

1995

District level baseline survey of family planning program in Uttar Pradesh: Gorakhpur

P.N. Kapoor

P.K. Chopra

R.B. Gupta

Population Council

Bella C. Patel

Population Council

M.E. Khan

Population Council

See next page for additional authors

Follow this and additional works at: https://knowledgecommons.popcouncil.org/departments_sbsr-rh



Part of the [Demography, Population, and Ecology Commons](#), and the [International Public Health Commons](#)

How does access to this work benefit you? Let us know!

Recommended Citation

Kapoor, P.N., P.K. Chopra, R.B. Gupta, Bella C. Patel, M.E. Khan, and John Townsend. 1995. "District level baseline survey of family planning program in Uttar Pradesh: Gorakhpur," baseline surveys, Asia & Near East Operations Research and Technical Assistance Project. New Delhi: Population Council, SIFPSA, and VIMARSH.

This Report is brought to you for free and open access by the Population Council.

Authors

P.N. Kapoor, P.K. Chopra, R.B. Gupta, Bella C. Patel, M.E. Khan, and John Townsend

District Level Baseline Survey of Family Planning Program in Uttar Pradesh

Gorakhpur

VIMARSH

*P.N. Kapoor
P.K. Chopra*

THE POPULATION COUNCIL

*R.B. Gupta
Bella C. Patel
M.E. Khan
John Townsend*

SIFPSA, Lucknow

The Population Council, India

VIMARSH, New Delhi

1995

CONTENTS

I	INTRODUCTION	
1.1	Introduction	1
1.2	Objectives of the Survey	1
1.3	Demographic Profile of the district of Gorakhpur	2
II	SURVEY DESIGN	
2.1	Sample Design and Implementation	4
2.1.1	Sampling Design for Rural Areas	4
2.1.2	Sampling Design for Urban Areas	4
2.1.3	Selection of Households	5
2.2	Study Tools	5
2.2.1	Household Questionnaire	5
2.2.2	Eligible Women Questionnaire	5
2.2.3	Village Schedule	6
2.2.4	Schedule for PHC/Sub-Centre	6
2.3	Recruitment of Investigators and Training	6
2.3.1	Monitoring of the Quality of Field Work	7
2.4	Data Processing	8
2.5	Sample Results	8
2.6	Estimation Procedure	9
2.7	Field Problems	10
2.8	Validity	11
III	HOUSEHOLD AND RESPONDENT BACKGROUND CHARACTERISTICS	
3.1	Distribution of Population by Age and Sex	13
3.1.1	Enumeration of Visitors	13
3.2	Housing Composition	14
3.3	Characteristics of Household Population	16
3.3.1	Educational Achievement	18
3.3.2	School Enrolment	19
3.4	Housing Characteristics	20
3.5	Background Characteristics of Respondents	21
3.6	Access to Mass Media	24
IV	NUPTIALITY	
4.1	Current Marital Status of Women.	26
4.1.1	Singulate Mean Age at Marriage	27
4.1.2	Trends in Proportions of Married Women	28
4.2	Knowledge of Minimum Legal Age at Marriage	28
4.2.1	Age at Effective Marriage	30
4.2.2	Relationship Between Age at Effective Marriage and Selected Background Characteristics	31

V	FERTILITY	
5.1	Current Fertility Levels.	33
5.1.1	Age Specific and Total Fertility Rates	33
5.1.2	Birth Rate and General Fertility Rate	35
5.2	Total Fertility Rate by Background Characteristics.	35
5.2.1	Trends in Fertility	37
5.3	Outcome of Pregnancies.	38
5.4	Children Ever Born and Children Surviving.	39
5.4.1	Survival Rates for Children and Childlessness	39
5.5	Children Ever Born and Living by Background Characteristics.	40
5.5.1	Child Survival Rates	40
VI	FAMILY PLANNING	
6.1	Knowledge of Family Planning Methods and Sources	44
6.2	Knowledge of Methods and Sources by Background Characteristics	44
6.3	Ever Use of Contraception	47
6.4	Current Use of Contraception	48
6.5	Current Use by Background Characteristics	51
6.6	Current Use of Contraceptives by Number of Living Children and their sex Composition	53
6.7	Problems in the Use of Contraceptive Methods	54
6.8	Unmet Need	55
6.9	Perceived Disadvantages of the Methods	57
6.10	Sources of Supplies	59
6.11	Attitude Towards Family Planning	63
6.12	Approval vis-a-vis Background Characteristics	63
6.13	Family Planning Messages on Radio/TV	64
6.14	Reasons for Discontinuation	66
6.15	Future Intention of Using Contraceptives	66
VII	FERTILITY PREFERENCES	
7.1	Desire for More Children	68
7.2	Ideal Number of Children	74
7.3	Husband-Wife Communication on Number of Children	76
7.4	Unwanted Pregnancies	77
VIII	MATERNAL AND CHILD HEALTH AND UTILISATION OF SERVICES.	
8.1	Ante Natal Care (ANC)	80
8.2	Place of Delivery	84
8.3	Death Rate and Infant Mortality Rate	86
8.4	Immunisation of Children	86
8.5	Preferred Source of Medical Assistance during Sickness	92
8.6	Perception of Women about ANM	95

IX	RESULTS OF ANALYSIS OF SCHEDULES ON VILLAGES AND HEALTH CENTRES	
	9.1 Village Information	96
	9.2 CHC/PHC/SC Information	98
X	SUMMARY	104
	REFERENCES	108
	APPENDIX	109

LIST OF TABLES

I	INTRODUCTION	
	1.1: Socio-economic and demographic profile of the District and State	3
II	SURVEY DESIGN	
	2.1: Sample results for households and eligible women (Unweighted)	9
III	HOUSEHOLD AND RESPONDENT BACKGROUND CHARACTERISTICS	
	3.1: Household population of <i>de jure</i> and visitors by age and sex	14
	3.2: Household composition	15
	3.3: Usual residents and visitors	17
	3.4: Educational level of household population	19
	3.5: Percentage of children attending school by age, sex and residence	20
	3.6: Housing characteristics	21
	3.7: Background characteristics of the respondents	23
	3.8: Access to mass media	25
IV	NUPTIALITY	
	4.1: Current marital status	27
	4.2: Singulate mean age at marriage	28
	4.3: Knowledge of minimum legal age at marriage	29
	4.4: Age at which respondent started living with husband	31
	4.5: Median age at which respondent started living with husband by selected background characteristics	32
V	FERTILITY	
	5.1: Current fertility	34
	5.2: Fertility by background characteristics	36
	5.3: Outcome of pregnancy	39
	5.4: Number of live births and living children by age of the mother	41
	5.5: Mean number of children ever born and living by background characteristics	43
VI	FAMILY PLANNING	
	6.1a: Knowledge of family planning methods (percentage)	45
	6.1b: Knowledge of family planning methods and their source	46
	6.2: Knowledge of methods and source by background characteristics	47
	6.3: Ever use of contraception	49
	6.4: Current use of contraception	50
	6.5: Current use by background characteristics	52
	6.6: Current use of contraceptive by sex composition of surviving children	53

6.7:	Percent reporting problem(s) faced with the method currently used	55
6.8:	Problems with the current method	55
6.9:	Level of unmet need for family planning services	56
6.10:	Reasons for Unmet Need	57
6.11:	Perceived disadvantages of the method	58
6.12:	Source of supply of modern contraceptive methods ever used	61
6.13:	Knowledge of sources from where the method could be obtained	61
6.14:	Supply position of pills and condom as reported by the current users	62
6.15:	Availability of pills and condom from other than public sources in rural areas	62
6.16:	Attitude towards family planning	63
6.17:	Approval to family planning	64
6.18:	Heard family planning messages on radio and television	65
6.19:	Family planning messages through different media	66
6.20:	Reasons for discontinuation	66
6.21:	Future intention	67

VII FERTILITY PREFERENCES

7.1:	Fertility preferences	69
7.2:	Number of living children by number of additional desired children	71
7.3a:	Desire to have more children by background characteristics	72
7.3b:	Desire to have more children by background characteristics	73
7.4:	Ideal and actual number of children	75
7.5:	Match between ideal number of children and number of living children	76
7.6:	Husband-wife communication on number of children they should have	77
7.7:	Unwanted pregnancy	78
7.8:	Outcome of unwanted pregnancies	78
7.9:	Fertility planning	79
7.10:	What the woman would do if gets unwanted pregnancy	79

VIII MATERNAL AND CHILD HEALTH AND UTILIZATION OF HEALTH SERVICES

8.1:	Antenatal care	82
8.2:	Stage of pregnancy	83
8.3:	Place of delivery	85
8.4:	Assistance during delivery	86
8.5:	Crude birth rate and infant mortality rate	86
8.6:	Distribution of respondents by the source of treatment and system of medicine followed for those who died in the household since Dussehra 1991 to date of survey	87
8.7a:	Vaccination of 6-23 months children by background characteristics (Urban and Rural)	89
8.7b:	Vaccination of 12-23 months children by background characteristics (Urban and Rural)	90

8.7c: Vaccination of 12-23 months children by background characteristics (Total)	91
8.8: Preferred sources of medical assistance during sickness	93
8.9: Payment for the services at public clinics	93
8.10: Client-providers contact	94
8.11: Quality of client-provider interface	94
8.12: Level of information (detailed) provided about various methods by workers	95
8.13: Perception of women about ANM	95

IX COMMUNITY LEVEL INFORMATION

9.1: Analysis of information on infrastructure and supplies of vaccines/ contraceptives in centres	97
9.2: Analysis of village schedule	99

APPENDIX

Table A1: Relationship between important variables and Educational Status of Women	109
Table A2: Relationship between important variables and ages of women	110

LIST OF FIGURES

III HOUSEHOLD AND RESPONDENT BACKGROUND CHARACTERISTICS

3.1:	Education Level of Household Population	18
3.2:	School Attendance by Age and Sex	19

V FERTILITY

5.1:	Age Specific Fertility Rates by Residence	34
5.2:	Total Fertility Rate (TFR) by Background Characteristics	35
5.3:	Mean Number of Children Ever Born (CEB)	37

VI FAMILY PLANNING

6.1:	Knowledge and Use of Modern Contraceptive Among Currently Married Aged 13-49 by Residence	46
6.2:	Share of Contraceptive	48
6.3:	Level of Unmet Need for Family Planning Services	56

VIII MATERNAL AND CHILD HEALTH AND UTILIZATION OF HEALTH SERVICES

8.1:	Percent Underwent ANC Check-up	81
8.2:	Timing of First ANC Visit	83
8.3:	Place of Delivery and Assistance During Delivery	84
8.4:	Percentage of Children 12-23 Months Who Have Received All Vaccinations	91

PREFACE

VIMARSH, The Consultancy Group was assigned the task of carrying out baseline surveys in the districts of Gorakhpur and Jaunpur in UP. The sample size being as large as 5000 households and over 7000 ever married women in the two districts, the surveys involved gigantic efforts both in quantitative as well as qualitative aspects. A good deal of attention was paid in recruitment of field staff - female interviewers, editors, supervisors, houselisters and mappers and their training. A comprehensive schedule for training of the field staff was drawn up to ensure that all the field staff are adequately acquainted with various aspects of the survey, health and family welfare status of the districts and in the survey procedures including interviews, field checking, editing and supervision. A comprehensive manual on data collection through interviews was prepared for use in training. Vimarsh prepared two additional manuals - one on houselisting and the other entitled "field monitoring in household surveys" for use in this survey. Manual on houselisting gave detailed information on preparation of layout and location maps and procedure of houselisting for each Primary Sampling Unit (PSU). The procedure for segmentation of large villages was also described in detail. The method of random selection of households from the houselist for sample checking the correctness of houselisting for each PSU and the formats for reporting the results were included in the manual. This helped in preparation of the houselists, adopting uniform procedures and ensured preparation of sampling frames of high quality. Manual for field monitoring prescribed the procedures of monitoring the quality of selected parameters considered important from the view-point of the survey. The parameters/variables selected were current pregnancy status, births/infant deaths during previous 2 years, immunization of children aged 12-23 months and coverage of women under sterilisation. The Statistical Quality Control (SQC) principles were used in the monitoring of these parameters. In addition, check lists were added to both the household and women schedules for the interviewer to fill up after the completion of the interviews in order to see that the schedules have been filled up correctly and that all the skip/filter instructions have also been followed correctly. The use of these instruments helped us in collection of data/information of high quality.

Every care has been taken to ensure accuracy in data processing and analysis. The tabulation plan provided by the Population Council, which is the Nodal Agency for the survey was, expanded wherever necessary, so as to enhance the utility of the data.

Dr. P.K. Chopra was associated with organisational and technical aspects of the survey. He exhibited excellent qualities both as a colleague and as the chief coordinator for the survey. We have had the benefit of some of our staff having gained experience in the National Family Health Surveys conducted by Vimarsh in the states of Uttar Pradesh, Madhya Pradesh and Union Territory of Delhi. Mr. Ravindra Rao was the coordinator for the district of Gorakhpur and Mr. P. Ramesh Menon was the coordinator for the district of Jaunpur. I place on record my appreciation of their organisational and supervisory capabilities. Dr. Pradeep Srivastava and Mr. R.K. Shukla were the assistant coordinators in the districts of Gorakhpur and Jaunpur.

Their participation and contribution is gratefully acknowledged. We are also thankful to Mr. Suresh Rao and Mr. Birendra Singh, the houselisting coordinators for the two districts. The collection of high quality data would not have been possible but for the dedicated work done by female investigators, editors and supervisors, who worked in these districts. Mr. S. Sriram and Ms. Ruby Saxena made monumental contribution in data processing. Mr. Ram Tiwari and Mr. Sultan were responsible for data entry in VIMARSH office at Lucknow.

Mr. Deepak Bhandari, Director, VIMARSH, gave all possible encouragement in the entire survey work. I am extremely grateful to him for providing right kind of support and inspiration.

Last but not the least, I must acknowledge the support given by Mr. J.K. Raman and Dr. Win Brown of USAID. I had frequent useful discussions on various technical aspects of the survey with Dr. Win Brown.

*New Delhi
July 6, 1994*

*P.N. KAPOOR
PROJECT DIRECTOR*

FOREWORD

The Government of Uttar Pradesh has launched the "Innovations in Family Planning Services Project (IFPS)" in a few districts of UP, under the executive management of the State Innovations in Family Planning Services Agency (SIFPSA). The project is being implemented with the financial assistance from USAID. The goal of this project is to effect reduction in fertility rate in the state of UP through expansion and improvement of Family Planning Services. The Baseline Surveys were sponsored by SIFPSA so as to collect bench-mark information in regard to several important parameters including current levels of fertility, use of family planning methods, measurement of levels of access to family planning services. The Population Council was appointed as the nodal agency for the baseline survey.

VIMARSH, The Consultancy Group was entrusted with the task of carrying out surveys in the districts of Gorakhpur and Jaunpur. VIMARSH had successfully conducted NFHS in the states of Madhya Pradesh, Uttar Pradesh and Union Territory of Delhi and had thus gained valuable experience, which has been gainfully utilised in the surveys in these two districts. All the technical aspects of the survey i.e. preparation of manuals, training, field monitoring, data processing and demographic/statistical analysis were handled by the VIMARSH team headed by Mr.P.N. Kapoor.

All possible efforts were made to ensure collection of information/data of high quality. Population Council devised the sampling procedures, questionnaires, data entry programmes, and tabulation plans for the preliminary and final reports, which were discussed in various meetings organised by them. The officers of VIMARSH helped Population Council in several technical matters pertaining to the survey.

It is hoped that estimates on various aspects of health and demographic status provided by the surveys in the districts of Gorakhpur and Jaunpur, will be utilised in implementing the various components of the IFPS Project.

I appreciate the advice and the guidance frequently provided by Mr.J.K.Raman and Dr.Joseph Winchester Brown, of USAID, New Delhi.

**DEEPAK BHANDARI
DIRECTOR**

New Delhi.

Dated:- July 6, 1994.

CHAPTER I

INTRODUCTION

1.1 Introduction

An agreement has been reached between the Government of India and USAID for launching the "Innovations in Family Planning Services Project (IFPS)", under the Executive Management of the State Innovations in Family Planning Services Agency (SIFPSA). The goal of the IFPS Project is to effect reduction in fertility rate in the state of Uttar Pradesh through expansion and improvement of Family Planning Services. For achieving this goal, the IFPS project aims at involving Non-Government Sector besides Public Sector. The main objectives of the IFPS Project are to (a) increase access to family planning services, (b) improve the quality of family planning services, and (c) promote contraceptive use. Achievement of the project objectives is intended to be measured by the increase in contraceptive prevalence, particularly in spacing methods. As such, it becomes necessary to have bench-mark information on various aspects of the family planning programme in the state of Uttar Pradesh through well designed surveys in respective districts to be taken up for implementation of IFPS. In the first phase, 15 districts were taken up for coverage under the baseline survey. VIMARSH, The Consultancy Group was entrusted with surveys in the districts of Gorakhpur and Jaunpur, which fall in the Eastern Region of U.P. The remaining districts were entrusted to other consulting organisations like CMDP, CFDR, ORG, MODE, CPDS, IIHMR and GIRI Institute.

1.2 Objectives of the Survey

The general objectives of the survey are to:-

- a. Provide a baseline pool of information against which the effectiveness and success of district level projects can be assessed in future;
- b. Provide background data at the district level to assist SIFPSA in designing appropriate services.

The specific objectives of the baseline survey include:-

- a. Measurement of current levels of access to family planning services;
- b. Estimation of the quality of information, extent of follow up services provided to family planning users;
- c. Estimation of extent of knowledge and use of contraceptive methods as well as level of unmet need of contraception;
- d. Assessment of satisfaction with the methods and services provided;

- e. Estimation of fertility rates like Birth Rate, TFR;
- f. Estimation of Death Rate, Infant Mortality Rate. The Population Council was appointed as the Nodal Agency for the baseline survey.

1.3 Demographic Profile of the District of Gorakhpur

The state of Uttar Pradesh is the most populous state of the country, with a population of 139 million as of 1991 census. The socio-economic profile of the state of Uttar Pradesh is characterised by relatively low levels of per capita income, as well as of literacy (both male and female) and female age at marriage compared to the corresponding averages for the country. Further, assessment of the family planning programme and the demographic status as measured by Couple Protection Rate (CPR) and Mortality/Fertility rates mark the state of UP as one of the demographically backward states in the country. For instance, the state of UP has relatively higher Infant Mortality Rate (IMR), crude death rate, birth rate and total fertility rate than for the country as a whole, whereas CPR is much too low. The district of Gorakhpur falls in the Eastern Region of the state, which on the whole is more backward than the Western Region.

The district of Gorakhpur has a population of little over 3 million as of 1991 census with the decadal growth rate of 24.7% during 1981-91 which is slightly lower than the decadal growth rate of 25.5% for UP. Female literacy rate (aged 7+) was 24% which was somewhat lower than for the state as a whole. Similarly, this district had lower age at marriage for females in 1981 (15.0 compared to 16.7 for the state) and slightly higher birth rate of 40.4 in 1981 compared to 39.6 for the state. On the other hand, the comparison of sex ratio (females per 1000 males in 1991 census) places Gorakhpur in a better position compared to the state (924 in Gorakhpur compared to 879 in U.P.). The district has much higher population density (922 per sq. km.) compared to the state (473). Workers constitute 29% of the population in the district of Gorakhpur compared to 32% in the state according to 1991 census. Further, the percent of population employed in the organised sector was as low as 1.2 compared to 1.7 in the state (details in Table 1.1). Percent of scheduled caste population was 22, almost the same level as in the state. In regard to health infrastructure, the average sub-centre served 5300 population in rural areas compared to the average population of 5500 served per centre in the state. In regard to other infrastructure facilities, this district is relatively backward compared to many other districts of the state; for instance in electrification of villages, and availability of drinking water facilities, pucca roads and medical/health institutions.

No systematic surveys have ever been done to provide district level estimates of fertility and mortality or CPR except in a few districts. The latest district level official estimates of vital rates which are available for 1981 were worked out by applying indirect techniques to census data of 1981 and as such these estimates are not only too old, but also suffer from several shortcomings. Similarly, the official estimates of CPR are deficient and inaccurate due to several reasons. The present surveys are designed to provide valid estimates of vital rates and CPR etc. at the district level and thus strive to fill the gaps in the available information on several aspects related to demographic situation and family planning programme.

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

	District	State
Population (1991) ('000)		
Total	3066	139112
Male	1593	74037
Female	1473	65075
Growth rate (1981-91)	24.7	25.5
Population density (1991) per sq. km.	922	473
% of total state population, 1991	2.20	NA
% of urban population, 1991	18.7	19.84
Sex ratio (1991)	924	879
Percentage of total population, (1981)		
0-14 population	41.3	41.7
65 + population	4.2	3.9
Dependency ratio (1981)	83.5	83.8
Literacy level (Aged 7 +) (1991)		
Total	43.3	41.60
Male	60.6	55.7
Female	24.5	25.3
Crude Birth Rate (SRS, 1991)	U	35.7
Effective Couple Protection Rate (1.4.1993)	39.5	34.0
Percent of population engaged as workers, 1991		
Total	29.4	32.3
Male	44.4	49.4
Female	13.3	12.9
Percent of population working in organized sector (1991)	1.2	1.7
Percent depending on agriculture (1991) (% of main workers engaged in agriculture)	83.1	72.0
Percent of total population (1991)		
Scheduled caste	22.0	21.0
Scheduled tribe	--	--
Other Hindus	U	U
Muslims	U	U
Other religious groups	U	U
Number of PHCs/CHCs (1991)	58	3867
Number of Sub-Centres (1991)	470	20154
Average rural population per sub-centre (1991)	299	5533

Notes:- NA = Not Applicable U = Unavailable -- = Less than 0.5%

Sources:- Data/information regarding items 1, 2, 3, 4, 5, 6, 8, 11, 13,14 have been obtained from 1991 census publications of Registrar General of India and on item 9 from Sample Registration System (SRS), 1991. For item 12, 15, 16 and 17, information is taken from Family Welfare Programme in UP: Issues for Strategy Development - a CPDS publication. Information on item 7 was obtained from 1981 Census, Series 22 for UP and on item 10 from Directorate of Health Services, Lucknow.

CHAPTER II

SURVEY DESIGN

2.1 Sample Design and Implementation

The sample design was essentially 3 stage design for urban and 2 stage for rural areas. An overall sample of 2500 households, and all ever married women aged 13-49 years in them, were considered sufficient for providing required estimates at the district level. The sample of 2500 households was required to be allocated to urban and rural areas in proportion to their population as of 1991 census, with the proviso that a minimum sample of 500 households will be assigned to the urban areas. The proportion of urban population in the district of Gorakhpur is 18.5% as per 1991 census. Since it was required to select 25 households in a sample village or in a Census Enumeration Block (CEB) of a sample town, it was decided to allocate a sample of 550 households to urban areas and 1950 households to rural areas in the district of Gorakhpur.

2.1.1 Sampling Design for Rural Areas

It was decided to exclude all the villages with a population of 50 or less as of 1991 census from the sampling frame. It was further decided that small villages with population from 51 to 150 will be combined with the next immediate village as per the census listing so as to ensure selection of 25 households in the sample from each selected village. All the villages in the district were then arranged in ascending order of population as of 1991 census and 3 strata with equal population size were formed. The overall sample of villages (PSUs), considering that 25 households were to be selected from each PSU, worked out to 78, which was equally divided to 3 strata i.e. 26 villages were allocated to each stratum. The selection of the villages was made with Probability Proportional to Size (PPS), the 1991 census population being taken as the size, without replacement.

2.1.2 Sampling Design for Urban Areas

Urban areas (i.e. towns and cities) in the district were divided into 3 strata, as required; stratum I consisted of towns with population of 1,00,000 and above (as of 1991 census); stratum II consisted of towns with population 20,000 and above but below 1,00,000; stratum III had towns with population less than 20,000.

In the district of Gorakhpur, only 1 town i.e. district headquarters Gorakhpur belonged to stratum I while there was no town in stratum II. Stratum III consisted of six towns.

Allocation of 22 PSUs (i.e. CEBs) to three strata was made in proportion to their population. Therefore, it was decided to select 19 CEBs from the town of Gorakhpur in stratum I and 3 CEBs from stratum III. Under the prescribed sampling procedure, it was required that a minimum of 2 CEBs should be selected from a sample town and therefore only 1 town from stratum III was selected on PPS basis, for covering the remaining CEBs. The sample town was Barhalganj.

2.1.3 Selection of Households

Complete listing was done in each Primary Sampling Unit (PSU) i.e. village or Census Enumeration Block (CEB) by specially trained teams consisting of 1 mapper and 1 houselister. Layout maps for each PSU were prepared to indicate various features of the village including the approach to the village, distance from the road, etc. and the location maps were prepared for indicating the location of each household and other non-residential buildings in each PSU. Finally, the sampling frame consisted of all residential households irrespective of the number of ever married women in them. A systematic sample of 25 households was selected from each PSU, with a random start. To ensure uniformity and accuracy in the preparation of houselists, a comprehensive manual was prepared by VIMARSH for use in the districts of Gorakhpur and Jaunpur. It was provided in this manual that the houselisting done for each PSU would be independently verified by the Houselisting Coordinator so as to optimise accuracy.

2.2 Study Tools

Four types of study tools, developed by the Population Council in collaboration with the Consulting Organisations (COs), were used to collect the required information.

Two Questionnaires were designed to obtain information at the household and individual levels; one questionnaire was to be canvassed for every household in the sample and the other was to be canvassed to all ever-married women in the age group of 13-49 years in each of the sample households.

2.2.1 Household Questionnaire

The household questionnaire was designed to provide information on:-

1. Demographic and educational details of each member of the household like sex, age, marital status, educational level.
2. Socio-economic background including information on caste, religion, type of house.
3. Availability of infrastructural facilities like electricity, drinking water.
4. Births and deaths in the household during the preceding two years.

2.2.2 Eligible Women Questionnaire

The questionnaire for eligible women included information on:-

1. Background characteristics like age at marriage, occupation.
2. Exposure to mass media like TV, newspaper, radio, cinema.

3. Fertility and family size norms.
4. Utilisation of health services, especially during antenatal period and at the time of delivery.
5. Immunization coverage of children with vaccines like BCG, measles, OPV and DPT.
6. Knowledge and use of FP methods (modern as well as traditional).
7. Utilisation of public sector facilities doctors and centres run by private sector for family planning services including supplies of oral pills and condoms, and unmet need for family planning.

2.2.3 Village Schedule

Village Schedule was filled in for each village in the sample. The village schedule contained information in regard to (a) population size, (b) distances from the main road, nearest Sub-Centres, nearest PHC/CHC, district headquarters, (c) existence of primary/secondary schools, (d) practitioners of different systems of medicine functioning in the village, (e) existence of medical shops/retail outlets for condom/oral pill, (f) existence of anganwadies and their functioning as CBD for condom/oral pill, (g) presence of TBAs, and (h) involvement of panchayat members in family planning promotion. Such schedules were filled in for 81 villages of Gorakhpur and 78 for Jaunpur.

2.2.4 Schedule for PHC/Sub-centre

In case the sample villages were found to be headquarters of a Sub-Centre (SC) or a Primary Health Centre (PHC) or CHC, a schedule was filled in to provide information on infrastructure facilities like buildings, manpower, equipment, and regularity and adequacy of supplies of vaccines/contraceptives. Twelve schedules were filled in for Sub-centres in the district of Gorakhpur, while no schedule for PHC/CHC was filled in as no sample village was found to be the headquarters of these facilities.

2.3 Recruitment of Investigators and Training

Men and women were selected so as to form teams of houselisters/mappers, and teams for main survey. During recruitment, preference was given to those persons who had worked in National Family Health Survey (NFHS) conducted by VIMARSH in the states of Uttar Pradesh and Madhya Pradesh. 9 teams consisting of 1 mapper and 1 houselister were formed and all of them were males. They were given indepth training using the manuals developed by VIMARSH, for a period of 7 days including field practice under experienced supervisors before they were sent to field in districts of Gorakhpur and Jaunpur.

The main survey teams consisted of 1 male supervisor, 1 male editor and 4 female interviewers. Only 7 teams could be formed because of shortage of female interviewers with the

minimum qualification, which was prescribed as graduation. Persons included in the main survey teams were given extensive and exhaustive training from 3rd November to 28th November, 1993 at Gorakhpur. The training included

1. Lectures by experienced officers of VIMARSH.
2. Lectures by doctors in regard to medical aspects of family planning and maternal and child health services.
3. Section by section discussion of each of the questionnaires in the class-room.
4. Demonstration interviews, home tasks and field practice.

Deficiencies noted at each stage were discussed in the class room as well as separately with the individual trainees. For this purpose, a specially prepared manual was used extensively. Four out of 7 teams worked in Gorakhpur and three in Jaunpur in the initial stages. Later on, two teams were transferred from Gorakhpur to Jaunpur district for expediting the work there.

Field work was conducted from 1st December, 1993 to 8th February, 1994.

2.3.1 Monitoring of the Quality of Field Work

A manual on houselisting was specially prepared to include instructions in regard to:

1. Preparation of layout and location maps.
2. Preparation of houselists.
3. Preparation of houselists for bigger villages with a population of 3000 or more, after selection of wards/segments (on PPS basis).
4. Independent verification of houselisting by Houselisting Coordinator.

The deficiencies noted by the Houselisting Coordinator were discussed with the individual teams. One-day workshop for reorientation of houselisting staff was also organised at Gorakhpur.

In case of main field work involving canvassing of household and women schedules, special check lists were prepared by Vimarsh to be filled in by the interviewers so as to ensure internal consistency, non-omission of any item and to see that all skip patterns were followed correctly. The optimum response rates of the sample households and the women were achieved by visiting the defaulting households/women at least 3 times, before the teams left the PSU. Further, the editors observed atleast one interview everyday. Besides, senior or more experienced female interviewers were also commissioned to observe the interviews of relatively weaker investigators in order to ensure high quality of work by every person. The field editors

were also required to check every completed household and woman schedule for any inconsistency/inaccuracy, particularly those indicated in the check lists before departure from the PSU.

A manual on field monitoring, specially developed by vimarsh, was also used in the districts of gorakhpur and jaunpur in order to carefully monitor the quality of information being collected in each psu. The items specially selected for the purpose of this monitoring were pregnancy status of women, number of births and infant deaths reported by women during previous two years, immunization status of children aged 12-23 months, and women reporting sterilisation. The mechanism of checking the quality of these variables, was based on "Statistical Quality Control" principles which involved comparing the results at the PSU level, with expected averages, upper and lower confidence limits. The analysis, feed-back and corrective action were taken even before the teams completed their work in respective PSUs. The use of these manuals helped in ensuring optimum quality in both the districts of Gorakhpur and Jaunpur.

A two-day re-orientation workshop was also organised in first week of January, 1994 so as to give feed-back to all Supervisors and Editors.

2.4 Data Processing

The district coordinator collected schedules for each PSU from the respective supervisors as soon as the field work was completed. The district coordinator checked most of the schedules once again before forwarding them to the VIMARSH office, Lucknow, for further processing. All the schedules were once again scrutinised at Lucknow before being entered into the computer using the data entry programme provided by the Population Council. The data entry was completed by last week of February, 1994. The scrutiny and data processing took considerably more time than expected since about 6200 women were interviewed in the districts of Gorakhpur and Jaunpur as against the expectation of 5000-5500, thus involving 25% excess work.

2.5 Sample Results

The results of household survey are presented in Table 2.1. The response rate was about 98%, in case of households. The magnitude of response rate was almost same in rural and urban areas. In all, interviews for 2432 households were completed. The response rate in case of women was 91.4%. The main reason for non-response was women not being found at home inspite of 3 calls. Interviews were completed for 2906 women.

Table 2.1: Sample results for households and eligible women (Unweighted)

Results	Urban		Rural		Total	
	Number	Percent	Number	Percent	Number	Percent
Households selected	550	100.0	1950	100.0	2500	100.0
Households completed	532	96.7	1900	97.4	2432	97.3
Households with no competent respondent	-	-	2	0.1	2	0.1
Households absent	13	2.4	35	1.8	48	1.9
Households postponed	-	-	1	0.1	1	0.0
Households refused	1	0.2	1	0.1	2	0.1
Households vacant/no dwelling	3	0.5	7	0.4	10	0.4
Dwelling destroyed	-	-	1	0.1	1	0.0
Others	1	0.2	3	0.2	4	0.2
Households occupied	546	100.0	1939	100.0	2485	100.0
Households interviewed	532	97.4	1900	98.0	2432	97.9
Households not interviewed	14	2.6	39	2.0	53	2.1
Households response rate	NA	97.4	NA	98.0	NA	97.9
	Eligible					
women	637	100.0	2548	100.0	3185	100.0
Women interviewed	583	91.5	2323	91.2	2906	91.2
Women not at home	53	8.3	221	8.7	274	8.6
Women incomplete						
Women refused	1	0.2	-	-	1	0.0
Others	-	-	4	0.2	4	0.1
Individual response rate	NA	91.5	NA	91.3	NA	91.4
Overall response rate	NA	89.1	NA	89.5	NA	89.5

2.6 Estimation Procedure

Unbiased estimation procedure was adopted for working out estimates at the district level. The estimation procedure involved assigning appropriate weights to the values of different variables at the household and women levels. The estimation procedure proposed by Population Council involved following weighting factors:-

(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 = No. of selected PSUs (villages) from the rural areas of the district.
- H_i = No. of listed households in the ith PSU/village.
- h_i = Actual number of households surveyed from the ith selected village/PSU.

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

Where :

- E_i = Total number of eligible women existing in the surveyed households of the ith village/PSU.
- e_i = Actual no. of eligible women covered in the ith village/PSU.

(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 = No. of selected towns in the ith stratum.
- q_{ijk} = Population (1991 census) of kth CEB in the jth town of ith stratum.
- b_j = No. of selected CEBs in the jth town.
- H_k = No. of listed households in the kth CEB of jth town.
- h_k = Actual no. of households surveyed from the kth CEB of jth town.

$$\text{EW factor (Urban)} = \text{Household Factor} = \frac{E_k}{e_k}$$

Where :

- E_k = Total number of eligible women present in the surveyed households of the kth CEB of jth town of ith stratum.
- e_k = Actual number of eligible women interviewed in the kth CEB of the jth town of ith stratum.

2.7 Field Problems

Most of the field problems encountered during the work pertaining to recruitment, training and field work were tackled by efficient management of the situation. The first important problem that arose related to drop out of 5 women during the training programme. Although, we wanted to build up minimum of 10 teams for both the districts of Gorakhpur and Jaunpur, we could ultimately form only 7 teams because of shortage of female investigators available for recruitment

and drop-outs during the training programme. The other important problems were as follows:-

1. A fixed sample of 25 households was drawn from each PSU (urban or rural). It was expected that 25 households will consist of 25 to 27 ever married women in the reproductive age group 13-49 years, eligible for the interviews. However, the actual survey showed that there were on an average 32 women per PSU against the expected number of 25. Initially, the operational plan involved covering of each PSU in 2 days by a team of 4 female investigators. The team had often to stay for an extra day in such PSUs, which had more than 26-27 eligible women. This caused frequent disruption in the schedule of visits to other PSUs. To overcome this, the schedules of visits had to be frequently modified.
2. There was an acute shortage of accommodation in the villages or small towns, with the result that the teams had to function from their headquarters, which were located in the distant towns. This resulted in much larger time involved in transport (and also in increased expenditure). Moreover, often there was a problem in having separate accommodation for female investigators.
3. A number of villages were inaccessible on account of the fact that either the approach roads were kucha and uneven or the teams had to travel long distances, because of lack of infrastructural facilities.
4. Some of the villages in the sample were widely scattered because of diverse location of hamlets far off from the main village.
5. Some women in the sample showed disinclination to give answers on questions regarding family planning, pregnancy status and abortions. However, the interviewers were well trained to tackle the situation as best as possible.

2.8 Validity

Various estimates yielded by the survey have been discussed in regard to their levels of accuracy in respective sections of the report. However, it would be of interest to note following observations in regard to validity:-

1. The age distribution of *de jure* population by 5 year age groups shows a smooth and systematic decline in the proportions (except in the first two age groups) indicating, in general, a good quality of data in this respect.
2. The internal consistency between percentage of population of infants (aged less than 1 year), Crude Birth Rate (CBR) and Infant Mortality Rate has been tested by following formula:-

$$\text{Percentage of infants in total population} = \frac{\text{CBR}}{10^4} (1000 - 0.7 \times \text{IMR})$$

Substituting the survey estimates of 32.7 for CBR and 87 for IMR, percentage of infants to total population works out to 3.07 or 3.1. The actual survey estimate of percentage of infants is 3.1 (see Table 3.1) indicating excellent consistency between these estimates.

3. The survey estimate of GFR (General Fertility Rate) is 144.4 and that of GMFR (General Marital Fertility Rate) works out to 162.2 per 1000 married women, aged 15-49 years. The percentage of women expected to be pregnant at any point of time (with gestation period of 1-9 months) would be

$$= \frac{162}{10} \times \frac{8}{12} \times 1.05 = 11.3$$

(Multiplier 1.05 is used to allow for pregnancy wastage from conception to mid-point of gestation period).

The survey figure is estimated at 11, indicating an excellent matching between the survey estimate and the expected value, even in regard to pregnancy status. Small difference in the two estimates should be viewed in the light of the fact that women are often unaware about pregnancy status in first couple of months.

4. The estimates of the child survival ratios, computed on the basis of mean of children ever born and the children living, are as per general expectations.
5. The survey results in regard to relationships between the extent of institutional deliveries, ANC check up, practice of family planning methods and immunization coverage of children (and several other variables) and background characteristics like residence (rural/urban), ages of women, their educational status, religion/caste are consistent with the expected patterns as revealed by several other surveys/studies (see various tables and appendix Table A1).
6. Gorakhpur is relatively a backward district with respect to socio-economic and demographic status. The survey results confirm this. All the results fall into a consistent pattern well defined by low levels of female literacy, work participation of women, ages at marriage, exposure to mass media on the one hand and high levels of past and current fertility, mortality (especially infant mortality) coupled with very low levels of contraceptive use, ANC check-up, extent of institutional deliveries, immunisation coverage of children, on the other.

CHAPTER III

HOUSEHOLD AND RESPONDENT BACKGROUND CHARACTERISTICS

This chapter presents information on profile of household population as well as that of respondents.

3.1 Distribution of Population by Age and Sex

Table 3.1 presents age distribution of *de jure* population by age and sex. A gradual and systematic decline in proportion of population by 5-year age-groups reflects high quality of data collected on ages. The age distribution is characterised by high proportion of children and low proportions of the old age persons. Children in the age group 0-14 constituted 43.2% and persons aged 65 and above constituted 3.8%, implying high dependency ratio of 89% which is noted to be much higher than the dependency ratio of 78% for the state as a whole computed on the basis of Sample Registration System data for 1990. The high proportion of the young population implies high fertility conditions in the recent past in the district of Gorakhpur. The fact that proportion of population in age-group 0-4 is less than that in the age group 5-9 years, is a consequence of possible decline in fertility in last 10 years. The sex ratio of population i.e. females per 1000 males according to *de jure* population was estimated at 955, which is somewhat higher than the sex ratio of 924 as per 1991 census. The difference in the sex ratio is attributable to several factors including:-

- a. The *de jure* concept of enumeration followed in the survey is different from the concept of enumeration in the census, which is known as "Extended Defacto System" involving exclusion of usual residents who are not present constantly for about 20 days prior to the census and inclusion of visitors constantly present for 20 days prior to the census;
- b. While census includes houseless and institutional population, the present survey in the district of Gorakhpur excludes such population which mostly comprises of males; and
- c. The extent of under-enumeration is usually higher for females than for males as revealed by post-enumeration checks of various censuses.

3.1.1 Enumeration of Visitors

Table 3.1 also presents the estimated numbers of visitors and their distribution by age and sex. It is noted that majority of the visitors are females falling mainly in the age group 15-29. The age distribution of visitors also indicates preponderance of young children aged less than 5 years. This is as expected since visiting is common among young women in their child bearing years. This pattern results from the common practice of women coming to their parents' home to have their child delivered and staying there for some time after the delivery i.e. in the post-natal period. Women are often accompanied by their young children. Visitors constituted 3.8% of the total population (consisting of usual residents and visitors).

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

Age	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
De jure									
< 1	2.4	2.3	2.3	3.2	3.4	3.3	3.0	3.2	3.1
1-4	10.2	10.9	10.5	11.4	11.3	11.3	11.1	11.2	11.2
5-9	14.2	13.2	13.7	15.8	15.0	15.4	15.5	14.6	15.1
10-14	13.5	14.6	14.0	14.4	13.0	13.7	14.2	13.3	13.8
15-19	11.8	11.8	11.8	10.3	10.2	10.2	10.6	10.5	10.5
20-24	9.9	8.5	9.2	7.7	8.3	8.0	8.2	8.3	8.3
25-29	6.5	8.9	7.6	6.1	7.2	6.7	6.2	7.5	6.8
30-34	7.5	6.0	6.8	5.2	6.2	5.7	5.7	6.2	5.9
35-39	5.6	5.4	5.5	5.5	5.1	5.3	5.5	5.2	5.3
40-44	4.2	4.8	4.5	4.2	5.0	4.6	4.2	5.0	4.6
45-49	4.3	5.3	4.8	4.0	3.3	3.7	4.1	3.7	3.9
50-64	7.8	6.2	7.1	7.6	8.1	7.8	7.6	7.8	7.7
65+	2.0	2.1	2.1	4.6	3.9	4.3	4.1	3.6	3.8
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total N	357036	31285	669888	1401895	1366150	2768045	1758931	1679002	3437933
Sex Ratio	NA	NA	876	NA	NA	975	NA	NA	955
Visitors									
< 1	12.6	7.3	9.6	12.2	4.3	7.1	12.2	4.8	7.5
1-4	22.0	13.4	17.1	35.4	15.1	22.4	32.8	14.9	21.5
5-9	6.9	13.9	10.9	14.0	8.6	10.5	12.6	9.4	10.6
10-14	10.5	5.8	7.8	7.1	3.7	4.9	7.7	4.0	5.4
15-19	7.9	11.5	9.9	5.0	16.4	12.3	5.6	15.7	11.9
20-24	15.3	23.0	19.7	5.0	24.0	17.2	7.0	23.8	17.6
25-29	7.9	9.3	8.7	6.9	15.6	12.5	7.1	14.6	11.8
30-34	5.2	3.6	4.3	3.0	3.5	3.3	3.4	3.5	3.5
35-39	4.4	6.0	5.3	4.7	3.3	3.8	4.7	3.7	4.1
40-44	2.6	1.1	1.8	2.9	1.4	1.9	2.8	1.3	1.9
45-49	1.3	1.5	1.4	2.3	0.7	1.3	2.1	0.8	1.3
50-64	3.4	-	1.5	1.2	2.5	2.0	1.6	2.2	2.0
65+	-	3.6	2.1	0.4	0.9	0.7	0.3	1.3	0.9
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total N	959	12621	22216	40175	72304	112480	49771	84925	134696
Sex Ratio	NA	NA	1315	NA	NA	1800	NA	NA	1706

3.2 Housing Composition

Table 3.2 presents information on household composition. The household composition affects the allocation of resources (financial, social, etc.) available to household members. In cases where women or young persons are heads of the household, it is usually found that financial resources are limited. Similarly, the size of the household could also affect the well-being of its members. The large size of the household implies relative overcrowding, which can often lead to health problems.

Table 3.3: Household composition

Housing composing	Residence		
	Urban	Rural	Total
Sex of the household head			
Male	94.1	88.1	89.3
Female	5.9	11.9	10.7
Age of household head			
Less than 30	12.1	11.1	11.3
30 - 44	42.3	38.9	39.6
45 - 59	34.5	30.0	30.9
60 +	11.1	20.0	18.2
Median age	42	45	44
Marital status of household head			
Never married	3.1	1.3	1.7
Currently married	85.4	86.4	86.2
Widowed	-	-	-
Divorced	8.5	11.3	10.8
Separated	2.5	.5	.9
	0.5	0.4	0.4
Religion			
Hindu			
Muslim	68.6	92.6	87.7
Other	30.5	7.1	11.9
	0.9	0.3	0.4
Caste			
Scheduled caste			
Scheduled tribe	5.3	22.8	19.2
Backward caste	0.6	0.5	0.5
Higher caste	33.6	49.4	46.2
Other religious groups	29.1	19.8	21.7
	31.4	7.4	12.3
Number of usual members			
1			
2	5.6	2.2	2.9
3	5.3	5.2	5.2
4	6.2	7.0	6.9
5	11.5	10.6	10.8
6	17.0	13.7	14.4
7	15.0	14.5	14.6
8	13.8	14.5	14.4
9 +	6.9	10.6	9.8
	18.8	21.6	21.0
Mean	6.2	6.6	6.5
Total %	100.0	100.0	100.0
Number of households	106947	417099	524046

It is noted from Table 3.2 that:-

- a. 89% of the heads of the household were male and only 11% were females;
- b. 70% of the heads of the household were aged between 30 and 60 years with the median age;
- c. 86% of heads of the households were currently married while 11% were widowed;
- d. 88% of heads of the household were Hindus and 12% were Muslims;
- e. Scheduled castes accounted for 19%, Scheduled Tribes for 0.5%, Backward Castes for 46% and High Caste Hindus for 22% of the households.

The average household size is 6.2 in urban, 6.6 in rural while the overall average size was 6.5. Households having 9 or more members constituted 21% of the total, while 8% of the households had 1 or 2 members only.

3.3 Characteristics of Household Population

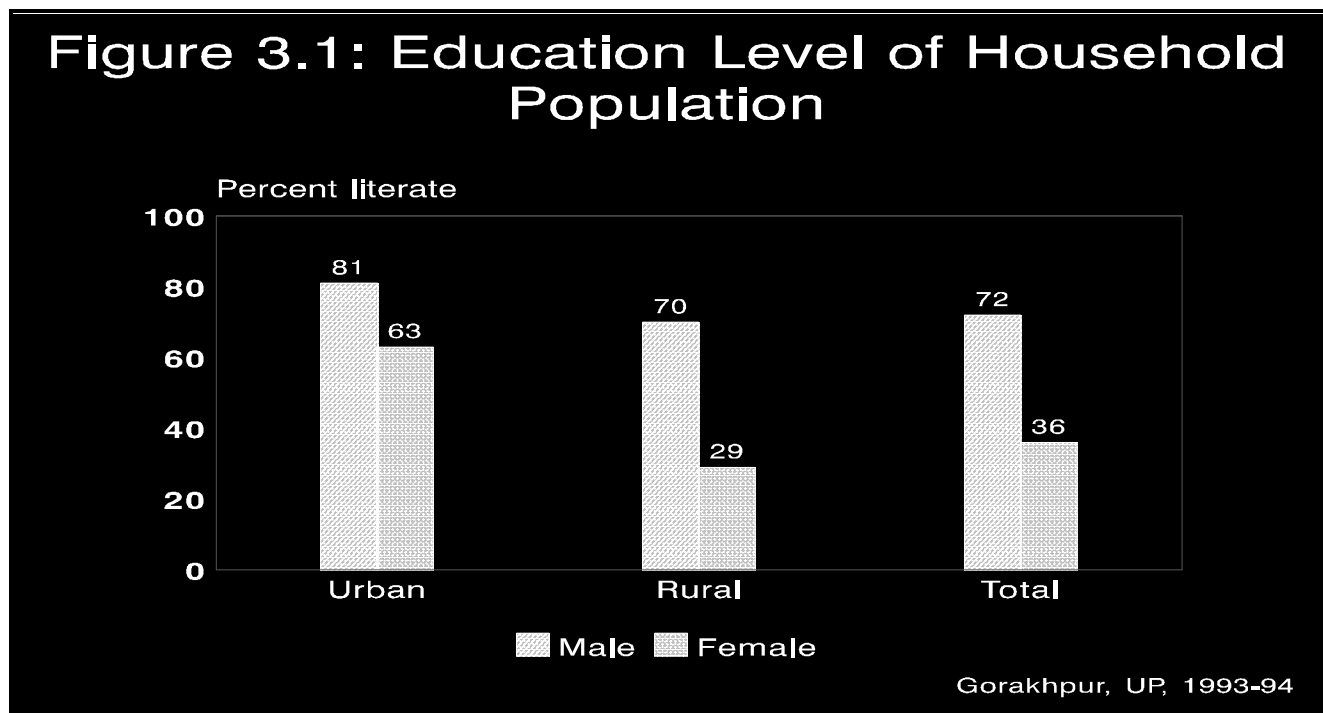
Table 3.3 presents distribution of the members of the households for each age group by their residential status, i.e. usual resident or visitor. The largest proportion of the visitors falls in the age group less than 1, followed by age groups 15-19, 1-4 and 25-29. The reasons for such a phenomenon have been discussed earlier in Section 3.1.1.

Table 3.3: Usual residents and visitors

Characteristics		Usual resident	Visitor	Total %	Total N
Male Age					
	< 1	89.7	10.3	100.0	59160
	1 - 4	92.3	7.7	100.0	211927
	5 - 14	98.1	1.9	100.0	532709
	15 - 19	98.5	1.5	100.0	188978
	20 - 24	97.6	2.4	100.0	147425
	25 - 29	96.9	3.1	100.0	112268
	30 - 34	98.3	1.7	100.0	101851
	35 - 39	97.7	2.3	100.0	98953
	40 - 44	98.1	1.9	100.0	75539
	45 - 49	98.6	1.4	100.0	73045
	50 - 59	99.2	0.8	100.0	96651
	60 +	99.9	0.1	100.0	110197
Residence	Urban	97.4	2.6	100.0	366632
	Rural	97.2	2.8	100.0	1442070
	Total	97.2	2.8	100.0	1808702
Female Age					
	< 1	92.9	7.1	100.0	57001
	1 - 4	93.7	6.3	100.0	201410
	5 - 14	97.6	2.4	100.0	479938
	15 - 19	93.0	7.0	100.0	189238
	20 - 24	87.4	12.6	100.0	160043
	25 - 29	91.0	9.0	100.0	138692
	30 - 34	97.2	2.8	100.0	107060
	35 - 39	96.5	3.5	100.0	90304
	40 - 44	98.7	1.3	100.0	84880
	45 - 49	98.9	1.1	100.0	62159
	50 - 59	98.5	1.5	100.0	95770
	60 +	98.5	1.5	100.0	97431
Residence	Urban	96.1	3.9	100.0	325473
	Rural	95.0	5.0	100.0	1438455
	Total	95.2	4.8	100.0	1763927
Total Age					
	< 1	91.2	8.8	100.0	116161
	1 - 4	93.0	7.0	100.0	413337
	5 - 14	97.9	2.1	100.0	1012646
	15 - 19	95.7	4.3	100.0	378215
	20 - 24	92.3	7.7	100.0	307468
	25 - 29	93.6	6.4	100.0	250960
	30 - 34	97.7	2.3	100.0	208912
	35 - 39	97.1	2.9	100.0	189257
	40 - 44	98.4	1.6	100.0	160419
	45 - 49	98.7	1.3	100.0	135203
	50 - 59	98.9	1.1	100.0	192422
	60 +	99.2	0.8	100.0	207629
Residence	Urban	96.8	3.2	100.0	692105
	Rural	96.1	3.9	100.0	2880525
	Total	96.2	3.8	100.0	3572629

3.3.1 Educational Attainment

The educational level of household members is of crucial importance in the socio-economic development of not only the individual households, but also of the community at large. Many phenomena like reproductive behaviour, use of contraception, health of children, proper hygienic habits are affected by the education of the household members. Table 3.4 and Table 3.5 present information to assess the education of the household members. Table 3.4 shows:-

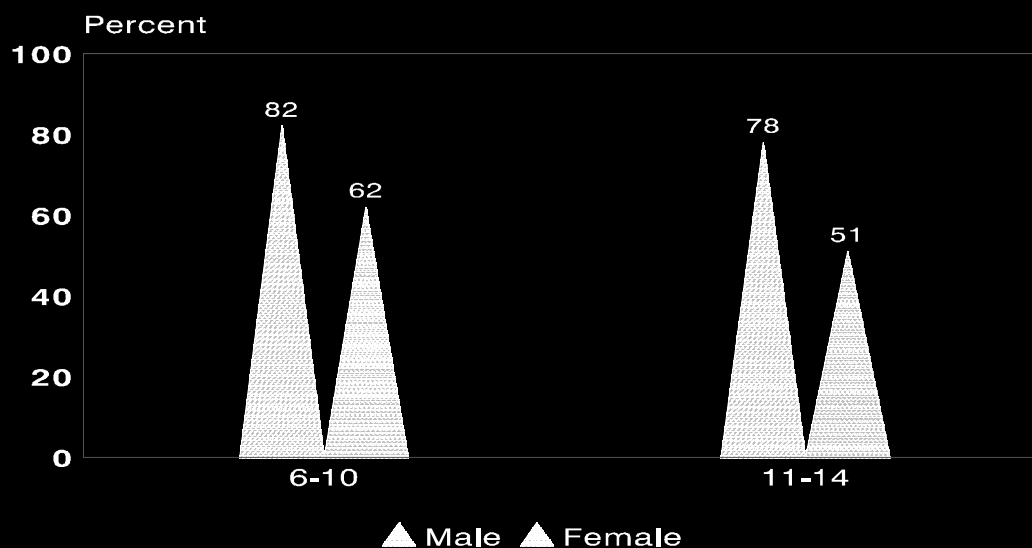


- Overall literacy rate in population 6 years and above was 54.4% with literacy rate being much higher for males (72.3%) compared to females (35.8%);
- Literacy rate was much higher in urban areas (72.7%) than in rural areas (49.9%);
- Percentage of population with educational level "above high school" was much higher among males than for females and was also higher in urban areas than in rural areas;
- The median number of years of schooling was only 1 year for the entire population (0 for females and 5 for males).

Table 3.4: Educational level of household population

Education level	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Illiterate	19.1	36.8	27.3	30.0	70.7	50.1	27.7	64.2	45.6
Upto class 4	16.1	17.2	16.6	20.6	11.9	16.3	19.7	12.9	16.4
Primary	7.7	6.6	7.2	7.7	5.7	6.7	7.7	5.9	6.8
Upto middle	17.2	14.3	15.8	15.2	6.4	10.8	15.6	7.9	11.8
Upto high	17.4	10.2	14.0	15.1	3.1	9.2	15.6	4.4	10.2
Above high school	22.5	15.0	19.0	11.4	2.2	6.9	13.7	4.7	9.3
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total N	301192	264175	565367	1151553	1123840	227593	1452745	1388016	2840761
Median number of years	7.0	4.0	5.0	4.0	0.0	0.0	5.0	0.0	1.0

Figure 3.2: School Attendance by Age and Sex



Gorakhpur, UP, 1993-94

3.3.2 School Enrolment

Table 3.5 presents percentages of children attending school by age, sex and residence (based on *de jure* household population). The percentage of children aged 6-10 years attending school was 72, with much higher percentage among males (81.6%) compared to females (61.6%). The percentage of school attending children was much higher in urban areas (82%) compared to rural areas (69.9%). The same pattern was observed for school attendance in the age group 11-14 with somewhat lower enrolment percentages in each category. Other noteworthy points that emerge from this table are:-

1. The ratio of male and female school enrolment was 1.32 in the age group 6-10 and 1.54 in the age group 11-14 indicating the widening gap between males and females, which is attributable to relatively high drop out rates among female children;
2. No significant differences are found in school attendance between male and female children in urban areas, while such differences are very significant in rural (or combined) areas, indicating sex discrimination against female education.

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

Age	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
6 - 10	81.2	82.9	82.0	81.7	57.2	69.9	81.6	61.6	72.1
11 - 14	80.7	78.7	79.7	77.8	43.4	61.8	78.3	51.0	65.5
6 - 14	81.0	80.9	80.9	80.0	51.5	66.5	80.2	57.1	69.2

3.4 Housing Characteristics

Table 3.6 presents data on selected housing characteristics by residence in rural or urban areas. The type of water source and quality of housing are important determinants of quality of life and these factors are likely to affect health status of household members, particularly of children. The seriousness of major childhood diseases such as diarrhoea can be reduced by proper hygienic and sanitation practices. Table 3.6 shows:-

- a. 37% of the households had electricity, (81% in urban and 25% in rural areas) indicating a great deal of improvement after 1981 when only 9% of households had electricity (RGI, 1989).
- b. The source for drinking water was piped supply in case of 12% of the households (41% in urban and 5% in rural areas);
- c. 4/5th of the households depended on handpumps;
- d. Only 30% of the households lived in pucca houses (67% in urban and 20% in rural areas).

This table also presents information on ownership of agricultural land. 80% in urban areas and 20% in rural areas did not own any agricultural land, whereas only 11% of the households had more than 4 acres of land.

26% of the households possessed radio, while only 16% possessed TV. In this case too, households in urban areas fared much better than in the rural areas.

Table 3.6: Housing characteristics

Housing characteristics	Residence		
	Urban	Rural	Total
% households with electricity	81.3	25.3	36.8
Source of drinking water			
Piped	40.6	4.7	12.0
Handpump	59.4	89.4	83.3
Well water	-	5.8	4.6
Other	-	-	-
Type of house			
Hut	5.8	19.9	17.0
Kutcha	14.0	35.1	30.8
Mixed	13.0	24.8	22.4
Pucca	67.3	20.2	29.8
Agricultural land ownership			
Landless	80.3	19.5	31.9
1-3 acres	15.9	67.2	56.7
4-5 acres	1.2	4.9	4.2
6 or more acres	2.6	8.4	7.2
Consumer durable goods			
Radio	47.2	20.7	26.1
Television	44.5	8.8	16.1
Total %	100.0	100.0	100.0
Number of households	106947	417098	524046

3.5 Background Characteristics of Respondents

Ever-married women in the age group 13-49 years constituted respondents. Ever married women excluded women who are currently married, but whose gauna was not performed (i.e. they had not started living with their husbands), from the purview of interview. The description of characteristics of the women interviewed in the survey provides information which can be useful for interpreting findings presented later in the report.

Table 3.7 presents background characteristics of 2906 women, who were interviewed in the baseline survey.

3.5.1 Age

48% of the respondents were in the age group 13-29. Such proportion was higher in rural areas (49%) than in urban areas (43%) as expected since women marry at younger ages in rural areas. In the sample, there was no woman in the age group 13-14 in urban areas, but only 1 woman in rural areas.

3.5.2 Marital Status

96% of the ever married women were currently married, while 4% were divorced/separated.

3.5.3 Education

72% of the respondents were illiterate (79% in rural areas and 44% in urban areas). Only 5.7% of women had qualifications "above high school".

3.5.4 Religion/Caste

87.7% were Hindus, 12% were Muslims and 0.3% belonged to 'other religions'. 18.5% belonged to scheduled castes, 47.2% belonged to backward castes, 21.5% belonged to high caste Hindus and only 0.5% belonged to scheduled tribes.

Out of 2906 women interviewed, only 10 belonged to 'other religions' (religious other than Hindu and Muslim) and 16 to 'scheduled tribes'. Because of extremely small sizes, these categories are not shown in analytical tables separately though these are included in 'Total' column.

3.5.5 Work Status

94% of the women were not working, most of them being housewives, whereas only 6% of women had some occupation like "working in family farm/business" or "employed by someone else".

3.5.6 Husband's Education

The level of husband's education was much better than that of respondents since 73% of husbands were literate and 23% had qualifications "above high school".

3.5.7 Additional Table on Cross Tabulation with Literacy Status

Percentage of illiterate women being as high as 75%, the percentages of women in higher educational categories - upto class 4, primary, upto middle, upto high and above high school are very small. The review of various cross-tabulation with educational status, for instance, TFR status, current use of family planning, receipt of antenatal care by educational status as per the prescribed categories shows unclear and erratic relationships. Therefore, educational categories have been regrouped as illiterate, upto class 8 and class 9+ so that each category has significant frequencies. A master table showing cross tabulation of selected parameters with revised educational categories, which brings out relationships of various variables with education more clearly, has also been prepared and added in the Appendix (Table A1).

Table 3.7: Background characteristics of the respondents

Background characteristics	Residence		Total number of women		
	Urban	Rural	Total	Weighted N *	Unweighted N
Age					
13 - 14	-	-	-	199	1
15 - 19	4.8	9.1	8.3	56929	237
20 - 24	17.4	20.2	19.6	134454	571
25 - 29	20.8	19.9	20.1	137354	598
30 - 34	17.2	15.7	16.0	109285	466
35 - 39	14.6	13.4	13.6	92982	388
40 - 44	11.9	12.9	12.7	86631	368
45 - 49	13.4	8.8	9.6	65577	277
Marital status					
Currently married	95.2	96.5	96.2	657733	2801
Previously married	4.8	3.5	3.8	25678	105
Education					
Illiterate	43.6	78.7	72.3	494086	2071
Upto class 4	6.2	3.2	3.8	25753	118
Primary	6.4	6.5	6.5	44466	185
Upto middle	15.0	5.6	7.3	49864	216
Upto high	9.4	3.4	4.5	30638	137
Above high school	19.4	2.6	5.7	38603	179
Religion					
Hindu	68.1	92.0	87.7	599203	2532
Muslim	31.3	7.7	12.0	82014	364
Other	0.6	0.2	0.3	2193	10
Caste					
Scheduled caste	6.3	21.2	18.5	126570	532
Scheduled tribe	0.5	0.5	0.5	3336	16
Backward caste	32.0	50.5	47.2	322204	1357
Higher caste Hindu	29.3	19.8	21.5	147094	627
Other religious groups	31.9	8.0	12.3	84208	374
Work status					
Not working	94.5	93.9	94.0	642530	2736
Working in family farm/business	0.4	2.2	1.9	12969	57
Employed by someone else	3.4	3.0	3.0	20821	84
Self-employed	1.3	0.5	0.7	4496	17
Other	0.4	0.4	0.4	2594	12
Husband's education					
Illiterate	13.4	25.3	23.1	157990	669
Upto class 4	5.6	7.8	7.4	50280	217
Primary	5.3	7.0	6.7	45714	194
Upto middle	16.4	14.9	15.1	103486	436
Upto high	21.2	21.4	21.4	145990	617
Above high school	33.3	20.1	22.5	154061	668
	4.8	3.6	3.8	25890	105
Not applicable	100.0	100.0	100.0	NA	NA
Total % Number of ever married women	124011	559400	683411		

3.6 Access to Mass Media

Table 3.8 shows the level of exposure of women to mass media according to selected background characteristics. It is important to know which categories of women are likely to have access to health and other information. Only 35% of the women were exposed to different media like reading or listening to newspapers, watching TV, listening to radio or visiting cinema/theatre. It is noted from Table 3.8 that:-

1. The exposure was higher in urban areas than in rural areas for each of the media;
2. The exposure to each of the media was higher among more educated women;
3. Exposure was higher in case of Muslims for each media;
4. Exposure was highest among High Caste Hindus followed by Backward Castes and Scheduled Castes for each of the media;
5. Age differentials in exposure were not well pronounced, though the exposure was higher among younger women (less than 25) compared to older women (above 25).

Table 3.8: Access to mass media

Background Characteristic	Reads or listens to newspaper			Watches television			Listens to the radio			Visits cinema or theater			No. of women *	% not exposed to any media
	Never	Less often	Frequent	Never	Less often	Frequent	Never	Less often	Frequent	Never	Less often	Frequent		
Age														
13 - 19	92.7	6.1	1.3	85.2	7.0	7.8	80.2	16.0	3.8	86.8	12.1	1.1	57127	67.7
20 - 24	85.4	11.8	2.8	80.5	7.3	12.2	75.6	19.3	5.1	78.4	20.7	0.9	134455	61.0
25 - 29	84.9	12.9	2.2	79.4	8.2	12.4	76.5	17.1	6.4	80.8	17.6	1.6	137354	63.8
30 +	87.0	9.4	3.6	79.6	9.3	11.1	80.1	14.7	5.2	85.0	14.2	0.8	354474	67.2
Residence														
Urban	66.3	23.4	10.3	41.8	20.6	37.6	61.2	29.1	9.7	54.9	41.9	3.2	124011	27.0
Rural	91.3	7.4	1.3	88.7	5.8	5.5	82.4	13.3	4.3	89.2	10.3	0.5	559400	73.8
Education														
Illiterate	97.4	2.3	0.3	91.1	5.3	3.5	87.4	11.1	1.5	92.3	7.6	0.1	494086	79.7
Upto class 4	92.3	6.7	1.0	69.8	14.8	15.4	72.8	19.3	7.9	73.3	25.5	1.2	25753	50.4
Primary	76.8	19.8	3.5	73.5	10.2	16.3	69.1	22.3	8.5	72.4	24.7	2.8	44466	41.1
Upto middle	64.0	32.2	3.7	52.1	23.1	24.9	58.9	25.5	15.7	62.4	36.0	1.6	49864	28.5
Upto high	42.6	46.3	11.1	40.3	17.8	41.9	49.2	35.2	15.6	52.3	43.2	4.5	30638	19.1
Above high school	22.6	47.5	29.9	23.0	16.3	60.7	28.5	44.9	26.6	33.3	59.6	7.1	38603	5.1
Religion														
Hindu	86.8	10.3	2.8	81.4	7.8	10.8	78.9	15.7	5.3	84.3	14.7	1.0	599203	66.7
Muslim	86.3	10.2	3.5	71.9	13.0	15.1	75.2	19.7	5.1	73.8	25.2	1.1	82014	54.6
Other	84.4	6.4	9.3	67.8	15.1	17.1	84.4	15.6	-	84.9	15.1	-	2193	67.8
Caste														
Scheduled caste	95.8	3.4	0.8	94.5	3.4	2.1	88.8	9.0	2.2	93.3	6.7	-	126570	82.1
Scheduled tribe	100.0	-	-	94.3	-	5.7	94.3	5.7	-	100.0	-	-	3336	94.3
Backward caste	92.2	6.6	1.2	86.5	5.9	7.5	84.3	12.9	2.8	88.1	10.9	1.1	322204	74.0
Higher caste Hindu	66.9	24.8	8.3	58.5	16.1	25.4	58.5	27.9	13.6	67.8	30.5	1.7	147094	37.0
Other reli. groups	86.2	10.1	3.7	71.8	13.1	15.2	75.4	19.6	5.0	74.0	24.9	1.0	84208	54.9
Total %	86.8	10.3	2.9	80.2	8.5	11.3	78.5	16.2	5.3	83.0	16.0	1.0	683411	65.3

CHAPTER IV

NUPTIALITY

This chapter discusses survey results in regard to marriage pattern. Marriage is of special interest, not only because of its importance in demographic context, but also on account of its close relationship with the attitudes prevailing in different communities. Marriage pattern, particularly age at marriage, is of crucial importance, being one of the most important proximate determinants of fertility, since increase in the age at marriage can affect fertility performance by cutting down the length of reproductive span of a woman.

4.1 Current Marital Status Of Women

Table 4.1 presents current marital status of women in the age group 13-49. Women are classified into 5 categories shown in the table. The category "Never Married" also includes those women who are currently married but whose gauna has not been performed i.e. they have not yet started living with their husband. The salient features emerging from the review of this table are:-

- a. While marriage is universal, divorce and separation are rare events, in both rural and urban areas;
- b. Proportion of women currently married was only 0.5% in the age group 13-14, and then it rose sharply to 33% in 15-19 age group and kept on rising thereafter till the maximum proportion (of 97.7%) was attained in the age group 30-34. The proportion of women currently married declines from the age group 35-39 onwards, mostly because of widowhood;
- c. Proportion of women categorised as widowed increases with the age till the maximum figure of 10% is attained in the age group 45-49;
- d. Proportion of women currently married is higher in rural areas than in urban, in respect of each age group. Overall, 74% of the women in age group 13-49 were currently married in rural areas compared to 64% in the urban areas.

Table 4.1 Current marital status

Age	Marital Status					Total %	Total N
	Never Married	Currently married	Widowed	Divorced	Separated		
Urban							
13-14	100.0	0.0	0.0	0.0	0.0	100.0	18657
15-19	83.0	17.0	0.0	0.0	0.0	100.0	38469
20-24	26.5	73.5	0.0	0.0	0.0	100.0	29452
25-29	5.6	92.2	0.8	0.0	1.4	100.0	28912
30-34	0.7	97.4	0.0	0.0	1.9	100.0	19342
35-39	0.0	94.7	5.3	0.0	0.0	100.0	17611
40-44	0.0	88.8	9.9	0.0	1.2	100.0	15024
45-49	0.0	86.7	13.3	0.0	0.0	100.0	16777
Total	32.6	64.2	2.6	0.0	0.5	100.0	184243
Rural							
13-14	99.4	0.6	0.0	0.0	0.0	100.0	68055
15-19	62.4	37.3	0.1	0.1	0.0	100.0	150769
20-24	8.5	90.8	0.4	0.1	0.2	100.0	130592
25-29	0.9	95.9	1.7	0.0	1.5	100.0	109779
30-34	0.0	97.8	2.0	0.0	0.2	100.0	87719
35-39	0.4	96.6	2.7	0.0	0.3	100.0	72693
40-44	0.0	91.7	8.3	0.0	0.0	100.0	69857
45-49	0.0	91.5	8.5	0.0	0.0	100.0	45381
Total	23.7	73.8	2.2	0.0	0.3	100.0	734844
Total							
	99.5	0.5	0.0	0.0	0.0	100.0	86711
	66.6	33.2	0.1	0.1	0.0	100.0	189238
Total	11.8	87.6	0.4	0.1	0.1	100.0	160043
13-14	1.9	95.1	1.5	0.0	1.5	100.0	138692
15-19	0.1	97.7	1.6	0.0	0.5	100.0	107060
20-24	0.3	96.3	3.2	0.0	0.3	100.0	90304
25-29	0.0	91.2	8.6	0.0	0.2	100.0	84880
30-34	0.0	90.2	9.8	0.0	0.0	100.0	62159
35-39							
40-44	25.5	71.9	2.3	0.0	0.4	100.0	919088
45-49							
Total							

Note:- Women who are married but they have not started living with husband (i.e. their gauna has not yet been performed) are included under the category "Never-married".

4.1.1 Singulate Mean Age at Marriage

The Singulate Mean Age at Marriage has been estimated by applying Hajnal's method to proportions single in various age groups from 10-14 to 50-54 for women and from 10-14 to 55-59 for males. Proportions Single were calculated on the basis of women who were considered never married after excluding women who have not started living with their husbands (i.e. those women whose gauna has not been performed). The Singulate Mean Age at Marriage is estimated

to be 17.30 years for females and 21.15 years for males (Table 4.2). Comparison with the estimates for the censuses of 1961, 1971 and 1981 shows an upward trend in the mean age at marriage both for females and males. In case of females, the highest increase in the Mean Age at Marriage is recorded during the period from 1981 to 1993-94. Such an increasing trend in the age at marriage may have contributed to fall in the fertility during this period. The difference between the ages at marriage of boys and girls remains around 4 years.

Table 4.2 Singulate mean age at marriage

Source (District Level)	Singulate mean age at marriage		
	Male	Female	Difference
1961 Census *	17.43	13.26	4.17
1971 Census *	16.82	13.59	3.23
1981 Census *	19.15	15.01	4.14
1992-93 BSUP	21.15	17.30	3.85

* Data on district wise age at marriage using census data is available from PRC Lucknow publication by J.N. Srivastava.

Source: Inter-district, inter-regional and inter-censal changes in mean age at marriage in Uttar Pradesh. March, 1991, by Dr. J.N. Srivastava.

4.1.2 Trends in Proportions of Married Women

Comparison of proportions of females married in 1981 (according to 1981 census) and the present survey (1993-94) indicates changes that have taken place in the recent past. The comparison is given in the following table:-

AGE GROUP PERCENT OF MARRIED FEMALES AMONG WOMEN IN THE AGE GROUP *		
	1981	1993-94
15-19	77.2	59.5
20-24	96.1	91.4
15-44	93.0	85.7

* = includes currently married women, whether gauna is performed or not.

A substantial decline in proportions married in age group 15-19 and 20-24 reflects the effect of rise in age at marriage. Similar decline in the age-group 15-44 reflects the net effect of factors like rise in age at marriage, decrease in the widowhood rates (consequent upon improved survival rates) and increasing frequency of re-marriages among widowed women.

4.2 Knowledge of Minimum Legal Age at Marriage

According to the Child Marriage Restraint Act of 1978, the minimum legal age at marriage in India is 18 years for women and 21 years for men. All the ever married women aged 13-49 years were asked if they knew about the legal minimum age at marriage. The responses are presented in Table 4.3. It is noted that:-

- a. 1/3rd of women knew the correct age for females (i.e. minimum legal age of marriage) whereas only 29% of them knew the correct age for males;
- b. Levels of knowledge have curvilinear relationship with age, implying relatively low levels at younger and older ages but high level at middle ages: for instance, 37% of the women in the age group 20-29 had correct knowledge about female age

at marriage compared to about 28% in the age group 13-19 and 29% in the age group 40-49;

- c. Percentages of women having correct knowledge about the minimum age at marriage for males and females were much higher in urban than in rural areas;
- d. As expected, the percentage of women having correct knowledge increased monotonically with the rise in the educational status: for instance, only 18% of the illiterate women knew about the correct age for females whereas 92% of women with qualifications "above high school" had the correct knowledge in this regard (also see Appendix Table A1);
- e. Further, higher proportions of Muslim women had correct knowledge compared to Hindu women. Similarly, percentage of women having correct knowledge of female age at marriage was much higher amongst High Caste Hindus (58%) compared to Backward Castes (27%) and Scheduled Castes (13%).

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	24.1	28.3	57127
20 - 29	33.4	37.2	271809
30 - 39	27.5	32.3	202267
40 - 49	25.8	29.3	152207
Residence			
Urban	63.2	68.0	124011
Rural	21.7	25.5	559400
Education			
Illiterate	15.0	18.4	494086
Upto class 4	40.4	48.0	25753
Primary	53.9	61.3	44466
Upto middle	62.7	71.0	49864
Upto high	80.5	84.5	30638
Above high school	90.3	91.9	38603
Religion			
Hindu	27.9	31.9	599203
Muslim	39.5	43.2	82014
Caste			
Scheduled caste	12.6	13.2	126570
Backward caste	22.9	27.3	322204
Higher caste Hindu	52.0	58.3	147094
Other religious group	38.6	42.7	84208
	29.2	33.2	683411 *
Total			

* = includes women of all religious and caste categories.

4.2.1 Age At Effective Marriage

It is a common practice in Uttar Pradesh that actual gauna (when woman starts living with the husband) takes place some time after marriage is performed. Table 4.4 presents information on the ages when women start living with their husbands, cross-classified by current age. Mean ages when women start living with husband are also included in the table. The comparison of mean ages when women start living with their husbands across the age groups indicates some increase in the mean ages at effective marriage, but the trend is not well pronounced. However, following important features emerge from this table:-

1. Mean ages at effective marriage are generally higher for urban women compared to rural women in each of the age groups. The mean age was 17.7 years in urban compared to 16.8 years in rural areas;
2. Among women in the age group 20-49, only 7.4% (6.0% in rural and 13.3% in urban areas) had started living with husbands after 21 years;
3. 44.2% started living with their husband before the age of 17 years (46.2% in rural and 35.4% in urban areas).

That such a large proportion i.e. 44% started living with their husband even before the age of 17, which is less than 18 years - the statutory minimum age at marriage, shows poor enforcement of the Child Marriage Restraint Act (1978). It is clear that majority of the women are not abiding by the legal rules of marriage. For instance, more than half of the women currently aged 20-24 years, got married before attaining the minimum legal age of marriage.

Table 4.4: Age at which respondent started living with husband

Current Age	Percentage who started living with husband by exact age								Mean age when started living with husband
	< 13	13-14	15-16	17-18	19-20	21-22	23-25	26+	
Urban									
13-14	0.0	0.0	NA	NA	NA	NA	NA	NA	0.0
15-19	0.0	9.8	44.7	44.0	1.6	NA	NA	NA	16.5
20-24	0.0	5.1	21.3	32.7	29.7	8.8	2.4	NA	18.1
25-29	0.4	15.0	15.8	27.4	22.0	10.9	7.4	1.1	18.1
30-34	0.7	15.2	16.4	31.0	24.6	5.9	5.4	0.8	17.8
35-39	1.5	5.3	30.3	26.9	20.4	6.1	7.8	1.6	17.9
40-44	2.7	14.1	33.1	33.5	14.6	2.0	-	-	16.6
45-49	3.4	13.5	26.5	16.8	24.4	12.2	1.7	1.7	17.5
20-49	1.2	11.4	22.8	28.2	23.1	7.9	4.5	0.9	17.7
25-49	1.5	12.8	23.1	27.2	21.6	7.8	4.9	1.1	17.7
Rural									
13-14	0.0	100.0	NA	NA	NA	NA	NA	NA	14.0
15-19	1.3	17.9	38.9	38.8	3.1	NA	NA	NA	16.0
20-24	0.5	12.0	28.3	31.7	22.2	4.5	0.8	NA	17.1
25-29	1.6	14.3	28.8	31.8	15.5	5.7	1.8	0.5	17.0
30-34	1.3	15.0	30.0	30.9	13.7	6.9	1.2	1.0	17.0
35-39	1.0	17.8	28.9	34.9	13.1	2.4	0.9	1.0	16.7
40-44	3.3	18.1	29.7	34.3	10.6	2.6	-	1.3	16.5
45-49	1.3	21.1	30.4	31.2	12.2	3.4	0.4	-	16.4
20-49	1.4	15.6	29.1	32.4	15.3	4.5	1.0	0.6	16.8
25-49	1.7	16.7	29.4	32.6	13.3	4.5	1.0	0.8	16.8
Total									
13-14	0.0	100.0	NA	NA	NA	NA	NA	NA	14.0
15-19	1.1	17.1	39.5	39.3	3.0	NA	NA	NA	16.0
20-24	0.4	10.9	27.1	31.9	23.4	5.2	1.1	NA	17.3
25-29	1.4	14.4	26.4	31.0	16.7	6.7	2.9	0.6	17.2
30-34	1.2	15.0	27.3	30.9	15.8	6.7	2.0	0.9	17.1
35-39	1.1	15.4	29.2	33.4	14.5	3.1	2.2	1.1	16.9
40-44	3.2	17.4	30.3	34.2	11.3	2.5	-	1.1	16.5
45-49	1.8	19.2	29.4	27.6	15.2	5.6	0.7	0.4	16.7
20-49	1.4	14.8	28.0	31.6	16.8	5.1	1.6	0.7	17.0
25-49	1.7	15.9	28.2	31.5	15.0	5.1	1.8	0.8	16.9

4.2.2 Relationship Between Age at Effective Marriage and Selected Background Characteristics

Table 4.5 shows the median age at effective marriage of women in different age groups, cross-classified with background characteristics like residence, educational status, religion and caste. It is noted that:-

1. No significant trends in the median ages across the age groups are noticeable;

2. By and large, median ages at marriage are higher in urban than in rural areas;
3. In general, there is a rising trend in the median age with improvement in the educational status of women;
4. No significant differentials are observed between Hindu and Muslim women; and
5. Highest median ages at marriage are observed among High Caste Hindus, followed by Backward Castes and Scheduled Castes.

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

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

CHAPTER V

FERTILITY

The most important demographic goal set out in the national population policy is to bring down growth rate to the level of 1.2% per year by effecting substantial reduction in birth rate to about 21 per 1000 by the turn of the century. The family planning programme in the country as well as in the states has been geared to achieving the desired reduction in fertility. In U.P., the birth rate has declined considerably during last 3 decades but is still one of the highest in the country, being around 36. One of the important objectives of the Base Line Survey in U.P. is to provide estimates of current as well as cumulative and past fertility. This chapter presents estimates on Age Specific Fertility Rates, Total Fertility Rates, General Fertility Rates, Birth Rates, and Children Ever Born.

5.1 Current Fertility Levels

Various summary measures of fertility have been calculated so as to provide a complete picture of recent fertility in the district. These measures include Crude Birth Rate (CBR), General Fertility Rate (GFR), Age Specific Fertility Rate (ASFR) and the Total Fertility Rate (TFR). All these estimates are based on information collected in regard to births to usual residents from Dussehra 1991 (17th October 1991) to the date of Survey. However, the final estimates are based on births occurring to usual residents in the two year period from October 91 to September 93. A two year period is chosen for these rates in order to reduce the effects of sampling variation and to minimise problems with regard to displacement of births from the time period preceding the survey to the earlier periods.

5.1.1 Age Specific and Total Fertility Rates

Age Specific Fertility Rates are computed by dividing the births in the two year period first by 2 and then the estimated number of "all women" (as of 1st October 92, which is the mid point of the two year period from October 1991 to September 1993) and multiplying the outcome by 1000. The Total Fertility Rate is a summary measure which indicates the number of children a woman is likely to bear during her reproductive span if she were to experience the current age specific fertility rates. The estimates of Age Specific Fertility Rates and Total Fertility Rates are presented in Table 5.1 and Figure 5.1. The overall estimate is 4.64, which connotes the average number of children a woman is likely to bear during her reproductive span, from 15 to 49 years. The TFR is 4.86 for rural areas compared to 3.76 in urban areas, indicating that on an average, women in rural areas have 1 more child than the women in urban areas (Figure 5.2). The review of ASFRs shows a very low figure of only 44 (number of births per 1000 women) in the age group 15-19 which is followed by a steep increase in the subsequent age groups 20-24 and 25-29. The peak fertility of 282 is achieved in the age group 25-29. Fertility declines sharply from the age group 30-34 onwards. The rate of decline accelerates between the successive age groups till as low as figure 8 is attained in the age group 45-49. The pattern of rise and decline is almost similar in rural and urban areas as is evident from Table 5.1. Other noteworthy points relating to these estimates are:-

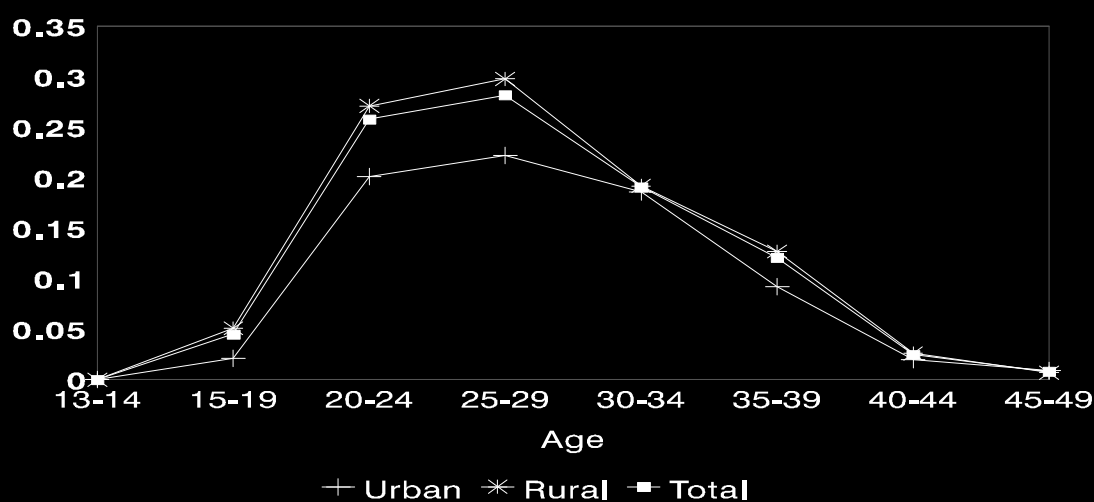
- a. Age Specific Fertility Rate is higher in rural areas than in urban areas for every age group, except the age group 45-49; the rural-urban gap which can be measured by ratio of ASFRs for rural and urban areas, is noted to be highest in the initial age group of 15-19 (which is mostly due to larger proportion of women currently married in this age group in rural areas than in urban areas); the rural ASFRs remain about 30% higher than the urban rates in most age groups;
- b. The contribution towards total fertility by women after the age of 35 is less than 17%; the contribution of women in the age group 40-49 is less than even 4%.

Table 5.1: Current fertility

Age	Urban	Rural	Total
13-14	-	-	-
15-19	21.3	50.6	44.5
20-24	201.3	271.0	257.9
25-29	222.5	298.2	281.5
30-34	186.0	192.2	191.0
35-39	92.0	127.2	120.5
40-44	19.9	25.7	24.7
45-49	8.8	7.2	7.6
TFR 15-44	3.71	4.82	4.60
TFR 15-49	3.76	4.86	4.64
GFR	112.3	152.6	144.4
BSUP CBR based on household birth record (<i>de jure</i>)	26.6	34.1	32.7

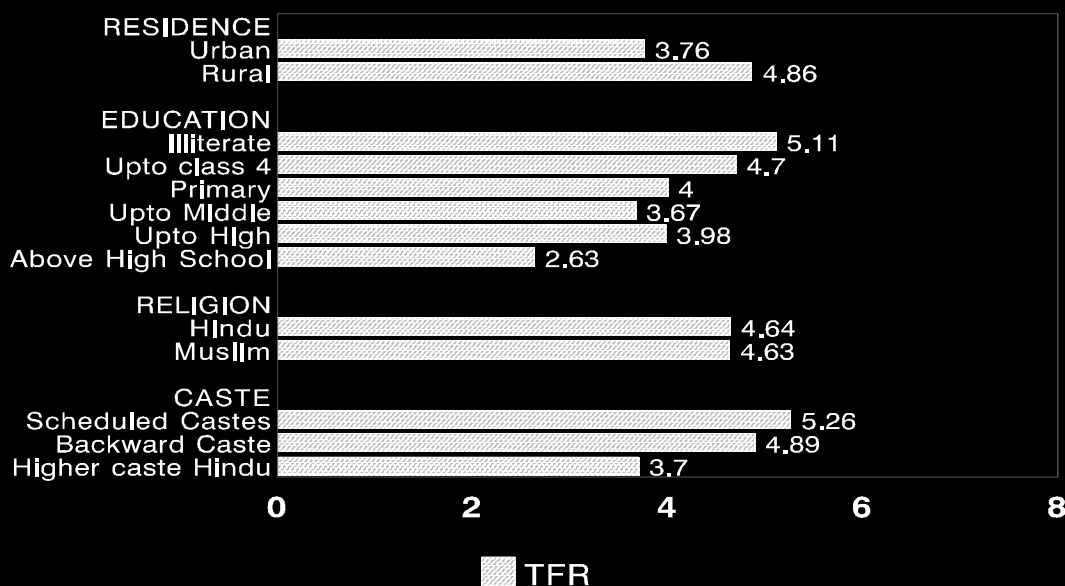
Note:- Above estimates are based on vital events occurring to usual residents during the period from October 1991 to September 1993.

Figure 5.1: Age Specific Fertility Rates by Residence



Gorakhpur, UP, 1993-94

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



Gorakhpur, UP, 1993-94

5.1.2 Birth Rate and General Fertility Rate

The estimated birth rate for the districts is 32.7. The rural birth rate is estimated to be 34.1, which is higher by about 28% than the urban birth rate of 26.6. No earlier estimates of fertility rates for any recent period are available except the estimate which the office of Registrar General of India had worked out based on the data on fertility collected in the 1981 census. The birth rate was estimated at 40.4 which on comparison with the estimate of 32.7 from the current survey, indicates decline of about 19% during the 13-year period from 1980 to 1993.

General Fertility Rate i.e. number of births per 1000 women in the age group of 15-49 years, is estimated to be 144 (112 in urban and 153 in rural areas).

5.2 Total Fertility Rate by Background Characteristics

Table 5.2 presents TFRs by educational status of women and by religion as well as caste. Comparative figures of women by number of children ever born to women aged 40-49 years (CEB) are also shown in the table. Review of estimates of Total Fertility Rate by background characteristics brings out the following prominent features:-

1. TFR is higher in rural areas than in urban areas, the magnitude of differential being a little over 1 child.

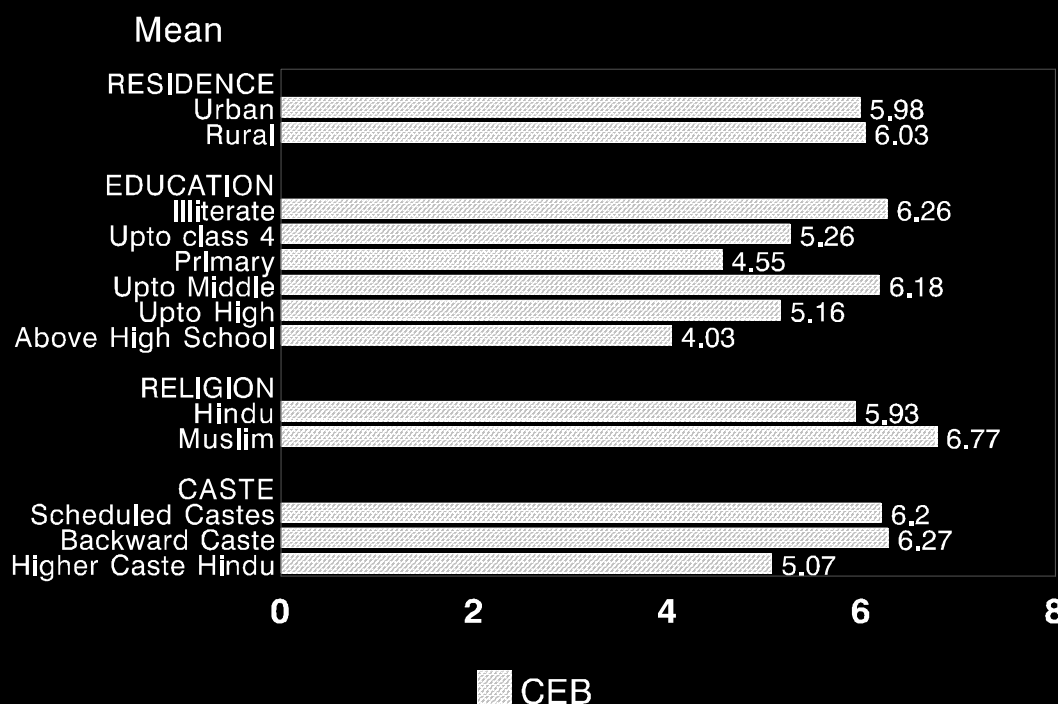
2. The TFR progressively declines with the improvement in the educational status of women, with minor deviations in some categories, which are mostly on account of small numbers involved. The estimated TFR is 5.17 among the illiterate women, which is nearly twice the TFR of 2.63 among women with qualifications "above high school" (Appendix Table A1 presents a clearer picture in this regard).
3. No difference was noted in estimated TFRs between Hindu and Muslim women.
4. The highest fertility (TFR) occurs amongst women belonging to scheduled castes followed by backward castes and the high caste Hindus; TFR of 5.26 is observed for scheduled castes compared to a much lower estimate of 3.70 for high caste Hindu women.

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		
Urban	3.76	5.98
Rural	4.86	6.03
Education		
Illiterate	5.11	6.26
Upto class 4	4.70	5.26
Primary	4.00	4.55
Upto middle	3.67	6.18
Upto high	3.98	5.16
Above high school	2.63	4.03
Religion	4.64	5.93
Hindu	4.63	6.77
Muslim		
Caste	5.26	6.20
Scheduled caste	4.89	6.27
Backward caste	3.70	5.07
Higher caste Hindu	4.64	6.03
Total		

* Rate for women aged 15-49 years, based on births occurring to usual residents.

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



Gorakhpur, UP, 1993-94

5.2.1 Trends in Fertility

Children Ever Born to women aged 40-49 i.e. when more or less the child bearing stops, indicate completed family size. Comparison of TFR (which represents the current fertility status) with CEB (average number of children born to women in the age group 40-49 years), depicts trends in the fertility in the recent couple of decades. The mean number of children ever born is estimated to be 6.03 for all women. The mean number of children ever born was much higher among the illiterate women than among the educated women (Figure 5.3). It is further seen that Muslims had much higher completed family size (6.8) than Hindus (5.9). Similarly, High Caste Hindus had lower completed family size (i.e. mean number of children ever born to women aged 40-49), of 5.1 compared to Backward Caste (6.3) or Scheduled Castes (6.2). No difference was noted between rural and urban areas.

Comparison of TFR with completed family size, which shows changes in fertility levels in last 15 years or so, indicates:-

- a. Decline in fertility by about 23% from the level of 6.03 to 4.64; much more substantial decline was noted in urban areas (37%) than in rural areas (20%);
- b. Much greater decline was noted for Muslims 31% (from 6.77 to 4.63) compared to 22% among Hindus (from 5.93 to 4.64);
- c. Magnitude of decline was 27% amongst High Caste Hindus compared to 22% amongst Backward Castes or 15% amongst Scheduled Castes; and
- d. The magnitude of decline was much higher among better educated women compared to illiterate or the less educated women: for instance, decline was 41% for women with qualifications "upto middle" compared to 11% among illiterate women (also see Appendix Table A1).

The reason as to why some categories of women, for instance urban women or educated women or High Caste Hindu women, have recorded greater decline in fertility, seems to lie in the fact that extent of contraception is in general much higher in these categories. This will be evident from the discussion of the results on current use of family planning methods in Chapter 6.

5.3 Outcome of Pregnancies

Table 5.3 presents information on outcome of all the pregnancies from October 1991 to the date of survey. Ninety-eight percent of the pregnancies terminated in live births while 1.1% in spontaneous abortions, 0.4% in still births and 0.5% were categorised as "induced abortions". The estimated proportions of spontaneous abortions and still births appear to be on the low side, which may be due to lack of probing by the interviewers and/or hesitation of respondents in revealing the real extent of abortions. However, it is seen that extent of induced abortions is much higher in urban areas (2.5%) than in rural areas (0.1%), as expected. The highest proportions of induced abortions were reported in the age groups 25-29 and 30-39 though the highest proportions of spontaneous abortions were reported by women in the age groups 20-24 and 30-39 years.

Table 5.3: Outcome of pregnancy

Current Age	Outcome of pregnancy				Total %	Number of pregnancies
	Live birth	Induced abortion	Still birth	Spontaneous abortion		
Urban						
13-19	-	-	-	100.0	100.0	3102
20-24	1.8	4.8	-	93.3	100.0	15902
25-29	-	1.4	-	98.6	100.0	13885
30-39	0.8	1.4	-	97.8	100.0	12199
40-49	-	-	-	100.0	100.0	710
Total	0.8	2.5	-	96.7	100.0	45796
Rural						
13-19	-	-	-	100.0	100.0	20159
20-24	1.2	-	-	98.8	100.0	76046
25-29	1.1	0.3	-	98.6	100.0	72750
30-39	1.9	-	1.5	96.6	100.0	63948
40-49	-	-	3.9	96.1	100.0	5212
Total	1.2	0.1	0.5	98.2	100.0	238115
Total						
13-19	-	-	-	100.0	100.0	23261
20-24	1.3	0.8	-	97.9	100.0	91948
25-29	0.9	0.5	-	98.6	100.0	86634
30-39	1.7	0.2	1.2	96.8	100.0	76147
40-49	-	-	3.5	96.5	100.0	5921
Total	1.1	0.5	0.4	98.0	100.0	283911

5.4 Children Ever Born and Children Surviving

Table 5.4 presents percentage distribution of women by age groups cross classified with number of live births (number of children ever born) separately for rural, urban and combined areas. The mean number of Children Ever Born (CEB) rises progressively with the age though the extent of rise between 25 and 50 years is relatively small. The mean CEB rises from 0.5 in the age group 15-19 to 1.5, 3.3 and 4.6 in the subsequent 5 year age groups of 20-24, 25-29 and 30-34 respectively. The average number of children born upto the age 30 (computed as the average of the means in 25-29 and 30-34 age groups) works out to 4.0.

5.4.1 Survival Rates for Children and Childlessness

An interesting feature that emerges from this table is that though slightly more children are born to women upto the age 30 in rural areas (4.0) compared to urban areas (3.8) but the number of surviving children at the age 30 remains same at 3.3. This is on account of the fact that higher fertility in rural areas upto the age 30 is offset by higher mortality rates in rural areas among the children born. Survival rates, estimated by dividing the average number of children surviving by average number of children ever born, brings out some more interesting features. The overall survival rate for children born to women in the age group 15-49 is 87% for urban area and is lower at 79% for rural area indicating prevalence of much higher mortality rates among

children in rural areas compared to urban areas. Similar result is obtained by estimates of survival rates for women aged 45-49 years which work out to 80% for urban area and 73% for rural area. Table 5.4 also shows very low levels of childlessness. Percentage of childless women in age group 45-49 was only 1.1 though the proportion of women reporting no child ever born in the age group 40-45 was higher at 2.5. This is lower than the percentage of women remaining childless, estimated at 3.4 for women aged 50 years above, based on 1981 census data (RGI, 1987).

5.5 Children Ever Born and Living by Background Characteristics

Table 5.5 presents age-standardised mean number of children ever born and mean number of surviving children by background characteristics of currently married women. The standardisation has been done using percentage distribution of currently married women in the age group 13-49 years based on 1981 census data for the state of Uttar Pradesh as the standard population. Standardisation has been done to eliminate the effects of variation in age-distribution of women in different categories so as to make the comparison of means over different characteristics/categories more meaningful. The review of averages of children ever born given in this table shows:-

- a. Overall sex ratio at birth was 1.10 (ratio of sons to daughters);
- b. The mean CEB rises sharply with age and by age 35 about 5.0 children are born;
- c. The mean number of children ever born is much higher in rural (3.66) than in urban areas (3.39);
- d. The mean number of children ever born has a strong and negative correlation with the educational status; the mean number of children ever born declines progressively with the improvement in the educational status (Table 5.5 and Appendix Table A1). Slightly higher average is reported by Muslims compared to Hindus. The highest average is reported by Scheduled Castes followed by Backward Castes and High Caste Hindus.

5.5.1 Child Survival Rates

Table 5.5 also presents interesting information on child survival rates which can be computed as ratios of surviving number of children and children ever born. It is observed that:-

- a. Children of women in urban areas have higher survival rates (86%) compared to rural areas (80%);
- b. Children of Muslim women have higher survival rates (85%) than those of Hindu women (81%);
- c. Children of women of High Caste Hindus have highest survival rates (85%) compared to Backward Castes (80%) and Scheduled Castes (78%); and
- d. The survival rate improves substantially with the increase in the educational status of mothers; survival ratio of 79% was noted amongst children of women who are illiterate and 90% among women with "above high school" qualifications (Table 5.5 and Appendix Table A1).

Table 5.4: Number of live births and living children by age of the 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		
Urban										
Number of live births										
0	-	24.1	39.9	24.3	4.6	3.7	3.5	-	100.0	12011
1	-	23.7	59.2	13.1	1.9	-	0.6	1.4	100.0	13060
2	-	-	22.7	32.3	10.8	23.9	4.1	6.3	100.0	16419
3	-	-	21.7	28.9	26.8	10.4	6.3	5.8	100.0	19883
4	-	-	3.6	28.1	25.0	20.7	10.5	12.0	100.0	16557
5	-	-	2.5	20.0	22.9	19.9	19.2	15.5	100.0	15129
6	-	-	-	6.7	29.0	18.6	17.9	27.9	100.0	12694
7	-	-	-	14.7	16.2	16.0	34.1	19.0	100.0	5516
8	-	-	-	11.1	9.3	19.7	16.8	43.1	100.0	6635
9	-	-	-	-	13.7	16.8	43.3	26.2	100.0	3629
10 or more	-	-	-	-	5.8	-	33.7	60.5	100.0	2277
Mean	-	0.5	1.5	3.1	4.4	4.4	5.8	6.1	3.8	
SD	-	0.5	1.2	1.9	2.0	2.1	2.6	2.5	2.6	
Number of living children										
0	-	21.7	42.2	23.0	6.6	3.3	3.2	-	100.0	13321
1	-	23.2	53.4	14.6	2.9	2.4	.6	2.8	100.0	13366
2	-	-	23.4	30.3	10.6	23.2	3.3	9.3	100.0	20270
3	-	-	14.1	28.2	22.4	14.2	10.1	11.0	100.0	25186
4	-	-	1.9	21.9	35.8	11.7	13.1	15.6	100.0	18738
5	-	-	0.9	10.9	20.6	18.8	33.0	15.8	100.0	14937
6	-	-	-	21.6	10.8	29.6	9.1	28.9	100.0	8390
7	-	-	-	-	18.7	26.2	25.5	29.6	100.0	4728
8	-	-	-	-	9.6	10.4	19.0	61.0	100.0	3144
9	-	-	-	-	17.9	-	60.6	21.4	100.0	1528
10 or more	-	-	-	-	32.5	-	20.5	47.0	100.0	403
Mean	-	0.5	1.4	2.8	3.8	3.8	4.8	4.9	3.3	
SD	-	0.5	1.1	1.6	1.7	1.8	2.0	2.1	2.1	
Rural										
Number of live births										
0	-	45.6	39.1	7.7	2.8	1.0	2.4	1.4	100.0	63067
1	-	25.2	53.0	12.8	3.0	3.0	1.4	1.6	100.0	71136
2	-	4.7	38.6	32.1	9.6	5.1	5.3	4.6	100.0	73449
3	-	1.5	19.7	37.1	22.1	9.6	6.9	3.2	100.0	66137
4	-	-	8.9	31.3	26.2	15.6	13.5	4.5	100.0	68550
5	-	-	4.0	21.2	27.7	21.7	12.4	12.9	100.0	67598
6	-	-	0.7	17.4	18.5	23.9	24.8	14.8	100.0	59499
7	-	-	-	8.5	19.9	27.1	29.4	15.1	100.0	39671
8	-	-	-	-	19.4	18.6	32.2	29.7	100.0	20376
9	-	-	-	-	12.6	32.4	32.6	22.5	100.0	15836
10 or more	-	-	-	-	5.9	19.4	37.4	37.2	100.0	14080
Mean	-	0.5	1.5	3.3	4.6	5.5	5.9	6.2	3.8	
SD	-	0.7	1.3	1.7	2.0	2.2	2.5	2.7	2.7	

<i>Number of live births and living children</i>	<i>Age of the mother</i>								<i>Total % Number of women</i>	
	<i>13-14</i>	<i>15-19</i>	<i>20-24</i>	<i>25-29</i>	<i>30-34</i>	<i>35-39</i>	<i>40-44</i>	<i>45-49</i>		
Number of living children	-	42.0	40.2	7.8	3.4	1.7	2.9	2.0	100.0	72455
0	-	20.5	47.6	16.4	5.3	4.1	3.5	2.6	100.0	84963
1	-	3.5	31.4	32.0	12.1	6.2	8.5	6.3	100.0	88397
2	-	0.3	13.4	33.4	24.4	12.2	9.4	6.9	100.0	87223
3	-	-	3.4	26.4	23.5	21.5	14.2	11.0	100.0	80993
4	-	-	1.2	13.2	25.4	25.0	20.0	15.3	100.0	74492
5	-	-	0.5	7.4	19.2	25.2	34.6	13.1	100.0	39676
6	-	-	-	2.6	11.6	29.5	35.4	20.8	100.0	18452
7	-	-	-	-	7.5	21.6	35.9	35.0	100.0	9237
8	-	-	-	-	14.4	20.5	45.8	19.3	100.0	2260
9	-	-	-	-	24.4	-	17.5	58.2	100.0	1252
10 or more	-	-	-	-	-	-	-	-	-	-
Mean	-	0.5	1.3	2.8	3.8	4.4	4.6	4.5	3.0	
SD	-	0.6	1.1	1.4	1.7	1.7	2.0	2.1	2.1	
Total Number of live births	-	42.3	39.2	10.3	3.1	1.5	2.5	1.1	100.0	75079
0	-	24.9	54.0	12.8	2.8	2.6	1.3	1.6	100.0	84197
1	-	3.8	35.7	32.2	9.8	8.5	5.1	4.9	100.0	89868
2	-	1.1	20.2	35.2	23.2	9.8	6.8	3.8	100.0	86020
3	-	-	7.8	30.7	26.0	16.6	12.9	6.0	100.0	85107
4	-	-	3.7	21.0	26.9	21.4	13.6	13.4	100.0	82727
5	-	-	0.6	15.5	20.3	23.0	23.6	17.1	100.0	72193
6	-	-	-	9.2	19.5	25.8	29.9	15.6	100.0	45187
7	-	-	-	2.8	16.9	18.9	28.4	33.1	100.0	27210
8	-	-	-	-	12.8	29.5	34.6	23.1	100.0	19465
9	-	-	-	-	5.9	16.7	36.9	40.4	100.0	16357
10 or more	-	-	-	-	-	-	-	-	-	-
Mean	-	0.5	1.5	3.3	4.6	5.3	5.9	6.2	3.8	
SD	-	0.7	1.3	1.7	2.0	2.2	2.5	2.6	2.7	
Number of living children	-	39.0	40.5	10.1	3.9	1.9	2.9	1.7	100.0	85775
0	-	20.8	48.4	16.2	4.9	3.9	3.1	2.7	100.0	98328
1	-	2.8	29.9	31.6	11.8	9.4	7.5	6.9	100.0	108667
2	-	0.2	13.6	32.3	23.9	12.7	9.5	7.8	100.0	112408
3	-	-	3.1	25.5	25.8	19.7	14.0	11.9	100.0	99730
4	-	-	1.2	12.8	24.6	23.9	22.2	15.3	100.0	89430
5	-	-	0.4	9.8	17.7	26.0	30.1	15.9	100.0	48066
6	-	-	-	2.1	13.1	28.9	33.4	22.6	100.0	23180
7	-	-	-	-	8.0	18.8	31.6	41.6	100.0	12381
8	-	-	-	-	15.8	12.2	51.8	20.1	100.0	3788
9	-	-	-	-	26.3	-	18.2	55.4	100.0	1656
10 or more	-	-	-	-	-	-	-	-	-	-
Mean	-	0.5	1.3	2.8	3.8	4.3	4.6	4.6	3.1	
SD	-	0.6	1.1	1.5	1.7	1.8	2.0	2.1	2.1	

Note:- This table is based on responses of ever married women.

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

Background characteristics	Children ever born			Children living		
	Male	Female	Total	Male	Female	Total
Currently married						
Age						
13-19	0.29	0.26	0.54	0.26	0.22	0.48
20-24	0.80	0.74	1.54	0.67	0.65	1.32
25-29	1.69	1.65	3.34	1.41	1.41	2.83
30-39	2.60	2.31	4.91	2.15	1.89	4.04
40-49	3.22	2.83	6.05	2.49	2.15	4.64
Residence						
Urban	1.81	1.58	3.39	1.54	1.37	2.92
Rural	1.91	1.74	3.66	1.54	1.39	2.93
Education						
Illiterate	1.99	1.83	3.82	1.59	1.44	3.03
Upto class 4	1.92	1.67	3.59	1.64	1.42	3.06
Primary	1.69	1.39	3.08	1.46	1.22	2.67
Upto middle	1.72	1.57	3.30	1.47	1.40	2.87
Upto high	1.58	1.36	2.94	1.38	1.25	2.62
Above high school	1.24	1.06	2.30	1.10	0.98	2.08
Religion						
Hindu	1.88	1.71	3.59	1.51	1.38	2.89
Muslim	2.02	1.70	3.72	1.74	1.43	3.17
Caste						
Scheduled caste	2.01	1.87	3.88	1.56	1.47	3.02
Backward caste	1.95	1.77	3.73	1.56	1.41	2.97
Higher caste Hindu	1.65	1.47	3.11	1.40	1.25	2.65
Other religious groups	2.00	1.70	3.69	1.72	1.43	3.14
Total	1.98	1.79	3.77	1.61	1.45	3.06

CHAPTER VI

FAMILY PLANNING

The national population policy gives great importance to promotion of modern methods of family planning so as to achieve long term demographic objective of bringing down the Net Reproduction Rate (NRR) to unity. The programme of family planning has operated for nearly three decades in the state of U.P. The latest data, however, reveal that the state lags behind most other states in the family planning programme. This chapter provides information on respondents' knowledge of the contraceptive methods, sources of supplies of different methods and current use as well as the ever use of family planning methods. Focus is to provide detailed information relating to access, promotion and quality of family planning services. This chapter pertains only to currently married women since questions on family planning were not asked to women who were widowed, separated or divorced.

6.1 Knowledge of Family Planning Methods and Sources

Tables 6.1(a) and 6.1(b) present the extent of knowledge separately as assessed by spontaneous responses (without any probing) and with probed responses, as well as knowledge of different contraceptive methods and sources from where each method could be obtained, based on responses of currently married women. Awareness of family planning methods is almost universal in the district (Figure 6.1); over 98% of currently married women knew atleast one modern method of family planning. On an average, a woman knew about 4.6 modern methods (5.5 in urban and 4.5 in rural areas). The interesting features emerging from this table are:-

1. Probing helped a great deal in eliciting responses on knowledge: for instance in rural areas, the percentage of women knowing "withdrawal" improved from 3.1% to 14.7% on probing and in case of loop/CuT, it improved from 34% to 66%;
2. Percentage of women having knowledge was highest in case of tubectomy (or vasectomy) followed by pills, condom and IUD/Loop. Percentage of women aware of withdrawal and rhythm was 15 and 28 respectively in rural areas;
3. Percentage of women having knowledge was higher in urban areas than in rural areas for each method of contraception. Similarly, the percentages of women knowing the correct use of the methods and those who knew about the sources from where the method could be obtained was higher in urban than in rural areas in respect of each method (Figure 6.1).

6.2 Knowledge of Methods and Sources by Background Characteristics

Table 6.2 presents information in regard to differentials in knowledge about methods and the sources by background characteristics of currently married women i.e. education, religion and caste. Percentage of women knowing atleast one modern method, (1) had virtually no

correlation with the ages of the women; (2) was somewhat higher in urban than in rural areas; (3) improved with increase in the educational status; (4) was almost same among Hindu and Muslim women; (5) was found to have insignificant variation between caste groups.

Similar pattern of relationship is observed in respect of percentage of women knowing atleast one modern spacing method, with the exception of caste groups since High Caste Hindus were better in this respect, compared to Scheduled Castes or Backward Castes. Average number of modern methods known or average number of sources for modern methods known had positive relationship with educational status of women. Overall, on an average a woman knew 4.7 modern methods of family planning (5.5 in urban and 4.5 in rural areas) and average number of sources for modern methods known to women was 3.4 (3.4 in rural and 3.5 in urban areas).

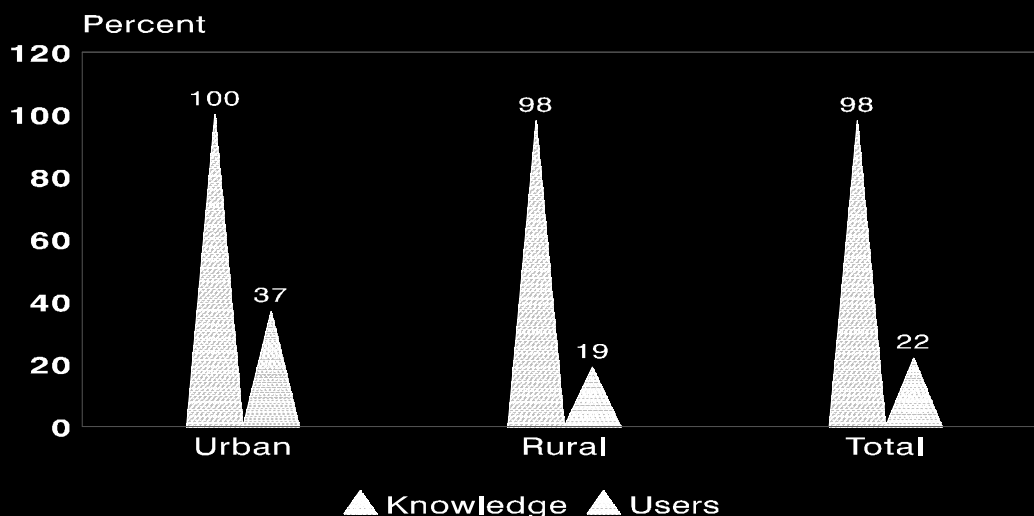
Table 6.1a: Knowledge of family planning methods (Percentage)

<i>Method</i>	<i>Spontaneous</i>	<i>Spontaneous + Probing</i>	<i>Knows how to use correctly</i>	<i>Knows how to use correctly & to some extent</i>	<i>Knows a source used the method</i>	<i>Percentage ever used the method</i>
Urban						
Vasectomy	87.4	99.4	61.2	80.7	99.4	2.2
Tubectomy	90.4	99.8	78.7	88.6	99.8	19.0
Loop/CuT	65.4	91.5	50.9	75.0	91.4	6.8
Pills	85.8	97.4	78.7	96.3	97.4	9.1
Condom	79.8	94.8	69.9	92.2	94.8	14.9
Foam Tab/Jelly	10.1	31.1	6.7	23.6	29.6	0.3
Injection	10.7	36.2	14.8	26.2	31.2	0.2
Withdrawal	4.5	30.8	5.1	25.5	NA	1.7
Rhythm/Safe period	22.4	51.1	29.1	48.6	NA	9.4
Knows at least one modern method	98.6	99.8				
At least one modern spacing method	90.4	98.3				
Mean of modern methods known	4.3	5.5				
Mean of modern spacing methods known	2.5	3.5				
Rural						
Vasectomy	74.7	95.8	52.6	79.8	95.3	.7
Tubectomy	84.9	97.9	72.0	87.9	97.7	13.4
Loop/CuT	34.1	65.8	24.7	49.6	63.3	1.2
Pills	62.8	83.6	60.6	79.4	83.0	5.7
Condom	50.9	78.8	46.3	71.2	77.7	5.8
Foam Tab/Jelly	1.9	9.7	1.4	7.0	7.6	.0
Injection	6.7	19.6	8.1	13.3	12.5	
Withdrawal	3.1	14.7	4.2	11.8	NA	1.1
Rhythm/Safe period	15.2	28.3	18.8	26.0	NA	6.4
Knows at least one modern method	92.0	97.9				
At least one modern spacing method	72.9	89.5				
Mean of modern methods known	3.2	4.5				
Mean of modern spacing methods known	1.6	2.6				

Table 6.1b: Knowledge of family planning methods and their source

	Percent of Women	
	Urban	Rural
1. Knows how to use atleast one modern method		
(a) correctly	94.3	85.3
(b) correctly and to some extent	99.3	95.0
2. Knows how to use atleast one modern spacing method		
(a) correctly	83.0	69.9
(b) correctly and to some extent	97.9	86.8
3a. Knows a source for atleast one modern method	99.8	97.9
b. knows a source for atleast one modern spacing method	98.3	89.4
4. Ever used		
(a) atleast one modern method	44.2	24.5
(b) atleast one modern spacing method	26.0	11.5
5. Mean number of modern methods for which use is known		
(a) correctly	3.6	2.7
(b) correctly and to some extent	4.8	3.9
6. Mean number of modern spacing methods for which use is known		
(a) correctly	2.2	1.4
(b) correctly and to some extent	3.1	2.2
7. Mean number of methods for which source is known		
(a) modern methods	3.5	3.4
(b) modern spacing methods	3.5	3.3
8. Mean number of methods ever used		
(a) modern methods	0.5	0.3
(b) modern spacing methods	0.3	0.1

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



Gorakhpur, UP, 1993-94

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 No. of modern methods known	Average number of sources for modern method	Number of women
Age	13-19	98.4	88.1	4.5	3.2	56710
	20-24	98.9	93.3	4.8	3.5	133173
	25-29	97.8	91.4	4.8	3.4	133641
	30-49	98.2	90.6	4.6	3.4	334209
Residence	Urban	99.8	98.3	5.5	3.5	118040
	Rural	97.9	89.5	4.5	3.4	539693
Education						
	Illiterate	97.6	88.4	4.4	3.3	473763
	Upto class 4	98.9	94.5	5.1	3.5	24792
	Primary	100.0	96.7	5.2	3.7	43469
	Upto middle	100.0	98.3	5.4	3.6	47949
	Upto high	100.0	100.0	5.6	3.6	30386
	Above high school	100.0	100.0	5.9	3.7	37374
Religion						
	Hindu	98.3	91.0	4.7	3.4	576496
	Muslim	97.9	91.4	4.8	3.4	79043
Caste						
	Scheduled caste	98.8	89.0	4.5	3.3	122114
	Backward caste	97.7	89.4	4.5	3.4	310129
	Higher caste Hindu	99.3	96.8	5.3	3.6	140918
	Other religious groups	98.0	91.4	4.8	3.4	81236
Total		98.3	91.1	4.7	3.4	657733*

* = includes women of all religious and caste categories.

6.3 Ever Use of Contraception

Table 6.3 presents percentages of currently married women who have ever used any contraceptive method. Overall, 34.1% of the currently married women have used one or the other methods of family planning (including traditional methods). The extent of ever use of modern methods was 28.1%. The findings of interest emerging from this table are:-

1. There exists a curvilinear relationship between ever use of any of the methods across the age groups, implying increasing trend till the maximum figure is attained in the age group 35-39, followed by decline in the next higher age groups; for instance, the percentage of women having used atleast one method was only 7.6% in the age group 13-19 and was as high as 51.9% in the age group 35-39, followed by a lesser use rate of 34.1% in the age group 45-49. Such a trend is observed for each individual method, with only minor variations;
2. The highest ever-use rate is observed for female sterilisation (14.4%) followed by condom (7.4%), pills (6.3%), IUD (2.2%) and male sterilisation (0.9%). The ever use of traditional methods was about 8.4% (6.9% for periodic abstinence and 1.2% for withdrawal);
3. Ever use rate for every method was higher for women belonging to urban areas compared to rural areas.

6.4 Current Use of Contraception

Table 6.4 presents information on current use of contraceptive methods by currently married women. Overall, 26.3% of women were using one or the other methods of family planning. The highest current use rate amongst currently married women in the age group 15-49 was reported for female sterilisation (14.4%) followed by condom (3.4%), pill (2.2%), IUD (1.0%) and male sterilisation (0.9%). Current use rate for traditional methods was 4.3% including 3.6% for periodic abstinence and 0.6% for withdrawal. Additional points worthy of note arising from the review of this table are:-

1. Current use rate of modern methods was much higher in urban areas (37.4%) compared to rural areas (18.6%).
2. Current use rate for each of the modern methods was higher in urban areas compared to rural areas (Figure 6.2). The use rate for male sterilisation had a monotonically increasing relationship with ages of women as against curvilinear relationship for each of other methods. Of all the modern methods being currently used, sterilisation accounted for about 70%, condom 15.5%, pills 10% and IUD/CuT 4.5%, which is a consequence of dominant preference for sterilisation and because of the longest duration of protection afforded by this method, being irreversible unlike spacing methods.

From above discussion, it is clear that there is a yawning gap between knowledge and use of contraceptive methods. The use of contraceptive methods is much too low to effect substantive decline in fertility. The family welfare programme needs a considerable thrust in order to push up the contraceptive use to about 60% as early as possible, preferably within 10 years or so, which is about the minimum required level for achieving NRR of unity.

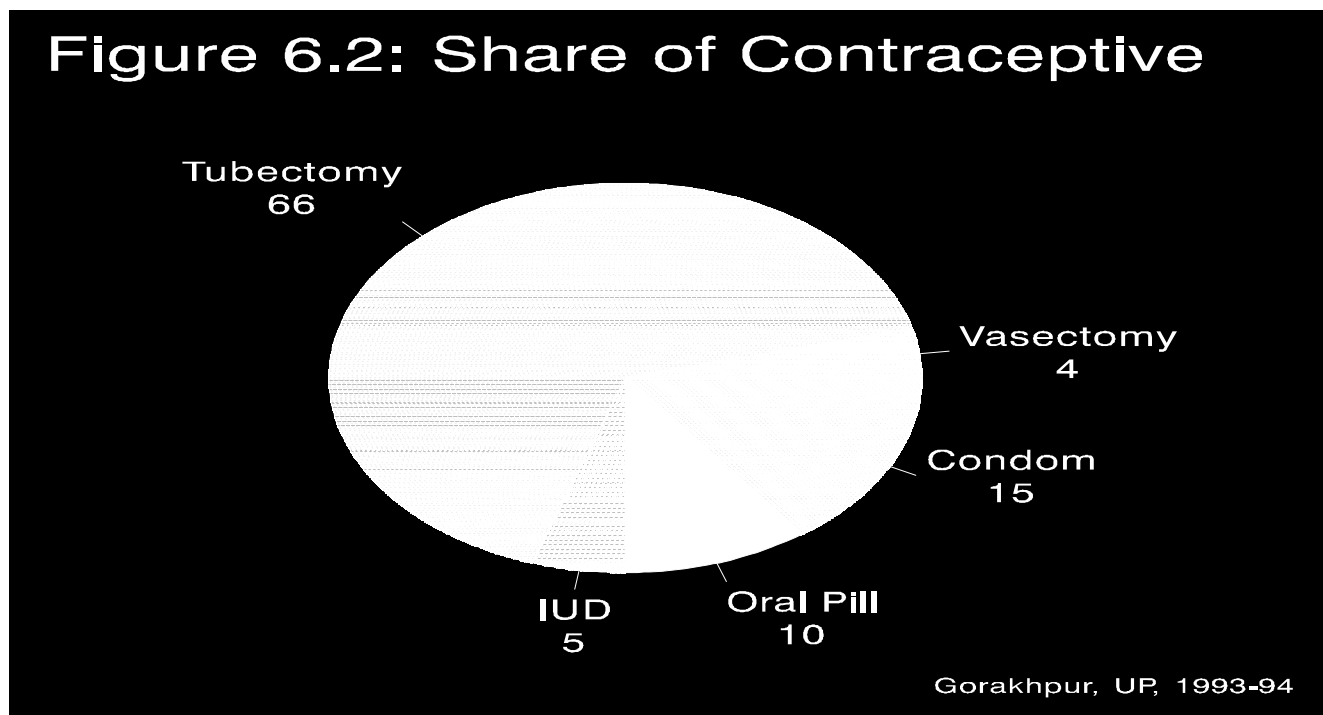


Table 6.3: Ever use of contraception

<i>Method</i>	<i>Any method</i>	<i>Any modern method</i>	<i>Male sterilization</i>	<i>Female sterilization</i>	<i>Cu-T/IUD</i>	<i>Pill</i>	<i>Condom or Nirodh</i>	<i>Foam Tablet</i>	<i>Injections</i>	<i>Traditional method</i>	<i>Withdrawal</i>	<i>Periodic abstinence</i>	<i>Other methods</i>	<i>Number of women</i>
Urban														
13-19	16.3	5.2	-	-	2.9	2.3	-	-	-	13.4	-	13.4	-	5993
20-24	29.1	22.3	-	1.8	3.7	3.9	14.7	0.6	-	10.9	3.5	6.3	2.2	21531
25-29	54.5	46.1	-	17.1	11.1	13.5	15.4	-	-	10.6	0.8	9.4	0.7	25543
30-34	56.1	50.5	0.9	21.7	5.6	12.6	19.2	0.9	1.4	15.9	1.4	12.6	2.8	20343
35-39	77.8	69.4	1.7	25.7	17.0	16.0	27.7	-	-	18.7	1.0	12.9	5.4	17148
40-44	61.0	53.9	4.4	41.2	1.4	2.4	9.2	-	-	6.2	4.5	6.3	2.5	13269
45-49	46.6	41.8	10.4	23.8	-	5.0	4.0	-	-	8.8	-	6.2	1.9	14212
Total	51.4	44.2	2.2	19.0	6.8	9.1	14.9	0.3	0.2	12.2	1.7	9.4	2.3	118040
Rural														
13-19	6.6	4.2	-	0.8	0.3	1.6	1.4	-	-	2.4	-	2.4	-	50717
20-24	20.3	14.6	-	0.7	0.4	5.5	9.1	-	-	6.4	1.2	5.1	-	111641
25-29	29.4	20.6	0.2	6.7	3.2	6.0	7.4	-	0.2	11.1	1.0	10.6	0.5	108098
30-34	38.0	32.9	-	18.8	1.5	9.9	5.2	-	-	7.8	1.1	6.7	0.8	86019
35-39	45.7	39.0	1.2	24.0	1.9	10.0	8.4	-	-	10.0	1.8	7.6	1.0	72760
40-44	40.5	34.6	0.9	31.5	-	1.5	0.7	-	-	7.3	0.8	5.6	0.9	66111
45-49	30.0	27.7	3.6	21.6	-	1.6	2.6	-	-	3.8	1.5	2.3	-	44348
Total	30.3	24.5	0.6	13.4	1.2	5.7	5.8	-	0.0	7.5	1.1	6.4	0.5	539693
Total														
13-19	7.6	4.3	-	0.7	0.6	1.7	1.3	-	-	3.6	-	3.6	-	56710
20-24	21.7	15.8	-	0.9	0.9	5.2	10.0	0.1	-	7.1	1.6	5.3	0.4	133173
25-29	34.2	25.5	0.2	8.7	4.7	7.4	8.9	0.2	-	11.0	1.0	10.3	0.5	133641
30-34	41.5	36.2	0.2	19.4	2.3	10.4	7.9	0.2	0.3	9.3	1.2	7.8	1.2	106362
35-39	51.9	44.8	1.3	24.3	4.8	11.1	12.1	-	-	11.7	1.6	8.6	1.8	89908
40-44	43.9	37.8	1.5	33.1	0.2	1.6	2.1	-	-	7.5	1.4	5.7	1.1	79380
45-49	34.1	31.1	5.2	22.1	-	2.4	2.9	-	-	4.4	1.1	3.3	.5	58560
Total	34.1	28.1	0.9	14.4	2.2	6.3	7.4	0.1	0.0	8.4	1.2	6.9	0.8	657733

Table 6.4: Current use of contraception

Age	Any method	Any modern method	Male sterilization	Female sterilization	CuT/IUD	Pill	Condom or Injections Nirodh	Foam tablets	Traditional method	Withdrawal	Periodic abstinence	Other methods	Not using any of women method	Number of women	
Urban															
13-19	16.3	5.2	-	-	2.9	2.3	-	-	11.1	-	11.1	-	83.7	5993	
20-24	20.8	17.4	-	1.8	2.4	3.4	9.8	-	3.4	1.2	2.2	-	79.2	21531	
25-29	40.6	37.3	-	17.1	5.3	6.1	8.8	-	3.3	-	3.3	-	59.4	25543	
30-34	45.8	40.4	0.9	21.7	3.8	2.6	10.0	1.4	5.4	-	5.4	-	54.2	20343	
35-39	69.1	58.2	1.7	25.7	6.0	8.9	15.9	-	10.9	-	9.3	1.6	30.9	17148	
40-44	57.2	52.6	4.4	41.2	-	1.1	5.9	-	4.6	-	4.6	-	42.8	13269	
45-49	40.8	37.5	10.4	23.8	-	1.3	2.1	-	3.3	-	3.3	-	59.2	14212	
15-44	42.9	37.3	1.0	18.3	3.7	4.5	9.5	0.3	5.6	0.2	5.1	0.3	57.1	103827	
15-49	42.7	37.4	2.2	19.0	3.2	4.1	8.6	0.2	5.3	0.2	4.9	0.2	57.3	118040	
13-49	42.7	37.4	2.2	19.0	3.2	4.1	8.6	0.2	5.3	0.2	4.9	0.2	57.3	118040	
Rural															
13-19	3.8	2.6	-	0.8	-	0.4	1.4	-	1.2	-	1.2	0.5	96.2	50717	
20-24	10.7	7.1	-	0.7	0.4	2.3	3.8	-	3.5	0.7	2.8	-	89.3	111641	
25-29	20.4	13.7	0.2	6.7	1.3	1.8	3.6	-	6.6	0.7	5.9	0.5	79.6	108098	
30-34	29.5	25.3	-	18.8	1.0	3.0	2.5	-	4.2	0.9	3.3	0.4	70.5	86019	
35-39	35.0	29.1	1.2	24.0	-	2.9	0.9	-	5.9	1.2	4.7	-	65.0	72760	
40-44	36.0	33.1	0.9	31.5	-	0.3	0.3	-	2.9	0.4	2.6	0.9	64.0	66111	
45-49	26.8	25.5	3.6	21.6	-	-	0.4	-	1.3	1.0	0.4	-	73.2	44348	
15-44	22.3	18.0	0.3	12.7	0.5	1.9	2.4	-	4.3	0.7	3.6	0.3	77.7	495147	
15-49	22.7	18.6	0.6	13.4	0.5	1.8	2.2	-	4.1	0.7	3.4	0.3	77.3	539494	
13-49	22.7	18.6	0.6	13.4	0.5	1.8	2.2	-	4.1	0.7	3.4	0.3	77.3	539693	
Total															
13-19	5.2	2.9	-	0.7	0.3	0.6	1.3	-	2.3	-	2.3	0.4	94.8	56710	
20-24	12.3	8.8	-	0.9	0.7	2.5	4.8	-	3.5	0.8	2.7	-	87.7	133173	
25-29	24.2	18.2	0.2	8.7	2.1	2.6	4.6	-	6.0	0.6	5.4	0.4	75.8	133641	
30-34	32.6	28.2	0.2	19.4	1.5	2.9	4.0	0.3	4.4	0.7	3.7	0.3	67.4	106362	
35-39	41.5	34.6	1.3	24.3	1.1	4.1	3.8	-	6.8	1.0	5.6	0.3	58.5	89908	
40-44	39.5	36.3	1.5	33.1	-	0.4	1.3	-	3.2	0.3	2.9	0.8	60.5	79380	
45-49	30.2	28.4	5.2	22.1	-	0.3	0.8	-	1.8	0.7	1.1	-	69.8	58560	
15-44	25.9	21.3	0.5	13.7	1.1	2.4	3.6	0.0	4.6	0.6	3.9	0.3	74.1	598974	
15-49	26.3	22.0	0.9	14.4	1.0	2.2	3.4	0.0	4.3	0.6	3.6	0.3	73.7	657534	
13-49	26.3	21.9	0.9	14.4	1.0	2.2	3.4	0.0	4.3	0.6	3.6	0.3	73.7	657733	

6.5 Current Use by Background Characteristics

Table 6.5 presents percentage of currently married women using contraceptive methods cross classified with residence, educational status, religion and caste. The relationships are on the expected lines, revealed by several studies on family planning. It is observed that:-

1. Percentage of women currently using any modern method was much higher in urban areas than in rural areas;
2. The use of contraception had a strong positive relationship with educational status in case of male sterilisation, IUD, condom, 'all modern methods combined' or 'any method'. Though a curvilinear relationship exists between tubectomy and educational status, no clear relationship emerges in regard to periodic abstinence. Such relationships are indeed affected by small frequencies in some educational categories (Table 6.5 and Appendix Table A1).
3. Current use rates are, in general, higher among Hindus than among Muslims particularly in regard to female sterilisation, periodic abstinence, or 'all methods combined'.
4. Use rates are highest for High Caste Hindus followed by Backward Castes and Scheduled Castes for each modern method, though use rate for traditional methods was highest among scheduled castes.

Table 6.5: Current use by background characteristics

<i>Background characteristics</i>	<i>Any method</i>	<i>Any modern method</i>	<i>Male sterilization</i>	<i>Female sterilization</i>	<i>Cu-T/IUD</i>	<i>Pill</i>	<i>Condom or Nirodh</i>	<i>Foam Tablets</i>	<i>Any traditional method</i>	<i>Withdrawal</i>	<i>Periodic abstinence</i>	<i>Other methods</i>	<i>Not using any method</i>	<i>Number of women</i>
Residence														
Urban	42.7	37.4	2.2	19.0	3.2	4.1	8.6	0.2	5.3	0.2	4.9	0.2	57.3	118040
Rural	22.7	18.6	0.6	13.4	0.5	1.8	2.2	-	4.1	0.7	3.4	0.3	77.3	539693
Education														
Illiterate	21.9	18.1	0.8	13.9	0.6	1.5	1.3	-	3.8	0.6	3.2	0.3	78.1	473763
Upto class 4	34.5	26.6	0.6	18.7	1.1	1.9	4.3	-	7.9	4.0	3.9	-	65.5	24792
Primary	32.5	27.0	1.0	14.7	0.9	4.2	6.2	-	5.5	0.7	4.8	0.7	67.5	43469
Upto middle	28.8	22.4	-	12.3	1.5	1.5	6.2	1.1	6.4	-	6.4	-	71.2	47949
Upto high	46.2	42.6	1.6	22.3	1.7	7.6	9.4	-	3.5	-	2.5	-	53.8	30386
Above high school	48.8	44.2	2.9	14.7	5.1	4.7	16.9	-	4.5	-	4.5	-	51.2	37374
Religion														
Hindu	27.2	22.7	0.9	15.3	1.0	2.1	3.4	0.1	4.4	0.7	3.7	0.3	72.8	576496
Muslim	19.2	15.8	1.0	8.1	0.9	2.4	3.5	-	3.4	0.3	2.7	0.3	80.8	79043
Other														
Caste														
Scheduled caste	22.2	16.2	0.5	12.7	0.2	1.4	1.4	-	6.0	0.9	5.1	1.0	77.8	122114
Backward caste	23.0	19.1	0.8	13.0	0.6	1.8	2.9	-	3.9	0.8	3.2	0.1	77.0	310129
Higher caste Hindu	40.8	36.5	1.3	22.3	2.7	3.6	6.3	0.4	4.2	0.4	3.8	0.1	59.2	140918
Other religious groups	19.9	16.3	1.0	8.5	0.9	2.5	3.4	-	3.7	0.3	3.0	0.3	80.1	81236
All	26.3	22.0	0.9	14.4	1.0	2.2	3.4	0.0	4.3	0.6	3.6	0.3	73.7	657733*

* includes women of all religious and caste categories.

6.6 Current Use of Contraceptives by Number of Living Children and their Sex Composition

Table 6.6 presents information on current use of methods of family planning cross classified by number of living children and their sex composition. The percentage of women covered under sterilisation rises sharply from 0 for those who have no living children to 9.0 among women having two children and to 25.4 among women having 4 or more children. Use of modern spacing methods increases sharply among women with children upto 3 children and declines thereafter. Use of traditional methods was as little as 0.3% among women having no children and it varied from 3.4% to 5.3% for women having one or more children, with little variation according to number of children. The most important finding arising from this table is **well pronounced son preference**. Women adopt methods like sterilisation mostly after having

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

<i>Number and sex of living children</i>	<i>Sterilization</i>	<i>Modern spacing</i>	<i>Any traditional method</i>	<i>Not using any method</i>	<i>Total percent</i>	<i>Number of women</i>
None	-	1.6	0.3	98.2	100.0	82760
1 child	1.3	8.0	3.4	87.3	100.0	95445
1 son	1.3	9.5	2.8	86.4	100.0	51614
No son	1.2	6.4	4.0	88.4	100.0	43831
2 children	9.0	9.7	4.5	76.8	100.0	104911
2 sons	17.0	6.8	4.8	71.4	100.0	30318
1 son	7.4	12.6	5.3	74.7	100.0	54856
No son	1.3	6.2	1.5	91.0	100.0	19738
3 children	20.7	10.5	3.8	65.0	100.0	107357
3 sons	31.9	4.9	-	63.1	100.0	14055
2 sons	28.9	12.0	5.2	53.9	100.0	48341
1 son	9.8	13.4	4.1	72.6	100.0	33253
No son	4.1	2.7	2.1	91.1	100.0	11708
4+ children	25.4	4.9	4.5	65.2	100.0	267259
3+ sons	29.0	4.2	4.2	62.6	100.0	141013
2 sons	28.0	4.1	5.1	62.8	100.0	82067
1 son	9.8	9.6	4.6	76.0	100.0	39168
No son	3.1	1.9	-	95.0	100.0	5011
Total	15.3	6.6	3.7	74.4	100.0	657733

the desired number of sons; for instance, 31.9% of women who had 3 sons and no daughters, were covered under sterilisation whereas only 4.1% of women having 3 daughters and no son, were covered under this terminal method. Similarly, 29% of women having 4 or more children but having atleast 3 sons were covered under sterilisation but only 9.8% of women having only 1 son were covered in this method, while only 3.1% of women having no son were covered under sterilisation. Similar differentials in the use of modern spacing methods are observed, though they are relatively less pronounced.

6.6.1 Comparison between the Survey Current Use Rate and Official Estimate

The official estimate places contraceptive prevalence rate (i.e. percentage of currently married women aged 15-44 years, using one or the other modern method of family planning) at 42.5% as on 31st March, 1993. Methodwise comparison between the survey and the official estimate is presented in the following table:-

	<i>Official Estimate</i>	<i>BSUP Survey Estimate</i>
Sterilisation	28.90	14.2
IUD	8.13	1.1
Nirodh (Condom)	5.16	3.6
Oral pill	0.31	2.4
Other methods	-	0.4
Total	42.50	21.3

Except for oral pill, the survey estimates are on the lower side. The difference between the two sets of estimates is quite large both for sterilisation and IUD. There are several reasons, which could explain the differentials in the two sets of estimates. First of all, the current use rates of Nirodh and oral pill are based on the concept of couple years of protection in the official estimates, which are based on service statistics and these also exclude distributions made through commercial and social marketing channels. The comparison is valid only in regard to sterilisation and IUD. The survey estimates are much too low compared to official estimates, which may be on account of inaccuracies in reported figures of performance, which are used for arriving at official estimates. Further the methodology employed for arriving at estimates of IUD and sterilisation is based on All India parameters (and not State Specific parameters) in regard to age distribution of new acceptors of these methods, survival rates and drop out rates for IUD/CuT.

6.7 Problems in the use of contraceptive methods

Tables 6.7 and 6.8 present information on women facing problems in the use of various methods and the nature of problems which the current users have faced. Largest percentage of the users have faced the problems in regard to tubectomy (49%) followed by users of IUD and vasectomy. For each method, the proportion of women having faced problems was larger in rural areas than in urban areas. The problems mentioned were weakness, backache/body pain and abdominal pain by women covered under tubectomy; the most common problems faced by women whose husbands were sterilised, were weakness and abdominal pain. Excessive or irregular bleeding, white discharge and abdominal pain were the main problems faced by IUD users. Weakness, body pain, excessive or irregular bleeding and abdominal pain were the main problems mentioned by users of pills.

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

Method use	Percent faced problem with the method used			Total Number
	Urban	Rural	Total	
Vasectomy	7.5	21.7	15.5	5829
Tubectomy	32.2	54.1	48.9	94862
Cu-T/IUD	27.4	43.2	33.9	6515
Pill	5.2	13.0	10.4	14353
Injectable	-	-	-	294

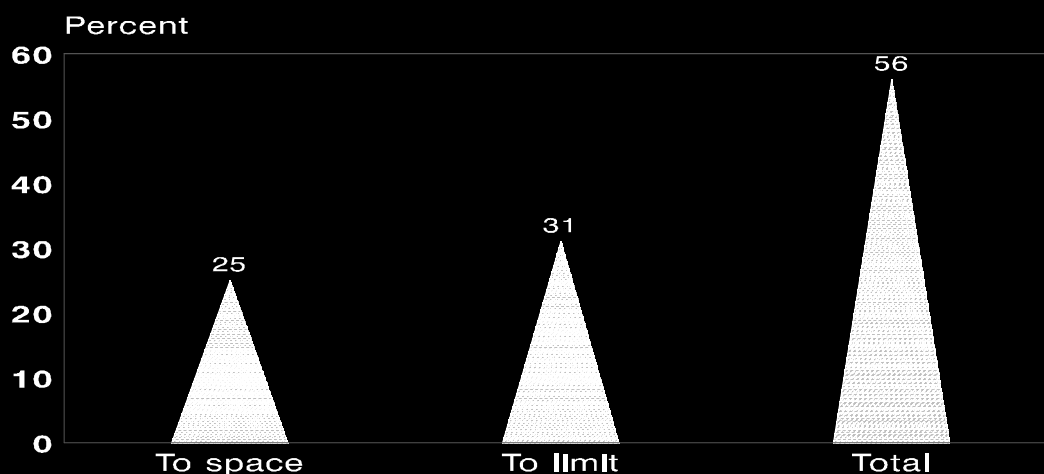
Table 6.8: Problems with the current method

Problem faced	Male sterilization	Female sterilization	Cu-T/IUD	Pills
Percent faced problem with the method	15.5	48.9	33.9	10.4
Total N	5829	94862	6515	14353
Type of problem faced				
Sepsis	-	2.6	-	-
Abdominal/gastric pain	56.4	46.9	27.7	36.0
Backache/body pain/headache	79.0	51.4	-	36.0
Weakness	21.0	54.6	23.6	49.1
Excessive or irregular bleeding	-	4.8	52.0	44.7
White discharge	-	8.8	30.8	-
Fear of failure	-	0.6	-	-
Problem in disposing	-	-	-	-
Infertility/secondary sterility	-	-	-	-
Loss of sexual desire	-	-	-	-
Weight gain	-	2.6	9.1	-
Others	-	4.4	14.2	20.0

6.8 Unmet Need

Tables 6.9 and 6.10 present information on unmet need for family planning. Overall, 56% of the currently married women who are not pregnant are not using any method of family planning even though either they do not want any additional child or they want to delay the next child beyond one year. 24.8% of the currently married women (who were not pregnant and who wanted to delay their next child) were not currently using any method of contraception. This indicates the potential need for spacing methods. Similarly, the potential need for permanent methods was around 31% (Table 6.9). The level of unmet need for spacing methods, as expected, declines with age of woman or number of living children she has. On the other hand, the level of unmet need for terminal method increases with age or number of living children (Table 6.9). The overall level of unmet need doesn't vary much with age or number of living children but is found to be much higher in rural areas compared to urban areas. On the other hand, the level of total unmet need declines progressively with the improvement in the educational status of women.

Figure 6.3: Level of Unmet Need for Family Planning Services



Gorakhpur, UP, 1993-94

Table 6.9: Level of unmet need for family planning services

Background Characteristics		To space	To limit	Total	No. of women
Age	13 - 19	55.7	3.6	59.3	56710
	20 - 29	39.3	16.3	55.7	266813
	30 - 39	11.8	39.4	51.2	196270
	40 - 49	2.3	60.3	62.6	137940
Residence	Urban	15.6	26.1	41.7	118040
	Rural	26.8	32.5	59.2	539693
Education	Illiterate	25.8	34.7	60.5	473763
	Upto class 4	26.2	24.6	50.8	24792
	Primary	25.8	24.6	50.5	43469
	Upto middle	21.2	27.3	48.5	47949
	Upto high	18.9	22.9	41.8	30386
Religion	Above high school	19.4	12.3	31.7	37374
	Hindu	24.8	31.0	55.8	576496
	Muslim	24.7	33.6	58.3	79043
Caste	Scheduled caste	26.8	33.6	60.4	122114
	Backward caste	27.0	32.1	59.1	310129
	Higher caste Hindu	17.5	26.7	44.2	140918
	Other reli. groups	24.6	33.6	58.2	81236
Number of living children					
	0	39.7	4.7	44.4	82760
	1	59.2	5.6	64.8	95445
	2	37.8	17.9	55.7	104911
	3	19.7	32.1	51.8	107357
	4+	4.7	53.7	58.5	267259
Total		24.8	31.3	56.1	657733*

* Includes women belonging to all religious and caste categories.

Further, the level of unmet need is somewhat higher among Muslims (compared to Hindus), and is also higher among Scheduled Castes or Backward Castes compared to High Caste Hindus. The main reasons for unmet need mentioned by the respondents (Table 6.10) were "attained menopause" (14.5%), "do not like existing method", "health does not permit", "opposition from husband and other family members", "fear of operation" and "against religion (12.9% in urban and 3.8% in rural areas). However, 14% of them mentioned that they were "going to use family planning method in future".

Table 6.10: Reasons of Unmet Need

Reasons of unmet need	Urban	Rural	Total		
			13-29	30-49	Total
Percent face problem with the method					
Do not like existing method	8.7	8.5	6.5	10.1	8.5
Services are not available	0.2	2.0	1.9	1.6	1.7
After operation one can't work	1.6	2.9	1.7	3.6	2.7
Fear of operation	2.7	7.0	4.5	7.9	6.4
Health does not permit	8.9	7.5	6.3	8.7	7.6
Operation may fail	0.6	1.8	1.1	2.1	1.6
Fear of after effects of methods	2.1	3.3	2.0	4.0	3.1
Unaware of any FP method	2.8	6.2	6.7	4.9	5.7
Opposition from husband or other family members	4.8	8.1	7.6	7.7	7.6
Against religion	0.7	0.8	-	1.5	0.8
Natural sterility	20.8	13.6	0.3	25.8	14.5
Attained menopause/MC stopped	40.9	41.6	57.0	29.2	41.5
Others	0.4	0.3	0.5	0.2	0.3
DK/Can't specify	13.6	14.3	19.6	10.0	14.2
Going to use a FP method					
	40740	271810	138522	174027	312550
N					

NOTE:- N is number of women, not pregnant, who want to delay next child beyond 13 months or don't want any additional child, and are not using any method of FP. According to data entry programme of Population Council, women wanting to delay child between 12 and 13 months are not included.

6.9 Perceived Disadvantages of the Methods

The respondents were asked about their perceptions regarding the disadvantages resulting from the use of different methods of family planning. Highest percentage of women believe that tubectomy has some disadvantages (36%) followed by IUD (21%), laparoscopy (20%) and pill (13%). Only 1.5% of the respondents had mentioned disadvantages about condom. Such wide differentials across the methods could be attributable partly to the fact that all respondents are women whereas vasectomy and condom are primarily "male" methods of contraception and women may not be able to convey the correct response. Table 6.11 also includes information on nature of disadvantages as perceived by respondents. The commonest disadvantages in case of vasectomy, tubectomy and laparoscopy were weakness, abdominal pain/gastric pain and body pain. In case of laparoscopy, "fear of failure" was mentioned by 22% of the women. In regard to IUD and pill, the commonest disadvantages mentioned were excessive bleeding or irregular MC, abdominal pain/gastric pain, white discharge and body pain. Those who believed that the method had disadvantages, were asked about the basis of their belief. The most common replies in case of terminal methods were "heard from others" or "friends' experience" and "own experience". Similar was the pattern of replies in regard to

spacing methods. The proportion of women believing that methods have disadvantages was higher, for almost each method in rural than in urban areas. This points to the need of reinforcing IEC activities so as to remove women's such doubts or wrong perceptions about the methods, particularly in rural areas.

Table 6.11: Perceived disadvantages of the method

Disadvantages	Vasectomy	Tubectomy	Laparoscopy	CuT/IUD	Oral Pill	Condom
Urban						
A % believed that method has some disadvantage	2.6	27.8	19.2	25.3	12.0	2.0
Total number aware of	117362	117780	117780	10799	11493	111927
B Nature of disadvantage *						
Sepsis	14.1	11.9	0.9	11.9	-	-
Abdominal/gastric pain	8.4	42.2	39.8	14.0	7.3	-
Backache/body pain/headache	24.1	34.5	24.4	8.6	7.2	-
Weakness	77.5	60.4	47.0	17.1	33.1	27.3
Excessive or irregular bleeding	-	2.8	1.9	76.1	59.7	-
White discharge	-	1.3	8.8	9.1	7.7	-
Fear of failure	-	0.8	16.5	0.7	1.6	58.5
Problem in disposing	-	-	-	0.7	4.3	-
Infertility/secondary sterility	-	-	-	-	-	-
Loss of sexual desire	-	7.3	-	1.3	4.4	39.1
Weight gain	-	3.5	3.2	2.4	12.2	-
Others desire	-	-	-	3.8	-	-
Don't know/can't specify	-	-	-	-	-	-
C % believed disadv. to be permanent in nature	32.1	34.3	46.1	35.4	23.4	64.0
D Basis of this belief *						
Own experience	8.0	26.3	19.6	20.4	20.1	60.3
Friends experience	38.2	34.9	26.0	38.8	43.3	13.4
Heard from friend	39.1	23.9	11.7	28.1	20.7	-
Heard from others	38.8	37.8	53.8	26.0	16.7	26.4
TV, radio, posters	-	-	-	-	-	-
Health personnel	-	-	-	-	3.2	-
Others	-	-	-	-	0.9	-
Total N	3101	32690	22566	27328	13752	2201
Rural						
A % believed that method has some disadvantage	10.4	37.9	19.7	19.9	13.2	1.4
Total number aware of	516865	528307	528307	355348	451296	425542
B Nature of disadvantage *						
Sepsis	26.9	7.9	1.6	7.8	4.2	-
Abdominal/gastric pain	37.8	38.5	37.2	10.7	13.5	14.5
Backache/body pain/headache	19.3	40.1	30.6	10.2	11.6	-
Weakness	62.6	62.5	46.0	27.2	43.8	11.2
Excessive or irregular bleeding	0.4	7.5	6.7	73.7	54.1	8.7
White discharge	0.5	5.2	5.8	14.9	15.0	2.9
Fear of failure	10.0	1.3	23.0	1.8	2.9	4.1
Problem in disposing	-	0.3	0.5	0.4	-	47.3
Infertility/secondary sterility	-	-	-	-	-	-
Loss of sexual desire	1.3	0.2	-	-	-	4.6
Weight gain	2.6	8.2	2.5	5.0	1.0	-
Others desire	2.8	0.9	3.0	3.2	6.9	-
Don't know/can't specify	-	-	-	0.6	0.7	9.7

Disadvantages	Vasectomy	Tubectomy	Laparoscopy	CuT/IUD	Oral Pill	Condom
C % believed disadv. to be permanent in nature	26.7	44.2	44.7	40.7	45.7	17.5
D Basis of this belief (225) *						
Own experience	1.3	17.3	16.2	6.9	19.2	35.7
Friends experience	44.8	42.3	40.3	39.2	45.6	27.6
Heard from friend	26.5	28.5	22.0	33.9	23.6	9.9
Heard from others	52.1	41.3	39.2	39.0	32.7	26.0
TV, radio, posters	0.5	0.5	-	-	-	-
Health personnel	-	0.4	-	-	0.4	-
Others	-	0.8	1.2	0.6	2.8	3.7
Total N	53830	200109	104123	70567	59426	5992
Total						
A % believed that method has some disadvantage	9.0	36.0	19.6	21.1	12.9	1.5
Total number aware of	634228	646087	6406087	463347	566234	537469
B Nature of disadvantage *						
Sepsis	26.2	8.4	1.4	9.0	3.4	-
Abdominal/gastric pain	36.2	39.0	37.6	11.7	12.3	10.6
Backache/body pain/headache	19.6	39.3	29.5	9.8	10.7	-
Weakness	63.4	62.2	46.2	24.4	41.8	8.2
Excessive or irregular bleeding	0.4	6.8	5.9	74.3	55.2	13.7
White discharge	0.4	4.6	6.3	13.3	13.6	2.1
Fear of failure	9.5	1.3	21.8	1.5	2.7	18.7
Problem in disposing	-	0.2	0.4	0.5	-	34.6
Infertility/secondary sterility	-	-	-	-	-	-
Loss of sexual desire	1.2	0.2	-	0.4	0.8	3.4
Weight gain	2.4	8.1	2.0	4.3	1.7	-
Others	2.6	1.3	3.1	3.4	7.9	10.5
Don't know/can't specify	-	-	-	0.4	0.6	7.1
C % believed disadv. to be permanent nature	27.0	42.8	44.9	39.2	41.5	30.0
D Basis of this belief *						
Own experience	1.6	18.6	16.8	10.7	19.4	42.3
Friends experience	44.4	41.2	37.7	39.1	45.2	23.8
Heard from friend	27.2	27.8	20.2	32.3	23.0	7.3
Heard from others	51.3	40.8	41.8	35.4	29.7	26.1
TV, radio, posters	0.5	0.4	-	-	-	-
Health personnel	-	0.3	-	-	0.9	-
Others	-	0.7	1.0	0.4	2.4	2.7
Total N	56931	232799	126689	97895	73178	8193

6.10 Source of Supplies

Table 6.13 presents percentages of currently married women knowing different sources from where the methods could be obtained, from amongst those who were aware of the respective methods. For sterilisation, commonest sources known to women were PHC/District

Hospital and private doctor, whereas for spacing methods - IUD/CuT, oral pill and condom, medical shops (for oral pill and condom) and sub-centre (or its workers) were mentioned. Community Based Distribution (TBAs or depot holders) was mentioned but by very few respondents.

6.10.1 Tables 6.12 presents information on sources of supplies of modern contraceptive methods. It presents information in regard to source where sterilised women got operated or where the ever users of IUD/Cu-T and oral pill got first insertion or supplies. In regard to male or female sterilisation, a great majority (77% in case of male sterilisation and 83% in case of female sterilisation) got their operation done at the Government Hospital/PHC/SC, whereas only 18% of male sterilisation and 15% of female sterilisation were performed by private doctors. In case of IUD/CuT, about 53% got insertion done at the Government Hospital/clinic (70% in rural areas and 41% in urban areas). In all, 45% of the women got their insertion done by the private doctors. In case of oral pill, a great majority (65%) got their first supplies from private doctors or medical shops, whereas only 28% got their first supplies from Government Institutions/Hospitals. The role of NGOs/depot holders was negligible.

6.10.2 Current users of oral pill and condom were also asked about the sources of supplies being used or known to them. Such information is presented in Table 6.14. The most common sources mentioned by current users of pills were shops, Government Hospitals/Clinics and private doctors. Similarly, the most common sources of supplies mentioned by the current users of Nirodh (condom) were shops, Government Hospitals/Clinics/Workers and private doctors. At least 92% of the current users mentioned that the supplies of oral pill/condom were regular. Respondents stating that supplies were not regular, were also asked as to the supply position during the preceding three months. More than 50% mentioned that they always got the supplies, though 23% of oral pill users mentioned that they never received the supplies during the preceding three months. In case of Nirodh, no respondent mentioned having never received the supplies during the preceding 3 months. The current users of oral pill mentioned that they would like to get 1.4 cycles at a time. Similarly, average number of pieces which the current users of Nirodh would like to obtain each time works out to 10.5 (6.8 in urban and 13.7 in rural areas).

6.10.3 Sources of Supplies in Villages

The schedule, which was filled up for each sample village, contains information on existence of retail shops, which stock contraceptives and existence of CBD networks. It is noted from Table 6.15 that very few villages had retail shops for pills and condom; only 7% of the villages had shops for pills and/or 9% for condoms. Only 1 out of 81 villages was reported to have a CBD network for condom. Similarly, only 1 village had an anganwadi worker, who distributed pills and only 1 village had anganwadi worker who distributed condom.

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

Source of supply	Male sterilization	Female sterilization	Copper /IUD	Pill
Urban Public sector				
Government Hospital/CHC	50.3	76.9	40.9	9.6
PHC/camps	11.6	6.2	-	3.8
Male/Female worker	-	-	-	1.5
Private medical sector				
Private doctor	26.6	15.1	57.1	19.2
Medical shop	-	-	-	65.9
Other private sector				
NGOs, Depot holders	-	.8	-	-
Others	11.6	.8	2.0	-
Total %	100.0	100.0	100.0	100.0
Total N	2538	22430	7185	8540
Rural Public sector				
Government Hospital/CHC	46.3	57.2	43.9	14.6
PHC/camps	42.5	25.9	16.6	11.0
SC/Male/Female worker	-	.7	8.8	6.8
Private medical sector				
Private doctor	11.2	15.4	30.7	22.1
Medical shop	-	-	-	37.4
Other private sector				
NGOs, Depot holders	-	.8	-	8.2
Others	-	-	-	-
Total %	100.0	100.0	100.0	100.0
Total N	3290	72432	5729	28036
Total Public sector				
Government Hospital/CHC	48.0	61.8	42.2	13.4
PHC/camps	29.0	21.2	7.3	9.3
SC/Male/Female worker	-	.5	3.9	5.5
Private medical sector				
Private doctor	17.9	15.4	45.4	21.4
Medical shop	-	-	-	44.0
Other private sector				
NGOs, Depot holders	-	.2	-	-
Others	5.0	.8	1.1	6.3
Total %	100.0	100.0	100.0	100.0
Total N	5829	94862	12914	36576

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	92.9	1.8	-	89.0	-	634228
Tubectomy	96.3	2.7	-	91.8	-	646087
IUD	83.2	13.2	0.1	83.6	-	463347
Pills	63.4	40.0	1.9	47.7	75.9	566234
Condom	62.4	49.1	0.8	42.8	68.2	537469
Foam tablets/Jelly	56.3	9.3	0.2	63.8	32.7	89098
Injectable	36.4	3.3	0.3	52.4	10.6	148675

NOTE:- CBD represents TBAs and Depot Holders.

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

Source of supply	Pill Total users	Condom		
		Urban	Rural	Total
Government Hospital/CHC/PHC	30.9	36.8	39.7	38.4
SC and its male and female workers	6.2	2.4	12.7	8.0
VHG/CBD	1.3	2.4	-	1.1
Shops	81.2	92.2	86.9	89.4
Private doctors/clinic	28.5	7.7	20.8	14.8
Others	2.0	3.1	1.6	2.3
Total N	14353	10201	12061	22262
% reporting regular supply	93.5	98.1	92.3	95.0
Alternative in case of short supply @				
Do not use the method	22.7	100.0	-	17.4
Get from some other source	23.5	-	22.4	18.5
Shift to other method	53.8	-	77.6	64.2
Supply position during last 3 months @				
Always got the supply	50.4	100.0	46.5	55.8
Did not get some time	26.9	-	53.5	44.2
Never received	22.7	-	-	-
How many cycles R would like to receive at a time	1.4	6.8	13.7	10.5

@ Based on responses of those current users who reported they were not getting regular supplies.

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

Villages	Pills	Condom
Any family planning service/advice	7.4	8.6
Retailers/shop stocking contraceptive (pills)	0.0	1.2
Retailers/shop stocking contraceptive (condoms)	1.2	1.2
Number of villages covered in the sample	81	81

6.11 Attitude Towards Family Planning

86% of the women stated that they approved of the use of family planning methods (93% in urban and 85% in rural areas). Moreover, only 9.7% of the respondents mentioned disapproval of family planning by their family members (5.9% in urban and 10.5% in rural areas). Though disapproval was mentioned by a very small percentage of women, the family members opposing contraception were mostly husband and mother-in-law (Table 6.16).

Table 6.16: Attitude towards family planning

Attitude towards family planning	Rural	Urban	Total
Percent of women approving use of FP	92.8	85.1	86.4
Percent reporting disapproval of FP by family members	5.9	10.5	9.7
Who oppose FP in family			
Husband	64.2	55.3	56.3
Parents	8.4	9.4	9.3
Father-in-law	4.2	9.8	9.2
Mother-in-law	27.5	44.4	42.5
Other male member	9.2	5.5	5.9
Other female member	9.0	3.1	3.8
Other	6.3	5.4	5.5

6.12 Approval vis-a-vis Background Characteristics

Table 6.17 which presents percentages of respondents approving use of family planning according to background characteristics, shows that:-

- a. The approval rate was much higher in urban than in rural areas;
- b. Approval rates generally increased with the improvement in the educational status of women;
- c. The approval rate was higher among Hindus as compared to Muslims, and was highest among High Caste Hindus compared to Backward Castes or Scheduled Castes.

The approval rate did not have any pronounced correlation with the ages of respondents. In most cases, husband or mother-in-law were mentioned as the members of the family who opposed use of contraception.

Table 6.17: Approval to family planning

Background characteristics	Percent approving FP use	Percentage reporting opposition from						Number of women
		No one	Husband	Parent	Father-in-law	Mother-in-law	Others	
Age								
13 - 19	84.2	88.7	7.6	1.6	2.1	6.0	-	56710
20 - 29	87.3	89.8	4.6	1.1	0.9	6.0	1.3	266813
30 - 39	87.0	90.9	5.5	0.8	1.0	3.2	1.4	196270
40 - 49	84.9	91.2	6.0	0.4	0.2	1.1	2.5	137940
Residence								
Urban	92.8	94.1	3.8	0.5	0.2	1.6	1.5	118040
Rural	85.1	89.5	5.8	1.0	1.0	4.7	1.5	539693
Education								
Illiterate	83.1	88.4	6.7	1.0	1.2	4.7	1.9	473763
Upto class 4	90.5	92.4	3.2	2.2	-	3.7	-	24792
Primary	93.5	93.0	5.4	-	-	3.2	0.7	43469
Upto middle	96.7	95.2	1.3	-	-	3.5	0.7	47949
Upto high	97.5	96.2	0.3	1.0	-	2.6	-	30386
Above high school	95.7	98.7	-	0.8	-	0.5	0.5	37374
Religion								
Hindu	87.7	91.9	4.9	0.8	0.8	3.2	1.0	576496
Muslim	77.0	78.2	9.5	1.9	1.3	10.5	4.9	79043
Caste								
Scheduled caste	85.5	89.7	7.7	1.0	1.6	2.6	2.0	12114
Backward caste	86.1	92.1	4.5	0.6	0.8	3.7	0.7	310129
Higher caste Hindu	93.8	93.9	3.0	0.9	0.4	2.6	0.6	140918
Other religious groups	77.3	78.5	9.2	1.8	1.3	10.2	4.7	81236
Total	86.4	90.3	5.4	0.9	0.9	4.1	1.5	657733*

* includes women of all religious and caste categories.

6.13 Family Planning Messages on Radio/TV

All ever married women were asked whether they heard of any messages on family planning from radio or television in preceding three months. Only 28% of the women had heard of the messages from radio or TV whereas 72% (80% in rural and 35% in urban areas) had not heard of such messages. Thus, the reach of family planning messages through radio or TV was very poor in rural areas though it was quite significant in urban areas. Percentage of women having heard of family planning messages improved greatly with the increase in their educational status. For instance, while only 15% of the illiterate women had heard of the messages, 90% of the women with "above high school" qualifications had heard of the messages. On the other hand, a larger percentage of Muslim women (compared to Hindus) and

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	76.3	9.9	7.2	6.5	100.0	57127
20-24	69.8	10.5	9.0	10.7	100.0	271809
25-29	71.8	9.4	7.6	11.2	100.0	202267
30-49	75.1	5.2	10.3	9.3	100.0	152207
Residence						
Urban	35.3	7.9	27.8	28.9	100.0	124011
Rural	80.3	9.2	4.5	6.1	100.0	559400
Education						
Illiterate	84.5	7.0	4.6	3.8	100.0	494086
Upto class 4	59.1	11.4	16.3	13.2	100.0	25753
Primary	58.2	17.1	13.7	11.0	100.0	44466
Upto middle	41.0	15.5	21.2	22.3	100.0	49864
Upto high	31.2	11.1	22.9	34.8	100.0	30638
Above high school	10.4	12.6	23.1	53.9	100.0	38603
Religion						
Hindu	73.5	8.7	7.9	9.9	100.0	599203
Muslim	62.2	10.9	14.7	12.2	100.0	82014
Caste						
Scheduled caste	88.3	6.6	2.5	2.6	100.0	126570
Backward caste	79.8	7.0	6.6	6.6	100.0	322204
Higher caste Hindu	46.3	14.4	15.7	23.6	100.0	147094
Other religious groups	62.4	10.6	14.7	12.3	100.0	84208
Use of contraception						
Ever use	59.5	10.5	12.8	17.2	100.0	224432
Never use	78.0	8.4	6.8	6.7	100.0	433301
Total	72.1	8.9	8.7	10.2	100.0	683411*

* includes women of all religious and caste categories.

larger percentage of women belonging to High Caste Hindus (compared to Backward Castes or Scheduled Castes) had heard of the messages. 22% of never users of family planning and 40% of the ever users had heard of family planning messages reflecting the relationship between use of family planning method and the receipt of messages.

6.13.1 Respondents were also asked as to which of the family planning messages they had heard of. The most common messages related to small family size, use of oral pill or condom, population problems and sterilisation. Interestingly, only 11.5% of the respondents mentioned having received messages on sterilisation from TV compared to 68% who heard of oral pill. Similar pattern is observed regarding messages from radio or cinema indicating that spacing methods like oral pill, condom and IUD are getting much greater importance in publicity campaigns through these media compared to sterilisation (Table 6.19).

Table 6.19: Family Planning Messages through Different Media

<i>Types of messages received on family planning</i>	<i>Radio</i>			<i>Television</i>			<i>Cinema</i>		
	<i>Urban</i>	<i>Rural</i>	<i>Total</i>	<i>Urban</i>	<i>Rural</i>	<i>Total</i>	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
Percent received messages on family planning	36.9	15.2	19.1	56.8	10.6	19.0	0.9	9.6	15.2
Small family size	71.2	71.6	71.5	78.7	70.6	75.0	81.5	81.0	81.2
Use of condom/Nirodh	61.4	48.0	52.7	67.9	46.4	58.1	32.9	39.5	36.3
Use of oral pills/Mala D	50.8	51.7	51.4	72.4	62.5	67.9	46.5	50.4	48.5
Use of loop/IUD/Cu-T	9.9	7.3	8.2	13.3	8.7	11.2	8.9	3.6	6.2
Sterilization	10.4	16.0	14.0	13.0	23.0	11.5	21.9	22.3	22.1
Population problems	12.9	12.4	12.6	10.5	18.7	14.3	28.3	16.4	22.2
Others	4.7	4.2	4.4	0.9	1.0	0.9	1.0	1.0	1.0

6.14 Reasons for Discontinuation

The past users of different methods (i.e. about the methods the women had used in the past but were not being used currently) were asked as to the reasons on discontinuation of the methods used in the past. Table 6.20 reflects percentages of women giving reasons for stopping the method they had used in the past. The method specific reasons for stopping is not shown since such information was not collected in the schedule. The commonest reasons for discontinuation mentioned by respondents were "wanted to have a child", "created health problems", "did not like the method", and "method failed, got pregnant". Other reasons mentioned by negligible proportions of women were lack of sexual satisfaction, inconvenient to use, hard to get method, lack of privacy for use and wanted to replace a dead child.

Table 6.20: Reasons for discontinuation

<i>Reasons for discontinuation *</i>	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
Method failed or got pregnant	6.4	6.5	6.5
Lack of sexual satisfaction	4.5	4.1	4.1
Created menstrual problem	1.8	8.0	6.9
Created health problem	19.3	5.8	8.0
Inconvenient to use	2.0	0.6	0.8
Hard to get method	-	1.4	1.2
Put on weight	-	0.6	0.5
Did not like the method	4.5	7.4	6.9
Wanted to have a child	28.0	37.7	36.1
Wanted to replace a dead child	-	-	-
Lack of privacy for use	-	-	-
Others	31.6	27.1	27.8
Don't know/missing	2.0	0.8	1.0
Total %	100.0	100.0	100.0
Number	7289	37175	44464

6.15 Future Intention of Using Contraceptives

Women who were not currently using any method, though they did not want additional child or they wanted to delay their next child, were asked about the reasons for not using

contraceptive methods. About 14% (13.6% in urban and 14.3% in rural areas) expressed their intention of using contraceptives in future. Of such respondents, 52% wanted to adopt family planning within one year, 18% between 1 and 2 years and 10% thereafter, though 20% mentioned that they did not know when they would like to start using family planning method. This is to be noted that the percentage of women desiring to use contraceptives is minimal since they were not asked specifically in regard to their intention of using contraceptives in future.

Table 6.21: Future intention

	<i>Rural</i>	<i>Urban</i>	<i>Total</i>
Within one year	66.4	50.3	52.3
1-2 years	24.6	16.8	17.8
2 or more years	-	11.0	9.6
Do not know/date not decided	8.9	21.9	20.3
Total %	100.0	100.0	100.0
Total N	388994	5560	44454

N = No. of non-current users, not wanting any additional child or wanting to delay next child, but expressing willingness to use family planning methods in future.

CHAPTER VII

FERTILITY PREFERENCE

This chapter addresses questions which permit an assessment of the need for contraception. Does the respondent want more children? If so, how long would she wait for the next child? Another issue examined in this chapter relates to the extent of unwanted or mistimed pregnancies. The underlying rationale of the family planning programme in India is to give couples the freedom and ability to bear the desired number of children and to achieve the preferred spacing of births.

7.1 Desire for More Children

Table 7.1 provides information about the fertility preferences of currently married women. This table gives an idea of the total potential need for spacing as well as terminal methods. The table presents percentage distribution of women desiring additional children by the desired timing of the next child as well as the preferred sex composition of additional children, cross-classified with number of living children. For the purpose of Tables 7.1 to 7.5, the number of living children means the actual number of living children for all non-pregnant women, and number of living children plus one for currently pregnant women. These figures need to be interpreted with caution since currently pregnant woman were not asked specifically whether they would like to have another child in addition to the child from current pregnancy. Overall, 41% of all the currently married women want additional child; 17% within 12 months, 18% between 12 and 23 months, 51% after 24 months, whereas 14% did not know when they would like to have another child, even though they did want an additional child. Percentage of women desiring to have another child in urban areas was much lower, being 31%. Of these, 29% wanted to have additional child within 2 years.

Further, as expected, percentage of women wanting additional children declines sharply with the increase in number of living children, both in rural and urban areas.

Table 7.1: Fertility preferences

<i>Desire for children</i>	<i>Number of living children *</i>				<i>Total</i>
	<i>0</i>	<i>1</i>	<i>2</i>	<i>3 +</i>	
Urban					
Desire for additional child					
Within 11 months	51.7	8.8	3.9	10.2	18.2
12-23 months	17.1	10.1	1.0	15.8	10.6
24 or more months	5.0	62.8	76.9	67.7	52.7
Do not know	26.2	18.3	18.2	6.3	18.5
Total %	100.0	100.0	100.0	100.0	100.0
Preferred sex of additional child					
Only boy(s)	13.0	40.7	59.2	65.8	41.5
Only girl(s)	2.2	9.3	15.8	11.9	9.4
Both boy and girl	81.5	38.4	13.3	10.6	39.5
Either	3.4	7.6	10.0	6.5	6.9
Others	-	3.9	1.7	5.3	2.7
Total %	100.0	100.0	100.0	100.0	100.0
Number of women	9027	15944	19778	75091	118040
Number wanting more children	8733	15003	7812	5067	36615
% wanting more children	96.7	94.1	43.5	6.7	31.0
Rural					
Desire for additional child					
Within 11 months	40.0	10.4	10.7	8.6	16.5
12-23 months	31.9	16.1	13.2	16.4	18.9
24 or more months	13.2	60.4	63.1	59.9	50.8
Do not know	14.9	13.0	13.0	15.1	13.9
Total %	100.0	100.0	100.0	100.0	100.0
Preferred sex of additional child					
Only boy(s)	6.8	33.7	57.6	75.8	42.2
Only girl(s)	-	4.0	9.2	8.5	5.3
Both boy and girl	86.1	52.2	22.2	8.6	43.5
Either	3.8	8.3	8.9	4.9	6.8
Others	3.3	1.8	2.2	2.1	2.3
Total %	100.0	100.0	100.0	100.0	100.0
Number of women	54267	87338	82961	315127	539693
Number wanting more children	50689	80962	55848	48329	235828
% wanting more children	93.4	92.7	67.3	15.3	43.7

<i>Desire for children</i>	<i>Number of living children *</i>				<i>Total</i>
	<i>0</i>	<i>1</i>	<i>2</i>	<i>3 +</i>	
Total					
Desire for additional child					
Within 11 months	41.7	10.2	9.8	8.8	16.7
12-23 months	29.7	15.2	11.7	16.3	17.8
24 or more months	12.0	60.8	64.8	60.6	51.1
Do not know	16.6	13.9	13.7	14.3	14.5
Total %	100.0	100.0	100.0	100.0	100.0
Preferred sex of additional child					
Only boy(s)	7.7	34.8	57.8	74.9	42.1
Only girl(s)	0.3	4.8	10.0	8.8	5.8
Both boy and girl	85.4	50.1	21.1	8.8	42.9
Either	3.7	8.2	9.0	5.1	6.8
Others	2.8	2.2	2.1	2.4	2.3
Total %	100.0	100.0	100.0	100.0	100.0
Number of women	63294	103282	100939	390218	657733
Number wanting more children	59421	95965	63660	53396	72443
% wanting more children	93.9	92.9	63.1	13.7	41.4

* includes current pregnancy.

7.1.1. Preferred Sex Composition of Additional Children

Overall, of all those who wanted additional children, 42% desired to have only boy(s) and another 43% wanted to have both boys(s) and girl(s). On the other hand, only 6% wanted to have only girl(s). The sex preference in favour of son(s) is quite evident. In urban areas also, there was clear sex preference for boy(s), but it is somewhat less pronounced.

7.1.2 Number of Additional Children Desired

Table 7.2 presents the percentage distribution of women, by number of additional children desired, cross-classified with the number of living children they already have. In all, 58.6% of women (56% in rural and 69% in urban areas) did not want to have any additional child. Further, 28% wanted one or two additional children while 11% wanted 3 or more children. The mean number of additional children desired was 0.85 (0.92 in rural and 0.52 in urban areas). Of those women, who did not have any living child, 94% wanted additional children; the average number of children desired by this group was 2.78. The mean number of additional children desired declines progressively with the number of children women already have; starting with the mean of 2.78 for women having no child, it declines to 1.03 for women having two children and 0.06 for women having 5 or more children. 29% of women who already have 3 children still want additional child/children. Family planning programme could focus on most of these women for adoption of terminal methods of family planning. In fact, even most of 63% of women who already have two children, yet desiring additional child should be motivated to adopt terminal methods.

7.1.3 Desire for Additional Children by Background Characteristics and According to Number of Living Children

Tables 7.3(a) and 7.3(b) present information on percentage of currently married women desiring to have more children, cross-classified by background characteristics like residence, education, religion and caste. Table 7.3(a) presents percentage distribution of women desiring additional children, by number of living children they already have. Of all those wanting additional children, 22% have no living children, 35% have one child, another 35% have two or three living children and only 8% have 4 or more living children. The differentials by background characteristics are quite well pronounced. For instance, percentage of women in rural areas wanting additional child, who already have 4 or more children is 9 compared to 3 in urban areas indicating preference for larger family size in rural areas compared to urban areas. Similarly, percentage of women who desire additional children but already have 4 or more children has negative correlation with educational status, implying that the desire for more children declines with the improvement in the educational status.

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

Number of living children *	Number of desired children					DK	Total %	Mean Number of women	
	0	1	2	3	4+				
Urban									
0	3.3	10.7	40.8	36.5	2.5	6.3	100.0	2.26	9027
1	5.9	28.1	53.0	7.2	.5	5.3	100.0	1.67	15944
2	56.5	27.0	14.1	1.7		.7	100.0	0.61	17978
3	83.0	9.5	4.3			3.2	100.0	0.19	24092
4	96.6	2.3				1.1	100.0	0.02	18881
5+	99.0	1.0					100.0	0.01	32117
Total	69.0	11.3	13.3	4.0	.3	2.1	100.0	0.52	118040
Rural									
0	6.6	1.3	19.6	42.9	24.6	5.1	100.0	2.86	54267
1	7.3	14.9	49.7	19.2	6.5	2.4	100.0	2.05	87338
2	32.7	30.8	28.8	4.0	2.1	1.7	100.0	1.13	82961
3	68.1	18.7	7.7	2.3	1.5	1.7	100.0	0.50	88112
4	83.9	9.9	4.0		1.0	1.2	100.0	0.22	81826
5+	95.1	2.8	1.4		.4	.4	100.0	0.07	145189
Total	56.3	12.6	16.7	8.4	4.3	1.7	100.0	0.92	539693
Total									
0	6.1	2.6	22.6	42.0	21.4	5.3	100.0	2.78	63294
1	7.1	17.0	50.2	17.3	5.6	2.8	100.0	1.99	103282
2	36.9	30.1	26.2	3.6	1.7	1.5	100.0	1.03	100939
3	71.3	16.7	6.9	1.8	1.2	2.1	100.0	0.43	112204
4	86.3	8.5	3.2		.8	1.2	100.0	0.18	100707
5+	95.8	2.4	1.1		.3	.3	100.0	0.06	177306
Total	58.6	12.3	16.0	7.6	3.6	1.8	100.0	0.85	657733

* includes current pregnancy.

Table 7.3a: Desire to have more children by background characteristics

Background Characteristics	Number of living children *					Total %	Total N
	0	1	2	3	4+		
Age							
13 - 19	47.0	45.9	6.0	1.1		100.0	54070
20 - 29	16.5	36.5	28.2	12.4	6.3	100.0	176305
30 - 39	8.8	16.3	25.6	24.2	25.1	100.0	37084
40 - 49	31.8	14.5	26.0	13.2	14.5	100.0	4984
Residence							
Rural	23.8	41.0	21.3	11.2	2.7	100.0	36615
Urban	21.5	34.3	23.7	11.9	8.6	100.0	235828
Education							
Illiterate	19.6	32.7	25.4	12.9	9.4	100.0	192039
Upto class 4	36.8	35.2	15.9	7.6	4.5	100.0	11604
Primary	25.2	36.8	21.5	9.5	7.0	100.0	18946
Upto middle	29.3	38.3	19.3	11.1	2.0	100.0	22976
Upto high	17.9	46.0	23.3	9.4	3.5	100.0	10970
Above high school	24.8	52.3	12.7	6.8	3.4	100.0	15908
Religion							
Hindu	22.1	34.3	23.7	12.0	8.0	100.0	236818
Muslim	19.7	42.1	21.0	10.5	6.8	100.0	35129
Caste							
Scheduled caste	20.8	33.0	25.0	12.7	8.5	100.0	53755
Backward caste	24.4	32.1	22.9	12.4	8.2	100.0	133524
Higher caste Hindu	18.0	42.2	22.5	10.2	7.1	100.0	47589
Other religious groups	20.0	41.5	21.5	10.4	6.7	100.0	35624
Number of living sons							
None	40.4	36.9	14.0	6.3	2.5	100.0	147159
1	-	42.9	29.7	15.6	11.7	100.0	97215
2	-	-	66.4	16.0	17.6	100.0	21375
3+	-	-	-	63.7	36.3	100.0	6694
Number of living daughters							
None	40.8	41.8	13.3	3.3	0.8	100.0	145688
1	-	48.1	40.2	9.1	2.6	100.0	72751
2	-	-	46.5	42.2	11.3	100.0	32281
3+	-	-	-	33.0	67.0	100.0	21723
Total	21.8	35.2	23.4	11.8	7.8	100.0	272443@

* includes current pregnancy. @ includes women of all religious and caste categories.

The relationships are more clearly brought out from a review of Table 7.3(b), which shows the percentage of women desiring additional children for each of the categories/sub-categories. In general, percentage of women desiring additional child/children declines with the number of living children they already have, cross-classified with any of the background characteristics. For instance, among the illiterate women having no children, 93% want children while among illiterate women having 3 children, only 1/3rd desire to have another child and only 8% of those already having 4 or more children, desire additional child.

Further, in general, the percentage of women wanting additional child declines with the improvement in the educational status, irrespective of number of living children; the relationship between number of children they already have and the educational status is quite prominent for women having 2 or more children. In general, higher percentage of Muslim women want additional child compared to Hindu women and similarly higher proportions of women belonging to Scheduled Castes or Backward Castes want additional child compared to High Caste Hindus. The son preference clearly emerges from this table; 90% of the couples who did not have any son want additional child compared to 77% of women who have no daughter; **54% of women having one son want additional child compared to 37% of women having only one daughter.**

Table 7.3b: Desire to have more children by background characteristics

Background Characteristics	Number of living children *					Total %	
	0	1	2	3	4+		
Age	13 - 19	97.6	96.3	75.2	100.0	95.3	
	20 - 29	98.5	97.0	79.3	39.8	21.0	66.1
	30 - 39	79.3	86.4	46.6	22.8	7.4	18.9
	40 - 49	44.8	17.3	9.5	3.8	.7	3.6
Residence	Rural	96.7	94.1	43.5	17.0	1.9	31.0
	Urban	93.4	92.7	67.3	31.9	8.9	43.7
Education	Illiterate	92.5	93.0	70.4	33.3	8.1	40.5
	Upto class 4	100.2	95.6	63.2	35.7	4.8	46.8
	Primary	100.0	90.7	65.0	16.9	9.4	43.6
	Upto middle	100.0	94.7	63.0	32.2	2.7	47.9
	Upto high	75.4	94.7	34.4	17.2	4.2	36.1
	Above high school	95.5	89.8	25.2	10.2	9.9	42.6
Religion	Hindu	93.6	92.0	62.4	27.9	7.8	41.1
	Muslim	100.0	98.4	68.2	36.5	6.6	44.4
Caste	Scheduled caste	86.4	90.8	70.1	35.2	9.0	44.0
	Backward caste	96.5	93.8	71.1	31.5	8.1	43.1
	Higher caste Hindu	93.0	89.1	40.8	16.7	6.3	33.8
	Other religious groups	96.0	98.4	68.2	36.5	6.3	43.9
Number of living sons							
None	93.9	93.9	93.0	71.8	52.1	90.3	
1	-	91.6	56.5	38.7	26.6	54.3	
2	-	-	51.3	7.3	4.4	13.3	
3+	-	-	-	32.5	1.7	4.3	
Number of living daughters							
None	93.9	93.8	57.4	30.4	11.0	77.4	
1	-	91.4	57.8	12.2	3.5	36.9	
2	-	-	90.7	41.7	4.4	24.4	
3+	-	-	-	73.3	11.2	15.5	
Total	93.9	92.9	63.1	28.7	7.6	41.4	

* includes current pregnancy.

7.2 Ideal Number of Children

Table 7.4 presents percentage distribution of ever married women by ideal number of children according to the number of living children they already have. The ideal number of children for all ever married women works out to 3.42; it rises progressively from 3.04 for women having no living children to 3.15 for women having 2 children, 3.78 for women having 4 or more children, and 3.97 for women having 5 children. The ideal numbers of children desired by currently married women, which are also shown in this table do not differ much from the mean ideal numbers for ever married women. As expected, the mean number of ideal children is higher in rural areas compared to urban areas for women having any specified number of children. The most preferred figure (the ideal number of children) is 3, which is the ideal number according to 37% of the women. Only 13% of the women mentioned the ideal number of children to be 2 (22% in urban areas and 11% in the rural areas). However, the ideal number of children was 4 or more in case of 34% of the women, which is a very high proportion indicating that much too high demand for children still persists inspite of the Government's declared Policy of a two child family norm.

7.2.1. Matching between Number of Living Children and Ideal Number of Children

Overall, the ideal number of children was found to be equal to living number of children in case of only a little less than 1/4th of women (Table 7.5). In case of 45% of women, the ideal number of children was higher than the number of living children they already have and in case of 30% of women, the number of living children exceeded the ideal number of children. The latter percentage, being quite substantial offers hope that with the passage of time, the ideal number of children or the desired number of children would decline which in turn will inhibit the actual fertility achieved.

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+	
Urban								
None	-	2.7	-	-	0.9	2.0	-	0.8
1	3.3	-	0.8	-	-	-	-	0.4
2	35.7	29.7	43.3	16.3	19.0	13.6	6.6	22.0
3	43.3	52.9	33.6	60.9	40.4	33.1	30.5	42.8
4	2.5	4.1	14.6	11.2	26.5	30.2	29.1	17.9
5	-	0.5	-	0.5	2.8	8.8	6.0	2.7
6+	-	0.5	-	0.5	-	-	2.7	0.6
Non-numeric responses	15.3	9.6	7.7	10.5	10.3	12.3	25.1	12.8
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	9027	16617	18172	24092	20854	15378	19871	124011
Mean ideal number **								
Ever-married women	2.53	2.66	2.67	2.97	3.12	3.32	3.58	3.00
Currently married women	2.53	2.65	2.67	2.97	3.10	3.33	3.68	3.00
Rural								
None	1.1	1.0	-	-	0.9	0.3	2.2	0.8
1	-	0.9	0.2	-	-	-	0.3	0.2
2	18.8	17.4	18.0	8.4	4.9	4.8	3.9	10.7
3	40.8	42.9	38.4	47.7	29.4	28.8	23.7	36.2
4	21.4	19.7	23.6	22.1	34.1	21.8	19.2	23.2
5	2.8	4.6	4.3	5.2	10.4	19.2	12.8	8.5
6+	1.5	1.5	2.4	4.0	4.4	4.7	13.8	4.6
Non-numeric responses	13.6	12.0	13.1	12.7	15.8	20.4	24.2	15.8
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	54267	89680	85651	91867	84904	74917	78113	559400
Mean ideal number **								
Ever-married women	3.12	3.14	3.26	3.43	3.74	3.89	4.07	3.51
Currently married women	3.12	3.16	3.26	3.45	3.75	3.87	4.05	3.51
Total								
None	0.9	1.3	-	-	0.9	0.6	1.8	0.8
1	0.5	0.8	0.3	-	-	-	0.2	0.3
2	21.2	19.3	22.4	10.0	7.7	6.3	4.5	12.7
3	41.2	44.4	37.6	50.4	31.6	29.5	25.1	37.4
4	18.7	17.3	22.0	19.8	32.6	23.2	21.2	22.3
5	2.4	4.0	3.5	4.2	8.9	17.5	11.4	7.4
6+	1.3	1.3	2.0	3.2	3.5	3.9	11.5	3.9
Non-numeric responses	13.9	11.6	12.1	12.2	14.7	19.0	24.3	15.3
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	63294	106297	103822	115960	105758	90295	97984	683411
Mean ideal number **								
Ever-married women	3.04	3.06	3.15	3.33	3.61	3.78	3.97	3.42
Currently married women	3.04	3.08	3.15	3.34	3.62	3.78	3.98	3.41

* includes current pregnancy.

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

Table 7.5: Match between ideal number of children and number of living children

Number of ideal children	Number of living children *					Total
	0-1	2	3	4	5+	
Urban						
Less than ideal	98.0	52.3	13.8	3.1	-	32.0
Equal to ideal	-	46.9	68.1	29.5	5.7	27.5
More than ideal	2.0	0.9	18.2	67.3	94.3	40.6
Total %	100.0	100.0	100.0	100.0	100.0	100.0
Total N	22666	16770	21562	18716	28382	108096
Rural						
Less than ideal	98.2	79.0	35.7	17.6	3.9	48.4
Equal to ideal	1.1	20.7	54.6	40.5	17.6	23.5
More than ideal	0.7	0.3	9.6	41.9	78.5	28.1
Total %	100.0	100.0	100.0	100.0	100.0	100.0
Total N	125768	74462	80199	71465	118861	470755
Total						
Less than ideal	98.1	74.1	31.1	14.6	3.1	45.4
Equal to ideal	1.0	25.5	57.5	38.2	15.3	24.2
More than ideal	0.9	0.4	11.4	47.2	81.6	30.4
Total %	100.0	100.0	100.0	100.0	100.0	100.0
Total N	148434	91231	101761	90181	147244	578851

* includes current pregnancy. NOTE = N excludes women who gave non-numerical responses to question on ideal number of children.

7.3 Husband-wife Communication on Number of Children

Table 7.6 presents the stage at which the husband wife communicated on the number of children they should have. 11% of women discussed with their husband for the first time immediately after marriage, while 11-12% each had first discussion after first child, second child or 3 or more children, whereas 52% of them never had any such discussion. The percentage of women who have had communication with their husbands has curvilinear relationship with their ages; however, the percentage of women having such communication immediately after marriage is much higher among the younger women than the older women, aged 30 years or above. Similarly, the percentage of women having communication after first child or 3 and above living children is much higher among the younger women (less than 30 years) compared to older women (aged 30 years or more). The percentage of women who never had any such communication was much larger in rural areas compared to urban areas. The extent of husband-wife communication improved with the educational status, as expected. For instance, only 40% of the illiterate had communication with their husbands while as high as 87% of women with "above high school" qualification had such communication. **Husband-wife communication plays a catalytic role in adoption of family planning.** This is evident from the findings that only 41% of the women who never used family planning methods had communication with their husbands in regard to number of children whereas 62% of the women who had used one or the other method of family planning had communication with their husbands.

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	Never	Don't know		
Age								
13-19	27.3	16.8	1.3	-	54.6	-	100.0	56710
20-29	20.4	18.2	11.6	3.3	46.2	0.2	100.0	133173
30-39	12.5	15.4	15.5	12.2	43.7	0.8	100.0	133641
40-49	4.1	7.0	11.6	16.8	57.2	3.2	100.0	334209
Residence								
Rural	11.8	15.9	17.0	14.6	37.2	3.4	100.0	118040
Urban	11.0	10.9	10.3	11.0	55.2	1.5	100.0	539693
Education								
Illiterate	6.8	10.2	10.1	11.3	59.5	2.0	100.0	473763
Upto class 4	13.6	14.2	8.7	16.6	46.2	0.8	100.0	24792
Primary	15.8	11.3	14.0	13.4	42.3	3.2	100.0	43469
Upto middle	21.5	15.8	14.4	11.2	36.3	0.9	100.0	47949
Upto high	24.4	17.8	15.6	14.4	26.3	1.5	100.0	30386
Above high school	35.0	21.2	20.9	9.9	12.8	0.3	100.0	37374
Use of contraception								
Ever use	8.5	11.0	18.4	20.4	38.4	3.4	100.0	224432
Never use	12.5	12.2	8.0	7.2	59.0	1.1	100.0	433301
Total	11.1	11.8	11.5	11.7	52.0	1.9	100.0	657733

7.4 Unwanted Pregnancies

Women were asked a number of questions on their experience in regard to unwanted/unplanned pregnancies. These questions are important in determining the extent to which the couples successfully control child bearing. However, the responses of the women can be affected by the danger of rationalisation and/or inaccurate recall of their wishes and to report them honestly. Post-factum rationalisation may often occur and this may result in unwanted fertility. Table 7.7 presents percentage distribution of currently married women by number of unwanted pregnancies they have experienced, cross-classified by selected background characteristics. Only 7% of the women reported unwanted pregnancies; 5% only 1 pregnancy, 1.7% only 2 pregnancies and less than 1% reporting 3 or more pregnancies. The mean number of unwanted pregnancies per woman was only 0.10, which is very low. However, the percentage of women who had the experience of unwanted pregnancies (or the mean number of pregnancies) was higher among:-

- a. older age groups (as indeed expected),
- b. in urban areas compared to rural areas,
- c. Muslims than in Hindus,
- d. High Caste Hindus compared to Backward Castes and Scheduled Castes.

Table 7.7: Unwanted pregnancy

Background Characteristics		Number of unwanted pregnancies				Total Mean %
		0	1	2	3+	
Age	13 - 19	99.1	.9			100.0
	20 - 29	95.0	3.9	1.2		100.0 0.06
	30 - 39	89.2	7.9	2.4	.6	100.0 0.15
	40 - 49	91.3	4.7	2.4	1.6	100.0 0.14
Residence	Rural	90.2	5.4	3.4	1.0	100.0 0.16
	Urban	93.4	4.9	1.3	.4	100.0 0.09
Education						
	Illiterate	93.4	4.7	1.5	.4	100.0 0.09
	Upto class 4	92.5	2.3	3.2	2.0	100.0 0.17
	Primary	91.0	5.4	2.8	.8	100.0 0.14
	Upto middle	95.0	3.2	.9	.9	100.0 0.04
	Upto high	83.3	14.6	1.4	.7	100.0 0.20
	Above high school	92.2	5.9	2.0		100.0 0.10
Religion	Hindu					
	Muslim	92.8	5.1	1.6	.4	100.0 0.10
	Other	92.4	4.4	2.2	1.0	100.0 0.13
Caste						
	Scheduled caste	93.7	4.6	1.5	.2	100.0 0.08
	Backward caste	93.8	4.6	1.2	.4	100.0 0.09
	Higher caste Hindu	90.0	6.5	2.8	.8	100.0 0.15
	Other religious groups	92.6	4.2	2.2	1.0	100.0 0.13
Total		92.8	5.0	1.7	.5	100.0 0.10

7.4.1 Outcome of Unwanted Pregnancy

Information on the outcome of the unwanted pregnancy was also elicited in the interviews. Though the extent of unwanted pregnancies is almost negligible, yet it is of interest to observe that only 69% of such pregnancies terminated in live births, whereas 31% of such pregnancies terminated in spontaneous abortion, still births or mostly in induced abortions (14%).

Table 7.8: Outcome of unwanted pregnancies *

Outcome of unwanted pregnancies	Urban	Rural	Total
Live birth	66.8	69.1	68.5
Still birth	7.5	6.7	6.9
Spontaneous abortion	9.2	6.9	7.5
Induced abortion/MTP	16.5	12.9	13.9
Attempted to abort but failed	-	0.5	0.3
Others	-	4.0	2.9
Total %	100.0	100.0	100.0

7.4.2 Fertility Planning

Currently pregnant women were asked if they had desired the pregnancy to occur at the time it did or they wanted to delay it or they had never wanted the current pregnancy. In 4% of the cases, the current pregnancy was unwanted and in another 10% of the cases, women would have liked to delay the timing of the pregnancy (Table 7.9).

Table 7.9: Fertility planning

Pregnancy intention	Rural	Urban	Total
Wanted then	80.3	86.8	85.7
Wanted later	13.0	9.3	10.0
Wanted no more	6.7	3.8	4.3
Total %	100.0	100.0	100.0
Number of pregnancies	12214	60358	72572

7.4.3 Intention Regarding Future Unwanted Pregnancy

Women were asked what they would do if they had unwanted pregnancy. 1/3rd stated next pregnancy was not possible because they were sterilised or because of other reasons; 30% stated they would accept the pregnancy. 1/6th of the women stated that they did not know what to do with the unwanted pregnancy. However, only 18% stated they would resort to induced abortion in the event of unwanted pregnancy (Table 7.10).

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

Intention	Urban	Rural	Total
Will accept the pregnancy	21.2	32.3	29.9
Will get it aborted	20.9	16.7	17.6
Others	1.9	5.7	4.9
Not sure/do not know	14.6	16.4	16.0
Not possible/sterilized	41.4	29.0	31.6
Total %	100.0	100.0	100.0

CHAPTER VIII

MATERNAL AND CHILD HEALTH AND UTILISATION OF SERVICES

This chapter presents findings in two areas of great importance in context of maternal and child health i.e. maternal care and vaccination. Antenatal care is of crucial importance both for mother's and child's health. Ante Natal Care (ANC) is defined according to the type of providers, the stage of pregnancy at the time of first visit, provision of iron and folic acid tablets (IFA) and tetanus toxoid injection received by women.

Age intervals of women indicated in the prescribed tabulation plan are - less than 20, 20-34 and 35+ years. Since the age interval 20-34 accounts for nearly three-fourths of births in preceding two years, relationships of variables like percent of women receiving ANC, IFA, proportion of institutional deliveries with ages of women do not emerge as clearly as they should on account of heavy concentration of frequencies in the age interval 20-34. Therefore, an additional master table (Appendix Table A2) has been prepared, which is based on shorter age intervals - less than 25, 25-29, 30-34 and 35+. This table helps in highlighting relationship of various parameters with the ages of women much more clearly and unambiguously.

8.1 Ante Natal Care (ANC)

Table 8.1 provides information on percentage of women getting ANC. In all, 49% of the women received antenatal check-up during their last pregnancy in preceding two years. Only 42 percent of women received IFA tablets, while 70% of women received tetanus toxoid injection (TT). The review of figures in this table indicates that percentage of women who had ANC check up:

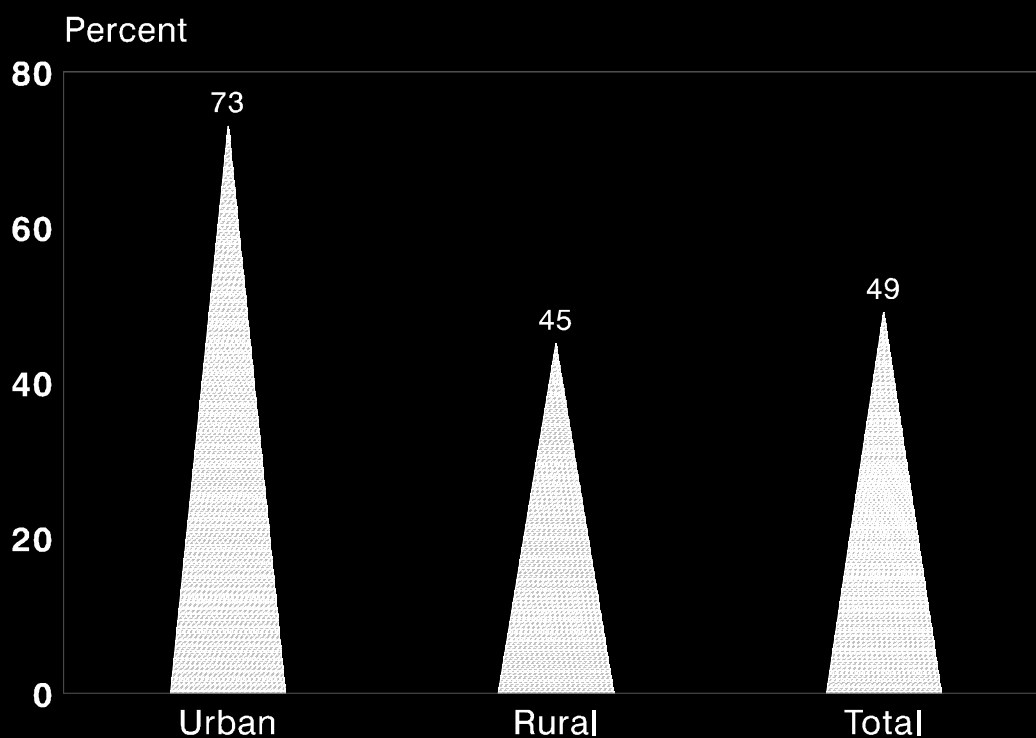
1. was highest among women of younger ages;
2. was much higher in urban areas (73%) compared to rural area (45%);
3. increased with the improvement in the educational status, being only 41 among illiterate women compared to 97 among women with "above high school" qualifications;
4. was higher among Muslim women compared to Hindu women;
5. was highest among high caste Hindus followed by Backward Castes or Scheduled Castes.

Almost similar pattern of relationships is observed in case of IFA tablets and TT injections.

8.1.1 Source of ANC Treatment

Majority of the women (60%) had the ANC check-up by private doctors. However, a little less than 1/3rd of the women utilised Government Hospitals or Primary Health Centres or Sub-Centres for check-up (Table 8.1, Figure 8.1).

Figure 8.1: Percent Underwent ANC Check-up



Gorakhpur, UP, 1993-94

Table 8.1: 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	Camp	At home	Others	IFA tab	TT injection	
Age										
< 20	52.8	18.6	1.4	67.8	-	10.5	1.8	52.1	69.5	30807
20 - 34	51.2	30.8	4.9	59.1	0.2	4.0	0.9	42.8	71.1	251432
35+	31.0	21.4	8.8	57.7	-	12.1	-	28.1	57.7	33955
Residence										
Urban	73.8	29.5	2.7	66.6	0.2	1.0	-	64.1	79.6	49535
Rural	44.6	28.8	5.4	57.9	0.2	6.5	1.2	38.1	67.6	266657
Education										
Illiterate	41.0	28.4	5.0	57.8	-	7.4	1.3	33.9	64.8	231689
Upto class 4	63.3	41.8	6.2	47.4	1.2	3.5	-	64.8	80.3	10585
Primary	54.2	22.3	4.5	70.8	2.3	-	-	49.4	77.2	18936
Upto middle	67.1	29.2	7.2	59.3	-	4.3	-	59.8	81.3	22709
Upto high	78.1	34.2	2.0	63.8	-	-	-	72.4	85.5	15068
Above high school	97.1	26.7	2.5	68.2	-	1.4	1.3	82.0	88.1	17205
Religion										
Hindu	48.8	28.1	4.4	60.6	0.2	5.7	1.1	42.0	69.3	275510
Muslim	52.2	33.4	7.2	56.5	0.4	2.5	-	43.3	71.5	40000
Caste										
Scheduled caste	40.2	27.2	7.1	56.3	-	8.3	1.2	34.9	63.5	62604
Backward caste	45.1	29.2	4.5	59.0	-	6.3	1.0	38.6	68.5	153693
Higher caste Hindu	68.4	26.6	2.4	66.1	0.6	3.0	1.3	59.5	77.2	57412
Other religious groups	52.0	34.3	7.1	55.7	0.4	2.5	-	43.3	71.1	40683
Total	49.2	28.9	4.8	59.9	0.2	5.2	1.0	42.2	69.5	316193

* includes women of all religious and caste categories.

8.1.2 Stage of Pregnancy at the time of Check-up

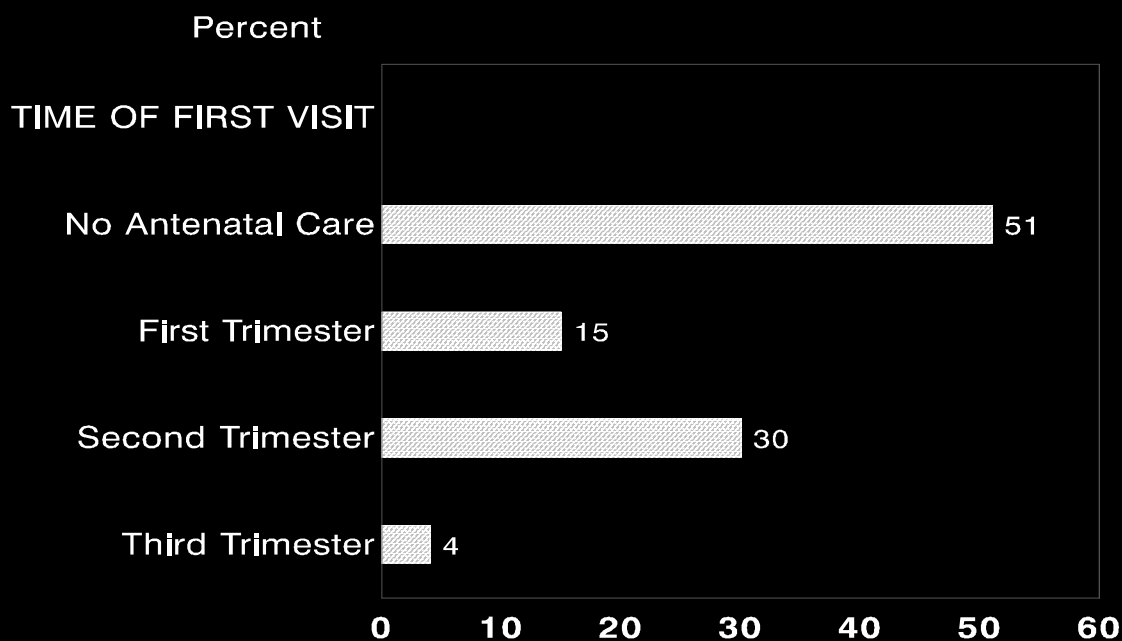
Table 8.2 presents information on the stage of pregnancy when women received medical check-up in regard to last pregnancy preceding the survey. While 51% did not get any ANC, 15% got during first trimester, 30% during second trimester, and only 4% during the 3rd trimester. The median number of months at the time of first check-up was 4 both in rural and urban areas.

Table 8.2: Stage of pregnancy

<i>ANC visits</i>	<i>Rural</i>	<i>Urban</i>	<i>Total</i>
Stage of pregnancy at the time of the first ANC visit			
No antenatal care	26.2	55.4	50.8
First trimester	21.7	14.3	15.4
Second trimester	48.5	26.2	29.7
Third trimester	3.6	4.2	4.1
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	49535	266657	316193

N = Number of women who are currently pregnant or who became pregnant during preceding two years (from Dussehra 1991 to date of interview).

Figure 8.2: Timing of First ANC Visit



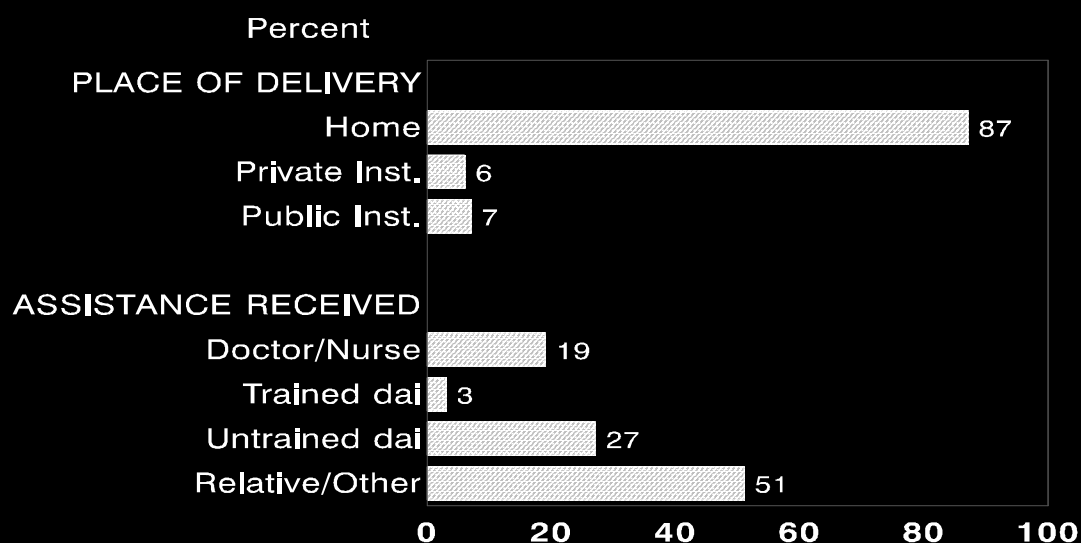
Gorakhpur, UP, 1993-94

8.2 Place of Delivery

Majority of the deliveries take place in the country or in the state of U.P. in homes. In the district of Gorakhpur, 87% of the deliveries (in little over two years preceding the date of survey), took place in homes. Only 1 out of 14 deliveries took place in the public sector hospitals/centres, whereas only 5 to 6% of the deliveries took place in the private hospitals/clinics (Figure 8.3). The extent of institutional deliveries is important both for mother's and child's health. The extent of institutional deliveries needs to be raised and that of domiciliary deliveries reduced, so as to improve the health of mothers and their children. The percentage of institutional deliveries is only 13 (33% in urban areas and 9% in rural areas). It is further noted that:-

- Percentage of institutional deliveries is higher among younger women compared to older women(also see Appendix Table A2)
- The percentage of institutional deliveries increases progressively with the improvement of the educational status;
- It is somewhat higher among Hindu women than among Muslim women;
- The percentage of institutional deliveries is highest among women belonging to high caste Hindus (32%) compared to Backward Castes (10%) and Scheduled Castes (5%).

Figure 8.3: Place of Delivery and Assistance During Delivery



Gorakhpur, UP, 1993-94

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	Subcentre	Public	Private			
Mother's age at birth							
< 20	6.5	1.8	8.3	4.0	87.7	100.0	31321
20 - 34	7.8	0.1	7.9	5.8	86.3	100.0	222974
35+	1.5	-	1.5	4.7	93.8	100.0	24983
Residence							
Urban	14.1	-	14.1	18.7	67.2	100.0	44279
Rural	5.7	0.4	6.1	3.0	90.9	100.0	234998
Education							
Illiterate	3.1	0.3	3.4	2.4	94.2	100.0	205099
Upto class 4	8.6	-	8.6	6.5	84.9	100.0	10416
Primary	11.0	-	11.0	8.6	80.4	100.0	15934
Upto middle	16.2	-	16.2	4.8	79.0	100.0	19271
Upto high	24.0	-	24.0	13.4	62.6	100.0	14773
Above high school	29.5	1.6	31.1	39.7	29.2	100.0	13785
Religion							
Hindu	7.2	0.3	7.5	5.6	86.9	100.0	244292
Muslim	6.5	-	6.5	5.2	88.3	100.0	34303
Caste							
Scheduled caste	3.4	-	3.4	2.1	94.5	100.0	57301
Backward caste	5.7	0.5	6.2	3.4	90.4	100.0	135623
Higher caste Hindu	15.7	0.4	16.2	15.6	68.2	100.0	49567
Other religious groups	6.4	-	6.4	5.1	88.5	100.0	34986
Total	7.1	0.3	7.4	5.5	87.1	100.0	279278*

* includes births to women of all religious and caste categories.

8.2.1 Assistance during Delivery

Table 8.4 presents percentage distribution of live births in the last 2 years by personnel, who attended or assisted the delivery. Government doctor/trained nurse attended 11% of the deliveries (10% in rural and 16% in urban areas), whereas Trained Birth Attendants (trained dais) attended only 3% of the deliveries. Private doctors/nurses provided assistance in 8% of the deliveries, while untrained dais/family members assisted in the rest of the deliveries (78%).

Table 8.4: Assistance during delivery

Background characteristics	Urban	Rural	Total
Govt. Doctor or trained nurse	16.1	10.1	11.0
Trained dai	4.9	2.4	2.8
Untrained dai	29.4	26.9	27.3
Family member	25.4	51.4	47.2
Private doctor/nurse	22.4	5.3	8.0
Others/self	1.9	4.0	3.7
Total	100.0	100.0	100.0

8.3 Death Rate and Infant Mortality Rate

On the basis of survey results, the estimate of annualised death rate, for the period from October 91 to September 93, was 12.0 per 1000 population (10.1 in urban and 12.5 in rural areas) (Table 8.5). Death rate was computed on the basis of number of deaths among the usual residents, irrespective of the place of occurrence and the estimated population on the mid point of the period i.e. on 1st October 92, which was calculated by projecting the survey population backwards by 1.25 years, employing exponential growth rate of population of the decade 1981-91.

The estimate of IMR is 87, which was based on live births and infant deaths occurring to usual residents, just as in case of deaths during the two year period (October 91 to September 93). IMR of 87 when compared with the 1981 census estimate (based on Brass Technique) of 123 shows a decline of 30% (RGI, 1987). Due to small numbers, no estimates of IMR for urban and rural areas are presented.

Table 8.5: Crude death rate and infant mortality rate, 1991-1993

Background characteristics	Urban	Rural	Total
Crude Death Rate	10.1	12.5	12.0
Infant Mortality Rate	-	-	87

8.3.1 Source of Treatment before Death

Information on the type of treatment provided to the person before death is presented in Table 8.6. In about 1/5th of the cases, treatment was obtained from district hospital, PHC or sub centre, whereas in over 2/5th of the cases the treatment was obtained from private doctors or local vaidyas, while in 23% of the cases, only home treatment was given.

In great majority of the cases, the system of medicine followed was allopathic (64%), while Homoeopathic or Ayurveda systems of medicines were availed of only in 4.5% of the cases. In 20% of the cases, only home remedies were resorted to.

8.4 Immunisation of Children

Universal immunisation programme launched in most states from 1985 onwards aims at immunization of 100% of the children with vaccines like BCG, DPT, polio and measles, before the child attains the age of 12 months. One dose each of BCG vaccine for tuberculosis and measles

vaccine and three dose each of oral polio drops and DPT (which provides immunity against diphtheria, pertussis and tetanus) are required to be given by the time a child is 12 months of age. Tables 8.7(a) presents immunization coverage of children aged 6-23 months by selected background characteristics. The highest proportion of children is immunised with BCG vaccine (69%), followed by DPT or polio (61%) and measles (44%) in urban areas. The drop out rate, computed from percentages of children covered under first and third doses of DPT or Polio vaccine works out to only 10%. Percentage of children immunised with all the 4 vaccines is 42% and percentage of children who did not receive any vaccine was as high as 27. It is further noted that in urban areas, the percentage of children immunised with each vaccine is higher among female children than male children; for each vaccine, the percentage of children immunised increases progressively with the improvement in the educational status of mothers (with minor deviations chiefly attributable to small samples in some categories). Further, percentage of children immunised with any vaccine or all vaccines was higher among Hindus compared to Muslims and was highest for high caste Hindus than for Backward Castes or Scheduled Castes. The same pattern of relationship emerges with reference to rural areas with the exception that the percentage of children immunized was higher among male than female children unlike in urban areas. Table 8.7(b), and 8.7(c) present immunisation coverage of children aged 12-23 months. Children are supposed to receive all the vaccines by the time they

Table 8.6: Distribution of respondents by the source of treatment and system of medicine followed for those who died in the household since Dussehra 1991 to date of survey

Background characteristics	Urban	Rural	Total
Source of maintreatment			
District Hospital	17.3	15.1	15.4
PHC	1.4	4.5	4.0
Sub-centre	-	1.0	0.8
Private Doctor	50.1	40.7	42.3
Local Vaidya	1.6	4.3	3.9
Home treatment	20.0	23.1	22.5
Others	9.7	11.3	11.1
System of medicine followed			
No treatment	6.4	8.0	7.7
Home remedies	14.6	21.1	20.0
Magic/Exorcism	0.9	0.7	0.8
Ayurvedic	1.2	3.9	3.4
Allopathy	74.5	61.4	63.7
Homeopathic	0.8	1.2	1.1
Others	0.5	3.1	2.6
Do not know	1.1	0.6	0.7
Total %	100.0	100.0	100.0
Total N	15898	76148	92046

attain the age of 12 months. Therefore, the survey of children in the age group 12-23 months is more meaningful since it avoids the problems arising out of censoring or truncation faced in the case of 6-23 months. Table 8.7(c) and Figure 8.4 presents data for rural and urban areas combined. Table 8.7(c) shows that percent of children immunised :

1. was highest for BCG (66%) followed by polio (54%), DPT (53%) and measles (46%);
2. with all the 4 vaccines was 35%; and
3. with none of the vaccines was 27%.

Further interesting features emerging from this table are:-

1. gender differentials were in favour of male child for each vaccine, though in urban areas, the differentials were in favour of female child;
2. percentage of children immunised improves for each vaccine, with the increase in the educational status of mothers;
3. immunisation coverage for each of the vaccines was higher among Hindus than Muslims;
4. immunisation coverage was highest among high caste Hindus followed by Backward Castes and Scheduled Castes.

The lower immunisation coverage of children among scheduled castes or backward castes may be due to several factors including lower levels of awareness on account of lower socio-economic and educational status and lower levels of utilisation of Government health services (which is, for instance, evident from the extent of institutional deliveries which is relatively low in these categories).

Table 8.7a: 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+				
Urban											
Sex											
Male	64.8	63.0	60.6	58.4	63.7	61.8	58.4	41.9	40.0	31.5	11439
Female	73.4	73.2	71.9	63.9	71.0	71.9	63.9	45.8	44.2	21.6	11236
Mother's education											
Illiterate	48.2	53.5	49.2	44.3	50.6	49.2	44.3	20.6	20.6	44.1	8574
Upto class 4	54.8	25.2	25.2	25.2	25.2	25.2	25.2	21.2	21.2	45.2	1948
Primary	73.4	55.8	62.5	41.4	62.5	62.5	41.4	33.5	26.9	26.6	1182
Upto middle	87.1	91.7	88.4	80.9	91.7	91.7	80.9	71.9	68.5	4.9	3922
Upto high	79.9	79.9	79.9	79.9	79.9	79.9	79.9	42.9	42.9	20.1	2215
Above high school	91.2	89.6	89.6	85.7	89.6	89.6	85.7	74.4	70.5	8.8	4834
Religion											
Hindu	75.0	76.3	74.0	67.2	74.7	74.0	67.2	45.7	44.5	20.8	15832
Muslim	55.2	49.0	48.2	47.0	50.1	50.1	47.0	39.6	36.5	40.2	6843
Caste											
Scheduled caste	62.6	65.8	53.3	35.5	65.8	53.3	35.5	20.2	20.2	29.7	2906
Backward caste	71.7	73.5	73.5	70.3	69.4	73.5	70.3	48.8	48.8	21.0	6025
Higher caste Hindu	84.8	84.8	84.8	79.4	84.8	84.8	79.4	54.7	51.9	15.2	6770
Other religious groups	55.2	49.0	48.2	47.0	50.1	50.1	47.0	39.6	36.5	40.2	6843
Total	69.1	68.1	66.2	61.2	67.3	66.8	61.2	43.8	42.1	26.6	22675*
Rural											
Sex											
Male	68.4	62.1	56.5	47.6	67.4	58.9	50.9	42.0	28.1	22.8	71317
Female	59.2	49.9	43.6	40.8	53.2	48.6	41.8	33.2	21.4	35.1	62172
Mother's education											
Illiterate	58.5	49.0	44.8	39.1	54.1	48.3	40.6	33.5	20.5	33.9	103949
Upto class 4	83.6	68.3	53.6	53.6	69.4	73.2	65.8	46.8	34.6	16.4	4126
Primary	75.2	75.1	64.5	52.6	80.6	65.2	59.3	59.9	39.8	13.9	8560
Upto middle	84.7	79.4	62.2	56.4	82.9	67.9	56.4	51.3	35.7	9.6	7699
Upto high	88.5	96.3	89.6	80.3	93.6	87.2	86.0	44.0	38.3	3.7	6264
Above high school	100.0	100.0	93.8	87.7	100.0	93.8	87.7	70.4	70.4	-	2891
Religion											
Hindu	64.7	57.3	51.4	45.2	61.9	55.2	47.8	38.6	24.9	27.7	122388
Muslim	57.1	45.4	39.3	34.8	47.3	41.2	32.3	29.2	24.1	38.5	10899
Caste											
Scheduled caste	57.8	53.3	45.0	40.6	56.0	49.9	42.8	32.5	18.1	30.4	30527
Backward caste	61.3	51.2	48.1	41.4	57.5	50.8	44.7	37.8	24.2	31.7	69470
Higher caste Hindu	86.0	83.6	72.0	64.7	86.0	77.7	65.8	49.1	36.8	10.1	21527
Other religious groups	57.9	46.4	40.4	36.0	48.3	42.3	33.6	30.5	25.5	37.8	11101
Total	64.1	56.4	50.5	44.4	60.8	54.1	46.6	37.9	25.0	28.5	133489*

Table 8.7b: Vaccination of 12-23 months children by background characteristics (Urban and Rural)

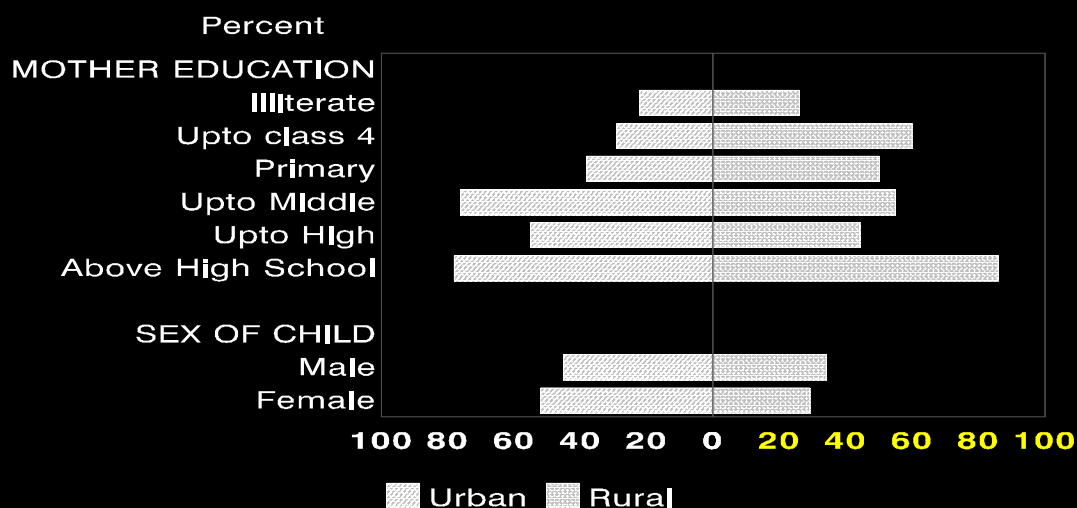
Background Characteristics	Percentage of children 12-23 months vaccinated against										Number of children
	BCG	DPT			Polio			MeasleS	All	None	
		1	2	3+	1	2	3+				
Urban											
Sex											
Male	69.7	68.4	65.4	64.6	69.3	66.9	64.6	46.8	44.6	25.8	9253
Female	71.8	74.5	74.5	67.4	71.6	74.5	67.4	53.7	51.5	21.6	8585
Mother's education											
Illiterate	49.3	57.3	54.0	47.8	53.6	54.0	47.8	22.0	22.0	40.8	6766
Upto class 4	63.5	35.4	35.4	35.4	35.4	35.4	35.4	28.7	28.7	36.5	1165
Primary	62.6	37.8	47.2	37.8	47.2	47.2	37.8	47.2	37.8	37.4	839
Upto middle	89.9	95.8	91.6	91.6	95.8	95.8	91.6	80.3	76.1		3120
Upto high	74.5	74.5	74.5	74.5	74.5	74.5	74.5	54.5	54.5	25.5	1744
Above high school	93.0	91.1	91.1	86.6	91.1	91.1	86.6	77.8	73.3	7.0	4203
Religion											
Hindu	77.5	82.0	80.1	75.0	79.9	80.1	75.0	55.7	54.1	16.9	11910
Muslim	57.2	49.9	49.0	47.7	51.2	51.2	47.7	39.0	35.5	37.5	5928
Caste											
Scheduled caste	68.3	72.9	61.9	50.8	72.9	61.9	50.8	29.0	29.0	20.7	2028
Backward caste	77.2	86.6	86.6	82.5	81.3	86.6	82.5	56.9	56.9	13.4	4690
Higher caste Hindu	83.5	83.5	83.5	79.7	83.5	83.5	79.7	66.6	62.9	16.5	5062
Other religious groups	57.2	49.9	49.0	47.7	51.2	51.2	47.7	39.0	35.5	37.5	5928
Total	70.7	71.3	69.8	65.9	70.4	70.5	65.9	50.1	47.9	23.8	17838*
Rural											
Sex											
Male	69.4	62.7	60.1	53.8	69.0	62.2	56.4	48.3	34.2	22.6	50192
Female	61.3	51.3	47.4	45.5	53.3	50.4	47.2	41.9	29.4	33.6	44529
Mother's education											
Illiterate	61.1	50.9	48.2	44.9	56.0	52.0	46.3	40.1	26.2	32.3	75142
Upto class 4	85.4	74.8	59.9	59.9	74.8	74.8	74.8	74.8	59.9	14.6	2042
Primary	74.2	72.4	70.2	57.9	74.1	66.4	66.8	66.5	49.9	18.5	6425
Upto middle	85.3	81.2	72.0	69.5	86.1	69.5	65.5	66.3	55.2	5.8	4979
Upto high	84.2	94.8	90.3	77.5	91.2	82.4	85.4	51.6	43.7	5.2	4544
Above high school	100.0	100.0	100.0	100.0	100.0	100.0	100.0	85.5	85.5		1589
Religion											
Hindu	66.2	57.7	54.2	50.0	62.4	57.0	52.6	45.9	31.4	27.0	87413
Muslim	56.1	51.8	51.8	47.7	50.9	50.9	43.9	37.0	37.0	37.2	7106
Caste											
Scheduled caste	57.9	50.3	43.9	41.5	51.3	47.5	43.7	36.6	20.6	31.8	20677
Backward caste	63.5	53.6	52.3	47.7	60.2	54.9	51.3	45.3	30.7	30.4	51556
Higher caste Hindu	88.8	85.2	77.6	71.7	88.6	80.4	72.0	61.0	49.4	6.7	14316
Other religious groups	57.3	53.1	53.1	49.2	52.3	52.3	45.5	38.7	38.7	36.2	7308
Total	65.6	57.4	54.1	49.9	61.6	56.7	52.1	45.3	31.9	27.7	94721*

Table 8.7c: Vaccination of 12-23 months children by background characteristics (Total)

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+				
Total											
Sex											
Male	69.4	63.6	60.9	55.5	69.1	63.0	57.6	48.1	35.8	23.1	59445
Female	63.0	55.1	51.8	49.0	56.3	54.3	50.5	43.8	33.0	31.6	53114
Mother's education											
Illiterate	60.1	51.4	48.7	45.2	55.8	52.2	46.4	38.6	25.9	33.0	81908
Upto class 4	77.4	60.5	51.0	51.0	60.5	60.5	60.5	58.0	48.5	22.6	3208
Primary	72.9	68.4	67.6	55.6	71.0	64.2	63.5	64.3	48.5	20.7	7265
Upto middle	87.1	86.8	79.6	78.0	89.9	79.7	75.6	71.7	63.3	3.5	8099
Upto high	81.5	89.2	85.9	76.7	86.6	80.2	82.4	52.4	46.7	10.8	6288
Above high school	94.9	93.6	93.6	90.3	93.6	93.6	90.3	79.9	76.6	5.1	5792
Religion											
Hindu	67.6	60.6	57.3	53.0	64.5	59.8	55.3	47.1	34.1	25.8	99323
Muslim	56.6	50.9	50.5	47.7	51.1	51.1	45.7	37.9	36.3	37.4	13035
Caste											
Scheduled caste	58.8	52.4	45.5	42.4	53.2	48.7	44.3	36.0	21.4	30.8	22705
Backward caste	64.7	56.3	55.2	50.6	62.0	57.6	53.9	46.2	32.9	29.0	56246
Higher caste Hindu	87.4	84.8	79.1	73.8	87.3	81.2	74.0	62.5	53.0	9.3	19377
Other religious groups	57.2	51.7	51.3	48.5	51.8	51.8	46.5	38.9	37.3	36.8	13237
Total	66.4	59.6	56.6	52.5	63.0	58.9	54.3	46.1	34.5	27.1	112559*

* includes children of women of all religious and caste categories.

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



Gorakhpur, UP, 1993-94

8.5 Preferred Source of Medical Assistance during Sickness

Table 8.8 presents information on preferred source of treatment during sickness based on responses of ever married women. Private sector sources or doctors are always preferred by 74% of the households, whereas only 6% prefer always to use public sector sources (like PHC/SC/district hospital). On the other hand, 1/6th of the households use both the sources - private as well as public. The table also presents the reasons for always preferring private sector sources. As many as 78% of the women stated the reason for always preferring private sources as "better treatment". 52% of the women gave the reason as "near the house". Of course 6% gave the reason "PHC/SC are far off" and 5% gave the reason as "bad behaviour of PHC staff". 28% mentioned the reasons like "no medicines available". Respondents who mentioned using facilities of public sector centres/hospitals were asked if they were certain about the availability of doctor when they or other members of the family visit the PHC or Government Hospital. 44% said they were not certain and almost equal proportion (46%) said that they were certain about the availability of the doctors.

8.5.1 Respondents were also asked if they made any payment at the centres/clinics. Surprisingly, a very high proportion (65%) reported that they made payment for the services at the health centres, though in fact most of the services at the Government health centres are free of cost. However, 84% of the respondents showed readiness to pay for services at the Government health centres if the services were improved (Table 8.9).

8.5.2 Client-providers Contact

Table 8.10 presents information on contacts between household members and the service providers like ANMs, LHVs, male workers and doctors. Percentage of women who reported their household members having ever contacted PHC/SCs was 8 (6% in urban and 8% in rural areas). This indicates rather much too low level of utilisation of the Public Sector health services by the households. Those, who reported ever utilising PHC/SC reported an average of 1.4 visits during the previous three months. Percentage of households visited by the workers in last three months was 15 with a low figure of 2.4 in urban and 18 in rural areas. Of those, who reported visits by workers during last three months, 61% reported visit of one worker, 36% reported 2 workers and 4% reported 3 or more workers. The last visit was made by ANM/LHV in 90% of the cases, male worker in 9% of the cases and by doctors in 1% of the cases. Overall, 21% of the respondents reported at least one contact with service providers during last three months (8% in urban and 24% in rural areas).

Table 8.8: Preferred sources of medical assistance during sickness

	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
Preferred sources			
Always public sources (PHC/CHC, District Hospital, SC)	7.2	5.6	5.9
Sometime public source and sometime private	14.6	17.9	17.3
Always private source/doctor	74.2	74.4	74.4
Others	4.0	2.1	2.4
Total %	100.0	100.0	100.0
Reasons for always preferring private source *			
Cheaper treatment	20.6	27.1	25.9
Near to my house	49.5	52.1	51.7
Better treatment	86.7	76.4	78.3
PHC/SC are far off	0.6	7.5	6.3
Bad behaviour of PHC staff	2.8	5.2	4.8
No alternative	5.4	11.4	10.3
No medicines available	26.9	15.6	17.6
No staff/doctor available	6.8	1.4	2.4
Takes more time at government hospital	15.0	7.0	8.4
Others	1.0	0.5	0.6
Can't say/Don't know	-	0.1	0.1
Certainty about availability of doctor at PHC			
Quite certain	60.0	43.1	46.0
Not certain	37.8	45.6	44.3
Do not know	2.2	11.3	9.8
Total %	100.0	100.0	100.0

* Based on multiple responses.

Table 8.9: Payment for the services at public clinics

	<i>Rural</i>	<i>Urban</i>	<i>Total</i>
Percent of women reporting payment at health centres	54.7	67.2	65.0
Percent ready to pay for services if it improves	83.3	83.9	83.8

8.5.3 Table 8.11 presents some information on qualitative aspects of the visits of the workers to the households. As already mentioned, only 15% of the households were visited by workers during 3 months prior to the date of survey (2% in urban areas and 18% in rural). An overwhelming majority of women mentioned that the workers provided enough time and that they were satisfied with assistance provided by the workers and that they would like the workers to visit again. About 2/3rd of the respondents (whose households had contact with the workers during last 3 months), expressed that villagers had good opinion about the workers.

Table 8.10: Client-providers' Contact

	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
% of women or her HH member contacted PHC/SC workers during last 3 months	5.7	8.4	7.9
Average number of contacts with PHC/SC workers			
Mean	1.2	1.4	1.4
SD	0.4	0.8	0.8
% of households visited by workers in the last 3 months	2.4	18.1	15.3
% of households reported visit of			
1 person	95.7	59.5	60.6
2 person	4.3	36.6	35.7
3 or more person	-	3.9	3.7
Total %	100.0	100.0	100.0
Frequency of visit during last 3 months			
1st person			
1	59.0	55.5	55.6
2	13.0	27.6	27.2
3 or more times	28.0	16.9	17.2
2nd person			
1	100.0	56.4	56.5
2	-	28.7	28.6
3 or more times	-	14.9	14.9
Who visited last			
ANM/LHV	94.3	89.9	90.1
Male workers	-	8.8	8.6
Doctor	-	1.2	1.2
Others	5.7		.2
Percent of families reporting at least one contact with public health service providers	7.9	24.1	21.1

Table 8.11: Quality of client-provider interface

	<i>Number of women reporting visit of a worker</i>	<i>Provided enough time</i>	<i>Satisfied with assistance provided</i>	<i>Would like her to visit again</i>	<i>Villagers hold good opinion about the worker</i>
Urban	2.4	80.7	70.6	91.4	47.5
Rural	18.1	90.0	57.7	95.9	67.1
Total	15.3	89.8	58.1	95.8	66.6

NOTE: Figures under column 2 represent N for last 4 columns.

8.5.4 Respondents were asked if they had received information on family planning methods from the workers. Questions were also asked on the qualitative aspects of the information provided by the workers. Only 1/9th of women mentioned that they received information on family planning from workers, which is dismally low. Of those respondents, who received such

information, largest proportion received information on tubectomy/laparoscopy followed by vasectomy, condom, oral pill and IUD/CuT. Negligible number of women mentioned receiving information on withdrawal or safe period. Very few among those who got the information stated that they were informed both about advantages and disadvantages. Most of those, who got information about the methods were informed by workers about use of methods and the sources from where they could obtain method.

Table 8.12: Level of information (detailed) provided about various methods by workers

Percentage reporting visit of workers	Methods	Percentage reported that					N
		Method was mentioned	Informed advantages and disadvantages		Informed how to use	Informed about source	
			Both	None			
11.5	Vasectomy	65.4	5.3	2.0	91.9	93.8	49557
	Tubectomy/Laparoscopy	91.7	16.1	2.3	95.6	97.9	69522
	IUD/CuT	13.6	28.2	7.0	82.5	89.4	10347
	Pills	49.7	34.1	4.8	92.2	96.7	37690
	Condom	34.8	19.2	-	91.9	96.0	26383
	Withdrawal	1.1	64.9	-	-	-	830
	Safe period	1.6	17.3	18.2	-	-	1232
657733	N	75827					

8.6 Perception of women about ANM

Table 8.11 shows responses in regard to their perception about the ANMs. 68% of the respondents agreed with the statement that a young ANM is better than a trained dai in assisting delivery. On the other hand, 44% of respondents agreed with the statement that an ANM did not often want to visit or attend deliveries in poor families. 43% of respondents said that high caste ANM did not want to attend deliveries of scheduled caste women. The overall position with regard to contact between clients and providers, utilisation of Government health services, and respondents' perception about ANMs is rather discouraging. This requires immediate attention on the part of the health authorities in the state for taking suitable steps to promote utilisation of health infrastructure already existing in the public sector. Immunisation coverage of mothers and children is far too low compared to the goals set under Universal Immunisation Programme (UIP). The situation needs a thorough review and remedial action.

Table 8.13: Perception of women about ANM

	Urban	Rural	Total
% agreeing that a young ANM is better than a traditional dai for assisting delivery	79.4	66.0	68.4
% agreeing that a high caste ANM does not want to attend delivery of scheduled caste women	54.2	39.9	42.5
% agreeing that ANM/Nurse belonging to SC are not acceptable among high caste	43.5	32.7	34.7
% agreeing that ANM often do not want to visit or attend delivery in poor families	48.6	43.1	44.1
Total N	124011	559400	683411

CHAPTER IX

RESULTS OF ANALYSIS OF SCHEDULES ON VILLAGES AND HEALTH CENTRES

9.1 Village Information

Table 9.1 presents analysis of information collected from 81 sample villages in the district of Gorakhpur. It will be seen that about 40 per cent of the villages had population less than 1000 and only about 18 per cent had population above 3000; the average population size of a sample village was 1744 as of 1991 census. The average distance of a typical village was 3.1 kms from the nearest Sub-Centre, 9.2 kms. from the nearest PHC, 10.5 kms from the nearest CHC and 33.8 kms from the nearest district headquarters. While 74 per cent of the villages had Primary Schools, only 10 per cent of them had secondary schools both for boys and girls. On an average, a village had 1.0 private practitioners of Allopathic medicine, 0.2 of Homoeopathic, 0.1 of Ayurvedic, none for Unani system, indicating preponderance of private practitioners of Allopathic system in the rural areas. The involvement of the private practitioners in family planning was marginal. The overwhelming majority of the villages do not have medical shops or retail outlets for condom/oral pill or any CBD network for condom/oral pill. Further, only very few anganwadis functioned in the sample villages and only one of them worked as CBD for condom/oral pill. NGOs did not function in the sample villages. An average village had 1.9 untrained TBAs and 0.2 trained TBAs. Involvement of panchayat members in family planning was nothing to write about.

Table 9.1: Analysis of information on infrastructure and supplies of vaccines/contraceptives in centres

	Number	Percentage
A1. Access to different facilities		
a. Building		
Government	2	16.67
Rented	10	83.33
Donated	-	-
b. Electricity		
Yes	2	16.67
No	10	83.33
A2. Manpower		
a. ANM		
Posts sanctioned	14	-
In position	14	100.00
A3. Cold chain Equipment		
a. Vaccine carrier		
Yes, functioning	10	83.33
No	2	16.67
b. Thermos		
Yes, functioning	6	50.00
Yes, not functioning	1	8.33
No	5	41.67
A4. Supply of vaccines		
a. Polio		
Regular and adequate	7	58.33
Regular but not adequate	3	25.00
Irregular but adequate	2	16.67
Neither regular nor adequate	-	-
b. BCG		
Regular and adequate	6	50.00
Regular but not adequate	4	33.33
Irregular but adequate	2	16.67
Neither regular nor adequate	-	-
c. DPT		
Regular and adequate	6	50.00
Regular but not adequate	5	41.67
Irregular but adequate	1	8.33
Neither regular nor adequate	-	-
d. Measles		
Regular and adequate	7	56.33
Regular but not adequate	3	25.00
Irregular but adequate	2	16.67
Neither regular nor adequate	-	-

	<i>Number</i>	<i>Percentage</i>
A5. Services available		
a. IUD insertion kit		
Yes	8	66.67
No	4	33.33
b. Trained personnel		
Yes	8	66.67
No	4	33.33
B. Supply of contraceptives		
a. IUD		
Regular and adequate	4	33.33
Regular but not adequate	4	33.33
Irregular but adequate	2	16.67
Neither regular nor adequate	2	16.67
b. Pills		
Regular and adequate	6	50.00
Regular but not adequate	2	16.67
Irregular but adequate	2	16.67
Neither regular nor adequate	2	16.67
c. Condoms/Nirodh		
Regular and adequate	9	75.00
Regular but not adequate	1	8.33
Irregular but adequate	2	16.67
Neither regular nor adequate	-	-
d. IEC Material for family planning		
Regular and adequate	1	8.33
Regular but not adequate	2	16.67
Irregular but adequate	3	25.00
Neither regular nor adequate	6	50.00

9.2 CHC/PHC/SC Information

Table 9.2 presents analysis of 12 schedules filled in for Sub-centres. A great majority of them functioned in the rented buildings and had no electricity. The manpower position was reported to be very satisfactory in case of ANMs as all of them had ANM in position. The majority of the Sub-centres reported having vaccine carriers and thermocols. Regular and adequate supply of IUD was reported by 1/3rd of Sub-Centres, and in case of oral pill by 50 per cent, and in case of condom/Nirodh by 75 per cent of the Sub-Centres. The availability of IEC material for family planning was not satisfactory.

Table 9.2: Analysis of village schedule

	Number	Percentage
Type of Village		
Headquarters of CHC	0	--
Headquarters of PHC	0	--
Headquarters of sub-centre	12	14.8
Remote Village (without facilities)	69	85.2
Total	81	100.0
Population Size		
Upto 499	7	8.6
500-999	26	32.1
1000-1999	17	21.0
2000-2999	16	19.7
3000-3999	13	16.0
4000 +	2	2.5
Total	81	100.0
Average	1744	
Distance (in Kms.)		
i. From main road		
< 3	69	85.2
3-4	4	4.9
5-7	4	4.9
8-9	3	3.8
10 +	1	1.2
Total	81	100.0
Average	2.3 kms.	
ii. From nearest SC		
< 3	53	65.4
3-4	15	18.6
5-7	4	4.9
8-9	5	6.2
10 +	4	4.9
Total	81	100.0
Average	3.1 kms.	
iii. From nearest PHC		
< 5	21	25.9
5-9	28	34.6
10-14	18	22.2
15-19	11	13.6
20 +	3	3.7
Total	81	100.0
Average	9.2 kms.	

	<i>Number</i>	<i>Percentage</i>
iv. From nearest CHC		
< 5	31	38.3
5-9	12	14.8
10-14	10	12.3
15-19	15	18.6
20 +	13	16.0
Total	81	100.0
Average	10.5 kms.	
v. From nearest district HQ		
< 10	04	4.9
10-19	13	16.0
20-29	18	22.2
30-39	15	18.6
40 +	31	38.3
Total	81	100.0
Average	33.8 kms	
Villages Having Primary School	60	74.1
Villages Having Secondary School		
a. For Boys	07	8.6
b. For Girls	04	4.9
c. For Both	08	9.9
Distribution of Villages by number of Private Practitioners		
a. Allopathic		
0	53	65.4
1-2	16	19.8
3-4	9	11.1
5-9	3	3.7
10 +	0	--
Total	81	100.0
Average	1.0	
b. Homoeopathic		
0	76	93.9
1-2	4	4.9
3-4	0	--
5-9	1	1.2
10 +	0	--
Total	81	100.0
Average	0.2	
c. Ayurvedic		
0	78	96.3
1-2	3	3.7
3-4	0	--
5-9	0	--
10+	0	--
Total	81	100.0
Average	0.1	

	<i>Number</i>	<i>Percentage</i>
d. Unani		
0	81	100.0
1-2	0	--
3-4	0	--
5-9	0	--
10+	0	--
Total	81	100.0
Average	NIL	
Distribution of Villages by number of Practitioners Providing FP services		
0	70	86.4
1	5	6.2
2	2	2.5
3	1	1.2
4 +	3	3.7
Total	81	100.0
Average	0.4	
Distribution of Villages Having non-allopathic Private Practitioners providing FP Services		
0	79	97.5
1	2	2.5
2	0	--
3 +	0	--
Total	81	100.0
Average	0.02	
Distribution of Villages By Number of Medical Shops		
0	70	86.4
1	4	4.9
2	2	2.5
3	3	3.7
4+	2	2.5
Total	81	100.0
Average	0.3	
Number of Villages Having retail outlets for condom		
0	74	91.4
1	1	1.2
2	4	4.9
3 +	2	2.5
Total	81	100.0
Average	0.2	

	<i>Number</i>	<i>Percentage</i>
Number of Villages Having retail outlets for pills		
0	75	92.6
1	2	2.5
2	3	3.7
3 +	1	1.2
Total	81	100.0
Average	0.1	
Number of Villages Having CBD network for condom		
Yes	1	1.2
No	80	98.8
Number of Villages having CBD network for oral pill		
Yes	0	--
No	81	100.0
Distribution of villages by Anganwadi functioning as CBD for condom		
Anganwadi exists but not as CBD for condom	1	1.2
No Anganwadi	6	7.4
Total	74	91.4
	81	100.0
Distribution of villages by Anganwadi functioning as CBD for oral pill		
Anganwadi exists but not as CBD for oral pill	1	1.2
No Anganwadi	5	6.2
Total	75	92.6
	81	100.0
Villages Having NGOs		
Yes	0	--
No	81	100.0
Number of villages having TBAs		
Yes	57	70.4
No	24	29.6

	<i>Number</i>	<i>Percentage</i>
Distribution of villages by number of trained TBAs		
0	68	84.0
1	10	12.3
2	2	2.5
3	0	--
4 +	1	1.2
Total	81	100.0
Average	0.2	
Distribution of villages by number of untrained TBAs		
0	29	35.8
1	18	22.2
2	12	14.8
3	8	9.9
4 +	14	17.3
Total	81	100.0
Average	1.9	
Distribution of Villages by number of panchayat members		
0	27	33.3
1-4	14	17.3
5-9	14	17.3
10-14	18	22.2
15 +	8	9.9
Total	81	100.0
Average	6.0	
Distribution of villages by number of panchayat members involved in FP promotion		
0	79	97.5
1-4	0	--
5-9	2	2.5
10-14	0	--
15+	0	--
Total	81	100.0
Average	0.2	

CHAPTER X

SUMMARY

A Baseline Survey was carried out in the district of Gorakhpur from 1st December 1993 to 8th February 1994, which involved interviews with 2432 households and 2906 ever married women in the age group of 13-49 years. Major findings of the survey are as follows:-

1. 43.2% of the *de jure* household population was in the age group 0-14, which reflects prevalence of high fertility in the recent past in the district.
2. The sex ratio of *de jure* population was 955 (females per 1000 population).
3. 89% of the heads of the household were males and only 11% were females.
4. Average household size was 6.3 in urban, 6.6 in rural areas, while overall average size was 6.6; 21% of the households had 9 or more members.
5. Literacy rate in population aged 6 years and above was 35.8% among females and 72.3% among males; literacy rate was higher in urban compared to rural areas. The percentage of children aged 6-10 years attending school was 72 and in the age group 11-14 years, the enrolment percentage was 66. Enrolment rates were much higher in urban compared to rural areas and were much higher for males compared to females especially in rural areas.
6. 96% of ever married women were currently married, while 4% were divorced/separated or widowed. 72% of the respondents were illiterate (79% in rural and 44% in urban areas). 88% of respondents were Hindus and 12% were Muslims. 19% of the respondents belonged to scheduled caste, 47% to backward caste and 22% to high caste Hindus and less than 1% belonged to scheduled tribes.

Access to mass media

7. Only 35% of the women were exposed to different media like newspapers, TV, radio and cinema/theatre.

Nuptiality

8. The Singulate Mean Age at Marriage is estimated to be 17.3 years for females and 21.2 years for males. Comparison with the estimates of earlier censuses shows an encouraging upward trend in the mean ages at marriage, both for males and females.
9. Only 1/3rd of the women had correct knowledge about the minimum legal age for marriage of females.

Fertility

10. Total fertility rate for the period October 1991 to September 1993 was 4.64; the rural rate was higher at 4.86 compared to 3.76 for urban areas. The review of age specific fertility rates shows very little contribution towards fertility by women after the age of 35 years.
11. The estimated birth rate is 32.7 (34.1 in rural and 26.6 in urban areas).
12. Comparison of children ever born to women in the age group 40-49 years with TFR shows substantial decline in fertility in all the categories of women according to residence, literacy status, caste and religion. Magnitude of decline in fertility was highest among high caste Hindus, compared to other caste groups. Magnitude of decline increased with the improvement in the educational status of women.

Mortality

13. Child survival rates were much higher in urban areas compared to rural areas, and were also higher amongst the children of women with higher educational status.
14. Overall, death rate is estimated to be 12.0 (12.5 in rural and 10.1 in urban areas). Infant mortality rate was estimated at 87.

Family Planning

15. An overwhelming majority (over 99%) knew at least one modern method of family planning. Percentage of women having knowledge was highest in case of tubectomy or vasectomy followed by condom, IUD/loop and pill. Most of the women who were aware of methods also knew the sources from where services/supplies could be obtained. A very high proportion of women also knew how to use various methods correctly.
16. Only 34.1% of the women had ever used one or the other methods of contraception. Of these, 28.1% had used modern methods and 8.4% had used traditional methods like withdrawal and periodic abstinence.
17. 26.3% of the currently married women in the age group 15-49 years were currently using one or the other methods of contraception - 22.0% modern methods and 4.3% were using traditional methods. The highest current use rate was estimated for female sterilisation (14.4%) followed by condom (3.4%), pill (2.2%), IUD (1.0%) and male sterilisation (0.9%).
18. In general, ever use or current use rates were much higher among women of urban areas, among better educated women, among Hindus and among women belonging to high caste Hindus. Adoption of sterilisation was much higher

amongst women who had atleast two sons. Review of use rates for sterilisation indicates strong preference for sons, since permanent methods are largely adopted by women who already have desired number of sons (atleast one or two sons).

19. The level of unmet need was about 56% (25% for spacing of children and 31% in limiting their number).
20. Most of the women who had accepted sterilisation had been operated in the public sector institutions (Government Hospitals, PHCs). On the other hand, private sector made significant contribution in insertion of IUD/CuT and in supplies of oral pill and condom. Over 90% of current users were getting regular supplies of condom and oral pill.
21. The reach of radio and TV in propagating the messages on family planning was not found to be extensive, since only 28% of the women received messages on family planning from either of these media. The most popular messages on family planning were in regard to small family size, use of condom or oral pill. Whereas IUD/CuT and sterilisation received relatively much less importance.

Fertility Preferences

22. Overall, 41% of currently married women wanted to have additional children. The percentage of women wanting additional child declined with the number of living children. Information on preferred sex composition of additional children showed that 42% wanted only boys and another 43% wanted both boys and girls, whereas only 6% wanted only girls, indicating prevalence of high degree of son preference.
23. The average ideal number of children was 3.42 (3.5 in rural and 3.0 in urban areas). In case of 30% of the women, number of living children exceeded the ideal number of children.
24. Only 48% of the women had communication with their husbands in regard to number of children; only 11% had first discussion with their husbands in this regard immediately after marriage.
25. A great majority of the currently pregnant women (86%) stated that they had wanted the pregnancy at the time it occurred. Only 10% would have wished to delay the pregnancy, whereas only 4% of women didn't want to become pregnant at all.

Antenatal and Natal Care

26. 49% of the women had received ANC check-up. 70% had received TT injection and only 42% had received IFA tablets. Percentage of women getting these services was much higher in urban compared to rural areas and was also much

higher among better educated women or women belonging to higher castes.

27. Only 13% of the deliveries in preceding two years took place in the institutions. The extent of institutional deliveries was higher in urban areas and also was much higher for women belonging to higher educational categories or higher castes.
28. Only 11% of the deliveries were attended by the staff of the Government Institutions. The attendance in deliveries by trained dais was very meagre being only 3%.

Immunization of Children

29. Highest immunization coverage of children aged 12-23 months was for BCG (66%), followed by polio (54%), DPT (53%) and measles (46%). Only 35% of children were immunised with all the 4 vaccines, whereas 27% of the children had not received any vaccine. Immunization coverage for each vaccine was much higher among male children compared to female children; among children of better educated women; among children of Hindus compared to Muslims and among children of women belonging to high caste Hindus compared to backward castes or scheduled castes. Immunisation coverage was also higher in urban areas than in rural areas.
30. A large proportion of 65% of the women reported that they or other members of the households made payment for services at the public clinics/centres. However, 84% showed willingness to pay for services, if improved.
31. Only 21% of the women reported that their families had atleast one contact with the service providers during previous three months (8% in urban areas and 24% in rural areas).

Table A1: Relationship between important variables and Educational Status of Women

Variable	Illiterate	Upto Middle (1-8)	Upto High School and above (9+)	Total
Percent exposed to mass media.	20.5	62.1	88.7	34.7
Percent of women knowing minimum legal age at marriage for				
(a) Boys	15.0	54.8	85.9	29.2
(b) Girls	18.4	62.5	88.6	33.2
Total Fertility Rate	5.11	4.00	3.24	4.64
Mean number of children ever born to women aged 40-49 years.	6.26	5.25	4.56	6.03
Percent knowing at least one modern method of family planning	97.6	99.8	100.0	98.3
Percent current users of				
(a) any method	21.9	31.4	47.6	26.3
(b) any modern method	18.1	25.0	43.5	21.9
Unmet need				
(a) to space	25.8	24.0	19.2	24.8
(b) to limit	34.7	25.7	17.1	31.3
Total	60.5	49.7	36.3	56.1
Percent reporting communication with husband on number of children they should have	40.5	59.4	81.1	48.0
Percent of currently married women experienced unwanted pregnancies.	6.6	7.0	11.8	7.2
Percentage of women pregnant (during last 2 years) received				
(a) Antenatal care	41.0	61.7	88.3	49.2
(b) IFA tablets	33.9	57.0	77.5	42.2
(c) TT injections	64.8	79.6	86.9	69.5
(d) delivered in institutions	5.8	19.1	53.5	12.9
Percentage of children aged 12-23 months immunised with all vaccines.	25.9	54.9	61.0	34.5
N				
(a)	494086	120084	69241	683411
(b)	473763	116210	67760	657733
(c)	231689	52230	32273	316193
(d)	81908	18571	12080	112559
(e)	511252	151028	115380	777660

(a) Number of ever married women for variables 1 and 2. (b) Number of currently married women for variables 5, 6, 7, 8, 9.
(c) Number of currently married women who had experienced pregnancies in the last two years for variable 10.
(d) Number of children aged 12-23 months for variable 11. (e) All women aged 15-49 years for variable 3.

Table A2: Relationship between important variables and ages of women

Variable	< 25	25-29	30-34	35+	Total	
Percentage of women pregnant (during last 2 years) received						
Antenatal care	55.9	48.7	45.4	31.0	49.2	
IFA tablets	48.8	39.9	38.7	28.1	42.2	
TT injections	72.5	72.8	63.9	57.7	69.5	
Delivered in institutions	15.7	12.3	9.9	6.2	12.9	
	N	133999	93942	54297	33955	316193

N = Number of currently married women who had experienced pregnancies in the last two years.

ABBREVIATIONS AND SYMBOLS USED

(A)

ABBREVIATIONS

ASFR	:	Age Specific Fertility Rate.
ASMFR :		Age Specific Marital Fertility Rate.
ANC	:	Ante-Natal Care.
ANM	:	Auxiliary Nurse Midwife.
AWW	:	Anganwadi Worker.
CBD	:	Community Based Distribution system.
CBR	:	Crude Birth Rate.
CMW	:	Currently Married Women.
DK/NR :		Don't Know or No Response.
GFR	:	General Fertility Rate.
HH	:	Households.
IMR	:	Infant Mortality Rate.
IUD	:	Intra-Uterine Device.
MPW	:	Multi-Purpose Worker.
MR	:	Multiple Responses.
PHC	:	Primary Health Centre.
SC	:	Sub-Centre.
SRS	:	Sample Registration System.
SMAM :		Singulate Mean Age at Marriage.
TT	:	Tetanus Toxide.
TBA	:	Traditional Birth Attendant.
TFR	:	Total Fertility Rate.
TMFR	:	Total Marital Fertility Rate.
VHG/CHG	:	Village Health Guide/Community Health Guide.

(B)

SYMBOLS

-	:	Quantity is zero.
U	:	Data unavailable.
NA	:	Not Applicable.