projected N
	Usual resident	Visitor			
Male					
<1	95.5	4.5	100.0	177	30340
1 - 4	96.3	3.7	100.0	806	129404
5 - 14	99.0	1.0	100.0	1712	291064
15 - 19	97.1	2.9	100.0	559	92843
20 - 24	95.8	4.2	100.0	454	74659
25 - 29	98.1	1.9	100.0	384	61281
30 - 34	97.4	2.6	100.0	322	54882
35 - 39	97.6	2.4	100.0	291	47494
40 - 44	96.6	3.4	100.0	241	40756
45 - 49	99.2	0.8	100.0	141	24237
50 - 54	99.7	0.3	100.0	167	27508
55 - 59	100.0	-	100.0	117	20179
60 - 64	98.4	1.6	100.0	174	28894
65+	99.4	0.6	100.0	242	38693
DK / Missing	100.0	-	100.0	2	553
Total	97.8	2.2	100.0	5794	962787
Female					
<1	94.2	5.8	100.0	163	27896
1 - 4	95.0	5.0	100.0	653	106086
5 - 14	98.4	1.6	100.0	1389	224560
15 - 19	86.5	13.5	100.0	475	78481
20 - 24	92.9	7.1	100.0	430	71704
25 - 29	94.0	6.0	100.0	380	62049
30 - 34	97.6	2.4	100.0	326	53585
35 - 39	98.6	1.2	100.0	232	37228
40 - 44	96.4	3.6	100.0	177	29638
45 - 49	99.2	0.8	100.0	125	21511
50 - 54	97.4	2.6	100.0	151	25916
55 - 59	97.2	2.8	100.0	138	21730
60 - 64	98.4	1.6	100.0	156	26766
65+	97.7	2.3	100.0	203	32486
Total	95.7	4.3	100.0	4998	819636

3.3 Background characteristics of respondents

For all the eligible women, information pertaining to education, occupation and most importantly, their age, was collected in the women's questionnaire. Some of this information is presented in the Table 3.5.

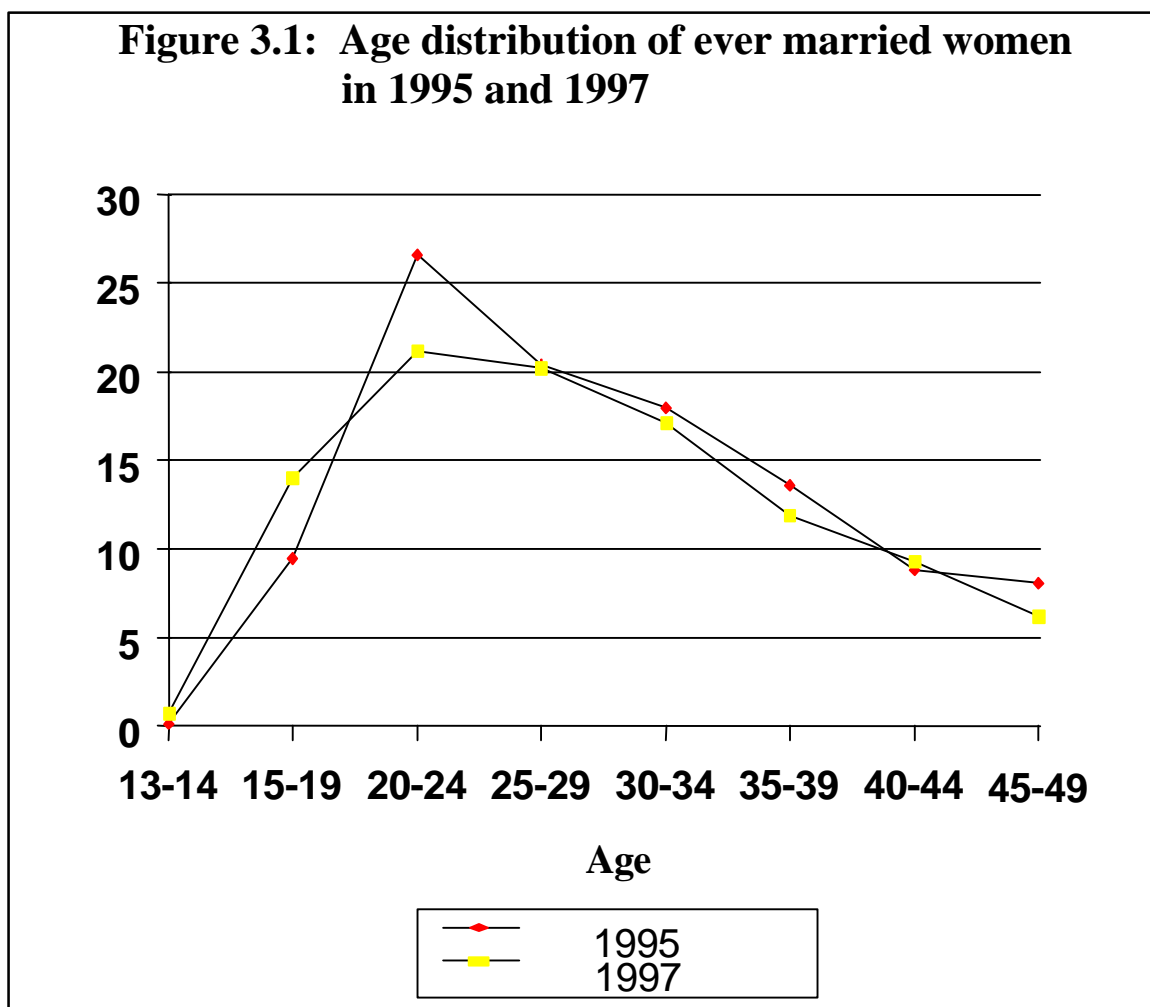


Table 3.5: Background characteristics of respondents

Percent distribution of ever-married women aged 13-49, by selected background characteristics in Agra district, Uttar Pradesh, 1997

Background characteristics	Type of project area			Projected N	Unweighted N	
	OR	Non-OR	Total			
Age						
13 - 14	0.4	0.1	0.2	527	4	
15 - 19	12.5	14.4	14.0	47158	243	
20 - 24	22.8	20.7	21.2	71338	419	
25-29	19.5	20.4	20.2	68036	383	
30-34	18.2	16.8	17.1	57543	338	
35-39	11.8	12.0	11.9	40242	232	
40-44	9.2	9.3	9.3	31341	178	
45-49	5.6	6.3	6.2	20877	117	
Marital status						
Currently married	97.4	96.0	96.3	324546	1867	
Widowed	0.4	0.7	0.6	2008	55	
Divorced	2.1	3.3	3.1	10425	1	
Separated	0.1	0.0	0.0	83	11	
Education						
Illiterate	78.1	79.4	79.1	266730	1519	
Upto class 4	1.7	1.6	1.6	5374	33	
Primary	6.6	8.2	7.8	26406	146	
Middle school complete	7.8	6.3	6.6	22234	134	
High school complete	1.7	2.1	2.0	6804	37	
Above high school	1.7	1.2	1.3	4490	29	
No formal education	2.4	1.3	1.5	5024	36	
Work status						
Not working	78.9	85.7	84.3	284278	1106	
White collar	0.3	0.6	0.6	1955	10	
Non-agriculture Labour	0.7	1.4	1.2	4167	21	
Agriculture labour	20.1	11.9	13.6	45692	293	
Others	0.0	0.4	0.3	970	4	
Husband's education						
Illiterate	25.0	23.9	24.1	81223	473	
Upto class 4	2.0	3.9	3.5	11960	58	
Primary	6.5	9.7	9.1	30561	157	
Middle school complete	21.6	22.9	22.7	76400	427	
High school complete	18.0	15.5	16.0	54019	326	
Above high school	21.6	17.0	17.9	60274	370	
No formal education	1.9	2.5	4.3	7967	43	
Don't know/missing	3.4	4.6	4.3	14658	80	
Total percent	100.0	100.0		100.0	NA	NA
Number of women						
Weighted	27381	269681	337062	NA	NA	
Unweighted	831	1103	1934	NA	NA	

Note: Totals may not add upto 100 percent because of rounding

NA: Not applicable

Very few women aged 13-14 were found eligible. This is consistent with the marriage pattern observed in the population. With regard to the marital status of the respondents it may be seen that a majority of them are currently married (96 percent). The proportion widowed, divorced and separated accounts for little less than 4 percent in the total sample. Marginal variations are seen across the programme areas.

Educational attainment of the eligible women reveals that more than three-fourths of them are illiterate (79 percent). Furthermore, it may be seen that a majority of the literate women have only studied up to middle school (16 percent), indicating the lack of interest in providing higher education to women in the population. On the contrary, only about 24 percent of husbands were found to be illiterate. Also, the proportion of husbands having educational qualifications of high school or above is about 34 percent in the rural areas of the district.

Further, comparison with the 1995 survey reveals that a relatively larger proportion of eligible women were illiterates in the follow-up study in both non-OR and OR areas (67 percent and 79 percent respectively).

With regard to work status a majority of the women were housewives (84 percent) and among those who are working most of them reported working as agricultural laborers (14 percent).

CHAPTER 4

NUPTIALITY

Marriage pattern in the population assumes importance as it is one of proximate determinants of fertility. In view of this the information related to the marriage pattern in the population are presented in this chapter. Information on current marital status was collected for all the usual members of the household and the visitors. Also, for all the eligible women information on the actual age at which they started living with the husband was collected. These information are presented sequentially in the following sections.

4.1 Current marital status

Table 4.1 presents current marital status of the women aged 13-49 years from both the baseline survey and the follow-up survey for the total rural areas of the district. Overall, it may be seen that about half of the women aged 15-19 years were married indicating that women marry at younger ages than their male counterparts. Across the programme areas, relatively larger proportion of the women in the non-OR areas marry at younger ages (45 percent and 51 percent respectively).

Table 4.1 **Current marital status**

Percent distribution of women aged 13-49 by current marital status according to age for the years 1997 and 1995 in Agra district, Uttar Pradesh

Age	Marital status					Total percent	Unweighted N	Projected N
	Never Married	Currently Married	Widowed	Divorced	Separated			
1997								
13 – 14	98.2	1.8	-	-	-	100.0	191	31397
15 – 19	49.3	50.2	-	-	0.5	100.0	475	78481
20 – 24	6.3	92.7	1.0	-	-	100.0	430	71704
25 – 29	0.7	97.0	1.6	-	0.7	100.0	380	62049
30 – 34	-	95.8	2.7	0.1	1.3	100.0	326	53585
35 – 39	-	94.4	4.9	-	0.7	100.0	232	37228
40 – 44	-	88.4	10.9	-	0.7	100.0	177	29638
45 – 49	1.0	90.0	8.6	-	0.4	100.0	125	21511
Total	19.4	77.5	2.6	0.0	0.5	100.0	2336	385593
1995								
13 – 14	97.0	3.0	-	-	-	100.0	NA	30223
15 – 19	50.9	49.1	-	-	-	100.0	NA	80649
20 – 24	3.3	96.0	0.2	-	0.4	100.0	NA	78187
25 – 29	0.3	98.0	1.5	0.3	-	100.0	NA	67996
30 – 34	0.3	96.2	3.0	-	0.6	100.0	NA	58885
35 – 39	-	96.5	2.7	-	0.8	100.0	NA	45196
40 – 44	0.6	90.4	8.4	0.6	-	100.0	NA	29422
45 – 49	-	89.4	10.6	-	-	100.0	NA	27511
Total	17.6	79.8	2.3	0.1	0.2	100.0	NA	418069

Note: For 1997, unweighted number of women is provided, while the projected number of women is provided for 1995.

NA = Not Available

Comparison with the 1995 estimates for the rural areas of the district shows marginal variations in the proportion never married in the 15-19 age group. While the 1995 study estimated the proportion never married in the age group of 15-19 at 51 percent, the current survey estimates it to be 49 percent. In general, differences in marital status over the two-year period are slight.

4.2 Proportion of married and singulate mean age at marriage

Table 4.2 shows the singulate mean age at marriage (SMAM) estimates for the selected sources in 1995 and 1997. The singulate mean age at marriage estimates for the females is 18.0 years in the rural areas of the district. This is one year lower than the 1995 estimate of 19.1 years. The difference in the mean age at marriage among males and females is about 7 years. Across the programme areas mean age at marriage estimates show wider variations. While the SMAM is estimated as 19.3 years for the females in the OR areas, the corresponding estimates for the non-OR areas is 17.8 years.

Table 4.2: Singulate mean age at marriage (SMAM)

Singulate mean age at marriage from the selected sources, 1995 and 1997, Agra district, Uttar Pradesh

	Singulate mean age at marriage		
	Male	Female	Difference
1992-93 UP Rural*	22.4	17.9	4.5
1995 Total**	23.9	19.1	4.9
1997 Rural	25.3	18.0	7.2
1997 OR	23.7	19.3	4.4
1997 Non-OR	25.7	17.8	7.9

* NFHS

**BSUP

4.3 Age at first cohabitation

Along with the current marital status and the age at marriage, the information on the exact age at which the woman started living with the husband provides a better understanding of the duration of marriage and the reproductive span of the women. Table 4.3 provides the exact ages at which the women started living with their husbands and Table 4.4 shows the trend.

It may be seen from the table that more than three-fourths of the women in almost all age groups had started living with their husbands by the age of 18 years. The programme areas show little variation in this regard. The proportion of women who started living with their husbands by or after 21 years ranges from a low of little more than one percent to about 3 percent. The median ages at first cohabitation estimated is almost the same (16 years) for almost all age groups.

By background characteristics of the women, the median age at first cohabitation shows a positive relationship (Table 4.5). While the median ages ranged between 15 to 16 for

illiterates, in the case of women with an educational attainment of middle school or above the estimates range between 16 to 18 years for women of different age groups.

Table 4.3: Age at which respondent started living with husband

Percentage distribution of women aged 13 - 49 who started living with their husband by exact age, and median age at first cohabitation with husband, and by current age in 1997

Current age	Exact age living with husband						Median age at first cohabitation with husband
	13-14	15-16	17-18	19-20	21-22	23-25	
Age							
13-14	100.0	-	-	-	-	-	14.0
15-19	25.2	49.3	24.4	1.2	-	-	16.0
20-24	19.8	37.3	30.5	9.4	2.3	0.6	16.0
25-29	22.0	43.9	20.7	10.2	2.8	0.3	16.0
30-34	22.6	42.5	22.8	10.0	0.5	1.5	16.0
35-39	31.5	39.8	16.7	10.8	1.2	-	15.0
40-44	17.8	47.0	22.5	10.4	1.6	0.7	16.0
45-49	22.8	48.6	17.0	10.7	0.9	-	16.0
20-49	22.5	42.2	22.9	10.1	1.7	0.6	16.0
25-49	23.5	43.7	20.4	10.3	1.5	0.6	16.0

Table 4.4: Age when started living with husband

Median age at first cohabitation with husband from selected sources

	The NFHS, 1992-93 rural UP	The BSUP 1995 rural	1997
13-14	NC	13.0	14.0
15-19	NC	15.4	16.0
20-24	17.0	16.1	16.0
25-29	16.6	15.9	16.0
30-34	16.4	15.6	16.0
35-39	16.3	15.4	15.0
40-44	16.3	15.3	16.0
45-49	16.4	15.2	16.0
20-49	16.5	15.7	16.0
25-49	16.4	15.6	16.0

NC : Not calculated because less than 50 percent of women in the age x to x+n have started living with their husband by age x

Table 4.5: Median age at first cohabitation with husband

Media age at first cohabitation with husband according to current age by selected characteristics, 1997

Background Characteristics	Current age									
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	20-49	25-49	
Type of programme area										
OR	16.0	16.0	16.0	16.0	15.0	16.0	16.0	16.0	16.0	16.0
Non-OR	16.0	16.0	16.0	16.0	15.0	16.0	15.0	16.0	16.0	16.0
Education										
Illiterate	15.0	16.0	16.0	16.0	15.0	16.0	15.0	16.0	16.0	16.0
Upto Primary	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0
Middle school +	16.0	18.0	16.0	17.0	17.0	17.0	16.0	18.0	16.0	16.0
Total	16.0	16.0	16.0	16.0	15.0	16.0	16.0	16.0	16.0	16.0

CHAPTER 5

FERTILITY

This chapter discusses the current fertility levels in the rural areas of the district. These estimates are based on the births that have occurred to the women during the two-year period preceding the survey. The period approximately corresponds with the period between August 1995 to August 1997. Since the complete birth history of the woman was not asked there is a chance for omission and displacement of births resulting in an estimation bias in the current fertility levels. Therefore, the estimates should be interpreted with caution. In order to estimate the past fertility, women were asked separately about the number of sons and daughters living at home, living elsewhere and those who have died.

5.1 Current fertility levels and trends

Table 5.1 presents the current fertility levels of the women. The age specific fertility rates show the peak at 20-24 years age group. This trend is consistent with both the NFHS and the 1995 survey.

The Total Fertility Rates (TFR) of 5.1 estimated for the women in the age group of 15-44 years is slightly lower than that of the 1995 estimate of 5.4. Across the programme areas it may be seen that the fertility levels in the OR areas are relatively lower than that of the non-OR areas. The TFR for 15-44 years age group in the OR areas is estimated to be 4.6 as compared to 5.2 in the non-OR areas. That is, according to the current fertility schedule, while a woman in the OR areas has less than 5 children by the age 44, her counterpart in the non-OR areas will have more than 5 children by the same age.

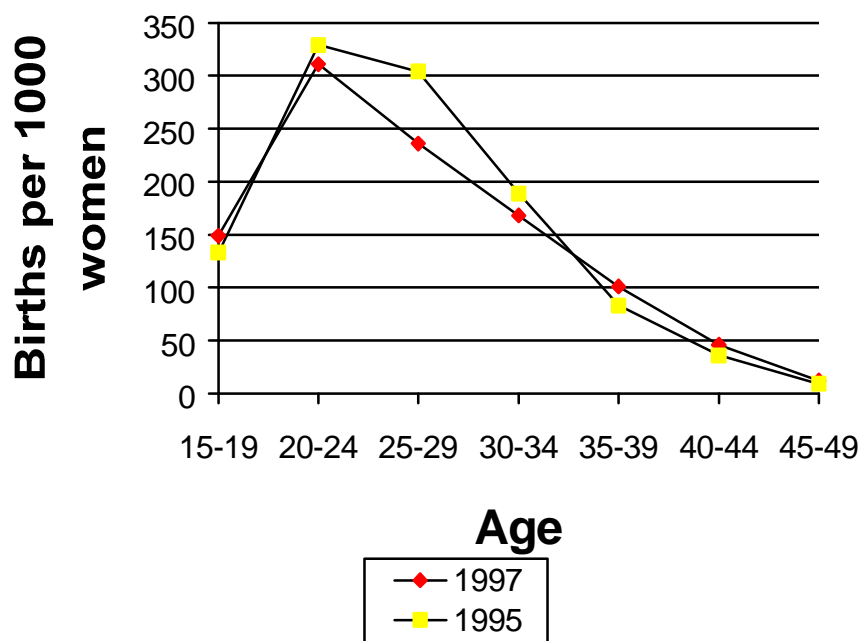
Table 5.1: Current fertility

Age-specific rates, total fertility rates and crude birth rates from the selected surveys (1992-93, 1995, and 1997).

Age	NFHS	1995	1997 Rural(3)		Total
	Rural UP(1)	Rural(2)	OR	Non-OR	
15-19	0.128	0.133	0.155	0.148	0.149
20-24	0.288	0.329	0.305	0.313	0.311
25-29	0.264	0.304	0.207	0.243	0.236
30-34	0.195	0.189	0.132	0.178	0.168
35-39	0.105	0.083	0.071	0.109	0.101
40-44	0.044	0.036	0.041	0.046	0.046
45-49	0.014	0.009	0.017	0.011	0.012
TFR 15-44	5.12	5.37	4.56	5.19	5.06
TFR 15-49	5.19	5.41	4.64	5.24	5.12

Note: 1. Rates are based on the three-years preceding the survey.
2. Rates are based on the two-years preceding the survey.
3. Rates are based on the two-years preceding the survey.

Figure 5.1: Age specific Fertility Rates in the 1995 and 1997 Surveys



The Crude Birth rates estimated from the women's birth records for the two-year period preceding the survey shows the level to be 35.5 births per 1000 population. It suggests a decline of 3.1 births from 38.6 births per 1000 population in 1995 to 35.5 in 1997.

5.2 Past fertility and differentials

Table 5.2 presents the fertility rate by type of programme area and education. To enable the comparison of the current fertility with that of the actual achieved fertility, mean number of children ever born to the women aged 40-49 years are computed. These estimates show that on an average the women in the age group of 40-49 have given birth to about 6.6 children. As would be expected the estimates decrease with the educational attainment of the women.

In comparison with the current fertility level (TFR of 5.1) with the children ever born to the women aged 40-49 years (6.6 children), it may be said that the fertility levels in the district are declining. This trend is probably progressing more rapidly in the OR areas and among the women who have educational qualifications of middle school and above.

Table 5.2: Fertility Rate by background characteristics

Total fertility rate for two years preceding the survey, and mean number of children ever born to women aged 40-49 years, by selected background characteristics, 1997.

Background characteristics	Total fertility rate*	Mean number of Children ever born to women age 40-49 years
Type of programme areas		
OR	4.7	6.6
Non-OR	5.3	6.7
Education**		
Illiterate	5.8	6.8
Up to Primary	3.7	6.4
Middle school +	3.9	5.1
Total	5.1	6.6

* For 15-49 age group * **TMFR (Total Marital Fertility Rate)

5.3 Children ever born and living

Table 5.3 presents the mean number of children ever born and surviving by age of the women. As would be expected the mean number of children ever born increases with the age of the women (from about 1.5 among the women aged 15- 19 to 7.1 among the women aged 45-49 years). In comparison with the average number of living children it may be seen that the women in the age group 45-49 have lost an average of 2.2 children.

The average number of children ever born decreases with the educational attainment of the women. The drop is from about 4.6 children among the illiterate to about 3.1 among the women who have an educational attainment of middle school or above. Even child loss exhibits a similar pattern. While the illiterate women have lost an average of one child, the child loss among those with the educational attainment of middle school or above is about 0.4 children. The type of programme area shows little difference in this regard.

Table 5.3: Mean number of children ever born and surviving by background characteristics

Mean number of children ever born and surviving for currently married women, according to sex and selected background characteristics, 1997

Background characteristics	Children ever born			Children living		
	Male	Female	Total	Male	Female	Total
Age						
15-19	0.8	0.7	1.5	0.8	0.6	1.3
20-24	1.3	1.1	2.3	1.1	0.9	2.0
25-29	2.1	1.7	3.8	1.8	1.4	3.1
30-34	2.8	2.5	5.3	2.4	1.9	4.2
35-39	3.3	3.0	6.3	2.7	2.2	4.9
40-44	3.7	2.7	6.4	2.9	1.9	4.8
45-49	3.5	3.5	7.1	2.7	2.2	4.9
Type of programme areas						
OR	2.3	1.9	4.2	1.9	1.5	3.4
<i>SD</i>	<i>1.6</i>	<i>1.5</i>	<i>2.4</i>	<i>1.4</i>	<i>1.2</i>	<i>1.9</i>
Non-OR	2.4	2.1	4.4	2.0	1.5	3.5
<i>SD</i>	<i>1.7</i>	<i>1.7</i>	<i>2.7</i>	<i>1.4</i>	<i>1.3</i>	<i>1.9</i>
Education						
Illiterate	2.4	2.1	4.6	2.0	1.6	3.6
Upto Primary	2.4	1.8	4.1	2.1	1.5	3.6
Middle school +	1.7	1.4	3.1	1.5	1.2	2.7
Total	2.4	2.0	4.4	2.0	1.5	3.5
<i>SD</i>	<i>1.5</i>	<i>1.7</i>	<i>2.6</i>	<i>1.4</i>	<i>1.3</i>	<i>1.9</i>

Note: SD refers to standard deviation

5.4 Childbearing at younger ages

In view of the fact that child bearing at younger ages is risky for both the mother and the child, child bearing in the younger ages are presented in Table 5.4. Overall, about 57 percent of the married women in the age group of 13-19 have begun child bearing. The proportion who have begun child bearing increases steadily from about 20 percent among those aged 15 years to about 84 percent among those aged 19 years. As expected the teenage motherhood is higher among the illiterate women than among the literate women.

Table 5.4 : Childbearing among women aged 13-19

Percentage of ever-married women aged 13-19 who are mothers or pregnant with their first child, among those who have given births during the two years preceding the survey by age and literacy, 1997

Background Characteristics	Percentage who are:		Percent who have begun childbearing	Unweighted N	Projected N
	Mothers	Pregnant with first child			
Age					
13-14	-	-	-	4	527
15	16.0	3.6	19.6	15	2362
16	21.2	9.9	31.1	36	6982
17	32.6	17.4	49.9	67	11822
18	52.0	12.5	64.5	95	16819
19	76.5	7.5	84.1	50	9123
Literacy					
Illiterate	48.8	11.0	59.8	189	34761
Literate	34.9	14.0	48.9	78	12924
Total	45.0	11.8	56.8	267	47685

CHAPTER 6

FAMILY PLANNING

In this chapter performance in terms of the family planning use and quality of services provided is discussed. Information provided in this chapter is significant as it is the first survey conducted after the implementation of the target free approach in the district.

In this survey all the currently married women in the age group 13-49 were asked questions related to the knowledge, ever use, current use, contacts with the service providers and the quality of this interface. This information is presented sequentially in the following sections.

To start with the women were asked about the knowledge of various methods of family planning that the couple could adopt for delaying or avoiding pregnancy. Methods that the women mentioned on their own were coded as "spontaneous". For those methods which the woman did not mention on her own, the interviewer read out the description written in the questionnaire for the method. If the woman responded with affirmative, the knowledge was coded as "with probe". For those methods which the woman did not report awareness, even after probing were was coded as "not aware".

For those methods women were aware of, women were asked to explain how to use/perform the method. This was coded as "fully correct" if the women mentioned correctly whether it was a male method or a female method and how the method was used/ performed; if the woman was correct in either of the two then the answer was coded as "to some extent", and for those women who gave wrong answers for both who should use and how the method should be used/performed the answer was coded as "wrong".

In this way awareness of women was ascertained for the modern contraceptive methods of Vasectomy, Tubectomy, IUD, Pill, Condoms, Injectables, Foam tablets/Jelly, and the traditional methods of Periodic abstinence and Withdrawal.

6.1 Knowledge of family planning methods and sources

Table 6.1 presents the knowledge of various methods of family planning. Also, for comparison purposes the rural estimates of the same are given from the 1995 survey as well. Overall, it may be seen from the table that knowledge of family planning methods is almost universal in the district. The knowledge of any modern method and any spacing method is estimated to be about 99 percent and this proportion shows little variation across the programme areas. The table reveals that the women are more likely to be aware of sterilisation than any other methods. It is also important to know the knowledge levels among the various population groups. This is attempted in Table 6.2.

Table 6.1 Knowledge of contraceptive methods, source of methods, and their correct use

Percentage of currently married women aged 13- 49 years knowing about any contraceptive method at all, knowing a source and knowing correct use, by specific method: 1995 and 1997

Method	The BSUP 1995				1997			
	Knowing method		Know how to use correctly or some extent	Knowing source	Knowing method		Know how to use correctly or some extent	Knowing source
	Without probe	With probe			Without probe	With probe		
Any method	-	-	-	-	93.5	99.7	99.3	97.5
Any modern method	95.7	99.9	95.9	99.2	92.1	99.7	99.1	97.4
At least one modern spacing method	75.8	97.6	89.4	93.6	72.2	94.9	92.8	88.5
Vasectomy	50.1	95.0	46.5	89.0	59.0	98.1	89.9	92.2
Tubectomy	87.5	99.8	90.2	98.2	84.7	99.1	97.1	94.6
Loop/IUD	36.8	78.1	56.3	72.0	35.8	77.4	70.9	61.8
Pill	50.8	85.0	45.5	75.0	50.3	84.1	76.2	70.2
Condom	54.3	94.1	84.8	86.8	51.9	88.7	85.9	75.8
Foamtable/Jelly	0.6	7.5	4.2	6.0	1.1	4.0	3.7	2.8
Injection	15.2	46.9	2.7	16.1	18.2	64.4	60.0	36.4
Withdrawal	6.6	61.0	57.0	-	12.0	49.3	49.0	-
Rhythm/Periodic	9.3	68.7	48.4	-	24.1	76.6	75.8	-
Mean number of modern methods	2.8	5.1	-	-	3.0	5.2	-	-
Mean number of modern spacing methods	1.6	0.1	-	-	1.6	3.2	-	-

Overall, it may be seen from the table that on an average the currently married women know about 3 spacing methods and a total of up to 5 modern methods. The table also reveals that almost every woman knows at least one source for modern methods of family planning (97 percent know at least one source).

Women aged above 20 years who are literate, and those with white collar jobs are likely to know more modern methods than the rest. For example, the mean number of modern methods known to women is estimated to be 4.8 among the women aged 13-19 years as against 5.2 for the women aged 30-49 years. Knowledge of a source is also very high (97 percent knowing at least one source for modern contraceptive methods).

Table 6.2: Knowledge of methods and source by background characteristics

Mean number of spacing, modern methods known, mean number of all modern methods known and percentage of currently married women knowing a source for a modern method by selected background characteristics, 1997

Background Characteristics	Mean number of all modern methods known	Mean number of spacing methods known	Percentage knowing at least one source for modern method	Unweighted number of women	Projected N
Age					
13 – 19	4.8	2.9	93.0	265	47241
20 – 24	5.2	3.2	97.1	416	70839
25 – 29	5.3	3.3	97.9	376	66816
30 – 49	3.2	3.3	98.8	810	139650
Type of program areas					
OR	5.2	3.2	97.0	810	65634
Non-OR	5.2	3.2	97.5	1057	258912
Education					
Illiterate	5.0	3.1	96.8	1462	256109
Upto Primary	5.5	3.5	99.5	210	35803
Middle school +	5.7	3.8	99.7	195	32634
Work status					
Not working	5.2	3.2	97.3	1571	277802
White collar	6.2	4.2	100.0	8	1644
Non-agriculture labour	5.6	3.6	100.0	20	3918
Agriculture labour	5.0	3.0	97.3	266	40692
Other	4.9	2.9	100.0	2	490
Husband's education					
Illiterate	4.8	2.8	96.4	473	81223
Up to Primary	5.1	3.1	96.2	258	50488
Middle school +	5.3	3.4	98.3	1123	190693
DK / CS	4.3	2.5	78.8	13	2142
Total	5.2	3.2	97.4	1867	324546

6.2 Contraceptive Use and differentials

Ever Use

For all those who were aware of the family planning methods, further questions were asked as to whether they had ever used the method. This information is presented by age in Table 6.3. About half of the women in the rural areas of the district have ever used any method of family planning. Among the various modern methods, ever use is estimated to be highest for female sterilization (15.2 percent), followed by condoms (9.4 percent) and pills (6.5 percent).

Ever use by age shows that the elderly women are more likely to have ever used any family planning methods as compared to the younger women. The proportion who have ever used any method increases from about 23 percent among the women in 13-19 age group to about 64 percent among the women in the age group of 45-49 years.

Table 6.3 **Ever use of contraception**

Percentage of currently married women who have ever used any contraceptive method, by specific method and age: 1995 and 1997

Age	Any method	Any modern method	Male sterilization	Female sterilization	IUD	Pill	Condom	Jelly	Injection	Any traditional method	Withdrawal method	Periodic method	Other methods	Unweighted N	Projected N
1997															
13 - 19	22.7	10.0	0.1	2.3	1.0	2.6	5.7	0.2	0.5	14.1	4.8	11.3	1.0	265	49241
20 - 24	39.7	19.8	0.4	3.5	0.5	8.3	11.1	-	0.6	26.4	10.1	23.0	1.6	416	70839
25 - 29	51.5	24.9	0.3	10.3	0.7	6.5	12.9	0.4	0.2	36.3	14.3	31.6	2.9	376	66816
30 - 34	59.9	33.8	-	21.7	2.8	8.0	9.1	-	0.8	37.1	12.6	33.1	4.6	319	54578
35 - 39	69.0	46.4	0.5	29.5	3.9	8.4	11.1	-	0.6	42.4	17.4	39.0	5.8	221	37830
40 - 44	62.6	42.4	1.9	33.9	3.5	5.7	7.2	-	1.9	31.3	10.9	29.9	5.0	162	28060
45 - 49	64.1	38.3	2.3	34.2	1.2	1.8	-	-	-	32.9	5.9	31.4	-	108	19182
Total	49.9	27.9	0.6	15.2	1.7	6.5	9.4	0.1	0.6	31.1	11.3	27.7	3.0	1867	324546
1995															
13 - 19	14.5	8.4	-	-	-	2.3	5.3	-	0.7	10.2	7.8	4.6	-	NA	3263
20 - 24	31.4	16.2	-	1.3	1.0	5.4	11.3	0.3	-	22.1	14.4	13.4	-	NA	7310
25 - 29	49.8	31.2	0.3	8.2	4.4	8.9	16.2	0.3	0.6	29.3	19.9	18.1	0.9	NA	6835
30 - 39	59.3	40.4	0.6	23.9	4.8	5.5	14.2	0.2	0.8	33.3	23.4	21.8	0.9	NA	10443
40 - 44	67.6	49.7	2.1	40.1	3.9	4.4	10.2	0.9	0.9	32.3	25.6	19.3	1.2	NA	2751
45 - 49	53.1	34.2	4.6	25.8	1.4	3.8	0.7	-	-	25.0	15.6	19.6	0.9	NA	2460
Total	47.0	30.3	0.8	14.8	3.1	5.7	11.8	0.2	0.5	27.0	18.7	17.1	0.6	NA	33064

NA=Not available

Comparison with the 1995 survey reveals two distinct changes over the two-year period. First, ever use of IUD and condoms have declined, while that of periodic abstinence has increased substantially. Secondly, the ever use among the younger women (less than 30 years) has increased over the years.

Current use

As a follow-up to the questions on knowledge and ever use, the women were asked about their current use of family planning methods. This section discusses the levels of current use observed in the district. Table 6.4 presents the current use of contraceptives by methods according to age.

Overall, about 34 percent of the women in the age group of 13-49 are currently using family planning methods in the district. While about 19 percent are using modern methods, the rest are using traditional methods. The most preferred method is female sterilisation (14 percent) followed by condoms (3 percent). Among the traditional methods, periodic abstinence seems to be the most preferred method (9 percent) followed by withdrawal (3 percent).

The proportion using other methods is also fairly high at about 2 percent. This was noticed even during the fieldwork and the women were further probed about the method. It revealed that women use locally available herbs for preventing conception. It was also confirmed that these herbs are not used for abortion. With regard to the effectiveness of these herbs the women confidently reported that they would not become pregnant for at least 2-3 years.

The current use of contraceptive methods among the currently married women has increased by about 3 percent between 1994-95 (31 percent) and 1997 (34 percent). Comparison with the baseline also reveals that there a larger proportion of younger women aged less than 30 years among the current users. Female sterilization, condoms, oral pills and periodic abstinence are being used among the younger women.

Current use by selected background characteristics of the women are presented in table 6.5. The table reveals that the use of family planning methods increases with the educational attainment of the women. The proportion of current users increases from about 32 percent among illiterates to about 39 percent among the women with an educational attainment of middle school or above. A similar pattern was observed in the case of the husband's education also.

Classification by work status shows that working women are more likely to use any family planning method than non working women. For example, the current use is 32 percent among the non working women, while it is 66 percent among those who are engaged as non agricultural labourers.

Data by number of living children shows that the current use of family planning methods increases with the number of living children. The proportion currently using any family planning method increases from a low of about 5 percent among those who do not have any surviving child to a high of about 48 percent among the women with 4 or more surviving children. Similar trends are observed even with modern methods.

Table 6.4: Current use of contraception

Percent distribution of currently married women by contraceptive method currently used, according to age:1995 and 1997

Age	Any method	Any modern method	Male sterilization	Female sterilization	IUD	Pill	Condom	Jelly	Injection	Any traditional method	Withdrawal method	Periodic method	Other method	Unweighted N	Projected N
1997															
13-19	11.2	3.0	-	0.5	0.2	-	2.4	-	-	7.7	2.8	4.9	0.5	265	47241
20-24	21.1	8.8	-	3.2	0.1	2.4	2.9	-	0.2	10.6	2.6	8.0	1.7	416	70839
25-29	32.2	14.3	-	9.8	-	0.1	4.5	-	-	16.7	5.2	11.6	1.1	376	66816
30-34	42.0	25.4	-	21.0	0.4	0.4	3.4	-	0.2	12.2	2.5	9.7	4.5	319	54578
35-39	58.2	34.5	0.5	28.7	1.1	1.3	2.6	-	0.4	18.2	5.9	12.3	5.5	221	37830
40-44	50.3	38.4	1.9	31.7	2.3	1.3	0.6	-	0.4	9.6	2.3	7.3	2.3	162	28060
45-49	42.6	36.5	2.3	34.2	-	-	-	-	-	6.2	-	6.2	-	108	19182
Total	33.6	19.1	0.4	14.4	0.4	0.9	2.8	-	0.1	12.2	3.4	8.9	2.3	1867	324546
1995															
13 -19	5.3	2.9	-	-	-	-	-	2.9	-	-	2.4	1.1	1.3	-	NA
3263															
20 - 24	13.5	6.4	-	1.0	0.5	0.5	4.3	-	-	7.1	3.8	3.0	0.3	NA	7310
25 - 29	25.0	16.5	-	7.9	1.3	1.2	6.1	-	-	8.5	5.3	2.9	0.3	NA	6835
30 - 39	44.9	30.1	0.2	23.0	0.3	1.4	5.2	-	-	14.7	10.0	3.8	1.0	NA	10443
40 - 44	57.6	43.5	1.4	39.5	-	0.7	1.8	-	-	14.1	10.5	3.0	0.7	NA	2751
45 - 49	38.4	28.4	4.6	23.1	-	0.7	-	-	-	10.1	5.4	4.0	0.7	NA	2460
Total	30.5	20.4	0.5	14.1	0.5	0.9	4.3	-	-	10.1	6.5	3.1	0.5	NA	330463

NA = Not Available

Table 6.5 Current use by background characteristics

Percent distribution of currently married women by contraceptive method currently used, according to selected background characteristics, 1997

	Any met- hod	Any mod- ern meth	Male steri- zation	Fem- ale steril- ization	IUD	Pill	Con- dom	Jelly	Injec- tions	Any tradi- tional meth.	With- drawal meth.	Peri- odic meth.	Other meth.	Unwei- ghted N	Projec- ted N
Type of program areas															
OR	36.5	22.0	0.4	14.9	0.6	1.2	4.1	-	0.7	13.2	3.1	10.0	1.4	810	65634
Non-OR	32.8	18.3	0.3	14.3	0.4	0.8	2.5	-	0.0	12.0	3.4	8.6	2.5	1057	258912
Education															
Illiterate	32.2	17.3	0.4	13.2	0.3	0.6	2.6	-	0.2	12.4	3.5	8.9	2.4	1462	256109
Up to															
Primary	38.4	24.4	0.2	21.5	0.5	0.6	1.3	-	0.2	12.0	3.0	9.0	2.0	210	35803
Middle															
school+	39.3	26.9	-	15.6	1.6	3.1	6.6	-	-	10.8	2.4	8.4	1.6	195	32634
Work status															
Not working	32.3	18.1	0.3	13.5	0.4	0.8	3.1	-	0.1	12.1	3.3	8.8	2.1	1571	277802
White collar	35.9	31.5	-	31.5	-	-	-	-	-	4.4	4.4	-	-	8	1644
Non-Agriculture															
labour	65.7	55.1	-	42.2	-	12.9	-	-	-	6.0	-	6.0	4.6	20	3918
Agriculture															
Labour	38.4	20.7	0.7	16.3	0.7	0.7	1.7	-	0.7	14.2	4.3	9.9	3.4	266	40682
Other	100.0	100.0	-	100.0	0.0	0.0	0.0	-	-	-	-	-	-	2	490
Husband's education															
Illiterate	30.1	15.2	0.5	12.4	-	0.5	1.7	-	0.1	11.6	2.4	9.2	3.4	473	81223
Upto															
Primary	29.8	17.5	-	12.6	0.3	1.4	3.2	-	-	11.7	1.0	10.6	0.7	258	50488
Middle															
school+	36.1	21.2	0.4	15.7	0.7	0.9	3.2	-	0.2	12.7	4.3	8.4	2.3	1123	190693
DK / CS	33.1	20.1	-	16.7	-	-	3.4	-	-	13.0	13.0	-	-	13	2142
Number and sex of living children															
1 child															
1 son	16.4	8.3	-	-	-	-	7.5	-	0.3	5.3	2.1	3.2	2.9	258	45555
No son	20.7	3.5	-	0.7	-	-	2.5	-	-	17.2	5.7	11.5	-	132	24047
2 children															
2 sons	41.9	27.8	0.5	-	-	1.0	1.0	-	-	12.7	1.6	11.1	1.5	86	14250
1 son	22.3	12.6	-	24.2	-	2.0	3.3	-	-	7.4	3.1	4.3	2.3	134	23420
No son	12.2	3.2	-	6.1	0.6	2.6	1.9	-	-	9.0	-	9.0	-	46	7999
3 children															
3 sons	45.2	27.9	-	24.9	-	1.3	2.2	-	-	14.9	4.3	10.7	2.3	60	10138
2 sons	40.7	28.7	-	25.4	-	0.8	3.0	-	-	19.0	4.3	14.7	0.9	144	25001
1 son	30.4	11.6	-	5.2	0.4	0.3	2.2	-	-	17.6	5.2	12.4	1.3	110	19027
No son	7.0	-	-	-	-	3.8	-	-	-	7.0	-	7.0	-	13	2193
4 + children															
3+ sons	51.9	34.5	0.8	28.1	0.9	0.7	3.6	-	0.3	14.3	3.0	11.4	3.1	449	79182
2 sons	47.2	26.5	0.6	22.0	0.7	0.2	2.6	-	0.4	15.0	5.1	9.9	5.7	220	36841
1 son	29.6	13.7	1.6	7.2	1.4	0.9	2.6	-	-	12.2	4.7	7.5	3.7	96	16661
No son	33.0	25.9	-	25.9	-	-	-	-	-	7.1	-	7.1	-	8	903
Total	33.6	19.1	0.4	14.4	0.4	0.9	2.8	-	0.1	12.2	3.3	8.9	2.3	1867	325460

As expected the sex composition of the surviving children exhibits variations in the current use. For example, among the women with 4 or more children the current use increases from 33 percent among those who do not have a living son to a high of 52 percent among those who have 3 or more sons.

6.3 Side effects, prior examination and treatment

All the current users were asked whether medical examinations were done before adoption, whether she/spouse had any problems or side effects after method was adopted and the treatment for the side effects. This information is discussed in this section.

Table 6.6 Examination prior to the use of contraceptive method

Percentage of current users according to method by whether examinations or screening performed prior to adoption of the method

Examination	Tubectomy	Vasectomy	IUD	Pills
Enquired about health problems	87.9	41.8	62.9	3.0
BP examination	81.4	35.0	40.7	3.0
Vaginal examination	82.7	-	62.9	3.0
Breast examination	61.3	-	38.0	3.0
Menstrual cycle check to confirm pregnancy status	78.8	-	77.2	10.4
Unweighed N	276	8	10	18
Projected N	46726	1173	1425	2892

For the current users of Vasectomy, Tubectomy, IUD and Pills further questions were asked whether she/spouse had undergone BP examination, vaginal examination, breast examination, menstrual cycle check to confirm pregnancy and screening about health before the adoption of the method. Methods for which any particular examination is not required were coded as not applicable. Table 6.6 reveals that the screening/enquiring about health problems are more commonly done in case of tubectomy than for other methods. Probably, this could be because the sterilisation operations are conducted at PHC/CHC in organised camps with relatively better facilities and by trained and experienced doctors.

A majority of the tubectomy clients reported that BP examination, vaginal examination, breast examination and confirmation of pregnancy status were done prior to surgery. In case of vasectomy a less than half reported having gone through examination of health problems and BP checkup prior to the surgery. In case of IUD users, a majority recalled that they were asked about their health problems, had a vaginal examination and a check on menstrual cycle to confirm pregnancy status. Blood Pressure and breast examinations were less commonly

done prior to IUD insertion. Less than 10 percent of the pill users reported having had any prior check-ups or examinations.

Compared to the 1995 Situational Analysis conducted in Agra, examinations prior to surgical sterilisation and IUD have improved. While only about 35 percent of sterilisation clients in 1995 had undergone all check-ups, the corresponding figure was more than 60 percent in 1997.

The extent and type of problems or side effects the users have with the family planning methods are important inputs in any endeavor towards the improvement of the quality of services. Table 6.7 presents the various problems women reported with the use of some of the modern methods of family planning.

Table 6.7 **Problems with current method**

Percentage of current users of the pill, IUD, and female/male sterilization who had had problems in using the method, 1997

Problem	Pill	IUD	Female sterilization	Male sterilization
No problem	73.5	57.8	69.5	60.1
Sepsis	-	-	3.4	-
Abdominal pain	-	-	17.3	19.5
Headache	-	24.8	8.2	-
Weakness	12.0	12.8	15.6	39.9
Excessive or Irregular Bleeding	-	22.8	4.2	-
White discharge	7.4	19.4	5.6	-
Fear of side effects	-	-	0.8	-
Problem in disposing	-	-	-	-
Loss of sexual desire	-	-	-	-
Weight gain	-	-	1.2	-
Others	9.3	-	9.9	20.4
Unweighed N	18	10	276	8
Projected N	2892	1425	46726	1173

A majority of the current users irrespective of methods did not have problem (Table 6.7). Among the women who are currently using an IUD, about one-fourth reported having headache or bleeding problems.

Along with the questions on screening, the women were also asked whether they were told about the precautions to be taken and the type of precautions. Table 6.8 reveals that while a majority of acceptors of the permanent methods of vasectomy (84 percent) and tubectomy (81 percent) were told about precautions, the acceptors of spacing methods of IUD (35 percent) and pill (16 percent) were given less information in this regard in the district. These observations suggest that still there is ample scope for improving the quality of care, especially for those using modern spacing methods.

For those who reported problems, further questions were asked about the help they received to overcome the problem, referral and use of referral services. Overall, about a third (32 percent) of those with problems reported they got help (Table 6.9). The table also shows that not all the women who received help were referred. As against a low of 26 percent referral among those who got help, the proportion making use of referral services is very high (84 percent).

Table 6.8 Information about precautions to be taken and Follow up visit

Percentage of current users according to method whether informed about precautions to be taken and follow-up visits, 1997

Examination	Vasectomy	Tubectomy	IUD	Pills
Informed about precautions to be taken after use	80.5	84.3	35.0	15.5
Type of precautions				
Regular follow up	7.0	12.4	-	85.7
No heavy work for a specific period	91.6	92.2	100.0	-
Use of condom	-	1.7	-	-
Visit to clinic, if IUD	-	0.8	-	-
Regular OC use	-	2.4	-	85.7
Report if side effect	33.3	7.9	-	-
Other:	86.0	80.9	84.2	14.3
Told to revisit	49.7	44.2	75.7	8.5
Any follow up visit within a month	26.3	33.8	26.8	2.2
Unweighted N	8	276	10	8
Projected N	1173	46726	1425	2892

Table 6.9 Actions taken to overcome side effects

Percent of current users who had side effects, whether help was sought, referred for treatment, and who visited the referred place, 1997

Action	OR areas	Non-OR areas	Total
Help sought to overcome the problem	34.0	31.7	32.0
Referred to any health worker/institution	26.3	26.4	26.4
Visited the referred place	100.0	81.2	84.0
Unweighed N	35	74	109
Projected N	2887	17661	20548

6.4 Duration of current use

Data on the duration of use of the current method are presented in Table 6.10. As would be expected the proportional share of sterilization and IUD is highest at the duration of use of 25 months and higher. In the shorter durations of upto 12 months traditional methods and the modern spacing methods of condom and pill account for a major chunk.

Table 6.10 : Duration of the current method in use by method

Percentage distribution of current users according to method by duration of the current method, 1997

Duration (months)	Sterilization	IUD	Pill	Condom	All modern method*	Traditional method	Number of women
0 - 3	8.4	0.6	7.7	18.6	35.9	54.6	78
4 - 6	8.0	0.9	7.8	7.7	25.2	62.9	45
7 - 9	15.8	-	-	27.5	44.3	49.3	46
10 - 12	17.3	2.1	5.7	11.5	37.2	55.1	78
13 - 18	32.6	-	6.4	12.4	51.4	43.3	36
19 - 24	34.8	0.8	-	6.5	42.0	49.5	51
25 +	69.0	1.8	0.6	2.9	74.7	20.1	304
DK	100.0	-	-	-	100.0	-	9
Total	43.9	1.3	2.7	8.5	56.4	36.4	64.7

Note: * includes jelly, injectable and other modern methods.

Table 6.11 Source of supply of modern contraceptive methods

Percent distribution of current users of modern contraceptive methods by source of supply, according to specific method: 1997

Source of supply	Male sterilization	Female sterilization	IUD	Pill	Condom	All modern methods
Public sector						
Govt. Hospital	78.9	57.7	-	-	0.8	45.1
PHC	-	17.8	5.1	9.7	0.8	14.1
SC	-	0.5	5.5	-	9.1	1.9
ANM/LHV	-	-	9.9	37.8	13.8	4.0
Male worker	-	-	-	-	1.2	0.2
Private sector						
Private doctor	15.5	11.5	53.5	3.0	-	11.1
Medical shop	-	-	-	49.6	55.9	10.6
NGO						
Depot holder						
others	5.6	12.5	25.9	-	18.5	12.9
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Unweighed N	8	276	10	18	60	378
Projected N	1173	46726	1425	2892	9275	61908

6.5 Sources of supply of contraception

Table 6.11 presents the source of supply of modern contraceptive methods by type of programme area. As expected the government hospital/PHC is the major source for female sterilisation in the district. However, in case of the modern spacing methods, such as condoms and pills, the share of medical shops is as high as 56 percent and 50 percent respectively.

With regard to the supply position of the pills and condoms a majority of the users say that they get a regular supply of them. In case of no regular supply little more than a third (35 percent) of the condom users say that they will not use any method and the rest will either get their supply from other sources, shift to other methods or abstain from sex.

A majority (74 percent) of the condom users say they always found supplies available during the last three months. Supply position of condoms had increased over the last two years (1995 to 1997).

Table 6.12 Supply position of pill and condom as reported by current users

Percent distribution of current users according to whether received regular supply and alternative action in case of short supply, 1997

	OR area		Non-OR area		Total	
	Pill	Condom	Pill	Condom	Pill	Condom
Received regular supply						
Yes	90.2	90.3	100.0	84.5	97.4	86.2
No	9.8	9.7	-	11.5	2.6	11.0
No repeat visit	-	-	-	4.0	-	2.8
Alternative in case of short supply						
Don't use the method	32.6	26.8	9.6	38.1	15.8	34.8
Get from other source	18.3	14.4	-	14.9	4.9	14.7
Shift to other method	8.5	26.2	54.7	19.3	42.3	21.4
Abstained from sex	40.7	32.7	35.7	27.7	37.0	29.1
Number of current users	10	33	8	25	18	58
Supply position during last 3 months						
Always got the supply	68.5	76.2	100.0	73.1	91.5	74.0
Did not get one time	-	11.9	-	7.0	-	8.4
Did not get twice	13.3	2.6	-	7.5	3.6	6.1
Did not get at all	-	-	-	7.6	-	5.4
Not gone for resupply	18.3	9.2	-	4.8	4.9	6.1
Unweighed N	10	33	8	25	18	58
Projected N	777	2649	2115	6284	2892	8933

6.6 Reasons for discontinuation

Table 6.13 presents the reasons for discontinuation among the ever users of family planning methods. As expected "wanted to have child" is mentioned by most of the women (31 percent), followed by "health problems" (15 percent), "method failed got pregnant" (9 percent), and no sexual satisfaction (7 percent).

Comparison with the 1995 survey results reveal that discontinuation due to lack of sexual satisfaction, health problems, and wanted to have a child have increased. Also, the proportion reporting lack of privacy for use is almost negligible (less than 1 percent) in 1997 as compared to 10 percent in 1995.

Table 6.13 Reasons for discontinuation

Percentage distribution of currently married women who had ever used the family planning method by main reason for discontinuation: 1995 and 1997

Main reason for discontinuation	1997 Total	1995 Total rural
Method failed / became pregnant	9.3	12.5
No sexual satisfaction	7.4	1.4
Menstrual problem	1.7	1.5
Health problem	15.3	6.0
Inconvenient to use	3.3	0.5
Hard to get method	-	-
Put on weight	-	-
Did not like method	4.1	2.6
Wanted to have a child	30.8	22.4
Wanted to replace dead child	5.1	1.8
Lack of privacy for use	0.6	14.5
Others	20.4	35.8
Don't know/missing	2.0	35.8
Unweighted N	83	NA
Projected N	14898	42343

NA = Not available

6.7 Future use

Intention to adopt family planning methods in the near future is an important input for service providers. In this survey all currently married women who are not pregnant or do not want any more children or those who want children after 12+ months and those not using any family planning methods were probed as to when they intend to adopt family planning methods. This data is presented in Table 6.14. Women who had reported natural sterility and who attained menopause were excluded from the analysis.

The future intentions indicates a fairly large demand for family planning methods during the next two -year period. In the district as a whole, little less than a fifth (19 percent) of the women who are not currently using any method intend to use one within the next 2 year period. Yet a large proportion (70 percent) of them still do not intend to use any family planning methods.

The proportion of women who intend to use in future by number of living children increases steadily from about 24 percent among those with one or no living child to about 31 percent among those having 3 living children. The future intention to use drops to 28 percent for 4 or more children.

Those who expressed intention to use in the near future were asked about the method that they plan to adopt. It may be seen (Table 6.15) that Tubectomy (29 percent) and pills (23 percent) are the most preferred methods followed by condom (13 percent) and injectable (7 percent).

Table 6.14: Future use

Percent distribution of currently married women who are not currently using any contraceptive method by intention to use in the future, according to number of living children: 1997

Intention to use in future	Number of living children					Total
	0	1	2	3	4+	
Intends to use in next 12 months	4.5	12.4	13.5	4.6	9.2	9.4
Intends to use 1 - 2 years	0	5.2	8.3	11.3	11.8	9.4
Intends to use 2 + years	0	6.3	5.8	15.0	7.0	7.7
Don't know	0	6.4	1.9	4.0	3.7	3.6
Not intend to use	95.5	69.8	70.5	65.1	68.4	69.9
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Unweighted N	33	108	113	115	264	633
Projected N						

Note: Suppress natural sterility and attained menopause.

6.8 Attitudes towards family planning use

It is equally important to understand the attitudes of the women towards family planning. Therefore, all the currently married women were asked whether they approved or disapproved of couples using family planning methods and also whether any member in their family was against the use of family planning methods. Overall, it may be seen from Table 6.16, that the women in the district do not have anything against the use of family planning methods. Only 4 percent disapproved of the use of family planning methods.

Table 6.15 Preferred method for future use

Percent distribution of currently married women who are not using a contraceptive method but intend to use in future by preferred method, 1997

Preferred	Percent
Vasectomy	0.2
Tubectomy	29.1
IUD	5.9
Pill	23.4
Condom	13.2
Jelly/foam tablets	0.3
Injectable	7.3
Natural method	6.7
Others	8.5
Don't know	5.3
Total percent	100.0
Unweighted N	175
Projected N	34658

Table 6.16: Attitude towards family planning

Percentage distribution of currently married women according to attitude towards the use of contraceptive method and those opposing family planning: 1997 and 1995

Attitude towards family planing	1997	1995
Women approving	90.0	89.5
Women disapproving	4.1	9.9
DK / Not sure		
Unweighted N	1867	NA
Projected N	324546	330644
Those opposing family planning*		
Husband	77.1	61.0
Parents	4.0	5.8
Father-in-law	19.3	19.8
Mother-in-law	38.1	34.8
Other male member	2.6	6.4
Other female member	7.2	2.9
Others	4.4	3.5

Note: *Percentages may sum to more than 100 because of multiple responses.
NA= Not available

Among those who reported that their family members opposed the use of family planning, a majority reported that their husband was against its use (77 percent) followed by the mother-in-law (38 percent) and then the father-in-law (19 percent).

6.9 Quality of care

The quality of the care being provided is crucial in any efforts to increase the utilisation of health services. In view of this, all the currently married women in the survey were asked a series of questions on contacts with the health workers, information provided by the worker during these contacts, whether the worker mentioned all the methods being provided under the system, whether he/she informed them about the advantages and disadvantages of each method, and about how to use and source, the different methods, whether the health worker insisted on any particular method, and whether he/she answered all their queries. This information is sequentially discussed in the following paragraphs.

Table 6.17 reveals that the majority of currently married women (94 percent) had not been contacted. Only about 2 percent and 4 percent of the women were contacted once and twice respectively. Among those who were contacted during the last 6 months period, only one-third of the women were informed about method switch and were given answers to all the queries that they had. More than half of the women (59 percent) who were contacted reported that the health worker insisted on a particular method.

Table 6.17: Components of quality of care

Percentage distribution of currently married women aged 13 - 49 years according to the number of contacts from public sector employees for family planning in the last 6 months, whether informed about method switch, answered all queries, insisted on a particular method by selected background characteristics, 1997

Background characteristic	Number of contacts in last 6 months			Mean	Informed about method switch		Answered all queries about FP		Insisted on particular method		Unweighted N	Projected N
	0	1	2+		Yes	No	Yes	No	Yes	No		
Age												
13 - 19	90.2	0.6	1.3	0.05	34.8	65.2	-	11.8	43.7	56.3	265	47241
20 - 24	93.5	2.1	4.4	0.15	35.9	64.1	41.4	17.5	60.1	39.9	416	137655
25 - 29	92.0	2.0	6.0	0.23	28.9	71.1	28.2	23.9	62.5	37.5	376	92408
30 - 49	94.3	3.2	2.3	0.16	28.1	71.9	32.8	9.0	51.0	49.0	810	47242
Type of program areas												
OR	90.5	2.8	6.6	0.26	36.4	63.6	60.5	16.3	58.5	41.5	810	65634
Non-OR	94.7	1.8	3.5	0.13	30.3	69.7	35.0	19.4	59.2	40.8	1057	258912
Education												
Illiterate	94.4	1.7	3.9	0.15	30.1	69.9	29.2	17.8	54.9	45.1	1462	256109
Upto Primary	95.0	1.6	3.4	0.10	47.7	52.3	59.7	19.3	61.8	38.2	210	35003
Middle school+	88.2	4.9	6.9	0.32	33.9	66.1	39.6	20.5	72.9	27.1	195	32634
Work status												
Not working	94.0	1.9	4.2	0.16	33.2	66.8	29.1	20.6	58.1	41.9	1571	277802
White collar	67.0	33.0	-	0.33	44.1	55.9	100.0	-	55.9	44.1	8	1644
Non-agriculture labour	90.6	7.7	1.7	0.11	-	100.0	-	17.9	17.9	82.1	20	3918
Agriculture labour	95.1	1.3	3.6	0.12	27.0	73.0	59.9	5.6	74.7	25.3	266	40692
Other	44.5	-	55.5	-	-	-	-	-	-	-	2	490
Health Facility within village												
No facility	94.3	1.6	4.1	0.16	35.0	65.0	35.6	19.2	50.4	49.6	901	176105
Sub-center	94.6	2.2	3.2	0.13	36.1	63.9	40.4	15.4	70.5	29.5	811	126202
Others	86.2	4.1	9.7	0.34	14.9	85.1	12.1	22.9	60.3	39.7	155	22239
Total	93.9	2.0	4.1	0.16	32.2	67.8	33.6	18.4	59.0	41.0	1867	324546

It is interesting to note that the proportion contacted is almost the same for the villages with no health facility and the villages with Sub Centres. This is probably because of the fact that most of the ANMs do not live in the Sub Centre villages. As a result, even the villages with sub centres are as good as any other village without facility. However, in case of the villages having other facilities such as a new PHC or a PHC or a CHC, the proportion contacted was slightly higher (14 percent).

Among those who were informed about family planning, little less than a third (32 percent) were informed about method switch. The proportion is slightly higher in the OR areas (36 percent) than the non-OR areas (30 percent). The women in the age groups of 13-19 (35 percent) and 20-24 (46 percent) are more likely to be told of method switch than the women aged 25 or more (28 percent).

As mentioned earlier, the women were also asked whether the worker answered all their queries. It may come as a surprise that little less than two-thirds of the women's queries were answered either in full or partially (60 percent) by the health worker. Moreover, the majority of women said that the worker insisted on a particular method (59 percent). Type of programme area shows little variations in this regard. By background characteristics it may be seen from the table that the women aged 20 years or more, women who have some education and agricultural laborers are more likely to feel that health workers pressured for the use of a particular method.

Table 6.18 provides the specific details about the counseling given on family planning methods to the women who were contacted at any time in the past six months. During these contacts the most frequently mentioned methods were Tubectomy (65 percent), condom (63 percent), pill (52 percent), vasectomy (42 percent) and IUD (36 percent).

Though the methods were mentioned to women there seems to be a tendency among the workers to mention only the advantages of the method and not the side-effects or disadvantages. A large majority of the women reported that they were informed only about the advantages of the method (not shown in the table). These figures for the individual methods are - vasectomy (69 percent), tubectomy (71 percent), IUD (63 percent), pill (65 percent) and condom (73 percent). As against this, the proportion reporting that they were informed of both the advantages and disadvantages of the method ranges from about 19 percent for tubectomy to about 8 percent for IUD.

However, most of the women were told about how to use and source of the methods. For example, in the case of the pill, about 88 percent of the women were told about how to use and 92 percent were informed of sources.

In comparison with the 1995 survey, a larger proportion of women have been given information about the various methods of family planning and sources of methods. However, the proportion who were informed about both the advantages and disadvantages of various contraceptive methods shows little improvement in the past two years.

Table 6.18: Counseling on family planning

Percentage distribution of currently married women age 13 -49 years who had been contacted in the last 6 months according to information provided about various methods by health workers: 1995 and 1997

Method	Method was mentioned	Advantages & disadvantages of method were mentioned		Informed How to use	Informed of method about source	Number of women
		Both	None			
1997						
Vasectomy	42.3	15.2	6.6	81.8	94.6	60
Tubectomy/Laparascopy	64.7	18.6	5.2	91.7	95.2	90
IUD	36.3	7.6	7.6	82.1	81.1	53
Pill	52.3	12.4	50.5	87.9	91.9	70
Condom	62.9	16.7	7.6	91.5	86.8	87
Withdrawal	8.6	-	12.1	87.9	82.7	10
Safe Period	15.8	2.5	7.3	92.6	86.8	21
LAM	8.8	7.4	12.9	61.4	66.0	11
1995						
Vasectomy	13.2	5.6	15.9	74.1	84.6	NA
Tubectomy/Laparascopy	70.5	17.2	7.2	78.0	93.5	NA
IUD	34.5	18.7	8.9	74.4	90.9	NA
Pill	31.7	18.4	7.8	81.3	83.2	NA
Condom	37.8	9.7	9.1	75.5	87.0	NA
Withdrawal	2.8	16.5	11.5	-	-	NA
Safe Period	2.5	-	-	-	-	NA
LAM	NA	NA	NA	NA	NA	NA

Note NA : Not Available

CHAPTER 7

FERTILITY PREFERENCE

Information on the fertility preferences among women is an important input in planning programmes aiming at fertility reduction. It provides vital information for developing the communication strategies and the issues to be addressed. Hence, the women were asked about their desire for additional children and the sex composition of the desired children. This information along with data on unwanted pregnancies and the need for family planning are discussed in this chapter.

7.1 Desire for more children

As mentioned earlier all the currently married women in the survey were asked whether they would like to have more children apart from the children they already had. The results are presented in Table 7.1. More than half of the women (57 percent) reported that they do not want any more children and a little more than a fourth said that they would like to have additional children after 12 months.

Table 7.1: Fertility Preferences

Percent distribution of currently married women by desire for children and preferred sex of additional child, according to number of living children, 1997

Desire for children	Number of living children				Total
	0 - 1	2	3	4+	
Desire for additional child					
Have another soon	43.7	15.6	9.9	2.5	16.9
Have another within 12 - 23 months	6.9	4.8	4.3	1.1	3.8
Have another after 2 years	41.8	38.1	17.1	5.7	22.1
Want no more	6.9	41.5	68.3	90.7	56.9
Don't know/missing	0.7	-	0.4	-	0.3
Total percent	100.0	100.0	100.0	100.0	100.0
Unweighted N	501	266	327	773	1867
Projected N	88929	45669	56361	113587	324546
Preferred sex of additional child					
Boy	17.1	67.9	77.9	75.8	39.9
Girl	2.5	10.3	8.2	6.7	5.1
Both	56.4	7.9	0.9	0.6	35.0
Doesn't matter	12.2	8.4	7.0	6.6	10.3
Upto God	11.8	5.5	6.0	10.3	9.7
Total percent	100.0	100.0	100.0	100.0	100.0
Number wanting more	466	153	93	70	782
Projected N	82769	26672	17861	12616	139918

As would be expected the proportion who want no more children steadily increases with the number of living children. It increases from about 7 percent among the women with one or

no child to about 91 percent among those who have 4 or more children. These observations indicate the latent demand for family planning services among women.

The sex composition of the wanted children shows the predominance of the desire for a son among the women. The proportion who want only sons increases from about 17 percent among those who have either one child or none to about 78 percent among those who have 3 children. Interestingly, more than half of the women with one child or no living children say they need both. This could possibly be an indication of the change in attitudes among the younger women.

Table 7.2 presents the distribution of the women who want no more children by selected background characteristics. The distribution presented follows the population proportions in the respective categories indicating the uniform spread of women in all the sub groups.

Table 7.2: Desire to have no more children by background characteristics

Percentage distribution of currently married women who want no more children by number of living children and selected background characteristics, 1997

Women who desire no more children	Number of living children					Total
	0	1	2	3	4+	
Age						
13-19	36.3	25.8	8.8	1.0	-	2.0
20-29	23.3	50.6	59.7	53.6	19.3	31.5
30-39	-	1.6	23.2	29.5	50.6	41.7
40-49	40.4	22.0	8.3	15.9	30.1	24.8
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Type of programme area						
OR	28.1	20.9	21.3	24.1	20.4	21.3
Non-OR	71.9	79.1	78.7	75.9	79.6	78.7
Education						
Illiterate	64.2	81.6	72.2	75.1	83.0	80.1
Upto Primary	6.5	6.4	11.6	11.3	11.8	11.5
Middle school +	29.3	12.0	16.2	13.6	5.2	8.4
Work status						
Not working	66.9	97.7	96.1	88.6	77.5	82.2
White collar	-	-	1.3	0.8	0.4	0.6
Non-agriculture labour	-	-	-	1.8	2.0	1.7
Agriculture labour	33.1	2.3	2.6	8.8	19.6	15.2
Others	-	-	-	-	0.5	0.3
Number of living sons						
None	100.0	24.6	4.2	1.7	0.3	2.4
1	-	75.4	46.3	23.0	7.7	16.6
2	-	-	49.5	55.6	28.3	35.2
3+	-	-	-	19.7	63.7	45.8
Number of living daughters						
None	100.0	75.4	49.5	19.7	4.5	14.8
1	-	24.6	46.2	55.6	25.0	33.4
2	-	-	4.3	23.0	36.4	29.1
3+	-	-	-	1.7	34.1	22.7
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	7	28	113	274	703	1085

7.2 Need for family planning services

In this section the need for family planning services existing in the district is discussed in terms of unmet need, met need, total demand and the demand satisfied.

Table 7.3: Need for family planning services

Percent of currently married women with unmet need, met need, total demand for and demand satisfied by family planning services by selected background characteristics, 1997

Background characteristic	Unmet need for FP			Met need-currently using			Total demand for FP			Percent of need satisfied
	To space	To limit	Total	To space	To limit	Total	To space	To limit	Total	
Age										
13-19	30.7	3.9	34.6	10.7	0.5	11.2	41.4	4.4	45.8	24.5
20-29	22.6	16.7	39.4	20.1	6.4	26.5	42.7	80.7	65.9	40.2
30-39	5.0	31.7	36.7	24.4	24.3	48.7	29.4	56.0	85.4	57.0
40-49	0.7	48.1	48.8	12.4	34.8	47.2	13.1	82.9	96.0	49.2
Type of programme area										
OR	14.7	23.4	38.1	21.2	15.3	36.5	35.9	38.7	74.6	48.9
Non-OR	15.8	23.8	39.6	18.2	14.6	32.8	34.0	38.4	72.4	45.3
Education										
Illiterate	15.6	25.4	41.0	18.5	13.7	32.2	34.1	39.1	73.2	43.9
Up to Primary	11.9	20.7	32.6	16.7	21.7	38.4	28.6	42.4	71.0	54.1
Middle school +	19.6	13.5	33.2	23.7	15.6	39.3	43.3	29.1	72.5	54.2
Work status										
Not working	16.2	23.0	39.2	18.5	13.8	32.3	34.7	36.8	71.5	45.2
White collar	20.2	15.0	35.2	4.4	31.5	35.9	24.6	46.5	71.1	50.5
Non-agriculture labour	6.0	20.4	26.4	23.8	42.2	65.7	29.8	62.6	92.1	71.3
Agriculture	12.0	29.3	41.3	21.4	17.0	38.4	33.4	46.3	79.7	48.2
Other	-	-	-	-	100.0	100.0	-	100.0	100.0	100.0
Number of living children										
None	12.8	1.4	14.2	4.5	-	4.5	17.3	1.4	18.7	4.1
1	36.9	4.7	41.6	18.1	0.4	18.4	55.0	5.1	60.0	30.7
2	30.5	16.3	46.8	15.9	10.8	26.7	46.4	27.1	72.5	36.3
3	13.8	27.0	40.8	22.7	17.5	40.3	36.5	44.5	81.1	49.7
4+	4.8	38.5	43.4	23.1	24.6	47.7	27.9	63.1	91.1	52.4
Number of living sons										
None	22.1	2.8	24.9	10.0	0.3	10.3	32.1	3.1	35.2	29.3
1	31.1	16.5	47.6	19.1	4.8	23.9	50.2	21.3	71.5	33.4
2	7.3	34.7	42.0	22.8	23.9	46.7	30.1	58.6	88.7	52.7
3+	2.6	38.7	41.4	22.7	28.5	51.2	25.3	67.2	92.6	55.3
Total	15.6	23.7	39.3	18.8	14.8	33.6	34.4	38.5	72.9	46.1

Table 7.3 gives a picture of the need for family planning services in the district by currently married women. The total demand for family planning services in the district is estimated to be about 73 percent of which only 46 percent is met. Across the programme areas the proportion of the total demand satisfied is higher in the OR areas (49 percent) as compared to the non-OR areas (45 percent).

The unmet need for family planning methods is estimated to be 39 percent in the district. This proportion is slightly lower in the OR areas (38 percent) than in the non-OR areas (40 percent). A further look at the unmet need reveals that a major component of it is for limiting pregnancy (24 percent). As would be expected, the unmet need to limit increases with the age of the women from about 4 percent among the 13-19 years age group to about 48 percent among the women in the age group of 40-49 years.

The unmet need for limiting pregnancy increases steadily from less than 2 percent among those who do not have a living child to about 39 percent among those with 4 or more living children. Number of living sons also shows a similar trend, possibly indicating that with the increase in the number of living children the influence of sex composition on the current use loses significance.

Table 7.4: Unwanted pregnancy

Percent distribution of ever married women who had ever become pregnancy when not wanted and action taken to prevent unwanted pregnancy according to background characteristics, 1997

Background characteristic	Action taken to stop unwanted pregnancy				Total percent	Unweighted N	Projected N
	No unwanted pregnancy	Nothing done to stop	Attempted to stop, but not succeed	Attempted to stop and succeeded			
Age							
13-19	97.6	2.3	0.2	-	100.0	267	47685
20-29	94.1	3.6	1.1	1.2	100.0	802	139374
30-39	86.8	7.4	3.9	1.9	100.0	570	97785
40-49	87.7	8.2	3.2	0.9	100.0	295	52218
Type of program area							
OR	91.4	4.0	2.8	1.8	100.0	831	670381
Non-OR	91.5	5.5	2.0	1.0	100.0	1103	269681
Education							
Illiterate	91.5	5.4	2.2	1.0	100.0	1519	266730
Upto Primary	91.1	6.4	1.1	1.4	100.0	215	36804
Middle school +	92.0	2.5	3.0	2.4	100.0	200	33528
Work status							
Not working	92.0	5.2	1.8	1.1	100.0	1606	284278
White colour	100.0	-	-	-	100.0	10	1955
Non-Agricultural labour	100.0	-	-	-	100.0	21	4167
Agricultural labour	87.2	6.2	4.7	1.8	100.0	293	45692
Others	100.0	-	-	-	100.0	4	970
Number of living children							
None	99.3	0.7	-	-	100.0	253	45056
1	99.3	0.5	0.2	-	100.0	264	46663
2	94.3	3.2	1.8	.8	100.0	280	48218
3	94.9	3.9	0.6	0.5	100.0	334	57737
4+	83.9	9.5	4.2	2.4	100.0	803	139388
Total	91.5	5.2	2.1	1.2	100.0	1934	337062

7.3 Fertility planning

The extent of unwanted pregnancies in the population and what would women do in case of unwanted pregnancies provides a better understanding of the extent and the need for fertility planning. Women were also asked whether they had become pregnant when they had not wanted to have a child and what was done with that pregnancy. About 8 percent of the women reported that they had become pregnant in the past when they had not wanted to, and most of them had accepted the pregnancy any way (table 7.4).

Table 7.5 Unwanted pregnancy

Percent distribution of currently married pregnant women according to whether the current pregnancy was wanted and background characteristics, 1997

Background characteristic	Planning status of pregnancy			Total percent	Unweighted N	Projected N
	Wanted then	Wanted later	Wanted not at all			
Age						
13-19	91.0	8.1	0.9	100.0	42	7298
20-29	89.3	5.0	5.7	100.0	104	17374
30-39	79.5	6.4	14.0	100.0	32	4841
40-49	100.0	-	-	100.0	1	218
Type of program area						
OR	84.9	8.7	6.4	100.0	87	7036
Non-OR	89.2	5.1	5.6	100.0	92	22695
Education						
Illiterate	88.2	5.0	6.9	100.0	140	24026
Upto Primary	88.5	8.5	3.0	100.0	21	2503
Middle school+	88.4	11.6	-	100.0	18	3202
Work status						
Not working	87.2	6.6	6.2	100.0	158	26904
White collar	100.0	-	-	100.0	1	239
Non-agriculture labour	100.0	-	-	100.0	1	229
Agriculture labour	97.0	-	3.0	100.0	19	2359
Number of living children						
None	95.3	4.7	-	100.0	43	7637
1	94.8	4.1	1.1	100.0	37	5790
2	95.4	4.6	-	100.0	34	5530
3	69.6	15.2	15.2	100.0	24	4097
4+	79.8	4.6	15.6	100.0	41	4677
Number of living sons						
None	95.8	3.6	0.6	100.0	72	11941
1	88.7	7.2	4.1	100.0	56	9570
2	79.7	8.7	11.6	100.0	29	4757
3+	72.4	6.9	20.7	100.0	22	3463
Total	88.2	6.0	5.8	100.0	179	29731
1995 BSUP	80.3	6.1	13.6	100.0	NA	60544

NA = Not available

It may be seen from Table 7.5 that about 12 percent of the women who were pregnant reported that they either did not want to become pregnant then, or they had never wanted to become pregnant (6 percent each) at all. A larger portion of the unwanted pregnancies are concentrated among the women aged 30-39 years (20 percent), women with 3 living children (30 percent) and those with 4 or more living children (20 percent).

CHAPTER 8

MATERNAL & CHILD HEALTH AND UTILISATION OF HEALTH SERVICES

The Safe Motherhood and Child Survival programme of the Government of India provides a package of services to improve the maternal and child health in the country through the existing network of public health care delivery system. The current situation of some of these services in the district is discussed in this chapter.

8.1 Infant mortality

Information on births and deaths that have occurred among the eligible women during the two years period preceding the survey was collected. The reference period approximately corresponds with the period between September 1995 to September 1997. The estimates shows the current level of infant mortality to be about 71 per 1000 live births in the rural areas of the district. This estimate is lower than the 1995 estimate of about 84 per 1000 live births. This difference could be because of the different sources of information in the two surveys. While the 1995 estimates are based on births and deaths data collected through the household schedule, the 1997 study estimates from the births that have occurred to eligible women collected from the women themselves. As a result some of the births and deaths that have occurred among the household members may not be reflected in the follow-up study.

The difference could also be due to the difference in the estimation procedures adopted in the two surveys. While the 1995 estimates are computed using indirect techniques, the 1997 survey estimates are directly computed using the number of births and infant deaths. In view of this the IMR estimates should be viewed with caution.

Table 8.1: Level of infant mortality

Infant mortality for two-year periods preceding the survey in rural areas: 1997, 1995, 1992-93

	Infant mortality (IMR)
1997	71.0
1995 BSUP	83.6
1992-93 NFHS*	108.2

* For 0-4 Years prior to survey

8.2 Antenatal care

Information on the utilization of the various antenatal care services were collected for all the pregnancies that had occurred during the two-year period preceding the survey. This information is sequentially discussed in the following paragraphs.

Table 8.2: Antenatal care

Percent distribution of currently married women who had antenatal check ups, who had IFA tablets, who had TT injections, and sources for IFA tablets and TT injections among those who are currently pregnant or had given birth during the two-year period prior to the survey by selected background characteristics, 1997

Background characteristic	ANC Check up	Received		Sources for IFA tablets and TT injections*							Total percent	Unweighted N	Projected N
		IFA tabs	TT injection	Public sector			Private sector						
				District hospital	SC/PHC	At home	Mobile camp	Private doctor	Other sources				
Age													
13-19	27.3	31.4	41.2	9.7	22.6	51.0	3.4	-	27.7	5.9	100.0	153	27285
20-24	26.9	30.8	50.4	9.8	1.1	52.2	4.0	0.3	28.3	5.6	100.0	340	57455
25-29	19.2	24.0	36.7	13.4	12.4	57.6	2.4	1.0	22.7	2.8	100.0	271	84464
30-49	19.4	26.1	35.6	7.7	16.2	60.8	8.7	-	31.6	2.3	100.0	275	46703
Type of program area													
OR	25.5	37.3	48.8	13.5	15.4	53.3	3.3	1.4	30.8	2.3	100.0	454	36747
Non-OR	22.3	25.4	39.6	9.1	17.0	55.8	5.0	-	26.6	4.9	100.0	585	143160
Education													
Illiterate	19.9	25.6	37.0	9.4	16.4	60.5	3.4	0.5	22.8	4.5	100.0	833	146339
Upto Primary	25.6	32.8	48.5	9.6	18.0	36.6	-	13.3	47.8	2.7	100.0	102	16379
Middle school	+46.0	42.2	73.2	13.9	16.5	44.3	4.1	-	35.5	4.0	100.0	104	17189
Work status													
Not working	24.3	28.9	43.2	11.0	17.4	53.4	5.0	0.4	27.0	4.3	100.0	897	157520
White collar	100.0	100.0	85.5	-	-	51.0	-	-	49.0	-	100.0	3	571
Non-agriculture	8.3	19.8	48.2	-	-	51.7	-	-	22.9	25.5	100.0	9	1759
Agriculture	11.1	18.1	25.7	1.6	10.6	79.9	-	-	34.2	-	100.0	130	20057
Husband's education													
Illiterate	17.2	22.1	30.8	4.3	16.5	67.1	-	5.8	51.4	1.3	100.0	260	44880
Upto Primary	20.1	28.2	41.3	7.8	12.2	55.6	-	0.7	24.0	2.2	100.0	143	27565
Middle sch. +	26.2	29.8	45.7	12.4	17.9	50.3	5.3	0.4	30.5	5.6	100.0	632	106865
DK	-	86.8	100.0	13.2	-	86.8	-	-	-	-	100.0	4	597
Number of living children													
None	34.5	24.5	33.8	13.0	32.7	39.9	5.2	-	24.7	-	100.0	74	13073
1	27.1	34.4	54.6	12.6	17.5	45.3	4.6	-	32.3	5.6	100.0	216	37310
2	26.4	25.5	41.8	11.9	15.1	58.2	2.7	0.6	23.0	3.8	100.0	197	33335
3	22.8	31.0	46.4	14.3	20.0	51.6	5.9	0.7	28.5	5.3	100.0	189	33320
4+	16.4	24.2	32.5	2.9	10.6	69.0	4.7	0.3	26.0	5.3	100.0	363	62869
Total	22.9	27.9	41.5	10.2	16.6	55.2	4.6	0.3	27.6	4.2	100.0	1039	179907

*Percentages may sum to more than 100 because of multiple responses

Overall, in about 23 percent of the pregnancies, the women had undergone ANC check-ups, 28 percent had received IFA tablets and about 42 percent were immunised against tetanus. The share of private doctors as source for IFA & TT is about 28 percent. Coverage of IFA and TT shows larger variations by type of programme area. While about 37 percent were given IFA and 49 percent immunised against tetanus in OR areas, the corresponding proportions in the non-OR areas are 25 percent and 40 percent respectively.

Educational attainment of the women and husband shows a positive association with the use of various antenatal care services. For example, the proportion who have undergone ANC check-up increases from about 20 percent among the illiterate women to about 46 percent among those women with educational qualifications of middle school and above. Though the husband's education exhibits a positive association with the coverage of various antenatal services, in comparison with the effect of education on the women in the services coverage reveals that the husbands education is less important in this regard.

The timing of antenatal check-up presented in the Table 8.3 indicates little change neither over the last two surveys nor between the programme areas.

Table 8.3: Stage of pregnancy for antenatal care

Percent distribution of currently married women who had the antenatal check up according to stage of pregnancy and type of program area: 1997 and 1995

Stage of pregnancy at first visit	1997			1995
	OR area	Non-OR area	Total	BSUP Rural
No antenatal care	74.5	77.7	77.1	73.9
First trimester	12.8	10.8	11.2	9.2
Second trimester	8.1	6.2	6.6	6.8
Third trimester	4.6	5.2	5.1	9.7
DK / Missing	-	-	-	0.4
Total percent	100.0	100.0	100.0	100.0
Unweighted N	454	585	1039	NA
Projected N	36747	43160	179907	84082

Table 8.4 provides information on screening for the identification of high risk pregnancies and a comparison with the baseline for the coverage of IFA and TT. Screening for high risk pregnancies appears to be low in the district. The proportion who had undergone individual tests ranges from about 21 percent for weight monitoring to about 29 percent for the Blood Pressure check-up.

Comparing the 1995 estimate and the 1997 one shows that the coverage of TT and IFA have improved over the years. By type of programme area the increments are more prominent in OR areas than the non OR areas. For example, the proportion receiving TT in the OR area is 49 percent as against the estimate of 34 percent in non-OR area. Data also suggested that

about 17 percent of pregnant women had faced some problem and the other during antenatal period.

Table 8.4: Antenatal care services

Percent distribution of currently married women who had the antenatal check up according to type of examination and services received and type of programme area, 1997

Examination and services	OR area	Non-OR area	Total
Undergone a blood test	25.4	25.9	25.8
Undergone a urine test	29.0	22.0	23.6
Undergone a BP check	26.9	29.1	28.6
Weight taken	25.8	19.0	20.5
Received IFA tablets	37.3	25.4	27.9
Received TT injection	48.8	39.6	41.5
Received at least one dose	26.6	28.9	28.4
Received at least two doses	73.0	71.1	71.5
Faced any problems	20.3	15.5	16.5

Women were also asked about the services available in the area for pregnant women and who provides these services. Little less than two-thirds of the women (61 percent) say there are no services available (Table 8.5).

This discrepancy was noticed even during the data collection and the women were probed as to why they felt there were no facilities available in the area. To this the responses were – ANMs are not available at the centre, ANM does not come to the village, services are available in a distant place but they are not useful as we need services in the village. Most frequently mentioned services were TT (37 percent), IFA (32 percent) and medical check-ups (22 percent). This pattern conforms with the utilisation of the services observed in the previous section. Almost all the women (91 percent) said the ANM as the source and one-fourths of the women also mentioned government doctors as providers. Also, one-fifth of the women mentioned private doctors as the source.

Table 8.5: Sources of services for pregnant women

Percent of currently married women who are aware of sources and providers of antenatal services, 1997

Source and provider	Type of program area		Total
	OR area	Non-OR area	
Source of services			
None	57.9	62.1	61.2
Medical check up	21.4	22.6	22.4
TT	39.8	35.6	36.5
IFA	32.2	31.4	31.5
Information only	2.1	1.7	1.8
Referral for high risk	0.6	0.3	0.3
Nutrition	0.4	0.8	0.7
Emergency care	0.6	0.3	0.4
Others	-	0.8	0.6
Unweighted N	831	1103	1934
Projected N	67381	269681	337062
Provider of services			
ANM	86.1	92.0	90.8
LHV	11.7	9.2	9.7
Trained Dai	2.5	2.9	2.8
Untrained Dai	1.6	1.3	1.4
Govt. Doctor	21.5	27.4	26.2
Private doctor	27.6	19.4	21.2
Others	3.8	1.4	1.9

Table 8.6 : Number of visits for antenatal care

Percent distribution of currently married women who had given birth during the two years prior to the survey by number of visits for antenatal care according to background characteristics, 1997

Background characteristic	Number of visits for antenatal care				Total percent	Unweighted N	Projected N
	0	1	2	3+			
Age							
13-19	72.7	10.9	5.7	10.7	100.0	153	27285
20-34	76.8	10.2	5.9	7.2	100.0	785	135702
35+	86.1	5.0	6.1	2.8	100.0	101	16920
Type of program area							
OR	74.5	8.8	8.9	7.8	100.0	454	36747
Non-OR	77.7	10.0	5.1	7.1	100.0	585	143160
Education							
Illiterate	80.1	8.8	5.4	5.7	100.0	833	146339
Upto Primary	74.4	12.8	5.3	7.4	100.0	102	16379
Middle school +	54.0	15.2	10.2	20.7	100.0	104	17189
Work status							
Not working	75.7	10.6	6.1	7.7	100.0	897	157520
White collar	-	-	-	100.0	100.0	3	571
Non-agriculture Labour	91.7	3.8	-	4.5	100.0	9	1759
Agriculture labour	88.9	4.6	4.5	1.9	100.0	130	20057
Husband's education							
Illiterate	82.8	6.8	6.2	4.1	100.0	260	44800
Upto Primary	79.9	11.4	3.8	4.9	100.0	143	27565
Middle school +	73.8	10.7	6.3	9.2	100.0	255	45409
Above high school	100.0	-	-	-	100.0	377	61456
DK					100.0	4	597
Number of living children							
None	65.5	13.6	8.8	12.1	100.0	74	13073
1 - 3	74.5	10.9	5.8	8.7	100.0	602	103965
4 +	83.6	7.2	5.3	3.9	100.0	363	62869
Total	77.1	9.8	5.9	7.3	100.0	794	179907

Table 8.6 presents the number of antenatal care visits by selected background characteristics of the women. Women aged less than 25 years are more likely to go for ANC check-ups than the those aged 25 years or more. Similarly, women with no living children are more likely to go for ANC check-ups (34 percent) as compared to those women with 1-3 children (25 percent), and those with 4 or more children (16 percent). As would be expected, educated women are more likely to make ANC visits than their counterparts.

Women who had problems during the last/current pregnancy are presented by selected background characteristics in Table 8.7. Overall, in about 17 percent of the cases, the women had problems during their most recent pregnancy. As would be expected the proportion of women who had problems is high among the women aged 35 years or more (23 percent) and

13-19 (19 percent) compared to those aged 20-34 (15 percent). Overall, in about 46 percent of the cases the women were referred for the problem and almost all those referred had made use of the referral (97 percent).

Table 8.7: Problem encountered and referral during antenatal period

Percent distribution of currently married women who had given births during the two years prior to survey or currently pregnant according to whether they had faced problems during last pregnancy or current pregnancy, whether referred, place of referral and visit to the referred place, 1997

Background characteristics	Problem encountered				Referred place			Actual visit to referred place	
	Yes	No	Unweighted N	Projected N	None	D.hosp/CHC/PHC	Private + others	Yes	No
Age									
13-19	19.2	80.8	153	27285	45.3	11.9	42.8	93.2	6.8
20-34	15.2	84.8	785	135702	54.7	16.1	29.1	68.0	2.0
35+	22.8	77.2	101	16920	58.0	17.8	24.2	100.0	0.0
Type of program area									
OR	20.3	79.7	454	36747	57.3	13.4	29.3	94.1	5.9
Non-OR	15.5	84.5	585	143160	52.2	16.3	31.5	98.2	1.8
Education									
Illiterate	15.3	84.7	833	146339	54.4	16.6	29.1	96.3	3.7
Upto Primary	23.2	76.8	102	16379	53.4	7.7	38.8	100.0	0.0
Middle school +	19.8	80.2	104	17189	47.6	18.1	23	100.0	0.0
Work status									
Not working	16.6	83.4	897	157520	52.1	16.1	31.8	3.0	-
White collar	-	100.0	3	571	-	-	-	-	-
Non-agriculture labour	15.6	84.4	9	1759	100.0	-	-	-	-
Agriculture labour	16.0	84.0	130	20057	60.6	13.3	24	100.0	-
Husband's education									
Illiterate	17.8	82.2	260	44880	66.3	12.4	21.2	92.8	7.2
Upto Primary	14.9	85.1	143	27565	49.8	26.1	24.1	100.0	0.0
Middle school +	16.5	83.5	632	106865	48.5	14.6	36.9	97.9	2.1
DK	-	100.0	4	597	-	-	-	-	-
Number of living children									
None	13.5	86.5	74	13073	40.5	26.1	33.5	81.6	18.4
1 - 3	16.5	83.5	602	103965	52.5	13.8	33.7	698.7	1.3
4+	17.0	83.0	363	62865	57.2	16.8	26.0	98.3	1.7
Total	16.5	83.5	1039	179907	53.5	15.6	30.9	97.2	2.8

8.3 Delivery

Home deliveries are most common in the district (table 8.8) with about 86 percent of the deliveries taking place at home. Among the institutional deliveries the share of private hospitals is highest (9 percent). The current situation shows very little improvement over the 1995 estimate of 88 percent of home deliveries for the rural areas of the district.

Table 8.8: Place of delivery

Percent distribution of currently married women who delivered during the two years prior to the survey according to place of last delivery, 1997

Background characteristic	Place of delivery						Total percent	Unweighted N	Projected N
	Govt. hospital	CHC	PHC	Private hospital	Home	Others			
Mother's age									
13 - 19	4.2	-	1.0	8.4	84.7	1.8	100.0	147	26220
20 - 34	2.8	0.1	1.6	8.6	86.5	0.5	100.0	635	11349
35 +	-	-	3.6	10.7	85.6	-	100.0	69	11900
Type of program area									
OR	5.8	0.3	1.2	11.0	80.1	1.6	100.0	356	28834
Non-OR	2.1	-	1.8	8.2	87.5	0.4	100.0	495	120635
Education									
Illiterate	2.4	0.1	1.7	6.8	88.2	0.8	100.0	686	121968
Upto Primary	2.0	-	0.6	14.0	88.5	-	100.0	76	12644
Middle school +	6.6	-	2.0	20.0	71.4	-	100.0	89	14857
Work status									
Not working	3.0	0.1	1.8	8.9	85.5	0.7	100.0	730	130186
White collar	-	-	-	41.9	58.1	-	100.0	3	571
Non-agriculture labour	-	-	-	-	100.0	-	100.0	9	1759
Agriculture labour	2.0	-	0.7	7.1	89.8	0.5	100.0	109	16953
Husband's education									
Illiterate	1.3	0.2	2.6	3.8	90.1	1.9	100.0	212	36362
Upto Primary	2.4	-	2.0	9.3	86.4	-	100.0	124	24370
Middle school +	3.6	-	1.2	10.6	84.3	0.3	100.0	512	88322
DK								3	415
Number of living children									
None	-	-	9.5	9.1	70.7	10.7	100.0	13	2625
1	4.9	-	1.8	12.5	80.6	0.3	100.0	192	33979
2	2.5	-	1.1	8.3	87.8	0.3	100.0	166	283664
3+	2.2	-0.1	1.5	7.3	88.2	0.6	100.0	480	84499
Total	2.8	0.1	1.7	8.7	86.1	0.6	100.0	851	149469

Across the programme areas, the OR areas seems to be relatively better off in this regard (80 percent and 88 percent respectively in OR and non-OR areas). It needs to be mentioned here that the OR intervention does not have any component aiming at increasing the institutional deliveries.

With regard to the birth attendant it may be seen from Table 8.9 that in about 78 percent of the cases the birth attendant is either a family member (37 percent) or an untrained birth attendant (41 percent). Comparison with the 1995 estimate (75 percent) reveals little improvement over the two-year period.

Table 8.9: Delivery attendant

Percent distribution of currently married women who had delivery during the two years prior to the survey according to person who assisted the delivery: 1997

Background characteristic	Delivery assisted by						Total percent	Unweighted N	Projected N
	Doctor	ANM/ LHV	Trained Dai	Untrained Dai	Family Member/ others	Pvt doc/ Nurse			
Mother's age									
13 - 19	4.2	5.7	2.2	30.8	42.8	14.4	100.0	147	26220
20 - 34	1.7	3.0	1.8	42.3	39.7	11.2	100.0	635	111349
35 +	-	2.0	3.2	56.6	19.3	13.9	100.0	69	11900
Type of program area									
OR	4.2	5.5	4.3	44.9	25.4	14.9	100.0	356	28834
Non-OR	1.5	2.9	1.4	40.6	41.7	11.3	100.0	495	120635
Education									
Illiterate	1.6	3.3	1.8	41.8	40.6	10.3	100.0	686	121968
Upto Primary	1.4	2.6	0.6	35.5	41.6	17.9	100.0	76	12644
Middle school +	6.5	5.4	4.0	43.9	19.5	20.8	100.0	89	14857
Work status									
Not working	2.0	3.8	1.8	40.3	39.9	12.1	100.0	730	130186
White collar	-	-	-	58.1	-	41.9	100.0	3	571
Non-agriculture labour	-	-	17.1	55.9	16.0	-	100.0	9	1759
Agriculture	2.2	0.7	1.9	48.1	33.1	11.0	100.0	109	16953
Husband's education									
Illiterate	2.3	2.8	1.3	46.7	38.6	7.0	100.0	212	36362
Upto Primary	1.8	3.4	-	42.4	39.7	12.4	100.0	124	24370
Middle school +	2.0	3.7	2.8	38.7	38.5	14.0	100.0	512	88322
.DK	-	-	-	100.0	-	-	100.0	3	571
Number of living children									
None	-	-	-	18.4	60.6	18.6	100.0	13	2625
1	5.1	5.7	2.6	34.7	34.1	17.9	100.0	192	33979
2	1.5	3.2	0.8	42.3	39.9	12.3	100.0	166	28366
3+	1.0	2.6	2.2	44.6	39.3	9.3	100.0	480	84499
Total	2.0	3.4	2.0	41.4	38.6	12.0	100.0	851	149469

8.4 Postnatal care

As compared to antenatal care, the coverage of postnatal care is very low (Table 8.10). The proportion of women who were contacted by the health workers within 6 weeks after the delivery is as low as 13 percent in the district. This proportion is slightly higher in the OR areas (19 percent) compared to non-OR areas (12 percent).

Table 8.10: Number of visits for postnatal care

Percent distribution of currently married women who had last delivery during the two years prior to the survey by number of contacts with health workers according to background characteristics, 1997

Background characteristic	Number of visits for postnatal care				Unweighted N	Projected N
	0	1	2	3		
Age						
13-19	84.0	6.8	5.7	6.5	153	27285
20-29	85.0	6.3	5.5	3.8	611	57455
30-39	89.4	5.9	3.1	1.6	241	48464
40-49	86.8	7.6	3.6	2.1	34	46703
Type of program area						
OR	80.7	7.3	8.1	3.9	454	36747
Non-OR	88.0	6.4	3.4	2.2	585	143160
Education						
Illiterate	87.6	5.7	4.2	2.4	833	146339
Upto Primary	86.9	7.3	2.8	2.9	102	16379
Middle school +	76.8	13.4	7.2	2.6	104	17189
Work status						
Not working	86.3	6.5	4.5	2.7	897	157520
White collar	100.0	-	-	-	3	571
Non-Agriculture labour	96.2	3.8	-	-	9	1759
Agriculture labour	87.3	7.5	4.2	1.0	130	20057
Husband's education						
Illiterate	88.3	6.4	4.0	1.3	260	44880
Upto Primary	91.4	5.9	1.7	1.0	143	27565
Middle school +	57.4	6.9	5.3	3.4	632	106865
DK	100	-	-	-	4	761
Number of living children						
None	68.7	11.8	9.7	9.8	74	13073
1	86.7	6.4	4.7	2.3	216	37310
2	91.0	4.5	3.2	1.3	197	33335
3+	87.4	6.5	3.8	2.3	552	96189
Total	86.5	6.6	4.4	2.5	1039	179907

Table 8.11 shows that in only about 4 percent of the cases had the women actually met either a doctor or a nurse or an ANM for a routine check-up after delivery. This observation shows that postnatal check-ups are not considered important by the women. Among those who had visited a health worker, the highest proportion came for abdominal examination (21 percent), followed by those who came for advice on breastfeeding (20 percent) and family planning (18 percent).

Table 8.11: Postpartum care

Percentage of women whose had delivery within the two-years prior to survey and had received postpartum care and among those the percentage who received specific components of care, by background characteristics, 1997

Background characteristic	Postpartum care			Components of postpartum care			
	Percent with PP check up	Un-weighted N	Projected N	Abdominal exam	Advice on breast-feeding	Advice on family planning	Advice on baby care
Age							
13-19	6.9	107	19148	35.4	26.5	18.5	17.6
20-29	4.1	516	49399	20.6	20.4	16.9	16.9
30-39	1.7	185	41011	15.0	7.7	11.6	11.6
40-49	5.7	28	37292	-	35.9	11.9	11.9
Education							
Illiterate	3.5	675	20205	21.8	20.1	20.5	13.3
Upto Primary	2.6	72	12058	-	-	-	25.8
Middle school+	9.1	89	14857	26.0	26.0	12.9	22.3
Total	4.0	836	14857	21.1	19.8	17.6	15.9

As against the lower level of postnatal coverage, prevalence of the postpartum symptoms/ complications seems to be fairly high (Table 8.12). In about 5 percent of the cases women had massive vaginal bleeding during the six-week period after the delivery, 8 percent of the women had convulsions and about 15 percent had high fever. In more than half of the cases the fever was accompanied by severe lower back pain (62 percent, not shown in table) and lower abdominal pain (57 percent). The other symptoms of foul smelling discharge and painful urination was reported by about 23 percent and 31 percent respectively. These observations suggest that there is an urgent need to enhance the coverage services to the postpartum women.

Table 8.12: Postpartum symptoms/ complications

Percentage of currently married women who had delivery within the two year period prior to survey with symptoms / complications in the six-week postpartum period: 1997

Background characteristic	Postpartum symptoms / complications									
	Vaginal bleeding	Very high fever	Convulsions	Foul discharge	Lower abdominal pain	Severe upper back pain	Painful urination	Swollen, painful breast	Unweighted N	Projected N
Age										
13-19	3.8	18.7	8.4	25.1	59.5	34.6	25.4	4.5	19	3633
20-29	5.0	13.4	8.3	13.4	46.5	48.4	35.1	5.1	75	6355
30-39	5.4	14.6	6.8	18.5	51.9	51.4	30.0	10.7	16	5997
40-49	4.6	15.8	8.3	38.0	70.6	67.3	31.9	6.5	6	5892
Education										
Illiterate	4.2	14.9	7.0	25.4	59.5	52.2	36.4	8.5	103	17653
Upto Primary	8.3	17.9	11.3	25.6	47.4	58.5	-	-	11	2160
Middle school +	7.3	13.9	12.1	3.8	41.4	44.4	20.1	-	12	2064
Total	4.9	15.0	7.9	23.4	56.6	52.0	31.2	6.9	126	21877

In about 83 percent of the cases the women had gone for treatment for at least one of the three symptoms of bleeding or convulsions or fever (Table 8.13). With regard to the individual problems, the proportion gone for treatment ranges from about 13 percent for bleeding to about 67 percent in case of fever.

The reasons for no treatment are “it is not a problem” (16 percent), “treatment is too expensive” (17 percent), “treatment source is too far away” (11 percent), “husband or family did not permit to go” (14 percent) and “took non medical treatment” (34 percent).

Table 8.13: Treatment of postpartum symptoms / complications

Percent of currently married women with postpartum symptoms/ complications who had received treatment and among those who had not received treatment, the percentage according to reasons for not getting treated, 1997

	Percentage of Women with Symptom of Complications Treated
Symptom or complication	
Bleeding	12.9
Convulsions	27.0
High Fever	66.5
At least one of the above	82.6
Reason for no treatment	
Too far	11.2
Does not feel as a problem	16.0
No transportation	5.1
No child care	1.0
Husband/family member for bid	14.0
Poor services	4.1
Too expensive	16.7
Non-medical treatment	33.8
Others	26.8

8.5 Immunisation

Immunisation coverage among the children aged 6-23 months is presented by selected background characteristics of the women in Table 8.14. Overall, the proportion of children receiving all vaccines shows little change over the two-year period (19 percent in 1997 as against 18 percent in 1995). With regard to the individual vaccines coverage about half of the children aged 6-23 months had received BCG, about 30 percent and 38 percent of the children had received all three doses of DPT and OPV respectively. The coverage of individual vaccines drops from about 67 percent for the first dose to about 38 percent for the third dose of OPV. It may be seen that the coverage of first dose of OPV is higher than any other vaccine. This could be due to the recent drive for polio eradication in the country.

Table 8.14: Vaccinations of living children aged 6 - 23 months

Percentage of children aged 6 - 23 months vaccinated against BCG, DPT, Polio and Measles and the percentage who had immunization card, 1997

Background characteristic	BCG	DPT			Polio			Measle	No vaccination	Full immunization	No immunisation card	Un-weighted N	Projected N
		1	2	3+	1	2	3+						
Sex													
Male	57.2	47.4	40.3	33.9	73.8	61.0	42.3	26.7	25.0	22.6	63.3	310	53806
Female	71.2	41.1	31.1	24.3	58.5	48.2	33.7	20.4	37.6	14.8	70.7	259	45522
Type of program area													
OR	53.5	47.5	40.3	36.1	71.9	60.7	48.6	30.1	24.3	22.7	66.4	241	19465
Non-OR	49.0	43.7	35.0	27.9	65.6	53.8	35.9	22.2	32.4	18.2	66.8	328	79863
Education													
Illiterate	45.6	40.0	31.2	26.0	63.5	50.2	35.1	22.2	33.8	17.6	71.8	466	82172
Upto Primary	57.8	49.3	41.2	35.2	71.1	66.1	47.3	23.8	28.9	17.8	55.9	47	7968
Middle school +	81.4	80.1	75.7	56.5	92.3	90.2	59.8	38.4	5.9	33.5	31.0	56	9188
Work status													
Not working	50.7	45.9	36.5	29.6	67.4	56.0	39.0	24.3	29.9	19.4	64.3	480	85403
White collar	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	51.0	2	488
Non-agriculture labour	76.9	57.4	57.4	13.3	76.9	76.9	13.3	13.3	23.1	13.3	42.6	5	993
agriculture labour	40.3	31.4	29.1	28.0	61.0	46.2	33.9	18.2	38.5	13.9	85.7	82	12444
Total	49.9	44.5	36.1	29.5	66.8	55.2	38.4	23.8	30.8	19.1	66.7	569	99328

The proportion who had received all vaccines is high among the male children, among the children of educated mothers and those in OR areas. With regard to the immunisation card it may be seen that in about two-thirds of the cases mothers did not have the immunisation card. As expected the immunization coverage is highest among children whose mother was educated upto middle school and higher.

Among the children aged 12-23 months the coverage of all vaccines (23 percent) is marginally less than the 1995 estimate (24 percent) for the rural areas of the district. After the first dose of DPT and Polio, the percent of children coming for the subsequent doses has declined significantly. For example, the coverage drops from about 74 percent for the first dose of OPV to about 43 percent for the third dose.

The coverage of measles is observed to be lowest at 29 percent in the district. However, this proportion shows a marginal increment over the 1994-95 estimate of 28 percent for the rural areas of the district.

Table 8.15: Vaccinations of living children aged 12 - 23 months

Percentage of children aged 12 - 23 months vaccinated against BCG, DPT, Polio and Measles and the percentage who had immunization card, 1997

Background Characteristic	BCG	DPT			Polio			Measle	No vaccination card	Full immu.	No immunization card	Un-weighted N	Projected N
		1	2	3+	1	2	3+						
Sex													
Male	64.0	51.2	43.3	35.8	82.2	70.0	46.8	31.2	16.7	26.6	62.7	229	38898
Female	46.1	46.9	36.1	28.0	63.7	55.0	38.9	25.4	31.7	17.9	68.5	188	32845
Type of program area													
OR	51.1	46.3	40.2	36.4	73.5	63.1	51.6	35.5	22.7	27.4	70.6	183	14856
Non-OR	57.0	50.0	39.9	31.1	73.7	63.1	41.0	26.7	23.8	21.4	64.0	234	56887
Education													
Illiterate	52.7	45.4	35.7	29.0	71.5	59.1	39.9	26.7	25.4	21.1	69.0	348	60341
Upto Primary	60.9	52.6	45.0	39.9	76.2	84.7	56.5	30.6	23.8	21.7	51.9	32	5386
Middle school +	82.3	84.6	78.4	58.2	93.3	93.3	64.5	44.7	5.4	38.3	40.4	37	6016
Work status													
Not working	57.2	51.2	40.7	32.4	74.8	64.5	44.0	29.6	22.1	23.5	62.8	349	60915
White collar	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	51.0	2	488
Non-agriculture labour	76.9	57.4	57.4	13.3	76.9	76.9	13.3	13.3	23.1	13.3	42.6	5	993
Agriculture labour	42.3	32.6	30.4	29.7	54.6	50.6	38.4	19.3	34.7	13.7	85.2	61	9347
Total	55.8	49.2	40.0	32.2	73.7	63.1	43.2	28.5	23.6	22.6	65.4	417	71743

Table 8.16: Comparative immunisation coverage

Percentage of children aged 12 -23 months who have received all vaccinations in according to programme types: 1995 and 1997

Vaccination	BSUP		1997		Total
	1995*	OR	Non-OR		
BCG	41.9	51.1	57.0		55.8
DPT-I	45.3	46.3	50.0		49.2
DPT-II	35.9	40.2	39.9		40.0
DPT-III	29.6	36.4	31.1		32.2
Polio-I	43.6	73.5	73.7		73.7
Polio-II	35.1	63.1	63.1		63.1
Polio-III	29.0	51.6	41.0		43.2
Measle	28.0	35.5	26.7		28.5
Those who received all vaccinations	23.6	27.4	21.4		22.6
Unweighted N	183	234	417		NA
Projected N	65269	14856	56887		71743

Note: * Only the rural

8.6 Utilisation of health services

Preferred sources for the treatment gives an indication of the importance and the value attached to the available health services. In view of this, all the ever married women in the survey were asked where they generally went for treatment when any of their family members fell sick. The information is dealt with in the following paragraphs.

Table 8.17 indicates that about half of the ever married women reported that their family members went to private doctors in case they fell sick. Although the proportion going to private doctors has fallen from 59 percent in 1995 to 49 percent, those who would go some times to government doctors and some times to private doctors remains the same. The proportion reporting that they are certain of getting attended to at public health centres has decreased from about 50 percent in 1995 to about 27 percent in 1997 and a high proportion of them report that they don't know whether they would get the service or not.

About 16 percent of the households were visited by the health workers during the three months preceding the survey. Comparison with the 1995 estimates (10 percent) reveal that there has been a 6 percentage point increase in the visits of PHC/SC staff to households.

Table 8.17: Utilization of health services

Percentage distribution of ever married women according to place generally gone to for treatment, certainty of getting services at PHC/SC, whether anybody from PHC/SC visited during last 3 months and ever visited PHC/SC during the last 3 months: 1997 and 1995

Sources	OR	1997 Non-OR	Total	1995*
Preferred to go for treatment				
Always to PHC/SC/Govt. Hospital	7.3	4.8	5.3	2.1
Sometimes to PHC/SC/Govt. Hosp. & sometimes to private doctors	44.4	33.3	35.5	38.0
Always to private doctor	38.9	49.0	47.0	59.4
Other	9.3	13.0	12.3	0.5
Total	100.0	100.0	100.0	100.0
Certainty of getting services at PHC/SC				
Quite certain	34.0	25.8	27.4	49.9
Not certain	22.1	11.2	13.4	44.5
Don't know/ missing	43.9	63.0	59.2	5.7
Total	100.0	100.0	100.0	100.0
Anybody visited from PHC/SC				
Yes	17.3	15.5	15.8	9.6
No	82.7	84.5	84.2	90.4
Total	100.0	100.0	100.0	100.0
Ever visited PHC/SC				
Yes	10.1	7.3	7.9	51.9
No	89.9	92.7	92.1	48.1
Total	100.0	100.0	100.0	100.0
Unweighted N	831	1103	1934	NA
Projected N	67381	269681	337062	340779

* Only the rural

Table 8.18: Frequency of contacts and number of workers in contact

Percentage of ever married women who have reported being visited by PHC/SC staff in last 3 months according to frequency of contacts and number of workers, and type of workers who visited them, 1997

Contact	OR	Non-OR	Total
Number of contacts			
None	82.7	84.5	84.2
1	6.8	6.9	6.9
2	4.2	3.7	3.8
3+	6.3	4.9	5.2
Total	100.0	100.0	100.0
Mean	0.4	0.3	0.3
SD	1.0	0.9	0.9
Number of workers			
None	82.7	84.5	84.2
1	10.4	9.3	9.5
2	5.7	5.4	5.5
3+	1.2	0.8	0.9
Total	100.0	100.0	100.0
Mean	0.3	0.2	0.2
SD	0.7	0.6	0.6
Unweighted N	831	1103	1934
Projected N	67381	269681	337062
Type of workers who visited**			
ANM	92.0	96.2	95.3
LHV	19.3	18.1	18.4
Male worker	22.9	18.8	19.7
Doctor	7.6	8.9	8.6
Other	2.0	1.6	1.7

* Only the rural

** Percentages sum to more than 100 due to Multiple responses

Table 8.18 presents data on the frequency of contacts, number of workers visited, and types of workers who visited during the last 3 months. While 7 percent of the households were visited by the health workers only once in the last three months, about 4 percent and 5 percent of the households were visited twice and thrice respectively. In most of the cases the person who visited them was the ANM (95 percent).

Child immunisation and treatment (41 percent each) are the major reasons for these visits by the household members to health worker or PHC (Table 8.19). Immunisation of the mother and antenatal check-ups were also reported by about a fifth of the women.

Table 8. 19: Purposes of the contacts

Percentage of ever married women who had contacts with health workers within last 3 months according to purpose of their visits, 1997

Purpose	OR	Non-OR	Total
Treatment	52.0	37.5	41.2
Child immunization	45.4	39.6	41.1
Antenatal check up	14.5	25.7	22.8
Family planning advice	-	2.0	1.5
Family planning method	4.8	3.4	3.8
Antenatal check-up	14.5	25.7	22.8
Other	11.2	15.3	14.3
Unweighted N	85	78	163
Projected N	6816	19769	26585

In the majority of the cases the women were satisfied (82 percent) with the help or assistance received from the health worker or PHC (Table 8.20). Major reasons for dissatisfaction were: did not get required treatment (52 percent), medicine not available (40 percent), and long waiting time (21 percent).

Table 8. 20: Satisfaction over the visits of health workers

Percentage distribution of ever married women who had contacts with health workers within last 3 months according to their being satisfied and reasons for not being satisfied, among those who were not satisfied with the visits, 1997

Purpose	OR	Non-OR	Total
Whether satisfied with the visit			
Satisfied	83.3	81.1	81.6
Somewhat satisfied	11.3	10.7	10.8
Not satisfied	5.4	8.3	7.5
Total	100.0	100.0	100.0
Unweighted N	85	78	163
Projected N	6816	19769	26585
Reasons for not satisfied			
Did not get required service	52.1	51.7	51.8
Doctor not available	13.4	20.1	18.5
Medicine/contraceptive not available	41.2	39.7	40.1
Staff behaviour was bad	20.3	18.3	18.8
Long waiting time	13.9	23.1	20.9
Other	12.9	5.2	7.0
Unweighted N	15	15	30
Projected N	1137	3744	4881

CHAPTER 9

REPRODUCTIVE MORBIDITY AND POST ABORTION CARE

In view of the importance given to reproductive health and post abortion care, this study collected information on the symptoms of reproductive morbidity and post abortion complications. Findings on these crucial issues are discussed in the following sections of this chapter.

9.1 Reproductive Morbidity

In the follow-up survey all the ever married women were asked questions about their reproductive health. The specific information that were collected included abnormal vaginal discharge and whether it was accompanied with irritation in the vaginal area, bad odour, lower abdominal pain and fever. Also, the women were asked whether they experienced pain or burning while urination. The reference period for this information was the period corresponding to the 3 months preceding the survey. In addition, women were also asked whether they experienced pain in abdomen or vagina during intercourse or had seen blood after having sex when not menstruating.

Table 9.1: Reproductive morbidity

Percentage distribution of ever married women age 13 - 49 years who had symptoms of reproductive health problems according to selected background characteristics, 1997

Background characteristic	An abnormal vaginal discharge	Unweighted N	Projected N	Among those who had an abnormal vaginal discharge				Pain or burning during urination	Pain in abdomen or vagina during intercourse
				Itching/irritation	A bad odour	Severe lower abdominal pain	Fever		
Age									
13-19	22.4	267	47685	47.9	26.6	46.2	23.6	10.8	14.7
20-29	24.3	802	139374	48.5	36.3	53.7	29.9	13.5	12.9
30-39	30.0	570	97785	47.3	33.7	48.4	29.4	17.0	16.6
40-49	21.7	295	52218	48.6	33.7	46.5	33.4	13.5	6.6
Education									
Illiterate	25.3	1519	266730	48.0	33.3	48.6	29.6	14.0	12.5
Upto Primary	27.9	215	67394	50.1	37.4	61.3	35.1	17.2	17.5
Middle school+	22.6	200	67394	44.9	33.9	46.7	20.1	12.2	15.0
Total	25.3	1934	401518	48.0	33.9	50.0	29.5	14.2	13.3

As these questions were too sensitive and often women were hesitant about disclosing information, special efforts were made to gain the confidence of the women during the interview. In case of those who hesitated to respond, the women were reassured that these questions were asked to all the selected women in the district and the information given would be kept confidential. Further, to enhance the quality of information collected, the

interviewers were given brief descriptions of the reproductive problems by the main trainers of the Contraceptive Technology Update training at Kanpur.

Table 9.1 presents the findings on reproductive morbidity according to selected background characteristics of the women. One-fourth of the women in the rural areas of the district are estimated to be having or have had abnormal vaginal discharge during the last three months prior to the survey. The proportion having abnormal vaginal discharge increases steadily upto the age group of 30-39 years. Educational attainment of the women does not exhibit any clear pattern in this regard.

Among those who reported having an abnormal vaginal discharge, itching/irritation (48 percent) and severe lower abdominal pain (50 percent) with discharge have been reported to be the most common problem among the women followed by bad odour (34 percent), and fever with discharge (30 percent).

About one-tenth of the women also reported having pain or burning during urination and pain in abdomen during intercourse. Age and educational attainment of the women shows little variations in this regard.

For those who reported problems further questions were asked about the contacts with the health worker, referral, duration and current situation. This information is tabulated in Table 9.2. About three-fourth of those who had problems reported that they have been suffering from the problems for more than 6 months (73 percent).

Almost two-thirds (65 percent) of them reported that they did not contact anyone for the treatment indicating the low levels of importance attached to curing the problem. Those who had sought treatment had been to private doctors (23 percent). Among those who had contacted either a health worker or a doctor, about two-thirds (66 percent) reported that they did not undergo any test.

It is important to note that a little more than two-thirds (67 percent) of the women say that the problem still exists. This observation assumes significance as a large proportion reported having the problem for more than 6 months (73 percent) and most of them are still suffering from it.

In continuation with the questions on treatment, the women were also asked whether they discussed the problem with their husbands. Interestingly, about three-fourths (70 percent) of the women say that they did discuss it (Table 9.3). Very few women reported that their husband had problems (5 percent). Asking about the husband's opinion regarding the importance and need for treatment would have been useful. However, we suggest that this may be considered for future studies.

Table 9.2: Duration and help sought for symptoms of reproductive health illnesses

Percentage distribution of currently married women who had symptoms of reproductive health illnesses according to duration of illness, from whom help was sought and whether help was provided or referred, 1997

	Percent
Duration of illness	
One month or less	6.8
Two months	5.8
Three months	7.7
Four months	4.2
Five months	1.5
Six months +	72.8
Unweighted N	630
Projected N	107851
Health worker contacted	
None	64.8
ANM	3.0
LHV	0.2
Govt. doctor	3.8
Private doctor	23.4
Other	4.7
Unweighted N	629
Projected N	107548
Health provided help	
Yes	92.8
No	7.2
Unweighted N	216
Projected N	37846
Referred place	
Not referred anywhere	89.9
District hospital	2.8
PHC	1.2
Private doctor	5.3
Other	0.9
Unweighted N	217
Projected N	38123
Whether test was done	
No test	66.2
Urine test done	15.8
Blood test done only	10.1
Both urine and blood tests done	7.9
Unweighted N	207
Projected N	36575
Current situation	
Cured now	32.9
Not cured yet	67.8
Unweighted N	630
Projected N	107851
Total percent	100.0

Table 9.3: Symptoms of reproductive health illness

Percentage distribution of currently married women who had symptoms of reproductive health illness according to whether discussed them with their husbands, whether husbands had similar problems, and whether husband sought for treatment, 1997

	Percent
Whether discussed with husband	
Yes	70.1
No	29.9
Total percent	100.0
Whether husband mentioned similar problem	
Yes	4.6
No	84.1
DK	11.4
Total percent	100.0
Whether aware of husband going for treatment	
Yes	1.8
No	10.5
Don't know	87.7
Unweighted N	630
Projected N	107851

9.2 Post Abortion

All the ever married women were asked whether they had an abortion during the last two years prior to the survey; if so, whether it was spontaneous or terminated; if it was the latter, then were asked terminated who helped in termination, were there complications after termination and whether she was counseled.

Overall, about 4 percent of the women have had abortion during the two year period prior to the survey (Table 9.4). Among those who had had abortions about two-fifths (39 percent) reported that they had terminated the pregnancy. With regard to the place where they terminated the pregnancy it may be seen that about two-thirds (64 percent) had terminated the pregnancy in a private hospital/clinic. Little less than one-fifth of the women went to the government hospital or PHC/CHC.

Table 9.4: Reported abortion

Percent distribution of currently married women according to whether pregnancy was terminated in the two years prior to the survey, number times pregnancy was terminated, whether it was induced or spontaneous, and place where pregnancy was terminated and type of person who provided help to terminate the pregnancy, 1997

	Percent
Whether pregnancy terminated two-years prior to survey	
Yes	4.4
No	95.6
Unweighted N	1934
Projected N	337062
Number of times pregnancy terminated	
None	95.6
1	3.6
2	0.8
3+	0.0
Whether pregnancy was terminated	
Terminated	39.3
Happened on its own	60.7
Unweighted N	91
Projected N	14879
Among those terminated, place where pregnancy was terminated	
District hospital	14.9
CHC/PHC	3.1
Private hospital/clinic	64.3
Home	13.0
Other	4.7
Unweighted N	40
Projected N	5846
Among those terminated, person who helped terminate pregnancy	
Doctor	74.0
Nurse	54.9
ANM	5.5
Dai	7.8
Family member	9.8
Local woman	4.0
Others	8.6
Unweighted N	40
Projected N	5846

It may be seen from table 9.5 that a majority of the women were helped by either a doctor (74 percent) or a nurse (55 percent). However, some of them also mentioned family members (10 percent), local women (4 percent) and others (9 percent).

Table 9.5: Postabortion complications and treatment

Percentage distribution of currently married women who had abortion according to type of complications, whether they received treatment for the complications, whether referred to another place, and current situation with problems, 1997

	Percent
Type of complications	
None	55.1
Pain in perineum	33.6
Excess bleeding	36.7
High fever & shivering	14.9
Excessive dizziness	7.7
Loss of consciousness	3.7
Others	3.2
Unweighted N	91
Projected N	14879
Whether received treatment	
Yes	73.0
No	27.0
Unweighted N	34
Projected N	6680
Place of referral	
Not referred any where	79.0
District hospital	5.4
PHC	3.7
Private doctor	11.9
Other	-
Unweighted N	34
Projected N	6680
Whether complications cured	
Yes	82.1
No	17.9
Unweighted N	34
Projected N	6680

Little less than half of the women reported post abortion complications (45 percent). Most commonly reported problems were excessive bleeding (37 percent), pain in perineum (34 percent), and high fever and shivering (15 percent). Among those who had problems a little less than three-fourths of them were treated for the complication (73 percent). In more than three-fourths (82 percent) of the cases the complication was cured. About two-fifths (21 percent) of the women reported that they were referred for the complications.

Table 9.6 indicates that a small proportion of the women who had undergone abortion were counseled on family planning methods (6 percent). About a third (35 percent) reported to have used family planning methods, mostly condoms and traditional methods after the recent termination. Further it may be seen that a majority of them (78 percent) are currently using family planning methods.

Table 9.6: Family Planning after abortion

Percent distribution of currently married women who had abortion according to whether they were counseled, persons who counseled, and whether they used any family planning method after abortion, 1997

	Percent
Counseling done after abortion	
No counseling done	94.0
By doctor	3.8
By Nurse	1.7
By ANM	2.1
Type of family planning method used	
None	65.3
Vasectomy	-
Tubectomy	1.5
IUD	0.4
Oral pills	5.7
Condom/Nirodh	9.7
Withdrawal	4.9
Safe period	7.5
Other	4.9
Unweighted N	91
Projected N	14879
Whether currently using a method	
Yes	78.1
No	21.9
Unweighted N	31
Projected N	5158

CHAPTER 10

ACCESS, QUALITY AND DEMAND: SUMMARY AND CONCLUSIONS

The IFPS project aims to: (1) improving the access to, (2) improving the quality of, and (3) improving demand for family planning and reproductive health services.

After the completion of the 1995 Baseline Survey in Agra, a few selected activities under the Pregnancy Based Approach were initiated in three blocks of primary health centres through operations research. The selection of the areas for such experimentation was not done through a scientific approach to represent the district as a whole. The district and blocks were assigned by the officials of the Uttar Pradesh Government and District. While the OR areas are easily accessible and closer to Agra city, the non-OR areas are inaccessible and far away from Agra city.

Data from this survey indicate that the characteristics of the samples are found to be quite different between women of the OR areas and the non-OR areas. In general, the age-sex distribution of the household population suggest that the population under study is a high fertility population (45 percent of the population below 15 years of age). Though the age composition of the population in the OR areas is no different from the population in the non-OR areas, the sex ratios show large variations. Accordingly, there are more females in the OR areas (871 females per 1000 males) than in the non-OR areas (838 females per 1000 males).

The marriage pattern indicates that marriage is universal among rural women in Agra. About half of the women get married by age 14 and the proportion of married females increases to 96 percent by age 24. As expected, a larger proportion of the women from the non-OR areas marry by age 14 than those in OR areas. While, the singulate mean age at marriage is about 19.2 years for women in the OR blocks, it is 17.8 years for women in the non-OR blocks.

Between 1995 and 1997, there is an indication that fertility might be declining in rural Agra. The estimated total fertility rate is 5.1 in 1997 suggesting a decline of 0.3 births per woman in the last two years. Survey data also suggest a reduction in the crude birth rate from 38.6 to 35.5 during the same period. As expected, the total marital fertility rate is slightly lower in the OR areas than in non-OR areas.

The following discussions focus on the three aspects of the family welfare programme — *access*, *quality* and *demand* — based on the findings presented in the earlier chapters. For the reasons discussed above, no attempt is made to distinguish between OR and non-OR areas. However, the survey in Agra (1997) provides an excellent opportunity to analyse selected indicators on the family welfare programme compared with their position in 1995. Data available in 1995 and 1997 are comparable in terms of methodology, and both refer to rural areas only.

Access

Data on the proportion of households visited by health workers in the last 3 months suggest that the contact between health workers and villagers has increased from 10 percent 1995 to 16 percent in 1997. As the household visits have gone up, the percentage of pregnant women receiving Iron and Folic Acid Tablets and Tetanus Toxoid have also increased by 5 percentage points and 7 percentage points respectively over the same period. Likewise, improvements could be observed in the coverage of childrens vaccinations. For example, vaccination coverage for children aged 12-23 months increased from 42 percent in 1995 to 56 percent in the case of BCG and from 29 percent to 38 percent in the case of Polio. Little change was observed for Measles or DPT. While these increases are encouraging, coverage is still well below the desired levels.

The surveys also suggest that there is a marginal increase in the use of family planning methods between 1995 and 1997. The proportion of currently married women who are using any family planning method has increased to 34 percent in 1997 from 31 percent in 1995. In 1997, an increase in the use of traditional methods is noteworthy, particularly among women aged 25-39. There was no significant change in current use of modern methods for all married women 13-49 years, although the current use did increase among younger married women.

As mentioned earlier the survey revealed an increase in the use of traditional methods of family planning in the district. By individual methods, while, use of withdrawal has decreased to 3 percent in 1997 from 7 percent in 1995, there is an increase of 6 percentage points with respect to periodic abstinence and 2 percentage point with respect to locally available herb's over the same period. The researchers found that less than one-half of the currently married women knew the correct or partially correct way of applying periodic abstinence. Also, the researchers found that women were using locally available herb's to prevent conception rather than to abort pregnancy. Women were confident that the herb's would help prevent them becoming pregnant for at least 2-3 years. From the programatic point of view, it would be useful to find out the pattern of use and fertility preferences among women who have been using periodic abstinence and herb's. In particular, knowing the reasons for not using modern methods would be highly useful for the programme development.

The source of getting female sterilization continues to be government clinics, such as PHC and district hospital (66 percent in 1995 and 76 percent in 1997). While more women are getting oral pills from medical shops (50 percent in 1997, up from 34 percent in 1995). For IUDs, there are 18 percentage points more women getting IUD inserted from the public sector sources in 1997 when compared to 1995. The 1997 data suggest that a little more than one-half relied on medical shops for the supply of condoms in rural areas.

Irrespective of the source of supply, women who had ever used any family planning method including current use of oral pills and condoms were asked whether they had problems in getting a resupply of contraceptives. The majority of them responded that they had found supplies available during the last three months. Over the two-year period, the readiness survey conducted by the Population Council also confirmed having adequate stock of oral pills and condoms at the sub-centre level.

Quality

The survey also indicates improvements in the quality of care. It has been found that more women are informed about vasectomy, pills, condoms and traditional methods by the health workers. For example, the proportion of women who were informed about vasectomy during counseling has increased from about 13 percent in 1995 to about 42 percent in 1997. Corresponding increase in the case of condoms is visible. Usage of condoms went from 38 percent to 63 percent, and for pills from 32 percent to 52 percent during the same period. It appears that health workers are providing information not only about female sterilization, but also on male methods and spacing methods (vasectomy, condom and oral pills).

Reasons for discontinuation of the family planning method suggest that counseling still needs to be emphasized more seriously, as does providing a complete information on disadvantages and advantages, as well as possible side effects relating to each method. Though more women knew the reasons for discontinuation of the method in 1997 (only 2 percent reported as 'don't know' to reasons for discontinuation) than in 1995 (36 percent reported as 'don't know' to reasons for discontinuation), discontinuation due to health problem has increased to 15 percent in 1997 from 6 percent in 1995. A majority of counseled women (59 percent) reported that the health workers were emphasising one particular contraceptive method and only one-third received answers to their queries during the interaction.

Another area which requires considerable improvement is screening prior to insertion of IUDs. A large proportion of current IUD users reported that they were suffering from excessive / irregular bleeding (54 percent) and white discharge (46 percent). As RTI / STD related infections are common among Indian women, these problems might have existed even before the insertion of the IUD. Therefore, proper screening of women for RTI / STD infection prior to IUD insertion must be improved in order to increase the number of satisfied users.

Demand

The proportion of currently married women aged 13-49 years who do not want additional child is quite high (57 percent) in rural Agra. The level of unmet need is estimated using questions on additional children and current use of family planning methods. The level of unmet is almost 40 percent in rural Agra suggesting that the demand for the family planning continues to be high. This proportion shows no change from that of the level observed in 1995. The unmet need data indicates a large majority of women who want no more children and are not using any method, indicating that the sterilization programme should continue to be an important component of the family planning programme. At the same time the unmet need for spacing constitutes 40 percent of the total unmet need suggesting a huge chunk of women want to space births.

The level of unmet need is highest among older women (40-49 years), illiterate women, female agricultural labourers and those who already have 2 or more living children. In general, the level of unmet need is more than 30 percent in all sub-groups with the exception of those who are engaged in non-agricultural labour and those who have no living children.

A majority of the non users said that they do not intend to use any method in future. Of those who do intend to use one, the highest proportion of women (29 percent) want to use female

sterilization followed by oral pills (23 percent) and condoms (13 percent). About 7 percent of the women want to use injectable contraceptive method, while 6 percent prefer IUD.

Demand for family planning is also effected by the attitude of women and their family members. While the majority of women expressed that they do approve of using family planning methods, there were some women who expressed their family members' concern as a reason for not using contraceptive methods. Of those whose oppose family planning, a large majority (77 percent) felt that their husbands opposed the use of family planning. Thirty eight percent of them thought their mother-in-laws opposed family planning. In order to increase the demand for family planning, it is vital to develop communication strategy to target these groups.

In sum, the findings between 1995 and 1997 suggest some improvements in accessibility, coverage and quality of care in family welfare programmes accompanied by a decline in the fertility level in Agra. Though there has been a considerable improvement in service delivery to pregnant women and children, these increments are still below desired levels. Particularly, vaccination coverage for children age 12-23 months is still below 50 percent, including Polio vaccinations. More effort is required to improve Measles and DPT coverage also.

The observation that there is no change in the proportion of the currently married women using any modern method is a disturbing finding as the government clinics, such as Scs, PHCs, CHCs, and hospitals were the main sources for the supply of modern methods. Though the share of women getting IUD and sterilization services from the public clinics has increased over the last two years, further improvements obviously depend on the quality of services/care provided. A simple strategy is to provide sterilization services at a location convenient to the clients on a year-round basis, not in an ad hoc manner.

Counseling session should emphasise the provision of complete information on all methods, including the following: information on advantages and disadvantages of different methods, possible side effects, follow-up schedules, and warning signs with referral information. In addition, health workers should avoid emphasising one particular method and health workers should also listen to clients by answering their questions properly.

Screening prior to insertion of IUD or prescribing oral pills should be mandatory to avoid side effects and discontinuation of the method. The woman should be checked before inserting an IUD for clinical signs or symptoms of infection including purulent discharge, cervicitis, and pelvic inflammatory disease and pregnancy.

Demand for sterilisation continues to be high in rural Agra, along with a sizable demand for spacing. Therefore, it is important that the programme maintains a balanced approach while providing a range of modern family planning methods to ensure spacing and limiting methods are available for both categories of couples. In order to gather more support for couples to adopt a modern family planning method an information communication and education (IEC) campaign should address not only eligible women but also the entire community, particularly husband and mother-in-laws.

Follow-up Household Survey
(Operations Research in Agra and Sitapur Districts)
Household Questionnaire
1997

IDENTIFICATION	
NAME OF DISTRICT _____	<input type="checkbox"/>
NAME OF TOWN/VILLAGE _____	<input type="checkbox"/> <input type="checkbox"/>
TOWN / RURAL (TOWN=1, RURAL =2)	<input type="checkbox"/>
HEALTH FACILITY WITHIN VILLAGE (NO FACILITY=0, CHC=1, PHC=2, NEW PHC=3, SC=4)	<input type="checkbox"/>
HOUSEHOLD NUMBER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
NAME OF HOUSEHOLD HEAD _____	
ADDRESS OF HOUSEHOLD _____	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <input type="checkbox"/> <input type="checkbox"/> MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR <input type="checkbox"/> <input type="checkbox"/>
NAME OF INTERVIEWER	_____	_____	_____	NAME <input type="checkbox"/> <input type="checkbox"/>
RESULT*	_____	_____	_____	RESULT <input type="checkbox"/>
NEXT VISIT: DATE TIME	_____	_____	_____	TOTAL NUMBER OF VISITS <input type="checkbox"/>

*RESULT CODES:

- 1 COMPLETED
- 2 NO COMPETENT RESPONDENT AT HOME
- 3 HOUSEHOLD ABSENT
- 4 POSTPONED
- 5 REFUSED
- 6 DWELLING VACANT OR ADDRESS NOT A DWELLING
- 7 OTHER

TOTAL PERSONS IN
HOUSEHOLD

TOTAL ELIGIBLE
WOMEN (13-49 YEARS)

LINE NO. OF RESP. TO
HOUSEHOLD SCH.

	SPOT-CHECKED BY	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY
NAME	_____	_____	_____	_____	
DATE	_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>

RECORD THE START TIME.

HOUR..... □□

MINUTES..... □□

Now I would like to ask you some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD*	RESIDENCE		SEX	AGE	IF AGED 6 YEARS OR OLDER, MARITAL STATUS**	ELIGIBILITY
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
(1)	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. (2)	What is the relationship of (NAME) to the head of the household? (3)	Does (NAME) usually live here? (4)	Did (NAME) stay here last night? (5)	Is (NAME) male or female? (6)	How old is (NAME)? (7)	What is the current marital status of (NAME)? (8)	CIRCLE LINE NUMBER OF WOMEN ELIGIBLE FOR INDIVIDUAL INTERVIEW (EVER MARRIED FEMALES AGED 13-49) (9)
01		□□	YES NO 1 2	YES NO 1 2	M F 1 2	IN YEARS □□	CM S W D NM 1 2 3 4 5	01
02		□□	YES NO 1 2	YES NO 1 2	M F 1 2	IN YEARS □□	CM S W D NM 1 2 3 4 5	02
03		□□	YES NO 1 2	YES NO 1 2	M F 1 2	IN YEARS □□	CM S W D NM 1 2 3 4 5	03
04		□□	YES NO 1 2	YES NO 1 2	M F 1 2	IN YEARS □□	CM S W D NM 1 2 3 4 5	04
05		□□	YES NO 1 2	YES NO 1 2	M F 1 2	IN YEARS □□	CM S W D NM 1 2 3 4 5	05
06		□□	YES NO 1 2	YES NO 1 2	M F 1 2	IN YEARS □□	CM S W D NM 1 2 3 4 5	06
07		□□	YES NO 1 2	YES NO 1 2	M F 1 2	IN YEARS □□	CM S W D NM 1 2 3 4 5	07
08		□□	YES NO 1 2	YES NO 1 2	M F 1 2	IN YEARS □□	CM S W D NM 1 2 3 4 5	08
09		□□	YES NO 1 2	YES NO 1 2	M F 1 2	IN YEARS □□	CM S W D NM 1 2 3 4 5	09
10		□□	YES NO 1 2	YES NO 1 2	M F 1 2	IN YEARS □□	CM S W D NM 1 2 3 4 5	10

LINE NO. (1)	USUAL RESIDENTS AND VISITORS (2)	RELATIONSHIP TO HEAD OF HOUSEHOLD* (3)	RESIDENCE		SEX		AGE	IF AGED 6 YEARS OR OLDER, MARITAL STATUS** (8)	ELIGIBILITY (9)		
			YES (4)	NO (5)	M (6)	F (6)	IN YEARS (7)				
11		<input type="checkbox"/> <input type="checkbox"/>	YES 1	NO 2	YES 1	NO 2	M 1	F 2	IN YEARS <input type="checkbox"/> <input type="checkbox"/>	CM S W D NM 1 2 3 4 5	11
12		<input type="checkbox"/> <input type="checkbox"/>	YES 1	NO 2	YES 1	NO 2	M 1	F 2	IN YEARS <input type="checkbox"/> <input type="checkbox"/>	CM S W D NM 1 2 3 4 5	12
13		<input type="checkbox"/> <input type="checkbox"/>	YES 1	NO 2	YES 1	NO 2	M 1	F 2	IN YEARS <input type="checkbox"/> <input type="checkbox"/>	CM S W D NM 1 2 3 4 5	13
14		<input type="checkbox"/> <input type="checkbox"/>	YES 1	NO 2	YES 1	NO 2	M 1	F 2	IN YEARS <input type="checkbox"/> <input type="checkbox"/>	CM S W D NM 1 2 3 4 5	14
15		<input type="checkbox"/> <input type="checkbox"/>	YES 1	NO 2	YES 1	NO 2	M 1	F 2	IN YEARS <input type="checkbox"/> <input type="checkbox"/>	CM S W D NM 1 2 3 4 5	15
16		<input type="checkbox"/> <input type="checkbox"/>	YES 1	NO 2	YES 1	NO 2	M 1	F 2	IN YEARS <input type="checkbox"/> <input type="checkbox"/>	CM S W D NM 1 2 3 4 5	16

TICK HERE IF CONTINUATION SHEET USED TOTAL NUMBER OF ELIGIBLE WOMEN

- Just to make sure that I have a complete listing
- 1) Are there any other persons such as small children or infants that we have not listed? YES NO
ENTER IN TABLE
- 2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES NO
ENTER IN TABLE
- 3) Do you have any guests or temporary visitors, including married daughter staying here, or anyone else who stayed here last night? YES NO
ENTER IN TABLE
- 4) Do you have any members who usually live here, but presently gone out, like daughter-in-law? YES NO
ENTER IN TABLE

RECORD THE END TIME.	HOUR <input type="checkbox"/> <input type="checkbox"/>
	MINUTES <input type="checkbox"/> <input type="checkbox"/>

* CODES FOR Q.4: RELATIONSHIP TO HEAD OF HOUSEHOLD :

01 = HEAD	02 = WIFE OR HUSBAND	03 = SON OR DAUGHTER
04 = SON OR DAUGHTER-IN-LAW	05 = GRANDCHILD	06 = PARENT
07 = PARENT-IN-LAW	08 = BROTHER OR SISTER	09 = BROTHER OR SISTER-IN-LAW
10 = OTHER RELATIVE	11 = ADOPTED/FOSTER CHILD	12 = NOT RELATED
98 = DON'T KNOW		

** CODES FOR Q.8: MARITAL STATUS:

1 = CURRENTLY MARRIED(CM) 2 = SEPARATED(S) 3 = WIDOWED(W) 4 = DIVORCED(D) 5 = NEVER MARRIED(NM)

Follow-up Household Survey
(Operations Research in Agra and Sitapur Districts)
Woman Questionnaire (Eligible woman - Ever married, 13-49 years)
1997

IDENTIFICATION	
NAME OF DISTRICT _____	<input type="checkbox"/>
NAME OF TOWN/VILLAGE _____	<input type="checkbox"/> <input type="checkbox"/>
TOWN / RURAL (TOWN=1, RURAL =2)	<input type="checkbox"/>
HEALTH FACILITY WITHIN VILLAGE (NO FACILITY=0, CHC=1, PHC=2, NEW PHC=3, SC=4)	<input type="checkbox"/>
HOUSEHOLD NUMBER	
NAME AND LINE NUMBER OF WOMAN _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
NAME OF HUSBAND _____	
ADDRESS OF HOUSEHOLD _____	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
Date	_____	_____	_____	DAY <input type="checkbox"/> <input type="checkbox"/> MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR <input type="checkbox"/> <input type="checkbox"/>
Name of interviewer	_____	_____	_____	NAME <input type="checkbox"/> <input type="checkbox"/>
RESULT*	_____	_____	_____	RESULT <input type="checkbox"/>
NEXT VISIT: DATE TIME	_____	_____		TOTAL NUMBER OF VISITS <input type="checkbox"/>

*RESULT CODES:

1 = COMPLETED 2 = NOT AT HOME 3 = POSTPONED 4 = REFUSED

5 = PARTLY COMPLETED 6 = OTHER (SPECIFY) _____

	SPOT-CHECKED BY	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY
NAME	_____	_____	_____	_____	
DATE	_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>

SECTION 1: BACKGROUND CHARACTERISTICS OF COUPLE

RECORD THE START TIME.

HOUR.....□□

MINUTES.....□□

NO.	QUESTIONS AND FILTERS	ANSWERS	CODES	SKIP TO
101	RECORD THE TIME.	HOUR MINUTES.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
102	First I shall ask some questions about you and your husband. Please tell me. In what month and year were you born?	MONTH DK MONTH..... YEAR DK YEAR.....	<input type="checkbox"/> <input type="checkbox"/> 98 <input type="checkbox"/> <input type="checkbox"/> 98	104
103	How old were you at your last birthday?	AGE IN COMPLETED YEARS	<input type="checkbox"/> <input type="checkbox"/>	
104	How old were you at the time of gauna?	AGE IN COMPLETED YEARS	<input type="checkbox"/> <input type="checkbox"/>	
105	What is your educational attainment?	ILLITERATE.....0 0 SCHOOLING(CODE EXACT) HIGH SCHOOL.....10 HIGHER SECONDARY.....11 INTERMEDIATE.....1 2 1ST YR. OF DEGREE.....13 2ND YR.OF DEGREE.....14 GRADUATE.....1 5 MORE THAN GRADUATE.....16 TECH.DIPLOMA AFTER HI SC.17 ENG/DOCTOR/OTHER PROF....18 LITERATE BUT NO FORMAL EDUCATION.....9 7	<input type="checkbox"/> <input type="checkbox"/>	
106	What is your main occupation?	WHITE COLLAR SERVICE.....1 BLUE COLLAR SERVICE.....2 BUSINESS LARGE SCALE.....3 PETTY/SMALL SCALE BUSI.....4 SKILLED WORKER.....5 PROFESSIONALS.....6 AGRICULTURE LABOUR.....7 UNSKILLED/CONST.WORKER.8 CULTIVATOR(OWN LAND).....9 HOUSEWIFE.....15 STUDENT.....1 6 TOO OLD FOR JOB(60+YRS)....17 DISABLED.....1 8 UNEMPLOYED.....55 OTHERS(SPECIFY).....7 7	<input type="checkbox"/> <input type="checkbox"/>	
107	What is your current marital status?	CURRENTLY MARRIED	1	

NO.	QUESTIONS AND FILTERS	ANSWERS	CODES	SKIP TO
108	How old was your husband at his last birthday?	AGE IN COMPLETED YEARS	□□	
109	What is your husband's educational attainment?	ILLITERATE.....0 0 SCHOOLING(CODE EXACT) HIGH SCHOOL.....10 HIGHER SECONDARY.....11 INTERMEDIATE.....1 2 1ST YR. OF DEGREE.....13 2ND YR.OF DEGREE.....14 GRADUATE.....1 5 MORE THAN GRADUATE.....16 TECH.DIPLOMA AFTER HI SC 17 ENG/DOCTOR/OTHER PROF...18 LITERATE BUT NO FORMAL EDUCATION.....9 7	□□	
110	What is your husband's main occupation?	WHITE COLLAR SERVICE.....1 BLUE COLLAR SERVICE.....2 BUSINESS LARGE SCALE.....3 PETTY/SMALL SCALE BUSI.....4 SKILLED WORKER.....5 PROFESSIONALS.....6 AGRICULTURE LABOUR.....7 UNSKILLED/CONST.WORKER.8 CULTIVATOR(OWN LAND).....9 HOUSEWIFE.....15 STUDENT.....1 6 TOO OLD FOR JOB(60+YRS)....17 DISABLED.....1 8 UNEMPLOYED.....55 OTHERS(SPECIFY).....7 7	□□	

SECTION 2: FERTILITY AND FERTILITY INTENTIONS

NO.	QUESTIONS AND FILTERS	ANSWERS	CODES	SKIP TO
201	Now I would like to know about your ever born children. Please tell me have you ever given birth? IF NO, PROBE: Any baby cried or showed any sign of life but only survived a few hours or days?	YES..... NO.....	1 2	206
202	How many sons to whom you have given birth who are now living with you and living elsewhere? IF NONE, RECORD '00'	LIVING AT HOME LIVING ELSEWHERE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
203	How many daughters to whom you have given birth who are now living with you and living elsewhere? IF NONE, RECORD '00'	LIVING AT HOME LIVING ELSEWHERE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
204	How many sons and daughters who were born alive but later died? IF NO, PROBE: ANY baby cried or showed any sign of life but only survived a few hours or days? IF NONE, RECORD '00'	SONS DEAD DAUGHTERS DEAD	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
205	SUM ANSWERS TO 202 TO 204 AND TOTAL. IF NONE, RECORD '00'. CONFIRM THE TOTAL WITH RESPONDENT.	TOTAL	<input type="checkbox"/> <input type="checkbox"/>	
	CHECK 107 AND TICK :	CURRENTLY MARRIED..... WIDOWED/DIVORCED/ SEPARATED.....	<input type="checkbox"/> <input type="checkbox"/>	206 301
206	Are you pregnant now?	YES..... NO..... NOT SURE.....	1 2 3	209 209
207	What is the month of pregnancy?	MONTHS	<input type="checkbox"/> <input type="checkbox"/>	
208	At the time you became pregnant did you want to become pregnant then, did you want to wait or you did not want to become pregnant at all?	THEN LATER NOT AT ALL	1 2 3	211 211 211
209	Are you currently menstruating?	YES..... .. NO..... ..	1 2	211

NO.	QUESTIONS AND FILTERS	ANSWERS	CODES	SKIP TO
210	When did your last menstrual period start?	DAY MONTH YEAR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
211	Apart from the children you already have, do you want to have more children?	YES..... .. NO..... ..	1 2	215
212	How many (more) children would you like to have?	TOTAL WANTED..... IF 'DK' CODE '8'	<input type="checkbox"/>	
213	Of these, how many would like to be sons and how many would you like to be daughters?	SONS DAUGHTERS EITHER OTHER(SPECIFY)_____ IF 'OTHER' CODE' 9' FOR TOP 3 RESPONSES	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
214	When would you like to have your next child?	MONTHS SOON/NOW (CODE '00')	<input type="checkbox"/> <input type="checkbox"/>	
215	Apart from the children you already have, do your husband want to have more children?	YES..... .. NO..... ..	1 2	301
216	How many (more) children would your husband like to have?	TOTAL WANTED..... IF 'DK' CODE '8'	<input type="checkbox"/>	
217	Of these, how many would your husband like to be sons and how many to be daughters?	SONS DAUGHTERS EITHER OTHER(SPECIFY)_____ IF 'OTHER' CODE' 9' FOR TOP 3 RESPONSES	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
218	When would your husband like to have your next child?	MONTHS SOON/NOW (CODE '00')	<input type="checkbox"/> <input type="checkbox"/>	

SECTION 3: UTILIZATION OF HEALTH SERVICES

NO.	QUESTIONS AND FILTERS	ANSWERS	CODES	SKIP TO
301	When you or your family members fall sick, where do you or they generally go for treatment?	ALWAYS TO PHC/SC/GOVT. HOSPITAL..... .. SOMETIMES TO PHC/SC/GOVT. HOSPITAL & SOMETIMES TO PRIVATE DOCTORS..... ALWAYS TO PRIVATE DOCTORS..... . OTHER (SPECIFY).....	1 2 3 4	
302	In case you visit a PHC or SC for medical or family planning services, how certain are you about getting the required services?	QUITE CERTAIN..... NOT CERTAIN..... DON'T KNOW.....	1 2 8	
303	Did any worker from PHC or SC visit you or your family during last three months?	YES..... .. NO..... ..	1 2	307
304	How many of them visited?	NUMBER OF WORKERS.....	<input type="checkbox"/>	
305	How many visits in total were made by workers during the last three months?	NUMBER OF VISITS.....	<input type="checkbox"/> <input type="checkbox"/>	
306	Who are those people who visited during the last three months? MULTIPLE ANSWERS POSSIBLE	ANM..... 1 LHV..... 2 MALE WORKER.....4 DOCTOR..... 8 OTHER (SPECIFY)_____ 16 SUM ALL CODES AND ENTER	<input type="checkbox"/> <input type="checkbox"/>	
307	Have you or any one in your family ever gone to seek assistance from ANM/ PHC/SC staff during the last 3 months?	YES..... .. NO..... ..	1 2	311

NO.	QUESTIONS AND FILTERS	ANSWERS	CODES	SKIP TO
308	What were the purposes of these visits? MULTIPLE ANSWERS POSSIBLE	TREATMENT..... 1 CHILD IMMUNIZATION2 ANTENATAL CHECK UP.....4 MOTHER IMMUNIZATION.....8 SEEK FAMILY PLANNING ADVICE.....16 FOR FAMILY PLANNING METHOD.....32 FOR RESUPPLY OF CONTRACEPTIVE.....6 4 OTHER (SPECIFY)_____128 SUM ALL CODES AND ENTER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
309	Were you satisfied with the help or assistance received?	SATISFIED..... . SOMEWHAT SATISFIED..... NOT SATISFIED.....	1 2 3	311
310	What were reasons for dissatisfaction? MULTIPLE ANSWERS POSSIBLE	DID NOT GET REQUIRED TREATMENT.....1 DOCTOR NOT AVAILABLE.....2 MEDICINE/CONTRACEPTIVE NOT AVAILABLE4 STAFF BEHAVIOUR WAS BAD.8 REQUIRED REPEAT VISIT TO GET SUPPLY.....16 LONG WAITING TIME.....32 OTHER (SPECIFY)_____64 SUM ALL CODES AND ENTER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
311	CHECK 107 AND TICK :	CURRENTLY MARRIED..... WIDOWED/DIVORCED/ SEPARATED.....	<input type="checkbox"/> <input type="checkbox"/>	312 END
312	How many times have you conceived since Raksha Bandan 1995 including current pregnancy?	NUMBER OF TIMES PREGNANT IF 'NONE' ENTER '0' AND	<input type="checkbox"/>	401

313 Now I would like to get information on your pregnancy starting from the most recent one.

NO.	QUESTIONS AND FILTERS	RECENT PREGNANCY Line No. _____ Name _____	NEXT-TO-LAST PREGNANCY Line No. _____ Name _____	SECOND-FROM-LAST PREGNANCY Line No. _____ Name _____
314	What was your age at time of delivery?			
315	What was the outcome? IF ANSWER IS 3,4, OR 5, GO TO Q 320	LIVE BIRTH1 STILL BIRTH..... 2 SPON. ABORT...3 MTP.....4 CURRENTLY PREGNANT..... 5	LIVE BIRTH1 STILL BIRTH..... 2 SPON. ABORT...3 MTP.....4 CURRENTLY PREGNANT..... 5	LIVE BIRTH1 STILL BIRTH..... 2 SPON. ABORT...3 MTP.....4 CURRENTLY PREGNANT..... 5
316	Where was delivery occurred?	HOME1 PHC.....2 CHC.....3 GOVT. HOSP.....4 PVT. HOSP.....5 ANIMAL SHED..6 OTHERS.....7	HOME1 PHC.....2 CHC.....3 GOVT. HOSP.....4 PVT. HOSP.....5 ANIMAL SHED..6 OTHERS.....7	HOME1 PHC.....2 CHC.....3 GOVT. HOSP.....4 PVT. HOSP.....5 ANIMAL SHED..6 OTHERS.....7
317	Who attended delivery?	GOVT. DOC.....1 ANM/LHV.....2 TRAINED DAI...3 FAMILY MEMBER..... 4 UNTRAINED DAI5 PRIV.DOCTOR/ NURSE.....6 OTHERS.....7 SELF.....8	GOVT. DOC.....1 ANM/LHV.....2 TRAINED DAI...3 FAMILY MEMBER..... 4 UNTRAINED DAI5 PRIV.DOCTOR/ NURSE.....6 OTHERS.....7 SELF.....8	GOVT. DOC.....1 ANM/LHV.....2 TRAINED DAI...3 FAMILY MEMBER..... 4 UNTRAINED DAI5 PRIV.DOCTOR/ NURSE.....6 OTHERS.....7 SELF.....8
318	IF CHILD IS ALIVE, how old is the child? IF THE CHILD IS NOT ALIVE, GO TO 319	MONTHS _____ IF LESS THAN ONE MONTH, CODE '00'	MONTHS _____ IF LESS THAN ONE MONTH, CODE '00'	MONTHS _____ IF LESS THAN ONE MONTH, CODE '00'
319	IF CHILD DID NOT SURVIVE, at what age the child died? IF LESS THAN ONE MONTH, CODE '00'	MONTHS _____	MONTHS _____ IF LESS THAN ONE MONTH, CODE '00'	MONTHS _____ IF LESS THAN ONE MONTH, CODE '00'

* LIVE BIRTH INCLUDES BORN ALIVE BUT LATER DIED (CRIED OR SHOWED ANY SIGN OF LIFE BUT ONLY SURVIVED A FEW HOURS OR DAYS).

NO.	QUESTIONS AND FILTERS	ANSWERS	CODES	SKIP TO
320	During your last/current pregnancy did you undergo any medical check up?	YES..... .. NO..... ..	1 2	326
321	How many contacts did you have with health workers during your last/current pregnancy?	NUMBER OF TIMES.....	<input type="checkbox"/>	
322	At what stage of pregnancy was the first check up done?	MONTHS OF PREGNANCY.....	<input type="checkbox"/>	
323	Did you undergo a blood test?	YES..... .. NO..... ..	1 2	
324	Did you undergo a urine test?	YES..... .. NO..... ..	1 2	
325	Did you undergo BP examination?	YES..... .. NO..... ..	1 2	
326	Was your weight taken?	YES..... .. NO..... ..	1 2	
327	During your last/current pregnancy did you receive Iron and Folic Acid (IFA) tablets?	YES..... .. NO..... ..	1 2	330
328	How many tablets in total were given to you?	NUMBER OF TABLETS.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
329	How many did you take?	NUMBER OF TABLETS.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
330	During your last/current pregnancy did you receive a Tetanus Toxoid (TT) injection?	YES..... .. NO..... ..	1 2	331

NO.	QUESTIONS AND FILTERS	ANSWERS	CODES	SKIP TO
331	How many doses did you receive?	ONE DOSE..... TWO DOSES..... NONE..... ..	1 2 3	
332	From where did you receive these (TT and IFA) services? MULTIPLE ANSWERS POSSIBLE	DISTRICT HOSPITAL.....1 PHC..... 2 SC/ANM..... 4 PRIVATE DOCTOR.....8 CAMP.....1 6 HOME.....3 2 OTHERS (SPECIFY).....64 SUM ALL CODES AND ENTER	□□□	
333	During your last/current pregnancy did you face any problems?	YES..... .. NO..... ..	1 2	337
334	Were you referred anywhere?	YES..... .. NO..... ..	1 2	336
335	Where were you referred?	DISTRICT HOSPITAL/CHC..... PHC..... .. PRIVATE DOCTOR..... OTHERS (SPECIFY).....	1 2 3 4	
336	Did you visit that place?	YES..... .. NO..... ..	1 2	338 338
337	Are you aware where pregnant women with problems should go?	YES..... .. NO..... ..	1 2	

NO.	QUESTIONS AND FILTERS	ANSWERS	CODES	SKIP TO
338	What services are available in your areas for pregnant woman? MULTIPLE ANSWERS POSSIBLE	NONE..... 0 MEDICAL CHECK UP.....1 TT..... 2 IFA..... .4 INFORMATION..... 8 REFERRAL FOR HIGH RISK.....16 NUTRITION.....3 2 EMERGENCY CARE.....64 OTHERS (SPECIFY)_____128 SUM ALL CODES AND ENTER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IF'000'	340
339	Who provides these services? MULTIPLE ANSWERS POSSIBLE	ANM..... 1 LHV..... 2 TRAINED DAI.....4 UNTRAINED DAI.....8 GOVT. DOCTOR16 PRIVATE DOCTOR.....32 OTHERS (SPECIFY)_____64 SUM ALL CODES AND ENTER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
340	CHECK Q. 315 FOR ANY LIVE BIRTHS SINCE RAKSHA BANDAN 1995	LIVE BIRTH NO LIVE BIRTH.....	1 2	401
341	Did anyone from PHC or SC visit you within 6 weeks after your last delivery?	YES..... .. NO..... ..	1 2	344
342	How many contacts did you have with health workers within 6 weeks after your last delivery?	NUMBER OF CONTACTS	<input type="checkbox"/>	

NO.	QUESTIONS AND FILTERS	ANSWERS	CODES	SKIP TO
343	Who visited you? MULTIPLE ANSWERS POSSIBLE	ANM..... 1 LHV..... 2 MALE WORKER4 GOVT. DOCTOR8 OTHERS (SPECIFY)_____16 SUM ALL CODES AND ENTER	□□	SKIP TO 345
344	Did you see a doctor, nurse, or ANM for a routine check-up on your health after delivery?	YES..... .. NO..... ..	1 2	349
345	When you met for your postpartum care, was your abdomen examined?	YES..... .. NO..... .. DK..... ..	1 2 8	
346	When you met for your postpartum care, were you given any advice on family planning?	YES..... .. NO..... .. DK..... ..	1 2 8	
347	When you met for your postpartum care, were you given any advice on breast feeding?	YES..... .. NO..... .. DK..... ..	1 2 8	
348	When you met for your postpartum care, were you given any advice on baby care?	YES..... .. NO..... .. DK..... ..	1 2 8	
349	At any time during the six weeks after your delivery did you have massive vaginal bleeding?	YES..... .. NO..... .. DK..... ..	1 2 8	

NO.	QUESTIONS AND FILTERS	ANSWERS	CODES	SKIP TO
350	At any time during the six weeks after your delivery did you have convulsions not from fever?	YES..... .. NO..... .. DK..... ..	1 2 8	
351	At any time during the six weeks after your delivery did you have very high fever?	YES..... .. NO..... ..	1 2	353
352	When you had a very high fever, did you also have any of the following: Foul-smelling discharge..... Lower abdominal pain..... Severe lower back pain..... Severe upper back pain..... Painful urination..... Swollen, painful breasts..... READ EACH ALOUD AND CODE FOR EACH.	YES =1 NO=2 DK=8 FOUL-SMELLING DISCHARGE LOWER ABDOMINAL PAIN SEVERE LOWER BACK PAIN SEVERE UPPER BACK PAIN PAINFUL URINATION SWOLLEN, PAINFUL BREASTS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
353	CHECK Q349,Q350, AND Q351:	BLEEDING OR CONVULSIONS OR FEVER YES..... .. NO..... ..	1 2	354 355
354	Did you receive treatment from a doctor, nurse, ANM or any health worker for: Bleeding?..... Convulsions?..... . Fever?..... ..	YES =1 NO=2 BLEEDING..... .. CONVULSIONS FEVER..... ...	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
355	CHECK Q354:	ANY ARE EQUAL TO NO (=2) YES..... .. NO..... ..	1 2	356 357

NO.	QUESTIONS AND FILTERS	ANSWERS	CODES	SKIP TO
356	Why not? PROBE FOR 'ANY OTHER'. CIRCLE ALL THAT APPLY. MULTIPLE ANSWERS POSSIBLE.	TOO FAR AWAY.....1 NOT A PROBLEM.....2 NO TRANSPORT.....4 NO CHILD CARE.....8 HUSBAND/FAMILY FORBID....16 POOR SERVICES.....32 TOO EXPENSIVE.....64 NON-MEDICAL TREATMENT126 OTHER (SPECIFY).....256 SUM ALL CODES AND ENTER	□□□	
357	How many days after delivery/the end of your pregnancy, did you return to normal chores?	DAYS..... ..	□□	
358	Where can children be vaccinated? MULTIPLE ANSWERS POSSIBLE	PHC/SC/GOVT. HOSP.....1 PRIVATE/ISM DOCTOR.....2 CAMPS.....4 OTHERS (SPECIFY)_____ 8 SUM ALL CODES AND ENTER DON'T KNOW.....98 NO MEDICINE/VACCINE97 REQUIRED SUM ALL CODES AND ENTER	□□	

359. Now I would like to ask about immunization status of all your children aged 2 years or below (i.e. born after Raksha Bandan 1995).

NO.	QUESTIONS AND FILTERS	RECENT LIVE BIRTH Line No. _____ Name _____	NEX-TO-LAST LIVE BIRTH Line No. _____ Name _____	SECOND-FROM-LAST LIVE BIRTH Line No. _____ Name _____
360	Do you have an immunization card for (NAME)?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
361	What is sex of (NAME)?	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2
362	Was BCG given to (NAME)?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
363	Was first dose of OPV given (NAME)?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
364	Was second dose of OPV given (NAME)?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
365	Was third or more dose of OPV given (NAME)?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
366	Was first dose of DPT given (NAME)?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
367	Was second dose of DPT given (NAME)?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
368	Was third or more dose of DPT given (NAME)?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
369	Was Measles given to (NAME)?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2

*IF IMMUNIZATION CARD IS AVAILABLE CHECK AND VERIFY ANSWERS GIVEN.

SECTION 4: FAMILY PLANNING

NO.	QUESTIONS AND FILTERS	ANSWERS		CODES	SKIP TO
	CHECK 107 AND TICK :	CURRENTLY MARRIED.....	<input type="checkbox"/>	<input type="checkbox"/>	401
		WIDOWED/DIVORCED/ SEPARATED.....	<input type="checkbox"/>	<input type="checkbox"/>	506
401	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about?				
WRITE CODE '1' in Q. 402 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. WRITE CODE '2' IF METHOD IS RECOGNIZED, AND WRITE 3 IF NOT RECOGNIZED. THEN, EACH METHOD WITH CODE 1 OR 2 IN 402, ASK 403-405 BEFORE PROCEEDING TO THE NEXT METHOD.	402 Have you ever heard of (METHOD)? 1=YES, SPONTANEOUS 2=YES, ON PROBE 3=NO	403 How to use / perform (METHOD)? 1=FULLY CORRECT 2=SOME EXTENT CORRECT 3=WRONG	404 From where (METHOD) COULD BE OBTAINED?*	405 Have you/your husband ever used this (METHOD)? 1=YES 2=NO	
Male sterilization: Men can have an operation to avoid having any more children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tubectomy/ Laprascopy: Women can have an operation to avoid having any more children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Loop/Copper T/IUD: Women can have a loop or coil placed inside them by a doctor, a nurse or ANM.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pills: Women can take a pill every day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condom or Nirodh: Men can use a rubber sheath during sexual intercourse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foam tablets/Jelly: Women can place tablets/cream inside vagina before each intercourse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Injections: Women can have an injection given by a doctor or nurse which stops them from becoming pregnant for several months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Withdrawal: Men can be careful and pull out before climax.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rhythm or Periodic: Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Others: Have you heard any other ways or methods that woman or men can use to avoid pregnancy? 1. _____ 2. _____ 3. _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

*1=PHC/DIS.HOSP 2=SC 4=PRV.DOCTOR 8=MALE WORKER 16=FEMALE WORKER
 32=TBA 64=SHOP 128=DEPOT HOLDER 256=OTHERS

NO.	QUESTIONS AND FILTERS	ANSWERS	CODES	SKIP TO
406	In general do you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE DISAPPROVE DK/NOT SURE	1 2 8	
407	Are any member(s) of your family against the use of contraceptive?	YES NO CANNOT SAY/DK	1 2 8	409 409
408	Who are against family planning? MULTIPLE ANSWERS POSSIBLE	HUSBAND..... 1 PARENTS..... 2 FATHER-IN- LAW.....4 MOTHER-IN- LAW.....8 OTHER MALE MEMBER.....16 OTHER FEMALE MEMBER.....32 OTHERS (SPECIFY).....64 SUM ALL CODES AND ENTER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
409	Did any person from PHC/SC or other government clinic inform you about family planning methods during the last 6 months?	YES NO	1 2	421
410	How many times did s/he come?	NUMBER OF TIMES	<input type="checkbox"/> <input type="checkbox"/>	
411	Who came to you during the last six months? MULTIPLE ANSWERS POSSIBLE	ANM..... 1 LHV..... 2 MALE WORKER4 GOVT. DOCTOR8 OTHERS (SPECIFY).....16 DK.....9 8 SUM ALL CODES AND ENTER	<input type="checkbox"/>	
412	When was the last time s/he came?	MONTHS BEFORE	<input type="checkbox"/>	

FOR EACH METHOD LISTED BELOW ASK Q.413 - 416 SEQUENTIALLY AND THEN PROCEED TO NEXT METHOD	413 Was (METHOD) mentioned to you by the worker? 1= YES 2= NO	414 Were you informed advantages and disadvantages of (METHOD)? 1= ADVANTAGES ONLY 2=DISADVANTAGES ONLY 3=BOTH 4=NONE	415 Were you informed about how to use (METHOD)? 1=YES 2=NO	416 Were you informed about the source(s) where (METHOD) could be obtained? 1=YES 2=NO
Vasectomy				

Tubec/Laparascopy				
Loop/CuT/IUD				
Oral pills				
Condom/Nirodh				
Withdrawal				
Safe Period				
LAM				

NO.	QUESTIONS AND FILTERS	ANSWERS	CODES	SKIP TO
417	Did they tell you that you can switch from one method to another or you cannot switch methods?	YES NO	1 2	
418	Did they answer all your queries about different FP methods?	YES YES, PARTIALLY NO DON'T REMEMBER	1 2 3 4	
419	Did she or he try to insist that you use a particular method?	YES NO	1 2	421
420	Which method of family planning?	VASECTOMY TUBECTOMY/LAPRASCOPIY IUD/CUT/LOOP ORAL PILLS CONDOM/NIRODH JELLY/FOAM TABLETS WITHDRAWAL SAFE PERIOD OTHERS (SPECIFY)_____	1 2 3 4 5 6 7 8 9	
421	CHECK Q.206: CURRENTLY PREGNANT	YES NO	1 2	426
422	Are you or your spouse currently using any family planning method? PROBE IF ANSWER IS 'NO': Sometimes natural methods like withdrawal, rhythm are not reported as a FP method. Are you/your spouse currently using any of these methods?	YES NO	1 2	425
423	Which method of family planning?	VASECTOMY TUBECTOMY/LAPRASCOPIY IUD/CUT/LOOP ORAL PILLS CONDOM/NIRODH JELLY/FOAM TABLETS WITHDRAWAL SAFE PERIOD INJECTABLES OTHERS (SPECIFY)	1 2 3---- 4 5 6 7 8 9 77---	424
423 A	Did you receive a packet like this (SHOW THE PACKET)?	YES NO	1 2	
424	For how many months have you been using this method continuously?	NUMBER OF MONTHS	<input type="checkbox"/> <input type="checkbox"/>	429
425	Why are you not using any FP method?	DO NOT BELEIVE IN	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

NO.	QUESTIONS AND FILTERS	ANSWERS	CODES	SKIP TO
426	CHECK Q.405: EVER USED ANY METHOD	YES NO	1 2	501
427	What is the main reason for stopping the use of family planning method?	METHOD FAILED GOT PREGNANT NO SEXUAL SATISFACTION MENSTRUAL PROBLEM HEALTH PROBLEM INCONVENIENT HARD TO GET METHOD PUT ON WEIGHT DID NOT LIKE METHOD WANTED TO HAVE A CHILD WANTED TO REPLACE DEAD CHILD LACK OF PRIVACY FOR USE OTHERS (SPECIFY)_____	01 02 03 04 05 06 07 08 09 10 11 12 98	
428	What was the recent modern method you have used?	VASECTOMY FEMALE STERILIZATION IUD ORAL PILLS CONDOM/NIRODH JELLY/FOAM TABLETS INJECTABLES	1 2 3 4 5 6 7	
429	From where did you receive or adopt this method for the first time?	GOVT. HOSPITAL PHC SC PRIVATE DOCTOR NGO DEPOT HOLDER MALE WORKER ANM/LHV MEDICAL SHOP OTHERS (SPECIFY)_____	01 02 03 04 05 06 07 08 09	
430	At the time of adoption, were any of the following done? a) Enquired about health problems b) BP examination c) Vaginal examination d) Breast examination e) Menstrual cycle check to confirm pregnancy status	<u>YES</u> <u>NO</u> <u>DON'T REM/NA</u> 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3	 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
431	After provision of the method were you told about the types of precautions to be taken after adopting the method?	YES NO	1 2	442

439	Were you referred to any other person or institution for treatment?	YES NO	1 2	442
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NO.	QUESTIONS AND FILTERS	ANSWERS	CODES	SKIP TO
440	Where were you referred?	DISTRICT HOSPITAL/CHC..... PHC..... SC..... PRIVATE DOCTOR..... OTHERS (SPECIFY)_____	1 2	
441	Did you actually go there?	YES NO	1 2	
442	Did you recommend to someone else to adopt this method?	YES NO	1 2	
443	CHECK Q.405: EVER USED FP INCLUDING CURRENT METHOD	VASECTOMY FEMALE STERILIZATION IUD ORAL PILLS CONDOM/NIRODH OTHERS	1 2 3 4 5 6	506 506 444 447 449 506
444	Was IUD insertion done in privacy?	YES NO	1 2	
445	Did you ever ask PHC/SC worker to remove the IUD?	YES NO	1 2	501
446	What happened?	IUD WAS REMOVED PERSUADED TO CONTINUE THE METHOD GAVE MEDICINE & ASKED TO CONTINUE WORKER REFUSED TO REMOVE	1 2 3 4	ALL GO TO 501
447	Were you breast feeding your child while you were taking the oral pills?	YES NO	1 2	
448	Were you informed about what to do in case you miss taking a pill one day?	TAKE TWO PILLS NEXT DAY CONTINUE TAKING AS USUAL CONSULT HEALTH WORKER OTHERS (SPECIFY)_____	1 2 3 4	
		NO BODY TOLD ME DON'T KNOW	5 8	
449	How many cycles of oral pills (pieces of condoms) were given at the time of last supply?	NUMBER OF CYCLES/PIECES	□□	
450	Do you get regular supply of pills/condoms	YES NO NO REPEAT VISIT	1 2 3	

NO.	QUESTIONS AND FILTERS	ANSWERS	CODES	SKIP TO
451	If you do not get supply what do you do?	DON'T USE THE METHOD GET FROM SOME OTHER SOURCE SHIFT TO OTHER METHOD ABSTAINED FROM SEX	1 2 3 4	
452	During the last three months was there anytime when you could not get supply?	ALWAYS GOT THE SUPPLY DID NOT GET ONE TIME DID NOT GET TWICE DID NOT GET AT ALL NA (NOT GONE FOR RESUPPLY)	1 2 3 4 5	ALL GO TO 501

SECTION 5: UNMET NEED AND REPRODUCTIVE HEALTH

NO.	QUESTIONS AND FILTERS	ANSWERS	CODES	SKIP TO
501	CHECK Q.422: CURRENT USE OF FP	YES NO	1 2	506
	CHECK Q.206: CURRENTLY PREGNANT	YES NO	1 2	506
	CHECK Q.211:WANT MORE CHILD	YES NO	1 2	502
	CHECK Q214:TIMING OF NEXT WANTED	WITHIN 12 MONTHS AFTER 12 MONTHS	1 2	506
502	Earlier you mentioned that you do not want any more child or that you want to delay the birth of your next child. Yet you are not using a family planning method. Why are you then not using a method to avoid pregnancy? MULTIPLE ANSWERS POSSIBLE	GOING TO USE A FP METHOD..1 DO NOT LIKE EXISTING METHOD..... 2 SERVICES ARE NOT AVAILABLE.....4 AFTER OPERATION ONE CAN'T WORK.....8 FEAR OF OPERATION.....16 FEAR OF SIDE EFFECTS.....32 UNAWARE OF FP.....64 OPPOSITION FROM HUSBAND OR OTHER FAMILY MEMBERS.....128 AGAINST RELIGION.....256 NATURAL STERILITY.....512 ATTAINED MENOPAUSE/ MC (PROBE).....1024 OTHERS (SPECIFY)_____2048 DK.....999 8 SUM ALL CODES AND ENTER	□□□□	
	CHECK Q.502: WHETHER ANSWER IS '1': YES..... NO.....		1 2	506
503	When are you planning to adopt a method?	WITHIN ONE YEAR/SOON 1 - 2 YEARS 2 + YEARS DON'T KNOW	1 2 3 8	

NO.	QUESTIONS AND FILTERS	ANSWERS	CODES	SKIP TO
504	Which method are you/your husband planning to adopt?	VASECTOMY FEMALE STERILIZATION IUD ORAL PILLS CONDOM/NIRODH JELLY/FOAM TABLETS INJECTABLES NATURAL METHOD OTHERS (SPECIFY) _____ DON'T KNOW	1 2 3 4 5 6 7 8 9 98	
505	Why is this method preferred? MULTIPLE ANSWERS POSSIBLE	PERMANENT METHOD RELIABLE/NO RISK OF PREGNANCY EASY TO ADOPT SAFE METHOD FRIENDS/RELATIVES ADOPTED DOCTOR/PHC ADVICE OTHER METHODS NOT KNOWN OTHERS(SPECIFY) _____ SUM ALL CODES AND ENTER	1 2 4 8 16 32 64 128	□□□
506	During the past three months, have you had a problem with an abnormal vaginal discharge?	YES NO	1 2	511
507	Have you had any itching or irritation in your vaginal area with this discharge?	YES NO	1 2	
508	Have you noticed a bad odour in your vaginal area with this discharge?	YES NO	1 2	
509	In the past three months, did you have severe lower abdominal pain with the discharge, not related with menstruation?	YES NO	1 2	
510	Did you have a fever along with the discharge?	YES NO	1 2	
511	During the past three months have you had a problem with pain or burning while urinating, or have you had more frequent or difficult urination?	YES NO	1 2	
512	Another problem some women have is feeling pain in their abdomen or vagina during intercourse. Do you <u>often</u> experience this kind of pain?	YES NO	1 2	END

NO.	QUESTIONS AND FILTERS	ANSWERS	CODES	SKIP TO
513	Do you ever see blood after having sex, at times when you are not menstruating?	YES NO	1 2	
514	CHECK WHETHER 'YES' TO ANY OF Q.506 - 513	YES NO	1 2	601
515	Did you contact any health worker to treat it?	YES NO	1 2	515
516	Whom did you contact?	ANM. LHV MALE WORKER GOVT. DOCTOR PRIVATE DOCTOR OTHERS (SPECIFY)_____	1 2 3 4 5 6	
517	Did s/he help you?	YES NO	1 2	
518	Were you referred to any other place?	YES NO	1 2	523
519	Where were you referred?	DISTRICT HOSPITAL..... PHC..... .. PRIVATE DOCTOR..... OTHERS (SPECIFY)_____	1 2 3 4	
520	Did you actually go there?	YES NO	1 2	524
521	Was any test done for this problem?	URINE TEST DONE ONLY BLOOD TEST DONE ONLY BOTH DONE NO TEST DONE	1 2 3 4	525
522	Did you payment for the test(s)?	YES NO	1 2	
523	Where did you have the test(s) done?	DISTRICT HOSPITAL..... CHC/PHC..... . PRIVATE HOSPITAL/ CLINIC.....	1 2 3	ALL GO TO 525
524	Why did you not contact any health worker? MULTIPLE ANSWERS POSSIBLE	DID NOT FEEL IT IS URGENT...1 NO WORKER AROUND.....2 NO TIME FOR TREATMENT.....4 NO MONEY FOR TREATMENT.8 IT IS EMBARRASSING.....16 NO LADY DOCTOR.....32 OTHERS (SPECIFY)_____64 SUM ALL CODES AND ENTER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

NO.	QUESTIONS AND FILTERS	ANSWERS	CODES	SKIP TO
525	How long have you been suffering from this problem?	NUMBER OF MONTHS	□□	
526	Is it cured now?	YES NO	1 2	
527	Did you talk about this problem with your husband?	YES NO	1 2	
528	Did your husband mention having similar problems?	YES NO	1 2	
529	Do you know whether he had gone for treatment?	YES NO	1 2	

SECTION 6: POST ABORTION SERVICES

601 Now I would like to ask some information about your any abortions or pregnancies that did not go to full term.

NO.	QUESTIONS AND FILTERS	ANSWERS	CODES	SKIP TO
602	During the last two years (since 1995 Raksha Bandan), have any of your pregnancies been terminated?	YES NO	1 2	END
603	How many times you have had abortion(s) in the past 2 years i.e. since 1995 Raksha Bandan?	ONCE..... .. TWICE..... .. THRICE OR MORE.....	1 2 3	
604	At how many weeks of pregnancy was (recent) pregnancy terminated?	NUMBER OF WEEKS	□□	
605	Did you terminate the(recent) pregnancy or did you start bleeding spontaneously?	TERMINATED HAPPENED ON ITS OWN	1 2	
606	Where did you go for getting the(recent) abortion?	DISTRICT HOSPITAL..... CHC/PHC..... PRIVATE HOSPITAL/CLINIC... HOME..... LOCAL WOMAN WHO CONDUCTS ABORTION OTHER (SPECIFY)_____	1 2 3 4 5 6	
607	Who helped you to terminate the(recent) pregnancy? MULTIPLE ANSWERS POSSIBLE	DOCTOR..... 1 NURSE..... 2 ANM..... 4 DAI..... 8 FAMILY MEMBER..... 16 LOCAL WOMAN WHO CONDUCTS ABORTION 32 OTHERS (SPECIFY)_____ 64 SUM ALL CODES AND ENTER	□□□	
608	Did you see a doctor, nurse, ANM, dai, or any other health worker after the(recent) pregnancy termination?	YES NO	1 2	
609	Did you have any complications after the termination of the (recent) pregnancy?	YES NO	1 2	
610	What are those complications?	PAIN IN PERINEUM..... 1 EXCESSIVE BLEEDING..... 2 HIGH FEVER & SHIVERING... 4 EXCESSIVE DIZZINESS..... . 8 LOSS OF CONSCIOUSNESS... .16 NEEDED OPERATION..... 32 OTHERS (SPECIFY)_____ 64	□□□	
611	Did anyone help you treat the	YES	1	

NO.	QUESTIONS AND FILTERS	ANSWERS	CODES	SKIP TO
602	During the last two years (since 1995 Raksha Bandan), have any of your pregnancies been terminated?	YES NO	1 2	END
603	How many times you have had abortion(s) in the past 2 years i.e. since 1995 Raksha Bandan?	ONCE..... .. TWICE..... .. THRICE OR MORE.....	1 2 3	
604	At how many weeks of pregnancy was (recent) pregnancy terminated?	NUMBER OF WEEKS	□□	
605	Did you terminate the(recent) pregnancy or did you start bleeding spontaneously?	TERMINATED HAPPENED ON ITS OWN	1 2	
606	Where did you go for getting the(recent) abortion?	DISTRICT HOSPITAL..... CHC/PHC..... PRIVATE HOSPITAL/CLINIC... HOME..... LOCAL WOMAN WHO CONDUCTS ABORTION OTHER (SPECIFY)_____	1 2 3 4 5 6	
607	Who helped you to terminate the(recent) pregnancy? MULTIPLE ANSWERS POSSIBLE	DOCTOR..... 1 NURSE..... 2 ANM..... 4 DAI..... 8 FAMILY MEMBER..... 16 LOCAL WOMAN WHO CONDUCTS ABORTION 32 OTHERS (SPECIFY)_____ 64 SUM ALL CODES AND ENTER	□□□	
608	Did you see a doctor, nurse, ANM, dai, or any other health worker after the(recent) pregnancy termination?	YES NO	1 2	
609	Did you have any complications after the termination of the (recent) pregnancy?	YES NO	1 2	
610	What are those complications?	PAIN IN PERINEUM..... 1 EXCESSIVE BLEEDING..... 2 HIGH FEVER & SHIVERING... 4 EXCESSIVE DIZZINESS..... . 8 LOSS OF CONSCIOUSNESS... .16 NEEDED OPERATION..... 32 OTHERS (SPECIFY)_____ 64	□□□	
612	Were you told that you would have to	YES	1	

NO.	QUESTIONS AND FILTERS	ANSWERS	CODES	SKIP TO
613	Where were you told to go?	DISTRICT HOSPITAL..... PHC..... .. PRIVATE DOCTOR..... OTHERS (SPECIFY)_____	1 2 3 4	
614	Did you actually go there?	YES NO	1 2	
615	Is the complication cured now?	YES NO	1 2	
616	Were you counselled for family planning?	YES NO	1 2	618
617	Who counselled you for family planning? MULTIPLE ANSWERS POSSIBLE	DOCTOR..... 1 NURSE..... 2 ANM.....4 DAL..... 8 OTHER (SPECIFY)_____ 16 SUM ALL CODES AND ENTER	<input type="checkbox"/> <input type="checkbox"/>	
618	Did you use any family planning method after the termination of (recent) pregnancy?	YES NO	1 2	END
619	What method of family planning did you use?	VASECTOMY..... . TUBECTOMY/LAPRASCOPI IUD/CUT/LOOP ORAL PILLS CONDOM/NIRODH JELLY/FOAM TABLETS WITHDRAWAL SAFE PERIOD OTHERS (SPECIFY)_____	1 2 3 5 6 7 8 9 10	
620	Are you still using the method?	YES NO	1 2	END

THANKS RESPONDENT AND TERMINATE INTERVIEW. CHECK ALL QUESTIONS AND ANSWERS BEFORE LEAVING THE HOUSE.

RECORD THE END TIME.	HOUR□□ MINUTES□□
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INTERVIEWER'S OBSERVATIONS

(To be filled in after completing interview)

Comments about Respondent: _____

Comments on Specific Questions: _____

Any Other Comments: _____

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS

