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## Follow-up household survey in Sitapur District

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

**Final Report**

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# CHAPTER 1

## INTRODUCTION

### 1.1 District Profile

Sitapur is one of the 83 districts of Uttar Pradesh, the most populated state in India (population of 139,112,287 according to the 1991 census). Sitapur district is situated in the central region of the state. The population of Sitapur district is 2.86 million which is about 2 percent of the total state population according to the 1991 census (Table 1.1). Large part of the population in Sitapur district resides in rural areas (88 percent). While the urban population constitutes 20 percent in the state of Uttar Pradesh, in the case of Sitapur district the urban population constitutes only 12 percent. The population growth rate during 1981-1991 was recorded at 2.2 percent per annum which is lower than the state figure (2.5 percent per annum).

**Table 1.1 Demographic features of Sitapur district and Uttar Pradesh**

Characteristic	Sitapur District	Uttar Pradesh
Total population in million (1991)	2.86	139.11
Percent of state population (1991)	2.1	NA
Sex ratio(1991)	833	879
Population density (1991)	497	473
Decadal growth (1981-1991)	21.8	25.5
Percent urban population (1991)	12.0	19.8
Percent 0 - 14 years old(1991)	40.4	48.5
Percent 65 + years old (1991)	7.8	6.8
Crude birth rate (1992)	44	36.2
Total fertility rate	5.6*	4.8**
Infant mortality rate	143*	99.9**
Contraceptive prevalence (%)	15.0*	19.8**
Unmet need for family planning	42*	30.1**

Notes: NA= Not Applicable \* The 1994-95 BSUP \*\* The 1992 National Family Health Survey

In Sitapur district, about 40 percent of the population are below the age 15 and those above the age 65 constitute 8 percent. In comparison to the state statistics, the population below the age 15 is 8 percentage points less and those above 65 is 1 percentage point more in Sitapur district.

The crude birth rate of 44 live births per 1000 population and the total fertility rate of 5.6 per woman are higher than the state crude birth rate of 36 and total fertility rate of 4.8. Similarly, the infant mortality rate of 143 infant deaths per 1000 live births is much higher than that of the state (100 infant deaths per 1000 live births). The current use of family planning methods by currently married women is about 15 percent in Sitapur, while it is about 20 percent in the state.

Table 1.2 presents information on socio-economic status of Sitapur district vis-a-vis the state. The percentage of female population who are literate is 17 percent which is lower than the state



female literacy of 25 percent according to the 1991 census. At the same time, there are only 3 percent of female population employed, while the state figure is much higher (12 percent). The percentages of population belonging to the scheduled caste and scheduled tribe are 84 and 32 respectively. These figures are much higher than the state figures. These statistics unequivocally indicate that socio-economic status of Sitapur district is very low, and is much lower than that of the state.

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

Characteristic	Sitapur District	Uttar Pradesh
Percent female literate (1991)	16.9	25.3
Percent female employed (1991)	3.2	12.3
Percent depending on agriculture (1991)	84.4	73.1
Percent scheduled caste (1991)	84.4	21
Percent scheduled tribe	32.2	0.2

**Table 1.3 : Health Infrastructure in Sitapur district and Uttar Pradesh**

Characteristic	Sitapur District	Uttar Pradesh
Number of Community Health Centres (CHCs)	6	
Number of primary Health Centres (PHCs)	81	3929*
Number of Sub-centres (SCs)	437	20154
Number of Integrated Child Development Services	13	361
<b>Number of Public Sector Physicians</b>		
Sanctioned	315	11809
In position	225	8265
Number of Private Physicians	549	132847
Percent of Rural Population in villages with less	78	69

\*Refers to both CHCs and PHCs

Data presented in Table 1.3 indicates that Sitapur district is slightly better in terms of health infrastructure as compared to the state's position. The district ranks tenth in terms of number of primary health centres. The ratio between Subcentre and people is 1:6538, while it is 1:6902 for the state.

## 1.2 Family Planning Programme

The family planning target approach was adopted to achieve national demographic goals set by the Government of India (GOI) in a specified period. During last two decades, achievement of method specific targets has been considered as an important indicator to measure programme performance. Achievement of the targets was given importance not only because it was quantitative measure and was easy to monitor but because it had 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. Such trend was observed 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) target achievement figures reported by the workers were inflated. A number of independent surveys and studies corroborated these findings.

It was also increasingly realised that in the zeal to achieve targets, desired attention to the quality of family planning services was not given. Some of the major limitations of the programme which were repeatedly identified and reported both in the government's policy documents and independent studies include: poor counselling, lack of informed choice to clients and poor follow-up services to the family planning acceptors. It was also observed that target achievement had become an end in itself, rather than means to implement and monitor the programme. The Swaminathan Committee set up by Government of India to draft a Population Policy for the country strongly recommended withdrawal of the target approach and a shift in the programme objectives -- from simply achieving demographic goals to a more client oriented need based programme with expected health as well as demographic impacts. Soon after the release of Swaminathan Committee report, the ICPD Conference at Cairo also strongly advocated recognition of the reproductive rights of couples and to make FP programme a means to help couples achieve their reproductive goals. Targeting women as the main object of the programme for promoting contraception was severely criticised and need of involving men to create gender balance in all aspects of family life was strongly advocated. Suggestions for alternative approaches that could be used to support and monitor the programme, were also invited.

In April 1995, the Ministry of Health and Family Welfare (MOH&FW), Government of India, in an effort to improve the functioning of the family welfare programme and to make it more need based and client oriented, decided to withdraw the method specific target approach, on experimental basis, from one district of each state. In some of the large states, family planning targets were withdrawn from two districts. States of Kerala and Tamil Nadu which are already heading for achieving a replacement level of fertility, were allowed to become target free states. The purpose of making selected districts target free was to get first hand experience of the impact on the programme with no targets allocated to functionaries, and to experiment with and look for alternative approaches for managing the programme without using target achievement as a monitoring tool.

In Uttar Pradesh, Agra and Sitapur Districts were chosen to be the first two target free districts. Agra was chosen because it was among the relatively better performing districts. Sitapur was chosen because it was a focus district of State Innovations in Family Planning Services Agency (SIFPSA) initiatives for strengthening family planning and reproductive health services. Besides, Sitapur was also poor performing district. It was felt that by taking a good and a poor performing district, the State could get better insight into the impact of the withdrawal of targets

on family planning performance and variations in problems associated with managing the programme.

Discussion with the Population Council professionals and the Chief Medical Officers (CMOs) of the two districts, a review of the project UPDATES on activities in the districts, and the programme performance as reflected in service statistics reveal the following:

- The district authorities as well as Medical Officer In-charge (MOIC) at PHCs found it quite difficult at the initial stage to understand how to plan services and monitor the programme in the absence of definite goals.
- Many of them strongly believed that FP targets were essential to get the work done through grassroot level workers. However, having understood the approach slowly they have started appreciating the importance of shifting emphasis from a pure quantitative target based approach to a client centred pregnancy based approach. Changing the mind set of even MOICs and district authorities was time consuming and required considerable discussion over many months.
- Lack of readiness of subcentres and PHCs turned out to be a major bottle-neck in improving the quality of services. It is argued that unless these facilities are improved and staff maintained a minimum level of readiness, the vacant positions of grassroots workers particularly of the supervisory staff (LHVs) are filled, and the logistic supports are strengthened the withdrawal of target approach alone may not bring about any significant change in the access, quality or promotion of family welfare services.
- Supportive supervision was found to be a missing link at all levels of functioning. Lack of drawing and disbursing power of staff salary to the Medical Officer in charge of additional PHCs is a major stumbling block in decentralisation of decision making, monitoring of the programme and the making them accountable for the performance of their work area.
- In the first two years, family planning performance dropped substantially in both the districts. In the current year, however, performance has started improving.

### **1.3 Target Free Approach and New Initiatives**

Before MOH&FW decided to withdraw targets from the entire country, an attempt was made to analyse experiences of the districts which were made target free during 1995-96. To share those, a meeting of the CMOs of all the target free districts was held at the GOI level under the chairmanship of Secretary, FW. In general, this meeting could not provide useful leads for making the entire country target free, as in all the states the performance of the target free districts had dropped and at state or district level no serious attempt was made to closely monitor or document the experiences of making the districts target free.

Subsequently, in the Secretaries meeting held on 4 April 1996 a conscious decision was taken to withdraw targets from the entire country, even though initially views were divided and many felt that instead of making the entire state target free at one point of time, a phased approach to implementation perhaps would be better. Accordingly, the method specific target approach was withdrawn and under the new approach, centrally determined targets were no longer the driving force for the programme. Rather, now the states were required to develop their own programme

goals, and the demand of the community and individual clients for quality services shall guide the programme.

Once it was declared that the method specific target approach in the family planning programme had been withdrawn, all efforts were made to sensitise the state and district health authorities about the principles of target free approach, procedure for assessing individual and community needs for family welfare services and estimating expected workloads at sub-centre, PHC and district levels. State trainers were oriented at Delhi and in turn, trained CMOs and Dy. CMOs (nodal) were to work as master trainers at the divisional and district level training. It was planned that training workshops for all level including grassroots workers would be completed by Dec. 1996. However, because of the delay in sanctioning of the training grant from GOI, training of the grassroots workers could not be started till May, 1997. During this period, however, the target free approach (TFA) manual was translated and printed in Hindi (the local language) so that it could be easily read and understood by the concerned staff. At the request of Govt. of Uttar Pradesh, SIFPSA agreed to provide the requisite funds for organising travel as well as technical assistance under Innovations in Family Planning Services (IFPS) project to train the trainers, provide a simplified user friendly manual on TFA and to assist in organising training at different levels. Most of the training was completed by July 1997. Thus even though targets were withdrawn from April 1996, training of staff and other preparatory work was completed only by July 1997. The steps involved in implementing TFA are summarised in Table 3 in chronological order.

The period of April 1996-March 1997 was more a transitional phase, in which staff were not sure what was the target free approach and how to monitor the programme. In most of the districts, District Magistrate did not seriously review or monitor the programme. Taking advantage of the confusion which prevailed during the first year of TFA, many grassroots workers treated it more as a 'no work approach' or 'tension free approach.' This obviously led to significant declines in performance as measured by method use. However, some of the decline in the performance was also because of the improved accuracy of the service statistics, for in absence of any serious compulsion to show target achievement, the reported performance statistics was perhaps much less inflated than the normal practice under the target approach.

### **The Operations Research Programme**

These two districts, after being declared as target free districts, were also adopted by SIFPSA for initiating Operations Research (OR) to strengthen the programme management in a changed environment of target free approach. Under the IFPS project, a number of activities have been carried out in Sitapur district through Operations Research Project since July 1995 with funding from SIFPSA and technical assistance from the Population Council under its Asia and Near East Operations Research and Technical Assistance (ANE OR/TA) Project. A total of about 750,000 people in the district were covered under the programme. The ultimate goal of the Operations Research (OR) Programme was to improve the welfare of individuals and couples in Uttar Pradesh by improving their access, knowledge regarding use of family planning and selected reproductive health services. Specifically, the OR programme had the following objectives:

1. Improve the organisation, 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.

2. Develop and test the cost effectiveness of an alternative model of programme management as against the current management strategy employing method specific targets.
3. Increase the involvement of males for support and acceptability of family planning and reproductive health services.
4. 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 lack of time and delay in the implementation of the PBA, the second component was postponed.

Under the broad PBA, number of activities were implemented with the funding of USAID through IFPS Project of SIFPSA and this is dealt briefly in the Tuladhar's background paper (see reference). SIFPSA also had a number of project activities in Sitapur district, one of the six focussed districts of the IFPS Project. These activities were conducted through ISM and Rural Private Practitioners, Private Doctors and Clinics, Private Voluntary Organization (PVO)s and other Networks, and by using existing networks of Employers, Cooperatives, Local Self-Government organizations and also by Development Programmes conducted through PVOs and other agencies.

The Population Council is providing technical assistance (TA) to the district health authorities in implementing OR activities in 5 blocks of Sitapur districts namely Kasmanda, Pahala, Sidholi, Mahmudabad and Rampur Mathura. A total of about 750,000 people in Sitapur are being covered by the OR.

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

**Unmet Need** 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 future, or, (3) are current family planning users. To identify couples with unmet need, 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: (1) ANMs were given a one-day intensive in-service training with particular emphasis on identifying couples' reproductive intentions, and how the ECR could be used for planning their work more efficiently; (2) 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 subcenters; and (3) 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 areas, make at least three visits to them during the

antenatal period and three visits during the postnatal period. During visits, pregnant women are registered, immunized twice with Tetanus-toxoid, provided with Iron and Folic Acid (IFA) prophylactic, given an 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 service quality service), (2) skill development initiatives, (3) change in the style of review meeting, (4) regular monitoring of ANMs performance, (5) supportive supervision, (6) use of local women as volunteers to establish link between village women and ANM, and (7) integration of Reproductive Infection Tract (RTI) case management services into different types of PHCS.

Readiness of the health facilities in terms of human and material resources is critical for its effective utilization and is a prerequisite to provide quality services. A detailed Readiness Survey of all the sub-centres 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 for their suggestions and for taking further corrective action. Between the first and second surveys, the readiness to provide quality services remained below norms. Work done during the past year indicates that readiness had improved in 1997, and this was confirmed in December 1997.

**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 autoclave, 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 describing a time table in providing services to pregnant women was distributed to all ANMs.

**Change in the style of review meeting** 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 are to be provided to the pregnant women. A graph showing the number of pregnant women registered by the ANM was distributed every month to each ANM. An ANM who had performed well and another who had performed least were asked to report in front of other ANMs regarding their work styles and difficulties 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 need.

At the district level, separate review meetings for the OR blocks medical officers were organized bimonthly 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 objective was: (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 activities of their interest based on the experiences of OR blocks, in their area.

**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 staff, along with the PHC staff made numerous visits to sub-centres and villages to observe how the ANMs functioned and worked with local villagers. The PHC doctors were encouraged to do independent monitoring at sub-centres. On-site checks of CSSM and ECR registers were made and the shortcomings and ways to improve the quality of records were explained. Every month, sub-center and PHC level statistics were compiled and shared with the concerned staff of CMO including ANM, MOIC, deputy CMO, and CMO. 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 changing from traditional monitoring performance records to actually understanding the field problems and help ANMs solving 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 utilization data; (3) improve quality of services provided by ANMs; and (4) improve supplies and equipment situation at SCS. Under the supervision activity, a set of checklists and a training manual were developed and used extensively during 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 of about 50 households, who facilitates *Mohalla Baithak* on a scheduled day (Monday), at fixed time, and at 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 ANM. Each Link Person served as a liaison between the ANM and community. Link Persons were expected to spend not more than 2 hours in a month to inform her neighbours about the activities of *Mohalla Baithak* and invite them to participate in the event. A total of 115 women in Sitapur were selected and were actively involved in this programme. At the *Mohalla Baithak*, the ANM provides services and information on antenatal care, postnatal care, immunization to children and pregnant women, and family planning. Training and one-page pictorial educational material helped improve the skill of Link Persons. In order to sustain the Link Person's interest, a certificate of recognition was given to every link person and an award to the best link persons was distributed in a specially organized function at the PHC. Similarly, a best ANM among those involved in the link person scheme was given an award to encourage ANMs.

**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 utilization of services and cost involved in different types of PHCs. The RTI services were implemented in three different types of PHCs by training medical doctors in 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 Organization 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 1994-95 (before the targets were withdrawn) and 1997 (30 months after the targets were withdrawn). Specifically, 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 needs 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 immunization, and other reproductive health services;
- Assess the reproductive tract infections among ever married women in rural areas; and
- Assess the level of unwanted pregnancies, incidence of abortions and post abortion services.

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## CHAPTER 2

### SURVEY DESIGN AND IMPLEMENTATION

#### 2.1 Sample Design and Procedures

As stated earlier, the main objective of the present survey is to detect changes in access, knowledge and use of family welfare services in Sitapur district as compared to the 1994-95 baseline survey. Wherever possible, the present survey findings will be compared with the findings of the 1994-95 survey. In line with the task, it was decided to adopt the sampling procedure which will be more or less similar to the 1994-95 survey, so that comparability of the findings would be highly feasible. In the present survey only rural areas and no urban areas were included.

**Sampling Size and Allocation :** A multi-stage sampling procedure was followed to select the required number of women in the selected villages. The selection of villages was similar to the 1994-95 BSUP rural sampling.

It was decided to cover 750 households from OR blocks and 1000 households from Non-OR blocks, since the required indicators such as couple protection rate and other related indicators can be estimated within the targeted households. It was also decided that a fixed sample of 25 households to be selected from each selected village, which is the Primary Sampling Unit (PSU) for the study.

In the present study, the following steps were adopted to implement the sampling procedure.

**Step 1 :** All the villages in Sitapur district were grouped into OR areas and Non-OR areas. Here OR areas are denoted as the blocks where the Population Council OR programme is going on. The OR programme is being implemented in the following five blocks :

**Kasmanda, Pahala, Sidholi, Mahmudabad and Rampur Mathura.**

All the villages of the above blocks were treated as OR block villages. The remaining blocks (14) were Non-OR blocks, where there was no OR programme currently implemented.

**Step 2 :** All the villages in OR as well as Non-OR areas were arranged in descending order according to population size separately. All the villages were divided into three equal population size strata, after cumulating the population in OR and Non-OR area separately.

**Step 3:** Almost equal number of villages was selected in each stratum, since the population size was uniform in each stratum. In all, 30 villages were selected in OR area, whereas 40 villages were selected in Non-OR area.

Stratum wise, covered villages are given below :

OR Stratum I	10 villages
OR Stratum II	10 villages

OR Stratum III	10 villages
Non-OR Stratum I	14 villages
Non-OR Stratum II	13 villages
Non-OR Stratum III	13 villages

**Step 5:** The required number of villages were selected in the following manner:

Before selecting the villages, all the villages in each stratum were rearranged as listed in the Census. Then, all the villages with population of less than 50 were deleted and those between population 51-150 were added to the adjacent villages.

In each stratum, the required number of villages were selected by using Probability Proportion to Size (PPS) with one random start. Stratum wise, list of selected villages is given in the Annex I.

**The Sampling Frame :** The successful implementation of scientific sampling procedure ends with the proper adoption of sampling frame. In this survey, household listing was used as the sampling frame as it was earlier used in the 1994-95 BSUP, PERFORM and NFHS.

Household listing here includes not only the listing of all households in the selected villages but also the mapping of all listed households. A standardized proforma was used during the listing mainly to collect the information, such as residential status of households and the name of head of the households.

While listing out the households, all the villages having less than 500 households according to the 1991 Census, were listed. The villages having more than 500 households, were segmented into four equal parts, subsequently two parts were selected. The household listing was carried out only in the selected two segments.

Once the household listing is completed, final sampling frame was prepared by eliminating the non residential households and by giving fresh numbering. The above final sampling frame was used to select the required number of sample households i.e. 25 by using Systematic Random Sampling (SRS) procedure with one random start.

## 2.2 Questionnaire Design

There are two types of interview schedules used in the present survey i.e., Household and Women Questionnaires. (see the Appendix). The contents and structure of the questionnaires were mainly adopted from the 1994-95 BSUP questionnaires, since comparability is the main concern. In addition, the contents of reproductive health problems were adopted from PERFORM Systems Indicators Survey in Uttar Pradesh. Other items added in the women questionnaire were post abortion services.

The main information collected from the two types of interview schedules are given below:

### (a) Household Questionnaire

This questionnaire was used to collect information from any adult family member in the family.

- All household members : usual residents and visitors who stayed in the household in the previous night.
- Age, sex and marital status of all members.
- Identification of ever married women in the age group of 13-49 years who would be eligible for administering the women questionnaire.

**(b) Women Questionnaire**

This questionnaire was used to collect information from ever married women in the age of 13-49 years. All the eligible women in the selected households were eligible for interview. The information collected in the above questionnaire was :

- Respondents background
- Fertility and family size preferences
- Utilisation of health services
- Immunization of children
- Contraceptive knowledge and use
- Quality of services received
- Reproductive problems
- Post abortion services

### **2.3 Recruitment, Training and Fieldwork**

The interview schedules used in the present survey were bilingual-Hindi and English. An interviewer's manual was jointly developed by Operations Research Group, MODE and Population Council in order to retain the uniform understanding of the concepts and procedures among the entire survey staff. A set of instructions and explanations was included for the interviewers regarding the interviewing, techniques and field procedures.

This interviewer's manual was mainly adopted from the interview's manuals of 1994-95 BSUP and NFHS. A set of instructions was also developed for the listers and mappers.

#### **Training and Field Work - Household Listing :**

The training for the household listers and mappers was carried out between September 23-27, 1997. The household listing was initiated on September 29, 1997 and was completed on October 28, 1997.

The listing process was monitored and supervised by the co-ordinator of the listing operation and supervisors. In addition, Research Executives and Survey Manager visited and checked the listing operations in terms of its full and correct coverage of the selected PSUs.

#### **Training and Field Work - Household Survey :**

Recruitment of female investigators was carried out in the month of September 1997. The training of investigators, field editors and field supervisors was carried out from September 30 to October 15. Most of the investigators recruited had previous experience in conducting large

scale health and family welfare surveys such as 1994-95 BSUP, PERFORM and Indian Population Project-VI (IPP) in Uttar Pradesh. Demonstration interviews and mock interviews in the class room as well field practice in the neighbouring villages of Lucknow were carried out during the training. The training was mainly imparted by the senior professionals of Operations Research Group (ORG). The training was also benefited by the visits of the senior professionals of the Population Council.

Totally 25 female investigators, four female editors and four field supervisors were trained. After the training 20 female investigators were included in the survey team and the five female investigators were kept in reserve.

Four survey teams, each consisting of one supervisor, one field editor and five female investigators were employed. The field work was carried out from October 22, 1997 to November 28, 1997. Each team was under the control of one field supervisor and all the teams were under the supervision of one Field Co-ordinator. All the team members stayed in the camp office at Sitapur and carried out the operation. The field co-ordinator and the supervisors were made responsible for the various logistic arrangements like accommodation, transport, supply of interview schedules and flow of funds. The teams were told to complete a PSU in a day, since each female investigator covered five schedules in a day. Special instructions were also given to make at least three separate visits to complete the women schedules, if the eligible woman was not available during the visit.

## **2.4 Field Problems**

In Sitapur, the villages and the hamlets were very much isolated and scattered and also the villages were highly inaccessible. The household listing teams and the survey teams had to travel a long distance to reach the main village. The hamlets of the villages were reached with great effort. Though one vehicle was attached to each team, it did not solve the purpose due to the inaccessibility of roads.

The continuity of field work was interrupted by the major Indian festivals like Dashera and Diwali. The main field work started just after Dashera and stopped for a week during Diwali. This was due to the non availability of respondents especially women, who temporarily shifted to the relative's houses and/or were engaged in Diwali preparation. However, this break was utilised to reorient the field investigators at Lucknow.

Though the first round of field work was completed in the third week of November 1997, the villages having higher non response rate were revisited again to improve the completion rate.

During the field work, spot checks and back checks were carried out by the supervisors in almost 60 per cent of the total calls. The main points related to back checks were eligibility criteria of women, family planning practice, completion rate, immunisation status and reproductive problems. In any schedule, if the supervisor found some difficulty or required clarifications, related to the above stated points, the schedules were back checked. The field editor initially observed two interviews of each investigator per day. In other words, minimum of 10 interviews were initially observed in a PSU. After a week, the field editor observed minimum five interviews in a day and concentrated more on spot checks.

In addition, summary tables and supervisor's consistency checks were prepared for proper monitoring of the survey. The senior professionals from ORG, as well from the Population Council periodically visited and monitored the field work in order to improve the quality of data collection.

Field editing and corrections were generally carried out in the field itself. Some more editing was carried out in the office in order to accommodate the computer programming.

## **2.5 Data Processing**

All the completed interview schedules were sent to ORG, Lucknow for data processing. After office editing, data was entered by using the software developed by the Population Council, New Delhi. The software was developed in FOXPRO and SPSS Data Entry Programme for household schedules and women schedules respectively. For the table generation and data analysis, SPSSPC+ and FOXPRO were used.

The data entry package used had in built checks. After completion of the data entry, the checks namely, format range and consistency checks were carried out to validate the data.

## 2.6 Estimation Procedure

As stated earlier, a multi-stage stratified systematic random sampling procedure was employed in the present survey, like in the 1994-95 survey. In order to have the estimate at the district level, the sample was projected and adjusted for the non response in the household and women level for OR as well Non-OR blocks. The estimation procedure adopted is described below :

### A. Weighting Factors for OR Areas

$$\text{Household factor} = \frac{P}{a \cdot p_i} * \frac{H_i}{h_i}$$

Where :

P = Total Population (1991 census) of all villages in OR blocks

p<sub>i</sub> = Total Population (1991 census) of all sampled villages in OR blocks

a = Number of selected villages in OR blocks i.e. 30

H<sub>i</sub> = Number of listed households in the i<sup>th</sup> village

**For segmented villages :** Total number of projected households upto November 1997

h<sub>i</sub> = Number of households surveyed from the i<sup>th</sup> selected village

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

Where :

E<sub>i</sub> = Total number of eligible women existing in the selected households of the i<sup>th</sup> village

e<sub>i</sub> = Number of eligible women actually covered in the i<sup>th</sup> village

### B. Weighting Factors for Non-OR Blocks

$$\text{Household factor} = \frac{P}{a \cdot p_i} * \frac{H_i}{h_i}$$

Where :

P = Total Population (1991 Census) of all villages in Non OR blocks

p<sub>i</sub> = Total Population (1991 Census) of all sampled villages in Non OR blocks

- a = Number of selected villages in Non OR blocks i.e. 40
- Hi = Number of listed households in the ith village  
**For segmented villages :** Total number of projected households upto November 1997
- hi = Number of households surveyed from the ith selected village
- $$\text{EW Factor} = \text{Household factor} * \frac{E_i}{e_i}$$

Where :

- E<sub>i</sub> = Total number of eligible women existing in the selected households of the ith village
- e<sub>i</sub> = Number of eligible women actually covered in the ith village

## 2.7 Coverage of the Sample

The results of sample households and women interviews are given in Table 2.1.

### Household

The household questionnaire was preferably administered to the head of the household or any adult household member. Households found vacant or households refused to be interviewed etc. were not replaced strictly. Out of total 1,750 sample households, 1672 household interviews were completed which were 96 per cent of the total.

### Eligible Women

All the married women in the age group of 13-49 years were respondents for women questionnaire. If she was not available, interviewer did not fill the questionnaire by asking others.

Totally 1,856 eligible women were found in the interviewed households. Out of these eligible women, 92 per cent were interviewed in Sitapur. Most of the remaining women were not at home, when the study team visited them. The overall response rate was 88 per cent.



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

Result	OR		Non-OR		Total	
	No.	%	No.	%	No	%
Households selected [H5]	750	100.0	1000	100.0	1750	100.0
Households completed (C)	704	93.9	968	96.8	1672	95.5
Household with no competent	9	1.2	10	1.0	19	1.1
Households absent (HA)	32	4.3	21	2.1	53	3.0
Households postponed (P)	-	-	-	-	-	-
Households refused (R)	3	0.4	-	-	3	0.2
Households vacant (DV)	-	-	-	-	-	-
Other (O)	2	0.3	1	0.1	3	0.2
Households occupied	750	100.0	1000	100.0	1750	100.0
Households interviewed	704	93.9	968	96.8	1672	95.5
Households not interviewed	46	6.1	32	3.2	78	4.5
<b>Households response rate (HHR)</b>	-	94.1	-	96.9	-	95.7
Eligible women [RESULT]						
Women interviewed (EWC)	727	91.9	976	91.6	1703	91.8
Women not at home (EWNH)	51	6.4	81	7.6	132	7.1
Women postponed (WWP)	9	1.1	1	0.1	10	0.5
Women refused (EWR)	2	0.3	1	0.1	3	0.2
Women partly interviewed (EWPC)	-	-	-	-	-	-
Other (EWO)	2	0.3	6	0.6	8	0.4
<b>Individual response rate (EWRR)</b>	NA	92.1	NA	92.2	NA	92.2
<b>Overall response (ORR)</b>	NA	86.7	NA	89.3	NA	88.2

Notes : HHR=[C(C+HP+HA+P+R)]\*100  
 EWR=[EWC (EWC+EWNH+EWP+EWR+EWPC)]\*100  
 ORR= HHR \* EWRR  
 NA= Not applicable

## CHAPTER 3

### CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

This chapter deals with the background characteristics of households and eligible respondents. The main features of households are age, sex and marital status. In addition, the chapter also discusses the background characteristics. The analysis is presented on the weighted sample data.

#### 3.1 Age - Sex Distribution of Household Population

The household population enumerated in this survey are based on both de jure and de facto methods. The household population enumerated by using de jure method was about 28 lakhs whereas it was 27 lakhs by de facto method (Table 3.1).

**Table 3.1 :** Household Population by age and sex

Percent distribution of the de jure and de facto household by age, according to sex and residence, Sitapur of Uttar Pradesh, 1997

Age	OR			Non-OR			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
<b>De jure</b>									
<1	3.6	3.1	3.4	3.1	3.9	3.4	3.2	3.7	3.4
1-4	12.2	12.1	12.1	11.0	11.1	11.0	11.3	11.3	11.3
5-14	26.2	25.9	26.0	25.0	25.0	25.0	25.3	25.2	25.2
15-44	41.1	42.5	41.7	43.5	43.2	43.3	42.8	43.0	42.9
45-49	3.3	3.7	3.5	4.3	2.5	3.5	4.1	2.8	3.5
50-59	5.3	5.0	5.2	4.9	6.7	5.7	5.0	6.3	5.6
60+	8.3	7.7	8.1	8.2	7.7	8.0	8.3	7.7	8
Total	100.0	100.0	100.0	100.0	100.1	99.9	100.0	100.0	99.9
Projected N	391827	323791	715618	1109687	941759	2051446	1501514	1265550	2767064
Unweighted N	2087	1729	3816	2750	2348	5098	4837	4077	8914
<b>Sex Ratio</b>			<b>826</b>			<b>849</b>			<b>843</b>
<b>De facto</b>									
<1	3.5	3.3	3.4	3.1	4.0	3.5	3.2	3.8	3.5
1-4	12.6	11.9	12.3	11.5	11.3	11.4	11.8	11.4	11.6
5-14	27.0	26.2	26.6	25.2	25.0	25.2	25.7	25.3	25.6
15-44	39.9	42.7	41.2	42.6	43.0	42.8	41.9	42.9	42.4
45-49	3.3	3.8	3.5	4.4	2.5	3.5	4.1	2.8	3.5
50-59	5.2	4.8	5.0	4.9	6.7	5.8	5.0	6.3	5.6
60+	8.4	7.3	7.9	8.3	7.5	8.0	8.4	7.5	7.9
Total	99.9	100.0	99.9	100.0	100.0	100.2	100.1	100.0	100.1
Projected N	377155	319514	696669	1084450	942736	2027187	1461605	1262250	2723856
Unweighted	2013	1722	3735	2687	2356	5043	4700	4078	8778
<b>Sex Ratio</b>			<b>847</b>			<b>869</b>			<b>864</b>

The table further shows that about 40 per cent of the population belong to below 15 years age group. This distribution denotes that age distribution is related to high fertility population. The sex ratio was found to be in favour of males. The sex ratio was 843 for de jure population.

Overall the sex ratio of OR blocks was lower than the Non-OR block's. The sex ratio (843) was more or less the same, compare to the 1991 Census (829) and the 1994-95 BSUP (848) for the rural areas of the district.

### **3.2 Household Composition**

Table 3.2 shows that most of the head of the households were currently married males and in the age group of above 30 years of age. The table further shows that the mean number of usual household members was 5.5 in the surveyed households. This is slightly lower than the 1994-95 findings (5.8).

Table 3.3 shows the marital status of the household population of above five years of age. It is seen that marriage is universal even in the young age itself in the project district. Nearly 63 per cent of females were currently married in the age group 15-19 in Sitapur. It is also to be noted that nearly one-fifth of women in the age group of 13-19 years were currently married.

The distribution of de facto population by sex and age (Table 3.4) reveals that 98 per cent of males were the normal residents of the households, whereas this proportion was little lower for females (94%). However, women visitors were more in the age group of 15-24 years (24%), as compared to males (2.7%).

**Table 3.2 : Household Composition**

Percent distribution of households by selected characteristics of households head and size, 1994 and 1997

	1997		1994	
	OR	Non-OR	Total	Total Rural
<b>Sex of household head</b>				
Male	97.6	95.4	95.9	96.6
Female	2.4	4.6	4.1	3.4
<b>Age of household head</b>				
<30	18.3	21.9	21.0	14.6
30-44	36.9	33.6	34.5	40.9
45-59	24.1	25.4	25.1	23.6
60+	20.6	19.1	19.5	20.9
Median age	40.0	40.0	40.0	40.0
<b>Marital Status of household head</b>				
Never married	4.3	3.8	3.9	3.8
Currently married	84.5	84.2	84.3	84.9
Widowed	9.2	10.8	10.4	10.6
Divorced	0.5	0.1	0.2	0.2
Separated	1.5	1.1	1.2	0.5
<b>Number of usual members</b>				
1	4.6	4.5	4.5	3.1
2	9.0	9.7	9.5	8.4
3	10.7	10.9	10.9	10.8
4	13.4	13.4	13.4	13.3
5	15.5	16.4	16.1	15.4
6	15.3	13.9	14.2	15.4
7	10.8	10.7	10.8	11.6
8	6.9	8.0	7.7	7.4
9+	13.7	12.5	12.8	14.6
Mean size	5.6	5.5	5.5	5.8
Total percent	100.0	100.0	100.0	100.0
<b>No. of Unweighted Households</b>	<b>704</b>	<b>972</b>	<b>1676</b>	<b>NA</b>
<b>No. of projected households</b>	<b>132625</b>	<b>392453</b>	<b>525079</b>	<b>469750</b>

Note : Table is based on de jure members, i.e., usual residents.

NA = Not available

**Table 3.3 Marital Status of the household population**

Percent distribution of the de facto household population age 6 and above by marital status, according to age and sex, 1997

Particulars	Marital Status					Total Percent
	Never Married	Currently Married	Widowed	Divorced	Separated	
<b>All Males</b>			-			
6-12	99.4	0.3	0.1	-	0.2	100.0
13-14	97.7	1.5	0.8	-	-	100.0
15-19	84.0	14.7	0.4	-	0.9	100.0
20-24	37.2	59.6	1.1	-	2.1	100.0
25-29	9.2	86.1	1.5	-	3.2	100.0
30-34	7.5	87.2	3.9	-	1.3	100.0
35-39	4.9	87.4	4.7	-	3.0	100.0
40-44	3.7	88.6	5.7	0.5	1.5	100.0
45-49	2.3	87.8	8.7	0.8	0.3	100.0
50-54	6.7	81.1	10.9	-	1.3	100.0
55-59	1.0	93.6	4.1	-	1.3	100.0
60+	2.5	68.7	28.3	-	0.5	100.0
<b>Projected N</b>	<b>517994</b>	<b>592024</b>	<b>60783</b>	<b>775</b>	<b>14062</b>	<b>1185639</b>
<b>Unweighted N</b>	<b>1681</b>	<b>1884</b>	<b>192</b>	<b>4</b>	<b>44</b>	<b>3805</b>
<b>All Females</b>						
6-12	99.8	0.2	-	-	-	100.0
13-14	81.8	18.2	-	-	-	100.0
15-19	36.7	62.2	-	-	1.1	100.0
20-24	7.5	90.2	1.1	-	1.2	100.0
25-29	1.0	97.4	1.3	-	0.4	100.0
30-34	-	96.6	2.7	-	0.6	100.0
35-39	-	94.0	5.5	-	0.6	100.0
40-44	-	93.7	6.0	-	0.3	100.0
45-49	-	86.1	11.5	-	2.4	100.0
50-54	-	80.5	18.6	-	0.9	100.0
55-59	-	80.5	19.5	-	-	100.0
60+	0.7	42.0	57.2	0.2	-	100.0
<b>Projected N</b>	<b>331218</b>	<b>607930</b>	<b>84262</b>	<b>168</b>	<b>5509</b>	<b>1029086</b>
<b>Unweighted N</b>	<b>1077</b>	<b>1959</b>	<b>262</b>	<b>1</b>	<b>19</b>	<b>3318</b>

**Table 3.4 a: Usual residents and visitors**

Percent distribution of the de facto household population by resident status in the household according to age and sex, 1997

Characteristics	Resident status		Total Percent	Projected N	Unweighted N
	Usual resident	Visitors			
<b>Males</b>					
<b>Age Distribution</b>					
<1	92.9	7.1	100.0	52034	173
1-4	92.3	7.7	100.0	182386	590
5-14	98.7	1.3	100.0	385235	1257
15-19	99.0	1.0	100.0	166840	579
20-24	98.3	1.7	100.0	124111	393
25-29	97.8	2.2	100.0	123336	395
30-34	98.8	1.2	100.0	95280	314
35-39	98.2	1.8	100.0	78984	253
40-44	99.0	1.0	100.0	64434	210
45-49	99.0	1.0	100.0	61810	190
50-54	100.0	-	100.0	40319	140
55-59	100.0	-	100.0	34905	104
60-64	97.9	2.1	100.0	46434	144
65+	98.5	1.5	100.0	80835	272
Total	97.7	2.3	100.0	1536943	4954

**Table 3.4 b: Usual residents and visitors**

Percent distribution of the de facto household population by resident status in the household according to age and sex, 1997

Characteristics	Resident status		Total Percent	Projected N	Unweighted N
	Usual resident	Visitors			
<b>Female</b>					
<b>Age Distribution</b>					
<1	89.4	10.6	100.0	52234	163
1-4	92.6	7.4	100.0	154478	507
5-14	97.1	2.9	100.0	328546	1079
15-19	86.4	13.6	100.0	156377	506
20-24	89.6	10.4	100.0	130899	410
25-29	92.4	7.6	100.0	102457	335
30-34	94.7	5.3	100.0	84567	261
35-39	97.6	2.4	100.0	66581	216
40-44	97.0	3.0	100.0	53653	171
45-49	98.6	1.4	100.0	35875	123
50-54	98.7	1.3	100.0	45222	134
55-59	98.8	1.2	100.0	35428	113
60-64	99.1	0.9	100.0	38002	126
65+	98.6	1.4	100.0	60790	196
Total	94.1	5.9	100.0	1345109	4340

### 3.3 Background Characteristics of Respondents

The background characteristics of ever married women in the selected age group of 13-49 years interviewed are presented in Table 3.5.

**Table 3.5 : Background Characteristics of respondents**

Percent distribution of ever-married women age 13-49, by selected background characteristics, according to OR and Non-OR, 1997

Background characteristics	Type of programme area			Total number of women	
	OR	Non-OR	Total	Projected N	Unweighted N
<b>Age</b>					
13-14	1.5	1.8	1.7	228	29
15-19	17.3	18.2	17.9	2572	308
20-24	20.3	20.1	20.1	2858	337
25-29	19.2	17.1	17.6	2567	304
30-34	12.8	15.4	14.7	2134	240
35-39	11.7	11.9	11.8	1580	206
40-44	8.8	9.7	9.5	1422	161
45-49	8.5	5.8	6.5	941	118
<b>Marital Status</b>					
Currently married	97.1	96.0	96.3	13795	1642
Widowed	2.2	3.1	2.8	396	46
Separated	0.7	1.0	0.9	111	15
<b>Education</b>					
Illiterate	86.4	84.1	84.7	12010	1452
Upto class 4	2.0	3.0	2.8	410	43
Primary	9.1	10.9	10.4	1524	171
Middle school complete	1.4	0.6	0.8	138	16
High school completed	0.1	-	-	4	1
Above high school	0.9	1.5	1.3	216	20
<b>Work status</b>					
Not working	92.3	93.0	92.8	13305	1578
Working in family farm/business	3.6	2.7	2.9	392	53
Employed by someone else	3.8	4.2	4.1	578	69
Other	0.3	0.1	0.1	27	3
<b>Husband's education *</b>					
Illiterate	44.1	41.1	41.9	5491	691
Upto class 4	6.2	7.9	7.5	1075	119
Primary	33.1	32.3	32.5	4459	533
Middle school complete	8.3	8.0	8.1	1252	139
High school complete	0.7	0.7	0.7	99	12
Above high school	7.7	10.0	9.4	1412	147
Total percent	100.1	100.0	100.1	NA	NA
<b>Number of women</b>					
<b>Weighted N</b>	<b>4613</b>	<b>9689</b>	<b>14302</b>	<b>NA</b>	<b>NA</b>
<b>Unweighted N</b>	<b>727</b>	<b>976</b>	<b>1703</b>	<b>NA</b>	<b>NA</b>

\* Information only for husbands of currently married women

NA = Not available

It was observed that 38 per cent of the ever married women were in the prime age group i.e. 20-29 years, which was almost similar to the 1994-95 BSUP findings (39%). Nearly one-fifth of the women were in the adolescent age group of 13-19 years.

The table further shows that there was a change in the proportion of young women. As compared to the 1994-95 rural BSUP (11%), the proportion of women in 13-19 years was relatively higher (19%).

As observed in the 1994-95 BSUP, a majority of the ever married women interviewed were currently married (96%), illiterate (85%) and housewives (93%).



## CHAPTER 4

### NUPTIALITY

In this chapter, findings related to current marital status of the eligible women of Sitapur district are discussed. Further, the trend in singulate mean age at marriage and the age at cohabitation is also described.

#### 4.1 Current Marital Status

Table 4.1 reveals that the marriage is universal in Sitapur district, as 98 per cent of the women were currently married before reaching the age of 30 years.

As compared to the 1994 survey (48%), more women (66%) were currently married among the 15-19 age group in the present survey. It needs to be mentioned that the proportion of women who had undergone *gauna* might have increased the proportion of currently married in the age group of 13-19 as compared to the 1994 survey.

**Table 4.1: Current Marital Status**

Percent distribution of women age 13-49 by current marital status according to age: 1994 and 1997

Age	Marital status					Total percent	Projected N	Unweighted N
	Never married	Currently married	Widowed	Divorced	Separated			
<b>1997</b>								
13-14	80.0	20.0	-	-	-	100.0	48965	157
15-19	33.3	65.5	-	-	1.2	100.0	156377	507
20-24	6.8	91.0	0.9	-	1.3	100.0	130899	410
25-29	0.9	97.6	1.2	-	0.3	100.0	102457	335
30-34	-	96.9	2.5	-	0.6	100.0	84567	261
35-39	-	94.2	5.3	-	0.5	100.0	66581	216
40-44	-	93.9	5.8	-	0.3	100.0	53653	171
45-49	-	86.2	11.4	-	2.4	100.0	35875	123
<b>Total</b>	<b>14.9</b>	<b>82.0</b>	<b>2.3</b>	<b>-</b>	<b>0.8</b>	<b>100.0</b>	<b>679376</b>	<b>2179</b>
<b>1994</b>								
13-14	91.8	8.2	-	-	-	100.0	43627	NA
15-19	51.6	47.8	-	0.3	0.3	100.0	110029	NA
20-24	5.4	91.7	0.6	0.3	1.9	100.0	123244	NA
25-29	0.8	97.1	1.0	-	1.1	100.0	101615	NA
30-34	0.2	97.0	2.2	-	0.6	100.0	97757	NA
35-39	-	95.5	3.6	-	0.9	100.0	81382	NA
40-44	-	91.8	6.2	-	1.9	100.0	55044	NA
45-49	-	87.6	11.7	-	0.7	100.0	40241	NA
<b>Total</b>	<b>16.0</b>	<b>80.6</b>	<b>2.3</b>	<b>0.1</b>	<b>1.0</b>	<b>100.0</b>	<b>652939</b>	<b>NA</b>

NA = Not available

## 4.2 Proportion of Married and Singulate Mean Age At Marriage

This information was generated by using the household level data and Hajnal method was used to estimate the singulate mean age at marriage.

The estimations of singulate mean age at marriage obtained from different sources show that over a period of time, there was not much change in the mean age at marriage. Despite little change in the level of mean age at marriage, the mean difference between male and female age at marriage has come down from 5 to 4 in the present survey.

**Table 4.2 : Singulate mean age at marriage**

Singulate mean age at marriage from the selected sources, 1992, 1994 and 1997

	Singulate mean age at marriage		
	Male	Female	Difference
1992-93 UP Rural *	22.4	17.9	4.5
1994 **	22.3	17.6	4.7
1997 Rural	21.1	16.7	4.4
1997 OR	21.8	16.6	5.2
1997 Non-OR	21.0	16.7	4.3

\* NFHS

\*\* BSUP ( Total ) - Rural Data not available

## 4.3 Age At First Cohabitation

Regarding age at first effective marriage (cohabitation), Table 4.3 reveals that many women first cohabited with husbands in the age group of 15-16 years. The findings were similar to that of BSUP. As expected, younger women cohabited in the later years compare to the older cohort.

In comparison with the earlier findings, the median age at first cohabitation was delayed in 1997 (14 years in 1997 as compared to 15 years in 1994-95) (Table 4.4).

Table 4.5 further reveals that education has played an important role in decreasing the age at first effective marriage (cohabitation). Higher the education, lower was the age at first cohabitation.

**Table 4.3 : Age at which respondent started living husband**

Percent distribution of women age 13-49 started living with husband by specific exact age, and median age at first cohabitation with husband, by current age, 1997

Current age	Exact age living with husband							Median age at first cohabitation with husband	SD
	13-14	15-16	17-18	19-20	21-22	23-25	25+		
13-14	20.0	80.0	-	-	-	-	-	13	1
15-19	14.8	33.5	37.3	13.5	0.9	-	-	15	2
20-24	14.1	31.2	30.5	17.7	5.0	1.5	-	15	2
25-29	16.5	32.9	27.0	17.0	5.5	1.1	-	15	2
30-34	20.5	32.8	30.5	11.0	2.8	1.2	1.2	14	3
35-39	24.3	34.8	27.7	8.3	3.1	-	1.8	14	3
40-44	24.4	23.3	33.5	13.2	5.1	0.5	-	15	2
45-49	24.7	39.1	26.8	6.0	3.4	-	-	14	3
20-49	19.4	32.1	29.4	13.4	4.3	0.9	0.5	14	3
25-49	21.1	32.4	29.0	12.0	4.2	0.7	0.6	14	3

SD= Standard Deviation

**Table 4.4 : Age when started living with husband**

Median age at first cohabitation with husband from the selected sources

	The NFHS, 1992-93 rural UP	The BSUP 1994 rural	1997	
			Median	SD
13-14	-	13.1	13	1
15-19	-	15.7	15	2
20-24	17.0	15.4	15	2
25-29	16.6	15.5	15	2
30-34	16.4	15.2	14	3
35-39	16.3	15.2	14	3
40-44	16.3	15.1	15	2
45-49	16.2	14.5	13	2
20-49	16.5	15.2	14.3	3
25-49	16.4	15.2	14.2	3

SD= Standard Deviation

**Table 4.5 : Median age at first cohabitation with husband**

Background Characteristics	Current age								
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	20-49	25-49
<b>Type of programme area</b>									
<b>OR</b>									
Mean	15	15	15	14	15	15	13	14.5	14.4
SD	2	2	2	3	3	3	2	3	3
<b>Non-OR</b>									
Mean	15	15	15	14	14	15	13	14.3	14.2
SD	2	2	3	3	3	3	2	3	3
<b>Education (Female)</b>									
<b>Illiterate</b>									
Mean	14	14	14	14	14	14	13	14.0	13.8
SD	2	2	2	3	3	3	2	2	2
<b>Primary +</b>									
Mean	16	16	17	15	15	16	13	15.2	15.0
SD	2	2	2	3	4	3	2	2	2
<b>Middle school +</b>									
Mean	17	18	20	24	19	18	-	20.0	20.0
SD	1	2	1	2	3	1	-	2	2

Note: SD refers to standard deviation.

## CHAPTER 5

### FERTILITY

In this chapter, the prevailing fertility level and differentials are discussed. The period fertility measures such as Age-specific Fertility Rate and Total Fertility Rate, and the cohort fertility rate measures like Children Ever Born and Living were computed and presented. The period fertility measures are based on births occurred to all women in the study area during the last two years prior to the survey.

#### 5.1 Current Fertility Level and Trends

The number of births occurred were estimated from the deliveries occurred from Raksha Bandhan of 1995 to November 1997. Among the deliveries, live births of one year were calculated and were used as numerator in the ASFR calculation.

The levels and differentials of current fertility are discussed in Tables 5.1 and 5.2. The average number of children to be born to a women at the end of reproductive period for women aged 15-49 was 5.6 in the present survey. This rate was slightly lower than the 1994-95 BSUP estimate (5.8).

Evidence of early fertility was observed both in the present survey and in 1994-95 survey. Peak fertility age group was 20-24 years. As compared to the 1994-95 survey, fertility was lower in age group 20-29 in the present survey. It implies that fertility decline has started in the younger age group. This might further reduce the high risk births in the younger age group.

Regarding differentials fertility, education attainment of women played a significant role. Table 5.2 shows that women who completed middle school and above had lower fertility (TFR 4.5) than illiterate women (5.8). The same pattern was observed in the indicators such as mean number of Children Ever Born and the completed family size.

**Table 5.1: Age-specific fertility and cumulative fertility rates**

Age	NFHS, 1992-93 Rural UP	The BSUP 1994 Rural	1997 Rural
15-19	0.128	0.125	0.1197
20-24	0.288	0.3000	0.2774
25-29	0.264	0.2820	0.2644
30-34	0.195	0.2190	0.2422
35-39	0.105	0.1310	0.1337
40-44	0.044	0.0580	0.0660
45-49	0.014	0.0250	0.0155
TFR 15-44	5.1	5.6	5.5
TFR 15-49	5.2	5.8	5.6

Note : 1. Rates are based on the two years of births preceding the survey

**Table 5.2: Fertility Rate by background characteristics**

Total Fertility and Marital Fertility Rate (15-49 years) for two years preceding the survey, and mean number of children ever born to women age 40-49 years, by selected background characteristics, 1997

Background Characteristics	Fertility Rate			Mean No. of CEBs to women age 40- 49 years	SD
	TFR*	TMFR	Mean CEB	Mean	
<b>Type of programme areas</b>					
OR	5.9	7.6	4.3	5.6	4.9
Non-OR	5.5	6.1	4.3	5.5	5.0
<b>Education</b>					
Illiterate	5.8	6.4	4.5	5.7	5.1
Primary	2.7	2.9	4.3	4.4	3.9
Middle school +	4.5	4.8	2.9	3.0	2.6
Total	5.6	-	4.3	5.5	5.0

\*Proportion of married and age distribution of all women in the HHs were assumed while computing TFR for the education category.

## 5.2 Past Fertility and Differentials

The mean number of Children Ever Born and living by age of women are presented in Table 5.3. It revealed that as age increased, Children Ever Born had also increased. The same pattern was also found in the completed family size.

Regarding survival of children, children of older cohort women died more than the children of younger cohort women. The survival ratio of female children was always lower than the male children. The educational attainment of women improves the survival ratio among the Children Ever Born. The children of literate women had a survival ratio of 74, whereas the same proportion was 87 for the children of middle school educated women. Not much difference was found between OR and Non-OR blocks in this regard.

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

Mean number of children ever born and living 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
<b>Age</b>						
13-14	1.78	0.39	2.16	1.16	0.39	1.55
15-19	0.66	0.77	1.42	0.50	0.61	1.11
20-24	1.29	1.07	2.37	1.02	0.87	1.89
25-29	1.99	1.74	3.73	1.60	1.41	3.01
30-34	2.75	2.39	5.13	2.14	1.75	3.89
35-39	3.13	2.99	6.12	2.31	2.08	4.39
40-44	3.11	3.20	6.30	2.31	2.28	4.59
45-49	3.92	3.42	7.34	2.68	2.24	4.92
<b>Type of programme area</b>						
OR	2.27	2.02	4.30	1.74	1.47	3.21
Non-OR	2.24	2.08	4.32	1.70	1.54	3.24
<b>Education</b>						
Illiterate	2.33	2.15	4.47	1.73	1.56	3.29
Upto Primary	1.95	2.48	4.32	1.60	1.97	3.57
Middle school +	1.59	1.36	2.96	1.40	1.17	2.57
<b>Total</b>	<b>2.25</b>	<b>2.06</b>	<b>4.31</b>	<b>1.31</b>	<b>1.52</b>	<b>3.23</b>

### 5.3 Child Bearing At Young Ages

Table 5.4 shows evidence of child bearing in the younger ages. Among the ever married women in the age group of 13-19, nearly one-fifth of women started the child bearing. It is to be noted that even at the tender age of 13-14, about 5 per cent of women were either currently pregnant or already mothers. It cautioned the high risk factors prevailing in the rural area.

However, less number of literate women had begun child bearing (16%) as compared to illiterate women (20%). It implies that proper education will do the needful.

**Table 5.4: Childbearing among women age 13-19 years**

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

Background characteristics	Percentage who are		Percent who have begun childbearing	Projected N	Unweighted N
	Mothers	Pregnant with first child			
<b>Age</b>					
13-14	2.9	1.6	4.5	30170	87
15	5.2	-	5.2	30560	93
16	5.6	4.2	9.8	63654	183
17	19.3	3.2	22.5	59857	171
18	24.1	3.6	27.7	82883	243
19	22	0.1	22.1	73200	234
<b>Literacy</b>					
Illiterate	16.5	3.4	19.9	287214	861
Literate	12	3.6	15.6	53110	150
<b>Total</b>	<b>15.8</b>	<b>3.4</b>	<b>19.2</b>	<b>340324</b>	<b>1011</b>

#### 5.4 Menopause

The number of currently married women aged 30-49 years were asked about their menopause status and details are presented in Table 5.5.

The percentage of menopausal was computed as the per cent of non pregnant and non ammenorrhoeic currently married women whose last menstrual period occurred six or more month prior to the survey or who reported that they are menopausal.

Table 5.5 shows that 83 per cent of women who are non-pregnant non-ammenorrhoeic and currently married did not menstruate for the last six months or more. This figure was much higher as compared to the NFHS findings. It seems the survey results are more or less comparable for the women of 40-49 years and 38 percent of these women menstruated before six months.



**Table 5.5: Currently Married Women 30-49 Years Who are in Menopause by Age**  
 Percentage of currently married women age 30-49 years who are in menopause, by age, 1997

Age	Percent	Projected N	Unweighted N
30-34	89.8	28786	80
35-39	81.6	15035	48
40-41	70.1	7579	22
42-43	83.9	4934	15
44-45	65.2	5936	19
46-47	81.7	2019	7
48-49	84.3	5966	20
<b>Total</b>	<b>82.7</b>	<b>70254</b>	<b>211</b>

## CHAPTER 6

### FAMILY PLANNING

The present chapter deals with the knowledge of and practice of the family planning methods and their sources among the currently married women. A special attention has been given to the reasons for discontinuation and the future intentions in regard to the use of these methods. The attitude towards family planning and the components of quality care are being dealt with in the later part of the chapter.

#### 6.1 Knowledge of Family Planning Methods and Sources

The respondents were asked about their awareness of different family planning methods both spontaneous (without any probe) and reporting through probe. They were further asked whether they know the source of services and the correct use. An analysis of their responses has been presented in table 6.1.

**Table 6.1 : Knowledge of contraceptive methods and source of methods**

Percentage of currently married women age 13-49 years knowing any contraceptive method and knowing a source, by specific method: 1994 and 1997

Method	1994				1997				Know How to Use *
	Knowing method			Knowing source	Knowing method			Knowing source *	
	Without probe	With probe	Total			Without probe	With probe		Total
Any method					79.7	20.3	100.0	97.1	35.0
Any modern method	80.7	97.6	93.9	97.1	78.5	21.5	100.0	97.1	22.1
At least one modern spacing method	48.8	85.3	64.9	84.3	59.9	40.1	100.0	91.7	13.1
Vasectomy	63.7	27.6	91.3	90.1	40.2	42.1	82.3	93.2	97.0
Tubectomy	73.4	23.6	97.0	96.1	68.5	28.2	96.7	96.4	99.2
Loop/IUD	22.3	25.7	48.0	47.0	27.7	32.9	60.6	94.0	93.5
Pill	35.6	35.6	71.2	70.1	51.9	34.5	86.4	94.6	96.4
Condom	32.6	37.4	70.0	69.1	36.5	42.7	79.2	95.5	95.5
Foam tablet/ jelly	0.5	2.4	2.9	2.8	0.3	0.9	1.2	89.5	49.5
Injection	5.6	14.4	20.0	19.3	15.0	26.3	41.3	67.7	76.5
Withdrawal	0.7	23.8	24.5	NA	2.5	12.4	14.9	-	93.7
Rhythm/Periodic	1.9	16.8	18.7	NA	8.7	37.8	46.5	-	24.2
Other	-	-	-	-	0.08	0.2	0.28	100.0	22.3
<b>Number of modern methods</b>									
Mean	2.3	1.7	4.0	3.9	2.4	2.1	4.5	4.1	4.2
SD					1.8	1.6		1.6	1.5
<b>Number of modern spacing methods</b>									
Mean	1.0	1.1	2.1	2.1	1.3	1.4	2.7	2.4	2.5
SD					1.3	1.2		1.3	1.2

\* Based on the women, who knew the method, SD refers to standard deviation

All the women knew about at least one spacing method. Mean number of modern methods known to a women in 1994-95 survey was 4, whereas it has increased to 4.5 in 1997. Again, although marginally, the knowledge of the women about the spacing methods has also improved from 2 to 3 in the corresponding period.

There was no significant difference in the awareness of terminal methods like vasectomy and tubectomy. However, overall when compared with the 1994 survey, an improvement had been noticed in the knowledge of women about the various family planning methods, the spacing methods in particular. The study further reveals a significant improvement in the knowledge of women about the sources of obtaining these methods as compared to the 1994 survey.

Knowledge about the correct use of the modern spacing methods, particularly IUDs, pills, and condoms, was almost universal among the currently married women. It is evident, that the reach of the IEC activities had increased appreciably in recent years, more so because of the exposure of the people to visual media, TV in particular.

Table 6.2 shows the differentials in the level of knowledge of modern methods and source of supply of methods among currently married women, by their background characteristics such as age, type of programme areas, education, work status and husband's education.

As the table reveals, differentials in level of knowledge of spacing methods and modern methods was only marginal by the various background characteristics of the women. Knowledge was comparatively less among women who are comparatively young (13-19 years), illiterates and the non-working women. Nevertheless, it is encouraging to note that across the various categories at least two spacing methods and almost five modern methods (except 13-19 age group) were known to all the women.

Knowledge regarding sources where the methods could be obtained, was better among women who had education upto high school and above and those who were employed. The education of the husband seems to influence the knowledge of women about sources of obtaining the modern contraceptive methods quite significantly.

**Table 6.2 : Knowledge of methods and source by background characteristics**

Percentage of currently married women knowing method and at least one modern method and knowing a source for a modern method by selected background characteristics, 1997

Background characteristics	Mean No. of spacing methods known		Mean No. modern methods known		% Knowing at least one source for modern method	Number of women	
	Mean	SD	Mean	SD		Weig.	Unweig.
<b>Age</b>							
13-19	2.1	1.3	3.5	1.9	0.4	111292	332
20-24	2.8	1.1	4.7	1.3	0.7	113604	331
25-29	2.9	1.1	4.7	1.3	1.0	100138	298
30-49	2.8	1.2	4.7	1.3	1.0	229745	681
<b>Type of programme areas</b>							
OR	2.6	1.3	4.4	1.6	0.2	143911	705
Non-OR	2.7	1.2	4.5	1.5	1.0	410868	937
<b>Education</b>							
Illiterate	2.6	1.2	4.4	1.5	0.3	470007	1401
Primary +	3.0	1.0	4.8	1.3	-	15345	204
Middle school	3.3	-	5.1	-	2.3	57038	16
High school &	3.7	0.9	5.7	1.1	15.6	12389	37
<b>Work status</b>							
Not working	2.7	1.2	4.4	1.5	0.6	518681	1532
Working in family	2.9	1.1	4.8	1.3	-	15261	49
Employed by	3.2	1.2	5.1	1.2	6.0	20297	59
Other	4.0	-	6.0	-	-	540	2
<b>Husband's education</b>							
Illiterate	2.4	2.4	4.2	1.5	0.1	232615	691
Primary +	2.6	1.2	4.4	1.5	-	41481	652
Middle school	2.7	-	4.5	-	0.6	180014	139
High school &	3.2	1.0	5.1	1.3	3.0	100668	159

## 6.2 Contraceptive Use and Differentials

### Ever Use of Contraception

All the respondents who knew at least one method of family planning were asked whether they had ever used the method that they were aware of. Table 6.3 presents the ever use of contraception by age. For the sake of comparison, the findings of the 1994 survey (rural) have also been presented here in the table.

**Table 6.3 :Ever use of contraception**

Percentage of currently married women who have ever used any contraceptive method, by specific method and age: 1997 and 1994

(Horizontal Percentage)

Age	Any method	Any modern method	Male sterilization	Female sterilization	IUD	Pill	Condom	Jelly	Injection	Any traditional method	Withdrawal method	Periodic method	Other method	No. of women	
														Projected	Unweighted
<b>1997</b>															
13-19	11.1	5.3	-	1.0	0.4	2.2	2.8	-	0.6	3.6	2.0	5.8	-	111292	332
20-24	29.5	15.5	0.8	1.8	3.1	6.7	6.0	0.1	-	7.5	3.3	14.8	-	113604	331
25-29	42.5	21.9	0.4	7.1	6.4	7.6	8.8	-	0.4	13.0	8.1	21.3	-	100138	298
30-34	37.4	24.7	-	11.6	4.4	10.3	6.7	0.2	0.8	8.2	4.5	18.2	-	82164	232
35-39	53.6	38.1	0.4	23.7	5.9	9.6	5.7	-	0.6	11.7	3.3	24.5	0.3	64325	194
40-44	56.7	32.5	0.7	30.3	4.2	8.2	7.9	0.9	1.0	7.2	6.1	16.3	-	50756	150
45-49	36.6	28.5	1.6	21.8	2.4	5.2	1.3	-	-	1.0	1.6	13.5	-	32500	105
<b>Total</b>	<b>35.0</b>	<b>21.8</b>	<b>0.4</b>	<b>10.4</b>	<b>3.7</b>	<b>6.9</b>	<b>5.8</b>	<b>0.1</b>	<b>0.5</b>	<b>7.9</b>	<b>4.2</b>	<b>15.8</b>	<b>0.04</b>	<b>554779</b>	<b>1642</b>
<b>1994</b>															
13-19	12.8	5.8	-	-	-	2.9	4.2	-	-	8.1	6.4	2.3	-	58971	NA
20-24	26.3	13.2	-	0.3	0.8	4.4	9.7	0.3	-	16.7	13.8	3.6	0.2	109823	NA
25-29	32.2	20.0	-	3.6	4.1	7.6	11.0	0.3	-	16.3	12.6	4.3	0.5	96042	NA
30-39	33.7	26.3	0.6	12.4	2.7	5.7	10.0	0.1	0.6	12.5	9.4	3.2	0.9	168181	NA
40-49	42.9	35.9	2.8	25.4	2.6	2.7	6.4	-	0.6	14.0	10.2	3.5	1.6	81100	NA
<b>Total</b>	<b>30.9</b>	<b>21.5</b>	<b>0.6</b>	<b>8.8</b>	<b>2.2</b>	<b>5.0</b>	<b>8.9</b>	<b>0.2</b>	<b>0.3</b>	<b>13.8</b>	<b>10.7</b>	<b>3.4</b>	<b>0.7</b>	<b>514117</b>	<b>NA</b>

NA = Not available

As the table reveals, about 35 percent women were reported to have ever used family planning methods, which was 4 points higher compared to the 1994 results (31 percent).

Ever use of any modern method was observed to be almost identical (21.8 percent) when compared with the earlier survey findings. Female sterilisation was, by far, the most commonly accepted method which was ever used by 10 percent of the currently married women. In 1994 survey, the commonly used methods were condoms (8.9 percent) and female sterilisation (8.8 percent). Around 22 to 38 percent of the currently married women during 1997 in ages 25 to 39 years ever used a modern family planning method. In 1994, the figures were 20 to 26 percent. The modal age group for ever users during 1997 was 35-39, while it was 40-49 in 1994.

### Current Use of Contraception

As the level of current use is the most widely and commonly used indicator for assessing the success of the family planning programme, all the women were asked whether they are practicing any family planning method. The percentage distribution of currently married women by the contraceptive method currently used by age has been presented in Table 6.4.

**Table 6.4: Current use of contraception**

Percent distribution of currently married women by contraceptive method currently used, according to age: 1997 and 1994

Age	Any method	Any modern method	Male sterilization	Female sterilization	IUD	Pill	Condom	Any traditional method	Withdrawal method	Periodic method	Other Meth.	No. of women	
												Projected	Unweighted
<b>1997</b>													
13-19	5.1	1.5	-	-	-	0.7	0.8	3.6	0.8	2.8	-	111292	332
20-24	11.6	4.0	-	0.9	2.0	0.2	1.0	7.5	1.5	6.0	-	113604	331
25-29	25.6	12.6	-	6.5	2.7	0.8	2.6	13.0	2.1	10.8	-	100138	298
30-34	23.3	14.8	-	9.7	0.7	1.0	3.2	8.2	1.0	7.2	0.2	82164	232
35-39	38.4	25.7	0.4	21.9	0.5	1.3	1.7	11.7	1.0	10.7	1.0	64325	194
40-44	40.1	31.4	-	26.8	1.0	-	3.5	7.2	1.4	5.8	1.5	50756	150
45-49	25.8	23.1	-	21.8	-	-	1.3	1.0	-	1.0	1.6	32500	105
Total	21.1	12.8	0.4	9.1	1.2	0.6	1.9	7.9	1.2	6.7	0.4	554779	1642
<b>1994</b>													
13-19	7.8	1.5	-	-	-	1.5	-	6.3	3.5	1.8	0.9	58971	NA
20-24	13.2	4.4	-	0.3	0.5	0.8	2.8	8.9	6.4	1.2	1.3	109823	NA
25-29	16.8	8.9	-	3.6	0.8	1.8	2.7	7.9	5.1	2.2	0.5	96042	NA
30-39	24.7	18.0	0.6	12.4	0.6	0.9	3.2	6.7	3.2	1.8	1.8	168181	NA
40-49	38.1	31.2	2.8	25.4	0.3	0.3	1.8	6.8	2.5	1.9	2.5	81100	NA
Total	21.0	13.6	0.6	8.8	0.5	1.0	2.4	7.4	4.2	1.7	1.4	514117	NA

Note : In 1994 survey, 0.2% were injectable users, NA = Not available

It can be seen from the table that the current use of family planning method in Sitapur was still low. The proportion of currently married women (21 percent) who were using any family planning methods was same as that was in the 1994 survey (21 percent). It may be noted, in spite of the shift in emphasis towards popularising the acceptance of modern spacing methods, female sterilisation remains the most popular method. Furthermore, the use of periodic abstinence has increased in 1997 compared to the 1994, particularly among women aged 20-39 years.

**Table 6.5: Current use of contraception**

Percent distribution of currently married women by contraceptive method currently used, according to selected background characteristics, 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	No. of women	
														Projected	Unweighted
<b>Type of programme areas</b>															
OR	20.2	10.2	0.2	6.5	1.3	0.9	1.3	-	-	9.5	1.6	7.9	0.5	143911	705
Non-OR	21.4	13.8	-	9.9	1.1	0.7	2.1	-	-	7.3	1.1	6.2	0.3	410868	937
<b>Education</b>															
Illiterate	19.5	11.1	0.1	8.7	0.6	0.5	1.2	-	-	7.9	1.0	6.9	0.5	470007	1401
Primary	18.7	11.4	-	6.2	3.0	-	2.2	-	-	7.3	2.8	4.5	-	15345	204
Middle	28.7	20.0	-	11.4	2.2	1.9	4.5	-	-	8.2	2.4	5.8	0.5	57038	16
High school	50.0	44.3	-	9.5	19.5	1.6	13.7	-	-	5.7	-	5.7	-	12388	21
<b>Work status</b>															
Not	20.8	12.6	0.1	9.2	1.0	0.6	1.7	-	-	7.8	1.2	6.6	0.4	518681	1532
Working in	14.9	-	-	-	-	-	-	-	-	14.9	4.5	10.4	-	15261	49
Employed	32.8	27.6	-	10.7	8.5	1.3	7.1	-	-	4.3	-	4.3	0.9	20297	59
Other	31.8	31.8	-	31.8	-	-	-	-	-	-	-	-	-	540	2
<b>Husband's education</b>															
Illiterate	15.2	8.9	0.1	7.2	0.4	0.5	0.7	-	-	6.1	0.8	5.3	0.2	232354	691
Primary	26.0	10.8	-	9.8	-	-	1.0	-	-	14.0	1.8	12.2	1.2	41481	652
Middle	19.6	12.0	-	8.6	1.0	0.7	1.7	-	-	7.0	0.9	6.1	0.6	180014	139
High school	35.4	24.3	-	13.9	3.9	1.1	5.4	-	-	11.1	2.4	8.7	-	100668	159
<b>Number and sex of Living children</b>															
<b>1 child</b>															
1 son	9.0	2.5	-	0.6	0.6	0.7	0.6	-	-	6.5	0.5	5.9	-	37546	85
No son	5.1	0.8	-	-	0.3	0.3	0.3	-	-	4.2	1.8	2.4	-	30713	98
<b>2 children</b>															
2 sons	11.7	9.5	-	6.9	-	0.6	2.1	-	-	2.2	0.8	1.3	-	25944	75
1 son	9.8	5.6	-	1.3	2.9	-	1.4	-	-	4.2	0.4	3.8	-	36545	111
No son	4.5	2.2	-	0.4	0.9	-	1.0	-	-	2.2	0.8	1.5	-	14515	41
<b>3 children</b>															
3 sons	9.1	7.0	-	6.3	0.7	-	-	-	-	2.1	0.6	1.5	-	11722	34
2 sons	21.4	14.7	-	10.9	0.5	0.7	2.7	-	-	6.4	0.3	6.1	0.3	30545	94
1 son	5.1	2.7	-	1.2	-	-	1.5	-	-	2.4	-	2.4	-	24011	73
No son	1.2	0.2	-	-	-	-	0.2	-	-	1.0	-	1.0	-	7098	21
<b>4 + children</b>															
3 + sons	17.9	11.8	-	10.0	0.8	0.5	0.5	-	-	5.3	0.6	4.7	0.7	88514	272
2 sons	13.5	9.2	-	7.3	0.4	0.3	1.3	-	-	4.3	0.6	3.7	-	58875	168
1 son	1.9	0.4	-	0.2	-	0.2	-	-	-	1.1	-	1.1	0.4	17896	59
No son	0.5	-	-	-	-	-	-	-	-	0.5	-	0.6	-	4288	13
<b>Total</b>	<b>21.1</b>	<b>12.8</b>	<b>0.4</b>	<b>9.1</b>	<b>1.2</b>	<b>0.6</b>	<b>1.9</b>	<b>-</b>	<b>-</b>	<b>7.9</b>	<b>1.2</b>	<b>6.7</b>	<b>0.4</b>	<b>554779</b>	<b>1642</b>

The comparison of levels of current contraceptive use by related characteristics of women such as program areas, education, their work status and husband's education has been presented in Table 6.5. Contraceptive prevalence was significantly higher among the educated women and it increased with increase in the level of education. An important point to note is that the practice of traditional methods was not associated with education and was rather more prevalent among the less educated or illiterate women. This may perhaps be attributed to the poor accessibility of these modern methods and fears or misconceptions existing in the society among this group of women.

The work status of women seems to play an important role in the practice of family planning. It may be seen that a higher percentage of women were using any modern method than those who were either working at their home or at their farms. The education of husband too have

contributed to the use of modern contraceptive methods, spacing methods in particular.

Table 6.6 presents the duration of use of different family planning methods. It may be seen that about 90 percent of the women were practicing sterilisation for more than two years. It is important to note that a majority (about 56 per cent) of women have been using spacing methods such as IUD, oral pills, and condom for 12 months or less, while higher proportion (72 %) of those practicing traditional methods did so for the same duration

**Table 6.6: Duration of the current method in use by method, 1997**

Month	Sterilisation	IUD	Pill	Condom	All modern method	Traditional Method
0-3	1.6	20.0	42.7	23.7	8.6	18.7
4-6	0.8	7.9	5.8	13.6	3.6	25.6
7-9	0.2	10.8	-	9.2	2.0	10.2
10-12	2.1	17.6	7.4	10.8	5.1	17.8
13-18	1.2	3.1	-	17.6	3.7	7.8
19-24	5.3	17.5	18.1	2.0	6.5	9.1
25+	88.9	23.0	26.1	23.1	69.9	10.8
Projected N	50507	6460	3590	10585	71143	43774
Unweighted N	139	18	11	31	199	135

### 6.3 Side Effects, Prior Examination and Treatment

The satisfaction and continuation with the family planning methods depends a great deal on the nature and degree of problem faced by the users. It is thus, important to gather information on extent of problems faced with the particular method, so that measures could be taken to control and minimize them. Table 6.7 deals with the problems faced by the women using the modern contraceptive methods.

**Table 6.7: Problems with current method**

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

Problem	Pill	IUD	Female sterilization	Male sterilization
No problem	40.1	95.4	41.5	-
Sepsis	-	-	1.1	100.0
Abdominal/Gastric pain	23.3	2.3	21.0	-
Headache	7.3	-	8.3	-
Weakness	13.1	-	12.5	-
Ex./Irregular Bleeding	5.8	2.3	7.8	-
White discharge	10.3	-	3.8	-
Loss of sexual desire	-	-	0.4	-
Others	-	-	3.6	-
Projected N	3590	6460	50243	264
Unweighted N	10	17	138	1



It can be seen from the table that while a very small proportion of women (5 percent ) faced problems with the use of IUD method, about 60 percent of those who are using pills and female sterilisation had faced some problems after adoption of the method..

The commonly reported side effects by women who had female sterilisation was abdominal/gastric pain (21 percent) followed by weakness (13 percent) and irregular bleeding (8 percent). The main problems reported with the use of pills were abdominal/gastric pain (23 percent), weakness (13 percent) and white discharge (10 percent). It is felt that there is an urgent need to take the corrective steps to reduce these problems irrespective of whether they are real or psychological.

In order to assess the quality of services, all the respondents were asked whether or not the examination was performed prior to the acceptance of the method. The proper screening of the acceptor, would not only provide satisfaction to the client but also ensure the continued use of the method.

It can be seen that nearly 90 per cent of the women who accepted tubectomy or IUD were examined at least once before accepting the said method. Table 6.8 shows the examinations done before the acceptance of the method. The table further reveals that about 96 percent of the IUD users were enquired about the menstrual cycle to check or confirm the pregnancy status. This proportion was 60 percent for tubectomy as well as for pills users. The other important examinations made in case of tubectomy were blood pressure examination, vaginal examination and enquiry about other health problems. Almost similar type of examinations were carried out on the majority of IUD acceptors. Less than one-fifth of the pill users were enquired about their health conditions before dispensing oral contraceptive to the women.

**Table 6.8: 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, 1997

Examination	Tubectomy	IUD	Pills
Reported at least one examination	91	96.5	60.1
Enquired about health problems	76.3	64.2	18.1
BP examination	61.5	40.1	-
Vaginal examination	73.5	66.7	-
Breast examination	34.4	8.4	-
Menstrual cycle check to confirm pregnancy	59.8	96.5	60.1
Projected N	50243	6025	3149
Unweighted N	138	17	10

Informing the family planning acceptors, about the precautions to be taken and follow-up visit is considered an important indicator of quality of services. All the current users of family planning, were therefore, asked whether they were informed about precautions to be taken and follow-up visits after adopting the method. An analysis of their responses has been presented in Table 6.9.

It can be observed that among the different users, acceptors of tubectomy were better informed about precautions (90%) than IUD (66%) and pills users (41%). In other words, users of pills

and IUD were not much informed about the precautions, which might lead to more discontinuation in the study area. The table further shows that almost all the women practicing tubectomy were told 'not to do heavy work for a specific period'. A sizeable proportion of women were told to revisit (37 percent) and 9 percent were advised for regular follow-up. Proportion of IUD users reportedly told not to do heavy work for a specific period was about 61 percent and about one-third were asked to visit the clinic, if IUD expels. All the pills users were advised for a regular use of contraceptive. About 21 percent were asked to report in case of any complications developed while using the method.

As the persistence of the problem could lead to discontinuation of the method, the spacing methods in particular, all the current users of the modern methods, who had developed problems were asked whether they had taken any action to cure the problem. Table 6.10 shows the percentage of current users who had taken any action to overcome the problem. About 29 percent of the women have sought some help, while one-tenth of these women were referred to some health worker/institution.

**Table 6.9: 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

Type of Precaution	Tubectomy	IUD	Pills	Total
Informed about precaution to be taken	90.1	65.6	40.5	85.0
<b>Type of precautions*</b>				
Regular follow up	8.2	27.0	-	9.4
No heavy work for a specific period	98.0	60.8	-	92.7
Use of condom	1.0	-	-	0.9
Visit to clinic, if IUD	-	33.7	-	2.6
Regular OC use	-	-	100.0	2.5
Report if side effect	5.9	4.4	20.7	6.2
Other	29.0	69.7	-	31.4
Told to revisit	30.7	4.6	1.2	36.5
Any follow up visit within a month	32.2	1.0	1.3	34.5
Projected N	45280	3950	1276	50506
Unweighted N	126	12	4	142

\* Percentages may not add up to 100 because of multiple responses.

**Table 6.10: Action taken to overcome side effect**

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

Action	OR areas	Non-OR areas	Total
Help sought to overcome the problem	48.7	22.2	28.5
Referred to any health worker/institution *	9.2	-	3.8
Visited the referred place **	-	-	-
Total number of users with problem	8121	25695	33816
Unweighted number of women	120	186	306
Projected N	28926	87926	116852
Unweighted N	140	200	340

\* % based on those sought help

\*\* % based on those referred

#### 6.4 Source of Supply

All the current users of modern family planning methods were asked about the source of supply/adoption of method. Analysis of their responses by source, according to specific methods has been presented in Table 6.11.

All the vasectomy users got operated at the PHC. In the case of female sterilisation, a majority of the acceptors ( 93 percent) had gone to the Government Hospital (61 percent) and PHC (32 percent).

With regard to the sources for the IUD users, about 26 percent received the services at the government hospital and 68 percent at PHC. While 4 percent had gone to the grassroots workers, such as ANM/LHV, 3 percent to the private doctor.

In the case of pills users, 52 percent obtained the supply from the government source, while 48 percent had gone to the medical shops. The condom acceptors has, however, received the supply from varied sources. While about 59 percent of the condom users took the supply from the public sector outlets viz. PHC/SC, about 41 percent from the private sources.

**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 methods, 1997

Source of supply	Male sterilization	Female sterilization	IUD	Pill	Condom	All modern methods
<b>Public sector</b>						
Govt. Hospital	-	60.9	26	11.7	11.8	48
PHC	100.0	32.4	67.6	40.5	21.6	32.6
SC		-	-	-	2.0	0.3
ANM/LHV		-	3.5	40.5	16.5	4.6
Male worker		-	-	-	-	-
<b>Private sector</b>						
Private doctor		4.2	2.9	-	-	3.3
Medical shop		-	-	47.8	41.2	8.3
<b>NGO</b>						
Depot holder		-	-	-	2.0	0.3
Other		2.6	-	-	5.0	2.6
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Projected N	264	50243	6460	3590	10585	71142
Unweighted N	1	138	18	11	31	199

It is thus obvious from the above discussion that there is enough scope for the social marketing of the various spacing methods. There is an urgent need on the part of the programme managers to take urgent steps so as to increase the acceptance of the family planning in rural areas.

Table 6.12 presents the percent distribution of current users of pills/condoms by program areas in terms of the regular supply and also the alternative action taken in case of the short supply. It further discusses the supply position during last 3 months.

It may be seen that about 49 percent of the pill users and 40 percent of the condom users get their supply regularly. In case the supplies are not available, more than half stated that they would not use the method at all. When enquired about the supply position during last 3 months, a majority ( 69 percent ) of the pill users stated that they had not gone for resupply during the last 3 months. The corresponding figure for condoms users was 41 percent.

**Table 6.12: Supply position of pill and condom as reported by ever 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	46.6	56.6	49.9	-	49.1	39.9
<b>Alternative in case of short supply *</b>						
Don't use the method	28.7	-	77.6	63.2	60.5	54
Get from other source	61.7	100.0	-	-	21.6	14.5
Shift to other method	9.6	-	11.8	-	11.0	-
Abstained from sex	-	-	10.6	36.8	6.9	31.4
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
<b>Supply position during last 3 months *</b>						
Always got the supply	26.5	44.3	20	57.2	21.6	53.1
Did not get one time	8.3	2.9	4.4	3.4	5.4	3.4
Did not get twice	-	-	3.0	3.4	2.2	2.3
Did not get at all	-	-	3.0	-	2.2	-
Not gone for resupply	65.2	52.8	69.6	36	68.5	41.3
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Projected N	4968	5882	14865	12776	19833	18658
Unweighted N	24	11	36	3	60	4

\* % based on those reported regular supply

It is however important to note that 53 percent of the condom users and 22 percent of the oral pills users always got the supply during the last three months. A very small proportion of the users across the district did not receive any supply at least 1-2 times.

## 6.5 Reasons for Discontinuation

The ever users of family planning were asked about the reasons for discontinuing the method they were using. Table 6.13 presents the percentage distribution of women who had ever used the method by main reasons for discontinuation.

**Table 6.13 : Reasons for discontinuation**

Percentage distribution of currently married women who had ever used the family planning methods by main reason for discontinuation: 1994 and 1997

Main reasons for discontinuation	1997	1994
	Total	Total
Method failed/became pregnant	20.4	5.4
No sexual satisfaction	2.5	-
Menstrual problem	6.5	5.3
Health problem	30.0	10.3
Inconvenient to use	0.6	0.5
Hard to get method	3.4	2.7
Put on weight	-	0.6
Did not like method	3.4	5.7
Wanted to have a child	21.1	33.1
Wanted to replace dead child	-	-
Lack of privacy for use	-	-
Others	10.0	28.5
Don't know/missing	2.0	7.9
Projected N	34322	41245
Unweighted N	103	N.A

The main reason mentioned by the women during the 1997 survey for discontinuing the use of method was 'health problems resulting from the use of method' (30 percent), while it accounted only 10 per cent in 1994. The second most frequently mentioned for discontinuing the method was method failure or become pregnant (20 percent) which accounted only 5 per cent in the previous survey.

## 6.6 Future Use of Family Planning

All the currently married women who were not practicing any family planning method, were asked whether they intend to use any family planning method in future. Those who said yes, were further asked as to when they will use the method. Table 6.14 shows the percentage distribution of women who were not currently using any contraceptive method, by intention to use in future, according to number of living children.

The table reveals that 76 per cent will use a method within a year's time, whereas 16 percent intend to do so within 1-2 years. Further, it can be seen from the table that while all the currently married women who have no living child said that they will use a method within one year time, 77 per cent of the women with one child also intend to do so within the same period. The corresponding figure for women having 2 to 4 + children varied between 71-89 percent. Regardless of the number of children, an overwhelming majority of the women (71-100 percent) intend to use a family planning method within one year time. Thus, it is evident that these women either due to the lack of accessibility to the various sources of contraception or lack of promotional activities were not using the family planning. Promotional activities need to be strengthened and outreach of family planning services should be enhanced.

**Table 6.14 :Future use**

Percent distribution of currently married women who are not currently using any contraceptive method and 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	100.0	76.7	88.5	73.8	71.2	75.9
Intends to use 1 - 2 years	-	20.0	1.3	17.3	20.4	16.1
Intends to use 2 + years	-	-	10.2	-	-	1.8
Don't know	-	3.3	-	8.9	8.4	6.2
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Projected N	249	7358	7718	9604	18463	43393
Unweighted N	1	17	20	25	56	119

As regards the preference for method, 30 percent of the women said that they will use oral contraceptives, whereas about 16 percent intends to use tubectomy and 6 percent mentioned about the male sterilisation. Interestingly, one - tenth of the women indicated their preference for condoms and 12 percent for natural family planning method. About 7 percent women said that they will use injectable.

**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, according to whether they intend to use in the next 12 months or later, 1997.

Preferred method	All women
Vasectomy	6.1
Tubectomy	15.6
IUD	3.7
OP	30.1
Jelly/foam tablets	9.3
Injectable	6.5
Natural method	11.9
Others	1.7
Don't know	15.2
Total percent	100
Projected N	43393
Unweighted N	119

## 6.7 Attitude Towards Family Planning

It is felt that in a socio-economically backward place with high fertility and low acceptance of family planning, the disapproval could act as major hindrance to the acceptance of family planning. All the currently married women were therefore asked whether they approve or disapprove the use of the family planning method. They were further queried whether any family member (s) was/were against its use. An analysis of their responses has been shown in Table 6.16.

It may be seen from the table that a large majority (more than 80 per cent) of the women continued to approve the use of family planning. On the other hand, it may be noted among the family members opposing the use of family planning, husbands were reported to be the main 'opposer'. Around one-fourth of the respondents mentioned about the mother-in-laws, followed by father-in-laws in the family who oppose the use of family planning. If the results of the 1997 survey are compared with the 1994 survey, no significant difference is being observed.

**Table 6.16: Attitude towards family planning**

Percentage distribution of currently married women on the basis of attitude towards the use of contraceptive method and those opposing family planning: 1994 and 1997

Attitude towards family planning	1997	1994
Women approving	87.3	81.2
Women disapproving	12.7	18.8
Total	100.0	100.0
Projected N	541659	NA
Unweighted N	1600	NA
<b>Those opposing family planning</b>		
Husband	89.7	83.0
Parents	2.3	3.6
Father-in-law	8.2	11.0
Mother-in-law	25.3	21.6
Other male member	0.4	1.2
Other female member	-	2.0
Other	-	6.1

Note: \* Total may not add up to 100 because of multiple answers.

NA= refers to not available

## 6.8 Quality of Care

Of late, a greater emphasis has been laid on improving the quality of services offered to the clients under the family planning programme. In order to assess the same, all the women were asked a few questions such as :

- a. Whether they were visited by any health worker during the last months and if yes, how many times,
- b. Whether they had informed the clients about method switch and
- c. Whether the health staff had answered their queries about family planning; or just insisted on using a particular method.

An analysis of responses to these queries by the currently married women has been presented in Table 6.17. As the table shows, while all the women in 13-19 age group reported more than two contacts, the proportions of women reporting so in the remaining age group varied between 53-76 percent. While none of the currently married women aged 13-19 years were informed about method switch, about 62 percent of them in 24-29 age group were informed about the same. All the women aged 13-19 told that they were answered all their queries about family planning. The corresponding proportion for the remaining age groups ranged between 70-87 percent. A large



majority of the women aged 25-29 years said that the health staff insisted on using a particular method, whereas 60 per cent told so in 30-49 age group. About half of the women in younger age group affirmed that worker had insisted for a particular method. This figure for women aged 20-24 was around 36 percent.

The mean number of contacts was made by PHC/SC staff worked out as 3. However, a little above 50 percent of them said that they had insisted on a particular method.

A very high percentage of women varying between 62 and 90 percent indicated that they had been contacted more than two times by the health workers during the six months period. More than 50 percent of the women who were qualified upto the primary level or were high school and above told that they were informed about method switch. An overwhelming majority of the women (68-90 percent), on the other hand, regardless of their educational background indicated that the PHC/SC staff had answered all their queries raised about FP. Insistence on a particular method to be used was reported by about 53-64 percent of the respondents.

About 68 percent of the non-working women were contacted by the health staff more than two times during the last six months. The corresponding proportion for the women working in the farms and those who were employed was 100 and 71 percent respectively. Among the non-working women while a little above one-third were told about the method switch as against 75-100 percent who were working. Again, regardless of their work status almost all were answered their queries about FP.

About 85 percent of the women from the SC villages reported that they were contacted a minimum of four times by the health staff. 25 to 52 percent of the respondents were informed about method switch as also about 80-100 percent were answered all the queries raised about family planning. Forty one percent of the women from the SC villages said that the worker had insisted for a particular method.

The quality of family planning information constitutes an important link in the success of the programme apart from the other factors. Considering this, all the currently married women who were visited by the field staff was asked questions such as : what family planning methods were mentioned by the health personnel during the visit ; whether they were informed about the advantages and disadvantages and told how to use and the source of procuring the method etc. The analysis has been presented in Table 6.18.

**Table 6.17: Components of quality of care**

Percentage distribution of currently married women age 13-49 years according to number of contacts from public sector for family planning in 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 visits				Informed about method switch		Answered all queries about FP		Insisted on particular method		No. of women reported visit of health functionaries during last 6 month
	1	2+	Mean	SD	Yes	No	Yes	No	Yes	No	
<b>Age</b>											
13 - 19	-	100.0	4	1.0	-	100.0	100.0	-	49.4	50.6	424
20 - 24	47.0	53.0	2	1.7	37.8	62.2	86.0	14.0	36.3	63.7	7686
25 - 29	24.2	75.8	3	1.5	61.5	38.5	70.4	29.6	80.0	20.0	2763
30 - 49	24.2	75.8	3	1.7	35.7	64.3	87.4	12.6	60.1	39.9	13407
<b>Type of programme areas</b>											
OR	40.5	59.5	3	2.0	40.6	59.4	95.5	4.5	55.7	44.3	6167
Non-OR	28.1	71.9	3	1.6	38.0	62.0	81.8	18.2	54.3	45.7	18113
<b>Education</b>											
Illiterate	31.5	68.5	3	1.8	35.3	64.7	88.2	11.8	53.3	46.7	18998
Primary	38.5	61.5	3	1.6	50.3	49.7	68.3	31.7	57.2	42.8	3749
Middle school+	10.4	89.6	3	1.2	51.9	48.1	89.6	10.4	64.3	35.7	1534
<b>Work status</b>											
Not working	32.1	67.9	3	1.8	34.8	65.2	83.9	16.1	55.5	44.5	22249
Working in	-	100.0	2	2.0	100.0	-	100.0	-	-	100.0	506
Employed by	28.6	71.4	2	0.8	75.5	24.5	100.0	-	60.5	39.5	1525
<b>Health Facility in the Village</b>											
No facility	40.5	59.5	2	1.6	42.2	57.8	84.3	15.7	61.5	38.5	14108
Sub centre	15.1	84.9	4	1.8	24.6	75.4	80.8	19.2	40.8	59.2	7024
<b>Others</b>	25.5	74.5	3	1.2	54.5	45.5	100.0	-	54.5	45.5	3148
<b>Total</b>	<b>31.2</b>	<b>68.8</b>	<b>3</b>	<b>1.7</b>	<b>38.7</b>	<b>61.3</b>	<b>85.3</b>	<b>14.7</b>	<b>54.6</b>	<b>45.4</b>	<b>24280</b>
Projected N	7580	16700			9391	14890	20703	3577	13265	11015	24280
Unweighted	24	46			25	45	61	9	38	32	70

Note : Percentages are calculated based on women who reported visit of PHC/SC or other government functionaries informing them about family planning during last 6 months  
SD - refers standard deviation.

As the table indicates, only about one-third women were told about the vasectomy against as high as around 70 percent of the women who were informed about the tubectomy method. The IUD method was mentioned to about 48 percent of the women. Focus seems to be more on the other spacing methods such as oral pill and condom as about 64-78 percent of the women were told about these methods. While about 2 percent were told about the withdrawal, only about 7 percent about safe period. It is very encouraging to observe that except for tubectomy, the proportion of women reporting this during 1997 was significantly higher as compared to the 1994 survey results. This is perhaps the reflection of the program inputs in improving quality of services in Sitapur.

As regards the information on the advantages and disadvantages, it may be noted, though picture was better during 1997 as compared to the 1994-95 survey, a lot of work needs to be done in order to continually improve the family planning strategy.

Almost all the respondents were told about the procedure to use the method (80-94 percent) and also the sources from where to get each of these methods (83-98 percent). In comparison to the 1994-95, the proportion of women who were told how to use the method and the sources to the methods increased significantly in 1997.

**Table 6.18: Counselling 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: 1994 and 1997

Method	Method was mentioned	Advantages and disadvantages of method were mentioned*		Informed How to use*	Informed about source*	Projected N*	Unweighted N
		Yes	No				
<b>1997</b>							
Vasectomy	31.9	12.5	6.6	80.2	83.1	24280	70
Tubectomy/Laparoscopy	69.6	15.1	8.7	86.4	92.1	24280	70
IUD	47.5	37.9	3.3	91.6	98.5	24280	70
Pill	78.1	22.1	6.7	93.0	90.2	24280	70
Condom	63.8	8.7	4.8	94.1	93.6	24280	70
Withdrawal	1.8	-	-	100.0	-	24280	70
Safe period	6.5	-	-	100.0	-	24280	70
LAM	0.8	-	-	100.0	-	24280	70
<b>1994</b>							
Vasectomy	22.1	2.5	0.7	17.0	21.9	44651	NA
Tubectomy/Laparoscopy	79.4	14.9	6.3	54.8	72.6	44651	NA
IUD	27.4	9.9	2.3	17.9	23.9	44651	NA
Pill	27.4	8.7	3.3	24.4	24.8	44651	NA
Condom	28.8	7.8	3.8	22.4	25.6	44651	NA
Withdrawal	2.7	1.3	0.5	-	NA	44651	NA
Safe period	3.3	1.8	-	1.2	NA	44651	NA
LAM	NA	NA	NA	NA	NA	44651	NA

\* % Calculated based on women reported about method mentioned  
NA= Not available

## CHAPTER 7

### FERTILITY PREFERENCE

This chapter describes whether desire for more children, sex preference among children, willingness to accept or reject the unwanted pregnancies and the fertility planning specifically related to pregnancy intentions.

#### 7.1 Desire for more Children

Desire for more children here refers to desire for additional children apart from the children the couples already have including current pregnancy. Table 7.1 presents the fertility preference of currently married women according to the sex of the additional child and the time when they want to have the next child. About half ( 28 percent ) of women desired for additional children. Among all the women, 29 per cent desired to have additional children after 2 years and 15 per cent desired to have soon.

**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+	
<b>Desire for additional child</b>					
Have another soon	34.0	20.7	10.5	5.1	15.4
Have another within 12-23 months	5.4	3.8	5.2	1.2	3.4
Have another after 2 years	48.6	42.6	31.9	11.6	29.4
Want no more	12.0	32.9	51.9	82.9	51.7
Don't know/missing	-	-	0.4	-	0.1
Total percent	100.0	100.0	100.0	100.0	100.0
Projected N	97274	93368	86318	184814	461946
Unweighted N	258	190	124	103	675
<b>Preferred sex of additional child*</b>					
Boy	77.8	90.3	81.3	76.3	86.1
Girl	56.0	31.3	12.1	10.4	34.1
Doesn't matter	6.4	3.4	1.5	5.7	4.5
Other	2.8	2.2	-	-	1.7
Projected number wanting more	85631	62765	41494	33120	223012
Unweighted number wanting more	256	189	124	103	672

\* Percentages may not add up to 100 because of multiple responses.

As the number of living children increased, the desire for additional children had decreased. The percent of currently married women who desired to have children after two years decreased with the increase in the number of living children.

Table 7.1 further shows that the preferred sex of the additional child desired. More than four-fifths of the women preferred their next child to be son, whereas only one-third preferred to have a daughter. The data show a strong son preference among the couples of Sitapur district. It is evident that nearly four-fifths of women who had 3 living children, desired to have a son. In case of desiring a daughter for the same group, the proportion was only 12 per cent.

Table 7.1(a) describes the perception of women about their husband's desire of additional children. The pattern of desire for additional child by husbands was more or less same like their wives.

**Table 7.1(a) : Fertility preferences**

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

Desire for children	Number of living children				Total
	0 - 1	2	3	4+	
<b>Desire for additional child</b>					
Have another soon	31.8	17.6	10.0	3.8	13.6
Have another within 12-23 months	4.7	4.2	3.2	1.2	2.9
Have another after 2 years	37.0	29.9	25.1	8.6	22.0
Want no more	20.0	41.0	56.4	83.5	56.5
Don't know/missing	6.5	7.3	5.3	2.9	5.0
Total percent	100.0	100.0	100.0	100.0	100.0
Projected N	97274	93368	86318	184814	461946
Unweighted N	258	190	124	103	675
<b>Preferred sex of additional child*</b>					
Boy	88.6	81.0	91.0	88.5	86.8
Girl	55.8	33.7	15.0	17.6	36.8
Doesn't matter	7.5	3.1	-	2.6	4.2
Other	2.3	2.5	2.0	3.5	2.5
Projected N	63927	48298	28120	23736	164081
Unweighted N	186	144	85	73	488

\* Percentages may not add up to 100 because of multiple responses.

**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

Desire for children	Number of living children				Total
	0-1	2	3	4+	
<b>Age</b>					
13-19	24.2	1.2	0.5	0.5	1.8
20-29	21.1	30.9	8.9	1.6	8.0
30-39	4.7	24.6	32.4	11.4	17.7
40-49	50.0	43.3	58.2	86.5	72.5
<b>Type of program area</b>					
OR	19.2	20.4	29.6	26.8	26.3
Non-OR	80.8	79.6	70.4	73.2	73.7
<b>Education</b>					
Illiterate	71.9	60.6	78.5	89.1	82.2
Upto Primary	24.5	27.7	18.5	9.8	14.8
Middle school +	3.6	11.7	3.0	1.1	3.0
<b>Work status</b>					
Not working	91.4	89.5	90.1	92.6	91.5
Working in family farm/ business	4.9	2.3	4.3	3.3	3.5
Employed by someone else	3.7	7.6	5.6	3.8	4.8
Other	-	0.6	-	0.3	0.2
<b>Number of Living sons</b>					
0	39.1	56.0	1.9	-	3.0
1	60.9	47.6	19.9	9.4	19.3
2	-	46.4	45.6	35.6	37.7
3 +	-	-	32.6	55.0	40.0
<b>Number of living Daughters</b>					
0	67.5	46.4	32.5	-	16.3
1	32.5	47.6	45.6	22.2	31.4
2	-	6.0	19.9	35.6	26.4
3+	-	-	2.0	42.2	25.9
Projected N	11643	30603	55903	140614	238935
Unweighted N	28	86	135	455	704

Table 7.2 presents the particulars of women who want no more children by number of living children. About three-fourths of women in the older age group did not want any more children. It is also evident from the data, women who have two living sons, did not desire more children at all.

## 7.2 Need for Family Planning Services

The level of unmet need of family planning in Sitapur district is discussed in this section. Unmet need is defined as the proportion of fecundable women who are currently not using any family

planning method and intend to have children after one year or they want no more children. Identification of this group is important for the programme managers so that the contraceptive use could be enhanced by fulfilling the unmet needs.

**Table 7.3: Need for family planning services**

Percent of currently married women with unmet need, met need, and total demand for 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	
<b>Age</b>										
13-19	44.2	1.5	45.7	-	-	-	44.4	1.7	46.1	100.0
20-29	25.0	11.4	36.4	2.1	10.4	12.5	27.4	22.9	50.3	43.7
30-39	15.9	30.7	46.6	1.1	27.5	28.6	18.5	60.0	78.5	45.3
40-49	5.6	56.9	62.5	-	33.2	33.2	5.6	90.3	95.9	36.8
<b>Type of programme area</b>										
OR	23.2	24.0	47.2	1.1	14.0	15.1	24.3	39.0	63.3	35.5
Non-OR	23.6	20.4	44.0	1.1	17.0	18.1	25.5	38.4	63.9	43.6
<b>Education</b>										
Illiterate	24.4	21.3	45.7	1.0	14.8	15.8	26.0	36.9	62.9	39.4
Upto Primary	19.8	23.0	42.8	1.4	22.0	23.4	21.2	46.2	67.4	32.9
Middle school complete	12.7	13.2	25.9	3.3	40.1	43.4	16.0	56.3	72.3	53.6
<b>Work status</b>										
Not working	23.8	20.6	44.4	0.9	16.1	17.0	25.3	37.5	62.8	42.0
Working in family farm business	22.8	45.3	68.1	3.9	5.0	8.9	26.7	53.6	80.3	10.7
Self employed	-	-	-	-	-	-	-	-	-	-
Employed by someone else	17.6	20.2	37.8	3.3	29.5	32.8	20.9	51.9	72.8	55.5
Other	-	68.2	68.2	-	31.8	31.8	-	100.0	100.0	31.9
<b>Number of Living Son</b>										
None	34.0	4.1	38.1	2.3	1.4	3.7	37.0	5.5	42.5	32.4
1	20.6	17.6	38.2	2.2	6.3	8.5	23.4	24.3	47.7	27.1
2	9.3	29.2	38.5	0.5	34.5	35.0	10.2	66.1	76.3	51.2
3 +	4.6	48.0	52.6	0.2	32.5	32.7	5.7	81.8	87.5	39.2
<b>Number of Living Children</b>										
None	75.6	5.8	85.4	-	-	-	75.6	5.8	81.4	-
1	29.1	6.3	11.4	2.2	0.9	3.1	32.2	7.2	39.4	18.9
2	20.1	13.2	16.4	2.6	13.1	15.7	23.5	27.7	51.2	49.4
3	12.1	17.7	24.1	1.0	26.6	27.6	14.5	46.0	60.5	53.8
4+	5.7	45.9	50.5	0.4	29.1	29.5	6.2	76.2	82.4	37.8
<b>Total</b>	<b>23.5</b>	<b>21.3</b>	<b>26.9</b>	<b>1.1</b>	<b>16.3</b>	<b>17.4</b>	<b>25.2</b>	<b>38.5</b>	<b>63.7</b>	<b>41.4</b>

Table 7.3 shows the level of unmet need and related issues. It is revealed that 24 per cent felt their spacing unmet, whereas 21 per cent felt their limiting unmet need. The total unmet need for family planning was 45 per cent in Sitapur district. As compared to the 1994 survey (58%), about 22 per cent of the total unmet need was fulfilled in the last 30 months. The limiting unmet was declined by a small margin and the spacing unmet was reduced by 32 per cent as compared to the 1994 findings. The unmet need of women with their background characteristics shows that the unmet need of older and illiterate women were higher as compared to their counterparts.

### 7.3 Fertility Planning

In this survey, like in the 1994 survey, each of the currently married women was asked a series of questions regarding current pregnancy in order to understand the level of prevailing unwanted pregnancy. Though rationalisation bias, recall lapse were possible in this regard, earlier studies showed some seemingly reasonable results. Hence the information was again collected and presented in Table 7.4.

The distribution of unwanted pregnancies reveals that nearly 78 per cent did not perceive any pregnancy as "unwanted", whereas 16 per cent felt they should have waited for some more time and the remaining seven per cent considered the current pregnancy was unwanted. In other words, 23 per cent of the current pregnant women were burdened with unwanted pregnancy. The corresponding figure, i.e. those wanted later or not wanted at all was 19 per cent in 1994 survey.

Table 7.4 further shows that differentials in unwanted exist by their background characteristics. Older women perceived of more unwanted pregnancies than younger women. Higher the educational level, higher burden was felt. Women working in family farm or business felt more unwanted pregnancies. Those women who had already sons felt more burden than women with no living son.

Further, all the ever married women who had ever become pregnant when not wanted and the action taken to prevent unwanted pregnancy were asked and analysed. Table 7.5 shows that 88 per cent of women felt that they did not experience any unwanted pregnancy, whereas nearly one-tenth of women did not take any step to stop the pregnancy and four per cent attempted to stop the unwanted pregnancy. Among those women who wanted to stop, only one-fourth could succeed in their attempt and the remaining three-fourths could not stop the outcome.



**Table 7.4: Unwanted Pregnancies**

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

Background characteristic	Planning status of pregnancy			Total %	Projected N	Unweighted N
	Wanted then	Wanted later	Wanted not at all			
<b>Age</b>						
13-19	86.8	13.2	-	100.0	16483	46
20-29	79.6	17.0	3.4	100.0	35449	63
30-39	63.2	16.5	20.4	100.0	14011	43
40-49	54.2	-	45.8	100.0	01220	47
<b>Type of programme area</b>						
OR	74.8	15.8	9.4	100.0	17024	84
Non-OR	78.4	15.6	6.0	100.0	49954	115
<b>Education</b>						
Illiterate	77.4	15.4	7.2	100.0	58616	176
Upto Primary	83.4	13.5	3.0	100.0	7955	20
Middle school +	-	73.0	27.0	100.0	591	3
<b>Work status</b>						
Not working	76.9	15.9	7.2	100.0	64133	191
Working in family farm business	57.6	42.4	-	100.0	765	3
Employed by someone else	100.0	-	-	100.0	2264	5
<b>Number of living sons</b>						
None	81.4	18.6	-	100.0	13571	79
1	72.8	21.9	5.3	100.0	23784	71
2	77.7	6.4	15.9	100.0	8593	25
3+	47.5	24.7	27.7	100.0	7214	24
<b>Number of Living Children</b>						
None	100.0	-	-	100.0	2100	7
1	70.6	25.0	4.4	100.0	14542	42
2	77.4	21.3	1.2	100.0	12864	40
3	93.7	6.3	-	100.0	10465	30
4+	48.2	22.8	29.0	100.0	13192	41
<b>Total</b>	<b>77.6</b>	<b>15.6</b>	<b>6.8</b>	<b>100.0</b>	<b>67570</b>	<b>199</b>

**Table 7.5: Unwanted pregnancy**

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

Background characteristic	Action Taken to Unwanted Pregnancy				Total percent	Projected N	Unweighted N
	No Wanted Pregnancy	Nothing done to stop	Attempted to stop, but not succeed	Attempted to stop and succeeded			
<b>Age</b>							
13-19	91.9	6.5	1.6	-	100.0	100728	297
20-29	88.3	9.1	1.4	1.2	100.0	217279	336
30-39	84.7	10.1	4.7	0.5	100.0	153117	304
40-49	86.4	9.5	2.9	1.3	100.0	92225	725
<b>Type of programme area</b>							
OR	89.9	6.1	2.9	1.1	100.0	143761	704
Non-OR	86.9	9.9	2.5	0.7	100.0	419588	958
<b>Education</b>							
Illiterate	88.5	8.9	2.3	0.4	100.0	476904	1417
Upto Primary	83.1	8.7	4.7	3.5	100.0	74056	208
Middle school +	81.8	14.7	1.3	2.3	100.0	12388	37
<b>Work status</b>							
Not working	88.2	8.3	2.6	0.9	100.0	522281	1538
Working in family farm business	77.5	19.8	2.7	-	100.0	16498	52
Employed by someone else	82.1	16.0	1.9	-	100.0	23820	69
Other	100.0	-	-	-	100.0	750	3
<b>Number of Living Children</b>							
None	97.3	2.7	-	-	100.0	14335	44
1	90.9	8.4	0.7	-	100.0	88351	257
2	90.2	7.5	1.1	1.2	100.0	97542	285
3	88.2	7.1	2.5	2.3	100.0	90761	270
4+	78.8	15.2	5.3	0.7	100.0	189471	575
Total	87.6	9.0	2.6	0.8	100.0	563349	1431

## CHAPTER 8

### MATERNAL AND CHILD HEALTH AND UTILISATION OF SERVICES

This chapter deals with the level of infant mortality, antenatal care taken by the pregnant women, place of delivery, assistance during delivery and the postnatal care during the reference period of 2 years prior to the surveyed date. Besides, immunisation of children vis-a-vis the six killer diseases and the utilisation of public health services are also discussed. In comparison to Uttar Pradesh, an infant mortality rate (IMR) is quite high in Sitapur. Though data needed to estimate IMR was collected, it was not calculated because of the lack of confidence on data quality. We feel that IMR in Sitapur has not changed over the last three years.

**Table 8.1: Level of infant mortality Rate**

Source	Infant mortality rate
1994 BSUP*	143
1992-93 NFHS**	108

\*Rate refers to Sitapur district,

\*\*Rate refers to Uttar Pradesh an estimate based on 0-4 years prior to survey.

#### 8.1 Antenatal Care

All the currently married women who became pregnant during the last two years prior to this survey, were asked about the type of antenatal services availed and the sources. The analysis is presented in Table 8.2.

As the table reveals, a small proportion of women (13 percent) had undergone the antenatal check-up and it varied according to age group, highest among 13-19 and lowest among 30-39. Comparatively a higher proportion of women who are educated at least upto the primary level and those who are young and have less than two children have availed the antenatal services as compared to others. Thus, it is evident that the educational status of women had positive association with the coverage of antenatal services. Almost the same trend was observed for the ANC services namely Tetanus Toxide (TT) injection and Iron and Folic Acid (IFA) tablets.

It was encouraging to observe that government institutions were the preferred source for antenatal care, particularly for TT injection and IFA tablets. A large majority (77 percent ) received the services from government outlets, such as hospital/PHC (41 percent) and sub-centre/ANM (36 percent). Those who sought from private outlet were only 16 percent. Overall, majority of the women regardless of their background, have frequented the public sector outlets.

**Table 8.2: Antenatal Care**

Percent distribution of currently married women who are currently pregnant or had given birth two-year prior to the survey by source of antenatal services, 1997

(Horizontal Percentage)

Background Characteristics	ANC Check up	IFA Tablets	TT Injection	Antenatal care services *						Projected N	Unweighted N
				Dist hosp/ PHC	SC/ ANM	Pvt. Dr.	Mobile camp	At home	Other sources		
<b>Age</b>											
13-19	16.2	37.3	45.0	23.5	46.1	11.4	-	-	4.1	55305	168
20-29	14.4	34.7	40.0	48.9	31.5	12.5	-	-	-	161684	480
30-39	7.3	23.6	27.1	19.3	33.0	41.2	3.1	3.1	3.1	77610	232
40-49	14.3	30.3	30.4	29.5	42.5	-	-	-	-	10895	32
<b>Type of programme area</b>											
OR	11.6	32.4	39.2	40.5	50.2	11.5	1.8	1.8	1.8	81107	396
Non-OR	13.4	32.1	36.6	41.1	31.9	17.8	-	-	1.2	224387	516
<b>Education</b>											
Illiterate	9.6	30.6	35.1	41.8	40.0	17.5	1.0	1.0	2.1	262089	786
Primary	30.2	38.7	48.8	41.0	16.4	33.3	-	-	-	39285	113
Middle school+	33.8	69.3	69.3	39.2	33.1	10.3	-	-	-	4120	13
<b>Work status</b>											
Not working	13.2	32.2	37.4	39.3	35.3	16.9	0.5	0.5	1.5	287457	857
Working in family farm business	-	39.8	41.0	-	-	-	-	-	-	6922	23
Employed by someone else	12.2	27.7	31.5	87.7	66.1	-	-	-	-	11115	32
<b>Number of Living Children</b>											
None	23.3	34.4	41.9	33.2	58.5	16.6	-	-	-	11270	33
1	15.6	38.4	46.0	53.2	32.3	13.4	-	-	3.7	63540	191
2	15.4	39.0	39.6	44.3	40.6	9.6	-	-	-	65778	194
3+	9.1	27.0	32.2	29.5	38.2	26.6	1.3	1.3	1.3	146443	443
Total	12.9	32.2	37.3	41.0	36.3	16.3	0.4	0.4	1.4	305494	912

\*Percentages may not add up to 100 because of multiple response, % Based on those received IFA tablets and/or TT injection.

The respondents who had received the antenatal services were further asked about the stage of pregnancy at the time of first ANC visit. Table 8.3 shows the percent distribution of women by the stage of pregnancy and type of program area.

**Table 8.3: Stage of Pregnancy for Antenatal Care**

Percent distribution of currently married women by the status of antenatal check according to stage of pregnancy: 1994 and 1997

Stage of pregnancy at first visit	1997	1994
No antenatal care	87.1	78.2
First trimester	5.4	6.8
Second trimester	6.5	11.8
Third trimester	1.0	3.2
Don't know/missing	-	-
Total percent	100.0	100.0
Projected N	305494	317175
Unweighted N	912	NA

NA = Not available

The data show that a very small proportion of women continued to come for antenatal check-up in the first trimester and second trimester. This is mainly due to the fact that a large majority (87 percent) do not seek antenatal service. Nearly 12 percent of the women had gone for ante-natal check-up in the second trimester during 1994 as against 6.5 percent in 1997. Therefore, little improvement has been observed during the last 30 months in Sitapur.

Table 8.4 shows the percentage distribution of women who had the antenatal check-up by the type of examination and services. Data show that about one-third of the women had undergone blood test, while about one-fourth had undergone an urine test, blood pressure check and monitor weight. About one-third of women had received the IFA tablets, and 37 percent were immunised against tetanus. These data suggest some improvement in 1997 compared to the situation in 1994.

**Table 8.4: Antenatal Care Services**

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

Examination and services	1997
Undergone a blood test	33.5
Undergone a urine test	23.9
Undergone a BP check	23.2
Weight taken	25.5
Received IFA tablets	32.2
Received at least two doses of TT injection	37.3
Faced any problems	12.7
Projected N	39430
Unweighted N	119

All the currently married women were asked about the services available for pregnant women in their areas and data are presented in Table 8.5.

The availability of tetanus toxoid (TT) and Iron Folic Acid (IFA) tablets was known to about 63 and 58 percents of the women respectively. A negligible proportion of women informed about other services such as referral for high risk, nutrition and emergency care. From the stand point

of women the antenatal services were merely confined to administration of TT and provision for iron prophylaxis.

Among the providers of antenatal care, ANM was mentioned by almost all the respondents (95 percent) and a very small proportion also stated about LHV (5 percent) and PHC medical officer (4 percent). Nearly one-tenth of the women stated that antenatal care could also be availed from private clinics.

**Table 8.5: Sources of Services known for Pregnant Women**

Percent of currently married women who are aware of sources and provider of antenatal service, 1997

Type of services known and provider	Type of programme area		
	OR area	Non-OR area	Total
<b>Types of services</b>	40	33.9	35.2
Medical check-up	5.8	5.2	5.3
TT	59.5	63.9	62.7
IFA	56.5	58.5	58
Information only	1	0.6	0.6
Referral for high risk	1	0.3	0.5
Nutrition	1.8	0.5	0.9
Emergency care	0.3	0.7	0.6
Others	-		
<b>Provider *</b>	95	94	94.2
LHV	5.3	4.5	4.7
Trained Dai	2.1	2.4	2.2
Untrained Dai	0.5	1.1	1
Govt. Doctor	3.3	4.1	4
Private doctor	5.5	7	6.6
Others	4.1	1.6	2.2
Projected N	81107	224387	305494
Unweighted N	396	516	912

\*% based on women reported services available

Table 8.6 shows the percentage distribution of the women who had given birth two years prior to the survey by number of visits for antenatal care according to the background characteristics in 1997.

**Table 8.6: Number of Visits for Antenatal Care**

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

Background characteristic	Number of visits for antenatal care				Projected N	Unweighted N
	0	1	2	3		
(Horizontal Percentage)						
<b>Age</b>						
13-19	83.8	2.9	8.6	4.8	55305	168
20-29	85.6	4.4	6.3	3.7	161684	480
30-39	92.7	1.2	4.8	1.3	77610	232
40-49	85.7	10.1	4.2	-	10895	32
<b>Type of programme area</b>						
OR	88.3	3.8	4.9	3.0	81107	396
Non-OR	86.6	3.4	6.7	3.2	224387	516
<b>Education</b>						
Illiterate	90.5	2.6	4.8	2.2	262089	786
Primary	71.2	9.2	13.9	14.7	39285	113
Middle school +	25.4	9.8	27.3	37.5	4120	13
<b>Work status</b>						
Not working	86.7	3.5	6.5	3.3	287457	857
Working in family farm business	100.0	-	-	-	6922	23
Employed by someone else	87.8	6.5	4.2	1.5	11115	32
<b>Husband's education</b>						
Illiterate	95.6	1.2	2.7	0.5	135458	406
Primary +	83.4	4.1	8.8	3.7	124232	366
Middle school +	71.8	9.0	9.8	9.3	45804	140
<b>Number of Living Children</b>						
None	76.6	-	11.6	11.7	11270	33
1	84.4	4.9	5.6	5.0	63540	191
2	84.5	3.4	8.5	3.5	65778	194
3+	90.9	2.4	5.3	1.4	146443	443
<b>Total</b>	<b>87.7</b>	<b>3.5</b>	<b>6.3</b>	<b>3.1</b>	<b>305494</b>	<b>912</b>

As can be seen, among the different characteristics of women, educational status has positively associated with the utilisation of antenatal services. Most of the women (75%) educated upto middle school and above were visited at least once for antenatal care by the health staff. The corresponding figure for illiterate women was only 10 percent. Education of the husbands also plays an important role in the utilisation of ante-natal services. It was also observed that more women in the younger age group (13-19 years) had ante-natal visits than the older women.

As the Table 8.7 reveals, 13 percent of the women reported having problem during pregnancy. Problem was reported most by women of age 20-39 years, literate and women with children. Very small proportion of them were referred. Among the women who had problems, few (less than 2 percent) were referred to the district hospital/PHC and private doctors.

**Table 8.7: Problem Encountered and Referral during Antenatal Period**

Percent distribution currently married women who had given births 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	
	No	Yes	Projected N	Unweighted N	None	D.hosp/CHC	PHC	Pvt	No	Yes
<b>Age</b>										
13-19	91.5	8.5	55305	163	86.9	9.7	-	3.4	-	100.0
20-29	86.9	13.1	161684	480	90.7	6.1	1.9	1.2	41.7	58.3
30-39	84.7	15.3	77610	232	94.7	-	2.0	3.2	67.8	32.2
40-49	90.4	9.6	10895	32	100.0	-	-	-	-	-
<b>Type of Programme Area</b>										
OR	88.5	11.5	81107	396	83.1	5.8	2.6	8.5	26.5	73.5
Non-OR	86.9	13.1	224387	516	94.5	4.1	1.4	-	50.6	49.4
<b>Education</b>										
Illiterate	88.0	12.0	262089	786	94.9	1.9	1.3	1.9	62.6	37.4
Primary +	74.9	25.1	8455	113	88.7	-	11.4	-	100.0	-
Middle school+	85.1	14.9	34950	13	73.8	22.4	-	3.8	-	100.0
<b>Work status</b>										
Not working	87.8	12.2	287457	857	91.4	5.0	1.9	1.8	35.1	64.9
Working in family farm/business	83.6	6.4	6922	23	100.0	-	-	-	-	-
Employed by someone else	70.4	29.6	11115	32	94.6	-	-	5.4	100.0	-
<b>Husband's education</b>										
Illiterate	88.5	11.5	135458	406	93.0	2.2	2.6	2.2	54.0	46.0
Primary +	84.6	15.4	124232	366	93.2	4.2	1.3	1.4	50.1	49.9
Middle school+	91.0	9.0	45804	140	80.2	15.0	-	4.8	-	100.
<b>Number of living children</b>										
None	95.1	4.9	11270	33	100.0	-	-	-	-	-
1-3	87.1	12.9	183094	366	88.5	5.7	3.0	2.8	42.3	57.7
4+	85.5	14.5	92667	140	94.8	3.9	-	1.3	24.5	74.5
<b>Total</b>	<b>87.3</b>	<b>12.7</b>	<b>100</b>	<b>912</b>	<b>98.9</b>	<b>0.6</b>	<b>0.2</b>	<b>0.3</b>	<b>39</b>	<b>61.0</b>



## 8.2 Delivery

The distribution of live birth in the last two years by the place of delivery is shown in Table 8.8. As the table reveals, most of the deliveries (91 percent) still took place at home. Analysis by different age groups also does not indicate any difference in percentage of deliveries conducted either at home or in the institutions both in public and private sector. However, there were some differentials by educational background of the women.

**Table 8.8: Place of Delivery**

Percent distribution currently married women who had delivery two-year prior to the survey according to place of delivery, 1997

Background characteristics	Place of Delivery						Total percent	Projected N	Unweighted N
	Govt. hospital	CHC	PHC	Private hospital	Home	Others			
<b>Mother's age</b>									
13-19	1.8	0.4	2.5	3.8	85.2	4.3	100.0	45998	144
20-29	3.7	0.4	1.4	2.6	91.2	0.7	100.0	147795	439
30-39	1.7	-	1.8	2.9	93.6	-	100.0	70633	210
40-49	-	-	6.0	10.4	83.6	-	100.0	10725	30
<b>Type of Programme Area</b>									
OR	2.8	0.5	2.7	4.8	87.5	1.6	100.0	74725	366
Non-OR	2.9	0.2	1.4	2.6	90.1	0.9	100.0	202496	462
<b>Education</b>									
Illiterate	1.4	0.3	1.6	2.6	92.9	1.2	100.0	236549	711
Primary+	-	-	-	-	100.0	-	100.0	8139	22
Middle school +	14.5	1.6	3.3	7.3	73.3	-	100.0	32532	95
<b>Work status</b>									
Not working	3.1	0.3	1.9	3.4	90.2	1.2	100.0	260615	776
Working in family farm/business	-	-	-	-	100.0	-	100.0	7082	24
Self employed	-	-	-	-	100.0	-	100.0	9524	28
<b>Husband's education</b>									
Illiterate	1.3	0.4	1.9	1.9	92.8	1.7	100.0	123707	373
Primary+	-	-	2.4	-	94.5	3.1	100.0	18412	52
Middle school +	4.6	0.1	1.8	4.6	88.4	0.5	100.0	135101	403
<b>Number of living children</b>									
None	-	1.6	-	3.8	83.8	10.8	100.0	11442	33
1	6.9	-	2.8	3.0	85.2	2.1	100.0	56658	174
2	4.2	0.4	1.9	4.3	88.8	0.4	100.0	64819	187
3+	0.9	0.3	1.2	2.6	94.2	0.8	100.0	142663	429
<b>Total</b>	<b>2.8</b>	<b>0.4</b>	<b>1.7</b>	<b>3.3</b>	<b>90.9</b>	<b>0.9</b>	<b>100.0</b>	<b>277221</b>	<b>828</b>

More than one-fourth of the pregnant women who were educated upto middle and above had gone to institutions for delivery. About half of this, whose husband had the same qualification delivered in a health institution. Though, differentials are marginal, but more young women with living children 0-1, more likely to go to institutions for delivery. A very large percentage of women had their deliveries attended by either the untrained Dai (46 percent) or the family members (43 percent). Among the trained personnel, a majority of the deliveries had been

attended by the ANM/LHV (6 percent) followed by trained Dais (3 percent).

**Table 8.9: Delivery Assisted By**

Percent distribution of currently married women who had delivery two-year prior to the survey according to person who assisted the delivery, 1977

Background characteristics	Delivery assisted by					Total percent	Projected N	Unweighted N
	Doctor	ANM/LHV	Trained Dai	Untrained Dai	Family Memb /Others			
<b>Mother's Age</b>								
13-19	0.8	8.2	4.1	42.5	44.3	100.0	45998	144
20-29	3.0	5.3	3.8	42.2	45.7	100.0	147795	439
30-39	1.4	5.6	1.2	53.2	38.7	100.0	70633	210
<b>40-49</b>	-	12.3	4.8	57.6	25.4	100.0	10725	30
<b>Type of Programme Area</b>								
OR	2.8	7.5	2.6	49.3	37.9	100.0	74725	366
Non-OR	2.0	5.7	3.5	44.4	44.3	100.0	202496	462
<b>Education</b>								
Illiterate	0.7	5.5	3.3	46.8	43.8	100.0	236549	711
Primary	-	-	5.5	37.8	56.8	100.0	8139	22
Middle school complete	13.1	12.5	2.5	38.6	33.3	100.0	28629	83
High school complete	21.2	18.3	4.2	46.8	9.4	100.0	3903	12
<b>Work status</b>								
Not working	2.4	6.6	3.4	45.2	42.4	100.0	260615	776
Working in family	-	-	-	47.0	53.0	100.0	7082	24
Employed by someone else	-	-	1.7	58.0	40.3	100.0	9524	28
<b>Husband's education</b>								
Illiterate	0.5	5.2	2.8	48.5	43.0	100.0	123707	373
Primary	-	2.4	-	48.2	49.4	100.0	18412	52
Middle school complete	1.3	7.7	4.0	41.1	45.8	100.0	90701	270
High school complete	9.7	7.6	4.3	46.2	32.1	100.0	44400	133
<b>Number of living children</b>								
None	-	7.3	-	46.9	45.7	100.0	11442	33
1	4.9	10.6	3.3	39.3	42.0	100.0	56658	174
2	3.1	7.1	1.2	38.5	50.1	100.0	64819	187
3+	1.0	3.8	4.3	57.6	25.4	100.0	142663	429
<b>Total</b>	<b>2.2</b>	<b>6.2</b>	<b>3.3</b>	<b>45.7</b>	<b>42.6</b>	<b>100.0</b>	<b>277221</b>	<b>828</b>

The differentials by the educational background of the mothers were clearly visible (Table 8.9). In case of women having high school qualification, about 44 percent of the deliveries were attended by the trained personnel - doctors (21 percent), ANM/LHV (18 percent) and trained Dai (4 percent).

### 8.3 Postnatal Care

Table 8.10 shows the number of visits for postnatal care by different background characteristics. Most postnatal mothers (95%) did not make visit for postnatal care. No difference is observed by background characteristics.

**Table 8.10: Number of Visits for Postnatal Care**

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

Background characteristics	Number of visits for postnatal care				Projected N	Unweighted N
	0	1	2	3		
<b>Age</b>						
13-19	93.3	2.8	4.0	0.2	40387	127
20-29	96.7	1.8	1.1	0.6	133998	402
30-39	92.5	5.2	1.8	-	63931	191
40-49	95.9	-	4.1	-	9198	27
<b>Type of Programme Area</b>						
OR	93.9	2.0	3.8	-	68053	334
Non-OR	95.5	3.1	1.1	0.3	179461	413
<b>Education</b>						
Illiterate	95.2	2.9	1.7	0.1	210836	640
Primary	94.9	-	-	5.1	7344	96
Middle school +	93.7	2.6	3.7	-	29333	11
<b>Work status</b>						
Not working	94.9	2.8	2.0	0.3	231561	698
Working in family farm/business	100.0	-	-	-	6804	22
Employed by someone else	95.2	4.8	-	-	9149	27
<b>Husband's education</b>						
Illiterate	95.5	2.9	1.5	-	111439	339
Upto class 4	94.2	3.7	2.1	-	17994	51
Primary	95.4	2.1	2.2	0.3	78504	237
Middle school complete	93.3	6.7	-	-	20645	63
High school complete	100.0	-	-	-	1343	5
Above high school	93.3	-	4.8	2.1	17552	52
<b>Number of living children</b>						
None	95.1	2.5	2.4	-	9119	27
1	95.5	2.0	2.5	-	53805	164
2	96.0	2.4	1.1	0.4	55361	163
3+	94.3	3.3	1.9	0.3	128802	392
<b>Total</b>	<b>95.0</b>	<b>2.8</b>	<b>1.9</b>	<b>0.2</b>	<b>247514</b>	<b>747</b>

Table 8.11 indicates that among the women who have received postpartum care, all the women in the age group of 13-19 years had undergone the abdominal examination, whereas most of them (92%) aged 20-29 years had received advice on breast feeding the corresponding figure was 55 per cent for women in 30-39 age group. Analysis further indicates that advice on family planning and baby care was given to relatively higher percentage of women (13-19 years) as compared to others. Also educated women received better postpartum care as compared to women who were illiterate.

**Table 8.11: Postpartum Care**

Percentage of women whose had delivery within two-years prior to survey and ha received postpartum care and among those the percentage who received specific components of care, by background characteristics, 1977

Background characteristics	Postpartum care			Components of postpartum care			
	Percent with PP check up	Number of women	Unweg.	Abdominal exam	Advice on breastfeeding	Advice on family planning	Advice on baby care
<b>Age</b>							
13-19	2.9	37673	119	100.0	41.5	41.5	41.5
20-29	1.2	129448	384	47.0	91.5	20.4	28.7
30-39	1.8	59119	177	-	55.4	11.4	30.8
40-49	-	8823	26	-	-	-	-
<b>Education</b>							
Illiterate	1.6	106420	608	34.7	49.9	14.1	22.0
Upto Primary	1.1	97860	88	-	-	-	-
Middle school +	3.9	36783	10	72.4	100.0	39.2	49.5
<b>Total</b>	<b>1.8</b>	<b>235063</b>	<b>706</b>	<b>49.3</b>	<b>69.2</b>	<b>23.8</b>	<b>32.6</b>

Note: Percentages may not add up to 100 because of multiple responses

Table 8.12 presents the women who delivered in two years period prior to survey by symptoms of complications in the six week postpartum period. Data indicate that more than two-thirds of the women who had delivery reported having symptom of lower abdominal pain followed by those with very high fever (22 percent) and convulsion and lower backache 17 percent.

Data also suggest that 67-92 percent of the women in different age groups complained of lower abdominal pain. Problem of severe back pain was reported by 77 to 100 percent women in all the age groups except in case of young women aged 13-19 (57%). About 32 and 38 percent of the women in this group had symptoms of swollen breast and painful urination respectively. About one-third of the women aged 20-29 and 30-39 had also experienced painful urination. Symptoms such as high fever and convulsions were experienced by relatively higher proportion of mothers in 40-49 age group than the others. 20-26 percent of the women aged 20-29 and 30-39 year experienced convulsions, while 24-30 percent complained of foul discharge.

No significant differentials have been observed among the women by educational levels except for the fact that perhaps the educated ones were more forthright in their responses as compared to those with poor educational background. However, it is important to note that, comparatively higher percentage of women had experienced the problems of lower abdominal pain and severe back pain both in lower and upper parts.

**Table 8.12: Postpartum Symptoms/Complications**

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

Background characteristics	Postpartum symptoms/complications										
	Vaginal Bleeding	Very high fever	Convulsion	Foul discharge	LAP	Severe upper back pain		Painful urination	Swollen painful, breast	Projected N	Unweighted N
						Lower	Upper				
<b>Age</b>											
13-19	3.1	20.6	9.3	15.6	77.2	56.8	47.1	38.3	31.9	40387	127
20-29	8	18.7	20.5	30.3	72.9	76.5	68	32.7	19.9	133998	402
30-39	3.4	15.7	25.9	24.2	66.9	79.4	57.7	33.5	23.1	63931	191
40-49	6.7	28.9	29.3	14.8	92.5	100	92.5	22.5	17	9198	27
<b>Education</b>											
Illiterate	5.8	16.8	21.9	25.1	71.6	75.1	65.3	33.1	21.8	210836	640
Primary	7.8	22	24.2	32.1	100	100	66.5	32.1	21.4	7344	96
Middle school	6.4	15.1	23.7	26.5	73.1	72.1	47	34.8	27.9	29333	11
<b>Work status</b>											
Not working	6	16.8	22.1	24.1	71.5	73.7	61.9	31.3	22.7	231561	698
Working in	6.4	8.7	23.7	57.5	100	100	69.7	57.5	100	6804	22
Employed by	5	21.4	23.2	36.8	79.4	100	84	63.2	36.7	9149	27
<b>Husband's education</b>											
Illiterate	5.8	17.8	24	28	72	79.2	64.8	31.5	22.6	111439	339
Upto class 4	11.8	13.9	17.8	33.3	78.4	88.7	100	19.1	6.5	17994	51
Primary	4.4	14.4	22.2	19.2	67.2	69.3	56.6	39.3	30.4	78540	237
Middle school	4.9	12	12.2	20.3	73.3	63.3	52.6	20.3	20.3	20645	63
High school	-	59.6	47.7	67.7	100	-	-	100	-	1343	5
Above high	9.4	26	25.7	26.4	89.2	85.9	65.3	28.6	8.3	17552	52
<b>Total</b>	<b>6</b>	<b>22.3</b>	<b>16.8</b>	<b>0.3</b>	<b>16.2</b>	<b>16.8</b>	<b>14</b>	<b>7.4</b>	<b>5</b>	<b>247514</b>	<b>747</b>

\*Percentages may not add up to 100 because of multiple response.

Analysis by the number of living children reveals that nearly three-fourths of the young women with no living children had faced the problem of lower abdominal pain, while all of them had also experienced the severe pain in lower and upper back.

Table 8.13 shows that about 14 percent of the women who had developed complication of bleeding during the postpartum period had sought treatment. The proportion of women having availed treatment for high fever and convulsions was about 41 and 64 percent respectively. The main reasons cited for not seeking treatments by the women were - 'did not feel it as a big problem', 'husband and family forbid' and services were too expensive.

**Table 8.13: Treatment of Postpartum Symptoms/Complications**

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

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	Percent
<b>Symptom or complication</b>	
Convulsions	41.4
High fever	64.2
At least one of the above	79.4
<b>Reasons for no treatment*</b>	
Does not feel as a problem	17.8
No transportation	5.6
No child care	2.8
Husband/family member forbid	17.2
Too expensive	20.3
Non medical reason	12.3
Others	13.7

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\*% based on women who did not take any treatment

#### **8.4 Immunisation**

Information on immunisation of children has been analysed for children aged between 6-23 months and those between 12-23 months. The results are presented in Tables 8.14 and 8.15. If we look at the immunisation pattern of children aged 6-23 months, it can be seen that almost an equal proportion of male (91 percent) and female (92 percent ) received BCG vaccine. The corresponding figure for Measles was 46 and 41 percent respectively. As regards Polio and DPT vaccine, a higher percentage of males had received vaccination than the females.

**Table 8.14: Vaccinations of Children Age 6-23 Months**  
Percentage of children age 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 immun. card	Projected N	Unweighted N
		1	2	3+	1	2	3+				
<b>Sex</b>											
Male	90.6	100.0	92.7	73.7	97.8	90.5	71.7	45.7	64.8	75691	227
Female	92.0	98.2	85.7	66.7	97.0	77.5	66.6	41.3	69.1	68656	211
<b>Birth Order</b>											
1	91.0	99.2	89.3	69.8	97.4	84.3	68.6	42.9	66.4	38593	423
2	100.0	100.0	100.0	100.0	100.0	100.0	100.0	76.9	74.3	4983	15
<b>Type of programme area</b>											
OR	88.7	96.6	91.7	58.1	97.1	86.2	56.6	43.2	71.2	29051	195
Non-OR	92.0	100.0	89.0	74.5	97.5	84.2	73.4	44.0	65.3	105460	244
<b>Education</b>											
Illiterate	90.3	99.6	88.2	67.4	96.9	82.5	66.4	42.5	68.8	124194	378
Upto class 4	73.4	73.4	100.0	54.6	100.0	100.0	54.6	28.0	81.4	4360	11
Primary	96.9	100.0	94.4	84.8	100.0	92.1	82.4	47.8	50.8	13995	44
Middle school complete	100.0	100.0	100.0	100.0	100.0	100.0	100.0	67.5	31.8	1961	6
<b>Work status</b>											
Not working	91.8	99.2	89.1	70.2	98.3	85.0	70.0	45.0	65.8	133311	405
Working in family farm/business	100.0	100.0	100.0	100.0	100.0	100.0	100.0		86.9	5259	16
Employed by someone else	70.6	100.0	100.0	70.6	70.6	70.6	42.8	27.9	73.4	5941	18
<b>Total</b>	<b>91.2</b>	<b>47.2</b>	<b>84.7</b>	<b>69.5</b>	<b>99.2</b>	<b>89.6</b>	<b>70.6</b>	<b>43.8</b>	<b>66.87</b>	<b>144347</b>	<b>439</b>

Further, it is evident from the analysis, that second child has received priority over the first child in vaccination. The children whose mothers had passed middle school and were working in their farms/business, received all three doses of DPT and Polio vaccinations.

A perusal of the Table 8.15 indicates that there was no significant difference in the immunisation coverage among male and female children aged 12-23 months. The proportion of children immunised against measles was reportedly not very high (males 64 percent, females 69 percent).

**Table 8.15: Vaccinations of Children Age 12-23 Months**

Percentage of children age 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 immunization card	Projected N	Unweighted N
		1	2	3+	1	2	3+				
<b>Sex</b>											
Male	88.0	100.	96.7	76.9	96.2	93.0	75.5	64.4	68.8	57256	153
Female	93.4	100.	98.2	78.8	96.4	87.4	78.8	68.5	67.0	38738	125
<b>Birth Order</b>											
1	90.0	100.	97.3	76.7	96.2	90.1	75.9	65.7	68.1	86156	267
2	100.0	100.	100.0	100.	100.0	100.0	100.0	76.9	68.0	4003	12
<b>Education</b>											
Illiterate	88.8	100.	96.7	74.4	95.3	88.7	74.1	65.4	70.4	77050	238
Primary	100.0	100.	100.0	38.2	100.0	100.0	38.2	38.2	76.2	2503	6
Middle school	96.2	100.	100.0	96.2	100.0	100.0	93.1	72.5	48.8	10605	35
<b>Work status</b>											
Not working	91.6	91.6	97.3	78.3	97.8	91.7	79.1	68.0	66.4	81578	252
Working in family									100.0	4126	14
Employed by	67.1	100.	100.0	67.1	67.1	67.1	35.8	31.2	68.3	4455	13
<b>Total</b>	<b>90.4</b>	<b>96.3</b>	<b>90.5</b>	<b>77.0</b>	<b>100.0</b>	<b>97.4</b>	<b>77.8</b>	<b>66.2</b>	<b>68.0</b>	<b>89994</b>	<b>279</b>

The educational qualification of the mothers of children aged 12-23 months does not appear to have any impact as far as the vaccination of their children is concerned. However, in case of the measles vaccine, coverage was quite low among the children of mothers who had passed primary (38 percent) as compared to other categories.

The percentage of mothers who were not working and have got their children immunised by BCG, Polio and Measles vaccines was much better as compared to mothers who were employed by someone also. However, there was not much of a difference in the case BCG and DPT vaccine.

For the sake of comparison, the immunisation coverage of children aged 12-23 months by different sources is presented in the Table 8.16. On the whole there is an increase in the coverage of vaccination against BCG (from 47 percent in 1994 to 52 percent in 1997) and Polio with three doses (from 37 percent in 1994 to 44 percent in 1997). An increase in DPT vaccination is noted between 1994 and 1997 but it is more dramatic with DPT-I and DPT-II. Similar trend can be observed in case of Polio - I and Polio - II which witnessed an increase of 88 percent and 79 percent over the same period respectively. These findings, though encouraging, suggest that more efforts are required to provide full coverage of immunization to children.



**Table 8.16: Percentage of children 12-23 months who have received all vaccinations in 1994 and 1997**

Vaccination	1994	1997
BCG	47.3	52.1
DPT-I	46.9	56.7
DPT-II	41.4	47.6
DPT-III	36.3	36.8
Polio-I	46.7	88.1
Polio-II	42.2	75.7
Polio-III	36.6	44.3
Measle	30.8	29.7
Those who received all vaccination	26.9	23.7
Projected N	97044	90158
Unweighted N	NA	279

Note:\* Only the rural NA = refers to 'not available'

### **8.5 Utilisation of Health Services**

The currently married women in this survey were asked about their preferred place of treatment during sickness. As the Table 8.17 indicates, about 61 percent of women reported that they sometimes go to PHC/SC/Government hospital and sometimes to private doctor. Nearly 31 percent of the respondents said so in 1994 survey. While in 1997 survey women are more likely to try out both government and private sources during sickness (61 percent), they were more likely to go to private sources (62 percent) only in 1994.

When enquired regarding certainty of getting the required services at PHC or Sub-centre, almost half of the respondents in this survey stated that they are quite certain of getting required services. The corresponding percentage in 1994 survey was about 61 percent. It is, however, quite interesting to note that about 21 percent of the women feigned ignorance regarding the availability of the required services. While respondents were asked whether anybody visited at PHC/SC within last 3 months, about 29 percent said "yes". Those who had been met by staff of PHC/SC were only 12 percent which is an increase of 4 percentage point between 1994 and 1997.

**Table 8.17: Utilisation of Health Services**

Percentage distribution of ever married women according to place generally visited for treatment, certainty of getting services at PHC/SC, whether anybody from PHC/SC visited during 3 months and ever visited PHC/SC during the last 3 months : 1994 and 1997

Source	1977			1994
	OR	Non-OR	Total	
<b>Preferred to go for treatment</b>				
Always to PHC/SC/Govt. Hospital	1.9	4.5	3.9	5.7
Sometimes to PHC/SC/Govt. Hospital & sometimes to private doctors	63.7	59.4	60.5	31.3
Always to private doctor	34.1	35.6	35.2	62.2
Other	.3	.4	.4	0.7
Total	100.0	100.0	100.0	100.0
<b>Certainty of getting services at PHC/SC</b>				
Quite certain	51.6	48.1	49.0	60.9
Not certain	28.7	31.0	30.4	35.7
Don't know/missing	19.7	20.9	20.6	3.4
Total	100.0	100.0	100.0	100.0
<b>Anybody visited from PHC/SC</b>				
Yes	10.3	12.3	11.8	7.5
No	89.7	87.7	88.2	92.5
Total	100.0	100.0	100.0	100.0
<b>Ever visited PHC/SC</b>				
Yes	35.6	26.9	28.8	48.4
No	64.4	73.1	71.2	51.6
Total	100.0	100.0	100.0	100.0
Projected N	143761	419588	563349	NA
Unweighted N	704	958	1662	NA

NA = Not available

Overall, about 53 percent of the respondents reported about at least one contact, whereas about 25 percent two contacts (Table 8.18). Mean number of contacts made during 1997 and 1994-95 surveys were worked out to be 1.3 and 1 respectively.

With respect to the number of workers who visited, 74 percent indicated that only one worker visited during the last three months. The figure was 61 percent in the earlier survey (1994). More than one- third of the respondents in 1994 survey, however, had revealed that at least two workers contacted them during the three months period, while it is only 24 percent in 1997.

**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
<b>Number of Contacts</b>			
None			
1	50.3	53.5	52.8
2	32	22.9	24.9
3+	17.7	21.6	20.8
Total	100	100.6	100
Mean	1.2	1.3	1.3
<b>Number of workers</b>			
1	86.7	70.7	74.3
2	10.5	27.5	23.7
3+	2.8	1.7	2
Total	100	100	100
Mean	2	2	2
<b>Type of workers who visited</b>			
ANM	94.9	92.8	93.3
LHV	5.3	11.7	10.2
Male worker	10.6	15.6	14.5
Doctor		1.5	1.2
Other		4.2	3.3
Projected N	14755	51451	66206
Unweighted N	71	115	186

When asked the purpose of their visits, 68 percent had visited for the treatment (Table 8.19), while almost all of them (97 percent) frequented the public sector health outlets for the child immunisation. A very small proportion of women (5 percent) for the antenatal check-up, about 5 percent for family planning method. Thus, it is quite evident for the analysis that although whole lot of services are being offered through various government outlets, the visits of the people were mainly restricted to avail of immunisation or general health services. Thus, it is felt there is an urgent need to take some corrective measures for demand generation for other services as well.

**Table 8.19: Purpose of the Contacts**

Percentage of the ever married women who had contacts with health workers within last 3 months according to purposes of their visits, 1977

Purpose	OR	Non-OR	Total
Treatment	73.2	67.0	68.4
Child immunization	100.0	91.9	97.2
Antenatal check up	4.7	4.7	4.7
Family planning advice	1.1	1.4	1.4
Family planning method	8.2	3.6	4.7
Resupply of Contraceptive method	1.1	2.1	1.9
Other	2.5	3.6	3.3
Projected N	14755	57451	66206
Unweighted N	71	115	186

**Table 8.20: Satisfaction Over the Visits of Health Worker**

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

Purpose	OR	Non-OR	Total
<b>Whether satisfied with the visit</b>			
Satisfied	90.3	96.8	95.0
Not satisfied	9.7	3.2	5.0
Projected N	14755	57451	66206
Unweighted N	71	115	186
<b>Reasons for not satisfied</b>			
Did not get required services	70.5	100.0	84.3
Staff behaviour was bad	29.5		15.7
Projected N	1431	1938	3269
Unweighted N	6	4	10

As Table 8.20 indicates, most of the respondents (ever married women) were satisfied with the visits (95%). Among those who were not satisfied with the service, a majority of them (84%) indicated that they were not satisfied for the fact that the required services were not available and staff behaviour was bad.

## CHAPTER 9

### REPRODUCTIVE MORBIDITY AND POST ABORTION CARE

In this present chapter, an attempt has been made to assess prevalence of reproductive morbidity and practice of induced abortion among currently married women aged 13-49 years. The chapter also provides information on treatment seeking behaviour and accessibility of different health services. This information would help the programme implementors to develop strategies to provide better quality of services to the target population.

#### 9.1 Reproductive Morbidity

Information regarding the physical symptoms associated with Reproductive Tract Infection (RTIs) was collected. Nearly 55 per cent of women reported that they had suffered with at least one physical symptoms of RTI in the last three months. The specific symptoms included are: experience of abnormal vaginal discharge, pain or burning while urination, frequent or difficult urination, or pain in the abdomen or vagina during sexual intercourse.

Table 9.1 indicates that about one-tenth of women suffered from an abnormal vaginal discharge. Among the women who had suffered from abnormal discharge, itching/irritation, a bad odour and severe lower abdominal pain are most prevalent (around 47 percent). Pain or burning during intercourse and pain in abdomen or vagina during intercourse have been reported by 10 percent of the women. Regarding education of women, it was reported that the problem of white discharge and pain in abdomen or vagina during intercourse were persistent among women of middle level of schooling.

Of those women who had suffered from these diseases, most of the women (62 percent) were suffering for more than six months (Table 9.2). However, a small proportion of women (9 percent), the problem was quite recent as they were suffering since last month or less.

Private doctors were the major source of treatment (69%) for women suffering from the reproductive morbidities. However about one-fifth of the women had also sought treatment from government doctors and a few (6%) had also approached ANM for treatment. The women were further probed whether the person contacted for treatment helped them. Almost all the women reported in affirmation. This shows that government services are not yet recognised by the women for treatment of reproductive problems.(Table 9.2).

All the women who needed additional care were referred to the private doctor for treatment. Of those who went to private doctors, only 19 percent women stated that they were cured by the treatment provided (Table 9.2), leaving a large proportion without having the problems treated.

**Table 9.1: Reproductive morbidity**

Percent distribution currently married women age 13-49 years who had symptoms of reproductive health problems according to selected background characteristics

Background characteristics	An abnormal vaginal discharge	Among those who had an abnormal vaginal discharge					Fever	Pain or burning during urination	Pain in abdomen or vagina during intercourse
		Projected weighted N	Itching/irritation	A bad odour	Severe lower abdominal pain				
<b>Age</b>									
13-19	8.0	100524	37.1	72.5	67.1	21.4	9.0	11.8	
20-29	11.2	217279	47.6	44.5	60.8	32.0	10.9	12.0	
30-39	12.2	152836	56.6	43.6	59.7	24.6	11.1	7.9	
40-49	9.0	92225	30.7	33.4	51.4	34.3	8.0	7.7	
<b>Type of Programme Area</b>									
OR	11.0	143276	54.4	57.4	56.3	43.8	10.1	10.7	
Non-OR	10.4	419588	44.7	40.5	53.5	25.4	10.2	10.0	
<b>Education</b>									
Illiterate	9.3	476623	47.3	51.5	54.9	32.7	10.0	8.6	
Upto Primary	16.4	74056	46.3	28.1	50.6	25.1	11.7	17.6	
Middle school +	22.5	12185	39.4	13.5	60.0	15.6	4.9	24.4	
Total	10.5	562864	47.8	46.1	46.1	31.1	10.2	10.2	
Projected N	59332	562864	28392	27381	32914	18470	57186	57207	
Unweighted N	185	1660	88	91	101	61	166	169	

**Table 9.2: Duration and Help Sought for Symptoms for Reproductive Health Illness**

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

Particulars	Percent
<b>Duration of Illness</b>	
One month or less	9.1
Two months	11.9
Three months	8.4
Four months	5.2
Five months	3.0
Six months+	62.4
<b>Total</b>	<b>100.0</b>
Unweighted N	323
Projected N	2695
<b>Health worker contacted</b>	
None	-
ANM	6.4
LHV	-
Male worker	-
Govt. doctor	20.2
Private doctor	68.5
Other	4.9
<b>Total</b>	<b>100.0</b>
Unweighted N	100
Projected N	835
<b>Health provided help</b>	
Yes	97.7
No	2.3
<b>Total</b>	<b>100.0</b>
Unweighted N	100
Projected N	835
<b>Referred place</b>	
Private doctor	100.0
<b>Total</b>	<b>100.0</b>
<b>Current situation</b>	
Cured now	18.5
Not cured yet	81.5
<b>Total</b>	<b>100.0</b>
Unweighted N	323
Projected N	2695

To understand inter spouse communication regarding the problems, women were asked whether they had discussed the problems with their husbands and whether their husbands reported having similar type of problems and sought treatment for it.

Data presented in Table 9.3 indicate that most of the women (75%) mentioned having discussed the problem with their husband, but only 10 percent stated that their husbands had similar problems. The women also reported that only two percent of the husbands sought treatment.

**Table 9.3: Symptoms of Reproductive Health Illness About Husbands**

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

Particulars	Percent
<b>Whether discussed with husband</b>	
Yes	75.1
No	24.9
<b>Total percent</b>	<b>100.0</b>
<b>Whether husband mentioned similar problem</b>	
Yes	9.6
No	90.4
<b>Total percent</b>	<b>100.0</b>
<b>Whether aware of husband going for treatment</b>	
Yes	1.7
No	98.3
<b>Total per cent</b>	<b>100.0</b>
Unweighted N	323
Projected N	2695

## 9.2 Post Abortion

Unsafe abortion being one of the main causes for high maternal morbidity and mortality, at the time of survey women were asked a list of questions related to post abortion services. They were asked whether they had ever experienced any abortion during last 2 years prior the survey date and how many times, whether it was induced or spontaneous, and place and person attending the induced abortion. Their responses are analysed and presented in Table 9.4.



**Table 9.4: Reported Abortion**

Percentage distribution of currently married women according to whether pregnancy terminated two-year prior to survey, number of times pregnancy terminated, whether terminated or spontaneous, place where pregnancy was terminated and type of person who provided help to terminate the pregnancy, 1997

Particulars	Percent
<b>Whether pregnancy terminated two-years prior to survey</b>	
Yes	3.6
No	96.4
<b>Total</b>	<b>100.0</b>
Unweighted N	1599
Projected N	541377
<b>Number of times pregnancy terminated</b>	
None	96.4
1	3.1
2	0.5
<b>Total</b>	<b>100.0</b>
<b>Whether pregnancy was terminated</b>	
Terminated	24.2
Happened on its own	75.8
<b>Total</b>	<b>100.0</b>
Unweighted N	53
Projected N	19300
<b>Among those terminated, place where pregnancy was terminated</b>	
District hospital	14.1
CHC/PHC	30.8
Private hospital/clinic	47.1
Home	4.3
Others	3.7
<b>Total</b>	<b>100.0</b>
Unweighted N	15
Projected N	4667
<b>Among those terminated, person who helped in terminating pregnancy</b>	
Doctor	36.2
Nurse	25.1
ANM	21.4
Family member	4.3
Others	13.0
<b>Total</b>	<b>100.0</b>
Unweighted N	15
Projected N	4667

The data shows that only 4 percent of the women had terminated their pregnancy during the last 2 years prior the date of survey. About one-fourth of the women reported having undergone induced abortion and the rest of them had experienced spontaneous abortion. Among the women who had terminated the pregnancy, most of them had got their abortion done at private hospital (47 percent), followed by CHC/PHC (31 percent) and district hospital (14 percent). According to them, the abortion was attended by doctor (36 percent ), followed by nurse (25 percent), ANM (21 percent). However, about 4 percent had their abortion done at home and assisted by family members.

Data presented in Table 9.5 suggest that most of the women who had undergone induced abortion mainly suffered from excessive bleeding (78 percent). The other complications reported were high fever and shivering (47 percent) and pain in perineum (36 percent). However, a small proportion of women also reported of excessive dizziness (3 percent) as one of the complications faced by them after abortion.

**Table 9.5: Post Abortion Complication and Treatment**

Percentage distribution of currently married women who had abortion according to type of complication, whether helped to treat complications, whether referred to another place, and whether complications cured, 1997

Particulars	Percent
<b>Type of complications*</b>	
Pain in perineum	35.7
Excess bleeding	77.7
High fever & shivering	46.7
Excessive dizziness	4.7
Loss of consciousness	2.7
Others	2.7
Unweighted N	53
Projected N	19300
<b>Whether helped to treat</b>	
Yes	72.1
No	27.9
<b>Total percent</b>	<b>100.0</b>
Unweighted N	23
Projected N	8038
<b>Place of referral</b>	
Not referred any where	88.1
PHC	8.7
Private doctor	3.2
<b>Total percent</b>	<b>100.0</b>
Unweighted N	23
Projected N	8038
<b>Whether complications cured</b>	
Yes	80.5
No	19.5
<b>Total percent</b>	<b>100.0</b>
Unweighted N	23
Projected N	8038

\* Percentages may not add up to 100 because of multiple response.

About 72 percent of the women reported that they were helped to treat the complications. Only a small proportion of them were either referred to PHC (9 percent) or private doctor (3 percent) for treatment. Further a large majority (81 percent) of the women reported that they were cured by the treatment provided.

To assess the type of follow up services provided, the women were asked whether any counselling was carried out by any health staff after abortion. Only 14 percent of the women said that they were counselled (Table 9.6). They were mainly counselled by ANM (6 percent) and doctor (4 percent).

It is to be mentioned that 31 per cent of the women who had abortion in the last two years were current users of contraceptives. Most of them were practicing only safe period after abortion.

**Table 9.6: Family Planning after abortion**

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

Particulars	Percent
<b>Counselling done after abortion</b>	
By Doctor	4.0
By Nurse	1.1
By ANM	6.0
By other	3.3
<b>Total</b>	-
Unweighted N	53
Projected N	19300
<b>Type of family planning method used</b>	
None	69.2
IUD	4.4
Oral pills	3.3
Condom/Nirodh	3.2
Safe period	17.6
Others	2.3
<b>Total Percent</b>	<b>100.0</b>
Unweighted N	53
Projected N	19300
<b>Whether currently using a method</b>	
Yes	30.8
No	69.2
<b>Total Percent</b>	<b>100.0</b>
Unweighted N	53
Projected N	19300

## CHAPTER 10

### ACCESS, QUALITY AND DEMAND: SUMMARY AND CONCLUSIONS

The IFPS project aims to reduce the population growth rate in consonance with its social and economic objectives in Uttar Pradesh. The three primary objectives of the IFPS project related 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 Baseline Survey in Sitapur (November 1994), a few selected activities under the pregnancy based approach were initiated in five blocks of primary health centres through operations research (OR) in July 1995. 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. Comparatively the OR areas are inaccessible as well as far off from the Sitapur district headquarters than the non-OR areas.

The 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 suggests that the population under study is a high fertility population (40 percent of the population below age less than 15 years). Though the age composition of the population in the OR areas is no difference from the population in the non-OR areas, the sex ratio is different. There are less female population in the OR areas (826 females per 1000 males) compared to non-OR areas (849 females per 1000 males).

Marriage pattern indicates that the marriage is universal among rural women in Agra. By age 19, almost two-thirds of the women get married and the proportion of married female increased to 91 percent by age 24. The singulate mean age at marriage is about 17 years for the rural Sitapur women.

Between 1994 and 1997, there is an indication that fertility is declining in rural Sitapur. The estimated total fertility rate is 5.6 in 1997 suggesting a decline of 0.2 births per woman in the last two years. As expected, the total marital fertility rate is a slightly higher in the OR areas than in the 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 compare between the OR and non-OR areas. However, the survey in Sitapur (1997) provides an excellent opportunity to analyse selected indicators on the family welfare program compared with their position in 1994. Data available in 1994 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 8 percent 1994 to 12 percent in 1997. As the household visitations have gone up, the percentage of pregnant women receiving Iron and Folic Acid Tablets and Tetanus Toxoid have also increased by 14 percentage points and 4 percentage points respectively over the same period. Likewise, improvements could be observed in the coverage of children's vaccinations. For example, vaccination coverage for children age 12-23 months increased from 47 percent in 1994 to 52 percent in the case of BCG and from 37 percent to 44 percent in the case of Polio. Little change was observed for Measles or DPT. While these increases are encouraging, coverage is still well below desired levels and the sharp decline in the percentages of children between first, second and third doses of DPT and Polio.

Available survey data on Sitapur suggest that there is no increase in the use of family planning methods between 1994 and 1997. However, there is a small increase in the use of the IUD (0.5 percent in 1994 and 1.2 percent in 1997) and a significant increase in the use of periodic abstinence (1.7 percent in 1994 and 6.7 percent in 1997). In 1997, a greatest relative increase is found among younger married women aged 25 -39 (from 22 percent in 1994 to 28 percent in 1997). Increases in the use of traditional methods is noteworthy, particularly among women aged 25-39.

The source of getting female sterilization continues to be government clinics, such as PHC and district hospital for more than 90 percent of the women, while a slightly more percentage of women sterilized by private doctor in 1997 (4 percent in 1997 and 1 percent in 1994). The private doctors' participation in the insertion of IUDs seem to have declined in 1997 compared to 1994. In 1994, about 78 percent of the IUD users had their IUDs inserted by government health workers at hospital, CHC, PHC, and SC. This figure had gone up to 97 percent in 1997. While more women are getting oral pills from medical shops (48 percent in 1997, up from 32 percent in 1994), about 40 percent of condom users still received the supplies from medical store in 1997.

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 problem in getting resupply of contraceptives. The majority of them (69 percent of oral pills users and 90 percent of condom users) responded that they always got the supply during the last three months. Over the two-year period, the readiness survey conducted by the Population Council also confirmed having had adequate stock of oral pills and condoms at sub-centre level.

## **Quality**

Although the contraceptive use rate has not improved in the rural Sitapur, there is evidence from the survey data the quality of care has improved. During the interaction of health workers with women, it has been found that more women are being informed of vasectomy, IUD, pills, condoms and safe period. For example, only 22 percent of the women counselled were informed of vasectomy in 1994, while it is 32 percent in 1997. Similarly, the figures for the IUD increased from 27 percent in 48 percent, the pills increased 27 percent to 78 percent and the condom increased from 29 percent to 64 percent during the same period. It appears that health workers are providing information not only about female sterilization, but also male methods ( vasectomy and condom), and the oral pills and IUDs. The workers still should refrain from emphasizing on a particular method and establish a habit of telling the client who are interested in spacing the next birth that they can always switch to a new method if they are not happy with the current one.

Data on the reasons for discontinuation of the family planning method suggest that counselling still needs to be emphasized more seriously by providing complete information on disadvantages and advantages, including possible side effects, relating to each method. In Sitapur, there are almost four times more women (who had ever used a family planning method) reporting the discontinuation of the use of a family planning method because of method failure or pregnancy. Also the proportion of women who had ever used a method and discontinued the method is three times more in 1997 than in 1994 as a result of health problems. It clearly indicates that acceptors lack correct usage of modern methods, such as oral pills and condom. Furthermore, they need to be told about possible side effects of each method, particularly the method that is being used. It is to be noted, however, that less number of women are discontinuing the method because of wanting to have additional child. This demonstrates the commitment of the acceptors not to have more children. The right kind of information and correct information would help women continue the method chosen. Additionally, the current users who had problems after the use of the method should be attended by health workers for treatment and further counselling.

Another area which requires considerable improvement is screening prior to insertion of IUDs to avoid further complications due to RTI/STD related infections which are common among Indian women. Data indicate that about 60 percent of oral pills users and also women who had been sterilized had problems after adoption of the method. It could be that many of the complaints might not be due to the method (such as abdominal / gastric pain). The important point is that the clients perceived that they were due to the method. Therefore, it is very important to educate and treat the complaints. This in turn will help in increasing 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 (52 percent) in Sitapur. Of those who want an additional child, a large majority (86 percent) want the next child to be son, suggesting strong preference for boys. About 60 percent of them wanted the next child after 24 months. Almost one-third wanted within the next 12 months.

Since the data regarding currently married women wanting an additional child did not indicate the demand for family planning, the survey was done in the form of unmet need for family planning services. The level of unmet need is estimated using questions on whether want no more children or want one after one year and not using any contraceptive method, at the time of the survey among married women 13-49 years. The level of unmet need is almost 45 percent in Sitapur and hence the demand for the family planning is continued to be high. The figure was almost the same in 1994. The unmet level for limiting is 21 percent which is almost 48 percent of the total which indicates that sterilization programme should continue to be an important component of the reproductive and child health (RCH) program. At the same time, the unmet need for spacing constitutes 52 percent of the total unmet need, suggesting that a huge block of women are wanting to space births.

Though the level of unmet need is high for most sub-groups, data indicate that it is highest among older women (40-49 years), illiterate, agricultural labourer and those women who already have 2 or more living children.

Among women who are not currently using any method (at the time of the survey), a large majority (76 percent) said that they intended to use a contraceptive method in the next 12 months. The figures in respect of those who intend to use in the next 12 months have increased in 1997 compared to 1994. The increase is almost by 20 percentage points between 1994 and 1997. Of those who intend to use, the highest proportion of women (30 percent) are wanting to use oral pills method, followed by the sterilization method (22 percent) in Sitapur. Those who intended to use vasectomy is 6 percent. There is about 7 percent of the women wanting to use injectable contraceptive method, while only 4 percent want the IUD. About 12 percent want to use safe period as a method to space their next birth.

Demand for family planning is also effected by the attitude of women and their family members. While majority of the women expressed that they do approve using a family planning method, there are some proportion of the women who expressed their family members' concern. Of those who are opposed to family planning, a large majority (83 percent) perceived that their husbands opposed the use of family planning. Also 22 percent of them thought their mother-in-laws were opposed to family planning. In order to increase the demand for family planning, it is vital to have an effective communications strategy developed to address the concerns of these groups.

To sum up, the findings between 1995 and 1997 suggest some improvements in accessibility, coverage and quality of care in family welfare program and a decline in fertility level in Sitapur. The following are some policy and programmatic implications:

- While it has been noticed that there has been considerable improvements in delivering services to pregnant mothers and children, the increases in the coverage are still well below desired levels. Particularly, vaccination coverage for children age 12-23 months is still below 50 percent, including for Polio. More effort is required to improve Measles and DPT coverage.
- The lack of 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 major sources for the supply of modern methods. Though the share of women getting IUD and sterilization services from the public clinics had increased over the last two years, year round access to convenient clinical services is still required to meet clients' needs.
- Distribution of oral pills and condoms through medical shops is still below 50 percent of the total users in rural Sitapur. The supply of spacing methods through social marketing and ISM practitioners needs to be improved to cater to the large number of potential users, particularly as regards oral pills and condoms.
- Outreach services continue to be poor, despite emphasis on household visitations to pregnant women. An expansion of outreach programmes, such as Link Person Scheme as Community Based Distribution and reproductive health camps with supportive supervision will likely to prove more fruitful in reaching more households in villages.
- Counselling session should emphasize providing complete information on all methods, including, information on advantages and disadvantages, possible side effects, follow-up schedules, and warning signs with referral information. In addition, health workers should

avoid emphasizing on one particular method and health workers should also listen to clients by answering their questions. It is essential to remember that training to improve the technical competence of service providers is an important component of programme quality.

- Screening women prior to the insertion of IUD or prescribing oral pills should be mandatory to avoid unexpected side-effects and discontinuation by the user of the method. Particularly, women should be checked before inserting an IUD for clinical signs or symptoms of pregnancy or infection including purulent discharge, cervicitis, and pelvic inflammatory disease. Again, technical competence and improved facilities are two programme areas which need high priority.
- Demand for sterilization continues to be high, and there is a high potential demand for spacing methods. Therefore, it is important that the programme provides a range of modern family planning methods to ensure that spacing and limiting methods are available for all couples. The improved eligible couple register should be used to focus on couples with unmet need, and to provide them information and services that are desired.
- Information, communication, and education (IEC) campaigns focussing on RCH services should address not only eligible women but the entire community, particularly men and other family members.



## ANNEX I

## LIST OF SELECTED VILLAGES IN SITAPUR DISTRICT

PSU No.	STRATUM	TALUKA	BLOCK	PANCHAYAT	VILLAGE	HOUSEH OLDS	T_POPLN	HFACT	EWFACT
1	OR-1	Mahmudabad	Rampur Mathura	Majgawan	Gadhchapa	589	3113	218.1592	249.3248
2	OR-1	Sidholi	Kasmanda	Asodhan	Magraura	415	2206	178.1141	192.9569
3	OR-1	Mahmudabad	Rampur Mathura	Majgawan	Gonda Deoria	502	2967	199.3868	199.3868
4	OR-1	Mahmudabad	Rampur Mathura	Para Ramnagar	Shukulporwa	317	1989	144.8396	150.0124
5	OR-1	Sidholi	Kasmanda	Baseidih	Reuri	331	1949	238.824	263.9637
6	OR-1	Sidholi	Kasmanda	Maholi	Behdabaikunthpur	504	3085	172.3167	172.3167
7	OR-1	Sidholi	Sidhauli	Kunwarpur	Jaipalpur	481	2672	167.9808	201.5770
8	OR-1	Sidholi	Kasmanda	Baseidih	Basaideeh	511	3005	113.8844	117.9517
9	OR-1	Sidholi	Kasmanda	Bhandia	Unchakheraasai	371	2072	185.0847	191.0552
10	OR-1	Sidholi	Kasmanda	Maholi	Maholi	842	5060	171.6312	171.6312
11	OR-2	Mahmudabad	Rampur Mathura	Majgawan	Raisenpur	224	1170	164.3867	164.3867
12	OR-2	Mahmudabad	Mahmudabad	sarai Chalkapur	Bangawan	187	1130	188.9763	207.8739
13	OR-2	Mahmudabad	Mahmudabad	Lalpur	Deoria	211	1188	174.4030	207.9420
14	OR-2	Sidholi	Kasmanda	New Rajpur	Neorajpur	205	1123	166.1520	166.1520
15	OR-2	Mahmudabad	Rampur Mathura	Maraucha	Tulsipur Kharika	226	1071	212.7560	241.7682
16	OR-2	Sidholi	Sidhauli	Kunwarpur	Lahoriwan	202	1101	197.2524	216.0383
17	OR-2	Mahmudabad	Pahala	Devrabhan	Marahmat Nagar	309	1688	246.1033	281.2609
18	OR-2	Mahmudabad	Pahala	Devrabhan	Asharafpur Raja Shaba	335	1828	170.7481	203.2715
19	OR-2	Sidholi	Sidhauli	Akbarpur Rewan	Raipur Deosingh	272	1351	226.4686	226.4686
20	OR-2	Sidholi	Sidhauli	Alaiepur	Parewajal	342	1741	187.0754	209.5244
21	OR-3	Mahmudabad	Rampur Mathura	Rampur Mathura	Puraina	124	722	98.3236	101.8352
22	OR-3	Mahmudabad	Rampur Mathura	Tilpurwa	Sahara Nankari	92	510	163.5412	163.5412
23	OR-3	Sidholi	Kasmanda	Jairampur	Maanpur	39	178	378.0508	456.8114
24	OR-3	Sidholi	Kasmanda	Hamirpur	Jaitanpur	72	465	144.2338	156.2533

PSU No.	STRATUM	TALUKA	BLOCK	PANCHAYAT	VILLAGE	HOUSEH OLDS	T_POPLN	HFACT	EWFACT
25	OR-3	Mahmudabad	Pahala	Bhethra Madho	Bajwapur	60	326	159.6318	159.6318
26	OR-3	Sidholi	Pahala	Rampur Kalan	Madhaupur	80	391	219.9119	285.8855
27	OR-3	Sidholi	Kasmanda	Hamirpur	Peernagar	173	1016	226.8123	259.2141
28	OR-3	Sidholi	Kasmanda	Manpara	Puranpur	150	909	172.1603	176.9425
29	OR-3	Mahmudabad	Pahala	Akbapur	Husainpur	197	1045	233.8565	261.3690
30	OR-3	Sidholi	Pahala	Kabra	Dalmau	147	873	176.3049	206.7023
31	NOR-1	Misrikh	Pisawan	Pisawan	Pisavan	432	2405	470.0084	552.9511
32	NOR-1	Misrikh	Pisawan	Wazir Nagar	Vajir Nagar	390	2360	375.4043	375.4043
33	NOR-1	Sitapur	Khairabad	Kasimpur	Chelwara	448	2845	368.1960	382.3574
34	NOR-1	Sitapur	Ailiya	Kusuma	Bibipur	313	2097	347.5787	408.0272
35	NOR-1	Laharpur	Hargaon	Mahadeo Atra	Kakarahi	486	3259	298.1736	308.4554
36	NOR-1	Misrikh	Maholi	Urdauli	Urdauli	570	3451	489.4335	531.9929
37	NOR-1	Laharpur	Parsendi	Parsendi	Parsendi	593	3678	421.3803	458.0221
38	NOR-1	Misrikh	Misrikh	Lakariyamau	Atva	468	2990	336.4027	362.2798
39	NOR-1	Misrikh	Machhrehta	Lahungpur	Madhawapur	398	2278	378.3501	403.5734
40	NOR-1	Misrikh	Machhrehta	Katiya	Kinhoti	314	2142	434.2084	434.2084
41	NOR-1	Sitapur	Ailiya	Saadat Nagar	Sadatnagar	622	3458	204.8721	214.6279
42	NOR-1	Sitapur	Hargaon	Jalalipur	Bhadewan	515	3058	436.0852	436.0852
43	NOR-1	Misrikh	Misrikh	Lakariyamau	Bhitholi	497	2944	210.4536	226.6426
44	NOR-1	Misrikh	Machhrehta	Baniyamau	Phateha Nagar	519	3189	380.9306	423.2562
45	NOR-2	Laharpur	Laharpur	Jibauri	Tahpur	236	1173	506.3297	506.3297
46	NOR-2	Biswan	Reusa	Barsera	Modhi Selahwa	217	1180	466.5381	510.9703
47	NOR-2	Sitapur	Ailiya	Ailia	Sohai	264	1388	424.4310	440.7553
48	NOR-2	Laharpur	Hargaon	Rajapur	Rajepur	266	1615	414.0362	490.7096
49	NOR-2	Laharpur	Behta	Bharsanda	Mahasi	183	1152	369.9697	411.0774
50	NOR-2	Sitapur	Ailiya	Saadat Nagar	Mustafabad	182	1455	442.9245	442.9245
51	NOR-2	Misrikh	Misrikh	Tatroi	Ramshala	239	1231	417.0109	513.2442

PSU No.	STRATUM	TALUKA	BLOCK	PANCHAYAT	VILLAGE	HOUSEH OLDS	T_POPLN	HFACT	EWFACT
52	NOR-2	Laharpur	Laharpur	Thakera	Tada Kalan	326	1525	428.5341	445.6755
53	NOR-2	Biswan	Sakran	Mehrajnagar	Majlishpur	224	1296	480.8693	556.7960
54	NOR-2	Sitapur	Khairabad	Sarai Sani	Pakariya	284	1951	440.5755	440.5755
55	NOR-2	Misrikh	Gondlamau	Karuwamau	Asaraphnagar	202	1384	417.7308	417.7308
56	NOR-2	Misrikh	Gondlamau	Rausinghpur	Mareli	272	1567	419.3148	419.3148
57	NOR-2	Biswan	Sakran	Asawa	Sarya Kala	367	1931	505.1974	673.5965
58	NOR-3	Biswan	Reusa	Bajha	Narayanpurwa	42	243	525.3319	644.7255
59	NOR-3	Sitapur	Ailiya	Neri Kalan	Mallahpur	63	305	354.0064	368.7567
60	NOR-3	Biswan	Biswan	Koiti Batulla	Nipaniyamafi	137	821	203.5984	295.4150
61	NOR-3	Laharpur	Behta	Sirkila	Sidkira	131	805	397.6738	457.9274
62	NOR-3	Misrikh	Gondlamau	Allipur	Bakhrapur	67	412	292.1444	369.0245
63	NOR-3	Sitapur	Khairabad	Jalalpur Shahpur	Museypur Baldevsingh	86	620	436.0073	505.7685
64	NOR-3	Sitapur	Hargaon	Rajepur	Mudi khera	124	739	428.0635	428.0635
65	NOR-3	Misrikh	Machhrehta	Parsada	Jamalpur(N)	70	503	372.8236	437.6625
66	NOR-3	Sitapur	Ailiya	Ailia	Malika pur	182	990	436.2504	465.3330
67	NOR-3	Biswan	Biswan	Puraina	Akbapur	151	923	297.1516	341.1741
68	NOR-3	Misrikh	Pisawan	Fakharapur	Allipur	102	520	621.6481	687.0847
69	NOR-3	Misrikh	Pisawan	Pisawan	Nevada	147	724	444.2362	444.2362
70	NOR-3	Laharpur	Laharpur		Kurtajpur	127	903	413.2517	439.0799

Note: HFACT= Household weight factor.  
HEWFACT= Eligible weight factor.

## **ANNEX II**

### **PROJECT TEAM MEMBERS FOLLOW UP SURVEY IN SITAPUR DISTRICT**

#### **ORG CORE TEAM**

Mr. C.V.S. Prasad                      Advisor  
Dr. B.P. Thiagarajan      Research Director  
Mr. T.A. Khan                      Senior Research Executive  
Ms. Hemlata Sadhwani              Senior Research Executive

#### **DATA ANALYSIS**

Mr. Umesh Pathak                      Programmer  
Ms. Premlata Parmar      Research Assistant

#### **FIELD TEAM**

##### **A:      TEAM FOR HOUSEHOLD LISTING**

##### **LISTING CO-ORDINATOR**

..              M.P. Singh

##### **MAPPERS / LISTERS**

..              Anil Gupta	..              Ajit Kr. Singh
..              Durgesh Kr. Singh	..              Guru Dutt Singh
..              Praveen Srivastava	..              Ram Singh Maurya
..              Rajesh Chowdhri	..              Rajesh Tripathi
..              Sanjeev Kr.Pandey	..              Sushil Kr. Shukla
..              Sanjay Kr. Saxena	

**B: TEAM FOR MAIN SURVEY**

**FIELD CO-ORDINATOR**

.. Amit Chakroborthy

**TEAM SUPERVISORS**

.. Vishnu S. Tiwari  
.. Devendra P.Singh  
.. Mahendra P.Singh  
.. Rajesh Tripathi

**TEAM EDITORS**

.. Mamta Bisht  
.. Anju Dutta  
.. Pooja Gupta  
.. RupamSaxena

**FEMALE INVESTIGATORS**

.. Archana Vaishya  
.. Bhawna Saxena  
.. Jyoti Shukla  
.. Kusum Pandey  
.. Mamta Gaur  
.. Neelima Gupta  
.. Poonam Singh (Jr.)  
.. Reeta  
.. Sandhya Verma  
.. Sarla Srivastava

.. Alka Saxena  
.. Jyotika Srivastava  
.. Kanti Sonker  
.. Malti Singh  
.. Manisha Jauhari  
.. Poonam Singh (Sr.)  
.. Rajni Gupta  
.. Seema Jauhari  
.. Sita Maithe  
.. Vishnu Singh

ANNEX III

*Confidential*

**Follow-up Household Survey  
Questionnaire**

**Asia and Near East Operations Research  
and Technical Assistance Project  
Population Council  
1997**

**FINAL DRAFT  
17 JULY 1997**

## CONSENT FORM TO READ TO RESPONDENT

My name is [NAME OF INTERVIEWER]. I am a representative of [NAME OF RESEARCH ORGANIZATION]. We are conducting a survey on mother and child health. I would like to ask you some questions about health practices and conditions of your family members.

We are asking these questions to selected married women who have been randomly selected, by lottery, from among all married women of this area. You are one of those married women who have been chosen. Your responses to these are very important as other women's responses will be pooled together and used to formulate a better health plan to improve the health of the family in your village.

The information you will be giving will be kept confidential, no individual names will be used for any purpose. The interview will take about 30 minutes. The survey is voluntary and you may choose not to participate. Also, you are not obliged to answer any question you don't want to, and you may withdraw from the interview at any time.

If you have questions about the study or would like to know about the results, you can contact the Office of Chief Medical Officer at [DISTRICT].

Do I have your permission to ask you some questions?    YES            NO

NAME AND SIGNATURE OF INTERVIEWER: \_\_\_\_\_

DATE CONSENT OBTAINED \_\_\_\_\_

**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)
			(4)	(5)	(6)	(7)			
11		<input type="checkbox"/> <input type="checkbox"/>	YES NO 1 2	YES NO 1 2	M F 1 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 NO 1 2	YES NO 1 2	M F 1 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 NO 1 2	YES NO 1 2	M F 1 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 NO 1 2	YES NO 1 2	M F 1 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 NO 1 2	YES NO 1 2	M F 1 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 NO 1 2	YES NO 1 2	M F 1 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

<b>RECORD THE END TIME.</b>	<b>HOUR</b> ..... <input type="checkbox"/> <input type="checkbox"/>
	<b>MINUTES</b> ..... <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"/>	
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"/> 98 <input type="checkbox"/> 98	104
103	How old were you at your last birthday?	AGE IN COMPLETED YEARS	<input type="checkbox"/>	
104	How old were you at the time of gauna?	AGE IN COMPLETED YEARS	<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"/>	
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"/>	
107	What is your current marital status?	CURRENTLY MARRIED .....	1	







**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 IMMUNIZATION .....2 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 AVAILABLE .....4 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 BIRTH .....1 STILL BIRTH..... 2 SPON. ABORT...3 MTP.....4 CURRENTLY PREGNANT..... 5	LIVE BIRTH .....1 STILL BIRTH..... 2 SPON. ABORT...3 MTP.....4 CURRENTLY PREGNANT..... 5	LIVE BIRTH .....1 STILL BIRTH..... 2 SPON. ABORT...3 MTP.....4 CURRENTLY PREGNANT..... 5
316	Where was delivery occurred?	HOME .....1 PHC.....2 CHC.....3 GOVT. HOSP.....4 PVT. HOSP.....5 ANIMAL SHED..6 OTHERS.....7	HOME .....1 PHC.....2 CHC.....3 GOVT. HOSP.....4 PVT. HOSP.....5 ANIMAL SHED..6 OTHERS.....7	HOME .....1 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 DAI .....5 PRIV.DOCTOR/ NURSE.....6 OTHERS.....7 SELF.....8	GOVT. DOC.....1 ANM/LHV.....2 TRAINED DAI...3 FAMILY MEMBER..... 4 UNTRAINED DAI .....5 PRIV.DOCTOR/ NURSE.....6 OTHERS.....7 SELF.....8	GOVT. DOC.....1 ANM/LHV.....2 TRAINED DAI...3 FAMILY MEMBER..... 4 UNTRAINED DAI .....5 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. DOCTOR .....16 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 WORKER .....4 GOVT. DOCTOR .....8 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/VACCINE .....97 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"/>	401
		WIDOWED/DIVORCED/ SEPARATED.....		<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
	<b>Male sterilization:</b> Men can have an operation to avoid having any more children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Tubectomy/ Laprascopy:</b> Women can have an operation to avoid having any more children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Loop/Copper T/IUD:</b> 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"/>
	<b>Pills:</b> Women can take a pill every day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Condom or Nirodh:</b> Men can use a rubber sheath during sexual intercourse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Foam tablets/Jelly:</b> Women can place tablets/cream inside vagina before each intercourse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Injections:</b> 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"/>
	<b>Withdrawal:</b> Men can be careful and pull out before climax.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<b>Rhythm or Periodic:</b> 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"/>
	<b>Others:</b> 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 WORKER .....4 GOVT. DOCTOR .....8 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



NO.	QUESTIONS AND FILTERS	ANSWERS	CODES	SKIP TO
432	What were you told about types of precautions you need to take? MULTIPLE ANSWERS POSSIBLE	REGULAR FOLLOW-UP VISITS.....1 NO HEAVY WORK FOR A SPECIFIC PERIOD..... .2 USE OF CONDOM.....4 VISIT TO CLINIC, IF IUD  EXPELS.....8 REGULAR OC USE.....16 REPORT IF SIDE EFFECTS.....32 OTHER(SPECIFY).....64 SUM ALL CODES AND ENTER	□□□	
433	Were you told when to make revisit(s)?	YES NO	1 2	
434	Did any worker make any follow-up visit within one month of adoption?	YES NO	1 2	436
435	Who made the visit?	MALE WORKER FEMALE WORKER OTHERS (SPECIFY)_____	1 2 3	
436	Have you or your spouse had any problem(s) or side effect(s) with the family planning method?	YES NO	1 2	442
437	What problem(s) or side effect(s) have you faced or are you facing currently? MULTIPLE ANSWERS POSSIBLE	SEPSIS..... .1 ABDOMINAL/GASTRIC PAIN...2 BACKACHE/BODY PAIN / HEADACHE..... 4 WEAKNESS..... 8 EXCESSIVE OR IRREGULAR BLEEDING.....1 6 WHITE DISCHARGE.....32 FEAR OF SIDE EFFECTS.....64 PROBLEM IN DISPOSING.....128 INFERTILITY/ SECONDARY STERILITY.....25 6 LOSS OF SEXUAL DESIRE...512 WEIGHT GAIN.....1024 OTHERS(SPECIFY)_____2048	□□□□	
438	Did you get any help or assistance to	YES	1	

439	Were you referred to any other person or institution for treatment?	YES NO	1 2	442
-----	---	-----------	--------	-----

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	□□□	

<b>NO.</b>	<b>QUESTIONS AND FILTERS</b>	<b>ANSWERS</b>	<b>CODES</b>	<b>SKIP TO</b>
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.....□□**

**INTERVIEWER'S OBSERVATIONS**

(To be filled in after completing interview)

Comments about Respondent: \_\_\_\_\_

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\_\_\_\_\_

Comments on Specific Questions: \_\_\_\_\_

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Any Other Comments: \_\_\_\_\_

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**SUPERVISOR'S OBSERVATIONS**

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**EDITOR'S OBSERVATIONS**

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