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District Level Baseline Survey of Family Planning Program in Uttar Pradesh

Agra

MODE

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The Population Council, India

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MODE Research Pvt. Ltd., New Delhi

1995

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PREFACE

The Ministry of Health and Family Welfare, Government of India (MOHFW), with financial assistance from the United States Agency for International Development (USAID), launched a landmark project in India's most populous state, Uttar Pradesh (UP). The project "Innovations in Family Planning Services Project (IFPS)" was implemented under the executive management of the State Innovations in Family Planning Services Agency (SIFPSA), Lucknow.

Conducting Baseline surveys in fifteen selected districts of UP (BSUP) was the first step in the project innovation process. The survey was implemented under the technical guidance of The Population Council. MODE Research Pvt Ltd carried out the survey in the districts of Jalaun and Kanpur Nagar. BSUP provided a critical and important input to the project by generating important demographic and family welfare programme data at the district level.

Over and above the fifteen districts surveyed, it was subsequently decided to conduct a baseline survey in Agra district. MODE carried out this survey. We at MODE are grateful to The Population Council for entrusting the task to us, which has been an added privilege.

We wish to specially thank Dr John W Townsend and Dr M E Khan for their overall guidance in conducting the study. Thanks are also due to Dr R B Gupta and Dr M E Khan for sparing valuable time to ensure technical quality on all aspects of the study. The time spent by them in the field has gone a long way in improving the efficiency in the data collection, as well as motivating the field team members who carried out a large part of the survey under severe heat wave conditions. We appreciate the efforts put in by Mr Vasant M Uttekar for graphic presentations and formatting of the report for publication.

We sincerely hope that the study findings will contribute towards initiating actions for the family welfare programme, and commit our readiness to participate in such endeavours in the future.

New Delhi
July 14, 1995

Tilak Mukherji
Director

EXECUTIVE SUMMARY

The Baseline Survey is the first step in the innovations project of "Innovations in Family Planning Services Project (IFPS)" under the executive management of the State Innovations in Family planning Services Agency (SIFPSA). Survey was implemented by several consultancy organizations under the technical guidance of the Population Council. MODE Research Pvt. Ltd. carried out the baseline survey in the districts of Jalaun and Kanpur Nagar.

Apart from the 15 districts studied, The Population Council entrusted the task of conducting a baseline survey in Agra district to MODE Research Pvt. Ltd.

The Baseline Survey is a representative survey of ever married women aged 13-49 in the district of Agra. In Agra interviewers collected information from 2864 ever married women aged 13-49 in urban and rural areas of the district. The field work in Agra was conducted between 14 May and 2 June, 1995.

The primary aim of the baseline survey was to provide information at the district level for urban and rural areas separately. The information collected in the survey include: Current levels of access to family planning services, quality of information, choice and follow-up provided to the users, levels of knowledge and use of contraceptive methods, acceptability, utilization and satisfaction with the methods and services. The Agra Baseline Survey also collected information on the reproductive health of the women.

Marriage and Fertility

The current marital status of the women reveals that the early marriage is very common in the district. Overall, one third of the women were married by the age 19 years and by 25, 86 percent were married in the population. As would be expected significant urban-rural differentiates were observed with almost half of the women (49 percent) being married in rural areas as against about 16 percent in urban areas.

The estimates of singulate mean age at marriage show a difference of almost five years between the sexes with estimates of 23.97 for males and 19.09 for females.

Overall, it can be said that the knowledge of legal age at marriage is very low in the district. The proportion of women reporting the correct legal age at marriage for males and females is about 25 percent and 41 percent respectively. Urban-rural difference in the levels of knowledge was observed to be significant. For example, the proportions reporting correct legal age at marriage for males in rural and urban areas are 15 percent and 39 percent respectively. Similarly, the educational attainment of the women exhibits a positive relationship with the awareness of the legal age at marriage.

The estimates of Age Specific Fertility Rates reveal the peak fertility in the age group of 20-29. The contribution of this age group in the total population is almost two thirds (63 percent). TFR for the women 15-49 years is estimated to be 4.6 children for district as a whole.

Further, the estimates show that women in the rural areas will have about two children more than the urban women. Educational attainment of the women shows negative relationship with the TFR. For example, the TFR estimate drops from about 5.9 children among illiterate women to 2.6 among women with high school and above high school qualifications.

Family Planning

Knowledge of family planning methods is nearly universal in the district with 92 percent and 96 percent of the ever married women in urban and rural areas reporting the knowledge of at least one modern method of Family Planning. However, the proportion knowing how to use the method correctly is low in both urban as well as rural areas with urban areas having a relatively better knowledge. For example, the proportion of women knowing how to use oral pills correctly in rural areas is as low as 26 percent against 44 percent among the urban areas.

Ever use of family planning methods in the district is estimated to be 55 percent with a wide variation between urban and rural areas (66 percent and 47 percent respectively). Against this the current use for the district is estimated to be 38.6 percent with the current use ranging from 30.5 percent in rural areas to 49.8 in urban areas. Educational attainment exhibits a positive association with the current use of any method. Current use of any method ranges from 30 percent among illiterates to 58.6 among the women with above high school qualification. The current use among the higher caste Hindus is observed to be higher than the scheduled caste (28.6 percent); scheduled tribe (11.7 percent) and backward castes (28.6 percent).

Sex composition of the surviving children seems to be one of the major determinants of the contraceptive use in the district. Proportion of women not using any method among those who have two surviving children ranges from a low of about 48 percent when both are sons to 74 percent when both are daughters. Similar trend is observed even among those having three or more surviving children.

Larger proportion of the users has faced problems with the methods. The proportion who had problems ranges from a high of more then half among tubectomy users (54 percent) to 37 percent among pill users. The most common problems faced among the users of sterilization, CuT and OP are abdominal pain, backache/body pain/headache, weakness and excessive bleeding.

Total unmet need for family planning services for the district is estimated to be about 36 percent with about 21 percent as the unmet need to limit and another 15 percent to space. Interestingly the unmet need for family planning is relatively high in rural areas (40 percent) than in urban areas (30 percent). By background characteristics of the women it was observed that unmet need drops from about 42 percent among illiterates to 21 percent among above high school educated women. Major reasons for unmet need for family planning services are reported to be: going to use FP method (15 percent); do not like existing methods (14 percent); lack of services (11 percent); oppositions from husband or other family members (10 percent); and attained menopause (12 percent).

A large proportion of the women believes that the use of family planning methods would result in complications. This proportion ranges from a low of 8 percent for condom users to more than half for CuT (54 percent) and Laparoscopy (52 percent). Among those who think that the use of method would result in complications, the proportion that perceives the complication to be permanent is about 50 percent for laparoscopy, 30 percent for CuT and 76 percent for Oral pills.

During the last three months only about 29 percent of the Condom users got the supply regularly and the rest either did not get some time (59 percent) or never received the supply (12 percent). In case of short supply of the method the reported alternatives are "get from other source" (10 percent) and "shift to other method" (90 percent).

Reach of family planning messages through the popular media was observed to be high with about 81 percent in urban areas and 93 percent in rural areas reporting that they have heard of family planning massages from both Radio and TV

Among the non-users 65 percent intends to use within one year and 23 percent within 1-2 years.

Fertility Preferences

About 23 percent of the women who desire to have addition children intend to have their next child within one year and the rest would like to wait for at least one year.

Surprisingly, a large majority of the women in rural areas (63 percent) and in urban areas (59 percent) who desire to have additional/child/children have at least three surviving children.

Thirty eight percent of the ever married women in rural areas and 33 percent in urban areas had never discussed about number of children with their husbands.

Overall, about 16 percent of the ever married women have had unwanted pregnancies in the district and one-third of them resulted in live births (35 percent). Even among the currently pregnant women 20 percent either did not want to have any more children (14 percent) or wanted later (6 percent). A sizable proportion of the currently married women (28 percent) intends to abort the pregnancy if it is unwanted.

Maternal and Child Health

During the last two years, only 48 percent of the women who were pregnant had received ANC. A majority of them had received ANC Services from either private doctor (56 percent) or from public sector (32 percent). Median gestation age for the first ante natal care visit was 4 months.

A majority of births that have occurred during the last two years took place at home (74 percent). The proportion of births attended to by trained personnel (Doctors/Nurse/ Trained Birth Attendant) was 42 percent.

Among the children aged 12-23 months, 41 percent had received all vaccines and the proportion not receiving any vaccine was about 34 percent.

The immunization coverage exhibits variations by sex of the child and literacy levels of the mother, the proportion of children who had received all vaccines ranges from about 24 among illiterate mothers to 81 percent among mothers with above high school education.

Utilization of Public Health Services

A larger proportion of the households goes to private doctors (54 percent) during sickness and the proportion going to public sector health care services was negligible (2 percent). Major reasons for preferring private doctors were: "Better treatment" (41 percent), "PHC/SC are far off" (78 percent), and "no staff/doctor available at PHC/SC" (28 percent). Almost all the women agree for the payment for services if they are improved.

Against 55 percent of the households contacting PHC/SC workers during the last three months, the proportion of households contacted by health workers was only 7 percent.

Reproductive Health

A large proportion of women (47 percent) is reported to be having reproductive problems like excessive vaginal discharge. Also, a significant proportion reported to be having problems like "Itching around genitalia, (20 percent) and "Difficulty in controlling urine" (22 percent). Among them only little more than one-fourth (26 percent) had taken any treatment. The reasons for not taking treatment were observed to be "Shortage of Money/Treatment is costly" (50 percent), "Problem is not so serious" (41 percent), and family members do not feel it necessary (20 percent).

CHAPTER I

INTRODUCTION

1.1 Background

Agra baseline survey has been supported by the Population Council, New York with one of its offices in New Delhi. It is a part of baseline surveys which have been sponsored by the Ministry of Health and Family Welfare (MOHFW) with financial support from United States Agency for International Development (USAID) under their "Innovations in Family Planning Services Project (IFPSA)". Under IFPSA project baseline surveys were carried out in 15 selected districts out of 63 districts of Uttar Pradesh under the overall management of State Innovations in Family Planning Services Agency (SIFPSA), Lucknow.

The SIFPA designated the Population Council as the nodal organisation for providing coordination, and technical guidance for the baseline surveys in the 15 selected districts. The Population Council collaborated with a number of Indian Consulting Organisations (COs) for survey implementation. MODE Research Pvt. Ltd., with headquarters in Calcutta and branch offices in Delhi, Madras, Bombay, Bangalore, Hyderabad and a number of field offices all over the country was the selected CO for the BSUP in the districts of Jalaun and Kanpur Nagar.

The Population Council has now entrusted the responsibility for carrying out a Baseline Survey in district Agra to MODE Research Pvt. Ltd., New Delhi. The survey procedure, minimum acceptable level of coverage and all other parameters are identical as were laid out for BSUP excepting that a new section on Reproductive Health has been added.

1.2 Objectives of the Study

The survey aims to gather district level information on fertility, infant and child mortality, family planning and maternal and child health care practices. This information is intended to assist policy makers and programme administrators in planning strategies/ appropriate service innovations for improving their family welfare programme. The data would also serve as baseline measures against which the effectiveness and success of district level interventions could be assessed in future.

More specifically, the survey aims to assess the following aspects -

- Measurement of current levels of access to family planning services;
- Estimates of the quality of information, choice and follow-up provided to family planning users on specific methods and their appropriate use;
- Estimates of knowledge and use of contraceptive methods as well as the level of unmet need of contraception;

- Measurement of the acceptability, utilisation and satisfaction with the methods and services provided; and

- Reproductive health of women.

1.3 Agra District at a Glance

Agra is one of the 63 districts in the state of Uttar Pradesh. As per 1991 Census the district has a population of 27.51 lakhs, with 11.11 lakhs urban and 16.40 lakhs rural population. The urban population which constitutes 40.4 percent of the total population of the district resides in 18 cities/towns with varying population sizes.

Agra (U.A) is the largest town in terms of population size with a population of 9.48 lakhs accounting for 85.3 percent of the urban population of the district. Most of the other towns have population of less than 20 thousand.

Rural areas of the district comprise 1174 villages spread over 15 Community Development Blocks. The largest Development Block in terms of population size is Barauli Ahir with 1.60 lakhs population and smallest is Jagner with 73.11 thousand population.

Agra is situated in the midst of the fertile belt of river Jamuna; the surrounding lands have a prosperous agricultural heritage. Manufacture of leather goods is the predominant industry. Other well known and famous products include woolen and cotton carpets, marble statues, chicken work, and items requiring artistic skill etc.

Selected parameters showing socio-economic and demographic profile and the availability of health infrastructural facilities in the district as against the state from the latest available secondary sources are given in Table 1.1.

Table 1.1: Socio-economic and demographic profile of the District and State

	District	*State*
Population (1991)		
Total	2751021	139112287
Male	1501927	74036957
Female	1249094	65075330
Growth rate (1981-91)	19.83	25.16
Population density (1991)	683	473
Number of villages	1174	112568
Number of towns	18	704
Number of CD Blocks	15	889
% of total population (1981)		
0-14 Population		41.7
15-59 Population		51.5
60+ Population		6.8
Dependency ratio		
(No. of dependents per 1000 working pop.)		840
% of total state population		
% urban population	1.98	100
Sex ratio (1991)	40.39	19.84
	832	879
Literacy level (1991)		
Total		
Male	48.58	40.89
Female	63.09	55.73
Urban	30.83	25.30
Rural	59.77	61.0
	40.71	36.66
Crude Birth Rate (SRS, 1991)		
Contraceptive Prevalence Rate (1991-92)	-	35.7
	-	34.5
Percent of total population (1991)		
Scheduled caste		
Scheduled tribe	23.20	21.04
	0.01	0.22
Health Infrastructure		
No. of PHCs/CHCs (1991)	59	3929
No. of Sub-centre (1991)	299	20154
Average rural population per sub-centre (1991)	5485	5533
Total Govt. physicians		
Sanctioned	131	11809
In position	108	8265
Allopathic	81	5659
Homeopathic	3	666
Ayurvedic/Unani	24	1940
Total pvt sector physicians	3054	62338
Allopathic	2115	18420
Homeopathic	511	22692
Ayurvedic	428	21227

Source 1 Census of India, 1991 - Final Population Totals, paper - 1 of 1992 Vol II, RGI
2 Sample Registration System, 1994
3 Family Planning Programme in Uttar Pradesh (1991) - Issues for Strategy Development, 1994. RGI

1.4 Presentation of Report

In Chapter 2, the study design, the sampling procedure in urban and rural areas are presented along with a brief discussion on study tools, recruitment of investigators and training, data processing, estimation procedures and field problems during data collection.

The next chapter is intended to set the stage for the fertility and family planning chapters that follow by describing the background characteristics of the household population, the eligible respondents, and their dwelling conditions. Chapter 4 examines marriage patterns including current marital status, age at effective marriage and age at which the respondent first started living with her husband.

In Chapter 5 the current and cohort fertility measures of the population have been described and later analyzed by background characteristics because of their direct relevance to population policies and programmes.

Chapter 6 on family planning is the largest section of the report. It begins with an appraisal of the knowledge of contraceptive methods before moving on to a consideration of current and past users of family planning. Special attention is focussed on nonuse, reasons for discontinuation and limitation to use in the future.

The next chapter covers fertility preferences and documents women's ideal number of children. It also addresses the unmet need for contraception in the population while Chapter 8 describes maternal care during pregnancy and delivery and immunization.

The last chapter describes the information collected in the village and CHC/PHC/SC level questionnaires which could be useful for interpretation of the survey findings.

CHAPTER II

THE SURVEY DESIGN

The survey design for the Agra baseline survey was the same as for BSUP and was adopted to provide statistically adequate estimates of contraceptive prevalence at the district level, and for rural and urban areas within the district. Further, with the help of the survey data it was intended to obtain district level estimates for other important indicators, such as the use of modern spacing methods, utilisation of health and family planning services, fertility and reproductive preferences etc. To have inter-district comparisons, uniform questionnaires, sampling design, data collection and analysis plan were used as for BSUP.

2.1 Survey Design

A multistage stratified systematic random sampling design was adopted for the selection of the sample and estimation of population parameters, as explained subsequently in the report.

Sample Size

The overall target sample size of 2866 eligible women (ever-married women aged 13-49 years) was required to have a confidence level of 95 percent in our estimates at the district level. It was expected that the number of ever- married women in the age group 13-49 years per household would be around 1.2 and therefore, by visiting a sample of 2388 households and using a *de facto* procedure for the selection of respondents, the required number of 2866 ever-married women was obtained. Allowing an increase of 5 percent to accommodate for non-response at the household and respondent levels due to refusal or locked houses, the target sample of eligible women consisted of 2500 households and 3000 ever-married women aged 13-49 which was more than enough to assure reliable estimates of changes in overall contraceptive prevalence at the district level.

The sample design was made self-weighted by allocating the total sample size of 2500 households into urban and rural populations according to their proportions as per the 1991 Census. With this procedure, an allocation of 1000 households for urban and 1500 households for rural areas was made to form samples of urban and rural households in Agra district.

2.1.1 Rural Sample

For achieving the required number of sample households and eligible women in rural areas, a two-stage stratified systematic sampling procedure was adopted, the unit of selection at first stage being villages and at the second stage, the households. Within each selected household, all the eligible respondents *(de facto)* ever-married women 13-49 years of age present in the households including visitors, were considered for interview.

1 All the villages were divided into three strata, each of an equal population size (i.e. after arranging the villages by descending order of their population).

2 Less than 50 population villages were deleted from the frame.

3 Villages with a population between 51-150 were combined with the next immediate village as per census listing to ensure the minimum required sample size of 25 households from each PSU/village.

4 60 PSUs/villages were selected from the three strata @ of 20 PSUs/villages per stratum.

6 In case of large sample village exceeding 500 households, the village was divided into 3 to 5 segments of about 150-250 households each. From these segments, two segments were selected and 13 households from the first and 12 households from other segments were selected to have a total of 25 households to represent the village.

7 Lastly, with systematic random sampling procedure, a sample of 25 households was selected from each of the sample village to arrive at the required number of 1500 households in the rural sample.

A list of 60 sample villages with their population according to 1991 census is enclosed at Appendix A.

2.1.2 Urban Sample

A three stage stratified systematic random sampling design was used to obtain urban sample of households, the towns being the unit of selection at first stage, Census Enumeration Blocks (CEBs) at the second stage and the households within the selected CEB at the third stage. Within each selected household, all eligible women were listed for interview.

In urban areas, the list of census enumeration blocks provided by the Registrar General of India for 1991 served as the sampling frame. All the towns in the district were classified into the following three strata based on their population:

Stratum I Towns with a population of one lakh and over

Stratum II Towns with a population from 20,000 upto 1 lakh

Stratum III Towns with a population of less than 20,000

The urban sample of households was distributed into three strata proportionately. All towns in each strata were listed according to their population in the census 1991, and then using PPS, the towns were selected. For the selected towns, a list of Census Enumeration Blocks (CEBs) was obtained and using PPs sampling procedures, the required number of census blocks to be covered in each stratum was obtained. To ensure adequate representation of Stratum III towns, at least 2 census blocks and 25 households within each block were sampled.

The urban sample of 1000 households or 40 CEBs distributed into three strata, in proportion to the population in each stratum, were

1 Agra (UA) was the self selected town, as it was the only one which falls under stratum I. It was selected and a sample of 32 census block was drawn.

2 Again, there was only one town (Fatehpur Sikri, which falls in stratum II; it was selected and a sample of 2 CEBs was drawn.

3 A sample of 3 towns with 6 CEBs (@ 2 CEBs from each town) were selected from stratum III.

A list of 40 Census Enumeration Blocks (CEBs) drawn from 5 sample towns with their population according to 1991 census is enclosed at Appendix B.

2.2 Study Tools

Five types of questionnaires used for district Agra baseline survey were:

i) The Households Questionnaire,

ii) The Woman's Questionnaire,

iii) The Village Information Schedule,

iv) The Primary Health Centre/Sub-centre Schedule, and

v) The House Listing Schedule.

The overall content and format of the questionnaires were the same as used in BSUP, excepting that a new section was added on Reproductive Health of the women. All these questionnaires were approved again by the Population Council.

Questionnaires/Schedules used were bilingual, comprising questions in English and Hindi.

Manuals of instructions for all questionnaires were also prepared in both the languages.

2.3 Training and Field Work

2.3.1 Recruitment of Investigators

Final selection of the field teams was done at MODE's Delhi office, though initial selection was done at different places. In the first place all attempts were made to contact those interviewers who were involved in BSUP. Those female interviewers who had received a minimum of bachelor's degree and shown good performance in BSUP were selected.

Some interviewers were selected from Agra in order to ensure that interviewers were acquainted with localities where survey was going to be conducted and the remaining were selected from Delhi. The eligibility criteria of selection included a minimum educational qualification of a bachelor's degree with some working experience in social research, especially baseline survey.

2.3.2 Training

Training of field staff for the survey was conducted between 14 May to 2 June, 1995 at MODE's Delhi office. The training was closely monitored by senior staff of MODE and the Population Council. A total of 36 persons (28 females and 8 males) were given in-depth training for conducting field work. The training consisted of classes on field procedures, interview techniques on different sections of the questionnaire etc. The field staff was also apprised about the objectives of the baseline survey and the population profile of the district including the status of family planning, MCH, immunisation etc. before imparting training on the actual questionnaires to be administered in the field. On completion of training, candidates were selected to work as supervisors, editors and interviewers based on their performance.

2.3.3 Data Collection

The main field work for the baseline survey in district Agra was carried out by four interviewing teams, each team consisting of one field supervisor, one field editor and five female interviewers. The field work was carried out between June 2 to July 7, 1995. The monitoring and supervision of the data collection operations were carried out by the coordinator and senior staff of MODE for ensuring correct survey procedures and maintaining the quality of data.

The field work was also monitored by the senior representatives of the Population Council.

2.4 Sample Implementation

In the process of sample implementation, three aspects discussed in this section are (i) household listing, (ii) household coverage, and (iii) women response.

(i) Household Listing

Two notional layout sketch maps were prepared (i) Village/CEB Location - Map showing boundaries, directions and major landmarks, (ii) Household Location Map-showing household number and directions.

For each of the selected Primary Sampling Unit - villages in case of rural areas and CEBs in case of urban areas, a complete houselisting has been undertaken. All the households have been numbered for easy identification and the details of the heads of the households with addresses etc. have been recorded in the house listing proforma designed for the purpose.

Two investigators - one lister and one mapper - after due training, have been assigned the job of houselisting and mapping for each PSU. The entire houselisting in 100 PSUs in Agra district has been completed over a period of 1½ month, employing 4 teams. After thorough scrutiny of these lists, 25 households from each PSU have been selected through systematic sampling procedure.

In case of PSUs having less than 500 households, a complete household listing was done. If PSUs had more than 500 households, they were divided into three to five natural clusters/segments, each consisting of 150 to 250 households. Thereafter, two clusters were selected using PPS sampling procedure for household listing and mapping.

Table 2.1: Sample results

	Rural		*Urban*		*Total*	
	Number	*Percent*	*Number*	*Percent*	*Number*	*Percent*
Households selected	1500	100.0	1000	100.0	2500	100.0
Households completed (c)	1494	99.6	980	98.0	2474	99.0
Households with no competent respondent (MP)	-	-	2	0.2	2	0.1
Households absent (HA)	3	0.2	17	1.7	20	0.8
Households refused (R)	2	0.1	1	0.1	3	0.1
Others (O)	1	0.1	-	-	1	0.0
Households occupied	1500	100.0	1000	100.0	2500	100.0
Households interviewed	1494	99.6	980	90.0	2474	99.0
Households not interviewed	6	0.4	20	2.0	26	1.0
Households response rate (HHR)*	NA	99.7	NA	98.0	NA	99.0
Eligible women	1862	100.0	1108	100.0	2970	100.0
Women interviewed (EWC)	1790	96.1	1074	96.9	2864	96.4
Women not at home (EWNH)	65	3.5	23	2.1	88	3.0
Women postponed (EWP)	-		4	0.4	4	0.1
Women refused (EWR)	7	0.4	6	0.5	13	0.4
Others (EWO)	-		1	0.1	1	0.0
Individual response rate (EWRR)**	NA	96.1	NA	97.0	NA	96.4
Overall response rate (ORR)***	NA	95.8	NA	95.1	NA	95.4

* $HRP = \frac{C}{C + HP + HA + R}$ ** $EWRR = \frac{EWC}{EWC + EWNH + EWP + EWR}$ *** ORR = HRR * EWRR

(ii) Household Coverage

The results of sample households and eligible women interviews are presented in Table 2.1. The household questionnaire was preferably canvassed to the head of household or an adult member available in the household. No replacement was made for locked houses, households where interviews were refused or households not found.

Out of total 2500 sample households, 2474 household interviews were completed which were 98 percent of the total. In about 2 percent of the cases numbering 26, the households were found absent/house locked and were not available for interviews at the time of survey. The household response rate, i.e. the number of households interviewed per 100 occupied households was 99 percent. A slightly higher response rate for the household interviews was observed in rural areas than in urban areas of the district.

(iii) Women Response

The ever-married women schedule was filled in by interviewing the sample women only. In the case of non-availability of a respondent, the schedule was kept unfilled and no attempt was made to fill in the schedule by asking information from any other member of the household, including her husband.

From the completed household questionnaires, a total of 2970 ever-married women in the age group 13-49 years were found to be eligible for their individual interviews. Out of these eligible women, interviews of 2864 women were completed which was 96.4 percent of the total. The main reasons for non-response was the moving out of women either to their parents, relations or other places due to summer vacation of their children. The other reasons for non-response were not found to be significant. The individual response rate was slightly higher in urban than in rural areas.

2.5 Data Processing

All the completed questionnaires were brought to MODE's Delhi office for data processing. The data were processed on Micro Computers. The process consisted of office editing of questionnaires, coding, data entry, cleaning and tabulation. The entry and cleaning were done using software package provided by the Population Council. The data were processed on SPSS for field check tables as well as for final tabulation. For data analysis, SPSS and FoxPro Software packages were used.

In order to maintain uniformity and comparability with the districts covered under BSUP, the final tables were made on the similar pattern as of BSUP. The tables on Reproductive Health, were also prepared on the pattern of other tables in the report. The Reproductive Health section was not covered in BSUP Surveys.

The estimation procedure/weighting factor was also the same as used for BSUP and explained subsequently in the report.

2.6 Estimation Procedure

As mentioned earlier, since in some stages weighted sampling procedures were followed, the bias arose due to weighting at the selection stage which was adjusted at analysis stage by giving the reverse weighted factor in order to give an unbiased estimate. The procedure adopted for the study is given below.

A Weighting Factor for Rural Areas

$$\text{Household Factor} = \frac{P}{a \times p^i} \times \frac{H^i}{h^i}$$

where

P	=	Total rural population (1991 census) of the district
p^i	=	Population (1991 census) of the selected ith village/ith PSU
a	=	Number of selected PSUs villages from the rural areas of Agra district
H^i	=	Number of listed households in the ith PSU/village
h^i	=	Actual number of households surveyed from the ith selected village

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

$$\text{EW Factor} = \text{Household Factor} \times \frac{Ei}{ei}$$

where

E^i	=	Total number of eligible women existing in the surveyed households of the ith PSU/village
e^i	=	Actual number of eligible women surveyed in the ith PSU/village

B Weighting Factor for Urban Areas

$$\text{Household Factor} = \frac{P_i}{a_i \times b_j \times q_{ijk}} \times \frac{H_k}{h_k}$$

where

P_i	=	Total urban population (1991 census) in the ith stratum
a_i	=	Number of selected towns in the ith stratum
b_j	=	Number of selected CEBs in the jth town
q_{ijk}	=	Population (1991 census) of kth CEB in the jth town of ith stratum
H_k	=	Number of listed households in the kth CEB of jth town
h_k	=	Actual number of households surveyed from the kth CEB of jth town

$$\text{EW Factor} = \text{Household Factor} \times \frac{E_k}{e_k}$$

where

E_k = Total number of eligible women existing in the surveyed households of the kth CEB/PSU of jth town of ith stratum

e_k = Number of actual eligible women surveyed in the kth CEB/PSU of the jth town of ith stratum ·

After generating the weighted factors from the above method, it was tested for precision by comparing the various population parameters so obtained for mid 1995, with that of 1991 census figures for the district. It was found that population (both urban and rural areas), sex ratio, percentage of urban population, percentage of young and old dependent and percentage of illiterate (both males and females) more or less compared with the census figures.

2.7 Field Experiences

At the outset, getting 30 females for survey activities for a short duration during the summer season faced a problem. We were keen to have females who had an earlier experience of working in BSUP and other interviewers from district Agra in order to ensure that the workers were acquainted with the localities. The response was as per our expectations. Other interviewers were selected by contacting colleges and universities in Delhi from where we could get the required number of female investigators in a short duration.

The North of India reeled under unusually severe heat wave conditions during the summer of 1995 and unfortunately our field work was in the midst of the bad period. Consequently, many of our interviewers fell ill due to heat stroke and diarrhoea, and some even had to be hospitalised. For smooth operations our other field staff had to work round the clock.

During our field work we had the constant moral support of The Population Council. Their senior representatives spared quite a lot of their valuable time for field visits. It was an enriching experience for our field staff and we at MODE are really grateful to them.

CHAPTER III

HOUSEHOLD AND RESPONDENT BACKGROUND CHARACTERISTICS

This chapter presents a profile of the demographic and socio-economic characteristics of the households and individual respondents of Agra district.

3.1 Age-Sex Distribution of the Household Population

Table 3.1 gives the age-sex distribution of the *de jure* and visitors population in the household. The distribution of the usual residents shows that about 42.1 percent belong to 0-14 years age group, while only 3.4 percent are above 65 years. The corresponding figures for the visitors is slightly higher i.e. 45.7 percent in 0-14 year age group and 2 percent in 65 + age group

The distribution pattern of *de jure* males and females across each group is identical. This is also true in case of the place of residence (i.e. rural or urban). In all, among the visitors 43.1 percent female visitors are in the age group 15-29 only. This figure is almost half (48%) for rural areas, probably because of concentration of married daughters among the visitors. The sex ratio, number of females per 1000 males, for the district is estimated to be 861 for *de jure* population.

Table 3.1: Household population of de jure and visitors by age and sex

Age	Rural			Urban			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
De jure									
< 1	3.0	3.8	3.4	2.8	3.2	3.0	2.9	3.5	3.2
1-4	12.1	12.6	12.3	10.6	10.6	10.6	11.5	11.7	11.6
5-14	28.9	27.6	28.3	27.2	24.9	26.1	28.2	26.4	27.3
15-19	10.4	8.7	9.6	10.5	10.5	10.5	10.5	9.5	10.0
20-24	8.4	8.8	8.6	8.5	9.4	8.9	8.4	9.0	8.7
25-29	7.0	7.5	7.2	7.3	9.1	8.1	7.1	8.2	7.6
30-34	6.0	6.8	6.3	7.9	7.2	7.5	6.8	6.9	6.9
35-39	5.3	5.4	5.4	6.5	5.9	6.2	5.8	5.6	5.7
40-44	4.1	3.4	3.8	4.9	4.2	4.6	4.4	3.8	4.1
45-49	3.1	3.4	3.2	3.4	3.6	3.5	3.2	3.5	3.3
50-64	8.0	9.0	8.5	7.7	7.6	7.7	7.9	8.4	8.1
65 +	3.8	3.1	3.5	2.9	3.9	3.3	3.4	3.4	3.4
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total N	958894	805650	1764544	709622	631782	1341404	1668516	1437432	3105948
Sex Ratio	NA	NA	840	NA	NA	890	NA	NA	861
Visitors									
< 1	14.1	4.6	7.3	6.9	4.1	5.2	10.0	4.4	6.3
1-4	34.1	10.6	17.3	19.8	11.2	14.6	26.1	10.9	16.0
5-14	25.8	17.5	19.9	37.9	20.2	27.1	32.7	18.7	23.4
15-19	8.9	20.2	17.0	8.2	12.4	10.8	8.5	16.7	14.0
20-24	3.5	13.7	10.8	6.0	14.2	11.0	4.9	13.9	10.9
25-29	5.8	13.6	11.4	5.0	11.1	8.7	5.3	12.5	10.1
30-34	1.7	8.1	6.2	5.2	12.2	9.4	3.7	9.9	7.8
35-39	3.5	3.7	3.7	2.6	7.3	5.5	3.0	5.3	4.5
40-44	-	3.3	2.4	3.1	1.0	1.8	1.7	2.3	2.1
45-49	1.7	0.4	0.7	0.7	-	0.3	1.1	0.2	0.5
50-64	-	2.3	1.6	2.0	4.2	3.4	1.1	3.1	2.5
65 +	0.8	2.0	1.6	2.6	2.2	2.3	1.8	2.0	2.0
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total N	21308	53199	74507	27495	43034	70529	48803	96233	145036
Sex Ratio	NA	NA	2497	NA	NA	1565	NA	NA	1972

Sex ration = females per 1000 males

3.2 Household Composition

Table 3.2 shows the percent distribution of households by various characteristics of the household head (sex, age, marital status, religion and caste/tribe), as well as the number of usual household members and the relationship structure.

95 percent of household heads are male, regardless of the type of residence. The median age of household heads is almost identical by residence (40 years in rural and 42 years in urban areas) in rural and urban areas. As regards their marital status, about 90 percent are currently married while about 2 percent are never married. Others are either widowed, divorced or separated. Overall, 89 percent of household heads are Hindus, 9 percent are Muslims and the rest belong to other religions. 19 percent were scheduled castes. Two percent are members of scheduled tribes. The concentration of both of these groups is higher in rural areas than in urban areas.

The mean household size is slightly lower in urban areas (6.36 persons per household) than in rural areas (6.75 persons per household).

Table 3.3 shows the usual residents and visitors in different age groups. Usual residents form the major bulk of the household population. The distribution shows that the proportion of female visitors is more (6%) than their male counterparts (3%). The proportion of visitors is more in the age group of 20-29 (19%) and children below one year than other age groups (8%).

Table 3.2: Housing composition

Housing composition	*Residence*		
	Rural	*Urban*	*Total*
Sex of the household head			
Male	97.4	92.6	95.3
Female	2.6	7.4	4.7
Age of household head			
Less than 30	14.8	9.1	12.3
30 - 44	41.6	44.6	42.3
45 - 59	27.0	30.6	28.6
60 +	16.6	15.7	16.3
Median age	40.0	42.0	40.0
Marital status of household head			
Never married	2.2	0.8	1.6
Currently married	90.3	88.8	89.6
Widowed	7.2	10.1	8.5
Divorced	-	0.1	0.1
Separated	0.2	0.2	0.2
Religion			
Hindu	96.1	80.4	89.1
Muslim	3.4	16.5	9.2
Other	0.5	3.1	1.7
Caste			
Scheduled caste	17.4	20.7	18.9
Scheduled tribe	3.3	0.9	2.2
Backward caste	35.7	14.7	26.3
Higher caste	39.6	44.1	41.7
Other religious groups	3.9	19.6	10.9
Number of usual members			
1	0.9	1.6	1.2
2	3.3	3.4	3.4
3	6.4	8.1	7.2
4	9.2	13.0	10.9
5	17.3	16.8	17.1
6	16.7	16.6	16.7
7	14.5	14.4	14.4
8	9.7	8.2	9.0
9 +	21.9	17.9	20.1
Mean	6.72	6.35	6.56
Total %	100.0	100.0	100.0
Number of households	263131	210955	474086

Table 3.3: Usual residents and visitors

Characteristics		*Usual resident*	*Visitor*	*Total %*	*Total N*
Male Age					
< 1		90.8	9.2	100.0	53294
1 - 4		93.8	6.2	100.0	203936
5 - 14		96.7	3.3	100.0	485824
15 - 19		97.7	2.3	100.0	178625
20 - 24		98.3	1.7	100.0	142668
25 - 29		97.8	2.2	100.0	121368
30 - 34		98.5	1.5	100.0	115124
35 - 39		98.5	1.5	100.0	98842
40 - 44		98.9	1.1	100.0	74327
45 - 49		99.0	1.0	100.0	53935
50 - 59		99.8	0.2	100.0	91427
60 +		98.7	1.3	100.0	97679
Residence	Urban	97.8	2.2	100.0	980202
	Rural	96.3	3.7	100.0	737117
	Total	97.2	2.8	100.0	1717319
Female Age					
< 1		92.4	7.6	100.0	55121
1 - 4		94.1	5.9	100.0	178529
5 - 14		95.5	4.5	100.0	397177
15 - 19		89.4	10.6	100.0	152327
20 - 24		90.7	9.3	100.0	143411
25 - 29		90.7	9.3	100.0	129964
30 - 34		91.3	8.7	100.0	109315
35 - 39		94.0	6.0	100.0	85472
40 - 44		96.1	3.9	100.0	56665
45 - 49		99.6	0.4	100.0	50571
50 - 59		98.0	2.0	100.0	90107
60 +		96.3	3.7	100.0	85006
Residence	Urban	93.8	6.2	100.0	858849
	Rural	93.6	6.4	100.0	674816
	Total	93.7	6.3	100.0	1533665
Total Age					
< 1		91.6	8.4	100.0	108415
1 - 4		93.9	6.1	100.0	382465
5 - 14		96.2	3.8	100.0	883001
15 - 19		93.9	6.1	100.0	330952
20 - 24		94.5	5.5	100.0	286079
25 - 29		94.2	5.8	100.0	251332
30 - 34		95.0	5.0	100.0	224439
35 - 39		96.4	3.6	100.0	184314
40 - 44		97.7	2.3	100.0	130992
45 - 49		99.3	0.7	100.0	104506
50 - 59		98.9	1.1	100.0	181534
60 +		97.6	2.4	100.0	182685
Residence	Urban	95.9	4.1	100.0	1839051
	Rural	95.0	5.0	100.0	1411933
	Total	95.5	4.5	100.0	3250984

3.3 Educational Attainment

The education level of household members is one of the most important indicators of development. Reproductive behaviour, the use of contraceptives, the health of children and proper hygienic practices are more often affected by the education of the household members.

Table 3.4 shows the extent of literacy and level of education of the *de jure* male and female household population by place of residence. More than 29 percent of females and about 16 percent of males in that age range are illiterate.

Table 3.4: Educational level of household population

Educational level	*Rural*			*Urban*			*Total*		
	Male	*Female*	*Total*	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*
Illiterate	18.6	56.2	35.7	12.4	30.1	20.8	15.9	44.5	29.2
Upto class 4	26.2	18.7	22.8	23.4	21.2	22.4	25.0	19.8	22.6
Primary	9.0	7.9	8.5	8.0	6.9	7.5	8.6	7.4	8.1
Upto middle	15.8	7.5	12.0	14.7	13.6	14.2	15.3	10.3	13.0
Upto high	15.9	2.9	10.0	16.0	10.6	13.5	15.9	6.3	11.5
Above high school	10.4	1.5	6.3	22.0	13.6	18.0	15.4	6.9	11.5
Missing	4.0	5.3	4.6	3.5	3.9	3.7	3.8	4.7	4.2
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total N	810635	676263	1486898	612041	547652	1159693	1422676	1223915	2646591
Median number of years	6.0	-	3.0	8.0	5.0	7.0	7.0	2.0	5.0

The literacy level is about 79 percent in urban and 64 percent in the rural areas. Urban areas have a wide lead over rural areas in both literacy and the level of education achieved. Urban women are more likely to be literate than rural women (70 percent compared to 44 percent). The gap by residence is less pronounced for males (88 percent compared to 81 percent).

Figure 3.1: Education Level of Household Population

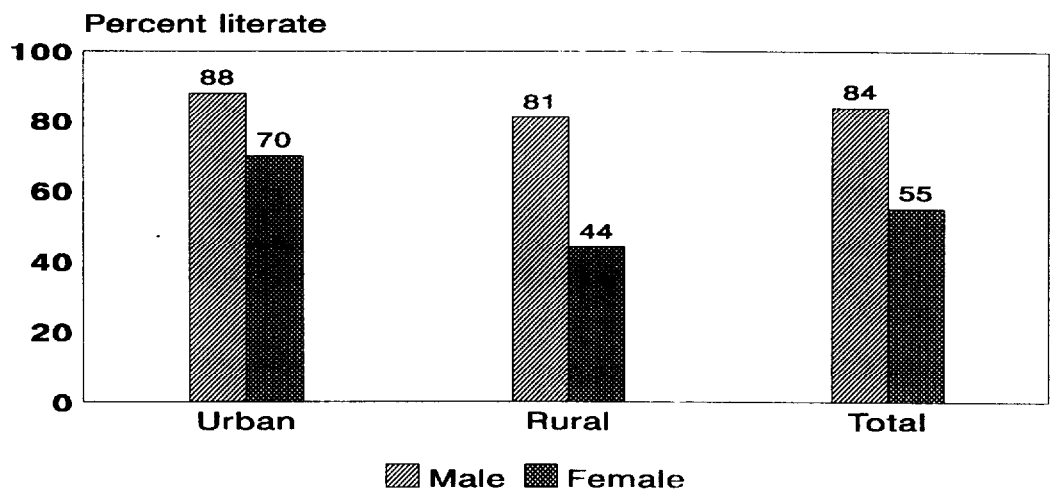
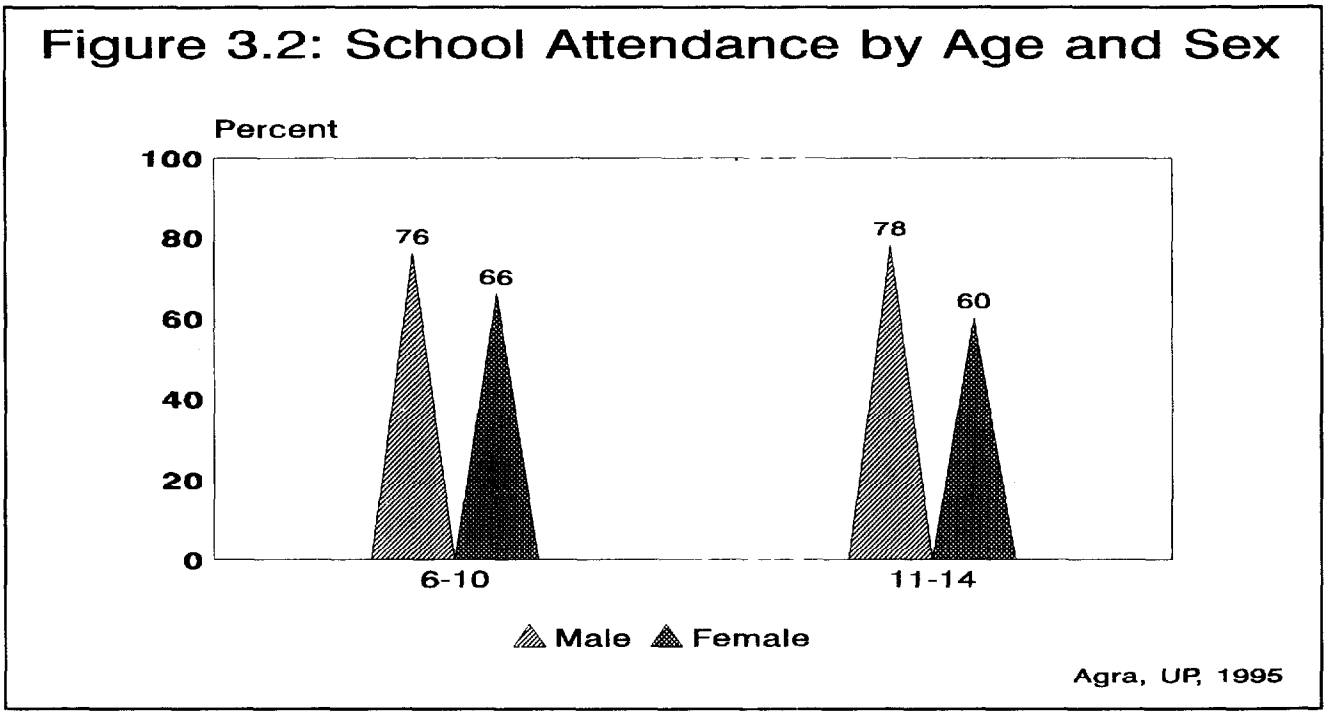


Table 3.5 gives the percentage of children attending school in the age group 6-14 years. In all, about 71 percent of the children are school going. A higher proportion of males (77%) as compared to females (64%) are school going. In urban areas, 75 percent children are attending school as compared to about 68 percent in rural areas.

In all, 71 percent of children between 6-10 years are school going. In the subsequent age group of 11-14 years, 70 percent have been going to school. Thus only 1 percent drop out has been reported in the older age group. Interestingly, the drop out is more among the females both in the rural and urban areas.

Table 3.5: Percentage of children attending school by age, sex and residence

Age	Rural			Urban			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
6 - 10	76.7	59.7	69.0	74.4	74.3	74.4	75.8	65.6	71.2
11 - 14	78.8	50.4	66.7	77.0	72.7	75.1	78.0	60.3	71.3
6 - 14	77.5	56.4	68.2	75.5	73.7	74.6	76.7	63.6	70.9



3.4 Housing Characteristics

Table 3.6 provides information on housing characteristics by residence. A fairly large number of households in urban areas have electricity (92 percent), while only 34 percent have electricity in rural areas.

The type of drinking water facilities are important determinants of the health status of household members, particularly of children. The seriousness of major childhood diseases such as diarrhoea can be reduced by proper hygienic practices.

Table 3.6: Housing characteristics

Housing characteristics	*Residence*		
	Rural	*Urban*	*Total*
% households with electricity	33.5	91.8	59.4
Source of drinking water			
Piped	7.1	42.2	22.7
Handpump	63.3	55.0	59.6
Well water	29.0	2.3	17.1
Other	0.6	0.4	0.5
Type of house			
Hut	2.5	1.9	2.2
Kutcha	25.0	1.3	14.5
Mixed	40.6	14.2	28.8
Pucca	31.9	82.6	54.5
Agricultural land ownership			
Landless	26.9	89.7	54.8
1-3 acres	42.8	5.5	26.2
4-5 acres	10.8	0.8	6.4
6 or more acres	19.5	4.0	12.6
Consumer durable goods			
Radio	28.8	38.9	33.3
Television	17.7	65.4	38.9
Total %	100.0	100.0	100.0
Number of households	263131	210955	474086

The Agra baseline survey contained questions on the source of drinking water. In all, 23 percent of households have piped water, 60 percent get water from a handpump, and 17 percent from open wells. As in the case of electricity, there are large urban-rural differentials in the source of drinking water specially in case of piped water supply (7% in rural as against 42% in urban).

Regarding type of housing construction, in all, about 55 percent are pucca (83 in urban and 32 % in rural areas), 15 percent of houses are kutcha (made from mud, thatch, or other low-quality materials), and 29 percent are semi-pucca (partly low quality and partly high-quality materials). There are large urban-rural differences. One-fourth of the houses in rural areas are classified as kutcha whereas about 83 percent of houses in urban areas are pucca.

Regarding ownership of land, in rural areas, 27 percent are landless, about 43 percent are having 1-3 acres of land, 11 percent have 4-5 acres and 20 percent have more than 6 acres. In all, about 33 percent have radio and about 39 percent are having television sets. There are large rural-urban differences with respect to the ownership level of television sets.

3.5 Respondents' Background Characteristics

This section examines selected background characteristics of primary respondents (ever-married women aged 13-49), based on the Women's Questionnaire.

Table 3.7 shows several important background characteristics of respondents. In the age distribution of ever-married women, the percentage in each age group increases up to

25-29 reflecting the increase in the proportion married in successive age groups. The percentages decline after age 25-29, by which time most women have already married, reflecting the normal pyramidal shape of the age distribution. This age pattern is rather similar in the various residence categories, although the percentages in the younger age groups are comparatively smaller in urban areas, reflecting a somewhat later age at marriage in urban areas.

A further analysis on marital status shows that 97 percent of ever married women are currently married.

In all, more than half (54%) of the respondents are illiterate and more than one-third have studied above high school. Contrary to this, the husbands of the respondents are more literate. More than 28 percent of them have either studied upto or above the high school level.

A large majority (96 percent) of the respondents are not working, the figures being almost similar in rural as well as in urban areas of district Agra. The distributions of respondents by religion and caste/tribe shows that 89 percent of the respondents are Hindus and 9 percent Muslims. 44 percent belong to the higher caste, 18 percent are scheduled castes and 26 percent belong to the backward castes.

Exposure to mass media is expected to increase knowledge about various family welfare related issues. It is thus, imperative to assess the level of exposure to mass media.

Table 3.8 gives the access to mass media of the women in Agra district. The total exposure to any media is 51.6 percent. With respect to the age-wise exposure, women in the age group 13-19 years seem to be least exposed (58.5%). Slightly above 50 percent women of other age groups are exposed.

There is a vast difference in exposure between rural and urban areas. The exposure among the urban women is about three times that of their rural counterparts.

Educational level has been seen to have direct association with the level of exposure. It is lowest among the illiterate women (33%) and highest among those who have attained education above high school level (96%).

As regards religion, Muslim women are more exposed to media (66%) than their Hindu counterparts (50.7%). Among the caste divisions, exposure is highest among the higher caste women (62%) and least among scheduled tribe women (11%).

Table 3.7: Background characteristics of the respondents

Background characteristics		Residence			Total number of women	
		Rural	Urban	Total	Weighted N *	Unweighted N
Age	13 - 14	0.1	-	0.0	181	1
	15 - 19	9.5	3.4	6.9	40966	209
	20 - 24	21.6	19.0	20.5	121327	593
	25 - 29	20.4	22.6	21.4	126389	605
	30 - 34	18.0	19.4	18.6	109952	521
	35 - 39	13.6	16.0	14.6	86477	425
	40 - 44	8.8	10.7	9.6	56691	268
	45 - 49	8.1	8.9	8.4	49946	242
Marital status						
Currently married		97.0	96.0	96.6	571644	2763
Previously married		3.0	4.0	3.4	20280	101
Education						
Illiterate		67.5	36.4	54.3	321378	1625
Upto class 4		9.3	11.1	10.0	59378	291
Primary		9.6	6.7	8.3	49342	251
Upto middle		7.8	13.5	10.2	60488	283
Upto high		3.5	12.4	7.3	43001	179
Above high school		2.5	19.9	9.9	58342	235
Religion	Hindu	96.0	79.5	89.2	528120	2568
	Muslim	3.2	17.5	9.3	54829	267
	Other	0.4	2.4	1.2	8970	29
Caste	Scheduled caste	15.5	20.3	17.6	103973	496
	Scheduled tribe	2.3	0.7	1.9	11489	61
	Backward caste	34.1	15.2	26.1	154414	797
	Higher caste Hindu	43.9	43.2	43.6	258244	1224
	Other religious groups	3.6	20.5	10.8	63809	296
Work status		96.9	93.9	95.6	566036	2743
Not working		0.6	-	0.3	1887	10
Working in family farm/business		2.2	5.4	3.5	20992	100
Employed by someone else		0.2	0.6	0.3	2066	6
Self-employed		0.2	0.1	0.2	948	5
Other						
Husband's education		17.5	11.1	14.7	87250	446
Illiterate		12.5	11.7	12.2	72036	354
Upto class 4		8.6	7.3	8.0	47504	239
Primary		17.3	13.6	15.8	93278	466
Upto middle		21.9	20.1	21.1	125009	611
Upto high		19.2	32.2	24.7	146387	646
Above high school		3.0	4.0	3.5	20465	102
Missing @		100.0	100.0	100.0	-	-
Total %		340779	251150	591929	591929	2864
Number of ever married women						

* Previously married includes widowed, divorced and separated

@ Information on husband's education is not available for previously married women

Table 3.8: Access to mass media

Background Characteristic	Reads or listens to newspaper			Watches television			Listens to the radio			Visits cinema or theater			% not exposed to any media	No. of women
	Never	Less often	Frequent	Never	Less often	Frequent	Never	Less often	Frequent	Never	Less often	Frequent		
Age														
13 - 19	92.0	7.0	1.0	67.4	14.5	18.2	80.9	12.4	6.7	86.2	13.3	0.5	58.5	41147
20 - 24	86.3	8.6	4.9	58.4	12.0	29.6	78.8	11.7	9.5	81.4	18.0	0.6	45.9	121327
25 - 29	83.8	9.2	7.1	56.8	12.6	30.6	81.3	12.3	6.4	80.6	18.3	1.1	47.1	126389
30 +	81.7	10.3	8.0	56.6	16.9	26.5	83.3	11.3	5.5	88.0	11.6	0.4	48.6	303066
Residence														
Urban	94.4	4.3	1.3	78.3	10.9	10.8	82.0	11.4	6.6	96.5	3.2	0.3	66.9	340779
Rural	69.4	16.5	14.0	29.9	20.0	50.0	81.4	12.1	6.5	69.2	29.7	1.0	23.3	251150
Education														
Illiterate	97.9	1.9	0.2	75.9	12.5	11.6	87.5	9.2	3.3	95.9	3.7	0.3	66.8	321378
Upto class 4	94.9	4.2	0.9	54.1	19.8	26.1	85.4	8.8	5.8	84.8	14.6	0.6	45.1	59378
Primary	88.4	10.0	1.6	54.8	14.8	30.4	77.3	13.8	8.8	88.0	12.0	-	44.1	49342
Upto middle	74.6	15.8	9.6	40.1	16.4	43.5	74.2	14.1	11.7	77.9	22.1	-	27.4	60488
Upto high	42.8	40.4	16.8	22.9	18.8	58.2	72.0	17.5	10.5	60.9	37.7	1.4	9.7	43001
Above high school	30.4	27.3	41.9	8.5	17.3	74.3	65.4	19.4	15.2	47.0	50.4	2.6	4.5	58342
Religion														
Hindu	85.2	8.1	6.7	60.1	13.7	26.2	81.1	12.0	6.9	86.2	13.3	0.5	50.7	528120
Muslim	78.4	15.6	5.9	41.8	21.9	36.3	86.7	9.8	3.5	75.7	23.3	1.0	33.9	54829
Other	36.3	51.8	11.9	19.1	33.1	47.8	90.3	4.7	4.9	66.5	30.5	2.9	4.6	8980
Caste														
Scheduled caste	94.4	4.2	1.4	67.1	14.1	18.8	87.3	9.4	3.3	89.4	10.0	0.6	57.0	103973
Scheduled tribe	100.	-	-	90.6	4.4	5.0	95.0	3.4	1.6	100.0	-	-	88.7	11489
Backward caste	94.2	4.5	1.3	75.7	9.8	14.4	84.4	10.5	5.2	92.1	7.9	-	65.0	154414
Higher caste Hindu	75.3	12.3	12.3	46.6	16.3	37.1	76.1	14.2	9.7	80.8	18.3	0.8	37.8	258244
Other religious groups	72.5	20.7	6.8	38.6	23.5	37.9	87.2	9.1	3.7	74.4	24.3	1.3	29.8	63809
Total %	83.8	9.5	6.7	57.8	14.8	27.4	81.8	11.7	6.6	85.0	14.4	0.6	48.4	591929

CHAPTER IV

NUPTIALITY

This chapter presents the findings regarding the marriage pattern of Agra district. Marriage is of special interest to the population researchers because of its implications in the growth of the population. It is also of great concern, as it involves a number of pregnancy related risks.

4.1 Current Marital Status

Table 4.1 shows the current marital status of women by residences and age. It is evident from the Table that marriage is virtually universal in Agra and the marriages in rural areas take place at relatively young ages. By 19 years, half of the rural population is married and in urban areas this is about 15 percent and by 24 years of age only 3 percent respondents of rural parts remain unmarried while one-fourth urban population remains unmarried.

Table 4.1: Current marital status

Age		*Marital Status*					*Total %*	*Total N*
		Never married	*Currently married*	*Widowed*	*Divorced*	*Separated*		
Rural	13-14	97.0	3.0	-	-	-	100.0	30223
	15-19	50.9	49.1	-	-	-	100.0	80649
	20-24	3.3	96.0	0.2	-	0.4	100.0	78187
	25-29	0.3	98.0	1.5	0.3	-	100.0	67996
	30-34	0.3	96.2	3.0	-	0.6	100.0	58885
	35-39	-	96.5	2.7	-	0.8	100.0	45196
	40-44	0.6	90.4	8.4	0.6	-	100.0	29422
	45-49	-	89.4	10.6	-	-	100.0	27511
	Total	17.6	79.8	2.3	0.1	0.2	100.0	418069
Urban	13-14	100.0	-	-	-	-	100.0	28726
	15-19	84.4	15.5	0.1	-	-	100.0	71678
	20-24	25.1	73.4	0.4	0.3	0.9	100.0	65224
	25-29	3.4	94.5	0.8	0.3	1.0	100.0	61968
	30-34	1.2	97.4	1.4	-	-	100.0	50430
	35-39	1.0	95.5	3.3	-	0.3	100.0	40276
	40-44	1.5	89.8	8.1	-	0.6	100.0	27243
	45-49	-	86.9	12.3	0.8	-	100.0	23060
	Total	29.6	67.7	2.1	0.2	0.4	100.0	368605
Total	13-14	98.5	1.5	-	-	-	100.0	58949
	15-19	66.7	33.3	0.1	-	-	100.0	152327
	20-24	13.2	85.7	0.3	0.1	0.6	100.0	143411
	25-29	1.8	96.3	1.2	0.3	0.5	100.0	129964
	30-34	0.7	96.7	2.3	-	0.3	100.0	109315
	35-39	0.4	96.0	3.0	-	0.6	100.0	85472
	40-44	1.0	90.1	8.3	0.3	0.3	100.0	56665
	45-49	-	88.2	11.4	0.4	-	100.0	50571
	Total	23.2	74.1	2.2	0.1	0.3	100.0	786674

Table 4.2 shows the singulate mean age at marriage for males and females for Agra district. The mean ages for males and females for Agra district are calculated as 23.97 and 19.09 years respectively, the difference between the age of the male and female being 4.88 years.

Table 4.2: Singulate mean age at marriage

Source (District Level)	*Singulate mean age at marriage*		
	Male	*Female*	*Difference*
1994-95	23.97	19.09	4.88

Table 4.3 gives the knowledge of the respondents about the minimum legal age at marriage. In an age 20-29, only one-fourth of the female respondents have correct knowledge regarding age at marriage of male.

Table 4.3: Knowledge of minimum legal age at marriage

Background Characteristics	*Percentage who correctly know legal minimum age at marriage*		
	For males it is 21 years	*For females it is 18 years*	*Number of women*
Age			
13 - 19	20.3	34.2	41147
20 - 29	25.4	41.6	247716
30 - 39	24.4	43.2	196429
40 - 49	26.0	40.3	106637
Residence			
Rural	14.6	29.3	340779
Urban	38.7	57.8	251150
Education			
Illiterate	10.1	23.4	321378
Upto class 4	22.9	45.3	59378
Primary	30.6	48.8	49342
Upto middle	43.1	64.9	60488
Upto high	53.6	65.4	43001
Above high school	62.7	88.0	58342
Religion			
Hindu	24.2	39.9	528120
Muslim	29.8	53.8	54829
Other	30.4	53.4	8980
Caste			
Scheduled caste	13.5	31.9	103973
Scheduled tribe	5.6	19.1	11489
Backward caste	17.4	30.4	154414
Higher caste Hindu	33.3	49.7	258244
Other religious groups	29.9	53.8	63809
Total	24.8	41.4	591929

Interestingly, more women have correct knowledge of age at marriage of females (41.4%). Knowledge about the legal minimum age is higher in urban than in rural areas; higher among the better educated for both sexes; and higher among Muslims as compared to Hindus and others.

In the rural areas 14.6 percent know the correct age at marriage of males, while 29.3 percent know about the age at marriage of females. Same is true in case of urban areas (38.7% for males and 57.8% for females).

Table 4.4: Age at which respondent started living with husband

Current Age	Percentage who started living with husband by exact age						Total Number	Mean age when started living with husband
	13-14	15-16	17-18	19-20	21-22	23-25		
Rural								
13-14	100.0	NA	NA	NA	NA	NA	181	13.0
15-19	30.3	44.9	24.7	NA	NA	NA	32452	15.4
20-24	22.0	39.8	25.5	9.1	2.8	0.7	73483	16.1
25-29	25.7	41.3	20.6	9.3	1.9	1.4	69566	15.9
30-34	29.0	44.1	18.3	6.3	1.9	0.3	61253	15.6
35-39	29.5	50.7	15.3	3.7	0.4	0.4	46415	15.4
40-44	33.0	45.1	17.9	3.3	NA	0.7	29866	15.3
45-49	32.3	50.3	14.2	3.1	NA	NA	27563	15.2
20-49	27.3	44.1	19.7	6.7	1.5	0.7	308146	15.7
25-49	29.0	45.4	17.8	5.9	1.2	0.7	234663	15.6
Urban								
15-19	18.3	29.9	45.4	6.4	NA	NA	8514	16.4
20-24	14.9	26.7	21.4	28.5	6.0	2.5	47844	17.4
25-29	15.1	23.8	25.4	15.9	10.7	9.0	56823	17.8
30-34	16.1	30.9	23.7	15.1	8.2	6.1	48699	17.9
35-39	15.6	32.0	27.1	12.7	8.2	4.4	40062	17.2
40-44	12.7	34.5	25.2	10.7	12.4	4.5	26828	17.3
45-49	17.6	40.8	21.7	15.1	3.7	1.1	22383	17.0
20-49	15.3	29.9	24.2	17.1	8.4	5.1	242636	17.5
25-49	15.4	30.7	24.9	14.2	9.0	5.8	194792	17.5
Total								
13-14	100.0	NA	NA	NA	NA	NA	181	13.0
15-19	27.8	41.8	29.0	1.3	NA	NA	40966	15.6
20-24	19.2	34.6	23.9	16.8	4.0	1.4	121327	16.6
25-29	21.0	33.4	22.7	12.3	5.9	4.8	126389	16.8
30-34	23.3	38.2	20.7	10.2	4.7	2.9	109952	16.6
35-39	23.0	42.1	20.8	7.9	4.0	2.3	86477	16.2
40-44	23.5	40.1	21.3	6.8	5.8	2.5	56691	16.3
45-49	25.4	46.0	17.6	8.5	1.7	0.5	49946	16.0
20-49	22.1	37.8	21.7	11.3	4.6	2.6	550782	16.5
25-49	22.9	38.7	21.0	9.7	4.7	3.0	429455	16.5

The level of knowledge has been shown to increase with the increase in the level of education. Muslim respondents are slightly more knowledgeable than their Hindu counterparts as regards legal age at marriage of both boys and girls.

Table 4.4 gives the age of the respondent at which she started living with her husband. The table shows that majority of the respondents in both rural (91.1 %) and urban (69.4%) areas in the age group of 20-49 years started living with their husband between 13-18 years. Further analysis shows that in all, the mean age at which the women started living with their husband is between 15 to 17 years for all age groups of women. This indicates that a fairly early age at marriage and hence an elongated reproductive life span exists for the women of Agra district.

Table 4.5: Median age at which respondent started living with husband by selected background characteristics

Background Characteristics	*Current age*							
	*15-19**	*20-24**	*25-29*	*30-34*	*35-39*	*40-49*	*20-49*	*25-49*
Residence								
Rural	15.0	16.0	16.0	15.0	15.0	15.0	16.0	15.0
Urban	17.0	17.0	18.0	18.0	17.0	16.0	16.0	16.0
Education								
Illiterate	15.0	15.0	16.0	15.0	15.0	15.0	16.0	16.0
Upto class 4	16.0	16.0	15.0	16.0	16.0	16.0	16.0	16.0
Primary	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0
Upto middle	16.0	17.0	17.0	17.0	16.0	16.0	16.0	16.0
Upto high	17.0	18.0	18.0	19.0	18.0	18.0	16.0	16.0
Above high school	18.0	20.0	22.0	21.0	20.0	19.0	16.0	16.0
Religion								
Hindu	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0
Muslim	17.0	17.0	17.0	17.0	16.0	16.0	16.0	16.0
Other	20.0	22.0	19.0	18.0	17.0	16.0	16.0	16.0
Caste								
Scheduled caste	15.0	16.0	15.0	15.0	15.0	15.0	16.0	16.0
Scheduled tribe	16.0	15.0	15.0	16.0	15.0	15.0	16.0	16.0
Backward caste	15.0	16.0	16.0	15.0	15.0	15.0	16.0	16.0
Higher caste Hindu	16.0	17.0	17.0	17.0	16.0	16.0	16.0	16.0
Other religious groups	17.0	17.0	18.0	18.0	16.0	16.0	16.0	16.0
Total	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0

* Omitted when less than ___ percent of the women have married for the first time by age 20.

Table 4.5 shows that median age at which respondents started living with husband by some selected background characteristics. In both rural and urban areas the median age at which the respondents started living with husband is 15 to 18 years across all the age groups (15-19 years, 20-24 years, 25-29 years, 30- 34 years, 35-39 years and 40-49 years). The median age is 15 to 16 years in case of women who are illiterate and acquired primary level education for different cohort women. In case of women with higher education, the median age ranges from 16 to 22 years. With respect to the other characteristics, such as religion and caste, there is slight variation in the median age the younger cohort Muslim women showing a slightly higher medium age as compared to Hindus but other religious women show a better median compared to both Hindus and Muslims.

CHAPTER V

FERTILITY

One of the major objectives of Agra Survey is to estimate the fertility level. This chapter is devoted to the level of current fertility and differentials in fertility by background characteristics. Further, the chapter is focussed on the trends in fertility which permit examination of age-specific fertility in different time periods in retrospective.

The chapter also gives the cumulative fertility and children ever born. The cumulative fertility tables are derived from a sequence of questions on the number of boys and girls living and not living in the household and on children who may have died. the tables included in this chapter show the mean number of children ever born by current age and age at marriage.

5.1 Current Fertility Levels and Trends

Table 5.1 gives the current fertility levels of the women of Agra district. As can be seen from the table, the age specific fertility rates show an increased trend with an increase in the age of the women. The figures then decline, after 24 years till the woman attains menopause.

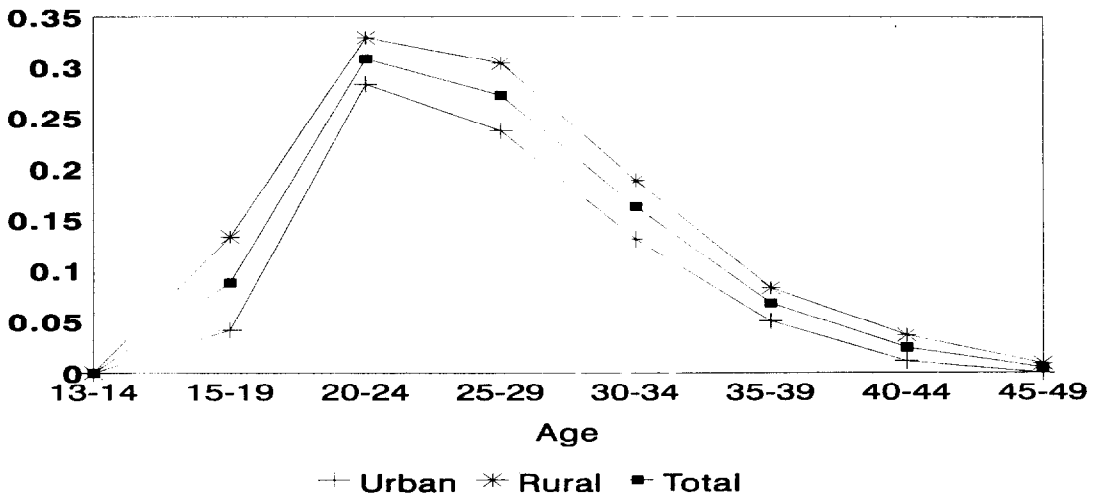
Table 5.1: Current fertility

Age	*Rural*		*Urban*		*Total*	
	ASFR	*ASMFR*	*ASFR*	*ASMFR*	*ASFR*	*ASMFR*
15-19	0.133	0.235	0.041	0.244	0.088	0.237
20-24	0.329	0.309	0.283	0.343	0.308	0.322
25-29	0.304	0.272	0.237	0.227	0.272	0.251
30-34	0.189	0.176	0.131	0.119	0.163	0.150
35-39	0.083	0.079	0.050	0.047	0.068	0.064
40-44	0.036	0.034	0.011	0.011	0.024	0.023
45-49	0.009	0.009	0.000	0.000	0.005	0.005
TFR 15-44	5.367	5.521	3.770	4.952	4.610	5.231
TFR 15-49	5.413	5.567	3.770	4.952	4.635	5.256
GFR *	192.5		133.5		165.3	
Agra CBR based on household birth record (*de jure*)	38.6		31.5		35.5	

* GFR = Births/number of women (15-49) per 1000 women

The Total Fertility Rate for women of 15-44 years in Agra district has been computed at 4.610. The corresponding figure for women in the age group of 15-49 years is 4.635. The TFR for married women in the two age groups has been found to be 5.231 and 5.256 respectively. Looking at the Age-Specific Fertility Rate we find that the rural ASFR is higher for women in all age groups and highest fertility is in the age group 20-24 years both in the rural and urban areas. With this fertility pattern, a woman would have 3.83 children in the rural areas by the time she is 29 years of age and the corresponding figure is 2.80 for an urban woman.

Figure 5.1: Age Specific Fertility Rates by Residence



Agra, UP, 1995

Table 5.2: Fertility by background characteristics

Background characteristic	*Total fertility rate**	*Mean number of children ever born to women aged 40-49 years*
Residence		
Rural	5.413	6.54
Urban	3.770	5.46
Education		
Illiterate	5.901	6.68
Upto class 4	5.093	6.60
Primary	3.671	5.89
Upto middle	3.559	5.30
Upto high	2.647	3.76
Above high school	2.633	3.51
Religion		
Hindu	4.738	5.94
Muslim	4.110	6.85
Other	3.787	5.32
Caste		
Scheduled caste	5.266	7.14
Scheduled tribe	5.930	7.02
Backward caste	5.580	6.30
Higher caste Hindu	3.930	5.37
Other religious groups	4.063	6.73
Total	4.635	6.04

In the rural areas the TFR is 5.367 (15-44 years), while in the urban areas it is 3.77. For the women of age group 15-49 years, it is 5.413 for rural and 3.77 for urban. The corresponding figures of TFR for married women are 5.521 (rural) and 4.952 (urban) in 15-44 years and 5.567 (rural) and 4.952 (urban) in the age group of 15-49 years. Since there are no births in the ages 45-49, the urban TFR for 15-44 and 15-49 remains the same.

The CBR based on the household births has been found to be 35.5. In the rural areas the CBR is 38.6 and 31.5 in the urban areas.

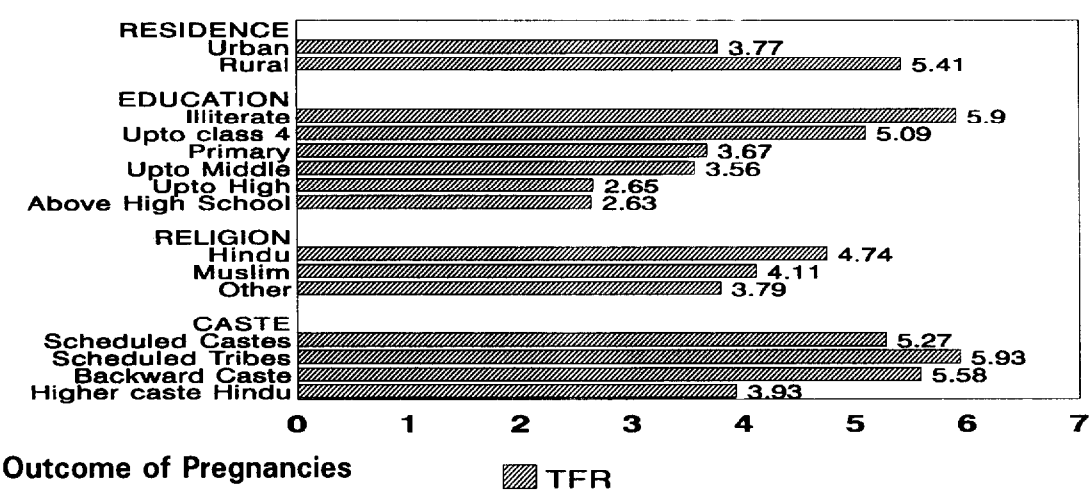
Table 5.2 gives the fertility by the background characteristics of the women (15-49 years). In order to enable a comparison of current fertility estimates and the achieved fertility the mean number of children ever-born to women aged 40-49 years is also provided. The table shows that the total fertility rate is 4.635 as against 6.04 being the mean number of children born to women aged 40-49 years. The rate seems to decline with the increase in the level of education of the women.

With respect to the religion of the women, Hindus have a higher rate (4.738) than their Muslim counterparts (4.110). The caste-wise breakup shows the higher caste groups have the least rate and the scheduled castes the highest.

As can be seen from the table, the mean number of children ever born to women aged 40-49 years varies from 7.14 for scheduled caste to 3.51 for those with the educational level of high school and above. Among the caste groups, Hindus exhibit the lowest mean number of children with 5.37 children. With respect to the educational levels, the mean number of children declines with the increase in the level of education from 6.60 for illiterates to 3.51 per those with educational level of more than high school.

As regards the religion, for Hindus it is 5.94 and for Muslims it is 6.85.

Figure 5.2: Total Fertility Rate (TFR) by Background Characteristics

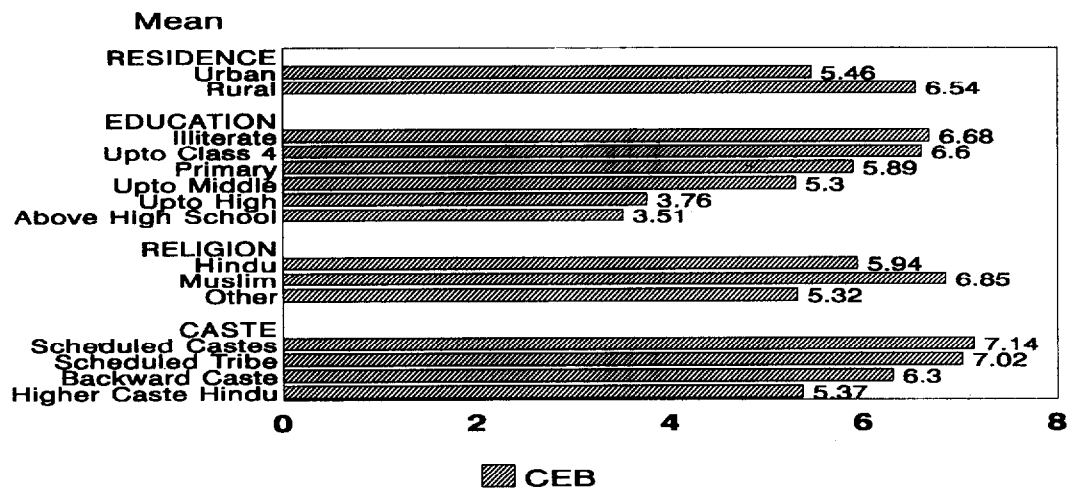


5.2 Outcome of Pregnancies

Agra, UP, 1995

Table 5.3 shows the outcome of all pregnancies ever married women have had during last two years by age of mother and place of residence at the time of the survey.

Figure 5.3: Mean Number of Children Ever Born (CEB)



Agra, UP, 1995

Table 5.3: Outcome of pregnancy

Current Age	*Outcome of pregnancy*					*Total %*	*Number of pregnancies **
	Spontaneous abortion	*Induced abortion*	*Still birth*	*Live birth*	*Currently pregnant*		
Rural							
13-19	2.3	-	-	55.6	42.1	100.0	17658
20-24	2.0	-	1.2	69.4	27.4	100.0	72811
25-29	3.3	-	-	71.2	25.6	100.0	65672
30-49	1.5	2.4	0.3.	70.9	24.9	100.0	63196
Total	2.3	0.7	0.5	69.2	27.3	100.0	19337
Urban							
13-19	-	-	-	47.6	52.4	100.0	4074
20-24	3.4	1.3	0.4	65.7	29.1	100.0	47562
25-29	2.3	8.9	-	71.0	17.8	100.0	47816
30-49	0.8	7.2	-	70.8	21.3	100.0	35186
Total	2.2	5.5	0.1	68.4	23.8	100.0	34638
Total							
13-19	1.9	-	-	54.1	44.0	100.0	21732
20-24	2.6	0.5	0.9	67.9	28.1	100.0	20373
25-29	2.9	3.5	-	71.1	22.3	100.0	13488
30-49	1.2	4.1	0.2	70.8	23.6	100.0	98382
Total	2.3	2.5	0.4	68.9	26.0	100.0	53975

The table shows that of all the pregnancies, 68.9 percent are live births. Among the wasted pregnancies, 2.3 percent are spontaneous abortions and 2.5 percent are induced abortion while 0.4 percent are still births. Another 26 percent are currently pregnant. This trend is similar across the rural and urban areas.

5.3 Children Ever Born and Living

The number of children ever born is presented in Table 5.4 both for ever married and currently married women by place of residence and age of the mothers.

The table shows for the urban areas the mean number of live births to be 3.63 as against 4.74 in the rural areas. With respect to age of mother, the mean number of live birth increases from 0.30 (15-19 years) to 5.94 (45-49 years) in the urban areas. Correspondingly, in the rural areas, it ranges from 0.4 (15-19 years) to 7.15 (45-49 years).

Table 5.4: Number of live births and living children by age of mother

Number of live births and living children	Age of the mother								Total %	Number of women
	13-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49		
Rural										
Number of live births										
0	0.4	53.7	35.8	4.1	2.8	1.3	1.4	0.5	100.0	41084
1	-	20.7	54.5	18.0	3.2	1.0	1.6	1.0	100.0	38175
2	-	5.5	52.2	26.2	10.6	2.7	1.4	1.4	100.0	41593
3	-	0.4	23.1	41.3	19.0	9.6	5.4	1.2	100.0	44992
4	-	-	10.4	33.9	25.6	17.6	8.6	4.0	100.0	47913
5	-	-	1.8	23.2	33.1	21.7	10.8	9.4	100.0	40687
6	-	-	0.5	11.2	34.2	26.0	14.9	13.2	100.0	32796
7	-	-	-	5.8	25.1	23.5	23.0	22.5	100.0	18711
8	-	-	-	3.7	16.4	29.8	29.2	20.9	100.0	14117
9	-	-	-	4.0	12.4	41.6	8.8	33.1	100.0	9322
10 or more	-	-	-	1.7	6.9	15.8	26.7	48.8	100.0	11389
Mean	-	0.40	1.63	3.39	4.74	5.69	5.98	7.15		
SD	-	0.64	1.22	1.62	1.93	2.24	2.41	2.61		
Number of living children										
0	0.4	51.5	38.3	3.8	2.6	1.6	1.3	0.4	100.0	44343
1	-	16.8	51.2	22.5	4.8	0.4	3.4	0.8	100.0	45931
2	-	3.8	43.2	26.8	13.1	7.0	1.9	4.2	100.0	50366
3	-	-	14.8	37.5	20.6	14.5	9.2	3.4	100.0	60053
4	-	-	3.8	24.7	31.4	21.1	9.1	10.0	100.0	55660
5	-	-	0.5	15.4	32.1	22.4	14.6	15.0	100.0	41876
6	-	-	-	5.1	24.9	27.7	24.0	18.3	100.0	22228
7	-	-	-	1.6	19.4	25.6	24.5	28.9	100.0	11921
8	-	-	-	-	-	50.6	23.8	25.6	100.0	5435
9	-	-	-	-	-	12.2	9.8	78.0	100.0	1486
10 or more	-	-	-	-	13.2	-	25.1	61.8	100.0	1480
Mean	-	0.35	1.40	2.88	3.94	4.51	4.65	5.21		
SD	-	0.59	1.07	1.32	1.54	1.70	1.93	2.03		
Urban										
Number of live births										
0	-	27.6	43.6	13.6	6.4	3.6	2.8	2.0	100.0	22810
1	-	5.8	48.9	23.2	10.8	5.8	0.5	5.0	100.0	31726
2	-	1.0	32.6	28.2	24.4	7.6	5.7	0.6	100.0	38348
3	-	-	15.1	35.3	18.6	20.1	6.8	4.2	100.0	48011
4	-	-	5.6	27.3	26.4	19.8	16.6	4.2	100.0	44646
5	-	-	0.6	21.6	25.5	22.2	11.9	18.2	100.0	24933
6	-		-	3.1	27.0	26.3	27.6	16.2	100.0	13670
7	-	-	-	2.4	24.0	29.9	20.6	23.1	100.0	11160
8	-	-	-	3.8	15.4	23.8	22.5	34.5	100.0	6603
9	-	-	-	-	-	24.6	24.4	51.0	100.0	5114
10 or more	-	-	-	2.0	-	17.1	33.6	47.3	100.0	4129
Mean	-	0.30	1.53	2.87	3.63	4.38	5.05	5.94		
SD	-	0.55	1.15	1.45	1.79	2.12	2.37	2.87		

Number of live births and living children	*Age of the mother*								*Total %*	*Number of women*
	13-14	*15-19*	*20-24*	*25-29*	*30-34*	*35-39*	*40-44*	*45-49*		
Number of living children										
0	-	25.6	43.1	15.3	6.8	4.5	2.6	2.2	100.0	24600
1	-	4.8	50.7	21.0	12.8	5.1	0.4	5.2	100.0	38629
2	-	0.8	23.4	33.3	22.3	10.6	7.6	2.0	100.0	44841
3	-	-	11.5	30.2	21.0	19.7	12.8	4.8	100.0	52003
4	-	-	2.9	29.5	27.6	21.3	12.0	6.7	100.0	40766
5	-	-	-	9.3	21.1	27.5	17.3	24.7	100.0	22228
6	-	-	-	-	29.3	21.4	28.1	21.1	100.0	14172
7	-	-	-	-	14.4	34.2	17.0	34.4	100.0	7165
8	-	-	-	6.9	-	19.5	22.0	51.6	100.0	3670
9	-	-	-	-	-	37.2	26.2	36.6	100.0	1690
10 or more	-	-	-	-	-	26.6	54.0	19.4	100.0	1386
Mean	-	0.30	1.32	2.56	3.25	3.95	4.35	4.84		
SD	-	0.5	1.03	1.31	1.61	1.92	2.08	2.24		
Total Number of live births										
0	0.3	44.0	38.6	7.5	4.1	2.2	1.9	1.1	100.0	63894
1	-	14.0	52.0	20.3	6.7	3.2	1.1	2.8	100.0	69901
2	-	3.3	42.8	27.2	17.2	5.0	3.5	1.0	100.0	79941
3	-	0.2	18.9	38.2	18.8	15.0	6.1	2.8	100.0	93003
4	-	-	8.1	30.7	26.0	18.7	12.5	4.1	100.0	92559
5	-	-	1.3	22.6	30.2	21.9	11.2	12.7	100.0	65620
6	-	-	0.4	8.8	32.1	26.1	18.6	14.1	100.0	46466
7	-	-	-	4.5	24.7	25.9	22.1	22.7	100.0	29871
8	-	-	-	3.7	16.1	27.9	27.1	25.2	100.0	20720
9	-	-	-	2.6	8.0	35.6	14.3	39.4	100.0	14436
10 or more	-	-	-	1.8	5.1	16.2	28.6	48.4	100.0	15518
Mean	-	0.38	1.59	3.15	4.25	5.09	5.54	6.61		
SD	-	0.63	1.19	1.57	1.95	2.28	2.44	2.79		
Number of living children										
0	0.3	42.2	40.0	7.9	4.1	2.6	1.7	1.1	100.0	68943
1	-	11.3	51.0	21.8	8.5	2.6	2.0	2.8	100.0	84560
2	-	2.4	33.9	29.8	17.4	8.7	4.6	3.2	100.0	95207
3	-	-	13.3	34.1	20.8	16.9	10.9	4.1	100.0	112056
4	-	-	3.4	26.7	29.8	21.2	10.3	8.6	100.0	96426
5	-	-	0.3	13.3	28.3	24.2	15.6	18.4	100.0	64104
6	-	-	-	3.1	26.6	25.2	25.6	19.4	100.0	36400
7	-	-	-	1.0	17.5	28.8	21.7	31.0	100.0	19086
8	-	-	-	2.8	-	38.0	23.1	36.1	100.0	9105
9	-	-	-	-	-	25.5	18.5	56.0	100.0	3176
10 or more	-	-	-	-	6.8	12.8	39.1	41.3	100.0	2866

With respect to the mean number of living children, it is 3.25 in the urban areas, as against 3.94 in the rural areas. The age wise distribution shows an increase in the mean number of living children with the increase in the age of the mothers. In urban areas, it ranges from 0.3 (15-19 years) to 4.84 (45-49 years), while in rural areas it is between .35 (15-19 years) to 5.21 (45-49 years).

Differentials in the mean number of children ever born and children still living by background characteristics are shown in Table 5.5.

Table 5.5: Mean number of children ever born and living by background characteristics

Background characteristics Currently married	Children ever born			Children living		
	Male	Female	Total	Male	Female	Total
Age						
13-19	0.51	0.49	1.00	0.45	0.45	0.9
20-24	1.22	1.08	2.30	1.07	0.94	2.01
25-29	1.94	1.67	3.61	1.70	1.47	3.17
30-39	2.55	2.34	4.89	2.21	1.97	4.18
40-49	3.32	2.96	6.28	2.72	2.33	5.05
Residence						
Rural	2.42	2.22	4.64	2.03	1.77	3.8
Urban	2.05	1.80	3.85	1.82	1.61	3.43
Education						
Illiterate	2.54	2.29	4.83	2.11	1.83	3.94
Upto class 4	2.38	2.11	4.49	2.09	1.86	3.95
Primary	1.11	1.99	3.10	1.88	1.69	3.57
Upto middle	1.90	1.77	3.67	1.68	1.60	3.28
Upto high	1.68	1.61	3.29	1.56	1.50	3.06
Above high school	1.41	1.13	2.54	1.29	1.07	2.36
Religion						
Hindu	2.25	2.00	4.25	1.92	1.66	3.58
Muslim	2.48	2.45	4.93	2.21	2.17	4.38
Other	1.63	1.64	3.27	1.49	1.58	3.07
Caste						
Scheduled caste	2.32	2.09	4.41	1.92	1.71	3.63
Scheduled tribe	2.07	2.56	4.63	1.65	1.95	3.60
Backward caste	2.49	2.15	4.64	2.04	1.74	3.78
Higher caste Hindu	2.09	1.85	3.94	1.85	1.57	3.42
Other religious groups	2.34	2.32	4.66	2.10	2.08	4.18
Total	2.26	2.04	4.30	1.94	1.70	3.64

The table shows that in all there are 4.3 children ever born, of which 3.64 are living. This figure in the rural areas is 4.64 (ever born) and 3.8 (living) and 3.85 (ever born) and 3.43 (living) in the urban areas.

The number of ever born children decreases with the increase in the level of education of the mothers. The number of ever born children is slightly higher among Muslims (4.93) than their Hindu counterparts (4.25). Further, the number of ever born children is lowest among the higher castes (3.94) than other caste groups.

CHAPTER VI

FAMILY PLANNING

Information about knowledge of family planning and the use of contraceptive methods is of practical use to policy makers and programme administrators for formulating policies and strategies. This chapter begins with an appraisal of the knowledge of contraceptive methods and sources of supply of modern contraceptive methods before moving on to a consideration of current and past practice of family planning. Special attention is focussed on nonuse, reasons for discontinuation, and intention to use family planning in the future. The chapter continues with information on exposure to media coverage on family planning and concludes with an analysis of attitudes toward birth control.

6.1 Knowledge of Family Planning Methods and Sources

Each respondent was asked about the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about ? The respondent was first asked to name all the methods she knew or had heard of, without any prompting. The interviewer read out the name and a short description of each method not mentioned and asked if she knew the method. Thus the woman's knowledge of contraception was measured at three levels: (a) methods the woman thinks of on her own (she can identify them spontaneously without probing), (b) methods she knows of when asked specifically about them (she recognizes the method after probing), and (c) methods which she has not heard of.

Seven modern methods - the pill, IUD, injection, jelly, condoms, female sterilization and males sterilization - were included, as well as two traditional methods, periodic abstinence (or the rhythm method) and withdrawal. Any other methods mentioned by the respondent, such as herbs etc. were also recorded.

For each modern method known to the respondent, either spontaneously or after probing, she was asked if she knew where a person could go to get the method. If she reported knowing about the rhythm method, she was asked if she knew where a person could obtain advice on how to use the method.

Table 6.1 presents the extent of knowledge separately as assessed by spontaneous responses (without any probe) and probed responses.

The knowledge of family planning is very high in Agra, with 92.3 and 95.7 percent of the respondents in the urban and rural areas, respectively, reporting knowledge of at least one modern method of family planning. It is interesting to note that slightly higher proportion of rural women have knowledge of at least one modern method as compared to their urban counterparts.

Knowledge about female sterilization is most widespread in the rural areas (87.5 percent) whereas knowledge of pills, condoms and tubectomy, in that order, exists in the urban areas. The most well known among the spacing methods were pills (70.2%) condoms (65%) and

IUD (50%) in urban areas, and condom (54.3%) and IUD (36.8%) in rural areas. Knowledge of at least one spacing method is more popular among the urban women (82.9%) than their rural counterparts (75.8%).

On probing, the level of knowledge went up drastically. In rural areas, almost hundred percent knowledge was reported for tubectomy and 95 percent for vasectomy and 94.1 percent for condoms. In urban areas tubectomy (98.3%), pill (93.7%), condom (92.3%), vasectomy (91.1%) followed by IUD with 86.7% are the reported methods. Injection as a method was cited by about one-fourth of urban respondents and by 47% of rural respondents.

A possible explanation could be that the respondents found the description (in the questionnaire) of injection (as a FP method) plausible, and given their association of injection (TT) with pregnancy, might have "erroneously" responded yes, mainly because of confusion. The exact description in the questionnaire is "Women can be given injection by doctor or nurse. This would prevent conception for a few months".

Hence, the actual level of awareness of injectables is likely to be of a lower order.

In urban areas, 75.8 percent know how to use a condom (79.3% in rural areas), while about 82.6 percent know about tubectomy in rural areas. Rest of the methods were also quite popular as far as the knowledge of methods is concerned.

Table 6.1: Knowledge of family planning methods (Percentage)

Method	Spont-aneous	Spont-aneous + Probing	Knows how to use correctly	Knows how to use correctly & to some extent	Knows a source	Percentage ever used the method
Rural						
Vasectomy	50.1	95.0	32.6	46.5	89.0	0.8
Tubectomy	87.5	99.8	82.6	90.2	98.2	14.8
Loop/CuT	36.8	78.1	45.6	56.3	72.0	3.1
Pills	50.8	85.0	26.2	45.5	75.0	5.7
Condom	54.3	94.1	79.3	84.8	86.8	11.8
Foam Tab/Jelly	0.6	7.5	3.5	4.2	6.0	0.2
Injection	15.2	46.9	0.3	2.7	16.1	0.5
Withdrawal	6.6	61.0	49.7	57.0	-	18.7
Rhythm/Safe period	9.3	68.7	33.7	48.4	-	17.1
Knows at least one modern method	95.7	99.9	91.2	95.9	99.2	30.3
At least one modern **spacing** method	75.8	97.6	83.4	89.4	93.6	17.3
Mean of modern methods known	2.95	5.06	2.70	-	-	-
Mean of modern spacing methods known	1.58	0.11	1.55	-	-	-
Urban						
Vasectomy	36.1	91.1	25.0	42.5	85.3	1.7
Tubectomy	62.1	98.3	63.3	78.5	95.4	22.1
Loop/CuT	50.1	86.7	51.2	63.0	81.6	11.0
Pills	70.2	93.7	43.8	63.7	88.3	10.4
Condom	65.0	92.3	75.8	81.8	88.3	26.5
Foam Tab/Jelly	2.1	12.5	5.8	7.2	10.9	0.6
Injection	7.1	26.6	2.1	5.5	16.0	0.0
Withdrawal	4.3	41.2	36.6	40.0	-	13.4
Rhythm/Safe period	12.0	67.3	47.4	62.0	-	21.7
Knows at least one modern method	92.3	99.4	89.4	-	97.8	52.1
At least one modern **spacing** method	82.9	97.2	82.4	-	94.7	35.5
Mean of modern methods known	2.93	5.01	2.67	-	-	-
Mean of modern spacing methods known	1.95	3.12	1.79	-	-	-

On the knowledge of the source of the methods, 97.8 percent urban respondents and 99.2 percent of rural respondents are aware of the source for at least one modern method. About 95.4 percent of the urban respondents are aware of the place where tubectomy can be done. Correspondingly, a higher proportion in rural areas, 98.2 percent women knew about it. Among the other modern methods, source for getting condom was reported by large majority of the respondents (88.3% in urban and 86.8% in rural areas). Knowledge about the source of other methods varies from about 6 to over 80 percent in both rural and urban areas.

The table further provides analysis of the ever-usership of a method. It shows that 30.3 percent in rural and 52.1 percent in urban areas have had used atleast one modern method of family planning. Withdrawal, rhythm method and tubectomy were reported by a large number of women in rural areas , while use of condom was highest in the urban areas (26.5 %).

There appears a vast difference between the usership pattern in rural and urban areas, as far as spacing methods are concern. The usership was more than twice in urban areas

(47.9%) than in the rural areas (20.6%). Thus, efforts to popularise the spacing methods should be specifically geared up in the rural areas.

Table 6.2 gives the knowledge of methods and source by the background characteristics of the women. The table shows that the level of knowledge of atleast one method was fairly uniform in all the age groups of women. However, the knowledge is slightly less in the youngest cohort, i.e. 13-19 years. This was also true for those women who had knowledge of atleast one spacing method.

Table 6.2: Knowledge of methods and source by background characteristics

Background Characteristics	*Knows at least one modern method*	*Knows at least one modern spacing method*	*Average number of modern methods known**	*Average number of sources for modern method **	*Number of women**
Age					
13-19	99.5	95.3	4.5	2.7	41065
20-24	99.3	97.4	5.0	3.1	119898
25-29	99.8	98.0	5.2	3.1	124169
30-49	99.8	97.5	5.1	3.2	287371
Residence					
Rural	99.9	97.6	5.1	3.1	330644
Urban	99.4	97.2	5.0	3.2	241859
Education				5	
Illiterate	99.5	95.7	4.8	3.0	309543
Upto class 4	100.0	99.4	5.1	3.1	57082
Primary	99.7	98.9	5.3	3.2	48330
Upto middle	100.0	100.0	5.3	3.3	58870
Upto high	100.0	99.4	5.3	3.4	42034
Above high school	99.5	99.2	5.6	3.4	56644
Religion					
Hindu	99.6	97.3	5.0	3.1	511823
Muslim	100.0	97.9	5.0	3.1	51700
Other	100.0	100.0	5.3	3.5	8980
Caste					
Scheduled caste	99.3	95.6	4.7	3.0	100660
Scheduled tribe	100.0	98.5	5.2	3.0	11489
Backward caste	99.9	96.7	4.9	3.0	150178
Higher caste Hindu	99.6	98.4	5.2	3.3	249496
Other religious groups	100.0	98.2	5.1	3.2	60680
Total	99.7	97.4	5.0	3.1	572503

* Modern methods include Tubectomy, Vasectomy, IUD, Oral Pills, Condom Foam Tablets/Jelly and Injections

Level of education seems to have nothing much to do with the level of knowledge (for atleast one modern method or atleast one spacing method). As can be seen from the table, the level of knowledge does not provide with any clear association. This is probably because the exposure to Family Planning messages is universal, irrespective of caste, creed, religion, education or other such background of the respondents. This is reflected as we compare the

level of knowledge between various religious and caste groups.

The table further shows the mean member of modern methods reported by respondents. Among the women of different age groups, 5 methods have been mentioned. In rural areas, the mean is 5.1, while it is 5 in the urban areas. The mean number of methods reported vis-a-vis the education level of the women does not vary drastically except for the illiterate and above high school categories. The mean ranges from 4.8 to 5.6.

Religion, it appears, has practically no association with the number of methods known. In both the Hindus and Muslims, the mean number of methods known is 5.

On the basis of the respondent's caste, it ranges from 4.7 to 5.2 among various caste groups.

Similarly, on the knowledge of the source from modern methods, there seem to be little variation with respect to the age of the women excepting the very young women in the age group 13-19. However, there are differences with her educational status with mean ranging from 7.5 percent for the illiterates to 10.5 for the high school pass women. There is a slight variation in the knowledge between the rural and urban respondents (8 and 9, respectively). There is a steady increase in the level of knowledge with increase in the level of education. As regards religion, it ranges from 8.8 among Muslims to 10.1 for the other religions groups. The corresponding figure for Hindus is 8.4.

6.2 Contraceptive Use

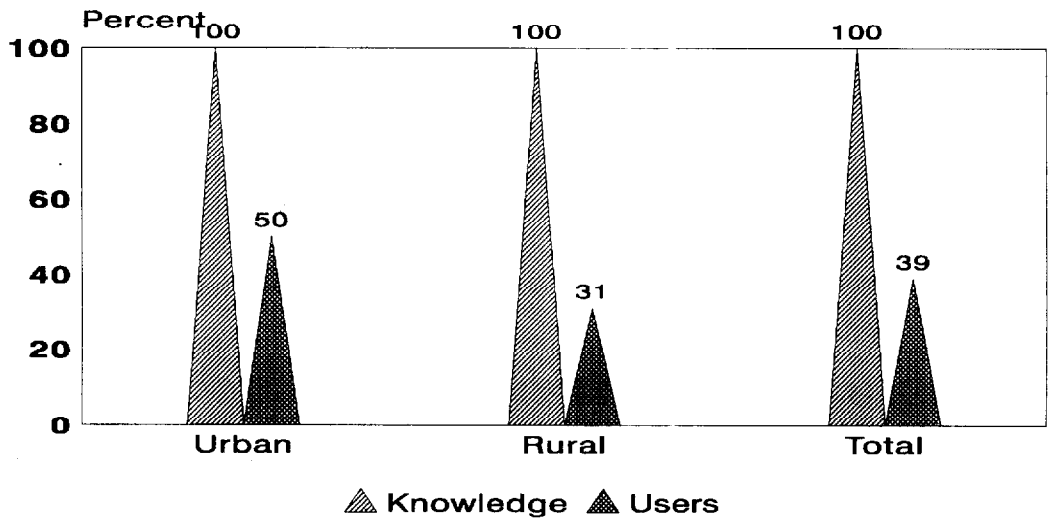
6.2.1 Ever Use of Family Planning Methods

All respondents who knew at least one method of family planning were asked whether they had ever used each of the methods they knew. The use of contraception was further probed by asking whether they "ever used anything or tried in any way to delay or avoid getting pregnant". Table 6.3 presents the pattern of ever use by age and residence.

In all, 39.5 percent of the respondent reported that they have ever used atleast one of the modern methods. The usership is 30.3 percent in rural and 52.1 percent in the urban areas.

Among all the modern methods, condoms is highest (18%), followed by female sterilization (17.9%), IUD and pills (6.4 and 7.7 percent each) and male sterilization (1.2%).

Figure 6.1: Knowledge and Use of Modern Contraceptive Among Currently Married Aged 13-49 by Residence



Agra, UP, 1995

The usership increases with the increase in the age of the respondent. However, a large proportion of the younger couples, below 30 years, have used condom. Female sterilization is higher among older women (above 30 years). IUD and Oral Pills have been more popular among the women in the age group of 20-44 years. Among the traditional methods, withdrawal has been used by 16.5 percent while periodic abstinence has been used by about 19 percent women, and more rural women seem to be using withdrawal as compared to their urban counterparts while slightly higher percentage of users of periodic abstinence is in urban areas.

Table 6.3: Ever use of contraception

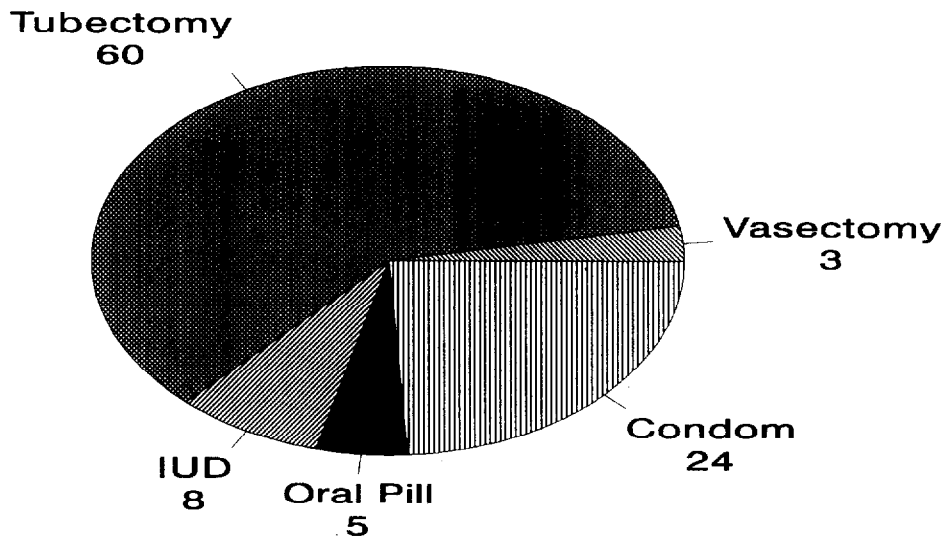
Method	Any method	Any modern method	Male sterilization	Female sterilization	Cu-T/IUD	Pill	Condom or Nirodh	Jelly	Injections	Traditional method	Withdrawal	Periodic abstinence	Other methods	Number of women
Rural														
13-19	14.5	8.4	-	-	-	2.3	5.3	-	0.7	10.2	7.8	4.6	-	32633
20-24	31.4	16.2	-	1.3	1.0	5.4	11.3	0.3	-	22.1	14.4	13.4	-	73105
25-29	49.8	31.2	0.3	8.2	4.4	8.9	16.2	0.3	0.6	29.3	19.9	18.1	0.9	68358
30-39	59.3	40.4	0.6	23.9	4.8	5.5	14.2	0.2	0.8	33.3	23.4	21.8	0.9	104436
40-44	67.6	49.7	2.1	40.1	3.9	4.4	10.2	0.9	0.9	32.3	25.6	19.3	1.2	27511
45-49	53.1	34.2	4.6	25.8	1.4	3.8	0.7	-	-	25.0	15.6	19.6	0.9	24601
Total	47.0	30.3	0.8	14.8	3.1	5.7	11.8	0.2	0.5	27.0	18.7	17.1	0.6	330644
Urban														
13-19	28.9	12.0	-	-	4.5	2.1	7.5	-	-	16.9	8.3	14.0	-	8432
20-24	42.2	27.6	-	0.8	3.5	8.6	21.9	-	-	19.1	11.3	13.1	-	46793
25-29	68.9	54.4	0.5	15.9	13.3	12.2	33.4	1.1	-	29.4	14.3	22.0	-	55580
30-39	75.2	62.3	0.9	30.0	14.7	11.6	30.4	0.9	-	32.8	15.0	26.2	0.6	86424
40-44	80.0	67.6	5.8	38.7	13.6	11.8	23.9	-	-	30.6	15.6	28.7	-	24402
45-49	66.4	56.6	8.5	44.7	6.2	6.6	12.2	-	-	21.7	7.6	15.6	2.5	19374
Total	65.5	52.1	1.7	22.1	11.0	10.4	26.5	0.6	-	27.7	13.4	21.7	0.4	241005
Total														
13-19	17.4	9.1	-	-	0.9	2.3	5.8	-	0.6	11.6	7.9	6.5	-	41065
20-24	35.6	20.6	-	1.1	2.0	6.7	15.5	0.2	-	20.9	13.2	13.3	-	119898
25-29	58.4	41.6	0.4	11.6	8.4	10.4	23.9	0.6	0.3	29.3	17.4	19.8	0.5	123938
30-39	66.5	50.3	0.7	26.7	9.3	8.3	21.5	0.5	0.4	33.1	19.6	23.8	0.8	190860
40-44	73.4	58.1	3.9	39.4	8.5	7.9	16.6	0.5	0.5	31.5	20.9	23.7	0.6	51913
45-49	58.9	44.1	6.3	34.2	3.5	5.0	5.8	-	-	23.6	12.1	17.8	1.6	43975
Total	54.8	39.5	1.2	17.9	6.4	7.7	18.0	0.4	0.3	27.3	16.5	19.0	0.5	571649

6.2.2 Current Use of Family Planning Methods

Table 6.4 gives the current use of contraceptives. The table shows that 38.6 percent women belonging to 13-49 years age group are currently using any method of family planning (modern or traditional). Of these, 28.7 percent are currently using at least one modern method while 9.9 percent are using at least one traditional method. Among the modern method users, 17 percent have undergone tubectomy followed by condom (6.8%), IUD (2.4%) pills 1.4% and male sterilization (.9% each).

Among the traditional methods, periodic abstinence accounted for 4 percent and withdrawal (4.9 percent). The rural-urban distribution shows that 30.5 percent in rural areas and 49.8 percent in urban areas were currently using atleast one family planning method, of which 20.4 percent in rural and 40.2 percent in urban are using atleast one modern method. While, 10.1 percent in rural areas and 9.6 percent in urban areas were using atleast one traditional method. As usual female sterilization is highest both among rural and urban areas.

Figure 6.2: Share of Contraceptive



Agra, UP, 1995

Table 6.5 presents the current usership by their background characteristics. The table shows direct association between the level of education and the usership pattern. That, is with the increase in educational level, there is an increase in usership.

As far as various religious groups are concerned Hindu and Muslim differentials are not existent. As expected, about half of the women from higher castes are using atleast one method followed by other caste groups, and scheduled castes and backward castes. Female sterilization is common among various educational categories of women while condom has been found to be more popular among women with higher educational attainments.

Table 6.4: Current use of contraception

Age	Any method	Any modern method	Male steril-ization	Female sterili-zation	CuT/ IUD	Pill	Condom or Nirodh	Jellys	Any traditional method	Withd-rawal	Periodic abstinence	Other methods	Not using any method	Number of women
Rural														
13-19	5.3	2.9	-	-	-	-	2.9	-	2.4	1.1	1.3	-	94.6	32633
20-24	13.5	6.4	-	1.0	0.5	0.5	4.3	-	7.1	3.8	3.0	0.3	86.5	73105
25-29	25.0	16.5	-	7.9	1.3	1.2	6.1	-	8.5	5.3	2.9	0.3	75.0	68358
30-39	44.9	30.1	0.2	23.0	0.3	1.4	5.2	-	14.7	10.0	3.8	1.0	55.1	104436
40-44	57.6	43.5	1.4	39.5	-	0.7	1.8	-	14.1	10.5	3.0	0.7	42.4	27511
45-49	38.4	28.4	4.6	23.1	-	0.7	-	-	10.1	5.4	4.0	0.7	61.6	24601
15-44	29.9	19.7	0.2	13.4	0.5	0.9	4.7	-	10.2	6.6	3.1	0.5	70.1	24782
15-49	30.5	20.4	0.5	14.1	0.5	0.9	4.3	-	10.2	6.5	3.1	0.5	69.5	305862
13-49	30.5	20.4	0.5	14.1	0.5	0.9	4.3	-	10.1	6.5	3.1	0.5	69.5	330463
Urban														
13-19	10.0	4.5	-	-	4.5	-	-	-	5.5	-	5.5	-	90.0	8432
20-24	22.2	13.4	-	0.8	1.3	2.1	9.2	-	8.7	3.9	4.1	0.7	77.8	46793
25-29	48.0	39.5	-	15.1	10.6	1.8	11.9	-	8.5	3.5	3.4	1.5	52.0	55580
30-39	61.9	50.0	0.6	28.5	4.9	3.0	12.7	0.3	12.0	2.9	7.2	1.9	38.1	864243
40-44	71.4	61.3	5.8	37.7	5.2	1.9	10.6	-	10.1	1.9	7.0	1.2	28.6	24402
45-49	58.0	52.4	8.5	42.1	-	0.4	1.3	-	5.7	-	1.9	3.8	42.0	19374
15-44	49.1	39.1	0.9	19.2	5.6	2.3	11.0	0.1	10.9	3.1	5.5	1.4	50.9	19374
15-49	49.8	40.2	1.5	21.1	5.1	2.1	10.3	0.1	9.6	2.8	5.2	1.6	50.2	2216311
13-49	49.8	40.2	1.5	21.1	5.1	2.1	10.3	0.1	9.6	2.8	5.2	1.6	50.2	2410051
Total														
13-19	6.3	3.2	-	-*	0.9	-	2.3	-	3.0	0.9	2.1	-	93.7	41065
20-24	16.9	9.1	-	0.9	0.8	1.1	6.2	-	7.8	3.9	3.5	0.4	83.1	119898
25-29	35.3	26.8	-	11.1	5.5	1.5	8.7	-	8.5	4.5	3.1	0.8	64.7	123938
30-39	52.6	39.1	0.4	25.4	2.4	2.1	8.6	0.1	13.5	6.8	5.3	1.4	47.4	190860
40-44	64.1	51.9	3.5	38.6	2.5	1.3	6.0	-	12.2	6.4	4.9	0.9	35.9	51913
45-49	47.1	38.9	6.3	31.5	-	0.6	0.6	-	8.1	3.0	3.1	2.1	52.9	43975
15-44	38.0	27.9	0.5	15.8	2.7	1.5	7.3	0.0	10.1	5.1	4.1	0.9	62.0	44156
15-49	38.7	28.7	0.9	17.0	2.4	1.4	6.8	0.0	9.9	4.9	4.0	1.0	61.3	527493
13-49	38.6	28.7	0.9	17.0	2.4	1.4	6.8	0.0	9.9	4.9	4.0	1.0	61.4	571649

Table 6.5: Current use of contraceptives by background characteristics

Background characteristics	Any method	Any modern method	Male sterili-zation	Female sterili-zation	Cu-T/IUD	Pill	Condom or Nirodh	Any traditional method	Withdr-awal	Periodic absti-nence	Other methods	Not using any method	Number of women
Residence													
Rural	30.5	20.4	0.5	14.1	0.5	0.9	4.3	10.1	6.5	3.1	0.5	69.5	330644
Urban	49.8	40.2	1.5	21.1	5.1	2.1	10.3	9.6	2.8	5.2	1.6	50.2	241005
Education													
Illiterate	30.0	20.2	0.7	15.2	0.4	0.9	3.1	9.8	5.3	3.7	0.8	70.0	309151
Upto class 4	40.6	31.8	1.1	21.5	1.2	1.6	6.6	8.7	4.9	3.0	0.6	59.4	57082
Primary	39.1	27.7	1.0	19.4	1.8	1.3	4.2	11.5	5.8	4.2	1.5	60.9	48330
Upto middle	50.2	39.1	1.8	21.4	7.1	1.1	7.7	11.1	5.5	3.7	1.9	49.8	58870
Upto high	55.8	49.0	0.6	24.1	4.3	2.0	18.0	6.8	2.3	3.3	1.2	44.2	41572
Above high school	58.6	47.1	1.4	11.0	9.5	4.0	20.9	11.5	3.6	7.2	0.7	41.4	56644
Religion													
Hindu	37.9	28.1	0.9	17.5	2.2	1.4	6.2	9.8	5.0	3.8	0.9	62.1	510969
Muslim	38.4	27.5	1.0	12.4	5.3	1.0	7.9	10.9	4.9	4.6	1.4	61.6	51700
Other	82.8	70.5	5.3	20.2	2.4	4.8	37.8	12.3	2.0	10.3	-	17.2	8980
Caste													
Scheduled caste	28.6	20.8	0.5	14.8	-	0.7	4.9	7.8	2.8	3.6	1.4	71.4	100459
Scheduled tribe	11.7	6.6	1.7	3.3	-	-	1.6	5.1	3.4	1.7	-	88.3	11489
Backward caste	28.6	17.6	0.5	11.9	0.6	1.6	3.0	11.0	6.4	3.7	0.9	71.4	150178
Higher caste Hindu	48.5	38.4	1.2	22.5	4.1	1.7	8.8	10.1	5.1	4.1	0.8	51.5	248843
Other religious groups	45.0	33.9	1.6	13.6	4.8	1.6	12.3	11.1	4.4	5.5	1.2	55.0	60680

Table 6.6 gives the current use of contraceptives by sex composition of surviving children. Women with higher parity were mostly sterilized (either she or her husband) while others were using either modern spacing methods or traditional methods. The percentage increases with 3 living children in case of sterilization, while the use rate decreases after 2nd child for modern spacing methods.

Table 6.6: Current use of contraceptive by sex composition of surviving children

Number and sex of living children	Sterilization	Modern spacing	Any traditional method	Not using any method	Total percent	Number of women
None	0.3	2.3	0.9	96.5	100.0	66153
1 child						
1 son	1.8	10.2	11.3	76.7	100.0	44314
No son	1.0	9.7	3.9	85.4	100.0	37443
2 children						
2 sons	15.1	24.4	13.0	47.5	100.0	28573
1 son	5.6	18.1	11.4	65.0	100.0	47561
No son	1.7	18.3	6.0	74.0	100.0	15588
3 children						
3 sons	33.5	6.3	14.2	46.0	100.0	18218
2 sons	33.4	13.6	12.2	40.8	100.0	49994
1 son	19.8	15.0	9.3	55.9	100.0	33525
No son	4.3	21.3	-	74.5	100.0	7561
4+ children						
3+ sons	33.5	6.7	11.8	48.0	100.0	117934
2 sons	29.7	9.1	12.4	48.8	100.0	68489
1 son	15.2	14.8	12.9	57.1	100.0	29819
No son	-	3.6	23.1	73.4	100.0	6477
Total	18.0	10.7	9.9	61.4	100.0	571649

6.3 Hinderances in the Acceptance of Family Planning

Table 6.7 gives the various problems encountered with the methods. In all, 52.2 percent reported to have faced problem with vasectomy. For tubectomy, 54.1 percent reported to have faced problem. In case of IUD, 45.8 percent reported to have faced problem, while for pills 36.6 percent have faced problem. More women in rural areas face problems for IUD insertions (62.6 percent) as opposed to those living in urban areas (46.3 percent).

Table 6.7: Percent reporting problem(s) faced with the method currently used

Method use	Percent faced problem with the method used		
	Rural	Urban	Total
Vasectomy	53.2	51.7	52.2
Tubectomy	62.2	46.3	54.1
Cu-T/IUD	44.4	46.0	45.8
Pill	49.9	28.8	36.6

Table 6.8 shows the proportion reporting problems with various family planning methods. As regards male sterilization, most of the respondents reported weakness (55.5%). In female sterilization, 60.9 percent reported abdominal pain and backache (33.6 percent) and weakness (27 percent). Excessive bleeding as a major problem was reported by 86.4 percent women for IUD. While 63.4 percent of the women consuming oral pills complained of other factors.

Table 6.8: Problems with the current methods

Problem faced	*Male sterilization*	*Female sterilization*	*Cu-T/IUD*	*Pills*
Type of problem faced				
Sepsis	27.2	5.2	20.5	-
Abdominal pain	7.6	60.9	2.7	-
Backache/body pain/headache	13.6	33.6	23.4	16.3
Weakness	55.5	27.0	27.1	22.1
Excessive bleeding	-	11.4	86.4	27.1
White discharge	-	9.1	26.7	-
Fear of failure	-	2.8	-	-
Problem in disposing	-	-	-	-
Weight gain	6.9	7.1	3.8	8.8
Others	6.2	11.9	2.7	63.4

6.4 Level of Unmet need

Table 6.9 gives the level of unmet need for family planning services. The table shows that in rural areas 17.8 percent and in urban areas about 11 percent is the unmet need for spacing. The unmet need for limiting family size for non-pregnant women who are neither using any family planning method nor wanting any more child is about 22.3 percent in rural and 18.9 percent in urban areas. With this the total unmet need for rural areas stands at 40.1 percent while that in the urban areas as 29.6 percent.

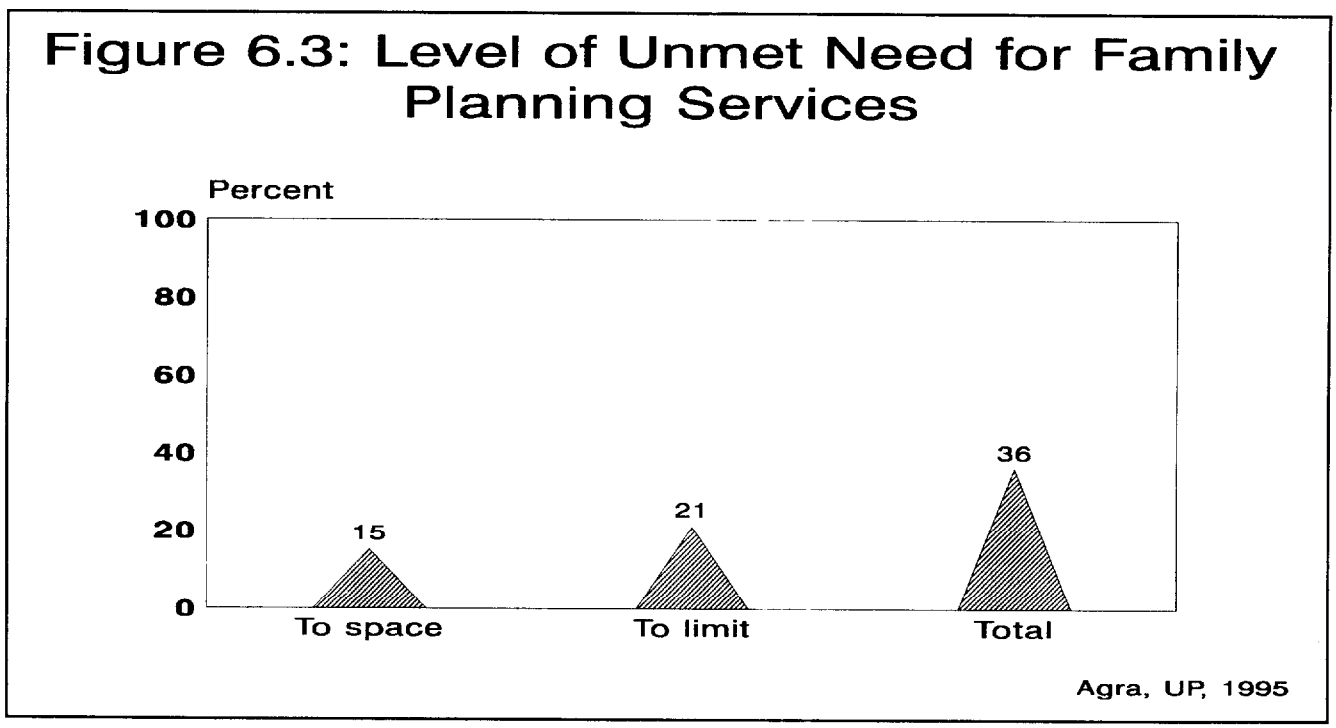


Table 6.9: Level of unmet need for family planning services

Background Characteristics	*To space*	*To limit*	*Total*	*No. of women*
Age				
13 - 19	37.0	1.4	38.3	41065
20 - 29	23.9	14.9	38.8	243836
30 - 39	5.6	24.3	29.9	190860
40 - 49	0.4	37.5	37.9	95888
Residence				
Rural	17.8	22.3	40.1	330644
Urban	10.7	18.9	29.6	241005
Education				
Illiterate	17.3	24.9	42.2	309151
Upto class 4	12.7	22.1	34.8	57082
Primary	14.1	24.1	38.2	48330
Upto middle	12.5	11.9	24.3	58870
Upto high	7.1	14.6	21.7	41572
Above high school	12.0	8.6	20.5	56644
Religion				
Hindu	15.2	20.9	36.1	510969
Muslim	12.1	23.4	35.5	51700
Other	6.7	5.0	11.7	8980
Caste				
Scheduled caste	18.2	23.4	41.6	100459
Scheduled tribe	20.1	26.5	46.5	11489
Backward caste	17.8	24.2	42.0	150178
Higher caste Hindu	12.2	17.6	29.8	248843
Other religious groups	11.3	20.7	31.9	60680
Number of living children				
None	29.0	1.1	30.0	66153
1	33.8	4.1	37.9	81757
2	18.3	17.3	35.6	91722
3	11.8	21.8	33.6	109298
4+	3.7	33.9	37.5	222719
Total	14.8	20.9	35.7	571649

The unmet need is more obvious among the illiterate and women having lower educational levels than those having higher education both for spacing and for limiting births.

The unmet need was more or less the same both among the Muslims (35.5%) and their Hindu counterparts (36.1%). The unmet need was comparatively higher among the scheduled castes, scheduled tribes and other backward castes. With respect to the parity, the unmet need is both among women of low and high parity.

Table 6.10 gives the reasons of the unmet need. Among the most frequently reported reasons, besides other reasons mentioned, include women are going to use family planning in

the near future (15.4%); do not like the existing method (13.9 percent); not using family planning as MC has stopped (11.5 percent); services not available (10.6 percent) and because of opposition from husbands (10.2 percent). More women from the rural areas (12.8) as compared to 6.5 percent from urban areas have indicated that services are not available. Dislike of existing method is higher among rural respondents. Those who mentioned that the unmet need was on account of 'against religion' are more in urban areas.

Table 6.10: Reasons of unmet need

Reasons of unmet need	*Rural*	*Urban*	*Total*		
			< 30 years	*> 30 years*	*Total*
Percent face problem with the method					
Going to use a FP method	14.6	16.9	18.3	11.9	15.4
Do not like existing method	16.1	9.8	10.8	17.5	13.9
Services are not available	12.8	6.5	10.7	10.4	10.6
After operation one can't work	1.7	0.9	0.7	2.4	1.5
Fear of operation	3.7	1.8	2.2	3.9	3.0
Health does not permit	2.9	3.6	2.6	3.8	3.1
Currently pregnant	-	0.2	-	0.2	0.1
Fear of after effects of methods	0.3	-	0.2	0.2	0.2
Unaware of any FP method	4.6	4.7	3.6	5.8	4.6
Opposition from husband or other	1.3	3.1	2.0	1.9	2.0
family members	9.9	10.7	9.9	10.6	10.2
Against religion	1.5	4.6	2.7	2.5	2.6
Natural sterility	1.5	3.5	-	4.8	2.2
Attained menopause/MC stopped	11.1	12.1	2.0	22.6	11.5
Others	31.8	34.7	35.2	30.1	32.9
DK/can't specify	2.0	2.9	3.5	0.9	2.3

6.4.1 Perceived Disadvantages of the Methods

Table 6.11 gives the perceived disadvantages of various family planning methods. For vasectomy 30.3 percent believed that the method has disadvantages, for tubectomy about 47.2 percent believed the method to have disadvantages.

Laparoscopy has been perceived disadvantageous by 52.3 percent. For IUD about 54 percent believed that the method has disadvantages. Proportionately about one third of the respondents believed oral pills to have disadvantages. For condoms, a small proportion of 7.9 percent believed the method to have disadvantages.

The table further analyses the perceived disadvantages of various family planning methods. In case of vasectomy 67.6 percent perceived 'weakness' as a disadvantage. For tubectomy 65.8 percent of the women perceived abdominal pain as the major disadvantage. 60.2 percent also reported abdominal pain as the major disadvantage for Laparoscopy. In case of IUD about 65 percent reported excessive bleeding as the major disadvantage.

As regards pills about 29 percent perceived 'weakness' as the major disadvantage. For condoms a large majority of about 51.4 percent expressed their fear about the failure of the method.

Further analysis of the table indicates about 46.6 percent believed the said disadvantage to be permanent in nature for vasectomy. And 81.2 percent reported that they have heard this from others which makes the basis of their beliefs.

For tubectomy, 55.1 percent believed the disadvantage to be permanent in nature. And again the basis of the belief was "heard from others" (86.6 percent). For other methods, the proportion that reported the said disadvantage to be permanent are 49.9 percent in laparoscopy, 30.3 percent for IUD, 23.8 percent for pills and 28.6 percent in case of condoms.

In almost all the cases, the majority said the basis of their beliefs was "heard from others".

Table 6.11: Perceived disadvantages of the methods

Disadvantages	*Vasectomy*	*Tubectomy*	*Laparoscopy*	*CuT/IUD*	*Oral Pill*	*Condom*
Rural						
A % believed that method has some disadvantage	33.9	47.3	58.8	52.2	37.5	7.2
Total number aware of	314057	330010	330010	258077	2810950	311222
B Nature of disadvantage						
Sepsis	7.4	10.5	6.0	22.4	1.1	0.9
Abdominal/gastric pain	39.7	65.8	60.2	4.0	2.4	0.8
Backache/body pain/headache	22.5	21.6	19.7	13.3	6.1	7.0
Weakness	67.6	30.5	23.5	10.3	29.1	7.0
Excessive or irregular bleeding	0.4	11.3	13.9	64.8	22.7	1.0
White discharge	0.2	2.7	3.1	10.3	7.3	4.5
Fear of failure	1.1	3.7	25.5	1.6	5.6	51.4
Problem in disposing	0.2	0.6	0.1	0.3	0.2	2.5
Loss of sexual desire	2.7	-	-	0.6	0.2	7.8
Infertility	0.9	16.3	7.2	1.3	1.7	0.7
Weight gain	7.0	6.8	6.9	25.0	65.3	28.7
Others desire	8.9	-	-	0.3	-	-
Don't know/can't specify	0.2	0.1	0.3	0.6	-	1.0
C % believed disadv. to be permanent in nature	48.3	54.1	50.3	28.1	21.2	32.0
D Basis of this belief						
Own experience	2.2	10.6	17.1	7.6	16.4	38.5
Friends experience	8.5	9.8	8.0	13.4	20.3	8.0
Heard from friend	24.1	24.1	22.3	27.0	22.4	12.3
Heard from others	83.2	27.3	89.4	82.1	61.9	44.2
TV, radio, posters	1.3	87.4	0.1	0.3	0.5	-
Health personnel	0.9	0.3	0.2	0.7	0.9	-
Others	37.0	31.6	26.7	20.9	17.8	9.4
Total%	100.0	100.0	100.0	100.0	100.0	100.0
Total N	105268	155968	193922	134701	105437	22489

Disadvantages	*Vasectomy*	*Tubectomy*	*Laparoscopy*	*CuT/IUD*	*Oral Pill*	*Condom*
Urban						
A % believed that method has some disadvantage	25.2	47.2	43.2	56.3	28.2	8.8
Total number aware of	219561	125112	236840	208990	225889	222360
B Nature of disadvantage						
Sepsis	6.1	6.7	3.9	13.5	0.7	-
Abdominal/gastric pain	21.9	59.9	50.2	6.2	5.1	5.1
Backache/body pain/headache	20.4	24.4	27.7	20.7	14.6	2.1
Weakness	65.5	23.7	14.0	16.3	33.0	5.5
Excessive or irregular bleeding	0.8	9.8	12.6	62.4	21.9	-
White discharge	0.3	2.3	2.2	5.2	2.6	3.7
Fear of failure	7.3	2.9	25.8	4.8	10.7	64.9
Problem in disposing	-	0.5	-	0.4	-	11.0
Loss of sexual desire	1.3	24.5	-	0.2	1.0	8.2
Infertility	6.8	6.0	16.2	7.1	6.7	-
Weight gain	8.7	-	7.2	18.4	35.4	14.9
Others desire	-	-	-	-	-	-
Don't know/can't specify	0.4	0.5	0.2	-	0.89	-
C % believed disadv. to be permanent in nature	43.3	56.5	48.2	32.8	28.1	24.7
D Basis of this belief						
Own experience	3.6	17.6	19.4	23.9	28.8	55.1
Friends experience	10.7	12.9	9.1	13.1	13.8	8.9
Heard from friend	24.0	23.9	24.3	18.2	16.3	13.9
Heard from others	77.4	85.5	88.1	81.8	55.9	24.9
TV, radio, posters	2.0	0.2	0.3	1.8	4.0	-
Health personnel	0.3	0.2	-	0.6	1.2	1.3
Others	20.0	16.3	13.6	12.3	9.5	7.1
Total%	100.0	100.0	100.0	100.0	100.0	100.0
Total N	53328	111728	102291	134701	63806	19476

Disadvantages	*Vasectomy*	*Tubectomy*	*Laparoscopy*	*CuT/IUD*	*Oral Pill*	*Condom*
Total						
A % believed that method has some disadvantage	30.3	47.2	52.3	54.0	33.4	7.9
Total number aware of	533618	566850	566850	467067	506847	533582
B Nature of disadvantage						
Sepsis	7.0	8.9	5.3	18.2	0.9	0.5
Abdominal/gastric pain	33.7	63.3	56.8	5.0	3.4	2.8
Backache/body pain/headache	21.8	22.7	22.4	16.7	9.3	4.7
Weakness	66.9	27.7	20.2	13.1	30.6	6.3
Excessive or irregular bleeding	0.5	10.6	13.5	63.6	22.4	0.6
White discharge	0.2	2.4	2.7	7.9	5.6	4.1
Fear of failure	3.2	3.3	25.6	3.1	7.5	57.7
Problem in disposing	0.1	0.4	0.1	0.4	0.1	6.4
Loss of sexual desire	2.2	0.2	-	0.4	0.5	8.0
Infertility	6.9	19.8	10.3	4.0	3.6	0.4
Weight gain	8.9	6.5	7.0	21.9	54.1	22.2
Others desire	0.1	-	-	0.1	-	-
Don't know/can't specify	0.7	0.2	0.3	0.3	0.3	0.5
C % believed disadv. to be permanent in nature	46.6	55.1	49.9	30.3	76.2	28.6
D Basis of this belief						
Own experience	2.7	13.6	17.9	15.2	21.1	46.2
Friends experience	9.2	11.1	8.4	13.3	18.0	8.4
Heard from friend	24.1	25.9	23.0	22.9	20.1	13.1
Heard from others	81.2	86.6	89.0	82.0	59.6	35.2
TV, radio, posters	1.6	0.3	0.2	1.0	1.8	-
Health personnel	0.7	0.1	0.1	0.7	1.0	0.6
Others	31.4	25.2	22.2	16.9	14.7	8.3
Total%	100.0	100.0	100.0	100.0	100.0	100.0
Total N	158596	267696	296213	252425	169243	41965

6.4.2 Source of Supply of Contraception

Table 6.12 shows the source of supply of modern contraceptive methods. In case of all the methods, the source of supply has been the government hospitals and followed by private doctors.

Table 6.12: Source of supply of modern contraceptive methods ever used

Source of supply	*Male sterilization*	*Female sterilization*	*Copper /IUD*	*Pill*	*All modern methods*
Rural Public sector					
Government Hospital/CHC	59.9	45.7	35.4	9.6	36.1
PHC/camps	-	21.3	19.6	15.5	18.7
Male/Female worker	9.4	0.4	1.9	14.3	4.5
Private medical sector					
Private doctor	8.5	13.9	20.0	11.3	14.1
Medical shop	14.9	-	3.7	31.3	8.5
Other private sector					
Others	7.2	14.9	10.8	10.0	13.2
Total %	100.0	100.0	100.0	100.0	100.0
Total N	2504	48901	10168	18744	73436
Urban Public sector					
Government Hospital/CHC	61.8	59.4	27.2	27.0	44.0
PHC/camps	4.2	5.4	3.1	3.0	4.8
SC/Male/Female worker	-	-	2.6	2.6	1.2
Private medical sector					
Private doctor	5.8	22.2	59.1	22.8	30.2
Medical shop	-	0.4	2.9	36.4	10.0
Other private sector					
NGOs, Depot holders	-	-	-	1.4	0.4
Others	28.2	6.1	3.1	1.6	5.1
Total %	100.0	100.0	100.0	100.0	100.0
Total N	4145	53283	26597	25151	92991
Total Public sector					
Government Hospital/CHC	61.1	52.9	29.4	19.6	40.5
PHC/camps	2.6	13.0	7.6	8.4	10.9
SC/Male/Female worker	-	0.2	2.4	7.6	2.7
Private medical sector					
Private doctor	3.5	18.2	48.3	17.9	23.1
Medical shop	6.8	0.2	3.1	34.2	9.4
Other private sector					
NGOs, Depot holders	5.6	-	-	0.8	-0.2
Others	20.3	10.3	5.2	5.2	8.7
Total %	100.0	100.0	100.0	100.0	100.0
Total N	6649	10545	36765	43895	166427

* Based on current users ** In 00's

Table 6.13 shows the knowledge of sources from where the method can be obtained. As regards the permanent methods, PHCs/District hospitals have been reported to be the major

sources while for the spacing methods, PHC/District hospitals as well as shops have been reported to be the main source from where the method can be obtained.

Table 6.13: Knowledge of sources from where the method could be obtained

Methods	Percentage who mentioned					Number of women aware of the method
	PHC/District hospital	SC + workers	CBD*	Private doctor	Shops	
Vasectomy	90.2	0.6	7.6	60.6	0.1	535618
Tubectomy	95.3	1.0	7.6	69.3	0.2	566850
IUD	88.3	4.8	10.2	63.4	1.2	467067
Pills	67.2	9.4	20.4	24.3	60.3	506644
Condom	66.6	12.4	22.8	20.9	63.4	533582
Foam tablets/Jelly	46.9	11.9	20.7	24.9	38.4	55068
Injectable	28.1	18.1	22.0	21.9	4.3	218905

* CBD includes TBA and depot holder

6.4.3 Supply Position of Pills and Condoms to the Current Users

Table 6.14 gives the supply position of pills and condoms as reported by the current users. For pills everyone reported regular supply. Shops are reported to be most regular in the supply of pills (83.4%). On the question of alternatives in case of short supply of pills, about 86 percent said that they shift to another method. Further, on the supply position of pills all of them reported that they don't get it sometimes.

Table 6.14: Supply position of pills and condom as reported by the current users

Source of supply	Pill Total users	Condom		
		Rural	Urban	Total
PHC/SC	13.8	26.8	11.0	16.6
Government Hospital	15.7	10.1	28.8	22.0
SC and its male and female workers	17.4	8.0	2.9	4.8
VHG/CBD	-	1.5	-	0.5
Shops	83.4	82.4	94.8	90.3
Private doctors/clinic	37.4	14.0	18.7	17.0
Others	-	5.4	2.5	3.6
Anganwadi	-	1.4	-	0.5
Total %	100.0	100.0	100.0	100.0
Total N	8148	14280	24739	39019
% reporting regular supply	100.0	91.1	97.9	95.4
Alternative in case of short supply				
Do not use the method	-	-		-
Get from some other source	-	14.2	-	10.1
Shift to other method	-	85.8	100.0	89.9
Supply position during last 3 months				
Always got the supply	-	26.6	33.8	28.7
Did not get some time	-	56.6	66.2	59.4
Never received	-	16.7	-	11.9
How may cycles R would like to receive at a time	-	10.35	8.42	9.13

On the supply of condoms, shops have been identified as the source of supply in most of the cases. In case of short supply, a large majority of 90 percent said they shift to other methods. On the supply position of condoms 59.4 percent said they don't get it sometimes.

Table 6.15 shows the availability of pills and condoms from sources other than the usual public distribution system in the rural areas. In all, about 10 percent villages reported to have retailers/shops stocking both pills or condoms. Another 3 percent have community based distribution providing services for both pills and condoms.

Table 6.15: Availability of pills and condom from other than public sources in rural areas

Villages	*Percentage of villages reporting availability of*		
	Pills	*Condom*	*Both*
Percent of villages having at least one:			
Retailers/shop stocking contraceptive	20.0	23.3	21.1
Depot holder stocking the method	11.7	11.7	11.7
Private doctors providing contraceptive	6.7	11.3	8.7
NGO distributing the method	4.5	5.3	4.8

For any family planning methods, private doctors are providing services to 6 to 7 percent of the villages. No other sources have been found to be in operation.

6.4.4 Attitude of Couples towards Family Planning

Table 6.16 gives the attitude of the respondents towards family planning. A large majority of women (91.3 percent) approve of family planning across rural and urban areas. Only eleven percent women said the disapproval of family planning. Among the family members husbands (65%) stand as the main obstacle along with her mother-in-law (31.4%). Disapproval from other family members is negligible. Only 4.7 percent of women reported that their parents disapprove of it.

This shows the major disapproval coming from the husband and the in-laws, thus there is an urgent need to generate more awareness and sensitise both husband and the in-laws towards small family norm.

Table 6.16: Attitude towards family planning

Attitude towards family planning	*Rural*	*Urban*	*Total*
Percent of women approving use of FP	89.5	93.7	91.3
Percent reporting disapproval of FP by family members	9.9	13.0	11.2
Who oppose FP in family			
Husband	61.0	69.2	65.0
Parents	5.8	3.6	4.7
Father-in-law	19.8	7.0	13.5
Mother-in-law	34.8	27.8	31.4
Other male member	6.4	4.1	5.3
Other female member	2.9	9.4	6.1
Other	3.5	7.2	5.3

Table 6.17 shows the level of approval to family planning by the various members of the household. As the table shows a large proportion of women said that they did not face opposition from anyone (88.8%).

Table 6.17: Approval to family planning

Background characteristics	Percent approving FP use	Percentage reporting opposition from						Total %	Number of women
		No one	Husband	Parent	Father-in-law	Mother-in-law	Others		
Age									
13 - 19	86.1	92.6	4.4	0.9	0.7	2.9	-	100.0	41065
20 - 29	91.5	88.7	6.3	0.4	2.4	4.4	2.0	100.0	243836
30 - 39	91.8	88.0	8.8	0.6	1.0	3.4	1.5	100.0	190860
40 - 49	91.7	89.1	8.0	0.4	0.6	1.6	2.1	100.0	95888
Residence									
Rural	89.5	90.1	6.0	0.6	2.0	3.4	1.3	100.0	330644
Urban	93.7	87.0	9.0	0.5	0.9	3.6	2.2	100.0	241005
Education									
Illiterate	88.5	85.9	9.5	0.8	1.8	4.0	2.3	100.0	309151
Upto class 4	74.0	87.5	8.4	-	1.5	3.2	1.5	100.0	57082
Primary	89.8	92.8	4.4	0.3	1.5	3.2	1.5	100.0	48330
Upto middle	95.4	94.1	3.1	0.4	1.1	3.3	-	100.0	58870
Upto high	97.4	91.5	2.8	0.4	1.1	3.3	1.0	100.0	190860
Above high school	95.9	92.7	2.5	-	1.1	2.1	0.7	100.0	56644
Religion									
Hindu	90.9	89.6	7.0	0.5	1.6	3.2	1.1	100.0	510969
Muslim	93.1	80.5	10.5	0.5	1.4	6.2	7.6	100.0	51700
Other	100.0	89.7	7.7	-	-	5.0	-	100.0	8980
	91.7	89.1	8.0	0.4	0.6	1.6	2.1	100.0	95888
Caste									
Scheduled caste	89.4	83.1	12.5	0.8	1.7	4.2	2.1	100.0	100459
Scheduled tribe	93.5	88.1	8.4	3.7	-	3.3	-	100.0	11459
Backward caste	87.8	89.0	7.9	0.6	1.4	3.5	1.0	100.0	150178
Higher caste Hindu	93.3	92.7	4.1	0.2	1.7	2.7	0.8	100.0	248843
Other religious groups	94.1	81.9	10.1	0.4	1.2	6.0	6.5	100.0	60680
Total	91.3	88.8	7.3	0.5	1.5	3.5	1.7	100.0	571649

Among those who have been opposing family planning are husband (7.3%) and mother-in-law (3.5%). The level of opposition has not been seen to follow a specific association with age, educational status, religion or caste.

6.4.5 Exposure to Family Planning Message on Radio and Television

Table 6.18 gives the source from where the respondents have heard family planning massages, on radio and television. A majority of the respondents both in rural and urban areas

(80.5 to 93.2 percent) have heard of family planning from both radio and TV. This is also true across all educational levels, religion, caste groups, and ever usership of family planning methods.

Table 6.18: Heard family planning messages on radio and television

Background Characteristics	Heard of family planning messages on radio and television				Total %	Total N
	Neither	Radio only	Television	Both		
Age						
13-19	1.7	5.0	3.7	89.7	100.0	41147
20-24	1.9	6.2	5.1	86.8	100.0	121327
25-29	0.2	9.1	4.7	56.0	100.0	126389
30-49	0.6	6.4	4.4	88.7	100.0	303066
Residence						
Rural	0.4	2.6	3.8	93.2	100.0	340779
Urban	1.4	12.6	5.5	80.5	100.0	251150
Education						
Illiterate	0.5	3.5	3.9	93.1	100.0	321378
Upto class 4	0.7	9.4	4.4	85.5	100.0	59378
Primary	1.9	8.2	5.5	84.4	100.0	49342
Upto middle	2.2	13.0	4.5	80.3	100.0	60488
Upto high	0.6	14.5	5.9	77.0	100.0	43001
Above high school	1.0	9.3	11.9	77.8	100.0	58342
Religion						
Hindu	0.8	6.2	4.7	88.2	100.0	528120
Muslim	0.8	10.6	0.5	85.1	100.0	54829
Other	2.6	18.9	-	78.1	100.0	8980
Caste						
Scheduled caste	0.6	5.5	4.2	89.7	100.0	103973
Scheduled tribe	-	-	1.6	98.4	100.0	11489
Backward caste	1.1	3.4	2.7	92.7	100.0	154414
Higher caste Hindu	0.8	8.5	6.2	84.5	100.0	258244
Other religious groups	1.0	11.8	3.0	84.2	100.0	63809
Use of contraception						
Ever use	0.7	7.4	5.8	86.2	100.0	313177
Never use	1.1	7.2	3.1	90.0	100.0	258471

Table 6.19 shows the family planning messages through different media as well as the types of messages received. In case of radio, TV and cinema the messages received have been on small family size, use of condoms and use of pills.

Table 6.19: Family planning messages through different media

Types of messages received on family planning	Radio			Television			Cinema		
	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total
Percent received messages on family planning	77.0	64.5	71.6	86.4	80.2	82.1	50.0	43.0	43.9
Small family size	71.6	38.2	58.6	65.3	43.5	50.3	71.3	41.2	45.8
Use of condom/Nirodh	44.1	60.8	50.6	66.5	65.6	62.8	34.8	57.5	54.1
Use of oral pills/Mala D	53.5	69.4	59.7	70.5	80.0	77.0	49.3	53.8	53.1
Use of loop/IUD/Cu-T	9.5	15.4	11.8	12.3	18.7	16.7	13.5	19.2	18.4
Sterilization	12.3	10.4	11.5	13.4	8.3	9.9	6.2	3.9	4.2
Population problems	8.2	3.1	8.6	8.9	3.7	5.4	13.3	6.5	7.5
Others	1.0	1.3	1.0	1.8	1.0	1.2	3.1	1.5	1.7

6.5 Reasons for Discontinuation of FP Methods and Intention of Use of Family Planning in Future

Table 6.20 gives reasons for discontinuation of family planning methods. The most frequently reported reason for discontinuation is "wanted to have a child" (21.3 percent).

Table 6.20: Reasons for discontinuation

Reasons for discontinuation *	Rural	Urban	Total
Method failed or got pregnant	12.5	10.9	11.8
Lack of sexual satisfaction	1.4	0.6	1.1
Created menstrual problem	1.5	2.9	2.1
Created health problem	6.0	5.5	5.8
Inconvenient to use	0.5	1.2	0.8
Hard to get method	0.8	1.0	0.9
Did not like the method	2.6	3.0	2.8
Wanted to have a child	22.4	19.7	21.3
Wanted to replace a dead child	1.8	0.5	1.2
Others	14.5	19.4	16.6
Don't know/missing	35.8	35.4	35.6
Total %	100.0	100.0	100.0
Total N	42343	31986	74329

* Percentage may add to more than 100 because of multiple answers

** In 00's

Table 6.21 gives the future intention to use contraceptives. Two-third of the respondents said that they were going to use a method within one year, while 88.4 percent said that they wanted to use it within one or two years.

Table 6.21: Future intention

	Rural	Urban	Total
Within one year	67.6	60.8	65.0
1-2 years	28.1	15.8	23.4
2 or more years	-	-	-
Do not know/can't specify	4.3	13.5	7.8

CHAPTER VII

FERTILITY PREFERENCES

In the BSUP, women were asked about their desire for more children. This was aimed to understand the number of children they desire to have, the proportion of boys and girls preferences thereof. Alongside, the ideal number of children has also been assessed.

Communication between couples on the number of children is important for controlling the family size. This is essential as it should lead to a proper understanding of the desired family size a couple should have. In the following sections, desire for more children, ideal number of children, husband-wife communication on the number of children a couple should have and family planning related issues are dealt with.

7.1 Desire for More Children

In the BSUP, currently married women were asked "would you like to have another child or would you prefer to have any more children ?" Women who did not yet have any child were asked whether or not they wanted to have any children. Women who want another child were then asked about the preferred timing and sex of their next child.

Table 7.1 provides information about the fertility preferences of currently married women. A little more than half of those women who want another child say they would like to wait at least two years before having their next birth. The figures are similar in both rural and urban areas. About 23 percent of women say they would like another child soon (soon is, within one year).

As regards the preference of the sex of the child, in both rural and urban areas, a large proportion of respondents (65 to 81 percent) expressed their preference for both sons as well as daughters. However, the preferences in both the places (rural and urban) are skewed towards males, with a slightly higher proportion preferred to have boys than girls.

Table 7.1: Fertility preferences

Desire for children	*Number of living children **				*Total*
	0	*1*	*2*	*3 +*	
Rural					
Desire for additional child					
Within 11 months	54.7	14.4	13.0	11.1	23.0
12-23 months	28.2	13.4	14.0	16.7	17.9
24 or more months	15.3	68.9	71.3	64.9	55.7
Do not know	1.8	3.3	1.7	7.3	3.5
Total %	100.0	100.0	100.0	100.0	100.0
Preferred sex of additional child					
Only boy(s)	1.2	0.6	0.7	-	0.6
Only girl(s)	0.6	0.5	0.5	-	0.4
Both boy and girl	78.4	72.9	84.9	88.2	80.8
Either	14.0	18.3	9.0	7.4	12.4
Others	5.9	7.8	4.8	4.4	5.8
Total %	100.0	100.0	100.0	100.0	100.0
Number wanting more children	32627	37638	33892	31283	135440
Urban					
Desire for additional child					
Within 11 months	49.6	14.4	15.4	10.4	21.5
12-23 months	33.3	9.8	8.8	17.6	15.9
24 or more months	15.6	74.5	69.8	67.7	59.8
Do not know	1.5	1.2	6.0	4.3	2.7
Preferred sex of additional child					
Only boy(s)	-	0.7	-	-	0.3
Only girl(s)	-	0.9	-	-	0.4
Both boy and girl	65.2	50.8	76.5	85.0	64.6
Either	30.0	44.9	18.4	15.0	31.5
Others	3.4	2.7	5.1	-	3.2
Total %	100.0	100.0	100.0	100.0	100.0
Number wanting more children	14582	28718	14083	10652	68035
Total					
Desire for additional child					
Within 11 months	53.1	14.4	13.7	11.0	22.5
12-23 months	29.8	11.8	12.5	16.9	17.2
24 or more months	15.4	71.3	70.9	65.6	57.1
Do not know	1.7	2.4	2.9	6.5	3.2
Total %	100.0	100.0	100.0	100.0	100.0
Preferred sex of additional child					
Only boy(s)	0.8	0.6	0.5	-	0.5
Only girl(s)	0.4	0.7	0.4	-	0.4
Both boy and girl	74.3	63.3	82.5	87.4	75.3
Either	18.9	29.8	11.8	9.3	18.8
Others	5.6	5.6	4.8	3.3	5.0
Total %	100.0	100.0	100.0	100.0	100.0
Number wanting more children	47209	66356	47975	41935	203475

With respect to the parity of the women, as expected, the desire to have more children declines rapidly as the number of children increases (Table 7.2). About 98 percent of women with no child say they want one or more children and only 2 percent say they do not want any children. The proportion who want another child drops with the increase in the number of living children.

Table 7.2: Number of living children by number of additional desired children

Number of living children *	*Number of desired children*						*Total*	*% Number of women* **
	0	*1*	*2*	*3*	*4+*	*DK*		
Rural								
0	0.5	5.7	30.6	49.0	14.1	-	100.0	32799
1	6.8	25.8	48.9	13.1	3.1	2.3	100.0	40370
2	32.6	40.0	22.3	4.3	0.7	-	100.0	50279
3	71.7	22.3	5.2	-	0.6	0.3	100.0	62479
4	84.2	12.7	2.4	0.3	0.3	-	100.0	55238
5+	94.6	4.1	1.3	-	-	-	100.0	89479
Urban								
0	3.5	13.1	47.2	26.8	6.7	1.8	100.0	15252
1	16.9	48.8	24.5	6.3	1.9	1.4	100.0	34578
2	71.7	16.7	6.8	2.3	1.1	1.4	100.0	49719
3	86.8	10.5	2.3	0.3	-	-	100.0	50980
4	93.2	4.8	2.0	-	-	-	100.0	39626
5+	97.6	1.4	1.0	-	-	-	100.0	50850
Total								
0	1.5	8.1	35.9	41.9	11.8	0.6	100.0	48051
1	11.5	36.4	37.6	10.0	2.6	1.9	100.0	74948
2	52.0	28.4	14.6	3.3	0.9	0.7	100.0	99998
3	78.5	17.0	3.9	0.2	0.3	0.2	100.0	113459
4	87.9	9.4	2.3	0.2	0.2	-	100.0	94864
5+	95.7	3.1	1.2	-	-	-	100.0	140329

* Includes current pregnancy ** In 00's

Table 7.3a gives the desire of the women for more children by their background characteristics. Table 7.3b shows the number of living children by background characteristics.

Table 7.3a: Number of desired children by background characteristics

Background Characteristics	Number of living children *						Total
	0	1	2	3	4+	DK	
Age							
13 - 19	15.7	34.3	35.3	12.5	2.2	100.0	39542
20 - 29	49.8	34.7	11.5	2.9	1.1	100.0	136114
30 - 39	64.6	27.6	6.3	0.7	0.9	100.0	25606
40 - 49	74.6	25.4	-	-	-	100.0	2213
Residence							
Rural	42.1	34.5	17.5	5.0	0.9	100.0	135440
Urban	51.6	31.7	11.1	3.3	2.2	100.0	68035
Education							
Illiterate	40.8	34.2	16.9	6.5	1.6	100.0	115465
Upto class 4	44.7	38.7	11.6	3.5	1.5	100.0	18457
Primary	47.5	23.0	25.9	3.6	-	100.0	17395
Upto middle	44.5	39.2	14.4	1.1	0.8	100.0	21501
Upto high	46.8	40.2	11.5	-	1.5	100.0	11356
Above high school	70.5	24.7	4.0	-	0.8	100.0	19301
Religion							
Hindu	45.4	33.5	15.6	4.4	1.1	100.0	1850171
Muslim	43.3	34.5	13.4	4.9	4.0	100.0	16950
Other	50.9	32.8	16.3	-	-	400.0	1508
Caste							
Scheduled caste	41.4	35.4	14.6	4.6	1.0	100.0	39240
Scheduled tribe	48.0	32.9	12.9	3.6	2.7	100.0	5935
Backward caste	42.6	35.2	16.2	4.8	1.1	100.0	62323
Higher caste Hindu	49.5	31.2	15.7	2.6	0.9	100.0	77519
Other religious groups	43.9	34.3	13.6	4.5	3.6	100.0	18458
Number of living sons							
None	32.7	37.0	22.6	5.9	1.9	100.0	115364
1	59.8	30.1	6.9	2.9	0.3	100.0	70315
2	68.5	26.7	1.5	1.4	2.0	100.0	13807
3+	74.5	21.1	4.4	-	-	100.0	3989
Number of living daughters							
None	30.4	35.8	25.2	7.1	1.5	100.0	109116
1	52.8	37.6	6.5	1.7	1.4	100.0	55261
2	74.6	22.8	-	1.6	1.0	100.0	22257
3+	78.6	20.3	1.1	-	-	100.0	16841
Total	45.3	33.6	15.4	4.4	1.3	100.0	203475

Table 7.3b: Number of living children by background characteristics

Background Characteristics	Number of living children *					Total	Number of women
	0	1	2	3	4+		
Age							
13 - 19	53.3	35.8	10.0	0.9	-	100.0	41065
20 - 29	8.7	20.6	27.6	23.4	19.7	100.0	243836
30 - 39	2.3	3.7	11.6	21.2	61.1	100.0	190860
40 - 49	0.9	3.1	6.5	16.0	73.4	100.0	95888
Residence							
Rural	9.9	12.2	15.2	18.9	43.8	100.0	330644
Urban	6.5	14.3	20.6	21.1	37.6	100.0	241005
Education							
Illiterate	7.8	9.8	14.6	18.4	49.4	100.0	309151
Upto class 4	7.4	12.1	15.8	17.4	47.3	100.0	57082
Primary	11.2	13.9	14.5	19.8	40.6	100.0	48330
Upto middle	9.7	17.7	16.1	24.7	31.8	100.0	58870
Upto high	8.3	15.6	21.7	26.9	27.5	100.0	41572
Above high school	9.8	24.7	35.8	19.6	10.0	100.0	56644
Religion							
Hindu	8.8	13.0	17.5	20.3	40.4	100.0	510969
Muslim	5.6	14.7	15.7	15.2	48.9	100.0	51700
Other	5.7	11.1	27.9	17.2	38.2	400.0	8980
Caste							
Scheduled caste	8.2	11.2	13.4	21.0	46.2	100.0	100459
Scheduled tribe	10.6	15.5	14.2	8.8	50.9	100.0	11489
Backward caste	9.7	13.0	16.5	17.3	43.6	100.0	150178
Higher caste Hindu	8.5	13.6	19.8	22.4	35.7	100.0	248843
Other religious groups	5.6	14.1	17.5	15.5	47.3	100.0	60680
Number of living sons							
None	36.1	32.9	17.3	7.8	5.8	100.0	132876
1	0.2	20.0	34.3	23.6	22.0	100.0	155565
2	-	-	15.9	34.3	49.8	100.0	147056
3+	-	-	-	11.6	88.4	100.0	136152
Number of living daughters							
None	29.0	29.4	21.9	12.5	7.2	100.0	166817
1	-	14.3	28.7	29.2	27.8	100.0	180542
2	-	-	9.8	28.7	61.5	100.0	116573
3+	-	-	-	5.8	94.2	100.0	107717
Total	48513	74948	99998	113459	235585	100.0	571649

Women of younger age group and with less number of children desire to have more children than their older counterparts. The desire increases with the increase in age and then decreases. The same is true for the number of children.

As regards the place of residence, there seems to be little difference between the rural and the urban areas. The trend is almost uniform with respect to the number of living children.

In case of other variables, such as educational status, religion and caste groups, the trend is also similar (that is, with the increase in the number of living children (two or more) there is a decrease in the level of desire subsequently).

7.2 Ideal Number of Children

The analysis above has focussed on the respondent's reproductive desire for the future, taking into account the number of sons and daughters that she already has. In determining the ideal number of children, on the other hand, the respondent is asked to state the number of children she would like to have given an opportunity to start her reproductive life once again.

Table 7.4 shows that the ideal number of children falls within the fairly narrow range of 2-3 children for a large majority of women. Only 2 percent of the women expressed a desire for fewer than two children while about 20 percent thought that more than three children would be ideal. The mean ideal number of children, reported both by currently married and ever married women, is around 3.25 and 2.9 respectively.

Table 7.4: Ideal and actual number of children

Ideal number of children	*Number of living children **							*Total*
	0	*1*	*2*	*3*	*4*	*5*	*6+*	
Rural								
None	-	0.4	1.2	0.2	-	-	0.4	0.3
1	2.0	2.0	1.3	1.5	1.0	-	0.4	1.2
2	30.5	31.9	24.6	14.3	18.9	16.2	9.3	20.0
3	47.9	48.3	51.4	57.6	45.7	52.0	50.6	50.8
4	15.2	10.0	14.6	17.6	28.5	25.3	25.4	19.9
5	-	0.5	2.5	2.4	2.7	3.3	3.3	2.2
6+	-	1.3	0.3	1.1	1.3	1.4	3.9	1.4
Non-numeric responses	4.3	5.6	4.0	5.3	1.9	1.8	6.8	4.2
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women ***	34183	41673	52892	63615	56671	43804	47941	340779
Mean ideal number **								
Ever-married women	2.80	2.79	2.89	3.09	3.18	3.23	3.39	3.07
Currently married women	2.79	2.80	2.90	3.10	3.18	3.23	3.40	3.07
Urban								
None	3.7	-	1.1	0.5	-	-	-	0.6
1	5.2	4.7	3.2	1.1	0.8	1.8	4.6	2.7
2	48.6	62.2	60.1	44.4	32.5	26.5	19.8	43.9
3	30.0	20.8	20.3	45.4	43.7	47.7	49.0	36.2
4	6.6	7.8	9.6	7.0	20.0	17.8	20.6	12.4
5	3.0	1.3			1.2	1.8	0.5	0.8
6+			2.7	0.2		1.8	0.9	0.9
Non-numeric responses	2.9	3.2	2.9	1.5	1.8	2.6	4.5	2.6
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women ***	16658	36078	50591	52602	41196	25515	28510	251150
Mean ideal number **								
Ever-married women	2.41	2.37	2.52	2.59	2.88	2.98	2.95	2.66
Currently married women	2.46	2.34	2.52	2.59	2.88	2.98	2.93	2.66
Total								
None	1.2	0.2	1.2	0.4	-	-	0.3	0.4
1	3.1	3.2	2.2	1.3	0.9	0.7	2.0	1.8
2	36.5	46.0	42.0	27.9	24.6	20.0	13.2	30.1
3	42.0	35.5	36.2	52.1	44.8	50.4	50.0	44.6
4	12.4	9.0	12.2	12.8	24.9	22.5	23.6	16.7
5	1.0	0.9	1.3	1.3	2.0	2.7	2.3	1.6
6+	3.8	4.5	3.5	3.6	1.9	2.1	5.9	3.5
Non-numeric responses								
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women ***	50841	77751	103483	116217	97867	69319	76451	591929
Mean ideal number **								
Ever-married women	2.67	2.59	2.71	2.86	3.05	3.14	3.22	2.89
Currently married women	2.90	2.69	2.59	2.71	2.87	3.05	3.14	3.23

* Includes current pregnancy

** Means are calculated excluding the women giving non-numeric responses

*** In 00's

Table 7.5 gives the match between the ideal number of children reported by the respondents and the number of children they have. The most close match between the ideal and actual number of children has been reported among the cohort of women who have 3 children (54 %).

Table 7.5: Match between number of ideal and living children

Number of ideal children	*Number of living children**				
	0	*1*	*2*	*3*	*4*
Rural					
Less than ideal	98.6	71.7	22.3	4.1	0.9
Equal to ideal	1.1	25.7	60.8	29.1	2.3
More than ideal	0.3	2.6	16.9	66.9	96.8
Total %	100.0	100.0	100.0	100.0	100.0
Total N**	72045	50773	60266	55581	87704
Urban					
Less than ideal	95.5	33.5	7.3	1.2	0.9
Equal to ideal	4.5	62.0	46.1	20.4	1.4
More than ideal	-	4.5	46.7	78.4	97.7
Total %	100.0	100.0	100.0	100.0	100.0
Total N**	51113	49102	51814	40439	52095
Total					
Less than ideal	97.3	52.9	15.3	2.9	0.9
Equal to ideal	2.5	43.5	54.0	25.4	2.0
More than ideal	0.1	3.5	30.7	71.7	97.1
Total %	100.0	100.0	100.0	100.0	100.0
Total N**	123158	99875	112080	96020	139799

* Includes current pregnancy
** In 00's

7.3 Husband-Wife Communication on Number of Children a Couple Should Have

On the question of husband-wife communication on the number of children the couple should have, Table 7.6 analyses the stages at which such discussions have taken place.

As is evident from the table, most of discussions are initiated only after the birth of the third child mostly in case of older women (30 + years). In the youngest cohort (13-19 years), the discussion starts immediately after marriage. In the subsequent older age groups, the initiation of discussions is delayed after the first and second births.

Women with education level beyond middle standard, tend to discuss about the number of children after the first or second birth. Illiterate women tend to discuss it only after the birth of second child or more commonly after the birth of the third child.

However, more than one-third to half of the women in different age groups, have never discussed about the number of children with their husbands. The percent is slightly higher in rural areas (38%) than in the urban areas (33%).

About 43 percent of the respondents, who are otherwise illiterate have never discussed about the number of children with their husband. The percentage decreases with the increase in the education level.

Table 7.6: Husband-wife communication on number of children they should have

Background Characteristics	*Stage at which discussion took place*						*Total %*	*Number**
	Immediately after marriage	*After 1st child*	*After 2nd child*	*After 3rd child*	*Don't know/ remember*	*Never*		
Age								
13-19	36.6	10.0	1.9	-	-	51.5	100.0	41065
20-29	16.1	21.0	20.4	10.6	0.3	31.6	100.0	243836
30-39	5.5	9.8	19.6	30.0	1.6	33.6	100.0	190860
40-49	4.0	7.2	11.1	32.7	2.4	42.4	100.0	95888
Residence								
Rural	9.0	13.1	16.8	22.4	1.0	37.6	100.0	330644
Urban	16.1	15.6	17.7	16.7	1.2	32.6	100.0	241005
Education								
Illiterate	6.8	11.4	14.6	23.1	1.6	42.5	100.0	309151
Upto class 4	9.2	14.6	16.7	25.5	0.7	33.3	100.0	57082
Primary	9.0	15.5	27.0	17.7	0.3	30.1	100.0	48330
Upto middle	16.3	16.9	20.6	15.7	0.7	29.8	100.0	58870
Upto high	23.7	16.0	22.5	14.8	-	23.1	100.0	41572
Above high school	32.7	23.6	16.1	8.1	0.4	19.0	100.0	56644
Use of contraception								
Ever use	9.6	13.7	21.6	25.4	1.0	28.7	100.0	313177
Never use	14.9	14.8	11.9	13.5	1.1	43.6	100.0	258472
Total	68804	81031	98364	114426	6178	202846		571649

* In 00's

Further analysis of ever-users and never-user couples reveals that about 44 percent of the never-users have never discussed about the number of children they should have. Contrary to this, about 29 percent of the ever-user couples have never discussed the matter.

7.4 Fertility Planning

Irrespective of the parity, women were asked whether for any given pregnancy, it was an unwanted child that she would have terminated or otherwise.

Table 7.7: Unwanted pregnancy

Background Characteristics	Number of unwanted pregnancies				Total %	Total Number
	0	1	2	3+		
Age						
13 - 19	97.6	1.7	0.8	-	100.0	41065
20 - 29	89.1	7.7	2.4	0.7	100.0	243836
30 - 39	76.8	12.2	6.9	4.1	100.0	190860
40 - 49	82.0	8.1	3.9	6.1	100.0	95888
Residence						
Rural	88.2	5.6	3.6	2.7	100.0	330644
Urban	79.3	13.3	4.7	2.7	100.0	241005
Education						
Illiterate	85.7	7.1	3.8	3.4	100.0	309151
Upto class 4	85.2	8.3	5.1	1.3	100.0	57082
Primary	85.1	8.9	4.2	1.9	100.0	48330
Upto middle	82.3	11.1	4.1	2.6	100.0	58870
Upto high	77.7	13.8	7.1	1.4	100.0	41572
Above high school	83.2	13.2	2.0	1.7	100.0	56644
Religion						
Hindu	85.5	8.3	3.7	2.5	100.0	510969
Muslim	77.7	11.7	5.9	4.8	100.0	51700
Other	61.7	24.9	13.4	-	100.0	8980
Caste						
Scheduled caste	86.3	6.4	3.9	3.4	100.0	100459
Scheduled tribe	89.0	7.9		3.1	100.0	11489
Backward caste	84.7	7.8	4.6	2.9	100.0	150178
Higher caste Hindu	85.5	9.3	3.3	1.9	100.0	248843
Other religious groups	75.3	13.7	7.0	4.1	100.0	60680
Total	84.4	8.8	4.1	2.7	100.0	571649

Table 7.7 shows that about 16 percent women reported to have one or more unwanted pregnancies. The proportion of such women is slightly higher in the urban areas than in the rural areas. Moreover, illiterate mothers tend to have least unwanted pregnancy than their literate counterparts.

Unwanted pregnancies were reported by 22 percent of Muslims as against 15 percent among Hindus. Similarly, the proportion of unwanted pregnancy was lower among scheduled castes than higher caste Hindus. This trend was also present among the Muslim sample.

Table 7.8 gives the outcome of the unwanted pregnancies. As is evident from the table, about 75 percent of these pregnancies are live birth, about 22 percent have been aborted (induced), 7 percent are spontaneous abortions and only about two percent are still-births.

*Table 7.8: Outcome of unwanted pregnancies **

Outcome of unwanted pregnancies	*Rural*	*Urban*	*Total*
Live birth	41.3	29.8	34.9
Still birth	1.6	0.8	1.2
Spontaneous abortion	3.7	2.9	3.3
Induced abortion/MTP	6.1	13.6	10.3
Attempted to abort but failed	0.2	0.1	0.1
Others	5.7	2.2	3.7
No response	41.4	50.5	46.5
Total %	100.0	100.0	100.0
Total N	117453	49760	67213

Table 7.9 gives the detailed fertility planning. This provides the intention of the women towards a pregnancy. A large majority reported that they wanted the pregnancy to occur then (80%). The rural-urban difference is negligible. The table further shows that about 14 percent of the rural women did not want to have a child as well as their urban counterparts (15%). Moreover, about 6 percent of the women both in rural and urban areas wanted to delay their pregnancies.

Table 7.9: Fertility planning

Pregnancy intention	*Rural*	*Urban*	*Total*
Wanted then	80.3	78.7	79.7
Wanted later	6.1	6.7	6.3
Wanted no more	13.6	14.6	13.9
Total %	100.0	100.0	100.0
Number of pregnancies *	60544	32238	92782

* In 00's

On the question of 'what the woman would do, if she gets unwanted pregnancy' (Table 7.10), about 30 percent women said they will accept the child. A sizeable 28 percent said they will get it aborted. The proportion varied from 23 percent in rural to 34 percent in urban areas. Another about 29 percent of the women were sterilized, hence could not answer the question.

Table 7.10: What the women would do if get unwanted pregnancy

Intention	*Rural*	*Urban*	*Total*
Missing	0.1	-	0.1
Will accept the pregnancy	38.7	13.3	29.6
Will get it aborted	23.2	33.7	28.1
Others	9.6	10.9	10.2
Not sure/do not know	3.5	1.8	2.7
Not possible/sterilized	25.0	34.3	29.3
Total %	100.0	100.0	100.0
Number of women	195204	172832	368036

CHAPTER VIII

MATERNAL AND CHILD HEALTH AND UTILIZATION OF HEALTH SERVICES

Safe motherhood and child survival has been emphasized by the government to lead the nation towards a brighter future. Towards this, special schemes have been launched for maternal and child health care. Alongside, special care has been taken to improve the quality of services.

This section deals with the maternal and child health and utilization of health services.

8.1a Mortality

Table 8.1a gives the crude death rate and infant mortality rate. As can be seen from the table, the total CDR in Agra district is 8.5 per 1000 population, with 9.5 in the rural areas and 7.2 in the urban areas. The IMR has been estimated as 67.8 per 1000 live births, with 83.6 in the rural areas and 42.3 in the urban area. It may be seen from the table that the IMR in the rural areas is almost double of that of urban areas.

Table 8.1a: Crude death rate and infant mortality rate

	Rural	*Urban*	*Total*
Crude Death Rate	9.5	7.2	8.5
Infant Mortality Rate	83.6	42.3	67.8

Table 8.1b shows the place and type of treatment availed for those who died. The table shows that nearly two-third of the deceased have received treatment from the private doctors, with 27.7 percent from the Government sources - comprising 17.4 percent from the district hospital and 10.3 percent from PHC/sub-centre. The trend is almost similar in both the rural and urban areas.

As regards the type of treatment, about 72 percent have received allopathic treatment. This is true for both rural and urban areas. About 17.8 percent have not received any treatment during their illness leading to their death and surprisingly such cases are more in the urban than in rural areas.

Table 8.1b: Place and type of treatment

	Rural	*Urban*	*Total*
Place of treatment			
Dist. hospital	13.7	24.2	17.4
PHC	8.0	6.1	7.3
Sub-centre	4.7	-	3.0
Pvt. doctor	67.9	64.9	66.8
Local vaidya	1.7	2.4	1.9
Home treatment	2.8	-	1.6
Others	1.2	2.4	1.6
Total %	100.0	100.0	100.0
Total N	60361	21288	60361
Type of treatment			
No treatment	15.3	22.6	17.8
Home remedies	1.5	-	1.0
Ayurvedic	2.2	3.1	2.5
Allopathy	72.0	71.6	71.8
Homeopathy	0.9	-	0.6
Others	0.5	-	0.3
Don't know	7.7	2.8	6.0
Total %	100.0	100.0	100.0
Total N	21288	60361	60361

8.1b Antenatal Care

Table 8.1c analyses the determinants of antenatal care. It shows women of 20-34 years seek antenatal care (ANC) most frequently (44%), followed by women between above 35 years (29%) and women below 20 years (28%).

The table further shows that a larger proportion of women from urban areas (66%) have undergone ANC check-ups than their rural counterparts (26%).

Education level has direct association with the utilization of ANC services. With the increase in the level of education, there is an increase in the level of utilization of ANC services. It is as low as 28 percent among the illiterate women to as high as about 90 percent among those who had been educated above higher school level.

Table 8.1c: Antenatal care

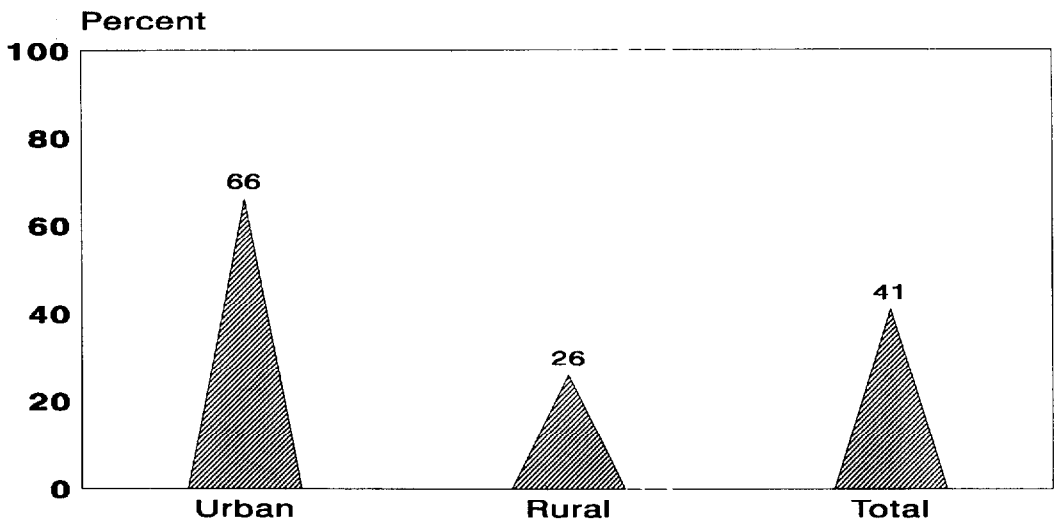
Background characteristics	% underwent ANC check-up	Source of ANC treatment					% received		Number of women pregnant in last two years
		District hosp/PHC	Sub-centre	Private doctor	At home	Others	IFA tab	TT injection	
Age									
< 20	27.6	29.0	3.5	55.7	3.8	8.0	21.9	33.8	18995
20 - 34	44.0	33.3	2.5	55.3	3.2	5.4	35.1	46.9	248001
35 +	28.5	20.6	4.4	64.4	4.5	6.1	25.2	37.5	30238
Residence									
Rural	26.1	29.1	6.9	47.6	7.3	8.4	23.0	34.2	184082
Urban	66.3	34.2	4.9	61.3	0.8	3.8	-	62.8	113152
Education									
Illiterate	28.0	29.3	2.5	52.6	4.9	7.9	22.2	32.5	176021
Upto class 4	45.8	37.5	1.9	48.0	4.2	6.5	38.2	52.4	30865
Primary	49.6	41.0	1.5	50.1	3.8	3.1	-	57.9	19156
Upto middle	57.5	32.9	0.9	55.1	3.0	9.0	41.6	59.8	30469
Upto high	67.9	40.2	3.0	55.5	1.4	1.4	-	72.4	17958
Above high school	90.0	26.0	1.1	-	-	-	72.8	80.5	22765
Religion									
Hindu	39.4	31.0	0.8	52.9	-	4.4	-	43.5	266032
Muslim	55.1	41.5	24.1	77.1	-	-	44.9	55.7	29027
Other	100.0	22.9	5.2	-	-	-	81.2	-	2175
Caste									
Scheduled caste	38.9	36.2	0.8	51.8	4.9	6.3	27.5	40.5	62822
Scheduled tribe	31.6	36.7	24.1	39.2	-	-	29.2	38.8	7759
Backward caste	32.0	27.7	5.2	53.7	5.0	8.4	26.1	38.2	88671
Higher caste Hindu	46.5	30.0	1.8	60.0	3.0	4.5	38.6	49.9	106780
Other religious groups	58.2	39.3	1.0	55.8	-	3.9	47.4	58.8	31202
Total	41.4	32.2	2.7	55.9	3.3	5.6	33.2	45.1	297234

As regards the various religious groups, there seems to be significant difference between Muslims and Hindus with regard to availing facilities provided by government.

Caste-wise distribution shows that women from scheduled tribe utilize ANC services most frequently from the sub-centre whereas upper caste group uses private doctors. Utilization of ANC from district hospital/PHC does not show much variation.

ANC services include, apart from ANC check-up, intake of IFA tablets. The table shows that intake of IFA tablets among women between 20-34 years is highest (35%), followed by women above 35 years and women below 20 years (25% and 22%, respectively).

Figure 8.1: Percent Underwent ANC Check-up



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As in the case of ANC check-up, education level is directly associated with the intake of IFA tablets. With the increase in the level of education, the intake increases. It ranges from 22 percent among illiterates to 59 percent among those having education above high school.

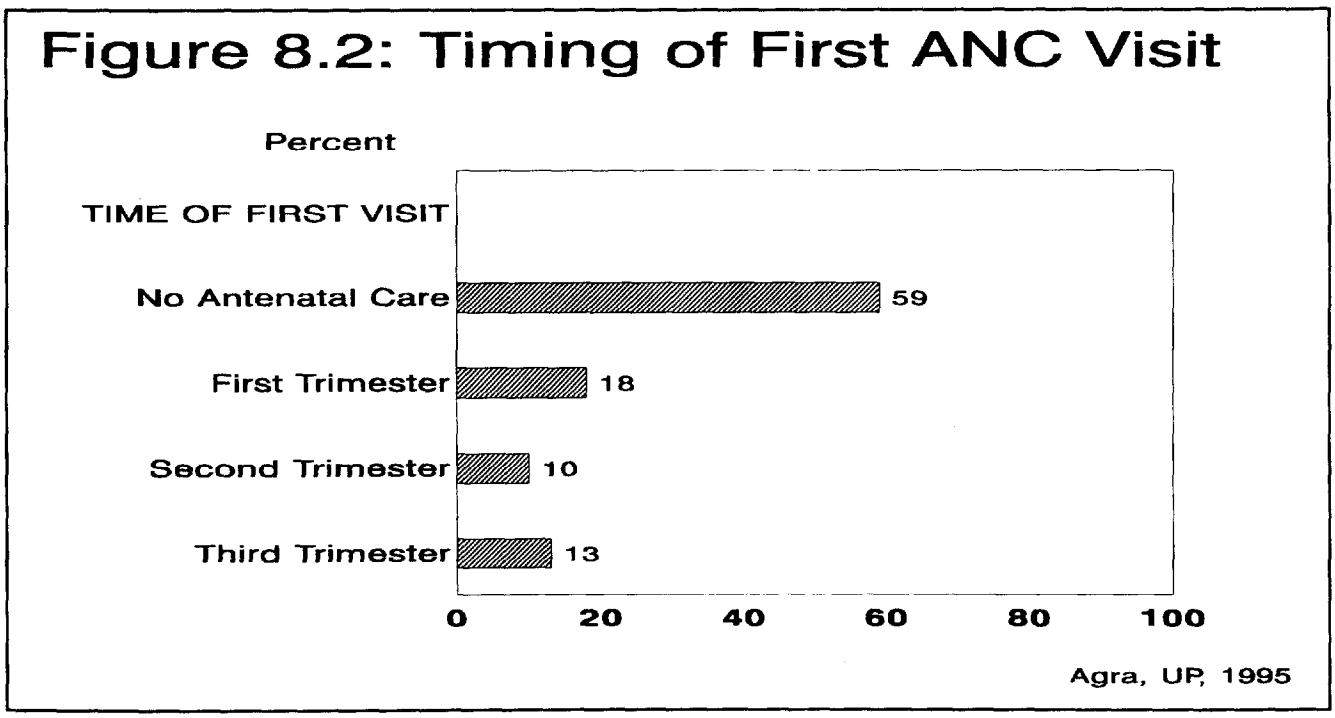
More Muslim women (32%) have had taken IFA tablets than their Hindu counterparts (45 %). Among the Hindus most of the high caste women have had taken IFA tablets (39%), followed by women of scheduled tribes (29 %), scheduled castes (28%) and backward castes (26%).

Most of the women (56 percent) have availed ANC services from the private doctors. The rural-urban distribution is 48 percent and 61 percent, respectively. Similar distribution has been observed with respect to the education level, religion, caste of the women. That is, most of the women irrespective of their background have availed ANC treatment from private doctors. However, a little less than one-third of the women have had availed ANC treatment from district hospitals/PHCs.

Table 8.2 shows the ANC visit vis-a-vis the stages of pregnancy. Most of the women (18%) have had their ANC visit at the first trimester followed by 10 and 13 percent at the second trimester and third trimester. More urban women (32%) have had ANC visits during their first trimester as compared to their rural counterparts (9%).

Table 8.2: Stage of pregnancy

ANC visits	*Rural*	*Urban*	*Total*
Stage of pregnancy at the time of the first ANC visit			
No antenatal care	73.9	33.7	58.6
First trimester	9.17	31.9	17.8
Second trimester	6.8	14.9	9.9
Third trimester	9.9	19.1	13.4
Don't know/missing	0.4	0.4	0.4
Total %	100.0	100.0	100.0
Median months pregnant at first visit (for those with ANC)	4.0	4.0	4.0
Number of pregnancies in last two years	84082	113152	297234



8.2 Place of Delivery and Assistance During Delivery

Table 8.3 shows the place of delivery. In all, about 74 percent births have had taken place at home, about 16.5 percent at private health centres, while the rest of the 9 percent deliveries have been conducted at public health centre.

The rural areas experienced more 'home deliveries' (88%) than the urban areas (51%). In urban areas, about 31 percent deliveries were conducted at private health centres as against only about 8 percent in rural areas.

'Home deliveries' are more frequent among those women who have poor educational levels. Hindu women have delivered more at home (75%) than their Muslim counterparts (63%). 'Home deliveries' are lowest among the higher caste groups as against those in the lower castes.

Table 8.3: Place of delivery

Background Characteristics	Place of delivery				Total (%)	Number of women pregnant in last two years
	Health facility			Home		
	PHC/Dist hospital	Public	Private			
Mother's age at birth						
< 20	11.5	12.3	16.4	71.3	100.0	25261
20 - 34	9.7	9.7	17.0	72.9	100.0	203559
35+	3.3	3.3	8.9	87.8	100.0	15065
Residence						
Rural	4.6	4.8	7.5	87.5	100.0	151847
Urban	17.6	17.6	31.3	50.9	100.0	92038
Education						
Illiterate	5.8	5.8	7.9	86.1	100.0	131673
Upto class 4	7.3	7.3	16.7	74.4	100.0	26180
Primary	8.7	8.7	20.4	70.9	100.0	17298
Upto middle	25.6	25.6	26.7	47.7	100.0	24405
Upto high	16.5	16.5	26.7	56.7	100.0	12720
Above high school	19.3	19.3	59.4	21.3	100.0	18235
Religion						
Hindu	8.8	8.9	15.6	75.3	100.0	216363
Muslim	15.0	15.0	21.8	63.3	100.0	25026
Other	17.7	17.7	42.2	40.0	100.0	2496
Caste						
Scheduled caste	9.2	9.2	11.7	78.6	100.0	50141
Scheduled tribe	10.2	10.2	-	89.8	100.0	6343
Backward caste	5.0	5.3	10.7	84.0	100.0	72310
Higher caste Hindu	11.6	11.6	22.9	65.1	100.0	87569
Other religious groups	15.2	15.2	23.6	61.2	100.0	27522
Total	9.5	9.6	16.5	73.7	100.0	243885

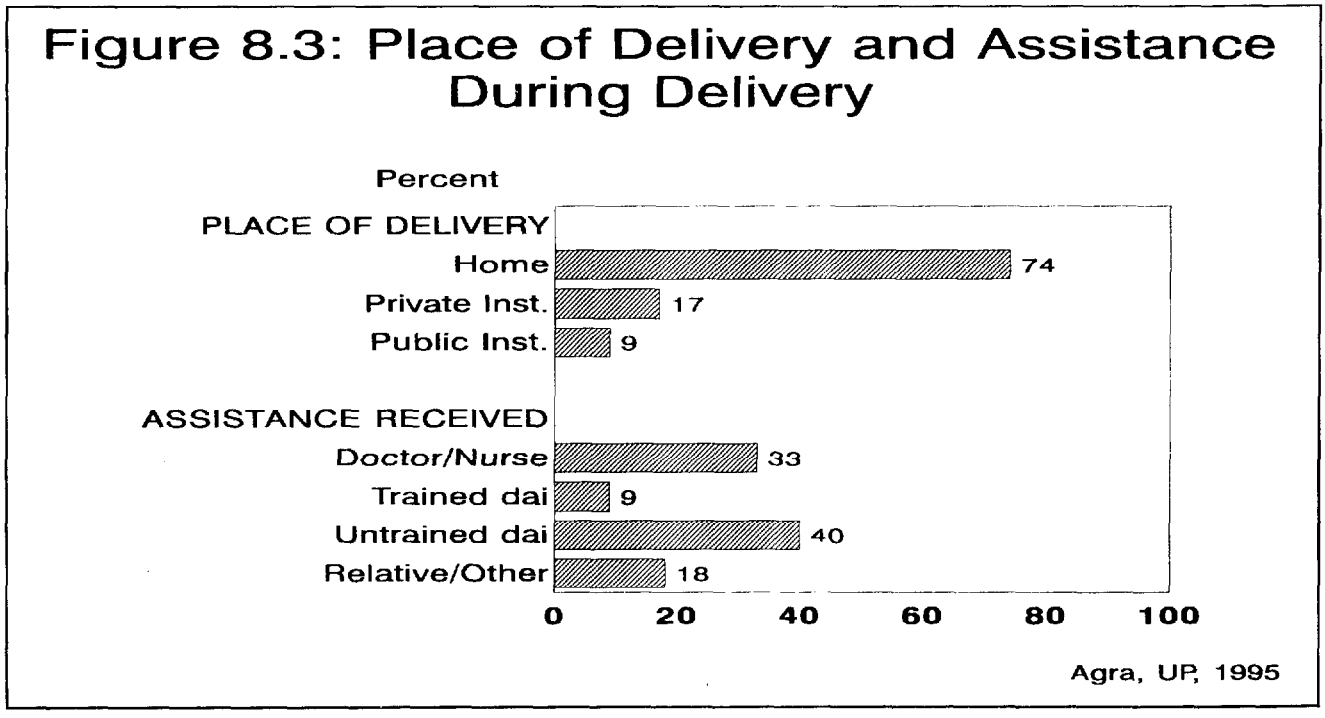
* Births in the period 1-24 months prior to the survey

As most of the deliveries have been conducted at home, the deliveries were mostly assisted by untrained dais (Table 8.4). This is however more frequent in rural areas (52.3%) than in the urban areas (18.8%).

Table 8.4: Assistance during delivery

Background characteristics	*Rural*	*Urban*	*Total*
Doctor or trained nurse	8.9	23.6	14.4
Trained dai	6.3	14.3	9.3
Untrained dai	52.3	18.8	39.7
Family member	22.2	8.1	16.9
Private doctor/nurse	9.2	33.5	18.4
Others/self	1.1	1.8	1.4

* Births in the period 1-24 months prior to the survey



8.3 Immunization of Children

Table 8.5 (a and b) shows the immunization status of children of 6-23 months and 12-23 months by the place of residence of the respondent.

In case of the children of 6-23 months in the rural areas, more males are vaccinated than females. In all, 23 percent males have had been fully immunized as against 13 percent females. For individual vaccines it ranges from 23 percent for measles to 42 percent for oral polio drops (first dose).

In case of males, it varies from 25 percent for measles to 46 percent for oral polio vaccines (first dose). The corresponding figures for females range from 19 percent for measles to 38 percent for Oral Polio Vaccine (1st dose).

Table 8.5a: Vaccination of 6-23 months children by background characteristics (Urban and Rural)

Background Characteristics	Percentage of children 6-23 months vaccinated against										Number of children
	BCG	DPT			Polio			Measles	All	None	
		1	2	3+	1	2	3+				
Rural											
Sex											
Male	42.3	45.9	38.3	31.9	44.9	37.6	31.2	25.1	22.6	50.3	51408
Female	36.1	38.4	27.9	21.1	36.7	26.9	21.1	18.5	13.3	57.2	56084
Mother's education											
Illiterate	31.3	34.3	24.8	18.3	32.7	24.1	18.3	16.0	13.4	62.0	74524
Upto class 4	47.3	53.6	41.3	33.2	50.3	39.6	31.5	25.1	19.0	39.7	10399
Primary	55.5	55.5	50.9	46.6	55.5	48.8	44.1	46.1	36.9	40.0	8273
Upto middle	56.4	60.1	49.3	38.9	60.1	49.3	38.9	23.6	17.6	32.8	8204
Upto high	65.9	62.9	62.9	59.0	62.9	62.9	59.0	36.4	32.5	37.1	4276
Above high school	100.0	100.0	88.5	88.5	100.0	88.5	88.5	79.0	67.6		1816
Religion											
Hindu	39.2	42.1	32.7	26.5	40.6	31.9	26.0	21.6	17.8	53.8	102997
Muslim	30.1	35.0	30.2	13.8	35.0	30.2	18.2	21.7	13.8	61.4	4138
Caste											
Scheduled caste	40.7	41.8	33.3	22.3	41.8	33.3	22.3	19.1	14.3	54.1	19470
Scheduled tribe	36.2	31.2	22.1	18.3	31.2	17.8	14.0	13.4	4.5	54.9	4182
Backward caste	33.7	39.0	27.5	19.4	35.5	26.1	19.4	15.8	11.7	56.7	37416
Higher caste Hindu	43.7	46.0	38.2	35.6	45.5	37.8	34.7	28.6	26.3	50.9	41929
Other religious groups	35.7	40.2	35.7	20.6	40.2	35.7	24.7	24.0	16.7	56.6	4495
Total	39.1	42.0	32.9	26.3	40.6	32.0	25.9	21.7	17.8	53.9	107492
Urban											
Sex											
Male	66.8	62.8	60.1	54.9	60.9	58.2	54.2	40.1	33.2	29.6	32343
Female	57.9	58.0	50.1	44.9	55.2	44.1	42.7	31.7	25.2	38.8	32911
Mother's education											
Illiterate	42.6	38.0	36.3	30.6	35.4	30.5	28.9	22.2	17.7	54.4	27774
Upto class 4	54.0	51.4	42.1	39.3	48.6	39.3	36.2	24.2	14.2	41.1	8680
Primary	53.4	53.4	53.4	37.2	48.4	43.8	32.2	21.8	7.5	37.2	3722
Upto middle	79.2	83.8	79.4	76.4	83.8	79.4	76.4	47.8	43.4	14.0	8556
Upto high	88.2	84.4	77.3	65.6	78.4	71.2	65.6	63.4	56.4	11.8	6141
Above high school	95.9	96.7	83.6	83.6	96.7	83.6	83.6	61.0	52.5	3.3	10381
Religion											
Hindu	63.8	60.8	55.8	51.7	59.1	52.4	51.3	36.6	31.0	33.4	51235
Muslim	55.5	57.4	50.7	41.0	52.4	44.4	35.2	30.3	18.7	38.0	13095
Caste											
Scheduled caste	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	25.0	924
Scheduled tribe	44.4	37.9	32.9	26.9	36.1	32.6	27.1	19.5	10.2	49.7	13751
Backward caste	59.8	59.8	59.8	59.8	59.8	59.8	59.8	59.8	59.8	40.2	632
Higher caste Hindu	46.5	43.4	43.4	38.6	40.3	32.4	37.0	22.7	18.5	50.9	13665
Other religious groups	85.6	84.8	76.6	73.9	83.9	75.7	73.9	54.2	50.0	13.3	23187
Total	56.8	58.6	52.3	43.2	53.9	46.4	37.9	33.3	22.4	37.1	14019

Table 8.5b: Vaccination of 12-23 months children by background characteristics (Rural and Urban)

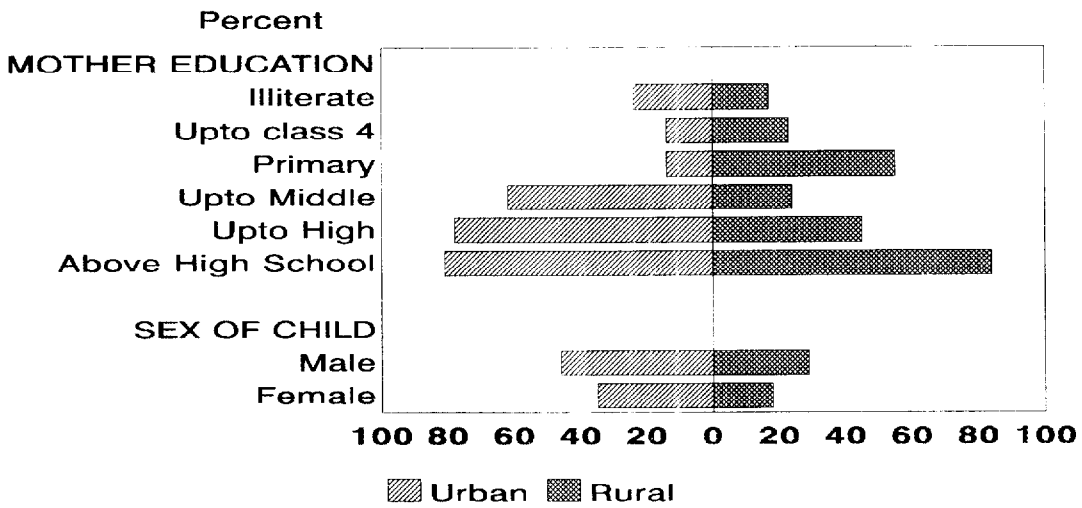
Background Characteristics	Percentage of children 12-23 months vaccinated against										Number of children
	BCG	DPT			Polio			Measles	All	None	
		1	2	3+	1	2	3+				
Rural											
Sex											
Male	43.8	49.8	41.7	36.3	48.7	41.7	35.6	31.5	29.4	47.7	32491
Female	39.9	40.8	30.1	22.9	38.5	28.5	22.4	24.6	17.9	53.3	32778
Mother's education											
Illiterate	35.0	37.8	28.0	21.1	36.1	27.2	21.1	20.0	17.4	58.2	45452
Upto class 4	40.8	54.4	44.9	34.0	48.5	41.9	31.1	32.9	22.7	42.7	6104
Primary	69.7	69.7	62.6	62.6	69.7	62.6	58.6	62.3	54.8	26.7	5233
Upto middle	56.4	58.9	48.7	42.5	58.9	48.7	42.5	33.9	24.2	29.7	5084
Upto high	53.7	53.7	53.7	53.7	53.7	53.7	53.7	45.2	45.2	46.3	2133
Above high school	100.0	100.0	83.5	83.5	100.0	83.5	83.5	100.0	83.5	-	1263
Religion											
Hindu	42.2	45.2	35.7	29.9	43.4	34.8	29.2	28.0	23.6	50.3	62124
Muslim	30.9	42.7	36.0	19.2	42.7	36.0	19.2	24.1	19.2	57.3	2965
Others	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100	-	180
Caste											
Scheduled caste	39.5	38.8	30.7	20.6	38.8	30.7	20.6	20.4	15.6	56.1	11527
Scheduled tribe	43.9	33.9	25.0	17.5	33.9	16.5	8.9	17.5	8.9	47.3	2102
Backward caste	35.5	41.9	30.9	24.0	38.5	29.2	24.0	21.5	16.8	53.6	22506
Higher caste Hindu	49.1	51.9	43.0	40.1	50.5	43.0	39.3	38.0	34.2	45.1	25989
Other religious group	34.9	46.0	39.6	23.8	46.0	39.6	23.8	28.5	23.8	54.0	3145
Total	41.9	45.3	35.9	29.6	43.6	35.1	29.0	28.0	23.6	50.5	65269
Urban											
Sex							5				
Male	68.3	61.4	61.4	61.4	60.5	60.5	59.2	53.4	46.4	29.0	20562
Female	56.4	56.4	48.6	48.6	52.4	45.7	44.6	46.5	34.8	38.6	18015
Mother's education											
Illiterate	43.5	35.9	33.0	34.2	32.7	31.0	29.8	31.9	24.1	53.0	16243
Upto class 4	50.8	46.7	39.1	39.1	46.7	39.1	34.2	29.8	14.1	41.5	5476
Primary	48.3	48.3	48.3	48.3	38.7	38.7	38.7	23.7	14.1	51.7	1968
Upto middle	84.9	88.3	85.2	85.2	88.3	85.2	85.2	68.3	61.5	8.2	5484
Upto high	94.5	88.8	88.8	83.9	83.9	83.9	83.9	88.5	77.8	5.5	4047
Above high school	92.0	93.5	87.2	87.2	93.5	87.2	87.2	88.5	80.6	6.5	5359
Religion											
Hindu	61.3	56.9	54.5	54.5	55.5	53.8	53.2	50.5	44.0	35.3	31151
Muslim	67.0	66.3	56.5	56.5	59.3	49.6	45.7	45.3	23.6	27.6	6964
Caste											
Scheduled caste	39.2	30.2	24.4	26.8	30.2	26.8	24.4	26.0	10.5	51.1	8339
Scheduled tribe	59.8	59.8	59.8	59.8	59.8	59.8	59.8	59.8	59.8	40.2	632
Backward caste	43.7	38.3	38.3	38.3	35.5	35.5	35.5	31.5	28.6	56.3	7847
Higher caste Hindu	83.8	82.4	80.7	79.3	81.0	79.3	79.3	74.8	71.2	14.4	14333
Other religious groups	69.0	68.4	59.2	59.2	61.9	52.7	49.1	48.7	28.3	25.9	7426
Total	62.8	59.1	55.4	55.4	56.7	53.6	52.4	50.2	41.0	33.5	38577

In the urban areas (6-23 months), in all, 33 percent males and 25 percent females have been fully immunized. The immunization among males varies from 40 percent for measles to

67 percent for BCG. Correspondingly for females, it varies from 32 percent for measles to 58 percent for BCG.

In the case of the children of 12-23 months in the rural areas again, more males (29%) are vaccinated than females (18%). The percentage varies from 31 percent in case of measles to 50 percent for OPV (1st dose) in males. Correspondingly, the immunization varies from 25 percent for measles to 41 percent for OPV and DPT (1st doses).

Figure 8.4: Percentage of Children 12-23 Months Who Have Received All Vaccinations



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In the urban areas (12-23 months), in all, 46 percent males and 35 percent females have been fully immunized. The immunization among males varies from 53 percent for measles to 68 percent for BCG, DPT and OPV (1st doses). For females it ranges from 47 percent for measles to 56 percent for BCG and oral polio (first dose).

Furthermore, with the increase in the educational level of the mothers, the immunization status increases. In all, more Hindu respondents reported immunization of their children than their Muslim counterparts.

8.4 Utilization of Public Health Services

Table 8.6 gives the preferred sources of medical assistance during sickness. A large proportion of about 54 percent reported that they preferred always private doctors for curing sickness. This was followed by 42 percent who preferred public services as well as private services as and when required.

On the reasons of the preferred sources of medical assistance, a large proportion of about 78 percent perceives private sources to be better as compared to other sources because it renders a better treatment. This was true for rural as well as urban areas.

Table 8.6: Preferred sources of medical assistance during sickness

	Rural	*Urban*	*Total*
Preferred sources			
Always public sources (PHC/CHC, District Hospital, SC)	2.1	2.8	2.4
Sometime public source and sometime private	38.0	48.6	42.5
Always private source/doctor	59.4	47.1	54.2
Others	0.5	1.4	0.9
Reasons for always preferring private source			
Cheaper treatment	3.6	1.4	0.9
Near to my house	35.9	13.5	7.3
Better treatment	79.2	49.1	40.8
PHC/SC are far off	17.7	74.5	77.5
Bad behaviour of PHC staff	14.8	3.2	12.4
No alternative	10.0	10.4	10.2
No medicines available	31.4	5.9	8.5
No staff/doctor available	5.7	21.2	27.7
Takes more time at government hospital	8.7	5.3	5.5
Others	4.6	17.5	12.0
Can't say/Don't know	0.1	4.6	4.6
Certainty about availability of doctor at PHC			
Quite certain	49.9	57.4	53.1
Not certain	44.5	40.4	42.5
Do not know	5.7	2.3	4.0

With respect to the availability of the doctors at the PHCs, majority of the respondents (54%) expressed their confidence that the doctor is available whenever needed. However, another 43 percent were not quite certain about the availability of the doctors.

Table 8.7 gives the percentage of women who reported that they pay at the health centres. About 19 percent responded positively. More so from the rural areas (24%) than in urban areas (14%).

Further analysis shows that a very large majority of women are ready to pay for services if it improves. The response is relatively high in both rural (96%) as well as in the urban areas (89%).

Table 8.7: Payment for the services at public clinics

	Rural	*Urban*	*Total*
Percent of women reporting payment at health centres	23.9	14.1	19.1
Percent ready to pay for services if it improves	96.3	89.2	93.2

Table 8.8 gives the client-providers, contact with the community. About 55 percent of the respondents said that she or someone in the family have had visited PHC/SC. The proportion is 59 percent in urban and 52 percent in rural areas.

Table 8.8: Client-providers' contact

	Rural	*Urban*	*Total*
% of women or her HH member contacted PHC/SC workers during last 3 months	51.9	58.5	54.7
Average number of contacts with PHC/SC workers			
Mean	0.3	0.4	0.4
SD	0.7	0.9	0.8
% of households visited **by workers** in the last 3 months	9.6	2.5	6.6
% of households reported visit of			
1 person	48.3	78.1	53.0
2 person	36.7	13.5	33.0
3 or more person	15.0	8.4	13.9
Frequency of visit during last 3 months			
1st person			
1	88.9	78.7	87.3
2	7.5	6.7	7.4
3 or more times	3.6	14.5	5.3
2nd person			
1	41.2	13.2	36.7
2	6.5	3.9	6.1
3 or more times	4.0	4.7	4.1
Who visited last			
ANM/LHV	90.0	87.8	89.9
Male workers	6.2	12.2	7.1
Doctor	2.1	-	1.8
Others	1.7	-	1.4
Percent of families reporting at least one contact with public health service providers	55.6	59.3	57.2

Contrary to this only about 7 percent of the respondents said that health workers had visited them since last 3 months. This shows that it is usually the community which visits the health centres more frequently than the workers visiting the households.

Of those who reported that someone from the health centre had visited the household, above 53 percent said that only one person visited them. Moreover, the frequency of visit of this person was mostly (87%) one time. In most of the cases (90%) ANM/LHV had visited the households.

Table 8.9 gives the quality of client-provider interface. The table shows that about 61 percent reported that the health workers provided enough time for them. And a very large proportion (90%) said that they are satisfied with the assistance provided. Furthermore, 91 percent expressed their desire for her repeat visit. Even, a fairly large proportion (44%) of the villagers hold good opinion about the health workers.

Table 8.9: Quality of client-provider interface

	Number of women reporting visit of a worker	Provided enough time	Satisfied with assistance provided	Would like her to visit again	Villagers hold good opinion about the worker
Rural	32877	33.8	90.3	91.6	44.2
Urban	6227	65.0	86.9	86.0	44.9
Total	39104	38.8	89.7	90.7	44.3

Table 8.10 gives the level of information provided about various F.P. methods mentioned by the health workers. The table shows that tubectomy was mentioned most frequently (70%) followed by condom (38%), IUD/Cu-T (35%), pills (32%) and vasectomy (13%).

The table further analyses the level of information about various contraceptives. In case of vasectomy, 74 percent and 85 percent mentioned about the use and the source respectively.

In case of tubectomy 78 percent and 94 percent were informed about the use and source. In case of IUD, 74 percent and 91 percent were told about the use and the source, respectively 81 percent reported to have information on the use of oral pill while 83 percent were informed about its source. In case of condoms, 76 percent were informed about the use and 87 percent about the source.

As regards use of traditional methods, such as withdrawal and periodic abstinence, about 17 percent reported to have been informed.

Table 8.10: Level of information (detailed) provided about various methods by workers

Methods	Percentage reported that				
	Method was mentioned	Informed advantages and disadvantages		Informed how to use	Informed about source
		Both	None		
Vasectomy	13.2	5.6	15.9	74.1	84.6
Tubectomy	70.5	17.2	7.2	78.0	93.5
IUD/CuT	34.5	18.7	8.9	74.4	90.9
Pills	31.7	18.4	7.8	81.3	83.2
Condom	37.8	9.7	9.1	75.5	87.0
Withdrawal	2.8	16.5	11.5	-	-
Safe period	2.5	-	-	-	-

Table 8.11 gives the perception of women about ANM. In all, about 73 percent expressed their agreement that the ANMs should be young. There is little rural urban differentiation. Only 9 percent expressed their agreement that a high caste ANM will not attend to a lower caste woman. On the contrary, 8 percent agree with the fact that an ANM belonging to scheduled caste will not be acceptable to high caste people. Further, 35 percent agree with the fact that an ANM does not want to visit or attend deliveries in poor families.

Table 8.11: Perception of women about ANM

	Rural	Urban	Total
% agreeing that a young ANM is better than a traditional dai for assisting delivery	72.3	74.9	73.4
% agreeing that a high caste ANM does not want to attend delivery of scheduled caste women	9.7	8.0	9.0
% agreeing that ANM/Nurse belonging to SC are not acceptable among high caste	5.8	11.4	8.2
% agreeing that ANM often do not want to visit or attend delivery in poor families	34.8	33.9	34.5

CHAPTER IX

REPRODUCTIVE HEALTH

All the ever married women were asked about the current status with regard to their reproductive health. The questions dealt with can be grouped under three broad categories 1) Menstrual status of women during the last three months; 2) Whether suffering from any disease or symptoms mentioned which can be related to gynae problems; and 3) Whether any treatment was taken for the said abnormalities and if so, the source of treatment taken. This chapter attempts to ascertain the above facts through enquiries/questions and the findings made have been presented and briefly discussed

9.1 Current Menstrual Status

Table 9.1 presents the responses of all the ever-married women as to whether their periods have been regular during the last three months; and if they reported any irregularity, the type of irregularity reported or inconvenience faced by them including the manifestations of symptoms

It was observed that nearly 40 percent of the women reported some sort of irregularity in their periods. Among those who reported irregularity, nearly 37 percent each was due to lactational amenorrhoea, and currently being pregnant, 17.4 percent was due to menopause and 1.5 percent due to other problems.

Table 9.1: Current menstrual status of women

Menstrual status	*Rural*	*Urban*	*Total*
Women reporting irregular periods during last 3 months (%)	43.6	34.8	39.9
Reasons for irregularity			
Lactational amenorrhoea	38.8	35.2	37.5
Currently pregnant	37.9	35.7	37.1
Menopouse	15.3	20.8	17.4
Others	1.3	1.9	1.5
Total %	100.0	100.0	100.0
Number of women	148411	87490	235901
Women who attained menopause and have the following problems (%)			
Continuous bleeding for last 10 days	19.6	15.2	17.9
Occasional bleeding (Off and on)	27.5	21.0	25.0
Excessive bleeding	33.4	26.6	30.8
Total %	100.0	100.0	100.0
Number of women	11750	7231	18981
Women considering blood flow during menstruation as (%)			
Scanty	50.9	23.4	40.4
Moderate	43.1	66.0	51.0
Excessive	6.0	10.6	8.6
Total %	100.0	100.0	100.0
Number of women	340779	87490	235901

9.2 Problems/Inconvenience

Women were asked to report the problems/inconveniences faced by them. The type of problems asked related to vaginal discharge, blood strains, prolapse uterus, difficulty in controlling urine etc.

Table 9.2: Women having reproductive problems

Menstrual status	*Rural*	*Urban*	*Total*
Women having excessive vaginal discharge (%)	53.0	37.6	46.5
Type of vaginal discharge			
Thin watery discharge	33.0	17.6	26.5
Thick curdy discharge	34.2	22.9	29.4
Discharge with blood strains	4.8	2.8	3.9
Foul smelling discharge	42.0	23.6	35.7
Any other type of discharge	2.2	1.4	1.9
Total %	100.0	100.0	100.0
Number of women	340779	251150	591925
Women having			
Itching around genitalia	25.1	14.2	20.4
Prolapse uterus	4.2	2.0	3.3
Difficulty in controlling urine	26.1	16.8	22.1
Difficulty in controlling urine while coughing	8.4	7.2	7.9
Burning sensation	10.2	9.0	9.7
Increased frequency of urination	14.5	11.7	13.3
Continuous leakage of urine	6.7	7.4	7.0
Total %	100.0	100.0	100.0
Number of women	340779	251150	591925

It may be seen from the table that 46 percent women were having excessive vaginal discharge, 3 percent prolapse uterus and 22 percent had difficulty in controlling urine.

9.3 Source of Treatment

Those women who reported to have any problem(s) were asked as to whether they have undergone any treatment, if so, the source of treatment and, if not, reasons thereof.

Table 9.3: Treatment taken for reproductive problems

Menstrual status	*Rural*	*Urban*	*Total*
Women who sought treatment (%)	27.3	24.9	26.3
Source of treatment			
Home remedies	6.5	6.8	6.6
PHC	9.2	3.7	7.0
SC/ANM	1.9	0.4	1.3
Dist. hospital	5.9	16.3	10.1
Pvt. village doctor	41.6	14.9	37.4
Qualified pvt. doctor	26.4	53.4	37.4
Others	21.7	14.9	18.9
Total %	100.0	100.0	100.0
Number of women	74572	51514	126086
Location of source of treatment (%)			
Same village/town	45.4	35.5	41.4
Nearby village	31.6	2.6	19.8
Nearby town/city	27.2	64.3	42.3
Women cured after treatment (%)	55.1	60.4	57.3
Reasons for not taking any treatment (%)			
Laziness	16.1	19.0	17.1
Shortage of money, treatment is costly	68.2	34.7	49.9
Place of treatment is far off	2.7	1.7	2.4
Lady doctor not available	3.5	1.8	2.9
Problem is not so serious	40.4	41.6	40.8
Do not get time	10.9	11.4	11.1
Family members do not feel it necessary	23.3	14.0	20.0
Going to take treatment	2.6	5.4	3.6
Others	8.9	17.9	12.1
Total %	100.0	100.0	100.0
Number of women	132402	72231	204633

Little over one-fourth (26.3 percent) of the women sought treatment for reproductive problems. Among the ones who sought treatment from Government sources, 10.1 percent went to District hospital, and remaining 8.3 percent to PHC/sub-centre.

Over fifty-seven percent of the women were cured after getting the treatment.

More important reasons for not availing any treatment were 'Treatment is costly' (49.9 percent), 'Problem is not so serious' (40.8 percent) and 'Family members do not consider it necessary' (20 percent). As expected, higher proportion of women reported such responses in the rural areas compared to the urban areas.

CHAPTER X

COMMUNITY LEVEL VARIABLES

10.1 Village Information Sheet

As mentioned in Chapter II, the village information sheet was also canvassed in Agra baseline survey. In Agra district, a total of 100 PSU's (which included 60 villages) were covered in the sample and in all these selected villages information pertaining to the availability of various infrastructural amenities were collected from several persons such as Pradhan/Sarpanch, Patwari, PHC/SC staff and School teachers.

Table 10.1: Village level information of the selected villages in Agra District

Item	
Number of villages selected	60
Number of PHC villages in the sample	3
Number of SC villages in the sample	14
Average distance (in kms) of nearest	
SC	3 kms
PHC	8 kms
CHC	21 kms
District headquarter	35 kms
Presence of	
Primary school	57
Secondary school (combined)	11
Total number of medical practitioners	270
Average number of medical practitioner per village	4-5
Number of villages where the medical practitioners are providing FP services	8
No. of Medical Shops	43
Retail outlets stocking	
Condom	14
Oral pills	12
Community Based Distribution (CBD) network (through ICDS) for	
Condom	7
Oral pills	7
No. of trained dais	49
No. of untrained dais	59
Panchayat members	416
No. of Panchayat members promoting FP	43

In the selected villages, three PHC and 14 sub-centre villages were located while the remaining were all remote villages. On an average, a villager from the remote village had to travel approximately 3 kms, to avail services from the nearest SC, about 8 kms to seek assistance from the PHC, 21 kms to reach the nearest CHC and over 35 kms to reach the nearest district headquarter.

Educational facilities were also available in these villages. Nearly, 95 percent (57) of them had access to primary schools and 18 percent to secondary schools

Regarding medical facilities, it was observed that there were 270 medical practitioners, 45 trained and 5963 untrained dais, besides the PHC/SC staff to cater to the medical needs of the population residing in the selected villages. Furthermore, it was found that in only 8 villages, family planning services and advice were being provided by the private medical practitioners. The selected villages also had 43 medical shops and only 14 of them stocked condoms and 12 stocked oral pills

The Community Based Distribution (CBD) network in these villages was very poor. The NGO's, Anganwadi's and local organisations were not strongly committed in promoting the family planning services. However distribution of condoms and pills was taken up in 7 villages through an ICDS control. It was also observed that ten Panchayat members were involved in Family Planning Promotion.

10.2 CHC/PH/SC Information

The CHC/PHC/SC information sheet was used to collect information on the status of the centres in terms of infrastructure, availability of manpower, cold chain and family planning equipments on the one hand and supply of vaccines and contraceptives on the other in the selected villages which had these facilities 'within the village' itself.

In Agra district, four PHCs and 10 subcentre villages were identified in the sample. Nine of the PHCs and SCs were located in government owned buildings with 8 of them having electricity facilities. With regard to the PHCs, it was found that one of these had an operation theatre and a vehicle.

Regarding the availability of manpower, it was felt that all the sanctioned positions have not been filled in case of PHCs/SCs. In one PHC and 4 SCs the sanctioned positions were not filled. One post of MO was lying vacant in one of the PHCs and of MPWs in case of SCs.

Later, questions related to the functioning of cold-chain equipment and supply of vaccines (during the last six months) were analysed. Two of the PHCs had an ILR equipment and only one had a refrigerator. However, 15 PHCs/SCs were well equipped with vaccine carriers and thermos and the supply of vaccines was found to be regular and adequate.

With regard to the working condition of family planning equipment and supply of contraceptives, it was observed that all the equipment excepting the laparoscopy equipment were in working condition and were also being attended to by trained personnel. The supply situation of contraceptives was found to be regular and adequate in case of 12 PHCs and SCs during the last 6 months. However, the supply of IEC materials for family planning was neither regular nor adequate in 16 PHCs/SCs and this had resulted in poor publicity.

It is therefore suggested that a proper review into the staffing patterns and status of various equipment has to be done to further improve the MCH and FP services. Also the IEC component needs to be strengthened in Agra district.

APPENDIX - A

List of primary sampling units (psus) in urban & rural areas - district Agra

URBAN

PSU No.	Town	Ward No.	Name of Ward	CEB Number	No. of HHs	Population
01	Agra (UA)	1	Chhatta	10	143	824
02	Agra (UA)	1	"	790	275	1881
03	Agra (UA)	2	"	156	82	475
04	Agra (UA)	4	"	230	42	287
05	Agra (UA)	6	"	307	54	337
06	Agra (UA)	7	"	383	90	617
07	Agra (UA)	8	Hariparvat	458	39	260
08	Agra (UA)	9	"	532	20	161
				& 533	30	177
09	Agra (UA)	10	"	609	68	558
10	Agra (UA)	11	"	681	44	251
11	Agra (UA)	12	"	738	11	46
				& 739	16	81
12	Agra (UA)	14	Kotwali	56	84	565
13	Agra (UA)	16	"	132	63	388
14	Agra (UA)	18	"	206	67	519
15	Agra (UA)	19	Rakabganj	284	12	77
				& 285	71	570
16	Agra (UA)	21	"	360	23	207
				& 361	78	617
17	Agra (UA)	22	"	436	10	61
				& 437	26	156
18	Agra (UA)	24	"	502	74	548
19	Agra (UA)	22	"	580	107	649
20	Agra (UA)	22	Loka Mandi	42	43	479
21	Agra (UA)	27	Loka Mandi	116	19	162
			"	& 117	12	80
22	Agra (UA)	29	"	191	52	535
23	Agra (UA)	30	"	264	100	627
24	Agra (UA)	31	"	337	105	701
25	Agra (UA)	32	"	411	121	658
26	Agra (UA)	34	"	474	52	286
27	Agra (UA)	35	"	548	69	99
28	Agra (UA)	35	"	625	49	203
29	Agra (UA)	36	"	983	101	596
30	Agra (UA)	37	Talganj "	751	67	505
31	Agra (UA)	30		820	121	726
32	Agra (UA)	39	"	887	4	12
				& 888	32	390
33	Fatehpur	4	Gali Hafjaan	15	89	612
34	Sikri	10	Gali Bharti	39	72	502
35	Achhnera	5	Kazi Para Bajhera	16	76	445
36		12	RailwayColony	16	76	445
37	Kiraoli	2	Baghkala	6	80	399
38		8	Sagariya	25	100	704
39	Kheragarh	3	Mohalla Khera	10	51	426
40		8	Mohalla New Kheragarh	25	98	616

SAMPLE VILALGES/PSUs, DISTRICT AGARA 1995

PSU No.	Tehsil Code	Tehsil Name	Block Code	Block Name	Village Code	Village Name	No. of HHs	Population
41	10	Kiraoli	10	Fatehpur Sikri	012	Sikri Hissa IV	747*	5075
42	"	"	"	"	016	Samara	487	3375
43	"	"	"	"	025	Dabar	257	1895
44	"	"	"	"	038	Gur Ki Mandi	339	1962
45	"	"	"	"	056	Naya Bass	125	744
46	"	"	20	Acchnera	080	Hansela	547*	3628
47	"	"	30	Akola	148	Davli	610*	4087
48	"	"	"	"	149	Barodha Sadar	201	1429
49	"	"	"	"	155	Maniyan	141	878
50	"	"	"	"	161	Basai Raimol	423	2846
51	"	"	"	"	170	Gahara Khurd	379	2585
52	20	Agra Sadar	30	Akola	053	Pinani Ramnagar	227	1687
53	"	"	40	Bichpuri	016	Dehtora	792*	5405
54	"	"	"	"	021	Anguthi	397	2421
55	"	"	"	"	024	Midhakur	1238*	8387
56	"	"	"	"	025	Sahara	553*	3470
57	"	"	50	Barauli Ahir	059	Kaboolpur	555*	3681
58	"	"	"	"	068	Kaulakha	371	2526
59	"	"	"	"	086	Digner	518*	3552
60	"	"	"	"	106	Budhana Mustkil	607*	3874
61	"	"	"	"	109	Kuan Khera	536*	3725
62	"	"	"	"	111	Etmadpur Madra	421	2945
63	30	Etmadpur	60	Khandauli	013	RamnagarKhandauli	613*	4661
64	"	"	"	"	015	Khandia	260	1855
65	"	"	"	"	021	Khandia	244	1787
66	"	"	"	"	031	Anwal Khera	647*	4340
67	"	"	"	"	043	Chaugan	422	3131
68	"	"	"	"	044	Bhagupur	423	1787
69	"	"	"	"	049	Raipur	405	2726
70	"	"	70	Etmadpur	078	Barhan	2028*	12204
71	"	"	"	"	104	Lakhna Mai	198	1377
72	40	Khera Garh	80	Jagner	013	Soni Khera	166	1057
73	"	"	"		023	Deori	66	398
74	"	"	"	"	045	Sarendhi	1081*	6919
75	"	"	90	"	073	Bhojpur	125	808
76	"	"	100	Kheragarh	108	Tehra	1088*	7448
77	"	"	"		124	Ludukhera	817*	6165
78	"	"	"	Saiyan	125	Garsan	298	2230
79	"	"	"		130	Garhi Ahir	78	477
80	"	"	"	"	141	Goharra	154	944
81	50	Fatehabad	110	"	041	Pauser	176	1120
82	"	"	"	"	043	Kolara Kalan	909*	5918
83	"	"	"	"	046	Dauki	810*	5510
84	"	"	"	Shamsabad	048	Chitaura	652*	4274
85	"	"	"		063	Shahpur Toola	185	1287
86	"	"	120	"	105	Bhogpur	47	390
87	"	"	"	"	112	Chamrauli	450	3259
88	"	"	"	"	122	Nichakhera	338	2141
89	"	"	"	"	136	Fatehbad Rural	94	554
90	"	"	"	Fatehbad	140	Khandar	767*	5248
91	60	Bah	130		022	Nagla Bhari	327	2094
92	"	"	"	"	045	Jaitpur Khurd	34	218
93	"	"	140	"	083	Bah Dehat	88	623
94	"	"	"	"	090	Jarar	1436*	9042
95	"	"	"	"	091	Parbatipur	237	1528
96	"	"	"	Pinahat	114	Padkoli	119	682
97	"	"	"		117	Zebara	307	2039
98	"	"	150	"	174	Parna	818*	4849
99	"	"	"	Bah	193	Nayepur	200	1216
100	"	"	"		199	Kachora	395	2323

* Village with more than 500 HHs in 1991. All the 22 villages with more than 500 HHs in 1991 have to be segmented into 3 or more segments of 150 - 250 HHs each before houselisting. And then select 2 segments by systematic PPS. Only those selected 2 segments need to be houselisted. After houselisting in each of the 2 segment, select 13 HHs from the segment with more HHs and 12 HHs from the other segment for the main survey.

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